




**GROUP INSURANCE BENEFITS RFP**  
**QUESTIONS AND ANSWERS VERSION 2**  
**RFx001438 – AUGUST 3, 2022**

Question No.	Question	CMHC Response
1	<p>Proponents must be able to provide the Services outlined in Appendix C1.</p> <p>In Appendix C1 it says that a Health Solutions Plus card must be included with the HCSA:</p> <p>Our HCSA does not include a card. Please confirm if alternative methods of claims submission/adjudication can be proposed without disqualification.</p> <p>If so, please confirm criteria (i.e., if employees pay out of pocket and are reimbursed after manual online submission, is this a deal breaker or is any form of claims submission/adjudication acceptable?).</p> <p>Also, can an equivalent to Best Doctors be proposed without disqualification (i.e., different provider)?</p> <p>Also, if employees were allowed to opt out of health/dental without</p>	<p>a) HCSA – Health Solutions</p> <p>It is the intent of the corporation to continue to offer a modern administration of its benefits plan. Alternative methods to claims submission/adjudication will be considered. If applicable, you can elaborate on your approach in your response to Question 10, Claims Admin – Health in the mandatory rated criteria section (Appendix C Annex 2)</p> <p>b) Best Doctors (Teladoc)</p> <p>The corporation would consider a similar product/service for its employee/retiree population.</p> <p>c) The corporation provides a flexible benefits program to its employees that is designed to provide them with the flexibility to tailor their benefits package to meet their needs and those of their family. As such, there are no minimum participation requirements, and it is the expectation that this will be duplicated.</p> <p>d) All optional life coverage for the employee (active or retired, and spouse) must be subject to evidence of insurability. Evidence of insurability is not required for dependent children, and this must be duplicated.</p>

	<p>having comparable coverage but an overall minimum participation rate of 75% was required, would this be a deal breaker (i.e., disqualification)?</p> <p>Finally, would requiring evidence of insurability for all optional life coverage, including for children, be a deal breaker (i.e., disqualification)?</p>	
2	<p>Would it be possible to obtain the rates for July 1, 2017, as the experience periods begin with this date?</p>	<p>Following are the Life/LTD rates effective July 1, 2017:</p> <p><b>Life:</b>          Employees – Basic: \$0.130          Employees – Supplemental: \$0.130          Retirees (pre-2018 closed): \$0.705          Retirees (post-2018): n/a</p> <p><b>LTD (% of monthly payroll)</b>          Core taxable: 1.404%          Option 2 taxable: 0.756%          Option 3 taxable: 0.540%          Option 2 non-taxable: 0.756%          Option 3 non-taxable: 0.540%</p> <p>The July 1, 2017, rates for the other benefits will not be provided.</p>
3	<p>Would it be possible to provide us with the average premium rate for Optional Life by employees, spouse, and Retirees.</p>	<p>An average premium rate is not available.</p>
4	<p>For Basic and Optional Life, are you able to provide claims paid for disabled members prior July?</p>	<p>This information is not available</p>
5	<p>Please confirm that there is no pooling for Retirees, except for travel assistance benefits which are fully pooled? Québec retirees who opt up RAMQ are not limited for Drugs as are other retirees; please</p>	<p>Retirees aged 65 and over who are residents of Quebec and who opt out of RAMQ are eligible for all benefits under the Health Plan. The health pooling protection does not apply to retirees (other than QIP).</p>

	confirm no pooling will applied (except QIP pooling for Drug claims only).																										
6	Please confirm the Out-of-County protection: is there a maximum day limit and/or a Lifetime dollar maximum?	For employees, please refer to documentation included with the RFP for details of the coverage. Retirees pre-2018 are subject to an overall annual policy year maximum for health of \$25,000 including Out-of-Country expenses. For retirement on or after January 1, 2018, healthcare benefits have an overall annual policy year maximum of \$50, 000 including Out-of-Country expenses.																									
7	For the refund accounted benefits, Life, Supplemental Life, SIB, LTD (Core, option 2, option 3), Health and Dental, are there any CFR or UDA funds that would be transferred to the new carrier? If so, approximately what \$ value would be transferred?	CMHC would consider transferring any remaining CFR funds once the financial statements have been finalized. As for the RDA, as mentioned in Statement of Work section 3.5 (4), no further details will be provided.																									
8	What percentage of health claims are from drugs?	Drugs represented 51.9% and 52.5% of Health claims in 2019/20 and 2020/2021 respectively.																									
9	Please confirm the # of admitted LTD claims for each experience period.	<p>Following is the information for the core LTD plan. We have requested this same information for the LTD options and if available will provide it prior to the July 29th deadline.</p> <p><b><u>Long Term Disability claims:</u></b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Received</th> <th>Accepted</th> <th>Declined</th> <th>Resolved</th> </tr> </thead> <tbody> <tr> <td>Jan- Dec 2019</td> <td>36</td> <td>20</td> <td>14</td> <td>19</td> </tr> <tr> <td>Jan- Dec 2020</td> <td>55</td> <td>34</td> <td>22</td> <td>34</td> </tr> <tr> <td>Jan- Dec 2021</td> <td>46</td> <td>25</td> <td>14</td> <td>30</td> </tr> <tr> <td>Jan- Jun 2022</td> <td>35</td> <td>23</td> <td>11</td> <td>15</td> </tr> </tbody> </table>	Period	Received	Accepted	Declined	Resolved	Jan- Dec 2019	36	20	14	19	Jan- Dec 2020	55	34	22	34	Jan- Dec 2021	46	25	14	30	Jan- Jun 2022	35	23	11	15
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10	With regards to the mandatory requirements Appendix C Annex 2 #14: The Proponent and its employees providing the services to CMHC must have Reliability Status level security clearance including its physical facilities with	a) Security background checks conducted by private security consultants, or the hiring party are not the equivalent and do not meet the requirement to access government information at the PA level such as Personal Information. Anyone provided with access to such information must undergo a security clearance process as per the TBS Standard on Security screening. For individuals in the private sector, these are conducted by PWGSC/PSPC.																									

	<p>access control restrictions to CMHC data or agree to have this in place before the CMHC contract is awarded.</p> <p>a) If providers manage their own background checks for personnel when hired, would this be considered an equivalent or is the Reliability Status level security clearance required?</p> <p>b) What roles at the provider would be required to have the security check, those dedicated to the account – for example underwriter, account executive, service representative, or anyone that would be in contact with CMHC in any way</p>	<p>b) As mentioned above, these clearances are done through PWGS/PSPC. The consultant must initiate these to have their employees cleared.</p>
11	<p>In reviewing the responses provided the only question we asked was with respect to if we can include the CMHC logo in our response however we don't see a response for this question.</p> <p>Would it be possible to provide a response to this question as well?</p>	<p>Please be advised that CMHC logo can be used for the purposes of presentations for this RFx001438 – please follow the CMHC Branding Guide, which sets out how your company can use our logo.</p> <p> <a href="#">CMHC Brand Style Guide (Updated June 2022).pdf</a></p>