



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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ADMINISTRATOR
SANDRA L. YAHIRO

April 23, 2014

ADDENDUM 1

TO

REQUEST FOR PROPOSALS

NO. 14-004

SEALED OFFERS FOR

DENTAL BENEFITS

1. Can the State clarify the basis for determining the applicable allowable charge for out of network care (RFP Section III, Sub-section 3, p. 22, first bullet point entitled "Fees/Rates/Network Discounts") (e.g., is it 80% of reasonable and customary charges for the geographic area?; is it prevailing negotiated network fee schedule for the area?).

ANSWER: Your question is irrelevant to the referenced paragraph. The referenced paragraph simply gives additional explanation regarding the "Fee/Rates/Network Discounts" portion of the evaluation criteria. It will be calculated using the proposed rates multiplied by the enrollment contained in the RFP. See page 9 of this addendum.

2. Can the State clarify the method by which a bidder's point total under the Network disruption category will be determined (RFP Section III, Sub-section 3, p. 21-22)

2(a). The RFP states – "the overall percent of the plan enrolled population that will not be required to change providers from those that has been used over the past three years or from inception of the plan..."

We interpret this to mean that comparison is based only on network providers. In other words, if a participant is currently receiving care from a non-network provider, and that same provider is not in our network, that would not be considered disruption. Is that a correct interpretation?

ANSWER: Incorrect, it would count as disruption for all offerors (including the incumbent if that is the case) that does not have the utilized provider in its network.

2(b). The RFP states – “An evaluation of the number of providers that are available to participants based upon a distribution per island within the State...”

How will the distribution per island be calculated? For example, will a percentage be calculated by dividing the number of network providers within the defined geographic area by the total number of practicing providers within the same defined geographic area? If not, please clarify how this criteria will be evaluated and whether the “evaluation” will be turned into a percentage?

ANSWER: The baseline will be the greatest number of providers in that area submitted by one of the offerors. The percentage of that allocation the offeror would receive will be based on its relative percentage.

Example: Offeror A - 1,000 providers; Offeror B - 800 providers; Offeror C - 500 providers:

Offeror A would receive 100% of the allocated points, Offeror B would receive 80%, Offeror C would receive 50%.

2(c). The RFP states – “The results of the addition of these two percentages will provide a total score for this category...”

Please clarify this formula, as the above two criteria set forth a percentage and an evaluation, as opposed to two percentages. For example, if a bidder achieves a network disruption ratio of 60%, and has 40% of practicing dentists in its network for the defined geographic area, would that bidder earn the full 30 points available for this category (i.e., $60\%+40\% = 100\%$ of 30 points)? Or are the points allocated in a different manner? If so, please clarify precisely how this calculation will be made.

ANSWER: No, the points would be split in half for the two metrics. In your example, the offeror would receive 60% of 15 plus 40% of 15, which is 15 (9+6).

2(d). For a non-incumbent, out-of-State offeror, how will the State evaluate the network disruption criteria to ensure that the offeror is “afforded an equal opportunity to compete in a fair and open environment”? See HRS § 103D-101(a)(6)(A). We presently have a strong network in Hawaii, and if we are awarded the contract will make significant commitments to expand that network in those areas where State participants reside. However, no bidder can reasonably be expected to match the incumbent as it relates to network access for State participants until that bidder is awarded the contract. The contract award is what provides the bidder with the leverage and the imperative to recruit dentists where State participants reside. This is particularly applicable in Hawaii, where the State is the dominant employer.

ANSWER: All offerors, both in-state and out-of-state are evaluated on an equal basis based on the actual dentists used in the plan, regardless of whether or not the dentists are in the incumbent’s network. The access is evaluated based upon whether all participants will have access to a network dentist located on their resident island.

3. As it relates to the participating financial arrangement, (RFP Section II, Sub-section 16(1) and (2), p. 19-20) we would be grateful if the State would clarify a few items.

3(a). First, if the incurred claims for any contract year exceed premiums (inclusive of retention), would the State expect that the deficit would be carried forward to the following year and no dividend would be paid to the State until the deficit which was carried forward has been recouped?

ANSWER: No deficits are to be carried forward. Each contract term is separately accounted, that is each one year term. This benefit has one-way (surplus refunding with no deficit collection) participating contracts. The vendors guarantee a maximum retention percentage and any premium surpluses above the claims plus guaranteed retention gets refunded at the end of the year. The monthly premium is the maximum risk to the EUTF.

3(b). Secondly, would the State expect dividends to be paid at the conclusion of each year or at the conclusion of the entire contract period (i.e., after 4 years if all option years are exercised)?

ANSWER: See answer to 3(a) above.

