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Date: March 18, 2015

To: All Proposers

RE: **ADDENDUM No. 1**
Request for Proposal (RFP) ETE0020
Third Party Administration of Dental Benefits

Please note the following updates to the referenced RFP above:

1. **ADD** the following bullet to Page 9, Section 2.4 to the right of TAB 1 directly proceeding "Provide the following in the following order."
    - Page 18 of ADDENDUM No. 1: Remove the back page (Page 18) from Addendum #1, complete, and sign.

2. **CHANGE** the bid due date to **March 30, 2015 2:00PM CST**.

3. **ADD** the following paragraph to Page 18 of the RFP, at the end of Section 5.2:

    The dental website or webpage exclusively for the State of Wisconsin dental program must include a static provider directory as of January 1st of each year to serve as the provider guarantee document. The Vendor is also encouraged to add an online, searchable provider directory to the website or webpage. Dental providers may be added to the provider network at any time during the plan year, and those providers should appear in the searchable directory.

4. **ADD** the following paragraph to Page 21 of the RFP, at the end of Section 5.5.2:

    At a minimum, ETF must have read-only administrator access to the enrollment and claims processing systems to view and verify accurate member enrollment and claims status. If possible, ETF requests this access for each payroll center limited only to the members associated with that specific payroll center.

5. **ADD** the following Sections to Page 22, following Section 5.5.4:

5.6 Implementation and Open Enrollment

5.6.1 Implementation Services

ETF requires the Vendor to have an Implementation Manager and/or Implementation Team available to manage the project from the contract start date (approx. August 3, 2015) until implementation is complete, and all remaining

responsibilities are transferred over to the Lead Account Manager or Account Management Team. The Implementation Manager and/or Implementation Team must be available Monday through Friday from 8:00 a.m. to 4:30 p.m. CST to assist ETF staff. The Implementation Manager and/or Implementation Team must respond to ETF staff inquires within 24 hours of notification. The Vendor will continuously assess the implementation process to ensure a smooth and successful implementation.

The Implementation Manager and/or Implementation Team will be required to perform and/or manage the following services, including but not limited to:

- Set-up of the State of Wisconsin dental website or webpage
- Develop communications that can be sent to ETF employers, employees and annuitants or posted to ETF's website to educate employers, employees and annuitants on dental benefits and also the vendor, including contact information, etc.
- Set-up the customer service phone number, and ensure available staff are properly trained to answer questions and solve employers, employees and annuitants issues regarding the State of Wisconsin dental benefit
- Assess work volume during and after implementation, and ensure additional staffing resources are added as necessary to meet ETF's needs
- Work collaboratively with ETF to resolve any technical or non-technical issues
- Provide informational updates via mail to employers, employees and annuitants as needed
- Upload HIPAA 834 eligibility files from ETF and perform testing to verify accuracy as well as periodic full file comparisons of enrollments
- Upload dental benefit criteria (currently found in the Uniform Dental Benefit) and perform testing in the claims processing system to verify accuracy of claim processing
- Call and e-mail directly with employers, employees and annuitants to resolve issues promptly upon request

5.6.2 Open Enrollment Services

ETF requires the Vendor to have the Lead Account Manager or Account Management Team responsible for managing services specific to Open Enrollment. Open Enrollment period is generally in October of each year. The Lead Account Manager or Account Management Team must be available Monday through Friday from 8:00 a.m. to 4:30 p.m. CST to assist ETF staff. The Lead Account Manager or Account Management Team must respond to ETF staff inquires within 24 hours of notification and be available for meetings within 48 hours of a request.

The Lead Account Manager or Account Management Team will be required to perform and/or manage the following services, including but not limited to:

- Staff the State of Wisconsin benefit fairs and be available to answer questions
- Attend the State of Wisconsin's annual *It's Your Choice* kick-off meeting generally held in late September and be available to answer questions

- Update the State of Wisconsin dental website or webpage to align with changes for the upcoming year, which includes an updated static provider directory
- Develop communications that can be sent to ETF employers, employees and annuitants or posted to ETF's website to educate employers, employees and annuitants on dental benefits and also the vendor, including contact information, etc.
- Ensure customer service is adequately staffed, and available staff are properly trained to answer questions and solve issues from employers, employees and annuitants regarding the State of Wisconsin dental benefit
- Work collaboratively with ETF to resolve any technical or non-technical issues
- Provide informational updates via U.S.P.S. and/or e-mail to employers, employees and annuitants as needed
- Update dental benefit criteria with any changes as determined by the Group Insurance Board
- Upon request, call and e-mail directly with employers, employees and annuitants to resolve issues within 48 hours.

