



# COLLIN COUNTY

Office of the Purchasing Agent  
2300 Bloomdale Road  
Suite 3160  
McKinney, Texas 75071  
[www.collincountytx.gov](http://www.collincountytx.gov)

COLLIN COUNTY, TEXAS

ADDENDUM NO. TWO (2)

RFP NO. 2024-263

REQUEST FOR PROPOSAL  
FOR  
GROUP BENEFIT/INSURANCE FOR MEDICAL, PHARMACY, DENTAL,  
VISION, COBRA, FSA, RETIREE, AND STOP LOSS

EFFECTIVE DATE: MAY 16, 2024

NOTICE TO ALL PROSPECTIVE BIDDERS:

PLEASE MAKE THE FOLLOWING CHANGES TO THE RFP:

ADD ATTACHMENTS: REPORTS 1-11

REPORT 1-2024 MEDICAL MONTHLY PREMIUM RATES-EMPLOYEE AND EMPLOYER

REPORT 2-DENTAL DASHBOARD-SERVICE 24MO THRI 2024-03

REPORT 3-DENTAL PROCEDURE -SERVICE 24MO THRI 2024-03

REPORT 4- DENTAL PROVIDER FOR DISRUPTION-SERVICE 24MO THRI 2024-03

REPORT 5-MEDICAL ELIGIBLE CENSUS 04302024

REPORT 6-VISION DASHBOARD-SERVICE 24MO THRI 2024-03

REPORT 7-VISION EXPERIENCE-SERVICE 24MO THRI 2024-03

REPORT 8-WELLNESS PROGRAM

REPORT 9-2021 MEDICAL MONTHLY PREMIUM RATES

REPORT 10-2022 MEDICAL MONTHLY PREMIUM RATES

REPORT 11-2023 MEDICAL MONTHLY PREMIUM RATES

ADD ATTRIBUTE 20 – ADDENDUM NO. 2

ALL OTHER TERMS, CONDITIONS, AND SPECIFICATIONS REMAIN THE SAME.

Sincerely,  
Michelle Charnoski, NIGP-CPP, CPPB  
Purchasing Agent

MC/cur

Report 1-2024 Medical Monthly Premium Rates-Employee and Employer

**2024 Premium Rates**

	<u>Plan</u>	<u>Full Cost</u>	<u>Monthly Amounts</u>		<u>Pay Period Amounts</u>	
			<u>Employee</u>	<u>Employer</u>	<u>Employee</u>	<u>Employer</u>
<b><u>Advantage Standard</u></b>	EE Only	\$1,131.86	\$90.00	\$1,041.86	\$45.00	\$520.93
	EE & Spouse	\$2,261.54	\$185.00	\$2,076.54	\$92.50	\$1,038.27
	EE & Child(ren)	\$2,079.74	\$145.00	\$1,934.74	\$72.50	\$967.37
	EE & Family	\$2,737.72	\$245.00	\$2,492.72	\$122.50	\$1,246.36
<b><u>Advantage Plus Standard</u></b>	EE Only	\$1,226.16	\$119.00	\$1,107.16	\$59.50	\$553.58
	EE & Spouse	\$2,450.14	\$250.00	\$2,200.14	\$125.00	\$1,100.07
	EE & Child(ren)	\$2,249.58	\$205.00	\$2,044.58	\$102.50	\$1,022.29
	EE & Family	\$2,959.52	\$330.00	\$2,629.52	\$165.00	\$1,314.76
<b><u>Dental</u></b>	EE Only	\$50.38	\$2.00	\$48.38	\$1.00	\$24.19
	EE & Spouse	\$151.28	\$24.00	\$127.28	\$12.00	\$63.64
	EE & Child(ren)	\$151.28	\$24.00	\$127.28	\$12.00	\$63.64
	EE & Family	\$151.28	\$24.00	\$127.28	\$12.00	\$63.64



## Claim Cost Components

**COLLIN COUNTY**

Group Effective Date: 1/1/2002

Group Renewal Month Day: 01/01

Business Category: INDM

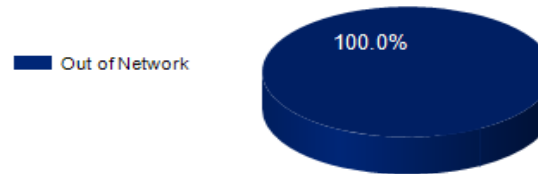
Service Date Range: 4/1/2022 to 3/31/2024

Product ID: \*

Accessing Member	Claim Cost Total	Claim Cost Per Accessing Member	Member Month Total	Member Month Average	Cost PMPM	Accessing Member/Member Month
2,908	\$3,139,953	\$1,080	90,569	3,773	\$35	77.07%

Claim Cost Components	In Network	Out of Network	Total
Submitted Charges	\$0	\$6,262,954	\$6,262,954
Network Discounts	\$0	\$0	\$0
Ineligible Charges	\$0	\$0	\$2,335,549
Covered Amount	\$0	\$3,927,405	\$0
Plan Savings:	\$0	\$787,452	\$787,452
Deductibles	\$0	\$96,087	\$96,087
Coinsurance	\$0	\$673,354	\$673,354
Coordination of Benefits	\$0	-\$18,011	-\$18,011
Overrides	\$0	\$0	\$0
<b>Net Paid</b>	\$0	\$3,139,953	\$3,139,953

