1 Introduction and General Information

1.1 Please refer to the attached cover letter.

Attached Document(s): [12672.003 UA RFP 2021 Cover Letter.DOCX](https://www.proposaltech.com/api/doc.php/85112423?doc_id=85112423&howname=0&viachild=1&sessid=v5adminsegal94362_8495_01)

1.2 **Description of RFP**

You are invited to submit a proposal in response to the attached Request for Proposal. Proposals may cover all, or some of the following coverages: Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability, Vision, Business Travel Accident, Auto/Home/Renters/Umbrella Liability, and Perks /Discount program.

**Objectives**

UAS is seeking proposals from insurance carriers with demonstrated experience with Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability, Vision, Business Travel Accident, Auto, Home, Renters, and Umbrella Liability benefits on a fully insured basis. There are currently some differences in offerings across UAS campuses, additional campuses have joined the System in recent years. UAS anticipates seeking proposals for other products in near future years.

**UAS Expectations**

UAS is seeking proposals for fully insured Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability, Vision, Business Travel Accident, Auto, Home, Renters, and Umbrella Liability Insurance with the following specifications. Your proposal should:

* Maintain or improve the current benefit amounts and procedures
* Maintain the current eligibility provisions
* Recognize that the University will make awards in various anticipated bundles of coverage:
  + Bundle 1: All Life insurance (basic life, supplemental life, spouse and child life, voluntary AD&D)
  + Bundle 2: All Disability (Basic LTD, Optional LTD, Basic STD, Buy-up STD, Optional STD, FGP and Resident LTD)
  + Bundle 3. Business Travel Accident
  + Bundle 4: Auto, Home, Renters and Personal Lines Bundle
  + Bundle 5: Vision
  + Bundle 6: PERKS

Vendors may further package their proposals to include more than one bundle (such as bundle 1 and bundle 2 combined.) This is the current arrangement.

Possibilities for improving coverage could include:

* Benefit Changes to the Supplemental Life Insurance
* Benefit changes to Short Term Disability (STD)
* Benefit changes to Long Term Disability (LTD)

1.3 **Background Information**

The University of Arkansas System (UAS or “the University”) is a public institution of higher education, created by the Arkansas constitution, to provide post-secondary education to the citizens of Arkansas.  It is governed by a ten-member Board of Trustees, appointed by the Governor for ten-year terms.  The Board has delegated authority to the President of the UAS for oversight for all employee benefit plans.  As a public entity, the UAS is not subject to ERISA.

The University of Arkansas System includes 25 educational entities dispersed throughout the state of Arkansas. UAS' benefit programs cover more than 20,000 eligible employees and 2,154 life insurance retirees. UAS offers an extensive array of benefit programs to its eligible employees and their dependents. Benefits are funded by UAS and participant contributions.

For the purpose of this project, the UAS employee benefits-participating campuses consist of the following campuses, divisions, and affiliated entities, as well as the total number of benefits-participating employees by location:

| **UAS Locations Eligible for Benefits** | **Total Eligible Employees** |
| --- | --- |
| 1.    Arkansas Archeological Survey (AAS) | 31 |
| 2.    Arkansas Research Optical Network (AREON) | 6 |
| 3.    Arkansas School for Mathematics, Sciences, and the Arts (ASMSA) | 78 |
| 4.    Cossatot Community College of the University of Arkansas (CCCUA) | 128 |
| 5.    Phillips Community College of the University of Arkansas (PCCUA) | 175 |
| 6.    University of Arkansas Clinton School of Public Service (UACS) | 18 |
| 7.    University of Arkansas Community College Batesville (UACCB) | 110 |
| 8.    University of Arkansas Community College at Hope/Texarkana (UACCHT) | 119 |
| 9.    University of Arkansas Community College at Morrilton (UACCM) | 156 |
| 10.  University of Arkansas Community College Rich Mountain (UACCRM) | 86 |
| 11.  University of Arkansas, Criminal Justice Institute (CJI) | 33 |
| 12.  University of Arkansas Division of Agriculture (UADA) | 1,122 |
| 13.  University of Arkansas, Fayetteville and Affiliates (UAF) | 3,974 |
| 14.  University of Arkansas Fort Smith (UAFS) | 524 |
| 15.  University of Arkansas Little Rock | 1,211 |
| 16.  University of Arkansas for Medical Services (UAMS) | 10,895 |
| 17.  University of Arkansas Monticello (UAM) | 378 |
| 18.  University of Arkansas Pine Bluff (UAPB) | 634 |
| 19.  University of Arkansas Pulaski Technical College (UAPTC) | 330 |
| 20.  University of Arkansas System Office | 79 |
| 21.  University of Arkansas eVersity (UASYSEV) | 17 |
| 22.  Winthrop Rockefeller Foundation | 62 |
| 23.  University of Arkansas Foundation | 9 |
| 24.  Razorback Foundation | 15 |
| 25.  Technology Development Foundation | 2 |
| **TOTAL** | **20,192** |

Combined, these campuses represent approximately 20,192 (as of March 2021) benefits-participating employees, which include active employees and Pre-Medicare retirees and 2,154 life insurance retirees.

All benefit plans covering employees at UAS campuses can be viewed at <https://benefits.uasys.edu/>. In the upper right-hand corner of the Benefits welcome page, the viewer can toggle between various campuses to discover how the benefits vary by campus.

The chart below outlines the eligibility for system benefits by UAS affiliate.

|  | Eligibility for System Benefits | | | |
| --- | --- | --- | --- | --- |
| UAS Affiliates | Life & Disability | Business Travel Accident | Vision | Auto and Homeowners |
| 1.    Arkansas Archeological Survey (AAS) | Yes, this is part of UA Fayetteville and not to be broken out separately | | | |
| 2.    Arkansas Research Optical Network (AREON) | Yes, this is part of UA Fayetteville and not to be broken out separately | | | |
| 3.    Walton Art Center | Life, LTD, AD&D (no STD) | Yes | No | No |
| 4.    Winthrop Rockefeller Foundation | Yes | Yes | Yes | Yes |
| 5.    University of Arkansas Foundation | Life, LTD, AD&D (no STD) | Yes | Yes | Yes |
| 6.    Razorback Foundation | Life, LTD, AD&D (no STD) | Yes | Yes | Yes |
| 7.    Technology Development Foundation | Life, LTD, AD&D (no STD) | Yes | Yes | Yes |

This Request for Proposal (RFP) is issued by the UAS with Segal supporting the RFP process and providing coordination of responses.  Segal will serve as the sole point of contact for this RFP.  Bidder questions regarding all RFP matters should be addressed to Mr. John Hardy for all general and questions on the life and disability RFP; Mr. Brian Hunter for all questions on the BTA, Auto, Home, Renters, Personal Lines, and PERKS RFP; and Mr. Joe Foster for all questions on the vision RFP. Questions can be submitted either via the "Ask Question" feature in the left-hand side menu or through the "QAs" tab under an individual question in the RFP. Questions can also be submitted via email to Mr. John Hardy at [jhardy@segalco.com](mailto:jhardy@segalco.com), Mr. Brian Hunter at bhunter[@Segalco.com](mailto:jhardy@Segalco.com) and Mr. Joe Foster at jfoster[@Segalco.com](mailto:jhardy@Segalco.com).

Information about this RFP will also be posted on the University's procurement website called “Hogbid” at https://hogbid.uark.edu/.

1.4 **Projected** **Timetable of Activities**

| **Action** | **Due Date** |
| --- | --- |
| RFP Released | April 9, 2021 |
| First Round of Bidder Questions Due | April 14, 2021 |
| Respond to First Round of Bidder Questions | April 19, 2021 |
| Intent to Bid Reply Due | April 16, 2021 |
| Census and Experience Information Sent to Bidders | April 20, 2021 |
| Second Round of Bidder Questions Due | April 21, 2021 |
| Respond Second Round of Bidder Questions | April 26, 2021 |
| Proposal Due | May 10, 2021 |
| Public bid opening date | May 12, 2021 |
| Proposal Evaluations | May 10, 2021 - May 28, 2021 |
| Virtual Finalist Meetings (If Necessary) | Week of June 14 - 18 |
| Onsite Visits (If Necessary) | June 21 - 25, 2021 |
| Best and Final Bid Process (if necessary) | June 1 - 25 |
| Vendor Selection and Notifications | June 30, 2021 |
| Review and Execution of Contracts and Agreements | June 30 - July 30 |
| Implementation Planning | July  - September |
| Anticipated Contract Effective Date | January 1, 2022 |

As soon as the Intent to Bid is confirmed, Segal will submit, via secure file transfer, the census, claims and other data for you to use to complete your proposal response. This data contains some protected and proprietary information and must be kept secure. Segal is holding this data on behalf of UAS.  UAS does not have access to this data.

1.5 **Instructions to Bidders**

1. UAS will require all rates and fees proposed to remain firm through the initial three- (3) year term of the contract. In anticipation of annual extensions, if any, UAS will require renewal proposal rates for no less than two years.
2. All bidders submitting a proposal response are required to respond to the “General Questionnaire."  In addition, vendors must respond to all questionnaires applicable to the coverages being proposed. A written response is required to each applicable question.  Responses that reference a separate attachment in lieu of a direct response may not receive a score.
3. Respondents are required to address each of the requirements of this RFP. Bidder's responses should contain sufficient information and detail for UAS to further evaluate the merit of the bidder's response. Failure to respond in this format may result in bid disqualification.
4. Exceptions to any of the terms, conditions, specifications, protocols, and/or other requirements listed in this RFP must be clearly noted by reference to the page number, section, paragraph, or other identifying reference in this RFP. All information regarding such exceptions to content or requirements must be noted in the same sequence as its appearance in this RFP.
5. The proposal response is required to be received by Segal no later than 5:00 p.m. Central Time, May 10, 2021 (i.e., the proposal due date). **It is preferred your proposal response be submitted electronically using ProposalTech, the web-based proposal tool. You will receive an email with an invitation and instructions to complete the proposal response on ProposalTech (www.proposaltech.com). In the event you are unable to access ProposalTech electronically, hard copies are acceptable.  In addition to the submission through ProposalTech, all proposals, must be delivered in hard copy to the attention of Mr. Steve Wood.**

**Respondents must submit one (1) signed original, one (1) signed copy, and two (2) soft copies of their Proposal (i.e., CD-ROM or USB Flash drive)** labeled with the Respondent's name and the Bid Number, readable by UA, with the documents in Microsoft Windows versions of Microsoft Word, Microsoft Excel, Microsoft Visio, Microsoft PowerPoint, or Adobe PDF formats; other formats are acceptable as long as that format's viewer is also included or a pointer is provided for downloading it from the Internet.  Proposals must be received at the following location prior to the time and date specified within the timeline this RFP:

**University of Arkansas System**

**2404 North University Avenue**

**Little Rock, AR  72207**

**Attn:  Steven Wood**

**Assoc VP Employee Benefits and Risk Services**

1. **IMPORTANT:** Late bids will NOT be accepted. All bidders, regardless of the method of submission (electronic or hard copy), should respond to the RFP in its entirety on or before the proposal due date. If you are submitting a hard copy, please send it to:

|  |  |
| --- | --- |
| Life and Disability Proposals  Mr. John Hardy  Health Consultant  Segal  101 North Wacker Drive, Suite 500  Chicago, IL 60606  Phone: (312) 560-8047  Fax: (312) 896-9364  [jhardy@Segalco.com](mailto:jhardy@Segalco.com) | All Proposals  Mr. Steve Wood  Associate Vice President, Employee Benefits and Risk Management Services  University of Arkansas System  2404 North University Avenue  Little Rock, AR 72207  [spwood@uasys.edu](mailto:spwood@uasys.edu) |
| BTA, Auto, Home, Renters, Personal Lines, and PERKS Proposals  Mr. Brian Hunter  Senior Health Benefits Analyst  Segal  101 North Wacker Drive, Suite 500  Chicago, IL 60606  Phone: (614)395-1175  Fax: (312) 896-9364  bhunter[@Segalco.com](mailto:jhardy@Segalco.com) | Vision Proposals  Mr. Joe Foster  Health Benefits Analyst  Segal  101 North Wacker Drive, Suite 500  Chicago, IL 60606  Phone: (630)414-0573  Fax: (312) 896-9364  jfoster[@Segalco.com](mailto:jhardy@Segalco.com) |

1. This specific bid opening event is scheduled for access via conference call:   
     
   Wednesday, May 12, 2021, 1 hour | 2:30pm Central Time (US & Canada)

To join by phone:

+1-888-330-1716

Access code: 7786560#

**INTERGOVERNMENTAL/COOPERATIVE USE OF COMPETITIVELY BID PROPOSALS AND CONTRACTS:**

In accordance with Arkansas Code Annotated § 19-11-249, any State public procurement unit, including any University of Arkansas System campus or unit, may participate in any contract resulting from this solicitation with a participating addendum signed by the contractor and approved by the chief procurement officer of the procurement agency issuing this solicitation.

**MINORITY AND WOMEN-OWNED BUSINESS (MWOB) POLICY:**

It is the policy of the State of Arkansas to support equal opportunity as well as economic development in every sector. In accordance with the Minority and Women-Owned Business Economic Development Act, UA shall support to the fullest all possible participation of companies owned and controlled by minority persons and women in state-funded and state-directed public programs and in the purchase of goods and services to meet an annual goal of fifteen percent (15%) of the total expended.  
  
Pursuant to Ark. Code Ann. § 19-11-229, 19-11-230 the State of Arkansas encourages all small, minority, and women owned business enterprises to submit competitive sealed bids and proposals for University projects. Encouragement is also made to all general contractors that in the event they subcontract portions of their work, consideration is given to the identified groups.

**A. Minority-Owned Business is** defined by Arkansas Code Annotated § 15-4-303 as a business that is at least fifty-one percent (51%) owned by one (1) or more minority persons who are lawful permanent residents of the State of Arkansas:

* + African American
  + Hispanic American
  + American Indian
  + Pacific Islander American
  + Asian American
  + A Service-Disabled Veteran as designated by the United States Department of Veterans Affairs

**B. Women-Owned Business** is defined by Act 1080 of the 91st General Assembly Regular Session 2017 as a business that is at least fifty-one percent (51%) owned by one (1) or more women who are lawful permanent residents of the State of Arkansas.

**C. Eligibility and Certification**

The Arkansas Economic Development Commission (AEDC) conducts a certification process for minority-owned and women-owned businesses. Increase the opportunity for your minority or women-owned business to sell products and services to the State of Arkansas:  <https://www.arkansasedc.com/community-resources/Minority-and-Women-Owned-Business-Enterprise-Resources/detail/get-certified>.  Certification indicates that your company has undergone a review process to show that it is 51% or more owned, controlled and operated by a minority or woman as defined above. Certification is granted for two years and allows participation in the procurement process as a MWOB.

If certified, the Prospective Contractor's Certification Number should be included on the Proposal/Response Signature Page.

**D.** **Recommended Resources**

* + - Doing Business with UA
    - Vendor registration: <https://businessservices.uark.edu/doing-business-at-university.php>
    - Doing Business with the State
    - Registering your company with the Office of State Procurement as a vendor allows you to do business with the State of Arkansas: <https://www.dfa.arkansas.gov/procurement/vendor-information/>
    - Arkansas Procurement Technical Assistance Center assists Arkansas small businesses to succeed in obtaining government contracts: <https://www.uaex.edu/business-communities/arkansas-ptac/default.aspx>

1. For a bid submission to be considered responsive, an official authorized to bind the respondent to a resultant contract is required to sign the original bid in the blank provided on the bid cover sheet.
2. All official documents and correspondence shall be included as part of the resultant contract.
3. Bid proposal respondents may deliver their submissions via ProposalTech, or if unable to access ProposalTech, in hard copy or electronically to Mr. John Hardy (jhardy@segalco.com). The Respondent remains solely responsible for insuring that their Proposal is received at the date and time specified. Segal and UAS assume no responsibility for any Proposal not received. Proposals received after the proposal due date and time specified in the RFP will not be considered.
4. **COSTS / PRICING**  
   Respondents must provide detailed/itemized retail pricing for each individual component, and/or the overall system, as listed within this RFP. If pricing is dependent on any assumptions that are not specifically stated on the Official Price Sheet, please list those assumptions accordingly on a separate spreadsheet and show detailed pricing. Any additional pricing lists should remain attached to the Official Price Sheet for purposes of accurate evaluation.  Pricing must be valid for one hundred twenty (120) days following the bid Proposal due date and time.  Upon bid award, all pricing and/or discounts must be firm for a period of two (2) years. UA will not be obligated to pay any costs not identified on the Official Price Sheet.  Respondents must certify that any costs not identified by the Respondent, but subsequently incurred in order to achieve successful operation of the service, will be borne by the Respondent.   Failure to do so may result in rejection of the Proposal.
5. **RESPONDENT REFERENCES**  
   Respondents must provide a minimum of three (3) references, preferably in higher education, (including the organization's name, address, persons to contact, telephone numbers, and email addresses) located in the continental United States currently served by respondent. References are to be parties who can attest to the qualifications relevant to providing services requested. UA reserves the right to contact any references provided to evaluate the level of performance and customer satisfaction.  **See questions 4.2.18 and 4.2.19 in the General Questionnaire, Section 4.**
6. **MANDATORY PRE-PROPOSAL**  
   Intentionally Omitted.
7. **RESPONDENT'S RESPONSIBILITY TO READ RFP** It is the Respondent's responsibility to thoroughly examine and read the entire RFP document, including any and all appendices.  Failure of Respondents to fully acquaint themselves with existing conditions or the amount of goods and work involved will not be a basis for requesting extra compensation after the award of a Contract. This engagement is separate from any other engagement bidder may be currently pursuing with the University of Arkansas. Interpretation by and of the University of Arkansas is final.
8. **CONTRACT TERM AND TERMINATION**  
   The term (“Term”) of any resulting Contract will begin upon date of Contract award.  If mutually agreed upon in writing by the Contractor and UA, the term shall be for an initial period of three (3) years, with option to renew at the end of the contract term for two (2) additional years, for a combined total of five (5) years (or 60 months). The University of Arkansas may terminate this Agreement without cause, at any time during the Term (including any renewal periods), by giving the other party thirty (30) days advance written notice of termination. Additionally, in the event of non-appropriation of funds necessary to fulfill the terms and conditions of this Agreement during any period of the Term (including any renewal periods), the parties agree that this Agreement shall automatically terminate without notice.

**a)** If at any time the services become unsatisfactory, UA will give thirty (30) days written notice to the Contractor. If at the end of the thirty (30) day period the services are still deemed unsatisfactory, the Contract shall be cancelled by UA, Office of Business Affairs.  Additionally, the Contract may be terminated, without penalty, by UA without cause by giving thirty (30) days written notice of such termination to Contractor.

**b)** Upon award, the agreement is subject to cancellation, without penalty, either in whole or in part, if funds necessary to fulfill the terms and conditions of this Contract during any biennium period of the Term (including any renewal periods) are not appropriated.

**c)** In no event shall such termination by UA as provided for under this section give rise to any liability on the part of UA, its trustees, officers, employees or agents including, but not limited to, claims related to compensation for anticipated profits, lost business opportunities, unabsorbed overhead, misrepresentation, or borrowing.  UA's sole obligation hereunder is to pay Contractor for services ordered and received prior to the date of termination.

The terms, conditions, representations, and warranties contained in the Contract shall survive the termination of the Contract.

1. UAS reserves the right to award a contract or reject a bid for any or all line items of a bid  
   received as a result of this RFP, if it is in the best interest of UAS to do so. Bids may be rejected for one or more reasons not limited to the following:
   * 1. Failure to complete the Intent to Bid and agree to Minimum Essential Requirements.
     2. Failure of the bidder to submit the bid(s) and bid copies as required in this RFP on or before the deadline established by the issuing agency.
     3. Failure of the bidder to respond to a requirement for oral/written clarification, presentation, or demonstration.
     4. Failure to provide the bid security or performance security, if required.
     5. Failure to supply bidder references, if required.
     6. Failure to sign an Official Bid Document, if required.
     7. Failure to sign each questionnaire to confirm the proposed rates.
     8. Any wording by the respondent in their response to this RFP, or in subsequent correspondence, which conflicts with or takes exception to a bid requirement in this RFP.

1.6 **GENERAL INFORMATION FOR RESPONDENTS**

**1.      Distributing Organization**

This RFP is issued by the University of Arkansas System Office.  The contact listed in this RFP is the sole point of contact during this process. Only written communication is considered formal and can be supported throughout this process.

**Respondent Questions and Addenda:**  Respondent questions concerning all matters of this RFP should be sent through ProposalTech by either using the "Ask Question" link in the left-hand side menu, or using the QAs button under an individual RFP question. If you are unable to send questions through Proposal Tech, then questions can be submitted via email to:

                                                                                Mr. John Hardy

                                                                                jhardy@Segalco.com

Questions received via Proposal Tech and email will be directly addressed via Proposal Tech l, and compilation of all questions and answers (Q&A), as well as any revision, update and/or addenda specific to this RFP solicitation will be made available on HogBid, the UA bid solicitation website:  https://hogbid.uark.edu/.   During the time between the bid opening and contract award(s), with the exception of Respondent's questions during this process, any contact concerning this RFP will be initiated by the issuing agency and not Respondent.  Specifically, the persons named herein will initiate all contact.

Respondents shall not rely on any other interpretations, changes, or corrections. It is Respondent's responsibility to thoroughly examine and read the entire RFP document and any Q&A or addenda to this RFP.  Failure of Respondents to fully acquaint themselves with existing conditions or information provided will not be a basis for requesting extra compensation after the award of a Contract.

**2.      Agency Employees and Agents**

Contractor shall be responsible for the acts of its employees and agents while performing services pursuant to the terms of any Contract.  Accordingly, Contractor agrees to take all necessary measures to prevent injury and loss to persons or property while on the UA premises.  Contractor shall be responsible for all damages to persons or property on and off campus caused solely or partially by Contractor or any of its agents or employees.  Contractor's employees shall conduct themselves in a professional manner and shall not use UA's facilities for any activity or operation other than the operation and performance of services as herein stated.  UA reserves the right to deny access to any individual.  The following conduct is unacceptable for Contractor's employees and agents: foul language, offensive or distasteful comments related to age, race, ethnic background or sex, evidence of alcohol influence or influence of drugs, refusal to provide services requested, refusal to make arrangements for additional services needed and general rudeness.  Contractor shall require standard criminal background checks on all employees of the Contractor's business in advance of the performance of any on-campus duties.  Employees whose background checks reveal felony convictions of any type are to be either removed from all support activities on the UA campus or reported to UA for review and approval in advance of the performance of any on-campus duties.

**3.     Tobacco Free Campus**

Smoking and the use of tobacco products (including cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco, and other tobacco products) by students, faculty, staff, contractors, and visitors, are prohibited at all times on and within all property, including buildings, grounds, and facilities, owned or operated by UA, including all vehicles on UA property.

**4.      Disputes**

Contractor and UA agree that they will attempt to resolve any disputes in good faith.  Contractor and UA agree that the State of Arkansas shall be the sole and exclusive jurisdiction and venue for any litigation or proceeding that may arise out of or in connection with any Contract.  The Respondent acknowledges, understands and agrees that any claims, demands, suits, or actions for damages against UA may only be initiated and pursued in the Arkansas Claims Commission, if at all.  Under no circumstances does UA agree to binding mediation or arbitration of any disputes or to the payment of attorney fees, court costs or litigation expenses.

**5.      Conditions of Contract**

Contractor shall at all times observe and comply with federal and Arkansas State laws, local laws, ordinances, orders, and regulations existing at the time of or enacted subsequent to the execution of the Contract which in any manner affect the completion of work.  Contractor shall indemnify and hold harmless UA and all its trustees, officers, employees, volunteers, students, and agents against any claim or liability arising from or based upon the violation of any such law, ordinance, regulation, order or decree by an employee, representative, or subcontractor of the Contractor.

To the extent Contractor shall have access to, store or receive student education records, Contractor agrees to abide by the limitations on use and re-disclosure of such **records** set forth in **the Family Educational Rights and Privacy Act** (FERPA), 20 U.S.C. § 1232g, and 34 CFR Part 99.  Contractor agrees to hold student record information in strict confidence and shall not use or disclose such information except as authorized in writing by UA or as required by law.  Contractor agrees not to use the information for any purpose other than the purpose for which the disclosure was made.  Upon termination, Contractor shall return all student education record information or provide evidence that it was destroyed within thirty (30) days.

When procuring a technology product or when soliciting the development of such a product, the State of Arkansas is required to comply with the provisions of Arkansas Code Annotated § 25‐26‐201 et seq., as amended by Act 308 of 2013, which expresses the policy of the State to provide individuals who are blind or visually impaired with access to information technology purchased in whole or in part with state funds. Contractor expressly acknowledges and agrees that state funds may not be expended in connection with the purchase of information technology unless that system meets the statutory requirements found in 36 C.F.R. § 1194.21, as it existed on January 1, 2019 (software applications and operating systems) and 36 C.F.R. § 1194.22, as it existed on January 1, 2019 (web‐based intranet and internet information and applications), in accordance with the State of Arkansas technology policy standards relating to accessibility by persons with visual impairments.

**ACCORDINGLY, CONTRACTOR SHALL EXPRESSLY REPRESENT AND WARRANT** to the State of Arkansas through the procurement process by submission of a Voluntary Product Accessibility Template (“VPAT”) or similar documentation to demonstrate compliance with 36 C.F.R. § 1194.21, as it existed on January 1, 2019 (software applications and operating systems) and 36 C.F.R. § 1194.22, as it existed on January 1, 2019 (web‐based intranet and internet information and applications) that the technology provided to the State for purchase is capable, either by virtue of features included within the technology, or because it is readily adaptable by use with other technology, of:

‐ Providing, to the extent required by Arkansas Code Annotated § 25‐26‐201 et seq., as amended by Act 308 of 2013, equivalent access for effective use by both visual and non‐visual means;

‐ Presenting information, including prompts used for interactive communications, in formats intended for non‐visual use;

‐ After being made accessible, integrating into networks for obtaining, retrieving, and disseminating information used by individuals who are not blind or visually impaired;

‐ Providing effective, interactive control and use of the technology, including without limitation the operating system, software applications, and format of the data presented is readily achievable by nonvisual means;

‐ Being compatible with information technology used by other individuals with whom the blind or visually impaired individuals interact;

‐ Integrating into networks used to share communications among employees, program participants, and the public; and

‐ Providing the capability of equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

If the information technology product or system being offered does not completely meet these standards, the Respondent must provide an explanation within the VPAT detailing the deviation from these standards.

State agencies cannot claim a product as a whole is not reasonably available because no product in the marketplace meets all the standards. If products are reasonably available that meet some but not all of the standards, the agency must procure the product that best meets the standards or provide written documentation supporting selection of a different product, including any required reasonable accommodations.

For purposes of this section, the phrase “equivalent access” means a substantially similar ability to communicate with, or make use of, the technology, either directly, by features incorporated within the technology, or by other reasonable means such as assistive devices or services which would constitute reasonable accommodations under the Americans with Disabilities Act or similar state and federal laws. Examples of methods by which equivalent access may be provided include, but are not limited to, keyboard alternatives to mouse commands or other means of navigating graphical displays, and customizable display appearance. As provided in Arkansas Code Annotated § 25-26-201 et seq., as amended by Act 308 of 2013, if equivalent access is not reasonably available, then individuals who are blind or visually impaired shall be provided a reasonable accommodation as defined in 42 U.S.C. § 12111(9), as it existed on January 1, 2019.

If the information manipulated or presented by the product is inherently visual in nature, so that its meaning cannot be conveyed non-visually, these specifications do not prohibit the purchase or use of an information technology product that does not meet these standards.

**6.      Contract Information**

Respondents should note the following regarding the State's contracting authority and amend any documents accordingly.  Failure to conform to these standards may result in rejection of Respondent's bid:

A. The State of Arkansas may not contract with another party to perform any of the following:

* 1. Pay any penalties or charges for late payment or any penalties or charges which in fact are penalties for any reason.
  2. Indemnify or defend that party for liability or damages. Under Arkansas law UA may not enter into a covenant or agreement to hold a party harmless or to indemnify a party from prospective damages.
  3. Pay all sums that become due under a contract upon default.
  4. Pay damages, legal expenses, attorneys' fees or other costs or expenses of any party.
  5. Conduct litigation in a place other than the State of Arkansas.
  6. Agree to be subject to or bound by governing law, jurisdiction, or venue of any state, country or province other than the State of Arkansas.
  7. Agree to any provision of a contract that violates the laws or constitution of the State of Arkansas.

B. A party wishing to contract with UA should:

* 1. Remove any language from its contract which grants to it any remedies other than:  
     - The right to possession.  
     - The right to accrued payment.  
     - The right to expenses of de-installation.
  2. Include in its contract that the laws of the State of Arkansas govern the contract and that the State of Arkansas is the exclusive jurisdiction and venue for any and all claims, disputes, actions or suits between the parties or related to the Contract.
  3. Include in its Contract that the UA is an instrumentality of the State of Arkansas entitled to sovereign immunity from suit and that all claims, demands, suits, or actions for loss, expense, damage, liability or other relief, either at law or in equity, against UA or its trustees, officers, employees, volunteers, students, agents or designated representatives acting within the official scope of their position, must be brought before the Claims Commission of the State of Arkansas.
  4. Include in its Contract all other terms and conditions stated in this RFP.
  5. Acknowledge in its contract that contracts become effective when awarded by UA Purchasing Official.

