



# NOTICE

## ADDENDUM 1

FLORIDA VIRTUAL SCHOOL

January 9, 2020

Karen Stolarenko, Senior Buyer  
(407) 513-3566  
kstolarenko@flvs.net

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Responses to be received, 11:00 AM EST, January 22, 2020 at Florida Virtual School Procurement Services Department, 2145 Metrocenter Blvd, Suite 100, Orlando, FL 32835.

RFP01-2002100B01-DENVIS-XXXXXX for Group Dental and Group Vision Coverage is hereby amended by the following change(s):

**A. Refer to COVER PAGE, Which reads as follows:**

Issue Date:	December 9, 2019
Question & Answer Deadline:	January 6, 2019 @ 2:00 PM EST
<b>Bid Due Date/Time:</b>	<b>January 22, 2020 @ 2:00 PM EST</b>
Direct All Inquiries in Writing To: Email Address	Karen Stolarenko kstolarenko@flvs.net

**Change to read as follows:**

Issue Date:	December 9, 2019
Question & Answer Deadline:	January 6, 2019 @ 2:00 PM EST
<b>Bid Due Date/Time:</b>	<b>January 22, 2020 @ 11:00 AM EST (time change only)</b>
Direct All Inquiries in Writing To: Email Address	Karen Stolarenko kstolarenko@flvs.net

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**B. Refer to page 38, Other Documents Provided for Informational Purposes, Which reads as follows:**

Exhibit 7 – Certificates of Coverage, Policies and Benefit Summaries (Attachments posted with RFP)

- Exhibit 7A-FLVS MetLife Dental Benefit Summary Excluding (LA, MS, MT and TX) (2018)
- Exhibit 7B-FLVS MetLife Dental Benefit Summary Residing in LA, MS, MT and TX (2018)
- Exhibit 7C-FLVS MetLife Dental Certificate Rider EE Low Plan (July 1, 2019)
- Exhibit 7D-FLVS MetLife Dental Certificate EE Eligible Date Change Low Plan (July 2018)
- Exhibit 7E-FLVS MetLife Dental Certificate EE Eligible Date Change High Plan (July 2018)
- Exhibit 7F-FLVS MetLife Dental Certificate 4 Eligible Date Xchange Low Plan (July 2018)
- Exhibit 7G-FLVS MetLife Dental Policy 2015

**Change to read as follows:**

Refer to page 38, Other Documents Provided for Informationa Purposes, Which now reads as follows:

Exhibit 7 – Certificates of Coverage, Policies and Benefit Summaries (Attachments posted with RFP)

- Exhibit 7A-FLVS MetLife Dental Benefit Summary Excluding (LA, MS, MT and TX) (2018)
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- Exhibit 7F-FLVS MetLife Dental Certificate 4 Eligible Date Xchange Low Plan (July 2018)
- Exhibit 7G-FLVS MetLife Dental Policy 2015
- Exhibit 7H-FLVS Metlife Dental COC All Other High\*
- Exhibit 7I-FLVS Metlife Dental COC All Other Low\*

\*Note: These exhibits have been uploaded to [www.flvs.net](http://www.flvs.net) and [www.demandstar.com](http://www.demandstar.com)

**C. Refer to page 49, Section 8.3.3 Lot B Subsection 1 , Which reads as follows:**

Geo-access report utilizing the following criteria (*Required Document 1 to be completed and provided by respondent*):

- a. Two (2) general dentists within eight (8) miles
- b. One (1) pediatric dentist within ten (10) miles
- c. One (1) specialist within ten (10) miles

**Refer to page 49, Section 8.3.3 Lot B Subsection 1, Changed to read as follows:**Geo-access report utilizing the following criteria (*Required Document 1 to be completed and provided by respondent*):

- a. Two (2) general Vision provider within eight (8) miles
- b. One (1) pediatric Vision provider within ten (10) miles
- c. One (1) specialist within ten (10) miles



1.

Q	What is the % of R&C for out of network? 90 <sup>th</sup> , 80 <sup>th</sup> etc?
A	<b>The % of R&amp;C is the 90th percentile. Please see attached Certificate of Coverage for the low plan and high plan. It appears that only riders were previously attached.</b>

2.

Q	What is the employer contribution towards the premiums?
A	<b>FLVS contributes 100% of the cost of single coverage on the low plan. Employees must “buy up” for the high plan as well as adding dependents.</b>

3.

Q	Can you provide dental claims in Excel?
A	<b>No. We are unable to provide this in Excel</b>

4.

Q	Is it possible to obtain Vision Exhibit 5 (vision claims form and membership) in excel form versus the scan provided on page 56 of 107 in the RFP?
A	<b>No.</b>

5.

