



Procurement Department Bid Section  
 225 North Pearl Street  
 Jacksonville, Florida 32202

May 13, 2026

ADDENDUM NUMBER: One (1)

TITLE: Dental Insurance Plans – 1412163646

RESPONSE DUE DATE: May 26, 2026

TIME OF RECEIPT: 12:00 PM ET

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

- Question:** Please provide current monthly rates for the 3 currently offered plans.

**Answer:** See current monthly rates for all three plans below:

Coverage	Current Rate/Fee
<b>Dental – High PPO Plan</b>	
• Employee Only	\$42.99
• Employee + Spouse	\$71.38
• Employee + Child(ren)	\$80.07
• Employee + Family	\$125.11
<b>Dental – Low PPO Plan</b>	
• Employee Only	\$28.81
• Employee + Spouse	\$47.86
• Employee + Child(ren)	\$53.67
• Employee + Family	\$83.88
<b>Dental – DHMO Plan</b>	
• Employee Only	\$13.21
• Employee + Spouse	\$23.12
• Employee + Child(ren)	\$27.74
• Employee + Family	\$38.97

- Question:** Please provide the DHMO Schedule of Benefits summary that details procedure codes aligned with member copay. The provided DHMO Cert advises to refer to Schedule of Benefits for specific details.

**Answer:** For the PPO plans, the Schedule of Benefits/Benefits Summary can be found within the Certificates previously provided. See Addendum 1 – Attachment 1 for the DHMO Schedule of Benefits summary.

- Question:** Census file in Excel (including DOB/age, gender, coverage levels, home zip codes, current plans)

**Answer:** This form is available upon request. Email Elaine Selders at [seldel@jea.com](mailto:seldel@jea.com).

4. **Question:** Can we get benefit summaries for the PPO and DHMO plans? We specifically need a full DHMO benefit summary because the COC/Cert included doesn't list any procedures or copayments.

**Answer:** For the PPO plans, the Schedule of Benefits/Benefits Summary can be found within the Certificates previously provided. See Addendum 1 – Attachment 1 for the DHMO Schedule of Benefits summary.

5. **Question:** Can you please have the experience clarified. The total tab information for years 2024 and 2025 do not match the 24 prem claim enroll tab or 25 prem claim enroll tab. We have attached a document showing the discrepancies between enrollment, paid premium, and paid claims. If possible, we would prefer a cleaner version from their current carriers reporting system showing each plan (high and mid) broken out with each plan listing the claims paid by month, premium paid by month, and subscribers by month.

**Answer:** Attached as Addendum 1 - Attachment 3 is the revised high, low dental and DHMO broken out by plan years 2024 and 2025. This includes premiums, claims, lives (EE) (DHMO no claims).

6. **Question:** Page 2 of the solicitation document indicates that “A more detailed description of the Work is provided in **Appendix A - Technical Specifications, Claims Exp 1 and 2, and Appendix C – Current and Requested Dental Plans with Rate History and Contributions** included as an Exhibit to this Solicitation.” We don't see that appendix C- current and requested dental plans and rates history and contributions was included. Can this be obtained and we don't see dental rates being received.

**Answer:** Below are the current rates and contributions:

**Current Rates:**

Coverage	Current Rate/Fee
<b>Dental – High PPO Plan</b>	
• Employee Only	\$42.99
• Employee + Spouse	\$71.38
• Employee + Child(ren)	\$80.07
• Employee + Family	\$125.11
<b>Dental – Low PPO Plan</b>	
• Employee Only	\$28.81
• Employee + Spouse	\$47.86
• Employee + Child(ren)	\$53.67
• Employee + Family	\$83.88
<b>Dental – DHMO Plan</b>	
• Employee Only	\$13.21
• Employee + Spouse	\$23.12
• Employee + Child(ren)	\$27.74
• Employee + Family	\$38.97

**Employee Contributions (24-pay periods per year):**

Coverage Level	DHMO (Florida Residents ONLY)	Low PPO	High PPO
Employee	\$6.29	\$13.72	\$20.47
Employee + Spouse	\$11.01	\$22.79	\$33.99
Employee + Child(ren)	\$13.21	\$25.56	\$38.13
Employee + Family	\$18.56	\$39.95	\$59.58

7. **Question:** Is the dental renewal available? If so, can you please provide.

