

**APPENDIX B**  
**REQUIRED FORMS**

Appendix B contains the following forms that Proposers must submit with their Proposal:

- Form 1 – RFP Interrogatories/Questionnaire
- Form 2 – Dental Provider Network
- Form 3 – Business Reference
- Form 4 – Proposed Pricing and Rate Exhibit
- Form 5 - Minimum Qualifications Form
- Form 6 – Proposal Form
- Form 7 - Information Security External Data Protection Questionnaire CONFIDENTIAL\_SSI  
(**Form 7 is included as a separate Excel Document**)

**FORM 1**  
**RFP INTERROGATORIES/QUESTIONNAIRE**

Please complete the entire RFP Interrogatories/Questionnaire contained in Form 1. If a question is not applicable for your proposal, please put “n/a” for your answer. Do not answer a question by referring to another section of this RFP. While some questions are specifically notated and scored in the Selection Criteria others that are not tied directly to the Selection Criteria will be taken into account when evaluating and scoring the Proposal. While JEA will generally consider all information submitted when scoring the Selection Criteria described in Section 1.4.1 JEA will give more weight to questions identified as being used to score a specific evaluation criterion.

Please do not change the question numbering, format or category of any of the questions. If you require additional space for your answers you may attach additional information at the end of the questionnaire. Indicate in your answer that there is an attachment to this section. Label and number each attachment with the appropriate name of section, page number and question number.

**DO NOT ALTER, ERASE OR WHITE OUT ANY OF YOUR ANSWERS, OR PROVIDE ANSWERS REFERRING TO OTHER ANSWERS YOU HAVE PROVIDED IN OTHER SECTIONS. EACH QUESTION MUST BE ANSWERED.**

**It is mandated that each Proposer complete the RFP Interrogatories/Questionnaire in Form 1 in PDF format.**

### **Information Regarding Proposer**

1. What is the legal name of the Proposer offering this Dental Proposal?
2. What is the address of the Proposer's home office?
3. What is the address of the local sales/service office that would service JEA's account? If not located in Jacksonville, FL demonstrate, define and provide examples of Proposer's ability to provide services requested in a manner comparable to having a local office in Jacksonville.
4. What is the name of the local Proposer representative who would be assigned to JEA's account?
5. In what year was the Proposer founded?
6. What is the structure of the Proposer? (Corporation, LLC, etc.)
7. In what state is Proposer incorporated?
8. Is Proposer and each subcontracted vendor offered by the Proposer currently licensed in the State of Florida to conduct business as a PPO and DHMO dental insurance company or provider in the State of Florida? Yes \_\_\_\_ No \_\_\_\_ If no, please provide what type of licensing or registration Proposer's company has to conduct business as a dental insurance company or provider in the State of Florida. Please provide copy of Florida License or other applicable registration documents.
9. How many years has Proposer been offering in the State of Florida:  
DHMO Plans? \_\_\_\_\_  
PPO Dental Insurance Plans? \_\_\_\_\_
10. Is Proposer offering its DHMO and/or PPO dental insurance coverage through a trust licensed or registered outside the State of Florida? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the name of the trust and in which state it is licensed or registered.
11. Is Proposer currently participating in any alliance, subcontracting or joint venture for any of the products (DHMO and/or PPO), administration or services offered in this RFP? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide complete information on any alliance, subcontracting or joint venture Proposer is involved in.
12. Does Proposer have a local office in Jacksonville staffed with sales and/or service representatives? Yes \_\_\_\_ No \_\_\_\_ If no, do you expect to establish an office in Jacksonville? Yes \_\_\_\_ No \_\_\_\_
13. Will Proposer provide one (1) dedicated service representative with a direct phone number to provide customer service for escalated claims and service issues. The Proposer's representative must be fully experienced and knowledgeable of the Proposer's dental benefit plans offered to JEA. Yes \_\_\_\_ No \_\_\_\_
14. Does Proposer have any plans within the next 36 months to expand or reduce the number of counties that you now offer DHMO and/or PPO dental insurance plans in Northeast Florida? Yes \_\_\_\_ No \_\_\_\_
15. What is the current membership Proposer has nationally for all the following products?  
a. DHMO \_\_\_\_\_  
b. PPO \_\_\_\_\_
16. What is the current membership Proposer has in the State of Florida for all the following products?  
a. DHMO \_\_\_\_\_  
b. PPO \_\_\_\_\_
17. What was Proposer's Total Annual Income from all operations for the fiscal years:  
2018 \_\_\_\_\_

2019 \_\_\_\_\_  
2020 \_\_\_\_\_

18. What was Proposer's Total Annual Income related to DHMO and/or PPO dental insurance for the fiscal years:  
2018 \_\_\_\_\_  
2019 \_\_\_\_\_  
2020 \_\_\_\_\_

19. What is Proposer's and each subcontractors A.M. Best rating?  
2019 \_\_\_\_\_  
2020 \_\_\_\_\_  
Current \_\_\_\_\_

If Proposer has experienced any changes in the A.M. Best rating in the past five (5) years ending December 31, 2020, please explain the reason for the changes.

20. Please provide the financial rating of Proposer from the following financial rating companies/agencies.

**Standard and Poor's**

2019 \_\_\_\_\_  
2020 \_\_\_\_\_  
Current \_\_\_\_\_

**Moody's**

2019 \_\_\_\_\_  
2020 \_\_\_\_\_  
Current \_\_\_\_\_

21. Have any lawsuits, settled or outstanding, been brought against Proposer in the last five (5) years ending December 31, 2020 concerning the operation, administration, claims function, record keeping or any services provided, concerning Proposer's operation as a DHMO and/or PPO dental insurance company? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.
22. Does Proposer have any quality assurance designations /accreditations that have been awarded in the past five years (5) ending December 31, 2020? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.

**General Benefits Information**

23. Does Proposer have to file new benefit plans and/or benefit platforms with the State of Florida Department of Financial Services in order to offer the benefits requested in this RFP? Yes \_\_\_\_ No \_\_\_\_ If yes, how long will it take to complete your filing process?
- With an open enrollment date of November each year, does Proposer feel it will have its filings completed in order to make a November open enrollment date? Yes \_\_\_\_ No \_\_\_\_
24. Does Proposer agree to cover all employees, retirees, and dependents that are currently covered by the present dental carrier who may not be actively at work, disabled, on leave of absence, on military leave or other extenuating circumstances? Yes \_\_\_\_ No \_\_\_\_ If no, please explain.
25. If Proposer is awarded the business for this RFP, will the takeover of the coverage from the current carrier be on a no loss / no gain basis for the members currently enrolled in JEA's DHMO and PPO dental plans? Yes \_\_\_\_ No \_\_\_\_
26. What, if any, benefit limitations or deviations does Proposer have in relation to the requested RFP benefit plans? Please label and attach a listing of all deviations in your RFP Response. Any plan deviations not listed will be assumed to mirror the current plan benefits/administration.
27. Is Proposer willing to offer a multi-year rate guarantee on the premiums offered in your RFP response? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the number of years Proposer will guarantee the rates. (A multi-year rate guarantee is preferred with proposed rate caps in subsequent years of contract.)
28. Can Proposer's DHMO and/or PPO contract be canceled for any reason other than non-payment of premium? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide reason(s) for cancellation?

29. Is Proposer capable of sending and receiving employer information electronically for billing, enrollment and eligibility? Yes \_\_\_\_ No \_\_\_\_
30. Please explain how Proposer audits monthly eligibility and billing statements and how it reconciles discrepancies?
31. Please provide detailed information on Proposer's HIPAA security procedures.
32. Will Proposer guarantee that they are HIPAA compliant? Yes \_\_\_\_ No \_\_\_\_
33. Since the implementation of HIPAA, has Proposer been questioned, interviewed, audited or received a violation notice concerning HIPAA compliance? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.
34. Please provide the number of employees Proposer has covered in Northeast Florida for the following dental products?

