

**West Virginia
Public Employees Insurance Agency (PEIA)**

***Request for Proposals
For
IRC Section 125 Mountaineer Flexible Benefits
Plan***

**Group Dental
Group Hearing**

PROPOSAL RETURN DATE:

September 19, 2019, 3:00 PM ET



This Request for Proposals (RFP) has been prepared to solicit proposals for various benefits that are part of the State of West Virginia Public Employees Insurance Agency IRC Section 125 Mountaineer Flexible Benefits Plan for its eligible employees. The following benefits are being solicited through this RFP:

**Group Dental
Group Hearing**

Proposers may bid on any of the benefits listed. Any alternative plan designs offered should represent the Proposers best effort to increase the value of the current plan without a substantial increase in the premiums for that plan.

The benefits being solicited in this RFP are components of an IRC Section 125 Cafeteria Plan. All proposals must provide continuous coverage for all current plan participants and guaranteed insurability to all eligible employees, thereby assuring no lapse or loss of coverage.

The West Virginia Public Employees Insurance Agency (PEIA) was established under Article 16 of the West Virginia Code (<http://www.legis.state.wv.us>). Its mandate is "...to encourage and promote a uniform partnership relation between all employers and employees participating in the insurance plan or plans formulated under the provisions of this article and constituting the insurance program..." There are approximately 55,000 eligible employees. In addition, there are approximately 50,000 retired employees and their eligible dependents.

The West Virginia PEIA has appointed and contracted with FBMC as its benefits administrator. FBMC is responsible for all aspects of the plan assisting with the procurement of benefits; producing and distributing all communications materials associated with the plan; conducting annual open enrollments; processing all payroll information; collecting and distributing premiums and eligibility information to the benefit vendors.

Proposers may submit proposals to underwrite one or more of the Mountaineer Flexible Benefits Plan benefits listed above. *These are the only benefits being solicited at this time.*

The intention of this Request for Proposal is to solicit proposals from as many firms as are interested, to verify and evaluate those proposals and present the evaluation to the **West Virginia PEIA** for selection and contract award.

**West Virginia Public Employees Insurance Agency
Ted Cheatham, Director**

DATE: August 22, 2019

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1. DEFINITIONS

- 1.1 **Benefits Administrator** – FBMC Benefits Management, Inc.
- 1.2 **Employer** - West Virginia Public Employees Insurance Agency (PEIA)
- 1.3 **Employee Group** - Active and retired employees of the State of West Virginia and other WV PEIA eligible employees who have been designated as eligible for these benefits through WV PEIA.
- 1.4 **FBMC Benefits Management, Inc. (FBMC)** - The West Virginia PEIA has appointed and contracted with FBMC as its benefits administrator. FBMC is responsible all aspects of the plan assisting with the procurement of benefits; producing and distributing all communications materials associated with the plan; conducting annual open enrollments; processing all payroll information; collecting and distributing premiums and eligibility information to the benefit vendors.

FBMC provides first level customer service to all WV PEIA employees and participants specific to their employee benefits, including the Dental and Hearing plans. Calls are referred to each provider for claims issues. In addition, FBMC publishes provider contact information in the annual employee benefits reference guide (enrollment communication materials).

All communication materials are provided by FBMC. The provider is involved in the review and sign off of all materials. Providers share in the cost of pages in the materials. The approximate cost is \$1800-\$2200 per page. The current page counts are noted below.

	Active Employee Materials	Retiree Materials
Dental	3 pages	3 pages
Hearing	2 pages	2 pages

The provider is also responsible for the cost of any certificates or ID card issued under the contract.

- 1.5 **Plan Year** – The current plan year is July 1 through June 30.
- 1.6 **Provider** - The qualified Proposer Company(s) who have been selected by the West Virginia PEIA to underwrite and/or provide each benefit within the Plan.
- 1.7 **Proposal** - The benefit proposal(s) which is (are) submitted in response and in accordance with the terms of this Request for Proposal.
- 1.8 **Request for Proposal (RFP)** - This document, which is soliciting benefit proposals for the Plan.

2. GENERAL INSTRUCTIONS - TERMS AND CONDITIONS

- 2.1 PURPOSE** - *West Virginia PEIA* is soliciting Group Proposals for Dental and Hearing Insurance from providers who desire to establish a long-term commitment with the *West Virginia PEIA* in its efforts to provide quality group plans for its **55,000** eligible employees. In addition, there are approximately **50,000** retired employees and their eligible dependents.
- 2.2 BENEFIT STATUS** - Benefits are a component of *West Virginia PEIA* Mountaineer Flexible Benefits Plan and are available to active employees on a voluntary pretax basis. The dental and hearing benefits are available to retirees on a direct bill basis.
- 2.3 BENEFITS ADMINISTRATOR** - The West Virginia PEIA has appointed and contracted with FBMC Benefits Management, Inc. (FBMC) as its Benefits Administrator of the Mountaineer Flexible Benefits Plan.
- 2.4 FBMC** has prepared these specifications and together with the *West Virginia PEIA* will analyze all proposals based on the evaluation criteria in Section 2.14.

