



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

May 18, 2026

ADDENDUM NUMBER: Two (2)

TITLE: Dental Insurance Plans – 1412163646

RESPONSE DUE DATE: June 2, 2026

TIME OF RECEIPT: 12:00 PM ET

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

- Due Date Extended:** The Response Due Date has been extended from May 26 to June 2, 2026. The Time of Receipt remains that same.
- Clarification** – An updated Census has been requested and will be sent out next week as mentioned in the answer to question #10.
- Question:** Do you know if your current provider utilizes their PDP or PDP Plus network? Could be different for high and low plan.

**Answer:** Both coverages use the PDP Plus Network

- Question:** Can you provide the out of network reimbursement on the high plan? 90<sup>th</sup> percentile, 80<sup>th</sup> percentile, etc.

**Answer:** See chart below on reimbursement rate.

<b>Voluntary Dental</b>				
<b>Class Description</b>	<b>High Option for AAFT Employees (30 Hours)</b>		<b>Low Option for AAFT Employees (30 Hours)</b>	
	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Reimbursement</b>	<b>Negotiated Fee Schedule</b>	<b>R&amp;C 70th Percentile</b>	<b>Negotiated Fee Schedule</b>	<b>Schedule Amount</b>

- Question:** Please provide the preferred rate steps by tier for each of the current plans in place. For example (1/2/2.5/3.6).

**Answer:** Please refer to Addendum 1; Question 1.

- Question:** Please provide monthly enrollment and claims experience broken out for the high and low plans.

**Answer:** Please refer to Addendum 1; Attachment 3.

- Question:** Were there any benefit changes during the experience period provided? If so, please indicate the effective date of change.

**Answer:** There were no benefit changes during the experience period provided.

8. **Question:** Has there been any plan changes since 1/1/2022? If so, please indicate the effective date of change.

**Answer:** There have been no plan changes since 1/1/2022.

9. **Question:** The census file DPPO enrollment is about 12% lower than the Jan 2026 Lives shown in Appendix A. Please explain and advise on the current enrollment by tier for each the High and Low DPPO plans. Are any enrollment changes expected for 1/1/2027?

**Answer:** The provided census (including waivers) is based on current enrollment along with the revised claims detail by plan provided in Addendum 1 - Attachment 3. Expected enrollment changes for 2027 are not expected yet not guaranteed at this time.

10. **Question:** What is the current network being utilized for the DPPO plans in place, PDP, PDP Plus or both?

**Answer:** Refer to DPPO certificates provided indicating the current network is PDP.

11. **Question:** Form 5 response form states the following: However, Appendix C5 is a Certificate of coverage not the Rate History and Contributions. Can you please provide that file?

PPO AND DHMO PLAN DESIGN Maximum score: 10 Points

Respondent must provide benefits that match or enhance current DPPO 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 Appendixes C1-C4 for the current Dental Plans. See Appendix C5 with Rate History and Contributions. Information will be evaluated from responses in Form 1 – RFP Interrogatories/Questionnaire.

**Answer:** Please refer to Addendum 1 Question 6 for the rates and contributions information.

12. **Question:** Follow-up question/request regarding Addendum 1 – Attachment 3: The experience outlines Lives. Are these just subscribers or all members? If all members, we will need JUST the subscribers. The reason we ask is that these numbers are so far off from the census that we originally received. If we use those numbers, we have 480 in high, 61 in mid, and 173 in low. Experience ending in March has 1758 in high, 389 in mid and 548 in DHMO.

**Answer:** The recent reporting is subscribers. We will forward another current census next week. This is the summary from the March enrollments:

JEA March Census Subscriber Count	
Row Labels	Count of EMPLOYEE NUMBER
1	1718 High
2	393 Low
3	549 DHMO
<b>Grand Total</b>	<b>2660</b>

13. **Question:** There are 287 who have waived coverage, yet there are dental elections for these people. Please confirm if they are actually declining coverage.

**Answer:** The decline option in our system is under the PPO High dental plan. Anyone who declined shows a plan name of PPO. The 287 did decline the dental.

14. **Question:** There are 287 who have waived coverage, yet there are dental elections for these people. Please confirm if they are actually declining coverage.

**Answer:** Our decline option is a “tier” of the PPO High plan. So the plan name states PPO, but shows declined as the option chosen. Please email [seldel@jea.com](mailto:seldel@jea.com) if you would like a modification to the census with the plan removed for declines.

15. **Question:** It appears a dental rate increase was received both in 2025 and 2026. Please provide these historical rates. Also, please verify if current rates are for a 12-month RG or longer.

**Answer:** Clarifying data has been provided below from 2023 forward. The total 2026 dental premium amounts paid for the coverage tiers for both active employees and retirees are the same. These amounts are shown on retiree rate chart. JEA is covering the 2026 rate increase which is why the Active rate chart has lower amounts for the coverage tiers.

o **2023 – Both Active and Retiree Rates**

**DENTAL INSURANCE**

Coverage Level	DHMO	Low PPO	High PPO
Employee Only	\$5.99	\$12.45	\$18.57
Employee + Spouse	\$10.49	\$20.67	\$30.83
Employee + Child(ren)	\$12.58	\$23.18	\$34.59
Employee + Family	\$17.67	\$36.24	\$54.04

o **2024 – Both Active and Retiree Rates**

**DENTAL INSURANCE**

Coverage Level	DHMO (Florida Residents ONLY)	Low PPO	High PPO
Employee	\$5.99	\$13.07	\$19.50
Employee + Spouse	\$10.49	\$21.71	\$32.37
Employee + Child(ren)	\$12.58	\$24.34	\$36.32
Employee + Family	\$17.67	\$38.05	\$56.74

2025 and 2026 on the following page.

○ **2025 – Both Active and Retiree Rates**

**DENTAL INSURANCE**

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

○ **2026 – Active – rate guarantee for 12 months**

**DENTAL INSURANCE**

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

○ **2026 – Retiree – rate guarantee for 12 months**

**DENTAL INSURANCE**

Coverage Level	DHMO	Low PPO	High PPO
Retiree Only	\$6.61	\$14.41	\$21.50
Retiree + Spouse	\$11.56	\$23.93	\$35.69
Retiree + Child(ren)	\$13.87	\$26.84	\$40.04
Retiree + Family	\$19.49	\$41.94	\$62.56

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