

**ST. LOUIS PUBLIC SCHOOLS (SLPS)**  
**043-0516 Benefits RFP Questions – Amendment #2**

\*\*\* FINAL QUESTIONS \*\*\*

➤ **GENERAL**

1. As incumbent are we required to respond to the RFP or is the renewal sufficient? **You must fully respond to the RFP if you want your renewal offer to be considered.**
2. We are unable to download a few of the attachments from the internet site, is there another way to obtain them? **If you email Rick @ SLPS & Maranda @ USI they will ensure you receive the files via email.**
3. Please confirm the link to access the claim information? <https://usii.sharefile.com/d-s7d7ea43cf6942d5b>
4. The RFP on page 2 says the Final Questions are due March 28 even though the Bidders Conference is on March 24. But items 3.4 and 4.1 indicate questions need to be submitted prior to the bidders conference and will be addressed at the conference. Just to clarify, are bidders able to submit more questions after the bidders conference but before march 28? **Yes. Questions will be accepted until 3/28, but only questions received timely will be addressed at the bidder's conference.**
5. Does the evaluation/bid process take into consideration St. Louis area City/Property taxes that are generated by a given vendor and its employees in awarding any bid? **No. The items taken into account are outlined in the RFP.**
6. To provide the best response for all product lines being requested, would it be possible to extend the deadline of this RFP until the week of April 11th? **Unfortunately we cannot extend the deadline of the RFP.**
7. Is Minority Women-Owned Business Enterprise participation a requirement of this RFP? **No.**
8. Please confirm that a non-officer individual with the authority to bind Aetna to a contract is sufficient to sign any and all signature documents as part of our RFP response. **As long as they have binding authority they can sign.**
9. Please confirm that all lines of coverage are net of commissions? **Confirmed, all lined should be net of commissions.**
10. We are requesting an actual certificate booklet/plan benefit booklet for the Life, Vol Life, STD, LTD, Dental Core and Buy-up and Vision plans. Can you provide those? **The certificates for Life, vol Life, STD, LTD, and Dental were provided. We've included the VBA contract in Amendment 1 attachments.**
11. **\*\* added \*\*** The links in section 7.3 of the RFP aren't working, what certifications are required? **If your organization is a minority or woman owned business than we are asking you provide a certification from one of those organization.**
12. **\*\* added \*\*** How many references shall the bidder respond with in this RFP? **2 current clients and 1 former client would be nice.**
13. **\*\* added \*\*** Do we need certification for the MWB/WBE – Minority and Women Owned Business Enterprise – in order to quote? **No, you don't need certification to quote. We've only seen 1 carrier who had met this.**
14. **\*\* added \*\*** Redlining the contract, what are you looking for? **The District's legal department requires an agreement with SLPS specific to the District. You can mark up the document to accommodate the best you can. This is an outside the agreements typically required with the carriers.**
15. **\*\* added \*\*** Is COBRA Administration expected to be provided by the carrier? **Yes.**
16. **\*\* added \*\*** Knowing how important it is to match the current plan, is there any way that complete current booklets/SPDs could be provided? If the plan booklets are not available, please provide as detailed of a plan structure as possible including any special provisions.
  - We received a high and mid-level summary...I'm specifically looking for a benefit summary with additional details down to the individual benefit level.**Information provided in the Cigna billing reports included in the Bidders Conference Attachments. Full certificates, etc. are included in Attachment K – Benefit Summaries, previously sent.**

17. **\*\* added \*\*\*** Have there been any plan design changes over the past 36 months? If so, please provide the details and dates of any change(s). If the rates were impacted, please provide details. **Please refer to question #29 of Attachment L – FAQ and #s 93-95 below.**
18. **\*\* added \*\*\*** Are there any special guidelines that take place during annual enrollment (such as moving between two Dental plans)? **There is also a Base/Buy Up option for the Medical and Vision plans.**
19. **\*\* added \*\*\*** Confirm count of new hires per year, as well as expected new hires/layoffs. **SLPS holds hiring fairs and the numbers vary year to year.**
20. **\*\* added \*\*\*** Will foreign nationals be covered under the plan? **N/A** If so, please provide...
  - o foreign national category - expatriate, local national, or third country national
  - o country of assignment
  - o length of assignment
  - o payroll type - US or locally based
21. **\*\* added \*\*\*** What is the current commission level included in the rates? **Stated in the RFP and Attachment L – FAQ.**
22. **\*\* added \*\*\*** Are there are any pass-through or explicit administrative charges included in the current and historical rates? **No.**
23. **\*\* added \*\*\*** Is a recent billing invoice available including the lives and current rates? **Previously included as Amendment 1 - Bidders Conference Attachments.**
24. **\*\* added \*\*\*** Does St. Louis Public Schools expect to pay premiums within a 30 day grace period? **Yes.**
25. **\*\* added \*\*\*** Are taxes applicable to your premium dollars? **Contributions are pre-tax.**

