

**Office of Procurement Services**

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

**SOLICTATION:** County Medical Plan for Employees 2/27/2023

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 CHANGE THE DATE FOR RECEIPT OF PROPOSALS. DUE DATE FOR PROPOSAL SUBMISSION IS MARCH 16, 2023. DEADLINE FOR QUESTIONS HAS BEEN EXTENDED UNTIL MARCH 9, 2023.**

**QUESTIONS/RESPONSES**

Q15. In 6.0 Delivery and Submittal Requirements it indicates that Attachment 3 – References Form is to be uploaded twice. Once under the Vendor Profile tab as a Word document and again under Forms as a PDF document. Can you confirm that it is in fact to be uploaded twice and that one upload is a Word document, and the other is a PDF?

A15. **Attachment 3 – Reference Form only needs to be uploaded once and can be uploaded as either a Word document or, a PDF.**

Q16**.** In 6.0 Delivery and Submittal Requirements it indicates that Attachment 2 – Proposal Worksheet is to be uploaded twice. Once und the Forms tab as a Word document and once under the Completed Pricing Sheet tab. Can you confirm that the entire Proposal Worksheet is to be uploaded for the Completed Pricing Sheet or is there a separate document.

**A16. Attachment 2 – Proposal Worksheet only needs to be submitted once and must be submitted in the Word document format.**

Q17. Is a Stop Loss Quote being requested?

**A17. A Stop Loss Proposal is not being requested at this time.**

Q18. For the chains listed on the attached workbook (Walgreens, Publix, Walmart, ect.), are there specific pharmacies we need to check for each chain or, just verify that these chains are in network? The other pharmacies such as Umatilla Drug Store appear to be one specific pharmacy and wanted to confirm with the chains.

**A18. Indicate if the retail chain is in the network being proposed.**

Q19. In cell A17 of the attached workbook, the Pharmacy Name is “A”. Can you please confirm what the name of this pharmacy is?

**A19. Cell A20 has been corrected. Please see revised Attachment 5 – Pharmacy Network, Formulary, and Cost Guarantees Worksheet.**

Q20. Can we confirm which definition is intended for Single Source Generics? Scope of Services item 6.2.6 defines SSG as having one manufacturer and the Proposal Worksheet, Section 6, #8 defines SSG as having 2 or less manufacturers.

**A20. Please see revised Attachment 2, which defines a single source generic as having only one (1) manufacturer.**

Q21. Document 23-500 Employee Medical Insurance for Employees states, “submittal must be organized into the following sections. Create and upload a file for each section” (page 4). However, it specifies that documents should be uploaded as various Word, PDF, and Excel files. Please confirm a folder for each section (with individual files inside) should be submitted.

**A21. If the document requested states a specific file format for it to be submitted in, then those documents will need to be uploaded separately in the file format requested. All other files can be uploaded as Word, PDF, or Excel and can be combined.**

Q22. Where should Additional Information documentation be included? (i.e., cover letter, samples, etc.)

**A22. This information can be uploaded and submitted as its own file, Additional Information.**

Q23. Confirm that the line-by-line repricing file Exhibit I is not required with our submission and will be evaluated onsite at a later date.

**A23. This is confirmed. Exhibit I is not required to be included with submission.**

Q24. There is only 1 tab for a formulary result and to match the current plan design we would require 2 formulary tabs to model the as is benefits of 3 tier and 4 tier. To add a second tab to show both current tiers would be altering the original document and we do not want to be disqualified for doing so. Can you please advise if this is appropriate to alter or the County’s recommendation to move forward.

**A24. The proposer must determine which tier model (3 tiers for 4 tiers) should be evaluated by the committee. The formulary information input on the formulary tab needs to be the same formulary used to provide the information on the discount and cost guarantee tab of form 5. Once an award is made the County can determine if they would like to modify the tier structure.**

**ADDITIONAL INFORMATION**

Q25. Will County allow exceptions for Exhibit B – Insurance Requirements?

**A25. Will be answered via Addendum 4.**

Q26. Will County allow exceptions for Exhibit C – Terms and Conditions?

**A26. Will be answered via Addendum 4.**

Q27. Will the County allow exceptions for Exhibit M – Business Associate Agreement HIPPA?

**A27. Will be answered via Addendum 4.**

**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.