

**THE GOVERNING BOARD OF THE
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
GROUP EMPLOYEE DENTAL INSURANCE
INVITATION TO NEGOTIATE 34352**

The Governing Board of the St. Johns River Water Management District (the “District”), requests that interested parties respond to the solicitation below by 2:00 p.m., May 8, 2019. Further information is available through Onvia DemandStar at *Demandstar.com* [(800) 711-1712], Vendor Registry at *Vendorregistry.com*, the District’s website at *sjrwm.com*. Solicitation packages may be obtained from Onvia DemandStar, Vendor Registry, or the District by calling or emailing Alan Weaver, Sr. Procurement Specialist, at (386) 329-4271 or aweaver@sjrwm.com. Responses will be opened in the Procurement Conference Room, Administration Building, Palatka Headquarters, 4049 Reid Street, Palatka, Florida 32177-2571.

The District is seeking proposals from dental insurance providers on a fully-insured dental insurance plans for the plan year beginning January 1, 2020. The resulting contract may be renewed for two or more 12-month periods. Respondents are strongly encouraged to carefully read the entire solicitation package. Respondents may partner with a broker, but proposals must be submitted by the Respondent insurer. The total annualized dental insurance premiums for 2020 is estimated to be \$440,000 (includes contributions from the District, active employees, COBRA participants, and retirees – 477 subscribers and 697 dependents).

Special accommodations for disabilities may be requested through Alan Weaver, Sr. Procurement Specialist, at (386) 329-4271 or by calling (800) 955-8771 (TTY), at least five business days before the date needed.

The District’s Evaluation Committee will meet at District headquarters at 4049 Reid Street, Palatka, Florida 32177-2571, to evaluate and rank Proposals as follows:

- 10:00 a.m., May 1, 2019, to
 - Review the evaluation criteria and responsibilities of the evaluators
- 10:00 a.m. and 2:00 p.m., on May 21, 2019, to
 - Discuss and review the preliminary findings of the District’s Insurance Consultant
 - Discuss, evaluate and rank the written Proposals for the dental plan designs to determine a shortlist of Respondents to proceed to the oral presentations and negotiation phase of the solicitation process
 - Discuss negotiation strategies
- 9:00 a.m., May 29, 2019 to
 - Hear oral presentations and conduct negotiations with Respondents:
 - Each Respondent will be assigned a designated meeting time, established by lot
 - Shortlisted Respondents will provide oral presentations, demonstrate their technical capabilities and participate in negotiations with the District for the dental plan designs (a projector will be available for the Respondents)
 - All aspects of the proposal, agreement and premiums are subject to negotiation
 - Additional meetings may be scheduled to conclude negotiations, if necessary

- 2:00 p.m., June 3, 2019
 - Receive Respondents best-and-final offers for dental plan designs
- 3:00 p.m., June 3, 2019
 - Review and rank Best-and-final offers for the dental plans and decide which of the plans best meets the needs of the District
 - Once all offers are considered and the Committee has reached a decision, all Respondents will be notified in writing of the Committee's intended recommendation of a dental plan design to the Governing Board for consideration

Exhibits accompanying this solicitation are as follows:

- Exhibit 1 — Dental Questionnaire and Plan Comparison.xlsx (separate Excel® File):
 - Questionnaire – Dental Insurance
 - Plan Design – Dental
 - Plan Design – Explanation
 - Rate Exhibit – Dental
 - GeoAccess
 - Top Dentists – Provider Disruption
 - Explanation
 - Officer Certification
- Exhibit 2 — BlueDental Choice Benefit Summary.pdf
- Exhibit 3 — BlueDental Plan Rollover.pdf
- Exhibit 4 — Dental Premium Rates with Cost Share 2019.pdf
- Exhibit 5 — Dental Claims Paid January 2017 to Feb 2019.xlsx (separate Excel® File)
- Exhibit 6 — Census.xlsx (Active, Retirees, and COBRA) (separate Excel® File)

Special accommodations for disabilities may be requested through Alan Weaver, or by calling (800) 955-8771 (TTY), at least five business days before the date needed.

