



STATE OF VERMONT
OFFICE OF THE STATE TREASURER

109 State Street, 4th Floor
MONTPELIER, VERMONT 05609-6200
802-828-2301
www.vermonttreasurer.gov

SEALED BID REQUEST FOR PROPOSAL

VERMONT STATE TEACHERS' RETIREMENT SYSTEM RETIREE DENTAL PLAN PROVIDER AND ADMINISTRATOR

DATE: September 5, 2007
QUESTIONS DUE BY: September 19, 2007
DATE OF BID OPENING: October 10, 2007
TIME OF BID OPENING: 2:00 P.M.
LOCATION OF BID OPENING: 109 State Street, Montpelier, VT, 4th Floor

ALL NOTIFICATIONS, RELEASES AND AMENDMENTS WILL BE POSTED AT:
www.vermonttreasurer.gov

THE OFFICE OF THE STATE TREASURER WILL MAKE NO ATTEMPT TO CONTACT BIDDERS WITH UPDATED INFORMATION. IT WILL BE THE RESPONSIBILITY OF EACH BIDDER TO PERIODICALLY CHECK THIS SITE FOR THE LATEST DETAILS.

CONTACT: Donna Holden
TELEPHONE: (802) 828-3708
E-MAIL: Donna.Holden@state.vt.us
FAX: (802) 828-2772



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SEALED BID INSTRUCTIONS

All bids must be sealed and must be addressed to the Office of the State Treasurer, 109 State Street, 4th Floor, Montpelier, VT 05609-6200. **BID ENVELOPES MUST BE CLEARLY MARKED 'SEALED BID' AND SHOW THE PROPOSAL TITLE, OPENING DATE AND NAME OF BIDDER.**

All bidders are hereby notified that sealed bids must be in the office of the State Treasurer by the time of the bid opening. Bidders are cautioned that it is their responsibility to originate the sending of bids in sufficient time to ensure receipt by the Office of the State Treasurer prior to the time of the bid opening. Hand-carried bids shall be delivered to a representative of the Office of the State Treasurer prior to the bid opening. Bids not in possession of the Office of the State Treasurer at the time of the bid opening will not be considered.

The Office of the State Treasurer may, for cause, change the date and/or time of the bid opening. If a change is made, the Office of the State Treasurer will make a reasonable effort to inform all bidders via the Treasurer's Web site at www.vermonttreasurer.gov.

All bids will be publicly opened. Any interested party may attend the bid opening. Bid results may be requested in writing and are available once an award has been made and a signed contract has been executed.



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DATE: **September 5, 2007**

REQUEST FOR PROPOSAL
THIS IS A SEALED BID RESPONSE
BIDS MUST BE RECEIVED BY **October 10, 2007, at 2:00 P.M.**

This form must be completed and submitted as part of the response for the bid to be considered valid. The undersigned has read, understood and accepted all provisions, terms and conditions of this proposal.

VERMONT TAX CERTIFICATE

To meet the requirements of Vermont Statute 32 V.S.A. § 3113, by law, no agency of the State may enter into, extend or renew any contract for the provision of goods, services or real estate space with any person unless such person first certifies, under the pains and penalties of perjury, that he or she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due, if the liability for any tax that may be due is on appeal, or if the person is in compliance with a payment plan approved by the Commissioner of Taxes, 32 V.S.A. § 3113.

In signing this bid, the bidder certifies under the pains and penalties of perjury that the company/individual is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont as of the date this statement is made.

Quotation Valid for _____ Days Date: _____

Telephone Number: _____

Name of Company: _____

Fax Number: _____

Federal Identification Number: _____

E-mail address: _____

By: _____

Name: _____

Signature (Proposal Not Valid Unless Signed)

(Type or Print)

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1 OVERVIEW

The following subsections provide general information about the RFP.

1.1 Executive Summary

The Vermont State Treasurer's Office is seeking proposals to provide and administer a dental program for retired state teachers, and their eligible dependent family members. The objective is to provide elective coverage options from two levels of dental plan coverage that are targeted toward the needs of the retiree population at a competitive participant and administrative cost, and to obtain efficient plan management.

The Vermont State Teachers' retiree dental plan shall be administered pursuant to Act 13 Section 30, which may be viewed in its entirety at <http://www.leg.state.vt.us/docs/legdoc.cfm?URL=/docs/2008/acts/ACT013.HTM>

It is the intent of the Treasurer's Office to provide two dental plan options to existing retired teachers as well as all eligible teachers who retire on or after March 1, 2008. The role of the Treasurer's Office will be to distribute educational materials about the two dental plans options, enroll those who elect the coverage, withhold appropriate premiums from monthly pension payments for retired teachers, and remit the monthly withholdings to the dental plan provider. An appropriate administrative fee will be added to the premiums applicable to each dental plan to cover the services performed by the Treasurer's Office.

Proposal specifications are set forth in Section 2, "Scope of Services."

Proposals in response to this RFP are due no later than 2:00 P.M. Eastern Time (ET) on October 10, 2007.

1.2 Minimum Bidder Qualifications

The bidder must meet the following minimum qualifications to be given further consideration. Failure to satisfy each of the minimum qualifications will result in the immediate rejection of the proposal.

1. The bidder must provide similar services to at least two (2) other retiree group clients with similar plan features, and
2. Demonstrate a minimum of three (3) years of experience for similar size/type plans.

1.2.1 VERMONT TEACHERS' RETIREMENT SYSTEM DEMOGRAPHICS and PLAN DESIGN

AVERAGE TEACHER RETIREE AGE BY GENDER

*** AT JUNE 30, 2007 ***

GENDER	AGE	COUNT
FEMALE	70.38	3227
MALE	68.07	1938
TOTAL	69.52	5165

Please note. Approximately 325 active teachers retired effective July 1, 2007. The demographic data associated with these new retirees is not included in the figures outlined above. We are unable to estimate the number of dependents associated with the retiree population.

1.2.2 PLAN DESIGN

This RFP is seeking to provide retirees, surviving dependent beneficiaries and eligible dependents the option to elect coverage from two levels of dental benefits as follows and as outlined in Addendum 1:

Both Plans:

Diagnostic and Preventative Dental Services: Covered at 100% of usual, customary and reasonable (UCR) charge with no annual deductible. The plan allows for “no more than two cleanings in a consecutive twelve month period.” When the member receives care from a network dentist, members are not responsible for amounts above UCR.