In and Out of Network Accessing Members





# Claim Cost Components by Procedure Category

**COLLIN COUNTY**

Group Effective Date: 1/1/2002

Group Renewal Month Day: 01/01

Business Category: INDM

Service Date Range: 4/1/2022 to 3/31/2024

Product ID: \*

Out of Network	Procedure Category	Submitted Charge	Allowed Amount	Network Discount	Ineligible Charge	Plan Savings	Total Paid	Total Paid %
	Adjunctive General Services	\$211,800	\$94,733	\$0	\$117,067	\$27,162	\$67,571	2.15
	Diagnostic	\$1,370,319	\$1,162,112	\$0	\$208,207	\$8,504	\$1,153,608	36.74
	Endodontics	\$278,693	\$118,432	\$0	\$160,261	\$26,193	\$92,239	2.94
	Implant Services	\$450,157	\$89,377	\$0	\$360,780	\$45,389	\$43,989	1.40
	Major Restorative	\$1,000,747	\$446,234	\$0	\$554,513	\$225,677	\$220,557	7.02
	Maxillofacial Prosthetics	\$525	\$0	\$0	\$525	\$0	\$0	0.00
	Minor Restorative	\$642,998	\$508,633	\$0	\$134,365	\$135,129	\$373,504	11.90
	Oral Surgery	\$383,107	\$194,926	\$0	\$188,181	\$49,049	\$145,877	4.65
	Orthodontics	\$609,776	\$358,453	\$0	\$251,324	\$179,631	\$178,822	5.70
	Periodontics	\$348,970	\$224,367	\$0	\$124,603	\$57,836	\$166,532	5.30
	Preventive	\$779,089	\$678,303	\$0	\$100,785	\$6,404	\$671,900	21.40
	Prosthodontics, Fixed	\$128,387	\$22,671	\$0	\$105,715	\$11,448	\$11,224	0.36
	Prosthodontics, Removable	\$58,386	\$29,163	\$0	\$29,223	\$15,032	\$14,132	0.45
	Sub Total	\$6,262,954	\$3,927,405	\$0	\$2,335,549	\$787,452	\$3,139,953	100.00
	<b>Total</b>	<b>\$6,262,954</b>	<b>\$3,927,405</b>	<b>\$0</b>	<b>\$2,335,549</b>	<b>\$787,452</b>	<b>\$3,139,953</b>	<b>100</b>

