

**ADDENDUM #2**

**STATE OF LOUISIANA  
OFFICE OF GROUP BENEFITS**

**REQUEST FOR PROPOSALS  
FOR  
ACTUARIAL SERVICES**

**PROPOSAL DUE DATE: 10/27/2014**

**PROPOSAL DUE DATE: 11/3/2014 - REVISED**

**ISSUED: 09/26/2014**

## **ACTUARIAL SERVICES RFP QUESTIONS & ANSWERS**

1. Will preference be given to a firm or lead actuary located in the State of Louisiana, outside of the Veteran Initiative and Hudson Initiative?

**Answer: No.**

2. If the vendor does not include any proprietary materials in their proposal, does the vendor have to submit a separate CD labeled "Confidential and Proprietary" does the vendor need to submit a "redacted version" of the proposal? Or will the "Original" suffice?

**Answer: If no proprietary materials are included in the proposal, the Proposer is not required to submit a separate CD labeled Confidential and Proprietary nor do they need to submit a redacted version of the Proposal; the original version will suffice, the entire contents of which will be subject to public records requests.**

3. What firm(s) hold, or held, the current, or most recent contract(s) to provide actuarial services? What are the hourly rates charged by staff level in that contract (or contracts)?

**Answer: Buck Consultants, LLC.**

4. Can you please make available the contract for the incumbent actuary? Please indicate the fees paid for similar services and the associated hours for the last three years. Do these fees include commissions or are they strictly fee for service based? If the incumbent received commissions, please provide annual figures for those as well.

**Answer: A copy of the contract between Buck Consulting and the State of Louisiana, Office of Group Benefits, as well as all amendments to the contract, can be viewed at the Office of Group Benefits, upon request.**

**It should be noted, however, that it is our intention to issue a contract with deliverables and performance expectations not currently required by the existing contract.**

5. Please provide copies of the most recent report(s) provided by the current or previous actuary/ies. Please provide copies of reports included in the Scope of Services on page 18 (Attachment 1) of the RFP.

**Answer: A copy of the two most recent Office of Group Benefits Policy and Planning Board Reports can be viewed at the Office of Group Benefits, upon request.**

**It should be noted that the reports are not representative of what is being requested in the Scope of Services in this RFP.**

6. What data will be made available to the actuary? What would be the timing for receiving the information? What are the data sources?

**Answer: OGB will make available to the contractor all data necessary to perform the services outlined in the RFP. OGB runs large sets of reports defined by the current actuary each month. Data and reports are also provided on request of the actuary. This data includes eligibility, premium and claims information.**

7. Minimum Qualifications of Proposer (page 4) maintains the primary actuary must be a Fellow of the Society of Actuaries (FSA), a Member of the American Academy of Actuaries (MAAA), and an enrolled actuary. However on page 23 of the RFP, enrolled actuary is not mentioned. The scope of this RFP requires providing health actuarial analysis and reports for a public plan. Very few health actuaries are enrolled actuaries. Being an Enrolled Actuary is generally required for pension actuarial services only and is generally not applicable to health actuarial services. Other state-level plans similar to OGB require the actuary to be an MAAA and/or FSA/ASA with applicable experience. Please confirm this requirement and provide additional information on specific services in this RFP relevant to an enrolled actuary's expertise.

**Answer: The language regarding "enrolled actuary" should be disregarded. An addendum will be issued accordingly.**

8. Please provide copies of your current enrollments, benefits, costs and employee contributions (SBDs, open enrollment materials, rate structure exhibit - including health, dental and vision). Please provide for all benefits.

**Answer: Enrollment as of October 5, 2014:**

**Self Funded Plans**

**BCBSLA PPO = 34,712 enrollees**

**BCBSLA HMO = 92,050 enrollees**

**BCBSLA CDHP = 223 enrollees**

**Fully Insured Plans**

**Vantage Medical Home HMO = 2,161 enrollees**

**Vantage MA HMO-POS = 1,298 enrollees**

**Vantage MA Zero Premium HMO-POS = 57 enrollees**

**Peoples Health MA HMO-POS = 1,067 enrollees**

**OneExchange = 224 enrollees**

**The list of available plans, benefit comparisons, and premiums for the current plan year, as well as open enrollment materials for the 2015 plan year can be found on OGB's website: [www.groupbenefits.org](http://www.groupbenefits.org)**

