

STATE OF NEW YORK

JUDICIARY

—REQUEST FOR BID—

(This is not an order)  
**BID MUST BE MADE ON THIS SHEET  
OR AS OTHERWISE SPECIFIED**

NYS OFFICE OF COURT ADMINISTRATION  
Contract & Procurement Unit  
25 Beaver Street, R-850  
New York, NY 10004  
  
(Agency Name and Address)

Direct Inquiries to: Marie-Claude Ceppi  
E-mail: mceppi@nycourts.gov

Price to include delivery to (describe exact location and method of delivery) All prices to be net and inclusive of all services specified herein unless otherwise specified.

<b>Bid Number:</b> OCA/HR-221	<b>Commodity Group:</b>
<b>Opening Date: 02/27/2018</b> <b>Time: 3:00 pm</b> <b>Issue Date: 01/19/2018</b>	<b>Commodity Name:</b> Dental Plan

OFFICE OF GENERAL SERVICES "GENERAL SPECIFICATIONS" (DECEMBER 1998) ARE FULLY INCORPORATED HEREIN.

Agency's Specification of item(s) Required (include quantities)	Bidder's Quotation and Specific Description of Item Offered
<b><u>UCS ATTACHMENT I, III, and IV ATTACHED &amp; INCORPORATED HEREIN.</u></b>	<b><u>ALL BID RESPONSES MUST BE ENTERED ON THE ENCLOSED BID RESPONSE FORM UNLESS SPECIFIED OTHERWISE HEREIN.</u></b>

**NOTICE TO BIDDERS**

Pursuant to the Rules and Regulations of the Chief Administrator for the Courts, sealed bids for furnishing the item(s) in this Request for Bid will be received at the above address. When submitting a bid, you must:

1. Complete this form in its entirety using ink or typewriter and return with all other documents.
2. Explain any deviations or qualifications if your bid deviates from the specifications. If necessary, attach a separate sheet setting forth such explanations.

3. Sign the bid. The bid must be completed in the name of the bidder (corporate or other) and must be fully and properly executed by an authorized person.

4. INDICATE THE BID NUMBER, THE BID OPENING DATE AND TIME ON THE ENVELOPE CONTAINING THE SEALED BID.

5. Mail the bid to the above agency address in sufficient time for it to be received before the specified bid opening. **LATE BIDS WILL BE REJECTED.**

BIDDER HEREBY CERTIFIES THAT THE ABOVE QUOTED (OR OTHERWISE NOTED) PRICES ARE APPLICABLE TO ALL CUSTOMERS FOR COMPARABLE QUANTITIES, QUALITY, STYLES OR SERVICES.

**BIDS MUST BE SIGNED**

Bidder's Firm Name:		Employer's Federal Identification Number	
Address Street	City	State	Zip
Bidder's Signature		Official Title	
Printed or Typed Copy of Signature		Area Code/ Telephone Number E-mail:	

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**DOCUMENT ENCLOSURE CHECKLIST (3 pages)**

\_\_\_\_\_ Pricing Sheet: The Pricing Sheet **must be fully executed and included** in bidder's proposal. Failure to do so will immediately disqualify bidder's response.

The following forms must be fully executed and included in bidder's proposal. Failure to do so may disqualify bidder's response:

\_\_\_\_\_ UCS Request for Bid/Proposal Form (rfb1.frm) and complete bid response with original signature

\_\_\_\_\_ Attachment I - Standard Request for Bid Clauses & Forms

p.3 - Non-Collusive Bidding Certificate

p.4 - Corporate Acknowledgment

Attachment II - Not Applicable

\_\_\_\_\_ Attachment III - Vendor Responsibility Questionnaire

Questionnaire filed online via OSC VendRep System and certified within 6 months of the bid opening due date, **or**

Paper questionnaire

\_\_\_\_\_ Attachment IV - Procurement Lobbying forms

Disclosure of Prior Non-Responsibility Determination (UCS 420)

Affirmation of Understanding and Agreement (UCS 421)

\_\_\_\_\_ Certificates of NYS Worker's Compensation and NYS Disability Benefits Insurance, or Certificate of Attestation of Exemption. Please see paragraph "Insurance Requirements" for a list of accepted forms.

\_\_\_\_\_ Copies of bidder's certificate(s) of insurance or other adequate proof evidencing the insurance coverages required by the bid specifications

The following documents and information must be included in bidder's proposal. Failure to do so may disqualify bidder's response:

\_\_\_\_\_ Three (3) complete copies of original bid response

\_\_\_\_\_ List of references

\_\_\_\_\_ Bidder's contact information

\_\_\_\_\_ Organizational chart

\_\_\_\_\_ List of participating providers

\_\_\_\_\_ Participating Provider Fee Schedule for dental procedure codes specified in Exhibit A for zip codes 11207, 11215, 10036, 14603 and 14202

\_\_\_\_\_ Usual and Customary Charges Schedule (UCR Schedule) for dental procedure codes specified in Exhibit A for zip codes 11207, 11215, 10036, 14603 and 14202

\_\_\_\_\_ Description of the following:

- Bidder's organizational resources and experience in providing the range and scope of the benefit program requested for large employers
- Methodology for calculating premium rates
- Methodology for determining standard usual and customary charges including if bidder obtains its standard usual and customary charges from an outside service
- List of services/procedures that require insurer pre-determination of benefits
- System for processing Participating Provider and Non-Participating Provider Claims, including sample EOB form
- System for providing monthly/semi-annual/annual reports to UCS and ability to download data in MS Excel, text files
- System to ensure security and confidentiality of enrollment files
- Proposed customer service operations
- Account team available to UCS, including their qualifications and experience
- Bidder's service capabilities for claims processing and reporting, customer service, enrollee communications, coordination of benefits, including sample enrollee communication

If bidder regards any of the above-required information as proprietary, it should be submitted in a separate folder from the bid response that is marked "Proprietary/Confidential".

\_\_\_\_\_ Proprietary information in separate folder from bid response, if applicable

\_\_\_\_\_ Signed Document Enclosure Checklist

**IMPORTANT:**

1. All documents requiring an original signature must bear the BLUE INK signature of the same authorized individual. Signatory notarization must be that of the person whose signature is affixed to all required documents.

2. The Pricing Sheet and the other forms listed above must all have the SAME COMPANY NAME AND TAX ID NUMBER in order for a purchase order or contract to be approved by the NYS Comptroller.

