

STATE OF DELAWARE
Department of Human Resources

DHR26011-DENTAL
Group Dental Insurance

VENDOR QUESTIONS AND ANSWERS

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
1	6.12.2026	Other	Please confirm that the current out-of-network reimbursement for the State's PPO plan is 80th percentile. 80th percentile is stated on the State's Plan Design document; however, Delta's SPD just says, "Program Allowance."	Confirming, the current OON reimbursement is 80 th percentile for basic and preventive services and 50 th for major/orthodontia. As stated in Attachment 24, Current Plan Design tab, for additional plan details please refer to the materials posted on the State's benefit website. The following is the link to the current PPO plan booklet which has the contract benefit levels indicated within Attachment A: https://dhr.delaware.gov/benefits/dental/documents/delta-eoc-fy27.pdf
2	6.12.2026	Other	Regarding the rate guarantee, must the initial guarantee be a flat rate for all three years, or can it be a 24-month fixed rate with a rate cap on year 3?	Attachment 15 – Rate Quote has a Year 1, Year 2 and Year 3 Monthly Rates category. The State of Delaware usually requests an initial guarantee of three years.
3	6.12.2026	Other	Are plastic ID cards required?	Yes, plastic ID cards are required.
4	6.12.2026	Other	Is it the State's intent to award the contract to one dental carrier only?	The State of Delaware reserves the right to reject any or all proposals in whole or in part, to make partial awards, to award to multiple vendors during the same period, to award by types, on a zone-by-zone basis or on an item-by-item or lump sum basis item by item, or lump sum total, whichever may be most advantageous to the State of Delaware.
5	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	Will the current PPO plan certificate(s) be provided so bidders can quote the appropriate frequencies/limitations by provision when not listed on the “Proposed Plan Design” tab (e.g., major services frequencies, etc.)	As stated in Attachment 24, Current Plan Design tab, for additional plan details please refer to the materials posted on the State's benefit website. The following is the link to the current PPO plan booklet: https://dhr.delaware.gov/benefits/dental/documents/delta-eoc-fy27.pdf
6	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	To confirm the current out-of-network reimbursement on the PPO plan is the 80th percentile. Correct?	Confirming, the current OON reimbursement is 80th percentile for basic and preventive services and 50th for major/orthodontia

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7	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	The current PPO plan has a \$1,000 lifetime ortho maximum. The proposed PPO high plan has a \$2,000 lifetime ortho maximum. Is your preference for members moving from the \$1,000 to \$2,000 lifetime ortho max to receive a “fresh start” and the full \$2,000 on the new plan effective date? Or an additional \$1,000 to their existing \$1,000 lifetime ortho max on the new plan effective date?	Confirming members should be provided with an additional \$1,000 to their existing \$1,000 lifetime ortho maximum, bringing them up to the new \$2,000 lifetime ortho maximum.
8	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	The proposed PPO high and low plans cover congenitally missing teeth. Will both new proposed plans have a missing tooth limitations related to the replacement of teeth missing prior to coverage? Or should vendors remove the missing tooth limitation from their quoted rates for the low, high or both plans?	Confirming that both the PPO High and PPO Low plans will cover: - Replacement of congenitally missing teeth, and - Replacement of teeth missing prior to the member’s effective date. As such, the standard “missing tooth limitation” will not apply to either plan. Vendors should remove the missing tooth limitation from their quoted rates for both the High and Low plan options and price accordingly.
9	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	Have there been any plan design changes to the current plans over the past 3 years? If so, please provide the details and dates of any change(s). Have there been any plan changes to the PPO benefits in the past 5 years?	No, there have not been any plan design changes in the past 3-5years (including no plan design changed with DPPO).
10	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	Would the State consider alternatives to the 80th percentile?	As indicated in Attachment 24, bidders are being asked to quote Maximum Allowable Charge (MAC) and 80 th R&C. Also, according to the instructions in Attachment 15, bidders should also indicate which out of network reimbursement is being quoted and a separate pricing attachment should be provided for each reimbursement quoted.
11	6.12.2026	Attachment 24 (Dental Plan Design – Current and Proposed Plans)	The Low DPPO seems richer on Major Services compared to the High DPPO. Is that intentional in trying to align these 2 plan options to replace the current PPO and DHMO options?	Please note that in Attachment 24 the plan cost share reflects the employee cost.
12	6.12.2026	Attachment 28 (Provider Disruption)	Can claims information by provider be added to the file?	This information cannot be provided as it is considered Confidential and Proprietary.
13	6.12.2026	Section 1. Dental Benefit Administration Experience. Pg 86, “3. Does your organization allow assignment of benefits to non-contracted, out-of-network providers?”	Does the incumbent dental carrier allow for assignment of benefit to non-contracted, out-of-network providers? And if so, approximately what percentage accept assignment of benefits?	Yes, the current incumbent dental carrier for the DPPO plan does allow for assignment of benefits. More information can be found here- delta-attestation-form.pdf . SBO cannot provide the percentage as it is confidential and proprietary.

