

REQUEST FOR QUOTES

4200 Northcorp Parkway, Suite 185

Palm Beach Gardens, FL 33410

Tel: (561) 626-6797

Fax: (561) 626-6970



TO: Dental Insurance Vendors

FROM: Brenda Sweigard, Gehring Group, Senior Employee Benefits Analyst

RE: City of Delray Beach
100 NW 1st Avenue
Delray Beach, FL 33444
Request for Quotes: Voluntary Group Dental Insurance
DPPO and DHMO

Issued by the Gehring Group this 13th day of March 2019

Address: 4200 Northrop Parkway, Suite 185
Palm Beach Gardens, FL 33410

Due Date: Kindly submit your proposal via the instructions provided within this RFQ on or before **3:00 PM Friday, March 29, 2019.**

Questions: Address all inquiries regarding this RFQ to Brenda Sweigard **via email** at brenda.sweigard@gehringgroup.com by Tuesday, March 26, 2019.

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SECTION 1
GENERAL INFORMATION

A. INVITATION REQUEST FOR QUOTATION

Employee Benefits Program

Proposals from authorized insurance carriers licensed to transact insurance as authorized by the State of Florida, Office of Insurance Regulation are being solicited to provide the City of Delray Beach, Florida (hereafter the "City") with Group Dental insurance services to include DPPO and DHMO proposals for a proposed effective date of October 1, 2019.

Firms interested in submitting a response to this RFQ, agree not to contact (lobby) City Council Members or any employee or agent of the City at any time during the solicitation period and the selection process. All oral or written inquiries are to be addressed to Brenda Sweigard at brenda.sweigard@gehringgroup.com. Any other contact with the City will be considered inappropriate and subject your response to rejection/disqualification.

Any person or affiliate who has been placed on the convicted vendor list following conviction for a public entity crime may not submit a bid as proscribed by Section 287.133, F.S.

The City reserves the right to reject any and all proposals or to accept any proposal or portion thereof deemed to be in the best interest of the City and to waive any non-substantial irregularities or cancel this solicitation in its entirety at will.

B. CALENDAR

The intended timeline is:

- Release of RFQ March 13, 2019
- Deadline for receipt of questions March 26, 2019
- Deadline to receive proposals March 29, 2019
- Initial analysis presented to City staff..... Week of April 8, 2019
- Best and Final offers presented to City staff (if necessary). April 15, 2019
- Council Meeting to Approve Recommendations..... TBD
- Open Enrollment Period TBD
- All Data to Carrier(s) TBD
- Plan Effective Date October 1, 2019

This timeline is subject to change at the discretion of the City.

C. RFQ EVALUATION

Several factors used to compare Proposals include but are not limited to the following:

- cost
- conformity to benefit design
- provider selection
- quality measures
- service ability and service history
- facilities for claims processing and claims investigation
- ability to provide multiple options
- data reporting capabilities
- quality of care provided by the network and network accessibility
- prompt payment of all legitimate claims
- appropriate investigation and monitoring of claims

These areas are considered important to the City, and all proposers should be sure to include detailed information regarding these areas.

D. CONTACT PERSON

The Gehring Group is the current Agent of Record for the City of Delray Beach. All questions should be directed to Brenda Sweigard, Senior Employee Benefits Analyst via email at brenda.sweigard@gehringgroup.com. Any explanation desired by proposers regarding the meaning or interpretation of this RFQ must be requested from the contact person in writing.

E. ADDITIONAL INFORMATION/AMENDMENT

Any request for additional information or clarifications must be made via email. The request must contain the proposer's name, address, phone and email address. Requests will be accepted via email to the contact person provided they are received no later than **3:00 PM Tuesday, March 26, 2019.**

Changes to this RFQ, when deemed necessary by the City, will be completed and issued by written amendment(s). Proposers should not rely on any representations, statements or explanation other than those made in the RFQ or in any amendment to this RFQ. Where there appears to be a conflict between the RFQ and any amendment issued, the last amendment issued will prevail.

