

Alabama PEEHIP Optional Plans RFP 2025

In order to participate in this procurement, follow the process below:

Go to <http://www.proposaltech.com/home/app.php/register>. Enter your email address into the field provided. No registration code is necessary. Click "Begin Registration." If you already have an account with Proposal Tech it will be listed on the registration page, if you do not, you will be asked to provide company information. Once your account has been confirmed, check the appropriate box for the RFP you're registering for and click the "Register" button. An invitation will be mailed to you within fifteen minutes. If you have any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.

1 PURPOSE/INTRODUCTION

1.1 Through the issuance of this Request for Proposal (RFP), Alabama's Public Education Employees' Health Insurance Plan (PEEHIP) is soliciting Proposals from qualified Offerors that can provide administrative only services for PEEHIP's self-funded Optional Plans - Dental, Vision, Hospital Indemnity, and Cancer. PEEHIP is looking for a single entity to administer all four self-funded Optional Plans. Offerors may not partner with another company to meet this requirement. The effective date for these plans is October 1, 2025. If interested and able to meet these requirements, PEEHIP appreciates and welcomes your proposal.

The contract term is for a three-year period beginning October 1, 2025, with Implementation to begin at contract award. There will not be an extension of the contract period.

PEEHIP expects all proposers to be familiar with, and all proposals to comply with, the Additional Terms and Conditions for Retirement Systems of Alabama RFPs, which are located at:

[https://www.rsa-al.gov/uploads/files/RSA Reservation of Rights and Requirements for ITBs and RFPs REV 6 30 2023.pdf](https://www.rsa-al.gov/uploads/files/RSA%20Reservation%20of%20Rights%20and%20Requirements%20for%20ITBs%20and%20RFPs%20REV%206%2030%202023.pdf)
[https://www.rsa-al.gov/uploads/files/RSA Standard Terms and Conditions for Solicitations and Contracts Rev 10 30 2024 .pdf](https://www.rsa-al.gov/uploads/files/RSA%20Standard%20Terms%20and%20Conditions%20for%20Solicitations%20and%20Contracts%20Rev%2010%2030%202024.pdf)
[https://www.rsa-al.gov/uploads/files/RSA Procedures for Resolution of Controversies.pdf](https://www.rsa-al.gov/uploads/files/RSA%20Procedures%20for%20Resolution%20of%20Controversies.pdf)

PEEHIP reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in PEEHIP's best interest. PEEHIP also reserves the right to issue no award, or cancel, or alter the procurement at any time. In addition, PEEHIP reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as PEEHIP recognizes that factors other than costs are important to the ultimate selection of the provider or providers of their benefit plan.

Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, PEEHIP will award the contract to the most advantageous Offeror, based on cost and technical evaluation factors set forth in the RFP. Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal, which combined, will constitute the offer. **This RFP and your response,**

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including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.

PEEHIP has retained Segal to assist in the evaluation of the proposals for completeness and responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance with the selection criteria and other relevant factors listed below:

- Value of the benefit plans and services, taking into consideration the requirements of the RFP, proposed services and any "value added" terms, conditions and service levels
- Cost of the proposed benefits and/or services
- Qualifications of the firm including financial capacity, staffing, and availability of staff to work with PEEHIP during Open Enrollment
- Offeror's experience with the appropriate plans; commitment to such plans; experience offering such plans to public sector employers
- Offeror's ability to educate and communicate with program participants
- Offeror's ability to minimize enrollee disruption

All Offerors must meet the general conditions set forth in this RFP and are asked to respond only to the specific questions asked.

2 GENERAL INFORMATION

2.1 BACKGROUND

PEEHIP was established in 1983 by the Alabama legislature to provide quality health care insurance benefits for employees of public institutions of education within the state of Alabama which provide instruction at any combination of grades K through 14, exclusively under the auspices of the State Board of Education, the Alabama Community College System Board of Trustees, or the Alabama Institute for Deaf and Blind. These health care benefits are available to all full-time, permanent part-time, and retired employees, and their eligible dependents.

Local employer units consist of all city school systems, county school systems, and community colleges in the state of Alabama. These entities are not allowed to opt out of the PEEHIP program. All 13 state four year colleges and universities offer the PEEHIP program to their retirees, with only three institutions offering the program to the active population. However, others may join the program subject to meeting applicable requirements.

PEEHIP offers coverage through a self-insured hospital-medical plan and a self-insured prescription drug plan to its actively employed members and to its members who are early retirees. In addition to the benefits provided to active members and early retirees, PEEHIP offers optional Dental, Vision, Hospital Indemnity, and Cancer plans. These Optional Plans are offered to all active and retired members of PEEHIP. Enrollees in the Optional Plans must remain enrolled for the entire plan year (October 1-September 30). New members employed during the Open Enrollment period cannot enroll in the Optional Plans on their date of employment and cancel the plans October 1 of that same year. Members enrolled in family coverage cannot change to single coverage outside of the Open Enrollment period, unless all dependent(s) become ineligible due to age, death or divorce.

PEEHIP reserves the right to institute any change affecting plan design and premium contributions as it continues to strive to offer its members the best benefits at the lowest possible cost.

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Currently, the Optional Plans are administered under a single vendor, Southland Benefit Solutions. PEEHIP wishes to continue a similar arrangement -- all four self-funded Optional Plans administered by a single vendor.

Enrollment numbers for the PEEHIP Optional Plans are provided in the table below.

OPTIONAL PLANS Enrollment as of September 30, 2024:

	Active		Retired		Total		Total Contracts	Covered Members	Lives per Contract
	Single	Family	Single	Family	Single	Family			
Dental	23,031	44,848	27,129	29,914	50,160	74,762	124,922	265,899	2.13
Vision	7,809	13,290	6,379	9,084	14,188	22,374	36,562	78,380	2.14
Indemnity	2,436	3,902	2,429	2,226	4,865	6,128	10,993	22,173	2.02
Cancer	3,590	6,081	4,438	5,028	8,028	11,109	19,137	38,256	1.99

2.2 OBJECTIVES

PEEHIP seeks to provide high, quality, cost-effective benefits to its members. PEEHIP is soliciting offers by a single Offeror who will administer all four self-funded Optional Plans. The proposed plan should mirror the current benefits design. The current benefits for all four Optional Plans can be found at: <https://www.rsa-al.gov/peehip/publications/>

2.3 SCOPE OF WORK

Provide Optional Plans services with respect to such group insurance coverages, plans and programs as listed in this RFP.

Excellent member service and accurate, consistent, timely, and comprehensive management reporting is critically important to PEEHIP. Specifically, PEEHIP is looking for an Optional Plans administrator that will:

- Offer a competitive financial arrangement and guarantees
- Show strong financial stability
- Deliver an overall program that is consistent with PEEHIP's culture, benefits philosophy, budgetary goals, and plan objectives
- Demonstrate innovative and quality-oriented claims administration processes and procedures
- Provide excellent communication services
- Provide superior account service to PEEHIP and excellent customer support to members
- Provide seamless implementation of the program for PEEHIP and its members

3 RESPONSE INSTRUCTIONS

3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

Detailed instructions for the completion and submission of your proposal will be found in the electronic RFP (eRFP) on ProposalTech. ProposalTech will be available to assist you with technical aspects of utilizing the system.

All sections of the eRFP must be answered completely and as outlined in the RFP, using ProposalTech.

Final submissions must be posted with ProposalTech at www.proposaltech.com no later than the due date and time cited. Access to the eRFP will be locked after that time. Offerors will not be able to post or change their responses. Late proposals will not be considered. PEEHIP reserves the right to ask Offerors follow-up questions through ProposalTech as may be necessary to fully evaluate Offeror capabilities.

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Please note that these instructions are to be read and followed by each Offeror and that failure to follow these instructions may result in rejection of a proposal offer for non-responsiveness or cancellation of contract if already awarded. **Any mention of “days” in this RFP will refer to calendar days unless noted otherwise.**

In order for your proposal to be considered and accepted, you must provide answers to the questions presented in this RFP. Each question must be answered specifically and in detail. Be sure to review this entire RFP before responding to any of the questions, so that you have a complete understanding of PEEHIP's requirements with respect to the proposal.

1. Provide answers to all questions in your submission.
2. Provide an answer to each question even if the answer is “not applicable” or “unknown.”
3. Answer the question as directly as possible.
 - If the question asks “How many...”, provide a number.
 - If the question asks, “Do you...”, indicate Yes or No followed by any additional narrative explanation.
4. Where you desire to provide additional information to assist the reader in more fully understanding a response, refer the reader of your RFP response to your appendix/attachments. However, direct responses to all of the RFP questions must be provided and will be looked upon favorably.
5. Offeror will be held accountable for accuracy/validity of all answers.

If your proposal is different in any way (whether more or less favorable) from what is requested in this RFP, clearly indicate and explain the difference in the response to that particular question and in the Proposal Exceptions & Deviations Form - Attachment 1. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, coverage provided, funding method requested, benefit exclusions and limitations, underwriting provisions, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service, indicate clearly: a) what you are currently unable to do, and, b) what steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications.

All products should be priced individually. If pricing terms are provided for combining services, show the pricing terms as a separate line item.

Intent to Propose Form and Non-Disclosure Agreement (NDA): If your company intends to submit a proposal for the administration of PEEHIP's Optional Plans, and wishes to access the secure data (e.g., claims, demographics, etc.), please complete the Intent to Propose Form with Minimum Requirements posted to ProposalTech.

Instructions for submission of Intent to Propose Form: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (Jennifer Slutzky) to send to. Once your attachment is uploaded, be sure to check the box to include your attachment with the email and then click "Send."

Single, Radio group.

- 1: Completed and sent via the instructions above,
2: Not provided

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Attached Document(s): [Attachment 1 - Proposal Exceptions & Deviations Form.doc](#), [Intent to Propose Form.doc](#)

3.2 It is the Offeror's sole responsibility to assure delivery by the designated deadline. The Intent to Propose Form should indicate your organization's primary contact, direct telephone number, and e-mail address. The form should also indicate the coverage(s) on which you are quoting and the name and email address of the primary data contact.

Upon receipt of the Intent to Propose Form, Segal will review its files for a current Global or Bid-Related NDA/Confidentiality Agreement. If there is a NDA/Confidentiality Agreement on file with Segal, Segal will send the data securely to the interested Offeror, as appropriate.

If there is no NDA/Confidentiality Agreement on file with Segal, an NDA document will be issued to the interested Offeror for signature. **Verbiage is non-negotiable.** Upon receipt of the newly signed NDA, or confirmation of an existing NDA on file, the data will be securely released to the Offeror via Segal's Secure File Transfer (SFT) system.

Secure data will not be released until Offeror's Intent to Propose form is submitted and a signed NDA between the Vendor and Segal is in place.

Offeror questions: Any questions regarding this RFP should be submitted directly via ProposalTech using the "Ask Questions" feature to Jennifer Slutzky. Please submit your RFP related questions via ProposalTech to Segal no later than the date and time as specified in this RFP. Questions from any potential Offeror that is considering a response to this RFP will be answered. Questions sent via email or telephone will not be accepted. PEEHIP reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted on ProposalTech.

Submission of proposals: Proposals are to be submitted electronically via the ProposalTech system by the specific due date and time. Proposals posted later than the time and date specified in this RFP will not be considered. If you choose not to offer a proposal, please confirm this in writing with the specific reason(s) for your declination.

All decisions and evaluations will be determined from the proposals submitted electronically via ProposalTech.

Your completed proposal should be submitted in the following format:

- Cover Letter
- Completed Section 4: Information Required From Offerors
- Completed Section 5: General Proposal Conditions
- Completed Section 6: Optional Plan Confirmations
- Signature-Ready Contract that addresses all the items in Section 5 and 6
- Completed Section 7: Aggregate Questionnaire - General Information, Capabilities, and Experience with Optional Plans (Dental, Vision, Hospital Indemnity, and Cancer)
- Completed Section 8: Questionnaire - Dental
- Completed Section 9: Questionnaire - Vision
- Completed Section 10: Questionnaire - Hospital Indemnity
- Completed Section 11: Questionnaire - Cancer

In addition to the items outlined above, Offerors shall also provide a complete, electronic, redacted copy of your proposal with your submission.

