



NORTHWEST ARKANSAS COMMUNITY COLLEGE

RFP-25-008 Benefits Question and Answer

Note: The Bid Number Referenced at the header should read RFP-25-008

Vendors shall list all costs on the Official Price Sheet. Additional lines may be added if necessary for optional items that may or may not be purchased.

OFFICIAL SOLICITATION PRICE SHEET

	DESCRIPTION	Unit Cost	Rate Basis Ex: PEPM/PPPM	Total Annual Price Assuming current enrollment
1.	Medical			
	Admin Fee:	\$		
	Network Access Fee	\$		
	List any additional Fees			

	DESCRIPTION	Unit Cost	Total Annual Price Assuming current enrollment
2.	Dental Monthly Premium		
	Employee Only	\$	
	Employee + Spouse	\$	
	Employee + Child(ren)	\$	
	Employee + Family	\$	

	DESCRIPTION	Unit Cost	Rate Per _?
3.	Critical Illness		
	0-24	\$	
	25-29	\$	
	30-34	\$	
	35-39	\$	
	40-44	\$	
	45-49	\$	
	50-54	\$	
	55-59	\$	
	60-64	\$	
	65-69	\$	

	70-74	\$	
	75-79	\$	
	80+	\$	

	DESCRIPTION	Unit Cost	Rate per __	Total Annual price
4.	Life & Disability - Employee			Assuming current enrollment
	Life Rate			
	AD&D Rate			

	DESCRIPTION	Unit Cost	Total Price
5.	Vol Life / AD&D		Assuming current enrollment
	Indicate Employee/Spouse/Child		
	0-34		
	35-39		
	40-44		
	45-49		
	50-54		
	55-59		
	60-64		
	65-69		
	70-74		
	75-79		
	80+		

	DESCRIPTION	Rate	Rate per \$10 weekly benefit
6.	Voluntary STD	\$	

	DESCRIPTION	Rate	Rate per \$100 monthly covered payroll
7.	Voluntary LTD	\$	

	DESCRIPTION	Unit Cost	Rate Basis Ex:	Estimated annual
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			PEPM/PPPM	cost
8.	Cobra Administration			
9.	Retiree/Direct Bill Administration			

	DESCRIPTION	Unit Cost	Rate Basis Ex: PEPM/PPPM	Estimated annual cost
10.	FSA			
	Healthcare Flexible Spending Account			
	Dependent Care Flexible Spending Account			

	DESCRIPTION	Unit Cost	Rate Basis Ex: PEPM/PPPM	Estimated annual cost
11.	Financial Wellness			
12.	Family forming			