

**Alameda County Employees' Retirement Association (ACERA)**  
**Dental Plan Benefits Request for Proposal**  
**Responses to Questions**  
**February 28, 2020**

**General Questions:**

1. Is a Word version available for the Dental and Vision RFPs? If yes, please provide.

**ANSWER:** The Word versions will be uploaded to ACERA's website at: <https://www.acera.org/rfp>.

2. For both Dental and Vision RFPs: Section VII. Response Format and Organization, C. Proposal Format, The RFP states: "Within each section of the proposal, Proposer should address the requirements in the order in which they appear in Section VII of this RFP." Our question: Is this the correct section reference as Section VII only relates to the response format and organization of the RFP? Please clarify this requirement.

**ANSWER:** Please refer to Section V, Subsection B for the requirements.

3. On page 18-item C of both vision and dental proposals, it states to organize the binders based on the order of requirements as they appear in Section VII. However there are no details in Section VII related to the requirements. Please provide detail as to how you want the binders to be organized.

**ANSWER:** Please refer to Section V, Subsection B for the requirements.

4. Would ACERA like us to include a lump sum implementation credit for either or both coverages to assist with transition costs?

**ANSWER:** Please provide implementation credit(s) on a combined and individual basis.

5. We understand ACERA has several hearing aid benefits available through most carrier partners. How important is it to ACERA to have a hearing aid discount through their dental or vision carrier? If it is important, please provide more details on program desired.

**ANSWER:** Of low importance.

6. Does ACERA expect (*the selected vendor*) to send out a welcome kit or launch communication to announce the new plan offering?

**ANSWER:** Yes.

7. Would it be acceptable to ship the required hard copies to Segal on the due date of 3/6?

**ANSWER:** Please ensure hard copies are shipped to ACERA and Segal by the requested date.

8. (*Vendor*) will submit our hardcopy responses to ACERA and the electronic copy to Segal by 3/6, would Segal be agreeable to receiving their hardcopies on Monday, 3/9?

**ANSWER:** Please provide hard copies by the requested dates listed within the RFP.

**Dental Questions:**

1. What is the current and requested OON percentile for the Dental?

**ANSWER:** This information is not available.

2. For the enrollment counts by DHMO and DPPO please confirm the Blanks are waivers.

**ANSWER:** Confirmed.

3. The detailed census shows 743 for DPO <10 YOS but claims data illustrates only 400 lives. The DPO 10+ YOS, claims noted 8000 lives. Please confirm the numbers are correct.

**ANSWER:** Claims classify subscribers without subsidy as <10 years of service (yos) because they pay the greater premium. However, disabled subscribers are subsidized and included in the 10+ yos group in the claims because they pay the lower premium. Subtracting the 336 disabled from the 743 with <10 yos in the census gives 407 unsubsidized, roughly the 400 in the claims. Adding the 336 disabled to the 7582 with 10+ yos yields 7918 subsidized subscribers, roughly the 8,000 in the claims.

4. Please provide more explanation on the 3 network tiers, which Delta Dental network applies to Narrow and Greater. We are assuming that Delta PPO is Narrow, Delta Premier is Greater, please confirm.

**ANSWER:** Please refer to page 20 in Attachment B. It provides a brief description of the DPPO networks.

5. Under the reporting section, question number 89, "Confirm your organization will utilize data based on the ACERA plan structure. If not, please describe what data will be made available." Please elaborate on the requested. Are you asking if we should report on the group's plan structure to report back on cost containment, payment by benefit level, etc.? Does ACERA currently utilize subgroups for reporting purposes?

**ANSWER:** Based on the dental census data, there are currently multiple groups eligible for dental coverage. Please confirm if the vendor will be able to identify the current group IDs in their system.

6. Attachment A - What does the Non Participating and Participating refer to? Please explain.

**ANSWER:** Participating Premiums refer to the amount subsidized by the funding arrangement between the incumbent dental provider. Non-Participating Premiums reflect the entire dental premium cost without the funding arrangement subsidy.

7. For the participating funding agreement in place is there any information on their deficit or surplus position?

**ANSWER:** The current reserve balance is not available.

8. Please confirm the Greater network covers inlay/onlays at 50%. From EOC pg. 7, enrollment Guide pg. 18.

**ANSWER:** The inlay/onlay benefit is 60% for participating providers and 50% for non-participating providers. Please refer to the EOC for all dentals benefits.