9. What benefit programs are self-funded and fully-insured? Are the latest open enrollment documents available?

**Answer: Please see response to question #8.**

10. When is the legislative session and when should we expect most of the new legislation?

**Answer: The 2015 Regular Legislative Session is set to convene at noon on Monday, April 13, 2015. Final adjournment no later than 6:00 p.m. on June 11, 2015.**

**Legislation may be pre-filed prior to the start of the session. If such pre-filed legislation is determined to have a possible impact to the Office of Group Benefits, the selected vendor may be asked to provide analysis and/or recommendations on revisions to such legislation.**

11. Please provide a contribution and funding/full rate schedule, by plan option, benefit program and coverage tier.

**Answer: Please see response to question #8.**

12. Please provide a sample of the actuary's rate development reports for 2013 and 2014.

**Answer: This information is not available.**

13. What is the current risk adjustment methodology? When was the last time the methodology was updated?

**Answer: The current risk adjustment methodology is based upon the aggregate values and population health analytics provided by our medical and pharmacy benefit vendors.**

14. Please describe any predominant collective bargaining units that participate in the health insurance program.

**Answer: OGB has no knowledge of any predominant collective bargaining units participates in the health insurance program.**

15. Should the cost proposal be included in a separate sealed envelope?

**Answer: This is not a requirement of the RFP, but may be done at the proposer's discretion.**

16. On the external bid site, the RFP was attached to, it lists the due date is 10/28/2014 at 9:00 A.M CDT, however the RFP document says 10/27/2014 at 5:00 P.M CDT. Please confirm the correct due date and time.

**Answer: Per Addendum #1 issued on October 10, 2014 (see link below), the schedule of events for this RFP has been revised. The deadline for receipt of proposals is 5:00 PM CDT on November 3, 2014.**

[https://www.groupbenefits.org/portal/pls/portal30/ogbweb.get\\_latest\\_news\\_file?p\\_doc\\_name=4D7A4D7A4F4445794E533551524559334E446331](https://www.groupbenefits.org/portal/pls/portal30/ogbweb.get_latest_news_file?p_doc_name=4D7A4D7A4F4445794E533551524559334E446331)

17. On page 10 of the RFP, Corporate Background and Experience (5.2), we are instructed to provide the number of self-funded plan sponsor accounts. Our firm serves thousands such organizations. Is it sufficient to provide an extensive list that is representative of the clients we serve that are similar to OGB?

**Answer: Section 5.2 of the RFP document requests, but does not require, that the Proposer indicate the number of self-funded plan sponsor accounts currently being serviced, as well as provide the approximate number of plan members currently being served under such accounts.**

**It is acceptable for the Proposer to provide an extensive list that is representative of the clients they serve that are similar to OGB, as well as**

the approximate number of plan members currently being served under such accounts.

18. Please provide a copy of the most recent GASB 43/45 OPEB report.

**Answer: A copy of the latest GASB 45 Actuarial Valuation at 7/1/2013 of the State of Louisiana Post Retirement Benefit Plan for the Office of Group Benefits can be found at the link below:**

**[http://www.doa.louisiana.gov/osrap/library/afr%20packetts/2014OGB\\_OPEB\\_ValuationReport.pdf](http://www.doa.louisiana.gov/osrap/library/afr%20packetts/2014OGB_OPEB_ValuationReport.pdf)**

**A copy of the latest GASB 45 Valuation Annual Required Contribution for FYE 6/30/2014 for Excluded Agencies can be found at the link below:**

**[https://www.groupbenefits.org/portal/pls/portal30/ogbweb.get\\_latest\\_news\\_file?p\\_doc\\_name=4D7A4D304E4445794E533551524559334E446B31](https://www.groupbenefits.org/portal/pls/portal30/ogbweb.get_latest_news_file?p_doc_name=4D7A4D304E4445794E533551524559334E446B31)**

19. On page 20 of the RFP, there is a reference to the actuarial contractor providing a “dedicated” service team. This often means the service team would have no other clients than OGB. Is that the expectation? Or would it be sufficient for there to be a consistent team designated to serving OGB?

**Answer: A “dedicated service team” should be interpreted as having sufficient staff in place with knowledge of OGB’s account to answer questions or provide assistance as requested, at any time. This may or may not require a service team that has no other clients than OGB.**

20. Please describe the current actuary’s role in supporting OGB procurements. Is the actuary’s role focused on the cost proposals, or is it anticipated that OGB would need a more expanded role for the actuary?

