

**Request for Proposal (RFP) for the State of Delaware’s Supplemental Insurance Program:
Group Accident, Cancer, and Critical Illness**

*All shipping packages should be clearly labeled as
“RESPONSE TO REQUEST FOR PROPOSAL”*

Bid responses received after noon on Friday, October 17th, will not be accepted.

Responses to Questions (Q&A)

October 10, 2014

No.	Question:	Answer:
1	Page 7, Item h; Page 23, #10; and Page 24-25, #22 - (Will the) State permit a designated location within each State Agency building for web based enrollment support at the Vendor's expense during Open Enrollment? This request is incremental to participation at the Health Fairs as required by the State.	We will consider providing a location at a central location in each county for the vendor to provide information and sign up employees. Additional access to employees can be discussed and must be agreed to by the State and the individual agencies/schools. See also #64 and 65.
2	Will the State provide an eligible employee count by agency for enrollment support at the vendor's expense?	Yes, prior to Open Enrollment and upon request from the vendor, the State will provide a listing with the number of benefits eligible employees by department ID/agency and school district. The list will provide a head count only and not individual contact information. This would be provided at no cost to the vendor.
3	Page 24-25, #22 - Will the State designate a payroll department point of contact as a direct liaison to the vendor's invoicing process?	If this question is meant to ask if there is a contact within the State for how the vendor gets paid, then yes, the State will provide a point of contact with the OMB Financial Operations area with respect to invoicing the State for payment of employee premiums. Remember the group monthly electronic deduction file and all associated reconciliation of premiums paid will be the responsibility of the chosen vendor.

4	Page 5, Bullet point #1 – (Will the State) expand Open Enrollment period to maximize participation? (For example), provide a 90 day open enrollment period, which is the standard for large industry and governments. Proposed timeframe: 03/15/2015 - 06/15/2015.	The State will consider expansion of the typical 2½ week Open Enrollment period to possibly allow additional time in 2016, e.g. 5-1-16 to 6-15-16. For 2015, the legislation specifically states that “the open enrollment . . . will coincide with the open enrollment for state employee benefits beginning in 2015.” The State will discuss further with the winning vendor.
5	Is our assumption correct that all products should be net of commissions for consultants, which would also include brokers and enrollment vendors/partners?	Minimum Requirement #34: <i>Please confirm that commission percentages, brokerage or contingent fees are not payable to any agent or broker.</i> This item is deleted in Addendum #1. However, “Representation Regarding Contingent Fees”, Page 20, #18, stands. <u>Carefully read Addendum #1 for more information.</u> See also #15, 40, 44, and 56.
6	Is the voluntary benefits open enrollment simultaneous to the core medical plan open enrollment?	Yes, the voluntary benefits open enrollment is simultaneous to the core medical plan open enrollment.
7	Will the open enrollment be active or passive?	The State Open Enrollment is “passive” in that eligible employees are not required to take action by either enrolling, waiving or modifying their benefits. Should an employee choose to take no action during Open Enrollment, their benefit elections will continue in the same manner when the new plan year begins.
8	Is (an) enrollment agent assisted, self service or both?	Open enrollment is self-service for State employees. For the supplemental benefits program, self-service will be via the vendor’s online portal or through completion of a paper enrollment form. Benefit eligible employees will enroll online through the vendor’s secure website. Employees without Internet access will complete a paper enrollment application and return it to the vendor for the vendor to enter the information into their system to complete the enrollment process. Outside of open enrollment, new hires and newly eligible employees contact their agency’s or school district’s HR/Benefits Office for assistance with enrolling in benefits.

