

REQUEST FOR SEALED INSURANCE PROPOSALS

The City of Port Isabel is accepting proposals for Group Health Insurance. A Proposal Package may be obtained at the office of the City Secretary, 305 E. Maxan, Port Isabel, TX 78578. If you have any questions please the office of the City Secretary at 956-943-2682.

If a perspective vendor is in doubt as to the true meaning of the proposal specifications, or other proposal documents or any part thereof, he/she may submit in writing to City Secretary, Susie Alcocer no later than August 03, 2012.

Proposals, however delivered, will be due no later than 2:00 pm on Friday August 10, 2012. Proposals will not be accepted after this date and time. Proposals will be publicly opened on August 10, 2012 at 2:00 PM. Proposers are welcomed to attend.

The City of Port Isabel reserves the right to reject any or all proposals, to waive defects and formalities in such proposals, to award the contract to the respondent which the City considers has submitted the best and most advantageous proposal, and to hold all proposals for a period of thirty days without taking action thereon.



City of Port Isabel

Specifications & Underwriting Information

Request for Proposal

Fully-Insured & Self-Funded
Group Medical Insurance

July 26, 2012

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**City of Port Isabel
General Overview**

**SECTION 1
INTRODUCTION**

1.1 Scope

The intent of City of Port Isabel is to engage Contractor's to furnish benefits for the Group Medical program offered by City of Port Isabel to its employees and the employees' dependents. This process includes a **Request for Proposal** for fully insured and self-funded Medical Insurance.

**SECTION 2
GENERAL INFORMATION**

2.1 Specification Release Date

Request for Proposal specifications will be released, Thursday, July 26, 2012
Specifications may be obtained at:

**City of Port Isabel
Susie Alcocer
City Secretary
305 E. Maxan
Port Isabel, TX 78578
Phone #: 956.943.2682
Fax #: 956.943.2029**

2.2 Proposal May Be Withdrawn Before Quote Opening

Proposal may be withdrawn at any time prior to the official opening.

2.3 Offerers Should Apprise Themselves of All Available Information

Offerers shall thoroughly examine the specifications, the schedule and all other contract documents.

2.4 Proposal Should Be In Conformance with the Specifications

Care should be taken to match the requested plan designs as closely as possible. The **Request for Proposal** specifications are not intended to be restrictive, but Proposals, not in conformance to the specifications, will not be considered unless such nonconformance is explained in detail. General discussion and plan comparison of competing proposals will be in regard to the specified in-force benefits.

2.5 The Proposer Has Responsibility to Verify Information

Due care has been exercised in the preparation of these specifications, and the information is believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely on the offerer.

2.6

SECTION 3 **CONDITIONS OF PROPOSAL**

3.1 Preparation of Proposal

All information required by the proposal form shall be furnished.

3.2 Alternate Proposal- Request for Proposal

Alternate Proposals will be considered. All alternate Proposals should be clearly marked "Alternate Plan I, Alternate Plan II, etc." Offerers are encouraged to be creative and to present their most competitive coverage and pricing Proposal.

3.3 Requirements and Qualifications of Offerer

Offerer shall possess the following certifications and experience.

- 1.** Certified by the State of Texas and licensed to perform the professional services required or implied by the Request for Proposal.
- 2.** Offerer certifies they are a duly qualified, capable, bondable business entity, and have not filed for bankruptcy, and that they are not in receivership; nor contemplates the same.
- 3.** Offerer must have previous experience within the State of Texas, and will furnish bonafide references within their proposal to substantiate this experience.
- 4.** All questions prior to the closing date should be directed by fax to:

City of Port Isabel
Susie Alcocer
City Secretary
305 E. Maxan
Port Isabel, TX 78778
Phone #: 956.943.2682
Fax #: 956.943.2029

Faxed, written questions are requested as well as contact person phone number for response. Inquiries should make reference to specific section numbers in Request for Proposal.

5. All questions asked in the RFP will be used in making a selection and should be addressed by section and number on attached vendor response forms. Finalists may be required to respond to additional questions during the evaluation process.

