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November 3, 2023

ADDENDUM NO. 3

TO

REQUEST FOR PROPOSALS

NO. 24-001

MEDICAL BENEFITS
(including integrated prescription drug and chiropractic benefits)

AND

PHARMACY BENEFIT MANAGEMENT SERVICES
(for self-insured prescription drug plans)

The following are responses to written questions received:

	Question	Answer
1	Can you provide the example of the scoring calculation as discussed at the pre-proposal conference?	Proposer 1 Price: $1,000,000 Proposer 2 Price: $2,000,000 Proposer 1 will be awarded the full 30-point rate score and Proposer 2 will get 50% of the maximum 30-point score (or 15 points) based on the following formula. Points awarded = Low Score / Proposer Score * 30 points Refer to Section 3.3, *Evaluation Criteria and Points*, for more information.
2	P. 42 states that daily files need to be sent between the medical and PBM vendor for MOOP administration, which is usually done for an integrated medical and pharmacy MOOP. Currently, the MOOPs are separate for medical and pharmacy, is the plan design changing to an integrated MOOP? If not, will you still require a daily exchange of files?	There currently are no plans to change to an integrated MOOP for the Open Panel plans. Yes, the EUTF requires a daily exchange of files as provided in Section 4.16, *Electronic Data Transmissions*.

	Question	Answer
3	P. 39 Item 11 – can you provide an example of the COBRA annual and termination notice?	This information will not be provided.
4	During the pre-proposal conference, it was mentioned that a singular PDF for submission is requested. Please advise if the state would accept a zip file with clearly labeled file names along with a corresponding table of contents that provides a cross-walk to the files submitted.	The EUTF will accept a zip file with clearly labeled file names along with a corresponding table of contents that provides a crosswalk to the files submitted.
5	With regard to the instructions on page 12, item 1.11, 2nd paragraph, would the EUTF and Segal be amendable to Offerors sending Segal an electronic version of its proposal through email instead of USB? Or alternatively, sending the USB with postmark on 11/22 and to arrive following the RFP submission to EUTF via electronic submission? **The following identifies the specific instruction referenced: Pg. 12, 1.11, 2nd paragraph: In addition to the proposals submitted to EUTF, OFFEROR shall submit, as a courtesy, one electronic copy on CD or USB flash drive to Segal to be received no later than Wednesday, November 22, 2023, 12:00 noon, HST.**	Offerors can send Segal an electronic version of its proposal through email.
6	For an Offeror's final submitted proposal response, please confirm the sequential ordering of an Offeror's affirmative confirmations to Section IV, Scope of Work and Section V, PBM Scope of Work. For example, should the Offerors place Section IV and V's affirmative confirmations between the Confidential Information and Exceptions? **The following identifies the instruction referenced: Pg. 24, 2.10: Any exceptions to terms, conditions, or other requirements in any part of these specifications (including Section IV, *Scope of Work* and Section V, *PBM Scope of Work*) must be listed in Attachment 5, *Exceptions*.**	It will be assumed that the Offeror agrees to Section IV, *Scope of Work*, and Section V, *PBM Scope of Work*, unless provided in Attachment 5, *Exceptions*.
7	As outlined in Attachment 11, *PBM Proposal Revised.docx*, our understanding is that the EUTF is requesting pricing offers in which Retail 30 guarantees are based on an 84+ Days' Supply. With that said, please confirm the following: a. Please confirm that all bidders are required to bid consistent with the stated days' supply arrangement. b. Please confirm if this is the current days' supply arrangement in place for all plans today. If not, please confirm that bidders should bid with 1-83 Days' Supply for Retail 30 and 84+ Days' Supply for Retail 90 and that in doing so, this plan design	Retail 30 guarantees should be based on 1-83 days' supply and 84+ day supply for Retail 90. Specialty drugs should be for maximum 30-day supply.