**7.      Reservation**

This RFP does not commit UA to award a contract, to pay costs incurred in the preparation of a Proposal to this request, or to procure or contract for services or supplies.  UA reserves the right to accept or reject (in its entirety), any Proposal received as a result of this RFP, if it is in the best interest of UA to do so.  In responding to this RFP, respondents recognize that UA may make an award to a primary Respondent; however, UA reserves the right to purchase like and similar services from other agencies as necessary to meet operation requirements.

**8.       Qualifications of Respondent**

UA may make such investigations as it deems necessary to determine the ability of Respondents to meet all requirements as stated within this RFP, and Respondent shall furnish to UA all such information and data for this purpose that UA may request.  UA reserves the right to reject any bid if the evidence submitted by, or investigations of, such Respondent fails to satisfy UA that such Respondent is properly qualified to carry out the obligations of the Contract.

**9.      Non Waiver of Defaults**

Any failure of UA at any time, to enforce or require the strict keeping and performance of any of the terms and conditions of the Contract shall not constitute a waiver of such terms, conditions, or rights, and shall not affect or impair same, or the right of UA at any time to avail itself of same.

**10.     Independent Parties**

Contractor acknowledges that under the Contract it is an independent vendor and is not operating in any fashion as the agent of UA.  The relationship of Contractor and UA is that of independent contractors, and nothing in this contract should be construed to create any agency, joint venture, or partnership relationship between the parties.

**11.     Governing Law**

This RFP, any resulting Contract and all performance thereunder, transactions and subsequent amendments thereto between Respondent(s) or Contractor(s) and UA shall be governed and construed in all aspects in accordance with the laws of the State of Arkansas without regard to its choice of law principles (including without limitation any and all disputes, claims, counterclaims, causes of action, suits, rights, remedies, promises, obligations, demands, and/or defenses related thereto that may be asserted by either party).  The parties agree that the State of Arkansas shall be the sole and exclusive venue and jurisdiction for any litigation or proceeding that may arise out of or in connection with this RFP or any Contract with UA.  The parties waive any objection to the laying of jurisdiction and venue of any claim, action, suit or proceeding arising out of the Contract or any transaction contemplated hereby, in the State of Arkansas, and hereby further waive and agree not to plead or assert that any claim, action, suit or proceeding has been brought in an inconvenient forum.  Nothing contained herein shall be deemed or construed as a waiver of any immunities to suit available to UA or its trustees, officials, employees and representatives.  In no event shall UA or any of its current and former trustees, officials, representatives and employees (in their official or individual capacities) be liable to Respondent(s) or Contractor(s) for special, indirect, punitive, or consequential damages, attorneys' fees or costs or any damages constituting lost profits or lost business opportunities.

**12.    Proprietary Information**

Proprietary information submitted in response to this bid will be processed in accordance with applicable UA procurement procedures.  All material submitted in response to this RFP becomes the public property of the State of Arkansas and will be a matter of public record and open to public inspection subsequent to bid opening as defined by the Arkansas Freedom of Information Act.  Respondent is hereby cautioned that any part of its bid that is considered confidential, proprietary, or trade secret, must be labeled as such and submitted in a separate envelope along with the bid, and can only be protected to the extent permitted by Arkansas law.

**The identification of confidential responses has been turned on for this RFP.** If you feel that a response to a question contains proprietary/confidential information, click the “Disclosure” tab located underneath the question and check the box for “Exemption from Disclosure.” Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered. **If you have any questions regarding this process, please contact Proposal Tech Support at 877-211-8316 x84.**

**Note of Caution:**  Respondents should not attempt to mark the entire Proposal as "proprietary" or submit letterhead or similarly customized paper within the proposal to reference the page(s) as "Confidential" unless the information is sealed separately and identified as proprietary.  Acceptable proprietary items may include references, resumes, and financials or system/software/hardware manuals.  **Costs and pricing terms are not considered as proprietary.**

**13.    Disclosure**

**A. Contract and Grant Disclosure**

Disclosure is a condition of the resulting Contract and UA cannot enter into any contract for which disclosure is not made.  Arkansas's Executive Order 98-04 requires all potential contractors disclose whether the individual or anyone who owns or controls the business is a member of the Arkansas General Assembly, constitutional officer, state board or commission member, state employee, or the spouse or family member of any of these.  If this applies to Respondent's business, Respondent must state so in writing.

**B. Respondent Conflict of Interest Form**

Only when applicable, for any RFP that requires the disclosure of existing conflict of interest circumstances, Respondent should complete the Bidder Conflict of Interest Form and submit with bid Proposal.  It is the responsibility of Respondent desiring to be considered for a bid award to complete and return this form, along with the Contract and Grant Disclosure and Certification Form. The purpose of these forms is to give Respondent an opportunity to disclose any actual or perceived conflicts of interest.  The determination of UA regarding any questions of conflict of interest shall be final.

**14.    Proposal Modification**

Proposals submitted prior to the Proposal opening date may be modified or withdrawn only by written notice to UA.  Such notice must be received by the UA Purchasing Official prior to the time designated for opening of the Proposal.  Respondent may change or withdraw the Proposal at any time prior to Proposal opening; however, no oral modifications will be allowed.  Only letters or other formal written requests for modifications or corrections of a previously submitted Proposal that are addressed in the same manner as the Proposal and that are received prior to the scheduled Proposal opening time will be accepted.  The Proposal, when opened, will then be corrected in accordance with such written requests, provided that the written request is contained in a sealed envelope that is clearly marked with the RFP number and “Modification of Proposal”.  No modifications of the Proposal will be accepted at any time after the Proposal due date and time.

**15.    Prime Contractor Responsibility**

Single and joint Respondent bids and multiple bids by Respondents are acceptable.  However, the selected Respondent(s) will be required to assume prime contractor responsibility for the Contract and will be the sole point of contact with regard to the award of this RFP.

**16.    Period of Firm Proposal**

Prices for the proposed services must be kept firm for **at least one hundred twenty (120) days** after the Proposal Due Date specified on the cover sheet of this RFP.  Firm Proposals for periods of less than this number of days may be considered non-responsive.  The Respondent may specify a longer period of firm price than indicated here.  If no period is indicated by the Respondent in the Proposal, the price will be firm for one hundred twenty (120) days or until written notice to the contrary is received from the Respondent, whichever is longer.

**17.   Warranty NA, Left blank intentionally.**

**18.   Errors and Omissions**

The Respondent is expected to comply with the true intent of this RFP taken as a whole and shall not avail itself of any errors or omissions to the detriment of the services.  Should the Respondent suspect any error, omission, or discrepancy in the specifications or instructions, the Respondent shall immediately notify the UA Purchasing Official, in writing, and UA shall issue written instructions to be followed.  The Respondent is responsible for the contents of its Proposal and for satisfying the requirements set forth in the RFP.

**19.    Award Responsibility**

The UA Purchasing Official will be responsible for award and administration of any resulting Contract(s). UA reserves the right to reject any or all bids, or any portion thereof, to re-advertise if deemed necessary, and to investigate any or all bids and request additional information as necessary in order to substantiate the professional, financial and/or technical qualifications of the Respondent(s).

Contract(s) will be awarded to the Respondent(s) whose Proposal adheres to the conditions set forth in the RFP, and in the sole judgment of UA, best meets the overall goals and financial objectives of UA.  A resultant Contract will not be assignable without prior written consent of both parties.

**20.   Confidentiality and Publicity**

From the date of issuance of the RFP until the opening date, the Respondent must not make available or discuss its Proposal, or any part thereof, with any trustee, official, employee or agent of UA.  The Respondent is hereby warned that any part of its Proposal or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by law.  All material submitted in response to this RFP becomes the property of UA.

News release(s) by a Respondent pertaining to this RFP or any portion of the project shall not be made without prior written approval of the UA Purchasing Official.  Failure to comply with this requirement is deemed to be a valid reason for disqualification of the Respondent's bid.  The UA Purchasing Official will not initiate any publicity relating to this procurement action before the Contract award is completed.

Employees of the Contractor may have access to records and information about UA processes, employees, including proprietary information, trade secrets, and intellectual property to which UA holds rights.  Contractor agrees to keep all such information strictly confidential and to refrain from discussing this information with anyone else without written authorization from an authorized official of UA.

**21.    Respondent Presentations**

UA reserves the right to, but is not obligated to, request and require that final contenders determined by the Evaluation Committee provide a formal presentation of their Proposal at a date and time to be determined by the Evaluation Committee. Respondents are required to participate in such a request if the UA chooses to engage such opportunity.

**22.    Excused Performance**

Notwithstanding any other provisions in this RFP or any resultant Contract, in the event that the performance of any terms or provisions of this RFP or any resultant Contract shall be delayed or prevented because of compliance with any law, decree, or order of any governmental agency or authority, either local, state, or federal, or because of riots, war, acts of terrorism, public disturbances, unavailability of materials meeting the required standards, strikes, lockouts, differences with workmen, fires, floods, Acts of God, or any other reason whatsoever which is not within the control of the party whose performance is interfered with and which, by the exercise of reasonable diligence, such party is unable to prevent (the foregoing collectively referred to as “Excused Performance”), the party so interfered with may at its option suspend, without liability, the performance of its obligations during the period such cause continues, and extend any due date or deadline for performance by the period of such delay, but in no event shall such delay exceed six (6) months.

**23.    Funding Out Clause**

If, in the sole discretion of UA, funds are not allocated to continue any resultant Contract, or any activities related herewith, in any future period, then UA will not be obligated to pay any further charges for services, beyond the end of the then current period.  Contractor will be notified of such non-allocation at the earliest possible time.  No penalty shall accrue in the event this section is exercised.  This section shall not be construed so as to permit UA to terminate any Contract awarded in order to acquire similar service from a third party.

**24.     Indicia**

The Respondents and the Contractor acknowledge and agree that UA owns the rights to its name and its other names, symbols, designs, and colors, including without limitation, the trademarks, service marks, designs, team names, facilities images, uniforms, nicknames, abbreviations, city/state names in the appropriate context, slogans, logo graphics, mascots, seals, color schemes, trade dress, and other symbols associated with or referring to UA that are adopted and used or approved for use by UA (collectively the “Indicia”) and that each of the Indicia is valid.  Neither any Respondent nor Contractor shall have any right to use any of the Indicia, derivative, or any similar mark as, or a part of, a trademark, service mark, trade name, fictitious name, domain name, company or corporate name, a commercial or business activity, or advertising or endorsements anywhere in the world without the express prior written consent of an authorized representative of UA.  Any domain name, trademark or service mark registration obtained or applied for that contains the Indicia or any similar mark upon request shall be assigned or transferred to UA or its Board of Trustees without compensation.

**25.    RFP Interpretation**

Interpretation of the wording of this document shall be the responsibility of UA and that interpretation shall be final.

**26.   Time is of the Essence**

Respondent and UA agree that time is of the essence in all respects concerning this RFP and any Contract and performance therein.

**27.   Formation of the Contract**

At its option, UA may take either one of the following actions in order to create a Contract between the UA and the selected Respondent:

A. Accept a Proposal as written by issuing a written notice to the selected Respondent, which refers to the Request for Proposal and accept the Proposal submitted in response to it.

B. Enter negotiations with one or more Respondents in an effort to reach a mutually satisfactory written agreement, which will be executed by all parties and will be based upon this Request for Proposal, the Proposal submitted by one or more Respondents and any negotiations concerning these documents.

Because UA may use alternative (A) above, each Respondent shall accept the contents of this RFP which will be incorporated into any final Contract documents and will include standard UA terms and conditions.

If the Respondent submits standard terms and conditions with the bid, and if any section of those terms is in conflict with the laws of the State of Arkansas or with UA standard terms and conditions, the State laws and UA standard terms and conditions shall govern.  Standard terms and conditions submitted may need to be altered to adequately reflect all the conditions of this RFP, the Respondent's Proposals and Arkansas State law.

Notwithstanding any terms or conditions to the contrary, nothing within the Contractor's proposal shall constitute a waiver of any immunities to suit legally available to UA, its trustees, officers, employees or agents, including, but not limited to state and federal constitutional and statutory sovereign immunity of the State of Arkansas and its officials.

**NOTE:** The successful bidder may be required to enter into a Professional Services or Technical/General Services Contract that will require approval prior to any work conducted. See the following link for reference: <http://procurement.uark.edu/_resources/documents/TGSForm.pdf>.  (Additional processing time must be allotted if subsequent contract is subject to this requirement).

**28.    Permits/Licenses and Compliance**

Contractor covenants and agrees that it shall, at its sole expense, procure and keep in effect all necessary permits and licenses required for its performance of obligations under this RFP, and shall post or display in a prominent place such permits and/or notices as required by law. Contractor is responsible for compliance with all applicable laws and regulations, including but not limited to, OSHA requirements as well as any Fair Labor Standards Act requirements pertaining to compensation of Contractors employees or subcontractor (if any) working on the project; further, upon request, Contractor shall provide copies of all such permits or licenses to UA.

**29.    Web Site Accessibility**

Respondent represents that web-based services substantially comply with the accessibility guidelines of Section 508 of the Rehabilitation Act of 1973 and with Web Content Accessibility Guidelines (“WCAG”) Version 2.0 Level AA, and agrees to promptly respond to and resolve any accessibility complaints received from UA.

**30.   Prohibition Against Boycotting Israel**

In accordance with Ark. Code Ann. § 25-1-503, Respondent hereby certifies to UA that Respondent: (a) is not currently engaged in a boycott of Israel; and (b) agrees for the duration of any Contract not to engage in any boycott of Israel.  A breach of this certification will be considered a material breach of contract.  In the event that Respondent breaches this certification, UA may immediately terminate any Contract without penalty or further obligation and exercise any rights and remedies available to it by law or in equity.

**31.    Campus Restrictions**

Contractor shall not permit tobacco, electronic cigarettes, alcohol, or illegal drugs to be used by any of its officers, agents, representatives, employees, subcontractors, licensees, partner organizations, guests or invitees while on the campus of UA.  Respondents further agrees that it will not permit any of its officers, directors, agents, employees, contractors, subcontractors, licensees, partner organizations, guests or invitees to bring any explosives, firearms or other weapons onto the campus of UA, except to the extent expressly permitted by UA policies and the Arkansas enhanced concealed carry laws. Respondent shall not allow any of its officers, directors, agents, employees, contractors, subcontractors, licensees, partner organizations, guests or invitees that are registered sex offenders to enter the campus of the University.  Respondent agrees that it will not permit any of its officers, directors, agents, employees, contractors, subcontractors, licensees, partner organizations, guests or invitees who have been convicted of a felony involving force, violence, or possession or use of illegal drugs to work on this campus.  Respondent will fully comply with all applicable UA policies, and federal, state and local laws, ordinances, and regulations.

**32.   Performance Standards**

Contractor acknowledges that the use of performance-based standards on any resultant Contract by UA are required pursuant to Arkansas Code Annotated § 19-11-267.  Contractor shall provide prompt, responsive, courteous and high-quality products, services and customer service in the performance of its obligations under this RFP and any resulting Contract with UA.  Contractor shall warrant that the equipment placed on the UA campus shall be of good quality, safe and suitable for their intended use by customers and properly installed.  Contractor acknowledges that all products and services provided to UA or tailgate customers on the UA campus are to be of high quality and rendered in a timely and professional manner.  Contractor represents and warrants that it will provide all products and services related to any resulting Contract in a manner consistent with industry standards.  In addition, Contractor shall respond to all production, service, maintenance and customer service and support requests in a polite and timely manner.  Further, Contractor recognizes that failure to perform hereunder may cause UA financial or reputational harm or damages or require it to acquire replacement services on short notice.  Therefore, any failure to provide the agreed upon products or services to UA or customers at the quality, times or in the manner specified, or for the duration required hereunder shall constitute a breach of any Contract between Contractor and UA subject to termination.

**33.  Background Checks**

Contractor shall be responsible to obtain and to pay for background checks (including, but not limited to, checks for registered sex offenders) for all individuals performing any services related to this RFP on the UA campus, whether on a paid or volunteer basis, in a manner requested by UA and consistent with procedures established by UA for its background checks.  No person may perform any duties or services for Contractor on the UA campus under any circumstances whatsoever until a satisfactory background check has been completed for each individual and copies furnished to UA.

**34. Service Expectations**

Contractor and its officers, employees, agents, volunteers, subcontractors and invitees understand that they are working at an institution of higher learning, and are required to conduct themselves in a manner that is commensurate with that environment.  Contractor, its officers, employees, agents, volunteers, subcontractors and invitees shall do all things reasonably necessary or required by UA to maintain the high standard of quality and management for the products and services outlined in this RFP and any resulting Contract.  Contractor agrees that it shall hire, train, supervise and regulate all persons employed by it in the conduct of the related services so that they are aware of, and practice, standards of cleanliness, courtesy and service required and customarily followed in the conduct of similar operations.  Contractor shall not employ any current student-athletes.  Contractor shall be responsible for the conduct of its officers, employees, agents, volunteers, subcontractors, vendors, guests and other representatives including, without limitation, training and informing them that violations of UA policy, theft, violence, profanity, unlawful discrimination, boisterous or rude conduct, intoxication, mishandling funds, and offensive or disrespectful behavior toward spectators, customers and UA trustees, officials, employees, agents, licensees, contractors, subcontractors, vendors, students, alumni and guests is impermissible, will not be tolerated and could result in their removal from UA's campus.

**35.  No Assignment and Sublicensing**

Respondents may not assign or sublicense any resulting Contract without the prior written consent of an authorized representative of UA as provided by UA's Board of Trustee Policy.

**36.  PCI DSS Compliance**

Any third-party service provider utilized by the Contactor that engages in electronic commerce on behalf of the UA or other services contemplated under this RFP or any resulting Contract with UA, shall protect all card holder data (“CHD”) and sensitive authentication data (“SAD”) in accordance with the Payment Card Industry Data Security Standard (“PCI DSS”), if applicable, or using secure standard financial industry practices, if PCI DSS standards are not applicable.  UA reserves the right at any time to request either proof of PCI DSS compliance or a certification (from a recognized third-party security auditing firm) verifying that the Contactor (and/or any third party service provider utilized by the Contactor) uses secure standard financial industry practices in its financial transactions, and maintains ongoing compliance under PCI DSS standards and/or secure financial industry practices as they change over time.  The Contactor will comply with all laws, rules and regulations relating to the access, transfer, storage, processing, collection, use, protection and breach of all CHD and SAD.  The Contactor shall not share with the University or grant the University access to any CHD or SAD accessed, transferred, stored, processed, collected, used or transacted by the Contactor or any third party provider utilized by the Contactor related to the purchase, sale, resale, offer to resell, return, credit, or reserving the rights to any services contemplated under the RFP or any resulting Contract with UA.  The Contactor further acknowledges that neither it nor any third-party service provider utilized by the Contactor shall be granted access to UA's system in connection with any financial transaction under the Contract, and will not access, transfer, store, process, collect, use or otherwise transmit CHD or SAD using UA's systems.  The Contactor will provide their Attestation of PCI Compliance and network scans to UA on an annual basis.  The Contactor will give immediate notice to UA of any actual or suspected unauthorized disclosure of, access to or other breach of the CHD or SAD.  The Contactor will indemnify UA for any third-party claim brought against UA arising from a breach by the Contactor of the representations or obligations of this section.  This section and its indemnity will survive the termination of this RFP and any resulting Contract between Contractor and UA.

**37.  NCAA AND SEC**

The Contractor shall at all times comply with all NCAA and SEC rules and regulations, and the rules of any other conference or association to which UA's athletic teams may belong.  Any resulting Contract may be terminated for any such violations by the Contractor, its official, employees, representatives, agents, subcontractors or guests.  This provision applies to those engagements involving the function of athletics and/or athletics activities and affairs.

**INSTRUCTION TO RESPONDENTS**

**38.**    Respondents must comply with all articles of the Standard Terms and Conditions documents posted on our Hogbid website as counterpart to the RFP document, and any associated appendices, as well as all articles within the RFP document.  UA is not responsible for any misinterpretation or misunderstanding of these instructions on the part of the Respondents.

**39.**    Respondents must address each section of the RFP.  An interactive version of the RFP document will be posted on our Hogbid website.  Respondents can insert Proposals into the document provided, or create their own Proposal document making sure to remain consistent with the numbering and chronological order as listed in our RFP document.  Ultimately, Respondents must “acknowledge” each section of our document in their bid Proposal.

In the event that a detailed Proposal is not necessary, the Respondent shall state ACKNOWLEDGED as the response to indicate that the Respondent acknowledges, understands, and fully complies with the specification.  If a description is requested, please insert detailed response accordingly.  Respondent's required Proposal should contain sufficient information and detail for UA to further evaluate the merit of the Respondent's Proposal.  Failure to respond in this format may result in bid disqualification.

**40.**    Any exceptions to any of the terms, conditions, specifications, protocols, and/or other requirements listed in this RFP must be clearly noted by reference to the page number, section, or other identifying reference in this RFP. All information regarding such exceptions to content or requirements must be noted in the same sequence as its appearance in this RFP.

**41.**     Proposals will be publicly opened at the University System Office, at the date and time as listed on the coversheet of this RFP (proposal due date).  All Proposals must be submitted in a sealed envelope with the Proposal number clearly visible on the OUTSIDE of the envelope/package.  No responsibility will be attached to any person for the premature opening of a Proposal not properly identified.

**Respondents must submit one (1) signed original, one (1) signed copy, and two (2) soft copies of their Proposal (i.e. CD-ROM or USB Flash drive)** labeled with the Respondent's name and the Bid Number, readable by UA, with the documents in Microsoft Windows versions of Microsoft Word, Microsoft Excel, Microsoft Visio, Microsoft PowerPoint, or Adobe PDF formats; other formats are acceptable as long as that format's viewer is also included or a pointer is provided for downloading it from the Internet.  **Proposals must be received at the following location prior to the time and date specified within the timeline this RFP:**

**University of Arkansas System**

**2404 North University Avenue**

**Little Rock, AR  72207**

**Attn:  Steven Wood**

**Assoc VP Employee Benefits and Risk Services**

**NOTE:**  No award will be made at bid opening.  Only names of Respondents and a preliminary determination of Proposal responsiveness will be made at this time.

**Additional Redacted Copy REQUIRED**

Proprietary information submitted in response to this RFP will be processed in accordance with applicable State of Arkansas procurement law. Documents pertaining to the RFP become the property of UA and shall be open to public inspection after a notice of intent to award is formally announced.

It is the responsibility of the Respondent to identify all proprietary information included in their bid Proposal. The Respondent shall submit one (1) separate electronic copy of the Proposal from which any proprietary information has been removed, i.e., a redacted copy (marked “REDACTED COPY”).  The redacted copy should reflect the same pagination as the original, show the empty space from which information was redacted, and should be submitted on a CD or flash drive, preferably in a PDF format. Except for the redacted information, the redacted copy must be identical to the original hard copy submitted for the bid Proposal to be considered.  The Respondent is responsible for ensuring the redacted copy on CD/flash drive is protected against restoration of redacted data.  The redacted copy may be open to public inspection under the Freedom of Information Act (“FOIA”) without further notice to the Respondent **after** a notice of intent to award is formally announced.  If during a subsequent review process the University determines that specific information redacted by the respondent is subject to disclosure under FOIA, the Respondent will be contacted prior to release of the information.

Respondents may deliver their responses either by hand or through U.S. Mail or other available courier services to the address shown above. **Include the RFP name and number on the outside of each package and/or correspondence related to this RFP.**  No call-in, emailed, or faxed Proposals will be accepted.  The Respondent remains solely responsible for insuring that its Proposal is received at the time, date, and location specified.  UA assumes no responsibility for any proposal not so received, regardless of whether the delay is caused by the U.S. Postal Service, University Postal Delivery System, or some other act or circumstance.  Proposals received after the time specified in this RFP will not be considered.  **All Proposals received after the specified time will be returned unopened.**

**42.**    For a Proposal to be considered, an official authorized to bind the Respondent to a resultant Contract must include signature in the blank provided on the RFP cover sheet in 14.2 and the Certification Form. Failure to sign the Proposal as required will eliminate it from consideration.

**43.**    All official documents, including Proposals and any responses to this RFP, and correspondence shall be included as part of any resultant Contract.

**44.**    The UA Purchasing Official reserves the right to award a Contract or reject a Proposal for any or all line items of a bid received as a result of this RFP, if it is in the best interest of UA to do so.  Bid Proposals may be rejected for one or more reasons not limited to the following:

* 1. Failure of the Respondent to submit the bid Proposal(s) and bid Proposal copies as required in this RFP on or before the deadline established by UA.
  2. Failure of the Respondent to respond to a requirement for oral/written clarification, presentation, or demonstration in the Proposal.
  3. Failure to provide the bid security or performance security if required.
  4. Failure to supply Respondent references if required.
  5. Failure to sign an Official Bid Proposal Document.
  6. Failure to complete the Official Bid Price Sheet.
  7. Any wording by the Respondent in their Proposal or any response to this RFP, or in subsequent correspondence, which conflicts with or takes exception to a bid requirement in this RFP.

If the Respondent submits standard terms and conditions with the bid, and if any section of those terms is in conflict with the laws of the State of Arkansas, the State laws shall govern.  Standard terms and conditions submitted may need to be altered to adequately reflect all the conditions of this RFP, the Respondent's Proposals and Arkansas State law.

**45. Important Information**

Please note the selection will be based upon the expectation that there will be one primary contact representing and communicating to UAS on each benefit program.

Depending upon qualifications submitted, selection may be a function of the qualifications of one (or more) key Account Representative(s).  If, for any reason, the person(s) is no longer available to provide the services required, UAS reserves the right to cancel any agreement subsequent to this RFP and issue another Request for Proposal.  UAS also reserves the right to change any and all Agent of Record designations for any reason whatsoever if deemed in the best interest of UAS.

UAS reserves the right to reject all proposals submitted for any reason whatsoever and waive technicalities, if deemed in the best interest of UAS.

Sections 2 and 3 of this RFP outline instructions for submitting proposals.  These requirements may be modified or waived at UAS' request.

Exhibit A provides the census as of March 2021. Exhibit B provides the summary plan descriptions for the Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability, Business Travel Accident, Auto and Home, and Vision. Exhibit C summarizes the recent Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability, and vision claims experienced by UAS. Exhibit D outlines the Vision Provider List, Exhibit E outlines the Auto/Home Model: To be completed for Personal Lines Bundle Proposal

Section 12 contains a Certification Form to be completed and returned with your proposal submission. The remainder of Section 1 outlines instructions for submitting responses to questions.  These requirements may be modified or waived at the discretion of UAS.

**46. INDEMNIFICATION AND INSURANCE**

The successful Respondent or Contractor shall indemnify, defend, and hold harmless University, its trustees, officers, directors, employees, agents and volunteers from and against any and all losses, costs, expenses, damages, and liabilities resulting from or relating to: (a) any breach by Contractor or Contractor's members, officers, employees, subcontractors, vendors, and agents of any representation, warranty, or other provision of this RFP, any resulting Contract or any document delivered by Contractor in connection with the products and services contemplated by this RFP; (b) any damage to property or bodily injury, including, but not limited to illness, paralysis, dismemberment and death, arising from or relating to any products or services provided by the Contractor or uses of the UA campus by Contractor, its officers, employees, agents, volunteers, customers, subcontractors or guests under this RFP or any resulting Contract, or any other activities conducted on the UA campus (whether such activity is authorized or unauthorized by UA); (c) any use of or damage to UA property and any defect in any building and improvement thereon, including, but not limited to, any damage to any parking lots arising from or relating to any permitted uses under this RFP or any resulting Contract; (d) any act or omission of Contractor or any of its officers, agents, employees, invitees, or subcontractor's employees and invitees; and (e) any violation by Contractor of any applicable NCAA or SEC rules or regulations or state, federal or local laws.

The obligation to indemnify UA shall include, but shall not be limited to, the obligation to pay any and all losses, costs, expenses, attorneys' fees, damages, and liabilities incurred, as well as any attorneys' fees and court costs (including, but not limited to, any appellate or appellate-related proceedings).  At no cost or expense to UA, UA's in-house counsel may participate in any proceedings.  The indemnification obligations under this RFP or any resulting Contract shall survive the expiration or termination of such RFP or resulting Contract.

The successful Respondent or Contractor shall purchase and maintain at Contractor's expense, the following minimum insurance coverage for the period of any Contract.  Certificates evidencing the effective dates and amounts of such insurance must be provided to UA:

* Workers Compensation: As required by the State of Arkansas. Additionally, the Contractor shall maintain Employer's Liability Insurance with a policy limit of not less than $100,000 each accident, $500,000 disease, and $100,000 disease each employee.
* Comprehensive General Liability, with no less than $1,000,000 each occurrence/$2,000,000 aggregate for bodily injury, products liability, contractual liability, and property damage liability.
* Comprehensive Automobile Liability, with no less than combined coverage for bodily injury and property damage of $1,000,000 each occurrence.