9	How do employees enroll in (the) current benefits now?	<p>¹During the annual benefits open enrollment period, usually held in May, employees are responsible for entering their benefit elections for health, dental and vision directly into the State of Delaware’s secure online enrollment system.</p> <p>Newly eligible employees would contact their agency’s or school district’s HR/Benefits Office to request assistance with enrolling in benefits any time throughout the plan year. Existing active employees cannot make changes to their benefits during the plan year unless they have a qualifying event.</p>
10	What enrollment system do you use for medical and other core benefits?	The State of Delaware has a secure employee self-service online enrollment module that is part of a PeopleSoft system.
11	Is there an ability to link into the existing enrollment system, or must we provide the enrollment platform ?	No, the vendor will not be able to link into the State’s enrollment system. Open enrollment must be done via a secure vendor website or through a paper process. See #22, page 25, of the RFP.
12	Are the eligible employees offered any voluntary benefits through labor unions?	A small life insurance policy for a group of labor union employees at the Department of Corrections is offered. The Statewide Benefits Office is aware of no other voluntary benefits being offered to labor unions.
13	Is the communications plan set or will we work together to develop one?	The State of Delaware will work with the vendor to develop a communications plan.
14	Will any retirees be offered these plans?	The legislation states that only employees are eligible. Therefore, retirees will not be offered these plans. See also #54.
15	Confirm that the rates are to be net of commission?	<p>Minimum Requirement #34: <i>Please confirm that commission percentages, brokerage or contingent fees are not payable to any agent or broker.</i> This item is deleted in Addendum #1. However, “Representation Regarding Contingent Fees”, Page 20, #18, stands. <u>Carefully read Addendum #1 for more information.</u></p> <p>See also #5, 40, 44, 56.</p>

¹ Please refer to other questions that addressed enrollment communications – 9, 11, 21, 22, 34, 61, 62, and 71.

16	<p>The RFP asks for the loss ratio (of) our proposal to be at least 60%. If we price our products on rates based on the issue age of the group that would be a lifetime loss ratio that emerges over time. We can issue age rates so rates won't increase; but could consider rates that increase as employees age into new age bands. Do you have a preference?</p>	<p>The RFP states that your company should maintain a loss ratio of not less than 60%. This would be defined as the loss ratio indicated by your company's annual statement. Since this RFP only addresses health coverages, the loss ratio from the annual statement can be taken from the health section. Because this term is in the legislation, a vendor who does not meet this requirement is disqualified.</p> <p>Regarding the rates, the rates should be quoted using the age brackets as indicated in the RFP. These should be based on attained age.</p> <p>See also #20 and #55.</p>
17	<p>If (vendor) has not offered a Critical Illness/Cancer /Accident product for the 5 year minimum requirement, please let us know if this precludes us from bidding as soon as possible.</p>	<p>The RFP states that "Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization." We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However, please note that the legislation requires that "The carrier shall . . . have adequate servicing facilities² to carry out the terms of the contract . . .". See Addendum #2.</p>
18	<p>If (vendor's) products are not guaranteed renewable; will this preclude us from participating in the bidding process for this RFP?</p>	<p>The RFP states that "Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization." We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p> <p>However, because the legislation requires the insurance to be guaranteed renewable, a vendor who does not meet this requirement or offer a renewable guarantee is disqualified. See Addendum #2.</p> <p>See also #s 19, 39 and 45.</p>
19	<p>C. Scope of Services items a., b., and c. The text of the legislation refers to individual supplemental insurance as noted: § 5287. Supplemental insurance</p>	<p>As stated in Addendum 1, the concept of "individual" or "group" plans as defined by the supplemental insurance industry are not relevant, either in the terms of the RFP or in the plan designs as presented by the vendor. <u>Carefully</u></p>

² In the context of this sentence, "facilities" does not mean only a physical location or place of business, but a vendor's capacity, resources, and capabilities.

