



PROCUREMENT SERVICES

ADDENDUM TO CONTRACT DOCUMENTS

ADDENDUM NO.: 1

PROJECT NAME: N237449AN - Voluntary Group Dental Insurance

DATE OF ISSUE: May 12, 2023

The following information shall be included in the ITN documents and is hereby made part of the contract documents in the form of clarification, addition, deletion or revision to the contract specifications.

Proposers' questions/issues and District answers (District answers are italicized):

Q1.	Please confirm all plans are MAC reimbursement as reflected in provided COC or if there been plan changes to the OON reimbursement If plan changes have been captured provide the updated COCs with applicable start date?
A1.	<i>All current dental plans are MAC reimbursement.</i>

Q2.	If plans are not MAC plans and they are UCR – what is the OON reimbursement percentage?
A2.	<i>Please see response to Question 1.</i>

Q3.	Please confirm the expected contribution amount for the following financial allowances as outlined in Questionnaire Attachment- Section VII. Financial Questionnaire. a) Implementation b) Wellness c) Communcation d) Periodic Plan-Wide Mailings e) Audit
Q3.	<i>Please provide your proposed allowances for each of the items in your proposal.</i>

Q4.	Please confirm the that the School Board is requesting proposers to directly fund an audit allowance of either \$25,000 or \$50,000?
A4.	<i>The District is requesting a \$50,000 yearly audit allowance from proposers to directly fund. The District is also requesting a \$25,000 pre-implementation/implementation audit allowance from proposers to directly fund.</i>

Q5.	What is the purpose of the audit mentioned in the Questionnaire – Section VII, Question 5? Please confirm the allowance requested is \$50,000 per year vs. a one-time allowance.
A5.	<i>The District is requesting a \$50,000 yearly audit allowance from proposers to directly fund. This allowance may be used by The District to perform claim audits and/or operational service audits.</i>

Q6.	Please advise on the determining factors that would prompt a quality review of our plan design on behalf of the district? Reference – Questionnaire Attachment- Section VII. Financial Questionnaire, Question 7.
A6.	<i>There are no specific determining factors. Section VII. Financial Questionnaire, Question 7 indicates the quality review will be conducted prior to the Go-Live date.</i>
Q7.	Please confirm that the required comission is 5%?
A7.	<i>Confirmed.</i>
Q8.	Please provide a 5-year rate history, if available?
A8.	<i>Please see Exhibit 10.</i>
Q9.	Would School Board consider a DHMO plan, including implants and orthodontia, alongside the PPO offerings or as a replacement of the low offering?
A9.	<i>With the limited number of DHMO providers in our area, The District would prefer PPO plans.</i>
Q10.	If the School Board would like to see a DHMO plan offering, please provide additional applicable exhibits for completion.
A10.	<i>Please see the response to Question 9.</i>
Q11.	Why is the School Board currently out to bid for benefits (for example: end of contract, service issues,etc)?
A11.	<i>The current contract will expire on March 31, 2024.</i>
Q12.	Are there any services or products (wish-list items) that the School Board would like to see from proposers that are not currently being met by the incumbent carrier?
A12.	<i>Please include any innovative recommendations above and beyond our current benefit offerings/services that you are able to provide.</i>
Q13.	Please confirm the location that a redacted copy of the proposal should be uploaded in the Bonfire portal?
A13.	<i>There is an opportunity to upload a redacted copy in Bonfire under Requested Information, Document, 1 Redacted Copy of Proposal.</i>
Q14.	Please identify the top 100 utilized providers on the provided Worksheet 7 – Provider Match in the Questionnaire.
A14.	<i>Please see Exhibit 8.</i>
Q15.	Please provide the spreadsheet password or an unprotected spreadsheet of Attachment file name: 7-02. N237449AN – Questionnaire.
A15.	<i>We are unable to provide the password or an unprotected Questionnaire due to internal requirements.</i>
Q16.	Please confirm that the district is requesting three (3) current references and one (1) former reference in response to ITN No: N237449AN – Voluntary Group Dental Insurance. Please advise if the former reference will be required to complete the reference request form and return it to the district?
A16.	<i>Please see page 20, Document 5, References. 3 references are required.</i>

Q17.	Will the School Board reconsider requiring page numbers on the requested table of contents due to proposals being comprised of multiple documents for upload and different document types (PDF and Excel)?
A17.	Yes, the page numbering is requested and not a requirement.

Q18.	Please advise if proposers are able to upload multiple documents in each section for upload into Bonfire Portal. Are there any documents for upload that you would prefer be combined into a single PDF document for upload?
A18.	Document 3 - Required Attachments and Document 5 - References allow for multiple files to be uploaded. All other documents are to be uploaded as one document.

Q19.	If proposers are to quote MAC plans vs. UCR, please confirm if requested attachment “Reasonable and Customary Charge Levels” attachment is still required for submittal.
A19.	If proposers are quoting on MAC plans, the “Reasonable and Customary Charge Levels” attachment is not required.

Q20.	Please verify the out of network reimbursement for current plans, Maximum Allowable Charge (MAC) or R&C. The Certificate of Coverage language indicates Maximum Allowable Charge (MAC) but on Exhibit 6 Summary it states R&C
A20.	All current dental plans are MAC reimbursement.

Q21.	Have there been any changes to the plans over the last 3 years?
A21.	There have not been any changes to the plans over the last 3 years.

Q22.	Please clarify changes in premium in the experience for the Summer months (July, August). Are some employees paid on a 10-month cycle and some on a 12 month? 10-Month Rates? Teachers Only?
A22.	District has employees that work less than 12 months. These employees receive balance of contract pay and benefit deductions are taken on their last paycheck of the school year. Deductions taken cover the summer months up to the 1st paycheck of the new school year. The July and August premiums will be a smaller amount for 12-month employees. About 90% of the District employees are less than 12-month employees.

