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May 26, 2017

To: All Prospective Offerors

From: Administrator of the Courts

Re: **Amendment no. 2**
Ref: RFHP 17-01 Group Medical & Dental Insurance

Below are responses to the questions/clarifications submitted to my office in reference to the above RFHP 17-01:

1. We are requesting for the monthly count of subscribers and members by plan and by tier for FY 2016 and FY 2017. Please include the most recent count of subscribers and members by plan for and by tier for each of the plans: HSA2000, PPO1000, D1000 and D2000.

Response: All available subscriber and member enrollment data is provided in Exhibit E.

2. For Exhibit N, please confirm that you are requesting for separate rates for Dental Plan \$1000 and Dental Plan \$2000. Please confirm that additional cells may be inserted in Exhibit N to enter monthly rates for 2 dental plans in our submission.

Response: Yes two (2) plans are required, please add the necessary cells to Exhibit N for the 2 Dental Plans.

3. Please clarify the settlement date stated in the Participating Contract section of Exhibit S. The date 3/1/18 is in the middle of the policy year.

Response: The date you reference is a typo. The correct date is 03/01/2019.

4. Please provide the amount of experience refund paid or payable for FY 2014, FY 2015 and FY 2016 under the Participating Contract provision. Please indicate the amount of deficit balance carried forward to FY 2017, if any.

Response: In 2014 there was a \$55,797.57 refund; there was no refund for 2015; the Judiciary is not aware of a refund paid for 2016 at this time.

5. Regarding orthodontic coverage under the dental plan, are there special eligibility rules, covered procedures and exclusions for this benefit?

Response: Please see Exhibit A page 169 that outlines this benefit.

6. Regarding PPACA and requirements under that law, if a replacement law is signed by the president of the USA that changes and takes away some or all of the benefits required under PPACA, will the benefits offered and other applicable provisions under the Judiciary plan be changed to comply with the replacement/new law?

Response: All benefits purchased for the contract year are expected to remain in effect for the duration of the contract year.

7. In the claims data, please confirm that claims with CLMTP3 = GYM-REWARDS are claims related to the fitness/gym reward from the carrier and do not include the \$40/month gym subsidy from the Judiciary.

Response: The claims data for CLMTP does include the \$40 pass through payment from the Judiciary. As indicated in the memorandum provided with the data, the Judiciary will not answer any questions about recoded data such as CLMTP3.

8. Is the fitness reward from the offeror a required benefit? Will you allow an offeror to change the qualifying rules for the fitness reward or incorporate the reward under a general health rewards program?

Response: The benefit desire is as stated in the RFP. No change to the current benefit is requested.

9. FY2017 Premium Calculation Exhibit vl.xlsx: Currently the relativity factors are .5 for HSA2000 and .7 for Dental 1000. Are these factors going to change? (In FY2016 the factors were .5 and .8 respectively). Also, are the tier relativities going to stay at 1.0, 2.2, 1.8, and 3.0?

Response: The information you are referencing is generally a part of the request for best and final offers, which is later in the procurement process. Is there a reason for requesting this information at the technical proposal stage?

10. Page 52 Exhibit H Plan Design Notes under item no. 17: "The plan shall not impose a co-payment for Hospice or Clinical Trial Services".

In addition to not imposing a co-payment will there be any changes to how deductibles may apply? Under the current Contract, the deductible is applied as follows:

A. Under the PPO1000 Plan:

- Hospice - The annual deductible does not apply
- Clinical Trials - The annual deductible must be met

B. HSA2000 Plan:

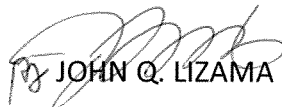
- Hospice - The annual deductible must be met
- Clinical Trials - The annual deductible must be met

Response: Item 17 is a typographical error. We are not requesting any change to the existing benefits presently in effect.

11. Page 48 Exhibit G HSA 2000: We recommend including a reference to individual family member deductible under Deductible per Family Member section. Under the IRS Publication 969 2016 to qualify as a High Deductible Health Plan the minimum annual deductible for an individual family member is (\$2600).

Response: The Judiciary requires the provision of and HSA eligible plan that is subject to the IRS laws, rules and regulations.

Should you have any questions please contact Ms. Gloria J. Long, Procurement & Facilities Management Administrator, at 475-3433/3175 or email at glong@guamcourts.org and/or mantonio@guamcourts.org.


JOHN Q. LIZAMA

Cc: P&MFD/RFHP File