3(c). Lastly, would the State pay any accrued deficits to the contractor at the conclusion of the entire contract period if incurred claims over the course of the entire contract period exceeded premiums (inclusive of retention)?

ANSWER: See answer to 3(a) above.

4. Please provide historical dental and vision claim data with services identified by procedure code and/or any available claim summaries by procedure type/category.

ANSWER: Please see Attachment 1.

5. What is the current, historical, and requested R&C percentile for out-of-network dental claims reimbursement? Please confirm if these are rather paid out based on a maximum allowable cost.

ANSWER: The basis for the non-network dental reimbursement is a % discount from the confidential participating provider fee schedule or in-network providers.

6. Are discounts in the HDS, Delta PPO, and the Delta Premium networks extend to non-covered dental services?

ANSWER: No.

7. Approximately how many new hires and how many terminations did State of Hawaii have in the past three years? What is the anticipated rate of hiring and terminations in the near

future? This information will help us to assess the impact of the 12 month waiting period on dental plan costs.

ANSWER: This information is not available.

8. What are the current and historical eligibility rules for orthodontics coverage? Is it offered to all enrollees, or only children up to a certain age?

ANSWER: No Orthodontic coverage available for retirees. Orthodontic benefits for all actives is provided below to the following:

- Employee
- Dependent (through age 18)
- Domestic partner
- Civil union
- Spouse
- Full time student (through age 23)

9. What is the percentage of dental claims currently paid in network?

ANSWER: This information is not being made available. A detailed claim file is being provided.

10. Please confirm if 3 ring binders are acceptable for the requested Ten (10) hard copies of the proposal. Each copy shall be marked, "Copy ___ of 10." Copies may be bound and double sided. (This is listed on page 5 of the State of Hawaii Dental.pdf RFP)

ANSWER: Confirmed.

11. Please confirm that the questionnaire in Word is the only document to be included on the "Twelve (12) electronic copies (on 12 CDs) of the proposal. Electronic copies of the proposals shall be submitted in Word format for the completed proposal sheets and Word format for the questions." (This is listed on page 5 of the State of Hawaii Dental.pdf RFP)

ANSWER: No. The offeror's full proposal should be included on the (12) electronic copies (PDF permitted). The fee quotation forms and questionnaires should also included on the CDs as a separate file in Word format.

12. Please confirm the need to maintain auto insurance as described in the RFP as auto insurance does not traditionally factor into the administration of insurance and benefits. (This is listed on page 13 of the State of Hawaii Dental.pdf RFP)

ANSWER: Auto insurance, at the coverage levels described, is required.

13. We standardly use read/write protected CDs for our proposals. Are you requesting that the questionnaire is returned on CDs that can be modified based on this request "DO NOT PDF or otherwise protect the CD?" (This is listed on page 48 of the State of Hawaii Dental.pdf RFP)

ANSWER: No. We would like the proposal to be submitted on a CD in which we are able to able open and view the files. We do not need to be able to edit the files that you send us on CD.

14. Memo, Re: Request for Proposal, 3rd paragraph says that EUTF reserves the right to award multiple contracts as a result of this RFP. We understand that separate contracts will be issued for Active and Retiree plans and that a different carrier could be awarded the contract for each group. But, could multiple carriers be awarded contracts for the same benefit and the same group? If so, is it acceptable to specify that our proposal would not permit co-existing with another carrier within the same group?

ANSWER: The EUTF reserves the right to issue separate awards for each Proposal Sheet if it chooses. It also reserves the right to issue contracts to multiple offerors for a single Proposal sheet if it chooses to do so. Any contingencies should be listed as an exception in Attachment 5 of this RFP.

15. Page 14, Section I, #7 (g): This section references a proposal for self-insured plans; however, the request for quotes is on a fully insured basis. Please confirm that self-insured plan proposals are not sought.

ANSWER: Please disregard references to self-insured proposals . Self-insured proposals are not being sought.

16. Page 19, Section II #16.1 refers to the Fully Insured Option with no refunds required or deficits carried forward. However, the proposal sheets (starting on page 39) for Insured/No Risk Sharing all have the asterisk that refers to refund language. Would you please clarify if and/or how the asterisk language on page 39 applies?

ANSWER: For the “No Risk Sharing” rate tables on 1B, 2B, 3B, and 4B (pg. 39, 41, 43, 45), the (*) can be ignored.

17. Page 33, Section V says that all proposals should match current benefits and to note deviations if you cannot match benefits. Is it permissible to provide enhanced benefits in addition to matching the current benefits? Is it permissible to include a Dental HMO Benefit Option in addition to the current benefit plan?