	Question	Answer
	change is requested and aligns with the intent of the EUTF.	
8	For bidders completing Attachment 11, *PBM Proposal Revised.docx*, please confirm that the proposals will be evaluated on the following: a. Retail 30 Brand Claim Rebate Guarantees apply to all claims that adjudicate at the 30-day retail network for 1-83 Days' Supply (except those specifically excluded from the guarantees). b. Retail 90 Per Brand Claim Rebate Guarantees apply to all claims that adjudicate at the 90-day retail network for 84+ Days' Supply (except those specifically excluded from the guarantees). c. Specialty Rebate Guarantees are based upon 30 Days' Supply.	Confirmed.
9	If a bidder believes the parameters of its operational capabilities necessitate edits to the BAA attached as Exhibit F, should the bidder provide a redline of the BAA showing its requested edits, consistent with the instructions in RFP Sections 1.23 (Award of Contract) and 2.15?	Offerors shall list any and all exceptions in Attachment 5, *Exceptions*.
10	Section 1.29 of the RFP (Special Conditions), at subsection 8.c, states that, upon termination or expiration of the Contract, upon EUTF's direction, "the Contractor shall destroy and/or deliver to the EUTF or its designee all confidential or proprietary documents, information, and data that the Contractor has received under the contract and all copies thereof." PBMs generally must maintain claims data and other records following termination or expiration of a client contract for a variety of reasons, including invoicing and collecting Rebates from pharmaceutical manufacturers, processing run out claims, auditing pharmacies, and complying with legal obligations. Please confirm that the above provision is not intended to prevent the PBM from maintaining data following expiration or termination to extent required to fulfill such purposes.	Confirmed.
11	Section 3.2.1 of the RFP states that the following is a minimum requirement to pass Phase 1 of the RFP: "All proposed rates (including administrative fees) must be guaranteed for the term of the contract, including the proposed extensions. There shall be no contingencies on the proposed rates." Recent market changes have made it increasingly difficult for prescription drug plans and PBMs to implement lowest-net cost strategies and provide stability	The EUTF may consider contract modifications and price adjustments as provided in Sections 19 and 21 of Exhibit D but reserves the right to reject such proposed contract modifications and price adjustments.

	Question	Answer
	for plan members, without the ability to make mid-term adjustments, given that many of these market changes have been difficult to forecast. In order to allow the parties the flexibility to account for such unforeseeable market conditions, to manage costs and member disruption, would EUTF allow PBMs to propose, for the State's consideration, that upon the occurrence of certain specified, unforeseeable market events, the PBM may seek contract modifications pursuant to Exhibit D, Sections 19 and 21 of the General Conditions?	
12	The definition of "Generic Drugs" in Section 5.3.1 of the RFP states that that term *shall* include (1) claims where "the Multisource Code field in MediSpan contains a "Y" (generic)" and shall and (2) claims submitted with a Multisource Code field in MediSpan containing the value of "O" and also submitted with a DAW Code of 3, 4, 5 or 6 shall also be considered a Generic Drug." That definition also indicates that "Generic drugs include [] authorized generics." Our understanding is not that all "authorized generics" be included in the definition of Generic Drug, but rather, *only* those authorized generics that otherwise meet the two criteria above must be classified as a Generic Drug. In other words, a drug with a "Y" in the MediSpan Multisource Code field cannot be excluded from the definition of Generic Drug on the basis that it is marketed as an Authorized Generic. Please confirm this reading of the definition is correct.	Offerors should consider authorized generics as Generic Drugs. Guarantees will be reconciled on Brand and Generic designations only.
13	The definition of "Generic Drug" in Section 5.3.1 of the RFP uses the term "authorized generic," but that term is itself not defined. To ensure uniformity among pricing offers, would EUTF consider adding the following definition of authorized generic to the RFP: "Authorized Generics": The term "Authorized Generics" shall mean the following: drugs that are marketed, sold, and/or distributed as generic versions of a brand name drug where the authority for such marketing, sale and/or distribution is based upon a manufacturer's new drug application (NDA) for the associated brand name drug. Claims shall be identified by a Marketing Category of "NDA Authorized Generic" in the FDA NSDE file."	Offerors should consider authorized generics as Generic Drugs. Guarantees will be reconciled on Brand and Generic designations only.
14	Section 5.3.10 of the RFP states that eligibility and claims records must be the sole property of EUTF. Notwithstanding that requirement, is it EUTF's expectation that (a) the successful PBM may retain claims data as necessary to	Yes.

