

BID SOLICITATION



City of Chattanooga
 101 East 11th Street, Suite G13
 Chattanooga, TN 37402

SEALED BIDS

Mail or submit two (2) signed copies of bid form to this office in the enclosed envelope. Retain one copy for your file.

BID OPENING DATE AND TIME:
 26-FEB-20 at 2:00 PM

BID NUMBER: 305789

BUYER:
PHONE #: (423) 643-7230
DELIVERY REQUIRED:

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City of Chattanooga
 101 East 11th Street, Suite G13
 Chattanooga, TN 37402

| Item | Class-Item | Quantity | Unit | Unit Price | Total |
|---|------------|----------|------|------------|-------|
| Requisition No.: 194315 Ordering Dept.: Human Resources Buyer: Marisol Hernandez Phone No.: 423-643-7235 Email: Mhernandez@chattanooga.gov | | | | | |
| Items Being Purchased: Dental Services for Active Employees and Retirees | | | | | |
| ATTACHMENTS: Specifications Iran Divestment Act Form Affirmative Action Plan Pricing Analytics Attachment | | | | | |
| This Shall Be A Twelve (12) Month Blanket Contract To Supply Dental Services For Active Employees And Retirees. The Contract Term May Be Renewed For An Additional Two (2) Twelve (12) Month Terms Under The Same Terms And Conditions By Mutual Agreement. The City Of Chattanooga And The Contractor May Bilaterally Extend The Contract By Providing Written Confirmation Of Agreement By Both Parties At Least 30 Days Prior To The Contract's Current Expiration Date Into Any Successive Term As Provided Herein. | | | | | |
| QUANTITIES ARE ESTIMATES ONLY THE CITY OF CHATTANOOGA SHALL GUARANTEE NO MINIMUM OR MAXIIMUM AMOUNT PURCHASED DURING THE LIFETIME OF THE CONTRACT. | | | | | |
| *** BID MUST BE RECEIVED NO LATER THAN *** *** 2:00 PM EST ON February 26, 2020 *** | | | | | |
| City of Chattanooga (COC) Terms and Conditions posted on Website http://www.chattanooga.gov/purchasing/standard-terms-and-conditions | | | | | |
| If you can't download call buyer for a copy. | | | | | |
| NOTE: ALL BIDS MUST BE SIGNED All bids received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Bidder acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated. Exceptions not submitted with bid response will not be considered. | | | | | |
| The City of Chattanooga reserves the right to reject any and/or all bids, waive any informalities in the bids received, and to accept any bid which in its opinion may be for the best interest of the city. | | | | | |
| The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color, or national origin. | | | | | |

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|---|------------|----------|------|------------|-------|
| <p>**** NOTE ****</p> <p>PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:</p> <p>Company Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone/Toll-Free No. _____</p> <p>Fax No. _____</p> <p>eMail Address _____</p> <p>Contact Person's Name _____</p> <p>Estimated Delivery _____</p> <p>Minority-Owned Business _____ Small Business _____ Veteran _____</p> <p>Minority Woman-Owned Business _____ Disabled Veteran _____</p> <p>Woman-Owned Business _____</p> <p>Confirm That Your Company Meets Each And Every Item Listed As A Minimum Qualification In Bid Specifications. ____Yes ____No</p> <p>Confirm That Your Company Is Capable Of Performing Each And Every Item Listed In The Bid Scope of Work In Bid Specifications. ____Yes ____No</p> | | | | | |

NOTE: ALL BIDS RECEIVED ARE SUBJECT TO THE TERMS AND CONDITIONS

The City is Exempt from all Federal and State Tax.
 Bids will be received at the above mentioned address.

TERMS OF PAYMENT: _____

TELEPHONE NUMBER: _____

ALL BIDS MUST BE SIGNED – The undersigned offers the above quoted prices under the conditions contained herein.

