



City Purchasing Division  
Frances Rodriguez, Director  
Phone: (505) 863-1232; Fax (505) 722-5133  
Email: frodriguez@gallupnm.gov

AMENDMENT NO. Three (3)

RFP NO. 2018/2019/06/P

TITLE: Employee Group Dental Insurance

THE FOLLOWING REVISIONS, ADDITIONS AND/OR CLARIFICATIONS SHALL FORM A PART OF THE PROPOSAL DOCUMENTS AND EACH OFFEROR SHALL INDICATE WITH THEIR PROPOSAL THE RECEIPT OF THIS NUMBERED AMENDMENT. REVISIONS, ADDITIONS, AND/OR CLARIFICATIONS ARE AS FOLLOWS:

- 1) RFP DUE DATE AND TIME REMAINS THE SAME: **JULY 16, 2019 AT 2:00 PM (local time)**
- 2) The following are responses to questions on Amendment No. One (1) that were given a response of "Response Forthcoming". Responses Questions were as follows:
  - Provide the Census in excel format and include current Tier coverage for the dental **Was previously provided; tier coverage can be found in the subscriber listing also already provided.**
  - What commission amount does the City expect we include in our proposal? **Commission rate to be offered by potential providers however we can disclose current rate is 4.2%**
  - Could please provide the Dental Network Analysis forms in Excel (Network Accessibility, Disruption Analysis – Dental Providers, Proposed Cost Rates)? **Unavailable in Excel**
  - Could we get a census that shows all 409 eligible employees? **Census has already been provided on employees whom subscribe to insurance; census is not available for all employees.**
  - Also, in order to get quotes, the carrier requires at least 2 yrs. claims? Can we get claims for Oct 1, 2016-Sep 30 2017? Including the last 8 months? **Please see attached.**

DATE: July 5, 2019

BY/S/ *Frances Rodriguez*

Frances Rodriguez, Purchasing Director

Acknowledge

Receipt Amendment No. Three (3)

BY/S/ \_\_\_\_\_

Authorized Signature of Offeror/Bidder

COMPANY NAME:

\_\_\_\_\_

**[TO ACKNOWLEDGE RECEIPT, RETURN ONE (1) COPY WITH PROPOSAL]**