



25-68 Addendum 2

FULLY INSURED GROUP DENTAL INSURANCE PLAN

Issue Date: 4/30/2025

Questions Deadline: 5/21/2025 04:00 PM (CT)

Response Deadline: 5/30/2025 03:00 PM (CT)

Contact Information

Contact: JESSICA SAMBRANO, SENIOR BUYER

Address: 411 North 8th Ave.

Edinburg, TX 78539

Email: je.garza@ecisd.us

Event Information

Number: 25-68 Addendum 2
Title: FULLY INSURED GROUP DENTAL INSURANCE PLAN
Type: Request for Proposal
Issue Date: 4/30/2025
Question Deadline: 5/21/2025 04:00 PM (CT)
Response Deadline: 5/30/2025 03:00 PM (CT)
Notes: **GENERAL CONDITIONS AND RFP ASSUMPTIONS**

The Edinburg Consolidated Independent School District is requesting proposals for Group Dental Insurance. The purpose of this RFP is for the Edinburg CISD Dental Plan. The District offers two optional plans, high plan and base plan for all eligible employees and retirees that wish to opt into the plan. Ameritas Group is the current dental insurance carrier.

The District is not soliciting proposals for self-insured Group Dental Insurance or any modified plans.

All companies submitting proposals must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions. All insurance carriers must be rated A- or better by AM Best Company.

Dental insurance carriers submitting proposals should do so with the understanding that Edinburg CISD will only consider offers that include Fiduciary claims responsibility. It is further understood that awarded Dental insurance carriers will agree to hold ECISD harmless in the event of any IRS penalties or fines impose as of result of the Dental insurance carrier failure to comply with ACA Public Law.

Dental insurance carriers submitting proposals should do so with the understanding that ECISD will not agree to pay any additional fees, costs or expenses other than those expressly set forth in the proposal response in which ECISD will require the Dental insurance carrier to certify that they will not receive any revenue or compensation for any other third party related to the services provided under the agreement except for the revenue and compensation expressly described in its proposal response form. Proposals must be clearly explained and identified. All costs including optional programs must be clearly stated and summarized. Exceptions or deviations from the specifications must be explicitly identified.

If submitting RFP documents manually One (1) original ring binder and one (1) copy of the proposal response in USB format must be delivered to Amaro Tijerina, Director of Purchasing, c/o Edinburg Consolidated ISD, 411 N. 8th Avenue, Edinburg, Texas 78541, no later than 3:00 PM, Friday, May 30, 2025. Sealed envelopes must be clearly marked as follows:

RFP XX-XX, FULLY INSURED GROUP DENTAL INSURANCE PLAN

No telephone, fax or email proposals will be accepted. Proposals may only be accepted if delivered by U.S. Postal Services or other courier services including hand delivery or submitted electronically through the district's online portal IONWAVE. The District will not be responsible for missing, lost or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened upon written request at proposer's expense.

The proposals will be opened at **3:00 PM, FRIDAY, MAY 30, 2025**. The proposals will be opened but not read aloud to avoid disclosure of contents to competing vendors and the contents shall be kept

confidential during the proposal evaluation and negotiations.

Group Dental carriers should submit proposals directly net of commissions or third-party compensation and or agent service fees. AN AGENT OF RECORD LETTER WILL NOT BE ISSUED.

Proposals are desired for a primary term of three (3) years with the option to renew for five (5) additional one (1) year terms with a minimum of a 24-month rate guarantee (Dental services). However, the Board of Trustees reserves the right to accept a guarantee of less than 24 months if it is in the District's best interest. All proposal terms and rates must be good for 120 days following the due date.

Public Sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties liability(ies). Therefore, your documents should not contain any such clauses.

Edinburg Consolidated Independent School District reserves the right to accept or reject all or any part of the proposal, waive minor technicalities and award the proposal that best serves the interest of the District. The District also reserves the right to waive or dispense with any of the formalities contained herein. The Edinburg CISD Board of Trustees will make the final decision on award.

Requests for information must be submitted via email to:

Dustin Garza, Insurance Manager
Edinburg Consolidated ISD
Dustin.garza@ecisd.us

COMMUNICATION WITH SCHOOL DISTRICT MEMBERS: Company and representatives submitting proposals shall not discuss this RFP with employees of ECISD or members of the Board of Trustees. Communication includes but is not limited to unsolicited literature, email, faxes or phone calls related to any aspect of the RFP. If discussion is necessary, you will be notified in writing by the individual listed above. Failure to abide by this requirement will result in automatic disqualification of the company representative at the discretion of the District.

