

STATE OF DELAWARE
Department of Human Resources

DHR26011-DENTAL
Group Dental Insurance

VENDOR QUESTIONS AND ANSWERS, CONTINUED

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."	Revised Answer: Confirming, the current OON reimbursement is 80 th percentile. 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
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?	Revised Answer: Confirming, the current OON reimbursement is 80th percentile.
60	6.14.2026	Eligibility / Model Section I — Overview / Scope of Services Para: B Pg: 6–7	Delaware Discount Dental Club is a dental discount membership organization, not a licensed insurance carrier. Our model provides members with access to discounted dental services through a network of participating providers at pre negotiated fees, with no claims processing, no waiting periods, and no annual maximums. Will the SEBC consider a discount dental membership proposal as a responsive submission under this RFP, either as a standalone offering or as a supplemental access-to-care option alongside a traditional DPPO carrier, consistent with the State's multiple-source contracting authority under 29 Del. C. § 6986?	Delaware Code Title 29, Chapter 96, § 9602 states: (b) The Committee has the following powers, duties, and functions: (1) With the exception of deferred compensation pursuant to Chapter 60A of this title, and any other investment or retirement savings plan, control and management of all employee benefit coverages including health-care insurance and blood bank, pursuant to Chapters 51 and 52 of this title; state employees group life insurance pursuant to Chapter 32 of Title 18; and all other currently existing and future employee benefits coverages, including but not limited to all forms of flexible benefits, dental, vision, prescription, long-term care and disability coverages. (2) Selection of all carriers or third-party administrators necessary to provide coverages to State employees and eligible pensioners. (3) Authority to contract on an insured or self insured basis. (4) Authority to adopt rules and regulations for the general administration of the employee benefit coverages. (5) Authority to make and enter into any and all contracts with any agency of the State, or any outside agency, for the purpose of assisting in the general administration of this section.

STATE OF DELAWARE
Department of Human Resources

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
61	6.14.2026	Eligibility / Model Section I — Overview / Scope of Services Para: B Pg: 6–7	In the event the SEBC determines that a dental discount membership model does not qualify as a responsive proposal under this RFP, rendering all other questions and submissions moot, will the State consider issuing a separate RFP for an offering such as ours, so that we may still be able to improve access to dental care throughout the State of Delaware?	RFPs are issued at the direction of the SEBC. Any entity or individual is welcome to contact the SEBC regarding issues related to the GHIP via the Contact Form at https://dhr.delaware.gov/contact-forms/benefits-sebc.shtml
62	6.14.2026	Eligibility / Experience Section III.A.1 — Minimum Requirements Para: A.1 Pg: 8	Minimum Requirement 1 asks vendors to confirm they specialize in group dental insurance or have 'similar experience in depth and scope of services in the private sector.' Will the SEBC accept confirmation from a dental discount membership organization that has comparable depth and scope of experience in providing dental access to-care solutions in the private sector as satisfying the spirit of this requirement, even though our model is not insurance?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
63	6.14.2026	Eligibility / Experience Section III.A.4 — Minimum Requirements Para: A.4 Pg: 8	Minimum Requirement 4 requires 5 consecutive years of experience providing group dental insurance services. Will the SEBC accept 5 or more years of experience operating a dental discount membership program as satisfying this requirement? Alternatively, may a vendor satisfy this requirement by demonstrating that its key principals collectively have 5+ years of relevant experience in the dental benefits or dental access-to-care field?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
64	6.14.2026	Award Structure Section V.B.17 — Multiple Source Contracting Para: B.17 Pg: 17	Does the SEBC intend to exercise its multiple source contracting authority under 29 Del. C. § 6986 to potentially award both a traditional DPPO insurance carrier and a dental discount membership organization? If so, how would the two offerings be structured for members — as separate elections, or as a bundled benefit? Would a discount membership vendor be evaluated on the same 100-point scoring criteria as a DPPO insurance carrier, or would a separate evaluation framework be developed?	At this point of the RFP process, it is unknown if the SEBC intends to exercise its multiple source contracting authority.

