



Department of Administrative Services

Purchasing and Contracts

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Sabra Smith Newby, Chief Administrative Officer
 Adleen B. Stidhum, Purchasing Administrator



CLARK COUNTY, NEVADA RFP NO. 603332-14 CONTRACT FOR SECTION 125 PLAN

June 5, 2014

ADDENDUM NO. 3

REQUEST FOR PROPOSAL

- The RFP opening date of June 13, 2014 at 3:00:00 p.m. **remains unchanged.**

QUESTIONS AND ANSWERS

Q1. What is your current participating in the FSA?

A1. Please see below:

FSA Enrollment Data			
Entity	Unreimbursed Medical	Dependent Day Care	Total
Clark County Nevada Comptroller's Office	259	31	290
University Med Center	105	8	113
Clark County Water Reclamation District	16	3	19
Las Vegas Convention Visitor's Authority	24	4	28
Total	404	46	450

Q2. What are the specific elements you are looking for in your Section 125 Plan?

A2. Medical FSA and Dependent Care FSA.

Q3. Do you have a need for a Limited Purpose FSA?

A3. No (This benefit is limited to eligible Vision and Dental expenses only).

Q4. Do you have a Dependent Care FSA?

A4. Yes.

Q5. What type of health plans do you offer at present (or plan to offer for 2015)? Those eligible for health insurance are offered the choice of two plans:

A5. Those eligible for health insurance are offered the choice of two plans: (1) Health Plan of Nevada –HMO Plan or (2) Clark County Self-Funded – Self Funded PPO Plan.

Q6. What is the general breakdown of participation for each of the plans offered?

A6. See attached Clark County Entities health Insurance Participants report.

Q7. Are there specific concerns with your current processes that you are looking to improve upon by going out to bid at this time?

A7. Not at this time.

Q8. Does your plan currently have an extended grace period or FSA rollover?

A8. The FSA rollover is not currently offered. We do offer the "extended grace period" of March 31st of the following year.

Q9. Page 1, 2. This section indicates a total employee population of 12, 162. Are all benefit-eligible? If not, please provide the number of benefit-eligible employees for each entity.

A9. See attached Clark County Entities health Insurance Participants report.

BOARD OF COUNTY COMMISSIONERS

STEVE SISOLAK, Chairman • LARRY BROWN, Vice Chairman
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- Q10. Page 1, 2.. Of the eligible employees, please provide the number of FSA participants for each entity. Please include the number of health care FSA participants, the number of dependent care FSA participants, and the total FSA participant count
- A10. Please see answer to Q1.
- Q11. Page 1, #3 C & D. Please describe expectations for orientation meetings and advising/consulting with all eligible employees.
- A11. (1) Annual Open enrollment – typically runs November to December 31st (subject to change); (2) New employee Orientation -twice a month; and (3) Availability to assist participants with questions/concerns/changes.
- Q12. Page 1, 3.C. and L. Page A-3, II.6. These items say we must conduct orientation meetings for “supplemental products” offered; and our system must be capable of interfacing with County payroll system for the “supplemental plan” enrollment. What are the supplemental products and what are the expectations of the FSA administrator? If our firm cannot meet expectations for “supplemental products” will the County accept a proposal for FSA administration only?
- A12. The following are the current supplemental plans offered: (1)Cancer /Specified – Disease; (2)Hospital Confinement Indemnity;(3) Short Term Disability; (4)Accident: (i) Critical Illness; (ii)Dental; (iii)Life; (iv) Lump Sum Cancer; (v) Lump Critical Illness; (vi) Sickness Indemnity; and (vii) Vision
- Q13. Page 4, 19.B.vii. Our firm obtains insurance levels available for a third-party administrator which is different than limits listed in Exhibit B. Is this acceptable?
- A13. If you are unable to meet the County standard requirements, identify the Proposers deviations to the County's Insurance Requirement. The County will determine after the fact whether or not the Proposer's exceptions are material in nature.
- Q14. Page A-1, B.1.a. This indicates that check payments are to be mailed weekly on Friday. Will the County consider other payment frequencies such as daily?
- A14. Weekly is our preferred and current process.
- Q15. Page A-1, B.1.b. This section is missing. Should there be content for this section?
- A15. No,
- Q16. Page A-2, D. 5. Please describe this requirement in detail and provide examples of what might be required, type of information being moved, when and the frequency.
- A16. Current provider drops off add/change/delete forms to Clark County Risk Management. (1) Supplies would entail paperwork for the following:
Annual Open enrollment – typically runs November to December 31st (subject to change); (2) New employee Orientation -twice a month; and (3) At the request of participant or Risk Management.
- Q17. Page A-2, D.2. . This refers to attendance at “periodic committee meetings.” How often would attendance be required? Can our firm participate in the meeting via conference call?
- A17. Yes, if Risk Management deemed appropriate.
- Q18. Page A-2, D.4. How many educational/training programs are required each year? Provide details regarding your expectations related to dates, number of days, consecutive days, length of meeting, etc.
- A18. (1) Annual Open enrollment – typically runs November to December 31st (subject to change). = 61 calendar days; (2) New employee Orientation -twice a month . = 24 days, 48 hours; and (3) Availability to assist participants with questions/concerns/changes.
- Q19. Page 2-1, I. 8. This question asks for a list of all terminated clients over the past five years. Is this required? May we list 3-5 terminated clients as a reference?
- A19. Identify the total number of clients terminated, but only provide the information being requested for the eight (8) most recent terminations.
- Q20. Page A-3, III.8. This question refers to printing of booklets. Can you describe in detail what is expected?
- A20. Current vendor supplies the following: (1) Management – with summary of plan documents, summary of benefits, list of products, list of business services available, quarterly report of utilization, new policies written, service call volume, claims data; YTD report of utilization, new policies written, service call volume, claims data; and (2) Participant – Pamphlet of summary of benefits offered, employee welcome letter/payroll stuffers, planning worksheet, enrollment/add change/delete forms, claim forms/claim envelopes, covered non covered expense listing, interactive website with access to enrollee accounts.

