

The State of Delaware

Dental Request for Proposals (RFP)

State Employee Benefits Committee Meeting

April 20, 2026

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Context for today's discussion

- During the March 23rd SEBC meeting, WTW presented the Dental RFP Scope of Services and high level RFP overview materials to the SEBC, and the SEBC provided initial feedback
- In preparation for today's discussion, the SEBC was provided the draft of the Dental RFP for their initial review
- Today, we will review the proposed DPPO High/Low Plan options and vote to approve moving the Dental RFP forward with these options
- Additionally, the draft scoring criteria will be reviewed for SEBC consideration and input as well as any questions the SEBC have as follow-ups to their first review of the draft Dental RFP
- Follow-ups and any feedback received in the coming weeks from the SEBC will be considered and incorporated into the final draft of the Dental RFP that will be voted on in the May 11th SEBC meeting

Dental benefits feedback from State employees and pensioners

- In October 2021, the SBO surveyed State employees and pensioners about their participation and preferences for dental benefits
- The purpose of the survey was to glean insights into what State employees and pensioners want from this benefit to be considered in the development of the prior dental RFP
- Key survey findings included the following feedback:
 - On average, 91% of survey respondents are enrolled in dental coverage offered by the State of Delaware with 89% enrolled in the Delta Dental DPPO plan and 11% enrolled in Dominion National DHMO plan
 - On average, 69% of survey participants are satisfied with their current dental benefits and 44% would prefer to keep their dental plan as is
 - Survey participants recommending changes to their dental plan, about 28% would prefer to pay less out-of-pocket when receiving dental care beyond preventive cleanings in exchange for a higher monthly premium and 24% cited other changes such as a higher annual maximum benefit and more dentists.
 - Of the survey participants enrolled in a dental plan, 81% have a primary dentist that participates in their dental plans' provider network and 63% would find a new dentist if their primary dentist stopped participating in their dental plan's provider network, however there is a perception by some respondents of a small dental network (mostly referred to Sussex County), providers dropping (Delta Dental) or providers too far away (Dominion Sussex County)
 - Of the survey participants who are not enrolled in the dental plan, about 24% did not elect this coverage due to the cost of premiums and about 23% did not elect because they are enrolled under their spouse's dental plan

Current Programs – Effective July 1, 2025

- Below highlights the current program offerings:

| Plan Feature | Delta Dental PPO Plan | | Dominion National DHMO Plan*** | |
|--|---|--|---------------------------------------|----------------|
| | Delta PPO Dentists** | Delta Premier Dentists & Out-of-Network Dentists** | In-Network | Out-of-Network |
| Diagnostic and Preventive Services (exams, cleanings, x-rays) | 100% covered, not subject to deductible | 20% coinsurance, not subject to deductible | 100% covered* | Not covered |
| Deductible (Per plan year) | \$50 per individual/ \$150 per family | \$50 per individual/ \$150 per family | N/A | N/A |
| Annual Maximum | \$1,500 per individual | \$1,500 per individual | N/A | N/A |
| Fillings (Basic service) | 20% coinsurance after deductible | 20% coinsurance after deductible | \$58 per filling (3 surface/silver) | Not covered |
| Root Canals (major service) | 20% coinsurance after deductible | 20% coinsurance after deductible | \$325 per root canal (anterior tooth) | Not covered |
| Crowns (major service) | 50% coinsurance after deductible | 50% coinsurance after deductible | \$495 per crown (porcelain/metal) | Not covered |
| Complete Dentures (major service) | 50% coinsurance after deductible | 50% coinsurance after deductible | \$664 | Not covered |
| Implants, Surgical Placement | 50% coinsurance after deductible | 50% coinsurance after deductible | \$507 | Not covered |
| Orthodontics (child) | \$50 lifetime deductible, \$1000 lifetime maximum | \$50 lifetime deductible, \$1000 lifetime maximum | \$3,764 | Not covered |
| Orthodontics (adult) | \$50 lifetime deductible, \$1000 lifetime maximum | \$50 lifetime deductible, \$1000 lifetime maximum | \$4,024 | Not covered |

*Each family member who receives two cleanings during the plan year from a participating Dominion network dentist receives a \$20 reward.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

***For the Dominion National DHMO Plan please refer to the summary of benefits for a complete list of ADA codes/fees and plan limitations/exclusions.