FBMC will perform ongoing administrative, enrollment, communication and customer services that in some cases are performed by insurance agents representing a company.

- 2.5 CONTRACT HOLDER** - The name of the contract holder will be West Virginia PEIA.
- 2.6 TIME LINE** - Two (2) originals and two (2) copies of your quote via hard copy and two (2) electronic copies (via USB flash drive) must be submitted no later than **3:00 p.m. ET, September 19, 2019**

Proposals must be submitted in exact accord with the qualifications and limitations of the specifications outlined. Proposals will be received at the following address:

**FBMC
Market Resources Department
3101 Sessions Road
Tallahassee, FL 32303**

No later than **3:00 p.m. ET, September 19, 2019.**

- 2.7 QUESTIONS** - In order to maintain a fair and impartial competitive process, the Benefits administrator must avoid private communications about the proposal with prospective Proposers during the proposal preparation and evaluation period. Please respect this policy and do not query employees of **West Virginia PEIA or FBMC**. **Written questions may be submitted via email to:**

gwilliams@fbmc.com

The deadline to submit questions is Sept. 5, 2019 at 3:00 p.m. ET

- 2.8 PRE-PROPOSAL CONFERENCE** - No pre-proposal conference is scheduled at this time.
- 2.9 EFFECTIVE DATE OF CONTRACT AND PLAN YEAR** - The proposed effective date of coverage is 12:00 AM, July 1, 2020. The plan year is **July 1 through June 30**. The **West Virginia PEIA** desires initial policy rates to be guaranteed for a minimum of two (2) years subject to annual renewals thereafter.
- 2.10 CONTRACT RENEWAL** - The West Virginia PEIA reserves the right to negotiate contract renewal with Providers at the end of the contract period. Any proposed renewal changes of contract terms, premium rates, conditions of renewal, and/or notice of intent not to renew must be given to the West Virginia PEIA's Administrator, in writing, not less than 180 days prior to the expiration of the contract.
- 2.11 CONTRACT TERMINATION** - Any agreement (contract or policy) may be terminated by the West Virginia PEIA by the giving of not less than sixty (60) days written notice to the Provider(s). The Provider has no right of termination during the contract period except for non-payment of premium.
- 2.12 ADDENDA** - If, with respect to this Request for Proposal, any addenda are issued, they will be posted at rfpdocuments.fbmcbenefits.com. However, prior to submitting their Proposal, it shall be the responsibility of each Proposer to contact **FBMC** to determine if addenda have been issued and attach same to the Proposal.
- 2.13 WITHDRAWAL OF PROPOSAL** - Proposal may be withdrawn by written request to **FBMC** prior to the date and time for submission. Any Proposals not withdrawn by **October 31, 2019** shall constitute an irrevocable offer to contract for the services set forth in the Proposal.

2.14 EVALUATION CRITERIA - The **West Virginia PEIA** reserves the right to select that proposal which in its judgment will be in its best interest. Recommendations shall be made to the **West Virginia PEIA** based upon, but not limited to, the following criteria:

- a. Overall benefit structure and ability to provide requested benefits and services.
- b. The ability of the Proposer to deliver the requested benefits at a reasonable low cost, including length of rate guarantees.
- c. Experience of the Proposer in delivering the requested benefits to large public employers.
- d. The financial stability of the Proposer. (Complete Appendix A, Financial Ratings/Provider Information Data.)
- f. Specific compliance with the requirements of all sections of this RFP, including but not limited to, the use of required forms and the inclusion of all required materials and data.

2.15 JUDGMENT FACTORS - The **West Virginia PEIA** may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP. Also, the determination of the criteria and process whereby proposals are evaluated, the decision as to whom shall receive a contract award, or whether or not an award shall ever be made as a result of this RFP, shall be at the sole and absolute discretion of the **West Virginia PEIA**.

2.16 DUE DILIGENCE - Due care and diligence have been used in preparing these specifications and related information. However, no warranties are made as to the accuracy and completeness of the required information. It is the responsibility of Proposers to ensure they have all the information they deem necessary to affect their Proposal. **The West Virginia PEIA will not be responsible for the failure on the part of the Proposers to determine the full extent of the risk exposures.**

2.17 NEGOTIATION - The Administrator, at the **West Virginia PEIA**'s direction, may undertake simultaneous negotiations with those Proposers who have submitted reasonable and timely proposals which are fully qualified and capable of meeting all servicing requirements.