	<b>Duval</b>	<b>St. Johns</b>	<b>Clay</b>	<b>Baker</b>	<b>Nassau</b>
<b>DHMO</b>					
<b>PPO</b>					

35. JEA has a large population of retirees, over and under the age of 65 who participate in the dental plans. Will Proposer cover the retiree population that now participates in the dental plans? Yes \_\_\_\_ No \_\_\_\_

#### **Benefit Information**

36. JEA is proposing the option of three (3) dental benefit plans to its employees, two (2) PPO benefit plans and one (1) DHMO. Can Proposer provide the coverage without subcontracting any of the benefit products, administration, claims processing, or dental provider networks? Yes \_\_\_\_ No \_\_\_\_ If no, please explain.
37. JEA will need enrollment assistance each year in October/November for the annual open enrollment. Please outline the type of enrollment assistance Proposer will provide JEA for their annual open enrollment?
38. What are Proposer's dental trends for the following years:

#### **2020**

DHMO \_\_\_\_\_

PPO \_\_\_\_\_

#### **2019**

DHMO \_\_\_\_\_

PPO \_\_\_\_\_

#### **2018**

DHMO \_\_\_\_\_

PPO \_\_\_\_\_

39. Does Proposer offer an option on the PPO plan that allows unused annual maximums to be carried forward to the next calendar year? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide information on this option and what percentage increase it will be to add the benefit to each of the PPO plans requested.
40. Please provide information concerning Proposer's coordination of benefits procedures.
- How does Proposer coordinate with other dental carriers?
  - What amount or percentage of plan savings is attributable to this effort?

41. Does Proposer subrogate dental claims? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the amount or percentage of cost savings to the plan attributable to this effort.
42. Please explain how Proposer handles emergency dental situations that occur after normal business hours, weekends and holidays, for both in and out of network?
43. Please provide Proposer's DHMO copayments for the following dental codes.

Code	Description	Solstice	Proposer:
<b>CLINICAL ORAL EVALUATIONS</b>			
0120	Periodic oral evaluation	\$0	
0140	Limited oral evaluation - problem focused	\$0	
0145	Oral evaluation for a patient under 3 years of age.	\$0	
0150	Comprehensive oral evaluation - new or established patient	\$0	
0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	
0170	Re-evaluation - limited, problem focused (established patient; not post-operative)	\$0	
0171	Re-evaluation - post operative office visit	\$0	
0180	Comprehensive periodontal evaluation - new or established patient	\$0	
9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$25	
9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0	
9440	Office visit – after regularly scheduled hours	\$30	
9450	Case presentation, detailed and extensive treatment planning	\$0	
9986	Missed appointment	\$25	
<b>DIAGNOSTIC IMAGING</b>			
0210	Intraoral radiographs - complete series (including bitewings) -limited to 1 series every 24 months	\$0	
0220	Intraoral - periapical first radiographic image	\$4	
0230	Intraoral - periapical each additional radiographic image	\$2	
0240	Intraoral - occlusal radiographic image	\$0	
0250	Extraoral – 2D projection radiographic image created using a stationary radiation source & detector	\$0	
0251	Extraoral – posterior dental radiographic image	\$0	
0270	Bitewing – single radiographic image	\$0	
0272	Bitewings – two radiographic images	\$0	
0273	Bitewings – three radiographic images	\$0	
0274	Bitewings – four radiographic images	\$0	
0277	Vertical bitewings – 7 to 8 radiographic images	\$27	
0310	Sialography	\$150	
0320	Temporomandibular joint arthrogram, including injection	\$250	
0321	Other temporomandibular joint radiographic images, by report	\$150	
0322	Tomographic survey	\$150	
0330	Panoramic radiographic image	\$45	
0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$100	
0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$20	
0364	Cone beam ct capture and interpretation with limited field of view – less than one whole jaw	\$147	

Code	Description	Solstice	Proposer:
0365	Cone beam ct capture and interpretation with field of view of one full dental arch – mandible	\$137	
0366	Cone beam ct capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$137	
0367	Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium	\$182	
0368	Cone beam ct capture and interpretation for TMJ series including two or more exposures	\$137	
0369	Maxillofacial MRI capture and interpretation	\$187	
0370	Maxillofacial ultrasound capture and interpretation	\$167	
0371	Sialoendoscopy capture and interpretation	\$167	
0380	Cone beam ct image capture with limited field of view – less than one whole jaw	\$147	
0381	Cone beam ct image capture with field of view of one full dental arch – mandible	\$137	
0382	Cone beam ct image capture with field of view of one full dental arch – maxilla, with or without cranium	\$137	
0383	Cone beam ct image capture with field of view of both jaws; with or without cranium	\$182	
0384	Cone beam ct image capture for TMJ series including two or more exposures	\$137	
0385	Maxillofacial MRI image capture	\$167	
0386	Maxillofacial ultrasound image capture	\$167	
0393	Treatment simulation using 3D image volume	\$7	
0394	Digital subtraction of two or more images or image volumes of the same modality	\$7	
0395	Fusion of two or more 3D image volumes of one or more modalities	\$7	
<b>TESTS AND EXAMINATIONS</b>			
0415	Collection of microorganisms for culture and sensitivity	\$0	
0425	Caries susceptibility tests	\$0	
0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$65	
0460	Pulp vitality tests	\$0	
0470	Diagnostic casts	\$0	
<b>ORAL PATHOLOGY LABORATORY</b>			
0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0	
0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0	
0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0	
0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0	
0486	Laboratory accession o transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0	
0502	Other oral pathology procedures, by report	\$0	
0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	\$0	

Code	Description	Solstice	Proposer:
0601	Caries risk assessment and documentation, with a finding of low risk	\$0	
0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0	
0603	Caries risk assessment and documentation, with a finding of high risk	\$0	
0999	Unspecified diagnostic procedure, by report – includes office visit, per visit (in addition to other services)	\$5	
<b>DENTAL PROPHYLAXIS</b>			
1110	Prophylaxis cleaning - adult	\$0	
1110	Additional prophylaxis cleaning – adult	\$15	
1120	Prophylaxis cleaning - child	\$0	
1120	Additional prophylaxis cleaning – child	\$15	
<b>TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)</b>			
1206	Topical application of fluoride varnish	\$10	
1208	Topical application of fluoride excluding varnish	\$0	
<b>OTHER PREVENTIVE SERVICES</b>			
1310	Nutritional counseling for control of dental disease	\$0	
1320	Tobacco counseling for the control and prevention of oral disease	\$0	
1330	Oral hygiene instructions	\$0	
1351	Sealant - per tooth	\$0	
1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$0	
1353	Sealant repair – per tooth	\$0	
1354	Interim caries arresting medicament application – per tooth	\$20	
<b>SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>			
1510	Space maintainer - fixed - unilateral	\$0	
1516	Space maintainer - fixed – bilateral, maxillary	\$0	
1517	Space maintainer - fixed – bilateral, mandibular	\$0	
1520	Space maintainer - removable - unilateral	\$0	
1526	Space maintainer - removable – bilateral, maxillary	\$0	
1527	Space maintainer - removable – bilateral, mandibular	\$0	
1551	Re-cement or re-bond bilateral space maintainer maxillary	\$10	
1552	Re-cement or re-bond bilateral space maintainer mandibular	\$10	
1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$10	
1556	Removal of fixed unilateral space maintainer – per quadrant	\$10	
1557	Removal of fixed bilateral space maintainer – maxillary	\$10	
1558	Removal of fixed bilateral space maintainer – mandibular	\$10	
1575	Distal shoe space maintainer – fixed – unilateral	\$0	
<b>AMALGAMS RESTORATIONS (INCLUDING POLISHING)</b>			
2140	Amalgam - one surface, primary or permanent	\$0	
2150	Amalgam - two surfaces, primary or permanent	\$0	
2160	Amalgam - three surfaces, primary or permanent	\$0	
2161	Amalgam - four or more surfaces, primary or permanent	\$0	
<b>RESIN BASED COMPOSITE RESTORATIONS - DIRECT</b>			
2330	Resin-based composite - one surface, anterior	\$25	
2331	Resin-based composite - two surfaces, anterior	\$35	
2332	Resin-based composite - three surfaces, anterior	\$45	
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$75	