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Proprietary Items Exempt from Disclosure: Offerors must follow the ProposalTech system when responding to the RFP. If any items of this proposal are considered proprietary or confidential, Offerors must check the box corresponding to that question's answer indicating it is exempt from disclosure. See Section 3.11 for additional details. Failure to follow these directions will result in your responses being released as part of any open records request made in compliance with Alabama state law.

Instructions for downloading a redacted proposal: Click on the **Standard** selection under the **Reports / Print** heading in the left-hand side menu. On the following screen check the box for an **External Report**. Under the filtered report options select **Flagged** and check the box under the **Exclude Marked** column for **Confidential**. Once those selections have been made click **Generate Report** and attach the redacted proposal here.

Confirm you have attached a copy of your redacted proposal submission.

Single, Pull-down list.

- 1: Confirmed and attached,
- 2: Not confirmed

3.3 QUESTIONNAIRE INSTRUCTIONS

PEEHIP and Segal will review and evaluate each proposal carefully. Many questions within the RFP system do not require lengthy responses. When a question does require a written response, please provide a response that is clear and concise. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for rejecting a proposal.

ANSWERS TO THE QUESTIONS SHOULD BE AS SHORT AND CONCISE AS POSSIBLE TO FACILITATE OUR ANALYSIS AND TO AVOID CONFUSION.

3.4 OFFERORS CONFERENCE

An Offerors Conference Call will not be held in connection with the RFP. Offerors should submit questions via ProposalTech as outlined in this RFP.

3.5 KEY DATES

Event	2025 Due Date
Release of RFP	February 7
Notification of Intent to Propose Due (by 5:00 pm EST)	February 13
Written Questions from Offerors Due (by 5:00 p.m. EST)	February 14
Proposals Due (by 5:00 p.m. EST)	March 6
Interviews & Final Strategy Discussions	Late March/Early April
Anticipated Contract(s) Award Date	June 3
Implementation Begins	Upon receipt of Contract Award
Proposed Effective Date	October 1, 2025

To avoid elimination from the RFP process, all proposals must be returned in the format and dates outlined in this Bidding Instructions section.

3.6 SELECTION OF PARTNER(S)

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All responding Offerors will be notified in writing within a reasonable length of time following the selection. Prior to the selection of an Offeror partner, two or more Offerors may be requested to make oral presentations in person to the evaluation committee. The proposal shall become the property of PEEHIP.

3.7 ECONOMY OF PREPARATION

The proposal should be prepared simply and economically and provide a concise description of Offeror's response to the requirements of this RFP. Emphasis should be on clarity. PEEHIP will not be responsible for any costs incurred by Offeror in the preparation, submission, or presentation of a proposal.

3.8 NEWS RELEASES

News releases pertaining to this RFP, or to any services to which it relates, will be made only with prior written approval of PEEHIP, which may be withheld for any reason.

3.9 ADDENDA TO THE RFP

Any modifications made to this RFP prior to the proposal due date will be provided to all Offerors via the ProposalTech system described in this RFP.

3.10 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the Solicitation Contact, Ms. Jennifer Slutzky, through ProposalTech. Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

Proposers are not allowed to communicate concerning this RFP with any PEEHIP member or employee except as provided by existing work agreements. For violation of this provision, PEEHIP reserves the right to reject the proposal of the violator.

3.11 DISCLOSURE OF PROPOSAL CONTENTS

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Offerors should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure, if required by law; however, commercial or financial information obtained in response to a solicitation that is not designated privileged or confidential in a proposal may be considered a public record. Offerors should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "confidential." Offerors shall redact this information in a redacted copy provided to PEEHIP pursuant to Section 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS. Offerors shall also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records laws and is marked as proprietary information. Information contained in the price proposal may not be marked confidential. It is the sole responsibility of the Offeror to indicate information that is to remain confidential. If the Offeror identifies its entire proposal as confidential, PEEHIP may deem the proposal non-responsive and may reject it.

Offeror agrees to intervene in and defend any lawsuit brought against PEEHIP for its refusal to provide Offeror's alleged confidential and/or proprietary information to a requesting party. PEEHIP shall use best efforts to provide Offeror written notice of any such lawsuit within ten (10) days of receipt of service by PEEHIP. Offeror shall intervene within thirty (30) days of notice or will be deemed to have waived any and all claim that information contained in the proposal is confidential and/or proprietary and any and all claims against PEEHIP for disclosure of Offeror's alleged confidential and/or proprietary information.

****The identification of confidential responses has been turned on for this RFP. If you feel that a response to a question contains proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text***

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field provided. If you do not provide a reason for exemption, the question will not be considered answered. If you have any questions regarding this process, please contact ProposalTech Support at 877-211-8316 x84.

4 INFORMATION REQUIRED FROM OFFERORS

4.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

4.1.1 State the full name and address of your firm, and if applicable, the branch office or other subordinate element that will perform or assist in performing the work hereunder.

500 words.

4.1.2 Indicate whether you operate as an individual, partnership, limited liability company, or corporation.

500 words.

4.1.3 State the name of the state in which you are formed or incorporated.

500 words.

4.1.4 State whether you are currently in good standing in the state in which you are formed or incorporated and provide a Certificate of Good Standing from that state.

500 words.

4.1.5 State whether you are licensed to operate in the State of Alabama.

500 words.

4.2 QUALIFICATIONS OF THE FIRM - MINIMUM REQUIREMENTS

To be considered a viable Offeror, the following minimum requirements for prior experience must be met:

4.2.1 Provide a brief statement concerning the relevant experience of persons from your firm who will be administering all four Optional Plans. Do not include general corporate background brochures. Emphasize experience directly applicable to the administration of each Optional Plan - Dental Vision, Hospital Indemnity, and Cancer.

Confirm you meet this requirement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

4.2.2 Offeror must be currently administering self-funded Dental, Vision, Hospital Indemnity, and Cancer Plans for clients with eligible membership to at least one group health plan with a minimum of 100,000 lives.

Confirm you meet this requirement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

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4.2.3 Offeror must have a minimum of five (5) years of experience providing/administering group self-funded Dental, Vision, Hospital Indemnity, and Cancer Plans

Confirm you meet this requirement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

4.2.4 Confirm you will submit as a single entity to administer all four Optional Plans - Dental, Vision, Hospital Indemnity, and Cancer. Offerors may not partner with another company to meet this requirement.

Confirm you meet this requirement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

4.2.5 Confirm your ability to provide administrative only services for self-funded Optional Plans - Dental, Vision, Hospital Indemnity, and Cancer.

Confirm you meet this requirement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

4.2.6 Offeror must not have any bankruptcy filings within the last 5 years; and Offeror's senior officers, board members, or directors must not have any felony convictions.

Confirm you meet this requirement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

4.3 QUALIFICATIONS OF THE FIRM - MANPOWER

4.3.1 Identify lead individuals by name and title and include a resume of each and the proposed percent of time dedicated to this account (based on a 40-hour work week).

500 words.

4.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS

4.4.1 Include the names, titles, e-mail addresses and telephone numbers of personnel authorized to execute the proposed contracts with PEEHIP.

500 words.

4.5 COST AND PRICE ANALYSIS

4.5.1 The information requested in this Section and the RFP questionnaire is required to support the reasonableness of your proposal price. Offeror shall submit a completed Price Proposal in its native format.

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Failure to submit pricing as shown in the Price Proposal may render Offeror's entire Offer non-responsive and ineligible for award.

- Reflect the details of the expected total contract cost for fiscal plan years ending 2026, 2027, and 2028 (plan years run October 1st through September 30th-- e.g., plan year 2026 will run 10/1/25 - 9/30/26).
- Reflect a three-year contract for performing the Optional Plan services for fiscal plan years 2026 through 2028.
- Minimum three-year fee guarantee is required.
- Administration fee should be quoted on a per-participant-per-month (PPPM) basis, and should be all-inclusive - no separate renewal fee, postage fees, run-out fees, etc.
- Clear description of fee components and calculations
- All "add-on" costs must be estimated and documented in the Price Proposal - Attachment 2.

Please confirm you have submitted the Price Proposal as described in this section.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

4.6 SCORING CRITERIA

4.6.1 Proposals will be evaluated by an evaluation committee. Selection will be based on all factors listed below and others implicit within the RFP and will represent the best performance and reasonable costs for PEEHIP. PEEHIP reserves the right for site visits and to incorporate their results into the scoring evaluation if deemed appropriate.

Technical Proposal Section	Maximum Points
General Information, Capabilities and Experience Administering Optional Plans	75 points
Staffing, Member Services and Account Management	75 points
Reporting to PEEHIP	75 points
Eligibility	100 points
Implementation and Communication and Education	75 points
Performance Guarantees for all Optional Plans	50 points
Dental - Plan Design, Network Access and Network Management, Plan Administration	125 points
Vision - Plan Design, Network Access and Network Management, Plan Administration	75 points
Hospital Indemnity - Plan Design and Plan Administration	50 points
Cancer - Plan Design and Plan Administration	50 points
Total Technical Proposal	750 points
Total Price Proposal	250 points
Total Proposal	1,000 points

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Finalist Interviews/Site Visits (optional)	100 points
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4.7 OTHER INFORMATION

4.7.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet as follows:

<http://www.rsa-al.gov/> - RSA home page

<http://www.rsa-al.gov/peehip/> - PEEHIP home page

<http://www.rsa-al.gov/index.php/employers/peehip/> - PEEHIP employers section of RSA web page

www.sos.alabama.gov - Secretary of State home page

<https://alison.legislature.state.al.us/code-of-alabama> - Statutes establishing and governing PEEHIP - See Title 16, Chapter 25A

4.8 ADDITIONAL PROCUREMENT DOCUMENTS

4.8.1 The following documents, labeled Exhibits 1-8 in ProposalTech, must be completed and submitted with your proposal: Exhibit 1 - State of Alabama Disclosure Statement (Required by Article 3B of Title 41, Code of Alabama 1975) - two pages Exhibit 2 - Sample PEEHIP State Contract Exhibit 3 - Business Associate Agreement Exhibit 4 - Immigration Compliance Certificate (submission must include entire E-Verify Memorandum of Understanding, verified by the U.S. Department of Homeland Security) Exhibit 5 - IRS Form W-9 Exhibit 6 - Verification of adherence to the PEEHIP Statement on HIPAA Compliance Documentation. Please see the Business Associate Data Security Policy as a reference. Exhibit 7 - RSA Third Party Vendor Security Questionnaire Exhibit 8 - Trading Partner Agreement

Please confirm you have downloaded, completed and uploaded all of the procurement documents listed above. If not, please explain.

Attached Document(s): [5010 834 mapping 2025.xlsx](#), [Exhibit 1 State of Alabama Disclosure Statement.pdf](#), [Exhibit 2 Sample PEEHIP State Contract.docx](#), [Exhibit 3 Business Associate Agreement.pdf](#), [Exhibit 4 Immigration Compliance Certificate.pdf](#), [Exhibit 5 IRS Form W-9.pdf](#), [Exhibit 6A - Verification Adherence to BA Policy.docx](#), [Exhibit 6 Verification of Adherence to the PEEHIP Statement on HIPAA Compliance Documentation.pdf](#), [Exhibit 7 RSA Third Party Vendor Security Questionnaire FINAL.xlsx](#), [Exhibit 8 Trading Partner Agreement 2025.docx](#)

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

5 GENERAL PROPOSAL CONDITIONS

Below are the general conditions for submitting a proposal. By checking “Agree” and adding attachments when applicable, Offeror represents the proposal submitted adheres to these conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of proposal. This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties.

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5.1 Any award will be made to the Offeror(s) whose proposal(s) is/are deemed to be in the best interest of PEEHIP. PEEHIP reserves the right to reject any and all proposals.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.2 Offeror agrees to respond to this RFP in full, including all requirements.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.3 Any cost incurred by Offeror in preparing or submitting proposals or attending Interviews & Final Strategy Evaluations is Offeror's sole responsibility. Proposals will not be returned.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.4 Offeror is expected to operate in good faith by fulfilling and/or bringing to fruition any oral explanations or instructions but will not be bound by any of these given during the competitive process or after the award of the contract(s). However, PEEHIP reserves the right to request that Offeror put any such oral explanations or instructions into writing and, once in written format, such documentation shall become part of Offeror's proposal for purposes of becoming part of the final agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.5 Offeror agrees to be bound by its proposal for a period of at least 180 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.6 Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.7 The proposal must be signed (electronic signature is acceptable) by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of the award. All rates, fees and terms presented will be considered legally binding. Please see the PEEHIP Binding Signature document, attached in the Manage Documents section of the eRFP.