Proposals should be based on duplication of the existing Plans of Benefits. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.

All materials necessary to effectively communicate and administer the program shall be prepared and printed by the proposer at the proposer's own expense. These materials include, but are not limited to, master plan document, summary plan descriptions/schedule of benefits, claim forms, identification cards, check stock, and explanation of benefits.

If submitting manually, the appropriate enclosed proposal forms which include a Questionnaire, Rate Pages, Felony Conviction Notice, Non-Collusion Statement & Signature Sheet, Excel Spreadsheets, etc., must be completed and included with the response. An authorized official of the Carrier/Dental with legal authority to bind the Carrier/Dental must sign all proposal forms submitted. **FAILURE TO COMPLETE PROPOSAL FORMS MAY RESULT IN DISQUALIFICATION.**

The Edinburg Consolidated Independent School District accepts no financial responsibility for any costs incurred by any proposer in the course of responding to these specifications.

The Request for Proposals package will be available for download from our website at www.ecisd.us. Look for "Purchasing" inside the "Department" tab. Vendors WILL NOT be notified of additional information/addenda postings. It is the vendor's responsibility to view the ECISD's web page regularly, &/or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued, or to obtain any addenda that may have been issued, for the solicitation. This proposal will also be available on the district's online platform IONWAVE. Vendor will need to register, if not already, prior to viewing/submitting an online submittal.

The proposal is to be based on the provided census as of February 2025 (MS-Excel format).

Effective date is January 1, 2026. The District will assist with coordination of the transfer of enrollment information including accumulator information in an electronic format; however, the successful vendor should be prepared with a contingency plan to effect a smooth transition within the time and with the information immediately available. The successful vendor should also be prepared to conduct education meetings regarding the new administration procedures and a full enrollment of all current participants on-site at multiple locations. Alternatively, the successful vendor must also be prepared to conduct a full re-enrollment electronically via a web-based application at no additional cost to the District.

Any estimated savings, performance or other guarantees included in any part of the proposal should be specific, quantifiable and should include a method for validation.

Enforceability - This Contract shall be interpreted, construed, and governed by the laws of the United States and the State of Texas and shall be enforceable in any court of competent jurisdiction in Hidalgo County, Texas.

Continuity of Coverage - All eligible individuals covered by the current plan are to receive immediate coverage under the new plan.

Advertising – Vendor will not advertise or publish that it has entered into an agreement with ECISD as an endorsement of services without prior written consent.

Gratuities - No gratuities in the form of entertainment, gifts or otherwise, shall be offered or given by vendor or any representative of the vendor to any administrator, employee or anyone affiliated with the School District with a view toward securing a contract or securing favorable treatment with respect to a contract. Failure to comply with this requirement will cause the proposal to be rejected, or contract (if approved) to be void.

Enrollment - The following is the desired enrollment schedule for the selected Dental Carrier to follow:

July 2025 -Approval of Final Contract Award by ECISD Board of Trustees
September 2025 thru November 2025 - Enrollment of all ECISD Employees

Anticipated Timeline: The anticipated tentative timeline for the ECISD's RFP process is as follows:

DATE	DESCRIPTION
April 30, 2025	RFP Release Date
May 26, 2025	Vendor Questions Due

As they come in

Vendor Questions Answered

May 30, 2025

RFP Submission Deadline 3:00 P.M. (CST)

July 2025

Approval of Final Contract Award by ECISD Board of Trustees

Manual Submittals

For further information, Please submit questions in writing via email only to:

Dustin Garza, ECISD Insurance Manager
Dustin.garza@ecisd.us

Questions can also be submitted through the district's online portal.

The selection of a proposal for Fully Insured Dental Services will be made after careful evaluation of the proposals received. Each proposal will be evaluated for acceptability, with emphasis on the various factors enumerated in the table outlined below. Each factor is assigned a numerical score. The scores will be used to develop a list of potential providers with whom negotiations may be conducted.

Evaluations will be based on the following criteria, for which up to 100 points may be awarded. A total evaluation of 60 points will invalidate a proposal.

