

INSURANCE AND BENEFITS ADVISORY SERVICES REQUEST FOR PROPOSALS #16-211

ADDENDUM 1

Addendum issued October 26, 2016

The deadline for submitting questions is November 3, 2016.

The following information/clarifications are hereby incorporated into the Request for Proposals:

- 1. Who is the current consultant and how long have you used their services? City Response: J.W. Terrill; a four-year contract which will be expiring.
- Who are the current insurance carriers? How long have you used their services? City Response: UMR – UHC Choice Plus, Delta Dental, Hartford Group, and Vision Benefits of America.
- 3. Is the health plan self-funded? City Response: Yes
- 4. How many employees do you have participating in the health plan? City Response: 191
- 5. Can you confirm that this engagement is to consult on the benefit plans listed in item 4.1 but not to provide any benefit products or services? City Response: Correct.
- 6. Do you have an automated benefits administration system? If so, which system and how is the consultant directly involved in that business process? City Response: No. Other than the carriers online systems. This has been evaluated by the City in the past and we have not opted to participate.
- Can you provide a SPD for all your retirement plans? Who are the current retirement plan providers? What is the plan asset size? City Response: LAGERS www.molagers.org
- 8. Please describe what consulting services you are looking for regarding your retirement plans? City Response: N/A
- 9. Do you have a carrier provided wellness program or third party vendor? City Response: Both.
- 10. Who is the PBM? City Response: Optum.
- 11. Will the City be publishing all the Q&As received and responded to online? City Response: Yes.

This addendum forms a part of the contract documents and modifies the original solicitation documents dated October 17, 2016. All other Terms and Conditions as applicable to this Request for Proposals shall remain as stated.

Sign and return this page with your proposal to acknowledge the addendum.

ACKNOWLEDGEMENT OF ADDENDUM:

COMPANY NAME:_____

AUTHORIZED SIGNATURE: _____

End of Addendum 1