



### **ADDENDUM NO. 1**

**This addendum consists of 3 pages**

**TO:** All Planholders

**FROM:** Stephanie Randall, Human Resources Director

**DATE:** February 1, 2024

**SUBJECT:** Request for Proposals – 2024 Health and Life Insurance Benefits Consulting Questions

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**Proposers must acknowledge receipt of this Addendum in the appropriate place on the Proposal Form. Failure to do so may result in the disqualification or rejection of the proposal.**

Note: Information in this addendum takes precedence over original information. All other provisions of the document remain unchanged.

A. Plan Holders Questions

1. 01-01 Question: How many total eligible employees do you have?

Response: See Section 1.1 in the Request for Proposals

2. 01-02 Question: How many participants do you have?

Response: 85 employees with 175 dependents participating in health insurance coverage.

3. 01-03 Question: What lines of coverage do you currently have?

- a. Medical
- b. Dental
- c. Vision
- d. Life Insurance

- e. Short Term Disability
- f. Long Term Disability
- g. Other Lines, including voluntary lines? (Please specify)

Response:

- a. Medical – PPO
- b. Dental coverage embedded in medical plan
- c. Vision coverage embedded in medical plan
- d. Life – Basic Life and AD&D and Voluntary Life and AD&D
- e. Short Term Disability - voluntary
- f. Long term disability - not offered
- g. The City of Kenai offers voluntary lines for Critical Illness, Hospital Indemnity, and Accident Insurance.

4. 01-04 Question: Do you have other lines of coverage with multiple plan designs?

Response: The City offers a Health Reimbursement Arrangement

5. 01-05 Question: Can you please send us current rates for your lines of coverage?

Response: See attached

6. 01-06 Question: Are your health plans fully-insured, self-insured or level-funded?

Response: Level-funded

7. 01-07 If you have claims experience from last year, can you please share with us?

Response: Claims experience may only be shared with a contractor

8. 01-08 How many meetings per year do you have with your broker/consultant regarding your employee benefits plan?

Response: See Section 3.0 Scope of Work in the Request for Proposals. Meetings are as necessary to perform the Scope of Work.

9. 01-09 What is the total amount you are paying to your current broker on an annual basis?

Response: \$45,000

10. 01-10 Are you participating in any collectively bargained plans you need support on?

Response: No.

***End of Addendum No. 1***

Attachment to question 01-05:

The City of Kenai pays 87% of the health care premium for full time employees.

Coverage Level	Payroll Deduction	
	Monthly	Per Payroll (24 pay cycle deduction)
<b>Full – Time Employees</b>		
<b>\$3,000 Medical Deductible plan</b>		
<b>Medical / Dental / embedded Vision</b>		
Employee Only	\$162.00	\$81.00
Employee and Spouse	\$296.00	\$148.00
Employee and Child(ren)	\$325.00	\$162.50
Employee and Family	\$444.00	\$222.00
<b>Part – Time Employees</b>		
<b>\$3,000 Medical Deductible plan</b>		
<b>Medical / Dental / embedded Vision</b>		
Employee Only	\$584.00	\$292.00
Employee and Spouse	\$1,497.00	\$748.50
Employee and Child(ren)	\$1,723.00	\$861.50
Employee and Family	\$2,636.00	\$1,318.00
<b>Lincoln Financial – Basic Group Life &amp; AD&amp;D</b>	Paid by the City of Kenai	
<b>Lincoln Financial- Accident / Cancer / Hospital / Voluntary STD</b>	Varies– please refer to the Lincoln Benefit Summaries	
<b>Lincoln Financial Voluntary Life and AD&amp;D</b>	Varies– please refer to the Lincoln Benefit Summaries	