

Zimbra

evangelina.garcia@co.hidalgo.tx.us

RE: Notice of Award-Hidalgo County Section 125 Voluntary Insurance Products

From : Rusty Rice <rrice@avesis.com> Mon, Oct 26, 2015 10:02 PM
Subject : RE: Notice of Award-Hidalgo County Section 125 Voluntary Insurance Products 📎 4 attachments
To : Evangelina Garcia
<evangelina.garcia@co.hidalgo.tx.us>
Cc : Gerard Gutierrez <GGutierrez@alamoinsgrp.com>

Hi Evangelina,

Attached is our employer application along with our best plan options. We decided to leave the current rates as they are, however we enhanced the original vision plan quoted to include the following lens options

Polycarbonate for adults and Children (previously quoted as child only)
Ultraviolet Coating (included in original bid)
Progressive Level 1 (included in original bid)
Scratch Resistant Coating
Standard Tint
Standard Anti Reflective Coating

The benefit summary included as the last 2 pages will be show these options as well as the current rates quoted.

I partially filled out the employer app with the information I had, but will need you to complete the remainder. Once you have reviewed and approved this I would like to set up a call to talk about open enrollment and how we will be receiving eligibility.

Please let me know if you need anything else in the meantime.

Thank you again for choosing Avesis as your new vision vendor. We look forward to establishing ourselves as a long term partner.

Avesis announces a new Broker incentive program. Earn great rewards just for enrolling members.

Click on the following link to get started: [Avesis. Essential Benefits.](#)

Rusty Rice, SGS | Regional Vice President of Sales

Avesis Incorporated | *Essential Benefits*

A National Vision, Dental and Hearing Company

8000 IH 10 West, Suite 715 | San Antonio TX 78230

(o) 210-384-8103 | (c) 210-602-9386 | (f) 855-269-2155 | rrice@avesis.com | www.avesis.com

www.absolutecarehealth.com



Texas Account Manager – Suzanne Brune – 210-384-8100 / sbrune@avesis.com

Texas Regional Account Manager - Gwen Holzworth - 210-384-8102 / Gholzworth@avesis.com

From: Evangelina Garcia [mailto:evangelina.garcia@co.hidalgo.tx.us]

Sent: Friday, October 23, 2015 1:08 PM

To: Rusty Rice

Subject: Notice of Award-Hidalgo County Section 125 Voluntary Insurance Products

Please review attachment for further details.

Thank you;

Vangie Y. Garcia, Contract Manager
Hidalgo County Purchasing Department
2812 S. Business Hwy. 281
Edinburg, Texas 78539
Email: evangelina.garcia@co.hidalgo.tx.us
Phone: 956-292-7000-Ext. 4856

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image004.jpg
3 KB



Avesis-Hidalgo County Employer App.pdf
2 MB



Application for Vision Care Benefits

Underwritten by Fidelity Security Life Insurance Company

Kansas City, Missouri

Policy No. VC-16, VC-23

I. EMPLOYER INFORMATION

Employer Name: Hidalgo County Tax ID#: 74-6000717
 DBA Name (if other than above) _____
 Business Address: 2812 S Business Highway 281 City: Edinburg State: TX Zip: 78539
 Mailing Address: 2818 S. BUSINESS HWY 281 City: EDINBURG State: TX Zip: 78539
(if other than above)
 Key Contact: FLORA VAZQUEZ Title: EMPLOYEE BENEFITS DIRECTOR
 Phone Number: (956) 292-7025 Fax Number: (956) 292-7029 E-mail: flora.vazquez@co.hidalgo.tx.us
 Executive Contact: RAMON GARLIA

Phone Number: (956) 318-2600 Fax Number: (956) 318-2699 E-mail: countyjudge@co.hidalgo.tx.us

Type of Business: Proprietorship Corporation Partnership Other (Specify) LOCAL GOVERNMENT

If any subsidiary or affiliated companies are to be insured or any Employees are working at a location other than the address above, please explain:

THE HIDALGO COUNTY HEAD START PROGRAM, THE HIDALGO COUNTY DRAINAGE DISTRICT NO. 4, THE HIDALGO COUNTY COMMUNITY SERVICE AGENCY; THE HIDALGO COUNTY APPRAISAL DISTRICT WILL BE PARTICIPATING IN THE VISION PLAN

Will this plan replace any existing coverage: Yes No (if yes, indicate name and address of existing insurer)

Name: VSP

Business Address: _____ City: _____ State: _____ Zip: _____

(If "yes," are any employees on COBRA)? Yes No How many? CURRENTLY ONLY 4 OF THE 12 COBRA PARTICIPANTS ARE ENROLLED IN VISION

Effective date of existing coverage: 1/1/15 ORIGINAL 4/1/13

Termination date of existing coverage (if applicable): 12/31/15

Number of full-time employees: ELIGIBLE EMPLOYEES 3,800 Number applying: NOT YET DETERMINED OPEN ENROLLMENT IN PROGRESS

Are domestic partners covered under this plan? Yes No *except as required by state law

Unless your specific state mandates otherwise, do you wish to cover dependents until age 26, regardless of financial dependency, residency, student status or marital status? Yes No

II. PLAN SELECTION Employer Paid

- AVESIS Advantage Vision Basic Plan
- AVESIS Advantage Vision Enhanced Plan
- AVESIS Advantage Vision Plus Plan
- AVESIS Advantage Vision Preferred Plus Plan
- Other 50/150 L5

- Voluntary
- | | Exam | Lenses | Frame | Contact Lenses |
|-------------------------------------|-----------|-----------|-----------|----------------|
| <input checked="" type="checkbox"/> | 12 months | 12 months | 12 months | 12 months |
| <input type="checkbox"/> | 12 months | 12 months | 24 months | 12 months |
| <input type="checkbox"/> | 12 months | 12 months | 24 months | 24 months |
| <input type="checkbox"/> | 12 months | 24 months | 24 months | 24 months |
| <input type="checkbox"/> | 24 months | 24 months | 24 months | 24 months |
| <input type="checkbox"/> | __ months | __ months | __ months | __ months |

Select Tier Structure: 2 Tier 3 Tier 4 Tier

Co-payment: \$ 0.00 Examination \$ _____ Other
 \$ 0.00 Frames/Lenses \$ _____ Other

	No. of employees	Rate	Total Remittance
Employee Only	_____	X \$ <u>7.76</u>	= \$ _____
Employee + Spouse	_____	X \$ <u>13.60</u>	= \$ _____
Employee + Child(ren)	_____	X \$ <u>15.18</u>	= \$ _____
Employee + Family	_____	X \$ <u>21.04</u>	= \$ _____
		TOTAL	= \$ _____

III. PREMIUMS

Employee contribution towards premium?: Yes No

Employer's Premium Contribution for: Employees: % 0 Dependents: % 0

Are Employee and Dependent premiums being paid through a Section 125 Plan? Yes No

Are Employee and Dependent premiums being collected by payroll deduction? Yes No

Premium received with application: None

Note: Please attach a list of all participants to this application. Premiums shall be payable in advance. *NOT APPLICABLE TO COUNTY. COUNTY DOESN'T COLLECT IN ADVANCE*

IV. ELIGIBILITY (Choose one)

PROBATIONARY PERIOD FOR NEW EMPLOYEES 30 Days 60 Days 90 Days 120 Days

180 Days Other *NEW HIRES ARE ELIGIBLE FOR COVERAGE*

Probationary Period is Waived for Present Employees: Yes No *ON THE 1ST OF THE FOLLOWING MONTH THAT THEY ARE HIRED.*

ELIGIBLE CLASS (Choose One)

The Employees eligible for Insurance under the Policy shall be all the full-time Employees of the above-named Employer and each Employee's Dependents. If both husband and wife are Employees, either the husband or wife, but not both, may elect coverage for their Dependents. Eligible Dependents may be added to the Policy on any premium due date.

No Part-time Employee, or his or her Dependents, may be Included as Eligible Persons.

As used here, full-time Employee means an Employee who is performing all the usual duties of his or her position at the Employer's usual place of business at least 20-40 or more hours per week. A part-time Employee is an Employee who does not meet this definition.