ANSWER: Enhanced or different plan designs are not being requested at this time (other than the fluoride treatment for those under 19, implant benefits, and an increase to plan maximum). A dental HMO plan is not being requested.

18. Page 49, Section VIII, A: Should there be a question number 3? Please confirm.

ANSWER: There is no question number 3.

19. Page 64, Section IX, #1: Disruption data requested is solely for island population. How will network disruption be analyzed for any retiree population residing outside the state of Hawaii?

ANSWER: Please refer to page 22 in the RFP and its explanation of the category.

20. The RFP attachments included benefit summaries for each plan. Can full dental policy booklets for each plan be provided for review?

ANSWER: Please see Attachment 2.

21. Page 28, Section IV #9 COBRA Administration: How will the EUTF notify the dental insurer of a person's eligibility for COBRA coverage?

ANSWER: The EUTF will notify the dental insurer via fax copy of the COBRA enrollment form for the member electing COBRA coverage.

22. Please confirm that this RFP is not seeking self-insured proposals and if this is the case whether this paragraph should be deleted or modified. (Reference Pg 15(g))

ANSWER: Correct, please disregard this paragraph.

23. Please confirm that these are the descriptions of the funding arrangements. If so, please modify the descriptions on the proposal sheets so they are consistent. (Reference Pg 19 (#16))

ANSWER: Yes, these are the requested funding arrangements. The proposal sheets adequately describe the requested funding.

24. If data files are received Friday end of business day, can the EUTF change from 48 hours to two business days for processing all transactions. (Reference Pg 26 (#4))

ANSWER: Yes. Two business days for data files received end of business day on Friday is acceptable.

25. Please clarify or define all "aspects for compliance under COBRA". (Reference Pg 28 (#9))

ANSWER: Eligibility (other than the initial eligibility), processing, election of coverage, billing and collection of premium, and termination notification.

26. Please confirm that the Retirees report split between Medicare and non-Medicare is not required. The enrollment data provided by EUTF is not separated by Medicare and non-Medicare. (Reference Pg 28-29 - Contractor shall provide an annual plan performance report with the incurred and paid accounting report within 120 days after each contract year... The retiree report shall be split between Medicare and non-Medicare retirees.)

ANSWER: Confirmed.

27. Both of these sentences reference separate contracts for active and retiree plans. Will there be separate contracts up to a maximum of five (per carrier): EUTF Actives, HSTA VB Actives, EUTF Retirees, HSTA VB Retirees, and HSTA VB Supplemental Actives? (Reference Pg 31 - Separate contracts will be issued for Active and Retiree Plans; It is anticipated that separate contracts will be issued for active and retiree plans.)

ANSWER: Separate contracts will be issued for all actives plans and separate contracts will be issued for all retiree plans.

28. What should be entered in the 3-tier fee/rates fields vs. the 3-tier total premium fields on the proposal sheets? Please provide an example. (Reference Pg 38-45 - Fee Proposal Forms)

ANSWER: The first set of rates should be net of retention. The "Total Premium (Including Retention)" fields should include retention.

29. Is the retention to be included in the first set of fees? (Reference Pg 38-45 - Fee Proposal Forms)

ANSWER: No.

30. Please clarify what values equate to the Total Premium? (Reference Pg 38-45 - Fee Proposal Forms)

ANSWER: Rates net of retention + Guaranteed Retention (\$ or %) = Total Premium

31. Should (*) and footnote marked by (*) be removed since it doesn't apply? (Reference Pg 39, 41, 43, 45 - Proposal sheets 1B, 2B, 3B, 4B)

ANSWER: Yes, for the "No Risk Sharing" rate tables on 1B, 2B, 3B, and 4B (pg. 39, 41, 43, 45), the (*) can be ignored.

32. Why is Proposal Sheet 5 HSTA VEBA Actives Supplemental Plan not structured the same way as the other fee proposal forms? (Reference Pg 46 - Proposal Sheet 5)

ANSWER: Please disregard Proposal Sheet 5 in the RFP and see the attached updated version which has been modified and split into Proposal Sheet 5A and 5B.

33. Why isn't there a section to state ACA Insurer Fee or should the quoted rates include ACA Insurer fees. (Reference Pg. 46 - Proposal Sheet 5)

ANSWER: Please disregard Proposal Sheet 5 in the RFP and see the attached updated version which has been modified and split into Proposal Sheet 5A and 5B.

34. Please confirm that no benefit changes are being requested for HSTA VB Active Supplemental Plan. Adjustments for Fluoride treatment increased to 2 per calendar year and implant benefit are not being requested. (Reference Pg 46 - Proposal Sheet 5)

ANSWER: Confirmed.