3.4 Rejection of Proposal

City of Port Isabel may reject any or all Proposals whenever it is deemed in the best interest of to do so. City of Port Isabel may also waive informalities or irregularities in any Proposal. City of Port Isabel also reserves the right to accept or reject any portion of the proposal at its own discretion. Receipt of any proposal shall, under no circumstances, obligate City of Port Isabel to accept the lowest proposal or bid. The award of the contract shall be made to the responsible offerer, whose proposal is determined to be the best evaluated offer, taking into consideration the relative importance of price, quality, service and other evaluation factors set forth in the Request for Proposal. If you consider any portion of your proposal to be confidential information and that disclosure of its contents to competing quoters would be detrimental to your company, clearly identify those portions. **It is the responsibility of the responding party to separate information it considers to be confidential and to place such confidential information on separate sheets of paper, each clearly labeled "CONFIDENTIAL."** The identified portions will be protected from disclosure to the extent possible under the law.

3.5 Competitive Proposal Process

Proposals will be opened so as to avoid disclosure of contents to competing offerers, and not be made public during the process of negotiation. However, all Proposals shall be open for public inspection after the award of the contract, except for any bonafide trade secrets and/or confidential information contained in the proposal and identified as such.

3.6 Insurance Agents & Brokers

City of Port Isabel will accept proposals from agents and brokers, as well as direct offers from Insurance Carriers and Third Party Administrators. All commissions, bonuses, overrides and any other remuneration to be paid to the broker or agent must be clearly disclosed in writing and included with proposal submission.

City of Port Isabel retains the right to award a contract net of agent or broker commissions, as well as retain the right to appoint a Broker of Record at the city's discretion.

3.7 Clarification of Objection to Proposal Specifications

If a perspective vendor is in doubt as to the true meaning of the proposal specifications, or other proposal documents or any part thereof, he/she may submit, no later than August 3, 2012, a request for clarification to:

**City of Port Isabel
Susie Alcocer
City Secretary
305 E. Maxan
Port Isabel, Tx 78578
FAX: 956.943.2029**

All such requests for information shall be made in writing and the person submitting the request will be responsible for its prompt delivery. Any interpretation of the Request for Proposal, if made, will be made only by Addendum duly issued. A copy of such Addendum will be mailed or delivered to each person receiving a set of bids. City of Port Isabel will not be responsible for any other explanation or interpretation of the proposal made or given prior to the award of the contract. Any objections to the specifications requirements as set forth in this request for proposal must be filed in writing with the City of Port Isabel Finance Director no later than August 3, 2012.

SECTION 4 PUBLIC ADVERTISEMENT AND PROPOSAL DEADLINE

4.1 Request for Proposal

City of Port Isabel will advertise for sealed Proposals in whatever Publications City of Port Isabel deems necessary to obtain the most qualified applications. In addition, City of Port Isabel will send a "Request for Proposal" to parties known, or that have been recommended by other entities.

Two (2) copies of proposals must be submitted, no later than Friday, August 10, 2012, 2:00 PM and received by:

***City of Port Isabel
Attn: City Secretary
305 E. Maxan
Port Isabel, TX 78578***

***ALL PROPOSALS MUST BE SEALED AND CLEARLY MARKED:
DO NOT OPEN IN MAILROOM
DELIVER SEALED AND UNOPENED DIRECTLY TO:
Susie Alcocer
City Secretary***

***Proposal submitted after this date and time will be returned unopened.
Care should be taken to allow sufficient time to meet the Friday,
August 10, 2012, 2:00 PM deadline.***

4.3 Proposal Opening

The sealed Proposals are to be opened on:

***Friday, August 10, 2012
Time: 2:00 PM
City of Port Isabel
City Secretary
305 E. Maxan
Port Isabel, TX 78578***

SECTION 5 SELECTION CRITERIA

The City of Port Isabel insurance committee will evaluate proposals received on or before the proposal deadline. The evaluation criteria will include, but will not be limited to price, service, reporting capabilities and network and responsiveness.

SECTION 6 HISTORICAL BACKGROUND

The City of Port Isabel is a political subdivision located in Port Isabel, Texas. The current carrier for the Group medical Plan is Valley Baptist Health Plans, a fully-insured program. The City contributes 100% of the employee only rate.

The City is interested in reviewing fully-insured plans with similar benefits as is now in force. Alternate plans will be considered, as outlined in the specifications, to include self-funded plans and/or Intergovernmental Benefits Pool.