**3. Do not alter this solicitation in any manner. Any changes, deletions, or additions (including the addition of supplemental terms and conditions) to this RFB, or to any**

RFB# OCA/HR-221  
DENTAL PLAN

BID OPENING DATE: February 27, 2018  
3:00 P.M.

**exhibits or appendices to this RFB, including the Pricing Sheet, may result in the rejection of this offer as non-responsive.**

4. Please note that the terms and conditions of this RFB will form the basis of the contract with the awarded vendor.

**5. Please verify that all required documents are included before signing.**

COMPANY NAME:

\_\_\_\_\_

AUTHORIZED OFFICER'S NAME AND TITLE:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **I. DETAILED SPECIFICATIONS**

### **Purpose and Scope**

The New York State Office of Court Administration (“OCA”), on behalf of the Judiciary Benefits Office (“JBO”), is soliciting sealed proposals for the provision of a dental insurance plan as described in these RFB specifications, for Judges, Justices, management confidential and other unrepresented employees and their dependents, including retirees in these groups, of the New York State Unified Court System (“UCS”). The current dental insurance plan is a two-tiered plan (described in section headed “Background). However, bidders may propose either a single unified plan or a two-tiered plan, as long as all plan specifications, including but not limited to covered services and reimbursement requirements, are met.

### **Term of Award**

A single estimated quantity term contract will be awarded for an initial term of five (5) years. OCA/JBO reserves the right to renew such contract for two (2) additional one (1) year periods (each a Renewal Term) upon the same terms and conditions excluding premium rates.

OCA/JBO further reserves the right to extend the contract for a period not to exceed one hundred and eighty (180) days after the expiration of the initial term or either Renewal Term, upon the same terms and conditions excluding premium rates. The initial contract, renewals and extension are subject to the approval of the NYS Attorney General and the NYS Comptroller.

### **Method of Award**

The award will be made to the responsible bidder receiving the highest score based on the criteria set forth below.

The RFP will be evaluated according to the criteria below and will be awarded a maximum of 100 points.

1. Cost **30 points**

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The lowest cost is defined as the lowest total first year cost of either the combined individual and family contracts or the composite contract (see Pricing Sheet).

2. Service

Service facilities for claims processing and reporting provided in the United States (15 points), customer service provided in the United States (15 points), enrollee communications (10 points), coordination of benefits (10 points), network of providers (10 points). **60 points**

3. Resources

Overall financial and organizational resources and experience in providing the range and scope of the benefits programs requested for large employers. **10 points**

**Packaging, Identifying and Delivering of Bids/Proposals**

Bids/Proposals must be clearly addressed and submitted to:

Marie-Claude Ceppi  
Management Analyst  
NYS Office of Court Administration  
25 Beaver Street, R-850  
New York, NY 10004

All envelopes/cartons must also be labeled with the following information on two sides:

Deliver immediately to Marie-Claude Ceppi R-850"  
Sealed bid - Do not open  
RFB# OCA/HR-221 due February 27, 2018 at 3:00 p.m.

Failure to seal and mark the bid/proposal as prescribed may result in non-delivery and/or rejection of the bid/proposal. Please note that bids/proposals must be received by the above-named OCA-designated person by February 27, 2018 at 3:00 pm at the latest or bids will be declared a late bid and they will be disqualified. It is recommended that bidders allow several extra days for shipping in order to meet the deadline.

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DENTAL PLAN

BID OPENING DATE: February 27, 2018  
3:00 P.M.

### **No-Bids**

Bidders are requested to send a no-bid letter to OCA, Attn: Marie-Claude Ceppi, at the above address, should they decide not to answer this solicitation. The envelope shall be clearly marked in the lower left corner as follows: RFB# OCA/HR-221. No-bid letters may be sent by email to [mceppi@nycourts.gov](mailto:mceppi@nycourts.gov). Please indicate in "Subject" field: "RFB# OCA/HR-221 – No-Bid."

### **Mandatory Pre-bid Conference**

A **mandatory** pre-bid conference will be held on February 8, 2018 at the Office of Court Administration, 25 Beaver Street, Room # 1161, New York, NY 10004. Participants are required to notify Marie-Claude Ceppi of their planned attendance. Bidders who do not attend the pre-bid conference may not submit a bid response and if a bid response is submitted, it will be disqualified. Bidders may attend by tele-conferencing.

### **Questions**

Any and all questions bidders may have in connection with this solicitation are to be directed by email only to:

Marie Claude Ceppi  
[mceppi@nycourts.gov](mailto:mceppi@nycourts.gov)

Please indicate in "Subject" field: "RFB# OCA/HR-221 - Question(s)."

The deadline to submit questions is February 2, 2018 before 5:00 pm. A written response to all submitted questions in the form of a Questions & Answers (Q&A) sheet will be posted on the UCS website at [www.nycourts.gov/admin/bids](http://www.nycourts.gov/admin/bids) under RFB# OCA/HR-221 two days prior to the pre-bid conference. The pre-bid conference will be the last opportunity for bidders to raise questions. A final Q&A, revised to include all questions raised at the pre-bid conference and their answers, will be sent only to those bidders who attended the mandatory pre-bid conference. **No questions will be entertained after the pre-bid conference.**

**IMPORTANT:** All questions regarding this solicitation must be in writing and directed solely to the attention of the above-designated person. Contact by any prospective bidder, or any representative thereof, with any other personnel of the UCS/OCA in connection with this RFB/RFP may violate the Procurement Lobbying Act of 2005 (see Attachment IV), will jeopardize the respective bidder's standing and may cause rejection of its proposal.

### **Bidder's contact Information**

Bidder shall designate, in its bid response/proposal, a staff member as primary contact for all questions OCA/JBO may have regarding bidder's bid response/proposal.

### **Bid Submission Requirements**

The following must be included with the bid submission (in addition to all other items listed on the document enclosure checklist):

- List of Participating Providers nationwide with emphasis on those located within the State of New York and New Jersey and Connecticut.
- Bidder's participating provider fee schedule (Participating Provider Fee Schedule) for the dental procedure codes listed in Exhibit A for zip codes 11207, 11215, 10036, 14603 and 14202.
- Bidder's usual and customary charges schedule (UCR Schedule) for the dental procedure codes listed in Exhibit A for zip codes 11207, 11215, 10036, 14603 and 14202.
- A description of the methodology used by bidder to establish bidder's UCR Schedule including whether bidder obtains its usual and customary charges from an outside service.
- A description of the methodology used by bidder to determine premium rates (see Pricing/Rates (page 8)).
- List of services/procedures that require insurer pre-determination of benefits.

