

ITN 2022-03 DENTAL BENEFITS QUESTIONS & ANSWERS

• Please provide a census in excel format, including (date of birth, gender, home zip codes, coverage tier type).

FKMCD Census was uploaded to www.keysmosquito.org & DemandStar on 6/14/2022. Excel Document is on DemandStar.

• Claims Experience (24 months if available)

Total

Claims paid between June 2020 and December 2020 are below. Our current policy is fully insured, therefore we are unable to provide claims experience. Please also see Attachment A for the current monthly billing.

Relationship	Paid Amount
Employee	\$31,400.80
Spouse	\$17,342.43
Child	\$8,487.20
Domestic Partner	\$1,185.95
Step Child	\$463.50
Group Relationship Total	\$58,879.88
Transaction Type	Paid Amount
Claims	\$59,044.88
Overpayment	(\$165.00)
Group Transaction Type Total	\$58,879.88
Plan Description	Paid Amount
Dental PPO Standard Total Cigna DPPO	\$58,879.88
Group Plan Description Total	\$58,879.88
Subgroup	Paid Amount
0001 Florida Keys Mosquito Control	\$58,879.88

\$58,879.88

FKMCD Dental Claims Paid from June 2020 to December 2020

• Are you able to provide me a census of the benefit eligible employees for the dental insurance procurement?

FKMCD Census was uploaded to www.keysmosquito.org & DemandStar on 6/14/2022.

• Can you provide me with the census in excel format?

FKMCD Census was uploaded to www.keysmosquito.org & DemandStar on 6/14/2022. Excel Document is on DemandStar.

• Can you please clarify if the Proposal requires a wet signature on the original or if we can provide with electronic signatures?

Electronic signature is acceptable.

• Does your current carrier provide you with an annual claims vs premium report?

We are not provided an annual claims vs premium report.

• Please provide an excel dental census to include: DOB, Gender, Zip Code, Dental Plan and Dental Tier.

Census (Excel Document) was uploaded to DemandStar on 6/14/2022.

Delta Dental PPO, Delta Dental Premier, Non-Delta Dental Dentist. All employees and retirees have access to all benefits.

The District has one tier level.

• Please advise how many employees are benefit eligible for the dental plan.

72 full-time employees and 5 commissioners.

• Please advise if we should include agent commission in the dental rates? If so, how much?

Include, if applicable.

• Please provide a 36 month rate history for all dental plans.

See Attachment C.

• If the dental renewal is available, please provide.

We do not have a dental renewal available.

• Please provide the dental PPO Certificate and indicate if out of network is reimbursed as U&C and if so, what %.

Out of network is reimbursed at 90%. See Attachment D.

• If there have been any dental plan changes in the past 24 months, please advise.

We added 3 annual cleanings and Adult Orthodontia.

• Please provide the dental PPO claim experience for the past 36 months to include by month, the claims paid, premium, enrollment and utilization (par vs non-par).

The last 18 months have been fully insured.

See Attachment E for the previous 18 months' information.

See Attachment C for remaining information.

• Is the group experiencing any service issues with the current dental plan?

We are not experiencing any service issues with our current provider.