



OFFICE OF THE PURCHASING AGENT
CITY OF KNOXVILLE, TENNESSEE

RFP TABULATION FORM

DATE: August 9, 2018

TITLE: RFP for Fully-Insured Dental Program

DEPARTMENT: Risk

Proposers	Form S-1	Form S-2	Non-Collusion Affidavit	No Contact	Iran Divestment	DBE
<i>Delta Dental of Tennessee</i>	✓	✓	✓	✓	✓	✓
<i>Blue Cross Blue Shield of TN</i>	✓	✓	✓	✓	✓	✓
<i>Cigna Health & Life Ins Co</i>	✓	✓	✓	✓	✓	✓

I CERTIFY THAT THIS IS A TRUE AND ACCURATE TABULATION OF THE BIDS THAT WERE RECEIVED _____