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INSTRUCTIONS TO RESPONDENTS

1. DEFINITIONS

The definitions of capitalized terms used in this solicitation that are not otherwise defined herein can be found in the sample contract document (the “Agreement”) that is at the end of these instructions. The Agreement includes these Instructions to Respondents, any addenda published by the District, the proposal provided by Respondent (the “Proposal”), and all required certifications and affidavits.

2. CONTRACT ADMINISTRATION

All inquiries related to this solicitation may only be directed to the Procurement Specialist:

Alan Weaver, Sr. Procurement Specialist
 Phone: (386) 329-4271
 Fax: (386) 329-4546
 Email: aweaver@sjrwmd.com

Between the release of this solicitation and the posting of the notice of intended decision, Respondents to this solicitation or persons acting on their behalf may not contact any employee or officer of the District concerning any aspect of this solicitation, except the procurement employee listed above. Violation of this provision is grounds for rejecting a response.

3. WHERE TO DELIVER PROPOSALS

The Proposal must be submitted in a sealed envelope to:

Alan Weaver, Sr. Procurement Specialist
 Attn: Office of Financial Services
 St. Johns River Water Management District
 4049 Reid St, Palatka, FL 32177-2571

Respondents must clearly label the Proposal envelope with **large bold, and/or colored lettering (place label on inner envelope if double sealed)** as follows:

SEALED PROPOSAL — DO NOT OPEN
 Respondent’s Name: _____
 Invitation to Negotiate: 34352
 Opening Time: 2:00 p.m.
 Opening Date: May 8, 2019

Please note that the United States Postal Service does not deliver regular mail or express mail to the above address. The District’s experience is that Federal Express and United Parcel Service will.

4. OPENING OF PROPOSALS

Respondents or their authorized agents are invited to attend the opening of the Proposals at the following time and place:

2:00 p.m., May 8, 2019
 St. Johns River Water Management District Headquarters
 4049 Reid Street, Palatka, Florida 32177-2571

The Florida Public Records Act, §119.071(1)(b), Fla. Stat., exempts sealed Proposals from inspection and copying until such time as the District provides notice of an intended decision pursuant to §120.57(3)(a), Fla. Stat., or until 30 days after opening of bids, proposals, submittals, or final replies, whichever is earlier. This exemption is not waived by the public opening of the Proposals.

This solicitation is subject to Florida's Public Records Laws and the exemptions there to, including provisions regarding confidential and trade secret records. Respondent is responsible for identifying confidential or trade secret information as such upon submittal to the District.

Unless otherwise exempt, Respondent's Proposal, including recorded oral presentations and presentation materials, is a public record subject to disclosure. If any information submitted with the Proposal is confidential under Florida's Public Records law or a trade secret as defined in §812.081, Fla. Stat., and exempt from disclosure pursuant to §815.04, Fla. Stat., Respondent must clearly identify any such material as "CONFIDENTIAL" or "CONFIDENTIAL TRADE SECRET" in its Proposal AND explain the statutory basis for such exemption. Placing "Confidential" or "Confidential, Trade Secret" in the header or footer of a page is NOT sufficient to identify what material Respondent believes to be confidential or trade secret, nor does it explain the basis for such exemption. The District reserves the right, in its sole judgment and discretion, to reject a Proposal for excessive or unwarranted assertion of confidentiality or trade secret confidentiality and return the Proposal to Respondent.

Notwithstanding any other provision hereof, the District shall not be liable to Respondent for release of confidential or trade secret information not identified as such upon submittal. If the District receives a public records request that requests information claimed to be confidential or trade secret by Respondent, the District shall take such steps as are necessary to comply with chapter 119, Fla. Stat., while protecting the confidential or trade secret information. In the event of a dispute as to whether the requested information is confidential or a trade secret, Respondent shall be liable for all costs incurred by the District resulting from the dispute, including any court costs and attorney's fees. The calculation of those costs shall not include costs that are charged to the public records requestor.

5. PREPARATION AND ORGANIZATION OF PROPOSAL DOCUMENTS

Respondent must submit its Proposal in "digital" format. Instructions for submitting are provided below.