## ➤ **MEDICAL, Wellness, EAP & PHARMACY**

26. We were wondering if there would be any interest in a Health Savings Account option with a High Deductible Health Plan. **Requested plan options are outlined in the scope of services.**
27. Can we quote Medicare supplement plans for the post 65 retirees? **These coverages are already offered by the Retiree board and are not part of this RFP.**
28. The retiree census doesn't include genders. Please provide so we can quote medical/stop loss including the retirees. **Updated census was posted on 3/16/2016.**
29. We reviewed the pharmacy claims file marked "KETA\_claims detai\_2015 for RERPRICING EXHIBITS". It appears financial data is missing including the following: Plan Paid, Member Paid, Dispensing Fee. Can you please provide? **Claims were able to be repriced during the last RFP process without providing those data fields. I don't foresee that information being released unless it would prevent you from being able to reprice the claims which doesn't appear to be the case based on the historical process. If this isn't true please let us know.**
30. Can you please confirm if ESI bids that you would like us to continue to bid thru the St. Louis Area Business Health Coalition? **Quote however it will be most advantageous for the group, originally that was placing coverage through BHC, my assumption is it would continue. However you can offer multiple options for them to consider if you would like.**
31. Would it be possible to obtain a key for the census? **See excel file titled "SUB GROUPS 2016 retiree active" in the Amendment 1 attachments.**
32. Listing of large claims including diagnosis for the period 03/01/2015 – Present - **See updated Coventry reports in Amendment 1 attachments which include report 4-3 which provide the diagnosis information requested.**
33. Listing of monthly claims and enrollments for the period 12/01/2015 – Present – **Due to Coventry's claim lag this information isn't yet available. We expect the December information at the end of this month.**
34. Please provide 5 years of monthly enrollment and claims through the current month. **Information was provided in the claims folder back to 1/2012.**

35. Please include any ongoing claims that have reached 50% of the proposed specific deductible or severe diagnosis. We require 5 years of history. Since SLPS is fully insured only limited information is available. This information is included the Coventry HCUR under report 4-3.
36. Can you provide insight into the benefit plan for the 90 day retail for Rx? Specially, we are looking for the Rx copays for the 90 day benefit. The copay structure is provided in the Benefit Summary folder, there is a section which outlines the Retail 90 benefits as well as the \$0 OTC drugs.
37. Our data management team was able to pull most of the files but they were unable to recover the contents of the Medical & Pharmacy folder. We believe this is because the file is zipped and that causes us issues when we try to pull the files. Could you please provide us the contents of that folder in an unzipped format and re-send the Sharefile link so we can retrieve those documents. The link is above in the general questions. Unfortunately due to the file size we are unable to distribute all of the files via email. If there are just portions of the claims you are unable to retrieve please let us know and we can try to send them via email.
38. I tried the link for the large claims & claims history. But got the below message. Any chance you can send the monthly employee enrollment, paid claims, & large claims for at minimum current (with diagnosis) & prior year in PDF format. The data was provided in pdf format, unfortunately due to the size of the files we cannot provide all of them via email as some are over 10 MB. We have reattached as part of Amendment #1 most of the medical and pharmacy files except for the repricing file.
39. Can you describe the wellness programs that SLPS currently offers and if any other vendors are used, besides Coventry? Coventry manages the wellness program along with SLPS, they may outsource activities to various vendors but it just depends on what programs are being implemented throughout the year. Examples include weight watchers and exotic fruit delivery.
40. Can you supply separate rates for Med and EAP. It appears these are combined on the RFP rate page. The EAP rate for non-medical members is \$1.57 PEPM per the rate history. The EAP for active medical enrollees is included in the rates and paid by Coventry.
41. \*\* added \*\*\* Can bidder provide pricing opportunities based on multiple formulary opportunities? Full RFP response exhibits should be provided for each option you are providing.
42. \*\* added \*\*\* Will we be disqualified if we can't keep the Rx pricing? No. There were a couple options included in the RFP.
43. \*\* added \*\*\* In order to perform a formulary disruption, can you provide the Rx claims in the attached file format? Please refer to question #29.
44. \*\* added \*\*\* Please describe your current Case Management and Disease Management offerings in greater detail. Coventry has Compass Care that guides members through serious illnesses. Local nurses coordinate local resources and collaborate with treating physicians. Their technology gives a 360-degree patient view to identify gaps in care and ensure members get the care they need. The case managers are also known as care guides – they reach out to educate members and to let doctors know about the gaps attributed to events. All Coventry care guides must be registered nurses with current state licenses. Care guides put their expertise to work to inspire members to better health and to lessen medical cost. Please refer to the explanation for Disease Management below in #46.
45. \*\* added \*\*\* What is your Case Management reach/engagement rate? There were 2,002 interventions during the current reporting period (October 2014 to September 2015). Interventions, included, but were not limited to claims reviews, assessments, member or provider contact, member referral, and self-management.
46. \*\* added \*\*\* Please describe your current Disease Management offering in greater detail. What is the prevalence rate by disease state? Coventry has PersonalCare Condition Support Programs for Asthma, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Heart Failure and High-Risk Maternity. Members are identified on a daily basis, their needs assessed through a complete history evaluation and gaps in care are identified. Coventry collaborates and coordinates through outreach to treating physicians, respiratory therapists and RNs, with the goal of slowing a disease and preventing complications. Please refer to the information below in #47.
47. \*\* added \*\*\* What percent of members with a chronic illness are identified as high risk, moderate risk and low risk? Of those, what percent are engaged telephonically? The data is broken out by Disease and Condition Management:
  - Asthma: High = 13.5%; Moderate = 8.1%; Low = 78.3% (total 540 members). Telephonic engagement: 37 members engaged.

