



Procurement Department Bid Section
Customer Center 1st Floor, Room 002
21 W. Church Street
Jacksonville, Florida 32202

May 6, 2021

ADDENDUM NUMBER: One (1)

TITLE: RFP 030-21 Dental Insurance Plans

PROPOSAL DUE DATE: May 25, 2021

TIME OF RECEIPT: 12:00 PM EST

THIS ADDENDUM IS FOR THE PURPOSE OF MAKING THE FOLLOWING CHANGES OR CLARIFICATIONS:

- 1. Question:** Just for confirmation and clarification, in the example below, United Concordia Low PPO employee only, the employee would have \$26.64 deducted from their check? It looks like the total charge is for that option is \$27.66 for the monthly premium and the employee pays \$26.64 so we can assume that JEA pays \$1.02 towards the premium in this scenario?

EMPLOYEE DENTAL CONTRIBUTIONS

Monthly Employee Contributions effective 1/1/2021

Carrier	United Concordia		Solstice
Plan Name	Low PPO	High PPO	DHMO
Employee Only	\$26.64	\$39.72	\$12.06
Employee + Spouse	\$44.22	\$65.96	\$21.12
Employee + Child(ren)	\$49.60	\$74.00	\$26.14
Employee + Family	\$77.52	\$115.62	\$33.18

Note: It is within JEA's sole discretion to continue and/or discontinue future Employer Contributions.

Answer: This is correct. The dental has been a voluntary offering in the past but at one point JEA decided to absorb a small portion of the premium increase so employees would not see an increase in their payroll contributions. As we do not know what the proposed rates will be, we included the caveat that "it is within JEA's sole discretion to continue and/or discontinue future Employer Contributions" in Appendix C so JEA would have the flexibility to increase the employer contribution amount or remove it altogether in the future.

- 2. Question:** Will the JEA allow a non-Florida specific public entity (minimum of 2,500 employees) dental insurance plan as an account reference?

Answer: No, the minimum qualification requirement stating the Proposer must provide one State of Florida public entity (minimum of 2,500 employees) dental insurance plan account reference will remain the same.

- 3. Question:** Is a Florida specific public entity (minimum of 2,500 employees) dental insurance plan as an account reference, a requirement for the JEA?

Answer: Yes

- 4. Question:** Will the JEA allow a Low PPO Dental Plan, that meets or exceeds their current DHMO, as a DHMO deviation?

Answer: The carrier could offer a richer DHMO plan but they would need to specify the deviations from the current plan in their response.

- 5. Question:** Please provide a current census which includes all eligible employees (full-time, PT, retiree, etc.) and all pertinent information including home zip code.
- Answer:** The Census is provided in the secure link that will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 6. Question:** Please provide enrollment by tier per division.
- Answer:** The enrollment has been provided by tier by PLAN in the secure link that will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 7. Question:** Please provide Dental Plan Certificates.
- Answer:** The Dental Plan Certificates are provided in the secure link that will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 8. Question:** Please provide 36 months of financial history including, on a monthly basis, premium vs claims and the corresponding enrollment.
- Answer:** The financial history is provided in the secure link that will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 9. Question:** Please provide current & renewal rate history by tier, by plan option.
- Answer:** Rate history is provided in Appendix C – Dental Plans.
- 10. Question:** Please confirm current employer contribution level for employees and dependents.
- Answer:** Employer contribution levels can be calculated by taking the provided current monthly rates and deducting the provided Employee Dental Contributions. As noted in the solicitation Appendix C “it is within JEA’s sole discretion to continue and/or discontinue future Employer Contributions.”
- 11. Question:** Are the rates listed effective 1/1/21 monthly rates or employee contributions?
- Answer:** The tables with the headings of “Monthly Rates effective...” in Appendix C – Dental Plans are monthly dental rates.
- 12. Question:** Please provide policy booklets for each plan design to allow for full benefit comparison.
- Answer:** Policy booklets have been provided within the secure link. The secure link will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 13. Question:** Please provide current number of employees eligible for dental coverage.
- Answer:** The current number of employees is provided within the secure link. The secure link will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 14. Question:** Please provide current census of enrolled employees including the following for each enrollee: Date of birth/age; gender; zip code/county; plan selected; enrollment tier.
- Answer:** The Census is provided in the secure link that will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.
- 15. Question:** Please provide most recent 24 months’ experience to include paid premium, paid/incurred claims, and enrollment by month.

Answer: The claims/premium data that is available has been provided within the secure link. The secure link will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.

- 16. Question:** Please provide an electronic claims file in Excel for the past 12 months including date of service (or incurred period if DOS not available), procedure code (CDT compliant codes), provider information, provider location (TIN/SSN, address, zip), network status (par vs non-par), submitted charge, allowed charge, paid amount and denied claim amount for each individual service per claim line.

Answer: The available claims data has been provided within the secure link. The secure link will be sent directly to dental providers as stated in the Solicitation section 1.1.1. An email request may be sent to the buyer at SELDEL@JEA.COM.

ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL FORM