



SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

ADDENDUM NO. 4

Request for Proposals for Active Dental PPO Plan (ASO-PPO) for Plan Year 2027 (RFPQHSS2025.B2)

December 30, 2025

REQUEST FOR PROPOSALS FOR

Active Self-Funded Dental PPO Plan for Plan Year 2027 (RFPQHSS2025.B2)

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This Addendum is being issued to modify the requirements in the above-referenced Request for Proposals (RFP) and to respond to questions and requests for clarification received by or before December 19, 2025 at 11:00 AM (PDT) (the “Deadline for Financial Questions”).

Please review the terms of the RFP and this Addendum carefully. If there are any inconsistencies between the RFP (issued December 9, 2025) and the terms of this Addendum No. 4, then the terms of this Addendum No. 4 shall prevail.

Section references below are to the RFP and are provided for convenience of reference only.

A. Questions and Responses

- 1. Regarding the Minimum Qualification under RFP Section 3.1.2, will SFHSS accept a proposal that includes a variations on or alternatives to a three-tiered network and plan design that does not reduce benefits for their members.**

SFHSS Response:

SFHSS understands that carriers may utilize a secondary, leased, and/or wrapped network of providers to supplement a core or primary PPO network. In your response, please indicate the inclusion of your secondary, leased, and/or wrapped network and whether or not you can replicate SFHSS's existing benefit design, including the degree to which the benefit design and cost share would match that of the PPO network, using the secondary, leased, and/or wrapped network.

- 2. Are the Network Access Study, Provider Disruption Analysis, and Repricing Analysis required to be submitted with the Phase 1 Questionnaire to fulfill the Financial proposal submission? Please confirm that we are to upload our Repricing And Disruption to the secure site provided and to email the rest of the proposal to the people listed in the RFP?**

SFHSS Response:

Yes, the *Network Access Study, Provider Disruption Analysis, and Repricing Analysis* are required components to be submitted with the Phase 1 Questionnaire by the Deadline for Quantitative Proposals on January 9, 2026 at 11:00AM (PT). Proposals that do not include all required components will be deemed non-responsive (RFP Section 7.6.11).

Per the instructions in your organization's SecureShare folder, please upload the completed file(s) to the designated folder labeled "Upload Proposal Files" located in within the SecureShare folder. Once uploaded, please email the contacts listed within the instructions to notify the contacts that your organization's file is uploaded and available for evaluation.

3. **Regarding confirmation of a Minimum Qualification in the Questionnaire, is it acceptable to answer “yes” to a question and add caveats in the next column?**

SFHSS Response:

Under the Questionnaire sheet "Minimum Qualifications", vendors may select the response in Column C that best characterizes their ability to satisfy the pertinent Minimum Qualification. If caveats apply, please describe them in detail in Column D labeled "Vendor Notes".

4. **Can you please share the incumbent carrier’s out-of-network reimbursement methodology?**

SFHSS Response:

Per the Minimum Qualification under RFP Section 3.1.4, Respondents must administer only a Maximum Allowable Charge (MAC) and/or Maximum Plan Allowance (MPA) methodology for out-of-network (OON) claims and confirm their ability to provide sample re-pricing, data source disclosure, and stated update frequency of at least annually.

5. **Would SFHSS be amenable to a Usual Customary and Reasonable (UCR) reimbursement for out-of-network care vs MAC reimbursements?**

SFHSS Response:

Per the Minimum Qualification under RFP Section 3.1.4, Respondents must administer only a Maximum Allowable Charge (MAC) and/or Maximum Plan Allowance (MPA) methodology for out-of-network (OON) claims and confirm their ability to provide sample repricing, data source disclosure, and stated update frequency of at least annually.

6. **Would the client accept a summary of the dental re-pricing or is a line by line required? If a line by line is required, would the client be reviewing the data or would it be reviewed by Aon?**

SFHSS Response:

Respondents are required to submit re-pricing line by line for review by Aon.