Q23.	Is the utilization data by plan available. This data will show the number of services/procedures by category (preventive; basic, major, ORTHO. A sample format is provided below. If not available, please provide the # of procedures per month by plan.																									
	<table border="1"> <thead> <tr> <th></th> <th>Benefit</th> <th>Utilization: Number of Procedures</th> </tr> </thead> <tbody> <tr> <td rowspan="6">PREVENTIVE</td> <td>X-RAYS</td> <td></td> </tr> <tr> <td>PROPHYLAXIS</td> <td></td> </tr> <tr> <td>ORAL EXAMS</td> <td></td> </tr> <tr> <td>FLUORIDE TREATMENTS</td> <td></td> </tr> <tr> <td>OTHER PREVENTIVE</td> <td></td> </tr> <tr> <td>LAB & OTHER DIAG TESTS</td> <td></td> </tr> <tr> <td rowspan="4">BASIC</td> <td>RESTORATIONS</td> <td></td> </tr> <tr> <td>PERIODONTICS</td> <td></td> </tr> <tr> <td>ANESTHESIA</td> <td></td> </tr> <tr> <td>SURGICAL EXTRACTIONS</td> <td></td> </tr> </tbody> </table>		Benefit	Utilization: Number of Procedures	PREVENTIVE	X-RAYS		PROPHYLAXIS		ORAL EXAMS		FLUORIDE TREATMENTS		OTHER PREVENTIVE		LAB & OTHER DIAG TESTS		BASIC	RESTORATIONS		PERIODONTICS		ANESTHESIA		SURGICAL EXTRACTIONS	
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		ENDODONTICS	
		SIMPLE EXTRACTIONS	
		ORAL SURGERY	
		EMERGENCY (PALLIATIVE)	
		SPACE MAINTAINERS	
	MAJOR	INLAYS AND CROWNS	
		IMPLANT SERVICES	
		BRIDGES	
		DENTURES	
		OTHER PROSTHETICS	
		REPAIR (SIMPLE)	
		MAXILLOFACIAL PROSTHETICS	
	ORTHODONTICS	ORTHODONTICS	
	OTHER	PROFESSIONAL CONSULTATION	
		MISCELLANEOUS SERVICES	
		DRUGS	
		PROFESSIONAL VISITS	

A23. *Please see Exhibit 9.*

Q24. Can you confirm the documents required in Document 3 (page 18-19) can be uploaded as separate attachments, due to overall size?

Q24. *Please see the response to Q18.*

Q25. Can you confirm Document 2 (Questionnaire) would consist solely of vendors response to the 7-02. N237449AN - Questionnaire.xlsx workbook in excel format, and any additional requested items should be put with Document 3?

A25. *The Questionnaire shall be uploaded as Document 2. All other required attachments shall be uploaded as Document 3.*

Q26. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

A26. *A non-officer may sign the ITN documents with a signature authorization from an officer of the company. Please submit the signature authorization with the submission.*

Q27. Please specify the length of the expected base contract?

A27. *Please see the Specifications document, page 17, 4. Contract Term.*

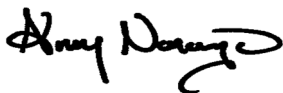
Q28. Please confirm the incumbent has an onsite rep? If so, please specify how often the incumbent is onsite (days per week / hours per day) and if the dental on-site rep an employee of the incumbent vendor, or contracted?

A28. *The District currently has an on-site rep, employed by the incumbent, 1 day per week (Wednesday) and every day during the annual Open Enrollment period (2 weeks).*

Q29.	If current vendors have on-site representatives, would the County be interested in reducing costs by utilizing current onsite representatives?
A29.	<i>The District appreciates your willingness to hire the current onsite staff to minimize member disruption, however, this will be determined at the finalist or implementation stage. The District maintains the right to interview staff being considered for onsite positions with the finalist carrier.</i>
Q30.	Will the County allow bundle discount pricing on lines of coverage (existing or future) with the addition of other coverages?
A30.	<i>The District will not allow bundle discount pricing on lines of coverage with the addition of other coverages.</i>
Q31.	Wrkst 3 – Questionnaire, Section VII: Question 4 requests an implementation allowance, Question 5 requests a \$50,000 audit allowance per year. Question 7 requests vendors also cover a separate audit, up to \$25,000. Would The County allow the Question 7 audit be covered under the Question 4 Implementation allowance or the Question 5 audit allowance?
A31.	<i>The District is requesting an annual audit allowance of \$50,000, per Question 5. The District is also requesting a pre-implementation allowance of \$25,000, per Question 7. In Question 4, The District is requesting an implementation credit.</i>
Q32.	Specifically, The “Wrkst 4 – Explanation” tab is locked past row 36 and does not allow any additional information to be entered beyond that row. That gives us a total of 27 questions that we can explain on that tab. Would it be possible to obtain an unlocked version of the RFP template?
A32.	<i>An updated Questionnaire has been uploaded that has additional unlocked rows under the “Wrkst 4 – Explanation” tab.</i>
Q33.	What do your employees like about your dental plan?
A33.	<i>The District’s current plans offer variety and meet various needs of the employees.</i>
Q34.	What are you hearing from your employees that’s not working for them?
A34.	<i>The District has not heard of any complaints regarding dental.</i>

There are no other changes at this time. Please acknowledge this addendum via Attachment D, Addenda Acknowledgement Form, in your submittal.

Thank you for your interest in The School District of Lee County.



Amy Naranjo
Procurement Agent