- 10 - Responses to RFP Questionnaire
- 10 - Experience with School Districts
- 20 - Dental Network Capabilities
- 05 - Experience with Direct Providers
- 20 - Network Providers
- 35 - Overall Cost

ECISD highly recommends responses be submitted electronically through this electronic bidding system as it helps expedite the bidding process and helps to alleviate errors. Manual responses will still be accepted as long as they are received by the close date and time listed on this bid event. **NO EMAILED OR FAXED RESPONSES WILL BE ACCEPTED FOR MANUAL SUBMITTALS.**

BOARD MEMBERS:

David Torres - President, Carmen Gonzalez - Vice-President, Letty Flores - Secretary, Luis Alamia - Member, Xavier Salinas - Member, Leticia "Letty" Garcia - Member, Dominga "Minga" Vela - Member, Dr. Mario H. Salinas- Superintendent of Schools.

Bid Attachments

1295 and Instructions.pdf

Form 1295

[View Online](#)

CIQ Form.pdf

Conflict of Interest (CIQ)

[View Online](#)

W9 & Direct Deposit Form.pdf

W9 & Direct Deposit Form

[View Online](#)

Hold Harmless - Blank.pdf

Hold Harmless Agreement

[View Online](#)

Edinburg CISD - Dental Buy-Up Plan HS.pdf

Edinburg CISD - Dental Buy-Up Plan HS

[View Online](#)

Edinburg CISD - Dental Core Plan HS.pdf

Edinburg CISD - Dental Core Plan HS

[View Online](#)

Retiree Group Edinburg Dental Exp 2 Years.pdf

Retiree Group Edinburg Dental Exp 2 Years

[View Online](#)

Active Full Time Edinburg Dental Exp 2 Years.pdf

Active Full Time Edinburg Dental Exp 2 Years

[View Online](#)

Dental Retiree Group Census.xlsx

Dental Retiree Group Census

[View Online](#)

Dental Active Group Census.xlsx

Dental Active Group Census (UPDATED)

[View Online](#)

Requested Attachments

NOTE TO VENDOR

Please make sure that you label each upload with the designated tab. This will assist in the evaluation process and will be easier for the evaluators to locate.

TAB 1 - Introduction Letter

(Attachment required)

The introduction letter shall provide a summary of the information presented in the RFP; names and telephone/fax numbers of persons authorized to provide any clarification required. This cover letter shall also include the name of the person(s) authorized to conduct final contract negotiations.

TAB 2 - Company Information

(Attachment required)

Respondents must attach a complete set of qualifications on your company's ability to handle what is outlined in this RFP.

TAB 4 - District Required Forms

(Attachment required)

In this section please include your completed/signed:

- Conflict of Interest Questionnaire (CIQ)
- Certificate of Interested Parties (1295)
- Hold Harmless
- Substitute W-9 & Direct Deposit Authorization Form

TAB 5 - Questionnaires

(Attachment required)

Include in this section, if submitting RFP documents manually, your response to any and all questionnaires that you company will be submitting for.

TAB 6 - Description of Plan

(Attachment required)

In this section upload the following attachments that pertain to your submittal:

- Attachment 1 -Schedule of Rates
- Attachment 2 -Complete Description of Benefits
- Attachment 3 -Complete Description of All Limitations & Exclusions
- Attachment 4 -Sample Policy
- Attachment 5 -Underwriting Requirements

Bid Attributes

1	GENERAL CONDITIONS & RFP ASSUMPTIONS Vendor has read and understood the General Conditions & RFP Assumptions. <input type="checkbox"/> I have read and agree. <i>(Required: Check all that apply)</i>
2	FELONY CONVICTION NOTIFICATION State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract." This Notice Is Not Required of a Publicly-Held Corporation I, the undersigned agent for the firm named, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge. <input type="checkbox"/> N/A Publicly-Traded Company <input type="checkbox"/> Owner/Operator HAS NOT been convicted of a felony <input type="checkbox"/> Owner/Operator HAS been convicted of a felony <i>(Required: Check all that apply)</i>
3	FELONY CONVICTION DISCLOSURE If the owner/operator has ever been convicted of a felony, please enter the details of the conviction in the field below to include the name(s) of felon(s) and a general description of the conduct resulting of the felony. Please type N/A if not applicable. _____ _____ _____ _____ _____ _____ <i>(Required: Maximum 4000 characters allowed)</i>

4 PROPOSAL SPECIFICATION REQUIREMENTS

Is this proposal in conformance with the specifications?