COMPANY: _____

SIGNATURE: _____

NAME AND TITLE: _____

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| Item | Class-Item | Quantity | Unit | Unit Price | Total |
|------|--|----------|--------|------------|-------|
| 1 | Dental PPO Option 1 Active/Employee Only | 1 | Dollar | _____ | _____ |
| 2 | Dental PPO Option 1 Active/Emp + Spouse | | Dollar | _____ | _____ |
| 3 | Dental PPO Option 1 Active/Emp + Child (ren) | | Dollar | _____ | _____ |
| 4 | Dental PPO Option 1 Active/Emp + Family | | Dollar | _____ | _____ |
| 5 | Dental PPO Option 2 Active/Employee Only | | Dollar | _____ | _____ |
| 6 | Dental PPO Option 2 Active/Emp + Spouse | | Dollar | _____ | _____ |
| 7 | Dental PPO Option 2 Active/Emp + Child (ren) | | Dollar | _____ | _____ |
| 8 | Dental PPO Option 2 Active/Emp + Family | | Dollar | _____ | _____ |
| 9 | Dental PPO Option 3 Active/Employee Only | | Dollar | _____ | _____ |
| 10 | Dental PPO Option 3 Active/Emp + Spouse | | Dollar | _____ | _____ |

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| Item | Class-Item | Quantity | Unit | Unit Price | Total |
|------|--|----------|--------|------------|-------|
| 11 | Dental PPO Option 3 Active/Emp + Child (ren) | | Dollar | _____ | _____ |
| 12 | Dental PPO Option 3 Active/Emp + Family | | Dollar | _____ | _____ |
| 13 | Dental PPO Option 4 Active/Employee Only | | Dollar | _____ | _____ |
| 14 | Dental PPO Option 4 Active/Emp + Spouse | | Dollar | _____ | _____ |
| 15 | Dental PPO Option 4 Active/Emp + Child (ren) | | Dollar | _____ | _____ |
| 16 | Dental PPO Option 4 Emp + Family | | Dollar | _____ | _____ |
| 17 | Dental HMO Option 1 Active/Employee Only | | Dollar | _____ | _____ |
| 18 | Dental HMO Option 1 Active/Emp + Spouse | | Dollar | _____ | _____ |
| 19 | Dental HMO Option 1 Active/Emp + Child(ren) | | Dollar | _____ | _____ |
| 20 | Dental HMO Option 1 Active/Emp + Family | | Dollar | _____ | _____ |

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| Item | Class-Item | Quantity | Unit | Unit Price | Total |
|------|--|----------|--------|------------|-------|
| 21 | Dental PPO Option 1 Retiree Only | | Dollar | _____ | _____ |
| 22 | Dental PPO Option 1 Retiree + Spouse | | Dollar | _____ | _____ |
| 23 | Dental PPO Option 1 Retiree + Child(ren) | | Dollar | _____ | _____ |
| 24 | Dental PPO Option 1 Retiree + Family | | Dollar | _____ | _____ |
| 25 | Dental PPO Option 2 Retiree Only | | Dollar | _____ | _____ |
| 26 | Dental PPO Option 2 Retiree + Spouse | | Dollar | _____ | _____ |
| 27 | Dental PPO Option 2 Retiree + Child(ren) | | Dollar | _____ | _____ |
| 28 | Dental PPO Option 2 Retiree Family | | Dollar | _____ | _____ |
| 29 | Dental PPO Option 3 Retiree Only | | Dollar | _____ | _____ |
| 30 | Dental PPO Option 3 Retiree + Spouse | | Dollar | _____ | _____ |

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| Item | Class-Item | Quantity | Unit | Unit Price | Total |
|------|---|----------|--------|------------|-------|
| 31 | Dental PPO Option 3 Retiree + Chgild(ren) | | Dollar | _____ | _____ |
| 32 | Dental PPO Option 3 Retiree + Family | | Dollar | _____ | _____ |
| 33 | Dental PPO Option 4 Retiree Only | | Dollar | _____ | _____ |
| 34 | Dental PPO Option 4 Retiree + Spouse | | Dollar | _____ | _____ |
| 35 | Dental PPO Option 4 Retiree + Child(ren) | | Dollar | _____ | _____ |
| 36 | Dental PPO Option 4 Retiree + Family | | Dollar | _____ | _____ |
| 37 | Dental HMO Option 1 Retiree Only | | Dollar | _____ | _____ |
| 38 | Dental HMO Option 1 Retiree + Spouse | | Dollar | _____ | _____ |
| 39 | Dental HMO Option 1 Retiree + Child(ren) | | Dollar | _____ | _____ |
| 40 | Dental HMO Option 1 Retiree + Family | | Dollar | _____ | _____ |

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COMPANY: _____

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SIGNATURE: _____

TELEPHONE NUMBER: _____

NAME AND TITLE: _____

Chapter No. 817 (HB0261/SB0377). "Iran Divestment Act" enacted.
Vendor Disclosure and Acknowledgement

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to § 12-12-106.