5.7 Comprehensive Transition Plan

The Vendor must provide a comprehensive transition plan that provides a timeline of major tasks, activities, and information that will be provided to the succeeding vendor when relinquishing responsibilities at termination of contract. In the event that the contractor terminates the contract, an updated transition plan must accompany the notice of termination. In the event the Board terminates the Contract, the contractor must send an updated transition plan to ETF within thirty (30) days of the written notice of termination to the contractor. The transition plan must be approved by ETF prior to the transition begin date.

The Vendor must administer the claims processing during the run-out period at no cost to ETF. The claims run-out period begins on the contract termination date with the Vendor and will be no longer than 180 days. ETF must have access to electronic detailed claims data for later use, which must include the provider billed amounts and the amount paid on each claim.

6. **REMOVE** the following paragraph from Page 25, Section 6.4.12:

   Describe whether multiple network options are available. If so, describe each network option – e.g., narrow with greater discount, expanded/wide with lesser discount, silent wrap-around with varying discounts, etc. Describe whether the company currently offers a Dental Health Maintenance Organization (DHMO) product. Describe the firm's willingness to explore a DHMO option in the future. Describe whether the firm is able to offer a DHMO-like, network-only plan on a self-funded basis (similar to a medical Exclusive Provider Organization (EPO)).

7. **ADD** the following paragraph to Page 25, Section 6.4.12:

   Describe whether multiple network options are available. If so, describe each network option – e.g., narrow with greater discount, expanded/wide with lesser discount, silent wrap-around with varying discounts, etc.

8. **REMOVE** the following paragraph from Page 25, Section 6.4.13:

   Please describe the firm's proposed network configuration. Identify whether the proposed network is owned, leased, or a combination. If leased, disclose which networks are used. Describe whether multiple network options are available. If so, describe each network option – e.g., narrow with greater discount, expanded/wide with lesser discount, silent wrap-around with varying discounts, etc.

9. **ADD** the following paragraph to Page 25, Section 6.4.13:

   Please describe the firm's proposed network configuration. Identify whether the proposed network is owned, leased, or a combination. If leased, disclose which networks are used.

10. **REMOVE** the following paragraph and table from Page 25 & 26, Section 6.4.14:

    For each dental network you are proposing for the employee population of the State of Wisconsin, enter the network name in the yellow box, then provide the percentage of the eligible employee population that meets the access metric for each type of provider listed based on the overall average distance of the population using the information in Appendix E.

Network Provider	Network 1	Network 2	Network 3
1 General Dentist within 5 miles			
2 General Dentists within 10 miles			
1 Pediatric Dentist within 10 miles			
1 Periodontist within 10 miles			
1 Endodontist within 10 miles			
1 Orthodontist within 5 miles			
2 Orthodontists within 10 miles			
1 Oral Surgeon within 10 miles			
2 Oral Surgeons within 15 miles			

    Note that representations made by the Proposer in this proposal become contractual obligations that must be met for the duration of the contract term.

11. **ADD** the following table for Page 25 & 26, Section 6.4.14:

    For the dental network you are proposing for the employee population of the State of Wisconsin in Attachment C – Cost Proposal, enter the network name in the yellow box, then provide the percentage of the eligible employee population that meets the access metric for each type of provider listed based on the overall average distance of the population using the information in Appendix E.

Network Provider	Network
1 General Dentist within 5 miles	
2 General Dentists within 10 miles	
1 Pediatric Dentist within 10 miles	
1 Periodontist within 10 miles	
1 Endodontist within 10 miles	
1 Orthodontist within 5 miles	
2 Orthodontists within 10 miles	
1 Oral Surgeon within 15 miles	

Note that representations made by the Proposer in this proposal become contractual obligations that must be met for the duration of the contract term.

12. **REMOVE** All of Appendix E from Page 47 to Page 51.

