

## ADDENDUM #4

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

Addendum Date:

5/15/2024

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](mailto:gladys.reichert@hubinternational.com)

Q1. If the group sales, the proposal links up with the enrollment system. Provide the appointed producer number that you log into.

A1. This information will be provided upon enrollment completion.

Q2. Confirm current payroll totals (the total number of employees electing coverage should match total employees taking coverage on the census received). Retiree needs to be identified. RFP states 94 eligible lives but census has 101 (I believe).

A2. Includes 1 retiree paid by the City and City Manager's spouse paid by the City

Total # of Employees on Payroll	100
add Cobra	0
add Retiree(s)	1
less Part-time Employees	1
less Employees in Waiting period	0
less Waiving due to other coverage	2
less Waiving due to cost	2
= Total number of employees electing coverage	94
ATNE (Average Total Number of Employees)	90

Q3. Provide the current Child Vol Life rate? It appears that they do not currently offer VAD&D on the Vol Life.

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

A3.

Q4. Are you able to provide the 08/01/2024 renewal rates?

A4. Texas Health has indicated that they will respond to the RFP with their renewal rates.

Q5. PCPM medical commissions dollar amount (\$30 is default)

A5. \$38.64

Q6. A couple census questions-

DOB for Employee Johnathan Torres is listed as a future date (07/08/2024)

Please confirm eligibility & relationship for the following overage dependents:

Shoemake, Anthony	07/17/1997
Shoemake, Damien	08/07/1995
Rock, Adam	01/17/1996

A6. Please remove from the census

Shoemake, Anthony	07/17/1997
Shoemake, Damien	08/07/1995
Rock, Adam	01/17/1996

Q7. Employer medical contribution levels for employee \_\_\_\_%, and family premium \_\_\_\_%

A7.

Medical	Medical Rate	Employee Contribution	Employee Contribution Percentage	Employer Contribution Percentage
		(\$)	%	%
Employee	\$772.92	\$0.00	0%	100%
+ Spouse	\$1,569.04	\$796.12	51%	49%
+ Children	\$1,360.34	\$587.42	43%	57%
+ Family	\$2,280.06	\$1,507.14	66%	34%

Q8. Can you also clarify if there is a separate contribution % for the EE+1 tier only?

Vision	Vision Rate	Employee Contribution (\$)
Employee	\$6.51	\$0.00
Employee + 1	\$12.63	\$2.82
Employee + Family	\$18.90	\$12.39

6.51  
9.81 - ?  
6.51

In addition to the 3 tier rates, the City would also like a quote with 4 tier rates.

A8. There's no separate contribution %

Q9. Commissions are required to be in a dollar format, per the RFP they are currently requested in a % format. I've transferred into a \$\$ format for you, but before I submit to UW, can you please ensure and confirm the commissions below are accepted and accurate. We want to ensure that we are quoting appropriately with other carriers. Please let me know if any adjustments should be made on the M/D/V.

- Medical: \$38.64/per member, per month
- Dental: \$4.06/per member, per month
- Vision: \$0.97/per member, per month
- Life & Disability: please provide in a \$\$ format.

A9. 15% for Total # of employees (100) x \$2.760