

ST. LOUIS PUBLIC SCHOOLS (SLPS)
ATTACHMENT L: Frequently Asked Questions In Prior Years
For RFP 012-2223: 2024 All Benefit Plans

➤ **General Questions**

1. Why are they out to bid?

Response: SLPS is required to perform a public bid at a minimum of every 3 years.

2. Other than a legally required mandatory check of the market, are there any other reasons that warrant marketing for Saint Louis Public Schools benefit coverages?

Response: SLPS is reviewing alternate plan design options for their employees in addition to ensuring they are receiving the best pricing.

3. Please provide renewal rates.

Response: Renewal rates are not available. All quotes should be submitted based on the information provided.

4. Is this plan subject to ERISA?

Response: No, SLPS is a governmental entity.

5. Can cells be added to include extra text in the Vendor Response Exhibits?

Response: No. Please condense your response to fit into the cells provided. We want to ensure all vendors get equal space for responding.

6. Please confirm that using a minority vendor is not a requirement for this proposal.

Response: Minority ownership is not a requirement for this RFP.

7. Can you confirm for what coverage the retirees are eligible?

Response: We are only marketing retiree coverage for Medical (plus Rx if quoting ASO). See Retiree eligibility in the RFP.

8. What level of commissions should we include for each line of coverage?

Response: Quotes should be net of commissions to any third party including USI.

9. How is the decision made by SLPS to move forward to a new carrier? Is there a SLPS committee or board? Feeling confident that this is the case, can you summarize who the Committee or Board may include?

Response: We will first present the marketing results to a leadership group at SLPS. After that meeting, finalists will be selected. We anticipate a finalist presentation to their joint benefit committee which also includes union and retiree representation. Then a recommendation is made to the Board for final decision. The expected dates for the finalist meetings and final presentation to the JBC are provided in the RFP.

10. How is eligibility provided?

Response: Medical, dental, vision, life, and voluntary life eligibility is sent via an electronic feed from their administrative/enrollment vendor BusinessSolver (these services are also up to bid this year). This feed transmits once a week to Business Solver from SLPS on Tuesday evenings, and carriers are updated from BusinessSolver weekly on Thursdays and Fridays. Retiree eligibility is provided via the Retirement Office; the initial feed is done on a spreadsheet and subsequent updates are provided through the Retirement Office's system.

11. The Performance Guarantees are not defined with a Performance Standard, please explain what SLPS wants us to use.

Response: Please use your company standards for completing performance guarantee exhibit. These will be negotiated as part of the finalist stage.

12. On the Performance Guarantee Required Exhibits, under Plan Implementation, what does Form Delivery mean?

Response: Delivery of forms to be completed as part of the implementation.

13. In regards to the Performance Guarantees, are we to determine the Fees at Risk per Performance Guarantee? If so, what guidelines does SLPS have for reference?

Response: You are to determine the fees your organization is willing to put at risk. You should state if those fees are returned to the group; also, if the measurements are group specific or based on book of business results. Finalists may be required to provide specific guarantees based on lines quoted.

14. What is the current level of employer contribution? Is this expected to change?

Response: SLPS currently pays 100% of employee only cost for the base medical/rx, dental, and vision plans. The employee pays the cost difference for the buy-up plans. SLPS does not currently contribute to the cost of dependent coverage. This is not expected to change.

15. I understand the school system is under financial restraints, but would Saint Louis Public Schools be willing to move their coverage for a carrier that specializes in school districts, or for money-backed service guarantees, or stronger contract features for their employees even if there were no savings?

Response: SLPS is looking for a benefits partner who can offer the best contract and value adds for the lowest price. Contract provisions and service guarantees will be taken into account in addition to the pricing.

16. A copy of licenses and certifications are being requested (including, but not limited to, license to conduct business in the City of St. Louis, Missouri). Please provide direction on the 'license to conduct business in the City of St Louis'. Where can we get this license? Historically, we don't recall this special license. Or, is SLPS requesting copies of our State licenses to provide medical coverage?

Response: License to sell insurance in the state of Missouri is what we are looking for.

21. Does an officer need to sign the requested document or can someone with binding authority sign?

Response: The person signing has to have binding authority.

17. Is it necessary to have a service agreement? If so, we suggest that it be made part of the policy and, if necessary, filed with the Missouri Department of Insurance as a rider - is this acceptable to the school district?

Response: Yes, it is necessary to have a service agreement. This is mandated by the District. In the District's experience, the service agreement is not typically part of the policy and, as a result, is not filed with the Missouri Department of Insurance.

18. Please clarify, we understand MBE ownership is not required per the FAQ. However, is it required that as a Vendor we use a MBE /WBE vendor to provide a portion of the services that we are bidding on, and if so, please outline percentage goal of this RFP.