UCS reserves the right to ask for the bidder's Participating Provider Fee Schedule and UCR Schedule for additional procedure codes and additional zip codes.

### **Supporting Presentation(s)**

The OCA/JBO may request bidder to make an oral and visual presentation(s) on an individual basis in support of its proposal.

### **Pricing/Rates**

Rates will remain fixed for the first year of the contract, but may change once for each subsequent contract year, for each Renewal Term and for the extension period. (See “Premium Rate Increases.”)

Bidder shall underwrite the plan without payment of commissions. Bidder may quote its rate on a monthly individual and family basis, or on a composite per enrollee basis, or bidder may quote rates on both the monthly individual and family basis and the composite basis.

Bidder must explain its methodology for determining premium rates. The explanation must specify (i) all components of the premium rate, including, but not limited to experience, retention, margin and trend; (ii) what is included in each component; and (iii) the amount of the premium cost attributable to each component. With regard to experience, bidder must state: (i) whether the experience rating is based on community or insured experience; (ii) whether experience is retrospectively or prospectively rated; and (iii) how surpluses, if any, are handled. In addition, bidder must state which, if any, components of the premium cost will remain fixed throughout the contract term. For each component that will not remain fixed, bidder must describe the factors on which rate adjustments are based.

During the term of the Agreement, the charge for retention shall in no case be higher on a per enrollee contract basis than that used for any of the Insurer's policies with other groups of similar size.

### **Premium Rate Increases**

The JBO will consider premium rates increases for the second, third, fourth and fifth years of the contract's initial term as well as for any Renewal Term and extension period exercised. Requests for premium rate increases will be required to be submitted in writing to the JBO no later than ninety (90) days prior to the end of the period immediately preceding the period to which the increase would apply. Requests for premium rate increases will be required to include a justification for each component of the premium rate for which an increase is requested supported by the appropriate back-up satisfactory to UCS. The Insurer will also be required to supply any additional documentary evidence, clarification, greater detail or alternate analyses of the documentary evidence supporting the proposed rate increase that may be requested by UCS.

Any approved increases in premium rates would be effective on the first day of the contract year, renewal or extension period to which the increase applies.

New Premium rates will be an amendment to the contract which is subject to the approval of the Office of the State Comptroller (OSC). New premium rates will be effective retroactively upon OSC approval.

## **II. TECHNICAL SPECIFICATIONS DENTAL PROGRAM**

### **Background**

The New York State Unified Court System provides its approximately 3,755 judges, management confidential and other unrepresented employees, including retirees in these groups, coverage for a full range of dental care services. The coverage is currently provided through a two-tiered plan. The first tier provides a network of participating providers for paid-in-full benefits with a customized fee schedule for out-of-network providers' benefits (Level 1). The second tier is an out-of-network benefit only which supplements, on a percentage basis, the customized fee schedule for out-of-network benefits in the first tier (Level 2). Level 2 also covers certain additional benefits not covered by Level 1.

### **Claims Experience**

The UCS claims experience under the current plan for the period 7/1/2011 to 6/30/2014 is attached hereto as Exhibit B.

## **PROGRAM REQUIREMENTS**

### **Eligibility**

#### In General

Judges, Justices, Management/Confidential and other non-judicial, unrepresented employees who are working at least half-time on a regularly scheduled basis and qualified retirees as well as qualified dependents and domestic partners of these groups. Current enrollee list is in Exhibit F: Combined List: Birthdate – Gender – Zip Code.

### New Employees

New employees' plan coverage begins on the first of the month following the completion of six (6) months of continuous employment. For employees who transfer (from another court system plan or other State plan) into an eligible group, coverage begins the first day of the third pay-period providing the six-month continuous employment requirement has been met.

### Dependents

Dependent coverage includes the member's spouse, domestic partner and children up to age twenty-six (26). Dependent List with Relationship and Age Range is in Exhibit G.

### Retirees

The dental plan can be continued in retirement providing the employee: (1) meets a ten-year state service requirement (cumulative and not pro-rated for part-time employees); (2) retires directly from the UCS; and (3) is participating in the Plan at the time of retirement.

### Dependent Survivors

If a participating active (regardless of the number of years of service) or retired employee dies, his/her eligible dependents can remain in the plan for one full calendar year, at no cost, under the active or retired employee program as applicable. At the end of that year, the dependents become eligible for continuation for up to 24 additional months under COBRA.

**Contribution by Employee** – None

**Vestee Coverage**--There is no vestee coverage under the plan.

## **PLAN SPECIFICATIONS**

### **Deductibles and Maximums**

**Annual Deductible** –\$25 per person; with a maximum of \$75 per family. Deductible does not apply to preventive/diagnostic care services.

**Annual Maximum** - Calculated per person based on reimbursements to the provider and/or enrollee: \$5,000 Annual Per Person. The only service not included in the annual maximum is implants.

If bidder proposes a two-tiered plan, the annual maximum may be allocated between the two tiers. If one tier of bidder's proposed plan has lower reimbursement rates than the other tier, no more than 40% of the annual maximum (\$2,000) may be allocated to the tier with the lower reimbursement rates.

### ***Lifetime Maximums***

The only services that are subject to lifetime maximums are orthodontia and implants. The lifetime maximums for each of those services are as follows:

#### ***Orthodontia***

Child: \$4,000 Lifetime Maximum

Adult: \$2,000 Lifetime Maximum

#### ***Implants***

\$10,000 Lifetime Maximum

Implant services are not included in the annual per person maximum.

## **COVERED SERVICES**

See Exhibit C

The plan must cover all services listed in Exhibit C at the frequency listed, except for the services listed as not covered. The following services/procedures are defined as the Additional Services: Implants; Child Orthodontia and Adult Orthodontia.

## **Reimbursement Requirements**

### For Participating Providers

- All covered services (except for the Additional Services) rendered by Participating Providers must be paid at 100% of the Insurer's Participating Provider Fee Schedule (after the deductibles, where applicable, have been met) up to annual and/or lifetime maximums. Participating Providers must agree to accept Insurer's Participating Provider Fee Schedule as payment in full, except for the Additional Services.

### For Non-Participating Providers

- Preventive/Diagnostic: All covered preventive/diagnostic services provided by non-participating providers must be paid at 100% of insurer's UCR Schedule up to annual and/or lifetime maximums and not to exceed the provider's billed charges.

- Basic and Major Restorative Services: All covered basic and major restorative services (except for the Additional Services) provided by non-participating providers must be paid at 80% of insurer's UCR Schedule (after the deductibles, where applicable, have been met) up to annual and/or lifetime maximums and not to exceed the provider's billed charges.