Plan A:

Deductible: \$100 per covered member per year* to a maximum of \$300 per family per year*
Annual Maximum Benefit: \$1,000 per covered member per year*

*These limits are calculated on a calendar year, 1/1-12/31, basis.

Any covered dental expenses incurred during October, November, or December that are used to meet a deductible for the plan year ending December 31 will also be used to satisfy the deductible for the next plan year.

Basic Services: Covered at 50% after deductible to the maximum benefit. Members receiving care from a network dentist are only responsible for amounts between the allowed amount and the filed fee for the service. Members receiving care from non-network dentists are responsible for all charges above the allowed amount.

Major Services: Covered at 50% after deductible to the maximum benefit. Members receiving care from a network dentist are responsible for amounts between the allowed amount and the filed fee for the service. Members receiving care from non-network dentists are responsible for all charges above the allowed amount

Plan B:

Deductible: \$50 per covered member per year* to a maximum of \$150 per family per year*
Annual Maximum Benefit: \$1,500 per covered member per year*

*These limits are calculated on a calendar year, 1/1-12/31, basis.

Any covered dental expenses incurred during October, November, or December that are used to meet a deductible for the plan year ending December 31 will also be used to satisfy the deductible for the next plan year.

Basic Services: Covered at 80% after deductible to the maximum benefit. Members receiving care from a network dentist are only responsible for amounts between the allowed amount and the filed fee for the service. Members receiving care from non-network dentists are responsible for all charges above the allowed amount.

Major Services: Covered at 50% after deductible to the maximum benefit. Members receiving care from a network dentist are responsible for amounts between the allowed amount and the filed fee for the service. Members receiving care from non-network dentists are responsible for all charges above the allowed amount

1.3 Single Point of Contact

The sole point of contact for questions and all other contractual matters relating to this RFP is:

Name: Ms. Donna Holden, Contracts Administrator
Vermont State Treasurer's Office
109 State Street, 4th Floor
Montpelier, Vermont 05609-6200
Telephone: 802-828-3708
FAX: 802-828-2772
E-Mail: Donna.Holden@state.vt.us

All e-mail communication with Ms. Holden must include the words "Retiree Dental Plan Provider and Administrator RFP" in the subject line.

Bidder's proposals, due by 2:00 PM for bid opening on October 10, 2007, are to be delivered to the Vermont State Treasurer's Office, marked to the attention of Ms. Donna Holden (see above).

Attempts by bidders to contact any other party may result in the rejection of their proposal.

1.4 Bidder Questions

Questions must be submitted in writing until the date and time specified in Section 1, *RFP Timetable*.

E-mail is the preferred method of communicating questions. All e-mail communications with Ms. Holden must include the words "Retiree Dental Plan Provider and Administrator RFP" in the subject line.

Response to questions will be posted to our Web site at www.vermonttreasurer.gov. All questions submitted must include the name of the firm and the person submitting the questions.

1.5 RFP TENTATIVE Timetable

Changes to this schedule will be posted to the Treasurer's Web site at www.vermonttreasurer.gov

RELEASE DATE OF THE RFP:	September 5, 2007
QUESTIONS DUE BY:	September 19, 2007
ANSWERS TO QUESTIONS POSTED ON www.vermonttreasurer.gov	September 26, 2007
ALL PROPOSALS MUST BE SUBMITTED NO LATER THAN 2:00 P.M. Eastern Time ON:	October 10, 2007
EFFECTIVE DATE OF PLAN	March 1, 2008

1.6 Attachments to RFP

The State Treasurer's Office has provided the following information as attachments to the RFP:

- **Attachment A** – Standard Contract Provisions
- **Attachment B** – Agreement of Confidentiality
- **Addendum 1** – Basic Services

2 SCOPE OF SERVICES

The Vermont State Treasurer's Office is seeking proposals to provide and administer a dental program for retired state teachers, and their eligible dependent family members. The objective is to provide elective coverage options from two levels of dental plan coverage that are targeted toward the needs of the retiree population at a competitive participant and administrative cost, and to obtain efficient plan management.

The role of the Treasurer's Office will be to distribute educational materials about the two dental plans options, enroll those who elect the coverage, withhold appropriate premiums from monthly pension payments for teacher retirees, and remit the monthly withholdings to the dental plan provider. An appropriate administrative fee will be added to the premiums applicable to each dental plan to cover the services performed by the Treasurer's Office.

2.1 General Information

It is the intent of this RFP to provide a separate dental plan for retired teachers, surviving dependent beneficiaries of that group and their eligible dependents after commencement of retirement benefits. The plan shall be effective March 1, 2008.

All state teachers and their dependents will be eligible to participate in the retiree dental benefit after retirement. Teachers must meet the following criteria:

- have at least 20 years of service with that employer; or
- have attained 62 years of age, and have at least 15 years of service with that employer.

All eligible teachers retiring on or after March 1, 2008 shall have a one-time option at the time of retirement to elect dental benefit plan coverage. Once a retired member, beneficiary, or any other covered member of the dental benefit plan elects not to take coverage or drops coverage, he or she may not subsequently re-join the dental benefit plan. Current retired members and surviving dependent beneficiaries of such members who retired prior to March 1, 2008 shall have a one-time option to elect dental benefit plan coverage for themselves and their eligible dependents. This election shall be made no later than February 15, 2008. Retired members who are covered under an spouse's dental plan shall have a one-time option to join the retiree dental benefit plan within 60 days after loss of coverage as a result of the spouse's termination. In all cases the Vermont State Teachers Retirement System shall make the final decision regarding eligibility.

One hundred percent of the premium for providing dental coverage to retired teacher members, surviving dependent beneficiaries and eligible dependents shall be paid by retired teacher members and surviving dependent beneficiaries and shall be deducted from each member's retirement allowance each month.

Eligible Dependents are defined as follows:

- Spouses, Certain Domestic Partners and Civil Union Partners;
Unmarried dependent children under age 19 or until age 23 if enrolled as full-time students

Following is a list of requested services. Please note that this list is not intended to limit the scope of services to be provided:

- A. Provide two separate dental plans to retirees, surviving dependent beneficiaries and their eligible dependents.
- B. Assist the State Treasurer's Office in developing and printing materials to distribute to existing retirees and future retirees to explain the plan features of both plans to assist them in their election process.
- C. Administer the two dental plans on a calendar year basis.
- D. Maintain a discount provider network arrangement which provides savings to retirees.