It is the proposer's responsibility to assure receipt of all amendments. The proposer should verify with the designated contact person prior to submitting a quote that all amendments have been received. ***Proposers are required to acknowledge the number of amendments received as part of their quote.***

F. CERTIFICATE OF COVERAGE

The Summary of Benefits for Dental products currently offered by the City are included in Section 5, Attachment A, of this document. It is the City's desire that all proposers quote benefits matching as closely as possible to the outlined benefits for both DPPO and DHMO coverages. Any change or alternative must be fully explained.

G. COSTS INCURRED BY PROPOSERS

All expenses involved with the preparation and submission of quote to the City, or any work performed in connection therewith, shall be borne by the responding party.

H. QUOTE SUBMISSION

Submit all quotes **by Friday, March 29, 2019 at 3:00 PM**. It is the responsibility of the proposer to ensure receipt of proposals. Proposers should submit their proposal electronically to the contact person noted in Section 1 (D) above.

I. RENEWAL

The awarded firm shall give a minimum of **120 days** written notice prior to any renewal date to the City of Delray Beach stating specifically what, if any, rate change is proposed.

J. DUE CARE AND DILIGENCE

Due care and diligence has been exercised in the preparation of this information and it is believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely upon the proposer. The City and its representatives will not be responsible for any errors and/or omissions in these specifications, nor for the failure on the part of the proposer to determine the full extent of the exposures. In cases of disparity, the benefit summary will prevail.

K. PUBLIC RECORDS LAW

Upon award recommendation or ten (10) days after receipt, whichever is earlier, any material submitted in response to this RFQ will become a "public record" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Record Law). However, Chapter 337 and its provisions may also be imposed. Proposers must claim the applicable exemptions to disclosure provided by law in their response to the RFQ by identifying materials to be protected and must state the reasons why such exclusion from public disclosure is necessary and legal. The City reserves the right to make any final determinations of the applicability of the Public Record Law.

L. RIGHTS AND PRIVILEGES

Rights and privileges granted by the City shall not be assigned or transferred in any manner whatsoever without written approval of the City Council. At all times during the

term of the contract the Contractor shall act as an independent contractor and at no time shall the Contractor be considered an agent or partner of the City. The contractor shall obtain and pay for all permits, licenses, Federal, State and Local taxes chargeable to its operation.

M. ACCEPTANCE/REJECTION OF PROPOSALS

The City reserves the right to reject any and all proposals submitted in response to this RFQ, or to cancel, in part or its entirety, this request, if it is in the best interests of the City to do so.

The City reserves the right to accept or reject any or all proposals received as a result of this request, or to negotiate separately with competing proposers simultaneously, and to waive any informalities, defects, or irregularities in any proposal.

The City reserves the right to accept the proposal of a proponent other than that of the lowest proponent.

N. DISCLOSURE OF PROPOSAL CONTENTS

All material submitted becomes the property of the City of Delray Beach. The City has the right to use any or all ideas presented in any reply to this RFQ. Selection or rejection of the proposal does not affect this right.

SECTION 2

PROPOSER REQUIREMENTS / INFORMATION

A. Commissions

All Proposals should include rates Net of Commissions. It is the City's intention to deal directly with all insurance carriers via its Agent of Record.

B. Network Information

Provider Network: Proposer must be able to offer a high quality, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering in excess of 700 individuals and their dependents. Provider networks must include provider services in Palm Beach, Broward, Miami-Dade, and Martin Counties. Please note that local or regional networks can be proposed, but it is the City's preference that national networks be made available to the employees, retirees, and their dependents.

C. Financial Arrangement

Proposers are requested to provide Proposals on fully-insured basis.

D. Rate Guarantees

The City highly recommends that all proposals provide multiple year rate guarantees.

E. Claims Reporting

Proposers will be expected to provide detailed monthly reporting of DPPO claims experience (in aggregate and by enrollment group), plan costs, plan premiums and member enrollment.

F. Plan Implementation

It is a requirement that the proposer awarded this contract provides representation to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration.

G. Employee Communications

It is the responsibility of all successful proposers to provide the necessary papers, forms, etc., for initial enrollment in addition to the administration of benefits, including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.