#### For The Additional Services

- Orthodontia

Child and Adult Orthodontia must be paid at 100% of Participating Provider Fee Schedule or 100% of Insurer's UCR (after deductibles have been met) up to lifetime maximum and not to exceed the provider's billed charges.

- Implants

Implants must be paid at 100% of Participating Provider Fee Schedule or 100% of Insurer's UCR (after deductibles have been met) up to lifetime maximum and not to exceed the provider's billed charges.

#### **Enrollment File**

The Insurer must maintain an accurate, complete, comprehensive and up-to-date enrollment file based on information provided by the Unified Court System. This enrollment file shall be used by the Insurer to process claims, provide customer service and produce management reports. See sample enrollment files in Exhibit D. The layouts in the sample files are tentative, however, bidder should confirm whether or not the layouts in the sample files are acceptable.

The exchange of information between the Insurer and the UCS must be made in an encrypted manner. The Insurer is required to have a system capable of removing encrypted files containing enrollee/dependent information the specific format of which is to be determined.

Insurer will be required to receive electronic files from UCS on at least a weekly basis. Insurer will be required to notify UCS by email whether file transfer is a success or failure. If file transfer fails, insurer will be required to receive files without waiting for next scheduled file transfer.

The Insurer must maintain the security of all enrollment information and its computer system to protect the confidentiality of enrollee/dependent data contained in the enrollment file. The Insurer must also have a back-up system available and in place to be used in the event that the primary system fails or cannot be accessed.

Bidders shall describe their systems in place that ensure security and confidentiality of the enrollment file.

**Enrollment Maintenance/Claims /Participating Providers**

The Insurer will be responsible for the following:

1. Determining whether services were provided to eligible Enrollees and/or dependents;
2. Account billings are in compliance with the terms of the participating Provider Agreement and Program regulations;
3. Records are kept of all services/treatments provided;
4. The Enrollee or dependent actually received the services billed to the Program (via mail confirmation); and
5. Participating Providers are in compliance with all applicable laws and regulations.

**Reporting Requirements**

**1. Claims Reporting** - including; providing monthly utilization reports to UCS; providing annual detailed experience and other data to justify premiums; maintaining accounting records necessary to support claim payments and providing reasonable access to those records for State audit requests.

Monthly: Claims utilization data (before and after COB) indicating dollar amount and number of transactions as follows:

Active Members  
Dependents  
Total Active

Retired Members  
Dependents  
Total Retired

Total Members  
Total Dependents  
Total

Semi-Annual: Procedure Code and Procedure Name utilization form:

Number of Procedures

Charges (\$)

Averages

The above is to be reported as per the group categories and procedure types, as previously indicated.

## **2. Audit Report**

To ensure data integrity and minimize financial risks with claim operations, the Insurer must implement an auditing system/report which UCS can receive upon request. This audit report will include enrollment information as well as the most recent claim data.

The Insurer must ensure information management processes are in compliance with IT-specific laws, policies and standards.

See Sample Audit Report in Exhibit E.

**3. Ad Hoc Reporting:** The Insurer will be required to submit such reports as UCS deems necessary to set premium rates or justify retention charges. The exact format, frequency and due dates for such reports will be negotiated with the selected party.

Describe your system for providing monthly/semi-annual/annual reports to the UCS including any quality control procedures in place to assure reporting accuracy. Include copies of current or proposed sample reports and your willingness/ability to modify formats as requested by UCS. Describe your ability to download data in Microsoft Excel, text files.

## **UCS Audit Rights**

The UCS reserves the right to regularly audit membership/enrollment and claims data.

## **Claims Processing**

The Insurer will be responsible for processing all claims submitted under the Program and for providing periodic reports to the UCS. This includes claims for services rendered by both Participating and Non-Participating Providers. Claims Processing must be performed in the United States.

The Insurer's responsibilities shall include, but not be limited to the following:

Processing Claims - including; timely, accurate payment of claims with a system of edits/audits to guarantee accuracy; assisting Participating Providers in submitting claims within Program requirements); developing and providing Enrollees with claim forms and Explanation of Benefits Statements; identifying and recovering monies as the result of overpayments or fraud.

Describe your system for processing Participating Provider and Non-Participating Provider claims including your current turn-around time from receiving a claim to providing payment. Include copies of either current EOB forms or a proposed EOB for these programs.

## **Customer Service**

### Duties and Responsibilities:

The Insurer must maintain a nationwide toll-free number to service Program Enrollees. An adequate staff of fully trained, courteous customer service representatives and supervisors must be available, at a minimum, between the hours of 9:00 AM EST and 5:00 PM EST, Monday through Friday, except for legal holidays observed by the UCS (See attached Exhibit H). Customer service representatives and supervisors must be based in the United States. Customer service representatives must be able to respond to questions and inquiries regarding benefits, claims status and explanations of benefits and the Insurer must adequately resolve Enrollee and Dependent inquiries, complaints, problems and questions received by telephone or by mail within a reasonable time.

- 1) Describe your proposed customer service operation; the capabilities of the telephone system that you would propose to use for the Program including your automated response system; your proposed hours of customer service; and if your customer service operation can be contacted via electronic mail. Also describe if/how you handle after-hours calls and how staff will be trained.
- 2) Describe the "Account Team" that will be available to the Judiciary Benefits Office and in what capacity will the Account Team serve.

## **Enrollee Communications**

### Duties and Responsibilities:

UCS believes that acceptance of and appropriate participation by Enrollees in the Program can be realized only with a thorough and highly professional communications effort. Subject to UCS approval, the Insurer will be responsible for providing Enrollees with the information needed to assure a smooth transition for Enrollees and their Dependents using the Program. The Insurer will design and produce all necessary forms, printed or video materials, and/or other communication

tools to be used in introducing the Program providing sufficient quantities to promote and to operate the Program including newsletter/brochure, posters; participating provider directories, Enrollee satisfaction survey, etc. The Insurer will be responsible for paying for all mailing costs incurred to disseminate Program communication materials to Enrollees.

- 1) Provide an outline of the Enrollee communications campaign you would propose for the Program's first year and provide other comparable samples you have developed;
- 2) Provide sample communication and Enrollee educational materials;
- 3) Describe in narrative and/or flow chart format how printing and distribution of materials will be handled; and
- 4) Do you currently have an Internet web site? Describe the types of information an Enrollee may access from this web site.

### **Coordination of Benefits**

#### Duties and Responsibilities:

The Insurer will be responsible for conducting a Coordination of Benefits (COB) program.