**Answer:** The current contract ends as of 1/1/2027, therefore there is no renewal information available.

8. **Question:** Provide eligible census with elections.

**Answer:** This form is available upon request. Email Elaine Selders at seldel@jea.com.

9. **Question:** Is it possible to get claims experience for Feb – April of 2026?

**Answer:** Attached as Addendum 1 – Attachment 3 is the updated claims report that includes February – March 2026.

10. **Question:** Can you please provide the DHMO Schedule of copays.

**Answer:** See attached Addendum 1 – Attachment 1 MET245 SOB FL.

11. **Question:** Can you please provide the DPPO Benefit summaries so we can review full benefits as the certificates do not provide this information

**Answer:** The DPPO Summaries can be found within the Certificates provided in the Appendix C. For example, The Schedule of Benefits are found starting on page 46 of the Appendix C3 – JEA Cert PPO High Plan.

12. **Question:** Is there a Producer attached to this case? If so, please advise who and if any commissions are included.

**Answer:** Yes, Gallagher Benefit Services is the Consultant. Current rates are net of commissions. Per Form 4 – Proposed Pricing and Rate Exhibit, ‘All proposed premiums and or fees should be net of commissions.’

13. **Question:** The DHMO provider tab in Appendix B Form 2 “Top DPPO-DHMO Utilized Dentists...” has no zip code column, are you able to provide an updated file with zip codes?

**Answer:** The revised form that includes zip code information is Attached as Addendum 1 Attachment 2.

14. **Question:** In the scope of work, it states you are seeking one company. If we intend to subcontract or partner with another company is that acceptable? JEA would be invoiced by the prime company. Would we need prior approval prior to submitting as referenced in section 1.41?

**Answer:** Subcontractors should be disclosed as such and included on Appendix B – Form 8 - Subcontractor Form, but the request is for the contract to be awarded to a sole company. Subcontractors would fall under the terms of the Agreement with the awarded company.

15. **Question:** Can the minimum qualifications requirement of 2,500 be changed?

**Answer:** JEA does not intend to modify the Minimum Qualifications for this RFP.

16. **Question:** In section 1.13 it states JEA terms and conditions shall be utilized for this contract. Is that negotiable and can redlines be submitted?

**Answer:** The Respondent can provide redlined language to the terms and conditions for JEA to review. It should be noted JEA's Office of General Counsel will review, and edits may not be accepted.

17. **Question:** If we can only offer a 24-month guarantee with a third-year cap is that acceptable?

**Answer:** Form 4 – Proposed Pricing and Rate Exhibit states: Please provide period of rate guarantees or rate caps as it relates to the premium and rates your company has offered in this Solicitation response. Please express your rate guarantees in months. 12, 24, 36, 48, 60 months. A multi-year rate guarantee is preferred with proposed rate caps in subsequent years of contract.

18. **Question:** We have a question regarding the provided census. After reviewing the census, we noticed there are 287 who have waived coverage, yet there are dental elections for these people. Please confirm if they are actually declining coverage.

**Answer:** JEA's decline option reporting is a "tier" of the PPO High plan. The plan name states PPO, but shows declined as the option chosen, and therefore they are declining coverage.

19. **Question:** Regarding the DHMO, could we offer an EPO in lieu of a DHMO? It would be very similar to the DHMO with copays and no out of network coverage but the network would be larger for the employees.

**Answer:** The RFP requests to explain any deviations to the current plans.

20. **Question:** What is the payroll cycle for ee's, the rates are per pay period, and I cannot find anything that references the payroll cycle?

**Answer:** JEA employees are paid on a biweekly schedule. Benefit deductions are taken from 24 paychecks each calendar year. In any month that includes a third biweekly pay period, no benefit deductions will be taken from that third paycheck.

**ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE RESPONSE FORM**