



August 24, 2010

Addendum No. 1

Bid No. 2010-081-5191

Demolition and Reconstruction of a New Single Family Home located at
244 Walnut, Wilmer, Texas (Presley)

WHEREAS, the Bid is hereby amended to include the Dallas County Health Plan Summary, Insurance Requirement Affidavit, and Workers Compensation Affidavit, which are attached hereto.

This addendum is hereby acknowledged, understood and considered in our proposal.

Printed Name: _____

Signature of Authorized Representative: _____

Title: _____

Company: _____

Date: _____

Dallas County Health Plan Summary

Feature	In-Network	Out-of-Network
Select a Primary Care Physician	Yes	In-network PCP required
Annual Deductible	Does Not Apply	Does Not Apply
Coinsurance (after copays)	You 10%; Plan 90%; Plan 100% after OOP	You 40%; Plan 60%
Annual Out-of-Pocket Maximum (OOP)	\$1,750 individual/\$3,500 family	No limit
Lifetime Maximum	\$4,000,000 Combined	
Physician Services Office Visits Hospital Visits	\$25 PCP / \$30 Specialist Included in Inpatient Copay	You 40%; Plan 60% You 40%; Plan 60%
Urgent Care Visit	\$30 copay	You 40%; Plan 60%
Preventive Care Well Child Care (birth to age 17) *Annual Well-Woman Exam Routine Screening Mammography (age 35+) Adult Health Assessments (age 18 +) Routine Speech & Hearing Exam	\$25 PCP / \$30 Specialist \$25 PCP / \$30 Specialist No copay \$25 PCP / \$30 Specialist \$25 PCP / \$30 Specialist	You 40%; Plan 60% You 40%; Plan 60% You 40%; Plan 60% You 40%; Plan 60% You 40%; Plan 60%
Eyewear, Frames, Contacts	Not covered	
Maternity Services Prenatal and Postnatal Care – 1 st visit only Delivery in Hospital Newborn Care in Hospital (Routine)	\$25 PCP / \$30 Specialist \$150 copay per day, maximum \$600 Included with routine delivery	You 40%; Plan 60% You 40%; Plan 60% You 40%; Plan 60%
Inpatient Hospital Services	\$150 copay per day, maximum \$600	You 40%; Plan 60%
Outpatient Surgery	\$300 copay	You 40%; Plan 60%
Diagnostic Lab & X-rays	In physician, lab or radiological provider office, \$25 PCP; \$30 Specialist. If within 7 days prior to inpatient admit, plan pays 100%; Screening colonoscopy - \$250 copay	You 40%; Plan 60%
Hospital Emergency Care Services	\$75 copay – waived if admitted	\$75 copay – waived if admitted
Skilled Nursing Facility	You 10%; Plan 90%; Plan 100% after OOP up to 60 days annually	You 40%; Plan 60%
Home Health Care	You 10%; Plan 90%; Plan 100% after OOP up to 120 days annually	You 40%; Plan 60%
Allergy Care Services	\$25 PCP / \$30 Specialist	You 40%; Plan 60%
Chiropractic	\$30 copay per visit – maximum 20 visits per year	You 40%; Plan 60% - maximum 20 visits per year
Infertility Services (Limited Services)	You 50%; Plan 50%; Plan 100% after OOP (excludes in vitro and drug coverage)	You 50%; Plan 50% (excludes in vitro and drug coverage)
Medical Supply & Equipment (DME)	You 10%; Plan 90%; Plan 100% after OOP	You 40%; Plan 60%
Mental Health Services		
Outpatient Visits	\$25 visit – maximum 20 visits per year	You 50%; Plan 50% - maximum 20 visits per year
Inpatient	\$150 copay per day, maximum \$600 limits apply to number of days annually	You 40%; Plan 60%; limits apply to number of days annually
Serious Mental Illness	Treated like any other illness	
Chemical Dependency	Limited to 3 lifetime episodes of care	



DALLAS COUNTY
INSURANCE REQUIREMENT AFFIDAVIT

To Be Completed By Insurance Agent/Broker And Bidder

I, the undersigned Agent/Broker, reviewed the insurance requirement contained in this bid document. If the Bidder shown below is awarded this contract by Dallas County, I will be able to, within ten (10) days of notification of such award, meet all of the insurance requirements in this bid.

Insurance Coverage Reviewed: _____

Agent's Name: _____

Agency Name: _____

Address: _____

City/State/Zip: _____

Telephone No: (____) _____

Fax No: (____) _____

Bidder's Name and Company: _____

Project/Bid No. and Title: _____

By submitting a bid and signing below I affirm the following: I am aware of all costs to provide the required insurance, will do so pending contract award, and will have my insurance agent provide this information to Dallas County, meeting all requirements within ten days of notification of award.

If the above ten day requirement is not met, Dallas County may reject this bid and award the contract to the next lowest responsible bidder meeting specifications. If you have any questions concerning these requirements, please contact Mr. Urmit Graham, Risk Manager, Dallas County Human Resource/Civil Service Department at (214) 653-7604.

Insurance Agent/Broker Signature: _____

Date: _____

Bidder's Signature: _____

Date: _____

AFFIDAVIT OF _____

STATE OF TEXAS §
COUNTY OF DALLAS §

BEFORE ME, the undersigned authority personally appeared _____, individually and doing business as _____, who after being by me first duly sworn, deposed and stated as follows:

1. "My name is _____ appearing herein individually and as president and sole owner of _____. I am over 21 years of age, of sound mind, authorized and fully competent to make this affidavit. I have never been convicted of a felony or misdemeanor involving moral turpitude. I have personal knowledge of the facts and representations stated for the reasons stated herein, and such facts and representations are true and correct.

2. "My name is _____. I am president and sole owner of _____ located at _____.

Dallas County issued Solicitation No. _____ (hereinafter "Bid/RFP"). Bid/RFP provisions required the successful contractor to maintain Workers' Compensation Insurance Coverage meeting the requirements and coverage amounts as established by the Texas Workers' Compensation Act, Title 5, Subtitle A, Texas Labor Code. I do not maintain Workers' Compensation Insurance as required by the proposed bid. I am ineligible for purchasing Workers' Compensation Insurance as required by the proposed bid in that I do not meet the minimum requirements to purchase such insurance for the following reasons: _____.

Further affiant sayeth not."

Name

Company

SWORN TO AND SUBSCRIBED TO BEFORE ME, on this ____ day of _____, 20____.

Notary Public in and for the State of _____

Commission Expires