If a two-tiered plan is proposed, automatic coordination (no claim form by enrollee) between the tiers is required.

COB information may be determined through enrollment when both parties are court system enrollees or obtained from claim forms or through questionnaires sent to Enrollees after claims have been filed. The Insurer must create and maintain a coordination of benefits file that interfaces with the claims payment system to ensure the accurate payment of claims.

- 1) Describe the method you would propose to use to coordinate benefits for this Program as described above.
- 2) Do you have experience coordinating benefits for claimants having secondary or tertiary coverage? If so, explain any procedures and/or system modifications designed to assure proper adjudication specific to such enrollees' claims. If not, propose how you would handle coordination of secondary/tertiary coverage for this Program.
- 3) Do you currently coordinate benefits for any other dental program? If so, provide details of your methodology, including recovery procedures and resulting savings.

**EXHIBITS:**

- Exhibit A: Common Procedure Codes and Description
- Exhibit B: Claims Experience for the period 7/1/2011 to 6/30/2014
- Exhibit C: Covered Services and Exclusions (pp. 31-34)
- Exhibit D: Sample Enrollment Files
- Exhibit E: Sample Audit Report
- Exhibit F: Combined List: Birthdate – Gender – Zip Code (Excel format)
- Exhibit G: Dependents List with Relationships and Age Range
- Exhibit H: UCS 2018 Holidays Observed

**III. The RFB/RFP PROCESS: GENERAL SPECIFICATIONS**

**Note to Bidders**

**1. Attachment I - Standard Request for Bid Clauses & Forms and Attachment IV - Procurement Lobbying Law required forms**

In addition to such other specifications and criteria as are presented herein, the NYS Unified Court System Attachment I - Standard Request for Bid Clauses & Forms , and Attachment IV - Disclosure of Prior Non-Responsibility Determination (UCS 420) and Affirmation of Understanding and Agreement (UCS 421) pursuant to the Procurement Lobbying Act, which must be downloaded or printed from the UCS Contract & Procurement website under “Addenda” for the appropriate solicitation, are incorporated and made a part of this solicitation.

**2. Attachment III - Vendor Responsibility Questionnaire**

The NYS Unified Court System (UCS) is required to conduct a review of a prospective contractor to provide reasonable assurances that the vendor is responsible. The required Vendor Responsibility Questionnaire is designed to provide information to assist UCS in assessing a vendor’s responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each prospective contractor’s legal authority to do business in New York State, business integrity, financial and organizational resources, and performance history (including references).

The UCS recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. However, vendors may choose to complete a paper questionnaire and submit it with their proposal.

Online Questionnaire: To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us/Enrollment/login>. Vendors must provide their New York State Vendor Identification Number when enrolling (see paragraph headed 'New York State Vendor File Registration' for instructions on obtaining a Vendor Identification Number.) For VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us).

Bidders who file the Vendor Responsibility Questionnaire online via the OSC VendRep System are requested to checkmark the appropriate box on the Document Enclosure Checklist. Please note that online submissions must be certified and dated/updated not more than six (6) months prior to the bid opening date of this RFB/RFP. Bidders' authorized signature of the RFB/RFP form will serve as confirmation that bidders have knowingly filed their questionnaire online if the paper questionnaire is not included with the bidder's submission.

Paper Questionnaire: Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm) or may contact the UCS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

### **3. New York State Vendor File Registration**

Prior to being awarded a contract pursuant to this solicitation, the bidder(s) must be registered in the New York State Vendor File (Vendor File) administered by the OSC. This is a central registry for all vendors who do business with New York State agencies and the registration must be initiated by a State agency. Following the initial registration, a unique New York State ten-digit vendor identification number (Vendor ID) will be assigned to vendors for usage on all future transactions with New York State. Additionally, the Vendor File enables vendors to use the Vendor Self-Service application to manage certain vendor information in one central location for all transactions related to the State of New York.

**If the bidder is already registered in the Vendor File**, the vendor must enter the vendor's ten-digit Vendor ID on the first page of this bid document.

**If the bidder is not currently registered in the Vendor File**, upon award of a contract the Bidder must complete the OSC Substitute W-9 Form ([http://www.osc.state.ny.us/vendors/forms/ac3237s\\_fe.pdf](http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf)) and submit the form to UCS. **The**

**UCS will initiate the vendor registration process** for the awarded contractor. Once the process is initiated, awarded contractor will receive an e-mail identifying their unique ten-digit Vendor ID and instructions on how to enroll in the online Vendor Self-Service application. For more information on the Vendor File please visit the following website:  
[http://www.osc.state.ny.us/vendor\\_management/](http://www.osc.state.ny.us/vendor_management/).

### **Online RFB/RFP Package: Disclaimer**

Bidders accessing any UCS/UCS/OCA solicitations and related documents from the New York State UCS website [www.nycourts.gov/admin/bids](http://www.nycourts.gov/admin/bids) under "Current Solicitations" shall remain solely and wholly responsible for reviewing the respective solicitation & bid documents on the internet regularly, up to the scheduled date and time of the bid/proposal due date, to ensure their knowledge of any amendments, addenda, modifications or other information affecting the solicitation or bid documents in question.

### **Bid Response/Proposal: Original and Copies**

Bidders shall submit all the following required **original RFB/RFP documents**: Bid/Proposal; Executed RFB/RFP Form; Attachment I - pages 3, 4, of 10; Attachment III - Vendor Responsibility Questionnaire (questionnaire may be filed electronically with OSC); Attachment IV - Disclosure of Prior Non-Responsibility Determinations UCS 420 and Affirmation of Understanding and Agreement UCS 421; proof of Workers' Compensation and Disability Benefits insurance coverage (See "Insurance Requirements"); and any other required documentation, brochures, etc. listed on the Document Enclosure Checklist. Complete the paperwork on the forms provided with this solicitation unless otherwise requested. Do not retype or amend any portion of this solicitation. Failure to provide all original documents and the requested number of copies may result in disqualification of a bidder's response.

### **NYS OGS General Specifications**

New York State Office of General Services (NYSOGS) General Specifications (May 2015) are incorporated herein by reference, except to the extent any provision thereof is not applicable to UCS. Any reference in the NYSOGS General Specifications to 'Commissioner' shall be deemed to refer to the Chief Administrator of the Courts or the designee of the Chief Administrator. In the event of any conflict or express or implied ambiguity between this solicitation document, including attachments hereto, and the NYSOGS General Specifications, this solicitation

document shall take precedence. The NY SOGS General Specifications are available at:  
<http://www.ogs.ny.gov/purchase/spg/pdfdocs/CL815.pdf>.

