

MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND

PROVIDER OF PPO AND DHMO DENTAL SERVICES

Selection Criteria

The selection criteria to be used by the Fund’s Contracts Committee in making its recommendation to the Fund Commissioners as to which proposal is most advantageous to the Fund, price and other factors considered, shall include:

1. The name and qualifications of the individual(s) who will perform the services.
2. Experience and reputation in the dental insurance marketplace;
3. Ability to perform the required services in a timely manner (including familiarity with the subject matter, attendance at meetings, etc.)
4. Competitiveness of rates (fees and expenses); and
5. Other factors, if determined to be in the best interests of the Fund.

If, after receipt of any proposals as described above and prior to any recommendation to the Fund Commissioners, the Contracts Committee determines to revise the required services or to seek more favorable terms, all vendors who have submitted proposals shall be given an equal opportunity to resubmit or modify their proposal.

Applicants will be eliminated from competition if they do not meet applicable Federal, State or County legal requirements. Where Federal or State law regulations require a procedural step(s) at variance with these procedures, the Federal or State requirements shall govern.

All contracts pursuant to the fair and open process will be awarded by a majority vote of the Fund Commissioners at a public meeting.

The term and services for which proposals are sought:

DENTAL PROGRAM

TERM. January 1, 2024, through December 31, 2026

INTENT

It is the intention of these specifications to outline for prospective bidders the requirements for a Group PPO and DHMO Dental Program for employees of Middlesex County Administration and employees of the Middlesex County Board of Social Services.

OVERVIEW

Middlesex County Administration (MCA) and Middlesex Board of Social Services (BSS) are currently insured through a program sponsored and administered by the Middlesex County Joint Health Insurance Fund (MCJHIF). Active employees are eligible to select one of three plan options:

Delta Dental Traditional Plan (404 Active Employees)

This plan covers eligible dental expenses at 100% without an annual maximum. The Fee Schedule is, however, very low resulting in significant balance billing by the Providers. Employees are required to contribute standard Chapter 78 Contributions through payroll deduction.

Delta Dental Buy Up PPO Plus Premier Plan (322 Active Employees)

Employees have the option of buying up to the PPO Plus Premier Plan. Those opting for the buy up plan are required to pay Chapter 78 Contributions on the cost of the Traditional Plan plus 100% of the cost differential between the base and buy up plan. The current rate sheet is included for your review. The PPO/Premier plan provides 100% coverage for eligible expenses assuming a PPO dentist is utilized and a lesser percentage assuming a Premier Dentist is utilized. Out of network benefits are covered at the Premier level and the allowance is based on Reasonable and Customary.

CIGNA DHMO (1009 Active Employees)

The CIGNA DHMO is a capitated program paying 100% of eligible charges unless noted otherwise in the plan summary. Employees are required to contribute standard Chapter 78 Contributions through payroll deduction.

Retiree, Terminated Employees an Aged Out Dependent Coverage and COBRA

Retirees are not eligible to participate in the dental plan but may continue coverage for 18 months after retirement through COBRA. Approximately 61 beneficiaries consisting of terminated employees, aging out dependents and retirees are currently enrolled in COBRA (all plan options combined).

PLAN OPTIONS TO QUOTE

Due to the low reimbursement levels inherent in the Traditional Delta plan, significant enrollment has migrated to CIGNA DHMO and the Delta PPO plus Premier plans over the past few years. The strategy for 2024 therefore is to evaluate the cost impact of eliminating the Delta PPO Traditional Plan and offering a plan duplicating the Delta PPO Plus Premier plan design along with a DHMO alternative. As an additional option, this RFP is requesting a quotation assuming total replacement of the DHMO and Delta Traditional with one unified PPO plan duplicating the current Delta PPO Plus Premier option.

Option One: Assume the Delta Traditional Plan will be discontinued, and all employees currently enrolled in the Delta Traditional PPO will be enrolled in PPO buy up plan duplicating the Delta PPO plus Premier plan. An exact duplication is not required but differences in plan design should be noted in the RFP response. The CIGNA DHMO schedule of benefits should be duplicated as closely as possible.

As outlined in the plan summary for Delta PPO plus Premier (Buy Up), there is a higher level of reimbursement for PPO providers than for Premier and Out of Network providers. When quoting this option, it is not necessary to offer two distinct provider networks. The quote, however, must provide PPO and Out of Network options at the reimbursement levels detailed on the plan summary. This distinction applies to Option Two as well.