	<p>program and design. (a) The type of offered insurance shall be supplemental individual health insurance that is guaranteed renewable. This elective supplemental insurance program will entitle participating employees to receive income indemnity. Accident, cancer, and critical care and recovery, are to be required benefits of the offered supplemental policies.</p> <p>Is it mandatory that all coverage be guaranteed renewable individual plans as outlined in item 5287 outlined above? It appears the RFP is asking for group insurance on page 6 in the Scope of Services. If products are not guaranteed renewable, would this disqualify a response to the RFP?</p>	<p><u>read Addendum #1 for the full context of this statement.</u></p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However, because the legislation requires the insurance to be guaranteed renewable, a vendor who does not meet this requirement or offer a renewable guarantee is disqualified. See Addendum #2.</p> <p>See also #s 18, 39 and 45.</p>
20	<p>The legislation requires that the selected carrier maintain a claims loss ratio of not less than 60%. If this requirement is not met, does this disqualify a response to the RFP?</p>	<p>The RFP states that your <i>company</i> should maintain a loss ratio of not less than 60%. This would be defined as the loss ratio indicated by your company’s annual statement. Since this RFP only addresses health coverages, the loss ratio from the annual statement can be taken from the health section.</p> <p>Again, this question applies to the <i>company’s</i> loss ratio. Because this term is in the legislation, a vendor who does not meet this requirement is disqualified.</p> <p>See also #16 and #55.</p>
21	<p>What will be the enrollment system used for employees to enroll in the voluntary coverage offerings? Will employees enroll on your HRIS system and enrollment data submitted to us or will a link be provided from your system for employees to self-enroll on our enrollment system?</p>	<p>Per minimum requirement #22 on page 25 of the RFP, employees must enroll on the vendor’s secure enrollment system. A link can be provided on the State’s website during Open Enrollment and for new employees during the year to access the vendor’s site. For 2016’s Open Enrollment, it is possible there will be a link in the State’s enrollment system.</p>

22	Will the employees enroll directly into our enrollment system? How do newly eligible employees enroll throughout the year?	Yes, employees will enroll through your secure on-line enrollment platform during Open Enrollment and during the year. Newly eligible employees will enroll via a secure vendor website or have option to complete a paper enrollment application and return it to the vendor to complete the enrollment process.
23	What is the frequency and total number of eligible employees for direct mailings? Would the State of Delaware pay for these expenses incurred?	<p>The frequency of direct mailings to benefit eligible employees may be once a year for open enrollment and/or as deemed necessary. As stated in the RFP on page 4, the approximate number of benefit eligible employees is 35,325.</p> <p>No, the State will not pay for the cost of direct mailings.</p>
24	If a carrier does not have an on-line system for account management functions, would this disqualify a response to the RFP?	<p>Minimum Qualification #5 only addresses the personnel who are required to be present during an interview. The question asks for “any” on-line account management functions to be demonstrated. On-line account management functions <i>per se</i> are not a requirement.</p> <p>See also #32.</p>
25	The RFP states that minimum requirements are mandatory. Will failure to meet any of these minimum requirements disqualify a response to the RFP?	The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However , all requirements in the legislation must be met. See Addendum #2.
26	Would failure to meet the Technology and Data Requirements disqualify a response to the RFP?	The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization. Additionally, the Technology and Data Requirements in Section V are considered minimum requirements.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.
27	If a 3 year rate guarantee is not provided, will this disqualify a response to the RFP?	<p>This requirement is stated in #29 on page 25. A reason for an exception to this 3-year rate guarantee should be noted on Appendix E.</p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your</p>

		organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.
28	If Performance Guarantees are not provided, will this disqualify a response to the RFP?	<p>Minimum Requirement #44 and 45, page 27, requires your organization’s “willingness to enter into performance guarantees”. Appendix H further states that “If you propose different guarantees or performance results, please use a strikeout font and insertion . . . so that the total equals 5.0% which is the minimum level the State requires.”</p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization. ” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p> <p>See also #57.</p>
29	If the Required Reporting of Fees and 2 nd Tier Spend reports are not available, will this disqualify a response to the RFP?	The <i>Required Reporting of Fees and 2nd Tier Spend</i> section on page 15 of the RFP, is required by the State’s central contracting office. However, for this benefit, since it is an employee-pay-all program, the Statewide Benefits Office will report on the vendor’s behalf that there is no cost to the State.
30	Minimum Qualification #2 - If the primary contact does not have the required minimum criteria, can he/she still be involved as primary contact with the plan if awarded?	The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization. ” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.
31	Minimum Qualification #4 - If 3 or more client references with 30,000 eligible lives is not provided, will this disqualify a response to the RFP?	The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization. ” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.

