



ADDENDUM #1, April 21, 2006
RFP # 06-093
Insured Dental and Vision Benefit Program for County Employees

This addendum is being issued to make the following (attached) changes, corrections, clarifications and additions to the above identified solicitation. The information in this addendum modifies and changes the original bidding documents and takes precedence over the original documents. Respondents shall acknowledge receipt of this addendum by completing the Acknowledgement of Addenda” in Section 4 of the RFP. Failure to acknowledge this addendum may preclude consideration of the proposal for award.

This addendum, the RFP and all attachments are available by visiting our website at http://www.lakegovernment.com/departments/procurement_services/bid_details.aspx?bid_number=06-093

1. **Change:** RFP cover, Issue date:

From: Issue Date: 6/11/06

To: Issue Date: 4/11/06
2. **Clarification:** This RFP is for dental and vision only. Medical is not included within this RFP. Medical is covered under a separate RFP which may be obtained by visiting our website at http://www.lakegovernment.com/departments/procurement_services/bid_details.aspx?bid_number=06-088 **Vendors interested in providing medical, dental and vision are required to respond to both RFP’s.** Any discounts or other consideration offered by the vendor for providing all of the services (medical, dental and vision) on a unified basis may be listed as an “Alternate Offer to be Considered.”. Such “Alternate Offers” should be noted in both of the responses.
3. **Clarification:** Would the County consider a different plan for their Retirees than their active employees?

Per the Florida Statute, Retirees must be offered the same plan as the active employees. However, an additional plan may be offered as an “Alternate Offer to be Considered.”
4. **Change:** Section 2.13.2

From: One (1) original and ten (10) complete paper copies of the vendor’s full response must be provided along with a CD containing the completed questionnaire in Excel format that has read/write capabilities.

To: One (1) original and ten (10) complete paper copies of the vendor’s full response must be provided along with **two (2) CD’s** containing the completed questionnaire in Excel format that has read/write capabilities.

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5. **Add:** Can you provide a revised electronic census provided in Excel format including date of birth, gender, home zip code and dental tier election?

Yes, copy of “Revised Census” attached.

6. **Clarification:** Section 2.18, Local Office Shall be Available

“Local” shall be defined for this RFP as geographically located within the State of Florida.

7. **Change/ADD:** Dental and vision premiums and claims attachments are reading as the same document on the website.

Attachment B5 -Vision Premiums and Claims 2004-2006 document is correct. The corrected Dental Premium and Claims 2004-2006 attachment has been attached and updated on the website.

8. **Clarification:** What is the out-of-network plan for the PPO Dental?

Refer to Attachment B2 – Dental PPO Plan, Page 1, Summary of Benefits.

9. **Clarification:** What is the out-of-network benefit for vision?

Not applicable. Attached is additional information regarding the vision plan.

10. **Clarification:** What is the employer contribution for dental? Provide current and/or renewal rates.

Refer to the attached copy of the Current Dental and Vision Rates.

11. **Clarification:** Can you provide five (5) years of carrier history for dental?

Three (3) years of claims history is provided in Attachments B3 and B5.

12. **Clarification:** Does the census represent all employees, including those who waived coverage?

No, there is a very small number of employees who waived the coverage, approximately fifteen (15).

All noted attachments are available from our website at

http://www.lakegovernment.com/departments/procurement_services/bid_details.aspx?bid_number=06-093.

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