Policies shall be issued by an insurance company authorized to do business in the State of Arkansas and shall provide that policy may not be canceled except upon thirty (30) days prior written notice to UA. Any policy shall cover any vehicle being used in the management, operation, or delivery deriving from Contractor's operations on UA's campus.  Contractor shall also be responsible for payment of workers' compensation insurance for all Contractor's employees as required by the State of Arkansas.

Contractor shall furnish UA with a certificate(s) of insurance effecting coverage required herein.  Failure to file certificates or acceptance by UA of certificates which do not indicate the specific required coverages shall in no way relieve the Contractor from any liability under the Contract, nor shall the insurance requirements be construed to conflict with the obligations of Contractor concerning indemnification.  Any failure to comply with reporting provisions of the policies shall not affect coverage provided to UA, its trustees, officials, employees, agents or volunteers.  Proof of Insurance must be included in bid Proposal.

Contractor shall, at their sole expense, procure and keep in effect all necessary permits and licenses required for its performance under the Contract, and shall post or display in a prominent place such permits and/or notices as are required by law.

**47.    CONTRACTOR OVERVIEW**

         The Contractor shall provide a general overview of its business including the following information:

* Foundation date
* Description of core activities
* Major company and distributor locations
* Total number of clients
* Total number of clients in higher education
* Current financial status and revenues - Overview only

**48.    BEST AND FINAL OFFER**

UA reserves the right to request an official “Best and Final Offer” from bid Respondents if it deems such an approach is in the best interest of the institution.  In general, the “Best and Final Offer” will consist of an updated cost Proposal in addition to an opportunity for the Respondent to submit clarification response to specific questions or opportunities identified in subsequent discussions related to the original Proposal response submitted to UA.  If the UA chooses to invoke a “Best and Final Offer” option, all responses will be re-evaluated by incorporating the information as requested in the official “Best and Final Offer” document, including costs and answers to specific questions presented in the document.  The specific format for the official “Best and Final Offer” request will be determined during evaluation discussions.  The official request for a “Best and Final Offer” will be issued by the UA Procurement Department.

**49.    SPECIFICATIONS / GOALS AND DELIVERABLES**

Each Proposal should contain the following information at a minimum:

*Please refer to the Proposal requirements for each line of coverage.*

1.7 **Evaluation Criteria.** The following minimum standards will apply.  Proposals not meeting these criteria may be rejected without further consideration.

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Applicable to:** | **Confirmed (Yes / No)** |
| A.      **Agree to Minimum Coverage Levels**—must provide at least the services and coverage levels in place today with the benefits included in each bundle of insurance as outlined above. | All bundles except PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| B.      **Acceptable Plan Design Provisions**—must be able to match the current coverage levels. | All bundles except PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| **C.** **Acceptable Rate Structure –** the basis used in the quoting of rates must conform to what is contained in the RFP, firm rates must quoted – estimates are not acceptable. | All bundles except PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| **D.** **Conformance to Initial Rate Guarantees-**3 years for Life, Disability and BTA, 2 years for vision | All bundles except Personal Lines and  PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| E.       **Minimum Ratings by Agencies**—must have a rating of Baa by Moody’s, BBB by Fitch and BBB by Standard & Poor’s. | All bundles except PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| F.       **Agree to Accept all Current Coverage Amounts on Each Covered Employee**—no currently enrolled employee will lose coverage through the transition. | All bundles except PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| G.      **Agree to Pay Stated Minimum Commission Level** | All bundles | *Single, Pull-down list.* 1: Yes, 2: No |
| H.      **Acceptable Account Management & Service Plan**—Named account manager that is professional and agreed upon by System staff with an annual plan designed to support UAS and its campus needs. | All bundles | *Single, Pull-down list.* 1: Yes, 2: No |
| I.         **Acceptable Enrollment Approach with Onsite Support**—Enrollment approach provides online and onsite resources to support the enrollment process. | All bundles | *Single, Pull-down list.* 1: Yes, 2: No |
| J.        **Acceptable Periodic Enrollment Campaign**—Opportunity for enrollment at least every four years at the discretion of UAS or annual if participation or outcomes based. | All bundles | *Single, Pull-down list.* 1: Yes, 2: No |
| K.       **Acceptable Evidence of Insurability Process**—Process allows for a simplified evidence of insurability process during open enrollment when an existing employee requests new or additional coverage. | All bundles, NA PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| L.       **Acceptable Definition of Disability**—The definition needs to meet the own occ/any occ provisions as requested in the RFP and recognize the unique nature of physician definition of disability. | Disability | *Single, Pull-down list.* 1: Yes, 2: No |
| M.    **Direct Pay by Employees – No Payroll Deduction  for auto home** | Personal Lines, Auto Home and PERKS | *Single, Pull-down list.* 1: Yes, 2: No |
| **N.** **Appropriate licensing** – must be licensed to do business in Arkansas. | All bundles | *Single, Pull-down list.* 1: Yes, 2: No |

1.8 **EVALUATION AND SELECTION PROCESS**

It is the intent of the UA to award a Contract to the Respondent(s) deemed to be the most qualified and responsible firm(s), who submits the best overall Proposal based on an evaluation of all Proposal responses. Selection shall be based on UA assessment of the Respondent's ability to provide adequate service, as determined by the evaluation committee elected to evaluate proposals.  UA reserves the right to reject any or all Proposals or any part thereof, to waive informalities, and to accept the Proposal or Proposals deemed most favorable to UA.  Where Contract negotiations with a Respondent do not proceed to an executed Contract within a time deemed reasonable by UA (for whatever reasons), UA may reconsider the Proposals of other Respondents and, if appropriate, enter into Contract negotiations with one or more of the other Respondents.  Proposals shall remain valid and current for the period of one hundred twenty (120) days after the due date and time for submission of Proposals.  Each Proposal will receive a complete evaluation and will be assigned a score of up to 100 points possible based on the following items:

|  |  |  |
| --- | --- | --- |
| **Weight** | **Element** | **Criteria** |
| 30 points | Pricing | Premium Cost, Duration of Rate Guarantee (Increase Limit), Retention Charges, Servicing Fees, any Associated Expenses and Implementation Credits |
| 15 points | Plan Design | Ability to Meet Current and Proposed Designs, Flexibility to Raise Coverage Limits in Optional Plans, Ability to Provide Requested Services, Ability to Provide Enhanced / Improved Plan Design |
| 15 points | Underwriting | Guarantee Issue Amount, Ease of Evidence of Insurability Process, Minimum Participation Requirements and Rate Impact if Participation is over a Threshold (is there a rate reduction if participation is over a certain threshold), Average Declination Rate in Arkansas (% of applications denied). |
| 20 points | Service and Account Management | Administrative Ease, Account and Service Plan, Account Management Philosophy, Available Administrative Support, Average Persistency Rate in Arkansas. Performance standards and guarantees. Experience working with higher education institutions and hospitals. |
| 10 points | Participant Experience | Available Tools and Resources, Participant Reporting, Online Access and Experience, Telephonic and Other Resources. Provide network adequacy for vision. |
| 10 points | Financial Stability and Information Security | Financial Ratings by Agencies & Published Reports  Data security, previous breaches and remedies |

Points shall be assigned for the Pricing of the specific categories of services, which comprise the overall system, including annual maintenance cost, as follows:

* Cost points will be assigned on the specific component basis as reflected on the Official Price Sheet, for comparison and evaluation purposes.
* The bid with the lowest estimated cost of the overall system will receive the maximum points possible for this section.
* Remaining bids will receive points in accordance with the following formula:

**(a/b)(c) = d**

a = lowest cost bid in dollars

b = second (third, fourth, etc.) lowest cost bid

c = maximum points for Cost category (30)

d = number of points allocated to bid

Failure of the Respondent to provide in his/her proposal any information requested in this RFP may result in disqualification of his/her proposal and shall be the responsibility of the respondent.

1.9 **SERVICE PERFORMANCE STANDARDS**

|  |  |  |
| --- | --- | --- |
| **Service Criteria** | **Acceptable Performance** | **Compensation / Damages** |
| Adherence to University Requirements | Reference standard terms, conditions and all articles of RFP | **Termination of Contract:** Reference Section 1, Paragraph 15 of RFP. This termination clause will apply for insufficient performance of services by Contractor at the sole discretion of the University of Arkansas System. |
| Scope of Services | Reference Sections 1 & 2 of RFP: Description, Overview and Scope | **Termination of Contract:** Reference Section 1, Paragraph 15 of RFP. This termination clause will apply for insufficient performance of services by Contractor at the sole discretion of the University of Arkansas System. |
| Specifications, Goals and Deliverables | Reference Section 1, Paragraph 49 of RFP: Specifications/Goals and Deliverables | **Termination of Contract:** Reference Section 1, Paragraph 15 of RFP. This termination clause will apply for insufficient performance of services by Contractor at the sole discretion of the University of Arkansas System. |

2 Bidding Instructions and Reference to Standard Terms and Conditions

2.1

1. UAS is an entity of the State of Arkansas. As a public employer subject to the State of Arkansas Freedom of Information Act, please mark and separately note/section any information you deem to be proprietary and confidential.
2. **Award or Rejection:** Any award to the RFP will be made to the vendor(s) whose proposal submission is deemed to be in the best interest of the UAS. UAS reserves the right to reject any or all proposals.
3. **Intent to Bid:** Any proposal respondent who receives a copy of the specifications is requested to ***complete and return the Intent to Bid form found in Section 13 via the instructions provided.***
4. **Certification Letter:** Any proposal respondent submitting a proposal must also complete and return the Certification Letter form in ***Section 12.***
5. **Costs for Proposal Preparation:** Any costs incurred by proposal respondents in preparing or submitting proposals are the sole responsibility of the vendor submitting the proposal. After award of the RFP, proposals will not be returned.
6. **Oral Explanations:** UAS will not be bound by oral explanations or instructions given at any time during the competitive process or after the award of the contract.
7. **Time for Acceptance:** The proposal respondent agrees to be bound by its proposal for a period of at least 120 days, during which time UAS and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion so amended or clarified. Late proposals will not be accepted.
8. **Eligibility Rules:** The proposal respondent agrees to the specified eligibility rules established for UAS. Modifications to the eligibility rules will not be considered.
9. **Right to Audit:** UAS reserves the right to review and audit the bidder's files and financial accounting data to assure that claims subject to each proposed coverage area are evaluated in accordance with the plan provisions. Additionally, UAS may conduct regular and diligent internal audits to monitor quality. The proposal respondent should communicate the findings of these audits and similar QA procedures to UAS no less frequently than semi-annually. In addition, the respondent agrees to cooperate with any outside audit firm UAS selects to perform a claim administration audit. This might include the provision of space and system terminals for a reasonable period of time to accomplish audit objectives.
10. **Maintenance and Ownership of Records:** The successful proposal respondent will be required to maintain all pertinent records for seven (7) years. This is in conjunction with prudent business practices. The successful bidder would be charged with the safekeeping of plan experience information and, in the event of contract termination, would be required to cooperate with UAS, or its representative, in the orderly transfer of this plan experience information to UAS or its designated succeeding health plan/carrier.
11. **Variance Provisions:** Any provisions, references, or guidelines relating to reevaluation (rate increase only) of proposal rates due to variation in enrollment in the plan should not be included as a condition of your proposal.
12. **Termination Provisions:** UAS may terminate the contract at any time by giving 30 days written notice. The successful proposal respondent may only terminate the contract prior to the date rates renew by giving notice 120 days in advance, except in the event of non-payment of premium.
13. **Effective Date and Plan Anniversary:** January 1, 2022 is the proposed effective date and anniversary date thereafter.
14. **Exceptions:** Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications of this RFP.
15. **Premium Rates:** Currently, premium rates vary by 5-year age band, by level of coverage and by employee v. spouse. This type of differentiation is reasonable for optional coverage. For any employer paid coverage, UAS would prefer an age-composite rate.
16. **Vendor Representative:** The proposal must be signed by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of award. All premiums, fees and terms presented will be considered legally binding.
17. **General Compliance:** All bidder services must adhere to relevant federal and state laws and regulations.
18. **Implementation:** The successful bidder must be able and fully committed to support UAS with all aspects of the installation process. To this end, your proposal must include a detailed implementation timetable and key task checklist should your company be awarded the RFP.
19. **Confidentiality:** Segal requests this document be kept in strictest confidence, and it is only under adherence to this request that we are delivering this document to prospective bidders. This document may be shared only within your organization for purposes of preparing your proposal response. As such, this document may not be copied or reproduced without prior written consent for other purposes and will not be disclosed to third parties to whom the UAS has not previously consented.

Segal assumes all proposals submitted adhere to the preceding conditions, unless otherwise noted in your proposal response.  Failure to meet any of these conditions may result in disqualification of proposal responses. This Request for Proposal (RFP), those portions of your proposal submission (including subsequent documents provided by you during this RFP process) that are acceptable to UA, and any other terms negotiated before an award is announced, will form the basis for  the final written contract(s).

3 Proposal Requirements for All Benefits

3.1 Please review the following instruction and conditions and note any conditions where your proposal deviates from the conditions.

1. **Administration.** Please identify all requirements of UAS for your insurance contract.  
2. **Funding.** Provide quotes based upon the funding as outlined in the chart below.

|  |  |  |
| --- | --- | --- |
| Coverage | Current Funding Method | Desired Funding Methods |
| Basic life | Fully insured, Experience rated with Premium Stabilization Reserve | Fully insured and Experience Rated |
| Supplemental EE Life, Dependent Life | Fully insured and Experience Rated | Fully insured and Experience Rated |
| STD |
| LTD |
| Voluntary AD&D | Fully Insured and Pooled | Fully Insured and Pooled |
| Business Travel Accident |
| Vision | Fully insured and Experience Rated | Fully insured and Experience Rated |
| Auto, home, renters, liability | Fully Insured and Pooled | Fully Insured and Pooled |
| PERKS | NA | Discounts, coupons, prepaid and perhaps some insurance |

3. **Commissions.** Commissions are currently a percentage of premium and payable to Segal. Please refer to the chart below for reference.  This arrangement must continue.

|  |  |
| --- | --- |
| **Coverage** | **Commission**  **for Segal** |
| Basic life (no AD&D) | 2% |
| Supplemental ee life (no AD&D) | 2% |
| Dependent life (no AD&D) | 2% |
| Voluntary AD&D | 5% |
| STD | 2% |
| LTD | 2% |
| Business travel accident | 20% |
| Vision | 1% |
| Auto, home, renters, liability | 3% new policy; 2% renewal |
| PERKS | Vendor Standard |

4. **Contributions.** The contributions are broken out by line of coverage in the table below:

| Coverage | Current Contribution Method |
| --- | --- |
| Basic life | Employer Paid |
| Supplemental EE Life, Dependent Life | Paid by EES |
| Basic STD Covered Payroll | STD Base Plan Employer Paid to $45,000 for all campuses except UA Fort Smith Employer Paid to $20,000;  Optional STD Buy Up -  Employee Paid |
| Basic STD  Buy-up STD  Optional STD (No Basic STD in Place) | Employer Paid  Paid by EES  Paid by EES |
| Basic LTD  Buy-up LTD  FGP and Residents LTD | Employer Paid  Paid by EES  Employer Paid |
| Voluntary AD&D | Paid by EES |
| Business Travel Accident | Employer Paid |
| Vision | Paid by EES |
| Auto, home, renters, liability | Paid by EES |
| PERKS | N/A |

5. **Guarantees.** Premiums for all coverages must be guaranteed for a minimum of three years.

6. Premiums quoted must be valid for 120 days after receipt of quote.

7. List services/supplies not covered under the premiums quoted (e.g., custom reports, etc.).

8. Identify separately any start-up costs.

9. **New Rate Classes.** If rates/premiums are subject to change if the benefit plan is restructured or new classes of employees are added, detail how they may change along with any additional charges.

10. **Implementation.** Plan implementation must be guaranteed immediately upon notification.

11. **No Loss/No Gain and Actively at Work.** All employees and retirees currently covered for insurance must be covered on a no loss - no gain basis without any actively at work requirement. All other employees who satisfy the eligibility requirements as of the effective date but who are not currently covered for an employee paid benefit may be subject to an actively at work requirement. They may also be subject to pre-existing conditions limitations and evidence of insurability requirements depending on your proposal. Please note that open enrollment flexibility is desired for the Plan Year beginning January 1, 2022.

12. **War Risk Foreign Travel Exclusions.** UAS is requesting a blanket application and uninterrupted coverage without exclusion or exception and with no requirement for prior approval of travel coverage outside of the United States. UAS will accept industry-standard exclusions for extra-hazardous personal activities, acts of war, commission of a crime and similar exclusions or limitations but all of these exclusions must be identified in the bidder response.

13. **Pandemic Exclusions**. Ideally, there will be no exclusions for pandemics. Any such exclusions must be identified in the bidder response.

14. **Renewal Notice.** The bidder must provide any rate changes in writing with full justification at least 180 days prior to a contract anniversary date. The long lead-time is required due to the annual budget pricing, communications, and administration requirements associated with the UAS benefit program.

Segal assumes all submitted bids adhere to the preceding conditions, unless otherwise noted in the proposal submission.  Failure to meet any of these conditions may result in disqualification of the proposal submission.  This Request for Proposal (RFP),  those portions of your proposal submission (including  subsequent documents provided by you during this RFP process) that are acceptable to UA, and any other terms negotiated before an award is announced, will form the basis for  the final written contract(s).

4 General Questionnaire

In order for your proposal to be considered and accepted, your organization must provide answers to the questions presented in this section. Each question must be answered specifically and in detail. Do not make reference to a prior response, or to your contract, unless the question involved specifically provides such an option.

If your proposal is different in any way (whether more or less favorable) from that indicated in this RFP, clearly indicate where. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect with the requirements set forth in this RFP.

4.1 Product Selection

4.1.1 Select the benefits you will be submitting a proposal for. Your response will trigger the corresponding sections below.

|  |  |
| --- | --- |
|  | Response |
| Basic Life, Closed Class Retiree Life, Supplemental Life, Dependent Life, Grandfathered AD&D, and Voluntary AD&D | *Single, Radio group.* 1: Yes, 2: No |
| Short Term Disability | *Single, Radio group.* 1: Yes, 2: No |
| Long Term Disability | *Single, Radio group.* 1: Yes, 2: No |
| Business travel accident | *Single, Radio group.* 1: Yes, 2: No |
| Automobile, Homeowners, Renters and Umbrella Liability | *Single, Radio group.* 1: Yes, 2: No |
| Vision | *Single, Radio group.* 1: Yes, 2: No |
| Perks and Discount Programs | *Single, Radio group.* 1: Yes, 2: No |

4.2 Organization and Ownership

4.2.1 State your organization's legal name, address and state of incorporation.

*500 words.*

4.2.2 Provide a description of your organization's core activities.

*500 words.*

4.2.3 Provide a list of your organization's major locations.

*500 words.*

4.2.4 How long has your organization been operational?

*500 words.*

4.2.5 How long has your organization been licensed to sell the quoted insurance in Arkansas?

*500 words.*

4.2.6 If your organization is a subsidiary of a parent firm, provide the information asked for in the previous question.

*500 words.*

4.2.7 For each of the benefit plans you are proposing (separately, not in total), provide the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Life and Disability Response** | **Vision Response** | **Business Travel Accident Response** | **Personal Lines Response** |
| Total number of covered employees | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| Total number of employer plans | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| Total number of Universities | *Integer.* | *Integer.* | *Integer.* | *Integer.* |

4.2.8 Has your organization acquired, been acquired by, or merged with another organization in the past 24 months? If yes, please explain.

*Single, Radio group.*  
1: Yes, explain: [ 500 words ] ,  
2: No

4.2.9 Indicate in the following table your most current ratings based on claims paying ability:

|  |  |  |
| --- | --- | --- |
| **Independent Rating Agency** | **Rating** | **Date** |
| A.M. Best | *10 words.* | *To the day.* |
| Standard & Poor | *10 words.* | *To the day.* |
| Moody’s | *10 words.* | *To the day.* |
| Fitch | *10 words.* | *To the day.* |

4.2.10 Has there been any change in your ratings in the last two years? If yes, explain the nature and reason(s) for the change.

*Single, Radio group.*  
1: Yes, explain: [ 500 words ] ,  
2: No

4.2.11 Provide the address of the principal office that will provide services to UAS. In addition, indicate the person(s) who would be the representative(s)/liaison(s), specifically stating their number of years with your organization and their level of experience.

*500 words.*

4.2.12 Please submit specimen contracts/agreements for all services/coverage proposed. In addition, if the policyholder will be required to sign or agree to language in any other kind of agreement, letter, etc., enclose a sample of each of these items.

*500 words.*

4.2.13 Have you had a reportable or a reported event related to breaches of your systems and/or breaches where individual information has been compromised?

*Single, Radio group.*  
1: Yes, please explain: [ 500 words ] ,  
2: No

4.2.14 Does your organization maintain cyber liability insurance covering your organization and your clients in the event of a data breach or compromise of computer system integrity?

*Single, Radio group.*  
1: Yes, please explain: [ 500 words ] ,  
2: No

4.2.15 Approximately how many public sector entities currently use you organization?

*200 words.*

4.2.16 Approximately how many universities currently use your organization?

*200 words.*

4.2.17 Approximately how many hospitals currently use your organization?

*200 words.*

4.2.18 Please provide as references the names, addresses, email addresses and telephone numbers of three Universities that currently use your organization.

*500 words.*

4.2.19 Please provide as references the names, addresses, email addresses and telephone numbers of three Universities that currently use your organization.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reference #1 | Reference #2 | Reference #3 |
| Name | *50 words.* | *50 words.* | *50 words.* |
| Address | *50 words.* | *50 words.* | *50 words.* |
| Email | *50 words.* | *50 words.* | *50 words.* |
| Telephone | *50 words.* | *50 words.* | *50 words.* |

4.2.20 Please provide as references the names, addresses, email addresses and telephone numbers of three hospitals or academic medical centers that currently use your organization.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reference #1 | Reference #2 | Reference #3 |
| Name | *50 words.* | *50 words.* | *50 words.* |
| Address | *50 words.* | *50 words.* | *50 words.* |
| Email | *50 words.* | *50 words.* | *50 words.* |
| Telephone | *50 words.* | *50 words.* | *50 words.* |

4.3 Contractual

4.3.1 UAS will require acceptance of all contracting conditions as described in the RFP document. Will you agree to this provision?

*Single, Radio group.*  
1: Yes,  
2: No, please explain: [ 500 words ]

4.3.2 UAS will require no less than 60-day advance notice of changes in practices, affiliations or staffing. Will you agree to this provision?

*Single, Radio group.*  
1: Yes,  
2: No, please explain: [ 500 words ]

4.3.3 Describe any termination provisions in your contract if UAS drops below any minimum required participation levels.

*500 words.*

4.3.4 Please describe any limitations or exclusions in your contracts as a result of the COVID-19 pandemic.

*500 words.*

4.4 Renewal and Group Underwriting Issues

4.4.1 Explain the methodology and data to be used for the renewal process. Do you establish premiums solely based upon the experience of UAS, or are other factors, such as your organization's book-of-business pool, reinsurance rates, and/or state regulations considered as well?

*500 words.*

4.4.2 If experience rated, what portion of your premium rate is allocated to all items other than claims and claims reserves (e.g., gross retention)?

*500 words.*

4.4.3 If experience-rated and subject to dividend accounting, do you agree to provide a complete financial accounting report for UAS? Attach a sample of an actual report. How many weeks after the policy anniversary date will it be before your financial accounting report is available?

*500 words.*

4.4.4 Are there any differences in premiums among various payment media (e.g. checking account deduction versus payroll deduction) or timing (e.g. quarterly in advance versus monthly)?

*500 words.*

4.4.5 Is your proposal based upon any minimum participation requirements? If so, specify the minimum underwriting criteria.

*Single, Radio group.*  
1: Yes, please explain: [ 500 words ] ,  
2: No

4.4.6 Are there any credits to be obtained should participation reach high levels?

*500 words.*

4.4.7 Will you offer periodic open enrollment periods with relaxed underwriting standards at least every four years at UAS' discretion?

*500 words.*

4.5 Enrollment and Communication

4.5.1 Is a toll-free telephone number for enrollment and to answer member questions available? If yes, describe.

*Single, Radio group.*  
1: Yes, please describe: [ 500 words ] ,  
2: No

4.5.2 Is onsite enrollment support available at benefit fairs?

*500 words.*

4.5.3 How often is enrollment allowed?

*500 words.*

4.5.4 Can you customize a page on the UAS website for your critical illness benefit? Is there a charge for this?

*500 words.*

4.5.5 Please confirm that you are able to work with UAS' current ERP, Workday.

*500 words.*

4.5.6 Please confirm your organization is able to comply with the university's Desired Life Insurance Open Enrollment Provisions for Plan Year 2022.

|  |  |  |  |
| --- | --- | --- | --- |
| Optional Employee Coverage in Effect December 31, 2021 | Options Available During PY 2022 Open Enrollment without EOI | Options Available During 2022 Open Enrollment with EOI | Confirm (Y/N) |
| No coverage | None, 1, 2 and 3 times pay | 4 times pay | *Single, Radio group.* 1: Yes, 2: No |
| 1 times annual pay | None, 1, 2 and 3 times pay | 4 times pay | *Single, Radio group.* 1: Yes, 2: No |
| 2 times annual pay | None, 1, 2 and 3 times pay | 4 times pay | *Single, Radio group.* 1: Yes, 2: No |
| 3 times annual pay | None, 1, 2, 3 and 4 times pay | N/A | *Single, Radio group.* 1: Yes, 2: No |
| 4 times annual pay | None, 1, 2, 3 and 4 times pay | N/A | *Single, Radio group.* 1: Yes, 2: No |
| Optional Spouse & Child Coverage in Effect December 31, 2021 | Options Available During PY 2022 Open Enrollment without EOI | Options Available During 2022 Open Enrollment with EOI | Confirm (Y/N) |
| No coverage | All Options | N/A | *Single, Radio group.* 1: Yes, 2: No |
| Sp $10,000 and Ch $5,000 | All Options | N/A | *Single, Radio group.* 1: Yes, 2: No |
| Sp $15,000 and Ch $7,500 | All Options | N/A | *Single, Radio group.* 1: Yes, 2: No |
| Sp $20,000 and Ch $10,000 | All Options | N/A | *Single, Radio group.* 1: Yes, 2: No |

4.5.7 Please confirm your organization is able to comply with the university's Desired Life Insurance EOI Provisions for Subsequent Open Enrollment Periods

|  |  |  |  |
| --- | --- | --- | --- |
| Optional Spouse & Child Coverage in Effect During Open Enrollment | Options Available For Next Plan Year without EOI | Options Available During 2022 Open Enrollment with EOI | Confirm (Y/N) |
| No coverage | None and 1 times pay | 4 times pay | *Single, Radio group.* 1: Yes, 2: No |
| 1 times annual pay | None, 1 and 2 times pay | 4 times pay | *Single, Radio group.* 1: Yes, 2: No |
| 2 times annual pay | None, 1, 2 and 3 times pay | 4 times pay | *Single, Radio group.* 1: Yes, 2: No |
| 3 times annual pay | None, 1, 2, 3 and 4 times pay | N/A | *Single, Radio group.* 1: Yes, 2: No |
| 4 times annual pay | None, 1, 2, 3 and 4 times pay | N/A | *Single, Radio group.* 1: Yes, 2: No |
| Optional Spouse & Child Coverage in Effect December 31, 2021 | Options Available For Next Plan Year without EOI | Options Available During 2022 Open Enrollment with EOI | Confirm (Y/N) |
| No coverage | May Increase to Level 2 | Levels 3 and 4 | *Single, Radio group.* 1: Yes, 2: No |
| Sp $10,000 and Ch $5,000 | May Increase 1 Level | Level 4 | *Single, Radio group.* 1: Yes, 2: No |
| Sp $15,000 and Ch $7,500 | May Increase 1 Level | N/A | *Single, Radio group.* 1: Yes, 2: No |
| Sp $20,000 and Ch $10,000 | All | N/A | *Single, Radio group.* 1: Yes, 2: No |

4.6 Accounting/Reporting

4.6.1 Do you agree to provide semi-annual summary reports of the following types of claims? Provide a sample report for each.

|  |  |
| --- | --- |
|  | Response |
| a)       Participant demographics | *Single, Pull-down list.* 1: Yes, sample reports attached, 2: No |
| b)       Actual versus expected claims | *Single, Pull-down list.* 1: Yes, sample reports attached, 2: No |
| c)       Type of illnesses incurred | *Single, Pull-down list.* 1: Yes, sample reports attached, 2: No |
| d)       Physician report(s) | *Single, Pull-down list.* 1: Yes, sample reports attached, 2: No |
| e)       Claim acceptance rates and claim denial reporting with reasons | *Single, Pull-down list.* 1: Yes, sample reports attached, 2: No |

4.6.2 Will you provide a semiannual report with monthly enrollments, premiums and incurred claims by campus and in total?

*500 words.*

4.6.3 Please describe your online reporting system. UAS has multiple locations with HR staff at each site. Is access to the online system limited to a certain number of people, or would each HR team member be able to have access?