1. Source: State of Delaware Dental Plan Comparison Chart for State Employees; <https://dhr.delaware.gov/benefits/dental/documents/dental-rates-agency-education-fy26.pdf>

Proposed DPPO High/Low Plan Options

- Below highlights the proposed program offerings, noting that dental vendors will be able to propose enhanced plan designs in addition to what is proposed here:

| Plan Feature | PPO High Plan | | PPO Low Plan | |
|--|---|---|---|---|
| | Delta PPO Dentists** | Delta Premier Dentists & Out-of-Network Dentists* | In-Network | Out-of-Network |
| Diagnostic and Preventive Services (exams, cleanings, x-rays) | 100% covered, not subject to deductible | 100% covered, not subject to deductible | 100% covered, not subject to deductible | 100% covered, not subject to deductible |
| Deductible (Per plan year) | \$50 per individual/ \$150 per family | \$50 per individual/ \$150 per family | \$50 per individual/ \$150 per family | \$50 per individual/ \$150 per family |
| Annual Maximum | \$2,000 per individual | \$2,000 per individual | \$1,000 per individual | \$1,000 per individual |
| Fillings (Basic service) | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Root Canals (major service) | 50% coinsurance after deductible | 50% coinsurance after deductible | Not covered | Not covered |
| Crowns (major service) | 50% coinsurance after deductible | 50% coinsurance after deductible | Not covered | Not covered |
| Complete Dentures (major service) | 50% coinsurance after deductible | 50% coinsurance after deductible | Not covered | Not covered |
| Implants, Surgical Placement | 50% coinsurance after deductible | 50% coinsurance after deductible | Not covered | Not covered |
| Orthodontics (child) | Not subject to deductible, \$2,000 lifetime maximum | Not subject to deductible, \$2,000 lifetime maximum | Not covered | Not covered |
| Orthodontics (adult) | Not subject to deductible, \$2,000 lifetime maximum | Not subject to deductible, \$2,000 lifetime maximum | Not covered | Not covered |

* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

Proposed DPPO High/Low Plan Options - Summary

- The following are the proposed dental DPPO design changes to align with best practice and member survey results with dual DPPO offerings:
 - Current DPPO becomes the DPPO High plan with the following enhancements:
 - Increase Preventive coinsurance to 100% for Out-of-Network and/or Premier utilization to encourage preventive care
 - Increase annual maximum (\$1,500 to \$2,000) and orthodontic lifetime maximum (\$1,000 to \$2,000) to align with benchmark
 - Waive Preventive and Diagnostic claims from counting toward annual maximum
 - Removal of \$50 deductible for orthodontics
 - Endodontics and Periodontic non-surgical covered at same coinsurance level as others in Major services category (20% to 50% coinsurance)
 - Add “low option” DPPO plan design with emphasis on Preventive and Basic services to broaden appeal (benefit and price point) and potentially mitigate waiver rate
 - Increase Preventive coinsurance to 100% for Out-of-Network and/or Premier utilization to encourage preventive care
 - Waive Preventive and Diagnostic claims from counting toward annual maximum
 - Major services and Orthodontics not covered
 - Lower annual maximum (\$1,000) (Lower amount in line with plan covering for Preventive and Basic only)
 - Additional plan provision changes to align with dental best practices
 - Remove alternate benefit for amalgam on posterior teeth; allow coverage for composite resin
 - Remove alternate benefit for porcelain fused to high noble metal crowns on posterior teeth; allow coverage for porcelain crown
 - Plan currently allows 2 routine cleanings plus 2 periodontal maintenance visits per year; change to 4 periodontal maintenance visits reduced by the number of routine cleanings
 - Periodontal maintenance is currently covered as a Basic Type II benefit; cover under Preventive care
 - Cover the replacement of congenitally missing teeth
 - Cover occlusal guards (night guards)
 - Introduce tighter limits for intraoral occlusal (2/year), periapical (4/year) and full-mouth series x-rays (1/five years)

