



ADDENDUM #1

Request for Proposals
Healthcare Brokerage Services
Solicitation No. 2026-5003

Originally Issued March 31, 2026

Addendum 1 – Issued April 20, 2026

To Offerors:

The following additions, deductions, changes and corrections to the proposal and specifications for the above referenced project shall hereby be incorporated into the work, and their affect on the proposal shall be reflected in the Offeror’s proposal. Offerors shall also verify this fact by indicating the receipt of the addendum in their proposal.

QUESTIONS:

1. Would you please provide premium equivalent rates and the associated employee contribution rates for the plan options referenced in Section 1.1.1.1.?

Plan	2025-2026 Monthly Family Premium	2025-2026 Monthly Single Premium
PPO2	\$3,464.40	\$1,240.30
HDHP1	\$2,895.27	\$1,036.55
HDHP2	\$2,443.31	\$874.74

Plan	2026-2027 Total Monthly Family Premium	2026-2027 Total Monthly Single Premium
PPO2	\$3,551.01	\$1,271.31
HDHP1	\$2,967.65	\$1,062.46
HDHP2	\$2,504.39	\$896.61

1627 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 333-0670 Fax: (513) 977-5606 TDD: (513) 977-5807 Website: www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities

2. Would you please share the employee benefits guide used during the most recent open enrollment and/or the current new hire benefits packet?

This information is not available.

3. Please advise whether a Population Health Management program is currently in place, and if so, provide a summary of the program along with any available documentation or results. **There is no program in place.**

4. To support thoughtful and accurate analysis, please share any of the following data sets you are able to share:

- Current pharmacy benefit management (PBM) contract – **Not available**
- Up to two years of pharmacy (Rx) claims data – **Not available**
- Up to two years of enrollment data – **Not available**
- Up to two years of medical claims data – **Not available**
- Up to two years of large-claim reporting – **Not available**
- Current and prior carrier rate information – **Please refer to question 1**
- Most recent renewal analysis or underwriting workup – **Not available**
- Current-year benefit plan designs – **Please see the attached**

END OF ADDENDUM TO DATE 4/20/26

Medical Plan Options

Benefits (In-Network)	PPO Choice Plus	HDHP Choice Plus 1	HDHP Choice Plus 2
Calendar Year Deductible: Single/Family	\$500/\$1,000	\$1,700/\$3,400	\$3,500/\$7,000
Coinsurance	20%	0%	0%
Maximum Out of Pocket Limit: Single/Family	\$2,500/\$5,000	\$1,700/\$3,400	\$3,500/\$7,000
Office Visit (Primary/Specialist)	\$20 Copay/ \$40 Copay	0% Coinsurance	0% Coinsurance
Preventive Care	\$0	\$0	\$0
Hospital Services	20% after deductible	0% after deductible	0% after deductible
Outpatient Services	20% after deductible	0% after deductible	0% after deductible
Emergency Room	\$200 Copay	0% after deductible	0% after deductible
Urgent Care	\$20 Copay	0% after deductible	0% after deductible

Retail Pharmacy – 30 Day Supply

Generic	\$10 Copay	0% after deductible	0% after deductible
Formulary	\$25 Copay	0% after deductible	0% after deductible
Non-Formulary	\$45 Copay	0% after deductible	0% after deductible
Specialty Drugs	Applicable Drug Tier applies	Applicable Drug Tier applies	Applicable Drug Tier applies

Retail Pharmacy – 90 Day Supply

Generic	\$20 Copay	0% after deductible	0% after deductible
Formulary	\$50 Copay	0% after deductible	0% after deductible
Non-Formulary	\$90 Copay	0% after deductible	0% after deductible
Specialty Drugs	Not Applicable	Not Applicable	Not Applicable