REQUEST FOR PROPOSALS (RFP) Group Basic Life and AD&D, Group Voluntary Life and AD&D, and Group Short- and Long-Term Disability Coverage

QUESTIONS AND ANSWERS

RFP No. 27-343-0380-00007

1. With APS being added to the NMPSIA effective 7/1/2027, please confirm they will be offered the NMPSIA benefits and NOT the current APS benefits. Have they determined which Basic Life and LTD plan to offer? If so, please provide.

Response: Refer to the RFP Current Plan Designs and Requested Plan Designs Sections. APS will be offered the life and LTD benefits offered to all NMPSIA employees. No APS benefits will exist as of 7/1/2027. APS has elected the $50,000 Basic Life plan, the 90-day benefit waiting period for LTD, and Additional Life that includes the option for spouse and child Life.

2. Assuming APS will be offered the NMPSIA plans, please confirm if current amounts should be grandfathered or if they will elect new amounts.

Response: Refer to the RFP Requested Plan Designs Section. The only amounts that will be grandfathered for APS are life amounts in place as of 6/30/2027 for all APS Retirees. Active employees will enroll in the benefits APS has elected through this RFP.

3. HCA - For the STD and LTD benefits, please provide the monthly historical participating lives and volume information. If monthly is not available, please provide an annual average for the past 5 years.

Response: There are currently 20906 enrolled participants in the disability program. Please note that the program does not currently allow separate enrollment in the STD versus the LTD program, so this enrollment reflects all participants in the combined STD/LTD benefit.

4. HCA-If possible, please add Class indicators or Basic Life amounts to the Life census.

Response: BASLF – Class 4, BASP – Class 1,2, 3 and 5

5. HCA-The disability census provided has about 2,000 participating lives with inaccurate annual salary/benefit information (i.e., $1.00 annual salary). Please provide an updated census with complete salary information.

Response: The State Health Plan includes Local Public Body (LPB) participation and not all LPBs disclose salary data. This figure reflects a placeholder for those participating LPBs that do not disclose this information up front.

6. For retiree coverage, are death matches conducted to facilitate the filing of life insurance claims? If yes, what is the frequency and process to determine if there is a death and facilitate the claim filing?

Response:

For NMPSIA f – NMPSIA via our benefits administrator, keeps beneficiary designations on file and will advise/assist the beneficiary to file a claim when someone has reported the death of the retiree. On behalf of NMPSIA, our benefits administrator EASI Edu, facilitates the death claim in the absence of an employer.

Yes. RHCA conducts ongoing eligibility reconciliation processes to identify deceased retirees and maintain records. Upon notification of a retiree's death, RHCA verifies eligibility, provides confirmation of coverage at the time of death, and files claim.

7. HCA- please confirm that the current carrier is currently handling the recordkeeping services requested in the RFP. Is this cost included in the premium rate or is it billed separately?

Response: HCA includes recordkeeping in the scope of services for its Third Party Administrator on basic life, supplemental life and disability.

8. For the request to confirm we can also provide recordkeeping services for NMPSIA and NMRHCA, please confirm if you would like our quote to include these services or if we should only provide the cost for our recordkeeping options.

Response: For NMPSIA, the question is unclear to “provide recordkeeping services” or “only provide the cost for our recordkeeping options”. The RFP request is to administer all life and LTD claims, benefit plan, policies, and services as requested in the RFP that would include recordkeeping services to be quoted for NMPSIA.

RHCA maintains eligibility and premium paid. Expectation is that vendor to maintain records of Evidence of Coverage disposition (approvals and denials) for additional coverage or members enrolling post-retirement date. In addition, vendors must submit monthly reporting to RHCA, regardless of portal option.

9. NMPSIA- For LTD, please provide the actual employer contributions. Is this consistent by EP plan offered? Or does it vary based on each participating school?

Response: For NMPSIA, the plan is contributory. All school districts and charter schools are mandated to contribute 80% of the monthly premium, the employee contributes 20%. Other educational entities follow a 3-Tier schedule based on employee salary with an 80%, 70%, and 60% employer contribution. If budget allows for any of the participating employers, the employer may contribute up to 100% of the premium.

10. For all entities, is Dependent Life Spouse premium calculated based on the spouse’s age or the employee’s age?

Response: Premium is calculated on spouse age.

11. HCA-Does the group currently a sick bank or other sick pay type leave program in place? If yes, please describe how the current sick bank is integrated with the current STD plan. Will the sick bank payment offset the STD benefit? Is the STD benefit paid on top of the sick bank payment and capped at 100%?

Response: State and LPB employees do accrue a sick bank. The sick bank payment does offset the STD benefit, and is capped at 100%

12. HCA & NMPSIA-Please provide details on the state pension and Social Security options. Are any employees eligible for any state pension program benefits (PERs,STRs)? If yes, please provide details on which employees are eligible and the criteria. Are employees also eligible for Social Security? If yes, is participation voluntary or mandatory? If voluntary, can a participation indicator be added to the census and claim listings?

If employees are eligible for both, please confirm whether employees can participate in both or whether employees must choose between the state pension plan and Social Security.

Response: For NMPSIA we are not the employer and do not administer rules for pension. For the majority of participating employers, they have the Educational Retirement Board (ERB) pension.

HCA - First part of response: Q12 PERA membership is a condition of employment for eligible employees and participation is mandatory unless the employee falls within a specifically excluded category as defined by PERA.

Employees excluded from PERA coverage include:

Seasonal or temporary employees

Student employees

Elected officials who elect exclusion

Employees of a public employer at the time of the employer's affiliation with PERA who qualify for exclusion

Part-time employees who do not meet PERA eligibility requirements

New Mexico Aging and Long-Term Services trainees

Retired New Mexico Educational Retirement Board (NMERB) members

Certain dual employment situations

Eligibility and exclusions are governed by PERA statutes and outlined in the PERA Handbook (see exclusion provisions on pages 7-8). Employees who are eligible for PERA enrollment may not opt out of participation unless they meet one of the specific exclusion criteria established by PERA

13. NMPSIA-For LTD, please explain how the Employer FICA service is currently administered. Does the carrier pay the Employer's share of FICA and then get reimbursed by the Employer, or is the cost for this service included in the premium rate?

