

## **Questions & Answers - Insurance Requests for Proposals**

### **Questions for the Life, Short Term Disability, Vision and Dental Insurance RFPs**

1. Is it possible to add the individual zip codes to the census for each employee?  
Answer: This information is not available
2. Can you provide the last 24 months experience for this group?  
Answer: This information has been requested and will be emailed directly once provided.
3. It appears that the group has elected officials listed on the census, can you provide the answers to the questions below:
  - What are the Elected Officials' work requirements?
  - Will they "work" exclusively for the policyholder?
  - Will they have regular scheduled working hours? If so, what are they?
  - Will Elected Officials be allowed to maintain outside employment? If so, in what capacity?
  - Are they covered under any other group insurance plan through their outside employment?
  - How long are their elected terms?
  - Can they seek re-election?
  - What happens at the end of their term of office?
  - How long do they have remaining in their current terms?
  - How are they compensated?
  - What "earnings" are to be insured? Are they eligible for the same benefits as the other members in the group (e.g. PERS, Social Security, ASL, etc.)?

Answer: The requested information, as available, can be found at:  
[www.ctas.tennessee.edu/content/ctas-job-descriptions](http://www.ctas.tennessee.edu/content/ctas-job-descriptions). Elected Officials are not covered under the disability policy.

### **Questions for the Life Insurance and Short Term Disability RFPs**

1. Please confirm that the Diversity Business Information form does not need to be submitted if we do not qualify as a minority business.  
Answer: Correct.
2. Please clarify whether a signed copy of the Sample Contract for Services must be submitted with our proposal.  
Answer: This is not required.

3. Please provide a census that includes election amounts for Basic Life, Employee Supplemental Life, Spouse Supplemental Life, Dependent Basic Life, and Child Supplemental Life in addition to employee date of birth and gender.  
Answer: This information is not available. A Census that lists each employee's job title, their gender, salary, date of hire and age can be obtained by emailing [purchasing@andersontn.org](mailto:purchasing@andersontn.org)
4. Please provide current rates for all Basic and Supplemental Life coverages.  
Answer: This information is attached.
5. Will the incumbent carrier for disability insurance get last look?  
Answer: The County does not understand this question.
6. Census/Overtime Questions
  - a. The RFP census includes almost 70 more employees than are currently on the plan. Most are coming from the General County Employee section. Please identify on the census which employees get STD.  
Answer: Elected Officials do not get Short Term Disability.
  - b. Is the overtime regularly scheduled for the year or can it fluctuate?
  - c. Please identify the employees that overtime applies to on the census.
  - d. Is overtime included in the provided salaries? If not, please provide us with annualized overtime salaries if overtime is regularly scheduled. If overtime isn't regularly scheduled then please provide us with last year's overtime.  
Answer to b, c & d: Overtime is not included in the RFP process. The wages reported will be the regular rate of pay and will not include any overtime.

#### **Questions for the Flexible Spending Account Administrator RFP**

1. How are claims funded? What is the frequency of funding?  
Answer: The employee's FSA is a payroll deduction that is realized to the account monthly.
2. Will the vendor have ACH access to a County bank account for claims? If not, will prefunding be provided?  
Answer: This will depend on the set-up.
3. Will the County supply the vendor with a payroll file of actual FSA payroll deductions? If so, will the County conform to the vendor file specs?  
Answer: The employee's FSA is a payroll deduction that is realized to the account monthly.
4. Will the County provide an electronic open enrollment and ongoing file for new hires, terminations and changes? If so, will the County conform to the vendor file specs?  
Answer: The County does not currently provide electronic open enrollment. FSA is offered to all new hires during bi-monthly orientations.
5. When is the effective date for start of plan administration?  
Answer: July 1, 2019.

6. How many current FSA participants?

Answer: 73

7. Can you disclose the current Per Participant Per Month FSA administrative fee?

Answer: No.

8. Does this fee include the debit card or is that an additional fee?

Answer: This will depend on the plan accepted. Currently, no.

9. Does the County desire or expect onsite FSA enrollment meetings? If yes, approximately how many and how many locations?

Answer: Yes. During May 6 – 10, the County will have 12 open enrollment meetings at 6 different locations.

