



Notice of Addendum No.2

Date of Addendum No.2: June 23, 2022

**Arlington Public Schools
Procurement Office**

Request for Proposal 41FY22

Request for Proposal Title: Medical Retiree Health Benefits

Request for Proposal Number: 41FY22

Request for Proposal Issue Date: June 6, 2022

Pre-Proposal Conference: June 15, 2022

Proposal Due Date and Time: June 28, No Later than 11:59 P.M. (EDT)

Procurement Office Representative: Rebecca C. Hoffman, CPPB
Procurement Analyst
(571) 317-5354, rebecca.hoffman2@apsva.us

The following information is provided to help Offerors submit a Proposal in response to RFP 41FY22:

- 1) Question 3 of Addendum One was a multi-part query and was not completely addressed. The question is repeated here in its entirety with a full response provided:
 - Q3. The RFP indicates that the current plan is “patterned after Plan N”. Under Plan N, Medicare pays all costs except: Part B deductible, \$20 copay for office and specialists visits, \$50 copay for Emergency Room visit and Part B Excess. On the Questionnaire, Medical Design Deviations - APS tab, there is a \$20 copay for charges such as mental health, routine footcare, and routine vision and hearing exams. These charges would not be covered under Plan N. Is the current plan actually a Plan N or does it mirror the plan design on the Medical Design Deviations - APS tab? Is Vision and Hearing a discount program outside of the medical plan? Or is it part of the medical plan?
 - A3. Additional current design information is available in Appendix N - APS 2022 Prescription Drug Plan Formulary and in Appendix O - APS 2022 Additional Drug Coverage List. The Kaiser Medicare Advantage Plan has a discounted vision benefit built in. The evaluation and diagnosis for hearing conditions are covered with a \$10 copayment. UHC does not cover vision because Medicare doesn’t cover it. There is a small, discounted hearing aid program; it is not a benefit. Members can get a discount if they visit one of the recommended UHC providers.

Modifications to the RFP: The following modifications in Appendix D, Insurance Checklist are made to RFP 41FY22 through Addendum No.2: the Limits for Cyber Liability Insurance, Number 8 in the attached Appendix D, Insurance Checklist, are revised to match the limits set forth in the Contract Terms and Conditions (Appendix G) Section 49.D.5 (found on page 58 of the RFP). Modifications are highlighted in red.

Addendum No.2 must be signed, dated, and submitted via the secure cloud-based file sharing platform specified in the RFP prior to the Proposal Due Date stated above OR acknowledgment of receipt of this Addendum may be noted on Title Page Two of the Request for Proposal.

Name of Offeror: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Issued By:

Rebecca Hoffman, CPPB
Procurement Analyst
Telephone: (571) 317-5354
Email: rebecca.hoffman2@apsva.us

A COMPLETED APPENDIX D IS TO BE INCLUDED IN TAB 1 OF PROPOSAL

Appendix D

Insurance Checklist

Coverages Required			Limits (Figures Denote Minimums)		
Offeror Use	APS Use	Number	Coverage Type	Coverage Limit Per Occurrence	Coverage Aggregate Limit
Coverage Present (Place an X in the Box if coverage is present)	Confirmed Coverage Present (Place an X in the Box if coverage is present)				
Commercial General Liability					
		1	Premises / Operations	\$2,000,000	\$4,000,000
		2	Completed Products / Operations	\$2,000,000	\$4,000,000
Subcontractors Commercial General Liability Insurance					
		3	Subcontractors General Liability	\$2,000,000	\$4,000,000
Worker's Compensation & Employer's Liability Insurance					
		4	Worker's Compensation	Statutory Limit	Statutory Limit
		5	Employer's Liability	\$100,000	\$100,000
Commercial Automobile Liability Insurance					
		6	Owned	\$1,000,000	\$2,000,000
		7	Non-Owned / Hired		
Cyber Liability Insurance					
		8	Cyber Liability	\$10,000,000 \$3,000,000	\$12,000,000 \$6,000,000
Umbrella / Excess Insurance					
		9	Umbrella Liability	TBD	TBD
		10	Excess Liability	TBD	TBD
All other Risk Management Items of Note					
		11	All insurance carriers AM Best Ratings are an A- or better or its equivalent		
		12	All deductibles and or self-insurance component have been submitted to Arlington Public Schools for review.		
		13	Notice of Cancellation, nonrenewal or material change in coverage shall be provided to APS at least forty-five (45) days prior to action		

		14	APS has been added as an Additional Insured (via endorsement of the insurance policy) on all policies except Workers Compensation & Cyber Liability.
		15	All of the Certificates of Insurance show the Contract Number and Title
		16	If Claims Made Coverage is Approved, does it meet stipulations 1 or 2 stipulated in Section G of the Insurance Requirements, of the Contract Terms and Conditions
		17	Indemnification (Refer to Section 25 of the Contract Terms and Conditions)

Insurance Agent's Statement:

I have reviewed the above requirements with the Offeror named below and have advised the Offeror of required coverages not provided through this agency.

Agency Name	
Auth. Signature	
Date	

Offeror's Statement:

If awarded the Contract, I will comply with Contract insurance requirements.

Offeror Name	
Auth. Signature	
Date	