EST 1808
CITY OF
DELAWARE
OHIO

MEMORANDUM

To: Interested Parties

From: Jessica Feller, Human Resources Director

Date: June 24, 2024

Re: Employee Benefits Broker and Consultant Services RFP Questions/Responses

The following is a list of questions received in response to the City of Delaware's Employee Benefits Broker and Consultant Services RFP, followed by responses. All questions were due by June 21, 2024.

1. Is the City utilizing a committee to review RFP responses?
   City staff representing HR, Finance, and Administration will review the RFP responses and make a recommendation regarding the contract award. The City's Health Insurance Committee will have an opportunity for input/feedback regarding the proposals.
2. How many insurance committee and/or collective bargaining meetings do you expect your consultant to attend each year?
   These meetings are held semi-annually, typically in the fall before open enrollment in November and in Q2 to review year-end data. We want to incorporate an annual planning meeting for Q1.
3. Is the City utilizing a Benefits Administration system today? If so, which system? Which ERP system is the City using for Payroll?
   The City's ERP, Tyler/MUNIS, supports Finance/Payroll, Human Resources, Utility Billing and Recreation operations. Tyler/MUNIS is currently enabled for open enrollment and employees complete this through a self-service portal. Staff are working to implement the initial enrollment feature within the HRIS platform which would include self-service access as well.
4. Does the City have a platform with USI to retrieve and keep track of your claims?
   No. This is provided by our TPA, Luminare.
5. Does the City utilize an enrollment platform for new hires and open enrollments? If so, what system?
   See response to Q3.
6. What is the City's current payroll system/software?
   See response to Q3.

7. Since USI has been the City's consultant for 25 years, does the City do an RFP every couple of years? Or is this the first time the City has done it in a while?
   We have not routinely done an RFP for broker/consultant services. This is the first time the City has issued an RFP for broker/consultant services in over 25 years.
8. How long has the City been with Aetna? Have you been happy with Aetna?
   Since 2022.
9. What is the City's current plan design?
   Please see attached benefit breakdown by plan type.
10. Does the City currently utilize an online enrollment platform?
    See response to Q3.
11. Does the City have an employee health and wellness center?
    No.

City of Delaware – 2024 Benefits

As a full-time employee of the City of Delaware, you have the opportunity to enroll in one of the three medical plans offered. We have illustrated a summary of benefits in the table below and this is intended only to highlight your available benefits. This summary should not be relied upon to fully determine your benefit coverage. For complete details of the coverage, limitations and exclusions you should refer to the Plan Document.

Trustmark Benefit Options	Premium PPO Plan Provider Network Aetna		Base PPO Plan Provider Network Aetna		HSA Plan Provider Network Aetna	
Coverage Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible -Individual -Family	 $0 $0	 $500 $1,000	 $1,000 $2,500	 $2,000 $4,000	 $3,000 $6,000	 $ 6,000 $12,000
Coinsurance (employee pays)	10% of the first $1,000, then 20% of the next $3,000	50%	20%	50%	0%	50%
Out-of-Pocket Maximum -Individual -Family	 $700 $1,200	 $3,000 $6,000	 $5,000 $12,500	 $10,000 $20,000	 $4,000 $8,000	 $10,000 $20,000
Preventive Care	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	Deductible then 50%
Office Visit (Primary Care)	$10 copay	50% after deductible	$15 copay	50% after deductible	Deductible then100%	Deductible then 50%
Specialist Office Visit	$10 copay	50% after deductible	$30 copay $75 copay NP	50% after deductible	Deductible then 100%	Deductible then 50%
Urgent Care	Deductible then coinsurance	50% after deductible	$50 copay	50% after deductible	Deductible then 100%	Deductible then 50%
Emergency Room (emergency)	Deductible then coinsurance		$300 copay after deductible		Deductible then 100%	
Pharmacy Retail (30-day supply) Mail Order (90-day supply)	**Out of Pocket Maximum - $250 /$500 (except for $25 copays)** **Generic** – 20% until OOP Max is met **Name Brand** – 50% after $25 copay until Max is met, then $25 10% / 25% until OOP Max is met		Generic - $10 copay Preferred Brand - $30 Non-Preferred Brand - $90 Specialty – 30% max up to $200 Generic - $25 copay Preferred Brand - $75 copay Non-Preferred Brand - $225 copay		Generic - $10 copay after deductible Preferred Brand - $30 after deductible Non-Preferred Brand - $90 after deductible Specialty – 30% max up to $200 after deductible Generic - $25 copay after deductible Preferred Brand - $75 copay after deductible Non-Preferred Brand - $225 copay after deductible	
[1]Bi-Weekly Contributions	Premium Plan		Base Plan		HSA Plan	
	No Wellness Discount	Wellness Discount	No Wellness Discount	Wellness Discount	No Wellness Discount	Wellness Discount
Employee Only	$71.00	$49.00	$34.83	$12.83	$55.43	$33.43
Employee & Family	$212.92	$168.92	$104.47	$60.47	$179.83	$135.83
HSA Funding by the City					$2,000 Single / $4,000 Family	

[1] Wellness Discount for 2024: $22/pay Employee Only or $44/pay Employee + Family

Dental Plan

City of Delaware will continue to offer a dental program through Trustmark. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Dental Plan
Annual Deductible	
Individual	$25
Family	$75
Waived for Preventive Care	Yes
Annual Maximum	
Per Person / Family	$1,500
Preventive	100%
Basic	80%
Major	50%
Orthodontia	NOT COVERED
Employee Contributions (Cost Per Pay 26 pays /year)	
Employee	$3.78
Family	$8.27

Vision

City of Delaware provides Vision Insurance through EyeMed. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	EyeMed Vision
Copay	
Routine Exam	$20
Vision Materials	
Frames	$0 copay; $130 allowance, 20% off balance over $130. Covered every 12 months
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts – Covered in lieu of frames. Medically necessary contracts maybe covered at a higher benefit level	$0 copay, $130 allowance, 15% off balance over $130. Covered every 12 months.
Employee Contributions (Cost Per Pay 26 pays /year)	
Employee	$6.34
Employee + Spouse	$12.06
Employee + Child(ren)	$12.69
Family	$18.65