

**RESPONSES TO PROPOSAL QUESTIONS
MADISON COUNTY SCHOOL BOARD RFP 2024-04**

Employee Medical/Health Benefits, Section 125 and Voluntary Benefits Administrator, Broker and Consultant

CALENDAR UPDATE:

*Intent to award will be made in a special session on **May 13, 2024** at 6 p.m.
Final award will be announced on **June 3, 2024** at 6 p.m.*

Q1. BACKGROUND INFORMATION (General paragraph and paragraph A)

Please clarify what you are seeking. The General paragraph states you want a Broker/Consultant to work with the district on all benefits. Then you explain the role of “The Administrator”. In paragraph A you state the RFP is to select an “Administrator” and share there is currently one (1) “Administrator”.

Are you referring to the Broker/Consultant and “The Administrator” as interchangeable terms and they are the same position?

A1a: Yes

Or are these two (2) separate entities?

A1b: No

If so, what are the differences in the responsibilities?

A1c: N/A. They are the same entity

Q2. BACKGROUND INFORMATION (Paragraph B)

Please provide information on the current “web-based open enrollment” platform

A2a: Currently, the open enrollment process is completed by sitting down with a District staff member and/or agent through the Skyward Business platform.

Is the system available for both actives and retirees?

A2b: Yes

Q3. BACKGROUND INFORMATION (Paragraph F)

Who manages the current COBRA process?

A3: Currently, the District handles the Cobra process, but the expectation is that this responsibility will be transferred to the Broker/Consultant through this bid process.

Q4. BACKGROUND INFORMATION (Paragraph G)

Please confirm that you are looking for a Consultant/Administrator to manage the current ACA [Affordable Care Act] process.

A4a: Yes

If the Consultant/Administrator does not offer this service, would this be an automatic disqualification?

A4b: No

Who manages the current ACA process?

A4c: Currently, the District completes the ACA process, but the expectation is that the proposal would include the successful entity taking responsibility for the ACA Processing.

Q5. BACKGROUND INFORMATION (Paragraph H)

Please provide the current census as described in Paragraph H.

A5: This information will be sent upon request and after receipt of encrypted credentials from a potential proposer.

Q6. If the Consultant/Administrator does not offer all services requested in the Scope of Work, is that an automatic disqualification?

A6a: No

Can services be sub-contracted?

A6b: Yes, please review pages 11, 12, 13, and 28 of the RFP and its references to sub-contractors.

Q7. What are the primary concerns, if any, Madison County School Board has with its current benefits?

A7: The district expects that proposals from this bid process will provide expanded health insurance options for employees to choose from and more competitive pricing.

Q8: Pages 3 and 4 state the proposal due date is April 22nd; however, the calendar of events on page 19 says April 29th. Please confirm the proposal due date.

A8: The application is due April 29, 2024

Q9: How many hard copies of the proposal are requested?

A9: Three hard copies will be needed for committee review members

Q10: Please provide a copy of the current broker/consultant agreement.

A10: A copy is attached separately in this section.

Q11: What is the annual compensation currently received by the current broker?

A11: Between \$70,000-\$84,000.

Q12: Does the current broker/consultant currently perform all the duties as outlined in the Scope of Work (pages 5-10)?

A12: No. The bid process is seeking a broker/consultant who can perform all duties outlined under the Scope of Work (pages 5-10)

Q13: What electronic enrollment solution does the District currently utilize?

A13: The district payroll system templates in Skyward Business

Q14: What payroll system does the District currently utilize?

A14: Skyward Business

Q 15: We would like to request a Summary Census of benefits that includes a breakdown of the core (medical, dental, vision) and voluntary/ancillary benefits (accident, critical illness, life, additional life, short term & long-term disability, etc.). See attached census layout file.

A15: This file will be sent via encrypted secure transmission, upon request and is only available at this time in the current census format already prepared by the district.

Q16: Does the District collect premiums in advance of the due date (i.e., July premiums for August coverage) or month in?

A16: Yes

Q17: With a plan year starting 10/1/XXXX of each year, does the District collect premiums from the summer payrolls to pay for coverage through the end of August of each year?

A17: Yes

Q18: How does the District currently track the ACA [Affordable Care Act] process and reporting (i.e., manual spreadsheet)?

A18: Skyward Business electronic spreadsheets

Q19: Does the District use an outside vendor for printing 1094/1095 forms?

A19a: No, Skyward forms are used and exist within the Skyward Business system the district uses.

If yes, who is the vendor and what is the average cost of the annual printing?

A19b: N/A

Q20: Does the District report COBRA items to an outside vendor/agency for carrier reporting or direct to the carriers?

Outside vendor:

A20a: No

Direct to the carriers?

A20b: Yes, however there are no COBRA participants at this time.

Q21: Who is MCSD's current broker of record?

A21: Aon

Q22: Is the current broker for medical only or for all benefits?

A22: All benefits

Q23: Is a copy of the current broker's most recent commission breakdown per the Consolidated Appropriations Act (CAA) of 2021 available for review?

A23: This document will be made available upon request.

Q24: List of current carrier/vendor for each benefit (if not listed in census reports).

