

ADDENDUM #3

This addendum is issued to include additional attachments to provide interested parties with information in efforts to aide in preparing their proposal submissions.

REQUEST FOR PROPOSAL # COM-2024

CITY OF MANOR

EMPLOYEE BENEFITS - REQUEST FOR PROPOSAL

Final Addendum Date:
Friday, 5/10/2024

Medical	Texas Health Benefit Pool
Dental	Texas Health Benefit Pool
Vision	Avesis
Basic Life & AD&D	Texas Health Benefit Pool
Vol. Life & AD&D	Texas Health Benefit Pool

Below are the responses to the questions for proposal #COM-2024. If you are not able to locate the files as referenced in the responses, you may contact Gladys Reichert for assistance gladys.reichert@hubinternational.com

General information:

Q1. Group's EIN number

A1. This will be provided upon enrollment completion.

Q2. Tax ID Number (required to provide final rates)

A2. This will be provided upon enrollment completion.

Q3. Renewal rates (Official Carrier Renewal required)

A3. We are requesting the renewal rates as part of the RFP.

Q4. What is the Voluntary Group Life CH rate?

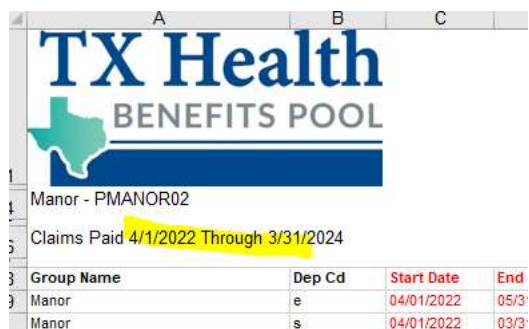
A4.

FINANCIALS (per \$1,000)	
Age	Rate Applies to Employee
<20	0.041
20-24	0.041
25-29	0.041
30 – 34	\$0.052
35 – 39	\$0.091
40 – 44	\$0.129
45 – 49	\$0.198
50 – 54	\$0.332
55 – 59	\$0.595
60 – 64	\$0.913
65 – 69	\$1.513
70 or over+	\$2.430

Q5. Do they want Optional AD&D?

A5. Please quote Optional AD&D.

Q6. Large claims report is in a two-year time span. Can this be provided in one year span, current 12 and prior 12?



Group Name	Dep Cd	Start Date	End
Manor	e	04/01/2022	05/31/2022
Manor	s	04/01/2022	03/31/2022

A6. This is how the report is provided by the vendor.

Q7. This is an Aug eff date request. Why does the SBC coverage period state CY 2024. Prior year SBC

A7. The SBC coverage period is for plan year 2023-2024.

Q8. Will City continue to pay the EE Only vision premium, and EE's pay the difference for +CH/+Fam tiers?

Q8. Currently there's no change.

Q9. Besides looking for better rates and/or better offered benefits, has the City experienced any issues with service, network, or other day-to-day concerns?

A9. The city would like better rates or benefit offers.

Q10. Will you consider acceptance of an electronic proposal via email or a flash drive mailed to you instead of printed hard copies of the proposal?

A10. Proposals are acceptable via electronic email at Gladys.Reichert@hubinternational.com

Q11. Please provide requested compensation.

A11.

5% Medical

10% Dental

15% Vision

15% Life & Disability

Q12. Do you want the LTD quoted as Voluntary or ER paid?

A12. Please quote both, LTD quoted as Voluntary and ER paid.