Response: For NMPSIA the understanding is that FICA service is an option the employee elects at point of LTD claim for the employee for the benefit received. Most employee's elect FICA service from their LTD benefit for themselves. NMPSIA cannot confirm at this time if the Employer's share is handled at the Employer level.

The Standard pays the FICA on the employer's behalf with no separate reimbursement step from the employer.

14. Due to New Mexico legislation, carriers are required to quote plans filed with the State of New Mexico. For LTD, our lowest available EP is 90 days. For NMPSIA,

please confirm if this will be acceptable and that all carriers will be held to the same

requirements. Would our offer be considered if our quoted plan is significantly different than the current plan due to these requirements?

Response: It is NMPSIA's desire to receive proposals which match the requested plan designs. The expectation is to receive quotes for the 30 Day, 60 Day, and 90 Day BWP combined.

15. Is an unlocked version of Attachment 1 available?

Response: No, it is not available.

16. Under the NMRHCA Life policy, does Class 2 represent retirees or active employees?

Response: Retirees. Classes are based on date of retirement. Class 2 is specific to retirees that retired post January 1, 2012**.**

17. Are the classes under the NMRHCA Life policy open or closed?

Response: Class 1 is closed. The other classes are open

18. Several claimants have two Basic Term Life (BTL) claims reported. What accounts for the multiple claims associated with these individuals?

Response: For NMPSIA the thought is that there is a claim for the Basic Life amount along with the Basic AD&D Claim amount.

The second, smaller line for each claimant is most likely interest paid on the death benefit, not a second claim

19. What is the difference between the "LIFE 1" and "LIFE" plans on the NMRHCA Life billing? Four LIFE plans are listed each month; however, premiums are only reported for the "M" disposition codes. Please clarify the billing structure and applicable disposition codes.

Response: The Standard's billing system has caps on the amount of volume it can show by product, by row. When the volume exceeds that cap it and its attendant data (lives, premium, etc) is separated into new brackets, with the amounts being equal between those brackets. Combining the data between ALIFE & ALIFE1, for example, is what gives you the correct total for the period.

In the Disposition Code column, M stands for original entry. R stands for adjustment. R rows just show the amount of premium adjusted during a billing period. It is typical with summary billing to see adjustments each month.

20. The NMRHCA Life policy identifies coverage as contributory. Can you confirm whether this is voluntary coverage that is 100% retiree-paid?

Response: The plan is voluntary and 100% retiree paid.

21. How does Hartford collect Life premiums from retirees? Is coverage direct-billed since payroll deductions are not available?

Response: Refer to RFP Current Plan Designs HCA section

22. The APS LTD experience exhibit does not reflect coverage after 1/1/2024. Was coverage terminated or transferred to another carrier? If transferred, provide the corresponding experience data.

Response: APS LTD moved from The Standard to The Hartford effective January 1, 2024.

23. Does the APS LTD policy include an offset for salary continuation?

Response: The APS LTD policy will be the NMPSIA LTD policy on 7/1/2027, refer to The Standard policy document in the RFP for NMPSIA that would include an offset to an LTD benefit for deductible income.

24. Under the APS Life policy, are retirees eligible to elect dependent coverage, or is this benefit available only to active employees?

Response: For the NMPSIA life policy that will include APS 7/1/2027, APS Retirees will not be electing any coverage and will be enrolled in the coverage in place on 6/30/2027.

25. Life Amendment 5 changed Plan 1 retiree coverage to contributory. Can you confirm whether this coverage is now 100% retiree-paid?

Response: Refer to RFP Current Plan Design Section. Unsure which Authority entity this is referring to. NMRHCA plan is 100% retiree paid.

26. Multiple classes under Life Plan 2 are identified as contributory, with the policy stating that "you and your employer share the cost of coverage." What is the applicable premium contribution structure? Is coverage 100% employee-paid, or is the cost split 50/50 between the employer and employee?

Response: Refer to the RFP Current Plan Designs section

27. Provide the applicable class identifiers on the APS Life census files. The current information does not identify the in-force classes needed to accurately quote coverage.

Response: The status column can be used to determine their class along with the corresponding status column key

28. The APS Life census reflects 10,694 BTL lives compared to 12,021 on the September 2026 billing, and 2,253 VTL lives compared to 3,374 on the billing. What accounts for these discrepancies?

Response: Defer to the census file. Unable to determine at this time.

29. How should APS integration be reflected in the quote? Will APS retain its current plan designs under the NMPSIA, or will employees transition to NMPSIA's existing plan designs?

Response: Refer to the RFP Current Plan Designs and Request Plan Designs Sections. APS MUST be included in the NMPSIA quote. APS will ONLY have access to the NMPSIA plans

30. Are the APS retiree classes open or closed?

Response: The APS Retiree classes will be combined into NMPSIA Class 7 and will be a closed class.

31. The NMPSIA LTD experience exhibit identifies a coverage effective date of 7/1/2023; however, experience data is included beginning 7/1/2021. What accounts for this discrepancy?

Response: July 1, 2023, is the effective date of the current 4-year contract period.

32. Provide a key or legend defining the class identifiers on NMPSIA Life census. The current information does not identify the applicable in-force classes needed to accurately quote coverage.

Response:

Class 1	Active School Board members or governing body members
Class 2	Active members other than elected School Board members or governing body members
Class 3	Retired Members
Class 4	Active Members of New Mexico Institute of Mining and Technology
Class 5	Retired Members of New Mexico Institute of Mining and Technology

33. Are the NMPSIA retiree classes open or closed?

Response: Refer to RFP Current and Requested Plan Designs sections. NMPSIA Class 3 and 5 are open, NMPSIA does have a handful of a closed class of Retirees.