Group Effective Date: 1/1/2002

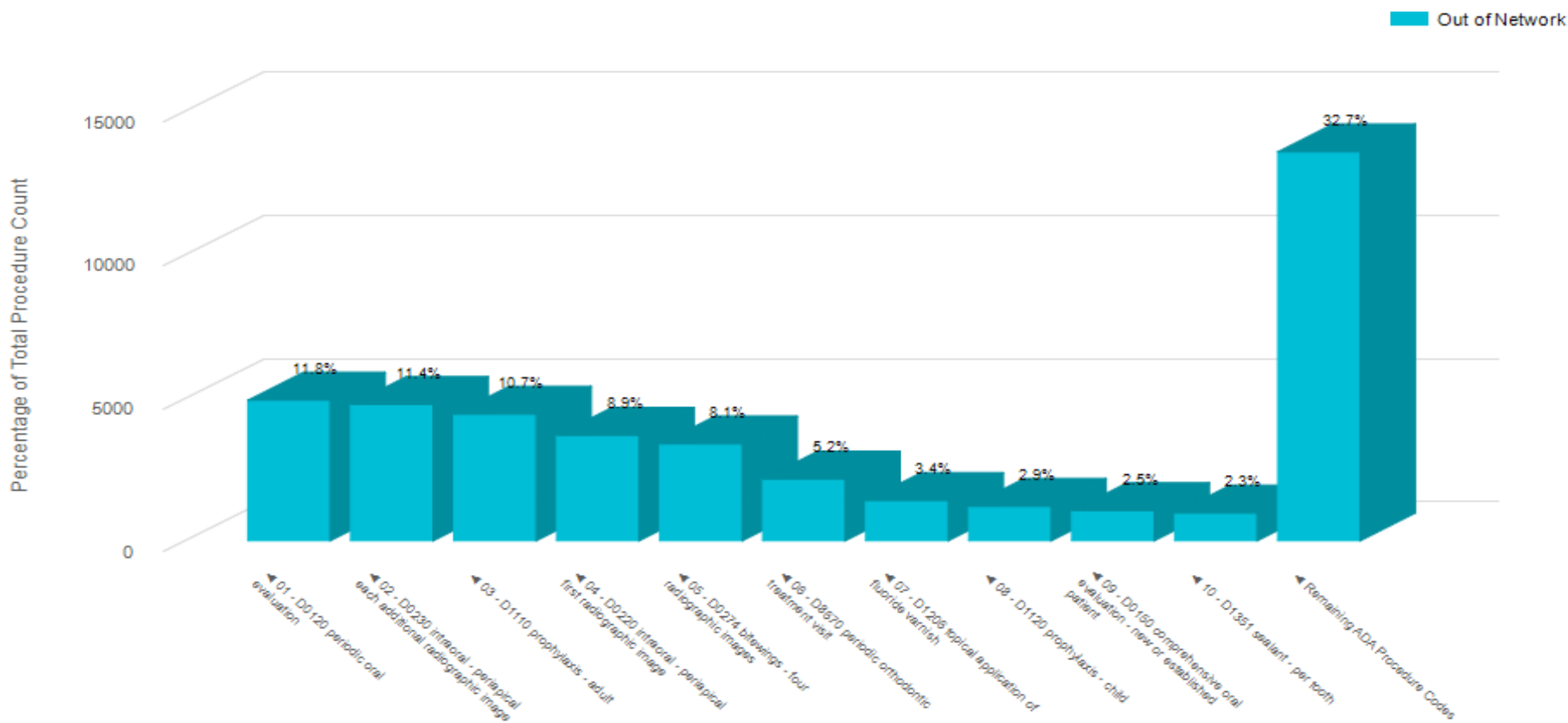
Group Renewal Month Day: 01/01

Business Category: INDM

Service Date Range: 4/1/2022 to 3/31/2024

Product ID: \*

## Top Ten Procedures In and Out of Network





# Top 10 Procedures by Network Detail

Group Effective Date: 1/1/2002

Group Renewal Month Day: 01/01

Business Category: INDM

Service Date Range: 4/1/2022 to 3/31/2024

Product ID: \*

Out of Network	Procedure	Procedure Category	Submitted Count	Paid Count	Submitted Amount	Paid Amount	Submitted Average	Paid Average	Total Paid %
	D0120 - periodic oral evaluation	Diagnostic	4,911	4,730	\$314,703	\$287,714	\$64	\$61	9.2%
	D0230 - intraoral - periapical each additional	Diagnostic	4,759	4,599	\$135,544	\$124,049	\$28	\$27	4.0%
	D1110 - prophylaxis - adult	Preventive	4,427	4,235	\$490,303	\$451,706	\$111	\$107	14.4%
	D0220 - intraoral - periapical first radiographic image	Diagnostic	3,690	3,479	\$127,100	\$113,678	\$34	\$33	3.6%
	D0274 - bitewings - four radiographic images	Diagnostic	3,384	3,270	\$260,006	\$239,701	\$77	\$73	7.6%
	D8670 - periodic orthodontic treatment visit	Orthodontics	2,164	1,891	\$369,821	\$151,359	\$171	\$80	4.8%
	D1206 - topical application of fluoride varnish	Preventive	1,408	895	\$68,413	\$42,145	\$49	\$47	1.3%
	D1120 - prophylaxis - child	Preventive	1,206	1,179	\$100,931	\$95,395	\$84	\$81	3.0%
	D0150 - comprehensive oral evaluation - new or	Diagnostic	1,055	1,019	\$112,709	\$103,025	\$107	\$101	3.3%
	D1351 - sealant - per tooth	Preventive	973	834	\$62,695	\$52,289	\$64	\$63	1.7%
	Remaining Procedure Codes		13,590	9,076	\$4,220,729	\$1,478,892	\$311	\$163	47.1%
	Sub Total		41,567	35,207	\$6,262,954	\$3,139,953	\$151	\$89	100.0%
	<b>Total</b>		<b>41,567</b>	<b>35,207</b>	<b>\$6,262,954</b>	<b>\$3,139,953</b>	<b>\$151</b>	<b>\$89</b>	<b>100.0%</b>



# Distribution of Accessing Member by Cost Range

Group Effective Date: 1/1/2002

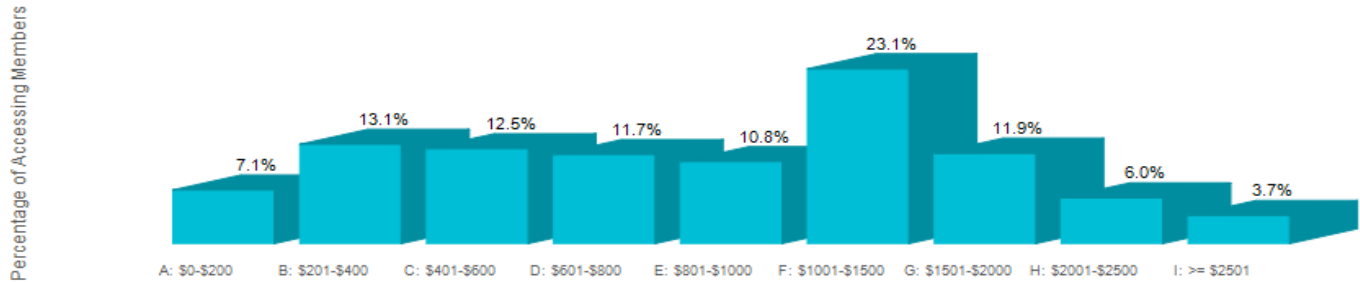
Group Renewal Month Day: 01/01

Business Category: INDM

Service Date Range: 4/1/2022 to 3/31/2024

Product ID: \*

## Distribution of Accessing Member by Cost Range without Ortho



Cost Range	Individual		Cumulative	
	Count	Percent	Count	Percent
A: \$0-\$200	204	7.07%	204	7.07%
B: \$201-\$400	378	13.10%	582	20.17%
C: \$401-\$600	362	12.54%	944	32.71%
D: \$601-\$800	339	11.75%	1,283	44.46%
E: \$801-\$1000	312	10.81%	1,595	55.27%
F: \$1001-\$1500	666	23.08%	2,261	78.34%
G: \$1501-\$2000	344	11.92%	2,605	90.26%
H: \$2001-\$2500	174	6.03%	2,779	96.29%
I: >= \$2501	107	3.71%	2,886	100.00%





# Procedure Category Comparison of Claims Paid Year over Year



Group Effective Date: 1/1/2009  
 Group Renewal Month Day: 01/01  
 Selection Parameters: Incurred Date Range: 4/1/2022 to 3/31/2024  
 Values on Report: 4/1/2022 to 3/1/2024

Business Category: ALL INDM

## COLLIN COUNTY

	April 2023 to March 2024			April 2022 to March 2023		
	Amount	Percent	*Peer Group	Amount	Percent	*Peer Group
Diagnostic	\$589,581	37.36%	37.36%	\$564,027	36.11%	36.11%
Preventive	\$342,352	21.69%	21.69%	\$329,548	21.10%	21.10%
Restorative	\$290,702	18.42%	18.42%	\$303,359	19.42%	19.42%
Endodontics	\$45,428	2.88%	2.88%	\$46,811	3.00%	3.00%
Periodontics	\$91,819	5.82%	5.82%	\$74,713	4.78%	4.78%
Prosthodontics,	\$9,128	0.58%	0.58%	\$5,004	0.32%	0.32%
Implant Services	\$21,128	1.34%	1.34%	\$22,860	1.46%	1.46%
Prosthodontics, Fixed	\$2,722	0.17%	0.17%	\$8,502	0.54%	0.54%
Oral Surgery	\$70,952	4.50%	4.50%	\$74,925	4.80%	4.80%
Orthodontics	\$81,669	5.18%	5.18%	\$97,153	6.22%	6.22%
Adjunctive General	\$32,583	2.06%	2.06%	\$34,988	2.24%	2.24%
<b>Total</b>	<b>\$1,578,064</b>	<b>100.00%</b>	<b>100.00%</b>	<b>\$1,561,889</b>	<b>100.00%</b>	<b>100.00%</b>



\* Peer Group: Parent Group= 10001 - United Healthcare ; Region= SOUTHWEST ; Segment= PUBLIC SECTOR  
 ; Fund Type= A