- Chronic Obstructive Pulmonary Disease: High = 27.4%; Moderate = 42.5%; Low = 30.1% (total 73 members). Telephonic engagement: 8 members engaged.
  - Coronary Artery Disease: High = 41.8%; Moderate = 39.1%; Low = 19.1% (total 110 members). Telephonic engagement: 21 members engaged.
  - Diabetes: High = 33.9%; Moderate = 15.2%; Low = 51.0% (total 620 members). Telephonic engagement: 113 members engaged.
  - Heart Failure: High = 40.7%; Moderate = 45.7%; Low = 13.6% (total 81 members). Telephonic engagement: 8 members engaged.
48. **\*\* added \*\*\*** Please provide the current ROI attained as well as a list of clinical care and utilization improvement statistics by disease state and for case management. **The savings for Healthy Outcomes – Utilization Management was over \$1M for the time period of October 2014 – September 2015.**
49. **\*\* added \*\*\*** Please provide additional insight into what is working well in Case Management and Disease Management and what you would like to see improved. **Results have been good, but employee communications are a challenge.**
50. **\*\* added \*\*\*** Please describe your current wellness offering in greater detail. What lifestyle modification programs are offered today? **Please refer to Attachment B-2 – Wellness & EAP Vendor Response Exhibits for the matching criteria. SLPS focuses on the areas of Health, Wellness, Nutrition and Fitness as the pillars of the wellness programs. These pillars factor in what the current health state of the members are based on claim data and programs are designed based on this.**
51. **\*\* added \*\*\*** Please describe the incentive plan you intend to have in place for this contract. **Please refer to Attachment B-2 – Wellness & EAP Vendor Response Exhibit for Incentives Offered to Participants.**
52. **\*\* added \*\*\*** How many educational forums (such as lunch and learns) do you hold each year and at how many locations? **LunchNLeads are not a workable option for the District given the number of schools, various dismissal times, and short lunch times.**
53. **\*\* added \*\*\*** How many locations are biometric screenings held at each year, and how many people participate? **Over 40 locations; over 90% participate.**
54. **\*\* added \*\*\*** What percent of members complete the Health Assessment each year. **Please refer to question #59 of Attachment L – SLPS RFP Frequently Asked Questions.**
55. **\*\* added \*\*\*** Of those that complete a Health Assessment, what percent participate in lifestyle modification programs? **Please refer to the response in #54 above.**
56. **\*\* added \*\*\*** What percent of members are outreached to by a Health Coach for telephonic counseling, and what percent perform their lifestyle modification programs online? **27%; 10% based on Disease and Condition Management report for October 2014 through September 2015.**
57. **\*\* added \*\*\*** What results have been achieved with the current wellness programs: risk reduction improvement and improvements in lifestyle modifications? Please provide actual results. **Elevated cholesterol reduced; pre-diabetics reduced. Increase in health screenings participation.**
58. **\*\* added \*\*\*** Please confirm the total number of employees for the EAP offering. (medical enrolled and waived employees) **Please refer to question #43 of Attachment L - FAQ.**
59. **\*\* added \*\*\*** Is the EAP currently integrated with the behavioral health program or is it separate and if its integrated does the member have to use their EAP visits first prior to using their behavioral health benefits? **Please refer to question #40; the EAP is part of the medical plan, however, if an employee does not have the medical coverage, they can still access the EAP. A member does not have to use the EAP first.**