34. Under the HCA Life policy, is the Class 1 Basic Life benefit 100% employee-paid?

Response: Refer to RFP Current Plan Designs section

35. Provide the Basic and Voluntary Life class identifiers, along with current Basic Life benefit volumes, on the HCA Life census. The current information does not identify the applicable in-force classes needed to accurately quote coverage.

Response: BASLF – Class 4, BASP – Class 1,2, 3 and 5

36. Based on the premium data provided, average BTL enrollment for 7/1/2025–6/30/2026 was 36,370 lives, compared to 23,544 eligible BTL lives on the census. What accounts for this discrepancy?

Response: Defer to the census file. Unclear which Authority agency this question applies to.

37. Based on the premium data provided, average VTL enrollment for 7/1/2025–6/30/2026 was 9,332 lives, compared to 6,803 employees with VTL elections on the census. What accounts for this discrepancy?

Response: _Defer to the census file. Unclear which Authority agency this question applies to.

38. Provide paid and incurred experience exhibits for the HCA.

Response: See provided Life and Disability reporting that has been provided via SFT (2 separate emails).

39. Provide five years of HCA disability experience, including paid premiums, average covered lives, and LTD and STD claim listings. Include the following information for each claim:

Gross and net benefit amounts

Total paid amounts

Gender

Offset amounts

Reserves

Date of birth

Claim status

Date of disability

Response: See provided Disability reporting that has been provided via SFT.

40. Should ASO administration be included in the HCA STD quote, consistent with the current arrangement?

Response: HCA is requesting a fully insured STD quote

41. Confirm the following assumptions for the fully insured disability quote:

Will coverage be employer-paid?

Will all employees listed on the HCA disability census be eligible, or only those currently enrolled?

If all employees are eligible, provide an updated census with annual salaries for the entire eligible population.

Response: Employee paid. All employees listed on the census are eligible.

42. The HCA disability census includes 2,273 employees with annual salaries below $2,000. Where coverage is indicated, these salaries are being reflected as disability benefit volumes. Are these employees covered? If so, provide their correct annual salaries to allow accurate calculation of benefit volumes.

Response: The State Health Plan includes participation by statute of Local Public Bodies. Some LPBs do not disclose salary data. The plan collects this data when a claim is filed.

43. Is participation mandatory under HAS's current disability ASO plans?

Response: Participation is voluntary and 100% employee-paid on the premium.

44. Confirm the "as of" date for all paid and incurred experience exhibits provided.

Response: This is the most recent data available from the incumbent carriers.

45. Are TPA services currently in force? If so, provide the scope of services.

Response: Some IBAC entities have Eligibility and Enrollment firms currently in place. For NMRHCA: The plan does not have TPA and is administered by Agency staff.

For NMPSIA the TPA is responsible for all enrollment, eligibility, premium billing, premium collection, and premium self-billing to the vendor.

For NMRHCA: The plan does not have TPA, and eligibility is administered by Agency staff.

46. Should implementation, technology, or other credits be included in the quote? If so, provide the applicable amounts or requirements.

Response: The IBAC entities are open to receiving credits. It is up to each Vendor to propose the amount of credit and requirements

47. On The Standard claim run, what do the codes LS, LT, ML, and SB represent under the "Product" column?

Response: LS: Lifetime Security / Extended Care Benefit | LT: Long-Term Disability | ML: Member Assisted Living Benefit (ALB) | SB: Survivor Benefit, Basic, generally a lump-sum benefit paid to a designated survivor after the claimant's death. I'm attaching an appendix for the claim run (Claim Experience Report Key), as well.

48. Provide offset amounts and gross and net benefit amounts for all LTD claim listings.

Response for HCA - _The disability program gross amount is 60% of earnings weekly net capped at $500 for STD, or 40% monthly net capped at $2000 for LTD. There is no minimum. For offset amounts, the plan currently ends a claim if the member receives SSDI or early retirement benefits, and claims must be for a non-work-related occurrence. If a claim is covered under workman's comp, then the program will deny a disability claim.

Please refer to the attached LTD claim listing, which includes the requested offset amounts as well as the gross and net benefit amounts_

Attached is an Offset Report showing gross benefit and offset amounts for active LTD claims, as well as a report key. We don't have a report for offset amounts for closed claims

49. For LTD claims on The Standard claim run, does the "Benefit" field represent the gross or net benefit amount?

Shown only for STD and LTD – The benefit prior to any reduction for income from other sources (i.e., the gross benefit).

50. What does the code "TPD2" represent under the "Coverage" column on The Standard claim run?

Response: TPD2 indicates a Waiver of Premium claim

51. Provide a copy of the bylaws.

Response: Refer to RFP

52. Is each participating entity comprised of multiple employer groups or agencies?

Response: NMPSIA covers the following employer groups: 89 school districts, 102 charter schools, 27 other participating educational entities, and four (4) self-pay groups. HCA is comprised of multiple employer group and/or agencies. NMRHCA is comprised of Schools, State Agencies and Municipalities etc.

53. Does each entity maintain its own policy provisions and plan designs, or are benefits and rates standardized across all entities?

Response: Each Authority entity maintains its own policy provisions and plan designs

54. For retiree life coverage:

Is coverage available for life, or does it terminate at a certain age or under specific circumstances?

What is the rate structure (e.g., age-banded, flat rate, etc.)?

What are the current coverage amounts available to retirees?

Response: There are several benefits outlined in this RFP for retirees. Unable to confirm what retiree coverage you are referring to. Refer to provided policies/certificates.

