

Attachment 10 – Questions and Answers

The following Questions were submitted in writing by Vendor A. (Answers follow.)

Census

1) **Is it possible to provide a census file listing individual participants with zip code, gender, plan election, and tier election?**

A: Yes. See document titled Dental Census Enrollment as of March 2019.

Plan Design

1) **Please provide current certificates outlining the State and Dental Plus plan designs.**

A: See Attachment 9: 2018 FI Standard Dental Plan of Benefits. There is no certificate for the Basic Dental as this is a self-insured product. Additionally, information on the current State Dental and Dental Plus plan designs are available in the 2019 Insurance Benefits Guide on PEBA’s website on the State Dental Plan and Dental Plus webpage under “Learn more” at [SC PEBA | Dental](#).

2) **Have there been any plan design changes in the last 5 years?**

A: No.

Underwriting

1) **Premium for January 2019 and February 2019 was provided. Is it possible to also provide monthly paid claims for January 2019 and February 2019 split by plan?**

A: See updated information in the documents titled Basic Dental Paid by Year and Month for 2016-2019 and Dental Plus Submitted Charges by Year and Month for 2016-2019.

2) **Please confirm that the amounts listed in the column “Paid Amount” located in the spreadsheet titled “2017-2018 Basic Dental by Year and Month” are in fact monthly paid claim amounts and not monthly submitted charges. If the amounts are actually submitted charges, please provide monthly paid claim amounts instead.**

A: Confirmed. The amounts provided are paid claim amounts and not monthly submitted charges. See updated information in the document titled Basic Dental Paid by Year and Month for 2016-2019.

3) The spreadsheet titled “2017-2018 Dental Plus by Year and Month” includes monthly submitted charges, however, we require monthly paid claim amounts in order to provide a competitive RFP response. This information is standardly provided across the industry. Please provide monthly paid claim amounts for the Dental Plus plan from 1/1/2017 to present.

A: The incumbent contractor considers paid amounts proprietary and confidential for Dental Plus. See updated information in the document titled Dental Plus Submitted Charges by Year and Month for 2016-2019.

4) What percentage of claims are currently paid in-network under the Dental Plus plan?

A: The incumbent contractor considers this information proprietary and confidential.

5) Please confirm the amounts listed in the column “Premium Collected” reported on the “Dental Plan” in the spreadsheet titled “2015-2019 Basic Dental and Dental Plus Premiums” are Employer contributions and not true premium amounts.

A: Not confirmed. The amounts listed in the column “Premium Collected” are the employer and enrollee contributions to the Basic Dental plan and Dental Plus premiums.

6) On page 16 of the “2019 Dental and Dental Plus RFP” document, the RFP states “The Plan is non-contributory for eligible active and retired subscribers with State-funded benefits, with a current monthly employer contribution of \$13.48.” However, after reviewing the data provided in the spreadsheet “2015-2019 Basic Dental and Dental Plus Premiums,” it appears the monthly employer contribution is approximately \$18.85 per subscriber per month. Please explain the difference.

A: The Plan is non-contributory for the subscriber. There is a subscriber contribution to cover enrolled dependent spouses and children, which accounts for the difference.

7) The spreadsheet “2015-2019 Basic Dental and Dental Plus Enrollment by Month by Tier” includes a count of Child Only lives, however, Attachment 6 does not include a space to enter a Child Only rate. Where should bidders enter the Child Only rate in their RFP response?

A: Bidders do not need to provide a Child Only rate in their RFP response. The Child Only rate is calculated by PEBA based on the Subscriber/Child(ren) rate minus the Subscriber Only rate.

8) Attachment 6 has a space for a Former Spouse rate, however, it doesn't appear a current count of enrolled Former Spouse lives was provided. Please update the spreadsheet "2015-2019 Basic Dental and Dental Plus Enrollment by Month by Tier" to include a count of Former Spouse lives.

A: Effective in 2018, PEBA added "Former Spouse" as a subscriber type in which only the former spouse is offered coverage. The count of Former Spouse lives is included in the spreadsheet "State Dental and Dental Plus Enrollment by Subscriber Type."

9) There appear to be conflicting CPI rate guidelines within the RFP requirements (highlighted below). Please confirm which guidelines should be adhered to.