**Answer: The current actuary’s role in supporting OGB procurements is to provide analysis and recommendations on cost proposals, as well as providing consultation services.**

21. Does the current actuary’s contract have an Errors and Penalties section similar to that included on page 24 of the RFP? Has the current actuary been assessed any penalties under the current contract?

**Answer: Please see response to question #4.**

**This question is not applicable to the Scope of Services provided for in this RFP.**

22. Under section 5.5.3 Best per Month Value, can the amount for a month carry-over to the following month. For example, if \$30,000 of fees accrued in the month and the cap was \$20,000, can \$10,000 carry-over to the next month. So in the next month if only \$10,000 was accrued, the vendor would be allowed to bill \$20,000 to account for the overage.

**Answer: No. Based on the *Best per Month Value* cost determination, the contractor may not bill for services which exceed the monthly cap, nor shall they carry over costs which exceed the monthly cap into successive months.**

23. Under section 5.5 Cost Information, which section is the vendor committed to in the contract? Will it be an hourly rate in 5.5.1 with project caps in 5.5.2 with a monthly maximum from 5.5.3?

**Answer: Yes, the selected vendor will be billed by the hourly rates as provided for in section 5.5.1, subject to the monthly maximum provided for in Section 5.5.3.**

24. Page 4 of the RFP, under 3.1 states that the primary actuary has to be an enrolled actuary, in addition to an FSA and MAAA. However, on p. 23, it says that the primary actuary must be an FSA and MAAA with proven experience with health plan programs, without mention of an EA. Based on the scope of services, it doesn't appear that an enrolled actuary is necessary. While projections under GASB 45 are pension-related, they do not require an EA. Can you please clarify which section of the RFP governs the actual requirements and whether an EA is a requirement.

**Answer: Please see response to question #7.**

25. When was the last time the State procured for the services detailed in the Scope of Services?

**Answer: The effective date of the current actuarial services contract was December 1, 2012.**

**Services/deliverables to be provided per the current contract are: attendance/presentations at board meetings, attendance at on-site meetings with OGB staff, communication accessibility by phone or email, experience rating of eligible entities wishing to participate in OGB coverage, claims projections, IBNR liability calculation, recommendations on premium rates and adjustments to rates, life insurance waiver of premiums, assistance with RFP development and evaluation, legislative**

**fiscal impacts, OPEB liability calculation, special studies as directed by OGB's CEO, auditing services, PBM implementation, EGWP implementation, and non-discrimination testing.**

26. What percent (if any) of the incumbent contract is provided by a Veteran Initiative or Hudson Initiative small entrepreneurship group or subcontractor?

**Answer: Being a certified Veteran or Hudson Initiative small entrepreneurship or the engagement of certified Veteran or Hudson Initiative small entrepreneurs as subcontractors was not a factor for evaluation when the current contract was awarded.**

27. When is annual open enrollment?

**Answer: The annual enrollment period is traditionally October 1<sup>st</sup> through October 30<sup>th</sup> of each year. For the 2015 plan year, the annual enrollment period has been extended through November 30, 2014.**

28. How many benefit plans does the State offer?

**Answer: Please see response to question #9.**

29. What is enrollment by plan? (We would like to know how many employees are in the fully-insured and self-insured plans respectively).

**Answer: Please see response to question #8.**

30. How many collective bargaining units does the State have and what percent of the State's employees are bargained?

**Answer: Please see response to question #14.**

31. Are collective bargaining related activities included in this Scope of Services?

**Answer: No.**

32. Does the State require that the Scope of Services be completed according to an existing annual schedule? If so, can that schedule be shared?

**Answer: Certain deliverables defined in the Scope of Services are completed according to existing annual schedules (list them out here), but most of the services will be request on an as needed basis.**

33. When was last time an RFP was done for the benefit plans? Is there an expectation that an RFP will be done in the contract period? If so, when and which plans?

**Answer: The last NIC for administrative services for HMO, PPO, HDHP with HSA and LaCHIP plans was issued April 30, 2012.**

**The state plans to issue an RFP for all self-funded benefit plans early in 2015, for the 2016 plan year.**

34. Does the State apply for RDS for Retirees or is an EGWP in place? If RDS, will attestation support be expected in the Scope of Services?