### **Binding Nature of Bid/Proposal on Bidders**

All bids/proposals shall remain binding on bidders until such time as UCS/OCA provides written notification of its intent to award the contract to a specific bidder or until the bidder withdraws its bid/proposal in writing, whichever occurs first.

### **Estimated Quantities**

Any quantities specified in this solicitation constitute estimates only, and accordingly no commitment or guarantee to reach any specified volume of business is made or implied.

### **Compliance with Laws**

Awarded contractor(s) must comply with all applicable federal, state and local laws, rules and regulations, including but not limited to, fire, health and safety codes, prior to and during the provision of all services under the contract resulting from this RFB/RFP.

### **Independent Contractor Status**

It is expressly understood and agreed that the awarded contractor's status shall be that of an independent provider of services and that no officer, employee, servant or subcontractor of the contractor is an employee of the UCS, OCA or State of New York. The awarded contractor shall be solely responsible for the work, assignment, compensation, benefits and personal conduct and standards of all such persons assigned to the provision of services. Nothing herein shall be construed to impose any liability or duty on the UCS, OCA or State of New York to persons, firms, consultants or corporations employed or engaged by the awarded contractor either directly or indirectly in any capacity whatsoever, nor shall the UCS, OCA or State of New York be liable for any acts, omissions, liabilities, obligations or taxes of any nature including, but not limited to, unemployment and Workers' Compensation insurance of the awarded contractor or any of its employees or subcontractors.

### **Rejected and Unacceptable Bids/Proposals**

UCS reserves the right to reject any and all proposals or bids submitted in response to this solicitation. In addition, UCS may reject any bids/proposals from any bidders who are in arrears to the State of New York upon any debt or performance of any contract; or who have previously defaulted on any contractual obligations, (as contracting party, surety or otherwise), or on any obligation to the State of New York; or who have been declared not responsible or disqualified by any agency of the State of New York, who have any proceeding pending against them relating to the responsibility or qualification of the bidders to receive public contracts, whose proposal is incomplete or otherwise non-responsive in any material respect, or who are found to be non-responsible based on any of the criteria specified in the section headed 'Responsible Bidder'. UCS also reserves the right to reject any bidder: (i) whose facilities and/or resources are, in the opinion of OCA, inadequate, too remote from the UCS locations to render services in a timely manner in accordance with all requirements of this solicitation; (ii) who does not provide references in accordance with the bid specifications, or whose references report significant failure to comply with specifications; or (iii) who are otherwise, in the opinion of OCA, unable to meet specifications.

### **Responsible Bidder**

A bidder shall be defined as "responsible" in accordance with, but not limited to, references, past performance history, financial stability, the criteria set forth in paragraph 2 of the General Specifications (Attachment III-Vendor Responsibility Questionnaire), and the criteria set forth in the paragraph headed "Rejected and Unacceptable Bids/Proposals" as well as any other criteria necessary and reasonable to establish the bidder's responsibility.

### **Clarification/Correction of Bids/Proposals**

In addition to any rights articulated elsewhere in this solicitation, UCS reserves the right to require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of this solicitation. This clarifying information, if required in writing by UCS, must be submitted by the bidder, in accordance with formats as prescribed by UCS at the time said information is requested and, if received by the due date set forth in UCS's request for clarification, shall be included as a formal part of the bidder's proposal. Clarifying information, if any, whether provided orally, visually or in writing will be considered in the evaluation process. Failure to

provide required information by its associated due date may result in rejection of the bidder's proposal. Nothing in the foregoing shall mean or imply that it is obligatory upon UCS to seek or allow clarifications or corrections as provided for herein.

## **References**

Each bidder must provide at least three (3) references, other than UCS, including the company/agency name, complete address, contact name, title, telephone number and email address, for whom the bidder has provided similar services at any time during the past three (3) years.

## **Indemnity**

Awarded contractor shall indemnify, defend and hold harmless UCS, its officers and employees from and against any and all claims, causes of action, damages, costs, liabilities and expenses of any kind (including reasonable attorney's fees and the cost of legal defense) which UCS may incur by reason of: (i) awarded contractor's breach of any term, provision, covenant, representation or warranty contained in the contract awarded as a result of this bid; (ii) any act, omission, negligence or intentional misconduct of awarded contractor or its employees, subcontractors, agents, volunteers or of other persons under its direction and control; (iii) awarded contractor's performance or failure to perform under the contract; and (iv) enforcement by UCS of the awarded contract or any provisions thereof.

## **Unified Court System Self-Insurance**

UCS, a New York State governmental entity, is self-retained for risk of loss and liability

## **Insurance Requirements**

Awarded contractor shall be required to maintain during the term of the contract, including any renewal terms, at their own cost and expense:

1. Workers' compensation and disability benefit insurance coverage as required under NYS law. **Each vendor must provide with its proposal proof of such workers' compensation and**

**disability benefits insurance coverage or, if it is legally exempt from such coverage, proof of exemption.** Vendor must obtain the appropriate Workers Compensation Board forms from its insurance carrier or licensed agent, or must follow the procedures set forth by the Workers' Compensation Board for obtaining an exemption from coverage. See Workers' Compensation Board website at <http://www.wcb.ny.gov> under "Forms" for a manual listing required forms and procedures. Any questions regarding workers' compensation coverage requirements or debarments should be directed to:

Workers' Compensation Board  
Bureau of Compliance  
(518) 462-8882  
(866) 298-7830

**Only the following forms will be accepted:**

Proof of Workers' Compensation Coverage

- **Form C-105.2** - Certificate of Workers' Compensation Insurance issued by private insurance carriers; or
- **Form U-26.3** issued by the State Insurance Fund; or
- **Form SI-12** - Certificate of Workers' Compensation Self-Insurance; or
- **Form GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.
- 

Proof of Disability Benefits Coverage

- **Form DB-120.1** - Certificate of Disability Benefits Insurance, or
- **Form DB-155** - Certificate of Disability Benefits Self-Insurance; or
- **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

On forms that have a space for a certificate holder to be listed, the carrier must enter:

NYS Unified Court System  
Office of Court Administration  
25 Beaver Street, Room 850

New York, NY 10004

The insurance carrier will notify the certificate holder if a policy is canceled.

Please note: An ACORD Certificate of Insurance is not acceptable proof of NYS workers' compensation or disability benefits insurance coverage.

