



May 22, 2026

**Addendum #1  
RP019-26  
Provision of a Retiree Medicare Advantage Plan on an Annual Contract**

**Questions & Answers:**

Q1. What are the current and/or renewal rates for the plan(s)?

**A1. See attached current cost tabulation.**

Q2. Can the County please provide a census of the Post 65 retirees that includes a full date of birth (Month, Day, Year) for both the retiree and spouse?

**A2. The County will only release birth year.**

Q3. Can the County provide large claim data?

**A3. Given population demographics, large claimants are expected, however detailed large claimant data is not available.**

Q4. Can the County provide claims for the months of November and December 2025?

**A4. See attached.**

Q5. Do medical claims include QI and Part B Rx?

**A5. Confirmed yes.**

Q6. Do Part D claims include member cost share, rebates and Part B Rx?

**A6. Only rebates are included in Part D Claims.**

Q7. Would the County consider allowing an exception for carriers to propose an HMO solution, provided it delivers comparable or enhanced value, coordination of care, and member experience?

**A7. At this time, only PPO options are being evaluated.**

Q8. The request for proposal (RFP) specifies that proposers must include commissions payable to Aon Consulting, Inc. in the amount of \$7.08 per enrolled member per month. If a service provider can incorporate such costs into the overall rate structure and to ensure alignment with the County's expectations, please confirm the preferred method for reflecting and remitting this amount (e.g., included in the proposed rates with payment facilitated by the County, or another specified process)?

**A8. The commission should be included in the proposed rate and the selected carrier will pay commissions directly to Aon.**

Q9. To ensure alignment with the County's requirements, please clarify the definition of "subcontractor" as used in this RFP, including any exclusions or limitations. Specifically, should this include:

- Contracted network providers and pharmacies
- Third-party vendors supporting clinical or administrative services
- Vendors supporting supplemental benefits (e.g., fitness programs, over-the-counter benefits, transportation services)

**A9. Subcontractors should include any entities not wholly owned by the service provider who are performing an in-scope service.**

- Q10. Please confirm what the Employer contributions are for the retiree and spouse.  
**A10. Please refer to the background section of the Read Me First document, where a link to the Gwinnett County Funding and Eligibility Policy for Other Post-Employment benefits (OPEB) was provided. The employer contributions are outlined in this policy.**
- Q11. Printed (Hard Copies) are requested, however, should the following large data files be printed out or just saved on the USB Flash drive?  
 • #7 - Gwinnett RX Formulary and Network Disruption  
 • #8 - Gwinnett Provider Utilization  
 Per the Read Me First Document: Hard-copy and electronic versions should be identical to each other.  
**A11. Hard-copy and electronic versions should be identical to each other, including large files.**
- Q12. The “RP019-26 Medicare Advantage Read Me First” document Exhibit B – Security Requirements for Purchase Standard seems to be a picture imported into the document. Please provide a word version of this document.  
**A12. A Word version cannot be provided.**
- Q13. Please send the current rates for the Humana plan.  
**A13. Refer to A1.**
- Q14. Please confirm if IX. in the General Instructions for Vendors, Terms and Conditions document is required to quote or if this requirement can be waived. No bid bonds were included with the RFP.  
**A14. Bonds are not required.**
- Q15. Based upon the request to provide a gain sharing agreement; please confirm if any of the current incumbents have a gain sharing agreement with the Gwinnet County Board of Commissioners? If yes, please provide the calculation, MLR triggers, payout method and confirm if any payouts have been received historically.  
**A15. There is currently a gain share agreement in place with the Incumbent. The calculation is considered proprietary and confidential. To the extent any underlying contract documents are subject to disclosure, they may be accessible through the County’s standard open records process in accordance with applicable law.**
- Q16. Please confirm if service providers will be permitted to ask for additional clarification and/or data based upon the responses received after Q&A.  
**A16. Questions must be submitted prior to the question deadline.**
- Q17. Please provide a member level census with date of birth, zip code, and gender.  
**A17. Refer to A2.**
- Q18. The census provided indicated around 1,500 members in the Humana MAPD plan, however the latest claims membership indicated 1,627 members. Please explain the discrepancy between the claims and census. If necessary provide updated files.  
**A18. In order to drill down on the correct Medicare Advantage population, please use these filters:**

Ret Medicare A&B	Spouse Medicare A&B
Y	Y

**There are 1,194 Retirees and there are 429 spouses when you drill down with these filters individually.**

- Q19. Will this be a full replacement of all of the current plans and carriers or will this be a side-by-side offer?
- If side-by-side offering is requested provide:
    - How many carriers will be offered?
    - How many plans will be offered?
    - What are the plan designs and/or actuarial values of the plans offered?
    - What are the employer contributions for each of the carriers/plans?
    - What are the rates of all the plans?
  - Will this plan be the slice default option (members get automatically enrolled into a plan and have to actively opt out into other plan)?
    - If not will members have open choice to choose any plan and/or carrier?

A19. **There is currently one plan, and the intent is for a full replacement of the current plan. Members will default into the future, selected plan.**

Q20. Were there any benefit changes from the provided claim period to the current year for the Medical and Rx plans?

A20. **There have been no benefit changes outside of those mandated by CMS.**

Q21. Were there Large Cost Claimants? If so, please provide available data on those claims.

A21. **Refer to A3.**

Q22. Has a completion factor been applied to the claims?

