

## SPECIAL ADMINISTRATIVE BOARD OF THE TRANSITIONAL SCHOOL DISTRICT OF THE CITY OF ST. LOUIS

Purchasing Department 801 North 11th Street Saint Louis, Missouri 63101

## RFP# 011-1718 Voluntary Benefits

## ADDENDUM No. 1 – BID CONFERENCE QUESTIONS AND ANSWERS

1. Please confirm the preferred effective date.

Response: TBD.

2. Is St. Louis Public Schools using a consultant or broker? (The questionnaire shows a broker logo in the top left corner.)

Response: Yes.

- 3. Please confirm you requesting quotes on Accident, Critical Illness and Hospital Indemnity benefits. Response: Specifically, Hospital Indemnity, but will consider these other coverages as options.
- 4. Are you interested in quoting any other Voluntary Benefits in addition to Accident, Critical Illness and Hospital Indemnity (e.g., Whole Life, Legal Plan, etc.)?

  Response: No, not at this time.
- 5. Do you currently have voluntary benefits in place (Accident, Critical Illness and Hospital Indemnity)? If yes, will the current plans be grandfathered?

  Response: No.
- 6. Can you please share St. Louis Public Schools' objectives in procuring these specific benefits and expanding its current benefits offering (e.g. healthcare strategy, changes in medical, retention and/or attraction of talent, employee engagement, etc.)?
  Response: To relieve the financial burden that an employee may incur with an unforeseen event, i.e., accident or illness.
- 7. If current plans exist, can you please provide current booklets for each current plan in the quote request? Response: N/A.
- 8. Will MetLife's standard plans be accepted or are you looking for specific plan design features? Response: Standard plans or options you offer.
- 9. Please provide a census file that includes the run date as well as the following key information:
  - Gender
  - Zip code
  - Date of birth
  - Salary

Response: N/A. Only full time Active employees are eligible (approximately 3,600).

- 10. If existing plans are in place and a takeover is requested, please also include the following in the census:
  - Tier enrollment for each plan (such as Employee Only, Employee +1, Family, etc.)
  - Benefit Amount or Plan Election (Low or High)
  - Employee initial enrollment date
  - Original issue age (if Critical Illness Issue Age is being requested only)
     Response: N/A.
- 11. If current plans are in place, what are the current rates for each plan? Response: N/A.
- 12. Are commissions to be included in the quotes and/or do you want commissions included? Response: Quotes should be net of commissions.
- 13. To meet your and your employees' needs, are you more interested in rich plan designs or basic plan designs with lower rates?

Response: Basic plan designs with lower rates.

14. Will the voluntary benefits be offered at the same time and on the same enrollment platform as the medical plan?

Response: No.

15. If existing plans are in place, please describe any expectations with respect to taking over the current enrollees.

Response: N/A.

16. Please describe any anticipated communication campaign to promote participation in the Accident and Critical Illness products.

Response: TBD.

17. Are you making any major changes to your medical plan?

Response: No.

18. How many schools are there?

Response: 63 schools and approximately 4 are included as ancillary locations, i.e., Administration building.

- 19. Will the voluntary benefits be a secondary stand -alone system or will it link into your current HR system? Response: The District needs a way to incorporate the employee deductions into our system, which is SAP.
- 20. Can you provide the format for the files to be uploaded to the HR system? Response: Could be an Excel spreadsheet.
- 21. Is there a preferred enrollment strategy/communication that the District would like to see? Response: Please provide the District all the options you have and include best practices.
- 22. Is everything payroll deducted, premium remitted? Response: Yes.
- 23. Are value-added services, i.e. tech subsidies/offsets being requested for the integration services? Response: Please include Performance Guarantees re: the implementation process, etc.
- 24. Can you clarify the products being requested?

Response: Specifically, Hospital Indemnity, but if you include other coverages, your quote will not be disqualified.

End of Addendum 1.