(SIGNED) _____

(PRINTED NAME) _____

(BUSINESS NAME) _____

(DATE) _____

For more information, please contact the State of Tennessee, Central Procurement Office
<https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-/public-information-library.html>

Affirmative Action Plan

The City of Chattanooga is an equal opportunity employer and during the performance of this Contract, the Contractor agrees to abide by the equal opportunity goals of the City of Chattanooga as follows:

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or handicap.
3. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. During the term of all construction contracts or subcontracts in excess of \$10,000 to be performed for the City of Chattanooga, the following non-discriminatory hiring practices shall be employed to provide employment opportunities for minorities and women:
 - a. All help wanted ads placed in newspapers or other publications shall contain the phrase "Equal Employment Opportunity Employer".
 - b. Seek and maintain contracts with minority groups and human relations organizations as available.
 - c. Encourage present employees to refer qualified minority group and female applicants for employment opportunities.
 - d. Use only recruitment sources which state in writing that they practice equal opportunity. Advise all recruitment sources that qualified minority

group members and women will be sought for consideration for all positions when vacancies occur.

5. Minority statistics are subject to audit by City of Chattanooga staff or other governmental agency.
6. The Contractor agrees to notify the City of Chattanooga of any claim or investigation by State or Federal agencies as to discrimination.

(Signature of Contractor)

(Title and Name of Company)

(Date)

February 12, 2020

Ref. No. Req. 194315

**PURCHASING DIVISION
101 EAST 11th STREET, STE. G-13
CHATTANOOGA, TENNESSEE 37402
CITY HALL**

Invitation to Bid for the City of Chattanooga, TN

Bids will be received at 101 East 11th Street, Ste. G-13, Chattanooga, TN, 37402, until 2:00 p.m., e.s.t., on Wednesday February 26, 2020.

Requisition No.: – 194315

Ordering Dept.: Human Resources

Buyer: Marisol Hernandez

Phone No.: 423-643-7235

Fax No.: 423-643-7244

Items Being Purchased: DENTAL PLANS FOR CITY OF CHATTANOOGA.

*****BIDS MUST BE RECEIVED*****

NO LATER THAN

2:00 P.M. E.S.T. ON February 26, 2020

****ALL QUESTIONS MUST BE SUBMITTED IN WRITING****

AND RECEIVED NO LATER THAN

4:00 P.M. E.S.T. ON February 17, 2020

The City of Chattanooga reserves the right to reject any and/or all bids, waive any informalities in the bids received, and to accept any bid which in its opinion may be for the best interest of the City.

The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color or national origin.

The City of Chattanooga (COC) Terms and Conditions posted on Website are

applicable: <http://www.chattanooga.gov/purchasing/standard-terms-and-conditions>

NOTE: ALL BIDS MUST BE SIGNED.

All bids received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Offeror acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated within Offeror's bid.

INVITATION TO BID

Dental Plans

For

City of Chattanooga

February 12, 2020

Background

The City of Chattanooga, Tennessee (City) is requesting bids to administer dental plans for its eligible active and retired employees. The active/pre-Medicare retiree plan(s) will have an effective date of a July 1 through a June 30th plan year. The Medicare eligible retiree dental plan(s) will have an effective date of January 1, 2020 with a calendar plan year. Bidders do not have to submit proposals for all plans to be considered. Bidders do not have to replicate, but should not materially deviate from, the current plans to be considered.

Active Employee Dental Background

The City active employee dental plans are voluntary and the City does not contribute to the premiums. Current dental plans are administered through Cigna since July 2017. Eligible employees (full-time regular and elected officials) may enroll as new hires and benefits are effective on the first day of the month following 30 days of employment. Employees are offered dental benefits each year at the annual Open Enrollment held each May. COBRA is administered by BlueCross BlueShield of Tennessee.