Code	Description	Solstice	Proposer:
2390	Resin-based composite crown, anterior	\$105	
2391	Resin-based composite - one surface, posterior	\$55	
2392	Resin-based composite - two surfaces, posterior	\$70	
2393	Resin-based composite - three surfaces, posterior	\$85	
2394	Resin-based composite - four or more surfaces, posterior	\$105	
	<b>GOLD FOIL RESTORATIONS</b>		
2410	Gold foil – one surface	\$70	
2420	Gold foil – two surfaces	\$92	
2430	Gold foil – three surfaces	\$120	
	<b>INLAY/ONLAY RESTORATIONS</b>		
2510	Inlay - metallic - one surface	\$85	
2520	Inlay - metallic - two surfaces	\$96	
2530	Inlay - metallic - three or more surfaces	\$120	
2542	Onlay - metallic - two surfaces	\$299	
2543	Onlay -metallic - three surfaces	\$300	
2544	Onlay -metallic - four or more surfaces	\$330	
2610	Inlay - porcelain/ceramic - one surface	\$250	
2620	Inlay - porcelain/ceramic - two surfaces	\$275	
2630	Inlay - porcelain/ceramic - three or more surfaces	\$300	
2642	Onlay - porcelain/ceramic - two surfaces	\$335	
2643	Onlay - porcelain/ceramic -three surfaces	\$365	
2644	Onlay - porcelain/ceramic -four or more surfaces	\$375	
2650	Inlay - resin-based composite - one surface	\$195	
2651	Inlay -resin-based composite - two surfaces	\$220	
2652	Inlay -resin-based composite -three or more surfaces	\$255	
2662	Onlay - resin-based composite - two surfaces	\$230	
2663	Onlay -resin-based composite - three surfaces	\$250	
2664	Onlay - resin-based composite - four or more surfaces	\$280	
2710	Crown - resin-based composite (indirect)	\$195	
2712	Crown - 3/4 resin-based composite (indirect)	\$195	
2720	Crown - resin with high noble metal	\$240	
2721	Crown - resin with predominantly base metal	\$240	
2722	Crown - resin with noble metal	\$240	
2740	Crown - porcelain/ceramic	\$240	
2750	Crown - porcelain fused to high noble metal	\$240	
2751	Crown - porcelain fused to predominantly base metal	\$240	
2752	Crown - porcelain fused to noble metal	\$240	
2753	Crown – porcelain fused to titanium and titanium alloys	\$240	
2780	Crown - 3/4 cast high noble metal	\$240	
2781	Crown - 3/4 cast predominantly base metal	\$240	
2782	Crown - 3/4 cast noble metal	\$240	
2783	Crown - porcelain/ceramic	\$240	
2790	Crown - full cast high noble metal	\$240	
2791	Crown - full cast predominantly base metal	\$220	
2792	Crown - full cast noble metal	\$220	
2794	Crown - titanium	\$240	
2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$125	
	<b>OTHER RESTORATIVE SERVICES</b>		
2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10	
2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10	

Code	Description	Solstice	Proposer:
2920	Re-cement or re-bond crown	\$10	
2921	Reattachment of tooth fragment, incisal edge or cusp	\$10	
2929	Prefabricated porcelain/ceramic crown – primary tooth	\$41	
2930	Prefabricated stainless steel crown - primary tooth	\$40	
2931	Prefabricated stainless steel crown - permanent tooth	\$40	
2932	Prefabricated resin crown	\$92	
2933	Prefabricated stainless steel crown with resin window	\$140	
2940	Protective restoration	\$10	
2941	Interim therapeutic restoration – primary dentition	\$10	
2949	Restorative foundation for an indirect restoration	\$20	
2950	Core buildup, including any pins when required	\$40	
2951	Pin retention -per tooth, in addition to restoration	\$12	
2952	Post and core in addition to crown, indirectly fabricated	\$85	
2953	Each additional indirectly fabricated post - same tooth	\$95	
2954	Prefabricated post and core in addition to crown	\$75	
2955	Post removal	\$25	
2957	Each additional prefabricated post - same tooth	\$30	
2960	Labial veneer (resin laminate) – chairside	\$200	
2961	Labial veneer (resin laminate) – laboratory	\$225	
2962	Labial veneer (porcelain laminate) – laboratory	\$350	
2971	Additional procedures to construct new crown under existing partial denture framework	\$45	
2975	Coping	\$95	
2980	Crown repair necessitated by restorative material failure	\$95	
2981	Inlay repair necessitated by restorative material failure	\$95	
2982	Onlay repair necessitated by restorative material failure	\$95	
2983	Veneer repair necessitated by restorative material failure	\$95	
2990	Resin infiltration of incipient smooth surface lesions	\$29	
	<b>PULP CAPPING</b>		
3110	Pulp cap - direct (excluding final restoration)	\$20	
3120	Pulp cap - indirect (excluding final restoration)	\$20	
	<b>PULPOTOMY</b>		
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$25	
3221	Pulpal debridement, primary and permanent teeth	\$95	
3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$75	
	<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$45	
3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40	
	<b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES &amp; FOLLOW-UP CARE)</b>		
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$100	
3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$185	
3330	Endodontic therapy, molar tooth (excluding final restoration)	\$225	
3331	Treatment of root canal obstruction; non-surgical access	\$85	
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$75	

Code	Description	Solstice	Proposer:
3333	Internal root repair of perforation defects	\$125	
<b>ENDODONTIC RETREATMENT</b>			
3346	Retreatment of previous root canal therapy - anterior	\$280	
3347	Retreatment of previous root canal therapy - premolar	\$305	
3348	Retreatment of previous root canal therapy - molar	\$380	
3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$90	
3352	Apexification/recalcification – interim medication replacement	\$90	
3353	Apexification/recalcification – final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$90	
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>			
3410	Apicoectomy - anterior	\$96	
3421	Apicoectomy - premolar (first root)	\$305	
3425	Apicoectomy - molar (first root)	\$320	
3426	Apicoectomy (each additional root)	\$80	
3427	Periradicular surgery without apicoectomy	\$96	
3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	\$37	
3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	\$32	
3430	Retrograde filling - per root	\$60	
3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$150	
3432	Guided tissue regeneration, restorable barrier, per site, in conjunction with periradicular surgery	\$150	
3450	Root amputation - per root	\$100	
3460	Endodontic endosseous implant	\$542	
3470	Intentional reimplantation (including necessary splinting)	\$175	
<b>OTHER ENDODONTIC PROCEDURES</b>			
3910	Surgical procedure of isolation of tooth with rubber dam	\$95	
3920	Hemisection (including root removal), not including root canal therapy	\$85	
3950	Canal preparation and fitting of performed dowel or post	\$75	
<b>4000-4999</b>	<b>SURIGCAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)</b>		
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$175	
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$72	
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$43	
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$187	
4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$175	
4245	Apically positioned flap	\$150	
4249	Clinical crown lengthening - hard tissue	\$175	
4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$375	
4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$325	

Code	Description	Solstice	Proposer:
4263	Bone replacement graft – retained natural tooth - first site quadrant	\$450	
4264	Bone replacement graph – retained natural tooth - each additional site in quadrant	\$325	
4265	Biologic materials to aid in soft and osseous tissue regeneration	\$325	
4266	Guided tissue regeneration – resorbable barrier, per site	\$325	
4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$325	
4268	Surgical revision procedure, per tooth	\$0	
4270	Pedicle soft tissue graft procedure	\$240	
4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$300	
4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$120	
4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$502	
4276	Combined connective tissue and double pedicle graft, per tooth	\$65	
4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$215	
4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$75	
4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant, or edentulous tooth position in graft	\$268	
4285	Non-autogenous connective tissue graft (including recipient site and donor material) – each additional contiguous tooth, implant, or edentulous tooth position in graft	\$392	
	<b>NON SURGICAL PERIODONTAL SERVICE</b>		
4320	Provisional splinting – intracoronal	\$115	
4321	Provisional splinting – extracoronal	\$105	
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$45	
4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$35	
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$35	
4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$35	
4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$45	
	<b>OTHER PERIODONTAL SERVICES</b>		
4910	Periodontal maintenance	\$45	
4910	Additional periodontal maintenance procedures	\$100	
4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$25	

Code	Description	Solstice	Proposer:
4921	Gingival irrigation – per quadrant	\$15	
4999	Unspecified periodontal procedure, by report	\$0	
<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			
5110	Complete denture - maxillary	\$260	
5120	Complete denture - mandibular	\$260	
5130	Immediate denture - maxillary	\$280	
5140	Immediate denture - mandibular	\$280	
<b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			
5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$260	
5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$260	
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280	
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280	
5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$280	
5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$280	
5223	Immediate maxillary partial denture – cast metal frame work with resin denture bases (including any conventional clasps, rests and teeth)	\$300	
5224	Immediate mandibular partial denture – cast metal frame work with resin denture bases (including any conventional clasps, rests and teeth)	\$300	
5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$280	
5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$280	
5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	\$240	
5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$240	
<b>ADJUSTMENTS TO DENTURES</b>			
5410	Adjust complete denture - maxillary	\$10	
5411	Adjust complete denture - mandibular	\$10	
5421	Adjust partial denture - maxillary	\$15	
5422	Adjust partial denture - mandibular	\$15	
<b>REPAIRS TO COMPLETE DENTURES</b>			
5511	Repair broken complete denture base, mandibular	\$15	
5512	Repair broken complete denture base, maxillary	\$15	
5520	Replace missing or broken teeth - complete denture (each tooth)	\$10	
<b>REPAIRS TO PARTIAL DENTURES</b>			
5611	Repair resin partial denture base, mandibular	\$15	
5612	Repair resin partial denture base, maxillary	\$15	
5621	Repair cast partial framework, mandibular	\$30	
5622	Repair cast partial framework, maxillary	\$30	
5630	Repair or replace broken retentive/clasping materials – per tooth	\$15	
5640	Replace broken teeth - per tooth	\$10	
5650	Add tooth to existing partial denture	\$30	

