



County of El Paso Purchasing Department  
500 East San Antonio, Room 500  
El Paso, Texas 79901  
(915) 546-2048 / Fax: (915) 546-8180

---

## ADDENDUM 2

To: All Interested Proposers

From: Claudia Sepulveda, Bid Clerk/Buyer

Date: November 1, 2006

Subject: RFP# 06-093, Medical Plan Stop Loss Insurance for the County of El Paso

---

The Purchasing Department received questions relating to the above referenced proposal. The Human Resources Department has responded to the following questions:

Please provide the following:

1. Current specific rates
2. Current aggregate premium

**Please refer to the attached document.**

# RELIASTAR LIFE INSURANCE COMPANY

Home Office, Minneapolis, Minnesota 55440

## EXCESS RISK SCHEDULE

The following is a revised Excess Risk Schedule for the Plan Sponsor's Excess Risk Insurance. This Excess Risk Schedule is in effect for the period January 1, 2006 through December 31, 2006, and replaces any other Excess Risk Schedule(s) previously issued to the Plan Sponsor by ReliaStar Life.

Plan Sponsor: County of El Paso

Plan Sponsor Group No: 31362-9

Contract Period: From January 1, 2006 through December 31, 2006

Third Party Claim Administrator Name: Access Administrators, Inc.

**AGGREGATE EXCESS RISK (coverage provided if checked)**

### BENEFITS TO BE COVERED:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Medical       | <input type="checkbox"/> Vision            | <input checked="" type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Weekly Disability Income | <input checked="" type="checkbox"/> Dental | <input type="checkbox"/> Other (please specify):       |

### CONTRACT BASIS:

- |  |   |
|--|---|
| <input type="checkbox"/> Incurred and paid in 12 months              | <input type="checkbox"/> Incurred in 12 months and paid in 15 months                                |
| <input type="checkbox"/> Incurred in 15 months and paid in 12 months | <input type="checkbox"/> Incurred in _____ months and paid in _____ months                          |
| <input type="checkbox"/> Paid in 12 months                           | <input checked="" type="checkbox"/> Other: Paid in 12 months and incurred October 1, 2000 or after. |

Deductible Adjustment Factor: 125 percent

Aggregate Deductible:	Units	Expected Claims Rate
	1,364	\$26.96 Dental
	2,245	\$399.58 Medical & Prescription Drugs

Minimum Aggregate Deductible: \$ 9,525,071.00

ReliaStar Life's Limit of Liability: \$2,000,000.00 per year

Premium \$ 50,000.00 per year

Optional (will apply if checked)

- |   |       |                      |
|---|-------|----------------------|
| <input type="checkbox"/> Terminal Liability | Units | Expected Claims Rate |
|---|-------|----------------------|

INDIVIDUAL EXCESS RISK (coverage provided if checked)

**BENEFITS TO BE COVERED:**

Medical  Other (please specify): Prescription Drugs

**CONTRACT BASIS:**

Incurred and paid in 12 months  Incurred in 12 months and paid in 15 months  
 Incurred in 15 months and paid in 12 months  Incurred in \_\_\_\_\_ months and paid in \_\_\_\_\_ months  
 Paid in 12 months  Other: Paid in 12 months and incurred October 1, 2000 or after.

Individual Deductible:  Yes  No  
\$225,000.00 per Individual

Lasered individuals as identified in the disclosure process: N/A

True Family Deductible:  Yes  No  
\$ \_\_\_\_\_ per Family

Aggregating Individual Deductible:  Yes  No  
\$ \_\_\_\_\_ (Individual Excess Risk must be elected)

Benefit Percentage 100%

ReliaStar Life's:  
Maximum Individual Annual Benefit: \$N/A  
Maximum Individual Lifetime Benefit: \$2,000,000.00 minus the Individual Deductible

Monthly premium rates: \$14.78 Composite

**Optional (will apply if checked)**

Advance Funding  
 Terminal Liability  
 Laser Free Renewal Option for \_\_\_\_\_ renewal. Maximum renewal increase for \_\_\_\_\_ limited to \_\_\_\_\_ %.

Minimum Enrollment Required for Renewal of Coverage: 100 Employees Covered for Medical.

Covered Individuals are defined in the Employee Benefit Plan with the exception of: N/A

Coverage Exclusions and Limitations defined in this policy will apply with the exception of: N/A

Waiver of Actively at Work Requirement: The employees' actively at work requirements are waived, on the effective date of ReliaStar's coverage, for those employees who have been covered under the Plan Sponsor's self-funded Plan of Benefits.

Premium Due Date: January 1<sup>st</sup> for Aggregate Excess Risk. First of the policy month for Individual Excess Risk.

Approved for ReliaStar Life: Date: 6/6/2006 By: [Signature]

Group Name: County of El Paso  
Group Number: 31362-9