Dr. Armando O'caña, Mayor Norie Gonzalez Garza, Mayor Pro Tem Jessica Ortega-Ochoa, Councilwoman



Ruben Plata, Councilman Alberto Vela, Councilman Randy Perez, City Manager

August 2, 2019

RE: Addendum No. 2/ RFP: 19-249-07-30 Stop Loss Insurance

Dear Prospective Bidder:

The following is to be corrected/added/changed/clarified:

- a. This addendum is being provided to all bidders.
- b. Changes as follows: Please be informed that the City of Mission has approved changes to the health plan which offers two (2) health plans for the 2019-2020 plan year. The City is also changing City paid Retiree coverage for those retirees with twenty-five years of service or more. The City will now be paying for 12 months of COBRA coverage versus the current 24 months. See enclosed reports.
- c. The proposal due date has not changed. The date for receipt of bids is Thursday, August 8th, 2019 at 2:00 P.M. CST.

NOTE: This form must be completed and submitted with your bid response. WARNING: Failure of an Offeror to acknowledge receipt of this Addendum, as described herein, may result in REJECTION OF THE OFFER.

We apologize for any inconvenience this may have caused. Authorized signature is needed. Everything else shall remain the same. If you have any questions, please email Purchasing Buyer, Crissy Cantu, at ccantu@missiontexas.us.

Eduardo Belmarez, Purchasing Director	
Authorized Signature	Acknowledge receipt of Addendum No. 2
Printed Name	Company Name

## Medical Benefits



## Effective October 1, 2019

Here is a snapshot of the medical coverage offered through the 2019-2020 medical plan(s). For a complete summary of benefits, please refer to the plans provided or visit

www.missiontexas.us.

PPO Plans	Base	Plan	Buy-Up Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family	\$500 Individual \$1,000 Family	\$2,500 Individual \$5,000 Family	
Out-of-Pocket Maximum	\$3,000 Individual \$5,000 Family	\$6,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family	\$6,000 Individual \$10,000 Family	
Co-Insurance	70%	50%	80%	50%	
Lifetime Maximum	Unlimited		Unlimited		
Office Visit	PCP - \$30 Copay Specialist - \$45 Copay	50% Coinsurance	PCP - \$20 Copay Specialist - \$35 Copay	50% Coinsurance	
Wellness Visit	Plan Pays 100%	50% Coinsurance	Plan Pays 100%	50% Coinsurance	
In-Patient & Out- Patient Hospital	Inpatient – 30% Coinsurance Outpatient - \$30 Copay	50% Coinsurance	Inpatient – 20% Coinsurance Outpatient - \$20 Copay	50% Coinsurance	
Urgent Care	\$45 Copay	50% Coinsurance	\$45 Copay	50% Coinsurance	
Emergency Room	\$250 Copay + 30% Coinsurance Copay Waived if Admitted		\$125 Copay + 20% Coinsurance Copay Waived if Admitted		
Rx Drug Out-of-Pocket	\$4,600 Individual \$9,200 Family		\$4,600 Individual \$9,200 Family		
Retail – 30 Day Supply					
Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$35 / \$60 / \$200		\$10 / \$25 / \$40 / \$75		
Mail Order – 90 Day Supp	oly				
Generic / Preferred Brand / Non-Preferred Brand	\$20 / \$5	0 / \$80	\$20 / \$50 / \$80		
Network Website	www.bcbstx.com		www.bcbstx.com		

RETIREE (up to age 65 or medicare

	ACTIVE	COBRA	eligible)
9901 - ACTIVE - BASE PLAN	BASE PLAN	BASE PLAN	NOT ELIGIBLE
9901 - ACTIVE - BUY UP PLAN	BUY UP PLAN	BUY UP PLAN	NOT ELIGIBLE
9901 - RETIREE COBRA (Less			
Than 25 Yrs Service)	BASE PLAN	BASE PLAN	RETIREE PLAN
9901 - RETIREE COBRA (Less			
Than 25 Yrs Service)	BUY UP PLAN	BUY UP PLAN	RETIREE PLAN
<b>9903 -</b> RETIREE ( Over 25 Yrs			
Service )	BASE PLAN	BASE PLAN	RETIREE PLAN
<b>9903 -</b> RETIREE ( Over 25 Yrs			
Service )	BUY UP PLAN	BUY UP PLAN	RETIREE PLAN

City will pay for 12 months of Cobra coverage for those employees who retire with 25 years of service or more. RETIREE PLAN is the BASE PLAN

## Eligible to Retire:

- 1. After 5 years of service at Age 60
- 2. After 20 years of service at any age