Code	Description	Solstice	Proposer:
5660	Add clasp to existing partial denture – per tooth	\$30	
5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$100	
5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$100	
5710	Rebase complete maxillary denture	\$75	
5711	Rebase complete mandibular denture	\$75	
5720	Rebase maxillary partial denture	\$75	
5721	Rebase mandibular partial denture	\$75	
5730	Reline complete maxillary denture (chairside)	\$45	
5731	Reline complete mandibular denture (chairside)	\$45	
5740	Reline maxillary partial denture (chairside)	\$45	
5741	Reline mandibular partial denture (chairside)	\$45	
5750	Reline complete maxillary denture (laboratory)	\$35	
5751	Reline complete mandibular denture (laboratory)	\$35	
5760	Reline maxillary partial denture (laboratory)	\$35	
5761	Reline mandibular partial denture (laboratory)	\$35	
<b>INTERIM PROSTHESIS</b>			
5810	Interim complete denture (maxillary)	\$250	
5811	Interim complete denture (mandibular)	\$250	
5820	Interim partial denture (maxillary)	\$250	
5821	Interim partial denture (mandibular)	\$250	
<b>OTHER REMOVABLE PROSTHESIS</b>			
5850	Tissue conditioning, maxillary	\$25	
5851	Tissue conditioning, mandibular	\$25	
5862	Precision attachment, by report	\$150	
5899	Unspecified removable prosthodontic procedure, by report	\$0	
<b>NON-CLINICAL PROCEDURES</b>			
5982	Surgical stent	\$145	
5987	Commissure splint	\$145	
5988	Surgical splint	\$145	
<b>PRE-SURGICAL SERVICES</b>			
6190	Radiographic/surgical implant index, by report	\$235	
<b>SURGICAL SERVICES</b>			
6010	Surgical placement of implant body: endosteal implant	\$1,000	
6012	Surgical placement of implant body for transitional prosthesis: endosteal implant	\$1,000	
6100	Implant removal, by report	\$700	
<b>IMPLANT SUPPORTED PROSTHETICS</b>			
6056	Prefabricated abutment – includes modification and placement	\$435	
6057	Custom fabricated abutment – includes placement	\$545	
6058	Abutment supported porcelain/ceramic crown	\$745	
6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$745	
6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$745	
6061	Abutment supported porcelain fused to metal crown (noble metal)	\$745	
6062	Abutment supported cast metal crown (high noble metal)	\$745	
6063	Abutment supported cast metal crown (predominantly base metal)	\$745	
6064	Abutment supported cast metal crown (noble metal)	\$745	
6065	Implant supported porcelain/ceramic crown	\$745	

Code	Description	Solstice	Proposer:
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$745	
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$745	
6068	Abutment supported retainer for porcelain/ceramic fpd	\$745	
6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	\$745	
6070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	\$745	
6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$745	
6072	Abutment supported retainer for cast metal fpd (high noble metal)	\$745	
6073	Abutment supported retainer for cast metal fpd (predominantly base metal)	\$745	
6074	Abutment supported retainer for cast metal fpd (noble metal)	\$745	
6075	Implant supported retainer for ceramic fpd	\$745	
6076	Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)	\$745	
6077	Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)	\$745	
6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$45	
6082	Implant supported crown – porcelain fused to predominantly base alloys	\$745	
6083	Implant supported crown – porcelain fused to noble alloys	\$745	
6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$745	
6085	Provisional implant crown	\$125	
6086	Implant supported crown – predominantly base alloys	\$745	
6087	Implant supported crown – noble alloys	\$745	
6088	Implant supported crown – titanium and titanium alloys	\$745	
6094	Abutment supported crown – titanium and titanium alloys	\$745	
6097	Abutment supported crown – titanium and titanium alloys	\$745	
6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$745	
6099	Implant supported retainer for fpd – porcelain fused to noble alloys	\$745	
6110	Implant/abutment supported removable denture for edentulous arch – maxillary	\$1,250	
6111	Implant/abutment supported removable denture for edentulous arch – mandibular	\$1,250	
6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$990	
6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$990	
6114	Implant/abutment supported removable fixed denture for edentulous arch – maxillary	\$3,850	
6115	Implant/abutment supported removable fixed denture for edentulous arch – mandibular	\$3,850	
6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	\$2,250	
6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	\$2,250	

Code	Description	Solstice	Proposer:
6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	\$1,800	
6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	\$1,800	
6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$745	
6121	Implant supported retainer for metal fpd– predominantly base alloys	\$745	
6122	Implant supported retainer for metal fpd– noble alloys	\$745	
6123	Implant supported retainer for metal fpd– porcelain titanium and titanium alloys	\$745	
<b>OTHER IMPLANT SERVICES</b>			
6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$180	
6090	Repair implant supported prosthesis, by report	\$400	
6092	Re-cement or re-bond implant/abutment supported crown	\$45	
6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$65	
6095	Repair implant abutment, by report	\$220	
6096	Remove broken implant retaining screw	\$500	
<b>FIXED PARTIAL DENTURE PONTICS</b>			
6205	Pontic – indirect resin based composite	\$745	
6210	Pontic - cast high noble metal	\$220	
6211	Pontic - cast predominantly base metal	\$220	
6212	Pontic - cast noble metal	\$220	
6214	Pontic – titanium	\$240	
6240	Pontic - porcelain fused to high noble metal	\$240	
6241	Pontic - porcelain fused to predominantly base metal	\$240	
6242	Pontic - porcelain fused to noble metal	\$240	
6243	Pontic – porcelain fused to titanium and titanium alloys	\$240	
6245	Pontic - porcelain/ceramic	\$240	
6250	Pontic - resin with high noble metal	\$240	
6251	Pontic - resin with predominantly base metal	\$240	
6252	Pontic - resin with noble metal	\$240	
6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$0	
<b>FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS</b>			
6545	Retainer – cast metal for resin bonded fixed prosthesis	\$235	
6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$225	
6600	Retainer inlay - porcelain/ceramic, two surfaces	\$240	
6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$240	
6602	Retainer inlay - cast high noble metal, two surfaces	\$240	
6603	Retainer inlay - cast high noble metal, three or more surfaces	\$240	
6604	Retainer inlay - cast predominantly base metal, two surfaces	\$240	
6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$240	
6545	Retainer – cast metal for resin bonded fixed prosthesis	\$225	
6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$225	
6600	Retainer inlay – porcelain/ceramic, two surfaces	\$240	
6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$240	
6602	Retainer inlay – cast high noble metal, two surfaces	\$240	



Code	Description	Solstice	Proposer:
6603	Retainer inlay – cast high noble, three or more surfaces	\$240	
6604	Retainer inlay - cast predominantly base metal, two surfaces	\$240	
6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$240	
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>			
6710	Retainer crown – indirect resin based composite	\$240	
6720	Retainer crown - resin with high noble metal	\$240	
6721	Retainer crown - resin with predominantly base metal	\$240	
6722	Retainer crown - resin with noble metal	\$240	
6740	Retainer crown - porcelain/ceramic	\$240	
6750	Retainer crown - porcelain fused to high noble metal	\$240	
6751	Retainer crown - porcelain fused to predominantly base metal	\$240	
6752	Retainer crown - porcelain fused to noble metal	\$240	
6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$240	
6780	Retainer crown - 3/4 cast high noble metal	\$240	
6781	Retainer crown - 3/4 cast predominantly base metal	\$240	
6782	Retainer crown - 3/4 cast noble metal	\$240	
6783	Retainer crown – 3/4 porcelain/ceramic	\$240	
6790	Retainer crown - full cast high noble metal	\$220	
6791	Retainer crown - full cast predominantly base metal	\$220	
6792	Retainer crown - full cast noble metal	\$220	
6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$125	
6794	Retainer crown – titanium	\$240	
<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>			
6930	Re-cement or re-bond fixed partial denture	\$10	
6940	Stress breaker	\$125	
6950	Precision attachment	\$195	
6980	Fixed partial denture repair necessitated by restorative material failure	\$80	
<b>EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)</b>			
7111	Extraction, coronal remnants - primary tooth	\$45	
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$10	
7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$25	
7220	Removal of impacted tooth - soft tissue	\$40	
7230	Removal of impacted tooth - partially bony	\$60	
7240	Removal of impacted tooth - completely bony	\$75	
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$128	
7250	Removal of residual tooth roots (cutting procedure)	\$25	
7251	Coronectomy – intentional partial tooth removal	\$270	
7260	Oroantral fistula closure	\$160	
7261	Primary closure of a sinus perforation	\$275	
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50	
7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$100	
7280	Exposure of unerupted tooth	\$125	