Eligibility

1. Full-time employees and elected officials are eligible to enroll.
2. Eligible dependents are a legally married spouse, regardless of gender, and children to age 26. Eligible children are a biological child, a child adopted or placed for adoption, stepchild while the member is married to the child's parent, and children for whom the member has legal guardianship or legal custody.
3. A child age 26 and older may continue already existing coverage as an eligible dependent if they have a long-term or permanent disability that makes them incapable of self-sustaining employment. The vendor may choose to receive and review applications for this continuation of coverage.

Plan Year

The plan year for the active/pre-Medicare dental plans is July 1 – June 30. Open enrollment occurs in May.

Retiree Dental Background

City retirees and their eligible dependents may continue their dental coverage if they are covered under the active plan at the time of retirement. The City offers continued dental coverage to many of its retirees who are Medicare eligible. City employees are eligible to retire with healthcare benefits if they have 25 years of service or are 62 years of age with 10 or more years of consecutive service just prior to retirement. If a City employee met these criteria on 7/1/2010, they are eligible for "lifetime" coverage.

Plan Year

The plan year for Medicare dental plans is January 1 through December 31. Open Enrollment occurs in October.

Current Dental Coverage

The City currently offers two Cigna dental options to its active and retiree groups. They are the Cigna DPPO and the Cigna DHMO. Both plans are voluntary with employees and retirees paying 100% of the premium. The current plans are listed below with current rates. At this time, both active/pre-Medicare retirees and Medicare retirees are offered the same plans. Bidders are encouraged to offer additional solutions for each plan. Offers for these two groups should be submitted separately. Offers may be submitted for one or more plans within the two groups.

Current plans and rates (rates are the same for both groups)

| Product | rate |
|----------------------|-------------|
| Cigna DHMO | |
| Employee | 12.29 |
| Employee + 1 | 19.91 |
| Employee + 2 or more | 30.36 |
| Cigna PPO | |
| Employee | 23.87 |
| Employee + Child | 44.95 |
| Employee + Spouse | 54.98 |
| Family | 76.18 |

GENERAL INSTRUCTIONS TO PROPOSERS

Sealed Bids must be submitted in hard copy format to the Purchasing Division, City of Chattanooga, by no later than 2:00 p.m., EDT, on February 26, 2020 to the attention of:

City of Chattanooga Purchasing Division
Attn: Marisol Hernandez
101 East 11th Street
Suite G13
Chattanooga, TN 37402
Phone: (423) 643-7236
Fax: (423) 643-7244

Late or misdirected bids shall be rejected and returned unopened without exception. Postmarks are not accepted.

Quantity and Format

Proposer shall submit two (2) complete copies of their bid; one (1) original, one (1) copy and one (1) electronic copy in PDF format on a flash drive. All bids shall be submitted in a sealed non-transparent envelope or box marked "**REQ194315 - "Dental Plans for City of Chattanooga."**

Implied Requirements

All products and services not specifically mentioned in this bid, but which are necessary to provide the functional capabilities described by the Proposer, shall be included in the Bid.

Proposer-Supplied Materials

Any material submitted by a Proposer shall become the property of the City unless otherwise requested at the time of submission. **Any firm submitting a bid should assume the information included in the bid is subject to Open Records / Freedom of Information Act.**

Incurring Costs

The City shall not be liable for any cost incurred by the proposer prior to the issuance of a contract purchase agreement and will not pay for the information solicited or obtained. Proposer shall not include or integrate any such expense as part of its bid.

Economy of Preparation

Bids shall be prepared simply and economically. Bids shall provide a straightforward and concise bid description. Emphasis shall be placed on clarity and content.

Bid Withdrawal Procedure

A Bid may be withdrawn at any time until the date and time set above for opening of bids. Any bid not so withdrawn shall, upon opening, constitute an irrevocable offer to provide the specifications set forth in the bid, until the successful bid(s) is/are accepted and a contract has been executed between the City and the successful Proposer(s).

General Reservation of City Rights

The City of Chattanooga may contact any firm for the purpose of obtaining additional information or clarification.

General Terms

Any contract resulting from this Bid will be subject to the City of Chattanooga's Standard Terms and Conditions.