Q	The attachment named “Dental_Exhibit_7B_FLVS_2018_Human_Vision_Benefit.pdf” is the same document as the attachment named “Dental_Exhibit_7A_FLVS_Dental_Benefit_Summary.pdf”. Is Exhibit 7B supposed to be something different?
A	<b>This was a duplicate upload and shall be disregarded</b>

6.

Q	Please provide the provider listing (for disruption) report in Excel.
A	<b>This document was made available upon request. If respondent still requires a copy in Excel format email <a href="mailto:kstolarenko@flvs.net">kstolarenko@flvs.net</a> for issuance.</b>

7.

Q	Please provide the dental Excel census to include the DOB, gender, zip code, dental plan, dental tier of coverage, Active or Retired employee.
A	<b>This document was made available upon request. If respondent still requires a copy in Excel format email <a href="mailto:kstolarenko@flvs.net">kstolarenko@flvs.net</a> for issuance.</b>

8.

Q	Please advise how much the employer contributes towards the employee and dependent dental premiums.
A	<b>See question 2.</b>

9.

Q	Please provide a dental rate history for the past 36 months.
A	<b>The dental rates have been relatively flat for the past 36 months. The rates increased 4% in the 2019/2020 plan year. Prior to that increase the rates at FLVS were the same for the 16/17,</b>

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	<b>17/18, and 18/19 plan year</b>
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10.

Q	Please provide the dental claim experience by plan (separated by high and low) to include by month, claims paid, premium and enrollment. If possible, separate the experience by utilization (par vs non-par).
A	<b>See QNA Attachment C par vs. non par reporting. This is not broken out by plan. (See <a href="http://www.flvs.net">www.flvs.net</a> and <a href="http://www.demandstar.com">www.demandstar.com</a> for additional attachments).</b>

11.

Q	Please provide a member report including a count of subscriber and all dependent members (spouse and all children) by month for the most recent 12 months.
A	<b>This has been requested and will provide upon receipt via to <a href="http://www.flvs.net">www.flvs.net</a> and <a href="http://www.demandstar.com">www.demandstar.com</a>. Respondents are responsible for checking the website for updated information.</b>

12.

Q	Please provide an electronic claims file for the most recent 12 months including date of service, procedure code, provider information (TIN, address, zip), provider location, network status (par vs non-par), submitted charge and allowed charge.
A	<b>We have provided an electronic claims file which included the information you have requested with the exception of the par vs. non par and submitted vs. allowed charges. Our consultant will be doing a network evaluation. Your response to the spreadsheet should indicate whether the provider is PAR or Non PAR. The Tax ID number is included.</b>

13.

Q	The Certificates of dental coverage provided with the RFP did not seem to include a full Certificate indicating all benefits. Please provide for both high and low dental plans
A	<b>See QNA Attachments A and B uploaded to <a href="http://www.flvs.net">www.flvs.net</a> and <a href="http://www.demandstar.com">www.demandstar.com</a> .</b>

14.

Q	The dental plans pay out-of-network at % of R&C fee. Please advise what % for both high and low plans (50% 60%, 70%, 80% or 90%)?
A	<b>See attached certificate of coverage. The plans pay at the 90<sup>th</sup> percentile.</b>

15.

Q	The RFP attachments had a plan summary for the low plan for residents in LA, MS, MT and TX who have a slightly better out of network benefit but the RFP did not seem to indicate this plan design as a current benefit plan design option. How many employees are enrolled in this plan (if any)? Do they have the same low plan rates? May we please obtain the dental claim experience requested above for those enrolled in this plan in addition to the above request?
A	<b>The rates do not change for these other plans. The desing is slightly different to comply with state law. 90%+ of the employees at FLVS reside in Florida.</b>

16.

Q	Is the dental claims data available broken out by high and low plan design instead of for the group as a
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	whole?
A	<b>This has been requested and will provide upon receipt</b>

17.

Q	With regards to the Compliance Checklist – Appendix K, it lists that we need to attach a response to Section 3.3.1 Financial Stability Compliance including Ratios. The RFP does not include a section 3.3.1. Please send the information in that section so we can provide a response.
A	<b>Refer to Section 3.1.5 for Financial Stability Requirements and Ratios.</b>

18.

Q	Would you have a census in excel with eligible employees and coverage they have selected.
A	<b>This information was made available upon request. If respondent still requires a copy in Excel format email <a href="mailto:kstolarenko@flvs.net">kstolarenko@flvs.net</a> for issuance.</b>

19.

Q	Claims experience for the dental plan.
A	<b>This document was made available upon request. If respondent still requires a copy in Excel format email <a href="mailto:kstolarenko@flvs.net">kstolarenko@flvs.net</a> for issuance.</b>

20.

Q	Current rates for the dental.
A	<b>Dental rates are listed under Exhibit 3 Lot A</b>

21.

Q	Current carrier for the vision plan.
A	<b>Humana</b>

22.