For additional information regarding worker's compensation and disability benefits requirements, please refer to the New York State Workers' Compensation Board website at: <http://www.wcb.ny.gov> under "Employers/Businesses."

2. Commercial General Liability Insurance (bodily injury and property damage on an occurrence basis), contractual and products/completed operations liability coverage, and auto liability with minimum limits as follows:

Bodily Injury and Property Damage	\$1 million, per occurrence, \$2million, aggregate
Personal Injury and Advertising:	\$1 million aggregate
Contractual and Products/ Completed Operations	\$2 million aggregate
Auto Liability, Combined single limits	\$1 million

Commercial General Liability insurance coverage shall be obtained from commercial insurance carriers licensed to do business in the State of New York.

### **Confidentiality**

Bidder acknowledges that any and all information, records, files, documents or reports contained in any media format provided to the bidder by the court, or which may be otherwise encountered by bidder shall be considered extremely confidential and shall be handled accordingly at all times. Neither the bidder nor any of its employees, servants, Contractors, agents or volunteers shall at any time be permitted to utilize such confidential information for any purpose outside the

scope of any resulting agreement without the express prior written authorization of UCS. Any breach of this confidentiality by the bidder or by any of its employees, servants, subcontractors, agents, or volunteers may result in the immediate termination of any resulting agreement by UCS and may subject the bidder to further penalties.

Awarded Contractor shall use, and require its employees and authorized agents to use, at least the degree of care a reasonably prudent person would use to protect and prevent improper access to the records.

### **Confidential/Proprietary Information**

If applicable, bidders should specifically identify those portions of the proposal deemed to contain confidential or proprietary information or trade secrets, and must provide justification why such material, upon request, should not be disclosed to parties other than UCS. Bidders are advised that any material deemed confidential by bidder may still be subject to disclosure in connection with any governmental or judicial proceeding or inquiry or as may be required by applicable law, including but not limited to Article 6 of the New York Public Officers Law (Freedom of Information Law). Such confidential/proprietary information must be easily separable from the non-confidential sections of the proposal.

### **Financial Stability**

Upon request by UCS, bidder shall provide its audited financial statements prepared in accordance with GAAP-Generally Accepted Accounting Principles for the past three (3) consecutive years and a copy of its last three (3) annual reports.

### **Termination**

Early termination of the contract for cause may result in, among other consequences, all remedies available to UCS and New York State, the awarded contractor both being declared non-responsible by the UCS/UCS/OCA, pursuant to the UCS and Office of the State Comptroller's guidelines on vendor responsibility and in the contractor's removal from the UCS/UCS/OCA's bidders list for future solicitations.

RFB# OCA/HR-221  
DENTAL PLAN

BID OPENING DATE: February 27, 2018  
3:00 P.M.

### **Implied Requirements**

Products and services that are not specifically requested in this solicitation, but which are necessary to provide the functional capabilities proposed by the bidder, shall be included in the offer except as specified herein.

### **Silence of the Specifications**

The apparent silence of the specifications contained as part of this package as to any detail or to the apparent omission of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

### PRICING SHEET

	Rates		Estimated number of Enrollee contracts		Cost per month
a.	Individual contract rate per month \$ _____	x	867	a. =	\$ _____
b.	Family contract rate per month \$ _____	x	2,862	b. =.	\$ _____
	Combined Cost for Individual and Family contracts per month			a. + b. =	\$ _____
					First Year Cost
	<b>Total Combined First Year Cost for Individual and Family Contracts</b>			<b>(a. + b.) x 12 =</b>	\$ _____
					Cost per month
c.	Composite rate per month \$ _____	x	3,729	c. =	\$ _____
					First Year Cost
	<b>Total First Year Cost for Composite Contract</b>			<b>c. x 12 =</b>	\$ _____

RFB# OCA/HR-221  
DENTAL PLAN

BID OPENING DATE: February 27, 2018  
3:00 P.M.

PRICING SHEET (CONT.)

COMPANY NAME: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **EXHIBIT C**

### **COVERED SERVICES AND EXCLUSIONS**

**The plan must cover:**

Preventive/Diagnostic

- Two (2) periodic examinations per calendar year; one (1) comprehensive initial examination per provider per lifetime which is included in the two per calendar year, including; prophylaxes (cleaning and polishing of teeth).
- One additional prophylaxis (scaling, cleaning and polishing of teeth) per calendar year, for a total of three prophylaxes per year.
- X-rays include four (4) bitewing x-rays in each calendar year and one (1) full-mouth series or panoramic film every three (3) years.
- One (1) fluoride treatment per calendar year for each dependent child up to age 19.
- Sealants for each covered dependent child from age 6 up to age 14 once per covered tooth (occlusal surface of first and second permanent molars and bicuspids) every three (3) years.
- One (1) Space Maintainer and one (1) Mouthguard per dependent child up to age 19 per lifetime.
- One (1) emergency palliative visit for relief of pain per year.

Basic Restorative Services:

- Extractions (routine removal of tooth/teeth).
- Restorations: Inlays and crowns.
- Pins (once every six months, but not covered if installed in connection with prosthetic service).
- Repair of Appliances (repair of dentures including broken or missing teeth or clasps and broken facings; re-cementing of space maintainers, bridges, inlays and crowns.)

- Endodontics (root canal therapy)
- Pulpotomy once per tooth per lifetime (but not covered if root canal therapy was done on the tooth by the same provider within the prior three (3) months.)
- Periodontal coverage for five (5) periodontal treatments per calendar year. One type of periodontal surgery and/or one graft per quadrant.
- Oral surgery for removal of a tooth or for other surgical procedures in or about the oral cavity. X-rays taken solely for surgery, local anesthesia and post-operative care are included in the fee for surgery.
- Anesthesia and IV sedation is covered when rendered in connection with a covered service and given by a practitioner licensed in New York State to administer anesthesia in accordance with American Dental Association guidelines.
- Consultations with a specialist in the fields of oral surgery, orthodontics, periodontics or endodontics are covered only if there is no other service rendered by the specialist on that date or during the next three (3) months. If work is performed on the same day or during the three months following consultation, consultation will not be covered.

#### Major Restoratives

- Immediate, full or partial permanent dentures, fixed bridgework and removable partial dentures. Replacement or substitution of appliances covered only after five (5) years have passed since the appliance was inserted.
- Re-base or repair of new dentures covered only after six (6) months from the insertion of the denture. Adjustment of appliance covered only after one (1) year from insertion.
- Crowns and inlays inserted on teeth only if the tooth cannot be restored by filling.

