



## PURCHASING DEPARTMENT/WAREHOUSE

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Date: April 10, 2023

RE: Dental PPO & Dental Pre-Paid RFP 4132023

Below are questions/*answers* for the above referenced RFP. All other terms and conditions remain the same.

### *Amendment 2*

1. Page 27, Exhibit #4 – 22 23 Amphitheater de-identified census document-This document is not usable for accurate GeoAccess report. In order to produce the required GeoAccess report, we will need a complete census document, in Excel format which included the zip codes of all enrolled members.

*An email was sent April 3<sup>rd</sup> 2023 with the De Identified Census Excel format.  
If you need a copy, please reach out to the Purchasing Manager.*

2. In light of the absence of a usable census for accurate GeoAccess report, we would like to request an extension of the due date.

*No there will be no extending the due date.*

3. Can you provide the Provider Search document in an excel format?

*Attached in Exhibit 3 PPO and Pre paid Dental*

4. Can you provide the Dental Evaluation document in an excel format?

*Attached in Exhibit 3 PPO and Pre paid Dental*

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Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by David Rucker, Equity & Safety Compliance Officer  
and Title IX Coordinator, (520) 696-5164, [drucker@amphi.com](mailto:drucker@amphi.com), or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, [kmcgraw@amphi.com](mailto:kmcgraw@amphi.com).

5. In the document 6.1 22 23 PPO Dental Questionnaire, Section 1 –General Information, Question #1.27- “Please confirm if your company has an established EDI feed with ERP Pro.”

*Confirmed*

6. Is it possible to obtain all the RPF & all RFP documents in Word&/or Excel as they are represented inside the RFP documents?

*No, attached in Exhibit 3 and/or Certified Proposal*

7. Would you be able to please send Word or Excel document (or a traditional PDF format) of the attached dental questionnaire?

*Attached in Exhibit 3 PPO and Pre paid Dental and/or Certified Proposal*

8. Are you able to send us the other RFP documents in Excel (provider match, questionnaire, evaluation template, etc.)? Are you able to send this by 4/6/2023? If not, can we please ask for an extension of the due date?

*Attached in Exhibit 3 PPO and Pre paid Dental and/or Certified Proposal*

9. Please provide the total number of eligible employees. Within the section, 1. Purpose on page 17, it is indicated there are “approximately 1761 employees”, but it doesn’t indicate how many are eligible. The PDF attachment, Census 22 23 Amphi. De Identified, has less than 50 employees listed. Please provide an updated census in Excel format. The census must include DOB, Gender, Coverage Tier, Current Plan (Delta PPO or Principal EDS), and the home Zip Code.

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If you need a copy, please reach out to the Purchasing Manager.*

10. Please provide their current dental rates by plan and tier.

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**Dental Rates**

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
<b>EDS Dental Plan</b>				
EMPLOYEE Only	\$9.02	\$8.76	\$0.26	\$0.16
EMPLOYEE + SPOUSE	\$17.56	\$8.76	\$8.80	\$5.28
EMPLOYEE + CHILD	\$23.44	\$8.76	\$14.68	\$8.81
EMPLOYEE + FAMILY	\$26.15	\$8.76	\$17.39	\$10.44
<b>Delta Dental Plan</b>				
EMPLOYEE Only	\$39.71	\$8.76	\$30.95	\$18.57
EMPLOYEE + SPOUSE	\$81.44	\$8.76	\$72.68	\$43.61
EMPLOYEE + CHILD	\$83.59	\$8.76	\$74.83	\$44.90
EMPLOYEE + FAMILY	\$108.63	\$8.76	\$99.87	\$59.93

11. If available, please advise how many years the group has been with their current dental carriers.

*5 years*

12. If available, please provide the number of dental carriers in the last 5 years.

*Delta Dental*

13. Please provide an updated copy of Attachment 22-23 Amphi. De-Identified census to be broken out between active employees and retirees and to include home zip code in MS excel format.

*An email was sent April 3<sup>rd</sup> 2023 with the De Identified Census Excel format.  
If you need a copy, please reach out to the Purchasing Manager.  
We do not have retiree plans since we don't offer retiree plans.*

14. Please provide update claims data for PPO line coverage through 12/2022.

*December 2022: Monthly claim count 173, Monthly paid claims \$ 30,375., YTD paid claims \$ 320,459.00*

15. Confirm the current UCR percentile of the incumbent PPO plan.

*See plan summary available at: <https://www.amphi.com/cms/lib/AZ01901095/Centricity/Domain/1657/Delta-Dental-Benefit-Summary.pdf>*

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16. Provide an updated Dental Top Provider match Exhibits (Pre-Paid & PPO) in MS Excel, if available?

*N/A*

17. Provide an update COC for both lines of dental coverage or confirm that there have been no changes since 2018?

*Confirm, no changes since 2018*

18. Please provide the renewal rates for PPO & DHMO, if available?

*N/A*

19. Are there any services or products (wish-list items) that the school district would like to see from proposers that are not currently being met by the incumbent carrier?

*N/A*

20. Why is the school district currently out for bid for benefits (example:” end of contract, service issues, etc)?

*End of Contract*

21. Confirm that the following forms found in the proposal Exhibit 6- Required Forms to Complete require an original signature? Please name any other forms that require original signature if not listed below.

1. Offer & Acceptance Form
2. Non-Collusion Affidavit
3. Applicable Solicitation Amendment

*Original Signature required on all requesting documents in the Solicitation.*

22. Due to the size of our company, annually the Tax Department provides us with a PDF copies of our signed W-9. Is that acceptable?

*This decision should be made by Finance.*

23. Are you are able to provide a copy of the Census in Microsoft excel format?

*An email was sent April 3<sup>rd</sup> 2023 with the De Identified Census Excel format.  
If you need a copy, please reach out to the Purchasing Manager.*

24. Is Amphitheater Public Schools willing to accept electronic signatures in lieu of ink signatures?

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*No Electronic Signatures*

25. Can we receive the files in Word and Excel?

*An email was sent April 3<sup>rd</sup> 2023 with the De Identified Census Excel format.  
If you need a copy, please reach out to the Purchasing Manager.*

26. Can you please confirm if we should exclude the “Benefit Ineligible” and “Terminated” employees that are listed in the census?

*The insurance for these employees will end at the end of the month due to the change in benefit eligibility and/or separation from the District.*

27. We still require the employee zip code on the census.

*Procurement Manager can provide this same De Identified Census Excel format with Zip Codes; As requested via email.*

**END OF AMENDMENT ONE RFP 4132023**

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