	Question	Answer
	complete services such as pharmacy auditing and in accordance with any applicable legal requirements after contract termination, and (b) the successful PBM may assert any rights it may have to protect certain elements of the claims records that constitute trade secret information from public disclosure?	
15	Section 5.5 of the RFP states: "The PBM Contractor shall agree to absorb any other administrative fees or costs to meet any current or future federal or State requirements, including, but not limited to the ACA and IRA." In recent years, Congress and federal agencies have enacted measures imposing on plans significant data reporting requirements regarding plans' prescription drug benefits, and PBMs assisting plan clients in complying with these measures have undertaken costly and resource-intensive programming and data retrieval efforts and they generally are able to allocate such costs to plans benefiting from those efforts. In addition, several states have enacted laws imposing requirements on PBMs to reimburse retail pharmacies according to methodologies that are not necessarily consistent with those required under PBM contracts. Because the occurrence and impact of such future mandates cannot be predicted, would the State consider limiting the requirement that the PBM absorb costs associated with such State and federal measures to those that are foreseeable at the time of Proposal submission, and with regard to those measures that are unforeseeable, allow PBMs to seek a contract modification and price adjustment pursuant to Sections 19 and 21 of Exhibit D?	See response to Q11.
16	Section 5.5 of the RFP states: "All guarantees shall include Medicare Part D drugs and products subject to patent actions." The Inflation Reduction Act authorizes CMS to directly negotiate drug prices for certain Medicare Part D drugs for 2026 and beyond. The availability of rebates on those products selected for negotiation will certainly be impacted and may be entirely eliminated. Does EUTF prefer that bidder offers include rebate value on those drugs based on contracts in place today, with the understanding that those amounts <u>will</u> change and it will be necessary to rebalance the rebate guarantees as we learn more from the CMS negotiations next year? Alternatively, would EUTF prefer that bidders exclude rebates on these drugs from any calculations of rebate guarantees?	Bids should include rebate value on Medicare Part D drugs based on contracts in place today.

	Question	Answer
17	The Department of Health and Human Services has announced the Medicare drugs for which it intends to negotiate directly with manufacturers for prices to take effect on January 1, 2026. However, the drugs to be selected for negotiation will not be announced until after bids are submitted. Given the unknown impact of those selections of Medicare Part D drugs on rebate guarantees in later contract years, how does EUTF expect to address future years once the drugs that CMS will negotiate pricing for in those future years is announced?	See response to Q11.
18	Attachment D, Section 7 requires the PBM Contractor to indemnify EUTF for losses "arising out of or resulting from the acts or omissions of the CONTRACTOR…" Part of the Contractor's role as the State's PBM will be to deny claims for products that are not covered under the Plan, and in such cases, aggrieved plan members may initiate litigation challenging such claim denials. In order to ensure that the PBM is not required to indemnify the State in connection with its proper administration of the Plan in such cases, can EUTF confirm the indemnification requirement in Section 7 applies only to those losses, damages, etc. arising out of Contractor's *negligent* acts or omissions, or breach of its duties under the contract? Alternatively, if EUTF is not able to provide such confirmation, can EUTF advise whether any members have initiated litigation in connection with the denial of a claim or appeal, and if so, how many such cases have occurred in the last two years, so bidders can estimate the potential costs of indemnification?	Confirmed. The PBM shall indemnify, defend, and hold harmless EUTF, its officers, directors, employees and agents and affiliates from and against any and all claims, actions, demands, costs, and expenses, including reasonable attorney fees and disbursements, as a result of a breach by the PBM of any of its obligations under the Agreement or arising out of the negligent act or omission or willful misconduct of the PBM or its employees or agents. The indemnification set forth above shall cover a breach of protected health information.
19	With regard to drugs the State considers Specialty Drugs, does the State intend to maintain its current classifications of drug classes as either Specialty or non-Specialty? a. Does the State consider HIV drugs to be Specialty Drugs? b. Does the State consider Hepatitis B drugs to be Specialty Drugs? c. Does the State consider Transplant drugs to be Specialty Drugs? d. Does the State consider Oral Oncology drugs to be Specialty Drugs?	Offerors should submit their pricing according to their own definition of Specialty and non-Specialty, and include their NDC list defining as such.
20	Census and Claim Documents: Per the provided census, there are 46,155 Medicare eligible retirees enrolled in the HMSA 90/10 plan. However, per the most recent monthly enrollment numbers on the claims experience file, there	The counts in the claims experience file are based on the medical plan that the retiree is enrolled in. In the census, there are 34,510 retirees in the HMSA 90/10