- 2.18 COMPLIANCE WITH LAWS, RULES AND REGULATIONS** - Each Proposer is responsible for full and complete compliance with all laws, rules, ordinances, and regulations applicable to the services contemplated herein. Proposers are presumed to be familiar with all federal, state, and local laws, ordinances, code rules and regulations that may in any way affect the services. Failure or inability on the part of the Proposer to comply with such laws, rules, ordinances, and regulations shall not relieve any Proposer from its obligations to honor its proposal and to perform completely in accordance with its proposal.
- 2.19 COMPETITIVE OFFER** - Pursuant to the provisions of State and Federal antitrust laws, and under penalty of perjury, the signatory of any proposal submitted in response to this RFP certifies that his/her proposal has not been formulated collusively and is not otherwise in violation of said laws.
- 2.20 PROPOSAL SUBMISSION** - The submission of a proposal shall be taken as prima facie evidence that the Proposer has familiarized itself with the contents of this RFP and with these TERMS AND CONDITIONS. The failure or omission by any Proposer to receive or examine this RFP in its entirety shall in no way relieve the Proposer of any obligation with respect to its proposal or any term or condition of this RFP.
- 2.21 CONTRACT - DOCUMENT PRIORITY** - The RFP and the complete proposals in response to the RFP shall be appended to the administration contract(s) and become an integral part thereof. In the event of a discrepancy among the contract, the RFP, and the proposal, the order of priority of the documents shall be as follows:
1. The Contract
 2. The Proposal (as modified during negotiations)
 3. The RFP
- 2.22 EXCEPTIONS** - Any deviations from the terms, conditions or specifications in any part of this RFP must be clearly pointed out; however, such statement shall not relieve the Proposer from meeting RFP requirements. In the absence of such statements, the West Virginia PEIA will assume that all items offered are in strict compliance with RFP specifications and the successful Proposer will be held responsible for such compliance.
- 2.23 QUALIFICATION** - Proposers for insured benefits must be a licensed and admitted carrier legally qualified to do business in West Virginia as regulated and determined by the State Insurance Department.

- 2.24 FINANCIAL RATING** - If an insurer, the Proposer must have a general rating of "A-" or better for the insurer's financial position and operating performance and no less than "Class V" as to the financial size category in the latest edition of Best's Insurance Guide, or its equivalent. Subject to the approval of the West Virginia PEIA, Proposers not rated by A.M. Best, will be required to submit current, audited financial data. Compliance with the foregoing requirements shall not relieve the Proposer of its liability and obligation under this Section or under any other Section of this RFP.
- 2.25 REQUESTED BENEFIT INFORMATION** - Complete the questionnaire and attach any brochures which describe the features of your company and the proposed Dental and Hearing Benefits.

3. PLAN DESIGNS AND SPECIAL INSTRUCTIONS TO PROVIDERS

3.1 CURRENT PROGRAMS

All benefits that are part of this solicitation are currently offered to eligible employees through the Mountaineer Flexible Benefits Plan on a voluntary, payroll deduction basis.

The current Mountaineer Flexible Benefits Plan benefits are fully described in Attachments 6 and 7, which are the 2019 Mountaineer Flexible Benefits Plan Reference Guides for active and retired employees.

3.2 DENTAL PLANS

West Virginia PEIA currently offers four dental plans underwritten by Delta Dental.

	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Deductible (Per Person Per Plan Year) - Maximum total family deductible	No deductible	You pay \$25 (applies to all services)† \$75	You pay \$25 (applies to all services)† \$75	You pay \$50 (diagnostic, preventive and ortho are exempt) \$150
Plan Year Max (Per Person) - Delta Dental network dentist - Non-participating dentist	\$500 \$500	\$750 \$500	\$750 \$500	\$1,250 \$1,000
Other Maximums - Ortho Lifetime Max (Paid over two plan years) - TMJ Disorder	N/A N/A	N/A N/A	N/A N/A	\$1,000 \$500
Diagnostic/Preventive Services*** Visits/Exams (twice in a plan year) - Routine cleaning (twice in a plan year) - Fluoride treatments (to age 19, twice in a plan year) - Bitewing X-rays (twice in a plan year) - Space maintainers (to age 14) - Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)	100%*	100%*	80%*	100%*
Basic Restorative** - Amalgam ("silver") and composite ("white") on anterior teeth and the facial surface of bicuspids	N/A	25%*	80%*	80%*
Oral Surgery - Extractions - Oral surgery procedures (Medical is primary for impactions) - General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries.	N/A	25%*	80%*	80%*

Endodontics - Pulpal therapy - Root canal therapy	N/A	25%*	80%*	80%*
Periodontics*** - Treatment for gums and supporting structures	N/A	25%*	80%*	80%*
Major Restorative** - Inlays, onlays, crowns (crowns for natural teeth, not implants)	N/A	NOT COVERED	NOT COVERED	50%*
Prosthodontic** - Bridges, Full and partial dentures, Denture adjustments/relining	N/A	NOT COVERED	NOT COVERED	50%*
Orthodontia** - For eligible dependent children to age 26, employees and spouses	N/A	NOT COVERED	NOT COVERED	50%*
TMJ	N/A	NOT COVERED	NOT COVERED	50%*
Monthly Rates	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Employee Only	\$11.17	\$12.07	\$17.27	\$28.72
Employee + Spouse	\$24.99	\$27.00	\$38.54	\$66.70
Employee + Child(ren)	\$22.40	\$24.20	\$34.58	\$57.44
Employee + Family	\$36.28	\$39.19	\$55.89	\$95.28
Monthly Rates	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Retiree Only	\$11.17	\$12.07	\$17.27	\$28.72
Retiree + Spouse	\$24.99	\$27.00	\$38.54	\$66.70
Retiree + Child(ren)	\$22.40	\$24.20	\$34.58	\$57.44
Retiree + Family	\$36.28	\$39.19	\$55.89	\$95.28