9. Why is this group out to bid? Are there specific areas such as network, claims, or customer service that the current carrier is not meeting client or member expectations

**ANSWER:** Expectations are being met. ACERA is required to issue an RFP every five years to ensure the pricing and benefits administered are competitive to current market standards. The RFP discloses the areas of interest in the Evaluation section.

10. Please elaborate on the word "participating" referenced in a few areas in the RFP. Are you referring to "Voluntary" for the employee population? Or a "participating policy" where the carrier applies a premium refund/credit/rate reduction if loss ratio is at or below Tolerable for the group?

**ANSWER:** Participating Premiums refer to the amount subsidized by the funding arrangement between the incumbent dental provider. Non-Participating Premiums reflect the entire dental premium cost without the funding arrangement subsidy.

11. Would it be possible to obtain a report showing utilization in the "Narrow" PPO network vs. PPO vs. OON?

**ANSWER:** This information cannot be disclosed because it is proprietary and confidential.

12. Are out of network claims paid as Usual & Customary? If yes, what percentile?

**ANSWER:** This information cannot be disclosed.

13. Does the county have any dental wellness programs in place today? If so, do they integrate with the medical plan? In what way(s)?

**ANSWER:** Currently, there are no county dental wellness programs in place.

14. How long has the coverage been with the current carrier? What was the original effective date of the plan?

**ANSWER:** ACERA has been with the current carrier for over ten years.

15. Have the employer contributions changed within the last 36 months?

**ANSWER:** ACERA's monthly contributions applied toward retiree premiums has changed within the last 36 months. ACERA's monthly contributions apply toward the retiree/subscriber only portion of the premium.

16. Is COBRA Administration expected to be provided by the carrier?

**ANSWER:** Extending and allowing COBRA continuation and conversion privileges to all eligible individuals are expected to be provided by the carrier. Please describe your capabilities, if any, to administer COBRA.

17. What is the current commission level included in the rates?

**ANSWER:** There are currently no commission built into the rates.

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

**ANSWER:** No.

19. Does ACERA expect to pay premiums within a 30 day grace period?

**ANSWER:** Yes.

20. The experience report list claims incurred by months, can you please update experience information to included claims paid by month.

**ANSWER:** This information is not available.

21. The RFP indicates the current funding arrangement is a fully insured with a participating policy. Can a financial accounting report be provided that list out the reserves?

**ANSWER:** The requested information is unavailable.

22. If ACERA were to move carriers, will the reserves be returned to ACERA or will the reserves be transferred to the new carrier?

**ANSWER:** Undetermined.

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

**ANSWER:** This information is not available.

24. If Out-of-Network claims are paid based on maximum allowable cost, is the maximum allowable cost for Premier network dentists based on the PPO fee schedule or the Premier fee schedule?

**ANSWER:** This information is not available.

25. Please provide the paid claim amounts split by PPO, Premier and Out-of-Network or provide the percentage of claims paid under the PPO network and the percentage of claims paid under the Premier network if the claim dollar splits are not available.

**ANSWER:** This information cannot be disclosed because it is proprietary and confidential.

26. For Alternative Option 3 – Match County of Alameda’s dental plan: Are booklets, SPDs, or certificates available describing the current plan design? Plan documents are necessary to properly understand the current plan provisions and details. If not available, please confirm:

- a. Current plan design,
- b. Eligible employee definition,
- c. Current dependent age definition and current full-time student age,
- d. Out-of-Network R&C level, current and historical.
- e. If Orthodontia is covered, who is eligible – child, adult or both?

**ANSWER:** Appendix D-3 is based on plan designs listed on Alameda County's website. Eligibility requirements should be based on ACERA's Retiree Enrollment Guide (Attachment B). There are currently no historical figures for this plan.

27. With ACERA's Supplemental Retiree Benefit Reserve (SRBR), do the year-end dividends from the dental plan, if there are any, automatically re-invest into the SRBR?

**ANSWER:** No.

28. Under the current DPPO participating contract, if there is a deficit, is it recovered from future year surpluses?

**ANSWER:** If the plan incurs a deficit, the carrier would recover the amount in future year surpluses.

29. What is the current balance of the SRBR? Is it expected to be able to continue to cover the full cost of dental benefits for retirees with 10+ years of service?