*500 words.*

4.7 Financial Guarantees

4.7.1 Confirm that your premiums quoted are guaranteed for each policy period listed. Thereafter, will your rates/fees be guaranteed for each succeeding full twelve-month period? Will this provision be included in your contract?

*500 words.*

4.7.2 Multiple-year fee guarantees are required to be accompanied by multiple-year contract guarantees. Cancellation of the contract before the fee guarantee has ended is not acceptable. Do you agree to include this provision in your contract?

*500 words.*

4.7.3 Do you agree that changes in the premium rates for the coverage in force may be instituted only as of a renewal rate anniversary? A “yes” answer will require contract to include such language.

*Single, Pull-down list.*  
1: Yes,  
2: No

4.7.4 Are you willing to provide 180 days' notice for any change in policy forms, rates, underwriting requirements and guarantees?

*Single, Pull-down list.*  
1: Yes,  
2: No

4.7.5 When are premiums due and what is the grace period for payment of premium under your policy? If premium is paid subsequently, is a penalty and/or interest charge assessed? If yes, explain in detail.

*Single, Radio group.*  
1: Yes, please explain: [ 500 words ] ,  
2: No

4.7.6 Are there any options available with respect to the premium payment grace period? If so, explain the option(s) and any charge that is made for them.

*500 words.*

4.8 Performance Guarantees

4.8.1 Please indicate which of the following performance guarantees your organization is willing to offer. Also, note any variations to either the standard or the penalty if your organization does intend to offer a guarantee around the performance issue described.

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Standard** | **Will Offer? (Yes/No)** | **Amount Placed at Risk** | **Comments** |
| **Vendor Call Return Timeliness** UAS calls to vendor are to be returned within 4 hours of the call the same day, except for calls placed after 4:00 PM, which are to be returned within one business day.  **Measurement and source of information:** UAS’ telephone log | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* N/A OK. | *500 words.* Nothing required |
| **Complaint Resolution** Absence of complaint made by plan participants to plan sponsor because the vendor either ignored the original complaint or did not provide a satisfactory resolution.  **Measurement and source of information:** UAS’ complaint log evidencing a complaint that turns out to have been ignored or improperly resolved by the vendor. | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* N/A OK. | *500 words.* Nothing required |
| **Reports: Timely Delivery** Agreed upon reports are to be received by UAS by the 20th day of the month following the close of the reporting cycle.  **Measurement and source of information:** UAS’ date stamp of receipt of the report | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* N/A OK. | *500 words.* Nothing required |
| **Reports: Accuracy** Agreed upon reports will provide accurate content.  **Measurement and source of information:** UAS’ review and reconciliation of reports received. | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* N/A OK. | *500 words.* Nothing required |

4.9 Account and Member Services

4.9.1 What methods does your organization use to measure employer satisfaction? What are your firm's most recent customer satisfaction results?

*500 words.*

4.9.2 What methods does your organization use to measure member satisfaction? Do you use a Net Promoter Score measurement? What are your firm's most recent member satisfaction results?

*500 words.*

4.9.3 What methods does your organization use to measure claimant satisfaction? Do you use a Net Promoter Score measurement? What are your firm's most recent claimant satisfaction results?

*500 words.*

4.9.4 Please identify the Account team and the years of service for each team member that would serve UAS.

*500 words.*

4.9.5 Please include a brief professional biography of the lead account representative to UAS.

*500 words.*

4.9.6 Please provide as references the names, addresses, email addresses and telephone numbers of three Universities that currently use your organization.

*500 words.*

4.9.7 Provide the address of the principal office that will provide services to UAS.

*500 words.*

4.9.8 What hours (Central Standard Time) will your firm's customer service telephone number be staffed?

*500 words.*

4.9.9 Is the telephone answered by a representative or an automated system?

*500 words.*

4.9.10 Do your customer service representatives have multilingual capabilities?

*500 words.*

4.9.11 Do you operate a transactional web site for Eligibility / EOI processing?

*500 words.*

4.9.12 Do you operate a transactional web site for claim filing?

*500 words.*

4.9.13 Do you operate a transactional web site for individual premium payment processing?

*500 words.*

4.9.14 Do you operate a transactional web site for employer eligibility inquiries?

*500 words.*

4.10 Implementation

4.10.1 The anticipated effective date is January 1, 2022. Please provide an implementation schedule for each line of coverage you are proposing, assuming this effective date.

*500 words.*

5 Life, Supplemental Life, Dependent Life and Voluntary AD&D Proposal Form

5.1 Background Information

5.1.1 UAS provides fully-insured Life, Supplemental Life, Dependent Life, AD&D and Voluntary AD&D benefits to all eligible employees. The current benefits, provided by Standard can be found on the UAS benefits website <https://benefits.uasys.edu/>

**Historical Changes to Campus Participation in System Life and Disability Benefits**

1. Fort Smith joined the UAS life and disability plan on 1/1/2019, STD 3/1/2019
2. Pulaski Tech joined the UAS life and disability plan on 2/1/2017
3. Rich Mountain joined the UAS life and disability plan on 3/1/2019
4. Phillips Community College joined the UAS life and LTD plan on July 1, 2016. Employees hired before July 1, 2016 have grandfathered coverage levels. See grandfather provisions in next section.
5. Cossatot Community College joined the UAS life, STD and LTD plan on July 1, 2016. Employees hired before July 1, 2016 have grandfathered coverage levels.
6. UAMS began covering employees for STD coverage on September 1, 2016.
7. Several changes to LTD benefits have taken place for physicians and residents who are members of the Faculty Group Practice (FGP) at UAMS.
   * Previously physicians and residents had individual LTD policies paid for by UAMS. Physicians, but not residents, also had group LTD coverage covering up to $100,000 in annual earnings. On September 1, 2020 UAMS stopped subsidizing the individual LTD policies for physicians; UAMS started paying for Group LTD coverage for physicians with annual covered compensation at $500,000 on September 1, 2020. The subsidies of individual LTD policies for residents continued.
   * Effective July 1, 2021, the subsidy of individual LTD policies for residents will cease. They will receive the subsidized LTD coverage under the FGP group LTD policy effective July 1, 2021
   * All physicians and residents in the LTD plan may elect a taxable benefit or a non-taxable benefit. If they elect the non-taxable benefit, the cost of LTD coverage is imputed to income on a pay period basis.
   * FGP physicians are eligible for subsidized STD coverage. Residents are not eligible for subsidized STD coverage.

**Premium Stabilization Reserve:**

The current Basic life benefit contains a premium stabilization reserve (PSR).  UAS would like all Basic life proposals for 1/1/2022 to be quoted **without** the PSR feature.

**Retiree billing for life insurance for closed group of retirees:**

The voluntary retiree life benefit became a closed class of retirees as of 1/1/2021 - no new entrants are permitted. The following classes of retirees are provided with a retiree life benefit:

Basic Life - Class 2 - Retirees (Early Retirement Arrangement) - Contributory

Basic Life - Class 4 - Retirees (PCCUA Grandfathered, prior to 7/1/2016)

Basic Life - Retirees - Grandfathered (PTC prior to 2/1/2017)

Basic Life - UAS Retirees retired prior to 3/1/2015 (2015 Fees Only) - Individually Billed

Basic Life - Other Retirees - Individually Billed

Basic Life - Retirees - Individually Billed - Retired prior to 3/1/2015

Basic Life - Retirees - Individually Billed - Retired after 3/1/2015

Basic Life - Retirees - Individually Billed - Retired billed off-cycle (not on 1/1)

Basic Life - Retirees - Individually Billed - Grandfathered PCCUA Retirees

Bidders will be asked to provide the following with respect to the Retiree life liability:

Carrier may charge a retiree billing administration fee of up to $7.50 per quarter to be payable by the retiree. Please indicate your administration fee for retiree billing in 5.3.8.2

Carrier must charge a retiree term life rate of $1.29 per $1,000 of coverage per month during the entire initial rate guarantee period.

5.2 Proposal Requirements

Segal assumes that all submitted bids adhere to the preceding conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of bids. This Request for Proposal (RFP) and your response, including all subsequent documents provided during this RFP process, will become the contract between the parties, until replaced by a final written contract signed by both parties.  
  
Please review the following instruction and conditions and note any conditions where your proposal deviates from the conditions.

5.2.1 **Life Insurance.** Life insurance is to be provided on a 24-hour basis and should cover eligible employees as outlined in Exhibit B-1, Life and AD&D Benefit Plan summaries. Life insurance should be quoted on a conventional non-dividend-eligible, experience-rated basis for UAS.

*200 words.*

5.2.2 **Accidental Death and Dismemberment Insurance.** AD&D insurance is to be provided on a fully pooled, 24-hour basis and should cover eligible active employees for occupational and non-occupational accidents as outlined in Exhibit B-1.

*200 words.*

5.2.3 **Administration.** Please identify all requirements of UAS for your insurance contract.

*200 words.*

5.2.4 **Premium Waiver Provision.** Please note that the current benefits include a premium waiver provision. All participants that are eligible for the plan the previous day that your policy will go into effect will be covered, including those identified as “disabled” and “COBRA”, and who do not qualify for premium waiver. All actively-at-work provisions must be waived for individuals who have satisfied the eligibility requirements of UAS. Please confirm that you agree to this requirement.

*200 words.*

5.2.5 **Funding.** Please provide quotes based on a fully-insured, non-participating basis for the Life, Supplemental Life, Dependent Life, AD&D and Voluntary AD&D.

*200 words.*

5.2.6 **Commissions**. All quotes must include commissions as outlined in the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage** | **Commission** | **Confirmed (Y/N)** | **If no, indicate commission percentage** |
| Basic life (no AD&D) | 2% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |
| Supplemental ee life (no AD&D) | 2% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |
| Dependent life (no AD&D) | 2% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |
| Voluntary AD&D | 5% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |

5.2.7 **Contributions.** The basic term life benefit are non-contributory. The Supplemental Life, and Voluntary AD&D benefits are contributory.

*200 words.*

5.2.8 **Beneficiary.** Current beneficiary designations for the life and Voluntary AD&D insurance that are on file with UAS must be accepted.

*200 words.*

5.2.9 **Guarantees.** Premiums for all coverages must be guaranteed for a minimum of three years.

*200 words.*

5.2.10 Premiums quoted must be valid for 180 days after receipt of quote.

*200 words.*

5.2.11 List services/supplies not covered under the premiums quoted (e.g., custom reports, etc.).

*200 words.*

5.2.12 Identify separately any start-up costs.

*200 words.*

5.2.13 **New Rate Classes.** If rates/premiums are subject to change if the benefit plan is restructured or new classes of members are added, detail how they may change and any additional charges.

*200 words.*

5.2.14 **Implementation.** Plan implementation must be guaranteed immediately upon notification.

*200 words.*

5.2.15 **No Loss/No Gain.** Employees who are not actively working due to an injury or illness will not lose coverage, nor will they gain additional coverage.

*200 words.*

5.2.16 **Conversion Charges.** Please specify any conversion charges that may occur if an employee converts the group policy into an individual policy due to termination or retirement. The conversion charge should not be charged to UAS's experience.

*200 words.*

5.2.17 **Portability Charges.** Please specify any portability charges that may occur if an employee ports the group policy into an individual Supplemental life or Dependent life policy due to termination or retirement. The charge for porting coverage should not be charged to UAS's experience.

*200 words.*

5.2.18 **Renewal Notice.** The bidder must provide any rate changes in writing with full justification at least 180 days prior to a contract anniversary. The long lead-time is required due to the annual budget pricing, communications, and administration requirements associated with UAS's benefit program. Segal assumes that all submitted bids adhere to the preceding conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of bids. This Request for Proposal (RFP) and your response, including all subsequent documents provided during this RFP process, will become the contract between the parties, until replaced by a final written contract signed by both parties.

*200 words.*

5.3 Life, Supplemental Life, Dependent Life and Voluntary AD&D Insurance Questionnaire

In order for your proposal to be considered and accepted, your organization must provide answers to the questions presented in this section. Each question must be answered specifically and in detail. Do not make reference to a prior response, or to your contract, unless the question involved specifically provides such an option.  
If your proposal is different in any way (whether more or less favorable) from that indicated in this RFP, clearly indicate where. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect with the requirements set forth in this RFP.

5.3.1 Renewal and Underwriting Issues

5.3.1.1 Explain the methodology and data to be used for the renewal process. Do you establish premiums solely based on the experience of the University, or are other factors such as your organization's book-of-business pool, reinsurance rates, and state regulations considered as well?

*200 words.*

5.3.1.2 Please state the credibility weight your organization would assign to UAS's experience in the renewal process. Also, what factors (e.g., group size, years of experience) determine the credibility weight?

*200 words.*

5.3.1.3 What portion of your premium rate is allocated to retention by line of coverage, N/A for fully pooled?

*200 words.*

5.3.1.4 What is your desired loss ratio net of commissions and state premium taxes?

*200 words.*

5.3.1.5 If you are selected as the insurance carrier, do you have any rules regarding pre-existing conditions, or any other provisions that might limit or eliminate benefits, to certain employees on the effective date of the policy?

*500 words.*

5.3.1.6 Will any guaranteed issue be available? If yes, what is the guaranteed issue amount?

*Single, Radio group.*  
1: Yes, explain: [ 500 words ] ,  
2: No

5.3.1.7 Is your plan guaranteed issue for all participants with existing supplemental life?

*500 words.*

5.3.1.8 Does your continuity of coverage language include a "no loss/no gain" provision?

*500 words.*

5.3.1.9 Is your plan guarantee issued for all newly hired employees?

*500 words.*

5.3.1.10 Is your plan guarantee issue at open enrollment for all employees?

*500 words.*

5.3.1.11 Are health questions required of late enrollees or enrollees outside of the open enrollment window?

*500 words.*

5.3.1.12 What benefit level options, if any, require answers to health questions?

*500 words.*

5.3.1.13 If your plan is not guaranteed issue, provide a copy of your EOI questionnaire.

*500 words.*

5.3.1.14 Do you provide an electronic and a paper EOI process?

*500 words.*

5.3.1.15 Does your plan have a pre-existing conditions or expanded waiting period clause?

*500 words.*

5.3.1.16 Provide the average declination rate for individuals requesting coverage (percentage of applications denied in 2020). Identify the geographic region to which this statistic applies.

*500 words.*

5.3.1.17 Provide the average persistency rate (percentage of policies inforce during 2019 renewed in 2020). Identify the geographic region to which this statistic applies.

*500 words.*

5.3.1.18 What is your recommended guaranteed issuance level?

*500 words.*

5.3.2 Life and Accidental Death & Dismemberment

5.3.2.1 Is experience is used to develop your renewal premiums?

*200 words.*

5.3.2.2 How many life years are used for the determination of 100% credibility?

*200 words.*

5.3.2.3 How is your IBNR Reserve Level calculated?

*200 words.*

5.3.2.4 Please describe how your organization sets a Premium Waiver Reserve Level for individuals?

*200 words.*

5.3.2.5 What evidence is required to be submitted for a continuing disability under Premium Waiver?

*200 words.*

5.3.2.6 Other than claims, reserves, conversion charges, and retention are there any other charges used to calculate the renewal rating?

*200 words.*

5.3.2.7 Please describe how conversion charges are determined?

*200 words.*

5.3.2.8 Please describe how charges for portability are determined.

*200 words.*

5.3.2.9 Please confirm that your plan can cover individuals that live outside of the United States.

*200 words.*

5.3.2.10 Confirm there are not any deviations to the current plan design and amendments (Exhibit B-1). If there are deviations, please describe.

*200 words.*

5.3.2.11 What other administrative services do you have available to UAS?

*200 words.*

5.3.2.12 Will you provide the following travel assistance services in the life and AD&D plans that you are proposing to UAS? If so, please describe each service, including (1) limitations, (2) exclusions.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Response | Limitations | Exclusions |
| a. Medical referrals | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| b. Medical monitoring | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| c. Medical evacuation | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| d. Repatriation of foreign national remains to home country | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| e. Repatriation of remains | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| f. Traveling companion assistance | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| g. Dependent children assistance | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| h. Visit by a family member or friend | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |
| i. Emergency medical payments | *Single, Pull-down list.* 1: Yes, 2: No | *500 words.* | *500 words.* |

5.3.3 Eligibility

5.3.3.1 What are the minimum and maximum ages for an eligible employee in your life insurance contract?

*500 words.*

5.3.3.2 What are the minimum and maximum ages for an eligible spouse in your life insurance contract?

*500 words.*

5.3.3.3 What are the minimum and maximum ages for an eligible non-spouse dependent in your life insurance contract?

*500 words.*

5.3.3.4 Is coverage available for children?

*500 words.*

5.3.3.5 Is an eligible spouse or dependent required to be healthy, i.e. do you insure a disabled spouse/dependent?

*500 words.*

5.3.3.6 Must the employee purchase coverage in order for other eligible family members to purchase coverage?

*500 words.*

5.3.3.7 What are the minimum participation requirements for your supplemental life product?

*500 words.*

5.3.4 Claims Payment

5.3.4.1 How long, on average, does it take to process a claim?

*200 words.*

5.3.4.2 What is the time limit for filing a claim?

*200 words.*

5.3.4.3 Please confirm that your organization will issue all claim checks.

*200 words.*

5.3.4.4 Describe other payment forms available to beneficiaries.

*200 words.*

5.3.4.5 Is there a standard process for appealing disputed claims?

*500 words.*

5.3.4.6 What percentage of your claims are disputed?

*Percent.*

5.3.4.7 What is your claim denial rate?

*500 words.*

5.3.5 Account Member Services

5.3.5.1 What methods does your organization use to measure customer satisfaction? What are your firm's most recent customer satisfaction results?

*200 words.*

5.3.6 Benefit Questions

5.3.6.1 Please provide for each benefit provision, your quoted benefit in the charts below:

|  |  |  |
| --- | --- | --- |
|  | **Current Benefits** | **Quoted Benefits** |
| Eligible Classes – Class 1 | Active Members | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Eligible Classes – Class 2 | Retired Members | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Basic Life Benefit Amount** |  |  |
| **Class 1** | **1 times** your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum is $50,000. The minimum amount is $10,000. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 2** | **$10,000** | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Minimum Benefit – Basic Life | $10,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Maximum Benefit – Basic Life | $50,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Guarantee Issue Amount – Basic Life | $200,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Accelerated Benefit | Class 1 - 75% with minimum of $5,000 to maximum of $500,000; Class 2 - None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Waiver of Premium | Class 1 - Included prior to age 60; 6 month waiting period; Class 2 - None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Conversion | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Portability | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Repatriation Benefit | The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed $5,000 or 10% of the Life Insurance Benefit, whichever is less. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Reduction Schedule** |  |  |
| Class 1 - 70-74 | 65% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 1 - 75+ | 50% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 Retiree Life | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Supplemental Life Benefit Amount** | Option of 1, 2, 3, or 4 times your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $500,000. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Minimum Benefit – Supplemental Life |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Maximum Benefit – Supplemental Life | $500,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Guarantee Issue Amount – Supplemental Life | $500,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Conversion | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Portability | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Suicide Exclusion | 2 years | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Dependent Spouse Life Benefit Amount** | Option 1 - $10,000; Option 2 - $15,000; Option 3 - $20,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Dependent Child Life Benefit Amount** (Birth to age 26) | Option 1 - $5,000; Option 2 - $7,500; Option 3 - $10,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Conversion | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Portability | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reduction Schedule | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

5.3.6.2 Please complete the following table.

|  |  |  |
| --- | --- | --- |
| **Voluntary AD&D Benefit** | **Current Benefits** | **Quoted Benefits** |
| **Eligible Classes** | An active employee participating in the Employer's benefit program; Employed half-time or greater and regularly working at least 20 hours each week; Spouse; and Children | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Voluntary AD&D Benefit Amount** |  |  |
| Employee | Multiples of $25,000 from $25,000 to $300,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Spouse | 60% of Employee AD&D Amount | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Child | 20% of Employee AD&D Amount for each Child. Child amount not to exceed $25,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Seatbelt Benefit | The amount of the Seat Belt Benefit is the lesser of (1) $25,000 or (2) 10% of the amount of AD&D Insurance Benefit payable for that Loss of life. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Airbag Benefit | The amount of the Air Bag Benefit is the lesser of (1) $5,000; or (2) 5% of the amount of AD&D Insurance Benefit payable for that Loss of life. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Repatriation Benefit | The expenses incurred to transport your body to a mortuary near your primary place of residence, reduced by the amount of the Repatriation.  Benefit paid under any Group Life Insurance Policy issued by us, but not to exceed $5,000 or 10% of the AD&D Insurance Benefit, whichever is less. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Career Adjustment Benefit: | The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, reduced by the amount of the Career Adjust Benefit paid under any Group Life Insurance Policy issued by us, but not to exceed $5,000 per year, or the cumulative total of$10,000 or 25% of the AD&D Insurance Benefit, whichever is less. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Child Care Benefit | The total childcare expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, reduced by the amount of the Child Care Benefit paid under any Group Life Insurance Policy issued by us, but not to exceed $5,000 per year, or the cumulative total of $10,000 or 25% of the AD&D Insurance Benefit, whichever is less. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Higher Education Benefit | The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, reduced by the amount of the Higher Education Benefit paid under any Group Life Insurance Policy issued by us, but not to exceed $5,000 per year, or the cumulative total of $20,000 or 25% of the AD&D Insurance Benefit, whichever is less. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Public Transportation Benefit | The lesser of (1) $200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for that Loss of life. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Occupational Assault Benefit | The lesser of (1) $25,000; or (2) 50% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reduction Schedule (Spouse Benefit) |  |  |
| 70 through 74 | 65% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| 75 through 79 | 45% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| 80 through 84 | 30% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| 85 or over | 15% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

5.3.6.3

|  |  |  |
| --- | --- | --- |
| **AD&D Covered Losses:** | **Current Benefits** | **Quoted Benefits** |
| Life | 100% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| One hand or one foot | 50% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Sight in one eye, speech, or hearing in both ears | 50% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Two or more of the Losses (One hand or one foot, Sight in one eye, speech, or hearing in both ears) | 100% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Thumb and index finger of the same hand | 25% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Quadriplegia | 100% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Paraplegia | 75% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Hemiplegia | 50% | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Other Covered Losses Not Identified Above:** |  |  |
|  |  | *200 words.* Nothing required |
|  |  | *200 words.* Nothing required |

5.3.6.4 Please confirm whether the following provisions are included in your proposed benefits/rates:

|  |  |  |
| --- | --- | --- |
| **Provision** | **Included in Benefits/Rates? If so, describe in comments.** | **Comments** |
| Available for work provision (all actively-at-work requirements must be waived) | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| No Loss/No Gain Provision | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Child education benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Spouse education benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Accelerated Death Benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Seatbelt benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Airbag benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Hospital confinement benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Beneficiary bereavement counseling | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Beneficiary financial planning | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Suicide Exclusion | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Repatriation services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Emergency personal services (lost luggage, emergency cash, interpretation services) | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Day care benefit | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Other | *200 words.* Nothing required | *200 words.* |

5.3.7 Financial Guarantees

5.3.7.1 Confirm that your premiums quoted are guaranteed for each policy period listed. Thereafter, will your rates/fees be guaranteed for each succeeding full twelve-month period?

*200 words.*

5.3.7.2 Will this provision be included in your contract?

*200 words.*

5.3.7.3 Multiple-year fee guarantees must be accompanied by multiple-year contract guarantees. Cancellation of the contract before the fee guarantee is not acceptable. Do you agree to include this provision in your contract?

*200 words.*

5.3.7.4 Do you agree that changes in the premium rates for the coverage in force may be instituted only as of a renewal rate anniversary? A “yes” answer will require contract to include such language.

*200 words.*

5.3.7.5 Do you agree to include a minimum of 180 days' advance notice of renewal rates in your contract?

*200 words.*

5.3.7.6 When are premiums due and what is the grace period for payment of premium under your policy? If premium is paid subsequently, is a penalty and/or interest charge assessed? If yes, please explain in detail. Are there any options available with respect to the grace period? If so, please explain the option(s) and any charge that is made for them.

*200 words.*

5.3.7.7 Will you guarantee that all insureds, who would have continued to be covered on the plan effective date if there had been no change in carriers, will be covered by your policy on the plan effective date?

*200 words.*

5.3.7.8 All actively-at-work provisions must be waived for individuals who have satisfied the eligibility requirements of UAS. Please confirm that you agree to this requirement.

*200 words.*

5.3.7.9 Do you agree to provide a complete financial accounting report for the group?

*200 words.*

5.3.7.10 How many weeks after the policy anniversary date will your financial accounting report be available?

*Decimal.*

5.3.7.11 Please attach a sample of an actual report.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

5.3.8 Premium Questions

***Non-Dividend-Eligible Life Insurance and AD&D***

**Thirty-Six Month Guaranteed Rate Basis**

**INSURANCE COMPANY RATES AND PREMIUM**

**Rates and premiums should be based on the separate benefits listed in Exhibit B-1.**

5.3.8.1 Premium Rates should be based on 20,192 eligible employees (not including dependents)

|  |  |  |  |
| --- | --- | --- | --- |
| **Basic Term Life** | **Year 1** | **Year 2** | **Year 3** |
| **Assumed Volume** | **$879,102,591** | **$879,102,591** | **$879,102,591** |
| Monthly Rate per $1,000 of Benefit, Employee | *Dollars.* | *Dollars.* | *Dollars.* |
| Total Annual Premium | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.2 Premium Rates should be based on 45 grandfathered PCCUA retirees prior to 7/1/2016 (not including dependents)

|  |  |  |  |
| --- | --- | --- | --- |
| **Retiree Term Life** | **Year 1** | **Year 2** | **Year 3** |
| **Assumed Volume** | **$795,000** | **$795,000** | **$795,000** |
| Monthly Rate per $1,000 of Benefit, Employee | *Dollars.* | *Dollars.* | *Dollars.* |
| Total Annual Premium | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.3 Premium Rates should be based on 2,109 eligible retirees (not including dependents)

|  |  |  |  |
| --- | --- | --- | --- |
| **Retiree Term Life** | **Year 1** | **Year 2** | **Year 3** |
| **Assumed Volume** | **$21,380,000** | **$21,380,000** | **$21,380,000** |
| Monthly Rate per $1,000 of Benefit, Employee | *Dollars.* | *Dollars.* | *Dollars.* |
| Total Annual Premium | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.4

|  |  |  |  |
| --- | --- | --- | --- |
| **Retiree Term Life – Retiree Billing Administration** | **Year 1** | **Year 2** | **Year 3** |
| Monthly Rate per Retiree | *Dollars.* | *Dollars.* | *Dollars.* |
| Total Annual Fee | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.5 Premium Rates should be based on 130 eligible employees (not including dependents)

|  |  |  |  |
| --- | --- | --- | --- |
| **AD&D - Grandfathered PCCUA only** | **Year 1** | **Year 2** | **Year 3** |
| **Assumed Volume** | **$5,314,670** | **$5,314,670** | **$5,314,670** |
| Monthly Rate per $1,000 of Benefit, Employee | *Dollars.* | *Dollars.* | *Dollars.* |
| Total Annual Premium | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.6 Please complete the following table. **Monthly Rate per $1,000 of Benefit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supplemental Life** | **Assumed Volume** | **Assumed Employees** | **Year 1** | **Year 2** | **Year 3** |
| Under 30 | $60,697,943 | 538 | *Dollars.* | *Dollars.* | *Dollars.* |
| 30-34 | $115,558,600 | 731 | *Dollars.* | *Dollars.* | *Dollars.* |
| 35-39 | $176,412,006 | 945 | *Dollars.* | *Dollars.* | *Dollars.* |
| 40-44 | $219,076,828 | 1,090 | *Dollars.* | *Dollars.* | *Dollars.* |
| 45-49 | $224,560,814 | 1,114 | *Dollars.* | *Dollars.* | *Dollars.* |
| 50-54 | $216,646,216 | 1,111 | *Dollars.* | *Dollars.* | *Dollars.* |
| 55-59 | $197,399,347 | 1,062 | *Dollars.* | *Dollars.* | *Dollars.* |
| 60-64 | $151,844,770 | 831 | *Dollars.* | *Dollars.* | *Dollars.* |
| 65-69 | $53,348,174 | 301 | *Dollars.* | *Dollars.* | *Dollars.* |
| 70+ | $12,897,300 | 118 | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.7 Please complete the following table. **Monthly Rate per $1,000 of Benefit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grandfathered Spouse Supplemental Life** | **Assumed Volume** | **Assumed Employees** | **Year 1** | **Year 2** | **Year 3** |
| Under 34 | $5,000 | 1 | *Dollars.* | *Dollars.* | *Dollars.* |
| 35-39 | $12,500 | 1 | *Dollars.* | *Dollars.* | *Dollars.* |
| 40-44 | $0 | 0 | *Dollars.* | *Dollars.* | *Dollars.* |
| 45-49 | $0 | 0 | *Dollars.* | *Dollars.* | *Dollars.* |
| 50-54 | $170,000 | 3 | *Dollars.* | *Dollars.* | *Dollars.* |
| 55-59 | $0 | 0 | *Dollars.* | *Dollars.* | *Dollars.* |
| 60-64 | $20,000 | 1 | *Dollars.* | *Dollars.* | *Dollars.* |
| 65-69 | $0 | 0 | *Dollars.* | *Dollars.* | *Dollars.* |
| 70-74 | $0 | 0 | *Dollars.* | *Dollars.* | *Dollars.* |
| 75+ | $0 | 0 | *Dollars.* | *Dollars.* | *Dollars.* |
| Grandfathered Child Life – per $1,000 | $ | 4,769 | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.8 Please complete the following table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supplemental AD&D** | **Assumed Volume** | **Assumed Employees** | **Year 1** | **Year 2** | **Year 3** |
| Monthly Rate per $1,000 of Benefit, Employee | **$493,588,834** | **3,218** | *Dollars.* | *Dollars.* | *Dollars.* |
| Monthly Rate per $1,000 of Benefit, Family | **$767,037,666** | **4,018** | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.8.9