- On page 74, the following statement appears within Attachment 6 referring to a 24 month CPI rate:

"Dental Plus Premiums are to be guaranteed for the first two years of the contract (January 2020 – December 2021). Contribution rates for years three and four of the contract (January 2022 – December 2023) and for years five and six of the contract (January 2024 – December 2025) may be increased by an amount no greater than the Consumer Price Index (CPI), All Urban Consumers (CPI-U) percentage for "Dental Services" for the most recent 24 month period ending June 30, 2021 (Year 2) and June 20, 2023 (Year 4)."

- On page 57, the following statement appears referring to a 12 month CPI rate:
7.45 PRICE ADJUSTMENTS—LIMITED BY CPI "OTHER GOODS & SERVICES" (JAN 2006): Upon request and adequate justification, the Procurement Officer may grant a price increase up to, but not to exceed, the unadjusted percent change for the most recent 12 months for which data is available, that is not subject to revision, in the Consumer Price Index (CPI) for all urban consumers (CPI-U), "Other Goods & Services" for services, as determined by the Procurement Officer. The Bureau of Labor and Statistics publishes this information on the web at www.bls.gov

A: The CPI is based on 12 months. See Amendment 1, Attachment 6, page 75 for updated language.

10) If the maximum increase is to be determined by the CPI for the recent 24 month period ending June 30, 2021 (Year 2) and June 20, 2023 (Year 4), as noted in Attachment 6, should any request for price increases be received by the Procurement Officer on or after those dates? In Section 7.44 it states that any request for a price increase must be received by January 15, 2021 and January 15, 2023 respectively. Please confirm.

A: The maximum increase to be determined by the CPI is for the recent 12-month period. See updated language on page 58, Clause 7.46.

11) In the event the Dental plan is transferred to another carrier as a result of this RFP, please confirm that a full claim history will be provided for each member participating in the dental plan.

A: Confirmed. The incumbent will comply with all contractual requirements in the event the Dental plan is transferred to another carrier as a result of this RFP.

12) Please confirm that the dental pricing must stand on its own, and that other product pricing, not contemplated in this RFP (e.g. medical, vision, etc.), cannot be used to offer discounted or bundled pricing.

A: Confirmed.

Enrollment and Communications

The State Dental Plan and Dental Plus page on the PEBA website indicates employees can enroll at:

- **“Your initial enrollment;**
- **Open enrollment in October of odd-numbered years; or**
- **A special eligibility situation.”**

1) Will PEBA change this practice if the Dental plans are awarded to a new carrier effective 1/1/2020 (being an even-numbered year)? Would PEBA ever move to an annual election?

A: There are no current plans to do so. Bid as specified.

2) Please confirm if State of South Carolina employees elect Dental benefits at the same time and on the same platform as the Medical plans.

A: Confirmed. Subscribers elect dental benefits at the same time and on the same platform as the medical plans. Dental benefits are elected every two years.

3) We would like to understand the current Dental ID card fulfillment process. How do employees currently receive ID cards?

A: ID cards are issued by the contractor via mail for the Dental Plus plan only. ID cards are also available via the contractor’s mobile app.

Network

Regarding 5.1.6 DENTAL PLUS PROVIDER NETWORK

- 1) **The RFP States: “Offerors should list its participating providers under contract as of the date of the proposal submission. Information listed should include provider NPI, provider name, address, county, zip, state of provider, and provider dental specialty.” Can we provide a subset of our network based on SC, NC, TN, GA to address employees who live in border counties.**

A: Yes.

- 2) **Traditionally, on large Dental procurements, a GEO Access Network request is required to be produced by each carrier to ensure good network access for all members (Urban, Suburban, Rural). GEO Access is an independent network evaluation tool that allows an independent evaluation of competitive networks.**

We did not see such a request, however we would like to know if PEBA will make this a requirement. If so, please define the requirements and we would be glad to produce (e.g. 2 providers in 10 miles, general vs. specialist, etc.). Generally clients use the following access standards: Urban areas 2 providers in 5 miles, Suburban areas 2 provides in 10 miles, and Rural areas 2 providers in 20 miles. The reference point is the employees home zip code.

A: No. There is no requirement to provide a Geo-Access report.