7. **Will SFHSS require funding for a Pre-Implementation Audit, a Due Diligence Audit, or a Performance Guarantee Review, and are there specific budget expectations for these? Are these audits and review intended to be a one-time or ongoing occurrence?**

SFHSS Response:

Please see the Questionnaire under the tab titled “Carrier Credits” for the types and amounts of one-time credits requested for the stated audits and reviews.

However, SFHSS anticipates the frequency of a Due Diligence Audit to be conducted approximately once every three (3) years, and a Performance Guarantee Review may be conducted once annually.

8. **Can you add columns to the *City and County of San Francisco Dental PD Request Final.xlsx* and *SFHSS Active Dental PPO RFP Bidder Repricing Template 12.15.25.xlsx* to identify which incumbent network the provider is in?**

SFHSS Response:

The network designation of providers for a particular carrier is considered proprietary, and that information is unavailable for this RFP. Please see cell D27 of the Questionnaire’s "PLEASE READ" tab for a percentage of claims paid by SFHSS for services provided by network type.

9. **Regarding the City's disallowance of imprest accounts and direct debiting for claims payment, what alternative funding and payment solutions does SFHSS require or prefer for self-insured plans?**

SFHSS Response:

SFHSS prefers being invoiced for claims on a weekly basis. Payment of invoices occurs via Automated Clearing House (ACH).

10. Does the current ASO fee provided include commissions?

SFHSS Response:

No. Per RFP Section 7.6.13 (Commissions), no commissions, override payments, volume bonuses, or other indirect payments of any kind are associated with this line of business or in connection with this RFP.

11. If we do not have the number and size of clients specifically under administration for Dental PPO Benefits as set forth under the Minimum Qualifications (RFP Section 3.1) can we still submit a bid?

SFHSS Response:

Per RFP Sections 3.1 (Minimum Qualifications to Bid) and 3.2 (Confirmation of Minimum Qualifications to Bid), bidders must attest they meet all minimum qualifications at the time the Quantitative Proposal is submitted to SFHSS by the Deadline for Quantitative Proposals on January 9, 2026 at 11:00AM (PT).

If it is determined that a Respondent does not meet the Minimum Qualifications to Bid, Respondent's Proposal will be deemed non-responsive, and there will be no further review of that Respondent's submission.

12. Please provide dental experience data that includes claims and lives broken out by month for at least twelve (12) months and up to three (3) years if possible.

SFHSS Response:

Please refer to the new file named "SFHSS active dental PPO_claims by month Dec23 to Nov25" uploaded to your organization's designated SecureShare "03 Census and Claims" subfolder. The tab labeled "Claims, Enrollment 1.1.23 – ytd" provides data by month from January 2023 through August 2025.

Please also see the new file named "Dental Census 2025-12-11 Census Ready Updated 12.30.2025" uploaded to that same subfolder.

13. Are you able to get all providers used within the last twelve (12) months along with the total submitted charges and paid claims for each provider, including the following?

- **Provider Name and Tax ID Number**
- **Provider Location: Must include Address, City, State, Zip Code**
- **Provider Network Indicator for Current Carrier**
- **Claim information: Claim Allowance, Submitted Charge, Paid Claim Amount, Allowable Charge**
- **Dental Plan Indicator (if more than one plan is offered).**
- **All Procedures paid information including ADA code and amount**

SFHSS Response:

Data provided for purposes of this RFP was specifically set to include claims and provider utilization for the given period. Additional provider and claims data will not be provided. Claim re-pricing data is for the period from September 2024 through August 2025 incurred and paid through October 2025.

14. Is the incumbent carrier charging a shared savings fee? Does the group currently participate in any shared savings with the current carrier?

SFHSS Response:

No, the incumbent carrier does not retain any shared savings. Please refer to the Minimum Qualification under RFP Section 3.1.5 that prohibits the practice and/or application of secondary negotiated “shared savings” fees on out-of-network (OON) re-pricing.

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