- E. Receive claims for plan benefits, and expeditiously review such claims to determine the appropriateness of the care and the amount, if any, due and payable in accordance with the terms and conditions of the plan. Claims shall not be paid without completed documentation acceptable to the Contractor and consistent with industry practice.
- F. Disburse, to the entitled party, the benefit payments that administrator determines to be due in accordance with provisions of the plan. 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.
- G. Provide to the claimant within thirty (30) days following the receipt of a claim, written notification (A) as to the disposition of the claim or (B) of an anticipated delay beyond the duration required under State law for the disposition of the claim together with an explanation of the delay.
- H. Assign its services and support staff for enrollment meetings, benefit seminars and any other transition needs. The staff and services assigned must be adequate to meet the needs of the State Treasurer's Office, as determined by the State Treasurer's Office.
- I. Provide the following reports:
 - 1. Quarterly paid claims summary for all benefit payments made during the quarter. The summary should show the eligible charges submitted, amount paid during the quarter, and the number of claims for retirees, surviving dependent beneficiaries and dependents.
 - 2. Quarterly in and out-of-network utilization showing information noted above by in and out-of-network.
 - 3. Gross submitted charge amounts, amounts determined to be ineligible, amounts applied to coinsurance, and amounts adjusted for COB.
 - 4. Quarterly claims paid by type of service category (Preventive, Basic, Major, etc.) showing total number of claims, eligible charges, and claim payments for each category.
- J. Perform the following additional duties:
 - 1. Assist in plan's benefit development, design and implementation
 - 2. Provide information and advice on topics relative to the plan including changes in the marketplace and the effect of any changes upon benefit levels and coverage
 - 3. Maintain a dedicated toll-free line Monday through Friday during the hours of 8:00 a.m. to 4:30 p.m. with TTY capability for plan participants
 - 4. Maintain a dedicated mailing address for Vermont State Teachers' Retirement System's account
 - 5. Determine and advise State Treasurer's Office of usual, customary and reasonable provider fees prevailing in the applicable service areas
 - 6. Provide, on a semi-annual basis, consultation services, including analysis of claims losses, discussion of cost containment programs, discussion of new dental procedures, and a review of medical, economic and/or political developments
 - 7. Interface and cooperate with other vendors providing services to the plan
 - 8. Ensure adequate and dedicated claims staff with multiple years experience whose skills include resolution of manually reviewed items
 - 9. Calculate benefits and prepare checks
 - 10. Provide timely notification of claimants of rejected claims and the reason for rejection
 - 11. Investigate claims for fraud
 - 12. Prepare claims summary reports on a quarterly basis
 - 13. Provide Explanation of Benefits to all claimants for all claims regardless of whether checks are issued

14. Review all claims for COB status, and billing of other carriers as appropriate
15. Provide for the electronic exchange of information between the vendor and the State Treasurer's Office
16. Handle all appeals of claims denials and provide the State Treasurer's Office with information with respect to the applicable claims determination
19. Process enrollment forms, either electronically or on paper, as necessary
20. Conduct student verification when students, who have dental coverage only, turn age 19 and annually thereafter until student turns age 23
21. Provide monthly premium billing to Special Groups
22. Review new enrollees for COB status and verify COB status with all participants annually
23. Determine expected claims costs for existing benefits annually, including trend analysis, and, for proposed benefits, as needed.

2.2 Documents, Reports, and Other

All documents, reports, computer software, paper and other materials ("Papers"), except for those generally available to the public, which are provided by the State, and any copies of any such Papers that may be reproduced or otherwise procured and all information contained in such Papers, shall be deemed and shall remain property exclusively of the State and shall be available to the State's representatives upon their request. No Papers may be reproduced or otherwise used for purposes unrelated to the resulting contract.

2.3 Requirements Related to Conflicts of Interest and Independence

Bidders shall identify all existing or potential conflicts of interest that would prevent the bidder from fully performing the tasks described in this RFP. Such disclosure will be a continuing requirement subsequent to award of a Contract and for the life of the Contract.

In all matters relating to work required by the State the bidder shall remain free from personal and external impediments to independence, and verify their organization is independent and will maintain an independent attitude and appearance with respect to the services required.

2.4 Insurance Coverage

The Contractor shall maintain an errors and omissions insurance policy which provides a prudent amount of coverage for the willful negligent acts or omissions of any employee or agents thereof. The Contractor shall also maintain policies pursuant to the State's Standard Contract provisions as defined in Attachment A.

3 PROCUREMENT AND CONTRACTUAL ADMINISTRATION

The following subsections discuss the administrative and contractual requirements that pertain to this procurement.

3.1 Bidding and Contractual Requirements

The State of Vermont reserves the right to obtain clarification or additional information necessary to properly evaluate a proposal. Bidders may be asked to give a verbal presentation. Failure of bidder to respond to a request for additional information or clarification could result in rejection of that bidder's proposal. The State reserves the right to accept or reject any and all bids, in whole or in part, with or without cause. The State reserves the right to make an award without further discussion of the proposal submitted. The State does not guarantee that an award will be made as a result of this RFP.

3.1.1 Incurred Expenses

The cost of developing and submitting the proposal is entirely the responsibility of the bidder. This includes costs to determine the nature of this engagement, preparation of the proposal, submitting the proposal, negotiating for the contract, and other costs associated with this RFP.

3.1.2 Public Records and Bidder Proprietary Information

All responses will become the property of the State of Vermont and will be a matter of public record. No part of the bidder's proposal shall be considered proprietary; therefore, responses are subject to the Access to public records and documents laws as defined in V.S.A. Title 1, Chapter 5.

3.1.3 Confidentiality

The State wants to assure the confidentiality of its members' records. In the event that the bidder is selected to perform services, all bidder staff members assigned to the contract in any capacity may be required to sign statements of confidentiality.

3.1.4 Pricing

The bidder is hereby notified that the State wants the most effective combination of price, performance, and quality possible within the constraints of their budget. Pricing must be a firm fixed price, including all expenses. The State will not accept any open-ended, time and materials bids. There may be no best and final offer procedure. Therefore, the proposal shall be submitted on the most favorable terms that the bidder can provide.