Report 3-Dental Procedure-Service 24Mo thru 2024-03



# Collin County Dashboard



# UnitedHealthcare

Client Effective Date: 1/1/2000  
Client Renew Date: 1/1/2023

**Selection Parameters**  
Service Date Range: 4/1/2022 to 12/31/2999  
Group ID: ALL

**Values on Report**  
4/1/2022 to 3/25/2024  
Client ID: 5105

Accessing Members	Average Eligible Members	Accessing Members/Avg. Eligible Members
652	2,652	24.59%

Top 10 Retail Chains		
Retail Chain	Unique Claimants	% of Total Claimants
Walmart Vision Center	143	21.93%
Americas Best Contacts & Eyeglasses	74	11.35%
Target Optical	40	6.13%
Visionworks	38	5.83%
MyEyeDr	33	5.06%
Costco Optical	29	4.45%
Texas State Optical	27	4.14%
Stanton Optical	20	3.07%
Warby Parker	17	2.61%
Eyemart Express	16	2.45%

Top 10 Private Practice Locations		
Practice Name	Unique Claimants	% of Total Claimants
<b>ANNA EYECARE PA</b> 1108 W WHITE ST STE 200 ANNA, TX	32	17.20%
<b>MELISSA EYE ASSOCIATES</b> 1280 SAM RAYBURN HWY STE 600 MELISSA, TX	22	11.83%
<b>BLINK EYECARE</b> 6956 MEDITERRANEAN DR STE 100 MCKINNEY, TX	12	6.45%
<b>MARY E LEAZURE OD</b> 906 W MCDERMOTT DR STE 106 ALLEN, TX	10	5.38%
<b>ALLEN EYECARE CENTER</b> 321 N ALLEN DR ALLEN, TX	8	4.30%
<b>LONE STAR VISION</b> 205 S PRESTON RD 120 CELINA, TX	7	3.76%
<b>COMPLETE FAMILY EYE CARE</b> 8994 TOUR DR STE 110 MCKINNEY, TX	7	3.76%
<b>ROCKWALL PRECISION EYECARE PLLC</b> 2931 RIDGE RD SUITE 109 STE 109 ROCKWALL, TX	5	2.69%
<b>JON ANDERS, OD</b> 2001 N LOY LAKE RD STE A SHERMAN, TX	4	2.15%
<b>WYLIE EYE CENTER</b> 130 N BALLARD AVE WYLIE, TX	4	2.15%

Report 6-Vision Dashboard-Service 24Mo thru 2024-03



# Collin County Dashboard



# UnitedHealthcare®

Client Effective Date: 1/1/2000  
Client Renew Date: 1/1/2023

**Selection Parameters**  
Service Date Range: 4/1/2022 to 12/31/2999

**Values on Report**  
4/1/2022 to 3/25/2024

Group ID: ALL

Client ID: 5105

Claimant Counts by Network Type		
Network Type	Claimant Count	% of Total Claimants
In Network Service	647	99.23%
Out of Network Service	6	0.92%
<b>Total Claimants</b>	<b>652</b>	<b>100.00%</b>

**Discounts**

- ▶ Contact Lenses: Members receive 10% off contacts through [uhcontacts.com](http://uhcontacts.com)
- ▶ LASIK: Members receive up to 35% off the national average price of laser vision correction at [QualSight® LASIK](http://QualSight.com)
- ▶ Hearing Aids: As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids through [uhchearing.com](http://uhchearing.com)

Price Protection Utilization*				
Category Price Protection Description	Saving Through Price Protection			Service Count
	Retail	Average Surcharge	Savings From Retail	
<b>Coatings</b>				
Anti-Reflective Coating: Tier I	\$81	\$22	\$3,477	59
Anti-Reflective Coating: Tier II	\$99	\$44	\$717	13
Anti-Reflective Coating: Tier III	\$116	\$58	\$6,401	111
Anti-Reflective Coating: Tier IV	\$153	\$92	\$2,576	42
Photochromic	\$132	\$63	\$3,581	52
Scratch Warranty	\$24	\$10	\$14	1
Tint	\$37	\$14	\$345	15
UV Coating	\$24	\$2	\$353	16
<b>Lenses</b>				
Progressive Lenses: Tier I	\$202	\$53	\$4,010	27
Progressive Lenses: Tier II	\$262	\$100	\$1,134	7
Progressive Lenses: Tier III	\$338	\$150	\$2,632	14
Progressive Lenses: Tier IV	\$400	\$125	\$3,025	11
Progressive Lenses: Tier V	\$468	\$250	\$1,526	7
Roll and Polish Edges	\$27	\$12	\$131	9
<b>Materials</b>				
High Index (<= 1.66)	\$83	\$15	\$676	10
High Index (1.67-1.73)	\$158	\$54	\$4,453	43
Polycarbonate Lenses for Adults	\$66	\$31	\$5,307	150
Polycarbonate Lenses for Children	\$58	\$1	\$2,430	43
<b>Price Protection Savings To Members</b>			<b>\$42,788</b>	<b>630</b>
<b>*Retail price values are based upon network averages. Lower retail prices than those reflected may be available at some value-based and online retailers.</b>				

\*Most other lens options are offered with at least a 20% discount off of retail. Check with your provider. May not apply at some locations.