Q	In Section 3.1.c it indicates that Appendix K (Compliance Checklist) must be attached directly after the cover letter. In Section 3.1.1.a it indicates Appendix K needs to be attached after Appendix I (Anti-Lobbying Certification). Does FLVS want Appendix K to be in both places in the RFP response?
A	<b>The Compliance Checklist may be included with the other required attachments following Appendix I as stated in 3.1.1.a</b>

23.

Q	In Section 3.1.1.b it indicates to provide the Cost Summary form for both dental and vision lots in Tab 1 of the response. However, in Section 3.5 it indicates to complete Section 9 Price Proposal Sheet and place it in Tab 5 of the response and further notes that we cannot cite price anywhere else in the submission. Does FLVS still want the Cost Summary forms in Tab 1?
A	<b>Please provide in both areas. Required Dental Document 3 should be completed based on the plan design that most closely matches FLVS' current design. Both sections must be completed for each plan option provided.</b>

24.

Q	Section 3 did not indicate where to place the Requirements Summary, Minimum Requirements or Highly Desirable Performance Guarantees for each lot. Is it acceptable to place our responses to these
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	documents in Tab 1, after the Required Dental and Vision documents item 7, Additional Materials?
A	<b>Yes, although they must be clearly labeled and marked that they are in response to Section 8.</b>
25.	
Q	Would you please provide an experience file in a better quality file that is clearer to read.
A	<b>No.</b>
26.	
Q	Would you please provide a word version of the RFP so the forms are easier to complete.
A	<b>No, our policy will not allow for this option.</b>
27.	
Q	<p>Respondent is not able to accept a credit card for premium payment. We offer the following payment options:</p> <ul style="list-style-type: none"><li>Wire Transfer (FEDWIRE)</li><li>Automated Clearing House (ACH) Credit Transfer</li><li>Reverse ACH Debit Transfer</li><li>Paper Check</li></ul> <p>Will this be acceptable to FLVS?</p>
A	<b>You are welcome to submit your response indicating the options provided above for consideration by the Evaluation Committee.</b>
28.	
Q	<p>Please confirm the employer contribution levels for dental.</p> <ul style="list-style-type: none"><li>○ Page 34 indicates – “FLVS makes a contribution to the benefit plan. The current premium and contribution is listed in Dental Exhibit 2.”<ul style="list-style-type: none"><li>▪ Page 44 - Exhibit 2 is the dental census. Rates are shown under exhibit 3. Does the employer contribute the full cost for all tiers?</li></ul></li></ul>
A	<b>FLVS contributes 100% of single coverage for the low plan. Employees who elect depednet tiers or the high plan will pay the difference.</b>
29.	
Q	Page 4 of the RFP indicates a 3 year agreement is needed. We would likely quote a 1 year rate with 2 consecutive rate caps. This is similar to the group’s original contract with Met.
A	<b>Respondents shall complete the pricing sheet provided in Section 9 as shown. Futher details may be provided on additional page to share explanations or more information that support the pricing provided. Any deviations are subject to FLVS acceptance upon negotiation.</b>
30.	
Q	Would it be possible to receive the dental employee census and the dental claims experience before the 1/9/2020 release of answers? It appeared the request for those was separate from the normal Q&A response.
A	<b>This information was made available upon request. If respondent still requires a copy in Excel</b>



format email [kstolarenko@flvs.net](mailto:kstolarenko@flvs.net) for issuance.

31.

Q	If not submitting a redacted copy, do we still need 2 USBs? Or just 1?
A	<b>If no redactions, a single copy is fine. Redacted copies may be included on the same USB as the non-redacted copies. FLVS does not require 2 individual USB drives.</b>

32.

Q	In separate areas, the RFP asks for 3 Letters of Reference, then 4 are requested in the questionnaire, and then 3 are requested on pg. 62. Could you please clarify what is required with respect to the references requested?
A	<b>FLVS requires a minimum of 3 written letters of reference (specified in section 3 of the RFP). Page 62 is a release for that allows us to contact the references listed. Additional lines were included in section 8 where you may provide additional references at your discretion. Note, that references are required for each Lot bid. If you are responding to Dental and Vision you will need to provide a total of 6 letters of reference (3 for Dental and 3 for Vision). If using the same company as a reference for Dental and Vision the same may be used provided copy is included within each response section.</b>

33.

Q	We do not offer p-card services. Is this a deal-breaking requirement?
A	<b>The P-Card acceptance equates to 1% of the weighted score and while it is preferred it is negotiable.</b>

34.

Q	I reviewed the recent dental and vision RFP issued for Florida Virtual School. In the overview it notes the purpose is to provide group dental and vision for FLVS active employees, retirees and eligible dependents. I would like to ask if you provide medical coverage for your retiree population? If so, how would I go about being added to the list for future bid notifications?
A	<b>This question has no relevance to the published solicitation.</b>

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