3.1.5 Subcontracting

The State of Vermont will only enter into contracts with the primary contractor, and the State must approve any subcontractor contract in writing (See ATTACHMENT A, sub-Attachment C #13). The selected bidder must assume responsibility for subcontractor performance and payment. Subcontractors must abide by all conditions set forth in the contract with the primary contractor. The successful bidder will be expected to execute sub-agreements for each subcontractor named in the proposal upon award of this contract. The bidder must provide a brief description in the cost proposal in regard to the basis for selecting each subcontractor (low bid, competitive negotiation, technical capabilities, etc.). The bidder must provide subcontractor cost estimates in the bidder's cost proposal.

3.1.6 Doing Business in Vermont

The bidder awarded this contract shall, upon notification of award, apply for registration with the Vermont Secretary of State's Office to do business in the State of Vermont, if not already so registered. The registration form may be obtained from the Vermont Secretary of State, Redstone Building, 26 Terrace Street, Drawer 09, Montpelier, VT 05609-1101. The telephone number is (802) 828-2386. The Treasurer's Office will not execute the contract until the bidder is registered with the Secretary of State's Office.

Bidders are responsible for complying with all statutory provisions applicable to doing business in the State of Vermont (see above and Attachment A), attached to this RFP, which is required to execute after the specific details of the transaction have been inserted. Any objections, or requested changes to the standard form language must be provided with the bid, or they shall be waived by the bidder.

3.1.7 Minority Business Enterprises

The State of Vermont recognizes the important contribution and vital impact that small businesses have on the state's economy. In this regard, the state subscribes to a free and open bidding process that affords all businesses equal access and opportunity to compete for state contracts for goods and services. The state also recognizes the existence of businesses owned by minorities and women and has directed all state agencies and departments to make a good faith effort to encourage these firms to compete for state contracts.

3.1.8 Duration of Proposal Offer

Proposals submitted in response to this RFP are irrevocable for 120 days following the closing date of proposals. This period may be extended at the request of the State, and with the bidders' written approval. Page three of the RFP, Vermont Tax Certificate, asks for the length of time the response is considered valid. You must enter at least 120 days on that form, or longer at your discretion.

3.1.9 Revisions to the Solicitation

The State reserves the right to modify requirements should a bidder inquiry identify a change that is in the best interest of State. Such modifications (or amendments) to the RFP will be posted to the Treasurer's Web site at www.vermonttreasurer.gov and will not be distributed through any other means. It is the bidder's responsibility to check the Web site for such changes.

3.1.10 General Conditions

The general conditions and specifications of the RFP, the successful bidder's response/proposal, all questions and answers, and all RFP amendments (if any) will become part of the contract by reference.

The bidder is expected to respond with due diligence by providing the requested information in the designated manner. Bidders failing to respond to this RFP as prescribed will place themselves at a comparative disadvantage or will be subject to disqualification at the discretion of the State.

3.1.11 Contract Duration

The successful bidder to this RFP can expect a contract with the State (see sample contract Attachment A) for a term of two years, with two one-year extensions.

The successful bidder will be required to execute the State's standard contract after the specific details of the transaction have been inserted. Any objections or requested changes to the standard form language must be provided with the bid, or they shall be waived by the bidder. Any additional contract language sought by the bidder must be provided with the bid, or such language requests shall be waived by the bidder. Any bidder seeking changes to the State standard form contract, or to add additional language to the contract, must state whether the request is a requirement of their bid, or simply a request for the State's consideration. In the event the State determines that an otherwise apparent winning bidder's requirements are unacceptable, it may handle the bid in the manner it deems most appropriate, including but not limited to rejecting the bid as not complying with this RFP. Bidders should be aware that the State of Vermont rarely accepts amendments to its standard form contract.

4 PROPOSAL PREPARATION

This section sets forth the format that must be followed by bidders in developing their proposals in response to this RFP. The instructions provided and format requested for bidder proposals are designed to ensure a clear and complete understanding and comprehensive evaluation of each proposal. There is no intent to limit the content of the proposals or to inhibit a presentation in other than the bidder's favor.

4.1 Proposal Acceptance

The bidder is encouraged to include additional information or data as may be appropriate or to offer alternate solutions. However, the bidder should not exclude from its proposal any portion requested in this document. Proposals that vary materially from this prescribed format may be judged non-compliant and withdrawn from consideration.

The bidder must understand that the State will view the degree of compliance with this section as an indication of the degree of cooperation to be expected from the bidder in working with the State after contract award.

4.1.1 Proposal Packaging and Required Copies

Cost Proposals (Part IV below) must be packaged separately from Technical Proposals (Parts I, II, and III below) and sealed in a separate envelope, so labeled.

Bidders must submit ten (10) bound copies of their proposals as well as one (1) CD-ROM containing the appropriate Microsoft Word 2000, Excel 2000, and Project 2003 files to comprise a full proposal set. In addition, the bidder must provide one (1) unbound master copy of the technical proposal and one (1) unbound master copy of the cost proposal, each packaged separately.

We point out that the requirement for separate Cost Proposals actually doubles the above numbers.

The information in the table provided below must appear on the title page of each copy of each proposal, on the CD-ROM label, and on the outside of the packages in which they are shipped (if proposals are shipped by overnight courier, the title sheet may be affixed to the package inside the courier's packaging material):

Contents of Response Cover Page

RFP title:	Retiree Dental Plan Provider and Administrator RFP
RFP section:	Technical or Cost
<i>Closing date and time for submission of proposals: October 10, 2:00 pm.</i>	
Name, address, e-mail, and (voice) telephone number of firm submitting proposal	

Proposals must be addressed for this RFP to the point of contact identified in Section 1, *Single Point of Contact*.

Bidders are to organize their proposals into four parts with a cover letter and other administrative information as follows:

Part I – Administrative	Cover page Cover Letter as described below Tax Certificate Table of Contents
Part II	Bidder Information
Part III	Bidder References
Part IV (to be packaged separately)	Cost

The following subsections describe the required content of the bidder's proposal.

4.2 Bidder's Proposal Part I - Administrative Section

In addition to the cover page and table of contents, the items that need to appear in the Administrative Section of the proposal are described below.

