



# Greater Dayton Premier Management

Enhancing Neighborhoods • Strengthening Communities • Changing Lives

March 28, 2019

## **RE: Addendum # 2 RFP 19-03 Insurance Brokerage and Consultation Services**

Prepared by: Greater Dayton Premier Management (GDPM)

This Addendum modifies and shall become a part of the original Request for Proposal (RFP) and is hereby made part of the Bidding Documents for the referenced project.

**All bidders shall indicate in their Quote that this Addendum has been received and considered in their proposal.**

The Addendum items are intended to supplement, clarify or correct parts of the RFP package. Items in the addendum shall take precedence over items corrected and shall be of equal value with items supplemented or clarified. Any questions in reference to this addendum must be directed by e-mail to [Procurement@gdpm.org](mailto:Procurement@gdpm.org).

### **Addendum**

GDPM provided questions to RFP 19-03 presented at the Pre-Proposal meeting March 26, 2019

- 1. Could GDPM provide a summary of its' current benefit plans. *A summary of GDPM's current Benefits Plan is provided below.***

Information added to [gdpm.org](http://gdpm.org) on 3/28/2019

This is Addendum #2

400 Wayne Avenue, Dayton, Ohio 45410  
[www.gdpm.org](http://www.gdpm.org)

ADMINISTRATIVE | ADMISSIONS  
[administration@gdpm.org](mailto:administration@gdpm.org)  
Main(937)910-7500 • Fax(937)222-3990  
TDD 937-910-7570

HOUSING CHOICE VOUCHER  
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## Benefits Effective July 1, 2018

### Medical Plans

Option:	UNITED HEALTHCARE		
	High	Medium	Low
Policy Year Deductible	Embedded* \$500 / \$1,000	Embedded* \$1,000 / \$2,000	Non-Embedded** \$2,000 / \$4,000
Policy Year Out of Pocket Maximum	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Physician Office Visit	\$25 copay	\$20 copay	100% <i>after deductible</i>
Specialists Office Visit	\$50 copay	\$40 copay	100% <i>after deductible</i>
Preventive Care	100%	100%	100%
Inpatient Hospitalization	90% / 10% <i>after deductible</i>	80% / 20% <i>after deductible</i>	100% / 0% <i>after deductible</i>
Urgent Care	\$75 copay	\$75 copay	100% / 0% <i>after deductible</i>
Emergency Room	\$250 copay	\$250 copay	100% / 0% <i>after deductible</i>
Retail Prescriptions 31-day supply	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay <i>*copays apply after deductible</i>
Mail Order Prescriptions 90-day supply	Tier 1: \$25 copay Tier 2: \$87.50 copay Tier 3: \$150 copay	Tier 1: \$25 copay Tier 2: \$87.50 copay Tier 3: \$150 copay	Tier 1: \$25 copay Tier 2: \$87.50 copay Tier 3: \$150 copay <i>*copays apply after deductible</i>

#### \*Embedded Deductibles

Embedded deductibles have two components: the individual deductibles for each family member and the family deductible. When a family member meets his or her individual deductible, the insurance company will begin paying according to the plan's coverage for that member. If only one person meets an individual deductible, the rest of the family still must pay their deductibles.

#### \*\*Non-embedded Deductibles

A non-embedded, or aggregate, deductible is simpler than an embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

### Dental Plan

PPO Modified Plan #263	Superior Dental Care	
	In-network	Out-of-Network
Calendar Year Deductible	\$50 / \$100	\$50 / \$100
Calendar Year Benefit Maximum	\$1,000 per person	\$1,000 per person
Preventive & Diagnostic Care	100% per person	100% per person
Basic Restorative Care	80% / 20% <i>after deductible</i>	80% / 20% <i>after deductible</i>
Major Restorative Care	80% / 20% <i>after deductible</i>	80% / 20% <i>after deductible</i>
Orthodontic Services – up to age 19 only	60% / 40% - Lifetime Max \$750	60% / 40% - Lifetime Max \$750