- a. Respondent must follow all procedures for electronic submission or the Respondent's Proposal may be determined as "non-responsive" and rejected.
- b. All of the forms in the Invitation to Negotiate package are available upon request in Microsoft® Word to aid the Respondent in submitting its Proposal in electronic format.
- c. Complete the forms and questionnaires listed below, which are located on the pages noted (responses to the forms and questionnaires can be submitted on reproduced copies).
- d. *Forms included in this document*: Respondents must submit the fully completed documents by converting or scanning any paper forms to PDF format.
- e. *Questionnaires and all other information requested in Exhibit 1*: Respondent must submit completed questionnaires and all other information requested in Exhibit 1 in an Excel file format (.xls or .xlsx).
- f. *Sample policies, reports, communication materials*: Sample policies, reports, or communication materials, or other similar materials may be included in pdf format.
- g. All electronically submitted files shall be saved to a flash/thumb drive. The flash/thumb drives **MUST** be placed in a sealed envelope pursuant to the instructions under Item 3 for sealed responses – **DO**

NOT SUBMIT YOUR RESPONSE BY E-MAIL — THIS WILL RESULT IN THE SUBMITTAL BEING REJECTED AS NON-RESPONSIVE.

- h. Number of Flash/Thumb Drives: Submit an electronic copy of its proposal and completed exhibits on two separate flash/thumb drives.
- i. On each flash drive, Respondents shall use the following procedures for proposal content organization and file naming conventions:

Subfolder: Introductory Materials (file name: ITN 34352 Proposer Name Introduction)

1. Title page – Include the ITN subject and number, the name of the Proposer’s firm, address, telephone and fax numbers, email address, tax identification number, name of contact person(s) and the date submitted.
2. Table of contents – Include a clear identification of the materials submitted by name and subfolder location.

Subfolder: Exhibit 1 (file name: ITN 34352 Proposer Name Exhibit 1)

1. Completed Exhibit 1 Excel spreadsheet (must be provided in Excel file format)
2. Any specimen materials submitted in response to Exhibit 1 Questionnaire

Subfolder: Tab 1 Organization, Experience and Qualifications (file name: ITN 34352 Proposer Name Tab 1)

NOTE: Respondents providing dental insurance coverage must complete and include all forms in their proposals.

1. Certificate as to Corporation Form (page 19)
 - a. Affidavit as to Non-Collusion and Certification of Material Conformance with Specifications (page 20)
 - b. Qualifications — General (page 21)
 - c. Qualifications — Similar Public- or Private-Entity Dental Insurance Plans (page 22)
 - d. Qualifications — Public- or Private-Entity Dental Insurance Client References (page 24)
 - e. Licenses
 - f. Independent confirmation of financial rating for the 24 months immediately preceding the deadline for the receipt of proposals
 - g. Financial statements covering the last two fiscal years (please state if publicly available)

Subfolder: Tab 2 Customer Service and Technicsl Capabilities (file name: ITN 34352 Proposer Name Tab 2)

1. Any supplemental materials regarding Customer Service and Technological Capabilities the Respondent wishes to provide.
2. Any supplemental materials regarding Internet Capability Respondent wishes to provide relative to the following:

Subfolder: Tab 3 Plan Construction: Network Pricing, Cost Containment and Management Strategies (file name: ITN 34352 Proposer Name Tab 3)

1. Contract/Policy Documents and Program Implementation Schedule (page 23)

2. Any supplemental material regarding:
 - a. Cost auditing procedures and billing error incentives
 - b. Cost containment, reduction or avoidance strategies
 - c. Network aggregation
 - d. Insurance Terms and Conditions
 - e. Specimen Policies, Contracts for Services and Monthly Billing Statement
 - f. Documentation on participating contract option(s)

Subfolder: Tab 4 Cost (file name: ITN 34352 Proposer Name Tab 4)

1. Proposal and Addenda Acknowledgement Form (page 16)
2. Cost Schedule (pages 17 – 18)
3. Proposed cost data, including rate structures and a summary of monthly premiums per plan for the following:
 - **Plan Design — Benefits Plan based on the current employee and dependent dental benefits plan.** Any deviations from current plan design must be noted in Exhibit 1.

Subfolder: Tab 5 Additional Information (Information included under this tab will not receive a score) (file name: ITN 34352 Proposer Name Tab 5)

1. Standard brochures and specifications may be submitted as additional material but shall not be submitted as the dental qualification data.
2. Respondents may suggest additional services, which in their opinion, would be in the best interest of the District. The Respondent should also present such services, if any, for discussion during the negotiation phase of the solicitation process.