STATE OF DELAWARE
Department of Human Resources

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
65	6.14.2026	Licensing / Regulatory Section V.G.5 — Licenses and Permits Para: G.5 Pg: 27–28	As a dental discount membership organization that does not assume insurance risk, does not pay claims, and is not subject to regulation by the Delaware Department of Insurance, Delaware Discount Dental Club holds a Delaware Business License under 30 Del. C. § 2101. Will a Delaware Business License satisfy the licensure requirement in Section V.G.5 for a discount membership vendor, or does the State require any additional authorization specific to discount health programs?	Prior to receiving an award, the successful vendor shall either furnish the State of Delaware with proof of State of Delaware Business Licensure or authorization obtained through the Delaware Department of Insurance, whichever is applicable, or initiate the process of application where re quired.
66	6.14.2026	Financial / Insurance Attachment 13 — Financial Ratings Para: VII Attachments Pg: 42	Attachment 13 requests financial ratings from insurance rating agencies such as AM Best. As a discount membership organization that is not a licensed insurer, we do not carry an AM Best or Fitch insurance rating. May we substitute alternative financial documentation — such as audited financial statements, a Dun & Bradstreet rating, a bank letter of creditworthiness, or a CPA certified solvency statement — in lieu of an insurance financial rating? If so, what level of documentation would be considered acceptable?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
67	6.14.2026	Pricing / Financial Attachment 15 — Rate Quote Para: VII Attachments Pg: 42	Attachment 15 is structured around insurance premium rates for DPPO High and Low plan tiers. As a discount membership organization, we do not charge premiums — we charge annual or monthly membership fees. May we submit Attachment 15 using a membership fee schedule in place of premium rates, with a clearly labeled exhibit explaining our fee structure? If the State requires a specific alternative format for non insurance pricing, please advise.	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.

STATE OF DELAWARE
Department of Human Resources

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
68	6.14.2026	Performance Attachment 16 — Performance Guarantees Para: VII Attachments / Section VI.I Pg: 41–42	Attachment 16 requests performance guarantees structured around insurance metrics such as claims turnaround times and premium-at-risk. Since our discount membership model does not involve claims processing or premium payments, the standard guarantee framework does not directly apply. May we propose alternative performance guarantees appropriate to our model — such as guaranteed provider network size within Delaware, member enrollment processing timelines, member satisfaction scores, and verified savings percentages at the point of service — in lieu of or in addition to the standard guarantee template?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
69	6.14.2026	Plan Design Attachment 24 — Dental Plan Design Para: VII Attachments Pg: 42	Attachment 24 asks vendors to respond to a traditional DPPO plan design framework with deductibles, annual maximums, covered service percentages, and waiting periods. Our discount membership model does not operate on this structure — members pay discounted fees directly at the point of service with no deductibles, no annual maximums, and no waiting periods. May we submit a modified Attachment 24 that maps our discount fee schedule to the equivalent service categories in the requested plan design, accompanied by a narrative explanation of how our structure provides comparable or superior value for each category?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
70	6.14.2026	Network Attachments 26, 27, 28 — Provider Network Data Para: VII Attachments Pg: 42	Attachments 26–28 require GeoAccess network mapping and provider disruption analysis formatted for a DPPO network. Our discount membership network operates on a different participation model than a PPO. May we satisfy these requirements by submitting: (a) a participating provider count by zip code for Delaware in the same format as Attachment 26; (b) a map of our network density in Delaware in lieu of a formal GeoAccess report; and (c) a narrative provider disruption analysis comparing current Delta Dental PPO participating providers with our participating network? If the State requires formal GeoAccess software output, please advise whether we may use a State approved third-party vendor for that analysis.	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.