13. **ADD** the Appendix E – Addendum #1 (218 Pages)

    This document displays a matrix of all of the active health insurance contracts offered by ETF. The matrix displays the participating Wisconsin residents, and out-of-state members in the Midwest region, representing 98.5% of the membership. Includes health insurance contracts that do not currently have dental coverage, but will be eligible in 2016.

14. **REMOVE** any reference within the RFP document as it relates to "Appendix E" and **REPLACE** it with "*Appendix E - Addendum #1*".

15. **ADD** the following answers by ETF to questions submitted by Proposers.

No.	RFP Section	RFP Page	Question
Q1	5.1	17	Is the eligibility count inclusive of all 112,082 contracts providing the local employers elect to participate?
A1			This is not an eligibility count. The 112,082 contracts include all currently active health insurance contracts, even if that contract does not currently include dental coverage. There may be additional eligible employees/annuitants that are not currently participating in our program.
Q2	5.1	17	If the answer to the Q1 is no, please identify the segments in tables 5 and 6 that will be eligible.

A2			All segments in tables 5 & 6 will be eligible. There may be additional eligible employees/annuitants that are not currently participating in our program.
Q3	5.2	17	Will ETF consider the dental plan to be an excepted benefit for members on the HDHP medical plan due to the employee requirement to elect coverage? If yes, please confirm the dental plan design will be the same for the HMO and HDHP members eliminating the need for the combined medical and dental deductible for HDHP members.
A3			Yes, the dental plan will be an excepted benefit based on the Affordable Care Act definition. The HMO and HDHP contracts will have the same dental plan design and there will be no combined medical/dental deductible for HDHP contracts in 2016.
Q4	5.3 Table 7 Item 3	19	Does the State have a definition of "Complaint?" For example, does an "Appeal" differ from a "Complaint?"
A4			There is not a formal definition of complaint. Any call that comes in from a member, or on the member's behalf, which indicates unsatisfactory or unacceptable service or situations would constitute a complaint. An appeal is different. An appeal (or grievance) is a formal request to review a denied claim, prior authorization, etc. for accuracy. Calls regarding active appeals should not also be recorded as a complaint.
Q5	5.3 Table 7 Item 3	19	Is the objective to measure complaints that are within the Administrator's control -- such as service issues -- or also to measure complaints that are not within the Administrator's control (such as the benefit design)?
A5			Ideally, we would like to have both of these logged separately. However, the objective for the performance standards is to measure complaints within the administrator's control.
Q6	6.1.7 Vendor References Form DOA-3478	23	Question 6.1.7 and Vendor Reference Form DOA-3478 seemingly overlap. Please confirm that the response to question 6.1.7 and the Vendor Reference Form DOA-3478 may include the same references.
A6			These may include the same references. However, please note that 6.1.7 specifically asks for major public employers for which the firm has provided dental benefits administration to in the last 3 years.

Q7	Attachment C Tab C-2		Rows 35-45 on Tab C-2 are locked preventing the insertion of signature, company, title, and date information. Please provide an Excel version of Attachment C with the rows unlocked.
A7			The cells are locked because a signature will be required by the entity authorized to bind the vendor. ETF does not allow digital signatures therefore the document will need to be printed and signed.
Q8	Attachment C Tab C-2		We are requesting the experience by carrier for the Uniform Dental Plan to include claims paid, premium paid, subscribers (contracts), and members for the period 1/1/14 through 1/31/2015. Preferably broken out by month.
A8			ETF does not have this information.
Q9	Attachment C Tab C-2		We are requesting a census of all employees currently enrolled in the Uniform Dental Plan to include gender, date of birth or age, rate tier (single, employee and spouse, employee and child, family), and home zip code. As well as current plan provider.
A9			Each of our health plans currently administers their own dental benefit. Refer to Appendix E for the information that ETF has currently related to enrollment. There are only single and family tiers of coverage.
Q10	Attachment D Tabs D-2 and D-3		Rows 22-33 on Tab D-2 are locked preventing the insertion of signature, company, title, and date information. Rows 21-33 on Tab D-3 are locked preventing the insertion of signature, company, title, and date information. Please provide an Excel version of Attachment D with the rows unlocked.
A10			The cells are locked because a signature will be required by the entity authorized to bind the vendor. ETF does not allow digital signatures therefore the document will need to be printed and signed.
Q11	Attachment D Tab D-2, F-7		Please provide an example in order to clarify the intent of statement F-7. The authority of the Proposer is superseded by Federal and State law when such laws require a mandate to be applicable to the State plan.