- Q21. Page B-1, Exhibit B. (1) This form says to send to our insurance agent prior to proposal submittal. Is there a requirement to submit insurance information with the proposal? (2) As a third-party administrator of benefits our firm obtains insurance limits available to us which does not match items listed in Exhibit B. Will the County accept insurance limits available to a TPA?
- A21. (1) No this is not required, but Proposer's will be required to identify the specific deviations to Exhibit B. The County will determine after the fact whether or not the Proposer's exceptions are material in nature.
- Q22. Why is the County bidding at this time?
- A22. Our current contract with the existing provider is scheduled to expire on December 31, 2014.
- Q23. Is the County utilizing a broker/consultant for purposes of this RFP request or evaluation? If so, please provide the company name/location
- A23. No.
- Q24. Are debit card services currently utilized for any portion of the program? If so, can you validate that the current card process is compliant?
- A24. No.
- Q25. Please provide the current fee structure. This relevant information and will help us determine if we can provide a competitive arrangement.
- A25. American Family Life Assurance Company of Columbus (AFLAC). There is no charge for plan or participant for unreimbursed medical or dependent care. They do however, charge the participant for supplemental policies such as: (1) Cancer /Specified – Disease; (2) Hospital Confinement Indemnity; (3) Short Term Disability; (4) Accident: (i) Critical Illness; (ii) Dental; (iii) Life; (iv) Lump Sum Cancer; (v) Lump Critical Illness; (vi) Sickness Indemnity; and (vii) Vision

Except as modified herein, all other Bid specifications, terms and conditions shall remain the same.

Should you have any questions, I can be reached at (702) 455-2729 or chetanc@clarkcountynv.gov.

ISSUED BY:


CHETAN CHAMPANERI
Purchasing Analyst

Attachment(s): Flexible Benefits Plan Summary Plan Description

cc: Les Lee Shell, Risk Manager
Geree Gonzales, Risk Management
Jane Oisboid, Risk Management

Clark County Entities Health Insurance Participants

29-May-14		MAY 2014 SELF FUNDED															
TOTAL % PART. OF ENTIRE PLAN		41.7%	3.3%	9.3%	2.1%	22.0%	0.4%	1.8%	3.5%	13.4%	1.6%	0.7%	0.1%	0.0%	100.0%		
		CLARK CO.	LVCVA	WATER DIST.	WATER RECLAMATN	UMC	HEND. LIBRARY	RTC	HEALTH DISTRICT	RET.	W.DIST RET.	S.SP. NO LIFE	S.SP. WD NO LIFE	S.SP. W/LIFE	S.F. TOTAL	GRAND TOTAL COVERED POP HEALTH	
% OF ENT.IN SF		62.0%	65.2%	60.6%	61.9%	67.3%	68.5%	52.0%	39.2%	77.2%	68.1%	81.7%	72.7%	100.0%	64.5%		
GRAND TOTAL		5,971	488	1,344	310	3,172	54	252	502	1,960	235	104	11	1		14,404	TOTAL
% OF SF TOTAL		39.9%	3.4%	8.8%	2.1%	23.0%	0.4%	1.4%	2.1%	16.3%	1.7%	0.9%	0.1%		100.0%		RET
		3,705	318	815	192	2,134	37	131	197	1,514	160	85	8	1	9,297	64.5%	1,767
NON - MEDICARE ELIG		3,705	318	815	192	2,134	37	131	197	495	64	8	2	0	8,098	12,914	1,607
EE		1,386	96	275	55	999	20	40	122	345	23	6	2	0	3,369	5,135	
EE/SP		673	97	154	45	278	6	16	24	111	28	0	0		1,432	2,127	
EE/CH		684	42	132	31	417	2	27	26	20	5	2	0		1,388	2,457	
EE/FAM		962	83	254	61	440	9	48	25	19	8	0	0		1,909	3,195	
MEDICARE PRIME		0	0	0	0	0	0	0	0	1,019	96	77	6	1	1,199	1,487	
EE										618	45	77	6	1	747	920	
EE/SP										388	50	0	0	M.Zanc	438	548	
EE/CH										3	0	0	0		3	4	
EE/FAM										10	1	0	0		11	15	
		CLARK	LVCVA	WATER DIST.	WATER RECLAMATN	UMC	HEND. LIBRARY	RTC	HEALTH DISTRICT	RET	W.DIST RET.	S.SP. NO LIFE	S.SP. WD NO LIFE	S.SP. W/LIFE	HPN TOTAL	GRAND TOT RET	
TOTAL		2,266	170	529	118	1,038	17	121	305	446	75	19	3	0	5,107	2,310	
NON - MEDICARE ELIG		2,266	170	529	118	1,038	17	121	305	218	32	2	0	0	4,816		
EE		797	47	160	28	400	10	40	107	158	17	2	0		1,766		
EE/SP		303	40	101	24	95	2	23	56	42	9	0	0		695		
EE/CH		525	36	94	27	283	1	20	73	5	5	0	0		1,069		
EE/FAM		641	47	174	39	260	4	38	69	13	1	0	0		1,286		
MEDICARE PRIME		0	0	0	0	0	0	0	0	228	43	17	3	0	291		
EE										136	20	17	0		173		
EE/SP										87	23	0	0		110		
EE/CH										1	0	0	0		1		
EE/FAM										4	0	0	0		4		