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplemental Dependent/Child Life** | **Assumed Employees** | **Year 1** | **Year 2** | **Year 3** |
| Option 1: Spouse 10,000; Child 5,000; Per Member, Elective regardless of number of Dependents | 920 | *Dollars.* | *Dollars.* | *Dollars.* |
| Option 2: Spouse 15,000; Child 7,500; Per Member, Elective regardless of number of Dependents | 393 | *Dollars.* | *Dollars.* | *Dollars.* |
| Option 3: Spouse 20,000; Child 10,000; Per Member, Elective regardless of number of Dependents | 3397 | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.9 Retiree Life Administration

5.3.9.1 Please indicate the fee your organization will charge.

*Dollars.*

5.3.10 Benefit Plan Changes

5.3.10.1 The University would like to have the following plan changes priced for the supplemental life benefit. Please provide an additional proposal based on the following changes.

|  |  |  |
| --- | --- | --- |
| Optional Employee Life | Current | Client Desired Benefit Enhancement |
| Benefit Options | 1x Pay, 2x Pay 3 x Pay, 4 x Pay | No change |
| Guarantee Issue |          See Maximum Coverage           3 x pay at first Open enrollment (OE) | At least $500,000 |
| Annual Increase at OP without EOI | None | May increase 1 level without EOI up to Level X (carrier to propose) |
| Increases in coverage due to salary increases | Automatic up to Maximum Coverage | Automatic up to Maximum Coverage |
| Maximum Coverage | $500,000 | Maximum Amount: $750,000 |
| Coverage Reduction per ADEA | To 65% at age 70  To 50% at age 75 | No change |
| Late Enrollment | EOI Required | No change |
| Annual Open Enrollment | Periodically | Desired for Plan Year 2022 and Periodically in Future Years |
| In Order To Purchase Dependent Life | EE Optional coverage not required | No change |
| Max Limit on Dep Life | Spouse $20,000  Child $10,000 | No change |
| Repatriation Benefit | Yes | To home country of deceased |
| Waiver of Premium | Disabled EEs | No change |
| Suicide Exclusion | 2 year | No change |
| Conversion | Yes | No change |
| Portability | Yes | No change |
| Accelerated Benefit for Terminal Illness | Employees and Dependents | No change |

*Single, Radio group.*  
1: Attached,  
2: Not provided

5.3.10.2 Please indicate the quoted rates for the plan changes to the Supplemental Life benefit. **Monthly Rate per $1,000 of Benefit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supplemental Life** | **Assumed Volume** | **Assumed Employees** | **Year 1** | **Year 2** | **Year 3** |
| Under 30 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 30-34 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 35-39 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 40-44 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 45-49 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 50-54 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 55-59 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 60-64 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 65-69 |  |  | *Dollars.* | *Dollars.* | *Dollars.* |
| 70+ |  |  | *Dollars.* | *Dollars.* | *Dollars.* |

5.3.11 Performance Guarantees

5.3.11.1 Please indicate which of the following performance guarantees your organization is willing to offer. Also, please note any variations to either the standard or the penalty if your organization does intend to offer a guarantee around the performance issue described.

|  |  |  |
| --- | --- | --- |
| **Performance Standard** | **Will Offer? (Yes/No)** | **Amount Placed at Risk** |
| **Member Satisfaction:** Member Satisfaction with Initial Claim Decision **Measurement and source of information:** Average >= 3 | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Accuracy:** Life Decision Accuracy **Measurement and source of information:** 98% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Accuracy:** Life Payment Accuracy **Measurement and source of information:** 98% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Accuracy:** Life Payment Timeliness **Measurement and source of information:** Average <= 5 business days | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Service:** Evidence of Insurability Processing **Measurement and source of information:** 90%, <= 20 business days | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Implementation:** Implementation Manager develops, maintains, and delivers against the established project schedule to ensure that all deliverables are met and UAS’s plan is operationally complete on the effective date. | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Implementation:** Bidder agrees to provide Operational Readiness that meets the requirements and needs of UAS. This includes: · Account and Reporting Structure · Billing Setup (premium process and payment information) · Claims (operationally ready to intake/pay claims) · Employer Portal reporting access · Evidence of Insurability, if applicable | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Other:** Please Describe | *200 words.* Nothing required | *Dollars.* |

6 Short Term Disability Proposal Form

6.1 Background Information

6.1.1 UAS provides fully-insured Short Term Disability benefits to eligible Classified Employees and Non-classified Employees at certain campus locations and the University of Arkansas Medical School covered by Standard. Please note that for January 1, 2022, the goal will be to provide benefits to the current campuses and to extend the STD benefits to all campus locations.

Not all UAS campuses currently offer Short Term Disability coverage.

Where currently offered, campuses provide for payroll deduction of premiums.  In implementing a new or revised plan, it is anticipated that some campuses will initially offer CI as direct-pay only with no payroll deduction options.  By no later than 2021 it is expected that campuses will uniformly provide for payroll deduction of premium payments.

| **Campus** | **STD Classified Employees** | **STD Non-classified Employees** |
| --- | --- | --- |
| UAF | ER Paid to $45k | Optional Only |
| UAMS Non-FGP | ER Paid to $45k | ER Paid to $45k |
| UAMS FGP | N/A | ER Paid to $45k |
| UAMS Residents | N/A | No Coverage |
| UALR | No Coverage | No Coverage |
| Pine Bluff | No Coverage | No Coverage |
| Monticello | No Coverage | No Coverage |
| Crim. Justice Inst. | ER Paid to $45k | ER Paid to $45k |
| Phillips CC | No Coverage | No Coverage |
| CC Hope | ER Paid to $45k | ER Paid to $45k |
| CC Batesville | ER Paid to $45k | ER Paid to $45k |
| Cossatot CC | Optional Only | Optional Only |
| CC Morrilton | No Coverage | No Coverage |
| UA Fort Smith | ER Paid to 20k | ER Paid to 20k |
| Pulaski Tech | ER Paid to $45k | ER Paid to $45k |
| CC Rich Mountain | No Coverage | No Coverage |
| ASMSA | No Coverage | No Coverage |
| Clinton School | ER Paid to $45k | ER Paid to $45k |
| eVersity | ER Paid to $45k | ER Paid to $45k |
| Division of Agriculture | No Coverage | No Coverage |

The anticipated effective date, if a program change occurs, is January 1, 2022.

6.2 Proposal Requirements

6.2.1 UAS would like to look at proposals for campuses currently with STD benefits in 6.1.1 and the following options on duration of benefits and covered payroll in 6.16.  All STD rates must be expressed on a % of insured earnings basis.   

**Current plans and subsidy schedule:**

**Maximum STD Duration is 12 weeks**

1. All campuses must subsidize STD coverage to cover at least $20,000 in annual pay
2. All campuses must subsidize STD coverage to cover at least $35,000 in annual pay
3. All campuses must subsidize STD coverage to cover at least $45,000 in annual pay

**Maximum STD Duration is 24 weeks**

1. All campuses must subsidize STD coverage to cover at least $20,000 in annual pay
2. All campuses must subsidize STD coverage to cover at least $35,000 in annual pay
3. All campuses must subsidize STD coverage to cover at least $45,000 in annual pay

6.2.2 **Commissions**. All quotes must include commissions as outlined in the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage** | **Commission** | **Confirmed (Y/N)** | **If no, indicate commission percentage** |
| Short Term Disability | 2% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |

6.3 Short Term Disability Questionnaire

6.3.1 Renewal Methodology

6.3.1.1 Explain the methodology and data to be used for the renewal process. Are premiums established solely on the basis of the experience of UAS, or are other factors such as your organization's block of business pool, reinsurance rates and state regulations considered as well?

*200 words.*

6.3.1.2 What is your desired loss ratio (assume no commissions paid)?

*200 words.*

6.3.2 Plan Design

6.3.2.1 Please state any proposed plan provision deviations from the current plan.

*200 words.*

6.3.2.2 Provide your definition for long term disability.

*200 words.*

6.3.3 Services

6.3.3.1 Will you provide the following services in the plan that you are proposing? If so, please describe each service.

|  |  |  |
| --- | --- | --- |
|  | Response | Describe |
| Stay at Work Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| STD Claim Intake Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| STD Triage Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Integration of STD with Medical Plan | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Rehabilitation / Vocational Rehabilitation | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Return to Work | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Maternity Support | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| FICA Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Workplace Modification | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Other | *200 words.* Nothing required | *200 words.* |

6.3.4 FICA Services

6.3.4.1 Do you withhold the employee portion of FICA from the STD claims payment?

*Single, Pull-down list.*  
1: Yes,  
2: No

6.3.4.2 Do you forward FICA withholdings to the Federal government?

*Single, Pull-down list.*  
1: Yes,  
2: No

6.3.4.3 Does your premium rate include paying the employer's portion of FICA?

*Single, Pull-down list.*  
1: Yes,  
2: No

6.3.4.4 How do you handle the administration of tax withholding, reporting, and filing of appropriate IRS W2 forms?

*200 words.*

6.3.5 Claims Payment

6.3.5.1 How long does it take to process a STD claim?

*200 words.*

6.3.5.2 What is the appeal process for adverse determinations on STD claims?

*200 words.*

6.3.5.3 What percentage of your claims are disputed?

*Percent.*

6.3.5.4 What is the time filing limit for claims?

*200 words.*

6.3.5.5 Please confirm that your organization will issue all claim checks.

*200 words.*

6.3.6 Claim Intake

6.3.6.1 Provide the percentage of STD claimant applications that are accepted in each method listed below (e.g., phone, interactive voice response, internet, paper claim, claim feed, etc.)?

|  |  |
| --- | --- |
|  | Response |
| Phone | *Percent.* |
| Interactive voice response | *Percent.* |
| On Line | *Percent.* |
| Paper claim | *Percent.* |
| Claim feed | *Percent.* |
| Other | *200 words.* Nothing required |

6.3.7 Disability Determination

6.3.7.1 What types of criteria are used by the claim reviewer to make their decision that the initial request qualified as a disability?

*200 words.*

6.3.7.2 Do you track adverse determinations for STD claims? What percentage of filed claims are disputed?

*200 words.*

6.3.8 Claim Management

6.3.8.1 Describe in detail how you determine the duration of the disability once an individual has been accepted to STD disability status (e.g., assign duration according to the patient's physician request, assign duration according to a national duration guideline, etc.)?

*200 words.*

6.3.8.2 What disability reference sources are used for determining eligibility and duration?

*200 words.*

6.3.8.3 Do you have a fraud detection unit or program in place for STD cases? If yes, please describe.

*200 words.*

6.3.8.4 Do you have screening procedures and outreach protocols for STD claimants targeted for return to work / rehabilitation programs?

*200 words.*

6.3.8.5 Do you implement any type of vocational rehabilitation services in the course of your STD case management? Please explain.

*200 words.*

6.3.8.6 How do you manage mental health, substance abuse and subjective disabilities (e.g., chronic fatigue syndrome, chronic pain, fibromyalgia etc.)?

*200 words.*

6.3.8.7 How do you handle a STD case that no longer meets the clinical criteria for a continued disability?

*200 words.*

6.3.8.8 How often are STD cases to be re-evaluated for continuing disability status? Who does the evaluation?

*200 words.*

6.3.8.9 What support do you provide to spouses and dependents of an STD disabled employee?

*200 words.*

6.3.9 Coordination

6.3.9.1 What return-to-work, light duty and/or job accommodation support services do you provide for STD cases?

*200 words.*

6.3.9.2 How do you typically support the Return-to-Work process for STD?

*200 words.*

6.3.9.3 Do you have screening procedures and outreach protocols for STD claimants targeted for return to work / rehabilitation programs?

*200 words.*

6.3.9.4 What absence management support do you provide throughout the disability process on a STD case?

*200 words.*

6.3.10 Accounting/Reporting

6.3.10.1 Please provide a copy of your annual, detailed accounting report of the group experience.

*200 words.*

6.3.10.2 Describe your reporting capabilities for STD claims

*200 words.*

6.3.11 Current Benefits

6.3.11.1 Confirm that you can match the current benefit in place.

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **University of Arkansas Fayetteville** |  |  |
| **Eligibility** | 1. A regular full time classified or non-classified employee of the Employer employed at Fayetteville, excluding an employee in the Agriculture Department, who is  a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| Class 1 | Non-Classified Members | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Classified Members with annual base earnings of $45,000 or less | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 3 | Classified Member with annual base earnings of greater than $45,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | You are eligible on the later of (A) the Group Policy Effective Date, or (B) the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** |  |  |
| Class 1 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 3 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** |  |  |
| Class 1 | 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 3 | Plan 1: 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** |  |  |
| Class 1 | $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $519 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 3 | Plan 1: $519 before reduction by Deductible Income. Plan 2: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | Class 1 - 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply.  Class 2 - 60 days, for coverage exceeding the STD Benefit under Plan 1. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the date your Plan 2 Insurance becomes effective. Thereafter, while you remain continuously covered for Plan 2, only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.2

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **UAMS** |  |  |
| **Eligibility** | 1. A regular full time employee working at the University of Arkansas for Medical Sciences (UAMS), who is a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include: a. A medical resident; b. A temporary or seasonal employee; c. A leased employee, or an independent contractor; or d. An employee not enrolled in the Employer's group long term disability plan. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| Class 1 | Members hired prior to September 1, 2016 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Members hired on or after September 1, 2016. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | You are eligible on the later of (A) the Group Policy Effective Date, or (B) the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** |  |  |
| Class 1 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** |  |  |
| Class 1 | Plan 1: 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: 60% of the first $519 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% If Preexisting Condition limitation applies: $519 before reduction by Deductible Income. If Preexisting Condition limitation does not apply: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** |  |  |
| Class 1 | Plan 1 - $519 before reduction by Deductible Income. Plan 2 - If Preexisting Condition limitation applies: $519 before reduction by Deductible Income. If Preexisting Condition limitation does not apply: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1 - $519 before reduction by Deductible Income. Plan 2 - If Preexisting Condition limitation applies: $519 before reduction by Deductible Income. If Preexisting Condition limitation does not apply: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation (Class 1 Members who elect insurance under Plan 2 after September 1, 2016, and Class 2 Members) | 12 / 12 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.3

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **Pulaski Technical College** |  |  |
| **Eligibility** | 1. A regular full time employee working at Pulaski Technical College (PTC), who is a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include an employee who is not covered under the LTD plan, a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| Class 1 | Members with annual earnings of $45,000 or less | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Members with annual earnings greater than $45,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | If you are a Member on the Group Policy Effective Date, you are eligible on that date.  If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** |  |  |
| Class 1 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** |  |  |
| Class 1 | 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** |  |  |
| Class 1 | $519 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: $519 before reduction by Deductible Income. Plan 2: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.4

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **University of Arkansas Community College - Batesville** |  |  |
| **Eligibility** | 1. A regular full time employee working at the University of Arkansas Community College at Batesville, who is a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include an employee who is not covered under the LTD plan, a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| Class 1 | Members with annual earnings of $45,000 or less | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Members with annual earnings greater than $45,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | If you are a Member on the Group Policy Effective Date, you are eligible on that date.  If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** |  |  |
| Class 1 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** |  |  |
| Class 1 | 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** |  |  |
| Class 1 | $519 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1 - $519 before reduction by Deductible Income.  Plan 2 - $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | Class 1 - 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply.  Class 2 - 60 days, for coverage exceeding the STD Benefit under Plan 1. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the date your Plan 2 Insurance becomes effective. Thereafter, while you remain continuously covered for Plan 2, only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.5

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **University of Arkansas Community College – Hope Texarkana** |  |  |
| **Eligibility** | 1. A regular full time employee working at the University of Arkansas Community College at Hope-Texarkana, who is a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include an employee who is not covered under the LTD plan, a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| Class 1 | Members with annual earnings of $45,000 or less | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Members with annual earnings greater than $45,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | If you are a Member on the Group Policy Effective Date, you are eligible on that date. If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** |  |  |
| Class 1 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** |  |  |
| Class 1 | 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: 60% of the first $865 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** |  |  |
| Class 1 | $519 before reduction by Deductible Income | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: $519 before reduction by Deductible Income. Plan 2: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.6

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **Winthrop Rockefeller Institute** |  |  |
| **Eligibility** | 1. A regular full-time benefits eligible employee working at the Winthrop Rockefeller Institute (WRI); 2. Actively At Work at least 40 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days); and 3. A citizen or resident of the United States or Canada. Member does not include an employee who is not covered under the LTD plan, a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | If you are a Member on the Group Policy Effective Date, you are eligible on that date.  If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** | 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** | $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | Class 1 - 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply.    Class 2 - 60 days, for coverage exceeding the STD Benefit under Plan 1. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the date your Plan 2 Insurance becomes effective. Thereafter, while you remain continuously covered for Plan 2, only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | Option 1 - 12 weeks; Option 2 - 24 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.7

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **University of Arkansas Fort Smith** |  |  |
| **Eligibility** | 1. A regular full time employee working at the University of Arkansas at Fort Smith, who is a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include an employee who is not covered under the LTD plan, a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| Class 1 | Members with annual earnings of $20,000 or less | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Members with annual earnings greater than $20,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | If you are a Member on the Group Policy Effective Date, you are eligible on that date.  If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** |  |  |
| Class 1 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** |  |  |
| Class 1 | 60% of the first $385 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: 60% of the first $385 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** |  |  |
| Class 1 | $231 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Class 2 | Plan 1: $231 before reduction by Deductible Income. Plan 2: $2,492 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.11.8

|  |  |  |
| --- | --- | --- |
| **Short Term Disability** | **Current Benefits** | **Quoted Benefits** |
| **Cossatot** **Community College** |  |  |
| **Eligibility** | 1. A regular full-time employee working at Cossatot Community College of the University of Arkansas, who is a) Actively At Work, b) employed half-time or greater and c) is on at least a nine month appointment period; and 2. A citizen or resident of the United States or Canada. For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include an employee who is not covered under the LTD plan, a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | If you are a Member on the Group Policy Effective Date, you are eligible on that date.  If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Minimum Weekly Benefit** | $25 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Percentage** | 60% of the first $4,153 of your Predisability Earnings, reduced by Deductible Income | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Weekly Benefit Maximum** | $2,492 before reduction by Deductible Income | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – Pregnancy** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit Waiting Period – accidental Injury, Physical Disease, or Mental Disorder** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period** | If you do not apply for Contributory insurance during the Enrollment Period, then an Extended Benefit Waiting Period will apply. The Extended Benefit Waiting Period applies only to Contributory insurance | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period For Disability caused by accidental Injury** | 14 days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Extended Benefit Waiting Period Physical Disease, Pregnancy or Mental Disorder** | 60 days. The Extended Benefit Waiting Period applies only for the 12-month period beginning on the most recent date your insurance becomes effective. Thereafter for any period of continuous coverage only the Benefit Waiting Period will apply. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Duration of Benefits** | 12 weeks | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Gross Weekly Earnings | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Return To Work Incentive | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Reasonable Accommodation Expense Benefit | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Temporary Recovery | 90 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Preexisting Condition Limitation | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Rehabilitation Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Workplace Modification Benefit | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 Reporting | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| FICA Match | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Other Features |  | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

6.3.12 Financial Guarantees

6.3.12.1 Confirm that your quoted premiums are guaranteed for each period listed. Thereafter, will your rates be guaranteed for each succeeding full twelve-month period? Will this provision be included in your contract?

*200 words.*

6.3.12.2 Multiple-year rate guarantees must be accompanied by multiple-year contract guarantees. Cancellation of the contract before the rate guarantee is not acceptable. Do you agree to include this provision in your contract?

*200 words.*

6.3.12.3 Do you agree that changes in the premiums for the coverage in force may be instituted only as of a renewal rate anniversary? A “yes” answer will require contract to include such language?

*200 words.*

6.3.12.4 Do you agree to include a minimum of 180 days' advance notice of renewal in your contract?

*200 words.*

6.3.12.5 When are premiums due and what is the grace period for payment? If premiums are paid subsequently, is a penalty and/or interest charge assessed? If yes, please explain in detail. Are there any options available with respect to the grace period? If so, please explain the option(s) and any charge that is made for them.

*200 words.*

6.3.12.6 How will monthly premiums be billed?

*200 words.*

6.3.12.7 Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report. How many weeks after the policy anniversary date will your financial accounting report be available?

*200 words.*

6.3.13 Premiums

6.3.13.1 Note that your proposal will be for all eligible campus locations. Please note any bundled discounts.  
\* The buy-up rate of is applied to the entire monthly payroll of those enrolled in the buy-up instead of just the excess

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University of Arkansas - Fayetteville | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1:** **Contributory - Non Classified Members** | $2,322,381 | $2,322,381 | $2,322,381 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 2 and 3:** **Non Contributory - Classified Members** | $3,407,515 | $3,407,515 | $3,407,515 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 3:** **Contributory - Buy Up - Classified Members\*** | $15,422 | $15,422 | $15,422 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| UAMS | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1, 2:** **Core (ER Paid)** | $34,572,330 | $34,572,330 | $34,572,330 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 1:** **Buy-Up (EE Paid)** | $9,027,191 | $9,027,191 | $9,027,191 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pulaski Technical College | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1, 2:** **Core (ER Paid)** | $1,241,250 | $1,241,250 | $1,241,250 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 1:** **Buy-Up (EE Paid)** | $28,241 | $28,241 | $28,241 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University of Arkansas Community College – Batesville | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1, 2:** **Core (ER Paid)** | $343,570 | $343,570 | $343,570 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 1:** **Buy-Up (EE Paid)** | $25,230 | $25,230 | $25,230 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.5

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University of Arkansas Community College – Hope Texarkana | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1, 2:** **Core (ER Paid)** | $361,825 | $361,825 | $361,825 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 1:** **Buy-Up (EE Paid)** | $3,051 | $3,051 | $3,051 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.6

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Winthrop-Rockefeller | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1:** **Option 1** | $31,479 | $31,479 | $31,479 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 2:** **Option 2** | $57,632 | $57,632 | $57,632 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.7

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University of Arkansas – Fort Smith | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1, 2:** **Core (ER Paid)** | $861,810 | $861,810 | $861,810 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Class 1:** **Buy-Up (EE Paid)** | $144,993 | $144,993 | $144,993 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.13.8 Please confirm that your proposed rates are on a per covered payroll basis. Any other rate basis will disqualify your proposal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cossatot | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| **Class 1:** **Voluntary** | $183,448 | $183,448 | $183,448 |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

6.3.14 Plan Changes

Please indicate the change to your quoted rates for the following plan changes to the STD benefit.

6.3.14.1 Options with 12-week duration:

|  |  |
| --- | --- |
| **Maximum STD Duration is 12 weeks** | **STD Rate for Option** |
| All campuses must subsidize STD coverage to cover at least $20,000 in annual pay | *Percent.* |
| All campuses must subsidize STD coverage to cover at least $35,000 in annual pay | *Percent.* |
| All campuses must subsidize STD coverage to cover at least $45,000 in annual pay | *Percent.* |

6.3.14.2 Options with 24-week duration:

|  |  |
| --- | --- |
| **Maximum STD Duration is 24 weeks** | **STD Rate for Option** |
| All campuses must subsidize STD coverage to cover at least $20,000 in annual pay | *Percent.* |
| All campuses must subsidize STD coverage to cover at least $35,000 in annual pay | *Percent.* |
| All campuses must subsidize STD coverage to cover at least $45,000 in annual pay | *Percent.* |

6.3.15 Performance Guarantees

6.3.15.1 Please indicate which of the following performance guarantees your organization is willing to offer. Also, please note any variations to either the standard or the penalty if your organization does intend to offer a guarantee around the performance issue described.

|  |  |  |
| --- | --- | --- |
| **Performance Standard** | **Will Offer? (Yes/No)** | **Amount Placed at Risk** |
| **Disability Average Speed to Answer Call Measurement and source of information:** Average 30 seconds or less | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Disability Calls Abandoned Measurement and source of information:**  4% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Disability Acknowledgement of Initial Claim Notification Measurement and source of information:** 98%, <=2 business days | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **STD Initial Decision Turnaround Measurement and source of information:** 95%, <= 5 business days | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **STD to LTD Rollover Turnaround Measurement and source of information:** 95%, <= LTD payment date | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **STD Procedural Accuracy Measurement and source of information:** 98% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **STD Financial Accuracy Measurement and source of information:** 98% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Member Satisfaction with Initial Claim Decision Measurement and source of information:** Average >= 3 | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Implementation:** Implementation Manager develops, maintains, and delivers against the established project schedule to ensure that all deliverables are met and UAS’s plan is operationally complete on the effective date. | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Implementation:** Bidder agrees to provide Operational Readiness that meets the requirements and needs of UAS. This includes: · Account and Reporting Structure · Billing Setup (premium process and payment information) · Claims (operationally ready to intake/pay claims) · Employer Portal reporting access · Evidence of Insurability, if applicable | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |

7 Long Term Disability Proposal Form

7.1 Background Information

7.1.1 UAS provides fully-insured Long Term Disability benefits to all eligible employees. Currently, employees are covered through Standard.

| **Campus** | **LTD Covered Pay** |
| --- | --- |
| UAF | $20,000 |
| UAMS Faculty Group Practice | $500,000 base and select incentives |
| UAMS Non-FGP | $20,000 |
| UAMS Residents | Coverage effective 7-1-2021  under FGP contract |
| UALR | $20,000 |
| Pine Bluff | $20,000 |
| Monticello | $20,000 |
| Coop. Ext. | $20,000 |
| Crim. Justice Inst. | $20,000 |
| Phillips CC | Hired before 7-1-2016: $120,000  Others: $20,000 |
| CC Hope | $20,000 |
| CC Batesville | $100,000 |
| Cossatot CC | $20,000 |
| CC Morrilton | $20,000 |
| UA Fort Smith | $20,000 |
| Pulaski Tech | $20,000 |
| CC Rich Mountain | $20,000 |
| ASMSA | $20,000 |
| Clinton School | $20,000 |
| eVersity | $20,000 |
| Ag. Experiment St. | $20,000 |

7.2 Proposal Requirements

7.2.1 UAS would like to look at proposals for campuses currently with LTD benefits in 7.1.1 and the following options on duration of benefits and covered payroll in 7.18. All LTD rates must be expressed on a % of insured earnings basis.  
  
Current: 60% of pay to maximum covered annual pay of $20,000 (FGP at $500,000)  
60% of pay to maximum covered annual pay of $35,000 (FGP at $500,000)  
60% of pay to maximum covered annual pay of $45,000 (FGP at $500,000)

7.2.2 UAS would also like to look at proposals for improvements to Long Term Disability coverage for UAMS FGP Physicians and Residents. Different LTD rates for physicians and residents are appropriate because the pay levels and ages are so different for these two populations. **Potential LTD Plan Design Adjustments for UAMS FGP and Residents Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan Provision** | **Baseline** | **Option 1** | **Option 2** |
| Elimination Period | 180 Days | 120 Days | 90 Days |
| Maximum Covered Annual Salary | $500,000 | $600,000 | $700,000 |
| COLA | None | 3% Compound | 6% Compound |
| Maximum Conversion w/out EOI | $4,000 monthly benefit | $8,000 monthly benefit | $12,000 monthly benefit |
| Maximum Conversion with EOI | $8,000 monthly benefit | $16,000 monthly benefit | $24,000 monthly benefit |
| Monthly Rate as % of Pay for FGP Physicians | *Percent.* | *Percent.* | *Percent.* |
| Monthly Rate as % of Pay for Residents | *Percent.* | *Percent.* | *Percent.* |
| Any qualifying characteristics? Describe. | *200 words.* | *200 words.* | *200 words.* |

7.2.3 **Commissions**. All quotes must include commissions as outlined in the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage** | **Commission** | **Confirmed (Y/N)** | **If no, indicate commission percentage** |
| Long Term Disability | 2% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |

7.3 Long Term Disability Questionnaire

7.3.1 Renewal Methodology

7.3.1.1 Explain the methodology and data to be used for the renewal process. Are premiums established solely on the basis of the experience of UAS, or are other factors such as your organization's block of business pool, reinsurance rates and state regulations considered as well?

*200 words.*

7.3.1.2 What is your target loss ratio?

*200 words.*

7.3.1.3 What factors (e.g., group size, years of experience) determine the credibility weight?

*200 words.*

7.3.1.4 How is your IBNR Reserve Level Calculated?

*200 words.*

7.3.1.5 When first establishing an open claim reserve, do you factor in the probability of a SS offset?

*200 words.*

7.3.1.6 Did you establish open claim reserves for any individual that has not yet satisfied the elimination period?

*200 words.*

7.3.1.7 What Discount rate do you currently use to determine the present value of all future benefit payments when establishing an open claim reserve?

