

# Notice Addendum



## Identification

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Reference Number: 22031677  
 Title: THA - 09-0138 Employee Health Benefit Programs

Agency Reference Number: THA - 14-000000080370  
 Agency: THA - Toll Highway Authority  
 Purchasing Agency: THA - Toll Highway Authority  
 Purchasing Agency: Victoria Santiago  
 SPO:

Date First Offered: 08/19/2009  
 Status: Closed

## Overview

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Description and Specifications:  
 Addendum is being posted to correct the renewal dollar amount from \$16,350,000.00 to \$17,775,000.00.

## Key Information

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Notice Type: Contract Renewal

Does this addendum add/change vendor(s) information? (i.e. vendor name/address, contact information, and/or award amount, etc.)? Yes

Published: 02/20/2014

Notice Expiration Date: 02/26/2014

Professional & Artistic: No

Small Business Set-Aside: No

Does this solicitation contain a BEP or DBE requirement?: No

Does this solicitation contain a Veteran requirement?

Relevant Category: Employee Benefits

Length of Renewal Term: 12  
 Contract Begin Date: 03/01/2014  
 Contract End Date: 02/28/2015  
 Remaining Renewal Terms: 5

### Contract Renewal

Cost of Initial Term: \$22,500,000.00 (Total Dollar Amount of Initial Term)  
 Cost of this Renewal: \$17,775,000.00 (Total Dollar Amount of Renewal)  
 Renewal Increase/Decrease: 0.00  
 Change in Specifications: No  
 Renewal Number: 4 of 9

### Vendor(s) Selected for Award

Vendor Name	Amount of Award	BEP	Goal %	I
<a href="#">BLUE CROSS BLUE SHIELD / HEALTH CARE SVC CORP</a>	\$17,775,000.00	0%		(

### Notice Contact

Name: Desiree Liberti  
 Street Address: 2700 Ogden Avenue  
 City: Downers Grove  
 State: IL  
 Zip Code: 60515  
 Phone: 630-241-6800  
 Fax Number: 630-505-9270  
 EMail Address: dliberti@getipass.com

### Class Code

Class Codes: S300 Health; Dental; Life Insurance; & Services

### NIGP Code

NIGP Commodity/Service  
 Code:

Notify Type: Send email to selected Class Codes only

### Attachments

To download file(s), click on filename(s) located below. Not all Notice Addendums will have files to download.

File Attachments:



## Vendor Award Information



Help

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Created Date: 02/20/2014  
Created By: Julia Shaw

### Identification

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Reference Number: 22031677  
Title: THA - 09-0138 Employee Health Benefit Programs

### Vendor Selected for Award

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Vendor Name: BLUE CROSS BLUE SHIELD / HEALTH CARE SVC CORP  
Vendor Contact Name: SANDRA GONZALES  
Vendor Street Address: P O BOX 1186  
Vendor City: CHICAGO  
Vendor State: IL  
Vendor Zip Code: 60690  
Vendor Phone Number: 312-653-2216  
Vendor Fax Number: 312-540-0539

### Key Information

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Amount of Award: \$17,775,000.00 (Total Dollar Value Only)  
Amount of Increase/Decrease: \$0.00 (Dollar Value Only)  
Indicate Increase or Decrease: No Change  
Renewal Options: 4 of 9  
BEP Goal Amount (Percentage): 0.00%  
DBE Goal Amount (Percentage): 0.00%  
Will Sub-Contractors Be Utilized? No