## ➤ **Dental**

60. Can you provide the dental disruption analysis data with an indicator that shows who is in the current PPO, which claims are affiliated with the Premier Network and which are Non-PPO claims/providers? This will help you to best evaluate our offer and how we can improve the PPO Network claims utilization for the long run for St. Louis Public School System. – **See Amendment 1 attachments for Delta Provider Utilization report which includes current network indicator.**

61. **\*\* added \*\*\*** Booklets - Booklet or detailed benefit summary. The current summary is missing detailed benefit allocations and frequencies. **Information included in the SPD that was included with the RFP – Attachment K under Dental Services-Levels of Coverage.**
62. **\*\* added \*\*\*** PPO Savings Report – PPO Savings Report, if available. **Included Key Statistics for calendar year 2015 as part of Amendment 1 Attachments – Bidders Conference.**
63. **\*\* added \*\*\*** Disruption Data – Disruption data to include the dentist's name, address, tax identification number, submitted and paid claims. We received similar information, but it does not break the claims down by PPO or Premier network currently used by Delta Dental. **Provider Utilization Report for calendar year 2015 included as part of Amendment 1 Attachments – Bidders Conference.**
64. **\*\* added \*\*\*** Are discounts in the Delta Dental PPO and the Delta Dental Premier networks extended to non-covered services? **Yes.**
65. **\*\* added \*\*\*** How are the contractually agreed upon rates determined for the Delta Dental PPO and the Delta Dental Premier networks? **If you're referring to the premium rates, the coverage is marketed. If you're talking about providers' rates, not available.**

## ➤ **Vision**

66. We show the current rates: Low plan is \$1.45 / \$3.66 / \$5.25 for a full service C frequency plan. The High (buy-up) plan is an A freq with rates of \$2.45 / \$6.00 / \$8.53. Can if these are monthly of bi-weekly premiums? **Monthly premiums.**
67. **\*\* added \*\*\*** Question regarding the vision product – for what time period is SLPS looking for a rate guarantee (i.e. 2 years, 3 years, etc). **Three years would be ideal, but will look at 2 year guarantees, 2<sup>nd</sup> year rate caps, etc.**

## ➤ **Life & Disability**

68. All we need are the covered lives by calendar year (for experience purposes) on: Basic Life, Optional employee Life, LTD, and STD? **CIGNA does not track covered lives due to the group being self administered, they are providing copies of the monthly billing statements as of December of each year to try and provide as much information as possible. See Amendment 1 Zip folder for CIGNA billing statements.**
69. I was not able to locate the sick leave balance for employees with disability codes 2A and 3A that you referenced in your FAQ section. Can you provide that? **SLPS is currently unable to pull an updated list due to system limitations, however for the time being we have provided the file we received for the 2014 RFP in Amendment 1 attachments. The sick leave balances are as of 2.12.2013, currently there are only 484 people will remaining balances but the balance amounts are easily available in the new system.**
70. The CIGNA STD experience report shows an increase in premium 1/1/2014 although the group had a rate cut. Why did the premium increase? Was there a change to maximum benefit or eligibility? **Looking at historical reports we had for 2011 & 2012 it appears there is an issue with CIGNAs premium amount showing. I would reference the premiums paid from the self billing statements provided. I've also included the old reports in the with the billing statements so you can see the discrepancy. Cigna Response regarding the difference: The premium is CONSTANT premium. So, we take the premium that was in effect on 1/1/14, which was a decrease, and adjust the previous years as if we would have always received this rate. It's different than the ACTUAL premium**
71. How are the 12 month and non-12 month employees identified on the census file? **They are not identified on the file. You can pull the most recent counts from the 2015 billing statement if you need a breakdown of how many fall into each PEPM class.**
72. There are 83 employees eligible for LTD without salaries. Please provide. **There are 757 employees with 0 salary listed, these are part-time, temporary, or substitute positions which aren't eligible for benefits. However if they were a prior full time employee for the district the disability codes would still remain. Please disregard these folks from your quote.**