Single, Radio group.

- 1: Agree and attached document,;
- 2: Disagree, explain: [500 words]

5.8 All Offeror services must adhere to relevant federal and state laws and regulations.

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Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.9 Any early termination provision contained in your contract cannot be tied to financial provisions or penalties. Either party can terminate the contract without cause. However, PEEHIP can provide 30 days' notice while you will be required to provide 180 days' notice to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.10 Offeror agrees to provide completed Exhibit 1 - Alabama Disclosure Statement, Exhibit 4 - Immigration Compliance Certificate (entire E-Verify Memorandum of Understanding (MOU), verified by U.S. Office of Homeland Security), and Exhibit 5 - IRS Form W-9 with submission of proposal.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.11 Offeror agrees that the MOU for e-Verify will match the EIN on the Exhibit 5 - IRS Form W-9 or offer an explanation on company letterhead of why the numbers are different.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.12 Offeror agrees there will be no initial or ongoing commissions or finder's fees payable on any plan or services as a result of this RFP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.13 There are NO additional fees (beyond those outlined in the Price Proposal) required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Price Proposal. Under no circumstances will PEEHIP be liable to Offeror for fees not disclosed in Offeror's written proposal.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.14 Offeror agrees to abide by the following contract language: Contractor acknowledges that Contractor is an independent contractor, and neither Contractor nor Contractor's employees are to be considered employees of PEEHIP or entitled to benefits under the State of Alabama Merit System.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.15 PEEHIP's sample contract contains restrictions on the use of Artificial Intelligence (AI). Confirm your agreement with such restrictions. Please disclose as part of your proposal all uses of AI with regard to the provision of services for PEEHIP.

Single, Radio group.

1: Agree, explain: [500 words] ,

2: Disagree, explain: [500 words]

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5.16 Offeror agrees to abide by the following contract language: Contractor acknowledges that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number 26. It is further agreed that if any provisions of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. Contractor may not assign this Agreement or any interest herein or any money due hereunder without the expressed written consent of PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.17 Offeror agrees to abide by the following contract language: To the fullest extent permitted by law, the Contractor shall indemnify, defend, and hold harmless PEEHIP, the State of Alabama, and their affiliates, and their respective administrators, officers, directors, agents, and employees (the "Indemnitees"), from and against any and all claims, damages, losses, and expenses, including, but not limited to, attorney's fees, arising out of or resulting from the Contractor's performance of services under this Agreement and/or any other of the Contractor's acts and/or omissions under this Agreement. Without limiting the foregoing in any manner, the Contractor shall indemnify, defend, and hold harmless the Indemnitees from and against any and all claims, damages, losses and expenses, including, but not limited to, attorney's fees, (a) incurred as a result of the Contractor's violation of any law, rule or regulation; (b) arising out of, or related to, the Contractor's breach of warranty or representation; or (c) arising out of, or related to, the Contractor's negligent or willful misconduct.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.18 Offeror agrees to abide by the following contract language: Contractor acknowledges and agrees that, PEEHIP shall not indemnify or hold harmless Contractor, its affiliates, administrators, officers, employees, or agents. Contractor further acknowledges and agrees that PEEHIP shall not be liable to Contractor for any late fees, penalties, collection fees, or attorney fees.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.19 Offeror agrees to abide by the following contract language: Contractor acknowledges that, in the course of performing its responsibilities under this Agreement, Contractor may be exposed to or acquire information that is proprietary or confidential to PEEHIP or its members. Contractor agrees to hold such information in confidence and not to copy, reproduce, sell, assign, license, market, transfer, or otherwise disclose such information to third parties or to use such information for any purpose whatsoever, without the express written permission of PEEHIP, other than for the performance of obligations hereunder or as required by applicable state or federal law. For purposes of this Agreement, all records, financial information, specifications, and data disclosed to Contractor during the term of this Agreement, whether submitted orally, in writing, or by any other media, shall be deemed to be confidential in nature unless otherwise specifically stated in writing by PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

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5.20 Offeror agrees to abide by the following contract language: Contractor acknowledges that PEEHIP may be subject to Alabama open records laws or similar state and/or federal laws relating to disclosure of public records and may be required, upon request, to disclose certain records and information covered by and not exempted from such laws. Notwithstanding anything to the contrary contained in Contractor's proposal or in this final Agreement, Contractor acknowledges and agrees that PEEHIP may comply with those laws and any such compliance shall not be deemed a violation with any provision of Contractor's proposal or final Agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.21 Offeror agrees to abide by the following contract language: By signing this contract, the contracting parties affirm, for the duration of the Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the Agreement and shall be responsible for all damages resulting therefrom.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.22 Offeror agrees to abide by the following contract language: In compliance with Act 2016-312, Contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.23 In compliance with Ala. Code §41-16-161, Contractor hereby certifies that Contractor, without violating controlling law or regulation does not and will not, during the term of this Agreement, engage in economic boycotts.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.24 Offeror agrees to abide by the following contract language: In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involve the payment of money, Contractor's sole remedy is the filing of a claim with the Board of Adjustment to the State of Alabama. For any and all other disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of nonbinding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.25 Offeror agrees to abide by the following contract language: This Agreement shall be governed by and construed in accordance with Alabama Law, without giving any effect to the conflict of laws provision thereof.

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Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.26 Offeror agrees to make changes in a timely manner in such instances where the Alabama Legislature enacts legislation that impacts PEEHIP and requires such changes.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.27 Insurance. Offeror shall maintain or obtain (as applicable), with respect to the activities in which Offeror engages pursuant to this Agreement, professional liability (errors and omissions) insurance, cybersecurity liability, general liability, and any other insurance required by PEEHIP or otherwise industry standard in amounts reasonable and customary for the nature and scope of business engaged in by such party. Offeror shall deliver to PEEHIP evidence of such insurance on or before the Effective Date and annually thereafter and name PEEHIP as an additional insured when applicable. Please specify the liability coverage amounts you are offering for this account.

Single, Radio group.

1: Agree, please specify coverage amounts.,

2: Disagree, explain: [500 words]

5.28 If selected as a finalist, PEEHIP will require that you provide copies of all privacy policies, terms of use protections and any other terms related to cyber security protection. Please note that this applies not only for how you will use and transfer data but also as it relates to employee sites or portal access.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.29 Offeror will accept liability for any mistakes, errors, or omissions it makes in providing services to PEEHIP and its members.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.30 Offerors must have all licenses necessary to do business in the State of Alabama and to perform the services required by PEEHIP. If you have an application for license pending please provide a copy of the application. Such license(s) must be in effect before October 1, 2025.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.31 Offeror agrees to provide a sample Services Agreement that includes provisions for all agreed-upon proposal conditions. Offeror shall upload the sample agreement with their proposal submission. By accepting Offeror's proposal, PEEHIP is not agreeing to nor accepting the terms of Offeror's sample agreement. PEEHIP reserves the right to negotiate or reject the terms of Offeror's agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.32 PEEHIP expects the contract to be signed, at least 30-days prior to go-live. Confirm you agree to meet this deadline.

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Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.33 Offeror agrees to negotiate any resulting contract in good faith and further agrees that it will not refuse a request for contract edit based solely upon Offeror maintaining standard language in all agreements. Offeror also agrees that the contract provided by Offeror is expected to align with custom PEEHIP criteria agreed upon in RFP response.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.34 Offeror will execute and remain in full compliance with the attached Exhibit 3 - Business Associate Agreement (BAA) with PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.35 Offeror must notify PEEHIP at least 30 days prior to the effective date of any purchase, acquisition and any other change in its ownership or partners or control affecting 10% or greater interest, any acquisition by it of 10% or greater interest in any subsidiary, and any new agreement with, by or between any affiliates that is relevant to the contract.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.36 Offeror will not render or conduct its Optional Plans administrative services off-shore, and all of Offeror's services (including, without limitation, call centers and billing operations) shall be performed in the contiguous United States.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.37 Offeror agrees to provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 21 report.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.38 Offeror acknowledges and agrees that Offeror has a continuing obligation to disclose any change of circumstances that will affect its qualifications as an Offeror.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.39 UNIQUE MEMBER IDENTIFIER ADMINISTRATION REQUIREMENT: Offeror must be able to accept, store, and report member-level detail, using the following data elements:

1. Social Security Number

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2. Individual Personal Identification number (PID), assigned by PEEHIP to each covered member (subscribers and dependents)
3. Subscriber Personal Identification number (PID), assigned by PEEHIP and reported for each covered member on an account

PEEHIP stores and tracks member-level detail using SSNs and unique PEEHIP-assigned PIDs. ALL eligibility and member-level reporting must include these unique identifiers. The Offeror must be able to accept and track each individual plan member based upon the SSN and PEEHIP-assigned member PID. The following chart provides an example of how the Unique Member Identifier should be structured.

Contract Participants	Individual SSN	PEEHIP-assigned Individual PID	PEEHIP-assigned Subscriber PID
John Doe - Subscriber	XXX-XX-XXX1	12222222	12222222
Jane Doe - Spouse	XXX-XX-XXX2	22345678	12222222
Julie Doe - Child	XXX-XX-XXX3	32345678	12222222
Jack Doe - Child	XXX-XX-XXX4	42345678	12222222

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.40 Confirm that all file transmissions will include member-level detail using these identifiers - SSNs, PEEHIP-assigned Individual Personal Identification Number (PID)s, and PEEHIP-assigned Subscriber PIDs.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.41 Offeror must accept and process daily transmittal of standard HIPAA-compliant eligibility files and maintain eligibility files on a daily basis and transmit and receive a reconciliation file to/from PEEHIP electronically, on a weekly and monthly basis. All files must be accepted in PEEHIP's prescribed format, and any contract with PEEHIP that results from this RFP will not allow Proposer to change this format for any reason during the term of the Agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.42 Offeror must assign the ID card contract numbers (without containing the PEEHIP assigned PIDs). Note that the vendor assigned contract numbers will not be stored in PEEHIP's system.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.43 Offeror agrees to execute and utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis if awarded a contract under this RFP. PEEHIP will provide the Trading Partner Agreement to the Offeror. Please review the PEEHIP 834 Reporting Mapping.

Attached Document(s): [Exhibit 1 State of Alabama Disclosure Statement.pdf](#)

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Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.44 Offeror agrees to the specified eligibility rules established by PEEHIP and as stated in the PEEHIP Member Handbook.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.45 Offeror must provide detailed disclosure of all invoice line items to PEEHIP at each monthly billing cycle in the electronic format prescribed by PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.46 Offeror agrees that all reporting submitted by Offeror must be reconciled to the billing.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.47 Offeror will attach a copy of its most recently completed HIPAA assessment with their proposal submission.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.48 Offeror will supply PEEHIP with the most recent copy of its completed HIPAA assessment every time one is completed within 10 business days of Offeror's receipt of same.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.49 All personnel/staff in Offeror's organization must complete HIPAA training, at least annually.

Single, Radio group.