*200 words.*

7.3.2 Plan Design

7.3.2.1 Please state any proposed plan provision deviations from the current plan.

*500 words.*

7.3.2.2 Provide your definition for long term disability for physicians.

*200 words.*

7.3.2.3 Provide your definition for long term disability for non-physicians.

*200 words.*

7.3.3 Services

7.3.3.1 Will you provide the following services in the plan that you are proposing? If so, please describe each service.

|  |  |  |
| --- | --- | --- |
|  | Response | Describe |
| Stay at Work Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| LTD Intake Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| LTD Triage Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| LTD Integration with Medical | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Rehabilitation | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Return to Work | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Maternity Support | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| FICA Services | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Workplace Modification | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* |
| Other | *200 words.* Nothing required |  |

7.3.4 FICA Services

7.3.4.1 Do you withhold the employee portion of FICA from the LTD claims payment?

*200 words.*

7.3.4.2 Do you forward FICA withholdings to the Federal government?

*200 words.*

7.3.4.3 Does your premium rate include paying the employer's portion of FICA?

*200 words.*

7.3.4.4 How do you handle the administration of tax withholding, reporting, and filing of appropriate IRS W2 forms?

*200 words.*

7.3.5 Claims Payment

7.3.5.1 How long does it take to process a claim?

*200 words.*

7.3.5.2 What is the time filing limit for claims?

*200 words.*

7.3.5.3 Please confirm that your organization will issue all claim checks.

*200 words.*

7.3.6 Social Security Appeals

7.3.6.1 Do you assist with the filing of Social Security claims?

*200 words.*

7.3.6.2 What % of LTD claims lasting at least one year have a Social Security offset?

*200 words.*

7.3.7 Claim Intake

7.3.7.1 Provide the percentage of LTD claimant applications that are accepted in each method listed below (e.g., phone, interactive voice response, internet, paper claim, claim feed, etc.)?

|  |  |
| --- | --- |
|  | Response |
| Phone | *Percent.* |
| Interactive voice response | *Percent.* |
| Online | *Percent.* |
| Paper claim | *Percent.* |
| Claim feed | *Percent.* |
| Other | *200 words.* Nothing required |

7.3.7.2 What coordination exists between filing for LTD and for life insurance premium waiver?

*200 words.*

7.3.8 Disability Determination

7.3.8.1 What types of criteria are used by the claim reviewer to make their decision that the initial request qualified as a disability?

*200 words.*

7.3.8.2 Do you track adverse determinations for STD claims? What percentage of filed claims are disputed?

*200 words.*

7.3.9 Claim Management

7.3.9.1 Describe in detail how you determine the duration of the disability once an individual has been accepted to LTD disability status (e.g., assign duration according to the patient's physician request, assign duration according to a national duration guideline, etc.)?

*200 words.*

7.3.9.2 What disability reference sources are used for determining eligibility and duration?

*200 words.*

7.3.9.3 Do you have a fraud detection unit or program in place for LTD cases? If yes, please describe.

*200 words.*

7.3.9.4 Do you have screening procedures and outreach protocols for LTD claimants targeted for return to work / rehabilitation programs?

*200 words.*

7.3.9.5 Do you implement any type of vocational rehabilitation services in the course of your LTD case management? Please explain.

*200 words.*

7.3.9.6 How do you manage mental health, substance abuse and subjective disabilities (e.g., chronic fatigue syndrome, chronic pain, fibromyalgia etc.)?

*200 words.*

7.3.9.7 How do you handle a LTD case that no longer meets the clinical criteria for a continued disability?

*200 words.*

7.3.9.8 How often are LTD cases to be re-evaluated for continuing disability status? Who does the evaluation?

*200 words.*

7.3.9.9 What support do you provide to spouses and dependents of an LTD disabled employee?

*200 words.*

7.3.10 Coordination

7.3.10.1 What return-to-work, light duty and/or job accommodation support services do you provide for LTD cases?

*200 words.*

7.3.10.2 How do you typically support the Return-to-Work process for LTD?

*200 words.*

7.3.10.3 Do you have screening procedures and outreach protocols for LTD claimants targeted for return to work / rehabilitation programs?

*200 words.*

7.3.10.4 What absence management support do you provide throughout the disability process on a LTD case?

*200 words.*

7.3.11 Accounting/Reporting

7.3.11.1 Please provide a copy of your annual, detailed accounting report of the group experience.

*200 words.*

7.3.11.2 Describe your reporting capabilities for STD claims.

*200 words.*

7.3.12 War Risk

7.3.12.1 Does your policy contain any war risk exclusions or limitations? If so, describe the exclusions or limitations.

*Single, Radio group.*  
1: Yes, please explain: [ 500 words ] ,  
2: No

7.3.12.2 What is the process for adding and removing countries from the war risk zone?

*500 words.*

7.3.12.3 What duration of travel is required to trigger a war risk limitation?

*500 words.*

7.3.12.4 Are there any advance notification requirements for individual travel needed? (This is highly discouraged as it is impossible for UAS to provide such notice.)

*500 words.*

7.3.12.5 Can your organization remove the war risk exclusion for UAS employees that may travel to an excluded country?

*500 words.*

7.3.13 Current Benefits

7.3.13.1 Confirm that you can match the current benefit in place.

|  |  |  |
| --- | --- | --- |
|  | **Current Benefits** | **Proposed Benefits** |
| **Eligibility** | 1. A regular employee of the Employer employed half-time or greater who is participating in the Employer's benefit program;  2. Actively At Work at least 20 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of Active Work on those days); and  3. A citizen or resident of the United States or Canada. Member does not include a temporary or seasonal employee, a leased employee, or an independent contractor. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class Definition** |  |  |
| **Class 1** | Members with annual base earnings of $20,000 or less, other than employees of University of Arkansas at Batesville. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 2** | Members with annual base earnings of greater than $20,000, other than employees of University of Arkansas at Batesville. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 3** | Members who are employees of University of Arkansas at Batesville. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Waiting Period** | You are eligible on the later of (A) the Group Policy Effective Date, or (B) the date determined as follows, provided you are benefits eligible on that date:  Classes 1 and 3: On the date you become a Member. Class 2: Plan 1 LTD Insurance: on the date you become a Member.  Plan 2 LTD Insurance: The first day of the calendar month coinciding with or next following the date you become a Member.  Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Benefit / Benefit Percentage** |  |  |
| **Class 1** | 60% of the first $1,667 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 2** | Plan 1: 60% of the first $1,667 of your Predisability Earnings, reduced by Deductible Income. Plan 2: 60% of the first $8,333 of your Predisability Earnings, reduced by Deductible Income.  You may be insured under Plan 1 or Plan 2, but not both. You will be insured under Plan 1 unless you are insured under Plan 2. If you cease paying premiums for Plan 2, you will automatically be insured under Plan 1. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 3** | 60% of the first $8,333 of your Predisability Earnings, reduced by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Monthly Benefit Maximum** |  |  |
| **Class 1** | $1,000 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 2** | Plan 1: $1,000 before reduction by Deductible Income. Plan 2: $5,000 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Class 3** | $5,000 before reduction by Deductible Income. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Benefit Duration / Maximum Period of Payment | To age 65 with ADEA supplement | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Minimum Monthly Benefit | $100 or 10% of your LTD Benefit before reduction by  Deductible Income, whichever is greater. | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Elimination Period** | 180 Days | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Definition of Disability** | 24 Month own occ, any occ thereafter | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Integration | Full Family | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Recurrent Disabilities | 6 Months | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Waiver of Premium | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Definition of Earnings | Salary | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Self Reported Symptoms - Limitations | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Mental Illness - Limitations | 24 Months | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Substance Abuse - Limitations | None | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Pre-Existing Condition Limitations | 3 / 12 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| Survivor Benefit | 12 Months | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Rehabilitation Benefit** | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Return to Work Incentive Benefit** | Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **Workplace Modification Benefit** | Reasonable Accommodation Benefit up to $25,000 | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| **EAP** | Not Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |
| W-2 preparation and FICA support | Not Included | *Compound, Radio group.* 1: Yes, 2: No, explain: [200 words] |

7.3.14 Financial Guarantees

7.3.14.1 Confirm that your quoted premiums are guaranteed for each period listed. Thereafter, will your rates be guaranteed for each succeeding full twelve-month period? Will this provision be included in your contract?

*200 words.*

7.3.14.2 Multiple-year rate guarantees must be accompanied by multiple-year contract guarantees. Cancellation of the contract before the rate guarantee is not acceptable. Do you agree to include this provision in your contract?

*200 words.*

7.3.14.3 Do you agree that changes in the premiums for the coverage in force may be instituted only as of a renewal rate anniversary? A “yes” answer will require contract to include such language?

*200 words.*

7.3.14.4 Do you agree to include a minimum of 180 days' advance notice of renewal in your contract?

*200 words.*

7.3.14.5 When are premiums due and what is the grace period for payment? If premiums are paid subsequently, is a penalty and/or interest charge assessed? If yes, please explain in detail. Are there any options available with respect to the grace period? If so, please explain the option(s) and any charge that is made for them.

*200 words.*

7.3.14.6 How will monthly premiums be billed?

*200 words.*

7.3.14.7 Do you agree to provide a complete financial accounting report for the group? Please attach a sample of an actual report. How many weeks after the policy anniversary date will your financial accounting report be available?

*200 words.*

7.3.15 Premiums

7.3.15.1 Note that you can provide a proposal for both classes or just one at your preference. If you provide rates for both, UAS may award each class separately. Please note any bundled discounts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| Policy C –Non FGP |  |  |  |  |
| **Long Term Disability Covered Payroll** Non Contributory (Class 1-4) | **$31,132,114** | **$31,132,114** | **$31,132,114** |  |
| Rate per % of insured earnings basis - Non Contributory (Class 1-4) | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| **Long Term Disability Covered Payroll** Contributory Buy Up (Class 1-4) | **$23,114,135** | **$23,114,135** | **$23,114,135** |  |
| Rate per % of insured earnings basis– Contributory Buy Up (Class 1-4) | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| POLICY F- FGP Non Contributory (Premium Included or Excluded) |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$23,830,857** | **$23,830,857** | **$23,830,857** |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

7.3.16 Plan Changes

Please indicate the change to your quoted rates for the following plan changes to the LTD benefit.

7.3.16.1 % of pay to maximum covered annual pay of $35,000 (FGP at $500,000)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| Policy C - Non FGP Non Contributory |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$xxx,xxx** | $xxx,xxx | $xxx,xxx |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| POLICY F- FGP Non Contributory (Premium Included or Excluded) |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$xxx,xxx** | $xxx,xxx | $xxx,xxx |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Contributory - Buy Up |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$xxx,xxx** | $xxx,xxx | $xxx,xxx |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

7.3.16.2 % of pay to maximum covered annual pay of $45,000 (FGP at $500,000)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Comments** |
| Policy C - Non FGP Non Contributory |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$xxx,xxx** | $xxx,xxx | $xxx,xxx |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| POLICY F- FGP Non Contributory (Premium Included or Excluded) |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$xxx,xxx** | $xxx,xxx | $xxx,xxx |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Contributory - Buy Up |  |  |  |  |
| **Long Term Disability Covered Payroll** | **$xxx,xxx** | $xxx,xxx | $xxx,xxx |  |
| Rate per % of insured earnings basis | *Percent.* N/A OK. | *Percent.* N/A OK. | *Percent.* N/A OK. | *200 words.* Nothing required |
| Annual Premium | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *Dollars.* N/A OK. | *200 words.* Nothing required |
| Rate Guarantee | *200 words.* |  |  |  |

7.3.17 Performance Guarantees

7.3.17.1 Please indicate which of the following performance guarantees your organization is willing to offer. Also, please note any variations to either the standard or the penalty if your organization does intend to offer a guarantee around the performance issue described.

|  |  |  |
| --- | --- | --- |
| **Performance Standard** | **Will Offer? (Yes/No)** | **Amount Placed at Risk** |
| **Disability Average Speed to Answer Call Measurement and source of information:** Average 30 seconds or less | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Disability Calls Abandoned Measurement and source of information:**  4% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Disability Acknowledgement of Initial Claim Notification Measurement and source of information:** 98%, <=2 business days | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **LTD Initial Decision Turnaround Measurement and source of information:** Average <= 30 calendar days | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **STD to LTD Rollover Turnaround Measurement and source of information:** 95%, <= LTD payment date | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **LTD Procedural Accuracy Measurement and source of information:** 98% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **LTD Financial Accuracy Measurement and source of information:** 98% | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Member Satisfaction with Initial Claim Decision Measurement and source of information:** Average >= 3 | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Implementation:** Implementation Manager develops, maintains, and delivers against the established project schedule to ensure that all deliverables are met and UAS’s plan is operationally complete on the effective date. | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |
| **Implementation:** Bidder agrees to provide Operational Readiness that meets the requirements and needs of UAS. This includes: · Account and Reporting Structure · Billing Setup (premium process and payment information) · Claims (operationally ready to intake/pay claims) · Employer Portal reporting access · Evidence of Insurability, if applicable | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* |

8 Specific Questions for Business Travel Accident Bundle

8.1 Introduction

8.1.1 The objective of the Business Travel Accident (BTA) RFP is helps fill potential gaps with other insurance coverage for employees who travel on business and provides broad protection, compassionate support and exceptional claims service for employees. The university would like a match of the current program.

8.2 Proposal Requirements

8.2.1 **Commissions**. All quotes must include commissions as outlined in the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage** | **Commission** | **Confirmed (Y/N)** | **If no, indicate commission percentage** |
| Business Travel Accident | 20% | *Single, Radio group.* 1: Yes, 2: No | *Percent.* |

8.3 Benefit Descriptions and Coverages:

8.3.1 **Eligibility**

|  |  |
| --- | --- |
| **CLASS** | **DESCRIPTION** |
| Class 1: | All active employees and Directors of the Policyholder domiciled in the US. |
| Class 2: | All Guests of the Policyholder. |
| Class 3: | All eligible Spouses, who are traveling with the Employee at the direction and expense of the Policyholder. |
| Class 4: | All eligible Dependent Children, who are traveling with the Employee at the direction and expense of the Policyholder. |

**Hazards/Benefits/Principal Sum:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS** | **HAZARD** | **BENEFIT** | **PRINCIPAL SUM** |
| Class 1: | H-3, H-4, H-8, H-15, H-40 | B-4, B-7, B-13, B-32, B-39, B-49, B-50, B-51, B-55 | $100,000 |
| Class 2: | H-4, H-40 | B-4, B-7, B-13, B-32, B-39, B-49, B-50, B-51, B-55 | $100,000 |
| Class 3: | H-4, H-7,  H-21, H-40 | B-4, B-7, B-13, B-32, B-39, B-49, B-50, B-51, B-55 | $50,000 |
| Class 4: | H-4, H-7,  H-21, H-40 | B-4, B-7, B-13, B-32, B-39, B-49, B-50, B-51, B-55 | $25,000 |

**Hazards Applicable:**

| **HAZARD** | **HAZARD DESCRIPTION** |
| --- | --- |
| H-3 | 24-Hour Accident Protection While on Business |
| H-4 | 24-Hour Accident Protection While on a Policyholder Aircraft - Passenger, Pilot and Crew |
| H-7 | 24-Hour Family Relocation Trip |
| H-8 | 24-Hour Hijacking Skyjacking Business |
| H-15 | Commutation |
| H-21 | Family Travel |
| H-40 | War Risk |

**Benefits Applicable:**

|  |  |
| --- | --- |
| **BENEFIT** | **BENEFIT DESCRIPTION** |
| AD&D | Accidental Death & Dismemberment |
| B-4 | Adaptive Home & Vehicle |
| B-7 | Bereavement Counseling |
| B-13 | Coma |
| B-32 | Medical Emergency Evacuation |
| B-39 | Paralysis |
| B-49 | Rehabilitation Expense |
| B-50 | Repatriation of Remains |
| B-51 | Seat Belt and Airbag |
| B-55 | Therapeutic Counseling |

| **BENEFIT** | **MAXIMUM AMOUNT** |
| --- | --- |
| Accidental Death & Dismemberment | See principal sums |
| Incurral Period: | 365 days |
|  |  |
| Adaptive Home & Vehicle | $25,000 |
| Incurral Period: | 24 months |
|  |  |
| Bereavement Counseling |  |
| Commencement Period: | 365 days |
| Incurral Period: | 2 years |
| Max Amount per session: | $150 |
| Max Number of sessions: | 10 |
|  |  |
| Coma | See principal sums |
| Commencement Period: | 30 days |
| Waiting Period: | 30 days, not retroactive |
| Monthly Benefit Amount: | 1% of max |
| Monthly Benefit Period: | 100 months |
|  |  |
| Medical Emergency Evacuation | Actual cost up to a max of $1,000,000 |
| Family Travel |  |
| Lodging: | $100 per day |
| Meals: | $50 per day |
| Emergency Reunion |  |
| Lodging: | $100 per day |
| Meals: | $50 per day |
|  |  |
| Paralysis Benefit | See principal sums |
| Quadriplegia | 100% |
| Triplegia | 75% |
| Paraplegia | 75% |
| Hemiplegia | 50% |
| Uniplegia | 25% |
|  |  |
| Rehabilitation Expense | $25,000 |
| Incurral Period: | 2 years |
|  |  |
| Repatriation of Remains | Actual cost up to a max of $1,000,000 |
| Family Travel |  |
| Lodging: | $100 per day |
| Meals: | $50 per day |
| Identification and Escort Expense |  |
| Lodging: | $100 per day |
| Meals: | $50 per day |

Please refer to <https://benefits.uasys.edu/financial-protection/travel-assistance/> for more details on the benefit to UAS employees.

University Aircraft

Flight time on university planes over past 3 years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Aircraft** | **FY 2020** | **FY 2019** | **FY2018** |
| 1989 King Air (N89UA) | 94 | 154 | 195 |
| 2007 Lear Jet (N41UA) | 154 | 278 | 256 |

Four University employed pilots:

* Pilot #1 - ATP/Multi-Engine/Instrument (chief pilot)
* Pilot #2 - ATP/Multi-Engine/Instrument
* Pilot # 3 - ATP/Multi-Engine/Instrument
* Pilot #4 -

8.4 BTA Questionnaire

8.4.1 Plan Design

8.4.1.1 Please state any proposed plan provision deviations from the current plan.

*500 words.*

8.4.2 Services

8.4.2.1 Will you provide the following travel assistance services in the plan that you are proposing to UAS? If so, please describe each service, including (1) limitations, (2) exclusions and (3) process steps.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Medical Assistance** | **Response** | **Limitations** | **Exclusions** | **Process Steps** |
| a.       Medical referrals | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| b.       Medical monitoring | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| c.       Medical evacuation | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| d.       Repatriation of foreign national remains to home country | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| e.       Repatriation of remains | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| f.        Traveling companion assistance | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| g.       Dependent children assistance | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| h.       Visit by a family member or friend | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| i.         Emergency medical payments | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| j.         Other | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required |
| **Pre-trip Information** |  |  |  |  |
| a.       Visa and passport requirements | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| b.       Inoculation and immunization requirements | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| c.       Foreign exchange rates | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| d.       Embassy and consular referrals | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| e.       Other | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required |
| **Emergency Personal Services** |  |  |  |  |
| a.       Medication and eyeglass assistance | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| b.       Emergency travel arrangements | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| c.       Emergency cash | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| d.       Locating lost items | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| e.       Bail advancement | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| f.        Language interpretation | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* |
| g.       Other | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required |

8.4.3 Coverage

8.4.3.1 Explain how your personal deviation (trip) coverage works.

*500 words.*

8.4.3.2 Explain how you differentiate a personal deviation from a sojourn (if you do so).

*500 words.*

8.4.3.3 Identify all contractual limitations and exclusion for business travel accident, including any related to business travel. The University is requesting a blanket application and uninterrupted coverage without exclusion or exception and with no requirement for prior approval of travel coverage outside of the United States. The University will accept industry-standard exclusions for extra-hazardous personal activities, acts of war, commission of a crime and similar exclusions or limitations but all must be identified in the vendor response.

*500 words.*

8.4.3.4 Specify how force majeure, terrorism, hijacking, kidnap, etc., are covered/excluded. UAS desires a contract without these exclusions if available.

*500 words.*

8.4.3.5 The University would like BTA coverage for pilots and for guests on board University Aircraft. Does your policy cover this?

*500 words.*

8.4.3.6 If the University currently has employees located on assignments outside the U.S. Will they be covered under this plan?

*500 words.*

8.4.3.7 The University System office does not monitor international travel and there is no central monitoring of all travel by employees at all campuses. Do you require any surveying of international travel by employees?

*500 words.*

8.4.3.8 Does your policy allow foreign nationals employed by the University who are on business travel allow their remains to be repatriated to their home country and not to the United States?

*500 words.*

8.4.3.9 Provide a list of your war risk, or other contingencies and areas of the world in which they would apply. Please provide the criteria and any limitations.

*500 words.*

8.4.3.10 What are the travel reporting requirements for war risk countries?

*500 words.*

8.4.3.11 Describe exclusions under your BTA and War Risk contracts.

*500 words.*

8.4.4 Claims

8.4.4.1 Describe the claim investigation process for a BTA and War Risk claim.

*500 words.*

8.4.4.2 What is your average BTA and War Risk claim turnaround time?

*500 words.*

8.4.5 Rate Quotation

8.4.5.1 Provide your organization's guaranteed three-year (2022-2024) premium for the following options:

|  |  |
| --- | --- |
|  | Response |
| Annual | *Dollars.* |
| 3 Year Annual Installment Premium | *Dollars.* |
| 3 Year Prepaid Premium | *Dollars.* |

8.4.5.2 Please confirm that the above rates are based on an estimated eligible population of 20,000 eligible employees.

*Single, Radio group.*  
1: Confirmed,  
2: Not confirmed, explain: [ 200 words ]

8.4.5.3 Are the quoted fees subject to any restrictions or requirements UAS should be made aware of?

*500 words.*

8.4.5.4 Please indicate the level of commissions included in your rates. Standard commissions built into rate filings should be assumed in all lines of coverage and any otherwise eligible override should be converted to a standard commission and disclosed. Note that the current commission level is 20%.

*500 words.*

8.4.6 Contract

8.4.6.1 Provide a copy of the proposed contract for review.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

8.4.6.2 Will you agree to notify UAS immediately if the network or a provider loses any accreditation, licenses, liability insurance coverage, security, or bonding?

*100 words.*

8.4.6.3 Will you provide 60-day advance notice of significant changes in policies, practices, affiliations, or staffing?

*100 words.*

8.4.6.4 UAS will require mutually agreed upon provisions in your organization's contract, which unilaterally indemnify UAS against liability for non-fiduciary breaches, such as negligence and malfeasance. Will you agree to provide this?

*100 words.*

8.4.6.5 Have you agreed to the termination provision outlined in our proposal requirement section for UAS and for your firm?

*500 words.*

9 Specific Questions for Personal Lines Bundle

9.1 Introduction

9.1.1 The objective of the RFP is to

* Identify an insurance carrier to provide Auto, Home, and Umbrella Liability Insurance that will be Endorsed by the University of Arkansas System (UAS) for its employees.
* Obtain enhanced insurance discounts for the employees of UAS.
* Provide data on numbers and types of policies sold.

UAS employees are eligible for discounted group rates for employee-pay-all auto, home, renters and umbrella liability insurance, currently offered by Liberty Mutual.

The Liberty Mutual Group Savings Plus Plan includes:

* A group discount of up to 10% off Liberty Mutual rates for auto and home insurance;
* Additional savings based on age, driving experience and auto equipment (such as anti-­lock brakes and airbags);
* Accident forgiveness and better car replacement;
* 24/7 emergency roadside assistance;
* 24/7 claims service; and
* Local Liberty Mutual sales and service representatives.

Participants pay their insurance premium through:

* Electronic Funds Transfer (EFT) through your checking or savings account;
* Recurring credit card (RCC); or
* Direct billing to your home address

**Commissions.** All quotes must include commissions as outlined in the chart below.

|  |  |
| --- | --- |
| **Coverage** | **Commissions** |
| Auto, Home, and Umbrella Liability Insurance | 3% New Policy, 2% Renewals |

The following table represents the average number of employees who had enrolled in at least one line of the requested coverages in 2020.

| **Month** | **Renewed and New Policies** | **Cancelled or Ended Policies** |
| --- | --- | --- |
| Jan-2020 | 154 | 148 |
| Feb-2020 | 133 | 133 |
| Mar-2020 | 135 | 144 |
| Apr-2020 | 126 | 130 |
| May-2020 | 141 | 138 |
| Jun-2020 | 167 | 132 |
| Jul-2020 | 132 | 157 |
| Aug-2020 | 117 | 169 |
| Sep-2020 | 72 | 104 |
| Oct-2020 | 111 | 96 |
| Nov-2020 | 70 | 100 |
| Dec-2020 | 96 | 69 |
| **Total** | **1454** | **1520** |

1. Rates are guaranteed for 12 months and are individually underwritten.
2. All employees receive two letters from vendor per year about the benefits of their policies. Employees can also find information about vendor through UAS' intranet sites.
3. Other personal lines of coverage include: Renters, RV, Motorcycle, and umbrella.

Attached are the policies for each coverage.

9.2 Personal Lines Bundle Questionnaire

9.2.1 Coverages Offered

9.2.1.1 Do you provide coverage for the following? If so, describe any unique characteristics about any of the coverages that you provide, specifically related to: (1) coverage, (2) access (individual underwriting), (3) pricing, and (4) service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Response** | **Coverage** | **Access** | **Pricing** | **Service** |
| a.       Automobile | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| b.       Homeowners | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| c.       Boat | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| d.       Recreational vehicle | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| e.       Landlord’s rental dwelling | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| f.        Renter’s | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| g.       Condo | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| h.       Mobile/motor home | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| i.         Personal excess liability | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| j.         Flood *(facilitate access to Federal flood insurance program)* | *Single, Pull-down list.* 1: Yes, 2: No | *200 words.* | *200 words.* | *200 words.* | *200 words.* |
| k.       Other personal lines | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required | *200 words.* Nothing required |

9.2.1.2 Describe any awards programs (e.g., disaster relief, defensive driving courses) that are offered for any of the coverages that you offer.

*500 words.*

9.2.2 Standard Automobile Policy

9.2.2.1 Does your policy replace 100% of the purchase price for a total loss of a newly purchased vehicle with less than 15,000 miles on the odometer?

*200 words.*

9.2.2.2 Do you provide coverage for loss of use, diminished value and rental agency charges?

*200 words.*

9.2.2.3 Do you depreciate for parts repairs?

*200 words.*

9.2.2.4 Are towing and labor cost coverage included?

*200 words.*

9.2.3 Standard Homeowners Policy

9.2.3.1 Does your standard policy contain an actual cash value coverage provision?

*200 words.*

9.2.3.2 What is the incremental premium load percentage for replacement cost coverage?

*200 words.*

9.2.3.3 Do you offer extended replacement cost coverage? If so, what is the % extended replacement value? What is the incremental premium load % over a normal replacement cost coverage?

*200 words.*

9.2.3.4 Do you cover temporary living expenses while a house is being repaired?

*200 words.*

9.2.4 Underwriting and Renewal

9.2.4.1 Provide the average declination rate for individuals requesting coverage in Arkansas during 2019 (percentage of applications denied)

*200 words.*

9.2.4.2 Provide the average persistency rate in Arkansas for 2019 (percentage of policies in 2019 renewed in 2020).

*200 words.*

9.2.4.3 With a University endorsed program are there any relaxed underwriting practices?

*200 words.*

9.2.4.4 What relaxed underwriting exists if you are awarded this worksite program?

*200 words.*

9.2.4.5 Under what circumstances, if any, may your company be at "capacity" in terms of the number of policies it can write in Arkansas?

*500 words.*

9.2.4.6 What percentage of the University's employees are expected to participate?

*200 words.*

9.2.4.7 Is there a minimum participation percentage necessary for discounts applied to premiums?

*200 words.*

9.2.4.8 Do higher discounts apply with increased levels of participation?

*200 words.*

9.2.5 Claims Processing

9.2.5.1 What are the operating hours of your claims intake centers?

*200 words.*

9.2.6 Applications and Policyholder Servicing

9.2.6.1 Briefly describe how University employees will apply for coverage? What resources are available to explain coverage options and costs?

*500 words.*

9.2.6.2 What are the hours of operation for your policyholder services function?

*200 words.*

9.2.6.3 List the ways in which policyholders access policyholder services (phone, web, mail, email, office locations, etc.)

*200 words.*

9.2.6.4 If your company's quote is potentially uncompetitive, do you also provide quotes from other carriers?

*200 words.*

9.2.6.5 What methods does your organization use to measure policyholder satisfaction?

*200 words.*

9.2.7 Premium Collection

9.2.7.1 Are there any differences in premium among various payment media (e.g., checking account deduction versus payroll deduction)?

