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**Addendum #1**  
**RFP #26-22, Medical Insurance and Employee Assistance Programs**  
**May 12, 2022**

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**NOTICE IS HEREBY GIVEN** that the following addendum serves to provide clarification and to answer the questions received on RFP #26-22, Medical Insurance and Employee Assistance Programs.

Question 1: Is it possible to receive SECTION V: Response Forms and SECTION VI: Questionnaires in WORD format?

**Answer to Question 1:** *The required forms under SECTION V, Exhibits I – VII, has been provided in WORD format.*

Question 2: Can you please confirm if the City will accept electronic signatures on the signature forms and if the Notary Stamps can be waived due to limited staff in the office for Notary signature.

**Answer to Question 2:** *The City will accept an electronic signature however the required Scrutinized Companies and E-Verify forms are required to be notarized.*

Question 3: Stop Loss: Please confirm the SIC (9199 or 9111).

**Answer to Question 3:** *9199*

Question 4: Stop Loss: For the large claim diagnosis, please provide detailed diagnosis, comorbidities, treatment plans, ongoing or resolved status.

**Answer to Question 4:** *The diagnosis information is listed on the high-cost claimant reports included in the RFP attachments.*

Question 5: Stop Loss: We will quote \$300,000 individual stop loss with a 12/15 contract.

**Answer to Question 5:** *This is acceptable.*

Question 6: What are current ASO fees with Cigna?

**Answer to Question 6:** *Listed in attachment #10.*

Question 7: Please outline any items that are currently processed thru the wire?

**Answer to Question 7:** *All Claims Data, Expenses, and ASO agreements have been provided as RFP attachments.*

Question 8: Are onsite biometric events offered to employees by another vendor that is not the clinic? If so, are wellness funds used to cover the cost?

**Answer to Question 8:** *Screenings and biometrics are provided through the clinic or the member's doctor. Certain employees are also receiving Life Scans.*

Question 9: What is the amount of the discretionary fund you receive from Cigna? Is this included in the fee?

**Answer to Question 9:** *Wellness Fund: \$50,000.00.*

**Other Funds total:** *\$350,000.00 includes wellbeing coordinator (Cigna employee, Clinic health coach salary subsidy, COBRA, EAP subsidy, NavMD)*



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**Question 10:** What is the amount that comes from the discretionary fund to pay for EAP, COBRA, Wellness Coordinator?

**Answer to Question 10:** *Reference Answer to Question 9 above.*

**Question 11:** Is the current onsite wellness employee employed by the City of Clearwater or Cigna? What is the budgeted amount for this position?

**Answer to Question 11:** *Reference Answer to Question 9 above.*

**Question 12:** How many wellness employees do you have currently?

**Answer to Question 12:** *We currently have one (1) wellness employee.*

**Question 13:** Quantity and Days Supply are required for network and rebate projections. Will these fields be added? The data file provided in the RFP does not contain the 2 above data elements.

**Answer to Question 13:** *Gehring Group to provide requested data via secure email.*

**Question 14:** SECTION III: Vendor Requirements- Benefits Administration. Does the City require the use of eligibility files for the EAP or will an assumed eligibility model be accepted?

**Answer to Question 14:** *Assumed Eligibility Model Accepted.*

**Question 15:** If submitting an EAP only proposal, which Section IV- Questionnaires are required? Should a question not be relevant to the EAP i.e. claims, claims audits, eligibility file systems, binder payments, etc., should we state Not Applicable to EAP?

**Answer to Question 15:** *Stating N/A is acceptable in areas that do not apply to EAP.*

**Question 16:** Will you accept electronic signatures on all forms if submitting our proposal electronically?

**Answer to Question 16:** *Reference Answer to Question 2 above.*

**Question 17:** How many total employees will be eligible to access the EAP?

**Answer to Question 17:** *Listed in the census file attachment*

**Question 18:** How many first responders and other safety-sensitive employees are eligible to access the EAP?

**Answer to Question 18:** *Listed in census file attachment. There are roughly 550 first responders.*

**Question 19:** How many hours of [Onsite training/ orientation/ educational seminars] are included within the current EAP contract per year?