32	Minimum Qualification #5 - What are the on-line account management requirements? If on-line access is not available for account management functions, will this disqualify a response to the RFP?	Minimum Qualification #5 addresses only the personnel who are required to be present during an interview. The question asks for “any” on-line account management functions to be demonstrated. On-line account management functions <i>per se</i> are not a requirement. See also #24.
33	Minimum Qualification #7 - If enrollment information cannot be mailed to the homes of all newly hired and newly eligible employees within 14 days upon receipt of the eligibility file, will this disqualify a response to the RFP?	The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However, please note that the legislation requires that “The carrier shall . . . have adequate servicing facilities to carry out the terms of the contract . . .”. See Addendum #2. Also, please note this requirement is a performance guarantee.
34	Minimum Qualification #11 - Will we have one-on-one access throughout the year for newly eligible employees to enroll or do these employees self enroll?	Newly eligible employees may call the vendor at any time to ask questions. Employees must self-enroll through the vendor’s secure on-line portal. The State will allow paper enrollment forms, but the forms must be provided to the vendor for the vendor to enter into their vendor enrollment system. Additional access to employees can be discussed and must be agreed to by the State and individual agencies/schools.
35	Minimum Qualification #22 - Are we able to acquire the 9 digit social security number during the enrollment process? The full SSN is needed to issue certificates along with other pertinent information once enrolled. Can the employee release his/her SSN during the enrollment procedure?	Employees can provide their SSN during the enrollment process, but the State will not provide SSNs under any circumstances. See also #67.
36	Minimum Qualification #25 - If we cannot confirm there is no minimum enrollment requirement for the coverage listed in the RFP, will this disqualify a response to the RFP?	The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However, the legislation requires that the supplement benefit coverages be offered effective July 1, 2015. That implies, therefore, that a minimum enrollment cannot be required. The awarded vendor could not cancel coverage

		for all enrolled members if it deemed the number of enrollees is less than adequate to service the account.
37	Minimum Qualification #26 - If we do not agree to provide a year-end financial accounting as defined, will this disqualify a response to the RFP?	<p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p> <p>Also note, however, that this report would be included as part of the reporting package performance guarantee and is included on the Master Report List which is also a minimum requirement, #27 on page 25.</p>
38	Minimum Qualification #27 - If our organization cannot provide the reports listed in the Master Report List, Attachment 10, will this disqualify a response to the RFP?	<p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However, please note that the legislation requires that “The carrier shall . . . have adequate servicing facilities to carry out the terms of the contract . . .”. See Addendum #2.</p>
39	Minimum Qualification #31 - Is Guaranteed Issue required on all products?	<p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p> <p>See also #s 18, 19, and 45.</p>
40	Minimum Qualification #34 & 35 - As a part of our normal business we do pay agents, general agents, and other licensed agent commissions for their involvement with the program. Payment or Non-payment of broker commissions is normally determined by the account. Is it correct to state that no commissions are to be paid under any circumstances?	<p>No, it is not correct to state that no commissions are to be paid under any circumstances.</p> <p>Minimum Requirement #34: <i>Please confirm that commission percentages, brokerage or contingent fees are not payable to any agent or broker.</i> This item is deleted in Addendum #1. However, “Representation Regarding Contingent Fees”, Page 20, #18, stands. <u>Carefully read Addendum #1 for more information.</u></p> <p>See also #5, 15, 44 and 56.</p>