*200 words.*

9.2.7.2 Are there discounts or lower service fees or premiums for different payment methods and/or frequency of payments (e.g., quarterly in advance versus monthly)?

*200 words.*

9.2.7.3 What payment options (e.g., direct bill, ACH, payroll deduction, recurring credit card) can you support?

*200 words.*

9.2.8 Account Management

9.2.8.1 Will one individual from your company be identified as a principal contact for account management purposes?

*200 words.*

9.2.8.2 What methods does your organization use to measure corporate client satisfaction?

*500 words.*

9.2.9 Communication

9.2.9.1 Will you participate in the University's annual virtual benefits fair? Participating vendors provide content about their service offerings. Some provide videos. Some provide prizes. Some provide links to learning sessions.

*200 words.*

9.2.9.2 If the University provides you with a mailing list will you mail postcards periodically to employee homes that advertise the value of the program?

*200 words.*

9.2.9.3 Will you agree to jointly branding communications that go to University employees? Will you agree to the University reviewing materials and providing editing suggestions before being sent?

*200 words.*

9.2.10 Reporting

9.2.10.1 Do you agree to provide semi-annual summary reports of the following for University of Arkansas employees purchasing policies? Please provide a sample report.

|  |  |  |
| --- | --- | --- |
|  | Response | Sample Attached |
| # of policies by line of coverage | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No, 3: N/A |
| # of newly issued policies by line of coverage | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No, 3: N/A |
| Paid Premium by line of coverage | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No, 3: N/A |
| Commission paid by line of coverage to broker serving the University | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No, 3: N/A |
| Provide a copy of your most recent customer satisfaction survey statistics. | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No, 3: N/A |

9.2.11 Discounts and Subsidies

9.2.11.1 Please provide your average premium discount % attributable to an endorsement by the University of Arkansas.

*Percent.*

9.2.11.2 Please rate the attached profiles after reflecting the discount for endorsement by the University of Arkansas.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Applicant Demographics** | **EE 1** | **EE 2** | **EE 3** | **EE 4** | **EE 5** | **EE 6** | **EE 7** | **EE 8** | **EE 9** | **EE 10** | **EE 11** | **EE 12** | **EE 13** | **EE 14** | **EE 15** | **EE 16** | **EE 17** | **EE 18** | **EE 19** | **EE 20** |
| Employee Age | 30 | 36 | 41 | 28 | 55 | 36 | 42 | 46 | 55 | 50 | 25 | 45 | 60 | 40 | 50 | 35 | 55 | 30 | 50 | 25 |
| County Residence | Pulaski | Pulaski | Pulaski | Pulaski | Pulaski | Washington | Washington | Washington | Washington | Washington | Benton | Benton | Benton | Drew | Garland | Jefferson | Jefferson | Miller | Sebastian | Sebastian |
| Employee Gender | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Female | Female | Male |
| Employee FICO Score | 650 | 680 | 705 | 710 | 750 | 650 | 690 | 720 | 750 | 775 | 675 | 775 | 680 | 700 | 725 | 675 | 750 | 700 | 725 | 650 |
| Marital Status | Single | Single | Married | Married | Married | Single | Single | Married | Married | Legally Married | Single | Married | Married | Married | Married | Single | Married | Married | Single | Married |
| Spouse Age | N.A. | N.A. | 42 | 24 | 53 | N.A. | 45 | 40 | 54 | 48 | N.A. | 4 | 62 | 40 | 50 | N.A. | 60 | 33 | N.A. | 24 |
| Spouse Gender | N.A. | N.A. | Male | Female | Male | N.A. | Male | Female | Male | Male | N.A. | Female | Male | Female | Male | N.A. | Male | Male | N.A. | Female |
| Spouse FICO Score | N.A. | N.A. | 700 | 710 | 745 | N.A. | 680 | 715 | 760 | 750 | N.A. | 750 | 725 | 650 | 700 | N.A. | 750 | 675 | N.A. | 600 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Home Policy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Home Policy Terms** | Renters | Homeowners | Homeowners | Condominium | Homeowners | Renters | Condominium | Homeowners | Homeowners | Homeowners | Renters | Homeowners | Condomimium | Homeowners | Homeowners | Condominium | Homeowners | Homeowners | Homeowners | Renters |
| Dwelling Value | N.A. | $175,000 | $200,000 | $75,000 | $275,000 | N.A. | $100,000 | $175,000 | $300,000 | $250,000 | N.A | $350,000 | $125,000 | $175,000 | $200,000 | $125,000 | $225,000 | $150,000 | $250,000 | N.A |
| Coverage | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost |
| Personal Property | $25,000 | $131,250 | $150,000 | $56,250 | $206,250 | $25,000 | $75,000 | $131,250 | $225,000 | $187,500 | $25,000 | $262,500 | $93,750 | $131,250 | $150,000 | $93,750 | $168,750 | $112,500 | $187,500 | $25,000 |
| Deductible | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 |
| Personal Liability | $100,000 | $300,000 | $300,000 | $300,000 | $300,000 | $100,000 | $300,000 | $300,000 | $300,000 | $300,000 | $75,000 | $300,000 | $300,000 | $300,000 | $300,000 | $300,000 | $300,000 | $300,000 | $300,000 | $75,000 |
| Medical Payments to Others | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 | $1,000 |
| Home Sq Footage | 1,500 | 2,500 | 2,750 | 2,000 | 3,000 | 1,500 | 2,000 | 2,500 | 3,500 | 3,000 | 1,750 | 4,000 | 1,750 | 2,250 | 2,500 | 1,750 | 2,500 | 2,000 | 2,750 | 1,500 |
| # Bedrooms | 2 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 4 | 3 | 2 | 4 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 2 |
| **Discounts** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Protective Devices | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Claims Free | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Auto and Home Policy | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Electronic Pay | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Univ of Ark  Endorsement | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| **Range in Annual Premium** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| **Minimum** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| **Median** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| **Maximum** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **EE 1** | **EE 2** | **EE 3** | **EE 4** | **EE 5** | **EE 6** | **EE 7** | **EE 8** | **EE 9** | **EE 10** | **EE 11** | **EE 12** | **EE 13** | **EE 14** | **EE 15** | **EE 16** | **EE 17** | **EE 18** | **EE 19** | **EE 20** |
| **Auto Policy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vehicle 1 Model | Honda Civic | Ford F-150 | Toyota Camry | Chevy Equinox | Honda CR-V | Dodge Ram | Toyota RAV-4 | Chevy Silverado | Toyota Prius | GMC Sierra | Hondia Civic | Dodge Ram | Honda CR-V | Ford F-150 | Toyota Camry | Toyota Tacoma | Chevy Equinox | Toyota RAV-4 | Toyota Prius | Chevy Silverado |
| Vehicle 1 Year | 2016 | 2017 | 2014 | 2018 | 2018 | 2019 | 2017 | 2015 | 2013 | 2020 | 2017 | 2018 | 2019 | 2017 | 2020 | 2015 | 2016 | 2018 | 2019 | 2014 |
| V1: Miles Driven to and from Work | 24 | 40 | 60 | 30 | 20 | 35 | 26 | 26 | 40 | 18 | 25 | 25 | 30 | 30 | 40 | 25 | 20 | 15 | 20 | 10 |
| V1: Miles Driven Per Year | 15,000 | 25,000 | 20,000 | 20,000 | 20,000 | 20,000 | 25,000 | 25,000 | 25,000 | 15,000 | 10,000 | 20,000 | 12,500 | 15,000 | 10,000 | 7,500 | 17,500 | 15,000 | 12,500 | 10,000 |
| Vehicle 2 Model | N.A. | N.A. | N.A. | Toyota Camry | Honda Accord | Honda CR-V | Chevrolet Silverado | Toyota Camry | Toyota Tacoma | Honda Civic | N.A. | Chevy Equinox | GMC Sierra | Toyota RAV-4 | Ford F-150 | N.A. | Chevy Silverado | Dodge Ram | Honda Civic | Toyota Prius |
| Vehicle 2 Year | N.A. | N.A. | N.A. | 2016 | 2014 | 2014 | 2016 | 2017 | 2015 | 2017 | N.A. | 2019 | 2017 | 2020 | 2016 | N.A. | 2015 | 2013 | 2014 | 2017 |
| V2: Miles Driven to and from Work | N.A. | N.A. | N.A. | 30 | 18 | N.A. | 40 | 40 | 40 | 20 | N.A. | 20 | 20 | 25 | 30 | N.A. | 20 | 15 | 10 | 10 |
| V2: Miles Driven Per Year | N.A. | N.A. | N.A. | 15,000 | 15,000 | 20,000 | 25,000 | 25,000 | 25,000 | 20,000 |  | 22,500 | 15,000 | 10,000 | 12,500 | N.A. | 12,500 | 15,000 | 5,000 | 7,500 |
| Driving Record EE | Clean | 1 Accident | Clean | 1 moving violation | Clean | Clean | Clean | Clean | Clean | Clean | Clean | Clean | 1 moving violation | Clean | Clean | OVI | Clean | 1 accident | Clean | 2 speeding tickets |
| Driving Record Spouse | N.A. | N.A. | N.A. | Clean | Clean | Clean | Clean | Clean | 1 moving violation | Clean | N.A. | Clean | Clean | 2 speeding tickets | 1 moving violation | N.A. | Clean | Clean | N.A. | Clean |
| Driving Record Child Age 16+ | N.A. | N.A. | N.A. | N.A. | N.A. | Clean | Clean | Clean | 1 moving violation | N.A. | N.A. | Clean | N.A. | 1 speeding ticket | Clean | N.A. | N.A. | N.A. | Clean | N.A. |
| GPA Child Age 16+ | N.A. | N.A. | N.A. | N.A. | N.A. | 3.0+ | 3.0+ | 3.0+ | 3.0+ | N.A. | N.A. | 3.0+ | N.A. | 3.0+ | 3.0+ | N.A. | N.A. | N.A. | 3.0+ | N.A. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Auto Policy Terms** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Liability: Bodily  Injury or Death | $25k / $50k | $100k/$300k | $250k/$500k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $250k/$500k | $100k/$300k | $50k / $100k | $100k/$300k | $250k/$500k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $250k/$500k | $25k / $50k |
| Liability: Property Damage | $25,000 | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $25k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k |
| Uninsured Motorist Bodily Injury | $100k/$300k | $100k/$300k | $250k/$500k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $250k/$500k | $100k/$300k | $100k/$300k | $100k/$300k | $250k/$500k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $100k/$300k | $250k/$500k | $100k/$300k |
| Uninsured Motorist Property Damage | Declined | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | 100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k |
| Underinsured Motorist | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k | $100k |
| Collision Deductible | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 |
| Damage Coverage | Actual Cash Value | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Actual Cash Value | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost | Replacement Cost |
| Comprehensive Deductible | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 | $500 |
| **Discounts** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anti-theft Device | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Multi-car | No | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Auto and Home Policy | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Electronic Pay | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Univ of Ark  Endorsement | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| **Range in Annual Premium** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| **Minimum** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| **Median** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| **Maximum** | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |

9.2.11.3 Are there funds available to the University for implementation and communication of the endorsed program? Please specify the amounts and potential uses.

*200 words.*

9.2.11.4 If the proposal is dependent on any assumptions that are not specifically stated above, please list those assumptions accordingly on a separate spreadsheet and show detailed pricing.  Any additional caveats should remain attached to the questionnaire for purposes of accurate evaluation. Pricing must be valid for 120 days following the bid response due date and time, and will be for an effective date of **1/22/22.**

UAS will not be obligated to pay any costs not identified accordingly. The respondent must certify that any costs not identified by the respondent, but subsequently incurred in order to achieve successful operation of the service, will be borne by the respondent.  Failure to do so may result in rejection of the bid.

*500 words.*

10 Specific Questions for Perks and Discount Program

The objective of the RFP is to identify and contract with a company that can offers Perks, Discounts, and other reward programs to the University of Arkansas System (UAS) employees.

The University envisions that the selected company will provide a website for access by employees to procure discounts, coupons, services, etc.

The University does not want the selected vendor to offer any products or services that compete with the University benefits program. Elements of the University benefits program can be observed at <https://benefits.uasys.edu/>.

10.1 Contract and Proposal Requirements

10.1.1 Provide a copy of the proposed contract for review.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

10.1.2 Will you agree to notify UAS immediately if the network or a provider loses any accreditation, licenses, liability insurance coverage, security, or bonding?

*100 words.*

10.1.3 Will you provide 60-day advance notice of significant changes in policies, practices, affiliations, or staffing?

*100 words.*

10.1.4 UAS will require mutually agreed upon provisions in your organization's contract, which unilaterally indemnify UAS against liability for non-fiduciary breaches, such as negligence and malfeasance. Will you agree to provide this?

*100 words.*

10.1.5 Have you agreed to the termination provision outlined in our proposal requirement section for UAS and for your firm?

*200 words.*

10.2 Commissions

10.2.1 All quotes must include commissions as outlined in the chart below.

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Commissions (Y/N) if yes, indicate percentage** | **Percentage** |
| Perks and Discount Program | *Single, Pull-down list.* 1: Yes, 2: No | *Percent.* |

10.3 General

10.3.1 For how many employer clients do you offer discount programs?

*Integer.*

10.3.2 How many of your clients are Higher Education Institutions?

*Integer.*

10.3.3 Please identify three employer references our client may contact.

*200 words.*

10.3.4 Do you collect commissions from the products and services offered by vendors that employees select and redeem?

*500 words.*

10.3.5 Do you require periodic participant eligibility files from the client?

*200 words.*

10.3.6 What is the process for employees to register for your services?

*500 words.*

10.3.7 What percentage of the University's employees are expected to participate?

*Percent.*

10.3.8 Is there a minimum participation percentage necessary for program to continue?

*200 words.*

10.3.9 Does your program have options to offer rewards or discounts to tailored local organizations, activities, and events in Arkansas?

*200 words.*

10.3.10 Do you provide discounts for the following activities?

|  |  |
| --- | --- |
| **Activity** | **Response** |
| Gym/Lifestyle Memberships | *Single, Pull-down list.* 1: Yes, 2: No |
| Amusement Parks | *Single, Pull-down list.* 1: Yes, 2: No |
| Restaurants | *Single, Pull-down list.* 1: Yes, 2: No |
| Retail Stores | *Single, Pull-down list.* 1: Yes, 2: No |
| Grocery Stores | *Single, Pull-down list.* 1: Yes, 2: No |
| Auto/Home Products (not insurance) | *Single, Pull-down list.* 1: Yes, 2: No |
| Recreational Activities | *Single, Pull-down list.* 1: Yes, 2: No |
| Mortgages | *Single, Pull-down list.* 1: Yes, 2: No |
| Travel | *Single, Pull-down list.* 1: Yes, 2: No |
| Lodging | *Single, Pull-down list.* 1: Yes, 2: No |
| Learning courses | *Single, Pull-down list.* 1: Yes, 2: No |

10.3.11 Does your service / platform include any of the following:

|  |  |
| --- | --- |
| **Service** | **Response** |
| Mobile access to the website | *Single, Pull-down list.* 1: Yes, 2: No |
| Mobile coupons for users to present to the vendor | *Single, Pull-down list.* 1: Yes, 2: No |
| Visually impaired access | *Single, Pull-down list.* 1: Yes, 2: No |
| Sample digital communications the client can put on its benefits website to promote the service | *Single, Pull-down list.* 1: Yes, 2: No |
| Periodic giveaways to registered employees | *Single, Pull-down list.* 1: Yes, 2: No |
| Employee recognition capabilities | *Single, Pull-down list.* 1: Yes, 2: No |
| Frequent user bonus program | *Single, Pull-down list.* 1: Yes, 2: No |
| Other | *Single, Pull-down list.* 1: Yes, 2: No |

10.3.12 Please provide your average discount or cost to an employee at the following places:

|  |  |
| --- | --- |
| **Attraction** | **Response** |
| Disney World | *50 words.* |
| Six Flags St. Louis | *50 words.* |
| Dollywood | *50 words.* |
| Silver Dollar City | *50 words.* |
| Holiday Inn ((or different chain) Marriot? Hilton? | *50 words.* |
| AMC/Regal Cinemas | *50 words.* |
| Other | *50 words.* |

10.3.13 Does your reward program offer credits/gift cards to the following brands?

|  |  |
| --- | --- |
| **Attraction** | **Response** |
| Amazon | *Single, Pull-down list.* 1: Yes, 2: No |
| Best Buy | *Single, Pull-down list.* 1: Yes, 2: No |
| Applebee’s | *Single, Pull-down list.* 1: Yes, 2: No |
| Bass Pro Shop | *Single, Pull-down list.* 1: Yes, 2: No |
| Target | *Single, Pull-down list.* 1: Yes, 2: No |
| Walmart | *Single, Pull-down list.* 1: Yes, 2: No |
| Other | *Single, Pull-down list.* 1: Yes, 2: No |

10.3.14 Would UAS have the ability to limit any offerings in the program?

*500 words.*

10.3.15 How easy would it be for the University to make changes to the offerings and rewards offered to its employees?

*500 words.*

10.4 Account Management and Satisfaction Measurement

10.4.1 Will one individual from your company be identified as a principal contact for account management purposes? Please identity this person and provide their contact information.

*200 words.*

10.4.2 What methods does your organization use to measure corporate client satisfaction?

*500 words.*

10.4.3 What methods does your organization use to measure participant satisfaction?

*500 words.*

10.4.4 What methods does your organization use to measure vendor/service provider satisfaction?

*500 words.*

10.4.5 How would you track to make sure the University is in line with their budget for the rewards program?

*500 words.*

10.4.6 Do you agree to provide semi-annual summary reports of the following for University of Arkansas employees purchasing policies?

|  |  |
| --- | --- |
|  | Response |
| Number of employees enrolled or registered in the program | *Single, Pull-down list.* 1: Yes, 2: No |
| Number of employees using a service or discount | *Single, Pull-down list.* 1: Yes, 2: No |
| Organizations, activities, and events employees have used or participated in | *Single, Pull-down list.* 1: Yes, 2: No |
| Please provide a sample report. | *Single, Pull-down list.* 1: Attached, 2: Not provided |

10.5 Communication

10.5.1 Will you participate in the University's annual virtual benefits fair? Participating vendors provide content about their service offerings. Some provide videos. Some provide prizes. Some provide links to learning sessions.

*100 words.*

10.5.2 If the University provides you with a mailing list will you mail postcards periodically to employee homes that advertise the value of the program?

*100 words.*

10.5.3 Will you agree to jointly branding communications that go to University employees? Will you agree to the University reviewing materials and providing editing suggestions before being sent?

*100 words.*

10.6 Fees

10.6.1 What are the fees/costs, if any, to UAS for providing benefits in your program to its employees?

*500 words.*

10.6.2 Are there commissions payable to Segal n your fees?

*200 words.*

10.6.3 Are any user fees or taxes assessed to the user or to the employer?

*200 words.*

10.6.4 UAS will not be obligated to pay any costs not identified accordingly. The respondent must certify that any costs not identified by the respondent, but subsequently incurred in order to achieve successful operation of the service, will be borne by the respondent. Failure to do so may result in rejection of the bid.

*500 words.*

11 Specific Questions for Vision

11.1 Introduction

11.1.1 UAS provides fully insured vision benefits for approximately 13,421 UAS employees through its vision vendor, Superior Vision. Vision benefits and monthly premiums can be found at <https://benefits.uasys.edu/>. Benefits are administered on a 4-tier rate basis and are 100% contributory, meaning UAS does not subsidize the cost of vision benefits. We are requesting that vision proposals adhere to the following requirements:

1. Rates are submitted on a 4-tier rate basis (employee only, employee + spouse, employee + child(ren), & family)
2. Enrollment in the vision program is voluntary
3. Premiums are 100% contributory
4. Proposed plan designs match the current vision benefits as closely as possible

11.2 Proposal Requirements

11.2.1 Commissions. All quotes must include commissions as outlined in the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage** | **Commission** | **Confirmed (Y/N) if no, indicate commission percentage** | **Percentage** |
| Vision | 1% | *Single, Pull-down list.* 1: Yes, 2: No | *Percent.* |

11.3 Contract

11.3.1 Provide a copy of the proposed contract for review.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

11.3.2 Will you agree to notify UAS immediately if the network or a provider loses any accreditation, licenses, liability insurance coverage, security, or bonding?

*Single, Pull-down list.*  
1: Yes,  
2: No

11.3.3 Will you provide 60-day advance notice of significant changes in policies, practices, affiliations, or staffing?

*Single, Pull-down list.*  
1: Yes,  
2: No

11.3.4 UAS will require mutually agreed upon provisions in your organization's contract, which unilaterally indemnify UAS against liability for non-fiduciary breaches, such as negligence and malfeasance. Will you agree to provide this?

*Single, Pull-down list.*  
1: Yes,  
2: No

11.3.5 Have you agreed to the termination provision outlined in our proposal requirement section for UAS and for your firm?

*500 words.*

11.4 Customer Service

11.4.1 Where is your customer service unit located?

*500 words.*

11.4.2 What is the average years of experience of your Customer Service Representatives (CSRs)?

*Decimal.*

11.4.3 Are your customer service representatives located in the continental US?

*Single, Pull-down list.*  
1: Yes,  
2: No

11.4.4 Will you provide a toll-free customer service number for claim and benefit inquiries?

*Single, Pull-down list.*  
1: Yes,  
2: No

11.4.5 Are questions regarding provider billing, benefits, or member grievances covered by the same phone number? If not, please explain.

*500 words.*

11.4.6 What hours and days are live customer service representatives available (indicate using CST time)?

*500 words.*

11.4.7 What alternative services do you provide? (i.e., Assistance for the hearing impaired, other languages, 24-hour toll-free automated benefits and eligibility, customer service accessible via the internet, etc.)

*500 words.*

11.4.8 Please provide the following statistics for 2019 and 2020:

|  |  |  |
| --- | --- | --- |
|  | 2019 | 2020 |
| Average speed to answer:  \_\_\_% within 30 seconds | *Percent.* | *Percent.* |
| Busy rate: \_\_\_\_seconds | *Decimal.* | *Decimal.* |
| Abandonment Rate :  \_\_\_% | *Percent.* | *Percent.* |

11.4.9 Are plan participants able to access a web portal for:

|  |  |
| --- | --- |
|  | Response |
| Status of claims | *Single, Pull-down list.* 1: Yes, 2: No |
| Benefit brochure | *Single, Pull-down list.* 1: Yes, 2: No |
| ID cards | *Single, Pull-down list.* 1: Yes, 2: No |
| Cost estimator of common services | *Single, Pull-down list.* 1: Yes, 2: No |
| Cost of services by a specific provider | *Single, Pull-down list.* 1: Yes, 2: No |
| Provider Quality | *Single, Pull-down list.* 1: Yes, 2: No |

11.4.10 Will UAS have online access to address additions, terminations, and status changes?

*Single, Pull-down list.*  
1: Yes,  
2: No

11.4.11 What other kinds of information can UAS obtain through your website?

*500 words.*

11.4.12 Provide a copy of your most recent customer satisfaction survey statistics.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

11.4.13 How do your providers recognize a patient as a participant in your program - voucher, ID card, electronic connection to your eligibility database, etc.? Please explain.

*500 words.*

11.5 Claims

11.5.1 Which claim office(s) will you assign to UAS?

*500 words.*

11.5.2 What was the percentage of all claims that have been submitted electronically by network providers in 2020?

*Percent.*

11.5.3 For the claim office(s) proposed, what is the average turnaround time for clean and complex in-network, out-of-network, and out-of-area vision claims?

|  |  |
| --- | --- |
|  | Average Turnaround Time (in days) |
| In-network claims | *Decimal.* |
| Out-of-network claims | *Decimal.* |
| Out-of-area-claims | *Decimal.* |

11.5.4 For the claim office(s) proposed, please provide the following for 2019 and 2020:

|  |  |  |
| --- | --- | --- |
|  | 2019 | 2020 |
| a.       Financial accuracy as a percent of total claims dollars paid (include over and underpayments) | *Percent.* | *Percent.* |
| b.       Coding accuracy as a percent of total claims submitted | *Percent.* | *Percent.* |

11.5.5 Are any authorization forms necessary or ID cards required?

*500 words.*

11.5.6 Does your claim system have any protections against fraud by:

|  |  |
| --- | --- |
|  | Response |
| a. Providers | *Single, Pull-down list.* 1: Yes, 2: No |
| b. Members | *Single, Pull-down list.* 1: Yes, 2: No |
| c. Employees | *Single, Pull-down list.* 1: Yes, 2: No |

11.5.7 Do members pay up-front and submit claims for reimbursement or are members responsible for only plan copays?

*500 words.*

11.5.8 If paper claim submission is required, what is the turn-around time for a member's claim to be processed (date of receipt to date check is issued)?

*500 words.*

11.5.9 What are the time limits for submitting claims?

*500 words.*

11.6 Network

11.6.1 Do you wholly own and operate the network you are proposing for UAS?

*500 words.*

11.6.2 Indicate the marketing name of the network you are proposing.

*500 words.*

11.6.3 Is your vision care network in UAS's service area made up of retail chains only, independent opticians / ophthalmologists only, or a mixture of both?

*500 words.*

11.6.4 Please list any known, substantial changes in your reimbursement arrangements with providers that could or will take place within the next 12 months.

*500 words.*

11.6.5 Using the table below, please indicate the percent of the offices that are private provider offices versus chain stores for each 3-digit zip code. Each row should add up to 100%.

|  |  |  |
| --- | --- | --- |
| **Vision Network** |  |  |
| **Zip Code** | **% of Independent Vision Providers** | **% of Retail Chain Vision Providers** |
| 716 | *Percent.* | *Percent.* |
| 717 | *Percent.* | *Percent.* |
| 718 | *Percent.* | *Percent.* |
| 719 | *Percent.* | *Percent.* |
| 720 | *Percent.* | *Percent.* |
| 721 | *Percent.* | *Percent.* |
| 722 | *Percent.* | *Percent.* |
| 723 | *Percent.* | *Percent.* |
| 724 | *Percent.* | *Percent.* |
| 725 | *Percent.* | *Percent.* |
| 726 | *Percent.* | *Percent.* |
| 727 | *Percent.* | *Percent.* |
| 728 | *Percent.* | *Percent.* |
| 729 | *Percent.* | *Percent.* |
| 749 | *Percent.* | *Percent.* |
| 755 | *Percent.* | *Percent.* |

11.6.6 Please indicate whether the following provider and retail chains are in your network:

|  |  |
| --- | --- |
| **Provider** | **In-Network (Y/N)?** |
| Independent Providers | *Single, Pull-down list.* 1: Yes, 2: No |
| JCPenney Optical | *Single, Pull-down list.* 1: Yes, 2: No |
| Lens Crafters | *Single, Pull-down list.* 1: Yes, 2: No |
| Pearle Vision | *Single, Pull-down list.* 1: Yes, 2: No |
| Target Optical | *Single, Pull-down list.* 1: Yes, 2: No |
| Sears Optical | *Single, Pull-down list.* 1: Yes, 2: No |
| National Vision | *Single, Pull-down list.* 1: Yes, 2: No |
| Wal-Mart | *Single, Pull-down list.* 1: Yes, 2: No |
| Sam’s Club | *Single, Pull-down list.* 1: Yes, 2: No |
| Costco | *Single, Pull-down list.* 1: Yes, 2: No |
| Warby Parker | *Single, Pull-down list.* 1: Yes, 2: No |
| For Eyes | *Single, Pull-down list.* 1: Yes, 2: No |
| Other (please indicate) | *200 words.* Nothing required |

11.6.7 Exhibit A summarizes where UAS's eligible participants and their dependents reside.

a. Please provide GeoAccess analysis reports that will show the number of total participants (13,421) and their eligible dependents that have access to network providers within the parameters shown in the table below for your vision network. The reports should show distance “as the crow flies”.

*Single, Radio group.*  
1: Attached,  
2: Not provided

11.6.8 Complete the following table for your vision network.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Participants** | **Percentage** | **Provider Type** | **Mileage From Home** |
| 13,421 | *Percent.* | 1 Ophthalmologist | 5 miles |
| 13,421 | *Percent.* | 1 Ophthalmologist | 10 miles |
| 13,421 | *Percent.* | 2 Optometrist | 5 miles |
| 13,421 | *Percent.* | 2 Optometrist | 10 miles |

11.6.9 Please complete the following table for the vision network by including the unique locations, unique providers and access points for any of the requested vision providers in the following 3-digit zip codes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vision Network** | **Ophthalmologist** | **Ophthalmologist** | **Ophthalmologist** | **Optometrist** | **Optometrist** | **Optometrist** |
| **Zip Code** | **Unique Locations** | **Unique Providers** | **Access Points** | **Unique Locations** | **Unique Providers** | **Access Points** |
| 716 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 717 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 718 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 719 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 720 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 721 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 722 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 723 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 724 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 725 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 726 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 727 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 728 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 729 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 749 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |
| 755 | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* | *Integer.* |

11.6.10 Are any of the provider types in the table above counted more than once? If yes, please describe what overlap occurred.

*500 words.*

11.6.11 Do you (or any of your providers) require a benefit differential between in-network and out-of-network benefits?

*500 words.*

11.6.12 Exhibit D contains a listing of UAS's top 98% utilized vision providers by billed charges. For each provider, please indicate whether they are in-network (Y/N) and the discount amount for each.