A11			There are statutes related to insurance that, unless specifically noted, do not apply to the State plans.
Q12	RFP# ETE0020		We are requesting a full claims detail file with the following information. ● CDT code ● Date of service ● Submitted/billed charges ● Provider name ● Provider address ● Provider ZIP Code ● Provider tax ID (or provider license number) ● Provider city and state
A12			ETF does not have this information.
Q13	1.8	6-7	Please explain the August 3, 2015 Contract Start Date listed in the timeline. How does this date relate to the 1/1/2016 proposed effective date of coverage?
A13			See Addendum #1 Item 2.
Q14	5.1 Tables 5 & 6	15-17	How many total employees (state and local) are eligible for dental benefits beginning 1/1/2016?
A14			All employees listed in Tables 5 & 6 will be eligible on 1/1/16. This is under the assumption that all current local employers continue to participate. There may be additional eligible employees/annuitants that are not currently participating in our program which do not appear in these tables.
Q15	5.1	15-17	Please verify current actual enrolled dental members.
A15			See Section 5.1 of the RFP for contract counts and Appendix E for member counts.
Q16	5.1	15-17	Is a census available that shows the eligible, enrolled members and breaks them down by tier?
A16			The best available information is found in Appendix E.
Q17	Dental Plan Comparison Attachment		The Dental Plan Comparison lists two different Uniform Dental Options (1) State Uniform Dental and (2) HDHP State Uniform Dental. Please confirm which of these we are being asked to match, or if we are to match both.

A17			The State Uniform Dental plan. Use the State Employee It's Your Choice Reference Guide: Pages 78-84 – Uniform Dental Benefits.
Q18	N/A	N/A	For all current dental plans, please provide 24-36 months of premium, claims, enrollment, and # of claims by month.
A18			ETF does not have this information. Most recent enrollment information can be found in Appendix E.
Q19	Appendix E	47-51	Please verify the type of Members. Is it Eligible, enrolled, those eligible on 1/1/2016? This number does not match the numbers referenced in Section 5.1.
A19			Appendix E is currently enrolled members. Section 5.1 is contract counts.
Q20	2015 ETF Reference Guide (Uniform Dental Benefits) Attachments	78-84	Please describe each plan's current OON reimbursement level (i.e. 90th U&C, Maximum Plan Allowance)
A20			There is no out-of-network (OON) reimbursement level currently. Dental plans were permitted to designate non-contracted providers as "in-network," but there is no separate OON reimbursement level for those situations.
Q21	7.5.1 Tracking and Reporting Capacity, 7.5.1.3 Claim Statistics	29	For items B-D please clarify what is mean by program type. Does it mean plan type?
A21			Program type refers to each dental plan offered by the Vendor.
Q22	5.2	17-18	The second to last paragraph in the section states, "*The Vendor must provide a printed and online dental provider directory available to State of Wisconsin members.*" Can you provide us with the number of hard copies that will be needed? Is this request just needed one time?
A22			3 hard copies of the dental provider directory are to be submitted to ETF annually. State of Wisconsin members may call the firm to request a printed directory, but ETF does not have those request counts.
Q23	5.2	17-18	The second to last paragraph, last sentence in the section states, "*The Vendor must agree to issue dental*