73. Is current bill or premium statement available? CIGNA has provided the December 2015 statement, see attachments to accompany Amendment #1.
74. Please provide the Cigna reserve calculation for the LTD plan showing premiums, claims, and reserves by underwriting period. This was provided in the CIGNA experience file.
75. In reviewing the census for Voluntary Life Insurance we noticed, as the incumbent, that the most recent bill we received from SLPS shows there are 999 employees opting into the Employee Voluntary Term Life product. However, the census provided in the RFP shows 3,676 employees opting in to the Employee Voluntary Term Life product. It could be that this is an error on the census, so please let us know. The census includes the total benefit which means the basic life amount was added to the voluntary life. I've provided a revised census which separates these out as well as clarifies some of the disability questions below.
76. Listing of open Basic Life and Supplemental Life Waiver of Premium claims with FACE AMOUNT included. CIGNA WOP claim information is provided in their life report detail. Only reserve amounts are tracked in their system, face amounts aren't available.
77. Basic Life, Supplemental Life and Dependent Life lives history for the last 5 years. Enrollment counts not provided due to group being self administered. Bill copies for December of each year have been provided when available; see Amendment #1 for lives.
78. Basic, Supplemental and Dependent Life volume history for the past 5 years – see response above.
79. The current census includes 4,346 EEs with a \$40,000 Basic Life census. Assuming the current 0.15/\$1,000 rate, estimated annual premium should be \$313,000. Please explain why latest annual premium, \$255,968, is so much lower. There are 757 part time employees included on the census, these employees are offered medical benefits due to being variable hour employees however they aren't covered for life. I've clarified these people on the census as "not eligible".
80. Are all 4,347 EEs covered in the Basic Life plan? There are 757 part time employees included on the census, these employees are offered medical benefits due to being variable hour employees however they aren't covered for life.
81. Codes 1A and 1B mean the EE is eligible for STD. Does that mean they are also actually enrolled in the STD? If not, please submit revised census with actual enrolled EEs. – Anyone not listed as "blank" is enrolled in the coverage.
82. What does (blank) indicate in the census in the STD column? Blank indicates they are not enrolled in coverage.
83. STD lives history for the last 5 years– see response above.
84. STD volume history for the past 5 years – see billing statements provided.
85. Will SLPS accept rates on a covered weekly basis or covered monthly payroll basis? For administrative purposes, it is the District's request to maintain the current rating structure.
86. Codes 1A and 1B mean the EE is eligible for LTD. Does that mean they are also actually enrolled in the LTD? If not, please submit revised census with actual enrolled EEs. – Anyone not listed as "blank" is enrolled in the coverage.
87. LTD lives history for the last 5 years– see response above.
88. LTD volume history for the past 5 years – see billing statements provided.
89. In the LTD claim Detail report, does AGE represent current age or age at disability? Current Age.
90. Does SLPS pay into Social Security? Yes.
91. Does SLPS pay into a PERS or STRS fund (state retirement systems)? No.
92. We did not receive any experience information for the disability. We will need experience for both the STD and LTD. Please recheck the link provided in the general questions as claims were provided.
93. What was the STD EP and duration prior to 1/1/2015? 2011 Elim was changed from 5 days/26 wks to 9 days/25 wks, 2014 elim was changed from 9 days to 30 days/22 wks.
94. Were there any other STD plan changes? If yes, please outline what the changes were and when they occurred. The elimination period was the only STD plan change, 2009 FICA was added into the rates.