*Single, Radio group.*  
1: Attached,  
2: Not provided

11.6.13 For 2019 and 2020, provide the number of network participating providers that terminated in UAS's service area:

|  |  |  |
| --- | --- | --- |
|  | By your organization | By the provider |
| 2019 | *Integer.* | *Integer.* |
| 2020 | *Integer.* | *Integer.* |

11.6.14 What changes do you anticipate to your network over the next two years?

*500 words.*

11.6.15 How does your organization measure the quality of care provided by the providers in your network?

*500 words.*

11.6.16 How many complaints per 1,000 visits do you receive on your network providers?

*500 words.*

11.7 Benefits

11.7.1 Using the table below, please indicate your proposed vision benefits for both the basic and enhanced plans. Please attempt to match the current benefits as closely as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benefits – Basic Plan** | **Current In-Network** | **Current Out-of-Network** | **Proposed In-Network** | **Proposed Out-of-Network** |
| **Frequency: (Exams/Lenses/Frames/Contacts)** | 12/12/24/12 | 12/12/24/12 | *10 words.* | *10 words.* |
| **Copays** |  |  |  |  |
| Exams | $10 | Up to $42 (MD) Up to $36 (OD) | *10 words.* | *10 words.* |
| Materials | $20 | N/A | *10 words.* | *10 words.* |
| Contact Lens Fitting | $25 | N/A | *10 words.* | *10 words.* |
| **Lenses** |  |  |  |  |
| Single Vision | 100% | Up to $28 | *10 words.* | *10 words.* |
| Bifocal | 100% | Up to $42 | *10 words.* | *10 words.* |
| Trifocal | 100% | Up to $56 | *10 words.* | *10 words.* |
| Progressive | See note below ¹ | Up to $56 | *10 words.* | *10 words.* |
| **Retail Frame Allowance** | $125 | Up to $70 | *10 words.* | *10 words.* |
| **Contact Lenses** |  |  |  |  |
| Elective Contact Lenses | $120 | Up to $100 | *10 words.* | *10 words.* |
| Medically Necessary Contact Lenses | 100% | $210 | *10 words.* | *10 words.* |
| Disposable Contact Lenses | 10% off retail | N/A | *10 words.* | *10 words.* |
| **Lens Enhancements (no OON benefits)** | **Single Vision** | **Multifocal** | **Single Vision** | **Multifocal** |
| Scratch-Resistant Coating | $13 | $13 | *10 words.* | *10 words.* |
| UV Protection | $15 | $15 | *10 words.* | *10 words.* |
| Tints, Solid, or Gradients | $25 | $25 | *10 words.* | *10 words.* |
| Standard Anti Reflective Coating | $50 | $50 | *10 words.* | *10 words.* |
| Polycarbonate Lenses | $40 | 20% off retail | *10 words.* | *10 words.* |
| High Index 1.6 | $55 | 20% off retail | *10 words.* | *10 words.* |
| Photochromic Lenses | $80 | 20% off retail | *10 words.* | *10 words.* |
| **Misc. Notes** | ¹ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay |  | *500 words.* | *500 words.* |
| **Benefits – Enhanced Plan** | **Current In-Network** | **Current Out-of-Network** | **Proposed In-Network** | **Proposed Out-of-Network** |
| **Frequency: (Exams/Lenses/Frames/Contacts)** | 12/12/12/12 | 12/12/12/12 | *10 words.* | *10 words.* |
| **Copays** |  |  |  |  |
| Exams | $10 | Up to $42 (MD) Up to $36 (OD) | *10 words.* | *10 words.* |
| Materials | $20 | N/A | *10 words.* | *10 words.* |
| Contact Lens Fitting | $25 | N/A | *10 words.* | *10 words.* |
| **Lenses** |  |  |  |  |
| Single Vision | 100% | Up to $28 | *10 words.* | *10 words.* |
| Bifocal | 100% | Up to $42 | *10 words.* | *10 words.* |
| Trifocal | 100% | Up to $56 | *10 words.* | *10 words.* |
| Progressive | 100% ¹ | Up to $42 | *10 words.* | *10 words.* |
| **Retail Frame Allowance** | $150 | Up to $84 | *10 words.* | *10 words.* |
| **Contact Lenses** |  |  |  |  |
| Elective Contact Lenses | $150 | Up to $100 | *10 words.* | *10 words.* |
| Medically Necessary Contact Lenses | 100% | $210 | *10 words.* | *10 words.* |
| Disposable Contact Lenses | 10% off retail | N/A | *10 words.* | *10 words.* |
| **Lens Enhancements (no OON benefits)** | **Single Vision** | **Multifocal** | **Single Vision** | **Multifocal** |
| Scratch-Resistant Coating | 100% | 100% | *10 words.* | *10 words.* |
| UV Protection | 100% | 100% | *10 words.* | *10 words.* |
| Tints, Solid, or Gradients | $25 | $25 | *10 words.* | *10 words.* |
| Standard Anti Reflective Coating | $50 | $50 | *10 words.* | *10 words.* |
| Polycarbonate Lenses | $40 | 20% off retail | *10 words.* | *10 words.* |
| High Index 1.6 | $55 | 20% off retail | *10 words.* | *10 words.* |
| Photochromic Lenses | $80 | 20% off retail | *10 words.* | *10 words.* |
| **Misc. Notes** | ¹ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses. |  | *500 words.* | *500 words.* |

11.7.2 Does your proposed plan include any exclusions or limitations that are more restrictive than the requested plans?

*500 words.*

11.7.3 Does your proposal include any pre-existing condition limitations?

*500 words.*

11.7.4 If so, list any exclusions and/or limitations. Do not refer to the reader in your proposal.

*500 words.*

11.7.5 List the services included with an eye exam:

|  |  |
| --- | --- |
|  | Response |
| a.       Case history | *Single, Pull-down list.* 1: Yes, 2: No |
| b.       Exam | *Single, Pull-down list.* 1: Yes, 2: No |
| c.       External exam | *Single, Pull-down list.* 1: Yes, 2: No |
| d.       Pupillary reflexes | *Single, Pull-down list.* 1: Yes, 2: No |
| e.       Binocular vision | *Single, Pull-down list.* 1: Yes, 2: No |
| f.        Objective refraction | *Single, Pull-down list.* 1: Yes, 2: No |
| g.       Subjective refraction | *Single, Pull-down list.* 1: Yes, 2: No |
| h.       Test for glaucoma | *Single, Pull-down list.* 1: Yes, 2: No |
| i.         Slit lamp exam (Biomicroscopy) | *Single, Pull-down list.* 1: Yes, 2: No |
| j.         Dilation | *Single, Pull-down list.* 1: Yes, 2: No |
| k.       Dilated fundus examination | *Single, Pull-down list.* 1: Yes, 2: No |
| l.         Color vision | *Single, Pull-down list.* 1: Yes, 2: No |
| m.     Depth perception | *Single, Pull-down list.* 1: Yes, 2: No |
| n.       Other (describe) | *Single, Pull-down list.* 1: Yes, 2: No |

11.7.6 Does your eye examination include a contact lens fitting, or is there an additional charge for this service?

*500 words.*

11.7.7 What services are covered with respect to the dispensing of frames and lenses?

*500 words.*

11.7.8 For how long are the frames and lenses guaranteed?

*500 words.*

11.7.9 What is your replacement policy for frames and lenses?

*500 words.*

11.7.10 If frames and lenses are ordered, what is the average waiting period between placement of order and delivery of frames?

*500 words.*

11.7.11 Regarding the frequency of materials, how do you track the specified frequency? For example, assume the allowable frequency is 12 months for all materials. Indicate which method is used, as follows:  
a. Once every calendar year, or  
b. Once every plan year, or  
c. Once every 12 months, starting when each member receives their first set of materials.

*500 words.*

11.7.12 Does your plan design offer glass or plastic lenses at the patient's option?

*500 words.*

11.7.13 Is scratch coating covered for lenses in your plan offering? If not, is there an additional cost to add this benefit?

*500 words.*

11.7.14 Are photochromic lenses covered in your plan offering? If not, is there an additional cost to add this benefit?

*500 words.*

11.7.15 What services are covered with respect to dispensing contact lenses?

*500 words.*

11.7.16 How many “standard” frames are included under your proposed program that would not involve an extra charge to the participant?

*500 words.*

11.7.17 Are the labs that manufacture the materials owned by your organization? If yes, indicate the name of the lab and manufacturer that will be providing materials.

*500 words.*

11.7.18 Using the chart below, please state what percentage of your providers for each metropolitan service area (MSA) are licensed to perform LASIK.

|  |  |
| --- | --- |
| **MSA** | **Percentage of LASIK Providers** |
| Little Rock-North Little Rock-Conway | *Percent.* |
| Fayetteville-Springdale-Rogers | *Percent.* |
| Pine Bluff-El Dorado | *Percent.* |
| Fort Smith, AR-OK | *Percent.* |
| Hot Springs-Russellville | *Percent.* |
| Jonesboro | *Percent.* |
| Blytheville-Abbeville, MS-AR | *Percent.* |

11.7.19 Do any benefits require pre-authorization?

*500 words.*

11.7.20 Does your organization offer any discounts on eye care solutions such as saline, lubricants, drops, etc.?

*500 words.*

11.7.21 How will your plan pay benefits for members who reside or seek service outside of the state?

*500 words.*

11.7.22 Vision exams can be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with disease Management or Wellness programs? Please describe.

*500 words.*

11.8 Underwriting

11.8.1 What experience period will be used for the first renewal? What period will be used in second and later renewals?

*500 words.*

11.8.2 How much would the group have to change in size before credibility percentages vary by more than 10 percent?

*500 words.*

11.8.3 Explain the methodology and data to be used for the renewal process. How will projected incurred claims be estimated for these plans?

*500 words.*

11.8.4 What credibility do you anticipate assigning to the Client's experience at:

|  |  |
| --- | --- |
|  | Response |
| First Renewal? | *200 words.* |
| Subsequent? | *200 words.* |

11.8.5 What maturity factor would you use to adjust paid claims for the first renewal?

*500 words.*

11.8.6 What are your historical 2019 and 2020 pricing trends and anticipated 2020 pricing trends for your proposed plan in the greater Fayetteville, AR and Little Rock, AK metropolitan areas?

*500 words.*

11.8.7 Is retention calculated as a percentage of claims, a percentage of premium, or a per capita basis?

*500 words.*

11.8.8 Do you agree to use client specific lag to determine paid to incurred adjustments for renewal calculations?

*500 words.*

11.9 Billing

11.9.1 When is premium due and when is it considered delinquent?

*500 words.*

11.9.2 How do you handle reconciliation of billing and enrollment issues?

*500 words.*

11.9.3 How often would you audit UAS for eligibility discrepancies?

*500 words.*

11.9.4 UAS would prefer at a minimum current month plus 60 days for retroactive terminations. What is your timeframe allowed for retroactive terminations? Is this negotiable?

*500 words.*

11.10 Reporting

11.10.1 Based on the attached required structure, do you agree to provide the following reports as identified below? Please indicate if your report is available online to UAS. Please include sample reports.

|  |  |  |
| --- | --- | --- |
|  | Response | Available Online |
| Enrollment (subscriber/member) by coverage tier and active/cobra. | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |
| Enrollment (subscriber/member) by coverage tier and active/cobra. | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |
| Premiums paid | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |
| Claims paid by Status (active/cobra) and in-network vs out of network | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |
| Utilization report | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |
| Number of exams, frames, lenses and contact lenses | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |
| Ability for UAS to generate Ad Hoc Reports | *Single, Pull-down list.* 1: Yes, 2: No | *Single, Pull-down list.* 1: Yes, 2: No |

11.10.2 Provide a sample of the standard reports.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

11.10.3 Are ad hoc reports available? If not, why not? If yes, is there an additional charge and what is it?

*500 words.*

11.11 Cost Estimates

11.11.1 Using the grid below, please list your average charge for each listed CPT code and zip code.

**Average Charge**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CPT Code** | **Count** | **716** | **717** | **718** | **719** | **720** | **721** | **722** | **723** | **724** | **725** | **726** | **727** | **728** | **729** | **749** | **755** |
| 92014 | 5625 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| 92015 | 5419 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2020 | 4825 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2750 | 2421 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| 92310 | 2337 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2781 | 2292 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2784 | 2236 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| 92004 | 1836 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2520 | 1819 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2100 | 1634 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2799 | 1249 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2103 | 1177 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2299 | 814 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| 92012 | 778 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2755 | 694 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2760 | 663 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2744 | 662 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2521 | 647 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2500 | 420 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2783 | 405 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2782 | 400 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2025 | 378 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| 92002 | 347 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |
| V2599 | 254 | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* | *Dollars.* |

11.12 Performance Guarantees

11.12.1 For the following categories, provide the performance standard you are willing to offer, the financial penalty (maximum dollar amount or % of administrative fees) you will agree to pay if the standard is not met, and the method of measuring the penalty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CUSTOMER SERVICE – Category** | **Standard** | **Measurement** | **Benchmark** | **Penalty at Risk** |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | 2% or less | *10 words.* |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | 2.01% -3% | *10 words.* |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | 3.01% - 4% | *10 words.* |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | >4% | *10 words.* |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | 46 - 55 seconds | *10 words.* |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | 56 - 60 seconds | *10 words.* |
| **Abandon Rate** | 2% or less | Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide UAS with monthly actual service performance levels for this category. | >60 seconds | *10 words.* |
| **Telephone Call Answer Level** | 90% of calls answered within 30 seconds | Bidder will maintain that ninety percent (90%) of all incoming calls received by Bidder's customer service telephone line (“Incoming Calls”) within a Policy Period will be answered by a customer service representative within thirty (30) seconds ("Guaranteed Telephone Call Answer Level"). Answer time will be measured from the time the caller completes the prompts of the automated telephone system and after any welcome or monitoring message is played to the time the caller reaches a customer service representative. | 90% or more | *10 words.* |
| **Telephone Call Answer Level** | 90% of calls answered within 30 seconds | Bidder will maintain that ninety percent (90%) of all incoming calls received by Bidder's customer service telephone line (“Incoming Calls”) within a Policy Period will be answered by a customer service representative within thirty (30) seconds ("Guaranteed Telephone Call Answer Level"). Answer time will be measured from the time the caller completes the prompts of the automated telephone system and after any welcome or monitoring message is played to the time the caller reaches a customer service representative. | 85% - 89.9% | *10 words.* |
| **Telephone Call Answer Level** | 90% of calls answered within 30 seconds | Bidder will maintain that ninety percent (90%) of all incoming calls received by Bidder's customer service telephone line (“Incoming Calls”) within a Policy Period will be answered by a customer service representative within thirty (30) seconds ("Guaranteed Telephone Call Answer Level"). Answer time will be measured from the time the caller completes the prompts of the automated telephone system and after any welcome or monitoring message is played to the time the caller reaches a customer service representative. | <85% | *10 words.* |
| **First Call Resolution** | 90% or more | Bidder will maintain a service level that provides for Ninety Percent (90%) of all incoming calls received be handled on a “First Call Resolved” basis. A call is considered “Resolved” if the inquiry is resolved and no further action or referral is required on the part of Bidder. Resolution of inquiry is achieved at agreed level of service when Bidder resolves the initial inquiry so that a second contact on the same issue is not required. | 90% or more | *10 words.* |
| **First Call Resolution** | 90% or more | Bidder will maintain a service level that provides for Ninety Percent (90%) of all incoming calls received be handled on a “First Call Resolved” basis. A call is considered “Resolved” if the inquiry is resolved and no further action or referral is required on the part of Bidder. Resolution of inquiry is achieved at agreed level of service when Bidder resolves the initial inquiry so that a second contact on the same issue is not required. | <90% | *10 words.* |
| **Written (Email) Correspondence** | 80% or more | Bidder will maintain a service level that provides for a response to Eighty Percent (80%) of all dental e-mail inquiries received within 1 business day after Bidder receives the e-mail. | 80% or more | *10 words.* |
| **Written (Email) Correspondence** | 80% or more | Bidder will maintain a service level that provides for a response to Eighty Percent (80%) of all dental e-mail inquiries received within 1 business day after Bidder receives the e-mail. | <80% | *10 words.* |
|  | **NOTE:** Telephone customer service standard will apply between the hours of 8 am and 7pm EST. |  |  |  |

11.12.2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMINISTRATION – Category** | **Standard** | **Measurement** | **Benchmark** | **Penalty at Risk** |
| **Delivery of Quarterly/ Annual** **Utilization** **Reports** | 20 calendar  days or less | Bidder will deliver its management reports to UAS within 20 business days after the end of the quarter or calendar year. “Management reports” will include all data elements outlined in the reporting section of this RFP. Beginning on the 21st calendar day after the end of the reporting month, Bidder will pay a penalty of $50/business day until UAS receives the reports. | 1 - 20 days | *10 words.* |
| **Delivery of Quarterly/ Annual** **Utilization** **Reports** | 20 calendar  days or less | Bidder will deliver its management reports to UAS within 20 business days after the end of the quarter or calendar year. “Management reports” will include all data elements outlined in the reporting section of this RFP. Beginning on the 21st calendar day after the end of the reporting month, Bidder will pay a penalty of $50/business day until UAS receives the reports. | >20 days | *10 words.* |
| **Delivery of Quarterly/ Annual** **Utilization** **Reports** | 20 calendar  days or less | Bidder will deliver its management reports to UAS within 20 business days after the end of the quarter or calendar year. “Management reports” will include all data elements outlined in the reporting section of this RFP. Beginning on the 21st calendar day after the end of the reporting month, Bidder will pay a penalty of $50/business day until UAS receives the reports. | Maximum/ occurrence | *10 words.* |
| **Delivery of Rate Renewal Reports** | Date TBD of each preceding plan year | Bidder will deliver its annual renewal reports to UAS by Date TBD of the plan preceding the renewal. Renewal Reports will include all data elements outlined in the reporting section of this RFP. Beginning on the first business day after Date TBD, Bidder will pay a penalty of $100/business day until UAS receives the reports. | TBD | *10 words.* |
| **Delivery of Rate Renewal Reports** | Date of each preceding plan year | Bidder will deliver its annual renewal reports to UAS by Date TBD of the plan preceding the renewal. Renewal Reports will include all data elements outlined in the reporting section of this RFP. Beginning on the first business day after Date TBD, Bidder will pay a penalty of $100/business day until UAS receives the reports. | >30 days | *10 words.* |
| **Delivery of Rate Renewal Reports** | Date TBD of each preceding plan year | Bidder will deliver its annual renewal reports to UAS by Date TBD of the plan preceding the renewal. Renewal Reports will include all data elements outlined in the reporting section of this RFP. Beginning on the first business day after Date TBD, Bidder will pay a penalty of $100/business day until UAS receives the reports. | Maximum/one occurrence | *10 words.* |
| **Provider Turnover** | Less than 5% annual provider turnover | Bidder will ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates should be calculated on all terminations for ophthalmologists or optometrists regardless of reason for termination. | <5% | *10 words.* |
| **Provider Turnover** | Less than 5% annual provider turnover | Bidder will ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates should be calculated on all terminations for ophthalmologists or optometrists regardless of reason for termination. | 5%-7% | *10 words.* |
| **Provider Turnover** | Less than 5% annual provider turnover | Bidder will ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates should be calculated on all terminations for ophthalmologists or optometrists regardless of reason for termination. | >7% | *10 words.* |
| **Provider Turnover** | Less than 5% annual provider turnover | Bidder will ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates should be calculated on all terminations for ophthalmologists or optometrists regardless of reason for termination. | Suburban <95% | *10 words.* |
| **Provider Turnover** | Less than 5% annual provider turnover | Bidder will ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates should be calculated on all terminations for ophthalmologists or optometrists regardless of reason for termination. | Rural <60% | *10 words.* |
| **Implementation** | Successful and timely completion | Bidder will guarantee that all implementation targets identified in the implementation project plan will be met. | 95% - 99% Success Rate | *10 words.* |
| **Implementation** | Successful and timely completion | Bidder will guarantee that all implementation targets identified in the implementation project plan will be met. | 90% - 94% Success Rate | *10 words.* |
| **Implementation** | Successful and timely completion | Bidder will guarantee that all implementation targets identified in the implementation project plan will be met. | <90% Success Rate | *10 words.* |

11.12.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLAIMS PROCESSING AND FINANCIAL ACCURACY - Category** | **Standard** | **Measurement** | **Benchmark** | **Penalty at Risk** |
| **Clean claims turnaround** | 95% processed within 14 days or less | Bidder will ensure that 95% of all clean claims are processed within 14 days or less. | 1 - 14 days | *10 words.* |
| **Clean claims turnaround** | 95% processed within 14 days or less | Bidder will ensure that 95% of all clean claims are processed within 14 days or less. | >14 days | *10 words.* |
| **Clean claims turnaround** | 95% processed within 14 days or less | Bidder will ensure that 95% of all clean claims are processed within 14 days or less. | Maximum/ occurrence | *10 words.* |
| **Complex claims turnaround** | 90% processed within 30 days or less | Bidder will ensure that 90% of all clean claims are processed within 30 days or less | 1-30 days | *10 words.* |
| **Complex claims turnaround** | 90% processed within 30 days or less | Bidder will ensure that 90% of all clean claims are processed within 30 days or less | >30 days | *10 words.* |
| **Complex claims turnaround** | 90% processed within 30days or less | Bidder will ensure that 90% of all clean claims are processed within 30 days or less | Maximum/one occurrence | *10 words.* |
| **Claims payment accuracy** | 99% accuracy | Bidder will ensure 99% payment accuracy of claims (# of claims without error / number of audited claims). | 99% and above | *10 words.* |
| **Claims payment accuracy** | 99% accuracy | Bidder will ensure 99% payment accuracy of claims (# of claims without error / number of audited claims). | <99% | *10 words.* |
| **Claims payment accuracy** | 99% accuracy | Bidder will ensure 99% payment accuracy of claims (# of claims without error / number of audited claims). | Maximum/ occurrence | *10 words.* |
| **Claims payment financial accuracy** | 98% accuracy | Bidder will ensure that 98% financial accuracy of claims (# of claims without error / number of audited claims). | 98% and above | *10 words.* |
| **Claims payment financial accuracy** | 98% accuracy | Bidder will ensure that 98% financial accuracy of claims (# of claims without error / number of audited claims). | <98% | *10 words.* |
| **Claims payment financial accuracy** | 98% accuracy | Bidder will ensure that 98% financial accuracy of claims (# of claims without error / number of audited claims). | Maximum/ occurrence | *10 words.* |
| **Claims coding accuracy** | 98% coded accurately | Bidder will ensure that 98% of claims are coded accurately. | 98% and above | *10 words.* |
| **Claims coding accuracy** | 98% coded accurately | Bidder will ensure that 98% of claims are coded accurately. | <98% | *10 words.* |
| **Claims coding accuracy** | 98% coded accurately | Bidder will ensure that 98% of claims are coded accurately. | Maximum/ occurrence | *10 words.* |

11.13 Vision Financial Quotation

11.13.1 Provide a quote on a fully insured basis based on the current plan designs. All rates should be quoted on a composite per-employee-per-month (PEPM) basis, assuming a combined 13,421 eligible participants and their eligible dependents and 1% commission:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vision Provider Organization:  Premium Rates (Basic Plan)** |  |  |  |  |
| **Basic Plan** | **Participants** | **Year 1** | **Year 2** | **Year 3** |
| Employee Only Rate | **5169** | *Dollars.* | *Dollars.* | *Dollars.* |
| Employee + Spouse Rate | **1288** | *Dollars.* | *Dollars.* | *Dollars.* |
| Employee + Child(ren) Rate | **1019** | *Dollars.* | *Dollars.* | *Dollars.* |
| Family Rate | **1513** | *Dollars.* | *Dollars.* | *Dollars.* |
| **Estimated Annual Premium** |  | *Dollars.* | *Dollars.* | *Dollars.* |

11.13.2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vision Provider Organization:  Premium Rates (Enhanced Plan)** |  |  |  |  |
| **Enhanced Plan** | **Participants** | **Year 1** | **Year 2** | **Year 3** |
| Employee Only Rate | **2464** | *Dollars.* | *Dollars.* | *Dollars.* |
| Employee + Spouse Rate | **747** | *Dollars.* | *Dollars.* | *Dollars.* |
| Employee + Child(ren) Rate | **527** | *Dollars.* | *Dollars.* | *Dollars.* |
| Family Rate | **711** | *Dollars.* | *Dollars.* | *Dollars.* |
| **Estimated Annual Premium** |  | *Dollars.* | *Dollars.* | *Dollars.* |

11.13.3 Please confirm that the above premium rates are based on the following requirements:  
a. Rates are based on an estimated enrollment of 7,633 employee only, 2,035 employee + spouse, 1,546 employee + child(ren), and 2,224 family  
b. Rates correspond with the proposed benefits in section 11.7  
c. Rates include 1% commission  
d. Premiums are 100% contributory (employee paid)

*Single, Radio group.*  
1: Yes,  
2: No, explain: [ 500 words ]

11.13.4 List any other fees that might be charged to UAS and explain the reason for the charge (e.g., provider directories, ID cards, standard and customized communications materials, standard or ad hoc reports, claims adjudication, etc.). Please show these costs as per-employee-per-month (PEPM).

*500 words.*

11.13.5 Will you guarantee your rates for three years or more? If no, at what level will you cap your fee increase for each contract year after the first one?

*500 words.*

11.13.6 Are the quoted rates subject to any restrictions or requirements UAS should be made aware of?

*500 words.*

11.13.7 Please list all provisions relating to reevaluation of proposed rates due to variation in enrollment or other contingencies of the quote.

*500 words.*

11.13.8 Are you willing to provide Credits and Allowances for UAS's costs of implementing your program? Please describe implementation and communication credits you agree to allow, including any open enrollment allowance in the table below  
\* One-Time assumes first year of the contract. Annual assumes each year of the contract.

|  |  |  |  |
| --- | --- | --- | --- |
| **Allowance Type** | **Included? (Y/N)** | **Credit Amount ($)** | **Credit Frequency (One-Time or Annual)\*** |
| Implementation Allowance | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* | *Single, Pull-down list.* 1: One-Time, 2: Annual |
| Communication Allowance | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* | *Single, Pull-down list.* 1: One-Time, 2: Annual |
| Open Enrollment Allowance | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* | *Single, Pull-down list.* 1: One-Time, 2: Annual |
| Audit Allowance | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* | *Single, Pull-down list.* 1: One-Time, 2: Annual |
| Other (please describe): | *Single, Pull-down list.* 1: Yes, 2: No | *Dollars.* | *Single, Pull-down list.* 1: One-Time, 2: Annual |

12 Certification Form

12.1 Complete the attached and upload as part of your response.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

Attached Document(s): [Voluntary Benefits Certification Form.DOCX](file:///C:\Users\hhein\AppData\Local\Temp\api\doc.php\84575098%3fdoc_id=84575098&howname=0&viachild=1&sessid=v5adminsegal21888_4186_14&popup=1)

13 Intent to Bid

13.1 Please submit you're Intent to Bid Form by **April 16th, 2021 at 5:00 PM CST.**

**Instructions for submission: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (John Hardy) to send to. Once your attachment is uploaded, be sure to check the box to include your attachment with the email and then click "Send."**

*Single, Pull-down list.*  
1: Completed and sent,  
2: Not completed

Attached Document(s): [12672 RE\_ RFP Intent to Bid Form.DOCX](file:///C:\Users\hhein\AppData\Local\Temp\api\doc.php\84575096%3fdoc_id=84575096&howname=0&viachild=1&sessid=v5adminsegal21888_4186_14&popup=1)

14 Exhibits

14.1 Reference Documents

14.1.1 Reference documentation is located on the Manage Documents page. A link has been provided in the left-hand side menu.

The attached exhibits provide further details needed to complete the bid evaluation.

Exhibit A: Census as of March 2021 Exhibit B-1: Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability Plan Summaries  
Exhibit B-2: Vision Plan Summaries  
Exhibit B-3: Business Travel Accident Policy  
Exhibit B-4: Current Auto and Home Policies  
Exhibit C-1: Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability Claims Experience and Eligibility  
Exhibit C-2: Basic Life, Supplemental Life, Dependent Life, Voluntary AD&D, Short Term Disability, Long Term Disability Rate History  
Exhibit C-3: Monthly Vision Claims Experience and Eligibility (January 2019 - December 2020)  
Exhibit D: Vision Provider List (January 2020 - December 2020, to be completed and returned with your proposal)  
Exhibit E: Auto/Home Model: To be completed for Personal Lines Bundle Proposal

14.2 Other Required Forms

14.2.1 Complete the RFP 040921 UA Multiple Lines TsCs\_2021.docx and upload as part of your response.

*Single, Pull-down list.*  
1: Attached,  
2: Not provided

Attached Document(s): [RFP 040921 UA Multiple Lines TsCs\_2021.docx](file:///C:\Users\hhein\OneDrive\Desktop\Clients\Segal\UAS%20LAD\api\doc.php\85060130%3fdoc_id=85060130&howname=0&viachild=1&sessid=v5adminsegal21888_5130_02&popup=1)