



ADDENDUM #9

RFP #FY 2018-2019-004 CITY OF HALLANDALE BEACH GROUP MEDICAL WITH PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE SPENDING ACCOUNT AND COBRA ADMINISTRATION

Please ensure you check the City's website for the latest addendum released for this project. Below finds 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 #9 and provide with your Firm's response.

**PLEASE NOTE: RFP DOCUMENT, PAGE 9, MINIMUM QUALIFICATION REQUIREMENT (MQR)
#4 – REVISED AS OF 3/22/19**

CHANGE FROM:

Minimum Qualification Requirement (MQR) # 4: Online Enrollment Platform

The City requires an online enrollment platform. The estimated cost is approximately \$40,000. The proposing Firm will be required to pay the City for this platform. The cost will be included in any contract awarded.

CHANGE TO:

Minimum Qualification Requirement (MQR) # 4: Online Enrollment Platform

The City requires an online enrollment platform. The estimated cost is approximately \$40,000. The proposing Firms will be required to pay the City for this platform based on a percentage fee as follows:

- Medical proposer – 50% of the total cost
- Dental proposer – 25% of the total cost
- Vision proposer – 25% of the total cost

The cost will be included in any contract awarded.

CITY OF HALLANDALE BEACH GROUP MEDICAL WITH
PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION,
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ADDENDUM # 9

**PLEASE NOTE: RFP DOCUMENT, PAGE 9, MINIMUM QUALIFICATION REQUIREMENT (MQR)
#5 – REVISED AS OF 3/22/19**

CHANGE FROM:

Minimum Qualification Requirement (MQR) # 5: Medicare Only

The Medical proposer must provide a wellness fund of \$65,000 per year to be utilized by the City for wellness activities. The cost will be included in any contract awarded.

CHANGE TO:

Minimum Qualification Requirement (MQR) # 5: Medical Only

The Medical proposer must provide a wellness fund of \$65,000 per year to be utilized by the City for wellness activities. The cost will be included in any contract awarded.

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ADDENDUM # 9

PLEASE NOTE RECEIPT OF ADDENDUM #9 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM #9:

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department