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

1. **Pg. 6, Schedule of Key Dates in the Proposal Process**
 - **Dates on the schedule differ from some of the dates in the RFP document**
 - **Pg. 9 Para 1.12 Deadline for Submission of Offer states PEBA will receive sealed proposals until 3 p.m. local time on the opening date shown. While on the schedule has a Submission and Opening time of 11:00 a.m.**
 - **Please confirm the cutoff time for submissions.**

A: See cover page of Amendment 1 for submission time.

- **Pg. 14 Section B Special Instructions states all questions must be received by the Procurement Officer no later than March 18, 2019 at 9:00 a.m. local time. The schedule indicates questions on the RFP should be submitted on March 14, 2019 by 9:00 a.m.**
- **Will you accept questions up until 9:00 a.m. on March 18, 2019 or is the cut-off for questions 9:00 a.m. on March 14, 2019?**

A: The deadline for questions was extended through the end of the pre-proposal conference.

2. Pg. 17, Part 2 - Scope of Proposal – Dental Plus Network

- **Para 1 - The document indicates that PEBA uses the contractor’s dental network, offers voluntary agreements to all South Carolina dentists to accept the lesser of their usual charge or the Dental Plus Allowed Amount in the interest to mitigate balance billing of Dental Plus enrollees.**
 - **Is it the intent of PEBA that the voluntary agreements mentioned supplement the contractor’s network for those providers who have agreed executed the voluntary agreement and is not a participating dentist in the contractor’s network?**

A: See Pg. 18, Part 2 – Scope of Proposal – Dental Plus Network for new language.

3. Pgs. 16 & 17, Part 2 - Scope of Proposal

- **Please identify any plan design (benefit) changes that have taken place with the Basic plan or Dental Plus plan from 2015-2019.**

A: There have been no plan design (benefit) changes to the Basic Dental or Dental Plus plans from 2015-2019.

- **Please provide paid claims experience by month for the Dental Plus plan from 2017 – 2018. The current files appear to be submitted charges only.**

A: The incumbent contractor considers this information proprietary and confidential.

- **Please provide 2017 and 2018 claim history for the Basic plan by Provider Name and Provider Address with procedure code (CDT), submitted charge, allowed amount, and paid amount.**

A: See documents titled Allowed and Paid Amount by Provider and Procedure Code for Basic Dental 2017 and Allowed and Paid Amount by Provider and Procedure Code for Basic Dental 2018 posted to the web. PEBA does not have provider addresses.

- **Please provide 2017 and 2018 claim history for the Dental Plus plan by Provider Name and Provider Address with procedure code (CDT), submitted charge, allowed amount, and paid amount.**

A: The incumbent contractor considers this information proprietary and confidential.

- **Please provide examples of the currently used 80th percentile charges for the Dental Plus plan by completing the attached table:**

	Columbia, SC (292)	Charleston, SC (294)	Greenville, SC (296)
D0120			
D1110			
D2392			
D7140			
D2740			

A: This information is considered proprietary and confidential. See new language on page 18, regarding Dental Plus out-of-network reimbursement. Please bid as specified.

- **What data source does BCBSSC currently use for the 80th percentile charges (e.g. FAIR Health, own company data)?**

A: The incumbent contractor considers this information proprietary and confidential. See new language on page 18, regarding Dental Plus out-of-network reimbursement. Please bid as specified.

- **How often has BCBSSC updated the 80th percentile charges over the 2015 – 2019 period?**

A: This information is updated annually. See new language on page 18, regarding Dental Plus out-of-network reimbursement. Please bid as specified.

- **RFP Document, page 16, fourth paragraph under the Dental Plus plan – current contractor reported claims of \$180,824,163 in submitted charges under the Dental Plus program in 2018. However, the Dental Plus 2017-2018 Dental Plus by Year and Month report \$66,304,541 in submitted charges. Please clarify.**

A: The incumbent contractor considers this information proprietary and confidential. The information in the document titled 2017-2018 Dental Plus by Year and Month is incorrect. See updated information in the document titled Dental Plus Submitted Charges by Year and Month for 2016-2019.

- **For the requested chart showing the top 20 procedure codes and the Dental Plus Maximum Allowable Charge, please provide the Maximum Allowable Charge used by the current vendor for the Dental Plus plan for those 20 procedure codes.**

A: The incumbent contractor considers this information proprietary and confidential.