SECTION 7
BENEFIT SPECIFICATIONS

It is the intention of City of Port Isabel to maintain, as much as possible, the current benefit levels. However, it is understood that proposers may not be able to match current benefits in total. Please base your proposal on the current level of benefits as close as possible. Clearly indicate any deviations in benefits in your proposal.

City of Port Isabel will consider and evaluate alternative proposals to include a \$2,000 and \$5,000 annual deductible and elimination of the office visit co-pay. In conjunction with this alternate proposal the City will consider a supplemental Medical Expense Reimbursement Plan (MERP).

Vendors are encouraged to be creative and to present their most competitive coverage and pricing proposal utilizing the current benefit structure as a basis.

SECTION 8
FUNDING SPECIFICATIONS

The City of Port Isabel will consider fully-insured as well as self-funded employee benefit proposals.

SECTION 9
RATE GUARANTEE

City of Port Isabel desires a minimum of a one (1) year rate guarantee with a ninety (90) day renewal notice.

CITY OF PORT ISABEL TIMELINE

July 26, 2012	Advertise in local paper
July 27, 2012	Release of Request for Proposals @10:00 am CST
July 31, 2012	Advertise in local paper a 2nd time (required)
August 3, 2012	Deadline for vendor questions
August 10, 2012	Request for Proposal Due Date
August 28, 2012	Award Contract
October 1, 2012	Effective Date of Contract

**Request for Proposal
Fully Insured
Group Medical Insurance Coverage**

Request for Proposal ASSUMPTIONS

Quote is based on the census attached.

Effective date is October 1, 2012. All participants enrolled in the insurance plan as of September 30, 2012, are to be covered on a "no loss/no gain" basis. All services incurred on or after October 1, 2012 for enrolled insured's are to be eligible expenses. City of Port Isabel's enrollment records are the basis for "take-over". Any deviations to these requirements must be clearly disclosed and may not disqualify your proposal.

"No Loss/No Gain" will include credit for accumulated deductibles, coinsurance and lifetime maximum benefits. CITY OF PORT ISABEL, through its insurer, will furnish statistical information for this calculation.

Renewal rates must be provided to CITY OF PORT ISABEL ninety (90) days prior to date of rate change.

QUESTIONS:

1. Description of Proposer:

Name:

Physical Address:

Mailing Address:

Contact Name:

Telephone No.:

Facsimile No.:

2. Describe Financial Stability of Insurance Company.

Rating Firm	Rating	Date of Rating
A.M. Best Co.		
Duff & Phelps Credit Rating Co.		
Moody's Investors Service, Inc.		
Standard & Poors Corp.		

3. Is the Insurance Company authorized to do business in Texas?

4. Describe Claim Payment Services.

5. Describe "Normal" processing time claims.
6. Will CITY OF PORT ISABEL negotiated discounts with providers be accepted in lieu of performing a hospital audit?
7. Location of Claim Office.
8. Name and contact information of City of Port Isabel Account Manager.
9. REPORTS: PLEASE SEE RESPONSE FORM SCHEDULE B REGARDING REPORTS
10. Are "active-at-Work" and "disabled dependent provisions" waived for the effective date of the contract?
11. Is there a pooling point in your contract? If so, what is the pooling point?
12. What trend factor are you currently utilizing?
13. Will you offer a renewal rating formula based on paid claim information, defined and guaranteed in advance of award of this contract?
14. Which PPO Network/s will you utilize?

**Request for Proposal
Self-Funded
Group Medical Insurance Coverage**

Request for Proposal ASSUMPTIONS

Quote is based on the census attached.

Effective date is October 1, 2012. All participants enrolled in the insurance plan as of September 30, 2012, are to be covered on a "no loss/no gain" basis. All services incurred on or after October 1, 2012, for enrolled insured's are to be eligible expenses. City of Port Isabel's enrollment records are the basis for "take-over". Any deviations to these requirements must be clearly disclosed and may not disqualify your proposal.

"No Loss/No Gain" will include credit for accumulated deductibles, coinsurance and lifetime maximum benefits. CITY OF PORT ISABEL, through its insurer, will furnish statistical information for this calculation.

Renewal rates must be provided to CITY OF PORT ISABEL ninety (90) days prior to date of rate change.

