

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			Page of Page(s) 1	
1. Amendment/Modification No. <b>A00002</b>	2. Effective Date See Block 15c	3. Requisition/Purchase Order No.	4. Project No. (if applicable)	
5. ISSUED BY Housing Authority of the City of El Paso, Texas Procurement Department 5300 E. Paisano Dr. El Paso, TX 79905-2931 Mr. Juan Pulido, Procurement Manager		6. ADMINISTERED BY (if other than Item 5) Housing Authority of the City of El Paso, Texas Public Housing Department 5300 E. Paisano Dr. El Paso, TX 79905-2931		
7. NAME AND ADDRESS OF CONTRACTOR (No., Street Name, County, State & Zip Code)		8a. Amendment of Solicitation No. HR 17-R-0020		
		8b. Dated (see item 10) April 7, 2017		
		9a. Modification of Contract No.		
		9b. Dated (see item 12)		
<b>10. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATION</b>				
The above numbered solicitation is amended as set forth in Item 13. The hour and date specified for receipt of Offers is: <input type="checkbox"/> is extended <input type="checkbox"/> is not extended. Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 7 & 14, and returning _____ copy (ies) of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such a change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
<b>11. ACCOUNTING AND APPROPRIATION DATE (if required) PHA</b>				
<b>12. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT IT MODIFIES THE CONTRACT NO. DESCRIBED IN ITEM 13.</b>				
<input type="checkbox"/>	A. This change order is issued pursuant to (Specify Authority) The changes set forth in Item 13 are made in the Contract No. in Item 9a.			
<input type="checkbox"/>	B. The above numbered contract is modified to reflect the administrative changes (such as changes in paying office, appropriation data, etc). Set forth in Item 13 pursuant to the authority of FAR 43.103 (b).			
<input type="checkbox"/>	C. This supplemental agreement is entered into pursuant to the authority of: MUTUAL AGREEMENT OF BOTH PARTIES			
<input type="checkbox"/>	D. Other (Specify type of modification and authority)			
E. <b>IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return <u>ALL</u> copies to the issuing office.				
<b>13. Description of amendment/modification: Amendment No. A00002 . Q&amp;A's.</b> <i>Except as provided herein, all terms and conditions of the documents referenced in Item 8a. or 9a., remains unchanged and in full force and effect.</i>				
14a. NAME AND TITLE OF SIGNER (Type or print)		15a. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <b>Gerald Cichon, Chief Executive Officer</b>		
14b. OFFEROR/CONTRACTOR  _____ (Signature of Authorized Person)	14c. Date Signed	15b.  _____ (Signature of Contracting Officer)	15c. Date Signed	

## 1) Can you please provide current pricing?

A: This information was released with the RFP in a file titled TPA Admin Fees.

Regarding the Vision portion:

## 3) Under the current plan, is there a defined provider network, or can vision members go to any provider they wish?

A: Aetna's vision network is used in this plan.

## 4) Is the plan structured as a "reimbursement plan"? In other words, do members submit claims to the carrier and then get reimbursed up to the specified plan maximums?

A: No.

## 5) On page 23 of the benefits guide, coverage of frames is listed as "100%", but immediately thereafter, a maximum benefit of \$85 in 24 months is specified. Similarly, coverage of LASIK is listed as "100%", but right after that, a maximum of \$250 is specified. Finally, exams are said to be covered "100%" after a \$10 co-pay, but on the next line, a maximum benefit of \$45 is specified. What is the meaning of "100%"? Does it simply mean 100% coverage up to the defined maximum amount?

A: Yes.

## 6) Our plan really does cover 100% of the exam cost (after the co-pay). We don't limit coverage to a maximum dollar amount. We're assuming that the group would be happy with this enhancement, but please confirm.

A: Vendors are welcome to submit proposals with the plan design they feel is competitive.

## 7) Our plan gives members a single allowance for eyewear that's completely flexible --- it can be applied to any category of eyewear that the member wishes to purchase. We don't place coverage limits on each category of eyewear. Again, we're assuming that the group will be pleased to replace their complicated plan design with one that's characterized by simplicity, flexibility and ease of use, but please confirm.

A: Vendors are welcome to submit proposals with the plan design they feel is competitive

8) Is this a *non-voluntary, employer-paid* vision benefit?

A: Yes, The vision plan is currently embedded into the health plan. Employee has a monthly contribution into the health plan; however, HACEP reserves the right to amend the integration with the health plan.

## 9) What are the current rates?

A: Same response as #8. The vision plan is currently embedded into the health plan. Employee has a monthly contribution into the health plan; however, HACEP reserves the right to amend the integration with the health plan.

## 10) Revise the census to show which plan (base or buy up) each employee is currently enrolled with.

A: This information was released on the addendum A00001,

## 11) What is the employer contribution for the dental and vision plans?

A: The vision plan is currently embedded into the health plan. Employee has a monthly contribution into the health plan; however, HACEP reserves the right to amend the integration with the health plan. Dental "0" employer contributes

## 12) Please verify how many originals and copies you need of the formal proposal.

A: The RFP verbiage states as follows: Offerors will submit one (1) unbound master-original copy (so marked) and five (5) copies and one(1) electronic copy on digital format CD/DVD and on a flash drive (with the questionnaire returned in an Excel file.

## 13) Provide a file in excel format containing a list of provider names, address, city, state, and Tax ID number.

A: The requested file is not available; however, a file titled "Top Paid Providers 2016" was released with the RFP that will provide the necessary insight.

## 14) Provide the file named, "RFP for Third Party Administration 3-8-17 v8.pdf", in a word document.

A: This is not available.

## 15) Provide diagnoses and status of large claimants

A: This is not currently available.

## 16) Provide the reason for continual enrollment drop over the past few years?

A: HACEP has undergone organizational changes that resulted in a lower amount of employees.

## 17) Are the claims provided paid or incurred?

A: Paid, claims included on the file are paid claims.