35. Please confirm the contractor is responsible for the creation, implementation, and reporting of the annual enrollee satisfactions survey. (Reference Section X - Performance Guarantees, Participant Services)

ANSWER: Confirmed. All documents are subject to review and approval by the EUTF.

36. Please confirm that current dental and vision plans are non-participating. If there is currently a risk sharing arrangement in place, please describe it.

ANSWER: Both benefits have one-way (surplus refunding with no deficit collection) participating contracts. The vendors guarantee a maximum retention percentage and any premium surpluses above the claims plus guaranteed retention gets refunded at the end of the year. The monthly premium is the maximum exposure to the EUTF.

Changes are made to the following

- *Section III, Proposal Evaluation, Item 3, Evaluation Criteria and Points, page 21*
- *Section III, Proposal Evaluation, Description of Evaluation Criteria, page 22*
- *Section VI, Proposal Sheet 5*
- *Section X, Exhibit D, Contract Form and General Conditions*

Section III, Proposal Evaluation, Item 3, Evaluation Criteria and Points, page 21, Reference to “Network Discounts” is removed, REPLACE with the following:

Criteria	Points
Fees/Rates	35
Adherence to RFP instructions and overall responsiveness	5
Network disruption	30
Agreement to perform services requested in RFP (including the special conditions in section I)	15
Experience offering services to similar sized entities, and references, including prior engagements with the EUTF and the State	5
Performance guarantees	5
Local call center	5
Total	100

Section III, Proposal Evaluation, Description of Evaluation Criteria, page 22, Reference to “Network Discounts” is removed, REPLACE with the following:

- **Fees/Rates:** The cost will be calculated as the rates times the annual estimated enrollment for plan of benefits for which a proposal sheet is submitted using the enrollment that is contained in this RFP.

Section VI, Proposal Sheet 5, REPLACE with the following:

Proposal Sheet – 5A INSURED / RISK SHARING*
HSTA VB ACTIVE SUPPLEMENTAL PLAN - BENEFITS TO MATCH TABLE 3
All rates must be on a tiered basis

Fee	7/1/2015- 6/30/2016	7/1/2016- 6/30/2017	7/1/2017- 6/30/2018	7/1/2018- 6/30/2019
ACTIVE – HSTA VB SUPPLEMENTAL				
Single	\$	\$	\$	\$
Two-Party	\$	\$	\$	\$
Family	\$	\$	\$	\$
Guaranteed maximum retention for stated period Expressed as a percent of claims or a fixed expense	_____ % or \$ _____	_____ % or \$ _____	_____ % or \$ _____	_____ % or \$ _____
Total Premium (Including Retention)				
Single	\$	\$	\$	\$
Two-Party	\$	\$	\$	\$
Family	\$	\$	\$	\$
ACA Insurer fees to be added to the above rate				
Single	\$	\$	\$	\$
Two-Party	\$	\$	\$	\$
Family	\$	\$	\$	\$

*Proposed Risk Sharing: Refund excess if actual benefit expenses plus guaranteed retention is less than the premium paid

Authorized Signature

Title

Name of Company

Date

(Revised) Page 46-A

Proposal Sheet – 5B INSURED / NO RISK SHARING
HSTA VB ACTIVE SUPPLEMENTAL PLAN - BENEFITS TO MATCH TABLE 3
All rates must be on a tiered basis

Fee	7/1/2015- 6/30/2016	7/1/2016- 6/30/2017	7/1/2017- 6/30/2018	7/1/2018- 6/30/2019
ACTIVE – HSTA VB SUPPLEMENTAL				
Single	\$	\$	\$	\$
Two-Party	\$	\$	\$	\$
Family	\$	\$	\$	\$
Guaranteed maximum retention for stated period Expressed as a percent of claims or a fixed expense	_____ % or \$ _____	_____ % or \$ _____	_____ % or \$ _____	_____ % or \$ _____
Total Premium (Including Retention)				
Single	\$	\$	\$	\$
Two-Party	\$	\$	\$	\$
Family	\$	\$	\$	\$
ACA Insurer fees to be added to the above rate				
Single	\$	\$	\$	\$
Two-Party	\$	\$	\$	\$
Family	\$	\$	\$	\$

Authorized Signature

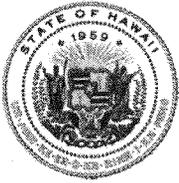
Title

Name of Company

Date

(Revised) Page 46-B

Section X, Exhibit D, Contract Form and General Conditions, INSERT the following:



STATE OF HAWAII
CONTRACT FOR GOODS OR SERVICES
BASED UPON
COMPETITIVE SEALED PROPOSALS

This Contract, executed on the respective dates indicated below, is effective as of
between
State of Hawaii ("STATE"), by its
(hereafter also referred to as the HEAD OF THE PURCHASING AGENCY or designee ("HOPA")),
whose address is
and
("CONTRACTOR"), a
under the laws of the State of
whose business address and federal
and state taxpayer identification numbers are as follows:

RECITALS

- A. The STATE desires to retain and engage the CONTRACTOR to provide the goods or services, or both, described in this Contract and its attachments, and the CONTRACTOR is agreeable to providing said goods or services or both.
B. The STATE has issued a request for competitive sealed proposals, and has received and reviewed proposals submitted in response to the request.
C. The solicitation for proposals and the selection of the CONTRACTOR were made in accordance with section 103D-303, Hawaii Revised Statutes ("HRS"), Hawaii Administrative Rules, Title 3, Department of Accounting and General Services, Subtitle 11 ("HAR"), Chapter 122, Subchapter 6, and applicable procedures established by the appropriate Chief Procurement Officer ("CPO").
D. The CONTRACTOR has been identified as the responsible and responsive offeror whose proposal is the most advantageous for the STATE, taking into consideration price and the evaluation factors set forth in the request.
E. Pursuant to, the STATE is authorized to enter into this Contract.
F. Money is available to fund this Contract pursuant to:

(1)
(Identify state sources)
or (2)
(Identify federal sources)
or both, in the following amounts: State \$
Federal \$

NOW, THEREFORE, in consideration of the promises contained in this Contract, the STATE and the CONTRACTOR agree as follows:
1. Scope of Services. The CONTRACTOR shall, in a proper and satisfactory manner as determined by the STATE, provide all the goods or services, or both, set forth in the request for competitive sealed proposals number ("RFP") and the CONTRACTOR'S accepted proposal ("Proposal"), both of which, even if not physically attached to this Contract, are made a part of this Contract.
2. Compensation. The CONTRACTOR shall be compensated for goods supplied

or services performed, or both, under this Contract in a total amount not to exceed

_____ DOLLARS

(\$ _____), including approved costs incurred and taxes, at the time and in the manner set forth in the RFP and CONTRACTOR'S Proposal.

3. Time of Performance. The services or goods required of the CONTRACTOR under this Contract shall be performed and completed in accordance with the Time of Performance set forth in Attachment-S3, which is made a part of this Contract.

4. Bonds. The CONTRACTOR is required to provide or is not required to provide: a performance bond, a payment bond, a performance and payment bond in the amount of _____ DOLLARS (\$ _____).

5. Standards of Conduct Declaration. The Standards of Conduct Declaration of the CONTRACTOR is attached to and made a part of this Contract.

6. Other Terms and Conditions. The General Conditions and any Special Conditions are attached to and made a part of this Contract. In the event of a conflict between the General Conditions and the Special Conditions, the Special Conditions shall control. In the event of a conflict among the documents, the order of precedence shall be as follows: (1) this Contract, including all attachments and addenda; (2) the RFP, including all attachments and addenda; and (3) the Proposal.

7. Liquidated Damages. Liquidated damages shall be assessed in the amount of _____ DOLLARS (\$ _____) per day, in accordance with the terms of paragraph 9 of the General Conditions.

8. Notices. Any written notice required to be given by a party to this Contract shall be (a) delivered personally, or (b) sent by United States first class mail, postage prepaid. Notice to the STATE shall be sent to the HOPA'S address indicated in the Contract. Notice to the CONTRACTOR shall be sent to the CONTRACTOR'S address indicated in the Contract. A notice shall be deemed to have been received three (3) days after mailing or at the time of actual receipt, whichever is earlier. The CONTRACTOR is responsible for notifying the STATE in writing of any change of address.

IN VIEW OF THE ABOVE, the parties execute this Contract by their signatures, on the dates below, to be effective as of the date first above written.

STATE

(Signature)

(Print Name)

(Print Title)

(Date)

CONTRACTOR

(Name of Contractor)

(Signature)

(Print Name)

(Print Title)

(Date)

CORPORATE SEAL
(If available)

APPROVED AS TO FORM:

Deputy Attorney General

* Evidence of authority of the CONTRACTOR'S representative to sign this Contract for the CONTRACTOR must be attached.



STATE OF HAWAII

CONTRACTOR'S ACKNOWLEDGMENT

STATE OF _____)
) SS.
_____ COUNTY OF _____)

On this _____ day of _____, _____ before me appeared _____ and _____, to me known, to be the person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are _____ and _____ of _____, the CONTRACTOR named in the foregoing instrument, and that he/she/they is/are authorized to sign said instrument on behalf of the CONTRACTOR, and acknowledges that he/she/they executed said instrument as the free act and deed of the CONTRACTOR.

