



STATE OF WISCONSIN  
Department of Employee Trust Funds  
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Date: March 25, 2015  
To: All Proposers  
RE: **ADDENDUM No. 2  
Request for Proposal (RFP) ETE0020  
Third Party Administration of Dental Benefits**

Please note the following updates to the referenced RFP above:

1. **ADD** the following bullet to Page 9, Section 2.4 to the right of TAB 1 directly proceeding "Provide the following in the following order."
  - Page 3 of ADDENDUM No. 2: Remove the back page (Page 3) from Addendum #2, complete, and sign.

2. **REMOVE** the following answer to A13 on page 8 of Addendum #1.

A13		See Addendum #1 Item 2.
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3. **ADD** the following answer to A13 on page 8 of Addendum #1.

A13		See Addendum #1 Item 5 on Pages 1 and 2.
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4. **REMOVE** the following answer to A20 on page 9 of Addendum #1.

A20		There is no out-of-network (OON) reimbursement level currently. Dental plans were permitted to designate non-contracted providers as "in-network," but there is no separate OON reimbursement level for those situations.
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5. **ADD** the following answer to A20 on page 9 of Addendum #1.

A20		In 2014, there were no out-of-network reimbursement levels. The current out-of-network reimbursement level is listed in the <i>2015 It's Your Choice: Reference Guide</i> on page 81 under the header " <b>Out-of-Network Provider.</b> " Each health plan has the option of
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			whether or not to cover out-of-network dental benefits at the listed reimbursement level. Currently five of the eighteen health insurance carriers offer out-of-network dental benefits. Additional reimbursement details not listed in the Uniform Dental Benefits Certificate are determined by the health plan or corresponding dental administrator.
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This Addendum is available on ETF's Extranet at <http://etfextranet.it.state.wi.us/etf/internet/RFP/rfp.html>.

**ADDENDUM No. 2**  
**Request for Proposal (RFP) ETE0020**  
**Third Party Administration of Dental Benefits**  
**Wisconsin Department of Employee Trust Funds**

Proposer must acknowledge receipt of the Addendum referenced above by providing the required information below.

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Proposer's Company Name

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Authorized Printed Name

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Authorized Signature

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Date