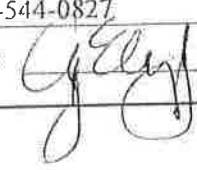


Cameron County Commissioners' Court Agenda Request Form

D - K

No. _____

Date: August 12, 2016 Meeting Date Request: August 23, 2016
 Deadline for Action: August 2, 2016 Contact Person: Gilberto Elizondo, Jr.
 Department: Administrative Services Phone: 956-544-0827 Fax: 956-550-1373
 Department Head Name: Gilberto Elizondo, Jr. Signature: 

Caption:

DISCUSSION AND POSSIBLE ACTION REGARDING THE SELECTION OF FIRM FOR ADMINISTRATIVE SERVICES ONLY (ASO) AND RX FOR MEDICAL, PPO NETWORK, COBRA/HIPAA SERVICES, AND STOP LOSS COVERAGE (ACTIVES & PRE-65 RETIREES) -- RFP #1460EH

SUBJECT TO NEGOTIATIONS & CONTRACT APPROVAL BY COMMISSIONERS' COURT

Background: *(Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).*

PRESENTATION AND RECOMMENDATION WILL BE MADE BY HEALTH INSURANCE CONSULTANT, MCGRIFF, SEIBELS & WILLIAMS, INC.

PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION OR PLACE N/A IF IS NOT APPLICABLE:

County Judge N/A Auditor mpg Budget [Signature] Legal [Signature] Human Resources [Signature] Purchasing [Signature]
 1295 Form N/A

Fiscal Data:
 Dept. Name: _____ Fund No. _____
 Funds Available: Yes ___ No ___

Funds From:
 Department: Yes ___ No ___ Amt. Expended : \$ _____
 General: Yes ___ No ___ Impact on future budget: Yes ___ No ___
 Grant: Yes ___ No ___

Comments:

Action taken by Commissioners' Court
 Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____

Approved by Commissioner's Court 08/23/2016

TAC

RECOMMENDATION

RFP # 1460EH

ADMINISTRATIVE SERVICES ONLY (ASO) AND RX FOR MEDICAL,
PPO NETWORK, COBRA/HIPAA SERVICES, AND STOP LOSS
COVERAGE (ACTIVES AND PRE-65 RETIREES)

EVALUATOR'S SIGNATURE: Alpe

EVALUATOR'S SIGNATURE: [Signature]

EVALUATOR'S SIGNATURE: [Signature]

EVALUATOR'S SIGNATURE: [Signature]

EVALUATOR'S SIGNATURE: [Signature]

Committee's recommends: TAC

Xavier Villarreal, Anthony Lopez, Gilberto Elizondo, David Betancourt, Charles Hoskins