Dependents may not be included as Eligible Persons unless the Dependent's parent or spouse is covered under the Policy.

The Employees eligible for Insurance under the Policy shall be all the Employees of the above named Employer, and each Employee's Dependents. If both husband and wife are Employees, either the husband or wife, but not both, may elect coverage for their Dependents. Eligible Dependents may be added to the Policy on any premium due date.

The Employees eligible for insurance under the Policy shall be _____

DATE ELIGIBLE

- Each Employee included in an Eligible Class on the Policyholder's Effective Date will be eligible on that date, provided the Employee has completed any required probationary period shown below.
- Each Employee included in an Eligible Class on the Policyholder's Effective Date, and who had partially satisfied the required probationary period prior to the Policyholder's Effective Date, will be eligible for coverage on the first day after completion of the probationary period.
- Each Employee who enters an Eligible Class AFTER the Policyholder's Effective Date will be eligible on the first day of the calendar month coinciding with or next following:
 - completion of any required probationary period; or
 - the Employee's date of employment, if a probationary period is not required.

EMPLOYEE ENROLLMENT

- Each Employee may request coverage for him or herself and eligible Dependents.
- The Company reserves the right, based upon Our underwriting procedures, to require that the eligible Employee and/or eligible Dependent of a Policyholder submit an enrollment form and agree to pay any premium contribution, if required, before coverage will become effective for the Employee and/or Dependent.

DELAYED ENROLLMENT

Each Employee who waives or declines Insurance when he or she becomes eligible will not be eligible again until the next Policy anniversary date or 01-01-2017. If Insurance is waived or declined for eligible Dependents then those Dependents will not become eligible again until the next Policy anniversary date or 01-01-2017.

PARTICIPATION REQUIREMENT

The Policyholder is required to maintain the minimum participation requirements of the Company as follows:

If part of the premium is derived from funds contributed by the insured Employees, at least 10-25% of the eligible Employees must elect to make the required contribution, and at least 2-100 Employees must be covered on the Policy's Effective Date.

When a contribution is not required by the Employee, then 100% of the eligible Employees must be covered at all times.

V. EFFECTIVE DATE

It is desired that the policy shall become effective at 12:01 A.M. Standard Time at the Employer's address herein, on the 1st day of January, 2016, provided this application shall have been accepted by the Company.

The Policy, if issued, rates are guaranteed for a term of 36 Months (months) (year(s)).

The total premium rate is subject to modification based upon any change in benefits, policyholder contributions, number of eligible employees, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Company's risk in underwriting this coverage. The rate guarantee is also subject to change for any regulatory assessments, fees, or taxes created by federal or state governments, and the associated administrative costs.

The Employer hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Employer agrees to maintain and furnish any records necessary to administer the plan, and to forward premiums monthly in advance.

The Employer certifies that all the information shown on this application and any attachments are correct and complete and understands that the Insurance Company intends to rely on this information in determining whether or not the enrolling Employees may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE INSURANCE COMPANY**; and that no field representative of the Insurance Company has the authority to modify any conditions of application, or policies, by making any promise or representation. It is understood that the insurance as to any Employee will not become effective on the date insurance should otherwise become effective if he is not at work on such date performing all duties of his occupation and otherwise meets the requirements of the Insurance Company.

I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile.

Dated at: Edinburg, TX this 6th day of Nov., 20 15
Signed for the Employer: Rebecca Garcia Title: County Judge

Separate Billing Required: Yes No (if yes, please attach names of classifications, location addresses and contact)
We wish to be included in the Avesis e-billing system: Yes No

EMAIL PREVIOUSLY SENT TO RUSTY
PRICE ON 10/30/15 @ 4:42 PM WITH
DETAIL
APPROVED BY
COMMISSIONERS' COURT
10/21/15

WRITING BROKER'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s) ON: 10/21/15

Firm Name: Alamo Insurance group
Broker Name: (print) _____ Broker No.: _____
Address: 3201 Cherry Ridge Dr, Sulte D405 City: San Antonio State: TX Zip: 78230
Commission Check Payable to: _____ Firm Name: _____ Tax ID#: _____
Commission Check Payable to: _____ Broker Name: _____ SS#: _____
Broker Signature: _____ Phone: 210-930-6665
This application signed this _____ day of _____, 20 _____

