STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
Toll free 1-800-504-1102 x 8402 (860) 241-8402 Fax (860) 622-2845
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

Addendum #1 – August 30, 2011

RFP TRB 2012-02

Q: Is a SAS 70 audit required?

A: Yes, a SAS 70 Audit is required.

Q: Are there any small business or minority business incentives or preferences?

A: Set aside requirements are set up for firms by the State of Connecticut Department of Administrative Services. http://das.ct.gov/cr1.aspx?page=34 TRB prefers vendors who can help meet our set aside goals.

Q: Is the Board looking for Dental and/or Vision networks?

A: The Board is interested in considering Vision or Hearing networks. Dental is a separate process not included as part of this RFP.

Q: Would the Board prefer that fees be itemized by each possible plan option, or is an all-inclusive referred.

A: The vendor may submit fees for each of the items separately or bundled together.
TRB will review the mix of services and vendors and decide which combination (single or multiple vendors) offers the optimum benefits for all stakeholders.

Q: What was the drug utilization this year?

A: The prescription plan sponsored by the TRB is not part of this RFP process. However, you can find the prescription plan deductibles and copayments in the summary plan description. The link to the summary plan description is found under the "Current Plan Benefits" section of this RFP.

Q: Please provide the total cost of the prescription claims.

A: See previous answer.

Q: Please provide an outline of the current medical supplemental plan.

A: You can find an outline of the medical plan through a link under the "Current Plan Benefits" section of this RFP.

Q: Please provide the current carrier of the medical supplemental plan.

A: Stirling Benefits is the incumbent of the lines under consideration of this RFP. They have been identified in the introduction section of this RFP.

Q: What is the current premium break down for Medical, Dental, Hearing and Vision?

A: The plan is self funded, thus we have claims, not premiums. The claims for last year are found in Table 3.

Q: Because we do not perform claim eligibility, make claim payments or collect premiums a SAS 70 type 1 or 2 has not been required of our organization. We are a member advocacy provider. We would be willing to be available for other forms of audit. Would you please advise what level of Audit you would like.

A: We are not seeking services for an advocacy provider through this RFP process.

Q: Are the forms normally required in the TRB RFPs required with our responses?

A: Yes, those required forms and certificates can be found on the following page.

Instructions to Proposers

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Make sure to include all applicable forms and this signed page with your responses on or before September 2, 2011.

1.Ethics summary & forms: **http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf**
a. Gift Certification **Form 1:** **http://www.ct.gov/opm/lib/opm/finance/psa/opm_allethicsforms_020110.pdf**
b. Annual Contract Certification **Form 5:** **http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform5_020110.pdf**
c. Consulting Agreement Affidavit **Form 6:**
http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform6_020110.pdf
2. Executive Orders:
Executive Order No. Three (3); No. Seven C (7C); No. Sixteen (16); No. Seventeen (17); No. Fourteen (14): **http://das.ct.gov/Purchase/Executive_Orders_new.pdf**
3.State Contractor Contribution Ban:
Form SEEC 10: **http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_10_final.pdf**
Form SEEC 11: **http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_11_notice_only.pdf**
4. Bidder information form (will be used if you are selected) **http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf** **http://www.ct.gov/chro/lib/chro/pdf/notificationtobidders.pdf**
5. TRB HIPAA Business Associate Agreement: **http://www.ct.gov/trb/lib/trb/formsandpubs/TRBBusinessAssoc_Committee.pdf**

Signing this form will acknowledge your receipt of the above State of Connecticut contracting requirements as well as the contractual requirements outlined in the sample agreement provided on page 8. By submitting this form you acknowledge you will be in a position to comply with all CT contractual terms and conditions. For consideration in this RFP process, this form must be *Signed & Returned* with your proposal by 10:00am on September 2, 2011

Authorized Signature of Proposer Company Name Date