Summary of RFP scoring criteria updates

Details of comparison to prior Dental RFP scoring criteria

- **Scoring section was updated to align with the current RFP template format/recent procurements.** The prior Dental RFP contained only a few, very brief examples of criteria that may be considered under each topic area. Current Dental RFP was updated based on the following (in no particular order):
 - Topic categories and evaluation criteria consistent with other recent procurements (e.g., Medical TPA RFP)
 - Evaluation criteria that can objectively be measured/evaluated based on content of the RFP
 - Greater level of detail to evaluation criteria descriptions
- **Points Awarded:** Current Dental RFP points were updated based on the following (in no particular order):
 - Updated points awarded to align with best practices, placing greatest weight on Financial Proposals and Network and less weight on areas such as tools and technology and plan administration.
 - Reallocation of 100% across seven (7) topic categories versus previous five (5) topic categories, in alignment with other recent procurements (e.g., Medical TPA RFP)
- **Value Added:** Value added services criteria was removed so that points total to 100, consistent with other recent procurements
- **No change:** The evaluation of DHMO and DPPO plans separately remain. Should the SEBC approve the evaluation of only the proposed DPPO plans for the Dental RFP, the DHMO plan will be removed from the evaluation criteria.

For SEBC discussion and feedback :

Draft Scoring Criteria and Weighting

| Topic | DHMO Plan Weighting | DPPO Plan Weighting | Description/Examples |
|-------------------------------------|---------------------|---------------------|--|
| Financial Proposal | 35 points | 35 points | <ul style="list-style-type: none"> • Offer competitive financial proposal • Willingness to offer credits to offset the costs associated with communications, marketing, IT/technology, future file feeds/changes, reporting and implementation (if applicable). • Guarantee performance of the requested scope of services, offering comparable performance guarantees and premium at risk to current as outlined in Attachment 16 |
| Network | 30 points | 30 points | <ul style="list-style-type: none"> • Has a robust dental provider network that meets industry-standard access parameters which is periodically reviewed on a provider-specific, ongoing basis. • For Sussex County, Delaware, has a robust network or provides a provider recruitment guarantee. |
| Program Design and Offerings | 10 points | 10 points | <ul style="list-style-type: none"> • Ability to administer the current and proposed group dental insurance plan designs. • Offer member services and solutions that aid plan participants in navigating the dental system to efficiently meet their needs. • Integrate dental solutions with other benefit programs and vendors supporting members. • Partner with other community health resources (e.g., in partnership with the Delaware Department of Health and Social Services, the Department of Public Health) to coordinate care for members. |
| Plan Administration | 10 points | 10 points | <ul style="list-style-type: none"> • Deliver all enrollment processing and claim administration functions of a typical group dental insurer. • Possess qualified and experienced personnel to provide excellent customer service to members. • Provide experienced resources (e.g., account executive, account manager, implementation manager, eligibility/enrollment manager) to the State's account for implementation, contract development and ongoing account management. • Support the communication of group dental insurance benefits (including any changes) to participants during Open Enrollment. • Possess the ability to execute a comprehensive implementation project plan (communications, file transitions, testing, etc.) to ensure a smooth transition to new group dental insurer or (for incumbent) to support implementation of new communications or benefits if awarded a new contract. |

For SEBC discussion and feedback :

Draft Scoring Criteria and Weighting

| Topic | DHMO Plan Weighting | DPPO Plan Weighting | Description/Examples |
|----------------------------------|---------------------|---------------------|--|
| Experience and References | 10 points | 10 points | <ul style="list-style-type: none"> • Have at least five (5) years' experience as an organization administering the requested scope of services with clients of similar size (number or covered employee lives) and complexity. • Has extensive experience administering the requested scope of services with public sector clients. • Experienced designated resources (e.g., account manager, implementation manager, customer support staff) to the State's account implementation, contract development and ongoing account management. • Has outstanding references from both current and terminated customers of comparable size and complexity to the State. |
| Tools and Technology | 5 points | 5 points | <ul style="list-style-type: none"> • Excellent member-facing on-line tools. • Availability and superior functionality of plan sponsor facing online self-service account management tools. |
| Responsiveness | 5 points | 5 points | <ul style="list-style-type: none"> • Compliance with the submission requirements of the proposal including format, clarity, conformity, realistic responses, and completeness, as well as responsiveness to requests during the evaluation process.. |

