

Addendum #3

1. **Request:** Please share the details of the current wellness program, including participation requirements, incentives, measurements, and the participation and measurement results.

Response: The City of Wauchula encourages and rewards employees who are active participants in their wellness program; however, it is not mandatory and there are no penalties for not participating. For the last two years the City has constructed a calendar filled with monthly health and wellness activities that the employees can participate in while earning points towards an annual monetary, time off or other intangible wellness incentive. The health and wellness activities include an annual biometric screening which is hosted and provided to the City employees at no charge by Florida Blue. Each month the City holds a primary health and wellness activity such as healthy cooking classes, lunch & learns, or physical activities such as 5k's or walking challenges. Each month they also provide a learning tool in the form of an educational video and quiz. Every other month the City provides an opportunity for employees to have their blood pressure and weight checked. Also, a blood drive is held every other month. Several months out of the year they hold bonus activities which have included: maintain or not gain weight initiatives, flu vaccine clinics, community improvement activities and social awareness campaigns.

Florida Blue offers the City of Wauchula a web based customizable wellness platform. They provide Registered Nurse Certified Health Coaching with online and telephonic options, one on one telephonic engagement regarding maternity and access to a 24-hour nurse line. Florida Blue provides an annual biometric screening that includes, height, weight, glucose, and total cholesterol. Florida Blue also provides a program that provides health and wellness discounts.

2. **Request:** Page 3 - Information To Be Included in The Proposal: Please confirm which section Attachments 8.1 and 8.2 should be included? The instructions state to include these repeatedly in multiple sections.

Response: All sections of Attachments 8.1 and 8.2 should be answered. If you are unable to answer. Please state the reason why so it does not appear that you are being non-compliant. 8.1 should be completed if you are providing a Fully Insured quote. 8.2 should be included if you are providing a Level Funded quote. Both should be completed if you are providing both.

3. **Request:** Page 3 - Information To Be Included in The Proposal: Please confirm which section Attachments 8.7.1-8.8.4 should be included? The instructions state to include these repeatedly in multiple sections.

Response: Tables 8.7.1, 8.7.3, 8.8.1 and 8.8.3 should be completed if providing Fully Insured quotes to Current and/or Alternate. Tables 8.7.2, 8.7.4, and 8.8.4 should be included in providing Level Funded quotes to Current and/or Alternate. All listed should be completed if

providing Fully Insured and Level Funded quotes on Current and Alternate. Table 8.7.5 should be completed regardless of quoting Fully Insured or Level Funded.

4. **Request:** Please note, we cannot modify Level Funded Plans. We will have to provide the closest matching plan we have available. Will this be accepted?

Response: Yes.

5. **Request:** Can you provide the 2019 BCBS renewal?

Response: Please reference the RFP, Attachment 8.5.6 for the 2019 renewal letter and Attachment 8.6 for the final rates.

6. **Request:** Please confirm the ISL level being requested for the level-funding quote?

Response: The ISL level was not provided in the RFP. Please provide the most common or your recommended level.

7. **Request:** Please confirm the PEPM fee to be included for the level funding quote?

Response: Currently, the Agent Commission or Service Fee is 5.0% of the total premium.

8. **Request:** Will there be an opportunity to quote ancillary products (dental, vision, financial protection)?

Response: This RFP is for medical only. However, if you would like to provide additional information on other products that you offer and how having another line of insurance may affect the pricing on the medical, please feel free to do so. Addendum #1 lists the current medical, dental and vision carriers and date of inception. The group also provides GTL/AD&D and Voluntary GTL/AD&D. Florida Combined Life became the carrier for those lines on 10/1/18 which then transitioned to US Able Life on 10/1/19 due to company merger.

9. **Request:** Can you provide a member level census with First and Last names for underwriting?

Response: This was previously provided in Addendum #2.

10. **Request:** Per the bid specs below, it states 4.3.2.1 Secure Vendor File Transfer method and 4.3.2.2 Secure Email Transmission are the two accepted methods. On the following page it mentions Electronic Copies (we are assuming USB or CDs).

Our question is – **Is the 4.3.2.3 Electronic Copies also an accepted method for submission or is it to be included along with either Secure Vendor File Transfer or Secure Email Transmission?**
Please advise.

4.3-Submission of Proposals

4.3.1 → Proposals must be submitted and received by the date and time set forth in Section 2. Proposals received after the date and time set forth in Section 2 will be rejected as non-responsive.

4.3.2 → Proposals must be submitted electronically. Two accepted methodologies are secure vendor file transfer and secure encrypted email transmission. It is the intent of the City to mimic the “sealed bid opening” process in an electronic fashion.

4.3.2.1 → Secure vendor file transfer method may be used so far as time stamps of proposal opening and proposal un-encryption are evident. A proposal submitted via secure vendor file transfer shall be deemed received upon receipt of an email containing the instructions for the secure file transfer.

4.3.2.2 → Secure encrypted email transmission also may be used. Delivery of secure files must be made prior to bid opening date and time. File encryption password or key must be transferred to City post bid due date and time but prior to bid opening due date and time. Email submissions will be sent to the following:

Holly Smith, City Clerk: hsmith@cityofwauchula.com Section Break (Next Page)

4.3.2.3 → **Electronic Copies**. Two (2) electronic copies of the Proposal shall be submitted. One (1) marked Original will be in complete form in a .pdf format. This file should represent the entire proposal as if it were printed and bound. One (1) marked copy can be submitted with individual files that can be opened individually. These electronic copies shall be in .pdf or .xls (where required) format. All attachments that require the proposer to complete must be submitted in the requested electronic format listed in section 8 (.pdf or .xls).

4.3.2.4 → **Less Than Two Responsive Proposals**. If less than two responsive Proposals are received, then the City Manager may proceed to negotiate on the best terms and conditions with the lone responsive Proposer or with any other vendor who did not submit a responsive Proposal.

Response: The section 4.3.2.3 is not referencing USB or CDs. It is providing additional instruction on how the files need to be completed when submitted whether through Secure Vendor File Transfer (4.3.2.1) or through Secure encrypted email transmission (4.3.2.2). However, if one of the 2 methods listed are not a viable method, please notify immediately. We can then decide on alternative methods.

11. **Request:** Can you please confirm if the deductible and OOPM accumulators are policy year or calendar year?

Response: Policy year.

12. **Request:** Can you provide additional information on the brain cancer claimant listed on the renewal from 2019?

Response: The brain cancer claimant is no longer on the City’s insurance and will not be returning.