1: Agree, explain: [500 words] ,

2: Disagree, explain: [500 words]

5.50 All employees at Offeror's organization have been trained on how to report a security incident or potential breach under HIPAA.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.51 If awarded the contract, PEEHIP or its agent or representative may, at any point during the Agreement, perform an on-site self-assessment of Offeror's organization based on HIPAA requirements.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

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5.52 Offeror has attached documents that indicate Offeror is in compliance with the PEEHIP Statement on HIPAA Compliance Document in the Additional Procurement Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.53 Offeror has attached a copy of its Information Security Policy and Procedures with their proposal submission. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.54 Offeror must be able to accept and process standard HIPAA-compliant enrollment data electronically, daily.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.55 Upon termination of the contract, Offeror must provide historical data to succeeding vendor or PEEHIP, as directed, at no additional charge. Offeror must provide, at no additional cost to PEEHIP, up to five (5) files of historical data, for the three previous contract years, to any new vendor selected by PEEHIP. Transition of data will begin immediately following notification of termination and must be complete within 90 days of that notification. Within 14 days of notification, offeror must provide files as of the notification date. Offeror must provide all data on a rolling basis at least once every 30 days thereafter until all PEEHIP data has been provided to the succeeding offeror or to PEEHIP as directed.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.56 Offeror agrees that PEEHIP owns its data (its financial, operational, and member data) and that such data will be considered proprietary and will not be shared or utilized for any purpose other than the provision of services under the agreement, except at PEEHIP's request or approval, with full knowledge and express written consent.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.57 Upon termination of the contract, Offeror must continue to perform all services up until, at least, the termination date in exactly the same manner as if termination date were not to occur.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

5.58 Offeror must notify PEEHIP, in writing, immediately upon identification of system-related problems, programming problems or data transfer problems. Offeror must make every effort necessary to correct such problems within 48 hours regardless of the time or date to minimize any disruption to members.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

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5.59 With its proposal submission, Offeror must provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.60 Offeror must provide a dedicated Implementation Manager whose sole account is PEEHIP and who, in coordination with the dedicated Account Manager and PEEHIP Account Management team, will effectively manage the implementation of this program. The dedicated Implementation Manager must continue to support PEEHIP a minimum of 45 days after the implementation date of October 1, 2025, should PEEHIP desire. Such support includes, but is not limited to, weekly calls with PEEHIP and the designated Account Management team, maintenance of issue-tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.61 Offeror must have the ability to continuously accept “warm transfers” during business hours from PEEHIP to Offeror's call center(s) at no additional cost to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.62 Offeror must have a process or mechanism in place to identify and isolate PEEHIP only members that call into the Member Services line.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.63 No loss/No gain: No covered PEEHIP members shall lose or gain coverage as a result of Offeror change.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.64 Offeror agrees to be audited by PEEHIP or an entity chosen by PEEHIP. The Offeror will cooperate with any outside audit firm PEEHIP selects to perform the audit. PEEHIP reserves the right to review and audit the operations of the Offeror, including the Offeror's internal control procedures and records, at any point during the life of the contract. Additionally, PEEHIP or its designated agent will be permitted to annually audit Offeror's performance under the contract, at no cost to PEEHIP, including, but not limited to, claims processing and payment, customer service, and banking and billing records to assure that claims subject to each proposed coverage are evaluated in accordance with the plan provision. If an audit identifies performance guarantees are not being met, PEEHIP will expect the Offeror to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit. PEEHIP reserves this right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

5.65 All PEEHIP information disclosed during the proposal and contract term must remain strictly confidential unless disclosure is required by law.

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Single, Radio group.

1: Agree,

2: Disagree, explain: [500 words]

6 OPTIONAL PLAN CONFIRMATIONS

6.1 Confirm your current capability to provide each of the following. If your proposal includes subcontractors, confirm that the arrangement you propose is currently operational and will not be first implemented for PEEHIP. Confirmation on each of the following is required to respond to the rest of this section of the RFP.

Requirement	Confirmed/ Not Confirmed	Explanation if Not Confirmed
a. All four self-funded coverages will be awarded to only one (1) vendor. Offerors may not partner with another company to meet this requirement.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
b. Proposed fees must include transfer of claim accumulation on agreed upon electronic media to any subsequent administrator at no charge.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
c. All fees must remain valid for the 36-month period beginning October 1, 2025.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
d. There will be one ID card representing all four optional coverages and the card will indicate the specific coverages elected by the member at enrollment. Offeror is required to assign the ID card contract number. It shall not contain the PID.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
e. Confirm that, upon written notice of termination of service agreement, the administrator will return to PEEHIP all files and records and will provide claim accumulator data at no additional charge to PEEHIP.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
f. Confirm that the administrator and PEEHIP agree that all such files, records, and data are owned solely by PEEHIP.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
g. Confirm that the administrator will be responsible for collecting retroactively for two years from the date a claim is paid. Overpayments will be paid back to PEEHIP, even if the administrator cannot recover from provider.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
h. Confirm that, upon termination of agreement, administrator will provide run-out adjudication at no additional cost to PEEHIP.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required

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i. Confirm you will timely notify the Plan and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	500 words. Nothing required
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7 AGGREGATE QUESTIONNAIRE - GENERAL INFORMATION, CAPABILITIES, AND EXPERIENCE WITH OPTIONAL PLANS (DENTAL, VISION, HOSPITAL INDEMNITY, AND CANCER)

7.1 REFERENCES

This section consists of questions, which are generally applicable to administration of the Optional coverages, in aggregate.

7.1.1 Provide three current customer references, separately for each of the four Optional Plans. At least one of these references must have a minimum of 100,000 eligible members. PEEHIP is interested in working with carriers that have experience with and a history of providing Dental, Vision, Hospital Indemnity, and Cancer benefits to public sector plans of similar size. Provide the following for each reference:

Dental	Reference 1	Reference 2	Reference 3
a. Customer Name	50 words.	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.	Integer.
d. Number of participating employees/subscribers	Integer.	Integer.	Integer.
e. Description of services	500 words.	500 words.	500 words.
f. Name of contact	50 words.	50 words.	50 words.
g. Contact title	50 words.	50 words.	50 words.
h. Contact phone number	50 words.	50 words.	50 words.
i. Contact email	50 words.	50 words.	50 words.
j. Contact address	50 words.	50 words.	50 words.

7.1.2

Vision	Reference 1	Reference 2	Reference 3
a. Customer Name	50 words.	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.	Integer.
d. Number of participating employees/subscribers	Integer.	Integer.	Integer.
e. Description of services	500 words.	500 words.	500 words.
f. Name of contact	50 words.	50 words.	50 words.

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g. Contact title	50 words.	50 words.	50 words.
h. Contact phone number	50 words.	50 words.	50 words.
i. Contact email	50 words.	50 words.	50 words.
j. Contact address	50 words.	50 words.	50 words.

7.1.3

Hospital Indemnity	Reference 1	Reference 2	Reference 3
a. Customer Name	50 words.	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.	Integer.
d. Number of participating employees/subscribers	Integer.	Integer.	Integer.
e. Description of Services	500 words.	500 words.	500 words.
f. Name of contact	50 words.	50 words.	50 words.
g. Contact title	50 words.	50 words.	50 words.
h. Contact phone number	50 words.	50 words.	50 words.
i. Contact email	50 words.	50 words.	50 words.
j. Contact address	50 words.	50 words.	50 words.

7.1.4

Cancer	Reference 1	Reference 2	Reference 3
a. Customer Name	50 words.	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.	Integer.
d. Number of participating employees/subscribers	Integer.	Integer.	Integer.
e. Description of services	500 words.	500 words.	500 words.
f. Name of contact	50 words.	50 words.	50 words.
g. Contact title	50 words.	50 words.	50 words.
h. Contact phone number	50 words.	50 words.	50 words.
i. Contact email	50 words.	50 words.	50 words.
j. Contact address	50 words.	50 words.	50 words.

7.1.5 Provide this same information for two recently terminated customers, separately for each of the four Optional Plans. Include the reason the engagement was terminated.

Dental	Reference 1	Reference 2
a. Customer Name	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.

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d. Description of services	500 words.	500 words.
e. Name of contact	50 words.	50 words.
f. Contact title	50 words.	50 words.
g. Contact phone number	50 words.	50 words.
h. Contact email	50 words.	50 words.
i. Contact address	50 words.	50 words.
j. Reason for termination	500 words.	500 words.

7.1.6

Vision	Reference 1	Reference 2
a. Customer Name	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.
d. Description of services	500 words.	500 words.
e. Name of contact	50 words.	50 words.
f. Contact title	50 words.	50 words.
g. Contact phone number	50 words.	50 words.
h. Contact email	50 words.	50 words.
i. Contact address	50 words.	50 words.
j. Reason for termination	500 words.	500 words.

7.1.7

Hospital Indemnity	Reference 1	Reference 2
a. Customer Name	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.
d. Description of services	500 words.	500 words.
e. Name of contact	50 words.	50 words.
f. Contact title	50 words.	50 words.
g. Contact phone number	50 words.	50 words.
h. Contact email	50 words.	50 words.
i. Contact address	50 words.	50 words.
j. Reason for termination	500 words.	500 words.

7.1.8

Cancer	Reference 1	Reference 2
a. Customer Name	50 words.	50 words.

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b. Length of time serviced	50 words.	50 words.
c. Number of eligible employees	Integer.	Integer.
d. Description of services	500 words.	500 words.
e. Name of contact	50 words.	50 words.
f. Contact title	50 words.	50 words.
g. Contact phone number	50 words.	50 words.
h. Contact email	50 words.	50 words.
i. Contact address	50 words.	50 words.
j. Reason for termination	500 words.	500 words.

7.2 COMPANY OVERVIEW

7.2.1 Please provide the following information for the proposed administrator of the Optional Plans.

	Your Company	Parent Company
Legal Company Name	50 words.	50 words.
Corporate Office Address	50 words.	50 words.
Telephone Number	50 words.	50 words.
Company URL (web address)	50 words.	50 words.

7.2.2 Provide the location of the Offeror's office(s) that would be responsible for managing the PEEHIP contract.

500 words.

7.2.3 Provide the names of all subcontractors along with the type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Please use the table provided below. Confirm that you will notify PEEHIP of changes to this subcontractor list throughout the term of any awarded contract and that PEEHIP will have the ability to pre-approve any subcontractor that provides services directly to PEEHIP or its members.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship	Optional Coverage for which this Subcontractor will be used
1.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	Compound, Pull-down list. 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe [500 words]

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2.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	Compound, Pull-down list. 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe [500 words]
3.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	Compound, Pull-down list. 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe [500 words]
4.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	Compound, Pull-down list. 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe [500 words]
5.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	Compound, Pull-down list. 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe [500 words]
6.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	Compound, Pull-down list. 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe [500 words]

7.2.4 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your sub-contractors.

500 words.

7.2.5 Has your organization experienced recent merger or acquisition activity? If so, please describe. Has your organization recently undergone any workforce realignments? If so, please describe. Are there any anticipated changes in ownership or business developments, including, but not limited to, mergers, stock issues, and the acquisition of new venture capital? If so, please explain.

500 words.

7.2.6 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-36 months?

500 words.

7.2.7 Does your company have any current or pending litigation? If yes, please explain.

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Single, Radio group.

1: Yes, explain: [1000 words] ,

2: No

7.2.8 What are the most recent ratings for your company by the following rating entities?

	Rating	Date
A.M. Best	10 words.	To the day.
Fitch	10 words.	To the day.
Moody's	10 words.	To the day.
Standard and Poor's	10 words.	To the day.

7.2.9 If any rating has changed within the past 12 months, from any of the rating agencies, please explain.

500 words.

7.2.10 Is your organization:

Single, Radio group.

1: Privately held,

2: Publicly traded,

3: A Mutual Holding Company,

4: Other. Please describe: [500 words]

7.2.11 What fidelity and surety insurance or bond coverage do you carry or would you recommend to protect PEEHIP? Specifically, describe the type and amount of the fidelity bond, which would protect PEEHIP in the event of a loss.

500 words.

7.3 EXPERIENCE

7.3.1 Confirm that your company can administer self-funded Dental, Vision, Hospital Indemnity and Cancer.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.3.2 Provide an overview of your firm, including, at minimum: historical background, location(s) of business, main business activity, length of time in business, length of time administering self-funded Dental, Vision, Hospital Indemnity and Cancer benefits, and organizational structure

	Response
Dental	500 words.
Vision	500 words.
Hospital Indemnity	500 words.
Cancer	500 words.

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7.3.3 Provide statistics regarding your Dental, Vision, Hospital Indemnity, Cancer benefits business for your entire book of business. Provide statistics further split as requested in the grids, below.

Dental:

	Total Group Members	Group Members in Alabama	Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2025	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.4 Vision:

	Total Group Members	Group Members in Alabama	Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2025	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.5 Hospital Indemnity:

	Total Group Members	Group Members in Alabama	Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2025	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.6 Cancer:

	Total Group Members	Group Members in Alabama	Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2025	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.7 Provide your 2024 year-end membership for each of the following self-funded coverages:

	2024 Year End Membership
Dental	<i>Integer.</i>
Vision	<i>Integer.</i>
Hospital Indemnity	<i>Integer.</i>
Cancer	<i>Integer.</i>

7.3.8 How many new groups did you add effective January 1, 2025?

	2025 New Groups
Dental	<i>Integer.</i>
Vision	<i>Integer.</i>
Hospital Indemnity	<i>Integer.</i>

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Cancer	<i>Integer.</i>
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7.3.9 What percentage of your 2024 total group membership renewed for the 2025 plan year?