5 Year Rate History (monthly rates)

Routine Plan	2019/20	2018/19	2017/18	2016/17	2015/16
Employee	\$11.17	\$11.17	\$11.17	\$9.31	\$9.68
Employee + Spouse	\$24.99	\$24.99	\$24.99	\$20.83	\$21.65
Employee + Children	\$22.40	\$22.40	\$22.40	\$18.67	\$19.41
Employee + Family	\$36.28	\$36.28	\$36.28	\$30.24	\$31.43
Dental Assistance Plan	2019/20	2018/19	2017/18	2016/17	2015/16
Employee	\$12.07	\$12.07	\$12.07	\$10.06	\$10.46
Employee + Spouse	\$27.00	\$27.00	\$27.00	\$22.50	\$23.39
Employee + Children	\$24.20	\$24.20	\$24.20	\$20.17	\$20.97

Employee + Family	\$39.19	\$39.19	\$39.19	\$32.66	\$33.95
Basic Dental Plan	2019/20	2018/19	2017/18	2016/17	2015/16
Employee	\$17.27	\$17.27	\$17.27	\$17.27	\$17.95
Employee + Spouse	\$38.54	\$38.54	\$38.54	\$38.54	\$40.06
Employee + Children	\$34.58	\$34.58	\$34.58	\$34.58	\$35.95
Employee + Family	\$55.89	\$55.89	\$55.89	\$55.89	\$58.10
Enhanced Dental Plan	2019/20	2018/19	2017/18	2016/17	2015/16
Employee	\$28.72	\$28.72	\$28.72	\$28.72	\$29.85
Employee + Spouse	\$66.70	\$66.70	\$66.70	\$66.70	\$69.33
Employee + Children	\$57.44	\$57.44	\$57.44	\$57.44	\$59.71
Employee + Family	\$95.28	\$95.28	\$95.28	\$95.28	\$99.04

The current funding is fully insured with a retrospective credit funding agreement. Your proposed rates for 7/1/2020 should be based on a fully insured arrangement. However; proposers should be aware of this arrangement for discussions following the close of the first plan year.

Dental 5-year Plan Design History:

- a) 7/1/2015: A fourth dental plan was added. Routine Dental Plan. Prior to this date 3 plans were offered -- Dental Assistance, Basic, and Enhanced Plans.
- b) 7/1/2016: Dental rate reduction (no benefit changes).
- c) 7/1/2017: Dental rate increase (no benefit changes) for Routine and Assistance Plans. No change to rates on Basic or Enhanced Plans.
- d) 7/1/2018: No rate or benefit changes.
- e) 7/1/2019: No rate or benefit changes.

3.3 HEARING PLAN

West Virginia PEIA offers EPIC Hearing Service Plan (HSP) underwritten by Fidelity Security Life.

Coverage	Plan Design
Hearing Exam Benefit <ul style="list-style-type: none"> Adults (24 months) Children (12 months) 	\$0 copay in network/ \$70 out of network reimbursement
Hearing Aid Device <i>(per ear device benefit)</i> <ul style="list-style-type: none"> Adults (60 months) Children (24 months) 	\$500 per ear
Additional Hearing Products/Discounts*	<ul style="list-style-type: none"> 30% to 60% savings on all customer ear molds/plugs One Year supply of batteries for hearing aid(s) purchased in-network* Direct mail battery program with pricing 40% below retail with free shipping
Product Warranties	<ul style="list-style-type: none"> Complementary extended 3-year repair and 3 year loss & damage warranty* on all hearing aid purchases
Monthly Rates	Active Employees
Employee Only	\$1.96
Employee + Spouse	\$2.88
Employee + Child(ren)	\$3.89
Employee + Family	\$4.80
Monthly Rates	Retirees
Retiree Only	\$1.96
Retiree + Spouse	\$2.88
Retiree + Child(ren)	\$3.89
Retiree + Family	\$4.80

5 Year Rate History (monthly rates)

Routine Plan	2019/20	2018/19	2017/18	2016/17	2015/16
Employee	\$1.96	\$1.96	\$1.96	\$1.75	\$1.75
Employee + Spouse	\$2.88	\$2.88	\$2.88	\$3.56	\$3.56
Employee + Children	\$3.89	\$3.89	\$3.89	\$2.60	\$2.60
Employee + Family	\$4.80	\$4.80	\$4.80	\$4.40	\$4.40

Hearing 5-year Plan Design History:

- a) 7/1/2015: No rate or benefit changes.
- b) 7/1/2016: No rate or benefit changes.
- c) 7/1/2017: Hearing benefit allowance increased to \$500 per ear (previously \$350) and Exam benefit amount increased to \$70 (previously \$50). Rates increased slightly.
- d) 7/1/2018: No rate or benefit changes.
- e) 7/1/2019: No rate or benefit changes.

