



CITY OF SUFFOLK

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ADDENDUM NO. 2

City of Suffolk
RFP #20065-JS
February 13, 2020

Purchasing Division
442 W. Washington Street, Room 1086
Suffolk, VA 23434-5237
Phone: (757) 514-7520 / Fax: (757) 514-7524

The Request for Proposal (RFP) for Employee Benefits – Ancillary Coverage has been amended.

The following questions and answers are incorporated in the RFP:

Q1: Can we get the experience data that was provided for the period 01/01/207 – 12/31/2019 segregated by basic plan vs. enhanced plan?

A1: See Addendum #1

Q3: Provide the dental rate history for 2017 and 2018.

A3: See attachment.

Q4: Provide any rate changes that were made for 2017 and 2018.

A4: There were no dental, vision, or LTD plan changes made for 2017 and 2018.

Q5: Confirming no commissions have been included for Dental, Vision or LTD.

A5: There have been no commissions included for dental, vision or LTD

Q6: Can the City provide salaries and job title for the LTD quote?

A6: See Appendix P.

Q7: What is the number of employee eligible for FMLA?

A7: approximately 1400.

Q8: What is the number of incidence per year?

A8: Approximately 150-175 FLMA cases per year.

All other information remains unchanged.

Contract Officer:



Jay Smigielski, Purchasing Agent, CPPO

If you have any questions regarding this Addendum, please contact Jay Smigielski, Purchasing Agent at jsmigielski@suffolkva.us

It is the responsibility of the offeror to ensure that they have read and met the specifications of all addendums in their proposal.

City of Suffolk

2017 Rates

Anthem Enhanced Dental Plan	Employee Monthly Payment
Employee	\$23.33
Employee/Child(ren)	\$57.18
Employee/Spouse	\$47.85
Employee/Family	\$81.44
Anthem Basic Dental Plan	Employee Monthly Payment
Employee	\$18.33
Employee/Child(ren)	\$44.91
Employee/Spouse	\$37.56
Employee/Family	\$63.97
EyeMed Vision Care	Employee Monthly Payment
Employee	\$6.25
Employee/Child	\$11.22
Employee/Spouse	\$11.22
Employee/Family	\$15.32

2018 Rates

Anthem Enhanced Dental Plan	Employee Monthly Payment
Employee	\$25.21
Employee/Child(ren)	\$61.78
Employee/Spouse	\$51.70
Employee/Family	\$87.99
Anthem Basic Dental Plan	Employee Monthly Payment
Employee	\$19.81
Employee/Child(ren)	\$48.52
Employee/Spouse	\$40.58
Employee/Family	\$69.12

EyeMed Vision Care	Employee Monthly Payment
Employee	\$6.25
Employee/Child	\$11.22
Employee/Spouse	\$11.22
Employee/Family	\$15.32