



ADDENDUM NO. 1

RFP: **No. 19-0329-01 Dental and Vision Coverage**
DATED: April 16, 2019
BID DUE: Friday, April 26, 2019 4:00 p.m. EST
BID OPENING: Monday, April 1, 2019
SUBJECT: **Questions and Answers**

Ladies/Gentlemen:

1. For the vision quote can you provide the following detail for quoting purposes:
 - Lens co-payment amount - **\$15 exam copay**
 - Contact lens allowance amount - **\$15 exam copay**
Regarding additional vision plan design specifics, please quote a standard voluntary product. Outline specifics in your response.
2. Are you going to be providing a full census for all employees for the vision quote? I believe the census you sent is only for those employees who have enrolled in the dental.
Vision coverage will be a new voluntary product offering. We have provided all census data that is currently available.
3. Does the dental and vision coverage have to be offered by the same company, or can it be different carriers?
Dental and vision coverage can be offered by two different carriers.
4. Confirm the dental plans to quote are: 1. Current plan design 2. Plan representing a high plan option 3. Plan representing a low plan option
Two dental plan options are requested:
 - 1) **Current Dental benefits – single offering**
 - 2) **Dual Dental benefits – inclusive of a high and low option. See Section 4.0 in RFP #19-0329-01 for specifics**
5. (Attachment B – Dental Price Quote Worksheet) Should the current plan rates appear in the grid or should we replace the Option 1 rates with our quoted rates?
Regarding Attachment B, Dental Price Quote tab – for the Current Dental Benefits quote, insert your pricing with Option 1 (what is listed with Option 1 is current rates, so replace these monthly rates with your company’s offer). Option 2 – Dual Option has tables for pricing this option.
6. (Attachment F) Is a full dental certificate available?
See Attached.



7. What is the current out of network reimbursement level?
Out of network reimbursement is based on the 90th percentile R&C charge.
8. Is dental rate history available?
All information to be available has been provided.
9. What are the expectations for enrollment? Passive enrollment for existing participants or reenrollment?
The County is willing to consider all enrollment options quoted.
10. Would the County be interested in call center enrollment support?
The County is willing to consider all enrollment support options quoted.
11. Does the County want onsite enrollment support?
The County is willing to consider all enrollment support options quoted.
12. Will the County accept responses from brokers?
The County has already enlisted the assistance of a Consultant/Broker.
13. Can we get premiums for the last 24 months to match the paid claims?
See Attached.
14. What are renewal rates for Met Life effective October 1st, 2019?
These rates are not yet available.
15. We have dental experience from 3/17 through 2/19 but we are missing the monthly premium amounts for that time period.
See Attached.
16. Please send a full dental contract/certificate
See Attached.
17. Please include the street address on the disruption file
All information available has been provided.
18. What is the out of network U&C. The certificate requested above may contain this information
90th percentile UCR.
19. Please send the prior rates and renewal rates if available.
No additional information will be provided.
20. Vision commission request is "standard". We don't have a "standard" as we will follow what the request is. What would you like the commission to be on the vision?
We have requested standard commission, if there is no standard, the recommended commission is 10%.



21. Would the County of Rockingham be interested in seeing a second vision plan option that they could choose to offer as a dual option or should our response only include the one vision option listed on page five of the RFP document?
One voluntary vision option is requested.
22. What co-pay would the County like for single vision lenses?
\$15 exam copay
23. Dental - current in & out-of-network utilization data
No additional information will be provided.
24. Dental - total number of procedures and the paid claims in & out of network
No additional information will be provided.
25. Could you please let us know the UCR level the Dental for the County pays?
90th percentile UCR
26. Can you clarify the entire vision benefits that the group would like quoted?
 1. I do not see a lens/materials copay or contact lens provided in the prospective plan design in the RFP.
Copay is \$10, please outline specifics of your standard benefit quoted.
27. What is the current Out of Network Reimbursement R&C % for the dental plan? What level would you like quoted for both alternates?
90th percentile UCR
28. Can monthly premium be provided as part of the dental experience?
See Attached.
29. On page 8 of your RFP, Section B. Format, you list that Tab VI should include a listing of network pharmacies in the City and Schools' service area. However, this is a dental and vision only RFP. We are not quoting Rx with this RFP. Please confirm if you are still requesting this information.
RFP #19-0329-01 is for dental and vision services only.
30. We need a full census of all eligible employees to properly quote the vision plan. The only census we have at this time is based on the actual participants on the dental plan.
Vision is not a current offering. The census that has been provided is what is available.
31. We need premium by month to go along with the claims by month exhibit that was provided by MetLife on the dental.
See Attached.
32. Please provide rate history on the dental back to 10/1/16.
All available information has been provided.
33. Please provide any plan change history on the dental back to 10/1/16.
No plan design changes during this time period.



34. Please provide the full MetLife dental contract that will allow us to make sure we are matching all of the current plan provisions. We only have a summary at this time.

See Attached.

35. On the provider utilization report, please add full street address for the dentists, claim dollar spend for each dentist and an indicator as to whether the dentist is in or out of network. This will allow us to run a full disruption analysis for you.

All available information has been provided.

36. Please confirm the rate tier you prefer – the RFP document states 4 tier; however, the attachments and current rates show 3 tiers

Membership tiers should mirror current pricing structure.

37. Please provide rate history with Metlife, including rate guarantees and/or rate caps

All available information has been provided.

38. Please provide premium on the claims experience

See Attached.

39. Please provide certificate of coverage

See Attached.

40. Please provide renewal if available

Not available.

41. Can the paid claims data be added to the top provider file?

All available information has been provided.

42. Please confirm if the current out-of-network reimbursement is at the 80th or 90th percentile.

90th percentile

43. On the questionnaire - general questions section - question #9, please clarify what is being asked in this question.

The question is referring to whether or not the products being proposed by your organization are group based or individual products.