			plan ID cards to every participant". Please confirm if this is a mandatory requirement?
A23			All of Section 5 is mandatory. To clarify, single contracts must be issued 1 dental ID card, and family contracts must be issued 2 dental ID cards.
Q24	7	27-30	If a dental vendor has full capabilities of administering the plan, does Section 7, TPA Questionnaire of the RFP have to be completed or just the general questionnaire section?
A24			Each question must be answered.
Q25	5.2	17-18	If the intent is to offer a similar HDHP Uniform plan, how will member deductible and calendar benefit maximum information be communicated with all the various medical carriers? Has one I.T. platform been agreed upon or will the dental carrier be responsible exchanging information with each medical carrier on their own independent system?
A25			There is no intent to offer a similar HDHP Uniform plan. The stand-alone dental plan will be an excepted benefit in 2016. ETF does not expect the dental administrator to exchange information with medical plans.
Q26	Appendix D – DOA-3478 Reference Info Attachment		If a dental vendor has full capabilities of administering the plan, does Appendix D – DOA-3478 Reference Info Attachment have to be completed?
A26			All attachments must be completed.
Q27	2.4 TAB 4	10	"Provide a copy of the proposer's standard dental contract." Please clarify the contract you would like to see - is this our standard summary plan description?
A27			ETF would like to see the standard contract that the proposer holds with its dental providers.
Q28	5.1	16	"In addition, dental benefits will be optional. Dental benefits will still be offered alongside medical benefits." Will there be a premium contribution toward the dental plan by the Employer for State Employees and/or Local Employees? If so, how will this contribution be determined for each?
A28			The employer contribution will be determined by the Office of State Employment Relations, as it is every year.
Q29	7.5.1.3.	29	"A. Total claims processed by program type." Please define "program type."

A29			Program type refers to each dental plan offered by the Vendor.
Q30	7.5.2	30	Can the vendor offer other performance guarantees within their RFP response? If so, should they be included in section 7.5.2 or another area of the response such as Tab 3, Assumptions and Exceptions?
A30			The vendor may offer additional performance guarantees in Tab 3, Assumptions and Exceptions.
Q31	Attachment C Tab 3		Should the "Average Billed Charges" be populated with the 80th percentile of the billed charges corresponding to the average network payments calculated in the "Network Payments" section? If not, please clarify what data should be used to calculate the 80th percentile.
A31			The Average Billed Charges used should be the 80th percentile UCR of the billed charges and should correspond to the Network Payments section.
Q32	5.1	15-16	How long have the current plans and carriers been in place?
A32			The current Uniform Dental Benefit plan was implemented in 2014. There has been varying dental coverage through the medical carriers since 1984.
Q33	5.1	15-16	Please confirm current plan design, the RFP indicates DHMOs, however, grid attached in Table 4 suggests PPO Plans with in and out-of-network benefits.
A33			Current plan design can be found in the State Employee It's Your Choice Reference Guide: Pages 78-84 – Uniform Dental Benefits. ETF is requesting DHMO and PPO information to understand the vendor's capability/flexibility to change the plan design in future years.
Q34	5.1	15-16	Please provide three years of premium (or premium equivalents) and claim experience, on a month-to-month basis, split out by plan.
A34			ETF does not have this information. The total dental premiums vary by health plan and are included in the health plan total rates.
Q35	5.1	15-16	Please provide three years of claim dollars split by in and out of network (if plans are PPO), by plan, by month.

A35			ETF does not have this information.
Q36	5.1	15-16	Please provide three years of claim counts or EOBs by plan, by month.
A36			ETF does not have this information.
Q37	5.1	15-16	Please provide a detailed plan design information, for each plan offered.
A37			Current plan design can be found in the State Employee It's Your Choice Reference Guide: Pages 78-84 – Uniform Dental Benefits
Q38	5.1	15-16	Please provide current, historical and requested R&C percentiles, by plan.
A38			ETF does not have this information.
Q39	5.1	15-16	Please provide any historical plan changes, as well as any rate/fee changes that might have occurred, by plan.
A39			Prior to 2014, all health plans were able to offer varying levels of dental coverage at their discretion. The Uniform Dental Benefit was put in place for plan year 2014. Current plan design can be found in the State Employee It's Your Choice Reference Guide: Pages 78-84 – Uniform Dental Benefits
Q40	5.1	15-16	Please provide a current census with the following information: o Gender o Indicator if currently eligible o Indicator if eligible as of 1/1/16 o State and 5 digit zip codes o Indicator of plan option or if waived o Tier indicator if currently enrolled o Active or Retiree indicator
A40			Appendix E is the information that ETF has available.
Q41	5.1	15-16	Please provide current ER contributions, as well as any historical contributions, by plan.
A41			The employer (ER) contribution is not separated by dental and medical. There is one ER contribution for each health plan tier, which includes any contribution for dental.

