



ADDENDUM # 2

RFP # FY 2016-2017-003 FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

Please ensure you check the City's website for the latest addendum released for this project. Below find the link to the City's website: www.cohb.org/solicitations.

Firm must provide this form signed by an authorized officer of your firm to acknowledge receipt of ADDENDUM # 2 and provide with your firm's response.

PLEASE NOTE:

THE CITY REQUIRES THAT PROPOSING FIRMS SUBMIT PROPOSALS WITH BOTH OPTIONS REQUESTED ON PAGE 8 OF EXHIBIT I:

Option 1

For Option 1, the City is interested in proposals for plan a design that most closely matches the City's current Cigna HMO Open Access plan for medical and prescription coverage.

Option 2

For Option 2, the City is interested in proposals for an HDHP with a Health Reimbursement Account (HRA). Proposers are asked to specify the parameters of the HDHP/HRA plan (deductible, out-of-pocket, etc.) in Exhibit B, Benefits Match-Up B. Proposers should fill in the blanks of that Exhibit as directed.

EACH PROPOSING FIRM MUST SUBMIT A PROPOSAL INCLUDING BOTH OPTIONS.

PLEASE NOTE RECEIPT OF ADDENDUM # 2 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM # 2:

Company	
Name	
Title	
Signature	
Date	

Sincerely,



Andrea Lues, Director, Procurement Department