41	In the RFP, you mentioned group products and individual products. Are you specifically looking for group chassis products only? There is a difference between group and individual payroll deduction products.	The RFP requests quotes on a Group policy basis. Addendum 1 has been issued that will allow quotes to be provided using Individual policy forms. Under either approach, the premium will be collected through payroll deduction. The vendor will be required to provide payroll deduction data via the required file feed format (Attachment 3) to the State to facilitate the proper deduction from the employee's pay.
42	Some of the services you're looking for would be provided by an enrollment and communications firm. Are you seeking bids from carriers working in conjunction with those firms, or carriers only?	Please see Minimum Requirement #49 on page 28. If your organization would be working with a communications firm in the role of a subcontractor, please comply with this requirement. The State will only accept one bid.
43	In the RFP, you mentioned critical care and recover coverage. This is not a product type, but rather an Aflac product name. Does that mean your specifically seeking that Aflac product?	No, the State is not specifically seeking a product of any particular vendor. The term "critical illness" is interchangeable with "critical care and recovery".
44	You mentioned that no commission can be paid to any agent or broker with these programs; however, any carrier is going to have to engage an enrollment entity to assist with the communication of these programs. Is commission allowable in this case?	If "enrollment entity" means a sub-contractor, please refer to Minimum Requirement #49 on page 28. Regarding commissions, generally, for the vendor that is submitting a bid, <u>carefully read Addendum #1 for more information</u> . Minimum Requirement #34: <i>Please confirm that commission percentages, brokerage or contingent fees are not payable to any agent or broker.</i> This item is deleted in Addendum #1. However, "Representation Regarding Contingent Fees", Page 20, #18, stands. See also #5, 15, 40, and 56.
45	You mention coverage being guaranteed renewable. Could you clarify, are you seeking coverage that is guaranteed renewable for life?	Under a group policy approach when an employee is employed by the State, an employee that enrolls in the plan will be able to continue coverage as long as premiums are paid and the Group policy continues to be in force. When the employee is no longer an active employee and they elect to continue coverage under a direct-bill individual policy, an employee that purchases coverage will be provided coverage by the vendor as long as premiums are current. (continued)

		<p>Because this term is in the legislation, a vendor who does not meet this requirement or offer a renewable guarantee is disqualified.</p> <p>See also #s 18, 19, and 39.</p>
46	Who will be holding / signing the group master application (in turn being the holder of the master policy)?	The group policy would be issued to the State of Delaware.
47	Appendix C (on page 46 of the RFP) provides a place to list any exceptions to the Technology Standards and Security Requirements section. Can you provide any guidance on where the Technology Standards and Security Requirements section is located?	The Technical Standards and Security Requirements section begins on Page 39.
48	Will (this) item disqualify a Group proposal: Cancelable plans	Note that the State is looking for a vendor that will commit to providing coverage for a minimum of 5 years through July 1, 2020. However, because the legislation requires coverage to be guaranteed renewable, a cancelable plan would be disqualified.
49	Will (this) item disqualify a Group proposal: Issue age not greater than 69 (Critical Illness)	<p>This type of policy provision should be shown in the plan design that your Company is proposing.</p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p>
50	Will (this) item disqualify a Group proposal: Spouse ineligible if greater than age 64 (Accident)	<p>This type of policy provision should be shown in the plan design that your Company is proposing.</p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p>

51	Will (this) item disqualify a Group proposal: Dependent Child (including Disabled Child) older than 25 at original enrollment (Accident)	<p>This type of policy provision should be shown in the plan design that your Company is proposing.</p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p>
52	Will (this) item disqualify a Group proposal: Only one method of premium payment (e.g. all bi-weekly; all weekly, etc.)	<p>The payment processing requirements are stated in Minimum Requirement 19 on page 24 and reference Attachment 3 for the mandatory file layouts. The vendor must meet the frequency as stated or the bid would be disqualified.</p>
53	Will (this) item disqualify a Group proposal: No “no-loss” or “no-gain” provision	<p>This type of policy provision should be shown in the plan design that your Company is proposing.</p> <p>The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization.” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed.</p>
54	Will (this) item disqualify a Group proposal: Retirees and spouse of retirees are not eligible	<p>Retirees are not eligible, therefore the question does not apply. However, a spouse of a retiree may be an eligible active employee and therefore the spouse who is a retiree would be eligible for coverage as a dependent.</p>
55	Will (this) item disqualify an alternative proposal of an individually-issued plan? Maintaining a loss ratio of not less than 60 percent (as required on page 5, last bullet point)	<p>The RFP states that your <i>company</i> should maintain a loss ratio of not less than 60%. This would be defined as the loss ratio indicated by your company’s annual statement. Since this RFP only addresses health coverages, the loss ratio from the annual statement can be taken from the health section. Because this provision is in the legislation, a vendor who does not meet this requirement will be disqualified.</p> <p>See also #16 and #20.</p>

