

**ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT**

ADDENDUM NO. 1

Arlington County RFP No. 21-HRD-RFP-141 for Comprehensive Medical, Dental, and Prescription Drug Benefits for County Employees is amended as follows:

- **AMEND IV. SCOPE OF SERVICES – TASK 6. CUSTOMER SERVICES TO READ AS FOLLOWS**

Upon request from the County, provide onsite customer service representative at multiple sites a minimum of four day each month to provide consumer education, respond to member questions and address claims issues (Medical Plan Services only).

- **REPLACE ATTACHMENT F – DENTAL TECHNICAL EXCEL WORKBOOK WITH REVISED ATTACHMENT F ATTACHED.**

- **AMEND PROPOSAL SUBMITTAL ELEMENTS - SECTION V: PROPOSAL REQUIREMENTS; SUBSECTION 8. PROPOSAL SUBMITTAL ELEMENTS TO READ AS FOLLOWS:**

“The County will not evaluate proposals that do not contain all requested content in one pdf file. The file must have divider pages within one pdf file, in the order listed below”:

Note: This statement does not apply to the submission of Attachments A through G - #4 of the Proposal Submittal Elements. Submission of any Attachment A through G (as appropriate to the offeror’s proposal) must be separate Excel files (one file for each Attachment A – G).

- **DENTAL PLAN SERVICES PAGE 10 ADD:** In addition to Actives and <65 Retirees, Retirees and dependents who are age 65 years and older are eligible for dental plan coverage. Dental is the only plan within this RFP effort that includes coverage for Medicare Retirees

- **ADD THE FOLLOWING ADDITIONAL ATTACHMENTS:**

- Attachment K - Cigna OAPIN Copay Plan – Summary Plan Design
- Attachment L - Cigna OAPIN Coinsurance – Summary Plan Design
- Attachment M -Cigna Vision – Summary Plan Design
- Attachment N - Delta Dental – Premium Plan Design
- Attachment O - Delta Dental – Standard Plan Design
- Attachment P – Vision Claims Data

- **MEDICAL PLAN SERVICES PAGE 8 ADD: Special Coverage Situations**

- a) Cranial banding is covered when medically necessary for treatment of either synostotic plagiocephaly following surgical correction or moderate to severe nonsynostotic positional plagiocephaly.
- b) Infant formula or enteral nutritional formula are covered when needed for the treatment of inborn errors of metabolism.
- c) Blepharoplasty and blepharoptosis repair are covered when meeting the conditions for medical necessity.

- **MEDICAL AND DENTAL PLANS PAGE 11 ADD: Special Eligibility**
Arlington County currently allows an Adult Dependent — a person who satisfies the IRS definition of “qualifying relative” and is claimed for dependent exemption status on the subscriber’s most recent federal income tax filing — to be covered on a self-insured medical and dental plan in lieu of a spouse.

- ***THE COUNTY HAS RECEIVED THE FOLLOWING QUESTIONS IN RESPONSE TO THIS RFP. QUESTIONS AND RESPONSES ARE INCLUDED BELOW.***
 1. Question: Please provide the current vision rates.
Response: Vision coverage is included in the medical insurance plan; there are no separate vision premium rates.

 2. Question: What are the current budget rates?
Response: The County does not provide budget information for a solicitation.

 3. Question: Can the current ASO Agreement/Contract be supplied?
Response: Contract No. 719-13-1 Cigna Health and Life Insurance Company is available for public viewing on vendor registry click here: [VENDOR REGISTRY](#).

 4. Question: Can the current dental ASO Agreement/Contract be supplied?
Response: Contract No. 719-13-2 Delta Dental is available for public viewing on vendor registry click here: [VENDOR REGISTRY](#).

 5. Question: Can a full dental claims detail file be provided so that a repricing can be completed?
Response: Aon will be conducting a discount analysis. Please submit the dental discount analysis directly to Aon NAPD mailbox.

 6. Question: What is the current dental ASO fee? Is there any network access fees or cost containment fees included in the current contract? If so, what are they?
Response: The County is not providing fee information for this solicitation.

 7. Question: Is the below referenced customer service representative applicable to the dental insurance carrier?
Response: No. It applies to Medical Plan Services.

 8. Question: Please provide the vision detailed claim report, to include at least 12 months of claims data, paid claims and enrollment for each month. The most recent month should ideally be February 2020.
Response: Enrollment in vision coverage is automatic when enrolling in a medical plan. Included in this addendum is Attachment P (Vision Claims Data Arlington County Government.xlsx). Vision claims data was not included with previously provided medical claims data.

 9. Question: In order to create an apples-to-apples dental comparison for all vendors, what would you like all vendors to quote for the out-of-network reimbursement? For example: U&C 50th%, U&C 80th %, in network PPO maximum allowable charge etc.
Response: Out of network reimbursement is MAC. Please follow instructions provided from Aon’s NAPD team.

