



**ADDENDUM #2 FOR
ADDENDA #2 THROUGH #6**

**RFP #FY 2018-2019-004 CITY OF HALLANDALE BEACH GROUP MEDICAL WITH PHARMACY,
MEDICAL GAP PLAN, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE
SPENDING ACCOUNT AND COBRA ADMINISTRATION**

Please ensure Firm check's the City's website for the latest addendum released for this project. The link is being provided to the City's website: www.cohb.org/solicitations.

PLEASE NOTE:

Firm must provide this form signed by an authorized officer of Firm to acknowledge receipt of the below addenda. This form must be provided back with Firm's response.

- Addendum # 2
- Addendum # 3 – Exhibit D2 – Formulary Drug Worksheet (Current Formulary Tiers)
- Addendum # 4 – Exhibit D3.1 and D3.2 Top Utilized DMO and DPPO Dentist Providers and Facilities
- Addendum # 5 – Exhibit D4.1, D4.2, and D4.3 Top Utilized Optometrist-Ophthalmologists Vision Facilities
- Addendum # 6 – Revised as of 3/18/2019 - Exhibit F – Census Data

CITY OF HALLANDALE BEACH GROUP MEDICAL WITH
PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION,
EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE SPENDING ACCOUNT
AND COBRA ADMINISTRATION

**ADDENDUM # 2 FOR
ADDENDA #2 through # 6**

**PLEASE NOTE RECEIPT OF ADDENDUM #2 FOR ADDENDA # 2 THROUGH #6 BY SIGNING BELOW AND
INCLUDE WITH FIRM'S SUBMISSION.**

I ACKNOWLEDGE RECEIPT OF ADDENDUM #2 THROUGH #6:

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department