

COUNTY OF DANE

DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION

City County Building 210 Martin Luther King Jr. Blvd. Room 425 Madison, WI 53703-3345

CHARLES HICKLIN
Controller

GREG BROCKMEYERDirector of Administration

Date: May 12, 2021 To: All Proposers

Subject: Addendum #3 to RFP #121046: Dental Insurance

The following questions were received and responses are provided:

1. Thank you for providing the information in the Addendum #2 regarding the Retiree count on the census. To get to the employee retiree count that would align more with the Retiree experience, would we filter out the "Relationship" code so that we are ONLY getting the covered retired employee? Can you confirm that "1" = the retired employee? What does "Relationship" code 2 - 7 stand for?

1= Retired Employee, 2 = Retiree Spouse, 3-7 are additional dependents.

- 2. In Addendum #1, you indicated that commission to be quoted was to be "standard". Can you define what % that would be 5%, 10%, etc....?

 Standard commission refers to the default commission level used by your organization when quoting business that includes commission.
- 3. Can we please get a copy of the Census of the CARPC group of employees?

See Appendix 26: CARPC.

4. Can you provide details of those specific requirements pursuant to this section of the RFP:

Page 12: 4.8 Tab 6: Additional Requirements

G. Vendor must accept County's billing.

For the County's, Health, Dental and Vision insurance billings, we prepare a monthly billing spreadsheet that documents, by employee, details of the premiums being paid that month. We do not reconcile to the invoices prepared by the providers. Any discrepancies found by the provider are then communicated to us and adjustments are made accordingly. The spreadsheet furnished to the providers contains the detail of the adjustments made by us so that they can verify that all proper adjustments have been made.

Phone: 608-266-4131 Fax: 608-266-4425 TTY WI Relay 711



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Please acknowledge receipt of this addendum by checking the "Addendum #3" box in **Section 6 – Required Forms – Attachment A - Vendor Information** of your proposal response. If you have questions regarding this addendum, please contact me via phone or email as listed below.

Sincerely,

Carolyn A. Clow Lead Purchasing Agent 608-266-4966 Clow.carolyn@countyofdane.com

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