**Answer: The State participates in EGWP.**

35. Are IBNR calculations part of the scope of services for self-funded plans?

**Answer: Yes.**

36. Does the State expect that the winning bidder will host a data warehouse to house self-funded experience? If so, what is in place today?

**Answer: No.**

37. What methodology and/or software is used for risk adjustment needs today? If software is used, will the contractor need to cover the cost of acquiring and running the software?

**Answer: Please see response to question #13.**

**The selected vendor will be required to cover the cost for any software necessary to provide the deliverables within the Scope of Services. Any data generated in the fulfillment of the contract shall be the property of the Office of Group Benefits.**

38. Is there an estimate of how many policy changes are reviewed and modeled each year?

**Answer: No.**

39. Page 18 (#3) Is there an expected number of benefit plan alternatives that the State expects for inclusion in an RFP?

**Answer: No.**

40. Page 18 (#4) Please specify what is meant by “health care delivery service line”? How many services lines are there?

**Answer: Health care delivery service line refers to each self-insured health plan offered by OGB.**

**Currently, there are three self-insured plans offered to our members. Effective in 2015, there will be five self-insured plans offered.**

41. Page 18 (#9) How often are the analyses and reports of cost effectiveness expected to be produced?

**Answer: At a minimum monthly, but more often as needed.**

42. Page 21 (#4) Can the state provide any details regarding the potential structure of the enhanced payments related to the Pay for Performance Plan?

**Answer: Some health plans offered have “narrow networks”, which are outcome-driven. The evaluation of those networks and fees paid to those providers shall be analyzed for cost effectiveness to the plan.**

43. How much in fees were paid to incumbent over the last three years?

**Answer:**

- **FY 2014: \$905,786**
- **FY 2013: \$605,726**
- **FY 2012: \$760,792**

44. What is the average number of annual consulting hours required to complete the Scope of Services over the last three years?

**Answer: Per November 2012 through August 2014 invoices from the incumbent actuary, total consultant hours were reported as 3,444 or an average of 156.55 hours per each of the 22 billed months. Consulting hours reported per month ranged from 61.75 hours to 314.5 hours for the billed months.**

**Services/deliverables to be provided per the current contract are: attendance/presentations at board meetings, attendance at on-site meetings with OGB staff, communication accessibility by phone or email, experience rating of eligible entities wishing to participate in OGB coverage, claims projections, IBNR liability calculation, recommendations on premium rates and adjustments to rates, life insurance waiver of premiums, assistance with RFP development and evaluation, legislative fiscal impacts, OPEB liability calculation, special studies as directed by OGB's CEO, auditing services, PBM implementation, EGWP implementation, and non-discrimination testing.**

45. If services are provided that exceeds the maximum monthly fee, can the fees for such services be recovered in subsequent months where services are less than the maximum monthly fee?

**Answer: Please see response to question #22.**

46. Who is the current vendor for this contract?

**Answer: Please see response to question #3.**

47. How long has the current vendor had the contract with OGB for these services?

**Answer: Please see response to question #25.**

48. How much has OGB spent annually on the services requested in this RFP during calendar year 2012 and 2013?

**Answer: Please see response to question #43.**

49. On page 7, "minimum qualifications", it requests that the primary actuary be an enrolled actuary. This designation is applicable to only actuaries providing pension related services (please see <http://www.irs.gov/pub/irs-utl/regulations2012.pdf> for more information). In the actuarial profession, actuaries who provide health insurance related services are not required to have the Enrolled Actuary designation. This designation is typically not obtained by health insurance actuaries. Can the OGB waive this requirement for the primary actuary, as it is not applicable to the services requested in this RFP? If not, would it be acceptable for an individual who is not the primary actuary to have the Enrolled Actuary credential?

**Answer: Please see response to question #7.**

50. On page 8 of the RFP, it requests a separate cost and technical proposal. When the RFP response is submitted, should the cost and technical proposals be provided in separate sealed envelopes, as well as separate CDs for electronic copies of the submission?

**Answer: The proposer may submit the cost and technical proposals be submitted in separate sealed envelopes, as well as separate CDs, but is not required to do so by the RFP.**

51. On page 19, it states that the actuarial rate development shall reflect geographic location of recipients. Does the OGB or the OGB's actuary currently vary actuarial rates by geographic location?

**Answer: No.**

52. For the purposes of this proposal, how many audits of OGB's third-party health plan administrators and prescription benefit manager deliverables should be assumed?