QUESTIONS:

1. Description of Proposer:

Name:

Physical Address:

Mailing Address:

Contact Name:

Telephone No.:

Facsimile No.:

2. Describe Financial Stability of Insurance Company.

Rating Firm	Rating	Date of Rating
A.M. Best Co.		
Duff & Phelps Credit Rating Co.		
Moody's Investors Service, Inc.		
Standard & Poors Corp.		

3. Is the Insurance Company authorized to do business in Texas?

4. Describe Claim Payment Services.

5. Describe "Normal" processing time claims.
6. Location of Claim Office.
7. Name and contact information of City of Port Isabel Account Manager.
8. REPORTS: PLEASE SEE RESPONSE FORM SCHEDULE B REGARDING REPORTS

**GROUP HEALTH PROGRAM
Proposal Response Form Schedule A**

VENDOR REFERENCES

Please list three (3) references of current customers for which a similar service is provided. These references must have been customers for a minimum of two (2) years. Other Appraisal Districts or institutions with similar benefits are preferred. Include address, name of contact person and telephone number. Also provide references of two (2) clients who have recently canceled coverage with you and your version of why they canceled.

1. ENTITY	_____
CONTACT	_____
TELEPHONE	_____
LOCATION	_____
2. ENTITY	_____
CONTACT	_____
TELEPHONE	_____
LOCATION	_____
3. ENTITY	_____
CONTACT	_____
TELEPHONE	_____
LOCATION	_____

**GROUP HEALTH PROGRAM
Proposal Response Form Schedule A**

CANCELED CLIENT REFERENCES

1. ENTITY _____
CONTACT _____
TELEPHONE _____
LOCATION _____

REASON CANCELED:

2. ENTITY _____
CONTACT _____
TELEPHONE _____
LOCATION _____

REASON CANCELED:

**Proposal Response Form Schedule B
Monthly Reporting of Data**

Will City of Port Isabel have access to paid claim and paid premium data on a monthly basis? If not monthly, please provide information on frequency of reporting?

Upon termination of contract, will your company continue to furnish these reports to City of Port Isabel through the duration of the contract?

Please provide information below as to how monthly reports will be made available. If access will be given to City of Port Isabel through an internet based web portal, please provide information.

Please provide samples of reports as described in this response.

As a representative of submitting company, I attest that the information on this Report Request is accurate. Should my company be awarded a contract through this Request for Proposal process, City of Port Isabel may contact me to assist in obtaining reports as outlined above and attached.

Signature

Name of Company and Title

Address

City, State, Zip

Telephone:

E-mail:

Date:

Current Insurance Company

Valley Baptist Health Plans

This chart only summarizes covered benefits. Please refer to the Certificate of Insurance for coverage details including exclusions & limitations.

COVERED SERVICE	PREFERRED PROVIDER (In-Network Benefits)	NON-PREFERRED PROVIDER (Out-of-Network Benefits)
POLICY YEAR: CALENDAR		
DEDUCTIBLE <i>(Does not apply toward Out-of-Pocket Maximum)</i>	\$2,000 per Insured Person \$4,000 per Family	\$4,000 per Insured Person \$8,000 per Family
OUT-OF-POCKET MAXIMUM	\$4,000 per Insured Person \$8,000 per Family	\$8,000 per Insured Person \$16,000 per Family
ANNUAL MAXIMUM	\$2,000,000	
PRE-AUTHORIZATION PENALTY	Failure to Pre-authorize reduces benefits by 50% or \$500, whichever is less.	
ALL COVERED SERVICES <i>(not specifically listed below)</i>	80% after Deductible	60% after Deductible
INPATIENT SERVICES		
Inpatient Services • Includes Observation Unit admissions	80% after Deductible	60% after Deductible
OUTPATIENT SERVICES		
Outpatient Services/Surgery include: • Facility Charges; Surgical Procedures; Physician Services	80% after Deductible	60% after Deductible
Diagnostic Tests <i>(performed in an outpatient setting)</i> : • MRI; CT Scans; Sleep Study; Nuclear Stress Tests; PET Scans	80% after Deductible	60% after Deductible
PHYSICIAN OFFICE SERVICES		
Physician Office Visits <i>(Note: Other charges may apply. See 'ALL COVERED SERVICES' for further details.)</i>	\$25 Copayment	60% after Deductible
Diagnostic Tests <i>(performed in the Physician's office)</i> : • MRI; CT Scans; Sleep Study; Nuclear Stress Tests; PET Scans	80% after Deductible	60% after Deductible
Allergy Services: • Office Visit • Allergy Testing • Serum & Injection Administration	\$25 Copayment Included in the Office Visit Copay 80% after Deductible	60% after Deductible 60% after Deductible 60% after Deductible
Maternity Care, including Pre- & Post-Natal Obstetrical Care	\$25 Copayment	60% after Deductible
Surgical Procedures performed in the Physician's Office	80% after Deductible	60% after Deductible
PREVENTIVE SERVICES		
Preventive Office Visit charges	Covered in full	60% after Deductible
All Other Preventive Services include: • Annual Routine Physicals • Well Baby & Well Child Care • Routine Immunizations <i>(newborn through adult)</i> • Examinations & testing for the detection of Prostate Cancer • Newborn Child Hearing Screenings <i>(birth to 30-days old)</i> • Well Woman Exam including Routine Annual Physicals • Screening mammograms including Digital, X-ray & Ultrasound • Screening for the detection of Colorectal Cancer <i>(If other procedures are needed during the screening, additional Copayments, Deductible, &/or Coinsurance will apply.)</i> • Bone Mass Measurement • Cardiovascular Disease Screening – Limited to \$200,	Covered in full	60% after Deductible