56	Will (this) item disqualify an alternative proposal of an individually-issued plan? On page 26, # 34 requires “Please confirm that no one will get any commissions.”	(Note: The quote is not accurate.) Minimum Requirement #34: <i>Please confirm that commission percentages, brokerage or contingent fees are not payable to any agent or broker.</i> This item is deleted in Addendum #1. However, “Representation Regarding Contingent Fees”, Page 20, #18, stands. <u>Carefully read Addendum #1 for more information.</u> See also #5, 15, 40, and 44.
57	Will (this) item disqualify an alternative proposal of an individually-issued plan? Performance Guarantees, as required on page 27, #s 44 and 45	Minimum Requirement #44 and 45, page 27, requires your organization’s “willingness to enter into performance guarantees”. Appendix H further states that “If you propose different guarantees or performance results, please use a strikeout font and insertion . . . so that the total equals 5.0% which is the minimum level the State requires.” The RFP states that “Failure to meet any of these proposal criteria (minimum requirements) may result in disqualification of the proposal submitted by your organization. ” We do not make a determination whether or not a bid is disqualified until after it is received and reviewed. However, please note that the legislation requires that “The carrier shall . . . have adequate servicing facilities to carry out the terms of the contract . . .”. See Addendum #2. See also #28.
58	With regard to new hires, how are benefits communicated today?	Aside from the annual benefits open enrollment communications, benefit program updates are posted to the benefits office website so all employees will have access to the most current benefit program information throughout the plan year. There is a New Employee Orientation website which contains all benefit information for new employees. In addition, the hiring agency’s HR/Benefits Office may conduct separate employee orientation sessions.
59	How are new hires directed to elect/apply for their benefits?	New hires work with their individual HR/Benefits Office to elect/apply for their benefits.

60	On average, or best guess, about how many new hires join the State of Delaware work force each month/year?	The total statewide count of benefit eligible new hires or rehires between 1/1/13 and 12/31/13 was 2,488.
61	During annual open enrollment, how do State of Delaware employees currently elect their core benefits?	Employees are responsible for entering the data for their benefit elections during Open Enrollment for health, dental and vision directly into the State of Delaware secure online enrollment system. When open enrollment ends and any time throughout the plan year, employees (new hires, newly eligible) would contact their agency HR/Benefits Office to request assistance with enrolling in benefits.
62	During annual open enrollment, how do State of Delaware employees currently elect other voluntary benefits?	If you are referring to dental and vision, employees enroll in the State's online enrollment system during Open Enrollment.
63	How long does your ideal annual open enrollment period last?	Traditionally, the annual Open Enrollment period lasts 2½ weeks in the month of May. (For 2015, the legislation specifically states that "the open enrollment . . . will coincide with the open enrollment for state employee benefits beginning in 2015.")
64	What level of access to employees in terms of one-to-one meetings, groups meetings, and benefit fairs is permitted to carriers?	We will consider providing a location at a central location in each county for the vendor to provide information and sign up employees during Open Enrollment. This can be discussed with the awarded vendor. See also #1 and 65.
65	Can telephonic, one-to-one meetings with State of Delaware employees be scheduled with benefit counselors?	Employees may call the benefit vendor – such as customer service agents - at any time. Vendors should not solicit individual meetings. We will consider providing a location at a central location in each county for vendor to provide information and sign up employees during Open Enrollment. Additional access to employees can be discussed and must be agreed to by the State and individual agencies/schools. Under no circumstances will the State provide mailing or telephone numbers in order for benefit vendors to directly contact employees individually. See also #1 and 64.

