



**Addendum No. 1**

April 24, 2020

**City of Longview Employee Benefits RFP # 1920-30**

**DUE DATE 5/12/2020 @ 3:00 p.m. CST.**

The City of Longview offers the following clarification for the above referenced Request for Proposal:

The requirement for one (1) complete original and two (2) complete copies and one (1) complete thumb drive is updated to:

Submissions can be made in hard copy as per the RFP or 2 complete copies on USB thumb drives. No emailed submissions will be accepted. \*The USB(s) needs to be submitted in a separate sealed envelope with RFP #1920-30, vendor name and password or password instructions on the outside envelope. Please do not submit any information, reports or samples on CD-ROM.

Q1. Please provide the Voluntary Vision Rates.

**A1.**

VISION RATES	Platinum Plan	Gold Plan
Employee Only	\$8.24	\$7.68
Employee & Spouse	\$14.02	\$13.06
Employee & Children	\$14.86	\$13.84
Employee & Family	\$22.26	\$20.74

Q2. Do employees participate in PERS, SSDI or both?

**A2. Fire department participates in their own pension plan and do not pay into Social Security. All other full time employees participate in SSDI and TMRS.**

Q3. Please advise if LEDCO Employees are eligible for Life and Disability as there are no job titles or salaries for these individuals?

**A3. LEDCO employees are only eligible for health and dental benefits as well as COBRA if applicable.**

Q4. Are the renewal rates available?

**A4. The Renewal rates will be received as a response to this RFP.**

Q5. Would the response for references as follows, "references will be provided if considered to be a finalist" disqualify a bidder from consideration?

**A5. It is requested that current and former references be provided upon submission of bids.**

Q6. Is additional experience available prior to 11/2017 for Life & Disability?

**A6. Attached (3 docs) (contact [charlotte.starks@hubinternational.com](mailto:charlotte.starks@hubinternational.com))**

Q7. Please provide large claimant information for 10/18 - 9/19 and 10/19 – 2/20

**A7. Attached (contact [charlotte.starks@hubinternational.com](mailto:charlotte.starks@hubinternational.com))**

Q8. Please provide the monthly Dental claims and Provider disruption reports, as well as the dental repricing file.

**A8. 3 files are attached. (contact [charlotte.starks@hubinternational.com](mailto:charlotte.starks@hubinternational.com))**

Q9. The RFP states the Retiree Rate for Life is \$.0721. Is this a typo based on the rate stated in the policy?

**A9. The Retiree rate is \$0.721.**

Q10. Noted in the plan docs for life, there are three individuals who have over the 200k Plan max. As well on the census, the City Manager has an amount also in excess of the plan max. Please provide job titles for the 3 individuals and advise if these amounts are to be grandfathered.

**A10. These are the Police Chief, Director of Community Services and Fire Chief and all of the inforce amounts over the Guarantee Issue amount need to be grandfathered.**

Q11. What is the Dental UCR?

**A11. Dental Claims are subject to 90<sup>th</sup> percentile of usual, customary and reasonable.**

Q12. Please provide 3 years of Vision experience with enrolled lives.

**A12. Attached (contact [charlotte.starks@hubinternational.com](mailto:charlotte.starks@hubinternational.com))**

Q13. Please confirm that the Life DI Claims and Waivers document attached is listing the Term Life claims as base life AND buyup life. For example, the first claimant listed is E59491... is this base only? And is the second claimant listed as E76494....is this base life of 56k and buyup life of 116k?

**A13. Correct – E76494 is listed 2 times – one line is the Basic Life claim and the other is the Additional Life claim, E59491 is only listed one time so this individual only had the Basic Life coverage, F10743 is listed twice, one line is Basic and the other is Additional Life.**

Q14. Confirm if there are any open Waivers.

**A14. There are no open Waivers as of this report.**

Q15. Please indicate which of the life claims are for Retirees.

**A15. None.**

Q16. For Retiree Life, is this an open class?

**A16. Class 3 is not.**

Q17. When was the group's last Open Enrollment in which late entrants were allowed without EOI? What amounts per employee and per spouse were allowed at that time?

**A17. Last OE was for the effective date 10/1/2019 and the City allowed late entrants (EE, SP and CH) to enroll up to the GIs.**

Q18. How long has the City been with the current Vision carrier?

**A18. The City has been with Superior Vision formerly Block Vision since 2010.**

**Q19. Due to the current pandemic situation and critical business leaders working in remote locations, our intent is to utilize an electronic signature with approval from an Officer who has the authority to bind our offer. We will be happy to provide original, hard copy signatures for the City to have on file when we are awarded the business. Is this approach acceptable?**

**A19. Yes, electronic Signatures are allowed based on the ESIGN, 2000 Act and the UETA, 1999 Act.**

**Q20. Can you confirm if customer expense reimbursement applies to the Group Insurance?**

**A20. The City is requesting Carrier Allowances from any Carrier that is able to provide them to assist in offsetting implementation / transition, communication, wellness, audit, and technology expenses.**

**Q21. Who is the current agent of record for dental and vision?**

**A21. HUB International Texas is the current BOR.**

**Q22. RFP requests 3 current and 3 previous references, however, there are only enough spaces for the 3.**

**A22. Please see the updated Reference Form included in this document.**

**Q23. The LTD benefit summary states the minimum benefit; however the certificates states that minimum is the greater of \$100 or 10% of Gross LTD Benefit. Please clarify if this is an error or a requested change.**

**A23. It is requested to quote as per the certificates for the minimum monthly LTD benefit.**

**Q24. Will the City consider using Respondent's standard form of contract, provided it includes the City's mandatory terms and conditions?**

**A24. Yes.**

*This form shall be signed and returned with your proposal.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**VENDOR REFERENCES**

Please list three (3) current and three former references, **other than the City of Longview**, who can verify the quality of service your company provides. The City prefers references from customers/governmental entities of a similar size and with a scope of work consistent with this RFP.

**FORMER - REFERENCE ONE**

GOVERNMENT/COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON AND TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_

**FORMER - REFERENCE TWO**

GOVERNMENT/COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON AND TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_

**FORMER - REFERENCE THREE**

GOVERNMENT/COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON AND TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_