COVERED SERVICE	PREFERRED PROVIDER (In-Network Benefits)	NON-PREFERRED PROVIDER (Out-of-Network Benefits)
once every 5 years		
<i>For further information on PREVENTIVE SERVICES, see Your Certificate of Insurance</i>		
EMERGENCY ROOM SERVICES		
Emergency Room Minor Emergency/Urgent Care Facilities Ambulance	80% after Deductible \$75 Copayment – Deductible waived 80% after Deductible	80% after Deductible 60% after Deductible 80% after Deductible
BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
Behavioral Health/Chemical Dependency Services include: <ul style="list-style-type: none"> • Acute/Non-Chronic/Short-Term Mental Health Services • Serious Mental Illness • Chemical Dependency Services • Autism Spectrum Disorder • Acquired Brain Injury 	<u>Inpatient:</u> See <i>INPATIENT SERVICES</i> <u>Outpatient:</u> \$20 Copayment	60% after Deductible
FAMILY PLANNING & INFERTILITY SERVICES		
Family Planning & Counseling Infertility Services Contraceptive Devices, Implants & Injections Sterilization Procedures: (<i>Vasectomy & Tubal Ligation</i>)	\$25 Copayment Not Covered 80% after Deductible 80% after Deductible	60% after Deductible Not Covered 60% after Deductible 60% after Deductible
DIABETIC SERVICES		
Diabetic Self-Management Education Insulin & Diabetic Medications: <ul style="list-style-type: none"> • 30-day Supply <ul style="list-style-type: none"> ○ 1st tier – Generic Drugs ○ 2nd tier – Brand name drugs on drug list ○ 3rd tier – Brand name drugs not on drug list • Mail Order (<i>up to 90-day supply</i>) Test Strips: <ul style="list-style-type: none"> • Level 1 Strips • Level 2 Strips 	\$25 Copayment \$10 per prescription \$30 per prescription \$60 per prescription <i>Copays are 3 times the 30-day Supply</i> 90% after Deductible 80% after Deductible	60% after Deductible The claim is paid at 70% of the actual charges, after they are first reduced by the sum of the applicable In-Network pharmacy charges & any required difference in the cost between a Brand Name medication & a Generic medication. 70% after Deductible 60% after Deductible
OTHER HEALTH CARE SERVICES		
Limited Accidental Dental Care & Medically Related Oral Surgeries – <i>\$10,000 combined In-/Out-of-Network Maximum Benefit per Policy Year</i> Routine Laboratory Tests & X-rays (<i>regardless of location</i>) Colonoscopies – <i>Diagnostic & Related Procedures</i> Rehabilitation/Occupational/Physical/Speech/Hearing Therapy Services Hospice Care – <i>\$10,000 combined In-/Out-of-Network Lifetime Maximum Benefit</i> Spinal Manipulation – <i>Limited to a combined 10 In-/Out-of-Network visits per Policy Year</i> Pain Management Services/Dialysis Services/Organ Transplant Services Durable Medical Equipment (DME) – <i>\$4,000 combined In-/Out-of-Network Maximum Benefit per Policy Year. This limit applies to both Outpatient & Home Health Care services. DME used in the treatment of diabetes, oxygen & monitoring devices are not included in the \$4,000 maximum.</i> Prosthetics – External Devices: <i>Combined In-/Out-of-</i>	80% after Deductible Covered in full 80% after Deductible 80% after Deductible 80% after Deductible 80% after Deductible, up to \$50 per Visit 80% after Deductible 80% after Deductible 80% after Deductible	60% after Deductible 60% after Deductible 60% after Deductible 60% after Deductible 60% after Deductible 60% after Deductible, up to \$50 per Visit 60% after Deductible 60% after Deductible 60% after Deductible