66	With regard to the release of SSN, does that refer specifically to billing and eligibility file transmissions?	Yes, the State will not include SSNs on any electronic file transmission.
67	Can SSN be collected at time of enrollment for participants?	<p>Employees can provide their SSN during the enrollment process, but the State will not provide it under any circumstances.</p> <p>See also #35.</p>
68	Can you provide a detailed census with DOB, gender, zip code and salary?	<p>The age band census we provided, Attachments 4a and 4b. The State will not provide DOB, gender or salary. A list is attached with the number of eligible participants by zip code.</p> <p>See also #73.</p>
69	If our Critical Illness product standardly covers Cancer, do you still want a stand-alone Cancer product? Or is a combined product acceptable?	Per Minimum Requirement #4, page 22, and as stated in the Scope of Services, Section C., paragraph b on page 6, either option is acceptable.
70	Will a cancer rider to a critical illness plan be considered by the State of Delaware if the rider meets all of the minimum requirements outlined for a cancer coverage plan as requested in the RFP?	Per Minimum Requirement #4, page 22, and as stated in the Scope of Services, Section C., paragraph b on page 6, a cancer rider is acceptable.
71	Will the State of Delaware be conducting an “active” enrollment process? Will the April meetings be mandatory meetings and will employee’s be required to visit the online education/enrollment portal?	<p>The State Open Enrollment is “passive” in that eligible employees are not required to take action by either enrolling, waiving or modifying their benefits. Should an employee choose to take no action during Open Enrollment, their benefit elections will continue in the same manner when the new plan year begins.</p> <p>Yes, the vendor is <u>required to attend all</u>;</p> <ul style="list-style-type: none"> - three (3) Benefit Representative (human resource employees in each agency and school district) briefing sessions/meetings usually scheduled for late April. - and four (4) Health Fairs usually scheduled in mid-May. <p>The vendor will provide benefit program updates at all the meetings/health fairs to include how to access the vendor’s online education/enrollment portal.</p>

72	<p>If the State of Delaware is not considering an active enrollment, may you please share information as to approximately how many of the 39,800 state employees typically participate in the annual open enrollment process?</p>	<p>Enrollment for the first time in this voluntary benefit plan would be an “active” enrollment process. The number of benefit eligible employees that participates can vary based on if the employee is making any changes to their current benefits. If an employee is enrolled in coverage and not making changes to their current benefits, coverage will continue through the next benefits plan year.</p>
73	<p>Are any active employees who will be eligible for the Supplemental Insurance Program residing in states other than Delaware? If so, please provide a list of states along with the number of eligible insureds in each state.</p>	<p>Yes, there are active employees that reside in states other than Delaware. A list is attached with the number of eligible participants by zip code.</p>
74	<p>Question 58 on page 35 of the RFP mentions a wellness benefit that is provided under the medical plan. What is the approximate utilization of the health screenings portion of the wellness benefit among eligible employees? If the exact answer isn’t known, an approximation would still be helpful (e.g. 30-40% of eligible employees utilize the health screening tests).</p>	<p>The percentage of eligible employees who completed an onsite biometric screening in FY14 was approximately 12.7%.</p>

Residential Zip Code

(read down the columns per page - next page starts at the end of the fourth column)

Eligible Employees

00674	1
01060	2
01062	1
01757	1
01827	1
01966	1
01970	1
02043	1
02066	1
02116	2
02138	1
02139	1
02143	1
02144	2
02360	1
02445	1
02452	2
02466	1
02467	1
02474	1
02540	1
02563	2
02659	1
02806	1
02879	1
03210	1
03301	2
03431	1
03452	1
03753	2
03809	1
03840	2
03904	2
03905	1
04261	1
04558	2
05001	1
05495	1
05673	1
05753	2
05843	2
05845	2
06010	1
06039	1
06116	1
06237	1
06340	1
06762	1
06807	1

06840	1
07005	2
07047	1
07065	1
07090	1
07103	1
07407	1
07481	1
07644	1
07722	1
07731	2
07751	1
07828	1
07871	1
07928	1
07930	1
07960	1
08002	3
08003	2
08004	1
08007	2
08009	1
08012	6
08014	2
08015	1
08016	3
08020	2
08021	8
08023	1
08027	6
08028	5
08031	4
08033	2
08034	2
08035	1
08037	1
08043	4
08046	4
08048	2
08051	4
08053	5
08054	5
08055	3
08056	3
08057	2
08060	1
08061	5
08062	9
08063	2

08066	6
08067	5
08069	35
08070	45
08071	5
08075	1
08077	1
08078	2
08079	9
08080	9
08081	7
08084	1
08085	28
08086	4
08087	1
08090	1
08093	2
08094	8
08096	6
08098	15
08102	2
08104	3
08105	3
08106	2
08107	4
08108	4
08109	2
08110	3
08203	1
08204	1
08205	1
08221	1
08234	2
08244	3
08260	1
08302	7
08312	1
08317	1
08318	4
08322	1
08323	1
08328	1
08332	2
08344	1
08347	1
08352	1
08360	2
08361	2
08514	1
08518	1