Option Two: Assume the Delta Traditional and CIGNA DHMO Plans are discontinued, and all employees are enrolled in the PPO buy up plan. As noted above, exact duplication is not required but please note the differences.

NOTE: The DHMO plans should be quoted on a fully insured basis. Please quote the PPO options on a fully insured and self-funded basis. All plans should be quoted without commission.

All respondents must provide a disruption report based on a TIN file provided by Delta Dental

PLAN DETAIL, CLAIM EXPERIENCE, DISRUPTION REPORT, AND CENSUS DATA

Please contact Dave Hissey at d.hissey@naimc.com to request additional information as outline below:

1. Plan Booklets/Insurance Certificates for Delta Traditional, Delta PPO plus Premier and CIGNA DHMO
2. Detailed census listing broken by Plan
3. Claim experience for the Delta Dental plans (not available from CIGNA DHMO)
4. Delta Dental Provider TIN report
5. Delta Dental Traditional Plan Fee Schedule

2023 DENTAL RATES

Please note the definitions of Modified and Family as noted below. The specifications do not require that the coverage levels as currently defined be duplicated, but any differences should be clearly noted in the RFP response.

MCJHIF Delta Dental Rates January 2023 through December 2023				
	Delta Traditional Plan		Delta PPO/Premier	
	Monthly	Annually	Monthly	Annually
Single	\$ 14.72	\$ 176.64	\$ 50.93	\$ 611.16
Modified**	\$ 36.52	\$ 438.24	\$ 126.41	\$ 1,516.92
Family ***	\$ 81.88	\$ 982.56	\$ 283.39	\$ 3,400.68
<i>Modified is defined as employee plus one or two dependents **</i>				
<i>Family is defined as employee plus three or more dependents ***</i>				
MCJHIF CIGNA Dental Rates January 2023 through December 2023				
	CIGNA DHMO			
	Monthly	Annually		
Single	\$ 20.83	\$ 249.96		
Single + 1	\$ 40.62	\$ 487.44		
Family*	\$ 66.85	\$ 802.20		
<i>*Family is defined as employee plus two or more dependents</i>				

PROSPECTIVE DENTAL RATES 2024, 2025, 2026

- Please enter the fully insured rates in the Bid Sheets to follow for plan years 2024, 2025 and 2026.
- Alternative breakdown of Coverage Level is acceptable.
- A three-year rate guarantee is not required. Respondents may offer different rates for Year 2 and Year 3.
- Respondents are not required to bid on both options.
- ASO rates, if applicable, may be provided in your own format. Provide detail regarding start up fees, the basic ASO rate and the claim funding process.
- Commission should **not** be included.

Bid Sheet One PPO Dental			
MCJHIF Dental Rates January 2024 through December 2026			
	Year 1	Year 2	Year 3
	PPO	PPO	PPO
Single			
Single + 1			
Single + 2			
Single + 2 or more			

Bid Sheet One DHMO Dental			
MCJHIF DHMO Rates January 2024 through December 2026			
	Year 1	Year 2	Year 3
Single			
Single + 1			
Single + 2			
Single + 2 or more			

Bid Sheet Two PPO Dental (Full Replacement)			
MCJHIF DHMO Rates January 2024 through December 2026			
	Year 1	Year 2	Year 3
Single			
Single + 1			
Single + 2			
Single + 2 or more			



Middlesex County Joint Health Insurance Fund
Group # 9045
Delta Dental PPOSM plus Premier
Buy-Up Option 2

	Delta Dental PPO SM Dentists	Delta Dental Premier [®] & Non-participating Dentists
Preventive & Diagnostic * Exams, Cleanings, Bitewing x-rays <i>(each twice in a calendar year)</i> * Fluoride Treatment <i>(once in a calendar year, children to age 19)</i>	100%	100%
Remaining Basic * Fillings, Extractions * Endodontics (root canal) * Periodontics, Oral Surgery * Sealants	100%	80%
Crowns & Prosthodontics * Crowns, Gold Restorations (over natural teeth) * Bridgework * Full & Partial Dentures * Repair of Dentures * Implants	100%	50%
Calendar Year Maximum (per person)	\$3,000	\$3,000
Calendar Year Deductible (waived on Preventive & Diagnostic) * Per Person * Family Aggregate Deductible * Waived for P&D	None None N/A	\$50 \$100 Yes
Orthodontic Benefits, full comprehensive treatment (child only) * Lifetime Maximum (per person)	100% \$1.500	50% \$1.500

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPO dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home, or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview. **2017**