COVERED SERVICE	PREFERRED PROVIDER <i>(In-Network Benefits)</i>	NON-PREFERRED PROVIDER <i>(Out-of-Network Benefits)</i>
<p><i>Network Lifetime Maximum of \$15,000 per Device/Limb</i></p> <p><i>Orthotics: Combined In-/Out-of-Network Lifetime Maximum of \$15,000 per Device</i></p> <p><i>Internal Implantable Devices</i></p> <p><i>Home Infusion Therapy (excluding "self-injectable" drugs)</i></p> <p><i>Skilled Nursing Facility: Limited to a combined 60 In-/Out-of-Network days/visits per Policy Year</i></p> <p><i>Hearing Aids</i></p>	<p>80% after Deductible</p> <p>80% after Deductible</p> <p>80% after Deductible</p> <p>80% after Deductible</p> <p>Coverage is limited to a maximum of \$500 per ear once every 36 months – after Deductible</p>	<p>60% after Deductible</p> <p>60% after Deductible</p> <p>60% after Deductible</p> <p>60% after Deductible</p>
<p><i>Home Health Care Services include: Limited to a combined 30 In-/Out-of-Network visits per Policy Year</i></p> <ul style="list-style-type: none"> <i>Medical equipment/supplies other than drugs & medicines: \$4,000 combined In-/Out-of-Network Maximum Benefit per Policy Year. This limit applies to both Outpatient & Home Health Care services.</i> 	<p>80% after Deductible</p>	<p>60% after Deductible</p>

Group Health Insurance Census Data Report

City of Port Isabel Group Health Insurance Census Data Sheet

	First Name	Last Name	Sex	DOB
1	DAVID	MARTINEZ	Male	1/5/1954
2	CARLOS	FLORES	Male	3/22/1976
3	JOE	ARAGUS	Male	1/4/1980
	JOSEPH	ARAGUS	Male	4/19/2001
4	RAYMOND	BRANDRIFF	Male	1/18/1968
	STACEY	BRANDRIFF	Female	9/4/1967
	TAYLOR	BRANDRIFF	Female	10/16/1999
5	MONICA	GARZA	Female	8/21/1975
6	JULIANA	GAUCIN	Female	8/12/1976
7	EDWARD P	MEZA	Male	12/23/1962
8	BALDEMAR	ALANIZ	Male	7/29/1957
9	DANIEL	MARCHAN	Male	12/5/1970
10	OMAR	OLGUIN	Male	7/9/1967
11	JEANNIE	ABY-FLORES	Female	5/5/1974
12	EDWARD	HOLLAND	Male	4/29/1961
13	SAN JUANITA	VILLARREAL	Female	12/5/1975
14	IDA	TELLEZ	Female	8/29/1964
15	RAUL	FERNANDEZ JR	Male	2/29/1956
16	GERARDO E	SALDIVAR	Male	8/16/1964
17	ARMANDO	MORA	Male	1/23/1978
18	JAVIER	VIVERO	Male	3/3/1975
19	GREGORIO	PUENTE	Male	8/14/1971
20	DIODORO N	DIAZ	Male	7/5/1944