95. Were there any LTD plan changes in the last 5 years? If Yes, please outline what the changes were and provide the date that they occurred. **Only LTD plan change was the rates were changed to PEPM effective 1/1/2009. None other that we are aware of.**
96. There are Basic Life claims on the Cigna report that were \$20K, which leads us to believe there were age reductions, when did the age reductions come off the plan? **There are no age reductions. Please look at the Birth Date on the Experience Report. I have no idea why but the \$40K claim(s) were paid in two payments of \$20K each. So each person did get the 40K benefit.**
97. Rate History: The initial rate in LTD Cert is \$.425; however, the RFP states the inforce rates are \$15.54 & \$15.94. The amendment 1/1/08 states \$.425, the amendment 1/1/09 states \$.40, the amendment 1/1/11 states \$15.54 & \$15.94 and the amendment 1/1/14 states \$15.54 & \$15.94. **The rates changed to PEPM effective 1/1/2009.**
98. The RFP states Non 12-mo FTEs pay 1/2 of monthly fee for 20 pay periods; 12-mo FTEs pay 1/2 of fee for 24 pay periods, however the coverage is non-contributory. Are employees required to contribute for the initial 20/24 pay periods? **Employees do not contribute to the cost of LTD/STD coverage. 10, 10.5 and 11 month employees are not eligible to receive STD pay during the summer shut-down – the statement has to do with internal financial recordkeeping.**
99. LTD: Open Claim Report including: Date of Birth, Date of Disability, Gender, Total Amount Paid By Individual Claimant, and Reserve Amount by Individual Claimant **See previously provided "Cigna STD & LTD Claim Report 1-1-13 – 2-14-16" excel document. You will need to sort by Claim Status Description for Active Claims.**
100. LTD: Closed Claim Report including: Date of Birth, Date of Disability, and Total Amount Paid by Individual Claimant **See previously provided "Cigna STD & LTD Claim Report 1-1-13 – 2-14-16" excel document. You will need to sort by Claim Status Description for Closed Claims.**
101. The claims and paid amounts on the Cigna STD & LTD claim report do not match the LTD claim list in the Cigna PDF. How do we tie the reports together? Do they have different valuation dates? **Cigna Response: Not necessarily, you will need to look at the Benefit Start Date in the Excel Document to determine the year that the claim was paid.**
102. Are the FICA match expenses included in the claim experience? **Yes, it is included in the total paid claims amount.**
103. **\*\* added \*\*\*** For the STD & LTD, can the quote be based on headcount and volume? **Yes, but the District prefers to keep the PEPM currently used.**
104. **\*\* added \*\*\*** For the STD & LTD, can we get volume by month and can headcounts be provided. **The information is pulled from HRIS and is based on actual payroll. We should be able to get this and volume by salary per month, which we don't do currently.**
105. **\*\* added \*\*\*** School Districts – Does the school participate in PERS/STERS or Social Security? Looks like group does not participate in PERS/STERS, but does the group participate in Social Security? **Please refer to Question #90.**
106. **\*\* added \*\*\*** School District – Confirm that premiums are paid on a monthly basis (12 times per year and not on a tently basis (10 times per year). **Cigna billing reports are included.**
107. **\*\* added \*\*\*** How does the LTD plan work for the employees in Class 2A? Do they have to exhaust their sick bank before being eligible for LTD? Do these employees have a longer waiting period compared to the employees in Class 1A and 1B? The language provided makes it sound like the 2A employees have to exhaust their sick bank and return to work. What if they exhaust their sick bank but they do not return to work? **Please refer to Attachment L – Frequently Asked Questions under the Disability category for responses previously provided.**
108. **\*\* added \*\*\*** Can you provide additional information for Class 3A? Do these employees have 126 days or more of sick bank available? Is this why they're not eligible for STD? **Please refer to Attachment L – Frequently Asked Questions under the Disability category for responses previously provided.**
109. **\*\* added \*\*\*** LTD Rate History – Please confirm the rate history as the Cigna certificates are different than the rates history document in the RFP.
- **Initial rate in LTD Cert is \$.425, however RFP states the inforce rates are \$15.54 & \$15.94. The amendment 1/1/08 states \$.425, the amendment 1/1/09 states \$.40, the amendment 1/1/11 states \$15.54 & \$15.94 and the amendment 1/1/14 states \$15.54 & \$15.94.**
  - **The rates on the bills (\$7.78, \$9.78 and \$15.56) provided do not match the RFP or the amendments.**

**Please refer to the response in question #97.**

110. **\*\* added \*\*** The claims and paid amounts on the Cigna STD & LTD claim report do not match the LTD claim list in the Cigna PDF. How do we tie the reports together? Do they have different valuation dates?
- **The claim counts and amount paid do not align with the Cigna incurral based on date of disability.**
- Please refer to the response in question #101.