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14	6.12.2026	Section 1. Dental Benefit Administration Experience. Pg 87, "18. Are you able to directly bill participants, retirees, Long Term Disability (LTD) beneficiaries, or COBRA enrollees?"	Does the incumbent dental carrier do any direct billing (or enrollments)? If so, for which population(s)? Are bidding carriers required to do any direct billing (or enrollments)?	Yes, our incumbent vendors currently direct bill the Participating Groups and the expectation is that bidders continue this process. In addition, Participating Groups process their own enrollments directly with the incumbent vendors and that is expected to continue.
15	6.12.2026	Section 12. Provider Networks. Pg 101, "13. what percentage of approved procedures in the most recent calendar year came from providers in your primary network? Secondary network?"	What is the split of approved claims for Delta PPO vs Delta Premier networks for the most recent plan year?	This information cannot be provided as it is considered Confidential and Proprietary.
16	6.12.2026	Section 15 (Miscellaneous), Paragraph 7, page 106, "Confirm your understanding and acceptance that the State is a sovereign entity and shall not be liable for the payment of federal, state and local sales, use and excise taxes, including any interest and penalties from any related deficiency, which may become due and payable as a consequence of the contract."	Does this exclusion from tax liability also apply to premium tax and, if so, can you please provide the related statute reflecting the exemption?	Please refer to https://delcode.delaware.gov/title30/index.html
17	6.12.2026	Attachment 29 – Census	The census provided only represents current participants/pensioners and not all eligibles. Could you please provide a full eligibility census?	A full eligibility census will not be provided. However, there are approximately 100,000 benefit eligible covered lives.

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18	6.12.2026	Attachment 29 – Census	There are enrolled employees in Greece, China, Nigeria, and Spain. 3 Actives also have their home state as THES. What does THES stand for? Are these employees expats? If so, please provide the following - What is the length of the non-US work assignment? <6 months, 6 mo – 1 yr, 1-3 yrs, >3 yrs, indefinitely? - Are benefits handled differently for these employees? - Are overseas-base employees paid from U.S. based payroll? If not, provide details. - Are overseas-based employees/lives residing temporarily or permanently outside the U.S.?	THES stands for Thessaloniki, a city in Greece. These employees could be resident aliens or nonresident aliens or US citizens with a home address in another country. The addresses in this file are provided by state employees and may reflect their mailing address and not their home address where they actual reside.
19	6.12.2026	RFP Section Number: II. Scope of Services RFP Page Number: 5 RFP Paragraph Number: 1	Section II Scope of Services, Page 5, RFP Paragraph 1 states "Benefit eligible plan participants include the State's active employees (State agency, school district, charter school, Delaware State University, and Delaware Technical Community College employees) and their dependents; non-Medicare and Medicare retired employees and their dependents; employees of non-State groups (i.e., certain towns, fire companies; these groups are also referred to as "participating groups" or "non-payroll group" employees) and their dependents; and COBRA participants." Can you confirm the number of eligible employees for this RFP?	There are approximately 100,000 benefit eligible covered lives.
20	6.12.2026	RFP Section Number: II. Scope of Services RFP Page Number: 5 RFP Paragraph Number: 3	Section II Scope of Services, Page 5, RFP Paragraph 3 states "Approximately 20,000 school district employees are offered a dental benefit through their school district and are not eligible to participate in the State's group dental plan." Will Aetna be notified of any change to the school district's eligibility during the duration of this RFP?	No, the State will not update the vendors with any changes during the duration of the RFP.
21	6.12.2026	RFP Section Number: II. Scope of Services RFP Page Number: 6 RFP Paragraph Number: 4	Section II Scope of Services, Page 6, RFP Paragraph 4 states "Although the current dental program includes both a DPPO and a DHMO, this RFP is evaluating a new dual-option Dental PPO offering, consisting of a High and a Low plan. These new DPPO plans will replace the current DHMO and DPPO plans." Is the intent of the quote to assume that current DMO enrollment will transition to the proposed Low DPPO plan?	The intent is that employees will be required to actively elect a new dental plan option during the enrollment process. There is no assumption that current DHMO (DMO) enrollment will automatically transition into the proposed Low DPPO plan, or any specific plan offering. Both the High and Low DPPO plans will be presented as new plan options, and employees will need to make an affirmative selection based on their individual preferences and needs.
22	6.12.2026	RFP Section Number: VII. Attachment 22 RFP Page Number: 85	Section VII Attachments, Page 85, Paragraph 6: Fees or Costs states "A fee only stated in a response to a question, whether or not we remind you to include a fee on the appropriate Attachment or	As indicated in Attachment 15, bidders should also indicate which out of network reimbursement is being quoted and a separate pricing attachment should be provided for each reimbursement quoted.