APPLICATION INSTRUCTIONS

Complete this application form. Be sure to sign where indicated above.
Return the completed application form along with the first month's premium payable to FIDELITY SECURITY LIFE INSURANCE COMPANY to:

Avesis Third Party Administrators, Inc.
P.O. Box 316
Owings Mills, Maryland 21117

Subsequent payments to be payable to FIDELITY SECURITY LIFE INSURANCE COMPANY and sent to:

Avesis Third Party Administrators, Inc.
P.O. Box 52718
Phoenix, Arizona 85072

FRAUD WARNING NOTICE

For residents of all states (except the following:)	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
Arkansas, Louisiana Rhode Island, West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas, Oregon, Texas, Vermont	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement is guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
North Carolina	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee, Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



Effective Date: 1/1/2016

Group Number: 10771-1337

Plan Number: 9111-L5

Hidalgo County An In-Depth Look...

Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avēsis vision care products provide our members with an easy-to-use wellness benefit that provides excellent value and protection.

Voluntary Rates Per Month

Employee Only	\$7.76
Employee + Spouse	\$13.60
Employee + Child(ren)	\$15.18
Employee + Family	\$21.04

Vision Care Services	In-Network Member Benefits	Out-of-Network Reimbursement
Eye Examination	Covered in full	Up to \$45
Materials: \$0 copay	(Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance***	Members receive a \$50 wholesale allowance \$100-\$150 retail value**	Up to \$50
Standard Spectacle Lenses		
Single Vision	Covered in full after materials copay	Up to \$40
Bifocal	Covered in full after materials copay	Up to \$60
Trifocal	Covered in full after materials copay	Up to \$80
Lenticular	Covered in full after materials copay	Up to \$80
Other Lens Options*		
Level 5 Lens Option Package		
Polycarbonate	All Lens Options are covered in full	Up to \$10
Scratch Resistant Coating		Up to \$5
UltraViolet Screening		Up to \$6
Standard Tint		Up to \$4
Standard Anti Reflective		Up to \$24
Level 1 Progressives		Up to \$60
Contact Lenses**** (in lieu of frame and spectacle lenses)		
Elective	\$150 allowance	Up to \$150
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Provider discount up to 25% \$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance
Frequency		
Eye Examination	Once every 12 Months	Once every 12 Months
Lenses or contact lenses	Once every 12 Months	Once every 12 Months
Frame	Once every 12 Months	Once every 12 Months

* Discounts are not insured benefits

**** For Medically Necessary contact lenses, prior authorization is required.

How can we help you?

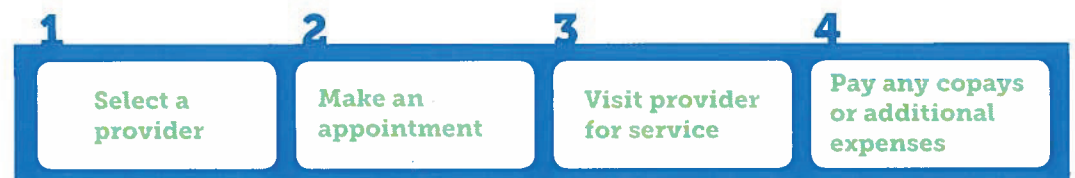
Avēsis Website:
www.avesis.com

Customer Service:
1-800-828-9341
7AM - 8PM EST

LASIK Provider:
1-877-712-2010

Here's how it works...

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-828-9341 to receive a listing of providers in your area.



** Values provided may be more or less depending on the provider's retail pricing.

*** Provider wholesale frame pricing for your plan is \$50. Participating Wal-Mart locations cover frames up to a \$68 retail value.

Insured benefits are underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO Policy #: VC-16, Form M-9059

Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center, your group administrator or by visiting www.avesis.com.

Limitations and Exclusions

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames or contact lenses; or
- 2) Medical or surgical procedures, services or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law, or similar statutory authority
 - d. payable under governmental plan or program whether Federal, state or subdivisions thereof.

Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Refractive Laser Surgery is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery.

Insured benefits are administered by Avësis Third Party Administrators, Inc., Phoenix, AZ



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

October 23, 2015

Rusty Rice, Texas Regional Vice President via email: rrice@avesis.com
Avesis Third Party Administrators
10324 South Dolfield Road
Owings Mills, MD. 21117

**Re: *Hidalgo County-Section 125 Voluntary Insurance Products and
Cobra Administration Services***

Dear Mr. Rice:

Pursuant to action taken by the Hidalgo County Commissioners' Court on **(10/21/15)**, Avesis Third Party Administrators was approved pursuant to the ranking for the Vision Plan. In addition to this action, a "best and final offer" to the proposal/plan submitted by Avesis Third Party Administrators is being requested.

Attached, please find a copy of Commissioner's Court approval/agenda for this project and please proceed to submit your "best and final offer" including the proposed agreement as stated on RFP – Exhibit A-Page 20-Submission Form for All Product Lines-Question #12[will a master agreement be issued].

The "Master Agreement" between Hidalgo County and your Company must be provided no later than 3:00 p.m. on Tuesday, October 27, 2015 .

Should you have any questions, or require further information, please do not hesitate to contact me at (956) 292-7000 ext. 4856.

Sincerely,
Vangie Y. Garcia, Contract Manager
Hidalgo County Purchasing Department

Enclosures

xc: file

- ✓ 2. AI-51862 Acceptance and approval of Work Authorization No. 6 (with an estimated cost of \$3,456.05) as submitted by L&G Engineering, Contract No. C-15-125-04-14, to provide Construction Material Testing Services for the Pct. 2 Ridge Road (Stewart to Cesar Chavez Rd) Project.

C. CAP Pct. 1

- ✓ 1. AI-51775 Acceptance and approval of the following for C-CAP-15-196-07-21 Delta West Subdivision between Hidalgo County and 2GS, LLC as submitted through project engineer DOS Logistics, Inc.:

- ✓ A. Final construction contract (CC award on 07-21-15) in the amount of \$406,722.20;
- ✓ B. Pursuant to TXLGC 262.031 and in the interest of expediting a project's progress, requesting authority/approval for the Precinct Commissioner or designee [historically] Raul Lozano to execute change orders that involve ...'an increase or decrease in cost of \$50,000.00 or LESS...'. The original contract price may not be decreased by 18 % or more without the consent of the contractor".

D. Sheriff's Office

- ✓ 1. AI-51843 A. Presentation of a request by Dr. Marin Garza, MD for HCCC to accept the withdrawal/rescission of his Letter of Resignation [CC/AI #50831 of 09-01-15 effective 11-01-15] for physician services to HC Inmates and thus continuing his current agreement until it's expiration in May of 2016;
- ✓ B. Acceptance and approval for HCCC to accept Dr. Marin Garza, MD request to lower his malpractice insurance coverage from their current limits and amend them to coincide with those required by other state agencies [i.e. State Prison and MHMR] of \$200K/600K [with the exception of surgery & obstetrics which are not part of the services rendered to HC] with said amended coverage to run until his current agreement's expiration.

E. Co. Wide

- 1. AI-51496 a. Presentation of the scoring and evaluation grids (for the purposes of ranking for award by CC) of the responses received in connection with the Request for Proposals (RFP's) for: "Section 125 Voluntary Insurance Products and COBRA Administration Services" for Hidalgo County (including all funding sources, programs, agencies & entities)";

- 25 packets requested
23 received
- ✓ b. Award of the "Section 125 Voluntary Insurance Products and COBRA Administration Services for Hidalgo County-(including all funding sources, programs & entities)" for the following:

- ✓ 1. Accidental Plan: Colonial Life 92 8 vendors
- ✓ 2. Cancer Plan: Humana 94 3 vendors
- ✓ 3. Combined Short & Long Term Disability: Union 95.20 2 vendors
- ✓ 4. Critical Illness Plan: Aflac 93.80 8 vendors

CC REG. AGENDA 10/21/15

- ✓ 5. Dental Plan: Ameritas 94.40-2 Vendors
- ✓ 6. Vision Plan: Avelis 94.80 7 vendors
- ✓ 7. Whole Life Plan: TX Life Ins. 95.20-3 vendors
- ✓ c. Authority to finalize and/or negotiate (if required) Agreement(s) for the Voluntary Insurance Products and COBRA Administration Services.

brought back later for agenda

12.