4. Page 19, Part 3 - Scope of Work - B. Eligibility Determination and Computer Support

- **Item #3: Is it correct to assume the daily enrollment file is for change records only?**
 - i. What is the average number of add, modify and term transactions in a daily enrollment file?**

A: Average number of adds	161
Average number of terms	151
Average number of changes	62
Average number of address only changes	59

- ii. What is the expected load turnaround for the full positive enrollment file annually?**

A: A full positive fill would have approximately 299,000 basic dental subscribers and approximately 165,000 dental plus subscribers.

- iii. Will the enrollment file be encrypted at-rest by PEBA before transmission to the SFTP?**

A: SFTP is a secure transfer so it is encrypted in transit. The file, however, is not encrypted at rest.

- **Item #6: Is it possible to publish the Dental 834 Companion Guide on the procurement site prior to the Pre-Proposal conference?**

A: Yes.

- b. Will it be placed on the procurement site when it becomes available?**

A: As requested, the Dental 834 Companion Guide (Attachment Number Seven and Attachment Number 8) has been placed on the procurement website.

- **Item #7: What is the preferred daily acknowledgement file format?**

A: A daily email is the preferred delivery method. The acknowledgment could be contained in the email or you could attach a Word or Excel file.

- **Item #8: What is the preferred format of the daily processing error report?**

A: Excel spreadsheet.

- i. What is the preferred monthly membership file format?**

A: PEBA and the Contractor will determine an agreed upon format.

- **Item #11: Is the BIN a unique value per subscriber and never re-issued?**

A: Yes.

- **Item #11: Is the social security number included in addition to the Benefit Identification Number?**

A: Yes.

- **Item #12: Please clarify in detail how “PEBA shall provide to the contractor the ability to inquire into PEBA enrollment eligibility” is accomplished?**

A: The Contractor will be able to inquire into PEBA’s enrollment eligibility using PEBA’s online software application – EBS. Once the Contractor completes the required documentation, a confidential user ID will be provided along with a PIN number to access the system.

5. Pg. 21, Part 3 – C. Claims Processing and Payment

- **Item #4: Please clarify the requirements and define “control claims” in the first bullet point.**

Provide trained personnel dedicated solely to PEBA’s needs to perform complete dental claims processing, consisting of, but not limited to, the following:

- **Receive, date, and control claims within twenty-four (24) hours of receipt**

A: Control claims refers to ensuring a received claim is ready to be considered for the adjudication process.

6. Pg. 22, Part 3 – C. Claims Processing and Payment

- **Item #5: States that the contractor must maintain no fewer than twenty-four (24) months of claims history on-line.**

- i. Will PEBA require and if yes provide detail claims history for the 24 month period prior to the effective date of a new contractors agreement?**

A: Confirmed. Claims history will be provided as prescribed by the current contract.

7. Pg. 23, Part 3 – C. – Claims Processing and Payment

- **Item #15: States that contractor will provide paid claims history for the Plan and Dental Plus in an electronic format. Data element (b) and (c) are SSN's for the subscriber and patient. On page 20 B. Eligibility Determination and Computer Support – Item #11 states that PEBA will provide a randomly generated eight (8) digit BIN number in lieu of the subscriber's Social Security Number.**
 - **Will PEBA also be providing the SSN for reporting purposes or should the eight (8) digit PEBA BIN number be used as a replacement in the reports?**

A: PEBA will supply the SSN on the 834 monthly eligibility file. The BIN should not be used as a replacement in the paid claims history.

8. Pg. 25, Part 3 – D. – Provider Services

- **Item #7: Please define the type of support PEBA would require.**

A: PEBA expects the contractor to educate providers on registering and utilizing the South Carolina Reporting and Identification Prescription (SCRIPTS) tracking system.

9. Pg. 26, Part 3 – E. – Customer Service

- **Item #2: Could you please provide the 2019 holiday observance calendar?**

A: The information can be found at the Department of Administration's Division of Human Resources at the following website:

[https://www.admin.sc.gov/humanresources/employee-information/benefits-and-leave/holiday-leave#Holiday Schedule](https://www.admin.sc.gov/humanresources/employee-information/benefits-and-leave/holiday-leave#Holiday%20Schedule)

- **Item #4: Can PEBA provide a sample of their current customer satisfaction survey offered through the call center? Or can PEBA provide "key components" of the survey other than overall satisfaction?**

A: The incumbent contractor considers this information proprietary and confidential. Please see page 27, Section E. Item 4 for the components. "The Contractor shall provide callers with a survey instrument at the end of each call or online inquiry to gauge customer satisfaction (wait time, courtesy of staff, knowledge of product, willingness to assist, problem resolved/question answered) with the contractor's call center."

