

	State of South Carolina Request for Proposal Amendment 2	Solicitation Number: Date Issued: Procurement Officer: Phone: E-Mail Address:	PEBA0042015 07/24/2015 Georgia Gillens, CPPO, CPPB (803) 734-0010 GGillens@peba.sc.gov
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DESCRIPTION: **Provide Claims Administration Services for the Self-Funded State Dental Plan, and Accompanying Insurance for the State's Voluntary Supplemental Dental Product, Dental Plus**

USING GOVERNMENTAL UNIT: **S.C. Public Employee Benefit Authority (PEBA)**

The Term "Offer" Means Your "Bid" or "Proposal". Unless submitted on-line, your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.

SUBMIT YOUR OFFER by the appropriate date and time below and following the instructions on Page 3.

SUBMIT OFFER BY (Opening Date/Time): **08/12/2015 2:30 PM E.S.T.** (See "Deadline For Submission Of Offer" provision)

QUESTIONS MUST BE RECEIVED BY: **07/06/2015 2:00 PM** (See "Questions From Offerors" provision)

NUMBER OF COPIES TO BE SUBMITTED: See Page 3. If no redacted copy is being provided, initial here _____

CONFERENCE TYPE: Mandatory meeting held previously DATE & TIME: 07/08/2015 10:00 AM	LOCATION: SC Public Employee Benefit Authority— 202 Arbor Lake Drive Columbia SC 29223
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(As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)

AWARD & AMENDMENTS	Award will be posted on 08/24/2015 . The award, this solicitation, any amendments, and any related notices will be posted at the following web address: http://www.procurement.sc.gov
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Unless submitted on-line, you must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date. (See "Signing Your Offer" and "Electronic Signature" provisions.)

NAME OF OFFEROR <small>(full legal name of business submitting the offer)</small>	Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.	
AUTHORIZED SIGNATURE <small>(Person must be authorized to submit binding offer to contract on behalf of Offeror.)</small>	TAXPAYER IDENTIFICATION NO. <small>(See "Taxpayer Identification Number" provision)</small>	
TITLE <small>(business title of person signing above)</small>	STATE VENDOR NO. <small>(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)</small>	
PRINTED NAME <small>(printed name of person signing above)</small>	DATE SIGNED	STATE OF INCORPORATION <small>(If you are a corporation, identify the state of incorporation.)</small>

OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision.)

Sole Proprietorship Partnership Other _____

Corporate entity (not tax-exempt) Corporation (tax-exempt) Government entity (federal, state, or local)

PAGE TWO

(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)
	_____ Area Code - Number - Extension Facsimile _____ E- mail Address

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)
_____ Payment Address same as Home Office Address _____ Payment Address same as Notice Address (check only one)	_____ Order Address same as Home Office Address _____ Order Address same as Notice Address (check only one)

ACKNOWLEDGMENT OF AMENDMENTS
 Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)
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PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at www.procurement.sc.gov/preferences. ***ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.*** [11-35-1524(E)(4)&(6)] **PREFERENCES DO NOT APPLY.**

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)). **PREFERENCES DO NOT APPLY.**

_____ In-State Office Address same as Home Office Address
 _____ In-State Office Address same as Notice Address **(check only one)**

NUMBER OF COPIES

Offerors will need to follow these instructions carefully when responding to the solicitation.

1. The original solicitation response should be submitted to PEBA and is the official response. All bidders must attach all documents, including additional requested documents to their.

Please submit the following number of copies:

- a. One (1) original marked "original" and five (5) identical paper copies of your Technical Proposal. Please number your copies Copy 1 of 2, 2 of 2, etc.
- b. One (1) CD labeled "original" containing your original Technical Proposal.
- c. Five (5) labeled CDs containing a copy of the Offeror's Technical Proposal Response (in MS Word, MS Excel and/or PDF format where appropriate). Please number your copies Copy 1 of 2, 2 of 2, etc.
- d. One (1) original marked "original" and two (2) paper copies of your Financial Proposal. Please number your copies Copy 1 of 2, 2 of 2, etc.
- e. One (1) CD labeled "original" containing your original Financial Proposal
- f. Two (2) labeled CDs containing a copy of the Offeror's Financial Proposal Response. Please number your copies Copy 1 of 2, 2 of 2, etc.
- g. One (1) CD labeled "original redacted" containing a redacted version of your original Technical Proposal.
- h. One (1) CD labeled "original redacted" containing a redacted version of your original Financial Proposal.