3.4 REQUESTED DENTAL PLAN DESIGNS

I. Duplication of the existing plan designs

	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Deductible (Per Person Per Plan Year) - Maximum total family deductible	No deductible	You pay \$25 (applies to all services)† \$75	You pay \$25 (applies to all services)† \$75	You pay \$50 (diagnostic, preventive and ortho are exempt) \$150
Plan Year Max (Per Person) - Delta Dental network dentist - Non-participating dentist	\$500 \$500	\$750 \$500	\$750 \$500	\$1,250 \$1,000
Other Maximums - Ortho Lifetime Max (Paid over two plan years) - TMJ Disorder	N/A N/A	N/A N/A	N/A N/A	\$1,000 \$500
Diagnostic/Preventive Services*** Visits/Exams (twice in a plan year) - Routine cleaning (twice in a plan year) - Fluoride treatments (to age 19, twice in a plan year) - Bitewing X-rays (twice in a plan year) - Space maintainers (to age 14) - Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)	100%*	100%*	80%*	100%*
Basic Restorative** - Amalgam ("silver") and composite ("white") on anterior teeth and the facial surface of bicuspsids	N/A	25%*	80%*	80%*
Oral Surgery - Extractions - Oral surgery procedures (Medical is primary for impactions) - General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries.	N/A	25%*	80%*	80%*
Endodontics - Pulpal therapy - Root canal therapy	N/A	25%*	80%*	80%*
Periodontics*** - Treatment for gums and supporting structures	N/A	25%*	80%*	80%*
Major Restorative** - Inlays, onlays, crowns (crowns for natural teeth, not implants)	N/A	NOT COVERED	NOT COVERED	50%*
Prosthodontic** - Bridges, Full and partial dentures, Denture adjustments/relining	N/A	NOT COVERED	NOT COVERED	50%*
Orthodontia** - For eligible dependent children to age 26, employees and spouses	N/A	NOT COVERED	NOT COVERED	50%*

TMJ	N/A	NOT COVERED	NOT COVERED	50%*
Monthly Rates (Active Employees)	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Employee Only				
Employee + Spouse				
Employee + Child(ren)				
Employee + Family				
Monthly Rates (Retirees)	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Retiree Only				
Retiree + Spouse				
Retiree + Child(ren)				
Retiree + Family				

* Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

II. Alternative plan design request

Elimination of Routine plan and increase diagnostic and preventive services from 80% to 100% on Basic Plan

	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Deductible (Per Person Per Plan Year) - Maximum total family deductible	You pay \$25 (applies to all services)† \$75	You pay \$25 (applies to all services)† \$75	You pay \$50 (diagnostic, preventive and ortho are exempt) \$150
Plan Year Max (Per Person) - Delta Dental network dentist - Non-participating dentist	\$750 \$500	\$750 \$500	\$1,250 \$1,000
Other Maximums - Ortho Lifetime Max (Paid over two plan years) - TMJ Disorder	N/A N/A	N/A N/A	\$1,000 \$500
Diagnostic/Preventive Services*** Visits/Exams (twice in a plan year) - Routine cleaning (twice in a plan year) - Fluoride treatments (to age 19, twice in a plan year) - Bitewing X-rays (twice in a plan year) - Space maintainers (to age 14) - Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)	100%*	100%*	100%*
Basic Restorative** - Amalgam ("silver") and composite ("white") on anterior teeth and the facial surface of bicuspids	25%*	80%*	80%*
Oral Surgery - Extractions - Oral surgery procedures (Medical is primary for impactions) - General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries.	25%*	80%*	80%*
Endodontics - Pulpal therapy - Root canal therapy	25%*	80%*	80%*
Periodontics*** - Treatment for gums and supporting structures	25%*	80%*	80%*
Major Restorative** - Inlays, onlays, crowns (crowns for natural teeth, not implants)	NOT COVERED	NOT COVERED	50%*
Prosthodontic** - Bridges, Full and partial dentures, Denture adjustments/relining	NOT COVERED	NOT COVERED	50%*
Orthodontia** - For eligible dependent children to age 26, employees and spouses	NOT COVERED	NOT COVERED	50%*

TMJ	NOT COVERED	NOT COVERED	50%*
Monthly Rates (Active Employees)	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			
Monthly Rates (Retirees)	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Retiree Only			
Retiree + Spouse			
Retiree + Child(ren)			
Retiree + Family			

* Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

Proposers must provide complete details of specific plan features, including, annual maximum benefit, co-pays, deductibles, coinsurance, predetermination requirements, etc.

3.5 REQUESTED HEARING PLAN DESIGNS

I. Duplication of the existing plan design

Coverage	Plan Design
Hearing Exam Benefit <ul style="list-style-type: none"> Adults (24 months) Children (12 months) 	\$0 copay in network/ \$70 out of network reimbursement
Hearing Aid Device <i>(per ear device benefit)</i> <ul style="list-style-type: none"> Adults (60 months) Children (24 months) 	\$500 per ear
Additional Hearing Products/Discounts*	<ul style="list-style-type: none"> 30% to 60% savings on all customer ear molds/plugs One Year supply of batteries for hearing aid(s) purchased in-network* Direct mail battery program with pricing 40% below retail with free shipping
Product Warranties	<ul style="list-style-type: none"> Complementary extended 3-year repair and 3 year loss & damage warranty* on all hearing aid purchases
Monthly Rates	Active Employees
Employee Only	
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	
Monthly Rates	Retirees
Retiree Only	
Retiree + Spouse	
Retiree + Child(ren)	
Retiree + Family	

Note: Complete Attachment 9 – Proposal Summary Comparison in the attached spreadsheet.