- Crowns or pontics for attachment or clasp purposes only if tooth cannot be restored by fillings.
- Implants.  
Crowns over implants are reimbursed based upon the allowance for a single crown, porcelain fused to predominantly base metal.

#### Orthodontics

- Orthodontics covered for up to twenty (20) months of active treatment and eighteen (18) months of passive treatment.

#### **EXCLUSIONS**

The following are not covered:

- Treatment not conforming to accepted dental standards or experimental treatment.
- Care furnished without charge.
- Cosmetic Surgery or treatment.
- Services covered by government plans (e.g. military, Medicaid).
- Services covered by Workers' Compensation Insurance
- Services covered by No fault automobile insurance.
- Prescription drugs and medications.
- Substitution of more costly materials or services.
- Injuries incurred while in military service.
- Services not listed as covered.
- Items or services to comply with Federal, State or local law.
- Services rendered by a member of an immediate family (enrollee or enrollee's spouse, domestic partner, child, brother, sister or parent).

- TMJ disorders unless dental in nature and medically necessary.
- Behavioral management.
- Prohibited referrals.
- Lost or duplicate prosthetic devices.
- Charges for failure to keep a scheduled visit.
- Charges for completing claim forms.
- Services for which any part is eligible for payment under a major medical plan.
- Sinus Augmentation.

Charges incurred while not covered under the dental plan except: for charges in connection with a prosthetic device, such charges will be covered if the impressions were taken while covered under the dental plan and installed or delivered to the patient within two (2) calendar months following the termination of coverage. Charges will not be covered if the impressions were taken before the date coverage commenced or if taken after the date of termination of coverage; for charges in connection with crowns, such charges will be covered if the tooth was prepared for the crown while covered and the crown is installed within the two (2) calendar months following termination of coverage; charges for root canal therapy will be covered if the tooth was opened while covered and treatment completed within the two (2) calendar months following termination of coverage.



**NYS Unified Court System  
3 Years of Claims Experience**

<b>Claims Experience 7/1/11- 6/30/12</b>	<b>\$4,577,209.00</b>
<b>Claims Experience 7/1/12 - 6/30/13</b>	<b>\$4,367,420.00</b>
<b>Claims Experience 7/1/13- 6/30/14</b>	<b>\$4,399,467.00</b>

## EXHIBIT D – Sample Enrollment Files

*Enrollee File*

Field Name	Start	End	Field Length	Comments
Status			3	Act = Actives Ret = Retiree Cob = COBRA
Dental Coverage			3	011 - Preferred 022 - Supplemental
Type of Coverage			1	1 = Single 4 = Family 2 = Composite
Coverage Effect Date			10	mm/dd/year
Social Security Number			9	
Last Name			20	
First Name			20	
Date of Birth			10	mm/dd/year
Sex			1	M = Male F = Female
Marital Status			1	S = Single M = Married D = Divorced
Street Address 1				
Street Address 2				
City				
State			2	
Zip Code			5	

## EXHIBIT D – Sample Enrollment Files

*Dependent File*

Field Name	Start	End	Field Length	Comments
Dependent Coverage			3	011 - Preferred 022 - Supplemental
Coverage Effect Date			10	
SSN of Member			9	
Termination Date			10	
Dependent First Name			20	
Dependent Last Name			20	
Relationship			2	SP = Spouse CH = Child DP = Domestic Partner
Sex			1	M = Male F = Female
Dependent 1 Date of Birth			10	mm/dd/yr
Dependent 1 Extension Reason			1	S = Student D = Disabled
Dependent 1 Effective Date			10	mm/dd/year
Dependent 1 Term Date			10	mm/dd/year

## EXHIBIT D – Sample Enrollment Files

***Retiree File***

Field Name	Start	End	Field Length	Comments
Status			3	Act = Actives Ret = Retiree Cob = COBRA
Dental Coverage			3	011 = Preferred 022 = Supplemental
Type of Coverage			1	1 = Single 4 = Family 2 = Composite
Coverage Effect Date			10	mm/dd/year
Social Security Number			9	
Last Name			20	
First Name			20	
Date of Birth			10	mm/dd/year
Sex			1	M = Male F = Female
Marital Status			1	S = Single M = Married D = Divorced

**OCA/HR-221 Exhibit E: Sample Audit Report**

Field Name	Start	End	Field Length	Comments
Status			3	Act = Actives Ret = Retiree
Dental Coverage			3	011 = Basic 022 = Supplemental
Type of Coverage			1	1 = Single 4 = Family
Coverage Effect Date			10	mm/dd/year
Member Social Security Number			9	
Claim Number				
Patient Last Name			20	
Patient First Name			20	
Relationship			2	SP = Spouse CH = Child DP = Domestic Partner
Procedure Code			9	
Procedure Date			10	mm/dd/year
Total Fee Amount			9	Dollars
Amount Excluded			9	Dollars
Amount Covered			9	Dollars
Applied to Deductible			9	Dollars
Co-Insurance Amount			9	Dollars
Total Amount Paid			9	Dollars

OCA/HR-221 Exhibit G - Dependents List with Relationships and Age Range

**Active Employees**

<b>Relationship</b>	<b>Age Range</b>	<b>Total - 1687</b>
Spouse	89 yrs – 81 yrs	5
	80 yrs -71 yrs	54
	70 yrs - 61 yrs	406
	60 yrs - 51 yrs	711
	50 yrs – 41 yrs	387
	40 yrs – 31 yrs	116
	30 & below	8

<b>Relationship</b>	<b>Age Range</b>	<b>Total - 36</b>
Domestic Partner	81 yrs	1
	70 yrs - 61 yrs	7
	60 yrs - 51 yrs	10
	50 yrs – 41 yrs	12
	40 yrs & below	6

<b>Relationship</b>	<b>Age Range</b>	<b>Total - 2152</b>
Children	30 yrs -21 yrs	534
	20 yrs – 11 yrs	1148
	10 yrs & below	470

**Total Dependents - 3875**

## OCA/HR-221 Exhibit H: UCS 2018 Holidays Observed

HOLIDAY	DAY	DATE
New Year's Day	Mon	January 1
Dr. Martin Luther King, Jr. Day	Mon	January 15
Lincoln's Birthday	Mon	February 12
President's Day	Mon	February 19
Memorial Day	Mon	May 28
Independence Day	Wed	July 4
Labor Day	Mon	September 3
Columbus Day	Mon	October 8
Election Day	Tue	November 6
Veterans Day (observed)	Mon	November 12
Thanksgiving Day	Thu	November 22
Christmas Day	Tue	December 25