☐ Yes

☐ No

(Required: Check all that apply)

5 PROPOSAL SPECIFICATION REQUIREMENTS CONTINUED

If the answer is no, offeror must identify and explain each exception taken, with reference to each page and paragraph to which the exception will apply.

It should be understood that if no exception is taken the offeror shall supply all items as specified. Failure to indicate any difference in products offered in this proposal may be deemed sufficient grounds for rejection of a vendor's proposal.

(Please attach additional page if needed under the Response Attachments tab)

(Required: Maximum 4000 characters allowed)

6 AFFIDAVIT OF NON-COLLUSION

By submission of this proposal or proposal, the bidder certifies that:

1. This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor;
2. This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals, or proposals for this project, to any other bidder, competitor or potential competitor;
3. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal or proposal;
4. The person signing this proposal or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the bidder as well as to the person signing in its behalf.

☐ I have read and agree.

(Required: Check all that apply)

7 LINE ITEMS COMPLETION

Vendor agrees that **ALL** lines & check boxes are filled in as needed even if it states as optional. If the question does not apply to you, you will need to enter in N/A. **FAILURE TO DO SO MAY DISQUALIFY YOUR SUBMITTAL AND BE CONSIDERED NON-RESPONSIVE.**

☐ I have read and agree.

(Required: Check all that apply)

8 RFP ASSUMPTIONS

- Fully Insured Group Dental Insurance Plan should submit proposals directly, net of commissions and no agent service fees. Proposal responses must include a complete disclosure of all revenues from all sources expected to be received from other providers related to this account.
- Proposals are desired for a primary term of three (3) year with the option to renew for five (5) additional one (1) year terms with a minimum of a 24-month rate guarantee. However, Edinburg Consolidated ISD reserves the right to accept a guarantee of less than 24 months if it is in Edinburg Consolidated ISD's best interest.
- All pricing should be included in a separate tab, clearly marked and explained thoroughly.
- A proposed draft copy of a Service Agreement must be submitted with your proposal response. An executed contract must be in place within 30 days of the awarding of the proposal.
- All Submitters must submit completed attachments if applicable to services submitter is submitting for.
- Public Sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.
- Edinburg Consolidated ISD reserves the right to accept or reject all or any part of the proposal, waive minor technicalities, and award the proposal that best serves the interest of the District. The District also reserves the right to waive or dispense with any of the formalities contained herein. The Edinburg Consolidated ISD elective District Commissioners will make the final decision of agreement of award.

(Optional: Maximum 4000 characters allowed)

Bid Lines

1

PROPOSER (OFFEROR) QUESTIONNAIRE

Item Attributes

1. DESCRIBE THE BUSINESS ENTITY SUBMITTING THE PROPOSAL

2. Name of Dental Carrier

(Optional: Maximum 1000 characters allowed)

3. Business Address

(Optional: Maximum 1000 characters allowed)

4. Mailing Address

(Optional: Maximum 1000 characters allowed)

5. Name of Account Executive/Representative assigned to the District

(Optional: Maximum 1000 characters allowed)

6. Telephone Number

() - ext:

(Optional)

7. Year Founded

(Optional: Maximum 1000 characters allowed)

8. What is current A.M. Best rating for your Company? (Please include financial size category)

(Optional: Maximum 1000 characters allowed)

9. PROVIDE FIVE (5) TEXAS CLIENT REFERENCES (PREFERABLY SCHOOL DISTRICTS)

Include the following:

- Name of Client
- Contact Person
- Telephone Number
- Number of Employees

10. Client Reference 1

(Optional: Maximum 1000 characters allowed)

11. Client Reference 2

(Optional: Maximum 1000 characters allowed)

12. Client Reference 3

(Optional: Maximum 1000 characters allowed)

13. Client Reference 4

(Optional: Maximum 1000 characters allowed)

14. Client Reference 5

(Optional: Maximum 1000 characters allowed)

15. DESCRIBE CLAIM PAYMENT SERVICES

16. Where will claims be paid?

(Optional: Maximum 1000 characters allowed)