The Respondent is encouraged to include as much pertinent data and information under each section as necessary to ensure proper evaluation of the qualifications. Each section shall be evaluated separately on its own merit.

If you need assistance or have any questions about the format, please email or call Alan Weaver at aweaver@sjrwmd.com or (386) 329-4271.

In the event you decline to submit a Proposal, the District would appreciate submittal of the “No Response Form” provided at the end of the “FORMS” section to describe the reason for not submitting a Proposal.

6. ADHERENCE TO PLAN DESIGN

Dental Plan Designs are equivalent to the current dental insurance program benefits and services outlined in the documents and attachments hereto, which is a traditional dental benefits plan. The **Dental Plan Design** requirements, terms and conditions are stated herein. Details of the current “plan design” are provided in **Exhibits 1, 2, and 3**. The District will assume that the **Dental Plan Design** meets or exceeds those benefits outlined in **Exhibits 1, 2, and 3**. If a service requirement of the **Dental Plan Design** cannot be met by the Respondent, then the phrase “**Not Available**” should be entered in **Exhibit 1 — Dental Questionnaire and Plan Comparison** for that requirement. In the case of a “Not Available” remark, the Respondent may offer an alternative.

Respondents are advised to clearly state all deviations, if any, from the Dental Plan Design in Exhibit 1. All things being otherwise equal, those Respondents whose proposals are more fully compliant with the stated requirements, terms and conditions will receive higher evaluation scores.

7. INQUIRIES AND ADDENDA

District staff are not authorized to orally interpret the meaning of the specifications or other Agreement documents, or correct any apparent ambiguity, inconsistency, or error therein. In order to be binding upon the District, the interpretation or correction must be given by the Procurement Specialist and must be in writing. The Procurement Specialist may orally explain the District's procedures and assist Respondents in referring to any applicable provision in the Invitation to Negotiate documents, but the Respondent is ultimately responsible for submitting the Proposal in the appropriate form and in accordance with written procedures.

Every request for a written interpretation or correction must be received at least nine days prior to opening of Proposals in order to be considered. Requests may be submitted by fax at (386) 329-4546 or by email at aweaver@sjrwmd.com. Interpretations, corrections, and supplemental instructions will be communicated by written addenda to this solicitation posted by Onvia DemandStar and Vendor Registry to all prospective Respondents (at the respective addresses furnished for such purposes) no later than five days before the opening of Proposals.

Submission of a Proposal constitutes acknowledgment of receipt of all addenda. Proposals will be construed as though all addenda had been received. Failure of the Respondent to receive any addenda does not relieve Respondent from any and all obligations under the Proposal, as submitted. All addenda become part of the Agreement.

8. MINIMUM QUALIFICATIONS

Respondent must use the "Qualification" forms (General, Similar Engagements, and Client References) provided in these documents to document the minimum qualifications listed below. Failure to include these forms with the Proposal may be considered non-responsive.

- a. Respondent must be providing ongoing dental insurance plans to at least two similar-sized public or private entities located in Florida (minimum of 400 employees and 700 dependents) for at least the three years immediately preceding the deadline for receipt of proposals.
(District-provided form: *Similar Public- or Private-Entity Dental Insurance Plans*)
- b. Respondent must have an established network of dental-care providers that can provide services to the District's employees.
(District-provided form: *Exhibit 1 — Dental Questionnaire and Plan Comparison.xlsx*)
- c. A rating of at least "A-" by a financial rating service (i.e., A.M. Best).
(Respondent-provided documentation)
- d. Respondent and its representatives must meet **all** licensing requirements necessary to conduct business in the state of Florida with regard to the services requested herein (include copies of all licenses and certifications).
(Respondent-provided documentation)
- e. Respondent must provide three public- or private-entity client references that the District may contact who utilize the Respondent's dental programs. Provide the name of the employer, number of employees, address and telephone number, and a contact person and title. Client references must be similar-sized public or private entities in response to sub-paragraph (a), above. The St. Johns River Water Management District cannot be used as a client reference.
(District-provided form: *Public- or Private-Entity Dental Insurance Client References*)
- f. Respondent must provide contact information for the last public entity that left the Respondent's dental plan outlining the reason(s) for leaving.
(Respondent-provided documentation)

- g. Respondents are required to include a Program Implementation Schedule with proposed dates that would provide the specified results and outcomes for the District's plan year beginning January 1, 2020, including open enrollment expectations.