**Answer: At a minimum, audits of third-party health plan administrators and prescription drug benefit managers shall be performed quarterly, but shall be performed more frequently as necessary.**

53. On page 20, it states services should include "litigation support if litigation involves rates or rate setting as determined by OGB." Does 'litigation support' refer to assisting OGB's legal counsel in matters of an actuarial nature versus providing legal services directly to OGB?

**Answer: Litigation support refers to assisting OGB's legal counsel in matters of an actuarial nature.**

54. Please describe the format and manner in which OGB currently receives encounter, claims, and other financial data from its third party administrator and PBM?

**Answer: OGB receives files via SFTP. All files are flat text, with fixed length fields.**

55. Does OGB currently contract with a disease management or wellness vendor for the purpose of providing population management services to its members or are these services performed internally?

**Answer: Disease management services for OGB's self-funded plan members (excluding retirees with Medicare) is provided by BCBSLA, and includes free onsite wellness screenings.**

**OGB's fully insured plan vendors offer their own disease management programs to members enrolled in those plans.**

56. Please describe the scope of current disease management or population management services that are utilized by OGB.

**Answer: The list of health management services offered to OGB's members can be found on our website:**

**[https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/PAGE MEM HEALTH MANAGEMENT](https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/PAGE_MEM_HEALTH_MANAGEMENT)**

57. Does the OGB currently have a risk adjustment methodology applied to its members' claims data? If yes, what risk adjustment software is used?

**Answer: Please see response to question #37.**

58. Does OGB currently have a data warehouse containing OGB eligibility and claims data?

**Answer: Yes.**

59. Does OGB currently receive monthly claims or encounter data feeds from its third party administrator at the individual member/claim level?

**Answer: OGB receives pharmacy claims data from its PBM on a weekly basis; medical claims are received on a daily basis. All are reported at the claim level including information about the patient/member.**

60. Does OGB anticipate the actuary under this contract providing any services related to its fully insured Medicare advantage members? If yes, please describe the services that are provided by OGB's current actuarial vendor.

**Answer: Analysis of the state's contribution to members participating in fully insured Medicare Advantage plans may be requested. These services are not currently provided by the incumbent actuary.**

61. On page 21, the RFP states, "The Contractor shall consult with and guide OGB in the development of Requests for Proposals (RFPs), RFP proposal evaluation, contracts, benefit designs, ROI projections, and budget projections for new programs and re-procurement of existing programs, in accordance with state law and regulations." How many personnel does OGB currently have on staff that work on development and scoring of vendor RFPs? Will the vendor awarded this contract be responsible for developing an initial draft of the RFP, or will the vendor be responsible only for evaluating drafts that are completed by OGB?

**Answer: OGB does not currently have staff that is solely dedicated to RFP development and scoring. However, several of OGB's staff, as well as employees from other state agencies, have participated in developing NICs/RFPs and evaluating and scoring the associated bids/proposals.**

**The vendor awarded this contract will not be responsible for developing an initial draft of the RFP, but may be required to consult on the development of appropriate Scope of Services for RFPs, as necessary.**

62. A separate office within our firm currently works with an insurer providing coverage to OGB's Medicare retirees. This office that works with the insurer, and its personnel, would not be involved in this contract, nor would they have access to OGB-related data, deliverables, or other information. Firewalls will be established that do not compromise the integrity of our work for the OGB. Does the OGB or the Board of Ethics believe this relationship would preclude us from being considered for the award of this contract?

**Answer: In accordance with section 3.13 of the RFP, proposers are responsible for determining that there will be no conflict or violation of the Ethics Code if their company is awarded the contract. The Louisiana Board of Ethics is the only entity which can officially rule on ethics issues.**

63. To the extent modifications are requested to the contract terms outlined in this RFP, how should requested modifications be submitted in our response to this RFP?

**Answer: There is no required method for submission of contract modification requests. To the extent that the requested modifications are not in the best interest of the State, OGB reserves the right to reject the requested modifications.**

64. On page 20 of the RFP, the description of Actuarial Rate Development deliverables includes, "Prepare GASB 45 and other liability disclosures as necessary." Can additional description be provided regarding required GASB 45 disclosures? Would a Proposer be eliminated from consideration if GASB 45 disclosures were excluded from the scope of services provided by the Proposer?

**Answer: Please see response to question #18.**

**Yes, the Proposer would be eliminated from consideration if GASB 45 disclosures were excluded from the scope of services provided by the Proposer.**

65. If the current contract between Buck Consultants, LLC and OGB is in the public record, can that contract be provided as background information for Proposers?