# Vision Client Experience and Utilization



Client Effective Date: 1/1/2000  
 Client Renew Date: 1/1/2023

**Selection Parameters**  
 Billed Date Range: 4/1/2022 to 4/1/2022

**Values on Report**  
 10/1/2021 to 3/1/2024

Client ID: 5105

## Report 7-Vision Experience-Service 24Mo thru 2024-03

### Collin County

Billed Month	Number of Subscribers	Number of Members	Admin Fee	Claim Cost	Claim Count	Average Cost Per Incurred Claim
04/01/2022	579	1,318	\$695	\$5,784	52	\$111.23
05/01/2022	582	1,323	\$704	\$5,564	37	\$150.38
06/01/2022	578	1,329	\$709	\$4,730	63	\$75.08
07/01/2022	586	1,330	\$705	\$5,143	38	\$135.34
08/01/2022	591	1,338	\$714	\$7,104	55	\$129.16
09/01/2022	594	1,332	\$721	\$6,173	72	\$85.74
10/01/2022	588	1,323	\$724	\$4,880	41	\$119.02
11/01/2022	585	1,318	\$719	\$6,325	49	\$129.08
12/01/2022	596	1,339	\$716	\$4,677	54	\$86.61
01/01/2023	588	1,318	\$729	\$4,228	32	\$132.13
02/01/2023	590	1,316	\$645	\$3,796	35	\$108.46
03/01/2023	598	1,323	\$871	\$4,576	60	\$76.27
04/01/2023	595	1,315	\$734	\$5,395	56	\$96.34
05/01/2023	595	1,312	\$731	\$6,361	34	\$187.09
06/01/2023	601	1,318	\$731	\$3,652	40	\$91.30
07/01/2023	595	1,299	\$740	\$3,423	30	\$114.10
08/01/2023	595	1,296	\$733	\$5,612	58	\$96.76
09/01/2023	600	1,306	\$746	\$5,098	43	\$118.56
10/01/2023	606	1,329	\$733	\$4,555	35	\$130.14
11/01/2023	609	1,336	\$754	\$6,935	73	\$95.00
12/01/2023	629	1,366	\$751	\$5,540	47	\$117.87
01/01/2024	606	1,326	\$774	\$5,287	40	\$132.18
02/01/2024	622	1,353	\$751	\$6,322	64	\$98.78
03/01/2024	628	1,368	\$771	\$4,888	65	\$75.20
<b>Report Total</b>	<b>14,336</b>	<b>31,831</b>	<b>\$17,600</b>	<b>\$126,048</b>	<b>1,173</b>	<b>\$107.46</b>



# Wellness Program

The Collin County Wellness Program's objective is to encourage you to establish a relationship with a primary care physician and improve our employee population's overall health by encouraging annual wellness visits.

You may participate in this voluntary program each year. You must complete the requirements by the due date each year to qualify for the monthly premium discount and lump sum payment.

## MONTHLY PREMIUM DISCOUNT OR SURCHARGE

You may be eligible for a \$25 monthly discount beginning in the second plan year in which you are eligible for insurance. To receive the monthly discount, you and your insured spouse must complete all requirements. Covered dependent children are not required to complete the wellness program.

If you choose not to participate in the wellness program, you will be charged a \$25 monthly surcharge.

## LUMP SUM PAYMENT

Each year that you participate in this program, you may receive a \$200 lump sum payment for yourself and another \$200 lump sum payment for your spouse. To receive the payment you must be enrolled in a county medical plan on or before January 1st, and it must be your second plan year.

## WELLNESS FORM

Wellness forms can be found on the Human Resources intranet page. Forms must be submitted to Administrative Services by the due date specified on the form, usually the end of November. It is not required that one physician complete all exams. You may have multiple forms depending on who completes the requirements.

## WELLNESS VISITS

Our plan covers basic wellness visits at 100%. Please note if other services are provided, the visit may not be billed as a wellness visit. Our plan does not require that you wait 12 months in between wellness visits.

## WELLNESS REQUIREMENTS

1. Annual Physical
2. Well Woman/Man Exam (if applicable)
3. Cholesterol Screening
4. Health Provider Indicated BMI
5. Rally Health Assessment
6. Completed Wellness Form Submitted

## Report 9-2021 Medical Monthly Premium Rates

		<u>Full Cost</u>	<u>Employee Portion</u>	<u>Employer Portion</u>	<u>Entered</u>	<u>Checked</u>	<u>PP Amount</u>	<u>PP Amount</u>
<b>Advantage Premium Discount</b>	EE Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Advantage Standard Premium</b>	EE Only	\$932.00	\$90.00	\$842.00			\$45.00	\$421.00
	EE & Spouse	\$1,861.98	\$185.00	\$1,676.98			\$92.50	\$838.49
	EE & Child(ren)	\$1,713.22	\$145.00	\$1,568.22			\$72.50	\$784.11
	EE & Family	\$2,255.56	\$245.00	\$2,010.56			\$122.50	\$1,005.28
<b>Advantage Premium Surcharge</b>	EE Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Advantage Plus Premium Discount</b>	EE Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Advantage Plus Premium Standard</b>	EE Only	\$1,009.50	\$119.00	\$890.50			\$59.50	\$445.25
	EE & Spouse	\$2,017.00	\$250.00	\$1,767.00			\$125.00	\$883.50
	EE & Child(ren)	\$1,852.84	\$205.00	\$1,647.84			\$102.50	\$823.92
	EE & Family	\$2,437.90	\$330.00	\$2,107.90			\$165.00	\$1,053.95
<b>Advantage Plus Premium Surcharge</b>	EE Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	EE & Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*If full cost is an odd penny, round down one penny.

<b>Dental Premiums</b>	<b>Employee Cost</b>	<b>Employer Cost</b>	<b>Employee PP Cost</b>	<b>Employer PP Cost</b>
EE Only	\$2.00	\$38.12	\$1.00	\$19.06
EE & Spouse	\$24.00	\$103.12	\$12.00	\$51.56
EE & Child(ren)	\$24.00	\$103.12	\$12.00	\$51.56
EE & Family	\$24.00	\$103.12	\$12.00	\$51.56

# Report 10-2022 Medical Monthly Premium Rates

		Full Cost	Employee Portion	Employer Portion	Entered	Checked	PP Amount	PP Amount
<b>Advantage Premium Discount</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							
<b>Advantage Standard Premium</b>	EE Only	\$1,028.60	\$90.00	\$938.60			\$45.00	\$469.30
	EE & Spouse	\$2,055.10	\$185.00	\$1,870.10			\$92.50	\$935.05
	EE & Child(ren)	\$1,890.48	\$145.00	\$1,745.48			\$72.50	\$872.74
	EE & Family	\$2,488.78	\$245.00	\$2,243.78			\$122.50	\$1,121.89
<b>Advantage Premium Surcharge</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							
<b>Advantage Plus Premium Discount</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							
<b>Advantage Plus Premium Standard</b>	EE Only	\$1,114.22	\$119.00	\$995.22			\$59.50	\$497.61
	EE & Spouse	\$2,226.32	\$250.00	\$1,976.32			\$125.00	\$988.16
	EE & Child(ren)	\$2,044.68	\$205.00	\$1,839.68			\$102.50	\$919.84
	EE & Family	\$2,690.16	\$330.00	\$2,360.16			\$165.00	\$1,180.08
<b>Advantage Plus Premium Surcharge</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							

\*If full cost is an odd penny, round down one penny.