(Respondent-provided documentation, see District-provided document on page 23 for additional information concerning this minimum qualification requirement)

- h. Respondent's proposal must allow for participation by all individuals eligible under the District's current dental insurance coverage.

(Respondent-provided documentation)

Irrespective of the minimum qualifications stated above, the District may make such investigations as it deems necessary to determine the ability of the Respondent to perform the Work. The District reserves the right to reject any Proposal if the evidence submitted by such Respondent and/or the District's independent investigation of such Respondent fails to satisfy the District that such Respondent is properly qualified to carry out the obligations of the Agreement and complete the Work in a manner acceptable to the District within the time period specified.

9. PROPOSAL GUARANTY

For the purposes of this Proposal, a Proposal guaranty is not required.

10. SUBCONTRACTS

Respondent must identify all portions of the Work Respondent intends to perform through subcontractors for each portion of the Work exceeding ten percent of the Work on the attached "Proposed Subcontractors" form. Respondent must submit with its Proposal a list of all known subcontractors who will participate in more than ten percent of the Work. Acceptance of the Proposal does not constitute approval of the subcontractors identified with the Proposal.

11. SIGNATURE AND CERTIFICATION REQUIREMENTS

An individual submitting a Proposal must sign his/her name therein and state his/her address and the name and address of every other person interested in the Proposal as principal. If a firm or partnership submits the Proposal, state the name and address of each member of the firm or partnership. If a corporation submits the Proposal, an authorized officer or agent must sign the Proposal, subscribing the name of the corporation with his or her own name and affixing the corporate seal. Such officer or agent must also provide the name of the state under which the corporation is chartered, and the names and business addresses of the President, Secretary, and Treasurer. Corporations chartered in states other than Florida must submit evidence of registration with the Florida Secretary of State for doing business in the State of Florida. Respondent must certify that all persons or entities having an interest as principal in the Proposal or in substantial performance of the Work have been identified in the Proposal forms.

12. DISQUALIFICATION OF RESPONDENTS

Any of the following causes will be considered as sufficient grounds for disqualification of a Respondent and rejection of the Proposal:

- a. Contacting a District employee or officer other than the procurement employee named in this solicitation about any aspect of this solicitation before the notice of intended decision is posted.
- b. Submission of more than one Proposal for the same subject matter by an individual, firm, partnership, or corporation under the same or different names;
- c. Evidence of collusion among Respondents;
- d. Submission of materially false information with the Proposal;

- e. Information gained through checking of references or other sources which indicates that Respondent may not successfully perform the Work;
- f. Respondent is failing to adequately perform on any existing contract with the District;
- g. Respondent has defaulted on a previous contract with the District;
- h. The evidence submitted by Respondent, or the District's investigation of Respondent, fails to satisfy the District that Respondent is properly qualified to carry out the obligations of the Agreement in a manner acceptable to the District and within the time period specified;
- i. Any other cause that is sufficient to raise doubt regarding the ability of a Respondent to perform the Work in a manner that meets the District's objectives for the Work.