55. Is the Long-Term Disability (LTD) coverage fully employer-paid, employee-paid, or contributory?

Response: Refer to the RFP Current Plan Designs section. For NMPSIA, LTD has an Employer and Employee cost share based on mandated tier schedules.

56. On page 23 of the RFP, please clarify the total number of electronic files required for submission. The RFP indicates one technical file and one Cost file; however, the technical response also includes multiple Excel questionnaire files.

Regarding the Technical Response Questionnaire (Attachment 1), may offerors provide a supplemental document to clarify questionnaire responses where the available response options are limited to Yes/No?

In the Technical Response Questionnaire, can a version of the questionnaire be provided that has a widened response column for better visibility of Offerors' responses?

Page 37 of the RFP instructs offerors to include an organizational chart. Should the chart be included as a supporting document with the implementation timeline, or with the Offeror's staff biographies in the Organizational Experience section of the proposal?

Page 25 of the RFP includes the outline for the technical proposal. Can Offerors omit the sections where a written response is not applicable, such as the Oral Presentation section?

Can an Offeror receive evaluation points under the New Mexico/Native American Resident Business Preferences by utilizing a certified New Mexico resident business as a subcontractor?

Response: The Technical Response questionnaire will not be modified. Refer to RFP

57. Please confirm whether the group participates in Social Security and, if so, if any occupations are exempt.

Please confirm what (if any) state retirement plan the group participates in, and which classes participate.

Regarding Albuquerque Public Schools: House Bill 47 requires APS to join NMPSIA's benefit programs: Is the intent to match the current LTD NMPSIA plan and simply add them in under option 3 (matching their current Elimination Period) or add another class to the existing NMPSIA policy to match all of APS's existing LTD benefits?

Response: Refer to the RFP Current Plan Designs and Requested Plan Designs sections.

Regarding HCA: The RFP indicates there are 21,205 eligible for LTD coverage and 2,329 enrolled. However, the census indicates that there are 16,165 eligible and 7,770 enrolled. Please clarify.

Response: Defer to the census file.

Regarding HCA: Several employees on the disability census have salaries in excess of $1,000,000. Please clarify. Response: Defer to the census file.

Regarding HCA: Several employees on the disability census have salaries of $.01 or $1.00. Please clarify. Response: Defer to the census file.

Regarding HCA: Several employees on the disability census do not have occupations listed. Please clarify. Response This information will not be provided due to the sensitive nature of some occupations.

58. Please confirm that basic and supplemental rates are the same step rated table provided.

Response: Current basic and supplemental rates have been provided

59. Please confirm basic life will continue to be on a step rated basis; the Cost Proposal Workbook does not include a section for age-based rates under the basic life tab.

Response: The Cost Proposal Workbook mirrors the rate structure of the current rates

60. Please provide a copy of a recent monthly billing statement/premium remittance statement to compare census volumes to reported volumes.

Response: Defer to the census files.

61. In the claim listing provided in the column of Product, what does MA, MB, and MT stand for?

Response: Unsure of what claim listing report you are referring to. Codes are unknown.

62. Please provide lives, volume, and premium for all coverages for 10/2021 and 11/2021.

Response: Reporting files have been provided.

63. Please confirm that class 1 basic life is a closed class.

Response: Question is not clear to which class 1 you are referencing and for which Authority agency you are referring to.

64. Please confirm that there is no Ad&d coverage for this group. If there is Ad&d coverage, we will need experience and current/historical rates.

Response: Refer to the RFP Current Plan Designs section. Unclear which Authority agency this applies to.

65. Do you currently use a TPA or software vendor for your benefits of enrollment and eligibility? If so, can the name of the vendor be released?

Response: For NMRHCA: The plan does not have TPA and is administered by Agency staff. For NMPSIA, the TPA is EASI Edu and the software is proprietary.

66. Will the life insurance plan be self-administered/self-billed by the employer, or will the insurance carrier be responsible for maintaining individual employee records and generating monthly invoices?

Response: For NMPSIA, NMPSIA will self-administer and self-bill to the vender to include all participating employer groups combined for the month. For NMRHCA - will self-administer and self-bill

67. Will client invoicing be required.

Response: For NMPSIA, No; For NMRHCA – monthly invoice will be required

68. How is aging administered? Are employee ages frozen as of 1/1 of the plan year, or are ages updated throughout the year?

Response: For NMPSIA and NMRHCA – Age adjustment are made ever year as of 1/1; HCA - Ages are updated throughout the year, and if the employee or dependent ages into a new age band this takes effect on the 1st day of the month following the age change.

69. On the NMPSIA Bill Lives Report, what is the difference between BLIFE and BLIFE1?

Response: The Standard's billing system has caps on the amount of volume it can show by product, by row. When the volume exceeds that cap it and its attendant data (lives, premium, etc) is separated into new brackets, with the amounts being equal between those brackets. Combining the data between ALIFE & ALIFE1, for example, is what gives you the correct total for the period.

In the Disposition Code column, M stands for original entry. R stands for adjustment. R rows just show the amount of premium adjusted during a billing period. It is typical with summary billing to see adjustments each month.

70. Is the $10,000 benefit for Retired members of New Mexico Institute of Mining and Technology included in the experience as Basic Life/AD&D or Supplemental Life/AD&D?

Response: Yes, NMPSIA Class 5 is included in the experience for Plan 1 coverage.

71. Currently, supplemental life insureds of Albuquerque Public Schools have coverage in multiples of $10,000 up to $400,000. When they move to the NMPSIA plan 7/1/2027, where supplemental life is salary-based, will their supplemental life coverage:

Remain the same, based on the $10,000 increments?

Be automatically mapped to the next higher multiple of salary?

Require new elections, based on 1-3x salary?

Other?

Response: Refer to the RFP Current Plan Designs and Requested Plan Designs sections.

The NMPSIA plan design will be available for Plan 2 Additional Life for APS employees 7/1/2027 at 1, 2, or 3 times the employee's annual salary.

