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| **RFP Qualitative Questions - Dental** |  |  |
| **RATING QUESTIONS** | |  |
|  | **Response** | **Explanation, if applicable** |
| Please identify any discounts you will provide for bundling multiple products. | *100 words.* | *50 words. N/A ok.* |
| Please outline your thresholds (if applicable), if any, for recalculation of rates, reserves and retention (e.g., enrollment change of greater than 15%). | *100 words.* | *50 words. N/A ok.* |
| What is the proposed fee guarantee period? | *50 words.* | *50 words. N/A ok.* |
| Are there any minimim participation restrictions? | *50 words.* | *50 words. N/A ok.* |
| What are your employer contribution requirements? | *50 words.* | *50 words. N/A ok.* |
| **CLAIMS AND MEMBER SERVICES** | |  |
|  | **Response** | **Explanation, if applicable** |
| Please list your customer service hours. | *100 words.* | *50 words. N/A ok.* |
| During business hours, are phone calls answered via IVR or a live representative? |  | *50 words. N/A ok.* |
| Describe how employees can receive after-hour support. | *100 words.* | *50 words. N/A ok.* |
| Please list the services available to employees via self-service website. | *100 words.* | *50 words. N/A ok.* |
| Is your website mobile-friendly and/or is a mobile app available for members? |  | *50 words. N/A ok.* |
| What capabilities do employers have via your website? Can they make real-time eligibility changes/updates? | *100 words.* | *50 words. N/A ok.* |
| From what office will claims be paid? | *100 words.* | *50 words. N/A ok.* |
| Do you provide printed ID cards? |  | *50 words. N/A ok.* |
| Do you have a self-service online reporting system? |  | *50 words. N/A ok.* |
| Will WTW have access to this reporting system, pending client approval? |  | *50 words. N/A ok.* |
| Can you provide bills/invoices in both electronic and paper formats? |  | *50 words. N/A ok.* |
| Please describe the grace period for late payments. | *100 words.* | *50 words. N/A ok.* |
| **DESIGN QUESTIONS** | |  |
|  | **Response** | **Explanation, if applicable** |
| Do you recommend any changes or modernizations to the requested plan design(s)? |  | *50 words. N/A ok.* |
| Please describe your standard elapsed time requirement between covered oral examiations. | *100 words.* | *50 words. N/A ok.* |
| Is there a standard age limit or frequency limit for covered fluoride treatments? |  | *50 words. N/A ok.* |
| Is there a standard age limit or frequency limit for x-rays that varies from the requested design? |  | *50 words. N/A ok.* |
| Please list any other frequency or age limiations that would apply. | *100 words.* | *50 words. N/A ok.* |