

	State of South Carolina South Carolina Public Employee Benefit Authority	Solicitation Number: PEBA0432024 Date Issued: 04/22/2025 Procurement Officer: Georgia Gillens, CPPO, CPPB, NIGP-CPP Phone: 803.734.0010 Email Address: mailto:ggillens@peba.sc.gov
	Request For Proposal Amendment 2	

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

SUBMIT OFFER BY (Opening Date/Time): 05/13/2025 4:00 PM

The Term "Offer" Means Your "Proposal". Your offer must be submitted in a sealed package. The Solicitation Number & Opening Date should appear on the package exterior. See the clause entitled "Submitting Your Offer or Modification."

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS: S.C. Public Employee Benefit Authority P.O. Box 11960 Columbia, SC 29211-1960 Attention: Georgia Gillens	PHYSICAL ADDRESS: S.C. Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223 Attention: Georgia Gillens
--	--

AWARD & AMENDMENTS	Award will be posted on 06/16/2025 . The award, this solicitation, any amendments, and any related notices will be posted at the following web address: www.procurement.sc.gov/doing-biz/bid-ops/peba .
-------------------------------	---

You must submit a signed copy of this form with your Offer. By submitting a proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of one hundred twenty (120) calendar days after the Opening Date. See the clause entitled "Signing Your Offer."

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>		
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.) <hr/> Area Code, Number, Extension Facsimile <hr/> Email address
---	---

PAYMENT ADDRESS (Address to which payments will be sent.) <input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	ORDER ADDRESS (Address to which purchase orders will be sent) <input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> 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 the clause entitled "Amendments to Solicitation.")							
Amendmen t No.	Amendmen t Issue Date	Amendmen t No.	Amendmen t Issue Date	Amendmen t No.	Amendmen t Issue Date	Amendmen t No.	Amendme nt Issue Date

DISCOUNT FOR PROMPT PAYMENT (See the clause entitled "Discount for Prompt Payment")	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	___ Calendar Days (%)

REQUEST FOR PROPOSAL – PEBA0432024

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

PLEASE NOTE: The original Request for Proposal document is superseded and is being replaced in its entirety by Amendment 1, Amendment 2 and Amendment 3. It is recommended that Offerors discard all superseded documents as described above and refer and respond only to the solicitation as described in Amendment 1, Amendment 2 and Amendment 3.

The purpose of this Amendment is to respond to a request to provide additional information to include Dental Plus Paid Claims. See updated Exhibit 15.

AMENDMENTS TO SOLICITATION (JAN 2004) (a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: www.procurement.sc.gov (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged. [02-2A005-1]

The deadline for questions has passed.

All other terms and conditions remain unchanged.