A22. **Yes.**

Q23. Noted in MAPD claims enrollment file that claims include benefits in EOC, but please confirm the vendor programs would be included in the payments per the below:  
For all of the Medicare Advantage medical claim files, please confirm if the claims include each of the additional costs in the chart below:

Item		Included ? (Yes/No)	List Programs/Benefits under "Other"
Capitations		Yes	
Non-Medicare Covered Fee-for-Service Costs	Vision	Yes	
Non-Medicare Covered Fee-for-Service Costs	Hearing	Yes	
Non-Medicare Covered Fee-for-Service Costs	Dental	Yes	
Non-Medicare Covered Fee-for-Service Costs	Private Duty Nursing	Yes	
Non-Medicare Covered Fee-for-Service Costs	Skilled Nursing	Yes	
Non-Medicare Covered Fee-for-Service Costs	Non-Medicare Chiro	Yes	
Non-Medicare Covered Fee-for-Service Costs	Fitness	Yes	
Non-Medicare Covered Fee-for-Service Costs	Transportation	Yes	

Item		Included ? (Yes/No)	List Programs/Benefits under "Other"
Non-Medicare Covered Fee-for-Service Costs	Other (please specify)	N/A	N/A
Vendor Programs	Silver Sneakers	Yes	
Vendor Programs	Transportation	Yes	
Vendor Programs	Meals	Yes	
Vendor Programs	Custodial Care	Yes	
Vendor Programs	Over the Counter Allowance	Yes	
Vendor Programs	Member Rewards	Yes	
Vendor Programs	Preferred Diabetic Supply	Yes	
Vendor Programs	In-Home Preventative Care Visit	Yes	
Vendor Programs	Other (please specify)	N/A	N/A
Provider Payments for Collaboration/Value Based/Pay-for-Performance Programs		Yes	
Clinical/Quality/Disease Management Program Costs		Yes	
IBNR		Yes	
Part B Rx Claims		Yes	
Part B Rx Rebates		Yes	

**A23. Chart has been updated in bold text.**

Q24. Please provide the corresponding 24 months of medical risk scores and CMS Revenue payments for each of the Medicare Advantage plans.

- Please indicate if the risk scores and CMS Revenue payments include mid-year and final reconciliation adjustments.
- Please indicate if the CMS revenue payments are net of sequestration.

**A24. Additional risk score and CMS Revenue Payment data are not available.**

Q25. Please provide the most recent MMR/MOR file.

**A25. Additional risk score data is not available.**

Q26. Given current timing February 2026 Medical claims should be complete, if so please provide.

**A26. Refer to A4; 2026 data is not available.**

Q27. Please provide November and December 2025 membership claims data.

**A27. Refer to A4.**

- Q28. Please provide the corresponding 24 months of Rx risk scores for Part D plan.  
1. Please indicate if the risk scores include mid-year and final reconciliation adjustments.  
**A28. Additional risk score data is not available.**
- Q29. Please provide a copy of the current formulary.  
**A29. The formulary is included as an attachment to this addendum.**
- Q30. Is the current formulary considered an Open or Closed Formulary?  
**A30. It is an Open Formulary.**
- Q31. Does the formulary exclude any drugs on the Part D drug list?  
  - Does the current plan cover any additional non-part D drugs such as agents when used for weight loss, weight gain or anorexia, prescription vitamins and mineral products, drugs for sexual or erectile dysfunction, cough and cold drugs, agents used to promote fertility, and/or agents used for cosmetic purposes or hair growth?
  - Does the current plan cover ACA drugs?
- A31. Humana's formulary covers 99.5% of all Part D eligible drugs. The plan does not cover any additional non-Part D drugs. The plan covers ACA drugs that are eligible for Medicare Part D, and these drugs are placed on the appropriate plan formulary tier.**
- Q32. To submit red line edits, please provide word versions of the agreements (Exhibits B, C, D, E, F and J).  
**A32. Word versions are not available.**
- Q33. Will the County accept electronic signatures without certification (such as E-sign in Adobe)?  
**A33. Electronic signatures should include certification.**
- Q34. Under a fully insured arrangement, the carrier is considered the covered entity, rather than a Business Associate, Please confirm a BAA is not applicable to this fully insured offering.  
**A34. A BAA is required. Any redlines will be negotiated with the highest scoring firm.**
- Q35. Please confirm that only "No Bid" response should return Exhibit I.  
**A35. This only needs to be returned if a service provider is not providing an proposal.**
- Q36. Please confirm any reference to subcontractor only applies to subcontractors hired in direct support of this contract.  
**A36. Confirmed.**
- Q37. How many employees are included?  
**A37. Please refer to the census provided as an embedded tab within the Technical Questionnaire.**
- Q38. Please give some insight into the virtual proposal process.  
**A38. The virtual opening is where the County will read the names of the service providers that submitted proposals. Proposals must be submitted in hard copy per the instructions in the Read Me First document.**
- Q39. Is this RFP considered as a sub to AON?  
**A39. This RFP will result in a direct contract between Gwinnett and the selected service provider.**

Acknowledge receipt of this addendum on Page 11 of the proposal document.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dana Garland". The signature is fluid and cursive, with the first name "Dana" and last name "Garland" clearly distinguishable.

Dana Garland, CPPB, FOII, NIGP-CPP  
Purchasing Manager

RP002-21  
 Provision of a Retiree Medicare Advantage Plan on an Annual Contract  
 Department of Human Resources

<b>January 1, 2026 - December 31, 2026</b>		<b>Humana Insurance Company (OS)</b>
<b>Description</b>	<b>Assumed Enrollment</b>	<b>PPO</b>
Medical PMPM*	1,598	\$410.08
<b>Monthly Cost</b>		<b>\$655,307.84</b>
<b>Annual Cost</b>		<b>\$7,863,694.08</b>

\*Per member per month