II. Alternative plan designs

Any alternative plan designs offered should represent the Proposers best effort to increase the value of the current plan without a substantial increase in the premiums for that plan.

Feature	Benefit Amount	Frequency
Examination <ul style="list-style-type: none"> Adults Children 		
Hearing Aid Device <ul style="list-style-type: none"> Adults Children 		
Wholesale/Discount Programs (Provide Details) <ul style="list-style-type: none"> Hearing aid batteries Assistive listening/alerting devices Custom ear protection Custom musician ear plugs Custom swim plugs 		
Product Warranties (Provide Details) <ul style="list-style-type: none"> Hearing aid batteries Assistive listening/alerting devices Custom ear protection Custom musician ear plugs Custom swim plugs 		

Monthly Rates	Active Employees
Employee Only	
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	
Monthly Rates	Retirees
Retiree Only	
Retiree + Spouse	
Retiree + Child(ren)	
Retiree + Family	

Proposers must provide complete details of specific plan features, including, annual maximum benefit, co-pays, deductibles, coinsurance, predetermination requirements, etc.

Note: Complete Attachment 9 – Proposal Summary Comparison in the attached spreadsheet.

3.6 PLAN DESIGN VARIATIONS - Any variations from the requested plan of benefits must be specifically outlined in your proposal(s).

3.7 REQUIRED BENEFIT UTILIZATION/EXPERIENCE REPORTS - The Proposer must provide the Administrator with semi-annual utilization and experience reports for each benefit. The Provider must provide the Administrator with year-to-date data within 30 days of the end of each reporting period

3.8 RATE GUARANTEE - The *West Virginia PEIA* prefers a minimum of two (2) year rate guarantee.

3.9 COMMISSIONS - The current commission received by FBMC are as follows:

Dental ➤ 15%

Hearing ➤ 15%

The premiums in this RFP include these commissions levels. Your quoted rates should include the current level.

3.10 NETWORKS - Include your current network list(s). Indicate the number of dentists at each facility and whether or not they are accepting new patients.

3.11 EMPLOYEE ELECTION CHANGES - Participants may not change benefits elections during the Plan Year, except within 31 days of an IRS qualified family status change, i.e.; marriage, divorce, birth, death. Coverage under each insurance contract shall be afforded to each employee and dependent affected by such family status changes on a guaranteed issue basis.

3.12 PARTICIPATION ELIGIBILITY

1. All employees participating in the West Virginia PEIA whose description of their employment position provides eligibility for the West Virginia PEIA's fringe benefits plan.
2. Eligible Retired employees.
3. Employees who become eligible under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.
4. Eligible Employees on approved but unpaid leave may continue their coverage depending on leave status by paying the equivalent of the required contributions in a timely manner on a frequency determined by the **West Virginia PEIA**.

3.13 ENROLLMENT STATUS

FBMC, as Benefits Administrator, will plan and conduct the annual open enrollment prior to the beginning of each plan year.

(1) **FBMC** has a network of highly skilled salaried enrollment representatives trained to educate employees about the benefits provided through the plan and will conduct all enrollment and education activities. Provider companies will not participate, unless agreed upon beforehand, in the enrollment process. Provider companies will be requested to provide personnel to conduct training for enrollment representatives.

(2) The annual open enrollment will be conducted from April 1-April 30. This will be a complete enrollment for dental benefits. Every eligible employee must enroll to elect his/her choice of dental benefits.

3.14 PREMIUM PAYMENT GRACE PERIOD - To preserve their pre-tax status, employee salary reductions must be made within the Plan Year benefit claims are incurred. Since **West Virginia PEIA** premium take place within the month of coverage, it is necessary for the Proposer to take into its underwriting consideration the need for a sixty day (60) grace period.

3.15 PREMIUM REMITTANCES - **FBMC** performs deduction management services that include the receipt and processing of payroll, eligibility data and deposits from the **West Virginia PEIA**. Premium remittances will be forwarded on a per payroll basis to providers net of commissions.

Successful Proposers will not be required to submit monthly billings to the Benefits Administrator. The Benefits Administrator will provide all necessary information and provide a listing with each payroll remittance.

- 3.16 PREMIUM ADJUSTMENTS** - Successful Proposers will be required to allow retroactive premium adjustments and honor claims that are incurred when listings for eligible employees are inadvertently and incorrectly excluded from payroll remittance listings.
- 3.17 STATE PLAN FILINGS** - If your proposed Plan has to be filed with the West Virginia Department of Insurance, the Proposer must agree to submit such filing and a copy of same to the Benefits Administrator within fourteen (14) days of receipt of an executed master application. The Proposer must further agree to provide the Benefits Administrator with copies of any subsequent correspondence received from and/or to the Department regarding such filings. Failure of the Proposer to successfully obtain such filings in no way relieves the Proposer of its obligations under this RFP.
- 3.18 MASTER APPLICATION(S)** - Proposers must include in the response to the RFP the company's group master contract application properly completed and ready for execution by the West Virginia PEIA, if your proposal is accepted.
- 3.19 HOLD HARMLESS** - This provision applies to all providers. Provider shall undertake to indemnify, defend and hold harmless West Virginia PEIA, its agents, servants and employees, (hereafter "Indemnatee") from and against any liability, loss, expense or damages Indemnatee may suffer as a result of claims, demands, costs, including attorney's fees, or judgments against Indemnatee arising, directly or indirectly, out of the rendering of the services requested hereunder by the Provider, its agents or other authorized provider of the services described herein.

