

ADDENDUM NO. 1

RFB NO: 194315

DATE RFB DUE: February 26, 2020

TIME: 2:00 p.m.

DEPARTMENT: Human Resources

COMMODITY: **Dental Services Administration**

QUESTIONS AND ANSWERS

The answers to all questions received are attached.

(SIGNED)

COMPANY:

PLEASE SIGN ONE (1) COPY OF ADDENDUM AND RETURN TO THE PURCHASING DEPARTMENT WITH YOUR SEALED PROPOSAL (mail to Purchasing, Attn: RFB 194315 – Dental Services Administration for City of Chattanooga, 101 E. 11th Street, Chattanooga, TN, 37402).

RETAIN A COPY FOR YOUR FILES.

Q&A for RFB #194315 – Dental Services Administration

Q: Will the City be granting an extension to the Feb 26th due date?

A: It is not anticipated at this time that the Request for Bid be extended.

Q: Is there a questionnaire to be completed or is this a bid for financials only?

A: Bidders are asked to respond to requests included in minimum qualifications and scope of work/minimum requirement section as well as financials.

Q: Is there not going to be a census that shows the entire eligible population?

A: Census is now available and will be sent to bidders.

Q: Is there any way to get the RFP document in a word document form?

A: A non-scanned PDF version of the specification is available upon request.

Q: Will you be sending out a census of the entire employee population?

A: Yes, this document is now available and can be sent to bidders.

Q: Is it possible to receive the RFP in a word format as the scanned version does not convert properly to word to allow Vendors to respond?

A: A non-scanned PDF version of the specification is available upon request.

Q: Can you please confirm if the City would like child only ortho or both child & adult ortho added for the additional requested options?

A: Please price for both plans.

Q: Please provide a more traditional census that includes DOB, gender, zip, coverage type, etc.

A: Census is now available and will be sent to bidders.

Q: Please advise of the current maximum allowable charge for out-of-network reimbursement as this is not indicated on the current summary provided.

A: This amount varies per procedure and service.

Q: Please advise if you would like us to quote a low DPPO in place of the DHMO.

A: Yes

Q: Please confirm the requested 10% commission is included in the current rates provided.

A: Yes

Q:

- Census with dob, gender, zip code, dental tier, and plan election (PPO or DHMO)
Provided
- Full dental certificate? Not provided
- Can we get rate history? Not provided