



CT TEACHERS' RETIREMENT BOARD
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"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

TRB Dental RFP TRB 2016-001 Q&A ADDENDUM #1

1. Please confirm email is an acceptable format to provide electronic proposal files.

Yes, an electronic file in Word and Excel is acceptable. This is acceptable only as a supplement to hard copies.

2. Please confirm only one set of electronic proposal files is needed.

Confirmed.

3. Please provide a subscriber level census with coverage tier indicator.

Please read the RFP, all participants are single members.

4. If subscriber level census is not available, please provide the number of Retirees, number of Surviving Spouse and number of Dependents.

See the answer in 3.

5. Please provide subscriber level claims experience.

We will not be providing updated claims.

6. Please provide updated claims experience for 2016.

We will not be providing updated claims.

7. Please provide the current dental fees.

\$1.33 per member per month.

- 8. Some of the forms are not accessible via the links provided in the RFP. Please provide all of the required forms in the Forms, Affidavits and Certificates section of the RFP as Word documents.**

Please find the following links to the forms requested:

- OPM Ethics Form 1 – Gift & Campaign Contribution Certification 
- OPM Ethics Form 5 – Consulting Agreement Affidavit 
- OPM Ethics Form 6 – Affirmation of Receipt of State Ethics Laws Summary 

NON-DISCRIMINATION FORMS

- Form C–Affidavit by Entity (Valued at \$50,000 or more) 
- Form D–New Resolution by Entity 

For information about how to complete these forms, including which form your firm should complete, please access the Office of Policy & Management’s website by using the following link:

http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav_GID=1806

- 9. Please provide detailed SPD documents.**

The Schedule of Benefits is provided at the end of this document.

- 10. Have there been any plan changes in the past 12 months?**

No.

- 11. Please confirm that the administrative fee will be proposed on a per employee/retiree per month (PEPM) basis**

No the members are all single, there is no two-person nor family class.

- 12. Please provide more specifics as to the performance guarantee request for “transitional care”.**

To assure that members undergoing services are not disenfranchised by the change in network or providers.

- 13. The Proposer Information Form section on Page 33 of the RFP indicates *(For Selected Proposer Only)*. Please confirm neither of these forms need to be completed, given this section indicates *For Selected Proposer Only*.**

Yes, some of the forms are only necessary if your firm is selected.

14. Does the State want the bulleted items under the Service Requirements (page 7 of the RFP) addressed? If yes, where in the proposal binder would you like this section included?

Under the sections services to be provided.

15. Would the TRB have interest in receiving an insured dental quote?

No.

16. As stated in the materials, as of January 1, 2015, all newly enrolled members to the TRB medical plan are required to enroll in the dental plan. Did something change in the medical plan or other benefits to prompt this change?

No the new member enrollment rate was well over 90% so for purposes of simplicity it was determined to have a mandatory participation.

17. In addition to our Preferred Dental Provider Network, we also have a Preferred Dental Provider Plus Network that is under a shared savings funding arrangement. Would the TRB have interest in receiving information on this alternative arrangement?

Other firms offer such. If you are to provide such a proposal all specifics of compensation are required to be illuminated.

18. Does the census provided list only the retirees of the State or are spouses and dependents included? If the census does include spouses and dependents, please identify the members from the actual CT retiree members.

All statutory eligible retirees are treated as singles.

19. How many eligible retirees that have not elected the dental?

About 4 thousand. They are grandfathered. New members must participate.

20. What is the Out-of-Network percentile or is it based on maximum allowable cost?

80th percentile.

21. We have 2 years of claim experience and enrollment history. Please provide one more year of claims and enrollment history for 2013.

No additional data will be provided.

22. Please provide paid claim dollars split by In- and Out-of-Network. If we can't get the claims broken out by in and out of network, we need to get the PDP in-network utilization % (percent of claims paid in-network)

No additional data will be provided.

23. Please provide claim counts or EOBs.

No additional data will be provided.

24. Were there any changes in rates/fees due over the experience period? If so, provide changes and effective dates.

Yea an increase of \$.03.

25. Did employer-paid contribution vary in the past? If so, provide historical percentages.

TRB does not contribute to the dental It contributes 2/3rds of the cost of the medical and Rx. The dental is mandatory to participate in the medical.

26. Is COBRA administration expected to be provided by the carrier?

No.

27. Are there regularly scheduled enrollment periods?

Yes, primarily for January but members can join at any time.

28. Are the prior years' rates (rate history) available? Are the renewal rates available?

See the TRB website for member and once plan costs.

29. Are there any pass-through or explicit administrative charges included in the current and historical rates?

No members are charged the fees from vendors and expected claims.

30. Is a recent billing invoice available, including the lives and current rates?

We will be providing no more data.

31. Does the State of Connecticut expect to pay premiums within a 30-day grace period?

Weekly reimbursement of claims monthly fees.

32. Please clarify what is being requested in question 33 on page 16 of the RFP:

(33) Please provide the variance in reimbursement by code (high/low and Mean, Mode and variance).

In most instances Fees have a distribution thus there is an average fee and a variance in fees. if there is a single set fee then the variance is zero.

The remainder of this page was left blank intentionally. Please scroll down to see the Summary of Benefits. You will need to click on the box to see the full document.

BENEFIT PLAN

**Prepared Exclusively for
CT Teachers' Retirement Board**

PPO Dental

**What Your Plan
Covers and How
Benefits are Paid**

Click on the above picture to view the full document