



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
Purchasing Division
Joseph Thomas, Purchasing Director
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EMPLOYEE DENTAL BENEFITS
#17-0014
ADDENDUM 1

April 3, 2017

The following is to ensure that vendors have complete information prior to submitting a response. Below are some clarifications regarding Employee Dental Benefits:

Questions and/or statements of clarification are in bold font, and answers to specific questions are italicized.

1. List the first known date, but benefit, per contract:

Answer: DISCLAIMER-Some vendors have an earlier start date with Sedgwick County than listed

- A. *Dental: Delta Dental – 1/1/2009 (this is one that started earlier, but I don't have exact date)*
- B. *Vision: Superior Vision – 1/1/2012*
- C. *Flexible Spending Accounts: ASI Flex -1/1/2012*
- D. *Life & AD&D Insurance: Advance Life-1/1/2010*
- E. *Cobra Retiree Administration: Harrington Health -1/1/2003*
- F. *Employee Assistance Program: EMPAC – 1/1/2012*
- G. *Voluntary Products: We do not currently offer Voluntary Products-no vendor*

2. Why has the County decided to bid these services at this time (fees, service issues, standard due diligence, etc.)?

Answer: Current contracts are due for a new RFP.

3. Are the claims technology adequate for the County and participants?

Answer: Yes

4. What would be the catalyst for the County to change administrators?

Answer: Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response, proven ability to provide high quality service, qualifications and expertise and, the most advantageous proposal as determined by Sedgwick County.

5. Does the current administrator/vendor provide the County with a dedicated account team to work with for onboarding and plan administration?

Answer: Yes, each of the RFP's have a dedicated account team. Regular meetings are required between Sedgwick County Human Resources and the vendor. Depending on the product, a regular scorecard will be provided to the vendors to discuss differing levels of expectations (i.e. customer satisfaction, account administration).

6. How many informational seminars does the County anticipate the TPA will need to provide?

Answer: If the TPA is new, seminars would be required before a go live date. Depending on the product TPA is administrating, there may be Open Enrollment meetings for the TPA to attend/conduct. Some products will not require seminars (i.e. Cobra Retiree administration) and some products will require more (i.e. Employee Assistance Program).

7. What is the turnaround time for claims with the current TPA?

Answer: Varies by vendor

8. Does the current TPA provide online and mobile claims and account inquiry technology?

Answer: Dental, Vision, Flexible Spending Accounts all provide online and mobile access.

9. Requested funding (Fully insured or self-funded) Self-funded for dental.

Answer: Employee currently pays entire portion of Vision Plan.

10. Any plan design alternatives desired?

Answer: We are willing to review any plan design options your company offers.

11. Does Sedgwick County currently utilize a ben admin/HRIS/payroll/enrollment vendor? If so, who?

Answer: No all eligibility/payroll/benefits administration is handled in-house.

Included with this document are the All Benefit Eligible Employees spreadsheet, the Dental and Vision Benefit Census spreadsheet, and the Delta Dental 2017 Benefit Grid PDF.

Firms interested in submitting a *proposal* must respond with complete information and **deliver on or before 1:45 p.m. April 25, 2017**. Late *proposals* will not be accepted and will not receive consideration for final award.

“PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE *PROPOSAL* RESPONSE PAGE.”



Kara Kingsley
Purchasing Agent

Summary of Dental Plan Benefits

SEDGWICK COUNTY EMPLOYEES

Group #90192

Effective for January 1, 2017

Maximum Benefit(s) Per Person:

The Maximum Benefit for all Covered Services, including Temporomandibular Joint Dysfunction (TMJ), for each Enrollee in any one Contract Year is: One Thousand Dollars (\$1,000.00).

The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Five Hundred Dollars (\$1,500.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Contract Year.

Deductible Limitations:

No benefits covered hereunder are subject to any deductible amount.

Eligible Children Ages:

Children are eligible to age twenty-six (26).

* **Benefits will increase from the Base Level to the Incentive Level if the member receives a routine exam and/or cleaning at least one (1) time in twelve (12) months. Benefits will increase to the Incentive Level ninety (90) days after a cleaning and/or exam. Benefits for new members will begin at the Incentive Level. After twelve (12) months, benefit levels will be determined by the date of the last Diagnostic or Preventive treatment.**

Note: Using a non-participating provider may result in higher out of pocket expenses. Refer to your benefit booklet for further information.