Next steps

- SEBC to vote today on whether to procure for a DPPO High/Low Plan, a DPPO and DHMO plan, or both
- SEBC to provide feedback on the full RFP document provided in advance of this meeting by April 24, 2026
- SBO and WTW will incorporate feedback from the SEBC into the final version of the RFP for the SEBC's approval
- SEBC will vote on the Dental RFP for approval at the May 11, 2026 SEBC meeting

Appendix

Dental RFP Process

- Subject to approval of the SEBC at the May SEBC meeting, Dental RFP will be released on May 28, 2026
- Minimum requirements are reviewed first and any bidders not meeting minimum requirements will not move forward in the evaluation process
- Bidders passing minimum requirements will move forward to interview, evaluation and scoring of their full proposal response

| Event | Target (Local ET Time) <i>(timeline is subject to change)</i> |
|---|---|
| RFP Released | Thursday, May 28, 2026 |
| Intent to Submit Proposal Deadline | Thursday, June 11, 2026, 11:00 a.m. |
| Mandatory Pre-Proposal Meeting (Conference Call) | Friday, June 12, 2026, 11:00 a.m. |
| Questions due to SBO from Confirmed Vendors | Monday, June 15, 2026, 9:00 a.m. |
| Responses to Questions to Confirmed Vendors | Monday, June 29, 2026 |
| Deadline for Receipt of Proposal | Monday, July 13, 2026, 1:00 p.m. |
| Notification of Finalists – Invitation to Interview | August 2026 |
| Finalist Interviews | October 2026 |
| Recommendation of Finalist(s) to SEBC | December 2026 |

Proposed RFP objectives

- Have a ***strong reputation*** and ***historical experience*** in the dental insurance market;
- Provide ***competitive financial terms and performance guarantees***;
- Possess and ***grow*** during the contract an ***extensive network of providers*** in Delaware;
- Process and pay claims in a ***timely manner***;
- Provide ***excellent customer service*** to participants;
- Possess the capability to ***accept electronic transfer of enrollment and payroll files*** according to the State's existing schedule;
- Provide ease of access to a member-facing ***secure web portal*** for enrollment and account information;
- Offer ***state of the art administrative services*** including a web portal for program management;
- Support the State with ***communication*** to all eligible employees about the dental insurance program, inclusive of open enrollment, direct mailings, and other types of media;
- ***Distribution*** of member id cards, benefit information, and ***education*** for patients and providers;
- Offer opportunities for ***enhanced plan provisions*** without significant increases to plan premiums;
- Provide ***clinical integration*** and focus on broader health topics such as opioid prescription drug management and enhanced benefits for certain conditions (e.g., diabetes);

Proposed RFP objectives (continued)

- Adoption of **innovation** such as technology engagement solutions and virtual dentistry;
- Provide **excellent account management services** to the Statewide Benefits Office (SBO), including **timely reporting and superior implementation support**;
- Offer two DPPO plan options (Low/High) that **provide meaningful choice** based upon the needs of the plan participants;
- **Compliant** with the submission requirements set forth in the RFP document;
- Possible integration with new Enterprise Resource Planning (ERP) system: The State is conducting a separate RFP for an ERP system and it is possible that this will result in a change to the State's ERP system, which would be announced in 2026. It is anticipated that there would be a multi-year implementation process following that announcement. The State would like to understand how bidders have dealt with a system change like this with other clients as the implementation of the new ERP would occur after the initial start date of the dental contract;
- Have **experience** working with plan sponsors of **similar size** and **complexity** to the State; and
- **Be responsive** to changes in the program and requests of the SEBC and the SBO.