

**MTA Union Health Care Benefits
CONTRACT NO. MTA 1400 A-C
27-Jun-14**

| # | QUESTIONS | RESPONSES |
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| 1 | Who is the current broker/ consultant helping to evaluate the proposal? | This information cannot be provided at this time. If this information is critical to your bid, please provide additional rationale for requesting this information. |
| 2 | What were the renewal percentage increase for medical and vision? | This information cannot be provided at this time. If this information is critical to your bid, please provide additional rationale for requesting this information. |
| 3 | Please provide TPA fees per head per month for the past two years | This information cannot be provided at this time. If this information is critical to your bid, please provide additional rationale for requesting this information. |
| 4 | What administrative fees were paid to the TPAs for medical and vision? | This information cannot be provided at this time. If this information is critical to your bid, please provide additional rationale for requesting this information. |
| 5 | Who is your current Stop loss carrier | CareFirst |
| 6 | What is the stop loss plan design? Individual | Stop Loss (ISL) policy with \$400,000 attachment point |
| 8 | <p>Please describe the current wellness program in place. in place and which the Authority would like to implement in</p> <ul style="list-style-type: none"> i. Health risk assessment surveys ii. Onsite Biometric Screenings iii. Targeted Intervention/Health Coaching: Telephonic, Face to Face or Behavior Change, Mail based interventions, Online coaching iv. Self-Directed interventions (online and/or workbook) v. Gym membership discounts and Fitness vi. Smoking cessation | <p>This is no wellness program presently in place.</p> <p>Not in place – under consideration</p> |

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| | <p>vii. Nutrition education</p> <p>viii. Disease prevention</p> <p>ix. Mental health programs, Hypertension education, Alcohol and substance abuse programs</p> <p>x. Stress Management</p> | <p>Not in place – under consideration</p> |
| 9 | Please describe the method and frequency of transmission of eligibility files to the TPA. | Enrollment files are sent electronically on a weekly basis to the present TPA |
| 10 | The goals for the MBE, are they based upon total premium or is it on the admin costs? | I think at this time, what we're really looking for is the capabilities that are available at the carriers if not a true intent as to what to do with retirees. They may stay exactly where they are, with no Medicare Advantage products, or there may be a Medicare Advantage option offered." |
| 11 | With the issues as far as downloading the forms and the amendments that you're going to make, once the NDA is signed and sent in, how long until we get all the other stuff that comes with it, so, claims, experience, et cetera? | We anticipate being able to have that by next week. |
| 12 | With the amendments, will it coincide? | You will get that individually." |
| 13 | Will you be accepting the notarized NDAs today?" | Yes. |
| 14 | Specific to the pharmacy proposal, are we allowed to submit deviations from the current plan design that may offer cost containment opportunities? | No." |
| 15 | Is there an opportunity to be able to merge [Medicare PDP and Medicare Advantage Plan] those into a single or do they have to be done separately with the possibility of there being separate vendors between both and somehow would learn how to work together?" | Submit as a combined unit. |

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| 16 | On the HMO and the PPO, they can be offered to – awarded to separate vendors, correct? With that in mind, you have the traditional plan that’s grandfathered. Will that be awarded to a separate vendor, as well? Is that a potential or will it be packaged with the HMO or the PPO?” | | Combine as one package. |
| 17 | Will they be transferred to the HMO or the PPO?” | | We’re uncertain at this point.” |