Code	Description	Solstice	Proposer:
7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$125	
7283	Placement of device to facilitate eruption of impacted tooth	\$80	
7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$115	
7286	Incisional biopsy of oral tissue – soft	\$75	
7287	Exfoliative cytological sample collection	\$65	
7288	Brush biopsy – transepithelial sample collection	\$25	
7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$30	
<b>ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE</b>			
7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	\$20	
7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant	\$20	
7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$50	
7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50	
<b>VESTIBULOPLASTY</b>			
7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$370	
7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$990	
<b>SURGICAL EXCISION OF SOFT TISSUE LESIONS</b>			
7410	Excision of benign lesion up to 1.25 cm	\$25	
7411	Excision of benign lesion greater than 1.25 cm	\$50	
7412	Excision of benign lesion, complicated	\$55	
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>			
7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$65	
<b>EXCISION OF BONE TISSUE</b>			
7471	Removal of lateral exostosis (maxilla or mandible)	\$95	
7472	Removal of torus palatinus	\$95	
7473	Removal of torus mandibularis	\$95	
7485	Reduction of osseous tuberosity	\$95	
<b>SURGICAL INCISION</b>			
7510	Incision and drainage of abscess -intraoral soft tissue	\$20	
7511	Incision and drainage of abscess -intraoral soft tissue – complicated (included drainage of multiple fascial spaces)	\$20	
7520	Incision and drainage of abscess -extraoral soft tissue	\$20	
7521	Incision and drainage of abscess -extraoral soft tissue – complicated (included drainage of multiple fascial spaces)	\$20	
<b>REPAIR OF TRAUMATIC WOUNDS</b>			
7910	Suture of recent small wounds up to 5 cm	\$35	
<b>OTHER REPAIR PROCEDURES</b>			
7921	Collection and application of autologous blood concentrate product	\$125	
7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$350	
7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$800	
7952	Sinus augmentation via a vertical approach	\$350	
7953	Bone replacement graft for ridge preservation – per site	\$100	

Code	Description	Solstice	Proposer:
7960	Frenulectomy also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$90	
7963	Frenuloplasty	\$90	
7970	Excision of hyperplastic tissue - per arch	\$140	
7971	Excision of pericoronal gingiva	\$102	
7972	Surgical reduction of fibrous tuberosity	\$125	
<b>LIMITED ORTHODONTIC TREATMENT</b>			
8010	Limited orthodontic treatment of the primary dentition	\$1,000	
8020	Limited orthodontic treatment of the transitional dentition	\$1,100	
8030	Limited orthodontic treatment of the adolescent dentition	\$1,100	
8040	Limited orthodontic treatment of the adult dentition	\$1,350	
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>			
8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,000	
8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,050	
8090	Comprehensive orthodontic treatment of the adult dentition	\$2,150	
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>			
8210	Removable appliance therapy	\$103	
8220	Fixed appliance therapy	\$103	
<b>OTHER ORTHODONTIC SERVICES</b>			
8660	Pre-orthodontic treatment examination to monitor growth and development	\$35	
8670	Periodic orthodontic treatment visit	\$0	
8680	Orthodontic retention (removal of appliances, construction and placement of removable retainer(s))	\$300	
8681	Removable orthodontic retainer adjustment	\$0	
8698	Re-cement or re-bond fixed retainer – maxillary	\$0	
8699	Re-cement or re-bond fixed retainer – mandibular	\$0	
8999	Unspecified orthodontic procedure, by report	\$250	
<b>UNCLASSIFIED TREATMENT</b>			
9110	Palliative (emergency) treatment of dental pain -minor procedure	\$0	
9120	Fixed partial denture sectioning	\$0	
<b>ANESTHESIA</b>			
9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	
9211	Regional block anesthesia	\$0	
9212	Trigeminal division block anesthesia	\$0	
9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	
9222	Deep sedation/general anesthesia – first 15 minutes	\$50	
9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$50	
9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$20	
9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$65	
9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$65	
9248	Non-intravenous conscious sedation	\$15	
<b>DRUGS</b>			

Code	Description	Solstice	Proposer:
9610	Therapeutic parenteral drug, single administration	\$15	
9630	Drugs or medicaments dispensed in the office for home use	\$15	
	MISCELLANEOUS SERVICES		
9910	Application of desensitizing medicament	\$20	
9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$0	
9932	Cleaning and inspection of removable complete denture, maxillary	\$0	
9933	Cleaning and inspection of removable complete denture, mandibular	\$0	
9934	Cleaning and inspection of removable partial denture, maxillary	\$0	
9935	Cleaning and inspection of removable partial denture, mandibular	\$0	
9942	Repair and/or reline of occlusal guard	\$40	
9943	Occlusal guard adjustment	\$25	
9944	Occlusal guard – hard appliance, full arch	\$250	
9945	Occlusal guard – soft appliance, full arch	\$250	
9946	Occlusal guard – hard appliance, partial arch	\$250	
9950	Occlusion analysis – mounted case	\$75	
9951	Occlusal adjustment - limited	\$25	
9952	Occlusal adjustment - complete	\$95	
9973	External bleaching – per tooth	\$30	
9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$240	
9991	Dental case management – addressing appointment compliance barriers	\$0	
9992	Dental case management – care coordination	\$0	
9993	Dental case management – motivational interviewing	\$0	
9994	Dental case management – patient education to improve oral health literacy	\$0	
9997	Dental case management – patients with special health care needs	\$0	

### **Claims Service**

44. Where will JEA dental claims be processed?
45. Does Proposer own and operate the claims facility, or do you contract the services through a TPA or subcontractor?
46. Will JEA have a dedicated claims unit assigned to them? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain how the dedicated claims unit will be set up, number of claims processors, etc.
47. Does Proposer offer an 800 number, on-line claims viewing and/or claims submission? Yes \_\_\_\_ No \_\_\_\_  
If yes,
  - a) Please explain your program and provide the website address.
  - b) Is the information real time?
  - c) Is there an additional charge for this service?
48. Does Proposer have plans, within the next 36 months, to change the location of the claims facility? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.

49. Does Proposer have plans, within the next 36 months, to downsize or reduce the number of employees at the claims facility? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.
50. Does Proposer have plans, within the next 36 months, to up-grade, enhance or change the software or hardware used to process dental claims? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.
51. Does Proposer use offshore based claims representatives? Yes \_\_\_\_ No \_\_\_\_ If yes,  
a) How long has Proposer been utilizing offshore based claims representatives?  
b) What percentages of your claims representatives are off shore?
52. What percentage of clean claims does Proposer turn around in:  
a) 5 business days? \_\_\_\_\_ %  
b) 10 business days? \_\_\_\_\_ %  
c) 15 business days? \_\_\_\_\_ %
53. What percentage of all claims does Proposer turn around in:  
a) 5 business days? \_\_\_\_\_ %  
b) 10 business days? \_\_\_\_\_ %  
c) 15 business days? \_\_\_\_\_ %  
d) 20 or more business days \_\_\_\_\_ %
54. How does Proposer handle covered dependents that are permanently disabled, live with the subscriber and remain on the dental plan?  
a) How often does Proposer verify these dependents?  
b) What procedures does Proposer use to verify these dependents?

#### **Member Service**

55. Where is the location of Proposer's member service unit that will be servicing JEA?
56. Is this a national or regional member service office?
57. Is this the same office as the claims office? Yes \_\_\_\_ No \_\_\_\_
58. Does Proposer use offshore based member service representatives? Yes \_\_\_\_ No \_\_\_\_ If yes,  
a) How long has Proposer been utilizing off shore member service representatives.  
b) What percentages of member service calls are handled offshore?
59. Does Proposer monitor and tape member services calls? Yes \_\_\_\_ No \_\_\_\_
60. Does the member service unit monitor and keep records on the number and type of service calls it receives?
61. Please provide the current telephone performance statistics of Proposer's member service unit in regard to:  
a) Number of calls per day:  
b) Average length of call:  
c) % of abandoned calls:  
d) Average hold time:
62. Does Proposer have any plans within the next 36 months to move or relocate the member service or downsize the staff of the member service unit? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.
63. Does Proposer plan within the next 36 months to upgrade or change the computer system your member service unit is currently using? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details.

#### **Financial Reporting DHMO, PPO Dental Claims Reports**

64. Will Proposer provide financial and claims reporting to JEA for the dental plans you have responded with in this RFP?