<http://www.chattanooga.gov/purchasing/standard-terms-and-conditions>

Any exceptions to said Terms and Conditions must be submitted with Bid response.

Proposers shall state any exceptions to or deviations from the terms of this Bid and the Standard Terms and Conditions. Where proposer wishes to propose alternative approaches to meeting the City's technical or contractual requirements, these should be thoroughly explained. The Contractor shall be bound to accept all stated terms not except in its bid.

City reserves the right to accept or reject any or all exceptions / deviations at its sole discretion. City reserves the right to reject excepted or conditional bids at its sole discretion.

Any resulting contract shall NOT be open to other Tennessee governmental agencies (including school districts) as a “piggyback contract.”

ADDITIONAL BID INFORMATION

Please note the City will not pay an outside entity commission other than Russ Blakely & Associates, L.L.C. The City also asks for bids to be submitted directly by bidding carriers and not Advisors, Brokers or Consultants.

Bid Timeline

Bid to be released by City –February 12, 2020

Last day to ask questions* (see below) February 17, 2020

City response to questions –February 20, 2020

Last day to submit bid – February 26, 2020

*Please send questions or the need for additional information in writing to the City’s purchasing department. Questions can be submitted via email to mhernandez@chattanooga.gov.

The following data is available upon request from the City’s Purchasing Department. Requests must be made directly to Marisol Hernandez, Buyer at mhernandez@chattanooga.gov

- Attachment A - Current enrollment for the two groups.
- Attachment B - Plan summaries for Cigna DPPO and DHMO
- Attachment C - Current Cigna DHMO Fee Schedule.
- Attachment D – Disruption Analysis
- Attachment E – Pricing Analysis
- Attachment F – Claim Experience

*All questions, and requests for information or clarification must be submitted in writing, and will be accepted until 4:00 PM on February 17, 2020, and shall be sent to:

City of Chattanooga Purchasing Division
Attn: Marisol Hernandez, Buyer
101 East 11th Street
Suite G13
Chattanooga, TN 37402
Phone: (423) 643-7235
Fax: (423) 643-7244
mhernandez@chattanooga.gov

The City specifically requests that any communication concerning this bid be made exclusively with the Purchasing Division Buyer until selection has been completed. Failure to honor this request will be negatively viewed in the selection process.

MINIMUM QUALIFICATIONS OF VENDOR

1. Provide evidence of past administration of employer based Dental plans for active and retiree groups.
2. Provide evidence of past work including plan design, plan documents, implementation, communication and reports ensuring compliance with all current applicable laws and regulations.
3. Provide evidence of technical and or procedures in place to safeguards any City information maintained in the contractor's custody.
4. Provide evidence that provider has been regularly and continuously engaged in the business of providing employer based Dental plan services for the previous 10 years.
5. Confirm that provider can maintain records and manage reports, including claims and accounting information.
6. Provide must designate an assigned primary account representative to manage the program for the City. Please provide the name, title, office location and experience which must include a minimum of 5 years of day to day experience related to the administration of dental benefits.
7. Complete the disruption analysis provided in Attachment D of the proposal. The City will not consider any disruption percentage that is less than 50%.
8. Please confirm that provider can certify that all services provided are in compliance with the Health Insurance Portability and Accountability Act of 1996 and its subsequent amendments and changes.
9. Please confirm that your company meets each and every item listed above as a minimum qualification.

BID SCOPE OF WORK/Minimum requirements

The City is requesting offers for plans for the following groups:

1. **Active employees/Pre-Medicare retirees (effective date 7/1/2020)**

2. Medicare retirees (effective date 1/1/21)

Bidders may bid on one or more plans for one or both groups to be considered. Bidders shall duplicate current plans as well as plans specified in Pricing Attachment E. Vendor must provide program efficacy and convenient access for its active and retiree populations.