Closed Session:
Commissioners' Court may go into Closed Session pursuant to Chapter 551, Texas Government Code, Sections 551.071 & 551.072 to discuss the following:

n/a
1
2

- A. Real Estate Acquisition *in @ 10.*
out @
- B. Pending and/or potential litigation
- C. **AI-51819** Pending/potential litigation - County of Hidalgo v. Volkswagen Group of America Inc., Audi of America LLC. and all other entities liable under the Texas Clean Air Act
- D. **AI-51797** C-4976-15-D; Disability Rights Texas v. J.E. "Eddie" Guerra in his official capacity as the Sheriff of Hidalgo County
- E. **AI-51844** C-5029-15-D; Alvaro Aguilera v. County of Hidalgo and Cesar Solis in his official capacity

13.

- A. Requesting exemption from competitive bidding requirements under the Texas Local Government Code, Section 262.024(A) (4) "a Professional Service" for the "provision of legal services/representation in connection with litigation."
- B. Requesting engagement with the firm of Mostyn Law Firm + law off. of Manuel Solis for the "Provision of Legal Services/Representation in connection with Litigation" and authority to submit letter of engagement *refer to 14C*

14.

Open Session: *Atlas, Hall, Rdz - refer to 14E*

n/a
n/a

- A. Real Estate Acquisition and appropriation for same
- B. Pending and/or potential litigation
- C. **AI-51820** Pending/potential litigation - County of Hidalgo v. Volkswagen Group of America Inc., Audi of America LLC. and all other entities liable under the Texas Clean Air Act *last wk. approved / need to include addtl atty.*
- D. **AI-51798** C-4976-15-D; Disability Rights Texas v. J.E. "Eddie" Guerra in his official capacity as the Sheriff of Hidalgo County - *DAS (game) handling case* *Mostyn Law Firm to include law firm of Manuel Solis refer to 13A/13*
- E. **AI-51845** C-5029-15-D; Alvaro Aguilera v. County of Hidalgo and Cesar Solis in his official capacity - *refer to 13A/B exempt + hire Atlas, Hall + Rdz.*

APPROVED

AI-51496

Purchasing Department 11. E. 1.

CC - REGULAR

Meeting Date: 10/21/2015

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Sandra Montalvo, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION



a. Presentation of the scoring and evaluation grids (for the purposes of ranking for award by CC) of the responses received in connection with the Request for Proposals (RFP's) for: "Section 125 Voluntary Insurance Products and COBRA Administration Services" for Hidalgo County (including all funding sources, programs, agencies & entities)";



b. Award of the "Section 125 Voluntary Insurance Products and COBRA Administration Services for Hidalgo County-(including all funding sources, programs & entities)" for the following:



- 1. Accidental Plan: COLONIAL LIFE
- 2. Cancer Plan: HUMANA
- 3. Combined Short & Long Term Disability: UNUM
- 4. Critical Illness Plan: AFLAC
- 5. Dental Plan: AMERITAS
- 6. Vision Plan: AVESIS
- 7. Whole Life Plan: TEXAS LIFE INSURANCE

c. Authority to finalize and/or negotiate (if required) Agreement(s) for the Voluntary Insurance Products and COBRA Administration Services.

BACKGROUND

Fiscal Impact

FISCAL YEAR:

ACCT. #:

FUNDS AVAILABLE Y/N?:

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Each requisition would need funding. That would apply to both Day to Day as well as Major Purchases.

Attachments

backup

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	10/16/2015 03:38 PM
Budget & Management	Veronica Ortiz	10/16/2015 03:40 PM
Auditor's Office	Monica Badillo	10/16/2015 04:53 PM
Form Started By: Sandra Montalvo		Started On: 09/23/2015 07:13 AM
Final Approval Date: 10/16/2015		