	2025 Total Group Member Percentage Renewed
Dental	<i>Percent.</i>
Vision	<i>Percent.</i>
Hospital Indemnity	<i>Percent.</i>
Cancer	<i>Percent.</i>

7.4 OPEN ENROLLMENT AND STAFFING

7.4.1 Confirm that you will be available and participate in PEEHIP's Open Enrollment communications campaign. Describe your involvement and how you will assist members in learning about their benefit options. Note that Open Enrollment is scheduled to begin on each July 1 and ends September 10.

Single, Radio group.

- 1: Confirmed: [500 words] ,
- 2: Not confirmed: [500 words]

7.4.2 Confirm that you will conduct on-site, state wide educational sessions as determined necessary by PEEHIP for PEEHIP's eligible members and dependents of eligible members (if needed) beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period.

Single, Radio group.

- 1: Confirmed: [500 words] ,
- 2: Not confirmed: [500 words]

7.4.3 Confirm that you will continue to support PEEHIP after Open Enrollment and seamless transition of account management to the appropriate individual post implementation. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

500 words.

7.4.4 Confirm your understanding and agreement that ALL on-site staff will be subject to a background check as well as Retirement Systems of Alabama (RSA) onboarding.

Single, Radio group.

- 1: Confirmed: [500 words] ,
- 2: Not confirmed: [500 words]

7.4.5 Please provide the following information:

	Response
A statement of whether the Offeror or any of the Offeror’s employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any felony, and if so, an explanation providing relevant details.	<i>500 words.</i>
A statement of whether there is any concluded or pending litigation against the Offeror or Offeror’s employees related to a contract engagement; and if such litigation exists, an attached opinion of	<i>500 words.</i>

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counsel as to whether the pending litigation will impair the firm’s performance in a contract under this RFP.	
A statement of whether the Offeror or any of the Offeror’s business associates have reported a HIPAA breach involving 500 or more individuals in a given state or jurisdiction.	500 words.
A statement on how Offeror vets employees and/or contract personnel to ensure workforce clearance procedures are followed under HIPAA.	500 words.
A statement as to whether, in the last ten years, Offeror or any of its subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.	500 words.

7.5 MEMBER SERVICES

7.5.1 Please provide the geographic location of the Member Service unit(s) that will be servicing PEEHIP members. Will this service be outsourced? If so, provide the name of the outsourcer.

1000 words.

7.5.2 Describe the hours and days the Member Services unit will have live representatives available to PEEHIP members. At a minimum, PEEHIP requires your Member Services unit to be available from 8 a.m. to 6 p.m., Monday through Friday, CST, except for observed Vendor holidays.

500 words.

7.5.3 Is there a Pre-Enrollment information line available during Open Enrollment as well as an Information line available throughout the year from 8am - 6pm CT/CST?

500 words.

7.5.4 Confirm each of the following:

Member Services	Response
a. Offerors will operate a dedicated member services unit to answer questions from PEEHIP’s members.	Single, Radio group. 1: Confirmed, 2: Not confirmed
b. Offerors will operate a toll-free dedicated member services telephone line to answer questions from PEEHIP’s members.	Single, Radio group. 1: Confirmed, 2: Not confirmed
c. Offerors will have special telephone features for the hearing impaired.	Single, Radio group. 1: Confirmed, 2: Not confirmed
d. Resources will be available to assist non-English speaking callers through a translation service.	Single, Radio group. 1: Confirmed, 2: Not confirmed

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e. All calls will be recorded and kept for 24 months and made available for PEEHIP’s review upon request.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
f. Member Service Representatives (MSR) will warm or soft transfer members to other service areas or Vendors including PEEHIP, if necessary.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
g. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

7.5.5 How are calls "after hours" of operation handled?

Single, Radio group.

- 1: Voice mail,
- 2: No service,
- 3: Full service – 24/7,
- 4: Some extended hours for calls,
- 5: Other, please specify: [500 words]

7.5.6 How large is your Member Services department? How many employees work exclusively in this department?

Plan	Number of employees working exclusively in Member Services department
Dental	<i>Integer.</i>
Vision	<i>Integer.</i>
Hospital Indemnity	<i>Integer.</i>
Cancer	<i>Integer.</i>

7.5.7 Describe your ability to provide PEEHIP's staff with call monitoring capability, for live and/or recorded calls, remotely and onsite. If recorded calls, confirm that you will allow PEEHIP to select a sampling on a weekly basis. Please describe your system capabilities for enabling PEEHIP staff to hear a specific call made to your call center, if PEEHIP can provide the date, time, and MSR involved. If your response differs among the four Optional benefit plans, please explain.

500 words.

7.5.8 Describe your efforts and procedures to achieve, track, and report one call resolutions.

500 words.

7.5.9 Describe the escalation process for Member Services satisfaction and complaints. If your response differs among the four Optional plans, please explain.

500 words.

7.5.10 Describe your initial internal and external appeals and grievances processes and guidelines. If your response differs among the four Optional plans, please explain.

Single, Radio group.

- 1: Confirmed: [500 words] ,
- 2: Not confirmed: [500 words]

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7.5.11 Confirm that you will issue a single member ID card # and mail, via surface mail, to all covered Members within ten (10) business days following the enrollment period. Note that there will only be one ID card # issued in the name of the subscriber, representing all four optional coverages for individual coverage or family coverage. Confirm that you will mail ID cards to newly enrolled Members within five (5) business days of enrollment. Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card. Indicate how many ID cards you will mail to subscribers who have family coverage.

Single, Radio group.

1: Confirmed: [500 words] ,

2: Not confirmed: [500 words]

7.5.12 Confirm that you will issue new member ID cards and new Summary Plan Documents (SPDs) as required by PEEHIP, at your expense.

Single, Radio group.

1: Confirmed: [500 words] ,

2: Not confirmed: [500 words]

7.5.13 Confirm your ability to provide a single member ID card that, at a minimum, includes the following information:

ID Card Information	Dental	Vision	Hospital Indemnity	Cancer
a. The subscriber member's name	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Vendor assigned Contract Number	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
c. Offeror's toll-free eligibility and pre-certification services telephone number and applicable co-payments and deductibles for services	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
d. Indicate type of optional coverage and whether individual or family coverage for each. Note: A member can have one or more <i>Optional Plans</i> . Members no longer have to elect all family or all single coverage. For example, members can elect family dental and single vision, etc.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
e. The effective date of coverage.	<i>Single, Pull-down list.</i> 1: Confirmed,	<i>Single, Pull-down list.</i> 1: Confirmed,	<i>Single, Pull-down list.</i> 1: Confirmed,	<i>Single, Pull-down list.</i> 1: Confirmed,

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	2: Not confirmed	2: Not confirmed	2: Not confirmed	2: Not confirmed
f. List any elements not currently included.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

7.5.14 Do you use an outside vendor to print ID cards? If yes, what security measures do you have in place to prevent a breach?

Single, Radio group.

1: Yes, explain: [500 words],

2: No

7.5.15 If you have experienced a security breach, describe the breach and how you achieved resolution.

500 words.

7.5.16 Please complete the following table:

Provider Directories	Dental	Vision
Are hard copy provider directories available to your membership? If so, describe how often they are mailed and whether they are sent to new members only.	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Are the provider directories also available online?	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
If so, how often are the online directories updated?	<i>Compound, Pull-down list.</i> 1: Yes: [100 words], 2: No	<i>Compound, Pull-down list.</i> 1: Yes: [100 words], 2: No

7.5.17 Indicate whether your member website provides the following:

Member Website Capabilities	Dental	Vision	Hospital Indemnity	Cancer
Provider directory and provider search	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Ability to review claims payment status online	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Ability to review a history of claims payments, including deductible status	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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Ability to see a summary of PEEHIP’s plan design	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Ability to print ID cards and request replacement cards	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Ability to contact member services online	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Information about diseases and conditions	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Contact information for PEEHIP, its other vendors, and links to their websites	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
On-line access to forms	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Other - please describe any additional tools and functionalities available to members in your web portal not captured above	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

7.5.18 Describe your member satisfaction surveys and provide the most recent results for each of the four Optional Plans.

500 words.

7.6 ACCOUNT MANAGEMENT/CLIENT SERVICES

7.6.1 Please provide contact information for the Account Executive that will be assigned to this engagement.

Company Name	<i>100 words.</i>
Contact Name	<i>100 words.</i>
Contact Title	<i>100 words.</i>
Address	<i>100 words.</i>
Office Number	<i>50 words.</i>
Mobile Number	<i>50 words.</i>
e-Mail Address	<i>100 words.</i>

7.6.2 Identify the key Account Management team you propose to work on this account and provide an organization chart, including names and titles, of management and key personnel that will be responsible for

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account management. Some positions may be dedicated and others may be designated. For the purpose of this RFP, “Dedicated” is defined as the Offeror's staff members who are solely assigned to perform Services in furtherance of this Contract, which means the Offeror does not assign them to work for any other client or customer. “Designated” is defined as the Offeror's staff members who are assigned to perform Services in furtherance of this Contract but may also be assigned to work for other clients or customers. Please indicate which positions are Dedicated vs. Designated. At a minimum, your team should include an Account Executive, Customer Service Manager, Eligibility Manager, Implementation Manager and an IT Manager.

500 words.

7.6.3 Provide a resume for each member of the account management team listed in the organization chart, detailing their experience with administering the Optional Plans and the percentage of time each team member will dedicate to this account.

Single, Pull-down list.

1: Confirmed and attached,

2: Not confirmed

7.6.4 What office(s)/location(s) would be responsible for providing implementation, account management, and Member Services?

500 words.

7.6.5 Please provide the following information regarding the account service team that would be assigned this account.

	Name	Location	Years of Industry Experience	Years with Firm	Years in Current Position	Number of Accounts Currently Assigned
Account Executive	50 words.	50 words.	Integer.	Decimal.	Decimal.	Integer.
Customer Service Manager	50 words.	50 words.	Integer.	Decimal.	Decimal.	Integer.
Eligibility Manager	50 words.	50 words.	Integer.	Decimal.	Decimal.	Integer.
Implementation Manager	50 words.	50 words.	Integer.	Decimal.	Decimal.	Integer.
IT Manager	50 words.	50 words.	Integer.	Decimal.	Decimal.	Integer.
Other	50 words.	50 words.	Integer.	Decimal.	Decimal.	Integer.

7.6.6 Please describe your turn-over rate, as it pertains to Implementation, Account Management, and Member Services staff.

	Dental	Vision	Hospital Indemnity	Cancer
2024 Implementation staff turn-over	500 words.	500 words.	500 words.	500 words.
2024 Account Management staff turn-over rate	500 words.	500 words.	500 words.	500 words.
2024 Member Services staff turnover	500 words.	500 words.	500 words.	500 words.

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7.6.7 Confirm that you will provide an account executive and a backup account staff member that will handle ALL service matters related to the operation of the program.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

7.6.8 Confirm that PEEHIP's account executive or back up account staff member will respond to all PEEHIP inquiries within one business day.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

7.6.9 Describe your process to escalate problems or concerns through the corporate structure to facilitate resolution of issues.

500 words.

7.6.10 Discuss how you will track this requirement and report your findings to PEEHIP.

500 words.

7.6.11 Confirm that you will provide an annual Account Management satisfaction score card to PEEHIP so that PEEHIP can assess your performance. Please upload a sample of your annual score card.

Single, Radio group.

- 1: Confirmed, uploaded to ProposalTech, explain: [500 words] ,
- 2: Confirmed, not uploaded to ProposalTech, explain: [500 words] ,
- 3: Not confirmed, explain: [500 words]

7.6.12 Confirm the Account Manager will lead bi-weekly, or at a frequency determined by PEEHIP, meetings with PEEHIP and maintain an accurate, up to date task log of current issues and discussion items. The Account Manager will be responsible for overseeing the task log and ensuring each identified issue is addressed until resolution is achieved.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

7.6.13 Confirm that your team will attend onsite Quarterly meetings with PEEHIP to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, PEEHIP requests that an account team member closely involved in the daily operations of the PEEHIP account and an executive-level team member with oversight responsibility attend all quarterly meetings. The mid-year and year-end meetings are expected to provide more robust, detailed plan metrics, observations, and consultative discussion.

