COST QUESTIONNAIRE – FLEXIBLE SPENDING ACCOUNTS

1. Did you submit a proposal for administrative services for FCG’s self-insured medical plans and/or pharmacy benefit management (PBM) program? If so, indicate any and all advantages (fee savings or discounts) applicable to the FSA and HSA program if you are awarded the medical and/or PBM contracts as well.
2. Using the table below, provide detail regarding the fees associated with your proposal for Flexible Spending Accounts. Answers must correlate to your submission in response to the Technical Proposal Questionnaire. Assume 14,000 eligible participants with 2,685 participants in the medical FSA and 428 participants in the dependent care FSA.

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| ***Service*** | ***Year 1*** | ***Ongoing*** |
| Initial Plan Set-Up |  |  |
| Development of Plan Document |  |  |
| File Configuration |  |  |
| Renewal Setup |  |  |
| Compliance Fees (Incl. nondiscrimination testing) |  |  |
| Administrative Fees (Per Participant/Per Month) – Should include account management, website, customer service, etc. |  |  |
| Enrollment Materials (Customized) |  |  |
| Attendance at Open Enrollment Meetings (10 per year) |  |  |
| Reimbursements via direct deposit |  |  |
| Debit Card charges (per participant or per card) |  |  |
| Other Charges |  |  |
| Claims Transaction Payments (Per Claim) |  |  |
| Total Estimated Cost (Year 1 vs. Ongoing) |  |  |

1. Using the table below, provide detail regarding the fees associated with your proposal for Health Savings Accounts. Answers must correlate to your submission in response to the Technical Proposal Questionnaire. Assume 14,000 eligible participants with 1,305 participants.

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| ***Service*** | ***Year 1*** | ***Ongoing*** |
| Initial Plan Set-Up |  |  |
| Development of Plan Document |  |  |
| File Configuration |  |  |
| Renewal Setup |  |  |
| Compliance Fees (Incl. nondiscrimination testing) |  |  |
| Administrative Fees (Per Participant/Per Month) – Should include account management, website, customer service, etc. |  |  |
| Enrollment Materials (Customized) |  |  |
| Attendance at Open Enrollment Meetings (10 per year) |  |  |
| Reimbursements via direct deposit |  |  |
| Debit Card charges (per participant or per card) |  |  |
| Other Charges |  |  |
| Claims Transaction Payments (Per Claim) |  |  |
| Total Estimated Cost (Year 1 vs. Ongoing) |  |  |

1. How would the fees above change with increase or decreases in FSA and HSA participation?
2. Confirm that your quote excludes commissions.
3. Include descriptions of your proposed banking arrangements, funding arrangements, any deposit or reserve requirements, etc.
4. Do you require the use of a specific bank for claim funding? If yes, indicate the bank name.
5. Have you identified the costs for any services beyond those specified that you recommend that FCG consider that are not included in your quoted fees? Provide a description of each service, the charge of said service and your best estimate of the annual cost.