Dental Premiums	Full Cost	Employee Cost	Employer Cost	Employee PP Cost	Employer PP Cost
EE Only	\$41.56	\$2.00	\$39.56	\$1.00	\$19.78
EE & Spouse	\$124.84	\$24.00	\$100.84	\$12.00	\$50.42
EE & Child(ren)	\$124.84	\$24.00	\$100.84	\$12.00	\$50.42
EE & Family	\$124.84	\$24.00	\$100.84	\$12.00	\$50.42

# Report 11-2023 Medical Monthly Premium Rates

		Full Cost	Employee Portion	Employer Portion	Entered	Checked	PP Amount	PP Amount
<b>Advantage Premium Discount</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							
<b>Advantage Standard Premium</b>	EE Only	\$1,034.58	\$90.00	\$944.58			\$45.00	\$472.29
	EE & Spouse	\$2,067.14	\$185.00	\$1,882.14			\$92.50	\$941.07
	EE & Child(ren)	\$1,901.18	\$145.00	\$1,756.18			\$72.50	\$878.09
	EE & Family	\$2,502.74	\$245.00	\$2,257.74			\$122.50	\$1,128.87
<b>Advantage Premium Surcharge</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							
<b>Advantage Plus Premium Discount</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							
<b>Advantage Plus Premium Standard</b>	EE Only	\$1,120.74	\$119.00	\$1,001.74			\$59.50	\$500.87
	EE & Spouse	\$2,239.46	\$250.00	\$1,989.46			\$125.00	\$994.73
	EE & Child(ren)	\$2,056.36	\$205.00	\$1,851.36			\$102.50	\$925.68
	EE & Family	\$2,705.42	\$330.00	\$2,375.42			\$165.00	\$1,187.71
<b>Advantage Plus Premium Surcharge</b>	EE Only							
	EE & Spouse							
	EE & Child(ren)							
	EE & Family							

\*If full cost is an odd penny, round down one penny.

Dental Premiums	Full Cost	Employee Cost	Employer Cost	Employee PP Cost	Employer PP Cost
EE Only	\$44.26	\$2.00	\$42.26	\$1.00	\$21.13
EE & Spouse	\$132.90	\$24.00	\$108.90	\$12.00	\$54.45
EE & Child(ren)	\$132.90	\$24.00	\$108.90	\$12.00	\$54.45
EE & Family	\$132.90	\$24.00	\$108.90	\$12.00	\$54.45





# Collin County Purchasing

## 2024-263 Addendum 2

### Group Benefit/Insurance for Medical, Pharmacy, Dental, Vision, COBRA, FSA, Retiree, and Stop Loss

Issue Date: 4/2/2024

Questions Deadline: 4/25/2024 12:00 AM (CT)

Response Deadline: 5/30/2024 02:00 PM (CT)

Collin County Purchasing

### Contact Information

Contact: Cory Rogers Senior Buyer

Address: Purchasing

Admin. Building

Ste. 3160

2300 Bloomdale Rd.

Ste. 3160

McKinney, TX 75071

Phone: (972) 548-4113

Fax: (972) 548-4694

Email: [curogers@co.collin.tx.us](mailto:curogers@co.collin.tx.us)

## Event Information

Number: 2024-263 Addendum 2  
Title: Group Benefit/Insurance for Medical, Pharmacy, Dental, Vision, COBRA, FSA, Retiree, and Stop Loss  
Type: Request for Proposal - HT/INS  
Issue Date: 4/2/2024  
Question Deadline: 4/25/2024 12:00 AM (CT)  
Response Deadline: 5/30/2024 02:00 PM (CT)

## Ship To Information

Address: Human Resources  
Admin. Building  
Ste. 4117  
2300 Bloomdale Rd.  
Ste. 4117  
McKinney, TX 75071

## Billing Information

Address: Auditor  
Admin. Building  
Ste. 3100  
2300 Bloomdale Rd.  
Ste. 3100  
McKinney, TX 75071

## Bid Attachments

### LEGAL NOTICE.pdf

LEGAL NOTICE

[Download](#)

### General\_Instructions\_Proposals\_07.18.2022.docx

1.0 General Instructions RFP

[View Online](#)

### Terms\_of\_Contract\_Proposals\_-\_2.10.21.docx

2.0 Terms of Contract - Proposals

[View Online](#)

### Insurance\_updated-3-13-24.doc

3.0 Insurance

[View Online](#)

### Addendum\_1\_-2024-263 (002).pdf

Addendum\_1

[View Online](#)

### Addendum\_2\_-2024-263v2.pdf

Addendum\_2

[View Online](#)

### 4.0\_-\_6.0\_Specifications\_and\_Conditions\_ADDENDUM 1 (002).pdf

4.0\_-\_6.0\_Specifications\_and\_Conditions\_ADDENDUM 1

[View Online](#)

### Attachment A\_RFP Questionnaire Part 1.xlsx

Attachment A\_RFP Questionnaire Part 1

[View Online](#)

### Attachment B\_RFP Questionnaire Part 2.docx

Attachment B\_RFP Questionnaire Part 2

[View Online](#)

### Attachment C\_Medical Questionnaire Part 1.xlsx

Attachment C\_Medical Questionnaire Part 1

[View Online](#)

### Attachment D\_Medical Questionnaire Part 2 .docx

Attachment D\_Medical Questionnaire Part 2

[View Online](#)

