

ADDENDUM NO. 2

OHIO TURNPIKE COMMISSION

682 Prospect Street
Berea, Ohio 44017

**REQUEST FOR PROPOSALS
FOR GROUP HEALTH PLAN BENEFITS**

ISSUE DATE

July 26, 2010

INQUIRY END DATE

August 9, 2010, 5:00 P.M. (E.D.T.)

RESPONSE DUE DATE

August 16, 2010, 2:00 P.M. (E.D.T.)

ATTENTION OF RESPONDENTS IS DIRECTED TO:


**ANSWERS TO ADDITIONAL QUESTIONS RECEIVED
THROUGH THE END OF THE INQUIRY PERIOD**

MODIFICATIONS TO THE RFP:


PART II, GENERAL INSTRUCTIONS

Page 13

Issued by the Ohio Turnpike Commission August ~~10th~~ 2010. Authorized by L. George Distel, Executive Director, and Kathleen Weiss, Director, Contracts Administration.


L. George Distel
Executive Director

Date


Kathleen Weiss

Date

ANSWERS TO ADDITIONAL QUESTIONS RECEIVED THROUGH THE END OF THE INQUIRY PERIOD:

Q#23 Will the commission accept a letter of credit (LOC) in lieu of a proposal bond/certified check?

A#23 No

Q#25 We see in the RFP there is a requirement for a proposal bond, which is not an issue for us. It did raise question however as to whether there is a requirement for a final bond from the successful bidder or is the initial proposal bond just returned upon awarding of the contract?

A#25 No performance bond will be required As stated on Page 14, the proposal bond will be returned to Responding Providers after a Contract is entered into with the Selected Provider(s) See Responses to Q#10 and Q#11

Q#26 We requested the word version of the medical rfp document on 7/29 and have not yet received that. Please send that as soon as possible. Additionally, can you also please provide a breakdown of enrollment within each plan? For example, how many single/two-party/family contracts are enrolled in the High Option and the Low Option?

A#26 Regarding a word copy of the RFP, see Response to Q#9 in Addendum No. 1. Regarding the number of enrollees in the High Option and Low Option, please see the charts below.

2010 Bargaining and Non-Bargaining Employee Premium Contribution Rates <i>Bargaining unit pays \$0 contribution on Plan B</i>		
	Plan A	Plan B
Single	\$34 00	\$11 00
Single + 1	\$68 00	\$23 00
Family	\$99 00	\$33 00

Health Benefit Plan Enrollment						
Single/Single+1/Family as of July 2010						
	Plan A			Plan B		
Toll Operations	89	96	52	1	4	4
Maintenance	34	90	119	4	10	10
Non-Bargaining	54	91	133	2	3	6

Q#27 Please advise what fee schedule is used for payment of Dental claims. Are payments based on HIAA, for example paid at the 90th percentile of HIAA?

A#27 MetLife does not use HIAA (Health Insurance Association of America). MetLife's Reasonable & Customary schedule is based on data from MetLife's own claims, not HIAA or any other source.

Q#28 Please provide the number of prescriptions for the 12 month period ending 6.30.2010 broken down by;

- a. Retail Brand**
- b. Retail Generic**
- c. Mail Order Brand**
- d. Mail Order Generic**

*A#28 a Retail Brand- 3,525
 b Retail Generic- 10,526
 c Mail Order Brand- 3,512
 d Mail Order Generic- 4,005*

Q#29 With respect to your Minimum Premium Program, are there any accumulated deficits year to date or, carried from previous plan years?

A#29 No.

Q#30 Should we include COBRA Administration services as an option in our response?

A#30 No.

Q#31 Should we include FSA (Flexible Spending Account Administration) as an option in our response?

A#31 No

Q#32 Our firm is interested in providing prescription drug benefits only. Based on the Q &A, please verify the proposal bond for prescription drug benefits is \$10,000.

A#32 Yes, a \$10,000 proposal bond for prescription drug benefits only is acceptable See modification below with Addendum No 2

REMINDER – PROPOSALS SUBMITTED WITHOUT THE REQUIRED PROPOSAL BOND WILL NOT BE GIVEN CONSIDERATION BY THE COMMISSION.

THE FOLLOWING MODIFICATION IS MADE TO THE REQUEST FOR PROPOSALS FOR GROUP HEALTH PLAN BENEFITS:

Modifications are shown with *bold italicized* text

PART II, GENERAL INSTRUCTIONS, Section 2, “Proposal Format” at page 13: The following language is added to the proposal bonding requirement as previously modified by Addendum No 1:

- “Proposal bond or certified check payable to the Ohio Turnpike Commission in the amount of \$100,000.00 (\$25,000.00 for stand alone stop loss insurance quotes and \$10,000.00 for stand alone ***RX***, dental or vision quotes) (see further information below).”

Receipt of Addendum No. 2 to the Request for Proposals for Group Health Plan Benefits is hereby acknowledged:

(Firm Name)

(Signature)

(Typed Name)