10. When is the County's Open enrollment?

Answer: Please see the answer to the question above. Open Enrollment is to be completed by 5/31/2019.

11. When is the approximate award date?

Answer: July 1, 2019



# Supplemental Term Life and AD&D Benefits

## Anderson County Government

Your Employer is providing **\$25,000** of Basic Term Life and AD&D benefits.

### Employee Benefits

- Eligibility:** All current active full-time employees working 30 or more hours per week. New employees may purchase coverage within 31 days of their eligibility date. Future elections require Evidence of Insurability when declined at initial offering.
- Benefit Amount:** \$10,000 to \$300,000 in \$10,000 increments, up to 5 times Basic Annual Earnings (rounded to next lower unit), not including bonuses, commissions or overtime.
- Guarantee Issue:** \$100,000.
- Increases:** May increase up to \$10,000 at each open enrollment, up to Guarantee Issue, without Evidence of Insurability.
- Reduction:** To 65% at age 65 and to 50% at age 70.
- Waiver of Premium:** Provided for Term Life only if Disability begins prior to age 60 while insured under Policy, Disability is continuous for the duration of the 9 month Elimination Period, and if written notice and proof of Disability is provided in a timely manner.
- Termination:** The date of retirement.
- Contingent Exclusion:** 2 years.
- Conversion:** Included.
- Portability:** Included.
- AD&D:** Not automatically included, must be elected once Supplemental Life is elected.

### Monthly Premiums

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18-30	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
31-34	0.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00
35-39	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
40-44	1.40	2.80	4.20	5.60	7.00	8.40	9.80	11.20	12.60	14.00
45-49	2.00	4.00	6.00	8.00	10.00	12.00	14.00	16.00	18.00	20.00
50-54	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
55-59	6.00	12.00	18.00	24.00	30.00	36.00	42.00	48.00	54.00	60.00
60-64	9.60	19.20	28.80	38.40	48.00	57.60	67.20	76.80	86.40	96.00
65-69	15.10	30.20	45.30	60.40	75.50	90.60	105.70	120.80	135.90	151.00
70-74	24.10	48.20	72.30	96.40	120.50	144.60	168.70	192.80	216.90	241.00
75+	42.70	85.40	128.10	170.80	213.50	256.20	298.90	341.60	384.30	427.00
AD&D	0.40	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00

The information provided here is only a summary of the plan. Refer to your certificate/policy for complete details and limitations of coverage.

# Supplemental Term Life and AD&D Benefits

## Dependent Benefits

<b>Eligibility:</b>	Eligible spouse and children of all active full-time Employees.
<b>Benefit Amount:</b>	Option A: \$5,000    Option B: \$10,000    Option C: \$15,000.
<b>Guarantee Issue:</b>	\$15,000. Late entrants subject to EOI requirements.
<b>Benefit Range:</b>	\$5,000 minimum to maximum of 50% of Employee's approved voluntary amount
<b>Age Range:</b>	15 days to 19th birthday, or to age 23 if full-time student.
<b>Termination:</b>	Spouse coverage terminates at the earliest of age 70 or the date the employee retires or terminates.
<b>Suicide Exclusion:</b>	2 years.

**Dependent's Non-Contributory and Contributory Life amount may never exceed 100% of the employee's combined Basic & Supplemental Life amount.**

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### OPTION A

<b>Benefit Amount:</b>	Spouse:	\$5,000
	Child(ren):	\$5,000 for 15 days to 19th birthday, or to age 23 if full-time student \$0 for 0 days through 14 days

<b>Monthly Cost per Unit:</b>	\$0.50
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### OPTION B

<b>Benefit Amount:</b>	Spouse:	\$10,000
	Child(ren):	\$10,000 for 15 days to 19th birthday, or to age 23 if full-time student \$0 for 0 days through 14 days

<b>Monthly Cost per Unit:</b>	\$1.00
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### OPTION C

<b>Benefit Amount:</b>	Spouse:	\$15,000
	Child(ren):	\$15,000 for 15 days to 19th birthday, or to age 23 if full-time student \$0 for 0 days through 14 days

<b>Monthly Cost per Unit:</b>	\$1.50
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