**Answer to Question 19:** *The City of Clearwater has nine (9) Employer Service Hours to utilize for critical incident support, health or benefit fair representation as well as seminars/trainings (both onsite and virtual seminars).*

**Question 20:** How many hours of [Onsite health fair/event participation] are included within the current EAP contract per year?

**Answer to Question 20:** *Reference Answer to Question 19 above.*

**Question 21:** How many hours of [Onsite critical incident support events (# events / # hours)] are included within the current EAP contract per year?

**Answer to Question 21:** *Reference Answer to Question 19 above.*



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Question 22: How many hours of [Webinar training] are included within the current EAP contract per year?

**Answer to Question 22: Reference Answer to Question 19 above.**

Question 23: How many total hours of [Onsite training/orientation/educational seminars] were utilized in each of the last two (2) years?

**Answer to Question 23: Reference Answer to Question 19 above.**

Question 24: How many total hours of [Onsite health fair/event participation] were utilized in each of the last two (2) years?

**Answer to Question 24: Utilization data included in RFP attachments**

Question 25: How many total hours of [Onsite critical incident support events (# events / # hours)] were utilized in each of the last two (2) years?

**Answer to Question 25: Utilization data included in RFP attachments**

Question 26: How many total hours of [Webinar training] were utilized in each of the last two (2) years?

**Answer to Question 26: Utilization data included in RFP attachments**

Question 27: Please provide copies of 2020 and 2021 EAP utilization reports. If reports are not available, please provide the following for each of the last 2 years:

**Answer to Question 27: Utilization data included in RFP attachments**

Question 28: Are Department of Transportation (DOT) Substance Abuse Professional (SAP) evaluations included within the current EAP plan? If yes, are they included within the PEPM or provided on a fee-for-service basis?

**Answer to Question 28: DOT SAP services are included in the City of Clearwater's EAP agreement. The cost is \$950 per case.**

Question 29: How many DOT SAP evaluations have been used in each of the last three (3) years?

**Answer to Question 29: There have been zero (0) DOT SAP evaluations for the City of Clearwater in the last three (3) years.**

Question 30: Are there any enhancements you are seeking for your EAP? Any areas of improvement?

**Answer to Question 30: Please quote any enhancements you see fit at your most competitive pricing.**

Question 31: Do they have any first responders? If so count? Just to provider first responder quote as buy-up?

**Answer to Question 31: This information is listed on the census data released in the RFP attachments.**

Question 32: Looks like the Onsite Clinic is Cigna funded. Does that go away if we win? I know we are talking about discretionary fund for onsite wellness, and that they do biometric screening today. Just trying to understand more about the clinic.

**Answer to Question 32: Reference Answer to Question 9 above.**

Question 33: Regarding pharmacy benefits, please confirm if the City would like to see a Copay Maximizer program to be included in the proposal.



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**Answer to Question 33:** *Ideally, vendors should match benefits as closely as possible since they are self-funded. Please include any program enhancements that you believe enhances your proposal but does not necessarily increase the City's claims exposure.*

**Question 34:** What is the incumbent carrier paying today for a wellness allowance?

**Answer to Question 34:** *Reference Answer to Question 9 above.*

**Question 35:** How many onsite representatives is the City asking for as part of this RFP? Are they fulltime employees and physically on-site (Hours/Week)?

**Answer to Question 35:** *Reference Answer to Question 9 above.*

**Question 36:** Is the incumbent carrier currently funding a portion of the wellness clinic? If so, how much?

**Answer to Question 36:** *Reference Answer to Question 9 above.*

**Question 37:** Is the \$50,000 wellness fund requested, in addition to the funds for the wellness representative?

**Answer to Question 37:** *Reference Answer to Question 9 above.*

**Question 38:** How are the wellness rewards funded in the incumbent carrier's current wellness program?

**Answer to Question 38:** *The City funds the rewards through the incumbent carrier's wellness platform.*

**Question 39:** Please provide the pharmacy claims utilization file

**Answer to Question 39:** *Gehring Group to provide requested data via secure email.*

**Question 40:** Please provide a medical claims file.

**Answer to Question 40:** *Gehring Group to provide requested data via secure email.*

***Please Note:*** *The deadline for submitting questions is now closed and no further questions will be responded to.*

*End of Questions and Answers*

*End of Addenda*