

HAMILTON COUNTY DEPARTMENT OF EDUCATION
3074 Hickory Valley Road
Chattanooga, TN 37421
Main Line: (423) 498-7030
Email: doe_purchasing@hcde.org

Posted Date: May 23, 2023

Solicitation No.: Bid 24-60

Solicitation Name: Employee Dental Benefit Plans

Subject: Addendum Number 1

The following represents clarification, additions, deletions, and/or modifications to the above referenced bid. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged, including the response date. Words, phrases, or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded phrases or sentences represent additions to the original solicitation.

1. ATTACHMENT: “2024 Current Cigna Dental Plans”

2. QUESTIONS/ANSWERS

1.	<ul style="list-style-type: none"> Q1 - Tab 1. Experience & Reference mentions a reference document, can you send that to us so that we may complete it?
Answer	<p>A1 - This is not a document that HCDE will provide. It is a document to be completed by the Proposers listing three references with information listed in Tab 1, Section II, #2. (Please note that there is a typo on Tab-Introduction in the yellow highlighted area for “Tab 1.” It should be “Experience & Reference” not “Expense & Reference.”</p>
2.	<ul style="list-style-type: none"> Q2 - Please provide claims, enrollment, and experience data.
Answer	<p>A2 - This information was provided as part of the secure documents. Access to these documents is given through a secure file link. Reference Page 11, 3.0 Secure Documents. For more information, contact HCS Purchasing at DOE_Purchasing@HCDE.Org.</p>
3.	<ul style="list-style-type: none"> Q3 - Can you provide HCS’ current Cigna dental plan design?
Answer	<p>A3 – Refer to Question #2.</p>

4.	<ul style="list-style-type: none"> Q4 - Please provide current rates.
Answer	A4 - See RFP 24-60: Attachment A and the end of Addendum 1 see Table: “2024 Current Cigna Dental Plans”.
5.	<ul style="list-style-type: none"> Q5 - Can you please clarify if you want Attachment A printed and left in Excel on the USB?
Answer	A5 – Yes, Attachment A is a specific file that should be submitted in an Excel format. Please follow instructions in RFP 24-60, Page 13. Proposer shall submit an original hard copy and an electronic version.
6.	<ul style="list-style-type: none"> Q6 - Please provide a current census file with zips
Answer	A6 - This has been provided to all vendors who requested access to Secure Documents as stated in RFP 24-60, Page 11, Section 3.0. If you have not received, please contact HCS Purchasing at DOE_Purchasing@HCDE.Org.
7.	<ul style="list-style-type: none"> Q7 - Census in excel with: Birthdate, gender, home zip code, Coverage Tier, Coverage Option. If Retirees are eligible and/or if there are COBRA enrollees, be sure to indicate any on the census with a status of Retiree or COBRA.
Answer	A7 - Refer to Question #6. Retirees are on Tab 2 of the Census in Excel.
8.	<ul style="list-style-type: none"> Q8 - Are Retirees eligible?
Answer	A8 - Yes, refer to Question #7
9.	<ul style="list-style-type: none"> Q9 - Current Monthly Rates for each option.
Answer	A9 - Refer to Question #4
10.	<ul style="list-style-type: none"> Q10 - A full benefit summary or certification for each dental option.
Answer	A10 - Refer to Question #2
11.	<ul style="list-style-type: none"> Q11 - 24 consecutive months of experience reports including but not limited to Premiums, Employee Enrollment and Paid Claims.
Answer	A11 - Refer to Question #2

12.	<ul style="list-style-type: none"> Q12 - If possible, please provide the Flat amount of the employer contribution.
Answer	A12 - See Table: “2024 Current Cigna Dental Plans” at end of Addendum 1.
13.	<ul style="list-style-type: none"> Q13 - If possible, please provide their 5 year carrier history.
Answer	A13 - Cigna has been the provider from January 1, 2022 – Present. HCS self-insured and self-administered dental prior to January 1, 2022.
14.	<ul style="list-style-type: none"> Q14 - Please provide HCS' current OON reimbursement method and level.
Answer	A14 - Refer to Question #2
15.	<ul style="list-style-type: none"> Q15 - Please provide more detail regarding HCS’ current Cigna dental plan design (exclusions, customizations, etc.)?
Answer	A15 - Refer to Question #2
16.	<ul style="list-style-type: none"> Q16 – Please provide HCS’ current OON reimbursement method and level.
Answer	A16 - Refer to Question #2
17.	<ul style="list-style-type: none"> Q17 – Have any of the other quoting carriers asked for the renewal rates and are you providing?
Answer	A17 – Renewal rates are not available.

BIDDER/PROPOSER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID/PROPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER/PROPOSER BEING CONSIDERED NON-RESPONSIVE.

ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION DOCUMENTS ARE AND SHALL REMAIN THE SAME.

Debbie Jackson

Procurement Specialist III
Procurement Specialist Phone: 423-498-7030
Hamilton County Department of Education
doe_purchasing@hcde.org

2024 Current Cigna Dental Plans						
Monthly RATES and Deductions	Low Plan Rates	Monthly Employer	Monthly EE Payroll Deduction	High Plan Rates	Monthly Employer	Monthly EE Payroll Deduction
Employee Only	\$14.19	\$5.78	\$8.41	\$17.78	\$5.78	\$12.00
Employee + Spouse	\$27.93	\$11.32	\$16.61	\$35.02	\$11.32	\$23.70
Employee + Child(ren)	\$37.43	\$15.20	\$22.23	\$46.92	\$15.20	\$31.72
Family	\$55.29	\$22.45	\$32.84	\$69.31	\$22.45	\$46.86