DHMO Yes \_\_\_\_ No \_\_\_\_

PPO Yes \_\_\_\_ No \_\_\_\_

65. In what frequency will Proposer provide the financial and claims reporting to JEA?
- a) Monthly \_\_\_\_
  - b) Quarterly \_\_\_\_
  - c) Semi annual \_\_\_\_
  - d) Annually \_\_\_\_
66. Please provide a detailed description of the financial and claims reports available from Proposer for the DHMO and PPO dental plans. Please label and attached a complete set of reports in your RFP response.
67. Is Proposer willing to provide a representative to attend meetings with JEA's management to conduct detailed discussions concerning the financial claims reports? Yes \_\_\_\_ No \_\_\_\_ If yes, how often?

### **Provider Network**

68. What types of dental provider networks does Proposer offer in Northeast Florida?

DHMO Yes \_\_\_\_ No \_\_\_\_

PPO Yes \_\_\_\_ No \_\_\_\_

69. Does Proposer own or lease the dental network?

DHMO Own \_\_\_\_ Lease \_\_\_\_

PPO Own \_\_\_\_ Lease \_\_\_\_

If Proposer leases the network, please provide information concerning the dental network company.

70. What criteria does Proposer use to determine whether an individual is in, or out, of the network?
71. How does Proposer handle out of state dependents' coverage when the employee has selected:
- a) The DHMO for their coverage?
  - b) A PPO for their coverage?
72. Does Proposer require members to select a primary care dentist for the DHMO plan? Yes \_\_\_\_ No \_\_\_\_
73. What are the procedures for a member to change the selection of a DHMO primary care dentist? Can changes be made online? Yes \_\_\_\_ No \_\_\_\_
74. How often can a member change their DHMO primary dentist selection? When does the new dental provider become effective?
75. Are members required to obtain referrals for dental specialist visits?
- DHMO Yes \_\_\_\_ No \_\_\_\_
- PPO Yes \_\_\_\_ No \_\_\_\_
- If yes, please explain the process.
76. What financial arrangements does Proposer utilize for your network contracted dental providers for compensation for dental work performed on your members? (Capitation, discounted fee for service, fee schedule etc.)

	Capitation	Discount Fee	Fee Schedule	Other
<b>DHMO</b>				
General Dentist				
Specialist				
Periodontist				
Pedodontist				
Orthodontist				
<b>PPO</b>				
General Dentist				
Specialist				
Periodontist				
Pedodontist				
Orthodontist				

77. Do Proposer's contracts for general dentists and/or specialists contain any type of withhold bonus or incentive arrangements?

DHMO Yes \_\_\_\_ No \_\_\_\_

PPO Yes \_\_\_\_ No \_\_\_\_

If yes, please explain each contract arrangement.

78. Does Proposer's dental provider contracts contain provisions for the employer and members to be held harmless from any fees for services that are plan eligible, but not paid by the plan regardless of the reason? (Excludes co-payments, deductibles and coinsurance.)

DHMO Yes \_\_\_\_ No \_\_\_\_

PPO Yes \_\_\_\_ No \_\_\_\_

79. Does Proposer's primary dentist and specialist contracts contain wording to restrict them from balance billing the member for in-network services?

DHMO Yes \_\_\_\_ No \_\_\_\_

PPO Yes \_\_\_\_ No \_\_\_\_

80. For out-of-network benefits in Proposer's PPO dental plans, does Proposer use reasonable and customary and/or MAC (provider contracted rate) pricing for claims adjudication?

R&C Yes \_\_\_\_ No \_\_\_\_

MAC Yes \_\_\_\_ No \_\_\_\_

81. In the charts below, please provide the requested information concerning Proposer's contracted charges and the UCR allowable.

DUVAL COUNTY			
ADA Code	Description	PPO Contract Allowable	UCR Allowable
D0120	Periodic Oral Evaluation		
D0272	Radiographs – 2 films		
D0274	Radiographs – 4 films		
D1110	Adult Prophylaxis		
D1120	Child Prophylaxis		
D2140	Amalgam – 1 Surface		

D2150	Amalgam – 2 Surface		
D2160	Amalgam – 3 Surface		
D2330	Composite Resin		
D2750	Porcelain with Gold Crown		
D2751	Porcelain with Non-precious Metal Crown		
D2752	Porcelain with Semiprecious Metal Crown		
D3230	Root Canal Therapy		
D4260	Osseous Surgery per Quadrant		
D4342	Periodontal Scaling		
D6210	Fixed Bridge/Porcelain Gold Crown		
D6240	Fixed Bridge/Porcelain Semiprecious Crown		
D7240	Extraction, Complete Bony Impaction		
D8070	Orthodontic: Global Rate for Normal Adolescent Case		

CLAY COUNTY			
ADA Code	Description	PPO Contract Allowable	UCR Allowable
D0120	Periodic Oral Evaluation		
D0272	Radiographs – 2 films		
D0274	Radiographs – 4 films		
D1110	Adult Prophylaxis		
D1120	Child Prophylaxis		
D2140	Amalgam – 1 Surface		
D2150	Amalgam – 2 Surface		
D2160	Amalgam – 3 Surface		
D2330	Composite Resin		
D2750	Porcelain with Gold Crown		
D2751	Porcelain with Non-precious Metal Crown		
D2752	Porcelain with Semiprecious Metal Crown		
D3230	Root Canal Therapy		
D4260	Osseous Surgery per Quadrant		
D4342	Periodontal Scaling		
D6210	Fixed Bridge/Porcelain Gold Crown		
D6240	Fixed Bridge/Porcelain Semiprecious Crown		
D7240	Extraction, Complete Bony Impaction		
D8070	Orthodontic: Global Rate for Normal Adolescent Case		

ST. JOHNS COUNTY			
ADA Code	Description	PPO Contract Allowable	UCR Allowable
D0120	Periodic Oral Evaluation		
D0272	Radiographs – 2 films		
D0274	Radiographs – 4 films		
D1110	Adult Prophylaxis		
D1120	Child Prophylaxis		
D2140	Amalgam – 1 Surface		
D2150	Amalgam – 2 Surface		
D2160	Amalgam – 3 Surface		
D2330	Composite Resin		
D2750	Porcelain with Gold Crown		
D2751	Porcelain with Non-precious Metal Crown		
D2752	Porcelain with Semiprecious Metal Crown		
D3230	Root Canal Therapy		
D4260	Osseous Surgery per Quadrant		



D4342	Periodontal Scaling		
D6210	Fixed Bridge/Porcelain Gold Crown		
D6240	Fixed Bridge/Porcelain Semiprecious Crown		
D7240	Extraction, Complete Bony Impaction		
D8070	Orthodontic: Global Rate for Normal Adolescent Case		

BAKER COUNTY			
ADA Code	Description	PPO Contract Allowable	UCR Allowable
D0120	Periodic Oral Evaluation		
D0272	Radiographs – 2 films		
D0274	Radiographs – 4 films		
D1110	Adult Prophylaxis		
D1120	Child Prophylaxis		
D2140	Amalgam – 1 Surface		
D2150	Amalgam – 2 Surface		
D2160	Amalgam – 3 Surface		
D2330	Composite Resin		
D2750	Porcelain with Gold Crown		
D2751	Porcelain with Non-precious Metal Crown		
D2752	Porcelain with Semiprecious Metal Crown		
D3230	Root Canal Therapy		
D4260	Osseous Surgery per Quadrant		
D4342	Periodontal Scaling		
D6210	Fixed Bridge/Porcelain Gold Crown		
D6240	Fixed Bridge/Porcelain Semiprecious Crown		
D7240	Extraction, Complete Bony Impaction		
D8070	Orthodontic: Global Rate for Normal Adolescent Case		

NASSAU COUNTY			
ADA Code	Description	PPO Contract Allowable	UCR Allowable
D0120	Periodic Oral Evaluation		
D0272	Radiographs – 2 films		
D0274	Radiographs – 4 films		
D1110	Adult Prophylaxis		
D1120	Child Prophylaxis		
D2140	Amalgam – 1 Surface		
D2150	Amalgam – 2 Surface		
D2160	Amalgam – 3 Surface		
D2330	Composite Resin		
D2750	Porcelain with Gold Crown		
D2751	Porcelain with Non-precious Metal Crown		
D2752	Porcelain with Semiprecious Metal Crown		
D3230	Root Canal Therapy		
D4260	Osseous Surgery per Quadrant		
D4342	Periodontal Scaling		
D6210	Fixed Bridge/Porcelain Gold Crown		
D6240	Fixed Bridge/Porcelain Semiprecious Crown		
D7240	Extraction, Complete Bony Impaction		
D8070	Orthodontic: Global Rate for Normal Adolescent Case		

82. Please provide the Northeast Florida dental network discount percentage that the Proposer's network contract provides from billed charges.