4.2.1 Cover Letter

The response should contain a cover letter and introduction, including the company name and address, and the name, e-mail address, and telephone number of the person or persons authorized to represent the respondent regarding all matters related to the response. The cover letter must contain the following statement:

"We have read the State's Request for Proposals (RFP) for Retiree Dental Plan Provider and Administrator services and fully understand its intent. We certify that we have adequate personnel, equipment, and facilities to provide the State's requested services that we have indicated we can meet. We understand that our ability to meet the criteria and provide the required services shall be judged solely by the Office of the State Treasurer."

A person authorized to bind the firm to all commitments made in its response shall sign this letter.

In addition, the cover letter must certify that:

- The response is genuine, and is not collusive or a sham.
- The response is not made in the interest of or on the behalf of any person not named therein.
- The bidder has not directly or indirectly induced or solicited any person to submit a false or sham response or to refrain from submitting a proposal.
- The bidder has not in any manner sought by collusion to secure an advantage over any other respondent.
- The bidder has thoroughly examined the RFP requirements, and the proposed fees cover all the services that the State has requested.
- The bidder acknowledges and accepts all terms and conditions included in the RFP.
- The bidder agrees to provide services in a manner acceptable to the State, and as stipulated in the RFP and subsequent contract.
- The bidder and key professionals do not have or anticipate a potential conflict of interest with the Office of the State Treasurer.
- The bidder and key professionals do not accept fees and derive no benefit from relationships with any persons involved in the RFP.
- The bidder has completed and submitted, with the RFP response, the Vermont Tax Certificate, provided in this RFP.

NOTE: Upon request, the bidder may be required to submit financial information. Publicly owned businesses may be requested to provide their most recent annual report, current balance and income statement, and D&B report. Privately owned businesses may be requested to provide company financials.

4.2.2 Tax Certificate

This certificate appears on page 3 of this RFP and must be completed and submitted with the response to the RFP.

4.3 Bidder's Proposal Part II – Bidder Information

4.3.1 Section 1 – General

In this section, the bidder shall provide basic information about its firm and staff, including the following:

1. Please provide a description of the ownership and structure of the firm, which includes the parent company and any affiliated companies and/or joint ventures.
2. Are any near-term changes to the firm’s corporate or organizational structure anticipated? If yes, please specify.
3. Please list all office locations and the number of individuals working in each office. Please specify which office would be the primary relationship office.
4. Please provide the most recently completed SAS 70 or external Quality Control Review, if applicable. Please provide or describe the results of your most recent peer review.
5. Provide information on all “related” or “affiliated” firms that will provide services described in this RFP.
6. Provide any restrictions, regulatory action, consent orders, past or pending litigation relating to your firm, principals, or individual personnel within the past three years.
7. Please provide the most recent ratings for your company from all nationally recognized rating agencies that have provided a rating.
8. Identify those individuals who would be responsible for the day-to-day service contact with the client. Include résumés.
9. Describe the steps you have taken to ensure HIPAA compliance. Please be specific.
10. Do you agree to provide the State Treasurer’s Office with copies of your Annual Financial Audits and its Annual Report?

4.3.2 Section 2 – Proposal Content Disclosure

1. Please indicate on the following chart whether or not your proposal contains the requested services listed. If no, please indicate on a separate sheet how your proposed services deviate.

		Yes	No
A.	Provide two separate dental plans to retirees, surviving dependent beneficiaries and their eligible dependents. Assist the State Treasurer’s Office in developing and printing materials to distribute to existing retirees and future retirees to explain the plan features of both plans to assist them in their election process.		
B.	Administer the two dental plans on a calendar year basis, including deductibles and annual benefit limits.		
C.	Maintain a discount provider network arrangement which provides savings to the State and its retirees.		

		Yes	No
D.	Receive claims for plan benefits, and expeditiously review such claims to determine the appropriateness of the care and the amount, if any, due and payable in accordance with the terms and conditions of the plan. Claims shall not be paid without completed documentation acceptable to State Treasurer's Office consistent with industry practice.		
E.	Disburse, to the entitled party, the benefit payments that it determines to be due in accordance with provisions of the plan.		
F.	Provide to the claimant within thirty (30) days following the receipt of a claim, written notification (A) as to the disposition of the claim or (B) of an anticipated delay beyond the duration required under State law for the disposition of the claim together with an explanation of the delay.		
G.	Assign its services and support staff for enrollment meetings, benefit seminars and any other transition needs. The staff and services assigned must be adequate to meet the needs of the State Treasurer's Office, as determined by the State Treasurer's Office.		
H.	Provide the following reports:		
1.	Quarterly paid claims summary for all benefit payments made during the quarter. The summary should show separately for retirees and dependents, the eligible charges submitted, amount paid during the quarter, and the number of claims		
2.	Quarterly in and out-of-network utilization showing information noted above by in and out-of-network.		
3.	Gross submitted charge amounts, amounts determined to be ineligible, amounts applied to coinsurance, and amounts adjusted for COB.		
4.	Quarterly claims paid by type of service category (Preventive, Basic, Major, etc.) showing total number of claims, eligible charges, and claim payments for each category.		
I.	Perform the following additional duties:		
1.	Assist in benefit development for the two plans, design and implementation.		
2.	Provide information and advice on topics relative to the plan, including changes in the marketplace and the effect of any changes upon benefit levels and coverage.		
3.	Maintain a dedicated toll-free line Monday through Friday during the hours of 8:00 a.m. to 4:30 p.m. with TTY capability for plan participants.		
4.	Maintain a dedicated mailing address for State's Treasurer's Office account.		
5.	Determine and advise State Treasurer's Office of usual, customary and reasonable provider fees prevailing in the applicable service areas.		

		Yes	No
6.	Provide, on a semi-annual basis, consultation services, including analysis of claims losses, discussion of cost containment programs, discussion of new dental procedures, and a review of medical, economic, and/or political developments.		
7.	Interface and cooperate with other vendors providing services to the plan.		
8.	Ensure adequate and dedicated claims staff with multiple years experience, whose skills include resolution of manually reviewed items.		
9.	Calculate benefits and prepare checks.		
10.	Provide timely notification of claimants of rejected claims and the reason for rejection.		
11.	Investigate claims for fraud.		
12.	Prepare claims summary reports on a quarterly basis.		
13.	Provide Explanation of Benefits to all claimants for all claims regardless of whether checks are issued.		
14.	Review all claims for COB status, and billing of other carriers as appropriate.		
15.	Provide for the electronic exchange of information between the vendor and the State Treasurer's Office.		
16.	Handle all appeals of claims denials and provide the State Treasurer's Office with information with respect to the applicable claims determination.		
17.	Process enrollment forms, either electronically or on paper, as necessary.		
18.	Conduct student verification when students, who have dental coverage only, turn age 19, and annually thereafter until student turns age 23.		
19.	Provide premium billing to Special Groups.		
20.	Review new enrollees for COB status and verify COB status with all participants annually.		
21.	Determine expected claims costs for existing benefits in the fall of each year, including trend analysis and for proposed benefits, as needed.		

