

ADDENDUM #1

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 #CAPCOG-2023

CITY OF CAPCOG

EMPLOYEE BENEFITS - REQUEST FOR PROPOSAL

Addendum Date:
Tuesday, 9/19/2023

PROPOSALS DUE:

Friday, 9/29/2023

2:00 PM CST

Current Incumbent carriers:

| | |
|--|------------------------|
| Medical | Texas Health |
| Dental | Texas Health |
| Vision | Mutual of Omaha |
| Basic Life | Mutual of Omaha |
| Voluntary Life | Mutual of Omaha |
| Voluntary Short-Term Disability | *New Coverage* |
| Long-Term Disability | Mutual of Omaha |

Below are the responses to the questions for proposal #CAPCOG. If you are not able to locate the files as referenced in the responses, you may contact Gladys Gautier for assistance gladys.gautier@hubinternational.com

Q1. Medical & Dental Renewal rates (Official Carrier Renewal required)

A1. We are requesting the renewal as part of the RFP. As a result, we don't have the rates.

Q2. TEXAS HEALTH years in force

A2. 20+ years with TX Health Benefit Pool

Q3. I don't see a summary or rates for the Voluntary Life. I only see information on the Basic Life. Can you please provide?

A3. Voluntary Life

| FINANCIALS (per \$1,000) | 2022-2023 |
|----------------------------|--------------------------|
| Child Only | \$0.16 |
| | Rate Applies to Employee |
| 25 or under | \$0.041 |
| 25-29 | \$0.041 |
| 30 - 34 | \$0.049 |
| 35 - 39 | \$0.080 |
| 40 - 44 | \$0.110 |
| 45 - 49 | \$0.178 |
| 50 - 54 | \$0.312 |
| 55 - 59 | \$0.575 |
| 60 - 64 | \$0.893 |
| 65 - 69 | \$1.493 |
| 70 - 74 | \$2.411 |
| 75 or over+ | \$2.411 |
| Supplemental AD&D: Child | \$0.040 |
| Supplemental AD&D: EE + SP | \$0.020 |
| Effective Date | 1/1/2022 |
| Rate Guarantee | 2 years |

Q4. Please provide the current rate for the dependent basic life coverage described above.

| Dependent Life | |
|------------------------|---------|
| Members | 21 |
| Spouse Basic Life | \$5,000 |
| Children Basic Life | \$2,000 |
| A4. Per dependent unit | \$1.60 |

Q5. Confirm County group is located:

A5. Travis County

Q6. Are renewal rates available? If so, please provide.

A6. Renewal rates are requested as part of RFP. As a result, we do not have the rates.

Q7. Confirm current payroll totals (the total number of employees electing coverage should match total employees taking coverage on the census received). Census has 60 taking medical coverage. RFP mentioned 65 taking coverage.

A7.

| | |
|--|-----------|
| Total # of Employees on Payroll | 60 |
| add Cobra | 0 |
| add Retiree(s) | 0 |
| less Part-time Employees | 2 |
| less Employees in Waiting period | 0 |
| less Waiving due to other coverage | 0 |
| less Waiving due to cost | 0 |
| = Total number of employees electing coverage | 60 |

Apologies for the confusion. The census is up-to-date and accurate.

Q8. General Underwriting:

Is your plan self-administered? If yes, do you currently use a benefits administration platform for your enrollment? If so, can the name of the vendor be released?

A8. The group does not use a benefits administration platform.

Q9. Disability Underwriting:

The LTD summary in the RFP lists the maximum monthly benefit as \$7,500; however, the certificate indicates that the maximum monthly benefit is \$5,000. Please clarify.

A9. CAPCOG increased the LTD Monthly Maximum from \$5,000 to \$7500 in 2022. It seems we didn't receive/file the updated certificate.

Q10. The RFP indicates that the voluntary STD coverage is new, however the census includes a 'Short Term Disability BenClass' with only four employees electing coverage. Please clarify.

Please indicate if there is a specific STD plan design being requested.

A10. Currently, AFLAC offers Voluntary STD on an individual basis; however, CAPCOG would like to offer it on a group basis. Yes. Please quote a 14-day elimination period / 66% / Up to \$1,500 per week.

Q11. Requested by BCBS

If the group sells, the proposal links up with the enrollment system. Provide The appointed producer number that you log into Blue Access for producers.

A11. This information is not needed for a Request for Proposal

Q12. Group's EIN number

A12. This information is not needed for a Request for Proposal

Q13.

- The RFP indicates that STD is a new coverage this year, but the census shows STD elections.
- The RFP indicates that LTD is a current coverage, but I do not see current elections for LTD on the census.

A13. Currently, AFLAC offers Voluntary STD on an individual basis; however, CAPCOG would like to offer it on a group basis. All Full-Time Employees have LTD as it is employer paid; therefore, it is not noted on the census.

Q14. Is this group looking for any additional voluntary benefits, such as Accident, Critical Illness or Perm Life? Please advise.

A14. These coverages will be explored after the core coverages are selected. Currently, they are provided by AFLAC.

Q15. What plan would you like for the STD since they currently don't have that coverage?

A15. Please quote a 14-day elimination period / 66% / Up to \$1,500 per week.

Q16. We are requesting the following to provide our proposal.

- Can we confirm LTD is non-contribution?
- Commissions

A16.

- Can we confirm LTD is non-contribution? (Confirmed)
- Commissions (NET/0%)

Q17. Is there a specific Deviations document page (#5 Proposal Elements) for us to sign or do we create our own?

(#6 Proposal Elements) Are there separate 5 - Certification/Submission Forms to be signed and returned – I did not see them in the RFP document nor in separate attachments.

A17. You may create your own document and attach to the proposal.

Q18. Life Underwriting:

Please confirm how many employees are currently electing the dependent basic life coverage showing on the basic life certificate (\$5,000 for spouse, \$2,000 for child).

A18. This information is still pending and will be provided later.

Q19. Would you be able to provide hire dates?

A19. The hire dates are not part of the census request.