Contra Costa Community College District Bid No. 4CD-68
International Student Health Insurance Provider Bid

ADDENDUM NO. 2

Your attention is called to the fact that the following have changed:

1. 1.2 Submission of Bid—The due date for this bid will be changed to April 6, 2018. The time is still the same.
3. Appendix A – Use the revised Appendix A attached to this addendum.
4. Add 4CD-68 Questions and Answers.

Point of information: Ben Cayabyab will be out of the office beginning March 29-April 16, 2018. Rod Herrera will be the contact person during his absence.

RHerrera@4cd.edu
925.229.6957

All other facts and specifications to this bid remain unchanged. Be sure to acknowledge receipt of this addendum in Appendix A.

______________________________
Ben Cayabyab
Senior Buyer
APPENDIX A

PRICING AND COST PROPOSAL PAGE

Company Name: 

Business Address: 

Telephone: ___________________________ Fax: ___________________________.
Email: ___________________________ Website: ___________________________

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<thead>
<tr>
<th>Term</th>
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<th>Student Rate</th>
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Provide the name of the underwriter for this proposed policy and their AM Best rating:

_________________________________________________________

List all addendum/addenda:_________________________________

Name and title of person responsible for submission of this proposal and the responses to this questionnaire:
Signature; ___________________________ Date: ___________________________
Printed Name; Title: ____________________________________________
Phone: ___________________________ Email: ___________________________
4CD-68 International Student Health Insurance Questions & Answers

1. Is it mandatory that all 1500 students purchase the insurance program? Yes

2. Are waivers allowed? If so, under what circumstances and approximately how many International students are granted waivers each year or semester? Only for government sponsored programs (e.g., Sweden and the United Arab Emirates)?

3. Are you looking for a blanket insurance policy or for group enrollment with individual benefit levels? Blanket

4. Will you accept policies that have different benefit levels? No

5. Please provide
   a. Insurance policy or brochure for the 14/15, 15/16, 16/17 and 17/18 plan year
   b. Enrollment history and premium report for the 14/15, 15/16, 16/17 and 17/18 plan year
   c. Paid for the 14/15, 15/16, 16/17 and 17/18 plan year
   d. High dollar claims report for the 14/15, 15/16, 16/17 and 17/18 plan year
   e. Broker fees included in premium for the 14/15, 15/16, 16/17 & 17/18 plan year
   f. Dependent rates (if applicable)
   g. Losses/Experience Reports for this program for the past 4 years with a ‘run-date of March 2018, (include premium collected, paid claims and number of students enrolled by semester).
   h. Claims reports / activity by benefit type (e.g. Emergency Room, Physician Office Visits, surgery...etc.) and premium collected for dependents

   Please see Addendum 1. The dashboard reports and certificates should answer most of these questions.

6. What are the Age Demographics of this group? The students within this population are almost all 18-24 years of age.

7. What is the current annual rate per student for the 2017-2018 policy year? $1,200 ($100 per month)

8. Do students purchase the insurance on a per semester basis or on an annual basis? Coverage is required for 12 months, yet students pay for 7 months, then 5 months.

9. Do you want to insure dependents? Spouse and child? Yes
10. Are the students enrolled and paid for by the campuses or do the students enroll/pay themselves online? The students pay themselves.

11. Is the College looking for a vendor to manage the enrollment and waiver process or will the College manage this process and send the vendor an enrollment list? College will manage.

12. Do you foresee any change in the enrollment method for students? No

13. Wellness:
   a. What is the minimum coverage amount required for Women's Wellness? Reasonable expenses subject to coverage maximums.
   b. Are the same guidelines for women wellness outlined by the affordable care act sufficient for the purposes of this policy? Yes
   c. Males are not included in the Wellness plan for this group? Correct
   d. Do you consider prenatal as part of this Wellness plan? Yes

14. What is the minimum coverage amount requirement for Maternity? Actual expenses, with minimum 48 hours of inpatient care or 96 hours if a C-section occurs.

15. Does your policy cover intercollegiate sports? If so, what is the maximum allowable amount for the intercollegiate sport benefit? Our current Certificate states: “Reasonable Expenses up to $10,000 Maximum per Coverage Year. Injuries from participation in intramural sports are covered the same as any other injury.” The District has a separate policy for intercollegiate sports.