13. EVALUATION AND AWARD PROCEDURES

- a. Proposals will be evaluated by a staff Evaluation Committee (the "Committee") based upon the criteria and weighting set forth in "EVALUATION CRITERIA" to determine the shortlist of respondents for the oral presentations and negotiation phase of the solicitation process, as well as the final rankings, inclusive of the Best-and-Final offers. Respondents may be invited to present and negotiate on the *Dental Plan* designs. The Committee members will meet at District headquarters or other location as appropriate to discuss the Proposals and their individual evaluations. Each Committee member will complete evaluation forms for the dental plan design, from which the overall rankings of the written Proposal and plan design will be compiled. Evaluation forms may be submitted at or subsequent to the Evaluation Committee meeting. The Evaluation Committee may utilize the expertise of a benefits consultant in evaluating the proposal and plan design.
- b. Each shortlisted Respondent will make an oral presentation to the Evaluation Committee for the *Dental Plan* designs for which the Respondent is shortlisted. The Evaluation Committee will score each oral presentation using the same criteria used to score the written proposals. Immediately following the oral presentation(s), the District will enter negotiations with the Respondent. **Following negotiations, each Respondent will submit Best-and-Final offers for the *Dental Plan* Designs to the District.**
- c. Section 286.0113, Fla. Stat., exempts from being open to the public, any portion of a meeting at which: (1) a negotiation with a Respondent is conducted pursuant to a competitive solicitation; (2) a Respondent makes an oral presentation as part of a competitive solicitation; (3) a Respondent answers questions as part of a competitive solicitation; or (4) negotiation strategies are discussed. Also, recordings of, and any records presented at, the exempt meeting are exempt from §119.07(1) and §24(a), Art. I of the State Constitution (Public Records) until such time as the District provides notice of an intended decision or until 30 days after opening the bids, proposals, submittals, or final replies, whichever occurs earlier. A complete recording shall be made of any portion of an exempt meeting. No portion of the exempt meeting may be held off the record.
- d. Pursuant to §286.0113 Fla. Stat., if the District rejects all Proposals and concurrently provides notice of its intent to reissue the competitive solicitation, the recording and any records presented at any exempt meeting shall remain exempt from §119.07(1) and §24(a), Art. I of the State Constitution (Public Records) until such time as the District provides notice of an intended decision concerning the reissued competitive solicitation or until the District withdraws the reissued competitive solicitation. A recording and any records presented at an exempt meeting are not exempt for longer than 12 months after the initial District notice rejecting all Proposals.
- e. Following the evaluation process, contract negotiations will commence with the Respondent submitting the highest-ranked Proposal. If negotiations fail with the highest-ranked Respondent, negotiations will proceed with the next highest-ranked Respondent, and so forth.

- f. Following the evaluation process, the District will submit the final ranking of Submittals to the Governing Board for approval, except for those instances in which the authority to approve and execute the Agreement has been delegated by the Governing Board to the Executive Director, or designee. All Respondents will be notified in writing of the evaluation committee's final ranking of Submittals.
- g. The committee will meet to evaluate and rank the Proposals in the location(s), time(s) and date(s), stated at the beginning of this Request for Proposals package.
- h. The Agreement will be awarded to the Respondent having the highest ranked Proposal, which successfully concludes negotiations with the District (the "Successful Respondent"). The Agreement may be modified based on the District's acceptance of any alternatives listed in the Proposal that the District deems in its best interest.
- i. If two or more Proposals are equal in all respects, the Agreement will be awarded as follows: (1) to the Respondent that certifies compliance with §287.087, Fla. Stat., via the Drug-Free Workplace Form; (2) to a Respondent university in the State University System pursuant to §373.63, Fla. Stat.; or (3) by lot.
- j. In the event the Successful Respondent fails to enter into the Agreement or the Agreement with said Respondent is terminated within 90 days of the effective date, the District reserves the right to negotiate with the other respondents in ranked order, if available, and award an Agreement.
- k. All Respondents will be notified of the District's intent to award or decision to award the Agreement. For the purpose of filing a protest under §120.57(3), Fla. Stat., the time period will commence as provided in "NOTICES AND SERVICES THEREOF."

14. EVALUATION CRITERIA

The District's Evaluation Committee will evaluate the dental plan design using the evaluation criteria on the subsequent pages (failure by the Respondent to include the required information may result in the Proposal being considered non-responsive or may receive a correspondingly low score pursuant to the Evaluation Rating Scale):

The District will use the following scoring matrices to determine the shortlist of respondents for the oral presentations and negotiation phase of the solicitation process, as well as the final rankings inclusive of the Best-and-Final offers.

1. Determine Shortlist of Respondents – Initial Ranking
 - a. The Committee will use the total weighted score for Criteria Items 1 – 5 of the "Written Proposal & Plan Cost" to determine a shortlist of respondents that will advance to the oral presentation and negotiation phase of the solicitation process.
 - b. The Committee may opt to invite all dental insurance plan respondents to the oral presentations and negotiations phase of the solicitation process.
2. Determine Final Ranking of Respondents
 - a. The District will re-evaluate the Respondents after the oral presentations phase of the solicitation process to determine a final score for each Respondent. The total weighted composite score for Criteria Items 1 – 5 of the "Written Proposal, Oral Presentation & Best-and-Final Offer (BAFO)" will be used to determine the final ranking of respondents for the Dental plan design. The final composite score may be higher or lower than the initial score for the "Written Proposal & Plan Cost."

Responses shall include information or documentation regarding, and will be evaluated using, the evaluation criteria set forth below. The evaluation rating scale is as follows:

More than adequate.....8 – 10 Less than adequate 1 – 4
 Adequate.....5 – 7 Not covered in submittal 0

Criteria	Weight	Written Proposal & Plan Cost		Written Proposal, Oral Presentations & BAFO	
		Raw Score	Weighted Score	Raw Score	Weighted Score
1 Organization, Experience and Qualifications a) Knowledge of subject b) Past performance c) Ability to meet needs and perform work d) List of all similarly-sized plans currently operating in Florida e) Public Entity References f) Financial Information	.05				
2 Customer Service and Technology Capabilities a) Customer Service Center b) Customer Relations c) Accounts Installation Team Access d) Electronic enrollment file capability e) Internet tools and resources f) Benefit information aids g) Dental provider information aids h) Claims and administration process	.05				
3 Network Access (All scores will be rounded to the nearest "tenth.") a) GeoAccess Capability – Dental – 60% (The Respondent with the greatest percentage of "District Employees Meeting Access Standard" will receive a GeoAccess score of 10. All other responses will be scored proportionately using the following formula: Divide the highest percentage into the second highest percentage and multiply by 10 to determine the GeoAccess score; then into the third highest, and so forth. All scores will be rounded to the nearest "tenth." The Respondent's score will then be multiplied by 60% to determine the weighted raw score for this item.) b) Top Dental Provider Network Utilization – 40% (The Respondent with the greatest number of providers from the "Dental Providers Utilization" will receive a GeoUtilization score of 10. All other responses will be scored proportionately using the following formula: Divide the highest total into the second highest total and multiply by 10 to determine the GeoAccess score; then into the third highest, and so forth. The Respondent's score will then be multiplied by 40% to determine the weighted raw score.)	.20				
4 Plan Construction: Cost Containment and Management Strategies a) Plan Comparison b) Plan Design Deviations (<i>Negative Impact</i>) c) Wellness and Disease Management Programs d) Cost auditing procedures and billing error incentives e) Cost containment, reduction or avoidance strategies f) Claim reporting capabilities g) Network pricing and aggregation h) Insurance Terms and Conditions i) Specimen Policies, Contracts for Services and Monthly Billing Statement j) Implementation Schedule	.20				
5 Cost Score The Respondent whose proposed cost is the lowest will receive a Plan Design Cost Score of 10. All other responses will be scored proportionately using the following formula: Multiply the lowest proposed amount by 10, divide that amount by the next lowest amount to determine the Plan Design Cost Score, and so forth.	.45				
TOTALS	1.00				

15. EXECUTION OF AGREEMENT

Submittal of a Proposal binds the Successful Respondent to perform the Work upon acceptance of the Proposal and execution of the Agreement by the District.

Unless all Proposals are rejected, a contract substantially in the form included in these documents will be provided to the Successful Respondent, who must execute and return the Agreement to the District within ten days of the date of receipt, along with the following:

- a. A completed Internal Revenue Service Form W-9;
- b. Satisfactory evidence of all required insurance coverage;
- c. Proof satisfactory to the District of the authority of the person or persons executing the Agreement on behalf of Respondent;
- d. All other information and documentation required by the Agreement.

The District will not execute the Agreement until the above documents have been executed and delivered to the District. The Agreement will not be binding until executed by the District. A copy of the fully executed Agreement will be delivered to the Successful Respondent. The District reserves the right to cancel award of the Agreement without liability at any time before the Agreement has been fully executed by all parties and delivered to the Successful Respondent.

Failure upon the part of the Successful Respondent to execute the Agreement or timely submit the required evidence of insurance coverage, or any other matter required by the Agreement, will be just cause, if the District so elects, for the recommended award to be annulled. In such event, the District will be entitled to the full amount of the Proposal guaranty, not as a penalty, but in liquidation of and compensation for damages sustained.