4. GENERAL QUESTIONNAIRE FOR DENTAL PLANS

- (1) Provide a brief description of your organization, including:
 - a. Brief History
 - b. Date of Incorporation
 - c. Ownership/Parent Company/Public or Privately Held
 - d. Number of Employees
 - e. Corporate Addresses
- (2) What key attributes distinguish your organization from the competition?
- (3) Have you provided your directory of dental providers in **West Virginia** and surrounding states of Ohio, Virginia, Kentucky, Maryland, and Pennsylvania as requested in “**Dental Network Comparison**” – **Attachment #11**?
- (4) Does your directory indicate specifically which dentists are not accepting new patients?
- (5) What is the percentage of turnover of dentists in your network(s) in West Virginia in the last two years?
- (6) To what extent is there adequate network or sufficient accommodations for employees, retirees, dependents or others who live outside the local area?
- (7) Are the networks you are proposing leased? If so, describe the appeals regarding quality of care.
- (8) Provide an overview of your credentialing program.
- (9) What percentage and dollar amounts of the annualized cost of your proposed plan(s) is/are allocated to fixed costs versus claims?
- (10) Are there any minimum enrollment requirements, or are there provisions for re-rating the plan if there is a significant change in enrollment (if so, what amount of change could trigger such re-rating)?
- (11) To what extent will participants' benefits be coordinated with the old plan on takeover, e.g. satisfaction of co pays, deductibles, etc.?
- (12) Where is your administration and claim payment facility located?
- (13) What benefits are available to patients who are referred to a specialist?
- (14) What coverage is available for orthodontic treatment in progress at inception of contract?
- (15) Do you require pre-determination of benefits? If so, is it mandatory or voluntary?
- (16) Does your PPO network accept your charge profile as payment in full? Can the dentist balance bill?

- (17) Under the current Delta Dental contract, the waiting period to be waived if they had been under the Dental Assistance or Basic Plans. The waiting period will be waived for employees who have been enrolled in either the Dental Assistance or Basic Plan for six (6) months immediately preceding enrollment in the Enhanced Plan. Are you also willing to waive the waiting period for coverage for coverage under outside plans (if proof is provided)?
- (18) What standard reports are available and how frequently? Are there additional costs associated with these reports?
- (19) If a member does not use a PPO dentist, on what percentile do you base the U & C charge?
- (20) Please describe the specific grievance/resolution process for handling disputes from patients.
- (21) Describe the physical protection of your facilities including access authorization to areas housing sensitive information and equipment.
- (22) Describe your organization's approach to authorizing systems access, ID and password controls including information on encryption, forced change/expiration of passwords and ID elimination when access is to be terminated.
- (23) Are you willing to provide performance standards and guarantees for the client and administration services? If yes, indicate whether you would be willing to return any portion of premium for failure to meet any of these standards. (See Appendix C).
- (24) Does your organization have a disaster contingency plan? How often is the plan tested offsite?
- (25) How many State Governments do you currently insure for Dental?
- (26) Please provide three references, including the following information on each:

	Reference #1	Reference #2	Reference #3
Name of employer			
# of eligible employees			
# of employee participants			
Date plan was established			
Name, title and phone number of a reference			

Preference will be given to carriers who insure at least three state governments with a minimum of 20,000 eligible employees.

Note: Complete Attachment 10 – General Questionnaire in the attached spreadsheet.

5. General Questionnaire for Hearing Plans

- (1) State the legal name and give a brief description of your organization, including:
 - Brief History
 - Date of Incorporation
 - Ownership/Parent Company/Public or Privately Held
 - Number of Employees
 - Corporate Addresses
- (2) What is your organization's hearing benefit philosophy?
- (3) What key attributes distinguish your organization from the competition?
- (4) What standard reports are available and how frequently? Are there additional costs associated with any of these reports?
- (5) Specific to your hearing benefit business, are you licensed to conduct business in every state?
- (6) Does your company underwrite risk business? (Detail if this varies by market or state). If an organization other than the bidding company would be underwriting the risk, who? How long have they been your insurer? What is their AM Best rating? Please answer the above question if your organization is underwriting the risk.
- (7) Describe the structure, composition and size of your network.
- (8) Please provide an overview of your credentialing program.
- (9) Are all listed network providers full-service (i.e., provide testing, evaluation, and hearing aid fitting at their listed location)?
- (10) Describe the process/procedures members must follow to access testing, evaluation, and hearing aid testing in your network.
- (11) Describe the coverage available under your proposed plan.
- (12) Are members limited to a specified hearing device selection?
- (13) Does your organization offer a single brand hearing aid, or multiple brands? Please list.
- (14) Do members receive better pricing/discount on a specialized hearing aid selection or based on the type of provider they choose?
- (15) Do you offer patient financing? If so provide detail.
- (16) The State of WVA PEIA cannot guarantee a specific enrollment percentage. Does your plan require a minimum participation level?
- (17) How many hearing benefit claims does your organization process annually?