<b>Dental PPO</b>	<b>Duval</b>	<b>St. Johns</b>	<b>Clay</b>	<b>Baker</b>	<b>Nassau</b>
General Dentists					
Endodontists					
Periodontists					
Pedodontists					
Orthodontists					

83. Is Proposer's contracted network dental providers required to carry malpractice insurance? Yes \_\_\_\_ No \_\_\_\_

a) If yes, in what amount?

b) If no, please explain?

c) What percentages of Proposer's network providers carry no malpractice insurance?

84. Confirm top 100 in-network providers from each of the existing dental plan networks match your existing network(s) for all proposed dental plans. Yes \_\_\_\_ No \_\_\_\_ If no, Please note any network disruption in your response.

85. Does Proposer plan to add any new dental providers to the Northeast Florida network? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide information on any new contracts or negotiations.

86. Will Proposer be willing to recruit additional dentists in areas that JEA members do not have access, or limited access, to Proposer's dental network? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain the procedure and how long it takes to recruit additional network providers.

87. What is the percentage turnover rate that Proposer has experienced in Northeast Florida in the past three (3) years for the following dental providers?

	2020 DHMO	2020 PPO	2019 DHMO	2019 PPO	2018 DHMO	2018 PPO
General Dentists						
Endodontists						
Periodontists						
Pedodontists						
Orthodontists						

88. What percentage of the general dentists in Proposer's networks are "closed" and not accepting new members?

	DHMO		PPO
Baker			
Clay			
Duval			
Nassau			
St. Johns			

89. What is the average number of days it takes to see a network dentist once a request is made?

a) DHMO General Dentist \_\_\_\_\_ Specialist \_\_\_\_\_

b) PPO General Dentist \_\_\_\_\_ Specialist \_\_\_\_\_

90. Please provide a description of the credentialing criteria, for Proposer's primary dentists, specialists, pediatric dentists and orthodontists.

91. How often are Proposer's existing providers re-credentialed?
92. Does Proposer conduct DHMO and PPO member satisfaction surveys? Yes \_\_\_\_ No \_\_\_\_ If yes, would the results be provided to JEA?
93. Does Proposer provide a grievance procedure for members who have problems with benefit payments and network providers? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide what type of complaints are heard, the process, including timeline, to file a grievance and how long it takes to have one heard?
94. Please describe the type and duration (annual, 3-5 year, evergreen) of Proposer's network dental provider contracts.
95. Does Proposer project any significant loss of dental providers in the Northeast Florida network in the next 12 months for any reasons? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide information concerning any anticipated loss of contract(s).
96. Is Proposer currently, or within the next 12 months, negotiating the renewal of any existing contracts with any large practice groups of network dental providers in Northeast Florida?

DHMO Yes \_\_\_\_ No \_\_\_\_

PPO Yes \_\_\_\_ No \_\_\_\_

If yes, please provide all pertinent information concerning the practice group, dates of contract, and possible termination dates.

#### **Other Pertinent Information**

Please provide any additional information on your company that you feel will differentiate you from the competition in providing quality and affordable DHMO and PPO dental plans to JEA.

I understand and hereby certify that all information provided in this RFP response document is true and correct. I am authorized to represent and bind my company to these responses.

This questionnaire was completed by: \_\_\_\_\_  
(Signature required)

Print Name and Title: \_\_\_\_\_

On behalf of: \_\_\_\_\_  
(Company Name and Complete Address)

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Response to question 27 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.2 – Premium Rate Guarantees.**

**Responses to questions 69, 70, 71 and 84 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.3 – Dental Provider Network.**

**Responses to questions 26, 36 and 43 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.4 – PPO and DHMO Plan Design.**

**Responses to questions 44, 45, 48 and 52 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.5 – Claim Adjudication, Timing, Accuracy and Service Response.**

**Responses to questions 4, 8, 11 and 13 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.6 – Competence of Proposer and Proposer’s Representatives.**

**Responses to questions 16, 49 and 51 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.7 – Current Workload and Ability to Implement JEA as a New Business Account.**

**Response to question 12 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.8 – Proximity to the Project.**

**Responses to questions 17, 18, 19 and 20 of RFP Interrogatories/Questionnaire will be used to score Selection Criteria 1.4.1.9 – Financial Responsibility and Stability.**

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*(End of Form 1 - Remainder of page intentionally left blank)*

**FORM 2**  
**DENTAL PROVIDER NETWORK**

1. Please provide the number of DHMO network dentists and specialists Proposer has by county in Northeast Florida.

<b>DHMO</b>	<b>General Dentists</b>	<b>Endodontists</b>	<b>Periodontists</b>	<b>Pedodontists</b>	<b>Orthodontists</b>
Baker					
Clay					
Duval					
Nassau					
St. Johns					

2. Please provide the number of PPO network dentists and specialists Proposer has by county in Northeast Florida.

<b>PPO</b>	<b>General Dentists</b>	<b>Endodontists</b>	<b>Periodontists</b>	<b>Pedodontists</b>	<b>Orthodontists</b>
Baker					
Clay					
Duval					
Nassau					
St. Johns					

3. Please provide the percentage of DHMO dentists that are currently closed to new members in the following counties.

<b>DHMO</b>	<b>General Dentists</b>	<b>Endodontists</b>	<b>Periodontists</b>	<b>Pedodontists</b>	<b>Orthodontists</b>
Baker					
Clay					
Duval					
Nassau					
St. Johns					

4. Please provide an alpha listing of all of the DHMO dentists that are currently closed in Proposer's network in the five (5) North Florida Counties listed above. Label and attach listing in RFP Response.
5. Please provide the percentage of PPO dentists that are currently closed to new members in the following counties.

<b>PPO</b>	<b>General Dentists</b>	<b>Endodontists</b>	<b>Periodontists</b>	<b>Pedodontists</b>	<b>Orthodontists</b>
Baker					
Clay					
Duval					
Nassau					

St. Johns					
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6. Please provide an alpha listing of all of the PPO dentists that are currently closed in Proposer's network in the five (5) North Florida Counties listed above. Label and attach listing in RFP Response.
7. Please provide a GEO Access for the following zip code locations. Provide the number of general dentists within a five (5) and ten (10) mile driving radius.

	<b>DHMO</b>		<b>Dental PPO</b>	
	<b>5 miles</b>	<b>10 miles</b>	<b>5 miles</b>	<b>10 miles</b>
<b>Baker County</b>				
32040				
32063				
32072				
32087				
<b>Clay County</b>				
32030				
32043				
32065				
32068				
32079				
<b>Duval County</b>				
32202				
32212				
32224				
32238				
32244				
32256				
<b>Nassau County</b>				
32035				
32041				
32046				
32097				
<b>St. Johns</b>				
32004				
32082				
32085				
32092				
32145				

8. Please provide a full geo access report for general dentists based on the employee zip codes provided in JEA RFP census. Use a criterion of two (2) general dentists within a ten (10) mile driving radius. Label and attach the report in your RFP Response.

**Responses to Form 2 of RFP will be used to score Selection Criteria 1.4.1.3 Dental Provider Network.**

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*(End of Form 2 - Remainder of page intentionally left blank)*

**FORM 3  
BUSINESS REFERENCE**

RFP Number \_\_\_\_\_

Name of Proposer \_\_\_\_\_

Proposer's Address \_\_\_\_\_

**Client Serviced by Proposer:** List one (1) state of Florida large public (minimum 2,500 employees) dental insurance plan client contracted with Proposer during the five (5) years ending December 31, 2020.

Name of client: \_\_\_\_\_

Address of client: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Phone number: \_\_\_\_\_

Current contact name: \_\_\_\_\_

Effective date of plan: \_\_\_\_\_

**I confirm the reference provided in this form has been accurately disclosed.**

\_\_\_\_\_  
Signature of Proposer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Proposer



**FORM 4**  
**PROPOSED PRICING AND RATE EXHIBIT**

**Dental Insurance Plans Rate Exhibit**

Please illustrate in this section Proposer's premiums, fees, or charges that you are proposing for the Dental Insurance Plans RFP. **Please provide Proposer's rates net of commission.** Any additional premiums, fees or costs not disclosed in this premium exhibit shall be the responsibility of the Proposer.

**Failure to disclose full information on premiums, rates, fees or additional charges may result in the lowering of Proposer's scoring or disqualification of your proposal.**

**If Proposer is proposing a multiyear rate guarantee, please show the rate guarantees in months. (i.e., 12-month, 24-month, etc.)**

**All proposed premiums and or fees should be net of commissions.**

All proposed premiums, fees, charges for the services provided under this RFP must be firm regardless of the number of employees and retirees who enroll. Proposers must specify any restrictions or limitations on the premiums, fees, charges and services quoted. Any limitations or restrictions not disclosed in Proposer's Proposal shall be the responsibility of Proposer.