17. What is the normal claim processing time?

(Optional: Maximum 1000 characters allowed)

18. Describe documentation needed for payment of claim.

(Optional: Maximum 4000 characters allowed)

19. Is there any Lifetime Maximums on any benefits?

(Optional: Maximum 1000 characters allowed)

20. Will employees be allowed a carryover provision?

☐ Yes

☐ No

(Optional: Check all that apply)

21. If yes, Amount?

(Optional: Maximum 1000 characters allowed)

22. Does your plan duplicate the current benefits the District employees have?

☐ Yes

☐ No

(Optional: Check all that apply)

23. Will orthodontics for adults be covered?

☐ Yes

☐ No

(Optional: Check all that apply)

24. Are you willing to provide personnel to do onsite enrollment meetings, educational meetings and/or health fairs as requested?

☐ YES

☐ NO

(Optional: Check all that apply)

25. Will employee ID cards and all other printed material be provided to the District employees via mail to their home addresses at no additional cost?

☐ YES

☐ NO

(Optional: Check all that apply)

26. If the proposal includes dental network, provide a list of in-network Dentists along with their specialty in Excel format

27. What steps will a member have to take for non-network reimbursements and how long will those claims usually take?

(Optional: Maximum 4000 characters allowed)

28. What would be the process of adding a new provider(s) to your network should the District make such a request at a later time?

(Optional: Maximum 4000 characters allowed)

29. Describe "guarantee issue" underwriting guidelines:

(Optional: Maximum 4000 characters allowed)

30. Describe initial enrollment procedures:

(Optional: Maximum 4000 characters allowed)

31. Is the policy portable?

☐ Yes

☐ No

(Optional: Check all that apply)

32. If yes, describe:

(Optional: Maximum 4000 characters allowed)

33. For what period of time are the rates used in the rate table guaranteed?

(Optional: Maximum 1000 characters allowed)

34. Is a longer rate guarantee available?

☐ Yes

☐ No

(Optional: Check all that apply)

35. If yes, please describe:

(Optional: Maximum 4000 characters allowed)

2 Provide the R&C Allowance used in quoted rates for zip code 78539, 78540, 78541, & 78542 below for the following ADA Codes:

Item Attributes

1. ADA Code 0120 Periodic Exam R&C Allowance

(Optional: Maximum 1000 characters allowed)

2. ADA Code 0210 Intraoral X-Rays R&C Allowance

(Optional: Maximum 1000 characters allowed)

3. ADA Code 0272 Bitewing X-Rays R&C Allowance

(Optional: Maximum 1000 characters allowed)

4. ADA Code 1110 Prophylaxis (Cleaning) Adult R&C Allowance

(Optional: Maximum 1000 characters allowed)

5. ADA Code 1203 Fluoride Treatment-Child R&C Allowance

(Optional: Maximum 1000 characters allowed)

6. ADA Code 1351 Sealant-per-Tooth R&C Allowance

(Optional: Maximum 1000 characters allowed)

7. ADA Code 2150 Amalgam-two surfaces, permanent R&C Allowance

(Optional: Maximum 1000 characters allowed)

8. ADA Code 2331 Resin Compos-Two Surfaces R&C Allowance

(Optional: Maximum 1000 characters allowed)

9. ADA Code 2790 Crown-full cast precious metal R&C Allowance

(Optional: Maximum 1000 characters allowed)

10. ADA Code 2950 Core build-up, including any pins R&C Allowance

(Optional: Maximum 1000 characters allowed)

11. ADA 3320 Root Canal, bicuspid R&C Allowance

(Optional: Maximum 1000 characters allowed)

12. ADA Code 4341 Periodontal Scaling R&C Allowance

(Optional: Maximum 1000 characters allowed)

13. ADA Code 4910 Periodontal Maintenance R&C Allowance

(Optional: Maximum 1000 characters allowed)

14. ADA Code 6240 Pontic-Porcelain R&C Allowance

(Optional: Maximum 1000 characters allowed)

15. ADA Code 7230 Removal Impacted Tooth R&C Allowance

(Optional: Maximum 1000 characters allowed)

16. ADA Code 9220 Sedation General Anesthesia R&C Allowance

(Optional: Maximum 1000 characters allowed)

Supplier Information

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature