

Notice of Addendum No.4

Date of Addendum No. 4: November 7, 2025

Arlington Public Schools Procurement Office

Request for Proposal 30FY26

Health Care Services for Arlington Request for Proposal Title:

Public Schools

Request for Proposal Number: 30FY26

Request for Proposal Issue Date: October 8, 2025

Pre-Proposal Conference: October 15, 2025, (Refer to Request Title

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Proposal Due Date and Time: December 1, 2025 No Later Than

1:00 P.M. (EST)

Danielle Godfrey, CPPB **Procurement Office** Representative:

Procurement Director

571-205-3956, danielle.godfrey@apsva.us

Modifications to the RFP: The following modifications in Table of Contents and Appendices are made to RFP 30FY26 through Addendum No.4. Modifications are highlighted in red for additions and Black strikethrough for deletions.

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Appendix G. Steps to submit a Proposal

Appendix H. Proposal Data Forms

Appendix I. APS RFP - ASO Pharmacy Questionnaire

Appendix J. APS Current Census

Appendix K. APS Medical Claims Repricing & Disruption Analysis

Appendix L. APS Rx Claims Repricing & Disruption Analysis

Appendix M. Medical Benefit Plan Designs - SPD's BC HMO Plan

BP Low Option Plan 80-60

BP High Option Plan 90-70

Appendix N. Vision Benefits Summary

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Appendix R. Employee FT/PT Dental and Vision Rates

Appendix S. Employee FT/PT Medical Plan Rates

Appendix T. HCC 2024, HCC 2025

Appendix U. Vision Enrollment & Premiums

Instructions to Offerors

1.3 Onsite Clinic

1.3.4 Access to health services shall be available to all APS employees with medical plan coverage with the provider for the on-site clinic.

Proposal Requirements

TAB 4: Reports & Analysis

a. Vision Definition: Preference is 2 Optometrists within 2 miles, and 2 specialists within 15 miles. (Offerors may note any deviations or limitations in their response.)

Addendum No. 4 must be signed, dated and submitted via the secure cloud-based file sharing platform specified in the RFP prior to the Proposal Due Date and Time stated above OR acknowledgment of receipt of this Addendum may be noted on the Request.

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Name of Offeror:	
Signature:	
Name:	<u>_</u>
Title:	_
Date:	
Issued By:	
Danielle Godfrey	
Director of Procurement	
(703) 228-6126, danielle.godfrey@apsva.us	