<b>Attachment E_Pharmacy Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment E_Pharmacy Questionnaire Part 1	
<b>Attachment F_Pharmacy Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment F_Pharmacy Questionnaire Part 2	
<b>Attachment G_ Dental Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment G_ Dental Questionnaire Part 1	
<b>Attachment H_ Dental Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment H_ Dental Questionnaire Part 2	
<b>Attachment I_Vision Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment I_Vision Questionnaire Part 1	
<b>Attachment J_Vision Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment J_Vision Questionnaire Part 2	
<b>Attachment K_ COBRA Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment K_ COBRA Questionnaire Part 1	
<b>Attachment L_ COBRA Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment L_ COBRA Questionnaire Part 2	
<b>Attachment M_FSA Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment M_FSA Questionnaire Part 1	
<b>Attachment N_FSA Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment N_FSA Questionnaire Part 2	
<b>Attachment O_Retiree Medical Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment O_Retiree Medical Questionnaire Part 1	
<b>Attachment P_Retiree Medical Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment P_Retiree Medical Questionnaire Part 2	
<b>Attachment Q_ Stop Loss Questionnaire Part 1.xlsx</b>	<a href="#">View Online</a>
Attachment Q_ Stop Loss Questionnaire Part 1	
<b>Attachment R_ Stop Loss Questionnaire Part 2.docx</b>	<a href="#">View Online</a>
Attachment R_ Stop Loss Questionnaire Part 2	
<b>Attachment S_Pricing Informationv2.docx</b>	<a href="#">View Online</a>
Attachment S_Pricing Information	
<b>Exhibit 1 - 2024 Advantage Benefit Summary.pdf</b>	<a href="#">View Online</a>
Exhibit 1 - 2024 Advantage Benefit Summary	
<b>Exhibit 2 - 2024 Advantage Plus Benefit Summary.pdf</b>	<a href="#">View Online</a>
Exhibit 2 - 2024 Advantage Plus Benefit Summary	
<b>Exhibit 3 - 2024 Dental Benefit Summary.pdf</b>	<a href="#">View Online</a>
Exhibit 3 - 2024 Dental Benefit Summary	
<b>Exhibit 4 - 2024 Advantage Vision Benefit Summary.pdf</b>	<a href="#">View Online</a>
Exhibit 4 - 2024 Vision Advantage Benefit Summary	
<b>Exhibit 5 - 2024 Advantage Plus Vision Plan Summary.pdf</b>	<a href="#">View Online</a>
Exhibit 5 - 2024 Vision Advantage Plus Benefit Summary	
<b>Exhibit 6- 2024 Pharmacy Plan Summary.pdf</b>	<a href="#">View Online</a>
Exhibit 6- 2024 Pharmacy Plan Summary	

<b>Exhibit 7- 2024 Employee, Retiree, and COBRA Monthly Premium Rates.pdf</b>	<a href="#">View Online</a>
Exhibit 7- 2024 Employee, Retiree, and COBRA Monthly Premium Rates	
<b>Exhibit 8 - 2024 Collin County Administration Fees.pdf</b>	<a href="#">View Online</a>
Exhibit 8 - 2024 Collin County Administration Fees	
<b>Exhibit 9 - 2024 Prescription Drug List as of 01.01.2024.pdf</b>	<a href="#">View Online</a>
Exhibit 9 - 2024 Prescription Drug List as of 01.01.2024	
<b>Exhibit 10 - Provider Util Rpt- Disruption Prof Services &amp; In- Outpatient Serv.xlsx</b>	<a href="#">View Online</a>
Exhibit 10 - Provider Utilization Report for Disruption-Professional Services & Inpatient Outpatient Services	
<b>Exhibit 11 - Provider Utilization Report for Disruption Vision.xlsx</b>	<a href="#">View Online</a>
Exhibit 11 - Provider Utilization Report for Disruption Vision	
<b>Exhibit 12 - Provider Utilization Report for Disruption Dental.xlsx</b>	<a href="#">View Online</a>
Exhibit 12 - Provider Utilization Report for Disruption Dental	
<b>Exhibit 13 - Provider Utilization Report for disruption Pharmacy.xlsx</b>	<a href="#">View Online</a>
Exhibit 13 - Provider Utilization Report for disruption Pharmacy	
<b>Exhibit 14 - Collin County 2023 Large Loss Claims with Diagnosis.xlsx</b>	<a href="#">View Online</a>
Exhibit 14 - Collin County 2023 Large Loss Claims with Diagnosis	
<b>Exhibit 15 - Collin County 2022 Large Loss Claims with Diagnosis3-22-24.xlsx</b>	<a href="#">View Online</a>
Exhibit 15 - Collin County 2022 Large Loss Claims with Diagnosis	
<b>Exhibit 16 - Collin County 2021 Large Loss Claims with Diagnosis.xlsx</b>	<a href="#">View Online</a>
Exhibit 16 - Collin County 2021 Large Loss Claims with Diagnosis	
<b>Exhibit 17 - Collin County 2020 Large Loss Claims with Diagnosis.xlsx</b>	<a href="#">View Online</a>
Exhibit 17 - Collin County 2020 Large Loss Claims with Diagnosis	
<b>Exhibit 18 - Active Employee Medical Census as of 01.01.2024.xlsx</b>	<a href="#">View Online</a>
Exhibit 18 - Active Employee Medical Census as of 01.01.2024	
<b>Exhibit 19 - Active Employee Dental Census as of 01.01.2024.xlsx</b>	<a href="#">View Online</a>
Exhibit 19 - Active Employee Dental Census as of 01.01.2024	
<b>Exhibit 20 - COBRA and Retiree Medical Census as of 1.1.2024.xlsx</b>	<a href="#">View Online</a>
Exhibit 20 - COBRA and Retiree Medical Census as of 1.1.2024	
<b>Exhibit 21 - COBRA and Retiree Dental Census as of 1.1.2024.xlsx</b>	<a href="#">View Online</a>
Exhibit 21 - COBRA and Retiree Dental Census as of 1.1.2024	
<b>Exhibit 22 - Medical, Pharmacy, Dental Payment Report (36 months).xlsx</b>	<a href="#">View Online</a>
Exhibit 22 - Medical, Pharmacy, Dental Payment Report (36 months)	
<b>Exhibit 23 - Medical Claim Repricing Report.xlsx</b>	<a href="#">View Online</a>
Exhibit 23 - Medical Claim Repricing Report	
<b>Exhibit 24 - Pharmacy Claim Repricing Report.xlsx</b>	<a href="#">View Online</a>
Exhibit 24 - Pharmacy Claim Repricing Report	
<b>Exhibit 25 - Claim Lag Study by Month.xlsx</b>	<a href="#">View Online</a>
Exhibit 25 - Claim Lag Study by Month	
<b>Exhibit 26 - Dental Dashboard Data.xlsx</b>	<a href="#">View Online</a>
Exhibit 26 - Dental Dashboard Data	
<b>Exhibit 27 - Stop Loss Report.xlsx</b>	<a href="#">View Online</a>
Exhibit 27 - Stop Loss Report	