(Notary Stamp or Seal)

(Signature)

(Print Name)

Notary Public, State of _____

My commission expires: _____

Doc. Date: _____ # Pages: _____

Notary Name: _____ Circuit _____

Doc. Description: _____

(Notary Stamp or Seal)

Notary Signature Date

NOTARY CERTIFICATION



STATE OF HAWAII
CONTRACTOR'S
STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Agency" means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of _____, CONTRACTOR, the undersigned does declare as follows:

1. CONTRACTOR is* is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. CONTRACTOR has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. CONTRACTOR has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS).
4. CONTRACTOR has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

CONTRACTOR understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

* Reminder to Agency: If the "is" block is checked and if the Contract involves goods or services of a value in excess of \$10,000, the Contract must be awarded by competitive sealed bidding under section 103D-302, HRS, or a competitive sealed proposal under section 103D-303, HRS. Otherwise, the Agency may not award the Contract unless it posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS).

CONTRACTOR

By _____
(Signature)

Print Name _____

Print Title _____

Name of Contractor _____

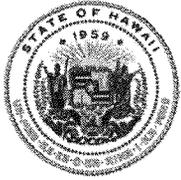
Date _____



STATE OF HAWAII
SCOPE OF SERVICES



STATE OF HAWAII
COMPENSATION AND PAYMENT SCHEDULE



STATE OF HAWAII
TIME OF PERFORMANCE



STATE OF HAWAII

CERTIFICATE OF EXEMPTION FROM CIVIL SERVICE

1. By Heads of Departments Delegated by the Director of the Department of Human Resources Development (“DHRD”).*

Pursuant to a delegation of the authority by the Director of DHRD, I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to § 76-16, Hawaii Revised Statutes (HRS).

(Signature)

(Date)

(Print Name)

(Print Title)

* This part of the form may be used by all department heads and the heads of attached agencies to whom the Director of DHRD expressly has delegated authority to certify § 76-16, HRS, civil service exemptions. The specific paragraph(s) of § 76-16, HRS, upon which an exemption is based should be noted in the contract file. If an exemption is based on § 76-16(b)(15), the contract must meet the following conditions:

- (1) It involves the delivery of completed work or product by or during a specific time;
(2) There is no employee-employer relationship; and
(3) The authorized funding for the service is from other than the "A" or personal services cost element.

NOTE: Not all attached agencies have received a delegation under § 76-16(b)(15). If in doubt, attached agencies should check with the Director of DHRD prior to certifying an exemption under § 76-16(b)(15). Authority to certify exemptions under §§76-16(b)(2), and 76-16(b)(12), HRS, has not been delegated; only the Director of DHRD may certify §§ 76-16(b)(2), and 76-16(b)(12) exemptions.

2. By the Director of DHRD, State of Hawaii.

I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to §76-16, HRS.

(Signature)

(Date)

(Print Name)

(Print Title, if designee of the Director of DHRD)

List of Attachments:

- **Attachment 1, Historical Dental Claims Data**
- **Attachment 2, Schedule of Benefits (Actives and Retirees)**
- **Attachment 3, Summary of Pre Proposal Conference**

Number of Procedures	1/1/2012 - 6/30/2013			7/1/2013 - 12/31/2013		
	EUTF Actives	HSTA VB Actives	HSTA VB Actives Supplemental	EUTF Actives	HSTA VB Actives	HSTA VB Actives Supplemental
Diagnostic Services	323,455	74,974	2,567	109,453	23,174	772
Preventive Services	181,129	45,198	1,561	58,287	12,750	431
Restorative Services	92,809	18,734	936	33,708	6,165	261
Endodontics	9,815	1,691	68	3,507	610	14
Periodontics	18,220	2,980	102	6,424	929	36
Prosthodontics	5,285	683	28	2,008	270	10
Oral Surgery	15,973	2,723	165	6,260	1,047	70
Orthodontics	8,229	2,339	155	2,851	725	45
Adjunctive Services	8,033	1,450	62	3,002	529	33
Total	662,948	150,772	5,644	225,500	46,199	1,672

Number of Procedures	1/1/2012 - 12/31/2012	1/1/2013 - 12/31/2013	
	All Retirees	EUTF Retirees	HSTA VB Retirees
Diagnostic Services	138,959	135,557	10,939
Preventive Services	67,255	65,133	5,400
Restorative Services	44,318	43,818	3,349
Endodontics	4,137	4,174	313
Periodontics	10,632	10,442	732
Prosthodontics	6,753	6,627	329
Oral Surgery	6,411	6,499	317
Adjunctive Services	4,324	4,363	343
Total	282,789	276,613	21,722