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		RFP Paragraph Number: C.	form, will not be considered! You must document ALL fees and costs in Attachment 15, Rate Quote." However, as part of the proposed plan designs we need to quote both 80th and MAC OON, only 1 tab per plan design was provided. Can you confirm how we should document all fees?	
23	6.12.2026	RFP Section Number: VII. Attachment 22 RFP Page Number: 85 RFP Paragraph Number: C.	Section VII Attachments, Page 85, Paragraph 6: Fees or Costs states "A fee only stated in a response to a question, whether or not we remind you to include a fee on the appropriate Attachment or form, will not be considered! You must document ALL fees and costs in Attachment 15, Rate Quote." The attached rate sheet currently displays rates by tier. However, since this is a self-insured RFP, could you advise on your preferred format for documenting the administrative fee. Additionally, could you please advise on the preferred approach for itemizing fees for reporting and other administrative services?	Please note that this is a fully insured RFP and refer to page five of the questionnaire "2. Program Information" for further details. Bidders can attach a supplemental pricing document which outlines any assumptions and additional costs/fees for services that are not included in the fully-insured rates however bidders are strongly encouraged to provide an all-inclusive quote as this a 100% employee paid dental plan.
24	6.12.2026	RFP Section Number: VII. Attachment 30 RFP Page Number: 116 RFP Paragraph Number: 1	The claims and enrollment data provided covers the time period through FY2025 (7/1/24 through 6/30/25). Will updated data for FY2026 or year-to-date (7/1/25 through current available) data be provided?	No, this information will not be provided.
25	6.12.2026	RFP Section Number: VII. Attachment 30 RFP Page Number: 116 RFP Paragraph Number: 1	For the DHMO enrollment data shown, can you confirm if the enrollment counts represent subscribers only or are members included in the counts? The enrollment does not align with the census data provided in Attachment 29 - Census.xlsx. Please provide updated subscriber counts for the DHMO plan.	The enrollment counts on attachment 29 represents the subscribers only.
26	6.12.2026	RFP Section Number: 8. Administration/Enrollment #2 RFP Page Number: 96 RFP Paragraph Number: Question #2	Please confirm the number of eligibility file feeds that are being requested.	Eligibility File feeds are sent from PHRST and the Pension Office to the incumbent vendors. Please see Attachment 31 – Confidential in ProposalTech.
27	6.12.2026	RFP Section Number: Appendix B - Professional Services Agreement RFP Page Number: 135 RFP Paragraph Number: 3	Please confirm that you are requesting a fully insured quote only.	Confirming, only requesting fully insured quote.

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28	6.12.2026	RFP Section Number: 1. Dental Benefit Administration #14 RFP Page Number: 87 RFP Paragraph Number: Question #14	Please define recordkeeping in "Indicate what standard aid you would provide in promotion of the program(s), enrollment, service, recordkeeping and billing."	In this context, "recordkeeping" refers to how the vendor tracks, maintains, and manages all plan-related data and transactions for the program.
29	6.12.2026	Attachment 15 – Rate Quote	Can the State provide specific amounts for one-time and/or ongoing credits that would be sufficient for the state's needs?	No, the State will not provide that information.
30	6.12.2026	Attachment 15 – Rate Quote	Should commissions be included in the bid? If so, what percentage should be included?	Please see page 32. 20. Covenant against Contingent Fees The successful vendor will warrant that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement of understanding for a commission or percent age, brokerage or contingent fee excepting bona-fide employees, bona-fide established commercial or selling agencies maintained by the vendor for the purpose of securing business. For breach or violation of this warranty, the State of Delaware shall have the right to annul the contract without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.
31	6.12.2026	Attachment 28 – Provider Disruption	Can the state provide an incumbent provider report that includes network status (currently in or out with incumbent) and claims paid?	No, the State will not provide that information.
32	6.12.2026	Section II.B.	Is it certain that the Dominion DHMO will be replaced with a Low PPO or is there a possibility that the current setup remains the same? If the DHMO will remain, is the state's intent to award the dental to one carrier or will a multiple carrier setup continue to be an option?	The DHMO is being completely replaced with the DPPO. Vendors are being asked to quote only the two new DPPO plan designs (as mentioned in the RFP attachments). The DHMO will not be part of any dental contract after 6/30/2027.
33	6.12.2026	Other	Can the state please provide claims experience broken out by month that includes enrolled counts for the past 2+ years if available?	No, the State will not provide that information.
34	6.12.2026	Other	Are there any service issues with the incumbent that we could possibly address as part of our bid?	There are no service issues with the incumbent vendors.