**City of Port Isabel
Group Health Insurance
Census Data Sheet**

21	MARIA	ALCOCER	Female	10/6/1961
22	ESTEBAN A	NAVA	Male	8/6/1942
23	PERNAL J	KEENER	Male	5/11/1961
24	GREGORIO	CRUZ	Male	6/17/1967
	KRISTOPHER	CRUZ	Male	11/13/1993
	SANDRA	CRUZ	Female	4/21/1962
25	JUAN	MARTINEZ	Male	6/11/1964
26	RODRIGO	GARCIA	Male	8/29/1978
27	MARJORIE	JACOBS	Female	4/12/1947
28	GUALBERTO	GONZALEZ	Male	10/17/1953
29	PEDRO	DELGADILLO	Male	3/21/1969
30	IRMA	SALINAS	Female	1/23/1987
31	LOURDES	NUNEZ	Female	9/16/1958
32	RENE	NAVA	Male	4/7/1978
33	RUBEN	GONZELES	Male	1/29/1981
34	FRANKIE	GARZA	Male	10/30/1985
35	IRENE	CAMACHO	Female	1/4/1980
36	JOSE	SALINAS	Male	10/21/1959
37	CARMEN	TADEO DE HUBAN	Female	12/15/1960
38	JAVIER	CALDERON	Male	9/3/1986
39	JESUS	HERNANDEZ	Male	2/11/1983
40	MAURO	HERNANDEZ	Male	11/21/1949
41	JUANA	SABBAGH	Female	11/17/1988
42	JOSE	RUIZ	Male	4/3/1968

**City of Port Isabel
Group Health Insurance
Census Data Sheet**

44	NOE	ORTIZ	Male	5/22/1943
45	ANABEL	GUILLEN	Female	3/11/1973
46	MARILYN	PONDER	Female	3/16/1956
47	LARRY	ELLIS	Male	5/10/1951
48	JORGE	GUERRERO	Male	7/10/1976
	VICTORIA	GUERRERO	Female	12/9/2003
49	NORMAN	ESQUIVEL	Male	5/4/1983
	ALEJANDRA	BANALES-ESQUIV	Female	4/26/1984
50	MARIA DEL CARM	ALANIZ	Female	10/10/1968
51	FRANCISCO	CANTU	Male	2/23/1961
52	DAVID	REYES	Male	9/6/1977
53	JOSE	MARTINEZ	Male	2/4/1976
54	CHARLIE	WOOD	Male	10/5/1965
55	CESAR	GARCIA	Male	10/18/1988
56	LAURI	BARRERA	Female	11/14/1974
57	VICTOR	ECHAVARRIA	Male	7/21/1970
58	TRINIDAD	CORTEZ	Male	4/7/1970
59	MARTHA	MARES	Female	11/21/1978
60	ESAU	RINCON	Male	7/23/1972
	DANIEL	RINCON	Male	11/22/2006
	DAVID	RINCON	Male	11/22/2006
	SANDRA	RINCON	Female	9/26/1973
61	PATRICIA	SOLLOZO	Female	9/10/1984
62	JESUS	RENTERIA	Male	11/6/1991

**City of Port Isabel
Group Health Insurance
Census Data Sheet**

63	HELEN	DELGADILLO	Female	11/17/1955
64	GREGORIO	RUIZ	Male	11/27/1987
65	OSCAR	DEL ABRA	Male	2/9/1976
66	CARLOS	GONZALEZ	Male	6/12/1979
67	ROBERT	CONTRERAS	Male	1/20/1991
68	JUAN	RODRIGUEZ CORO	Male	3/29/1964
69	ARELI	GONZALEZ	Female	8/6/1983
70	STACY	DEL RIO	Female	9/19/1985
71	NOE	ORTIZ	Male	10/3/1982
72	SASHA	VILLASENOR	Female	7/30/1983
73	HECTOR	GUEVARA	Male	8/15/1967
	CAROLINA	GUEVARA	Female	10/2/2003
74	KIMBERLY	VILLARREAL	Female	5/30/1986
75	KRISTEN	KLINE	Female	11/9/1970
76	JOSE	MENDOZA	Male	8/20/1982
77	GUALBERTO	BENNETT JR	Male	4/29/1972
78	MIGUEL	AGUILERA	Male	3/30/1991
79	NICOLE	ALVAREZ	Female	1/5/1987
80	ALFONSO	SALAZAR JR	Male	9/11/1969
81	HECTOR	SALDIVAR	Male	5/1/1990
82	LUDIM	ESPARZA	Male	12/29/1967