The City shall require that the vendor provide all necessary services including, but not limited to the following:

1. Provide response within 24-48 hours to inquiries from plan participants and providers regarding eligibility and status of claim, correspondence, payment, and any other information requested.
2. Prepare and print summary plan documents, claim forms, and any other communication materials and review with Human Resources staff upon request.
3. The City prefers vendor to distribute identification cards directly to the plan participant.
4. The provider must offer Human Resource staff the option of online access to claim and utilization reports as needed. It is the preference of the City to receive reports in an excel format.
5. Provide online access to additional standard or ad hoc reports as needed by the City. If a specific report cannot be generated online, prepare and provide such to the City electronically.
6. Meet with representatives of the City's Human Resources Department as often as deemed necessary by the City. Generally, this can be an annual and in person meeting.
7. Ensure that the plan design, plan documents, implementation, communication and reports are in compliance with all current applicable laws and regulations. Provide administrative, technical, and physical safeguards to protect any City information maintained in the contractor's custody.
8. Provider must have established quality control program and service standards.
9. Vendor must provide a website and or App that would provide member support that is secure which includes relevant member history; allows members to look up providers; check coverage, and access a digital ID card.
10. The Initial rates and contract terms must be guaranteed by vendor to be effective from July 1, 2020 for active/pre Medicare retiree plan(s) and to continue for three consecutive plan years. For Medicare retirees plan, the effective date is January 1, 2021 and will continue for three consecutive plan years.
11. The selected vendor(s) shall begin implementation for the 2020 Plan Year no later than April 2020 for the active group and no later than September 2020 for the Medicare retiree group.
12. The selected vendor(s) agrees to accept weekly eligibility files from City of Chattanooga.
13. The selected vendor must agree to waive any participation requirements for any of the bids presented.
14. Provider must agree to cover all benefits from the effective date of the contract such that no employee or dependent currently insured will suffer a loss of coverage other than by a change in plan design as specified by the City.

15. Please confirm that your company is capable of performing each and every item listed above in the Bid Scope of Work.

Proposal Pricing

Please complete the Pricing Attachment E of the Bid. All bids must include 10% commissions and be guaranteed for 3 years.

The City is requesting for bids to include the following options:

PPO Plans Requested:

- Option 1 Duplicate the current benefits. The current plan document is provided and any deviation to the current benefit must be clearly presented in the document (Attachment E).
- Option 2 Duplicate current benefits and increase annual benefit maximum to \$1,500.
- Option 3 Duplicate current benefits, increase annual maximum to \$1,500 and add \$1,500 lifetime orthodontia benefit.
- Option 4 Duplicate current benefits, increase annual maximum to \$3,000 and add \$1,500 lifetime orthodontia benefit.

Dental HMO Plans Requested:

- Option 1 Duplicate the current DHMO benefits.

| Dental PPO Option 4 | | |
|--|--------|----------|
| | Active | Retirees |
| Employee Only | | |
| Employee + Spouse | | |
| Employee + Child(ren) | | |
| Employee + Family | | |
| Plan Specifics | | |
| Notes | | |
| Duplicate current benefits, increase annual maximum to \$3,000 and add \$1,500 lifetime orthodontia benefit. | | |

| Dental HMO Option 1 | | |
|--------------------------------|--------|----------|
| | Active | Retirees |
| Employee Only | | |
| Employee + Spouse | | |
| Employee + Child(ren) | | |
| Employee + Family | | |
| Plan Specifics | | |
| Notes | | |
| Duplicate current HMO benefits | | |

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| Dental PPO Option 1 | | | Plan Specifics |
|-----------------------|--------|----------|--|
| | Active | Retirees | Notes |
| Employee Only | | | Duplicate the current benefits. The current plan document is provided and any deviation to the current benefit must be clearly documented. |
| Employee + Spouse | | | |
| Employee + Child(ren) | | | |
| Employee + Family | | | |

| Dental PPO Option 2 | | | Plan Specifics |
|-----------------------|--------|----------|--|
| | Active | Retirees | Notes |
| Employee Only | | | Duplicate current benefits and increase annual benefit maximum to \$1,500. |
| Employee + Spouse | | | |
| Employee + Child(ren) | | | |
| Employee + Family | | | |

| Dental PPO Option 3 | | | Plan Specifics |
|-----------------------|--------|----------|--|
| | Active | Retirees | Notes |
| Employee Only | | | Duplicate current benefits, increase annual maximum to \$1,500 and add \$1,500 lifetime orthodontia benefit. |
| Employee + Spouse | | | |
| Employee + Child(ren) | | | |
| Employee + Family | | | |