

STATE OF VERMONT – RETIREE DENTAL PLAN PROVIDER AND ADMINISTRATOR

	QUESTIONS	ANSWER	-	REVISED
1.	Section 4.1.1 Proposal Packaging	Is a 3-ring binder considered a "bound" copy?		Yes
2.	Section 1.3 Employer Information:	Please clarify "certain Domestic Partners" that are eligible. Is the intent to cover same sex only or same and opposite sex Domestic Partners?		It is the intent to cover both, but <u>only</u> if the domestic partner is already covered by an active employee immediately prior to retirement. Retirees will not be allowed to add domestic partners after commencement of retirement benefits.
3.	Section 1.3.2 Plan Design	The information on pages 7 and 8 of the RFP indicate Plan A has a \$1000 Annual Maximum Benefit and Plan B has a \$1500 Annual Maximum. Does page 32 of the RFP request an additional \$1500 yearly maximum for Implants only, that applies to both Plans A and B? Please clarify.		The Implants are subject to the annual maximums for Plan A or Plan B. There is not a separate or additional maximum for Implants.
4.	Section 4.3.2 Question 9.I.19:	Please clarify how Special Groups billing is different in respect to regular State retirees.		Retirement benefits for Special Groups are not paid through the Vermont Retirement Division. Employers of Special Groups will need to be billed separately for their enrolled retirees. The total population of retirees in the Special Groups is relatively small.
5.	Section 4.3.2 Question 9.I.20:	Please clarify how COBRA administration works if existing State and Special Groups employees elect COBRA upon retirement.		COBRA coverage upon retirement will be handled by the active member dental plan. The only members who will qualify for COBRA coverage through the retiree dental plan will be those dependents who lose coverage because of a qualifying event, i.e., death of a retiree or attainment of age 23.
6.		Please provide a census file with the retirees' zip code, gender and date of birth (or age).		See: Dental Plan for Retirees Census Data
7.		Is medical coverage offered to retirees? If so, are the retiree medical lives by tier available?		Yes. Only two plans are available to the majority of retirees paid at 80% by the State, and they are both comprehensive plans with prescription coverage.
8.		How should the out-of-network claims be reimbursed? Negotiated fee schedule or R&C? If R&C, which percentile?		Out-of-network claims should be reimbursed according to R & C. Our plans would pay according to the established deductible and co-pay, and the retiree would be balanced-billed for the difference.