H. Interactive Website

It is a requirement of the City to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, as well as, research plan information, and search provider directories, etc.

I. Online Enrollment & Administration

The City automates the benefits enrollment process and ongoing administration for their group insurance plans through BenTek. The City provides for its employees, COBRA participants, and retirees the ability to enroll online for group insurance plans in following instances: new hire orientation, annual open enrollment, qualifying life event change. Throughout the plan year, the City, maintains its group's eligibility and transmits electronic eligibility to all applicable carriers and/or third-party administrators on a scheduled basis.

J. Employees Residing Out-of-State

It is a requirement that the proposer provides coverage for those employees residing out-of-state.

K. Required Forms

Proposers are required to submit all documents in Section 4 of this RFQ, including Response Forms, a completed Questionnaire, and Benefit Summaries outlining the coverages proposed.

SECTION 3
BACKGROUND & UNDERWRITING INFORMATION

A. BACKGROUND SUMMARY

All plans will have an effective date and/or a renewal of October 1, 2019. Group Dental coverage is currently fully insured through MetLife. The City offers two Dental plans; one DPPO and one DHMO option on a voluntary basis to all full-time eligible employees, COBRA participants and their families.

B. EMPLOYEE WAITING PERIOD FOR BENEFITS

Newly hired employees are eligible for employee benefits effective 31 days following date of hire.

C. ENROLLMENT ELIGIBILITY

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 hours per week. The City does offer coverage for domestic partners.

D. PLANS REQUESTED

Proposers are requested to provide programs for coverage that correlate closely with the plan currently in place. ***Proposers are required to submit a Schedule of Benefits and/or a Benefit Summary matching plans quoted as part of their proposal.***

E. EMPLOYEE CONTRIBUTIONS

Both dental plans are offered on a voluntary basis with the employee contributing 100% of the cost.

F. RATE HISTORY**GROUP DENTAL RATE HISTORY**

DHMO (MET290)	Monthly Rates 2016-17	Monthly Rates 2017-18	Monthly Rates 2018-19
Employee Only	\$10.24	\$10.24	\$10.85
Employee + Spouse	\$18.76	\$18.76	\$19.89
Employee + Child(ren)	\$20.74	\$20.74	\$21.98
Employee + Family	\$29.25	\$29.25	\$31.01
DPPO	Monthly Rates 2016-17	Monthly Rates 2017-18	Monthly Rates 2018-19
Employee Only	\$34.58	\$34.58	\$36.65
Employee + Spouse	\$68.34	\$68.34	\$72.44
Employee + Child	\$75.55	\$75.55	\$80.08
Employee + Family	\$109.51	\$109.51	\$116.08

SECTION 4
RESPONSE FORMS & QUESTIONNAIRE
VOLUNTARY DENTAL INSURANCE - DHMO RESPONSE FORM

DHMO		CURRENT (MET290)	PROPOSED
		In Network Only	In Network Only
Network(s) Utilized		<i>Note proposed Network</i>	
Annual Maximum		Unlimited	
Sample Procedures	Code	Fee (Frequency)	
Office Visit Fee		\$5 per visit	
Comprehensive Oral Exam	0150	\$0	
Routine Cleanings	1110/20	\$5 (1 every 6 months)	
Bitewing X-rays (4 images)	0274	\$0	
Complete (Panoramic) X-rays	0330	\$0	
Fluoride Application	1206/08	\$0	
Sealants – per Tooth	1351	\$0	
Space Maintainer – Fixed, Unilateral	1510	\$25	
Fillings, Amalgam, 3 Surfaces	2160	\$23	
Fillings, Composite, 3 Surfaces, Posterior	2393	\$65	
Simple Extractions	7140	\$5	
Surgical Extractions, Erupted	7210	\$50	
Surgical Extractions, Impacted	7240	\$135	
Full Mouth Debridement (Deep Cleaning)	4355	\$50	
Root Canal, Perm., Excl. Final Restoration	3330	\$265	
Periodontal Scaling & Root Planing	4341	\$50	
Periodontal Maintenance	4910	\$40	
Repair Broken Complete Denture Base	5511/12	\$50	
Bridge, Porcelain fused to noble metal	6242	\$290	
Crown, Porcelain fused to noble metal	2752	\$290	
Full Upper or Lower Denture	5110/20	\$440	
Orthodontic Treatment (Child to age 19)	8070	\$2,095 (24 mo. fee)	
Orthodontic Treatment (Adult)	8090	\$2,095 (24 mo. fee)	
Orthodontic Retention	8680	\$300	
Required Participation		<i>Please list any requirements</i>	
Rate Guarantee		<i>Requesting at least 2 Years</i>	