DO NOT PASSWORD PROTECT YOUR CD'S.

All copies requested must be delivered no later than the date and time specified on the cover page of the solicitation to the following address:

S.C. Public Employee Benefit Authority
Attention: **Georgia Gillens, CPPO, CPPB**
Attention: PEBA0042015
S.C. Public Employee Benefit Authority
202 Arbor Lake Drive
Columbia, SC 29223

End of Page 3

IMPORTANT NOTICE

**AMENDMENT #2
INVITATION FOR BID – PEBA0042015**

Provide Claims Administration Services for the Self-Funded State Dental Plan, and Accompanying Insurance for the State's Voluntary Supplemental Dental Product, Dental Plus

New Opening Date: August 12, 2015 2:30 PM E.S.T.

Deadline for Questions on Amendments 1 and Amendment 2 is Tuesday, July 28, 2015, 9:00 AM. E.S.T.

All other terms and conditions remain unchanged.

The following questions were submitted in writing by Vendor B. (Answers follow.)

1. Amendment 1, Question #1, thank you for providing Dental and Dental Plus Claims Experience and Claim County by Month 2011 – May 2015. Can the State please clarify why the claims for both plans are abnormally low for December 2012? This appears to be the only month that is inconsistent. Are the claims represented true claims or were adjustments made to this month?

A: The claims represented in the previous attachment did not include the complete December 2012 paid claims. See new attachment which does include all claims paid in December 2012.

2. Amendment 1, Question #30, the State's response indicates that the network agreement between PEBA and your providers was included as an attachment. However, it appears to not have been posted to the State's website. Can you please provide?

A: See attachment.

3. Amendment 1, Question #37, thank you for letting us know that Attachment 2 may be based on our proprietary network. Should carriers base their 'Proposed Dental Plus Maximum Allowable Charge' on Tab 2 off of one specific zip code, e.g. Columbia, or would the State prefer to have Tab 2 filled in for all zip codes within South Carolina by adding additional columns?

A: Please do not alter the document. Tab 2 should be based on an aggregate of doing business in the state.

4. Amendment 1, Question #41, thank you for providing the Premium Data. The experience provided in the Addendum includes calendar year 2011; could you provide premium rates for 2011?

A: Yes. See attachment.

5. Amendment 1, Question #49, thank you for providing the Security Questionnaire. Now that all carriers have had an opportunity to review, would the State confirm that in lieu of responding to the questionnaire, that carriers could provide a SSAE-16 Type 2 SOC 1 report from an independent auditor; as was found acceptable in the State's recent LTD RFP?

A: Confirmed. Carriers may provide a SSAE-16 Type 2 SOC 1 report from a

The following questions were submitted in writing by Vendor D. (Answers follow.)

6. Please confirm what specific number should be included in the chart showing the number of dentists contracted. Should the chart be completed with the number of individual dentists in each county, not the total locations?

A: The chart should be completed with the number of individual dentists in each county. See below the notes from the Excel spreadsheet regarding completion of Attachment 2.

1. Offerors should complete the table below, indicating by county the number of general dentists in private practice that currently accept the Offeror's proposed Dental Plus schedule of Maximum Allowable Charges. Dentists should be included in their primary practice county as well as in any county in which they have a secondary private practice location. However, they should be counted only once in the state total.

Dentists are included in their primary practice county as well as in any county in which they have a secondary private practice location. However, they are counted only once in state totals; therefore, the sum of the county totals will not equal the sum of the state totals.