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35	6.13.2026	Attachment 22-Response to Scope of Services Questionnaire, 1. Dental Benefit Administration Experience	Please clarify "standard aid"? Is this meant to describe desktop procedures? For "14. Indicate what standard aid you would provide in promotion of the program(s), enrollment, service, recordkeeping and billing."	Standard aid refers to the typical services the carrier offers to the client and members as part of the Dental Benefit Administration Experience.
36	6.13.2026	Attachment 28- Provider Disruption	For provider network indicator do we need to specify the shared network if selecting "D"? "Vendor Instructions Tab - [D] Provider is contracted in your network, but via a wrap or secondary network - This category would include discounts via rental networks, but also any discount not covered via the ongoing proprietary contract you hold with the provider (i.e. discounts via a "shared savings" program, or a second network you offer)."	Yes, please specify the shared network for option [D].
37	6.13.2026	Attachment 28- Provider Disruption	For Match Criteria are you looking for overall match criteria of match criteria specific to the row? "Vendor Instructions Tab - All fields in each of the "Provider Listing" tabs must be completed (Columns \$K-\$M). If an alternate network will be proposed, columns \$N-\$P must be completed as well. 1) Is this Provider contracted in network? (Y/D/N/E) 392) Match Criteria 3) Additional comment (optional)"	Within the Match Criteria field, bidders should indicate the fields used to determine whether the provider matched as a contracted provider within your system (i.e., TIN, NPI, address, etc.).
38	6.13.2026	IV. Professional Services RFP Administrative Information, B. RFP Submissions, 24.a.	How will the RFP award be communicated to bidders in writing (procurement site, email, public website, USPS, etc.)?	Notifications during the RFP process are sent to participating vendors via email with the final award posted at Contracts - DE Bids Contracts
39	6.13.2026	IV. Professional Services RFP Administrative Information, B. RFP Submissions, 2.a.	Is there an attachment file size limit for the ProposalTech procurement submission site?	Attachment file size limit is 20mb.
40	6.13.2026	Attachment 19- Network Diagram	Is this template provided for informational purposes only? If not, what response is the State of Delaware requesting from bidders regarding Attachment 19?	Attachment 19 is a template. Vendors are expected to return a network diagram for hosted/outsourced solutions for this RFP.

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41	6.13.2026	Attachment 8- Office of Supplier Diversity/Attachment 7- Subcontracting (2nd Tier) Quarterly Report	Please confirm there are no Supplier Diversity requirements to be met by bidders on behalf of RFP DHR26011-DENTAL. If so, please provide requirements.	There are no Supplier Diversity requirements for this RFP. However, 2 nd Tier Reports are a requirement, please see page 50.
42	6.13.2026	Appendix A – Minimum Mandatory Submission Requirements, 15.	Please confirm how or where bidders sign Attachment 22 in ProposalTech?	Vendors can submit their answers for Attachment 22 by answering questions directly in Proposal Tech. There is no signature required for Attachment 22
43	6.13.2026	IV. Professional Services RFP Administrative Information, B. RFP Submissions	Will addendums also be posted in ProposalTech? For 21. Revisions to the RFP If it becomes necessary to revise any part of the RFP, an addendum will be posted on the State of Delaware's website at bids.delaware.gov. The State of Delaware is not bound by any statement related to this RFP made by any State of Delaware employee, contractor or its agents.	If there should be any addendums, they will be posted at the State of Delaware's website and in ProposalTech.
44	6.13.2026	Attachment 22-Response to Scope of Services Questionnaire, 6. Member Services, 9.	Please confirm "Prior Calendar Year – 1" represents year 2024, and "Prior Calendar Year" represents year 2025?	Confirming: "Prior Calendar Year – 1": 2024 calendar year "Prior Calendar Year": 2025 calendar year
45	6.13.2026	Attachment 16- Performance Guarantees, Surveys	Please confirm how this survey is distributed, holistically to all vendors or by vendor, etc.? How is the dental vendor specific scoring identified to meet this performance guarantee? For "Membership Satisfaction 85% of participants that respond to the Enrollee Satisfaction Survey will rate our organization overall as Good, Very Good or Excellent. Overall enrollee satisfaction is measured by a survey distributed to a random sampling of enrollees. Measurement will be on a global basis and reported annually."	The vendor would distribute the Satisfaction Survey to a random sampling of enrollees. Reporting is provided semi-annually, but Measurement will be completed annually on a global basis with penalty payment made on an annual basis.