**ANSWER:** Yes, funds are sufficient through 2039 based on the 12/31/2018 valuation.

30. Please confirm the current R&C reimbursement level for the out of network claims.

**ANSWER:** This information is not available. OON Providers are paid up to the allowable amount that satisfies the majority of providers in network.

31. The experience we received shows a 12/19 enrollment with the 10+ years DPPO members totaling 8,007 employees; however, the census shows only 7,566 employees. With the <10 years, the 12/19 experience shows 405 employees but the census shows 743 employees. Can you please clarify the discrepancies between the census and the experience?

**ANSWER:** Claims classify subscribers without subsidy as <10 years of service (yos) because they pay the greater premium. However, disabled subscribers are subsidized and included in the 10+ yos group in the claims because they pay the lower premium. Subtracting the 336 disabled from the 743 with <10 yos in the census gives 407 unsubsidized, roughly the 400 in the claims. Adding the 336 disabled to the 7582 with 10+ yos yields 7918 subsidized subscribers, roughly the 8,000 in the claims.

32. Please provide a copy of ACERA's Client Satisfaction Survey, referenced in the Performance Guarantee metrics.

**ANSWER:** This item is currently unavailable.

33. Regarding the Provider Satisfaction Survey reference in the DHMO Performance Guarantee document - can you provide clarity on if this is a survey of dentists regarding their satisfaction as a participating DHMO provider or is it a survey of retirees in the DHMO regarding their satisfaction with their dentist?

**ANSWER:** This is a survey of dentists regarding their satisfaction as a participating DHMO provider.

34. Please provide a copy of the provider survey, referenced in the DHMO Performance Guarantee document.

**ANSWER:** This item is currently unavailable.

35. Please describe the customer service platform for ACERA members today; does ACERA have a fully dedicated customer service arrangement, or is it a designated unit that ACERA shares with a small number of other accounts?

**ANSWER:** This item is currently unavailable.

36. How much does ACERA currently receive for a wellness fund?

**ANSWER:** This is proprietary information.

37. How does ACERA use their allotted wellness fund today; please describe the dental wellness programs and efforts in place, specifically how are the efforts and money allocated different for actives versus retirees, who are not at the job site(s)?

**ANSWER:** Funds are applied for wellness communications and activities.

38. What is the anticipated growth for ACERA in < 10 and 10+ years of service categories for the next 3 years?

**ANSWER:** We do not expect any significant changes from the current enrollment.

39. Currently they offer a Participating Policy and a Non Participating policy. We can only offer Non Participating policy. Will they accept only a Non participating Policy?

**ANSWER:** Non-participating policies will be evaluated in the RFP process. Please provide quotes or alternative quotes to match ACERA's current premium structure. The purpose of this RFP is to ensure benefits and premiums are competitive to market standards, while minimizing all disruption to retirees and their eligible dependents.

40. DPPO Plans what are the out of network reimbursements?

**ANSWER:** This information is not available. OON Providers are paid up to the allowable amount that satisfies the majority of providers in network.

41. Do the classes have the same benefits?

**ANSWER:** Retirees have the same level of benefits regardless of years of service.

42. Do they currently have a Base plan?

**ANSWER:** No.

43. Have they had any plan changes over the last 2 years?

**ANSWER:** No.

44. Why are they out to bid?

**ANSWER:** ACERA is required to issue an RFP every five years to ensure the pricing and benefits administered are competitive to current market standards.

45. Will they give us an extension?

**ANSWER:** No.

46. Please provide any compelling events that are requiring ACERA going out to bid Dental opportunity?

**ANSWER:** ACERA is required to issue an RFP every five years to ensure the pricing and benefits administered are competitive to current market standards.

47. Are the current contracts participating options set up to return surpluses and if so which member plans? Can you provide details of the current arrangement? Is this a requirement for this RFP?

**ANSWER:** Contract option is not a requirement for the RFP.

48. What is the out of network allowance Delta is utilizing on this group?

**ANSWER:** Out-of-Network Allowance is \$1,000.

49. What % of their current claims are going thru Delta's true in-network benefit (Narrow network as indicated on the Benefit Summary)?

**ANSWER:** This information is currently unavailable.

50. What % of their current claims are going thru Delta's Premier Dentists (Greater network as indicated on the Benefit Summary)?