Single, Radio group.

- 1: Confirmed [500 words] ,
- 2: Not confirmed [500 words]

7.6.14 Confirm that your team will attend PEEHIP's Board meetings on a quarterly basis at your expense.

Single, Radio group.

- 1: Confirmed,,
- 2: Not confirmed [500 words] .

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7.6.15 Do your services include legislative updates to plan sponsors?

Single, Pull-down list.

- 1: Yes – included in Standard Fees,
- 2: Yes – for Additional Charge,
- 3: No

7.6.16 Discuss how your firm will notify PEEHIP when you first identify significant issues that cause provider disruption. How will you track the issue through to resolution while keeping PEEHIP updated on status?

500 words.

7.6.17 Describe your client web portal. What tools and capabilities are available to PEEHIP staff?

500 words.

7.6.18 Will you make available to PEEHIP staff and its designees the on-line claims query/reporting tool for the purposes of standard and ad-hoc report generation and queries? If yes, how soon after the end of each month are claims reports available?

500 words.

7.7 CLAIMS PROCESSING

7.7.1 With regard to the claim offices that will be used, provide the following for each coverage line:

	Dental	Vision	Hospital Indemnity	Cancer
Location	<i>50 words.</i>	<i>50 words.</i>	<i>50 words.</i>	<i>50 words.</i>
Average Claims/Processor/Day	<i>Decimal.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Decimal.</i>
Annual Claim Volume	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>
Percentage of claims that are auto-adjudicated	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Indicate the average time to pay the appropriate provider type from receipt of a “clean claim”:	<i>50 words.</i>	<i>50 words.</i>	<i>50 words.</i>	<i>50 words.</i>

7.7.2 Please complete the following table:

	Dental	Vision	Hospital Indemnity	Cancer
Confirm that the claims processing system is integrated with the eligibility and member services system.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

7.7.3 Describe the claims adjudication process from submission to payment/reimbursement for each coverage line.

	Dental	Vision	Hospital Indemnity	Cancer

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Claims Adjudication Process from date of receipt to full issuance of payment to providers or patients for clean claims.	500 words.	500 words.	500 words.	500 words.
Claims Adjudication Process from date of receipt to full issuance of payment to providers or patients for non-clean (pending/rejected) claims needing additional review.	500 words.	500 words.	500 words.	500 words.
Describe the various methods of claim submission available - e.g., paper, electronic, etc.	500 words.	500 words.	500 words.	500 words.
What supporting documentation is required to accompany the claim form?	500 words.	500 words.	500 words.	500 words.

7.7.4 What percentage of claims are processed in 5, 10, 20 and 20+ days?

Indicate % of claims paid in # of days	Dental	Vision	Hospital Indemnity	Cancer
% paid in under 5 days	Percent.	Percent.	Percent.	Percent.
% paid in 5 - 10 days	Percent.	Percent.	Percent.	Percent.
% paid in 11 - 20 days	Percent.	Percent.	Percent.	Percent.
% paid in over 20 days	Percent.	Percent.	Percent.	Percent.

7.7.5 Using current calendar year data through 2024, please list your Standard Target and Average Statistics in the table below for the claim offices that will have payment responsibility for this account:

	Dental Target	Dental Average Statistics	Vision Target	Vision Average Statistics	Hospital Indemnity Target	Hospital Indemnity Average Statistics	Cancer Target	Cancer Average Statistics
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	Percent.	Percent.	Percent.	Percent.	Percent.	Percent.	Percent.	Percent.
Average number of business days to process a clean claim from date received to date check/EOB issued	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.
Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.	Decimal.
Processing accuracy (percentage of claims processed without	Percent.	Percent.	Percent.	Percent.	Percent.	Percent.	Percent.	Percent.

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error, relative to the total number of claims processed)								
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 10 business days?	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 30 business days?	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>

7.7.6 With your RFP submission, provide a copy of your claim form for each line of coverage - Dental, Vision, Hospital Indemnity, and Cancer.

Single, Radio group.

- 1: Provided,
- 2: Not provided [500 words]

7.7.7 Confirm that claims must be received by the administrator within 365 days of the incurred date to be eligible for payment.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed [500 words]

7.7.8 Confirm you will not charge PEEHIP or PEEHIP members for paper check reimbursement(s).

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

7.7.9 Describe your process for handling exceptions (i.e., claims received after claims filing deadline).

	Dental	Vision	Hospital Indemnity	Cancer
Process for handling exceptions (i.e., claims received after claims filing deadline).	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

7.7.10 Does your Explanation of Benefits (EOB), show both the negotiated and actual charges?

Single, Pull-down list.

- 1: Negotiated,
- 2: Actual,
- 3: Both

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7.7.11 Describe your procedures for assisting providers with claims denial/rejection issues.

500 words.

7.8 REPORTING TO PEEHIP

7.8.1 Offerors shall create and generate standard utilization and claim payment reports. Provide a list of your standard reports. For each report on the list, include a description of the report, the report frequency, and whether there is an additional charge for any specific reports listed.

	Dental	Vision	Hospital Indemnity	Cancer
Confirm you will create and generate standard utilization and cost reports	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	Single, Pull-down list. 1: Confirmed, 2: Not confirmed
List of standard reports	500 words.	500 words.	500 words.	500 words.
Description of each report	500 words.	500 words.	500 words.	500 words.
Frequency of each report	500 words.	500 words.	500 words.	500 words.
Are all reports available online currently? If no, please list those not currently available online.	500 words.	500 words.	500 words.	500 words.
Confirm that you are able to customize standard reports and this is included in your quoted premium(s).	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	Single, Pull-down list. 1: Confirmed, 2: Not confirmed
Additional charge for any specific reports? (Do not include fees)	500 words.	500 words.	500 words.	500 words.

7.8.2 Confirm you will provide claim line detail for ALL claims, including, but not limited to, financial and diagnoses information. PEEHIP intends to maintain this data as part of their data warehouse as it does the rest of their covered population.

Single, Radio group.

1: Confirmed,
2: Not confirmed [500 words]

7.8.3 Confirm you will provide this data in a mutually agreed upon format by the 3rd working day of the month following the subject month.

Single, Radio group.

1: Confirmed,
2: Not confirmed [500 words]

7.8.4 Confirm that claims line detail for ALL claims will include member level detail using SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs.

Single, Radio group.

1: Confirmed,
2: Not confirmed [500 words] .

7.8.5 Please complete the following table:

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	Dental	Vision	Hospital Indemnity	Cancer
Confirm that PEEHIP will be provided sufficient information regarding the previous year's renewals to audit them for accuracy and compare them to actual experience	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed [500 words]	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed [500 words]	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed [500 words]	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed [500 words]

7.8.6 Describe protocol and use of proper quality control testing for any benefit or program changes (e.g. codes or fee schedule updates) prior to live release. Include in your response the standard number of tests and applicable test areas.

1000 words.

7.8.7 Will you share the results of the medical and prescription drug internal audit testing with PEEHIP and its designee? Describe your process to address errors and adjustments found from the internal audit and quality assurance review. How are adjustments issued and what impact does it have, if any, on the implementation timing?

1000 words.

7.8.8 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

	Dental	Vision	Hospital Indemnity	Cancer
Rate structure for ad hoc reports	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

7.8.9 Describe your standard web portal and member services utilization reports (i.e., number of hits and calls and the nature of the members' inquiries) and provide examples.

	Dental	Vision	Hospital Indemnity	Cancer
Standard web portal and member services utilization reports	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

7.8.10 Confirm that you will provide monthly, quarterly, and annual appeals reports to PEEHIP for all four Optional Plans.

	Dental	Vision	Hospital Indemnity	Cancer
Confirm that you will provide monthly, quarterly, and annual appeals reports	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

7.8.11 Confirm that the vendor generated reports listed above and any others that may develop throughout the contract term will be reviewed and verified for accuracy prior to distribution.

Single, Radio group.

1: Confirmed, explain: [500 words],

2: Not confirmed, explain: [500 words]

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7.9 ELIGIBILITY

7.9.1 Describe your enrollment system (including how long it has been in place and whether there are plans to use a new system within the next three years), hardware and software, and detail how updates are made regarding eligibility.

500 words.

7.9.2 Confirm that you utilize a single enrollment system/ platform for processing eligibility.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.3 Confirm that you will update eligibility data daily within 24 hours from receipt of data for all four Optional Plans.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.4 PEEHIP will handle all enrollments and cancellations, and transmit that data in an 834 file, daily, to the Offeror for processing. Confirm that you will electronically accept and process these files within 24 hours for the ASC X12 Benefit Enrollment and 834 Maintenance (834) transaction provided file format sent to you by PEEHIP daily.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.5 If a conflict is found and believe to be at the fault of PEEHIP, confirm that the conflict information will be reported back to PEEHIP within one business day so PEEHIP can correct and retransmit their records.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.6 If a conflict is found and believed to be at the fault of your firm, confirm that the conflict information will be reported back to PEEHIP within one business day, and confirm that every effort will be made to correct the issue and properly load the file within 24 hours of submission by PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.7 Confirm that your present system is capable of handling more than one file in a day if requested by PEEHIP for all four Optional Plans.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.8 Confirm you will utilize PEEHIP's Exhibit 8 - Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis. PEEHIP will provide the Exhibit 8 - Trading Partner Agreement to the Contractor.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

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7.9.9 Confirm that, for all four Optional Plans, you will store member level detail using SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs, and will include it on any member-level reporting back to PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.10 With regard to exchanging data, PEEHIP will include their SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs for each individual in the 834 file format. Please confirm that your organization will store the PIDs and Contract Numbers, and include them along with the member's SSN, on all member-level reporting, back to PEEHIP throughout the term of the agreement.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.11 Describe the procedures to ensure files are received and processed within 24 hours from transmittal by PEEHIP for all four Optional Plans. What safeguards are in place to detect missing or failed files?

500 words.

7.9.12 Confirm that you will send an email to PEEHIP confirming the receipt of eligibility file(s) within 24 hours of receipt.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.13 Confirm you will send an email to PEEHIP confirming processing of eligibility file(s) within 24 hours of processing completion.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.14 Confirm that you will stop an eligibility upload in the event that established error thresholds are exceeded.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.15 Describe how you propose to notify PEEHIP in the event an eligibility upload is aborted.

500 words.

7.9.16 Will the previous file(s) be reinstated?

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.9.17 Does your system allow for direct and remote access manual data entry and correction of eligibility data by authorized PEEHIP staff?

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Single, Radio group.

1: Yes,

2: No

7.9.18 Describe the process for manual entry and safeguards in place (i.e., authorization to make manual entries, audit tracking of who made changes, etc.)

500 words.

7.9.19 Describe what, if any, situations occur in which your system cannot function electronically. Describe how manual overrides are handled in each of those situations.

500 words.

7.9.20 Confirm that there will be no minimum participation requirements for any of the four Optional coverages.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.10 FINANCE AND BANKING

7.10.1 Please provide a sample of a single detailed invoice representing all four Optional Plans.

Single, Radio group.

1: Provided,

2: Not provided, please explain: [500 words]

7.10.2 Currently, PEEHIP can remit payment for an invoice via check or EFT only. Confirm that you can accept both payment formats.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

7.10.3 The Offeror will invoice PEEHIP twice monthly for claims and once monthly for the administrative services.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

7.11 IMPLEMENTATION

7.11.1 Provide an Implementation Project Plan for each of the four Optional Plans. Include a detailed timetable assuming a Notice of Contract Award by June 10, 2025 for an October 1, 2025 Program 'go-live' date. Note that PEEHIP's Open Enrollment period begins each July 1. Development of communications is expected to commence upon Contract Award to assist PEEHIP with any communications necessary prior to Open Enrollment. At a minimum, the implementation Project Plan for each Optional Plan must provide specific details regarding the following:

a. Identification and timing of significant responsibilities and tasks

b. Names, titles, and implementation experience of key implementation staff and percentage of time

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dedicated to PEEHIP during implementation

c. Identification and timing of PEEHIP's responsibilities

d. Transition requirements with the incumbent vendors

e. Staff assigned to attend and present (if required) at open enrollment/education sessions

f. Member communication plan - including development and assistance to PEEHIP, prior to Open Enrollment, and on-site Open Enrollment meetings.

g. Provider communication plan - including details on what the provider community (in and out-of-network) needs to know and how you will communicate it.

h. Data and timing requirements from current carriers to ensure transition of care and prior-authorization data is appropriately transferred

500 words.