10. Pg. 33, Part 4 - Qualifications

○ **Item #4.2 (c) – Mandatory Minimum Qualifications**

Is it permissible for an offeror who meets the claim volume and size implementation criteria to subcontract to an A rated licensed insurer (who also meets such criteria) for the Dental Plus claims liability and for the offeror to perform the administration for the entire group, including both the self-funded and insured portions?

A: Yes.

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

1. Could paid claims, by plan, by month, including subscriber enrollments, be provided? (A two-year minimum would be preferred.) *Reference: Scope of Proposal, Report Listing, pg. 17.*

A: See updated information in the documents titled Basic Dental Paid by Year and Month for 2016-2019 and Dental Plus Submitted Charges by Year and Month for 2016-2019. Subscriber enrollment is found in State Dental and Dental Plus Enrollment by Subscriber Type (2015-February 2019).

2. Have there been any benefit changes in the last two years? If so, could those changes be listed, along with the effective date of these changes? *Reference: Scope of Proposal, Report Listing, pg. 17.*

A: There have been no benefit changes in the last two years.

3. Could paid claims data be provided for 2016? *Reference: Scope of Proposal, Report Listing, pg. 17.*

A: See updated information in the document titled Basic Dental Paid by year and Month for 2016-2019 for Basic Dental claims data.

4. Could a provider file, listing the top 100 utilized providers be submitted, to allow us to create a disruption report? *Reference: Scope of Proposal, Report Listing, pg. 17.*

A: See documents titled Top 100 Dental Providers by Claim Count for 2016, Top 100 Dental Providers by Claim Count for 2017 and Top 100 Providers by Claim Count for 2018 posted to the web.

5. Could a detailed census be provided, listing dates of birth, gender, coverage tiers, zip code and plan elections (base and/or buy-up)? Reference: Scope of Proposal, Report Listing, pg. 17.

A: See document titled Dental Census Enrollment as of March 2019 posted to the web.

6. We've attached our standard performance guarantees. Would these be acceptable for the dental coverage? Reference: H. Performance Standards and Associated Guarantees (Liquidated Damages), #1, pg. 29.

A: No, please bid as specified. [Attachment not included.]

7. Could the current Basic and Dental Plus dental certificates be provided, to allow a tight match to the current benefits? Reference: Scope of Proposal, Dental Plus Network, second paragraph, pg. 17.

A: See Attachment 9: 2018 FI Standard Dental Plan of Benefits. There is no certificate for the Basic Dental as this is a self-insured product.

8. Would the group be interested in considering a Passive PPO for the core plan, to allow themselves to take advantage of discounting from in-network providers? This could help reduce cost, without any adverse employee impact. Reference: Scope of Proposal, State Dental Plan, first paragraph, pg. 16.

A: This question was verbally withdrawn at the pre-proposal conference.

9. We'd like to confirm that the current PEPM administration fee for the Basic Dental Plan is .50, with no other administration fees. Reference: Scope of Proposal, third paragraph, pg. 16.

A: Confirmed.

10. Many of our Account Management Team members are telecommuters, allowing them to work in closer proximity to our clients, who are in many locations throughout the Carolinas. As long as there is a detailed strategy to make sure claims team members and communication is readily available, is there a requirement that the Account Management team must be housed in the same office as claims? Reference: A. Account Management, #1, pg. 18.

A: See the requirements in section titled Account Management, Item 1 on page 19. There is no requirement that the Account Management Team be housed in the same location as the claims

staff. If the Contractor's account representative is not physically located in the same office that pays the dental claims, a second designated account representative shall be identified from the claims office location.

