

**ADDENDUM #3
TO
REQUEST FOR PROPOSALS**

June 13, 2012

TO: ALL PLAN HOLDERS

FOR: RFP-021-2012
Group Health Insurance

This addendum sets forth changes and/or additional information as referenced and is hereby made a part of and should be included with your submittal.

Respondents must acknowledge receipt of all addenda with proposal on the form provided herein.

The purpose of addenda #3 is to provide answers to questions received.

On your large claim report can you please advise which claims are ongoing?

All except one are ongoing. No other information is available.

On your retiree coverage please advise your employer contribution.

No employer contribution.

Is the city considering partially self-funded benefit plan proposals, with appropriate stop-loss coverage? **No.**

The questionnaire references an "Agent". Are you able to share who the city uses as their Agent, or Benefit Consultant that will be assisting with the RFP? **We have no plans to use an agent or benefit consultant to review the RFP.**

Do you have the revised census (w/ Opt-outs) in Excel spreadsheet format? **The spreadsheet is posted on our website at www.lcfla.com.**

I saw the updated census in Excel format on the website and it does contain a tab for "opt out". I assume these are employees who elect to not take the City's health insurance...is this correct?

Yes. The opt out are the employees that elect to not have health care benefits provided by the city.

For underwriting purposes, is there a way to identify the breakdown of how many enrollees would fall into each tier in the 4 tiers structure? The current census & rates only reflects the breakdown for 2 tiers. **No.**

Addendum No. 1 Dated_____

Signature:_____

Addendum No. 2 Dated_____

Signature:_____

Addendum No. 3 Dated_____

Signature:_____

THIS FORM MUST BE INCLUDED WITH PROPOSAL