Q42	5.1	15-16	Please provide PDP in-network utilization (for those plans that may be PPO), by plan.
A42			ETF does not have this information.
Q43	5.1	15-16	Please confirm current and requested funding arrangement is ASO/self-insured for all, by plan.
A43			Current dental plan arrangements are done through each health plan carrier. The requested arrangement is an ASO/self-insured dental benefit.
Q44	5.1	15-16	Are commissions currently being paid? If so, what are they, and are they being requested with this RFP?
A44			No.
Q45	5.1	15-16	Are discounts in the Delta Dental PPO and Delta Dental Premier extended to non-covered services?
A45			These are completely separate, supplemental benefits and are not part of the Uniform Dental Benefit.
Q46	5.1	15-16	How are the contractually agreed upon rates determined for the Delta Dental PPO and the Delta Dental Premier Networks?
A46			These are completely separate, supplemental benefits and are not part of the Uniform Dental Benefit.
Q47	5.1	15-16	For the Delta plan, what is the out of network percentile or is it based upon a maximum allowable cost?
A47			These are completely separate, supplemental benefits and are not part of the Uniform Dental Benefit.
Q48	5.1	15-16	Is COBRA administration expected to be provided by the carrier?
A48			ETF expects to offer COBRA. Please note that in order to elect COBRA for dental, subscribers must also have elected COBRA for health insurance.
Q49	6.4.14	25-26	Can the State please provide a census file with employee zip codes?
A49			See Appendix E for employees and annuitants covered by the Group Health Insurance Program.
Q50	General	NA	The RFP does not indicate the States preference Relative to the use of brokers. Does the State have a Preference in this regard, and whether quotes should Include commissions or be net of commissions?

A50			The State does not use brokers.
Q51	General	NA	What enrollment process do you plan to use on the New Dental plan?
A51			The vendor will not be required to process enrollment applications for 2016. ETF plans to use the same process that is currently used for the health insurance program. If an employee elects medical insurance, they will have the option to also elect dental coverage. This is done at the employer level and an eligibility file will be given to the new dental vendor.
Q52	General	NA	Would you consider a high/low dental plan with the low Plan excluding orthodontia, a lower annual maximum And 10% lower reimbursement levels than the high Plan option?
A52			For 2016, the plan design must be the same as listed in the State Employee It's Your Choice Reference Guide: Pages 78-84 – Uniform Dental Benefits. Future plan designs are ultimately determined by the Group Insurance Board.
Q53	5.1	16	With the option to not choose dental insurance for 2016, what is the estimated dental enrollment for 2016?
A53			As listed in the Cost Proposal, ETF has listed 85,000 as a reasonable estimate for enrollment.
Q54	5.2	17	The RFP requires the Vendor to offer the plan as written in the Uniform Dental Benefits Certificate of Coverage. Is there any chance of the benefits changing for 2016? Would ETF consider changing the benefits based on feedback from the Vendor?
A54			The benefits will not change for 2016. Plan changes must be approved by the Group Insurance Board.
Q55	5.2	17	With the expanded access to dental providers and potential for out-of-network benefits, what is the forecast of costs under the proposed self-funded plan versus the current expenditures for this benefit in order to avoid a huge increase in cost as seen in Dane County from 2008-2011? Does ETF have a proposed budgetary amount for the plan costs in 2016?
A55			ETF does not have this information. Any changes to the dental plan must be approved by the Group Insurance Board.

