



City of Carlsbad, New Mexico  
RFP # 2017-04  
Addendum #8

4/20/17

**Addendum Notice – Third Party Administrator and Health Insurance Coverages**

The City of Carlsbad has been asked the following questions and offers the following responses in blue text:

1. Can a census be provided (on Excel instead of a PDF) to include the employees tier of coverage? [Yes, this document has been added to the website as a separate link.](#)

2. Is the dental enrollment tied to the medical? If not please provide separate dental census on excel with DOB, gender and tier of coverage. [The dental is tied to the medical and the census has now been provided.](#)

Request for an aggregate claims report for period August 1, 2015 through current, broken out by month with enrollment, medical claims, Rx claims and dental claims. [This information has now been provided.](#)

Request for large claims (50% of the specific level) for the same period. [This information has been provided.](#)

Which physician groups or hospitals are included in the preferred tier? [Not applicable](#)

What is the stop loss contract type? [24/12](#)

What is the current specific level (deductible)? [100,000 with \\$150,000 aggregating specific](#)

What is the aggregate stop loss attachment point? [Currently, \\$6,161,050.56](#)

Who is the current reinsurance carrier? [American Fidelity](#)

What fee or commission are we to include for the broker? [Industry Standard](#)

Current stop loss vendor; and premium: ISL premium and current contract (Paid 12/12, 15/12 etc.) ASL premium and contract; and funding factors. [Current Rates](#)

In the general specifications section #5, you are requesting a 15/12 contract, but under the insurers and reinsurers qualifications #3, you are requesting a 12/12. Please let us know what type of contract you wish to consider? [Mea Culpa 24/12](#)

Thank You,

**Matt Fletcher**  
**Purchasing Manager**  
**City of Carlsbad**  
**575-234-7905**

If you have any questions, please feel free to contact me at 575-234-7905 or email me at [msfletcher@cityofcarlsbadnm.com](mailto:msfletcher@cityofcarlsbadnm.com).

**Please return a signed copy of this addendum notice with your bid.**

X \_\_\_\_\_  
Name of Representative

Date: \_\_\_\_\_