A24:

Vendor

- AFLAC Whole Life

Benefit

Whole Life Insurance

- AM Family Life Assurance Co. Accidental/Cancer/Critical Illness/Juvenile Life/Short-Term Disability
- American Fidelity Life Insurance
- American General Life Life Insurance
- American Heritage Life Life Insurance
- American National Life Insurance Life Insurance
- Blue Cross Blue Shield Medical Medical Plans
- Colonial Life Insurance Life Insurance
- Colorado Banker's Life Life Insurance
- Florida Combined Dental
- Health Equity Health Spending Account
- Legal Shield Legal Services
- Professional Insurance Life Insurance
- Company Life Insurance Life Insurance
- Standard Insurance Company Basic & Group Life/Accident/Dismemberment Insurance/Short-Term Disability

- Transamerica Life Insurance GAP Insurance
- US Able Life Long-Term Disability/Employee Assistance Program

- Vision Service Plan Vision

Q25: Since the District is seeking an Administrator that will provide brokerage and consulting services for all core and voluntary benefits, will the District allow any additional insurance agents access to sell benefits to District employees?

A25: No, the district is seeking one broker/consultant agency to handle all the health and voluntary benefit arrangements for district employees.

Q26: If yes, for additional agents, will said agents be allowed to participate in the annual open enrollment period or will they be restricted to time periods outside of the open enrollment window?

A26: N/A

Q27: Annual benefit enrollment schedule (i.e., start & end dates, times appointments needed at each location) and district locations used for enrollments. If possible, the number of employees that participated at each location in 2023.

A27a:

- Monday, Sept. 11, 2023 Madison High 8:30 a.m. -1:00 p.m.
- Tuesday, Sept 12, 2023 Madison Central 8:30 a.m. -1:00 p.m.
- Wednesday, Sept 13, 2023 Pinetta El. (retirees) 8:30 a.m. -1:00 p.m.

- Thursday, Sept 14, 2023 Lee El. (retirees) 8:30 a.m. -1:00 p.m.
 - Friday, Sept 15, 2023 Greenville (retirees) 8:30 a.m. -1:00 p.m.
 - Monday, Sept 18, 2023 District staff/retirees 8:30 a.m. -2:00 p.m.
- Open to all at district

A27b:

<u>Site</u>	<u>Participants</u>
• Madison High	30 participants
• Madison Central	75 participants
• Pinetta Elem.	12 participants
• Lee Elem.	15 participants
• Greenville Elem.	10 participants
• District/retirees	50 participants

Q28: Would the District consider a mandatory enrollment to have all employees update demographics, dependents, beneficiaries, etc.? Including employees who normally opt out of medical.

A28: Yes, including employees who normally opt out of medical.

Q29: Claims data provided by current broker during annual reviews. If possible, past 3 years of claims data.

A29: Available upon request, will be sent under separate cover.

Q30: How long after an employee has been hired must they complete benefit enrollment?

A30: 20 days for the employee but the district must report enrollment within 30 days

Q31: If a new hire misses the enrollment window, is the HIP [Hospital Indemnity Plan] plan used as a default option to enroll the new hire?

A31: Yes

Q32: Does MCSD host an annual or semi-annual new hire orientation?

A32a: Yes

If yes, would MCSD allow new administrator's staff to participate in the new hire orientation training to allow a smoother new hire enrollment?

A32b: Yes

Q33: Would MCSD allow a call center enrollment for new hires that occur during the year as hiring needs arise?

A33: Yes

Q34: Who is the current FSA [Flexible Spending Account] vendor?

A34: The district does not currently have a Flexible Spending Account but would want the proposal to address if this is an option.

Q35: Who is the current HSA [Health Savings Account] vendor?

A35: Health Equity provides a Health Savings Account in lieu of a Flexible Spending Account.

Q36: Does the District contribute to either the FSA or HSA accounts?

A36a: No

If yes, the annual amount for each.

A36b: N/A

Q37: How many employees in the past 3 years have filed a claim under the HIP plan?

A37: One

Q38: How often in the past 3 years have employees taken advantage of the EAP [Employee Assistance Program] program?

A38: Three employees have participated in the EAP program in the past three years

Q39: Separate Summary Census of benefits for retirees with same detail. See attached census layout file.

A39: This file will be sent via encrypted secure transmission, upon request and is only available at this time in the current census format already prepared by the district.

Q40: What are the steps the District follows to move an active employee to a retiree status (i.e., face to face meeting, paperwork, FRS [Florida Retirement System] application, etc.)?

A40: FRS application

Q41: Is the retiree expected to pay for benefits a month in advance (i.e., collect in July for August premiums) or the month in *[arrears]* (i.e., deduction in July covers July premiums)?

A41: The district collects premiums in advance. Ten-month employees are paid over twelve months so monthly benefits will continue without break.

Q42: How does the District collect retiree premiums, FRS, ACH [Automated Clearing House], or by check?

A42: FRS or by check

Q43: Since the District is seeking a change in the retiree administration, will the District still allow retirees paying by check to pay direct to the District or is the District seeking to completely remove retiree premium collections at the District office?

A43: The district is seeking to completely remove retiree premium collections at the district office.

Q44: Does the District provide Medicare plans for retirees over 65?

A44: Yes, however the district is reviewing its responsibility to provide these plans.

Q45: If Medicare plans are not available, what are the options the District provides to the retiree for Medicare coverage?

A45: N/A. The district does offer opportunities to participate in informational workshops about their Medicare options and supplements.

Q46: If a retiree is no longer eligible for medical coverage, is the retiree allowed to remain on other core and voluntary benefits?

A46: Yes, but the district would like to discontinue this opportunity.

Q47: If a retiree is under 65 and declines medical coverage at time of retirement or during their retirement years, at any time will the District allow the retiree to return to the medical plan?

A47: No. The district allows retirees to participate in its medical program after retirement as required by state statute but if they do not participate on a continual basis they are no longer offered this opportunity.