NAME OF CARRIER: _____

SECTION 4
RESPONSE FORMS & QUESTIONNAIRE
VOLUNTARY DENTAL INSURANCE - DPPO RESPONSE FORM

DPPO	CURRENT		PROPOSED	
	In Network	Out of Network	In Network	Out of Network
Network(s) Utilized	<i>Note proposed Network</i>			
Calendar Year Maximum	\$1,500			
Charges Applicable to CY Max	Type A, B, & C Services			
Calendar Year Deductible				
Single	\$50	\$50		
Family	\$150	\$150		
Deductible waived for Type A Services	Yes	Yes		
Benefits Payable				
Type A: Diagnostic & Preventive	100%	100%		
Type B: Basic Restorative	90% After CYD	80% After CYD		
Type C: Major Restorative	60% After CYD	50% After CYD		
Coverage Level for Endodontics and Periodontal Services	Basic			
Type D: Orthodontic Treatment	Adult and Child(ren); 50% to Lifetime Max of \$2,000			
Service Information				
Waiting Period	None			
Out of Network Reimbursement	UCR 70th			
Required Participation	<i>Please list any requirements</i>			
Rate Guarantee	<i>Requesting at least 2 Years</i>			

NAME OF CARRIER: _____

FULLY INSURED DENTAL RATE RESPONSE FORM

DHMO	Current Rates	Proposed Rates
Employee	\$10.85	
Employee + Spouse	\$19.89	
Employee + Child(ren)	\$21.98	
Family	\$31.01	
DPPO	Current Rates	Proposed Rates
Employee	\$36.65	
Employee + Spouse	\$72.44	
Employee + Child(ren)	\$80.08	
Family	\$116.08	

NAME OF CARRIER: _____

QUESTIONNAIRE

General Information

1. Please indicate the group name, address, contact person, and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three (3) years.
2. Please describe your process for handling transitioning of care.
3. Do you utilize any “wrap” or leased networks not negotiated or owned by your organization?
 - a. If yes, what is the name of the network?
4. Please confirm proposer agrees to allow Retirees to continue coverage under the under the provisions required by 112.0801, Florida Statutes.
5. Provide the name, title, contact information and resume of the individual who would have direct daily account responsibility for the employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all.
6. What is your company’s current A. M. Best, Moody’s and Standard and Poor’s ratings?
7. What is your account service team’s average response time to client requests or questions?
8. Describe the services provided by your account service team to the employees.
9. Describe the services provided by your account service team to the Human Resources department responsible for overseeing the employee benefits programs.
10. Describe any other services provided by your firm that will support our employee benefit initiatives.
11. Describe capabilities available through member website and mobile app. Please describe further any additional functionality available to employer as the plan administrator.
12. Describe any available benchmarking tools you can provide.
13. Does your company help facilitate annual open enrollments?
 - a. Onsite meetings?
 - b. Educational materials?
 - c. Printed Materials at no cost?
14. Please note the number of amendments received as part of this RFQ.

Implementation & Billing

1. Please provide a brief description of the implementation process, including requirements and timeline.
2. Please confirm proposer is flexible to modify standard contract language.
3. Please confirm proposer is willing to waive any binder payment requirements.
4. Please confirm proposer is willing to accept a self-bill for proposed line(s) of coverage.
5. Please confirm proposer can accept COBRA and retiree premiums from third party.
6. Please confirm proposer can bill COBRA and retirees separately.
7. What is your company's standard billing snap shot date and grace period for payment?