Response: 5%

19. Please advise if it is fine to respond to the RFP using our company approved writing template or should we respond directly in the format provided by St. Louis Public Schools?

Response: You may use your template as long as the items specifically requested in the SLPS RFP are included as well as any additional documentation or exhibits required.

➤ **Medical:**

20. What makes good medical partner?

Response: Ability to reduce claims cost by helping create a healthier population through wellness; effective disease, case and Rx management, and coordination of the same.

21. The contribution amount paid by SLPS on the contributions grid doesn't match the Coventry medical premiums. Please clarify the difference.

Response: The excess is the premium equivalent rate added to the medical premium to cover the self-funded Rx program. Rx premium rates are provided in the rate history.

22. Can SLPS offer retirees a different medical plan of benefits than the actives?

Response: No. State law requires Retirees be offered the same plan as active employees.

23. Will SLPS consider a self funded medical plan for the actives and a fully insured medical plan for retirees' post-65?

Response: No. State law requires Retirees be offered the same plan as active employees.

24. What does SLPS contribute to the Retiree population for Pre and Post age 65 Retirees?

Response: There is an \$80 per retiree per month subsidy for the medical and prescription drug benefit combined.

25. Has SLPS ever been self funded in the past? Are there concerns with being self funded?

Response: The current Rx plan is self-funded and has been for several years. In addition, the unemployment & worker compensation plans are also self-funded. The medical plan has always been fully insured. SLPS operates under a tight budget so they are reviewing the financial feasibility of being self funded during this evaluation.

26. Our ASO fee typically is quoted to include the majority of the services as outlined in the exhibit. We do not unbundle the services; our ASO clients receive the services as if they are fully funded.

Response: If your services are bundled just indicate that service is included in the admin fee next to those services.

27. What TPA / Network should stop loss carriers assume?

Response: Assume one of your preferred TPA's and ensure the administrator and network is clearly stated. We are not in a position to name a particular carrier or TPA at this time.

28. What does Dedicated Service Rep assigned to Account mean? Please explain what SLPS expects. Does SLPS have this now with Coventry/Aetna? Is the rep onsite at SLPS?

Response: Currently UHC has an account executive assigned to assist with financial review, renewal discussions and service and a wellness coordinator. Neither the account executive nor wellness coordinator is housed at SLPS. The wellness coordinator is dedicated to them on a full time basis to manage the wellness programs.

29. Have any plan changes been made to any of the plans in 2014, 2015, or 2016? If so, what were the changes and when were they effective?

Response: Please see rate history which includes brief information on each line of coverage if changes were made.

30. Please confirm that neither of the medical plans is grandfathered specific to compliance with Health Care Reform laws.

Response: Neither medical plan is grandfathered.

➤ **EAP & Wellness**

31. Is SLPS considering a standalone health management partner? From the RFP it appears that they are looking to have these services wrapped into the health plan offering.

Response: It is preferred to have these benefits embedded with the medical; however, we are exploring all options.

32. If they are considering a standalone partner but do not have a budget, have they considered a value based design to help fund their program?

Response: If you have additional options to provide that will assist SLPS in offering wellness/EAP services please include it with your response. We are exploring many options.

33. If EAP services are integrated within our Wellness program, but are provided through a third party, will the RFP for EAP require a stand-alone response, i.e. EAP Vendor Exhibit, additional SLPS contract, E-verify, etc.?

Response: Yes. All exhibits will need to be completed and signed by each company responding.

34. Please identify communication strategies used in the past which have worked for the EAP & Wellness programs?

Response: Customized communication pieces and newsletters have been the most effective. Refrigerator magnets for the EAP services have been helpful. It is the District's intent to conduct several face to face enrollment meetings this year in order to stress important factors of the benefits program.

35. Should we be using the active medical census for the EAP/Wellness quote?

Response: Yes, but you also need to include the retiree population as they are eligible for the EAP/Wellness programs offered through Coventry also. In addition, SLPS is paying for about 75 active employees on the EAP who have waived medical coverage. Employees who waive medical coverage may participate in the EAP as a stand alone benefit.

36. We provide wellness & biometrics screenings independently of those medical carriers referenced in the St. Louis Public Schools RFP. However, we do have the capability to integrate data with any third-party vendors that SLPS has business relationships with. With that said, would SLPS be inclined to accept for consideration a bid response submitted on our behalf?

Response: Yes, SLPS will consider all stand alone wellness proposals in addition to proposals imbedded in the medical rates/offers.

37. Does your EAP service include any of the following: legal/financial services, elder care, child care, other work/life services?

Response: See EAP vendor response exhibit for current EAP plan information.

38. What EAP session model is currently in place for the public schools?

Response: See EAP vendor response exhibit for current EAP plan information.

39. Would you like onsite services such as trainings, CISDs, Live N Learn seminars included in the package or priced as a cost pass through?