Q56	6.4.2	24	Would ETF require certain provider groups to be included in the network? How much input will ETF have in the provider network?
A56			There are not certain provider groups that are required to be included in the dental network. However, the dental network must provide adequate coverage for members statewide.
Q57	9.1	32	ETF expects invoices will be received monthly. Is ETF directly paying provider claims expense? With what frequency?
A57			ETF expects the administrator to pay provider claims and be reimbursed for claim payments by ETF. ETF expects ASO fees to be invoiced and paid monthly
Q58	1.3	3	We understand that the GIB approved issuing a RFP for a stand-alone dental plan, but will the GIB specifically approve implementation of a statewide stand-alone dental plan?
A58			The Group Insurance Board will deliberate on the final stand-alone dental plan recommendation at the May 19th meeting.
Q59	Appendix E	47	Please provide a complete census of all known eligible employees (for 2016) including the following demographics; dob, gender, zip code, current dental tier election (i.e. single, family, n/a), and employer name. If census data is only available for current enrollees or a portion of current enrollees, please provide what is available.
A59			Appendix E has the most current information available.
Q60	5.1	15	Will the state consider alternative dental plan designs other than the Uniform Dental Benefit plan design?
A60			The benefits will not change for 2016. Plan changes must be approved by the Group Insurance Board.
Q61	Section 5.1 and Dental Plan State Employees Comparisons Chart.	16	Please confirm if any of the employee pay all optional dental plans that are available in 2015 will be available in 2016? If yes, please confirm which options will remain available and which populations they will be made available to?
A61			All employee pay all optional dental plans will be available in 2016, pending Group Insurance Board approval. Please note that these are supplemental and are not affiliated with the Uniform Dental Benefit listed in the RFP.

Q62	Section 5.1 and Dental Plan State Employees Comparisons Chart.	16	2015 Dental Plan Comparisons-State Employees Chart, “Deductibles and Calendar Benefit Max, In and Out of Network”. Will the chosen vendor be required to integrate combined deductible/coinsurance and annual maximums with medical plan vendors?
A62			This RFP relates to a stand-alone dental plan distinct from the medical plan. No integration with a medical plan is required beyond state or federal requirements. Employee pay all optional dental plans are supplemental and are not affiliated with the Uniform Dental Benefit listed in the RFP.
Q63	Section 5.2	18	Please define “participant” in this statement: “The vendor must also agree to issue dental plan ID cards to every participant.”
A63			Physical ID cards must be issued as follows: single contracts must be issued 1 dental ID card, and family contracts must be issued 2 dental ID cards. Additional cards may be requested by members if needed.
Q64	Section 5.5.2	21	Please confirm if the required vendor website or webpage dedicated to this account will need to be for dental exclusively?
A64			The vendor must have a website or webpage dedicated exclusively to this dental benefit plan.
Q65	Section 6.4.2	24	Please elaborate on what type of dental network(s) is most desired (by the request for flexibility from a vendor to describe tighter network/narrower network options). For example, is a PPO, DHMO, In Network Only or other type of tighter network preferred?
A65			There is an in-network only benefit plan at this time. The Group Insurance Board must approve changes to this dental network structure.
Q66	Section 6.4	25	Please provide a dental utilization report with provider Tax ID numbers, names, and locations.
A66			ETF does not have this information.
Q67	Section 8 and Attachment C (C-2)	30	What dollar amount or percentage of employer contributions will the state and local entities make towards the Uniform Dental plan ASO fees and/or premium equivalents for enrollees in Year 1 &2?
A67			This is determined annually by the Office of State Employment Relations.

Q68	Section 8 & Attachment C (C-3)	30	Please advise if the proposed Uniform Dental plans OON UCR or 1/1/16 should be using an 85th or 80th percentile?
A68			Section C-3 of Attachment C is requesting in-network payments only. Average billed charges should be using the 80th percentile of UCR.
Q69	Attachment C (C-2)	55	The cost proposal exhibit (on line 34) states that the "mature and immature claim projections in the grid, above, were developed under the supervision of an FSA" Is the statement assuming we are the fiduciary or the State of Wisconsin is the fiduciary?
A69			ETF is asking that you verify that a qualified individual reviewed/submitted the requested information. For the purposes of this RFP, there is no fiduciary role per se.
Q70	No Specific RFP Section	N/A	Please provide 24 months of paid dental claims, employee enrollment count, and premium paid for the entire current dental enrollment membership. If only a portion of the group has reporting of this nature available, please provide what is available.
A70			ETF does not have this information. Please use Appendix E for the most current member enrollment available.

This Addendum is available on ETF's Extranet at http://etfextranet.it.state.wi.us/etf/internet/RFP/rfp.html.

ADDENDUM No. 1
Request for Proposal (RFP) ETE0020
Third Party Administration of Dental Benefits
Wisconsin Department of Employee Trust Funds

Proposer must acknowledge receipt of the Addendum referenced above by providing the required information below.

Proposer's Company Name

Authorized Printed Name

Authorized Signature

Date