08540	1
08550	1
08558	1
08619	1
08620	1
08721	1
08807	1
08816	3
08823	1
08824	1
08830	1
08840	2
08848	1
08854	1
08873	1
08879	1
08901	1
09701	1
10014	1
10016	5
10031	1
10034	1
10044	1
10128	1
10543	1
10916	1
11001	1
11203	1
11209	1
11225	1
11233	1
11369	1
11590	1
11733	1
11758	1
11771	1
11782	1
12208	1
12538	1
12561	2
12590	1
12809	2
13021	1
13033	1
13037	1
13053	1
13061	1

13760	1
14127	1
14226	1
14428	1
14502	1
14850	2
15046	1
15748	1
15905	1
16001	1
16354	1
16504	1
16604	1
16827	1
16830	2
16838	1
17022	1
17036	3
17055	1
17111	1
17112	1
17315	2
17347	1
17356	1
17402	1
17403	2
17509	1
17519	1
17522	1
17527	1
17536	3
17538	2
17543	1
17554	1
17557	1
17560	1
17563	2
17566	6
17579	2
17584	1
17601	2
17602	2
17603	1
17731	1
17837	1
17901	3
17954	1
18017	1
18032	1
18040	1
18045	1

18055	1
18062	3
18069	1
18222	2
18302	1
18305	1
18360	1
18403	1
18407	1
18464	1
18470	1
18940	2
18954	1
18966	6
18969	1
18977	1
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19006	2
19008	3
19010	7
19012	2
19013	25
19014	37
19015	23
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19023	5
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19027	2
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19032	4
19033	13
19034	1
19036	12
19037	1
19038	1
19039	1
19040	1
19043	4
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19047	1
19050	8

08534	2
19054	1
19057	2
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19061	47
19063	53
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19067	3
19070	3
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19079	3
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19087	4
19090	2
19094	4
19095	2
19096	4
19101	1
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19104	7
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19123	5
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19132	3
19134	4
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19138	1
19139	2
19140	1
19142	9
19143	9
19144	6
19145	5
19146	15
19147	20
19148	6
19149	1
19151	7
19153	4
19301	3
19309	1
19310	1
19311	71
19312	3
19317	70
19319	2
19320	16
19330	16
19333	1
19335	14
19341	9
19342	34
19343	1
19344	2
19347	3
19348	98
19350	264
19351	3
19352	119
19357	1
19360	1
19362	13
19363	88
19365	4
19366	1
19372	3
19373	2

18049	1
19375	3
19377	1
19380	30
19382	61
19384	1
19390	95
19401	3
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19425	2
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19428	2
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19446	1
19454	2
19460	4
19462	1
19464	1
19465	3
19474	1
19512	1
19540	2
19567	1
19601	1
19604	2
19701	1,565
19702	1,812
19703	303
19706	77
19707	581
19708	3
19709	1,663
19710	9
19711	2,690
19712	1
19713	1,158
19714	22
19715	13
19716	38
19717	8
19720	1,748
19730	22
19731	14
19732	4
19733	8
19734	483
19735	1

19736	10
19777	1
19801	310
19802	746
19803	656
19804	563
19805	987
19806	378
19807	169
19808	1,380
19809	456
19810	698
19819	1
19850	8
19899	11
19901	1,559
19903	51
19904	2,013
19925	1
19930	35
19931	12
19933	241
19934	878
19936	27
19938	529
19939	236
19940	101
19941	91
19943	663
19944	16
19945	213
19946	209
19947	720
19950	245
19951	70
19952	456
19953	218
19954	84
19955	24
19956	434
19957	1
19958	751
19960	300
19961	7
19962	732
19963	892
19964	67
19966	797
19967	15
19968	574

19969	9
19970	143
19971	331
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19977	1,308
19979	56
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21875	38
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21904	14
21911	41
21912	20
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21915	33
21916	1
21917	8
21918	11
21919	29
21920	2
21921	596
21922	4
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22554	1
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