72. If current APS supplemental life coverage amounts are grandfathered, will newly eligible employees of APS be offered the $10,000 incremental plan, or the 1-3x salary-based plan?

Response: For NMPSIA, the only NMPSIA Class that will be grandfathered is Class 7 for APS Retiree amounts as of 6/30/2027. All NMPSIA plan designs for active employees apply to APS 7/1/2027.

73. Currently, spouse life coverage for APS is multiples of $10,000 up to $400,000. When APS moves to the NMPSIA plan, will they keep current coverage, or move to the NMPSIA plan design of the lesser of 50% of the employee supplemental life insurance or 1 times the employee's annual earnings?

Response: For NMPSIA, the NMPSIA plan design is the lesser of 50% of the employee additional life insurance or 1 times the employee's annual earnings will apply to APS spouse life.

74. If current APS spouse life coverage amounts are grandfathered, will newly eligible employees of APS be offered the $10,000 incremental plan, or the NMPSIA plan design, the lesser of 50% of the employee supplemental life insurance or 1 times the employee's annual earnings?

Response: For NMPSIA, already answered in #73. The only NMPSIA Class that will be grandfathered is Class 7 for APS Retiree amounts as of 6/30/2027. All NMPSIA plan designs for active employees and spouses apply to APS 7/1/2027**.**

75. Currently, the APS plan offers a dependent life package which provides coverage of $5,000 for each dependent. Will this be offered to APS employees under the NMPSIA plan?

Response: The NMPSIA Plan will offer a $10,000 child life coverage for all Additional child life coverage effective 7/1/2027.

76. Please confirm Child Life coverage. Both the current NMPSIA policy and the NMPSIA census state that the Child Life benefit is $5,000. However, the RFP states that the Child Life benefit is $10,000

Response: The Child Life benefit for NMPSIA will be increasing to $10,000 effective July 1, 2027

77. Please confirm that for Waiver of Premium on supplemental life insurance, there is no specified age at which waiver ends. If an insured met all the other criteria, they could be on waiver at age 97.

Response: For NMPSIA, refer to the Plan 1 and Plan 2 policy certificate for life insurance under Waiver of Premium. LWOP ends on the date the employee is no longer totally disabled, doesn't meet proof of loss, fails to attend an exam, and for Plan 1, ends at age 65. HCA - We will waive premium payments and continue Basic and Supplemental Life, while the employee remains Disabled, until the date the employee attains age 65 if Disabled prior to age 60

78. Will the life insurance plan be self-administered/self-billed by the employer, or will the insurance carrier be responsible for maintaining individual employee records and for generating monthly invoices?

Response: For NMPSIA, NMPSIA will self-administer and self-bill to the vender to include all participating employer groups combined for the month. For NMRHCA - will self-administer and self-bill

79. If the plan is self-administered, will the carrier be required to provide monthly invoices?

Response: For NMPSIA, No; For NMRHCA – monthly invoice will be required

80. If there are any employees working outside of the United States, including in U.S. territories, please identify them on the census and provide each employee's country of citizenship and country of employment.

Response: For NMPSIA: Unable to identify these employees/members. For NMRHCA: Not applicable

81. Please provide a copy of a recent monthly billing statement/premium remittance statement to compare census volumes to reported volumes.

Please confirm that there are no current open waiver of premium claims.

Response: Defer to the census files.

82. Have there been any significant plan design changes in the last several years (i.e. change in benefit schedules, acquisitions)?

Response: For NMPSIA, this RFP includes the first significant changes to the plan design since 1986.

83. How is aging administered? Are employee ages frozen as of 1/1 of the plan year, or are ages updated throughout the year?

Response: Already answered in #68. For NMPSIA age is frozen on January 1st along with base annual salary. Salary may be updated for a qualifying event that will change life and LTD premium

84. Please describe any established file transfers you have in place today.

Response: An eligibility file transfer set up for APS life for benefits adjudication. NMPSIA - file transfers set up with NMPSIA to administer our ConnectedEOI™ product. HCA - currently receives the following established file transfers from HCA: Evidence of Insurability (EOI) file and Weekly demographic file; NMRHCA does not have file transfers, eligibility maintained by agency.

85. Please describe your evidence of insurability process; including such things as submission, follow-up, and notification.

Response: For NMPSIA, evidence is handled via an employee request via an online portal with The Standard. The employee submits their digital questionnaire and based on the responses they are either approved, denied, or are requested for additional information. Once the final decision is reached, the NMPSIA TPA is advised by The Standard of the decision to respond/advise to the employee and implement the coverage and premium

Response: Standard: Connected EOI is The Standard's integrated Evidence of Insurability experience. It connects enrollment data with the EOI application process, so employers have less manual administration and employees get a simpler application experience.

How it works

1. Transmit: The employer or benefits administrator sends pending EOI information to The Standard, typically through a file/data feed or an API/SSO integration.
2. Invite: With the invitation model, employees receive an email or mailed invitation telling them why EOI is required, how to apply, and how long they have to complete it.
3. Apply: Employee demographic and enrollment information is prepopulated. Employees complete the medical history statement and can save their application and return later if needed.
4. Decide: Applications that qualify for automated decisioning receive an immediate decision. Others are routed to an underwriter.
5. Notify: Applicants receive updates, while employers can access real-time EOI reporting through their portal.

For employees

- Prepopulated information reduces what they need to enter.
- Invitations and reminders help employees complete EOI.
- Save-and-return functionality makes the process more flexible.
- Qualifying applications can receive an instant decision.

For employers

- Automated invitations mean less manual outreach.
- Fewer employee questions.
- Faster payroll updates when applications are auto adjudicated.
- Better visibility into approved amounts and EOI status.

_____

Hartford: _The Evidence of Insurability (EOI) process is coordinated among HCA, The Hartford, and the employee as outlined below.