	Question	Answer
	were just under 48,000 retirees. It appears that the majority of the discrepancy is due to difference in the enrollment of dependents. Please provide clarification on which number is correct and adjust the other as needed.	Medicare Plan. The total number of dependents of these retirees is 13,564, totaling to 48,074 members.
21	Claims Documents: In regards to the provided claims data for the HMSA 90/10 Medicare population, please confirm the following: a. Does the data exclude all retirees and dependents who are not eligible for Original Medicare (including pre-65 dependents of Medicare eligible retirees)? If claims for any non-Medicare eligible members are included in the data, please amend the data to exclude those members. b. Are claims for the plan-sponsored dental and/or vision plans included in the submitted claims data for the HMSA 90/10 Medicare population.	a. The claims are based on the retiree status and include non-Medicare dependent claims. Medicare-only data is not available. b. No, only medical claims are included in the claims documents.
22	Please provide a complete SPD for the HMSA 90/10 Medicare plan.	Refer to HMSA's Guide to Benefits on the EUTF website (eutf.hawaii.gov).
23	Please provide monthly volume of calls handled by the call center.	2,779 and 486 calls in September 2023 for the open and closed panel medical plans, respectively. Information on walk in visits is not available.
24	Please provide the average number of prior authorizations, appeals, and grievances per month (or annually).	This information will not be provided.
25	What is the client's ERISA status?	The EUTF is exempt from ERISA.
26	Please provide the average number of DMRs (direct member reimbursement) per month (or annually).	During the last fiscal year (7/1/22 – 6/30/23) for actives and retirees combined, there were 361 direct claims, which represented 0.05% of total claims.
27	Are there any in-house pharmacies? If so, please provide the NPI.	No, there are no in-house pharmacies.
28	Section II, 2.12, Page 26: Please confirm that repricing is not required with the proposal response.	The repricing is only required for PLOs in the BAFO phase.
29	Section IV, 4.3, page 32: a. Please confirm that if medical benefit call center is expected to be in the State at the same location as the "walk-in center." b. Provide volume of medical calls as well as walk-in visits. c. Provide volume of PBM calls	a. The medical benefit call center shall be in the State of Hawaii but does not need to be at the same location as the walk-in center. b. 2,779 and 486 calls in September 2023 for the open and closed panel medical plans, respectively. Information on walk in visits is not available. c. 571 calls and no walk-ins for the month of September 2023.

	Question	Answer
30	Section IV, 4.4, page 33: Are ID cards combined medical/Rx?	Each Contractor (other than for the Supplemental plan) shall provide their own ID cards.
31	Section IV, 4.5, page 33 and 6.2, page 59: Are the personnel listed in 6.2 consistent with the current account team structure for both medical and PBM? Which individuals are located in Hawaii?	Yes, the personnel listed in Section 6.2, *Key Personnel*, is consistent with the current account team structure for both medical benefits and PBM services. Section 4.5 is revised as follows: "The EUTF account team shall be available during EUTF business hours and must provide responses to EUTF staff phone calls and emails promptly. The designated Local Account Manager and an additional backup person shall be located in Hawaii and available to answer questions from or hold discussions in person with the Board or its designee, the Administrator, EUTF staff, EUTF's consultants, and the Attorney General's office with respect to the Contractor's benefit plans, Contractor's performance of the contract, or any matter pertaining to the EUTF. The Contractor shall notify the EUTF at least 10 days in advance of any change in the authorized representatives and are subject to the terms of Attachment 6, *Performance Guarantees*."
32	Section IV, 4.8, 2, page 35: How many open enrollment meetings occur, per open enrollment period?	There were no in-person sessions for 2024 Retiree Open Enrollment conducted in October 2023. There were seven in person sessions for 2023 Active Open Enrollment conducted in April 2023. Provided for your reference are links to the 2023 Active and Retiree Open Enrollment Informational Session Schedule. https://eutf.hawaii.gov/wp-content/uploads/2023/03/2023-Active-OE-Schedule-secured.pdf

