



COLLIN COUNTY

Office of the Purchasing Agent
2300 Bloomdale Road
Suite 3160
McKinney, Texas 75071
www.collincountytx.gov

COLLIN COUNTY, TEXAS

ADDENDUM NO. FOUR (4)

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 22, 2024

NOTICE TO ALL PROSPECTIVE PROPOSERS:

PLEASE MAKE THE FOLLOWING CHANGES TO THE RFP:

CHANGE: RESPONSE DEADLINE

FROM: 5/30/2024 02:00 PM (CT)

TO: 6/6/2024 02:00 PM (CT)

ADD: ATTRIBUTE 22 – ADDENDUM NO. 4

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

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

MC/cur



Collin County Purchasing

2024-263 Addendum 4

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: 6/6/2024 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

Event Information

Number: 2024-263 Addendum 4
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: 6/6/2024 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

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Terms_of_Contract_Proposals_-_2.10.21.docx

2.0 Terms of Contract - Proposals

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Insurance_updated-3-13-24.doc

3.0 Insurance

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4.0_-_6.0_Specifications_and_Conditions_ADDENDUM 3.doc

4.0_-_6.0_Specifications_and_Conditions ADDENDUM 3

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Addendum_1_-2024-263 (002).pdf

Addendum_1

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Addendum_2_-2024-263v2.pdf

Addendum_2

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Addendum_3v6.docx

Addendum 3

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Addendum_4.pdf

Addendum 4

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Public Question & Answer (2).pdf

Public Question & Answer

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Attachment A_RFP Questionnaire Part 1.xlsx

Attachment A_RFP Questionnaire Part 1

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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](#)

Attachment E_Pharmacy Questionnaire Part 1.xlsx

Attachment E_Pharmacy Questionnaire Part 1

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Attachment F_Pharmacy Questionnaire Part 2.docx

Attachment F_Pharmacy Questionnaire Part 2

[View Online](#)

Attachment G_Dental Questionnaire Part 1.xlsx

Attachment G_Dental Questionnaire Part 1

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Attachment H_Dental Questionnaire Part 2.docx

Attachment H_Dental Questionnaire Part 2

[View Online](#)

Attachment I_Vision Questionnaire Part 1.xlsx

Attachment I_Vision Questionnaire Part 1

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Attachment J_Vision Questionnaire Part 2.docx

Attachment J_Vision Questionnaire Part 2

[View Online](#)

Attachment K_COBRA Questionnaire Part 1.xlsx

Attachment K_COBRA Questionnaire Part 1

[View Online](#)

Attachment L_COBRA Questionnaire Part 2.docx

Attachment L_COBRA Questionnaire Part 2

[View Online](#)

Attachment M_FSA Questionnaire Part 1.xlsx

Attachment M_FSA Questionnaire Part 1

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Attachment N_FSA Questionnaire Part 2.docx

Attachment N_FSA Questionnaire Part 2

[View Online](#)

Attachment O_Retiree Medical Questionnaire Part 1.xlsx

Attachment O_Retiree Medical Questionnaire Part 1

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Attachment P_Retiree Medical Questionnaire Part 2.docx

Attachment P_Retiree Medical Questionnaire Part 2

[View Online](#)

Attachment Q_Stop Loss Questionnaire Part 1.xlsx

Attachment Q_Stop Loss Questionnaire Part 1

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Attachment R_Stop Loss Questionnaire Part 2.docx

Attachment R_Stop Loss Questionnaire Part 2

[View Online](#)

Attachment S_Pricing Informationv2.docx

Attachment S_Pricing Information

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Exhibit 1 - 2024 Advantage Benefit Summary.pdf

Exhibit 1 - 2024 Advantage Benefit Summary

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Exhibit 2 - 2024 Advantage Plus Benefit Summary.pdf

Exhibit 2 - 2024 Advantage Plus Benefit Summary

[View Online](#)

Exhibit 3 - 2024 Dental Benefit Summary.pdf

Exhibit 3 - 2024 Dental Benefit Summary

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Exhibit 4 - 2024 Advantage Vision Benefit Summary.pdf	View Online
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Exhibit 24 - Pharmacy Claim Repricing Report.xlsx	View Online
Exhibit 24 - Pharmacy Claim Repricing Report	

Exhibit 25 - Claim Lag Study by Month.xlsx

Exhibit 25 - Claim Lag Study by Month

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Exhibit 26 - Dental Dashboard Data.xlsx

Exhibit 26 - Dental Dashboard Data

[View Online](#)

Exhibit 27 - Stop Loss Report.xlsx

Exhibit 27 - Stop Loss Report

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

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

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

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

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

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

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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

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Copy of Report 5-Medical Eligible Census_04302024 (003).xlsx

Report 5-Medical Eligible Census_04302024

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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

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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

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Report 10-2022 Medical Monthly Premium Rates.pdf

Report 10-2022 Medical Monthly Premium Rates

[View Online](#)

Report 11-2023 Medical Monthly Premium Rates.pdf

Report 11-2023 Medical Monthly Premium Rates.

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Report 12 Member by Month - Membership 36Mo thru 2024-04.xlsx

Report 12 Member by Month - Membership 36Mo thru 2024-04

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Report 13 Payments by Month - Paid 36Mo thru 2024-04.xlsx

Report 13 Payments by Month - Paid 36Mo thru 2024-04

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Report 14-Large Loss - Paid 2023 thru 2024-04.xlsx

Report 14-Large Loss - Paid 2023 thru 2024-04

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Report 15 Large Loss with Diagnosis Report Paid January - April 2024.xlsx

Report 15 Large Loss with Diagnosis Report Paid January - April 2024

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Report 16-ODSCR-05A - Dental Claims Summary - Paid 24Mo thru 2024-03.pdf

Report 16-ODSCR-05A - Dental Claims Summary - Paid 24Mo thru 2024-03

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Report 17- ODSCR-08A - Dental Membership by Tier - Membership 36Mo thru 2024-04.pdf

Report 17- ODSCR-08A - Dental Membership by Tier - Membership 36Mo thru 2024-04

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Information Regarding CIQ.pdf

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Information Regarding CIQ

CIQ_113015.pdf

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Conflict of Interest Questionnaire

W-9 rev 2018.pdf

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W-9 Form

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.

(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.

(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.

(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.

(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.

(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.

(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)

1
2 **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)

1
3 **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)

16 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)

17 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)

2 1	Addendum No. 3 Please initial to verify your receipt of the addendum. <hr/> <hr/> <hr/> <p><i>(Required: Maximum 1000 characters allowed)</i></p>
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2 2	Addendum No. 4 Please initial to verify your receipt of the addendum. <hr/> <hr/> <hr/> <p><i>(Required: Maximum 1000 characters allowed)</i></p>
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Bid Lines

1	Submit your pricing on Attachment S-Pricing Information. <i>(Line excluded from response total)</i> Supplier Notes: _____ _____ <div style="float: right; border: 1px solid gray; padding: 5px; background-color: #f0f0f0;"><input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i></div>
----------	---

Supplier Information

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Supplier Notes

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