- (18) Over the last three years, what percentages of claims were for services from a network provider?
- (19) Describe the physical protection of your facilities including access authorization to areas housing sensitive information and equipment.
- (20) Describe your organization's approach to authorizing systems access, ID and password controls including information on encryption, forced change/expiration of passwords and ID elimination when access is to be terminated.
- (21) Are you willing to provide performance standards and guarantees for the client and administration services? If yes, indicate whether you would be willing to return any portion of premium for failure to meet any of these standards. (See Appendix C).
- (22) Does your organization have a disaster contingency plan? How often is the plan tested offsite?
- (23) How many State Governments do you currently insure for Hearing?
- (24) Please provide three references, including the following information on each:

	Reference #1	Reference #2	Reference #3
Name of employer			
# of eligible employees			
# of employee participants			
Date plan was established			
Name, title and phone number of a reference			

Preference will be given to carriers who insure at least three state governments with a minimum of 20,000 eligible employees.

Note: Complete Attachment 10 – General Questionnaire in the attached spreadsheet.

6. APPENDIX A

FINANCIAL RATINGS/PROVIDER INFORMATION DATA

1. Please provide an annual report and your most recent rating from A.M. Best, Moody's, Standard & Poor's, and Fitch, if applicable.

(If an insurer, the Proposer must have a general rating of "A-" or better for the insurer's financial position and operating performance and no less than "Class V as to the financial size category in the latest edition of Best's Insurance Guide, or its equivalent, subject to the approval of the West Virginia PEIA Proposers not rated by A. M. Best will be required to submit current, audited financial data.)

2. Please provide the following information on the office that will service the West Virginia PEIA.
 1. Office location (address)
 2. Telephone number(s)
 3. Fax number(s)
 4. E-mail address
 5. Key Contact name(s) and title(s)

6. APPENDIX B

Master Application(s)

1. Please include your company's group master contract application(s) properly completed and ready for execution by the West Virginia PEIA, if your proposal is accepted.

6. APPENDIX C

Performance Standards

1. *Please provide a list of the performance standards you are willing to enter into if awarded the the contact and indicate whether you are willing ot return any portion of premium for failure to meet any these standards.*

Performance Standard	Measure	Target	Amount at Risk

Examples:

Claim turnaround time

Claim accuracy

Issuance of master policies/contracts/certificates/ID cards

Timely submission of semi-annual utilization management reports

Timely submission of annual renewal

Member/customer service (response time and abandonment rate)

Enrollment Eligibility

Network Accessibility

6. APPENDIX D

Network GEO Access Reports

1. Active Employee Census:

Please provide Geo-Access analysis using the provided employee census file. The Geo-Access analysis must illustrate the overall access percentage by city and ZIP code indicating the number and percentage of employees with and without required access for the following:

- *Providers within fifteen (15) miles of their residence*
 - Include all records on the census. Zip codes that are not in your service area should be included in your analyses.
 - Please include dentists with multiple offices as a single count.

2. Retiree Census:

Please provide Geo-Access analysis using the provided retiree census file. The Geo-Access analysis must illustrate the overall access percentage by city and ZIP code indicating the number and percentage of retirees with and without required access for the following:

- *Providers within fifteen (15) miles of their residence*
 - Include all records on the census. Zip codes that are not in your service area should be included in your analyses.
 - Please include dentists with multiple offices as a single count.

6. APPENDIX E

Dental Provider Disruption

Attached you will find an Excel file of the top 100 utilized dental providers for time period 7/1/18- 6/30/19. The file is named "Attachment 12 – Dental Provider Disruptions Report."

Below is an example of the report.

- In column I, include a "Y" if the provider participates in your dental PPO network.
- In column J, include a "P" if the provider is in your primary network or "L" if in a network that is leased.

A	B	C	D	E	F	G	H	I
Last name	First name	Specialty	Street Address	City	State	Zip	Participating Y/N	Primary or Leased P/L

7. ATTACHED INFORMATION

The following information is attached for your review.

- Attachment 1 - WV 2019 Census
- Attachment 2 - Dental Policies (4 Plans)
- Attachment 3 - Dental Experience Report
- Attachment 4 - Hearing Master Policy
- Attachment 5 – Hearing Experience Report
- Attachment 6 – Current Active Employee Enrollment Guide 19-20 PY
- Attachment 7 – Current Retiree Enrollment Guide 19-20 PY
- Attachment 8 – Current Active and Retiree Enrollment Forms
- Attachment 9 – Proposal Summary Comparison – *to be completed in Excel*
- Attachment 10 - General Questionnaire - *to be completed in Excel*
- Attachment 11 – Dental Network Comparison – *to be completed in Excel*
- Attachment 12 – Dental Provider Disruptions Report – *to be completed in Excel*



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