HCA / TPA Responsibilities

- Submit a file identifying employees and dependents who have elected coverage amounts requiring Evidence of Insurability.
- The submitted file should comply with applicable plan design and eligibility rules.

The Hartford Responsibilities

- Receive and process the EOI file and load the applicable records into the online EOI portal.
- Generate notifications to employees. Notifications are sent by email when an email address is provided on the file, which may be either a work or personal email address. If an email address is not available, the notification is sent via U.S. mail.
- The notification provides the employee with instructions and the URL needed to complete the Personal Health Application (PHA).

Employee Process

- The employee accesses the online site and completes the required health questions.
- The online application remains available for 60 days, with the specific completion deadline included in the employee's notification.

- If the PHA has not been completed, reminder notifications are issued on approximately the 21st and 45th days.
- Upon completion, the employee may receive a real-time decision of:
  - Approved
  - Denied, including the reason for the decision
  - Pended, when additional review by The Hartford is required
- A formal decision letter is also sent to the employee via U.S. mail.
- Employees may choose to print the PHA and mail it to The Hartford or contact Customer Service to request that a paper PHA be mailed to their home address.

86. Please provide a description of your claims submission process; including such items as information gathering, submission, follow up and resolution.

Response: Standard: A disability claim can be initiated by the employee, employer, or an authorized representative. The process brings together information from the claimant, employer, medical provider, and available data feeds.

Employees can also file digitally through the secure employee portal. The online experience is available 24/7 and supports document uploads, immediate claim details, multiple concurrent claims, autofill, dynamic questions, and prefilled information when available. The member can enroll for automated text alerts for updates on their claim.

The core disability claim documentation includes:

- Employee Statement
- Employer Statement
- Attending Physician Statement
- Employee Authorization, when The Standard needs to obtain information directly from the medical provider.

Importantly, the employee does not necessarily have to coordinate everything themselves. The Standard can fax the initial form to the physician. If additional medical information is required, The Standard may contact the medical team directly. The assigned analyst can also gather items such as medical records, job descriptions, or income verification.

If the employee initiates the claim directly, the employer receives an online task requesting the Employer Statement. If the employer initiates it, the claim becomes visible shortly after filing, including time-stamped activity and the ability to upload additional documentation.

Once the required information is received, a claim analyst reviews eligibility and determines whether benefits are payable.

More complex claims can receive specialized support from nurse case managers, vocational case managers, behavioral health case managers, and third-party physicians. Behavioral-health claims specifically route to a behavioral health case manager for additional expertise.

The decision process then branches into three primary statuses:

- Approved: Decision and payment information is available to the employer online, and claim management continues as appropriate.
- Pending: When additional information is required, the claim can move to pending status. The Standard informs the relevant parties and, when additional medical records are necessary, pursues those records and pays associated retrieval fees.
- Denied: The employee receives detailed information explaining the decision along with appeal information.

Claimants can also elect text notifications for document receipt, status changes, decisions, reminders, and notifications when a claim is approaching closure.

The Standard continues managing the claim based on its complexity and the employee's expected recovery.

For straightforward conditions such as pregnancy, fractures, or surgeries, anticipated recovery periods help guide management. When recovery is more complicated, resources such as Workplace Possibilities can intervene to identify accommodations and other solutions that support a successful return to work.

If an STD claimant also has LTD coverage through The Standard and is unlikely to recover before STD ends, the claim can be proactively transitioned to LTD, reducing the burden on the employee.

Hartford: _As our primary intake method, the Life Claims Digital Experience (LCDE) allows employers to easily initiate claims online, upload documents, and check existing claims status. An eligibility feed isn't required but expedites claim submission.

Our streamlined and high-touch LCDE allows for:

- Guiding the claim submission.
- Prepopulating data when an eligibility file and/or beneficiary information is provided.
- Auto-saving during submission.
- Document upload and confirmation.
- Immediate confirmation of submission of claim.
- Easy-to-use user dashboards.

The LCDE online submission process:

- Employer or authorized representative of the plan completes an easy-to-navigate claim workflow.
- Employers can provide us with life enrollment and/or beneficiary information so the data will pre-populate during claim submission.
- As needed, submitters may be asked to upload additional documents, such as enrollment history and beneficiary designations. If the employer doesn't have that information at the time of claim submission, they can upload it at any time.
- The employer receives a claim ID immediately after the claim submission.
- Within one business day of receipt, the claim is assigned to a Life Care Advocate who reviews and verifies the documents.

Claim Adjudication

Life Care Advocates complete the following tasks within five business days of receiving all documentation:

- Checks the death certificate, or natural cause death confirmation to make sure the SSN matches claim form and employer information.

- Verifies online claim submission is completed by an authorized policyholder representative.
- Confirms employee/claimant's eligibility.
- Checks enrollment for timely election; if paper, verifies the insured person had signed/dated it.
- Checks that employee class and benefit claims match.
- Makes sure the beneficiary designation is included, signed, and dated by the insured and ensures beneficiaries are of legal age.
- Whenever a benefit is payable, verifies the beneficiary's choice for proceeds: either Safe Haven program (default is Safe Haven account, per applicable state regulations), Lump Sum, or electronic fund transfer (EFT).
- If payable, reviews state tax notices and interest requirements in line with proper statutes.

If the application lacks any required information, the claimant is contacted via phone, email, or written correspondence. Life Care Advocates provide education on the process, assist in gathering the missing information (as applicable), and offer additional resources through The Hartford's Life Essentials. Some available services include a beneficiary checklist, dedicated Care Manager, digital app, account deactivation services, referrals to legal services, and referrals to an Employee Assistance Program (EAP). In addition to explaining the claim process to beneficiaries, Life Care Advocates offer the option to submit missing documents, such as death certificates, by uploading them using DocuSign. Individuals who agree to use DocuSign will receive an email with a link to access the form. For security purposes, the Life Care Advocate shares the validation PIN over the phone. If any information is missing from the employer, the Life Care Advocate contacts them via telephone or email.