4.3.3 Section 3 – Claims Administration - General

1. Please provide the address of the claims office which would service this group.
2. Does your contract include an Indemnification/Hold Harmless clause to protect the client?
3. Does your organization maintain and enforce a structured compliance plan for dealing with fraud and abuse?
4. Do you agree to provide personalized claim forms to the State Treasurer's Office and identification cards to retired teachers and other group members?
5. Describe your process and procedures concerning claims processing. Provide work flow chart.

6. Do you have the ability to allow for the electronic submission of claims from providers? Will the State Treasurer’s Office be able to access eligibility information via the Web or some other format? Describe how eligibility is verified. Describe how internal eligibility reports are reconciled against the original source document.
7. Will you allow the State Treasurer’s Office, or another vendor selected by the State Treasurer’s Office, to conduct periodic audits?

4.3.4 Section 4 – Claims Administration - Operations

1. For each of the following processes, provide your response as to whether your claim system handles the task in an **AUTOMATED (A)** manner, uses **MANUAL REVIEW (MR)**, or if it is **NOT CHECKED (NC)**.

	A	MR	NC
a. Total charges against total allowable payment.			
b. Checks for duplicate charges.			
c. Identifies excess “usual, customary and reasonable” charges (R&C) for services.			
d. Verifies that a provider is licensed to perform the type of services billed.			
e. Identifies that the provider is a participant in your network, especially one who has multiple locations or tax identification numbers.			
f. Overpayment/underpayment.			
g. Pending claims.			
h. Upcoding/unbundling.			
i. Coordination of benefits recovery.			

2. Describe briefly any significant manual operations required by the claims system, such as acquisition and maintenance of claim files, manual calculations, etc.
3. Define “reasonable and customary” as your company uses it to establish allowable charges (assuming the plan does not specify). What basis is used? Are you using current ADA codes? Explain.
4. Indicate your average turnaround time on “clean” claims.
5.
 - a. How often is eligibility information updated?
 - b. Describe how you monitor eligibility of students?
6. What are the hours of your claims administration office? Will you be willing to dedicate a claims staff for the State including toll-free telephone lines? How many telephone lines do you expect to make available? What hours will the telephone lines be staffed?

Claims Administration - Subrogation/Coordination of Benefits

1. What procedures do you perform to determine the presence of other coverage? How often are these procedures performed?
2. a. Is there a dollar threshold before COB procedures are triggered?
b. If so, what is the threshold amount?
3. What is your firm's average percent recovery on COB?

Implementation of New Dental Benefit Plans

1. Provide a detailed plan, with timeframes, for implementing the new retiree dental plans for existing retirees and future retirees with an implementation target date of January 1, 2007.

Claims Administration - Appeals Procedures

1. Describe the process for claimants who contact your office to discuss and/or appeal claims, including timeframes and procedure for reply.
2. Explain entire protocol for handling unusual or disputed claims and/or charges. Do you retain, or have on staff, dental consultants for the review of the unusual claims or charges. If yes, explain the method by which such consultants are used and describe their qualifications and credentials. Also, please provide a summary of the work flow associated with an unusual or disputed claim. Is the medical review board certified in the specialty in which the disputed claim falls?
3. Do members have the opportunity to have a hearing or provide rebuttal on disputed or denied claims? Please describe this process.

Claims Administration - Reporting

1. Are you able to provide a breakdown of claims data, as follows:
 - a. Billed amount
 - b. Allowed amount
 - c. Paid amount
 - d. Number of claims
2. a. Do you provide the following types of reports?
 - (1) network utilization Yes No
 - (2) claims Yes No
 - (3) treatment pattern Yes No

Provide samples of each with your bid response.

- b. Can the information in 2a. be delineated by provider and groups of providers? Can the State Treasurer's Office get client specific data?
- c. Provide a sample of the most comprehensive reporting package you provide to any client.

4.3.5 Section 5 – Dental Provider Network

1. Does your proposal include a dental provider network?

2. Please provide the number of general dentists in your network. Please provide the number of specialists in your network. What percentage of dentists in the State of Vermont does each of these numbers represent? Does your provider network extend to providers in other states in the US? If yes, can you provide the percentage of dentists in your network by state?
3. Please provide a copy of all related provider directories.
4. What is the average discount for provider services through your network?
 - a. General dentists
 - b. Specialists
5. Please confirm that members will not be balance-billed for amounts over a network fee on preventive and diagnostic services when receiving care from a network provider.
6. Please explain how claims are adjudicated and paid when an enrollee obtains services outside the network.
7. Describe how your organization would ensure the provision of timely and accurate communications to providers, regarding any changes made to the State Treasurer’s Office’s plan design or reimbursement levels.

NETWORK QUALITY ASSESSMENT

1. Complete the following table. Check off those elements that are included in the provider selection process and indicate the percentage of providers that satisfy the following selection criteria elements.

Criteria	Standard Selection Criteria (check if yes)	Percentage of Dental Providers that Satisfy Criteria	Comments
Require Unrestricted State Licensure			
Require full disclosure of current litigation & other disciplinary activity			
Require Signed Application/Agreement			
Require Hepatitis B (3) series of shots			
Require Current DEA Registration			
Review adherence to state and community practice standards			
On-site review of office location and appearance			

Criteria	Standard Selection Criteria (check if yes)	Percentage of Dental Providers that Satisfy Criteria	Comments
Review hours of operation and capacity			
Review Practice Patterns & Utilization Results			

4.3.6 Section 6 – Additional Information

- *Section 1* – Proposed Value-Added Options – The State will consider any option proposed by the bidder as a value-added option that will substantially reduce costs and improve efficiency of operations. This Section is optional (but desirable) in the bidder’s proposal.
- *Section 2* – Assumptions and Exceptions – Identification of all assumptions that the bidder made in preparing its proposal as well as any exceptions that the bidder takes with regard to the requirements expressed in the RFP. This section must contain a list of **all** assumptions and exceptions, with a cross-reference to the specific section of the RFP to which the assumption or exception applies.