	Question	Answer
		https://eutf.hawaii.gov/wp-content/uploads/2023/09/2024-OE-Virtual-Fair-secured.pdf
33	Section IV, 4.8, 3, page 35: How many additional training sessions happen?	There were no additional training sessions that carriers were required to attend in the 12-month period.
34	Section 6.3, page 59: As a privately held company, we only release our audited financial statements to a potential client's direct financial contact. Please provide the name and contact method for a financial contact for us to submit the requested documents.	Derek M. Mizuno eutf.rfp@hawaii.gov
35	Attachment 6, page 77: Medical: Call Response Center, 1 – Which of these methods apply (Option 1 or 2)? How is this determined?	As stated, "The Contractor must select option 1 or 2 prior to commencement of the contract. This selection will remain in effect for the entire contract period."
36	Attachment 6, page 88: PBM: Speed of Answer – which of these methods apply (Option 1 or 2)? How is this determined?	As stated, "The Contractor must select option 1 or 2 prior to commencement of the contract. This selection will remain in effective for the entire contract period."
37	Attachment 10, page 113: Please advise if this attachment should be returned in the State's provided format or if bidders can put onto their own letterhead.	Attachment 10 (page 113) should be returned in the format provided by the State.
38	Attachment 11, page 113: Please advise where, if applicable, additional exclusions should be added.	Additional exclusions beyond those listed in the Exclusions table in Attachment 11 can be listed below the table.
39	Section 1.11, Submission of Proposals, Item #2, 1st bullet, page 11: Please clarify that it is EUTF's preference to have the entire proposal (forms, attachments, questionnaire, and proposal sheets) be converted to one PDF file (one each for the Master and Redacted copies)? We heard conflicting information at the pre-proposal conference versus what is listed in Section 1.11, item #2, 1st bullet, page 11 which states we should submit the questionnaire as a Word documents and the proposal sheets as Excel documents.	One (1) PDF file for the Master and Redacted versions of an Offeror's proposal is preferred, but not mandatory; however, regardless of method of submission, the proposal sheets shall be submitted in Excel format and the completed questionnaire in Word format.
40	Section 1.11, Submission of Proposals, Item #2, 2nd bullet, page 11: We would like to confirm that EUTF would only like to receive the proposal via email or through our own file sharing link such as Secure File Transfer (CD or USB flash drive would not be an option).	Proposers have the option to email or file-sharing link. EUTF's preference is email.
41	Section 1.11, Submission of Proposals; item #2, Emailed and File Sharing Electronic Copies, page 12, 2nd paragraph: Would our own file sharing link through Secure File Transfer	Yes.

	Question	Answer
	be an option to send to Segal, in lieu or a CD or USB flash drive?	
42	"PBM Services" mentioned throughout the RFP No. 24-001 document. Examples include: "PBM Services" sub-sections found on pg. 30, 32, 33, 39, 40, 41, 47, 48, 49, 83, etc. Please confirm that we can exclude any references or questions related to PBM found throughout the entire RFP No. 24-001 document per: Section IV, Scope of Work, item #4.2, Basic Services, last sentence of this section, page 32: No PBM Services are required for the Supplemental Closed Panel HMO, or Part-Time/Temporary Employee plans.	Confirmed. The "PBM Services" subsections do not pertain to Offerors bidding on the Closed Panel HMO plans.
43	Section V, PBM Scope of Work, page 51: Please confirm that we (KP) do not need to address Section V PBM Scope of Work.	Confirmed. Section V, *PBM Scope of Work*, does not pertain to Offerors bidding on the Closed Panel HMO plans.
44	Section VII, Attachments and Exhibits, Attachment 6, Performance Guarantees, page 81, Language that states, "This includes all delegates": We would like clarification that EUTF is asking for active, non-Medicare, and Medicare populations when they use the term, "delegates."	Delegates include any subcontractors involved in providing services to EUTF and its covered members (e.g., wellness and DM/IHM programs).
45	**Section VII Attachments and Exhibits; Attachment 8 Medical Questionnaire; E Underwriting Issues – Fully Insured Plans section; question #56; pg. 98** Indicate the factors used to set the rates for the proposal. Annual Trend Factor __ % of expected claims Reserve Factor __% of expected claims Margin __ % of expected claims We would like more information around the intent of the Annual Trend Factor; Reserve Factor; and Margin requested in question #56.	The intent behind the request for rate setting factors (i.e., trend, reserves, margin, etc.) is to assess the competitiveness of the proposed rates and establish expectations for future rate developments.
46	**Section VII Attachments and Exhibits; Attachment 8 Medical Questionnaire; Provider Reimbursement section; question #108; pg. 104** Share your projected trends for 2024 and 2025 for each network (i.e., PPO, HMO, Medicare Advantage) being proposed. Requesting clarification for question#108 in the Provider Reimbursement questionnaire sections.	Projected claims utilization trends.

