



MARTIN O'MALLEY  
Governor

ANTHONY BROWN  
Lieutenant Governor

T. ELOISE FOSTER  
Secretary

DAVID C. ROMANS  
Deputy Secretary

**Amendment #4 to Request for Proposals (RFP)  
Dental Benefits Program  
Solicitation No. F10B8200014  
June 02, 2008**

This Amendment is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been double underlined and marked in bold (ex. **new language**) and language deleted has been marked with a strikethrough (ex. ~~language deleted~~).

1. Attachment L-3: DHMO Plan Design is amended as follows:

**Diagnostic**

0120	Periodic Oral Examination ( <del>Every 6</del> <u><b>twice in 12</b></u> Months)
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**Preventive**

1110	Prophylaxis Adult ( <del>every 6</del> <u><b>twice in 12</b></u> months)
1120	Prophylaxis Child ( <del>every 6</del> <u><b>twice in 12</b></u> months)
1203	Top Appl. Fluoride Excluding Prophy - Child < 16 ( <del>every 6</del> <u><b>twice in 12</b></u> months)

**Orthodontics**

8210	Removable Appliance Therapy ( <del>6</del> <u><b>twice in 12</b></u> months)
8220	Fixed Appliance Therapy ( <del>6</del> <u><b>twice in 12</b></u> months)

2. Attachment N-3: Dental Enrollment Summary as of 11/30/2007 is amended as follows:

	Active	Direct Pay	Satellite	Retirees	Total
<b>UCCI DHMO Plan</b>					
Individual	7,725	241	273	4,094	12,333
Individual & Spouse	3,720	67	124	2,584	6,495
Individual & Child	1,677	16	38	<del>621</del> <u><b>196</b></u>	<del>2,352</del> <u><b>1,927</b></u>
Family	6,369	60	143	<del>496</del> <u><b>621</b></u>	<del>6,768</del> <u><b>7,193</b></u>
<b>Total Satellite</b>	<b>19,491</b>	<b>384</b>	<b>578</b>	<b>7,495</b>	<b>27,948</b>

3. Attachment N-7b: DPPO Utilization Summary (UCCI) is amended as follows:

~Effective Resource Management~

45 Calvert Street • Annapolis, MD 21401-1907

Tel: (410) 260-7041 • Fax: (410) 974-2585 • Toll Free: 1 (800) 705-3493 • TTY Users: call via Maryland Relay

<http://www.dbm.maryland.gov>

All Sub-Groups  
In & Out Of Network  
**Paid** Claims ~~Incurred~~ 10-0506 thru 9-07

4. Attachment N-7c: DHMO Utilization Summary (UCCI) is amended as follows:

In & Out Of Network  
**Paid** Claims ~~Incurred~~ 10-0506 thru 9-07

5. Attachment N-4: DBP DHMO Claims & Enrollment is amended as follows:

**State of Maryland**

Attachment N-4: DBP DHMO **Incurred** Claims & Enrollment

6. Attachment N-5: UCCI DHMO Claims & Enrollment is amended as follows:

**State of Maryland**

Attachment N-5: UCCI DHMO **Incurred** Claims & Enrollment

7. Attachment N-6: UCCI DPPO Claims & Enrollment is amended as follows:

**State of Maryland**

Attachment N-6: UCCI DPPO **Incurred** Claims & Enrollment

8. Attachment O-3: DPPO Plan Design is amended as follows:

**Class I – Preventive Services, including but not limited to:**

Initial, periodic ( <b><u>twice in 12 months</u></b> ), and emergency examinations
Radiographs
Prophylaxis-(Adult and Child)
Fluoride Treatments
Sealants
Emergency palliative treatment
Space Maintainers

Issued and authorized by

Gabriel Gnall  
Procurement Officer