**Answer: Please see response to question #4.**

66. Who currently provides the State of Louisiana Office of Group Benefits (OGB) with actuarial services?

**Answer: Please see response to question #3.**

67. Are the current services provided via a fixed fee arrangement, or on a time-and-expense basis?

**Answer: The current contract provides for a maximum allowable of \$1,636,650, which is paid over the term of the contract. However, it should not be assumed that the payment schedule of the current contract will be applicable to the contract resulting from the awarded of this RFP.**

68. If the services are provided via a fixed fee arrangement, please provide the most recent fee arrangement.

**Answer: Please see response to question #67.**

69. If the services are provided via a time-and-expense basis, please provide the hourly rates and total fees charged to the State for the last fiscal year for actuarial services.

**Answer: Please see response to question #67.**

70. Why is the OGB putting this work out to bid via an RFP process?

**Answer: The existing contract will expire 12/31/2014. An RFP is being published to allow for a competitive acquisition of services.**

71. Can the OGB provide a copy of the deliverables produced in the last fiscal year for actuarial services?

**Answer: Please see response to question #25.**

72. Does the OGB's current service provider collect commissions or any other contingent payments from any carriers/vendors on any of their clients?

**Answer: No.**

73. If commissions or other contingent payments are currently being paid, how much was paid to the current provider of these services during the most recent annual reporting period available?

**Answer: Please see response to question #72.**

74. Has the OGB had any performance issues with the current carriers/vendors?

**Answer: This question is not applicable to the Scope of Services provided for in this RFP.**

75. Traditionally, approximately how many meetings per year has the attendance of the consultant been requested?

**Answer: Traditionally, the current actuary has been required to attend 8 meetings throughout the year. However, attendance at more meetings will likely be required by the successful proposer.**

76. Traditionally, has the attendance of the consultant been requested during the open enrollment period?

**Answer: No.**

77. What were the fees paid for the "in scope" and "out of scope" items for 2012, 2013 and 2014?

**Answer: Please see responses to questions #43 and #44.**

78. Page 4 of the RFP indicates that the primary actuary performing the requested work must be "a Fellow of the Society of Actuaries (FSA), a Member of the American Academy of Actuaries (MAAA), and an enrolled actuary." Page 23, however, indicates that the primary actuary must be "a Fellow of the Society of Actuaries (FSA) and a Member of the American Academy of Actuaries." Please confirm if the primary actuary must be an enrolled actuary. Typically, an "enrolled actuary" is only required for pension actuarial services.

**Answer: Please see response to question #7.**

79. The RFP indicates that the primary actuary performing the requested work must be a Fellow of the Society of Actuaries, rather than an Associate of the Society of Actuaries. Since there are no legal or actuarial distinctions in the types and levels of work that either a Fellow or an Associate can produce, please confirm that an ASA cannot serve as the primary actuary.

**Answer: The primary actuary must be a Fellow of the Society of Actuaries (FSA).**

80. What are the reasons that the State is issuing an RFP? Have there been any service issues with the current consulting firm?

**Answer: Please see the response to questions #70 and 74.**

81. Do the scope of services under this RFP include a full GASB 45 actuarial valuation? If so, can you provide the most recent actuarial valuation report?

**Answer: Yes.**

**Please see the response to question #18.**

82. Has OGB historically imposed any monetary penalties for actuarial errors, as described on page 24 of the RFP? If so, how frequently has this occurred and what has been the total amount of penalties assessed?

**Answer: No.**

83. Can you clarify the requirement of percentage of hours each staff member will typically work per 100 hours? Is our understanding correct that the percentages for all the staff members named on Attachment II (Cost Proposal) should sum to 100%?

**Answer: Yes.**

84. Please provide a copy of the plan documents (or summary of benefits) for the current plans for covered active and retired participants;

**Answer: Please see response to question #8.**

85. Are the Medical and Rx benefits provided to retirees the same as for active employees?

**Answer: Yes.**

86. Can you let us know when current agreements with key providers will expire, and when RFP's will be issued for competitive bids?

**Answer: Please see response to question #33.**

87. Does the scope of services include help with union negotiations?

**Answer: OGB does not participate in union negotiations.**

88. Could you provide current enrollment between the medical plans for active employees and retirees?

**Answer: Please see response to question #8.**