16. How many proposal copies are required to be submitted for the RFQ, including the original? We want 1 hard copy and 1 electronic copy in pdf format on a flash drive.

17. Regarding the Compliance with civil rights codes including title IX, is the program requesting maternity coverage be provided? We are not clear. (While we comply with all codes, we are not sure what this means)? Maternity coverage is requested with actual expenses, with minimum 48 hours of inpatient care or 96 hours if a C-section occurs.

18. While you mention the emotion and mental disorder limit is to the policy max, can copays be different than stated in the RFP? No

19. Are there any Pre-Existing coverage requirements? If so, can a waiting period apply? No limitations for pre-existing conditions.
20. Has the District had any issues with access to providers of any kind including mental health? **Not to our knowledge.**

21. Is the District looking for a fully insured International Student accident and illness health plan to be proposed that will have commissions included? **I do not entirely understand the question, but the District is only interested in a proposal that shows the cost and coverage for its students.**

22. Professional Services Agreement only? Or either option? **Appendix D, which is the sample contract, is merely the tool we will use to bind the agreement between the District and the vendor. Your proposal will be made part of this agreement.**

23. Can 80% co-insurance be applied to all benefits In Network except office visits and ER and In-Patient stays? Specifically we are asking can the psychiatric be covered at 80% or are you seeking 100% coverage? **We are seeking 100% coverage in network.**

24. Prescription drugs reimbursed at 80%, we normally use a PBM to administer the pharmacy programs and drugs are separated in tiers is this acceptable to the program? Can copayments be attached to the PBM program even though we cover 80% of the covered drug? **We are looking for 80% prescription drug reimbursement with no additional copay on top of the 80%. How this is administered is up to the bidder.**

25. When you refer to $2,500 out-of-pocket, does this amount include a deductible? Is there a deductible in this plan at all? **No deductible.**

26. We notice that your current product being offered covers a small amount of accidental membership and dismemberment, but we do not see this in the RFP, are you seeking to include this benefit? **Not required.**

27. Many insurance companies are not guaranteeing the premium rates for more than one year at a time. May the 2-year contract be subject to different renewal rates the second year? The renewal rate could be lower or higher, depending on the paid claims. **Yes**

28. Any minimum for out-of-network deductible and co-insurance? **No minimum, but it will be an evaluative criteria.**

29. Is there a Student Health Center available at each campus? **No**

30. If the College has Student Health Center (SHC), will they work with the vendor and bill directly? **N/A**
31. Can you provide a rate sheet for current treatment charges at the SHC? N/A

**OTHER**

Please verify Policy Effective date: the expiring Policy Contract says July 15, 2017 to July 14, 2018, but Plan Snapshot states annual dates 08/10/2017 – 08/09/2018, and RFQ is requesting Fall 08/01/2018 to 01/15/2019 and Spring 01/16/2019 to 07/31/2019? If policy contract prevails, you could either have a GAP in coverage with these dates or if your premium has changed upon policy year ending, how has the District made this adjustment? Or, is this a typo in either the Policy Contract or the Plan Snapshot? See Addendum #2 regarding coverage dates.

In the Bid #4CD-68 on pages 11-15 it makes reference to [Appendix D – Professional Services Agreement – SAMPLE](#).

Specific to page #11 under item, #1 – Services To Be provided By Consultant:

- **Scope Of Work** – references Attachment A:
  1. I am unable to find ‘Attachment A’ in the RFQ that outlines what this scope of work is to be? The final contract will have changes and reviewed by both parties prior to execution. See answer to #22.
  2. Is the current compensation for this Policy based on Commissions or a Professional Services Agreement? As mentioned above, the Professional Services Agreement is just a tool. Your pricing will be based on the actual cost for the student plus commission.
  3. Is there a Cap implemented if a Professional Services Agreement is in effect currently? See answer above regarding Professional Service Agreement.
  4. Are you able to disclose the current compensation paid under either option [Commissions or professional Service Agreement] for the 2017-2018 International Student Health Insurance Provider Program? Currently, we are paying $1,200 per student.

Page 11 seems to be an alternate option to quote for Professional Services in leu of quoting your actual student health/accident plan? That was confusing to me. My questions #3 is asking if the District would like a us to quote a traditional insurance plan which includes all components (benefits and commissions for gross premium) OR are you looking for us to exclude commissions from the program and provide the quote for Professional Services? No, this is not an alternate option.