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46	6.13.2026	V. Contract Terms and Conditions, C. General Information, C.2.	Please clarify whether the State plans to use the State of Delaware's professional agreement contract template (Appendix B) in addition to the insurance policy documents that would be issued.	Yes, the State of Delaware will use Appendix B.
47	6.13.2026	V. Contract Terms and Conditions, G. General Contract Terms, G.1.	Please confirm that the State of Delaware does not anticipate onsite services under this contract.	The Vendor will be required to attend and actively participate at Statewide Benefits Office's request in Benefit Representative meetings, education sessions, health fairs and other meetings/presentations. Vendor will present information via visual aids, brochures, etc. to promote the program. As well as Open Enrollment support shall be provided, but not limited to, annual attendance at each Benefit Representative Meeting and Health Fairs associated with Open Enrollment and meetings held throughout the year to newly formed groups (such as charter schools or non-payroll groups)
48	6.13.2026	V. Contract Terms and Conditions, G. General Contract Terms, G.15.	Can the State please provide any additional information about the liquidated damages provisions?	At this time, there is no set liquidated damages amount for this contract at this time, but terms that can be negotiated with the Vendor who wins the bid.
49	6.13.2026	V. Contract Terms and Conditions, G. General Contract Terms, G.25.	Can the State please clarify whether background checks will be required for this contract and provide any details?	Background checks requirements are included in the RFP in multiple sections.
50	6.13.2026	V. Contract Terms and Conditions, G. General Contract Terms, G.35.	Does the State believe that the IRS Publication 1075 requirements are applicable to this contract?	Vendors can submit exceptions on Attachment 3.
51	6.13.2026	Appendix B, 3. Responsibilities of the Vendor, 3.1	Does the State believe that the Department of Technology Standards are applicable to this contract?	Yes this is applicable to this contract.
52	6.13.2026	Appendix B, 3. Responsibilities of the Vendor, 3.6	What is the intended scope of correspondence that would be included in this section?	This would include all correspondence to regulatory agencies.
53	6.13.2026	Appendix B, 10. Employees, 10.3	Does the State believe that possession of a security clearance is required for this contract?	No.

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54	6.13.2026	Appendix B, 19. Non-Appropriation of Funds, 19.2	Would the State have funds to pay for services provided prior to the end of the fiscal year?	The State appropriates funds for the ensuring fiscal year and those fund cover the entirety of that fiscal year.
55	6.13.2026	Attachment 22-Response to Scope of Services Questionnaire, 7. Account Management, 4	Please summarize the types of ad-hoc reports and frequency of ad-hoc reports requested in the past.	Some examples include enrollment reports and loss ratio reporting.
56	6.13.2026	Attachment 22-Response to Scope of Services Questionnaire, 14. Reporting, 2	Please summarize the types of ad-hoc reports and frequency of ad-hoc reports requested in the past.	Some examples include enrollment reports and loss ratio reporting.
57	6.13.2026	Pricing	Can current plan rates be provided?	Please see the instructions from WTW on Attachment 24: For additional details on the current State active and retiree dental plan designs, see https://dhr.delaware.gov/benefits/ and selecting the appropriate group under "Let's Begin! Please select your group below:"
58	6.15.2026	Pricing	Pertaining to Attachment 30, the dollar amounts provided on the "Util by Type of Service DPPO" worksheet are nearly double the dollars listed on the "Paid Claims by Month DPPO" worksheet. Can you provide clarification as to what metric is being used to populate the "Util by Type of Service DPPO" worksheet?	The utilized tab is the approved claims; whereas the paid tab is the amount paid by the plan. The plan paid amount does not include patient responsibility amounts (deductibles, amounts over the maximum, etc).
59	6.15.2026	Pricing	The experience provided is limited to June of 2025. Considering that the experience is nearly a year old, will more recent claims experience be provided?	No, the State will not be providing any updated data.