Electronic Enrollment & Implementation

The City automates the benefits enrollment process and ongoing administration for their group insurance plans through BenTek. The City provides for its employees, COBRA participants, and retirees the ability to enroll online for group insurance plans in following instances: new hire orientation, annual open enrollment, qualifying life event change.

Throughout the plan year, the City, maintains its group's eligibility and transmits electronic eligibility to all applicable carriers and/or third-party administrators on a scheduled basis.

The following questions pertain to the Respondent's capabilities regarding the administration of the City insurance plan(s) in a paperless environment. You may supply supporting materials as required, but please provide your written answers to the questions below:

1. Can your company accept eligibility via file transmission?
2. Does your company outsource the processing of electronic eligibility to a third-party? If so, please provide company name.
3. Please specify if your company (or third-party) accepts the HIPAA 834 v.5010 file layout as well as all other file layouts accepted for automated enrollment. Please provide applicable coding supplements and other applicable file specification documents.
4. Does your company (or third-party) process electronic eligibility files via automation or are manual steps necessary. If manual steps are required to process files, please explain this process and impact on processing time.

5. What is your company's (or third-party's) standard processing time for electronic eligibility to be updated in all applicable internal systems (eligibility/claims/billing/etc.)? If time varies, please specify for each system.
6. Will your company (or third-party) provide confirmation notification to the group when files are processed? Please provide details related to this notification process (email, requirement of group log into company website, etc.)
7. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of an established group with your company.
8. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of a new group with your company.
9. Please provide set-up time needed for changes to file structure, plans, funding strategy, platform changes for an established group with your company. What alternative options does your company provide to receive enrollment should these changes cause delay in set-up of the EDI process.
10. Please provide file testing time frame (in days) for initial set-up and structure changes.
11. Please provide the standard time frame required to process files, generate, and mail member ID cards. What options does the group have if ID card delivery is delayed beyond the plan effective date?

Data & Reports

1. Describe the reports you will provide regarding the utilization and claims associated with the DPPO program you are proposing. Please indicate in your description if any of the reports would be provided at an additional cost over the fees associated with the programs.
2. What is your proposed frequency of reporting on utilization experience? Is there a charge for utilization data analysis?
3. Are there any additional fees for reporting? Please provide all reporting options/packages and their associated costs.
4. Will there be online access for claim reports?
5. Does your proposal include funding for The City's chosen software system to perform online enrollment and eligibility functions?

If yes, list how much is included in your proposal and explain details of your requirements and implementation procedures.

Renewal Planning & Additional Fees

1. Will your company be willing and/or able to provide the annual renewal for the programs you are proposing a minimum of 120 days prior to the renewal date?
2. Will you recruit a specific provider per the City's request?
3. Describe any plan modeling tools that you provide to assist us with evaluating additional plan designs.
4. Are any of the rates you proposed contingent on any additional information? If so, please disclose.

Dental

1. Dental proposers must provide a Geo Access report that illustrates the number of:
 - a. General Dentists – 2 within 10 miles.
 - b. Specialty Dentists – 1 provider within 10 miles
 - c. Orthodontists – 2 providers within 10 miles.

The report format should include a breakdown by member city of residence with the number of members in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.

2. For bidders not proposing national network coverage, please describe available access for out of state residents (retirees and/or dependents of covered participants).
3. What is the length of the rate guarantee proposed for dental coverage?
4. Are you willing to waive the actively at work, dependent non-confinement and pre-existing limitation provisions for all currently enrolled individuals on dental?
5. On dental proposals, is there a missing tooth clause?
6. How does the proposed plan treat coverage for color (non-amalgam) fillings on molar teeth?
7. How does the proposed plan treat coverage for orthodontics in progress?
8. Does the proposed plan include coverage for implants?
9. Please confirm dependent child(ren) eligibility.

SECTION 5
ATTACHMENTS

ATTACHMENT A: Dental DHMO Schedule of Copays
ATTACHMENT B:Dental DPPO Certificate of Coverage
ATTACHMENT C:Dental Claims (DPPO Plan)
ATTACHMENT D:Employee Census (Excel Format)
ATTACHMENT E:Agent of Record Letter