

Notice



Identification

| | |
|--------------------------|--|
| Reference Number: | 22036660 |
| Request ID: | 15-000000093716 |
| Date First Offered | 08/19/2009 |
| Title: | THA - 09-0138 Employee Health Benefit Programs |
| Agency Reference Number: | THA - 15-000000093716 |
| Agency: | THA - Toll Highway Authority |
| Purchasing Agency: | THA - Toll Highway Authority |
| Purchasing Agency SPO: | Victoria Santiago |
| Status: | Published |

Overview

Description and Specifications:

The Illinois Tollway is giving notice of intent to renew contract 09-0138 Employee Health Benefit Programs with Blue Cross Blue Shield/Health Care Services.

This renewal will continue to provide the services and insurance necessary for the Agency's employee preferred provider organization (PPO) medical benefit plan; employee health maintenance organization (HMO) medical plans; PPO dental plan and PPO optical plan. Resulting from an RFP Sol# 22017783.

This renewal term shall not exceed \$23,119,200.00 without a formal change order.

The Tollway will execute the sixth renewal option.

Key Information

| | |
|---|------------------|
| Notice Type: | Contract Renewal |
| Published: | 02/01/2016 |
| Notice Expiration Date: | 02/08/2016 |
| 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?: | No |

Relevant Category: Employee Benefits
 Length of Renewal Term: 12
 Contract Begin Date: 03/01/2016
 Contract End Date: 02/28/2017
 Remaining Renewal Terms: 3

Contract Renewal

Cost of Initial Term: \$22,500,000.00 (Total Dollar Amount of Initial Term)
 Cost of this Renewal: \$19,266,000.00 (Total Dollar Amount of Renewal)
 Renewal Increase/Decrease: 0.00
 Change in Specifications: No
 Renewal Number: 6 of 9

Vendor(s) Selected for Award

| Vendor Name | Amount of Award | BEP | Goa |
|---|-----------------|-----|-----|
| BLUE CROSS BLUE SHIELD / HEALTH CARE SVC CORP | \$19,266,000.00 | | 0% |

Notice Contact

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

Class Code

Class Codes:

NIGP Code

| | |
|-------------------|--|
| NIGP | 918 40 Employee Benefits Consulting |
| Commodity/Service | 946 45 Employee Benefit Funds |
| Code: | 948 48 Health Care Services (Not Otherwise Classified) |
| | 953 48 Health/Hospitalization (Including Dental and Visual Insuranc... |

Attachments

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

File Attachments:

[◀ Back](#)

Vendor Award Information

[?](#)
Help

Created Date: 02/01/2016
Created By: Julia Shaw

Identification

Reference Number: 22036660
Title: THA - 09-0138 Employee Health Benefit Programs

Vendor Selected for Award

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

Key Information

Amount of Award: \$19,266,000.00 (Total Dollar Value Only)
Amount of: \$0.00 (Dollar Value Only)
Increase/Decrease:
Indicate Increase or: No Change
Decrease:
Renewal Options: 6 of 9
BEP Goal Amount: 0.00%
(Percentage):
DBE Goal Amount: 0.00%
(Percentage):
Will Sub-Contractors: No
Be Utilized?