*(Remainder of page intentionally left blank)*

**FORM 4**  
**PROPOSED PRICING AND RATE EXHIBIT**

<b>Plan</b>	<b>Number of Employees</b>	<b>Quoted Rates</b>	<b>Total Monthly Premium</b>	<b>Total Annual Premium</b>
<b>Low PPO Plan</b>				
Employee				
Employee/Spouse				
Employee/Child				
Family				
<b>Low PPO Plan Total</b>				
<b>High PPO Plan</b>				
Employee				
Employee/Spouse				
Employee/Child				
Family				
<b>High PPO Plan Total</b>				
<b>DHMO</b>				
Employee				
Employee/Spouse				
Employee/Child				
Family				
<b>DHMO Plan Total</b>				
<b>GRAND TOTAL</b>				

The above rates are guaranteed for: \_\_\_\_\_ Months.

After expiration of initial rate guarantee there will be a maximum rate cap of \_\_\_\_\_%.

I confirm the rates, fees, costs and charges provided on this form have been accurately disclosed, are net of commissions and are guaranteed for the time period stated. I understand that any plan rates, fees, costs or additional charges not disclosed in this Form 4 are not the responsibility of JEA.

**Failure to sign this form may result in the lowering of your score or disqualification of your proposal.**

\_\_\_\_\_  
Signature of Proposer representative

\_\_\_\_\_  
Date

**FORM 5**  
**MINIMUM QUALIFICATIONS FORM**

**THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED PROPOSER BY JEA YOU MUST MEET THE MINIMUM QUALIFICATIONS LISTED BELOW, AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SOLICITATION/TECHNICAL SPECIFICATION.**

**THE PROPOSER MUST COMPLETE THE PROPOSER INFORMATION SECTION BELOW AND PROVIDE ANY OTHER INFORMATION OR REFERENCES REQUESTED. THE PROPOSER MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.**

**PROPOSER INFORMATION**

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PRINT NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

**MINIMUM QUALIFICATIONS:**

The Proposer must meet all the following Minimum Qualifications to be considered eligible to have its Proposal evaluated. JEA will reject Proposals from Proposers not meeting all of the following Minimum Qualifications:

- The Proposer must provide one State of Florida public entity (minimum of 2,500 employees) dental insurance plan account reference to include the reference company name, contact person, phone number, email address and a summary of the scope of work provided by the Proposer for the reference company. JEA will contact and verify the account reference.
- The Proposer must have provided the services and products requested in this RFP in the State of Florida for at least five years, ending December 31, 2020.
- The Proposer and each subcontracted vendor offered by the Proposer must have all the necessary Florida State Licenses, approvals, filing registrations and/or certificates to offer the products and services requested in this RFP.

- If an insurance company, the Proposer and all subcontractors must have, at a minimum, a current A.M. Best, or equivalent company, rating of A- or better as of December 31, 2019 or for the most current rating period. (If applicable).

Please provide the reference information requested below pertaining to this contract.

- The Proposer must provide one State of Florida public entity (minimum of 2,500 employees) dental insurance plan account reference to include the reference company name, contact person, phone number, email address and a summary of the scope of work provided by the Proposer for the reference company. JEA will contact and verify the account reference.

Name of client: \_\_\_\_\_

Address of client: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Phone number: \_\_\_\_\_

Current contact name: \_\_\_\_\_

Effective date of plan: \_\_\_\_\_

**FORM 6  
PROPOSAL FORM**

**PROPOSER INFORMATION:**

PROPOSER NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL OF CONTACT: \_\_\_\_\_  
WEBSITE: \_\_\_\_\_

**QUOTATION OF EMPLOYEE PREMIUMS, JEA RATES, OR FEES PROPOSED BY THE PROPOSER**

**Maximum score for criterion is: 20 Points**

Illustrate the Proposer's competitiveness on the DHMO and PPO premium and rates as proposed in Form 4 – Proposed Pricing and Rate Exhibit in this RFP. Overall competitiveness of individual premiums, monthly and annual costs are the main factor of this criteria.

**Please note the prices quoted by the Proposer on the Proposal Form must be firm-fixed prices, not estimates.** Any modifications, exceptions, or objections contained within the response form may subject the response to disqualification.

**PREMIUM RATE GUARANTEES**

**Maximum score for criterion is: 15 Points**

Please provide Proposer's period of premium or rate guarantees or rate caps as it relates to the premium and rates your company has offered in this RFP response. Please express your premium and rate guarantees in months. 12, 24, 35, 48, 60 months. A multi-year rate guarantee is preferred with proposed rate caps in subsequent years of contract. Provide rate guarantees on Form 4 – Proposed Pricing and Rate Exhibit.

**DENTAL PROVIDER NETWORK**

**Maximum score for criterion is: 10 Points**

Demonstrate the size, quality and scope of Proposer's dental PPO and DHMO network in Northeast Florida. This will include number of dentists, dental practices, and general scope of providers being offered to the JEA employees. Completion of Form 2 – Dental Provider Network and requested geo access reporting will be used to evaluate network.

**PPO AND DHMO PLAN DESIGN**

**Maximum score for criterion is: 10 Points**

Proposer must provide benefits that match or enhance current PPO and DHMO plans that are currently offered to JEA participants. If plan deviations are not disclosed, proposed plans will be treated as mirroring the current plan designs. See Appendix C – Current and Requested Dental Plans with Rate History and Contributions. Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

**CLAIM ADJUDICATION, TIMING ACCURACY AND SERVICE RESPONSE**

**Maximum score for criterion is: 10 Points**

Please provide information about Proposer's claims adjudication, percentage of accuracy, timely claims processing and grievance procedures. Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

## **COMPETENCE OF PROPOSER AND PROPOSER'S REPRESENTATIVES**

### **Maximum score for this criterion: 10 Points**

Include professional and/or technical education and training; experience in the project to be undertaken; availability of adequate personnel, equipment and facilities. List previous projects similar to the one in the RFP, which have been satisfactorily completed. Provide resumes of principal staff/project manager showing years of experience in the field for similar projects. Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

## **CURRENT WORKLOAD AND ABILITY TO IMPLEMENT JEA AS A NEW BUSINESS ACCOUNT**

### **Maximum Score for Criterion is: 10 Points**

Provide the number and size of the projects currently being administered by Proposer. Confirm Proposer's ability to successfully add the new client the size of JEA to your block of business. Confirm that Proposer can successfully implement JEA effective January 1, 2022 and the ability of Proposer to have representatives at JEA's Open Enrollment in November 2021 (as allowed due to COVID-19). Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

## **PROXIMITY TO THE PROJECT**

### **Maximum Score for Criteria is: 5 Points**

Document the location of Proposer's corporate headquarters, which, if located in Jacksonville, Florida, no further information is required and maximum points will be awarded. If not located in Jacksonville, FL Proposers are requested to demonstrate, define and provide examples of their ability to provide the services contemplated herein in a manner comparable to having a local office in Jacksonville, Florida or to show that a local office is not necessary to satisfactorily perform the services required for this project, in which event maximum points may be awarded. Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

## **FINANCIAL RESPONSIBILITY AND STABILITY**

### **Maximum Score for Criteria is: 10 Points**

Describe form of business Proposer is organized under, i.e., proprietorship, partnership, corporation; years in business; changes in ownership past, present, pending and/or threatened legal proceedings within any forum; and any other information Proposer may wish to supply to demonstrate financial responsibility. Provide information on Proposer's A. M. Best rating as well as Standard & Poor, Moody's and Fitch rating. Failure to provide all listed information and documentation will result in score less than maximum for this criterion. Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

### **Proposer's Certification**

By submitting this Proposal, the Proposer certifies (1) that the Proposer has read and reviewed all of the documents pertaining to this RFP and agrees to abide by the terms and conditions set forth therein, (2) that the person signing below is an authorized representative of the Proposer, and (3) that the Proposer is legally authorized to do business and maintains an active status, in the State of Florida. The Company certifies that its recent, current, and projected workload will not interfere with the Proposer's ability to Work in a professional, diligent and timely manner.

The Proposer certifies, under penalty of perjury, that it holds all licenses, permits, certifications, insurances, bonds, and other credentials required by law, contract or practice to perform the Work. The Proposer also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Proposer shall immediately notify JEA of status change.

Please initial below:

\_\_\_\_ (Initials) I have read and understood the Sunshine Law/Public Records clauses contained within this solicitation. I understand that in the absence of a redacted copy my proposal will be disclosed to the public “as-is”.

We have received addenda \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorize Officer of Proposer or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Phone Number