Benefit % Paid			
Delta Dental Premier or PPO Network			
Base Level	Incentive Level		
100%	100%	DIAGNOSTIC & PREVENTIVE (Not subject to deductible)	
		Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> * Oral evaluations – two (2) times per Contract year. * <u>Bitewing x-rays</u> – two (2) times per Contract year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. * <u>Full mouth or panoramic x-rays</u> – once each five (5) years.
100%	100%	Preventive:	Provides for the following: <ul style="list-style-type: none"> * <u>Prophylaxis</u> (Cleanings) - two (2) times per Contract year. * <u>Topical Fluoride</u> – two (2) times per Contract year for dependent children under age nineteen (19). * <u>Space Maintainers</u> – for dependent children under age fourteen (14) and only for premature loss of primary molars. * <u>Sealants</u> – once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
BASIC (Not Subject to Deductible)			
50%	80%	Ancillary:	Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
50%	80%	Oral Surgery:	Provides for extractions and other oral surgery including pre and post-operative care.
50%	80%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
50%	80%	Endodontics:	Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
50%	80%	Periodontics:	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings. b. Surgical periodontal procedures.
50%	80%	TMJ:	Treatment for Temporomandibular Joint Dysfunction (TMJ) is limited to non-surgical procedures.
MAJOR (Not Subject to Deductible)			
50%	50%	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
50%	50%	Prosthodontics:	a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures.
ORTHODONTICS (Not Subject to Deductible)			
50%	50%	Orthodontics:	Includes orthodontic appliances and treatment, interceptive and corrective, for adults and dependent children under age twenty-six (26).

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.



Welcome to Delta Dental of Kansas



With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. Together with your employer, we have designed a dental benefit plan to help protect the oral health of you and your covered dependents. Regular preventive dental care not only reduces the cost and the pain generally associated with extensive dental work, but a healthy mouth contributes to your overall well-being.

Network Strength

You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a **Delta Dental PPO** or **Delta Dental Premier** dentist. Since nearly 4 out of 5 dentists nationwide contract with Delta Dental, the chances are excellent your dentist is already a member. If you have any questions about whether your dentist participates with Delta Dental, contact Customer Service at **(316) 264-4511** or toll-free at **(800) 234-3375**. You may also locate a dentist using the 'Locate a Dentist' link at www.deltadentalks.com.

Website Capabilities

From our website, www.deltadentalks.com, you can:

- Locate a participating **Delta Dental PPO** or **Delta Dental Premier** dentist anywhere in the United States
 - Go to www.deltadentalks.com
 - Click on 'Subscribers' across the top of the page
 - Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
 - #1 - 'Product Selection', click on '**Delta Dental PPO**' or '**Delta Dental Premier**'
 - #2 - 'Your Location', type in either your city and state OR your zip code
 - You may also sort the number of results, enter your dentist's name or choose by specialty
 - Click on 'Search for a Dentist'
- Check your eligibility and plan information
- Print an ID card
- Check claim status
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign-up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness

Row Labels	Count of DOB
18	2
Female	2
19	5
Female	3
Male	2
20	19
Female	4
Male	15
21	28
Female	10
Male	18
22	30
Female	16
Male	14
23	50
Female	28
Male	22
24	55
Female	31
Male	24
25	49
Female	20
Male	29
26	57
Female	26
Male	31
27	68
Female	37
Male	31
28	70
Female	38
Male	32
29	73
Female	33
Male	40
30	65
Female	34
Male	31
31	67
Female	29
Male	38
32	68
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Male	32
35	84
Female	38

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49	57
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50	45
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61	51
Female	26
Male	25
62	36
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Male	16
63	27
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Male	8
64	21
Female	14
Male	7
65	20
Female	8
Male	12
66	14
Female	7
Male	7
67	8
Female	6
Male	2
68	4
Female	2
Male	2
69	5
Female	2
Male	3
70	3
Male	3
71	1
Male	1
72	2
Female	1
Male	1

73	2
Male	2
74	2
Female	1
Male	1
76	2
Female	2
80	1
Male	1
89	1
Female	1
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Grand Total	2561

Benefit plan type	Benefit dependent coverage
Dental	Family Coverage
Dental	2-Person
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Benefit plan type	Benefit dependent coverage
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Vision	2-Person
Vision	Family Coverage
Vision	Single
Vision	Single
Vision	Single
Vision	Single
Vision	Family Coverage
Vision	Single
Vision	Single
Vision	2-Person
Vision	2-Person
Vision	Family Coverage
Vision	2-Person
Vision	2-Person
Vision	2-Person
Vision	Single
Vision	2-Person
Vision	Single
Vision	2-Person
Vision	Single
Vision	2-Person
Vision	Family Coverage
Vision	2-Person
Vision	Single
Vision	Single
Vision	Single
Vision	2-Person
Vision	Single
Vision	Single
Vision	Single
Vision	Family Coverage
Vision	Single
Vision	Single
Vision	Single
Vision	Family Coverage
Vision	2-Person
Vision	Family Coverage
Vision	Family Coverage
Vision	Single
Vision	Family Coverage
Vision	Single
Vision	Single
Vision	Single
Vision	Family Coverage

Vision	Single
Vision	Single
Vision	Family Coverage
Vision	Single
Vision	Family Coverage
Vision	Single