When a Life Care Advocate approves and pays a claim upon first review, they call each beneficiary to inform them of the payment. They also provide resources for additional services through The Hartford's Life Essentials program.

Each beneficiary receives an Explanation of Benefits when a Life claim is approved and processed. We also notify the employer via email of the approval. If a benefit claim is denied, the claimant/beneficiary and employer are notified in writing.

87. Please provide the details of your current portability/conversion administration process.

Response: For NMPSIA, the NMPSIA TPA will advise the employee that they are eligible to port or convert along with contact information for The Standard when coverage ends. The Standard will administer all requests to port or convert. Automatic port and convert services are included for APS. NMRHCA conversion information provided to member and submitted to Standard

88. What's the best way to communicate with your employees during enrollment and throughout the year?

Response: For NMPSIA - TPA, employers handle all employee communications during enrollment and throughout the year. For NMPSIA: TPA and employers handle all employee communications during enrollment and throughout the year. For NMRHCA: Our website has links to all vendors for member communication, resources, mailings and enrollment in person and virtual meetings.

89. Are current beneficiary designations held electronically or on paper?

Response: For NMPSIA, beneficiary designations are held both electronically and in some cases via paper. It is up to the employer filing the claim to provide this information at point of claim. NMPSIA does provide

secure MFA live access to The Standard to view and validate enrollment, eligibility, LTD and life amounts, and beneficiary information.

For NMRHCA: Beneficiary designations are scanned and held electronically in member Careview file.

90. Please share any current challenges you would like to resolve.
Response:

91. Is there a New Mexico-based Specialist in place today in addition to an Account Manager? If so, please provide a summary of the New Mexico-based Specialist's job duties and services provided.

Response: Yes, for NMPSIA and NMRHCA, duties are outlined by The Standard

92. Please confirm if any future layoffs are planned; if so, please confirm estimated impact on eligible population.

Response: Unclear of the question. School employees leave and are hired throughout the year with a concentration at the beginning of the school year, July through October.

93. Please provide a recent premium statement by location.
Response: Premium statements have already been provided

94. Please provide rate history for the experience period.
Response: Rate history has been provided

95. Price for DI listed as $11.96 a mo. How does it break out STD vs LTD?

Response: Current basic and supplemental rates have been provided

96. Please confirm if coverage extends to Employees working outside the United States, if so, please provide the following for the aforementioned:
    -
    - Work Country (Province if in Canada)
    - Country of Citizenship & Residence
    - Confirmation if specific Employees are on U.S. Payroll
    - Length of Assignment
    - Please add Dates of Hire and occupations.

Response: Census data has been provided.

97. 2100 EEs are showing electing ASO STD with a $1.00 or “0.01" volume and salary. Please correct salaries.
    - 12 EEs have salaries over $3M. Please verify if this is accurate.
    - Are Employees able to elect STD without LTD and vice versa?
    - How many employees are eligible to elect STD and/or LTD?

Response: Census data has been provided.

98. Please provide a new census for this group with clear Class Indicators.

Response: Census data has been provided.

99. In the HCA census there are 23,000 people which line up with the SoNM Risk Management division on the bill. There are roughly 12,000 people on the bill receiving a $50,000 benefit that are not on the census. Please include the LPB Class in the census.

    New Census should include:

- Date of Birth Class Indicator We need to know who is in each of the classes. Salary Benefit Amount for each line of Coverage.
    - Gender
        - Employment Status
        - Zip Code
        - Date of Hire
    - Occupation
        - Unique Identifier

Response: Census data has been provided

100. The booklet states that employees in Class 3-5 do not get Supplemental Life Coverage; however, they have benefit amounts listed on the census for Supplemental Life Coverage. Please confirm if these employees should get coverage or not.

Response: Refer to Policies/Certificates

101. Please confirm if either group participates in STRS or PERS plans. Please confirm plan name/number, and if groups are required to participate in STRS/PERS and Social Security.

Response: Already responded on #12.

102. **Please provide any plan change history over the experience period**.

Response: Policies/Certificates and Amendments have been provided

103. Are all Retirees for both the NMRHCA and NMPISA Direct Billed?
    - Response: For NMPSIA, Retirees are direct billed by the NMPSIA TPA and part of the monthly self-bill to the vendor; For NMRHCA: Most retiree premiums are drawn from pension or Bank ACH. We do have a handful that receive direct bills.

        Please confirm if you would like to see ASO options for current HCA STD and LTD plans. If ASO services are requested, please confirm if you'd like the following for LTD:
    - Second Level Appeals
    - Fiduciary Services
    - SPDs (Summary Plan Descriptions)
    - In House or External Voc Rehabilitation Services
    - W2 prep & Distribution
    - Services not mentioned above but required for ASO administration.

    Response: HCA is interested in a fully insured quote.

104. Please confirm you'd only like to see HCA's in force self-insured plans quoted on a Fully-Insured basis f or the purpose of this quote.
    Response: HCA is interested in a fully insured quote.

105. Please confirm that the retiree group is currently open and will be closed after 7/1/2027.

    Response: Unsure of who this question is referring to

106. Please provide claims listings for STD and LTD as follows:
Response: Data has been provided via SFT**.**

107. Please address 6 STD claims who have weekly benefits in excess of $500 (the maximum).
Response: Response: Data has been provided via SFT**.**

108. R**egarding the HCA Monthly Disability Summary**

- Please provide a key for each column header. For example, what does the "STD lives" and "STD Claims" data represent? What is an "unclassified Paid volume", etc.

