



WASHINGTON COUNTY, ARKANSAS

Purchasing Department

10/1/2018

Addendum 1

RFP 2018-08 Health and Dental

1. Please provide a copy of the sample agreement listed in Section 7
This agreement is RFP 2018-08. Please review the packet.
2. Numbers include 624 full-time employees, 536 insured employees
3. Zip code prefix is 727XX
4. The retired employee is eligible to keep the insurance but must cover the full premium balance due.
5. Section 11.2.4 Is the third party administrators is soliciting stop loss? - Yes
6. Section 11.2.6 and 11.2.14 Should Retention and Liability Agreement read "Administrative Services"? - Yes
7. Section 11.2.9 and 11.2.12 Will the administrative services fees will be separate from the claims and not included in the maximum liability amounts? – Yes
8. Section 11.2.13 Will the claims basis, of the reinsurance policy, will be the governing document for the timing and amounts of the stop loss reimbursements? – Yes
9. Section 11.2.16 Contribution Totals

Employee Only
Employee + Spouse
Employee + Child(ren)
Family

| | Employer Monthly Contribution (\$ amount) to the Total Premium | Employee Monthly Contribution (\$ amount) to the Total Premium |
|-----------------------|--|--|
| Employee Only | \$215.08 | \$74.56 |
| Employee + Spouse | \$215.08 | \$257.17 |
| Employee + Child(ren) | \$215.08 | \$197.17 |
| Family | \$215.08 | \$480.16 |

10. Section 11.2.11 Stop Loss Policy Information

| | IAT |
|-----------------------------------|-----------------|
| | Option |
| | Current w Rx |
| | 24/12 |
| Benefits | |
| Contract | |
| Specific Deductible | \$ 175,000.00 |
| Annual Maximum Benefit | Unlimited |
| Employee Rate | \$ 40.80 |
| Family Rate | \$ 83.80 |
| Annual Premium | \$ 417,703.20 |
| | |
| Aggregating Specific | \$ 31,000.00 |
| | |
| Aggregate Rate | \$ 3.30 |
| Contract | 24/12 |
| Annual Premium | \$ 22,057.20 |
| Single Factor | \$ 442.68 |
| Family Factor | \$ 1,104.86 |
| *Maximum Contractual Claims | \$ 5,191,744.08 |
| *Expected Contractual Claims | \$ 4,153,395.26 |
| | |
| Total Excess Loss Premium | \$ 439,760.40 |
| | |
| Employee | 276 |
| Family | 281 |
| Administrative Fees | |
| Medical | \$ 19.20 |
| Dental | \$ 3.65 |
| Pre-Notification | \$ 2.50 |
| True Blue PPO | \$ 6.05 |
| Total Fees | \$ 31.40 |
| | |
| Annual Administrative Fees | \$ 209,877.60 |
| Fixed Cost | \$ 649,638.00 |
| | |
| * Expect Liability | \$ 4,803,033.26 |
| * Maximum Liability | \$ 5,841,382.08 |

* Subject to terms of aggregate contract.

This quote is for benefits using the TrueBlue and BlueCard Networks.

The Aggregate coverage includes Medical and Prescription Drug Card.