4.4 Bidder’s Proposal PART III – Bidder References

The bidder shall provide a minimum of three (3) references. At least two must be for retiree dental services.

For each reference, the bidder must include the name, address, e-mail address, and telephone numbers of individuals qualified to provide information from both the management and technical viewpoints. For each reference, the bidder must specify:

- The length of time during which services were performed;
- A description of the specific services provided;
- Project statistics such as size of funds, number of investment types, number of indices, etc.

4.5 Bidder’s Proposal PART IV – Cost

Bidder cost proposals shall be presented in sufficient clarity and detail to enable the State to validate the costs.

1. When providing your cost proposals for the two dental plans as outlined, please separate out your administration fees and the actual cost for the coverage(s).
2. Are your quoted fees guaranteed for a minimum of 24 months?
3. Are you willing to guarantee the rates/fees for more than 24 months?

NOTE: An appropriate administrative fee will be added by the Treasurer’s Office to the premiums applicable to each dental plan to cover the services performed by the State. Bidders should not add these fees as part of their cost proposals. The fees will be added as part of the final contract negotiations with the selected bidder.

NOTE: This part of the proposal must be bound separately and sealed in an envelope separate from the technical proposal and be labeled “Cost Proposal.” Cost information is NOT to be provided in any other part of the bidder’s proposal.

5 BIDDER EVALUATION AND SELECTION CRITERIA

5.1 Bidder Evaluation

The Office of the State Treasurer will conduct a fair and impartial evaluation of the proposals received in response to this RFP.

Fees and compensation will be an important factor in the evaluation of responses. However, the Office of the State Treasurer is not required to select the low-cost bidder, but may select the bid that demonstrates the “best value” overall, including proposed alternatives, and that meets the objectives of this RFP. The Office of the State Treasurer reserves the right to negotiate a change in any element of contract performance or cost identified in the RFP.

Evaluation of Proposals	
A. RFP Understanding	<ul style="list-style-type: none">▪ Approach▪ Clarity▪ Creativity of proposal▪ Responsiveness to Scope of Services and ability to provide requested services
B. General Experience and Qualifications of Firm	<ul style="list-style-type: none">▪ Experience▪ Assigned personnel▪ Any other resources assigned to State
C. Network of Dentists	
D. Reporting Capabilities	
E. References, Financial Stability, Performance Guarantees	
F. Cost	

The Office of the State Treasurer reserves the right to seek clarification of any proposal submitted, to request oral presentations, and to select the proposal considered to best promote the public interest.

The State of Vermont is conscious of and concerned about collusion. It should therefore be understood by all that in signing the bid and contract documents they agree that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company.

Note: Cost proposals will be opened and reviewed only for those bids that meet the established minimum technical thresholds.

ATTACHMENT A – STANDARD CONTRACT PROVISIONS

STATE OF VERMONT
STANDARD CONTRACT FOR PERSONAL SERVICES

1. **Parties:** This is a contract for personal services between the State of Vermont _____ (hereafter called “State”), and _____ with _____ principal place of business in _____ (hereafter called “Contractor”).

Contractor’s form of business organization is _____.

Contractor (is/is not) required by law to have a Business Account Number from the Vermont Department of Taxes. Account Number is (# _____/not required by law).

2. **Subject Matter:** The subject matter of this contract is personal services generally on the subject of _____. Detailed services to be provided by the Contractor are described in ATTACHMENT A (below).

3. **Maximum Amount:** In consideration of the services to be performed by Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in ATTACHMENT B, a sum not to exceed \$_____.00.

4. **Contract Term:** The period of Contractor’s performance shall begin on _____, 20____, and end on _____, 20____.

5. **Prior Approvals:** If approval by the Attorney General’s Office or the Secretary of Administration is required (under current law, bulletins, and interpretations), neither this contract nor any amendment to it is binding until it has been approved by either or both such persons.

-Approval by the Attorney General’s Office is required.

-Approval by the Secretary of Administration is required.

6. **Amendment:** No changes, modifications, or amendments in the terms and conditions of this contract shall be effective unless reduced to writing, and numbered and signed by the duly authorized representative of the State and Contractor.

7. **Cancellation:** This contract may be canceled by either party by giving written notice at least ____ days in advance of the proposed cancellation date.

8. **Attachments:** This contract consists of ____ pages including the following attachments, which are incorporated herein:

Attachment A – Specifications of Work to be Performed

Attachment B – Payment Provisions

Attachment C – “Customary State Contract Provisions” (revision date 2/95).

Contract # _____

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS CONTRACT.

by the STATE OF VERMONT:

by the CONTRACTOR:

Date: _____

Date: _____

Signature: _____

Signature: _____

Name/Title: _____

Name/Title: _____

Agency: _____

Fed ID/S. Sec# _____

STATE OF VERMONT
CONTRACT FOR PERSONAL SERVICES

ATTACHMENT A
SPECIFICATIONS OF WORK TO BE PERFORMED

(Insert Attachment A)

STATE OF VERMONT
CONTRACT FOR PERSONAL SERVICES

ATTACHMENT B
PAYMENT PROVISIONS

(Insert Attachment B)

STATE OF VERMONT
CONTRACT FOR PERSONAL SERVICES

ATTACHMENT C
CUSTOMARY STATE CONTRACT PROVISIONS

1. Entire Agreement: This contract represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. Applicable Law: This contract shall be governed by the laws of the State of Vermont.
3. Appropriations: If this contract extends into more than one fiscal year of the State (July 1 to June 30) and if appropriations are insufficient to support this contract, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriations authority.
4. No Employee Benefits for the Contractor: The Contractor understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation and sick leave, worker's compensation, or other benefits or services available to State employees, nor will the State withhold any State or Federal taxes. The Contractor understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including, but not limited to, income, withholding, sales and use, and rooms and meals, must be filed by the Contractor, and information as to contract income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
5. Independence, Liability: The Contractor will act in an independent capacity and not as officers or employees of the State. The Contractor shall indemnify, defend, and hold harmless the State and its officers and employees from liability and any claims, suits, judgments, and damages arising as a result of the Contractor's acts and/or omissions in the performance of this contract.

