



COUNTY OF DANE
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

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

GREG BROCKMEYER
Director of Administration

CHARLES HICKLIN
Controller

Date: April 27, 2021
To: All Proposers
Subject: Addendum #1 to RFP #121046: Dental Insurance

The following questions were received and responses are provided:

- 1. Provide a complete census of both eligible and enrolled members, stating whether they are full time, part of an associated agency, or retired**
Both and active and retiree census are posted. Appendices 20 and 21.
- 2. Does The County pay 100% of premium cost for just the employee or employee + dependent(s)?**
Dane County pays the full premium for all plan options for full time employees.
- 3. Producer commissions to be quoted.**
Please quote with Standard Commission.
- 4. Can you share what the self-insured fee is?**
Dane County is fully insured for dental insurance.
- 5. Would you like (a vendor) to perform a disruption report for subscribers using network providers compared to the incumbent?**
A disruption report is not necessary as part of the initial submission, but might be requested if selected as a finalist.
- 6. Would you like (a vendor) to perform a claims repricing of the current claims being paid to analyze the contracted discounts from providers?**
A repricing report is not necessary as part of the initial submission, but might be requested if selected as a finalist.
- 7. Please provide a census to include gender, DOB, zip code and elections.**
See answer #1.
- 8. Excel file for the Census which includes, date of birth, gender, class (active, retiree, CARPC), dental election, home zip code (according to the RFP it should be appendix 12 and 13)**
See answer #1.
- 9. Provide the full Delta Dental Management Report**
See Appendix 22, 23, 24, 25.



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10. Are we including any commissions in the rates?

Please quote with Standard Commission

11. In the Table of Contents/Content Outline of the RFP (pages 2/3), and again in Section 4 (4.1), you refer to the Vendor Information page as Attachment A, but it actually appears to be labeled as Attachment B.

It is attachment B

11. In Section 4, Item 4.4, you request proposals for the “schedule of benefits as outlined in Appendix 1 for Active Employees”, but it appears Appendix 2 is actually the schedule of benefits for Active Employees.

Appendix 2 is the correct one

12. Also in Item 4.4, regarding Multiple proposals: Does the County only want our proposals for the current plan designs and the specifically requested alternative options outlined in the cost proposal? Or could we propose another option if we felt it was in the best interest of the County? (Is it safe to assume we could and that your statement “Vendors are asked to provide what they believe is the optimum plan structure given their individual underwriting guidelines” means you would welcome this?)

Dane County would welcome alternative proposals that meet or exceed the current plan design. We are not interested in proposals that take away any current benefits.

13. Section 4.8, B, refers to Attachment G. I cannot find an Attachment G. Can you please confirm that Attachment G would include Appendices 2, 3, 4? If not, can you please clarify where to find Attachment G?

Section 4.8 B should be referencing Appendix 2 Summary of Benefits.

14. In Section 6, Attachment C, #8 – Can you please clarify what is needed for this item? As the current carrier for Dane County, would it be acceptable to simply provide a copy of your current contract with us? This would outline all of our terms/conditions/endorsements.

Yes, a copy of the current contract would answer #8

15. In Section 6, Attachment C, #13 - Can you please clarify this question “How will you track adult dependent children”? Are you referring to any child over 18? Or disabled adult child eligible to remain on the plan after age 26? Any additional context behind this question would be helpful.

Both.



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16. Could you provide what the 2019 rates by tier were?

The 2020 rates by tier were:

Active Single: \$48.94
Active Family: \$138.02
Retiree Single: \$48.94
Retiree Employee + Spouse: \$97.88
Retiree Employee + Child: \$97.88
Retiree Family: \$138.02

17. We're seeing the renewal states a 4 tier rate structure for members, but in the cost proposal it has active employees as 2 tier, with retirees as 4 tier. Will you verify their tier level and if respondents should offer different tier levels for the different groups of members?

Active employees either have single or family coverage.

Retirees have four tiers as follows:

Single
Employee + Spouse
Employee + Child
Family

18. We were given the four Delta Dental of Wisconsin Plan Management Report. The first (Appendix 14) is for All Groups. The second (Appendix 15) is for Actives. The third (Appendix 16) is for Retirees. The fourth (Appendix 17) is for CARPC. These are partial reports only showing claims and enrollments. Can we get a complete report for all four of these? They are typically around 10 or 11 pages and includes premium as well as utilization data.

The full reports are included as appendix 22, 23, 24, 25.

19. Please confirm the rates shown below for Actives, Retirees, and CARPC since March, 2019 are as follows:

Effective 3/1/19 until 1/1/21

Actives and CARPC – EE only \$46.61 Family \$131.45

Retirees – EE only \$46.61 EE + Sp \$93.22 EE+ Ch \$131.45 Family \$131.45

Effective 1/1/21 until 3/1/21

Actives and CARPC – EE only \$48.94 Family \$138.02

Retirees – EE only \$48.94 EE + Sp \$97.88 EE+ Ch \$138.02 Family \$138.02

We are unclear what the rates that were in effect prior to 1/1/21. If the information is incorrect, can we get rate history going back to 3/1/19?

Current rates have been in place since 1.1.2019. See #16 for the rates.



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20. Can we get month by month Paid Premium for the period 3/1/19 to 3/1/21 for All Groups, Actives, Retirees, and CARPC?

See appendix 22, 23, 24, 25.

21. With respect the RFP 121046 Dental Insurance PDF file (attachment above), Section 3.2 Contract Term, can we get clarification on what the County is asking? Initially, the request is for a 3 year contract. Does this mean they want a 3 year rate guarantee or is it referring to a rate cap?

The County requires guaranteed rate caps for the first three years and will negotiate guaranteed rate caps for the additional two years if it chooses to renew. Guaranteed rates may be actual rates or not to exceed caps.

22. With respect the RFP 121046 Dental Insurance PDF file (attachment above), please refer to Section 4.4 Tab2: Schedule of Benefits. Specifically, the wording is The County seeks pricing for the schedule of benefits as Outlined in Appendix 1 for Active Employees. However, Appendix 1 is the County's enrollment form. We believe it should be Appendix 2 that reflects the schedule of benefits for Active Employees. Is that correct?

Appendix 2 is the correct document.

23. There is a Master Group Contract (Appendix 5) included in the submission. Is this a generic contract or is this the actual contract for the County?

Actual contract.

24. With respect to the RFP 121046 Dental Insurance Cost Proposal, are we to assume that Active EEs and CARPC are rated together since their rates are the same and the Retirees are rated separately since their rates are on a different tier basis?

Yes.

The following appendices are provided in this addendum:
Appendix 20 – Dental Census Active Employees
Appendix 21 – Dental Census Retired Employees
Appendix 22 – Master – Entire Population
Appendix 23 – Master – Active Employees
Appendix 24 – Master – Direct Bill Employees
Appendix 25 – Master – Quasi Groups



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Please acknowledge receipt of this addendum by checking the "Addendum #1" 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