QUESTIONS AND ANSWERS TO THE REQUEST FOR PROPOSAL
TRB HEALTH CARE CONSULTANT

1. **How often does the Board require rates for coverage to be calculated?**

   The Board requires that the budgetary premium rates be calculated annually, effective as of January 1st.

   Separate premium rates are required for each plan:

   > (a) Hospital, Medical, Major Medical and Prescription Drugs
   > (b) Dental
   > (c) Vision and Hearing

   Rates are typically calculated in September of each year. An open enrollment period is conducted in October to allow members an opportunity to change their coverage.

2. **Is the Board currently compliant and up to date with all HIPAA regulations established, or would serving as the HIPAA coordinator require bringing the Teachers' Retirement Board up to compliance?**

   The Board is in compliance with the HIPAA Privacy Regulations and will require the services of the HIPAA coordinator to meet the requirements of the HIPAA Security Regulations.

3. **When was the last time that a Request for Proposal for the Health Insurance vendors was issued?**

   Three separate RFPs were issued in 2001 for a TPA to administer the following programs. The following vendors were selected:

   - Hospital, Medical, Major Medical, Vision and Hearing (Stirling & Stirling)
   - Pharmacy Benefits Manager (Systemed- Medco Health Solutions)
   - Dental Plan (Delta Dental)

4. **Is the Board required to bid these benefits at any time before January 31, 2007?**

   Yes. All three vendor contracts are due to expire in 2005. Although these contracts may be extended by amendment, it is conceivable that an RFP may be issued for these services

5. **Would you prefer to see fees for Ad Hoc Services separated from the general services?**

   Yes. We would prefer that the cost for any Ad Hoc services be separated from the general service fees.