	Question	Answer
	Regarding projected trends for 2024 and 2025, is EUTF requesting claim utilization trends or projected trends in provider contracting?	
47	Section VII Attachments and Exhibits, Attachment 9 Plan Summaries and Fee Proposal, page 104 – Separation of medical and prescription premium costs in the Proposal Sheets: Can you please share the intent of this request to break out pharmacy from medical in the summary and fee proposals for the HMO plans?	The EUTF would like to see how much of the monthly premium is attributed to the prescription drug benefit.
48	Section VII Attachments and Exhibits, Attachment 10, PBM Questionnaire, page 113 – Entire PBM Questionnaire attachment: Please confirm that we do not need to complete Attachment 10 of this RFP.	Confirmed. Attachment 10, *PBM Questionnaire*, does not pertain to Offerors bidding on the Closed Panel HMO plans.
49	Section VII Attachments and Exhibits, Attachment 11 PBM Proposal, page 133 – Entire PBM Proposal attachment: Please confirm that we do not need to complete Attachment 11 of this RFP.	Confirmed. Attachment 11, *PBM Proposal*, does not pertain to Offerors bidding on the Closed Panel HMO plans.
50	Please clarify that the electronic copy of the RFP does not need to be submitted in a single PDF file.	A single PDF file of your proposal is preferred, but not required.
51	Section IV, Scope of Work, page 37: Under a self-insured ASO Medical financial arrangement, would the Chiropractic Integrated with the Medical Plan also be self-insured or would it remain fully insured?	Under a self-insured ASO Medical financial arrangement, we anticipate chiropractic services would be offered as a rider through a specialty provider (e.g., American Specialty Health). The cost of the rider would be included in the development of monthly premium rates for each plan option.
52	Proposal sheets B and C, Section DM/IHM, pages 115-116: Can the boxes for this line be left blank or filled in with "N/A" (bid only on a PEPM option)? If no, how would the EUTF like the bidder to account for health management services such as utilization management, which are unable to be split out by a per engaged member per month basis?	Bidders should identify the costs associated with their DM/IHM programs, which are included in your monthly premium rate development. The preferred method is costs allocated across the coverage tiers (i.e., self, two-party, family). In addition to this method, note the fee on a Per Engaged Employee Per Month basis for those programs that can be quantified under this method with a separate Per Member Per Month amount for those that cannot be separated. Using N/A is not acceptable.

	Question	Answer
53	Proposal Sheet 4B – Fully Insured EUTF Part Time and Temporary Employee PPO Plan, page 127: The Monthly Medical Benefit Cost lines states to exclude Chiropractic, but the Subtotal Benefit Cost line states that it includes Chiropractic. Should the Chiropractic Benefit Cost be included in the Subtotal Benefit Cost line even though it will not equal to the sum of the Monthly Medical Benefit Cost and the Monthly Prescription Drug Benefit Cost? Or should the proposed Chiropractic Benefit Cost be included as a separate attachment?	The EUTF Part-Time and Temporary Employee PPO Plan does not require a chiropractic benefit. Proposal Sheet 4B is amended in its entirety and attached hereto.
54	Proposal Sheet 9B, Self-Insured ASO EUTF Active Supplemental Plan, Page 142: The Attachment 2 – Intent to Bid form listed the EUTF Supplemental Copay Plan as FI Medical and Rx (no Chiro), but the Proposal Sheet 9B is for a Self-Insured ASO proposal. Please confirm that the proposal for the EUTF Active Supplemental Plan is for a self-insured ASO proposal.	Confirmed. The proposal for the EUTF Active Supplemental Plan is for a self-insured ASO proposal.
55	Proposal Sheet 13A – Plan Summary, EUTF Retiree 90/10 PPO Plan: Assuming we are matching the benefits of Actives, what should the proposed chiropractic benefit be? Should it match the EUTF Active chiropractic benefit of in-network $15 per visit limited to 20 visits per calendar year and not covered out-of-network?	Yes, match the EUTF Active chiropractic benefit.
56	Proposal Sheet 15A – Plan Summary, EUTF Retiree Medicare Advantage LPPO Plan: Assuming we are matching the benefits of Actives, what should the proposed chiropractic benefit be? Should it match the EUTF Active chiropractic benefit of in-network $15 per visit limited to 20 visits per calendar year and not covered out-of-network?	Yes, match the EUTF Active chiropractic benefit.
57	Specialty Drugs, question #86: Per the current benefit, please clarify that the EUTF's current specialty carve-out policy allows for specialty drugs administered in a home setting or physician's office to be covered under the <u>medical plan</u>.	Confirmed. The EUTF's current specialty carve-out policy allows for specialty drugs administered in a physician's office, ambulatory infusion suite, or home IV/infusion site to be covered under the medical plan.

Proposal Sheets 6A, 7A, 12A, 14A, and 17A are amended in their entirety and attached hereto to account for the hearing aid benefit recently approved by the Board for EUTF and HSTA VB actives and retirees effective July 1, 2024 and January 1, 2024, respectively.

Proposal Sheets 14B and 17B are also amended in their entirety and attached hereto to clarify that the Silver&Fit program cost should be excluded from the Monthly Medical Benefit Cost.