- 11. On the exhibit "2015-2019 Basic Dental and Dental Plus Rates", does the employee on the Dental Plus plan pay the difference in premium between the Basic Plan and the Dental Plus Plan, or do the Dental Plus rates listed represent the entire employee responsibility? For example, for Employee/Spouse coverage on the Dental Plus, would the employee pay \$54.80, or \$47.16, the difference between the two plans? We just want to verify if the Dental Plus rates are the full plan rates, or if they are reduced by the Basic Dental rates. Reference: Exhibit 2015-2019 Basic Dental and Dental Plus Rates.**

A: For Subscriber/Spouse coverage, the enrollee pays \$7.64 for Basic Dental and \$54.80 for Dental Plus coverage for a total monthly rate of \$62.44. The Dental Plus rates are the full Dental Plus rates.

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

Part 1 – Instructions to Offerors – a. General Instructions

- 1. 1.12 Deadline for Submission of Offer, Page 9 – Please verify the time proposals are to be submitted. Cover page of Request for Proposal states April 16, 2019 at 11:00 AM. The page referenced above states April 16, 2019 at 3:00 PM.**

A: See cover page of Amendment 1 for submission deadline.

Part 2 – Scope of Proposal

Dental Plus

- 2. Page 16 – Please confirm the reported claims of \$180,824,163 in submitted charges under Dental Plus in 2018 is correct and the information on the attachment "2017-2018 Dental Plus by Year and Month" is incorrect.**

A: Confirmed. \$180,824,163 is submitted charges and the information on the Attachment "2017-2018 Dental Plus by Year and Month" is incorrect. See updated information in document titled Dental Plus Submitted charges by Year and Month for 2016-2019.

Part 3 – Scope of Work

3.B. Eligibility Determination and Computer Support

- 3. Page 19, Section 3.B.1 – If multiple updates are made within PEBA’s enrollment system on the same day for the same member, will PEBA send the final results of those changes on the daily enrollment file or will PEBA send multiple transactions that sequentially represent the changes made at PEBA?**

A: PEBA will send multiple transactions that sequentially represent the changes made at PEBA.

3.C. Claims Processing and Payment

- 4. Page 23, Section 3.c.15 (z) – Please explain what is meant by COB Code.**

A: COB Code is an indicator used to denote if the member has other dental insurance not offered by PEBA.

3.E. Customer Service

- 5. Page 26, Section 3.E.4 - With the report required quarterly, is the \$5,000 penalty to be assessed quarterly?**

A: The penalty may be paid quarterly, but the assessment is still based on monthly performance. See updated language in Section F. Communications and Training, Item 2 on page 27.

3.F. Communications and Training

- 6. Page 27, Section 3.F.3 – What portion of the cost for PEBA’s Summary of Benefits Guide will be the responsibility of contractor?**

A: The dental contractor is not responsible for any cost associated with the summary of benefits guide. The contractor is only required to provide content for a two-page summary of dental benefits that will be included in the guide.

3.J. Financial Arrangements

7. Page 30, Claims Reimbursement of Dental Claims, Section 3.J.1 – Will the contractor be required to make payments on claims before these funds are requested?

A: Yes.

8. Page 31, Dental Plus Administrative Fee, Section 3.J.2 - Please confirm the data elements requested are for Dental ASO claims and should not include Dental Plus claims since the contractor will not request funding for Dental Plus claims.

A: Yes, the data elements requested are for Dental ASO claims only.

Part 4 – Qualifications

4.1. Qualifications of Offeror

9. Page 33, Section 4.1.a – Will the offeror be allowed to submit this information via USB or CD?

A: Yes.

Part 5 – Information for Offerors to Submit

5.1.6 Dental Plus Provider Network

10. Page 41 – Will the offeror be allowed to submit the provider directory via USB or CD?

A: Yes.

Part 6 – Award Criteria

11. Page 42 – Please provide the weighting of each scoring criteria.

A: Award Criteria are listed in order of importance. Individual weighting will not be provided.

Part 7 – Terms and Conditions – B. Special

7.39 Information Security – Data Location (FEB 2015)

12. Page 55 – Under the current contract there is a clause titled “offshore contracting prohibited” which states no part of the contract may be performed offshore of the United States. Is it the intent of Section 7.39 in this RFP to similarly prohibit having any part of this contract be performed offshore of the United States?

A: Clause titled 7.44 **OFFSHORE CONTRACTING PROHIBITED (FEB 2015)** was excluded in error. See page 58 of this Amendment.

Attachments

2019 Basic Dental Fee Schedule

13. Does PEBA plan to update the Basic Dental Fee Schedule at any time during the new contract period?

A: There are no current plans to do so. Bid as specified.