



MINNESOTA STATE

**MINNESOTA STATE COLLEGES AND
UNIVERSITIES**

Minnesota State

REQUEST FOR PROPOSAL (RFP)

FOR

**INTERNATIONAL STUDENT HEALTH
INSURANCE PROGRAM**

ADDENDUM NO. 1

The Proposal due date of 2/14/2024

CLARIFICATIONS/QUESTIONS:

- 1) Quote the plan as it currently stands? *Yes, as the plan stands but also include additional pricing for the two items below:*
 - a. *Pricing for athletic injuries to be covered as any other sickness/Injury.*
 - b. *Pricing for mandatory and voluntary dental and vision options*
- 2) How many athletes they expect to enroll, either as a number or as a percentage of total enrollment. Can UHCSR advise on how many athletes enroll in the plan each year? *UHCSR currently does not collect this information.*
- 3) Do they have any SHC Fees & Agreements for their Student Health Center since they ledger bill. *Yes, the successful bidder will be provided the files containing billing information for the Universities that currently bill the plan. The claims information already provided includes the charges from the Student Health Centers that bill. For purposes of this RFP, assume that those costs will not increase more than 5% for the 2024-2025 academic year.*
- 4) What were the individual student rates for the 20/21 year? *Summary Brochures with pricing information attached*
- 5) As it relates to enrollment, can you get that broken down Grad vs Undergrad from UHC? *Enrollment is not captured by Grad and Undergrad. The same premium cost is applicable to any international student.*
- 6) Please provide Commissions that were included in the rates provided if there was any as well as Commissions to be included in the 24/25 pricing. *None in existing rates. Please include 3% commission in the 24/25 pricing*
- 7) Are here any admin fees included in the rates for the past three years? *No*
- 8) We will have to provide a different plan of benefits than they currently have since our state filings do not support their current plan. \$100,000 SH Insurance Advocate to be included in 24/25 pricing. *Yes, assume the amount for 2024-2025 will be approximately \$120,000.*
- 9) We utilize First Health as our network in Minnesota. It is a rental network which Aetna commercial utilizes as a rental network. However, the rental is a wholly owned subsidiary of Aetna's. We wanted to make sure this is not an issue before quoting and not get DTQ'd after releasing our quote/proposal. *Acknowledging this is acceptable*

10) Required Document and Forms: 2. Conflicts of Interest, is there a form that corresponds to this request that should be completed? *Provide letter on carrier letterhead for no conflicts of interests*

The above ADDENDUM shall be attached to and become part of the bid. Receipt of this Addendum shall be acknowledged by including it with the bid. Failure to do so may subject BIDDER to disqualification.

END OF ADDENDUM NO. 1