



## MOBILE HOUSING AUTHORITY

SOLICITATION TYPE:	Request for Proposal (“RFP”)
RFP NUMBER:	MHA-01-R-2024
SOLICITATION TITLE:	MEDICAL INSURANCE SERVICES
DOCUMENT TITLE:	<b>Revised</b> RESPONSES TO CLARIFICATION QUESTIONS/ANSWERS
SOLICITATION ISSUE DATE:	March 12, 2024
CLARIFICATION DATE/INQUIRIES DEADLINE:	<u>April 5, 2024</u> , by 2:00 P.M., CST
PROPOSALS DUE DATE AND TIME	<u>April 18, 2024</u> , by 2:00 P.M., CST
METHOD OF SUBMISSION	<b>Proposals will only be accepted by electronic submission at:</b> <a href="https://procurement.mobilehousing.org">procurement.mobilehousing.org</a>

**MOBILE HOUSING AUTHORITY  
MOBILE, ALABAMA**

In response to the issuance of, **MHA-01-R-2024, MEDICAL INSURANCE SERVICES** Mobile Housing Authority (“MHA”), hereby responds to questions regarding the RFP as indicated below:

**A. Responses to Questions Received.**

1. Are you able to send me a copy of the most recent invoice from Unum for your life, AD&D and LTD policies? I will need this in order to produce a competitive quote.

**MHA Response:** No, we are unable to provide a quote.

2. Avesis is interested in quoting on your Vision Plan under RFP No. MHA-01-R-2024 Medical Insurance Services. Please provide Vision RFP Exhibits, a Census with Employee Zip Codes and any Amendments if available.

**MHA Response:** Currently, MHA’s fully insured vision benefit is administered by Blue Cross Blue Shield of Alabama through VSP and provides coverage for a routine eye exam and frames/lenses with a calendar year. MHA is seeking standard voluntary vision plan options. Participation should be based off no more than 50% participation. The Census with Employee Zip Codes is available per request. Please email Tuwana Williams at [twilliams@mobilehousing.org](mailto:twilliams@mobilehousing.org) due to privacy reasons.

3. Who is the current vision carrier and are there any issues?

**MHA Response:** BCBS

4. What is most important in terms of a new vision carrier?

**MHA Response:** Single Employer Plan; coverage begins first of month following date of hire after 0 days enrollment waiting period; dependents eligible to age 26; enrollment – regular, annual open, special.

5. What percentage does the employer pay towards vision premium?

**MHA Response:** 75%

6. Please provide current and renewal rates.

**MHA Response:** Unavailable.

7. Please provide current vision benefit summaries and preferred benefits options you would like us to quote.

**MHA Response:**  
**GROUP MEDICAL INSURANCE COVERAGE AND SERVICES**

**General Overview**

Mobile Housing Authority (“MHA”) seeks fully insured proposals for Group Medical Insurance Coverage and Services. Full-time, eligible employees are those employees who work 30 hours or more per week. The current waiting period is the first of the month following the date of hire. Eligible dependents are legally married spouses and children from birth to age 26. MHA contributes 75% of the monthly premium for Medical Insurance.

**Medical Plan Options**

Currently, MHA’s fully insured medical plan is administered by Blue Cross Blue Shield of Alabama. The plan has a 2-tier rate structure (Employee Only and Family).

**Current Plan Design**

Annual Deductible (Single/Family): \$2,000 / \$4,000

Annual Out-of-Pocket Limit (Single/Family): \$6,350 / \$12,700

\*Out-of-Pocket Limit includes deductibles, copays, coinsurance for in-network services AND deductible, copays, and coinsurance for out-of-network mental health disorders/substance abuse emergency services; RX included.

**In-Network Benefits** (Coinsurance: 100% after copay)

Office Visit: \$40 copay

Emergency Room: \$300 copay

Inpatient Hospital: \$300 per admission (days 1-5)

Outpatient Surgery: \$300 copay

Prescriptions:

Generic RX: \$15 copay per prescription

Preferred Brand RX: \$60 copay per prescription

Other Brand RX: \$100 copay per prescription

**Out-of-Network Benefits** (50%/50% Coinsurance)

**Optional Plan Design Quote Options are welcome for consideration**

**Dental Plan Options**

Currently, MHA's fully insured voluntary dental plan is administered by Blue Cross Blue Shield of Alabama. MHA is seeking Employer Contribution and Voluntary Dental plan options.

### **Current Plan Design**

Calendar Year Deductible (Single/Family): \$50 / \$150

Calendar Year Out-of-Pocket Limit:

Adults-ages 19 and over: \$1000

*\*Does not apply to orthodontic services*

Children -up to age 19: \$3000

Diagnostic and Preventative Services: 100%

Basic – Restorative/Supplemental Services: 100% coinsurance

*(Fillings, simple extractions, emergency treatment  
for pain, oral surgery, periodontics)*

Prosthetic Services: 50% Coinsurance

Orthodontic Services:

covered at 50%-50% Coinsurance

- \$1500 lifetime limit per member.
- Maximum does not apply to medically necessary orthodontic services for children up to the end of the month in which the member turns 19.
- Provided for the initial and subsequent treatment and installation of orthodontic equipment for dependent children up to age 26.

### **Plan Design Quote Options**

Proposals must include a plan option with and without orthodontics. Please quote the dental plan as both an employer sponsored and voluntary plan. Base rates off no more than 65% participation.

Please include a detailed benefit summary with all plan options.

### **Voluntary Vision Plan Options**

Currently, MHA's fully insured vision benefit is administered by Blue Cross Blue Shield of Alabama through VSP and provides coverage for a routine eye exam and frames/lenses with a calendar year.

MHA is seeking standard voluntary vision plan options. Participation should be based off no more than 50% participation.

### **Current Plan Design**

Exams:

- Well Vision: \$10 copay
- Contact Lens: Not to exceed \$60 copay
- Routine Retinal Screening: Not to exceed \$39 copay

Materials:

- Frames & Lenses: \$20 copay
- Retail frame: \$150/\$170/\$80 frame allowance (based on type and vendor)
- Elective Contact Lenses: Covered up to \$150, not subject to copay
- Necessary Contact Lenses: Covered in full after \$20 copay
- Lenses: 100% after materials copay

Essential Medical Eye Care: \$20 copay per visit

Please include a detailed benefit summary with all plan options.