10. Question: Can you please confirm if the current dental out-of-network reimbursement is based on Delta Dental's Premier network MAC fees? If it is not, can you please confirm the out-of-network reimbursement?
Response: Out of network reimbursement is MAC. Please follow instructions provided from Aon's NAPD team.
11. Question: Does the onsite clinic dispense prescriptions? If so, what is the pharmacy NABP number?
Response: No. The clinic does not dispense prescriptions.
12. Question: Can you clarify the instructions on Proposal Requirements page 16 that state "the Proposal must be on 8 ½ x 11 paper single spaced, and at least 10 font"? Does this mean that everything submitted must be single spaced?
Response: No. This is a guideline to reduce the number of pages submitted.
13. Question: Is there a maximum megabyte (MB) size that is allowed when uploading the one PDF file to Vendor Registry?
Response: Yes. There is an 800 MB maximum. The PDF file will not include Attachments A through G.
14. Question: Please confirm that the only workbooks that should be sent directly to AON NAPD Team are: -Medical and Dental Disruption Analysis; Medical & Dental Network Access reports; and Dental Discount Analysis.
Response: The following should be sent directly to Aon NAPD:
- **Medical and Dental Disruption Analysis**
 - **Medical & Dental Network Access reports**
 - **Pharmacy Network Access.**
 - **Dental Discount Analysis**
15. Question: The instructions say to submit the entire proposal as one PDF file in the order under Proposal Submittal Elements on page 21. Where should we include additional supporting documents not specifically listed in this list, such as -Pharmacy Network Access, Formulary Disruption, Network Disruptions – Implementation Schedule – Samples that are requested throughout the Workbooks – Proposed Plan Designs – Benefit Deviations – Cover letter – etc.
Response: Include the three completed pharmacy disruption files (Pharmacy Formulary Disruption, Pharmacy Retail Network Disruption, and Pharmacy Retail 90 Network Disruption) as additional tabs within your completed Excel spreadsheet Attachment D Pharmacy Technical.
- Implementation schedule and samples should be included in the PDF submission.**
16. Question: It appears that the onsite clinic is attached to the medical plan administrator. Would a standalone clinic bid be acceptable?
Response: A standalone bid for the clinic is not acceptable.
17. Question: I believe that the following are part of the contract and do NOT have to be submitted with the proposal. Can you confirm? Exhibit A – Business Associate Agreement Exhibit B – County Nondisclosure and Data Security Agreement (Contractor) Exhibit C – County Nondisclosure and Data Security Agreement (Individual).
Response: Correct. The Exhibits referenced above are part of a fully executed Agreement. If the offeror has exceptions to provisions of the contract or its exhibits, those exceptions must be identified in the offeror's proposal.

18. Question: Can additional dental experience through September 2020 be provided?
Response: Due to COVID claim suppression, we believe the claim experience provided is more indicative of actual experience.
19. Question: Has COVID-19 affected the enrollment in the dental plan? If so, how?
Response: No, COVID-19 has not affected the enrollment in the dental plan
20. Question: Please provide if available, copies of the dental plan summaries.
Response: Attachments N and O have been added to this Addendum.
21. Question: Please confirm that coverage for TMJ is not included in the Standard Dental Plan.
Response: Confirmed, TMJ coverage is not included in the Standard Dental Plan.
22. Question: Please clarify the Orthodontia Lifetime Maximum for the Standard Plan Design. On Attachment F, Standard Plan Design tab, it is indicated as \$2,500. However, on Attachment J, Current Dental Plan Summaries, it is indicated as \$1,250.
Response: Please review two dental plan summaries now provided (Attachment N and O, and "Attachment F Dental Technical Workbook_Addendum.xlsx")
23. Question: Please clarify the current out-of-network reimbursement level for both the Standard and High Dental Plans.
Response: Response: Out of network reimbursement is MAC. Please follow instructions provided from Aon's NAPD team.
24. Question: Does the County intend to continue with the same contribution strategy for Dental?
Response: Yes. There is no current intention to revise employer/employee premium share for either dental plan.
25. Question: Can the County provide Vision census files, or should we utilize the Medical/Dental or RX file?
Response: Please see the answer to question 8.
26. Question: Will the County provide Medical repricing file(s)?
Response: Response: Aon will be conducting a discount analysis specific to Arlington County's population using information vendors supply globally through Aon's Discount Database platform.
27. Question: What is the current per employee per month (PEPM) ASO fee for Dental?
Response: The County is not providing fee information for this solicitation.
28. Question: Can the Certificates of Coverage for both Dental plans be provided?
Response: Please see attached dental plan summaries (Attachment N and O).
29. Question: Please confirm the formulary is open with no exclusions. If it is not, please provide the number of exclusions.
Response: Confirmed. The current formulary is open. A formulary disruption is included as part of the Pharmacy Technical portion of this RFP (see instructions on Disruption tab to request this from Aon. Refer to #15 above)
30. Question: Can Vision claims experience be provided by exam and materials?
Response: No. Monthly vision claims totals are now provided.
31. Question: Would the County consider offering a Vision plan with improved benefits?

Response: Yes. Provide any alternate quote for improved vision benefits in addition to the quote to match current vision benefits.

32. Question: Please confirm that bidding on the onsite health clinic is a mandatory requirement in order to bid on the Medical/Rx/Vision.

Response: Confirmed. It is mandatory that the onsite clinic is included in a Medical Plan Service offer.

33. Question: Does the onsite clinic dispense any prescriptions or OTC meds? If yes, is an outside pharmacy dispensing? (e.g. CVS/Walgreens, etc.)?

Response: No, the clinic does not dispense prescriptions

34. Question: We noticed that some workbook response areas have no character count limit, and some have a 400-character limit. Is Arlington County Government considering relaxing the character limitations in the questionnaires or explanation tabs?

Response: Use the Explanation worksheet space provided within each RFP attachment file for any responses that exceed the 400-character limit as noted. We prefer that answers be as concise as possible.

35. Question: Does the County intend to make any Dental benefit changes over the next few years?

Response: No, the County does not plan to make any Dental benefit changes over the next few years

The balance of the solicitation remains unchanged.

Arlington County, Virginia
Vanessa Moorehead
Procurement Officer
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RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR PROPOSAL:

OFFEROR ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 1.

FIRM NAME: _____

**AUTHORIZED
SIGNATURE:** _____ **DATE:** _____