7.11.2 Confirm that the Implementation Project Plan with timetable, for each of the four Optional Plans, will be submitted to PEEHIP within 5 (five) business days of receiving Notice of Contract Award.

Single, Pull-down list.

1: Confirmed and attached,

2: Not confirmed

7.11.3 Confirm that at least sixty (60) days prior to October 1, 2025 effective date, PEEHIP will have a readiness review. The readiness review will include verification (by PEEHIP or its agent) that PEEHIP's benefits have been properly loaded into your claims processing system. PEEHIP will provide the Contractor with a summary of findings as well as areas requiring corrective action.

Single, Radio group.

1: Confirmed,

2: Not confirmed [500 words]

7.11.4 Identify the Implementation Team you propose to work on this account and provide an organization chart defining the Implementation Team roles. Include names and titles for the entire proposed Implementation Team including key positions and support staff.

500 words.

7.11.5 Provide resumes and experience and qualifications for each individual listed in the organizational chart.

500 words.

7.11.6 Confirm that all PEEHIP members will have a valid ID card in hand prior to October 1, 2025.

Single, Radio group.

1: Confirmed,

2: Not confirmed

7.11.7 Confirm you will provide a Final Report detailing all implementation activities and final enrollment when complete.

Single, Radio group.

1: Confirmed,

2: Not confirmed

7.11.8 How long will the Implementation Team stay involved after Program 'go-live' date for troubleshooting before a handoff to the Account Management team?

500 words.

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7.12 COMMUNICATION AND EDUCATION

7.12.1 Please complete the following table:

	Response
a. Describe how your organization can effectively communicate with and educate PEEHIP's retirees about your programs and services available to them.	500 words.
b. What is your communication and education strategy/marketing campaign to increase enrollment and why do you think that strategy is the right one? Include sample communication strategy/marketing plan.	Compound, Pull-down list. 1: Attached. Explain: [500 words], 2: No
c. How will you implement that strategy?	500 words.

7.12.2 Please complete the following table:

	Response
a. Please list all communication and educational materials you will provide to the PEEHIP membership.	500 words.
b. Provide samples of communication and educational materials, including a sample of an employee brochure and payroll stuffers.	Single, Pull-down list. 1: Attached, 2: Not provided

7.12.3 Confirm each of the following:

Customized Communications	Response
a. Confirm that letters can be customized with PEEHIP's logo as requested by PEEHIP.	Single, Pull-down list. 1: Confirmed, 2: Not confirmed
b. Confirm that PEEHIP will be provided an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers.	Single, Pull-down list. 1: Confirmed, 2: Not confirmed

7.12.4 How often are communication materials provided (i.e., Replenished throughout year for new hires, focused meetings, etc.)?

500 words.

7.12.5 Identify which communication materials can be customized at no additional charge and those that require an additional charge. Indicate fee if applicable.

	Response	Amount of Fee

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Prepare and issue electronic and printed SPD as specified by PEEHIP to participants annually and upon enrollment. SPDs can be made available electronically with mail out option at request	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Maintain member eligibility files	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Certify member claim eligibility (member eligible per PEEHIP, claim in the eligibility period, claim within the adjudication rules, etc.)	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Handle all claim investigations	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Direct claim handling/maintaining claim files	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Notification and administration of disputed and denied claims and claims appeals	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Provide claim forms to members	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Run-out claim adjudication in the event of termination of your contract	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
General letters/correspondence sent to participants	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Provide claims accumulator data at contract termination	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.

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Toll Free Access to member services	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Internet Member and PEEHIP staff Access	Response	Amount of Fee

7.13 PERFORMANCE GUARANTEES

PEEHIP is interested in negotiating performance standards on financial performance results with the selected Offeror to encourage the Offeror to provide superior performance. Offeror's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Performance Guarantees – Attachment 3. Higher assessments than required are encouraged.

7.13.1 Confirm your agreement with the proposed service level targets and associated guarantees for each of the four Optional Plans.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

8 QUESTIONNAIRE - DENTAL

8.1 DENTAL PLAN DESIGN

PEEHIP is requiring Offerors to mirror the current dental plan, in both the benefit design and in the administration of the plan. Offerors should replicate the plan design as close as possible and not alter the benefits structure in any way. The plan design can be accessed at: <https://www.rsa-al.gov/peehip/publications/>

8.1.1 Confirm you will replicate the current plan design and administration for the dental plan. If not, indicate any deviations on the Proposal Exceptions & Deviations Form - Attachment 1 located on the ProposalTech site.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

8.1.2 Confirm you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words] .

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8.2 DENTAL NETWORK ACCESS AND NETWORK MANAGEMENT

8.2.1 Perform a GeoAccess analysis based on your contracted dental provider network using the access standards in the table below and the Census File. The Census File will be provided upon receipt of a fully executed NDA. Please base your analysis on PEEHIP's ENTIRE eligible population. Label your response document as Dental GeoAccess Analysis and upload with your proposal submission.

Provider Type	Urban/ Suburban Access Standards	Rural Access Standards
General Dentist	2 in 10 miles	2 in 20 miles
Periodontist/Endodontist	1 in 10 miles	1 in 20 miles
Oral Surgeon	1 in 10 miles	1 in 20 miles
Orthodontist	1 in 10 miles	1 in 20 miles
Pediatric Dentist	1 in 10 miles	1 in 20 miles
Other Specialist	1 in 10 miles	1 in 20 miles

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.2.2 Please enter the number of employees who have and do not have the indicated access to your network providers, based upon the outcome of your GeoAccess analysis.

Dental Access Standards	Urban/ Suburban # of Employees WITH Access	Urban/ Suburban # of Employees WITHOUT Access	Rural Access Standards	Rural # of Employees WITH Access	Rural # of Employees WITHOUT Access
2 General Dentists within 10 miles	<i>Integer.</i>	<i>Integer.</i>	2 General Dentists within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Periodontist/ Endodontist within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Periodontist/ Endodontist within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Oral Surgeon within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Oral Surgeon within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Orthodontist within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Orthodontist within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Pediatric Dentist within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Pediatric Dentist within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Other Specialist within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Other Specialist within 20 miles	<i>Integer.</i>	<i>Integer.</i>

8.2.3 Confirm you have completed the Dental Providers by County Grid - Attachment 4, with the applicable provider count by county and will upload with your proposal submission.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

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8.2.4 How much notice is a provider contractually required to give if they elect to terminate a contract with your network(s)?

500 words.

8.2.5 How much direct notification will PEEHIP be provided when providers are added to or leave a network?

500 words.

8.2.6 Provide your provider turnover percentages for calendar years 2023 and 2024. Breakdown your providers by category and calculate turnover percentages for each category. So that each Offeror calculates the turnover rate in the same manner, follow these instructions: a. Provide the number of contracted providers as of the first day of each calendar year quarter for each quarter of 2023, and 2024. Average the numbers of each year to obtain the average number of providers contracted for the year. b. Provide the number of providers which were under contract at any point during 2023, and 2024 and were no longer under contract as of the last day (December 31) of that year, i.e., the total number of separations during 2023, and 2024. c. Calculate the turnover rate as the total number of separations for the year divided by the average number of contracted providers for the year.

	Response
2023 Provider Turnover Rate	Percent.
2024 Provider Turnover Rate	Percent.

8.2.7 How often are your providers re-credentialed?

Single, Radio group.

- 1: Monthly,
- 2: Quarterly,
- 3: Annually,
- 4: Other, please specify: [500 words]

8.2.8 Indicate typical reasons for involuntary termination of a provider from your network.

Multi, Checkboxes.

- 1: Specific outcome of any malpractice claims,
- 2: Specific number of malpractice claims,
- 3: Based on review of irregular claims,
- 4: Based on review of possible claims abuse,
- 5: Based on medical/dental outcomes,
- 6: Based on licensing issues,
- 7: Failure to meet contracting requirements,
- 8: Other, specify: [500 words]

8.2.9 During the 2024 calendar year, what was the involuntary termination rate of providers from your network?

Single, Pull-down list.

- 1: Under 5 percent,
- 2: 5 percent -- 10 percent,
- 3: Over 10 percent

8.2.10 Do you wholly own, partially own, or lease your network? If not wholly-owned, please provide details of ownership or leased network arrangement(s).

Single, Radio group.

- 1: Wholly own,
- 2: Partially own,

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3: Lease,

4: Other, please specify: [500 words] .

8.2.11 What is your current book-of-business in-network utilization percentage?

Percent.

8.2.12 If a member needs care while in an area where you have a network (but the network is not part of the employer's plan), can the plan benefit from the discounts?

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

8.2.13 Describe your process to address network deficiencies and gap exceptions.

500 words.

8.3 DENTAL PLAN ADMINISTRATION

8.3.1 Confirm you have completed the Dental Network Discounts table - Attachment 5 and you will upload with your proposal submission.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

8.3.2 What data source is used for determining reasonable and customary (R&C)?

Single, Radio group.

1: Ingenix,

2: Proprietary system,

3: Network contract rates,

4: Other, please specify: [500 words]

8.3.3 How often is the R&C data source updated?

Single, Radio group.

1: Monthly,

2: Quarterly,

3: Annually,

4: Other, please specify: [500 words]

8.3.4 At what percentile do you standardly pay R&C charges?

Single, Radio group.

1: 70th percentile,

2: 80th percentile,

3: 90th percentile,

4: Other, please specify: [500 words]

8.3.5 Can the R&C percentile be changed at PEEHIP's request?

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

8.3.6 How do you administer claims in excess of R&C?

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Single, Radio group.

- 1: Deny,
- 2: Pay up to R&C,
- 3: Pay all if within specified percentage of R&C,
- 4: Other, please specify: [500 words]

8.3.7 Confirm that network members never have to submit claim forms for in-network services.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

8.3.8 Confirm that there will be no balance billing for network services.

Single, Pull-down list.

- 1: Yes – confirmed,
- 2: No – there will be balance billing

8.3.9 How do members access information regarding participating providers?

500 words.

8.3.10 Confirm that all dental procedures are coded using the ADA 4-digit code for in-network claims, out-of-network and out-of-area claims.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

8.3.11 Do you offer a provider portal, allowing providers to quickly verify eligibility and plan benefits, and submit treatment plans and claims electronically? Please describe these capabilities.

500 words.

8.3.12 Confirm that you will require pre-authorization for treatment plans anticipated to cost more than \$150?

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, explain [500 words]

8.3.13 Are members able to change dentists whenever they want?

Single, Radio group.

- 1: Yes,
- 2: No, please describe [500 words]

8.3.14 Are individual family members able to select different dentists?

Single, Radio group.

- 1: Yes,
- 2: No, please describe [500 words]

8.3.15 Can dental network members access emergency care 24 hours a day, 7 days a week via a national toll-free number?

Single, Radio group.

- 1: Yes,
- 2: No, please describe [500 words]

8.3.16 How are Out of Area dental emergencies handled?

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500 words.

8.3.17 Describe any processes you have in place to address "work in progress" treatments when a member cancels coverage prior to completion of the treatment.

500 words.

8.3.18 What guidelines, processes or procedures do you use in determining whether services are "necessary" or "appropriate" and when services are deemed "experimental" or "investigational" in nature?

Single, Radio group.

- 1: Internal,
- 2: Attending dentist,
- 3: State Dental Association or Organization,
- 4: ADA,
- 5: Medicare or HHS,
- 6: Other, please specify: [500 words]

8.3.19 Please describe your naturally functioning and asymptomatic tooth provisions, if any.

500 words.

8.3.20 What teeth do you consider anterior? If different from PEEHIP, are you able to customize your definition to match PEEHIP's definition of anterior teeth?

500 words.

8.3.21 What teeth do you consider posterior? If different from PEEHIP, are you able to customize your definition to match PEEHIP's definition of posterior teeth?

500 words.

8.3.22 Do you cover sedative/temporary fillings? Is the administration of this benefit flexible based on how PEEHIP defines and administers this?

Single, Pull-down list.