Exhibit A

Schedule of Benefits

Group Number: 2600

Plan Code: N/A

Effective Date: 1/1/2012

Contract Type: MultiState

BENEFIT	HDS COPAYMENT PERCENTAGE	DEDUCTIBLE AMOUNT	WAIT PERIOD (MONTHS)
DIAGNOSTIC			
Examinations - twice per calendar year	100%	None	N/A
Bitewing X-Rays - twice per calendar year through age 14; once per calendar year thereafter	100%	None	N/A
Full mouth X-Rays - once every five years	100%	None	N/A
X-Rays (other)	100%	None	N/A
PREVENTIVE			
Cleanings - twice per calendar year	100%	None	N/A
Cleanings/Perio Maint*-pregnant - three times per calendar year	100%	None	N/A
Cleanings/Perio Maint*-diabetic - four times per calendar year	100%	None	N/A
*Perio Maint benefit level	80%	Applicable	N/A
Fluoride - once per calendar year (through age 19)	100%	None	N/A
Fluoride - High Risk - once per calendar year	100%	None	N/A
Space Maintainers (through age 17)	100%	None	N/A
Sealants (through age 18)	100%	None	N/A
RESTORATIVE			
Routine Restorative	80%	Applicable	N/A
Crowns and Gold Restorations	60%	Applicable	12
ENDODONTICS	80%	Applicable	N/A
PERIODONTICS	80%	Applicable	N/A
PROSTHODONTICS	60%	Applicable	12
ENDOSTEAL IMPLANT			
Implant - Limited	60%	Applicable	12
ORAL SURGERY	80%	Applicable	N/A
ADJUNCTIVE GEN. SERVICES			
Adjunctive Services	80%	Applicable	N/A
Palliative Treatment	100%	None	N/A

The HDS Copayment Percentage is the stated percentage of the total Allowed Amount payable by HDS. The HDS Eligible Person is responsible for the difference between the HDS Share and the Approved Amount, and any tax, plus any amount charged above the Allowed Amount by a Non-Participating Dentist.

ANNUAL PLAN MAXIMUM:

Per Person = \$2000 from July to June

DEDUCTIBLE:

\$50/person from July to June

ELIGIBLE PERSON INCLUDES:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Employee <input checked="" type="checkbox"/> Dependent (through age 18) <input checked="" type="checkbox"/> Domestic Partner <input checked="" type="checkbox"/> Civil Union | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full Time Student (through age 23) <input checked="" type="checkbox"/> Reciprocal Beneficiary |
|---|--|

BENEFIT	HDS COPAYMENT PERCENTAGE	LIFETIME MAXIMUM	DEDUCTIBLE	PAYMENT BASIS
ORTHODONTICS	50%	\$1000	None	8 quarterly payments of \$125.00

ELIGIBLE PERSON INCLUDES:

- Employee
- Spouse
- Dependent (through age 18)
- Full Time Student (through age 23)
- Domestic Partner
- Reciprocal Beneficiary
- Civil Union

Exhibit A

Schedule of Benefits

Group Number: 2602

Plan Code: N/A

Effective Date: 01/01/2012

Contract Type: MultiState

BENEFIT	HDS COPAYMENT PERCENTAGE	DEDUCTIBLE AMOUNT	WAIT PERIOD (MONTHS)
DIAGNOSTIC			
Examinations - twice per calendar year	50%	None	N/A
Bitewing X-Rays - twice per calendar year through age 14; once per calendar year thereafter	50%	None	N/A
Full mouth X-Rays - once every five years	50%	None	N/A
X-Rays (other)	50%	None	N/A
PREVENTIVE			
Cleanings - twice per calendar year	50%	None	N/A
Cleanings/Perio Maint*-pregnant - three times per calendar year	50%	None	N/A
Cleanings/Perio Maint*-diabetic - four times per calendar year	50%	None	N/A
*Perio Maint benefit level	45%	None	N/A
Fluoride - once per calendar year (through age 19)	50%	None	N/A
Fluoride - High Risk - once per calendar year	50%	None	N/A
Space Maintainers (through age 17)	50%	None	N/A
Sealants (through age 18)	50%	None	N/A
RESTORATIVE			
Routine Restorative	45%	None	N/A
Crowns and Gold Restorations - once every five years	45%	None	N/A
ENDODONTICS	45%	None	N/A
PERIODONTICS	45%	None	N/A
PROSTHODONTICS - once every five years	45%	None	N/A
ENDOSTEAL IMPLANT			
Implant - Limited	50%	None	N/A
ORAL SURGERY	50%	None	N/A
ADJUNCTIVE GEN. SERVICES			
Adjunctive Services	45%	None	N/A
Palliative Treatment	50%	None	N/A

The HDS Copayment Percentage is the stated percentage of the total Allowed Amount payable by HDS. The HDS Eligible Person is responsible for the difference between the HDS Share and the Approved Amount, and any tax, plus any amount charged above the Allowed Amount by a Non-Participating Dentist.

