

**Office of Procurement Services**

P.O. Box 7800 • 315 W. Main St., Suite 416 • Tavares, FL 32778

**SOLICTATION:** County Medical Plan for Employees 2/9/2023

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

**QUESTIONS/RESPONSES**

Q2. Confirm the effective date – 10/1/2024 or 10/1/2023

A2. **Effective date is 10/1/2024 – See Exhibit A – Scope of Services for this revision.**

Q3**.** Confirm the number of references the County would like provided.

**A3.**

* 1. **Per Attachment 3 – References Form, provide at least 4 references for employers with self-funded plans and at least 1,000 or more subscribers. At least one reference should be from a Florida government entity or municipality.**
  2. **Per the Method of Award section of the RFP document, vendors are required to submit at least three verifiable references / relevant projects completed within the last three years that are the same or similar in magnitude to this Solicitation.**

Q4. Are electronic signatures acceptable?

**A4. Yes.**

Q5. Attachment 1 – Bid Submittal Form – does the County prefer this to be submitted in Word or PDF?

**A5. Attachment 1 – Bid Submittal Form can be provided in either Word or PDF format.**

Q6. Attachment 4 – Medical Participation Worksheet – provide a revised file with zip codes included.

**A6. Please see revised Attachment 4 which includes zip codes. Please note many of the facilities listed have multiple zip codes, Attachment 4 lists a single zip code.**

Q7. Attachment 5 – Pharmacy Network, Formulary, and Cost Guarantees Worksheet – provide a revised file with that includes the following:

1. NABP (7 digit)
2. NPI (10 digit)
3. NCPDP (7 digit)

**A7. Available information has been provided in this document. See – Exhibit J – for this information. No additional information is available at this time.**

Q8. Provide ASO Premium rates.

**A8. PY 10/1/22-9/30/23 is $44.60 PEPM.**

Q9. Provide the current ASO contract.

**A9. Current ASO contract can be viewed on the Lake County Procurement website at the following link:** [**06-088A.pdf (lakecountyfl.gov)**](https://c.lakecountyfl.gov/procurementdocuments/term-supply_contracts/06-088A.pdf)

Q10. Provide Stop Loss Pooling point.

**A10. $635,000 individual specific deductible, $375,000 aggregating specific deductible.**

Q11. RFP states: “please return this Word document in print and electronic format…” (Attachment 2, page 17) – please confirm RFP should be submitted via online portal, not print.

**R11. Confirmed, all proposals shall be submitted via online portal as outlined in Section 6 of the RFP.**

Q12. Please confirm effective date.

**R12. See response – A2 of this addendum**.

Q13. The Lake County BOCC – RFP No. 23-500 County Medical Plan for Employees states, services shall be for Administrative Services Only (ASO) with an effective date of October 1, 2023. There appear to be several dates in the RFP that conflict with the effective date of 10/1/2023. Please confirm date for ASO services.

**R13. See response – A2 of this addendum.**

Q14. Note there are no NABP’s/NPI’s (pharmacy) Numbers on Exhibit J – Pharmacy Claims Pricing File and on Attachment 5 – Pharmacy Network. In order to run both analyses, we will need updated files with NABP’s or NPI’s.

**R14. See response – A8.**

**ADDITIONAL INFORMATION**

**ACKNOWLEDGEMENT**

Firm Name: Click or tap here to enter text.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: Click or tap here to enter text.

Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Primary E-mail Address: Click or tap here to enter text.

Secondary E-mail Address: Click or tap here to enter text.