- 1: Yes,
- 2: No

8.3.23 Confirm that you will match PEEHIP's current procedure and frequency limitations on fillings.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, explain: [500 words]

8.3.24 Confirm that you will match PEEHIP's current limitations on sealants.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, explain: [500 words]

8.3.25 Confirm that you will cover general anesthesia when medically necessary and administered in connection with oral surgery.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, explain: [500 words]

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8.3.26 Confirm that benefits will be provided for replacement of gold and crowns within the current parameters of PEEHIP's plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.3.27 Describe your coverage of quadrant scaling and root planing for periodontal treatment. In your response, include the benefit category that scaling and root planing fall under (preventive, basic, major), and the number of treatments a member may receive during each plan year. Also, indicate whether anesthesia (local and/or general) will be covered in conjunction with this treatment, if needed. If necessary, do you have the flexibility to match PEEHIP's current periodontic and endodontic benefit parameters and administration?

500 words.

8.3.28 Describe your coverage for full mouth periodontal debridement. If necessary, do you have the flexibility to match PEEHIP's current periodontic and endodontic benefit parameters and administration?

500 words.

8.3.29 Dental exams can be used as early indicators of diabetes, CAD, etc. Does you participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.

500 words.

8.3.30 Confirm that you can/will match PEEHIP's current categorization of preventive, basic, and major services, for administration of benefits applicable to each of those categories.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.4 COORDINATION OF BENEFITS (COB)

8.4.1 What procedures do you use to administer the COB provision?

500 words.

8.4.2 Describe your COB guidelines and the process for determining primary and secondary responsibility.

500 words.

8.4.3 If an enrolled member is covered under more than one group dental plan or is entitled to any other source, the total amount that is payable under all plans will not be more than 100% of the maximum allowable expenses. **PEEHIP dental benefits will be secondary to all other dental coverages available to a claimant.** Confirm that you agree to administer COB accordingly.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

8.4.4 Confirm that you will accept, read, and store the COB data provided in PEEHIP's 834 file to process COB claims.

Single, Radio group.

1: Confirmed,

2: Not Confirmed. Please describe [500 words]

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8.4.5 If, during the course of paying a claim, you discover that a covered PEEHIP member is also eligible for benefits under a separate dental plan, but no COB information is present on PEEHIP's 834 file, how will you go about notifying PEEHIP of the member's additional coverage, and how will you adjudicate according to PEEHIP's COB rules based upon that newly discovered additional coverage?

500 words.

9 QUESTIONNAIRE - VISION

9.1 VISION PLAN DESIGN

PEEHIP is requiring Offerors to mirror the current vision plan, in both the benefit design and in the administration of the plan. Offerors should replicate the plan design as close as possible and not alter the benefits structure in any way. The plan design can be accessed at: <https://www.rsa-al.gov/peehip/publications/>

9.1.1 Confirm you will replicate the current plan design and administration for the vision plan. If not, indicate any deviations on the Proposal Exceptions & Deviations Form - Attachment 1 located on the ProposalTech site.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

9.1.2 Confirm you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words] .

9.2 VISION NETWORK ACCESS AND NETWORK MANAGEMENT

9.2.1 Perform a GeoAccess analysis based on your contracted vision provider network using the access standards in the table below and the Census File. The Census File will be provided upon receipt of a fully executed NDA. Please base your analysis on PEEHIP's ENTIRE eligible population. Label your response document as Vision GeoAccess Analysis and upload with your proposal submission.

Provider Type	Urban/ Suburban Access Standard	Rural Access Standard
Optometrist	2 in 10 miles	2 in 20 miles
Ophthalmologist	1 in 10 miles	1 in 20 miles
Other Specialist	1 in 10 miles	1 in 20 miles

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.2.2 Please enter the number of employees who have and do not have the indicated access to your network providers, based upon the outcome of your GeoAccess analysis.

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Vision Access Standards	Urban/ Suburban # of Employees WITH Access	Urban/ Suburban # of Employees WITHOUT Access	Rural Access Standards	Rural # of Employees WITH Access	Rural # of Employees WITHOUT Access
2 Optometrists within 10 miles	<i>Integer.</i>	<i>Integer.</i>	2 Optometrists within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Ophthalmologist within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Ophthalmologist within 20 miles	<i>Integer.</i>	<i>Integer.</i>
1 Other Specialist within 10 miles	<i>Integer.</i>	<i>Integer.</i>	1 Other Specialist within 20 miles	<i>Integer.</i>	<i>Integer.</i>

9.2.3 Confirm you have completed the Vision Providers by County Grid - Attachment 6, with the applicable provider count by county and will upload with your proposal submission.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.2.4 How much notice is a provider contractually required to give if they elect to terminate a contract with your network(s)?

500 words.

9.2.5 How much direct notification will PEEHIP be provided when providers are added to or leave the network?

500 words.

9.2.6 Provide your provider turnover percentages for calendar years 2023 and 2024. Breakdown your providers by category and calculate turnover percentages for each category. So that each Offeror calculates the turnover rate in the same manner, follow these instructions:

- a. Provide the number of contracted providers as of the first day of each calendar year quarter for each quarter of 2023, and 2024. Average the numbers of each year to obtain the average number of providers contracted for the year.
- b. Provide the number of providers which were under contract at any point during 2023, and 2024 and were no longer under contract as of the last day (December 31) of that year, i.e., the total number of separations during 2023, and 2024.
- c. Calculate the turnover rate as the total number of separations for the year divided by the average number of contracted providers for the year.

	Response
2023 Provider Turnover Rate	<i>Percent.</i>
2024 Provider Turnover Rate	<i>Percent.</i>

9.2.7 Indicate typical reasons for involuntary termination of a provider from your network.

Multi, Checkboxes.

- 1: Specific outcome of any malpractice claims,
- 2: Specific number of malpractice claims,
- 3: Based on review of irregular claims,
- 4: Based on review of possible claims abuse,
- 5: Based on medical/dental outcomes,
- 6: Based on licensing issues,

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7: Failure to meet contracting requirements,

8: Other, specify: [500 words]

9.2.8 During the 2024 calendar year, what was the involuntary termination rate of providers from your network?

Single, Pull-down list.

1: Under 5 percent,

2: 5 percent -- 10 percent,

3: Over 10 percent

9.2.9 Do you wholly own, partially own or lease your network?

Single, Radio group.

1: Wholly own,

2: Partially own,

3: Lease,

4: Other, please describe: [500 words]

9.2.10 What specific qualifications and credentials do you require of the ophthalmologists and optometrists within your network?

500 words.

9.2.11 How often are your providers re-credentialed?

Single, Radio group.

1: Monthly,

2: Quarterly,

3: Annually,

4: Other, please specify: [500 words]

9.2.12 What is your current book-of-business in-network utilization percentage?

Percent.

9.2.13 Which major optical chain stores participate in your network?

500 words.

9.2.14 How many providers worked in a private practice setting versus a retail store in 2024?

500 words.

9.2.15 Describe how you monitor your provider network to ensure quality services and materials.

500 words.

9.2.16 Describe your relationship with Lasik providers.

500 words.

9.2.17 Describe your relationship with optical laboratories.

500 words.

9.2.18 Describe your capabilities and willingness to develop agreements with vision providers at no increased cost to PEEHIP which would result in vision discounts for PEEHIP members, as a separate benefit from vision claims.

500 words.

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9.2.19 Describe your process when you have a network deficiency and gap exceptions?

500 words.

9.3 VISION PLAN ADMINISTRATION

9.3.1 Describe the steps participants follow to obtain vision care services.

500 words.

9.3.2 What is the current turnaround time on scheduling and receiving an eye exam and on the delivery of materials?

500 words.

9.3.3 Describe, in detail, the process a member goes through from scheduling an eye exam, to purchasing glasses/contacts, through reimbursement.

500 words.

9.3.4 Are all material costs guaranteed during the contract period?

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

9.3.5 Confirm that a member may receive an exam from one provider and materials (frames, lens or contacts) from another provider.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

9.3.6 Do you use frame towers or otherwise limit members to a certain selection of frames?

500 words.

9.3.7 Vision exams can be used as early indicators of diabetes, CAD, etc. Do you participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.

500 words.

9.3.8 Are discounts available for items such as designer frames, special coatings, blue light lenses, tints, etc.? If so, what kinds of savings are available?

500 words.

9.3.9 On average, what percentage of frames sold by participating providers fall within your fully covered frame allowance?

200 words.

9.3.10 Is there a minimum percentage of fully covered frames that providers are required to maintain in their frame inventory?

200 words.

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9.3.11 Do you offer a discounted arrangement for laser surgery to correct vision deficiencies? If so, provide details.

500 words.

9.3.12 Please describe your approach to coverage for contact lenses.

500 words.

9.3.13 Do you have a 'contact lens-by-mail' program? If so, will you give members a discount for these mail order lenses?

500 words.

9.3.14 Identify all professional services and material "extras" that are not covered under your vision benefit program.

500 words.

9.3.15 How do members access information regarding participating providers?

500 words.

9.3.16 Do you offer a provider portal, allowing providers to quickly verify eligibility and plan benefits/discounts?

500 words.

9.4 COORDINATION OF BENEFITS

9.4.1 What procedures do you use to administer the COB provision?

500 words.

9.4.2 It is PEEHIP's policy that PEEHIP vision benefits will be secondary to all other vision coverages for the member. Confirm that you agree and will administer COB as noted.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

9.4.3 If an enrolled member is covered under more than one group vision plan or is entitled to any other source, the total amount that is payable under all plans will not be more than 100% of the maximum allowable expenses. **PEEHIP vision benefits will be secondary to all other vision coverages available to a claimant.** Confirm that you agree to administer COB accordingly.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

9.4.4 Confirm that you will accept, read, and store the COB data provided in PEEHIP's 834 file to process COB claims.

Single, Pull-down list.

1: Confirmed,

2: Not Confirmed

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9.4.5 If, during the course of paying a claim, you discover that a covered PEEHIP member is also eligible for benefits under a separate vision plan, but no COB information is present on PEEHIP's 834 file, what is your process to notify PEEHIP of the member's additional coverage?

500 words.

10 QUESTIONNAIRE - HOSPITAL INDEMNITY

10.1 HOSPITAL INDEMNITY PLAN DESIGN

PEEHIP is requiring Offerors to mirror the current hospital indemnity plan, in both the benefit design and in the administration of the plan. Offerors should replicate the plan design as close as possible and not alter the benefits structure in any way. The plan design can be accessed at: <https://www.rsa-al.gov/peehip/publications/>

10.1.1 Confirm you will replicate the current plan design and administration for the hospital indemnity plan. If not, indicate any deviations on the Proposal Exceptions & Deviations Form - Attachment 1 located on the ProposalTech site.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

10.1.2 Confirm you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

10.2 HOSPITAL INDEMNITY PLAN ADMINISTRATION

10.2.1 Confirm that you are able to administer PEEHIP's Hospital Indemnity plan on a self-insured, administrative-services-only basis.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

10.2.2 Confirm that you will administer the same conditions as those covered in the current PEEHIP Hospital Indemnity plan and administer the plan according to the current parameters.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

10.2.3 How do you provide reporting to confirm adherence to benefit caps, exclusions and limitations?

500 words.

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11 QUESTIONNAIRE - CANCER

11.1 CANCER PLAN DESIGN

PEEHIP is requiring Offerors to mirror the current cancer plan, in both the benefit design and in the administration of the plan. Offerors should replicate the plan design as close as possible and not alter the benefits structure in any way. The plan design can be accessed at: <https://www.rsa-al.gov/peehip/publications/>

11.1.1 Confirm you will replicate the current plan design and administration for the cancer plan. If not, indicate any deviations on the Proposal Exceptions & Deviations Form - Attachment 1 located on the ProposalTech site.

Attached Document(s): [Attachment 1 - Proposal Exceptions & Deviations Form.doc](#)

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

11.1.2 Confirm you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words] .

11.2 CANCER PLAN ADMINISTRATION

11.2.1 Confirm that you are able to administer PEEHIP's Cancer plan on a self-insured, administrative-services-only basis.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

11.2.2 Confirm that you will administer the same conditions as those covered in the current PEEHIP Cancer plan, and administer the plan according to the current parameters.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

11.2.3 How do you provide reporting to confirm adherence to benefit caps, exclusions and limitations?

500 words.