LTD: Disability Claims

Please provide an Open Claim Listing with:

Date of Disability

Date of Birth
Gender
Current Reserve
Paid to Date
Net Monthly Benefit
Gross Monthly Benefit
Any applicable offsets
Valuation Date
ICD 9/ICD 10 codes** REQUIRED
Covered Earnings/Pre-Disability Salaries

- Please provide a Closed Claim Listing with:

Date of Disability
Date of Birth
Gender
Claim Termination Date
Paid to Date Amount
Net Monthly Benefit
Gross Monthly Benefit
Valuation Date
Covered Earnings/Pre-Disability Salaries
Response: Response: Data has been provided via SFT**.**

109. Regarding the Standard's LTD "Claim Run" o What product is abbreviated as "ML" for LTD?

- Please provide Gross Benefit and Net Monthly Benefit for LTD open and closed claims.
- Please provide Social Security filing status by claimant.
- Please provide Class indicators (elimination period) by claimant.
- Please explain how a Survivor Benefit that is payable at $1,000, is paid out at $6,115 for claim number JY0765.

Response: Data has been provided via SFT.

111. What Benefits Administration vendor or platform does this client use for:

a. Enrollment?
b. Eligibility?
c. Payroll?
d. Timekeeping?

Response: For NMPSIA: Already answered on #65. For NMPSIA, the TPA is EASI Edu and the software is proprietary used for all enrollment, eligibility, premium billing, premium collection, and premium self-billing to the vendor. For NMRHCA: The plan does not have TPA and is administered by Agency staff.

112. Is your upcoming Annual Enrollment going to be active (all employees must take action and accept/decline benefits) or passive (only employees that need to make a change need to take action) enrollment?

a. If passive – what % of your employees usually make a change during their Enrollment period? Response for NMPSIA and NMRHCA: This will be a passive enrollment for all benefits eligibility employees. Percentage of employees making changes is unknown

113. **How do you educate and communicate to your employees about benefits and benefit changes?** Response: For NMPSIA: TPA and employers handle all employee communications during enrollment and throughout the year. For NMRHCA: Our website has links to all vendors for member communication, resources and information.

114. Please be specific.

a. In person (benefit fairs, group meetings, other)
b. Paper (benefit guide, posters, postcards, other)
c. Electronic strategy (email, webinars, text, social media, other)
d. Are any decision support tools used? If so, please describe.

Response: All of the above

115. During your previous annual enrollment, was it:

a. Open – where all employees were able to elect coverage up to the GI?
b. Modified – where all employees were able to elect one increment without EOI?
- Traditional Underwriting – where all employees submitted EOI?

Response for NMPSIA, previous enrollment for life and disability was handled as a grandfathering of existing enrollment and only qualifying events or Evidence approvals occurred for enrollment. NMPSIA does not anticipate a full OPEN enrollment for life and LTD coverages after 7/1/2027.

116. When was the last true "open enrollment" for Supplemental Life and Contributory LTD/STD (if applicable)? ("open" defined as late entrants/increases not subject to proof of good health/E of I)

Response: for NMPSIA up until October 2026 for an effective date of 1/1/2027 for a select small group schools to meet legislative and rule compliance, not since 1986. NMPSIA's plan is to offer a passive Open enrollment in March 2027 for July 1, 2027, effective date to include enrollment for employees not previously enrolled, denied via Evidence, or make changes to life enrollment. For NMRHCA: Enrollment allowed at time of retirement otherwise EOI is required

117. Please describe how your employees enroll in their benefits? Please be specific.

a. In person (individual meetings, group meetings, or outsourced – If outsourced – who is the vendor?)
b. Paper (personalized enrollment forms, generic enrollment forms provided by carriers, other)Self-Service enrollment platform (name of platform used and is SSO integrated into platform)Call center (HR assisted or outsourced? If outsourced – who is the vendor?)

Response for NMPSIA: All enrollment is handled via the NMPSIA TPA's Online enrollment system. For NMRHCA: Custom Enrollment form

118. Is a carrier required to bid on all the entities?

Response: No, however desired outcome is to have mutual vendor for all entities

119. Please provide:

Rate history for the APS LTD

LTD experience data.

Paid Claims by year of incurral

Open Reserves

Total Claim Count by year of incurral, open and closed claims broken out

Lives history

Individual Open/Closed Claim listing to include:

Demographic info; DOB, Gender, Salary

Date of Disability

Diagnosis, if available

Gross and Net Benefit

Social Security Approval Status

Other offsets

Total claim payments to date

Open Reserves

Response: This information has been provided via SFT

120. Does the HCA set up a reserve for each open claim? Can we have those for the open claims

Response: Refer to RFP no additional information provided at this time

121. Do they participate in PERS/SS? Is deductible income pursued or are claims paid without any offsets? Response: IBAC agencies do not administer rules for pension. For NMPSIA we are not the employer and do not administer rules for pension. For the majority of participating employers, they have the Educational Retirement Board (ERB) pension.

122. **Life plan administration. How do they handle late enrollees?**

Response: For NMPSIA and NMRHCA - late enrollees are handled via Evidence of Insurability.

123. How do they confirm enrollment amounts at time of claim?

Response: For NMPSIA enrollment amounts are provided by the employer at point of claim. For NMRHCA: Initial and change request are used to verify amounts and are submitted with claim.

124. **If a member has enrolled in coverage above the GI, but has not submitted evidence and been approved, is the amount above the GI denied and premiums refunded?**

Response: For NMPSIA, an employee is not allowed to add amounts above the GI unless approved via Evidence of Coverage by The Standard. This is administered by the NMPSIA TPA and The Standard; NMRHCA – members are not allowed to add amounts above the GI unless approved via Evidence of Coverage.

125. When was the last open enrollment?

Response: Please refer to early response

126. The census for the LTD and STD group has many salary entries with very small amounts ($1.00 for example). If these employees are enrolled, can we get an updated census with their annual salary amounts?

Response: Census data has been provided

127. The Life census does not include the benefit classes for the members. Can we have an updated census with this information?

Response: Census data has been provided