STATE OF DELAWARE
Department of Human Resources

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
71	6.14.2026	HIPAA / Data Attachment 14 — Business Associate Agreement Para: VII Attachments Pg: 42	As a discount membership organization that does not process, transmit, or store protected health information (PHI) in connection with insurance claims, our HIPAA obligations differ from those of a traditional group dental insurer. We do collect member demographic and contact information for enrollment purposes. Does the State require all vendors to execute the BAA as presented in Attachment 14 regardless of whether the vendor handles PHI in a clinical or claims context? If so, may we propose modifications to the BAA that accurately reflect the nature of our data handling activities?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
72	6.14.2026	Plan Administration Section II.B — Scope of Services Para: B Pg: 6–7	The Scope of Services requires vendors to 'process and pay claims in a timely manner.' A dental discount membership model eliminates the claims process entirely — members receive discounts at the point of service and pay the discounted fee directly to the provider, with no claims submitted or paid by the plan. The SEBC has identified access to care as a concern. Will the SEBC evaluate the elimination of the claims process as a program benefit — reducing administrative burden, eliminating claim denials, and providing immediate, transparent savings — rather than as a deficiency?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.
73	6.14.2026	Insurance / Compliance Section V.G.8.d — Insurance Requirements Para: G.8.d Pg: 28	Section V.G.8.d requires \$5,000,000 per aggregate in Medical/Professional Liability or Errors & Omissions coverage, and states these amounts are non-negotiable. We are committed to meeting this requirement. As a discount membership organization that does not provide medical care or process insurance claims, we would carry Miscellaneous Errors & Omissions coverage. Please confirm: (a) that E&O coverage is acceptable for a discount membership vendor in lieu of Medical/Professional Liability; and (b) whether the \$5M aggregate requirement applies from the contract effective date of July 1, 2027, or must be in place prior to proposal submission.	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.

STATE OF DELAWARE
Department of Human Resources

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
74	6.14.2026	Enrollment / Administration Section II.A.2— Program Information Para: A.2 Pg: 5	The current dental plan is 100% employee-pay-all with separate enrollment. Our model supports payroll deduction enrollment through an employer portal as well as direct online enrollment and in office enrollment. For State employees, would membership fees be collected via the State's existing payroll deduction infrastructure similar to the current dental plan)?	Yes.
75	6.14.2026	Enrollment / Administration Section II.A.2 — Program Information Para: A.2 Pg: 5	The RFP states that the group dental plan is 100% employee-pay-all. What rules govern when and how often State employees, retirees, and other eligible participants may drop their traditional dental insurance coverage and elect our discount membership plan instead? Specifically: (a) does a mid-year change from a dental insurance plan to a discount membership plan constitute a change in benefit elections that requires a qualifying life event under the State's cafeteria plan or Section 125 rules; (b) given that the dental benefit is 100% employee-funded with no employer contribution, does the State afford employees greater autonomy to change their dental benefit election outside of the standard open enrollment period; and (c) is there a defined open enrollment window during which employees may freely switch between a traditional DPPO plan and a discount membership plan without a qualifying life event?	The Group Health Insurance Plan Eligibility and Enrollment Rules govern the medical, dental and vision plans for members and can be found here- https://dhr.delaware.gov/benefits/notices/documents/eer.pdf?ver=0103 .
76	6.14.2026	Technology / Integration Section II.B — Scope of Services / ERP Integration Para: B Pg: 7	The RFP notes a possible future ERP integration. For a discount membership vendor that does not use standard insurance EDI file formats (834/820), what enrollment file format does the State currently use, and what format would be required for a non-insurance membership enrollment system? Would the State require a custom file interface, or would a secure online employer portal with manual enrollment administration be acceptable during the initial contract period?	Please see Attachment 31 – Confidential in ProposalTech that shows the EDI file formats. The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.

STATE OF DELAWARE
Department of Human Resources

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
77	6.14.2026	References Appendix A — Business References Para: A.6 Pg: 117	The business references requirement asks for clients with in excess of 40,000 eligible employees, reflecting the scale of a large group insurance carrier. As a dental discount membership organization that may service employer groups of varying sizes, may we satisfy the reference requirement by providing references that collectively demonstrate breadth of experience — for example, multiple employer group clients whose combined membership exceeds 40,000, or public-sector or association clients that demonstrate our ability to serve a large and diverse membership base?	The RFP documents the scope of services and detailed requirements of the State's Dental RFP. If the vendor believes they have an exception, they should follow the process to submit that exception as documented within the RFP through the transmittal letter and on Attachment 3.