**ANSWER:** This information is currently unavailable.

51. On the Network Provider Utilization report can you indicate which providers are on Delta's true In-network, which are Premier only, and which are out of network?

**ANSWER:** This information is currently unavailable.

52. Have they had any dental plan changes in the last 3 years?

**ANSWER:** No plan changes.

53. Are there any plan design, or service issues looking to be addressed with this RFP?

**ANSWER:** The plan design changes are listed in Appendix D. ACERA is looking to ensure the premiums and benefits are competitive to current market conditions.

54. Can we provide our own performance guarantees or are we required to match current?

**ANSWER:** Performance Guarantees may vary between vendors. However, it is in ACERA's best interest to meet or exceed the current performance guarantee levels.

55. The current plan also has Maternity Benefit, is that necessary on this retiree plan?

**ANSWER:** Please mirror the dental benefits as closely as possible.

56. Do you have bylaws and/or Articles of incorporation you can provide?

**ANSWER:** The requested documents will be uploaded to ACERA's website at: <https://www.acera.org/rfp>.

57. Can you kindly provide the elements needed for a claim repricing? I have attached a document.

- a. Provider TIN
- b. Provider Name
- c. Provider Street Address
- d. Provider City
- e. Provider State
- f. Provider Zip Code
- g. Date of Service
- h. Procedure Code with the number of units – sometimes multiple procedures will be lumped together as one procedure, but with a cost that exceeds the normal submitted charge for a single procedure.
- i. Submitted charge
- j. Disallowed amount
- k. Deductible taken
- l. Net Paid amount

**ANSWER:** This information is currently unavailable.

58. Can you provide Delta Dental utilization?

**ANSWER:** This information is currently unavailable.

59. Is it possible to get a copy of the current member satisfaction surveys that are administered for the vision and dental plans?

**ANSWER:** This information is currently unavailable.

60. In Section II: Scope of Services, under A. Vision/Dental Plan Underwriting and General Responsibilities, can we get clarification on what ACERA's definition is for eligible Retiree, Survivor, and Dependents?

**ANSWER:** Please refer to Attachment B for description of eligibility.

61. Regarding item E: Wellness in Section II – Scope of Services, can you please share the scope of the vision and dental wellness programs currently in place for ACERA members?

**ANSWER:** ACERA holds an annual health fair for open enrollment. A wellness program framework is created each year. On average, ACERA hosts two wellness walks and two additional events, such as educational forums and co-sponsored community events.



62. Our DHMO offering has a slightly higher copayment schedule; out-of-pocket cost to the member. Will this be an acceptable offering?

**ANSWER:** Please mirror the dental benefits as closely as possible.

63. New members – how will the years of service be delivered?

**ANSWER:** ACERA Retirees generally retire with at least 10 years of service. New member information is sent to the provider monthly via an eligibility file, with categories identifying under and over 10 years of service.

64. Network: (*Vendor*) offers a deeply discounted PPO on our entire network. We strongly believe this is the best way to deliver the most savings to our clients and members. Will our proposal be acceptable without having the narrow network option?

**ANSWER:** Please mirror the current dental network as closely as possible.

65. We do not offer a TMJ benefit within our dental plans – we cover TMJ under medical. Will this be an acceptable offering?

**ANSWER:** Please mirror the dental benefits as closely as possible.

66. We would like to request the Tax ID numbers for the Providers in order to run an accurate disruption analysis, would that be possible?

**ANSWER:** This information is not available.

67. We have not yet determined if our pricing will allow for all aspects of the Performance Guarantee. Will strict adherence to the PG be required?

**ANSWER:** Please match or exceed the current Performance Guarantees as closely as possible.

68. DHMO is only offered to CA employees and will not be available to the OOS employees currently enrolled on DHMO. Will this be an acceptable offering?

**ANSWER:** Please mirror the current dental network as closely as possible.

69. Is the expectation for us to provide rates in current format (separate rates for <10 years of service and 10+ years of service), or should we provide one set of rates for each product (the same rates for <10 years of service and 10+ years of service)?

**ANSWER:** Please provide rates in the current format.

70. Is offering our standard network for DPPO going to be an acceptable offering?

**ANSWER:** Please mirror the current dental network as closely as possible.