

October 9, 2025

ITN 25-4659 GROUP SUPPLEMENTAL BENEFITS

**ADDENDUM #1**  
**(Acknowledgment is Required)**

The Respondent shall acknowledge its review and receipt of this Addendum by signing below and including a signed copy of this Addendum with its bid submittal. Failure to do so could result in disqualification of the bid.

Please note that double underlined information (example) is added wording and stricken information (~~example~~) is deleted wording.

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**I. QUESTIONS AND ANSWERS:**

1. **Question: In 3.1.1, for the four categories of supplemental benefits – 1) Weight Loss; 2) Fertility; 3) Hearing; 4) Pet Insurance - Does the District prefer these benefits be fully insured products? Are discount plans acceptable and viewed with equal weight?**

Answer: The District is open to viewing all options, all options will be evaluated as outlined in Part VI – Evaluation Procedures.

2. **Question: In 3.1.1 (Purpose), four categories of supplemental benefit are generally posted – 1) Weight Loss; 2) Fertility; 3) Hearing; 4) Pet Insurance. In 3.1.2.1 it is noted that the plans can either be packaged or individual. Will there be preference given to either one of these program designs, i.e. is the preference given to packaged options? Alternatively, are individual lines of benefits with deeper/more specific coverage, more important to the district?**

Answer: There is no preference given to either packaged or individual plans. The evaluation committee will independently review each solicitation response to determine its rankings. All lines of benefits are important to the District, with no single benefit given deeper or more specific coverage.

3. **Question: On 3.3.1 it is noted credit ratings are required, if applicable. If the institution is not an insurance company, and therefore does not have an A.M. Best rating, would this be deemed to be “not applicable” and therefore not required?**

Answer: If the respondent holds any type of rating, it should be included and clearly noted. If there is no rating system applicable to their type of business, please indicate it as Not Applicable.

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Celeste Larisey  
Senior Procurement Specialist  
cc: Project Manager

ACKNOWLEDGEMENT OF ADDENDUM #1

BY: \_\_\_\_\_  
DATE

\_\_\_\_\_  
(TYPE/PRINT NAME AND TITLE)

\_\_\_\_\_  
COMPANY NAME

END OF  
ITN 25-4649 GROUP SUPPLEMENTAL BENEFITS  
ADDENDUM #1