ANNUAL PLAN MAXIMUM:
Per Person = \$750 from July to June

ELIGIBLE PERSON INCLUDES:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Employee
<input checked="" type="checkbox"/> Dependent (through age 18)
<input checked="" type="checkbox"/> Domestic Partner
<input checked="" type="checkbox"/> Civil Union | <input checked="" type="checkbox"/> Spouse
<input checked="" type="checkbox"/> Full Time Student (through age 23)
<input checked="" type="checkbox"/> Reciprocal Beneficiary |
|---|--|

BENEFIT	HDS COPAYMENT PERCENTAGE	LIFETIME MAXIMUM	DEDUCTIBLE	PAYMENT BASIS
ORTHODONTICS	100%	\$750	None	8 quarterly payments of \$93.75

ELIGIBLE PERSON INCLUDES:

- Employee
- Dependent (through age 18)
- Domestic Partner
- Civil Union

- Spouse
- Full Time Student (through age 23)
- Reciprocal Beneficiary

Exhibit A

Schedule of Benefits

Group Number: 2601

Plan Code: N/A

Effective Date: 1/1/2012

Contract Type: MultiState

BENEFIT	HDS COPAYMENT PERCENTAGE	DEDUCTIBLE AMOUNT	WAIT PERIOD (MONTHS)
DIAGNOSTIC			
Examinations - twice per calendar year	100%	None	N/A
Bitewing X-Rays - twice per calendar year through age 14; once per calendar year thereafter	100%	None	N/A
Full mouth X-Rays - once every five years	100%	None	N/A
X-Rays (other)	100%	None	N/A
PREVENTIVE			
Cleanings - twice per calendar year	100%	None	N/A
Cleanings/Perio Maint*-pregnant - three times per calendar year	100%	None	N/A
Cleanings/Perio Maint*-diabetic - four times per calendar year	100%	None	N/A
*Perio Maint benefit level	60%	None	N/A
Fluoride - once per calendar year (through age 19)	100%	None	N/A
Fluoride - High Risk - once per calendar year	100%	None	N/A
Space Maintainers (through age 17)	100%	None	N/A
Sealants (through age 18)	100%	None	N/A
RESTORATIVE			
Routine Restorative	60%	None	N/A
Crowns and Gold Restorations - once every five years	60%	None	N/A
ENDODONTICS	60%	None	N/A
PERIODONTICS	60%	None	N/A
PROSTHODONTICS - once every five years	60%	None	N/A
ENDOSTEAL IMPLANT			
Implant - Limited	60%	None	N/A
ORAL SURGERY	60%	None	N/A
ADJUNCTIVE GEN. SERVICES			
Adjunctive Services	60%	None	N/A
Palliative Treatment	100%	None	N/A

The HDS Copayment Percentage is the stated percentage of the total Allowed Amount payable by HDS. The HDS Eligible Person is responsible for the difference between the HDS Share and the Approved Amount, and any tax, plus any amount charged above the Allowed Amount by a Non-Participating Dentist.

ANNUAL PLAN MAXIMUM:

Per Person = \$1000 per calendar year

ELIGIBLE PERSON INCLUDES:

- Employee
- Spouse
- Dependent (through age 18)
- Full Time Student (through age 23)
- Domestic Partner
- Reciprocal Beneficiary
- Civil Union

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
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SANDRA L. YAHIRO

PRE-PROPOSAL CONFERENCE
FOR
REQUEST FOR PROPOSALS
NO. 14-004
DENTAL BENEFITS

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

TUESDAY, APRIL 8, 2014
1:15 PM (HST)

CITY FINANCIAL TOWER
201 MERCHANT STREET, SUITE 1520

- I. Introduction and Welcome
- II. Overview of RFP Process
 - a. Contract period
 - b. Schedule of significant dates
 - c. Communications with the EUTF
 - d. Submission of proposals
- III. Review of Requested Plan Design and Funding Arrangements
- IV. Review of Evaluation Process and Criteria and Points
 - a. Mandatory requirements
 - b. Plan comparison summaries and fee proposal forms
- V. Review of Attachments
 - a. Attachment 4, Confidential Information
 - b. Attachment 5, Exceptions
 - c. Attachment 6, Reference Information Questionnaire
 - d. Exhibit F, Performance Guarantees
- VI. Questions and Answers