Insurance: Before commencing work on this contract, the Contractor must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Contractor to maintain current certificates of insurance on file with the State through the term of the contract.

Worker's Compensation: With respect to all operations performed, the Contractor shall carry worker's compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the contract, the Contractor shall carry general liability insurance having all major divisions of coverage including, but not limited to:

- Premises - Operations
- Independent Contractor's Protective
- Products and Completed Operations
- Personal Injury Liability
- Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

- \$1,000,000 Per Occurrence
- \$1,000,000 General Aggregate
- \$1,000,000 Products/Completed Products Aggregate
- \$50,000 Fire Legal Liability
- \$1,000,000 Errors and Omissions per occurrence

The policy must cover the loss, damage, theft, or destruction of documents that may occur during the period when Contractor is in possession of the documents, and must provide first dollar coverage (i.e., no deductible) for actual replacement costs (State or Contractor staff time to reconstruct folders). The State has determined that the cost to replace a lost file is \$1,000.

Automotive Liability: The Contractor shall carry automotive liability insurance covering all motor vehicles, no matter the ownership status, used in connection with the contract. Limits of coverage shall not be less than \$1,000,000 Combined Single Limit.

No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Contractor for the Contractor's operations. These are solely minimums that have been set to protect the interests of the State.

7. Reliance by the State on Representations: All payments by the State under this contract will be made in reliance upon the accuracy of all prior written representations by the Contractor, including but not limited to bills, invoices, progress reports, and other proofs of work.

8. Records Available for Audit: The Contractor will maintain all books, documents, payrolls, papers, accounting records, and other evidence pertaining to costs incurred under this agreement and make them available at reasonable times during the period of this contract and for three years thereafter for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved. The State, by any authorized representative, shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed under this contract.

9. Fair Employment Practices and Americans with Disabilities Act: The Contractor agrees to comply with the requirements of Title 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Contractor shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Contractor under this contract. Contractor further agrees to include this provision in all subcontracts.

10. Set Off: The State may set off any sums that the Contractor owes the State against any sums due the Contractor under this contract; provided, however, that any set-off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

11. Taxes Due to the State:

a. Contractor understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, and corporate and/or personal income tax on income earned within the State.

b. Contractor certifies under the pains and penalties of perjury that, as of the date the contract is signed, the Contractor is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

c. Contractor understands that final payment under this contract may be withheld if the Commissioner of Taxes determines that the Contractor is not in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due to the State of Vermont.

d. Contractor also understands the State may set off taxes (and related penalties, interest, and fees) due to the State of Vermont, but only if the Contractor has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Contractor has no further legal recourse to contest the amounts due.

12. Child Support: (Applicable if the Contractor is a natural person, not a corporation or partnership.) Contractor states that, as of the date the contract is signed, he/she:

is not under any obligation to pay child support; or

is under such an obligation and is in good standing with respect to that obligation; or

has agreed to a payment plan with the Office of Child Support Services and is in full compliance with that plan.

Contractor makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Contractor is a resident of Vermont, Contractor makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

13. Subcontractors: Contractor shall not assign or subcontract the performance of this agreement or any portion thereof to any other contractor without prior written approval of the State. Contractor also agrees to include in all subcontract agreements a tax certification in accordance with Paragraph 11 above.

14. No Gifts or Gratuities: Contractor shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this contract. Contractor will certify that it is in compliance with Regulation 2001-01: Standards of Conduct, and will notify the State of any required disclosure. See Attachment D.

15. Copies: All written reports will be printed using both sides of the paper.

Notwithstanding any other provision in this contract, the parties understand that this contract is a public record.

ATTACHMENT B – CONFIDENTIALITY AGREEMENT

I, _____ (name), _____ (title), as legal representative of _____ (firm name) in order to submit a proposal for future Services to the State of Vermont, do hereby acknowledge and agree to the following:

1. If needed, certain information may be made available by the State to _____ (firm name) to enable the firm to prepare a proposal in response to a request for proposal.
2. Vermont law provides that the contents of member records will not be disclosed without the prior written consent of the individual to whom the record pertains. Information provided to _____ (firm name) is confidential and shall not be made available to any individual or organization without the prior written approval of the State and member.
3. The confidentiality of any and all information that is provided by the State to the firm directly or indirectly will be upheld and protected. All such information will be handled and processed in a manner to preserve its confidentiality and it will not be revealed or divulged to any individual or firm.
4. All information submitted by the State will remain the property of the State and will be returned to the State upon completion or upon request by the State.

Signature: _____

Date: _____ day of _____, 2006.

ADDENDUM 1 – BASIC SERVICES

Coverage A Diagnostic/Preventive	Coverage B Basic	Coverage C Major
Deductible: None	Deductible: \$100/\$50 *	Deductible: \$100/\$50 *
Covered at 100%	Covered at 50/80% **	Covered at 50%
Diagnostic: Evaluations - once in a 6-month period	Restorative: Amalgam fillings Composite fillings (anterior teeth only)	Prosthodontics: Removable and fixed partial dentures (bridge); complete dentures
X-rays (Complete series or panoramic film) once in a 3-year period	Oral Surgery: Surgical and routine extractions	Rebase and reline (dentures)
Bitewing x-rays once in a 12-month period	Endodontics: Root canal therapy	Crowns
X-rays of individual teeth as necessary	Periodontics: Periodontal maintenance (cleaning) <i>Only one cleaning is covered in a 6-month period; this can be routine (Coverage A) or Periodontal (Coverage B), but not both.</i>	Onlays
Preventive: Cleanings once in a 6-month period	Treatment of gum disease	Implants: Up to a \$1,500 yearly maximum
	Denture Repair: Repair of a removable denture to its original condition	
	Emergency Palliative Treatment	
* Calendar Year Deductible:	Plan A - \$100; Plan B - \$50	
** Coverage B - Basic:	Plan A - 50%; Plan B - 80%	
Calendar Year Maximums:	Plan A - \$1,000; Plan B - \$1,500 (Coverages A, B, and C combined)	

Implants are subject to the annual maximums for Plan A or Plan B. There is not a separate or additional maximum for Implants.

- End RFP -