**Report 1-2024 Medical Monthly Premium Rates - Employee and Employer.pdf**

Report 1-2024 Medical Monthly Premium Rates - Employee and Employer

[View Online](#)

**Report 2-Dental Dashboard - Service 24Mo thru 2024-03.pdf**

Report 2-Dental Dashboard - Service 24Mo thru 2024-03

[View Online](#)

**Report 3-Dental Procedure- Service 24Mo thru 2024-03.pdf**

Report 3-Dental Procedure- Service 24Mo thru 2024-03

[View Online](#)

**Copy of Report 4-Dental Provider for Disruption - Service 12Mo thru 2024-04 (002).xlsx**

Report 4-Dental Provider for Disruption - Service 12Mo thru 2024-04

[View Online](#)

**Copy of Report 5-Medical Eligible Census\_04302024 (003).xlsx**

Report 5-Medical Eligible Census\_04302024

[View Online](#)

**Report 6-Vision Dashboard - Service 24Mo thru 2024-03.pdf**

Report 6-Vision Dashboard - Service 24Mo thru 2024-03

[View Online](#)

**Report 7-Vision Experience - Service 24Mo thru 2024-03.pdf**

Report 7-Vision Experience - Service 24Mo thru 2024-03

[View Online](#)

**Report 8-Wellness\_Program.pdf**

Report 8-Wellness\_Program

[View Online](#)

**Report 9-2021 Medical Monthly Premium Rates (1).pdf**

Report 9-2021 Medical Monthly Premium Rates

[View Online](#)

**Report 10-2022 Medical Monthly Premium Rates.pdf**

Report 10-2022 Medical Monthly Premium Rates

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**Report 11-2023 Medical Monthly Premium Rates.pdf**

Report 11-2023 Medical Monthly Premium Rates.

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**Information Regarding CIQ.pdf**

Information Regarding CIQ

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**CIQ\_113015.pdf**

Conflict of Interest Questionnaire

[View Online](#)

**W-9 rev 2018.pdf**

W-9 Form

[View Online](#)

**Bid Attributes**

**1 eBid Notice**

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

*(Required: Maximum 1000 characters allowed)*

**2 Contact Information**

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

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*(Required: Maximum 4000 characters allowed)*

**3 Exceptions (for RFP/RFQ)**

Do you take exception to the specifications? If so, by separate attachment, please state your exceptions.

Yes  No

*(Required: Check only one)*

**4 Insurance Acknowledgement**

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**5 Reference No. 1**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**6 Reference No. 2**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**7 Reference No. 3**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**8 Cooperative Contracts**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

Yes  No

*(Required: Check only one)*

**9 Debarment Certification**

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**10 Immigration and Reform Act**

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County. Please initial.

(Required: Maximum 1000 characters allowed)

**11 Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

(Required: Maximum 1000 characters allowed)

**12 Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

(Required: Maximum 1000 characters allowed)

**13 Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

(Required: Maximum 1000 characters allowed)



**1**  
**4** **Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

- Plano Star Courier    Plan Room    Collin County eBid Notification    Collin County Website  
 Other

*(Required: Check only one)*

**1**  
**5** **Proposer Acknowledgement**

Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Request for Proposal. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**1**  
**6** **Critical Infrastructure Affirmation**

Pursuant to section 2274.0102 of the Texas Government Code, Respondent certifies that neither it nor its parent company, nor any affiliate of Respondent or its parent company, is: (1) majority owned or controlled by citizens or governmental entities of China, Iran, North Korea, Russia, or any other country designated by the Governor under Government Code Section 2274.0103, or (2) headquartered in any of those countries. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**1**  
**7** **Energy Company Boycotts**

Pursuant to Section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent represents and warrants that: (1) it does not, and will not for the duration of the contract, boycott energy companies, and (2) will not boycott energy companies during the term of the contract. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**18 Firearm Entities and Trade Associations Discrimination**

Pursuant to section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent verifies that: (1) it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association and (2) will not discriminate during the term of the contract against a firearm entity or firearm trade association. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

*(Required: Maximum 1000 characters allowed)*

**19 Addendum No. 1**

Please initial to verify your receipt of the addendum.

*(Required: Maximum 1000 characters allowed)*

**20 Addendum No. 2**

Please initial to verify your receipt of the addendum.

*(Required: Maximum 1000 characters allowed)*

**Bid Lines**

**1 Submit your pricing on Attachment S-Pricing Information.**

*(Line excluded from response total)*

Supplier Notes: \_\_\_\_\_

Additional notes  
*(Attach separate sheet)*

**Supplier Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Supplier Notes**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

The undersigned hereby certifies the foregoing proposal submitted by the company listed below hereinafter called "offeror" is the duly authorized agent of said company and the person signing said proposal has been duly authorized to execute same. Offeror affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this proposal in collusion with any other offeror or other person or persons engaged in the same line of business; and that the contents of this proposal as to prices, terms and conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*