Response: Please quote both ways.

40. Wellness - what does SLPS offer now for Wellness benefits?

Response: Please refer to the Wellness Vendor Required Exhibit.

41. Can you please supply an address listing of each St. Louis Public School facility (schools, administration buildings, etc.)?

Response: Please refer to the SLPS website at www.slps.org for a list of the schools. However, number of employees at each school is not currently available.

42. Does the school corporation have a wellness budget in place?

Response: Currently SLPS does not have a wellness budget, however, a separate wellness credit of \$100,000 should be included your quote. Currently, this amount is included with UHC.

43. What are your objectives for the Wellness program?

Response: Continue the momentum with employee awareness and promote life style behavioral changes. We would like to continue offering health risk assessments each year in addition to offering additional targeted programs, wellness incentives and health coaching.

44. What are your goals in terms of program utilization?

Response: Wellness utilization goal is to maintain 95+% participation. We would also like to increase communications and employee involvement in making lifestyle changes to improve overall health. We are also interested in implementing other best practices, which will result in improved health of our employees.

45. Have you had any challenges with implementing wellness initiatives?

Response: Effective communication and accurate reporting has created some challenges.

46. Are there any second language requirements necessary?

Response: No.

47. Do retirees have access to biometric screenings? If so, do they receive services by attending one of the school location meetings?

Response: Retirees have had access to biometric screenings. Screenings were held separately from the Active employee screenings.

48. File feeds? Any other external vendors besides ESI? (number and frequency)

Response: There are file feeds with the benefit admin system on a weekly basis for enrollment/eligibility as well as between UHC & ESI on a daily basis.

49. Based on the current plan structure, is the goal for the Actives to subsidize the retirees?

Response: No it was set with retirees pay less if they are Medicare primary. Rates are the same if not on Medicare in some fashion (RFP attachment H- Rate History shows this). SLPS is required by law to offer pre-65 retirees the same exact rates & plans as the active population.

50. Can you please confirm that the post 65 Medicare primary Retirees list on the census are covered under the major medical plan?

Response: Yes, the people listed on the census are only covered on the Major Medical plan, the retirees covered by the Medicare Supplement plans offered are managed by the retiree board separately from this RFP process.

51. Is compensation different on the active's vs the retirees

Response: Benefits included in this RFP are all net of commissions. We can not address any compensation as it relates to the coverages or RFPs handled by the retiree board.

➤ **Dental:**

52. Please confirm the R&C percentile for Out of Network dental claims.

Response: For out of network claims, Delta Dental paid based on the Maximum Plan Allowance (prevailing fee in the geographic area where the claim was incurred). Prevailing fee to Delta Dental equates to the rate most dentists charge for a given service in a given area. Delta Dental of Missouri generally defines this as the 51st percentile, meaning that more than half of the dentists in the area will charge that amount or less. In other words, it basically means that the plan would pay based on the average cost for the service in the area. This assures that the plan is not being overcharged for higher priced dentists.

53. If covering retirees on the dental plan, can you please provide a census and experience on this population?

54. Response: This RFP is for active dental only. The retiree board manages the retiree dental plan. It is not part of this RFP project.

55. Would the Saint Louis Public Schools consider a 2-tier dental plan versus the current 3-tier plan?

Response: Rates should be quoted as requested, SLPS will consider any additional rating options as secondary to what has been requested. Switching to a 2 tier structure could have a negative

impact for some members.

56. Would Saint Louis Public Schools consider a DHMO quote in addition to the DPPO quote?
Response: It would be considered as a secondary option. Plans should be quoted matching current as requested in the RFP.

➤ **Vision:**

57. We would like to provide a quote for self-funded vision with an ASO fee schedule. What would be the best way to handle that?

Response: Outline the ASO benefits proposed in the benefit section and note the applicable ASO fees in the "Notes" for that option instead of or in addition to the fully insured premiums quoted.

58. Does USI have an actuary that could figure the rate that the employees would pay to add coverage for their families/spouses for self-funded vision coverage?

Response: Vendors are welcome to propose self-funded options, however since there are many variables which go into calculating premium rates (discounts, etc.) we require the quoting vendor to provide premium equivalent rates based on their specific network discounts, etc. compared to the current network and claims.

➤ **Life:**

59. The in-force supp life rates are level rates – can we quote step rates?

Response: Please provide a composite rate, if you are unable to provide one step rates may be provided.

60. The Optional Life and Dependent Life plans currently allow for annual one-level increases without Evidence of Insurability. Is this expected to change?

Response: No. The District is not reviewing options to change this benefit at this time.

61. How long has the current disability / waiver of premium provision been in effect?

Response: The total disability under the waiver of premium provision has been in place since at least 1/1/06.

62. Have all claims been provided - even those from employees who died while they were disabled?

Response: CIGNA has included all claims including WOP claimants.

63. Have yearly changes in waiver of premium reserves been included in the experience?

Response: CIGNA reports show reserve amounts of open claimants on the claim listing. In the attached CIGNA claims exhibit, all WOP claims are identified with coverage code 93.

64. Can you please provide the Basic Life and Supplemental Life waivers with face amounts, dates of birth, date of disability?

Response: CIGNA WOP claim information is provided in their life report detail. Only reserve amounts are tracked in their system, face amounts aren't available.

➤ **Disability:**

65. Are we able to provide reserves & social security status (approved/denied) for LTD detailed claim listing?

Response: SS status is not something tracked within CIGNA's financial system, and they do not release reserve information by claimant

66. Is there any state employee retirement plan with a disability component in which these EE's participate in (PERS/STRS)? Do the teachers participate in MOTERS?

Response: No.

67. The census states that "persons with sick leave balance are not eligible for STD or LTD until the following academic year" how does this work? Don't employees replenish their sick leave bank every year? What happens when an employee uses his/her sick days up in the beginning of the year and then becomes disabled later in the year?

Response: The sick leave bank is due to a grandfathered plan. Once the bank is empty, it is not restored. Persons electing to continue their sick leave policy until the bank is empty cannot join the STD or LTD until their bank is empty and at that time will be subject to pre-existing limitations under the LTD plan but not the STD plan.

68. How can we identify those people on the census?

Active Employee Disability Option Information					
1A	Eligible for STD and LTD				
1B	Eligible for STD and LTD				
2A	Sick Bank Available				
	NO STD or LTD until academic year following the year				
	the sick leave bank is exhausted and employee has returned to work				
	(LTD subject to insurer's pre-existing condition rules)				
3A	126 Day Conversion				
	126 days of sick bank available for use				
	Eligible for LTD				
	Ineligible for STD until academic year following the year their				
	sick leave bank is exhausted and the employee has returned to work				

69. Please provide a plan summary/overview/explanation of the Sick Bank Program and the history of that program. (I.e. clearer class descriptions).

Response: Employees with grandfathered sick leave balances are required to exhaust all sick days prior to being eligible to participate in STD. Once they have exhausted their sick bank, they are eligible to participate in the STD benefit plan the following school year.

70. Is a report available which illustrates current sick bank balances for the Sick Pay Program?

Response: See attached sick leave balance report includes in claims experience folder, which provides the sick leave balance for employees with disability codes 2A & 3A.

71. Please provide indicate if the claim is gross benefit or net benefit on the claims listing from Cigna.

Response: Benefits provided are gross.

72. Is there a way to identify on the claims listing report which ones are open or closed?

Response: Any claim labeled as "AC" is an active claim. "PI" is a claim pending investigation and still in the approval process, "PR" is Pending Recovery of Overpayment.

73. Would SLPS consider switching back to a "per \$10" for STD or "per \$100" rate for LTD?

Response: For administrative purposes, it is the District's request to maintain the current rating structure.

74. Please explain details regarding claim payment on the STD program for employees who are paid on less than a 12 month basis. The contract states that if you are not paid on a 12 month basis you are not eligible to receive benefits during a period you are not scheduled to work. What happens if an employee is in the process of satisfying the elimination period? If a claim is in progress what happens to the claim which has not reached maximum duration? (I.e. is the current vendor starting and stopping claims?) Does this administration vary from the adjudication of LTD claims?

Response: Per the School District's request, if an employee would not be otherwise receiving a paycheck (i.e., summer break) benefits are not paid. For example, if an employee becomes disabled in May, and is approved for 8 weeks of disability, benefits will end on the last day of the scheduled school year. The District provides CIGNA with the last day of the school year, as well as the first day of the next school year. No benefits are paid on STD between those two dates, regardless of approval period, elimination period, etc. This does not apply to LTD benefits; benefits are paid year round.

75. Is there any special handling of STD claims regarding Spring Break, Winter Break etc.?

Response: No special handling. The staff is paid for these breaks, so benefits are continued.

76. The LTD/STD is listed as non-contributory but "Non 12 month FTEs pay 1/2 of the monthly cost for 20 pay periods and 12 month FTEs pay 1/2 of the cost for 24 pay periods. Please explain?

Response: Employees do not contribute to the cost of LTD/STD coverage. 10, 10.5 and 11 month employees are not eligible to receive STD pay during the summer shut-down – the statement has to do with internal financial recordkeeping.

77. For STD and LTD please provide additional explanation regarding the Non 12 month Full Time EEs and 12 Month Full Time EEs. Please explain why they are paying different rates, but receive the same benefits. The booklet does not show these classes.

Response: Non-12 month employees do not receive benefits during the summer months therefore the District pays a lower premium rate for those employees. The change in rating structure was just recently completed and updated policy is not yet available.