16. REJECTION OF PROPOSAL

Proposals must be delivered to the specified location and received before the Proposal opening in order to be considered. Untimely Proposals will be returned to the Respondent unopened. Proposals will be considered irregular and may be rejected if they show material omissions, alterations of form, additions not called for, conditions, limitations, or other material irregularities. The District may consider incomplete any Proposal not prepared and submitted in accordance with the provisions specified herein, and reserves the right to waive any minor deviations or irregularities in an otherwise valid Proposal.

The District reserves the right to reject any and all Proposals and cancel this request for qualifications when it determines, in its sole judgment and discretion, that it is not in its best interest to award the agreement. This includes, but is not limited to, the District's right to reject all Proposals if subsequent negotiations with qualified Respondents result in cost determined, in the District's sole judgement and discretion, to be unacceptable.

17. WITHDRAWAL OF PROPOSAL

Respondent may withdraw its Proposal if it submits such a written request to the District prior to the designated date and hour of opening of Proposals. Respondent may be permitted to withdraw its Proposal no later than 72 hours after the Proposal opening for good cause, as determined by the District in its sole judgment and discretion.

18. EXAMINATION OF DOCUMENTS AND WORK AREA

Respondent is solely responsible for being fully informed of the conditions under which the Work is to be performed in relation to existing conditions. Respondent is responsible for carefully examining the general area of the Work, the requirements of the drawings and other contract documents related to the Work, the time in which the Work must be completed, and any other details of the Work. Respondent must satisfy itself from its own personal knowledge and experience or professional advice as to the character of the Work, the conditions and materials to be encountered, the character, quality, and quantities of the Work, and any other conditions affecting the Work, including surrounding land.

Failure to satisfy the obligations of this paragraph will not relieve a Successful Respondent of its obligation to furnish all material, equipment, and labor necessary to perform the Agreement and to complete the Work for the consideration set forth in its . Any such failure will not be sufficient cause to submit a claim for additional compensation.

No verbal agreement or conversation with any District officer, agent or employee, either before or after the execution of the Agreement, will affect or modify any of its terms.

19. DIVERSITY

The District is committed to the opportunity for diversity in the award and performance of all procurement activities. The District encourages its Prime Respondents to make a good faith effort to ensure that women and minority-owned business enterprises (W/MBE) are given the opportunity for maximum participation as second and lower tier participants. The District will assist Respondents by sharing information on W/MBEs to encourage their participation.

20. FLORIDA SALES TAX

The District is exempt from payment of State of Florida sales tax pursuant to §212.08(6), Fla. Stat. Any tangible personal property that is the subject of this Invitation to Negotiate is intended to remain tangible personal property and not become part of a public work owned by the District.

21. PUBLIC ENTITY CRIMES/DISCRIMINATORY VENDORS

In accordance with §287.133 and §287.134, Fla. Stat., a person or affiliate who has been placed on the convicted or discriminatory vendor lists following a conviction for a public entity crime or placement on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in §287.017 for CATEGORY TWO (\$35,000) for a period of 36 months following the date of being placed on the convicted or discriminatory vendor lists.

22. USE BY OTHER FLORIDA GOVERNMENTAL ENTITIES

Respondent may provide services to other State of Florida governmental entities pursuant to the terms and conditions of the Agreement. These governmental entities include other water management districts, state of Florida agencies (including members of the state university system and community college system), counties, school boards, municipalities, special districts, and other local public agencies or authorities. References to the St. Johns River Water Management District in the Agreement will be replaced with the purchasing entity and the District will not be a party to any other governmental entity's agreement to purchase. Nor will the District be responsible for payment for any goods or services delivered or performed for any other governmental entity that utilizes Respondent pursuant to this paragraph.

23. NOTICES AND SERVICES THEREOF

The District will publish notice of specifications and criteria, including addenda, intended agency decisions, or other matters pertinent to this solicitation on Onvia DemandStar at *DemandStar.com* and Vendor Registry at *vendorregistry.com*. Onvia DemandStar and Vendor Registry may also be accessed through the District's web site at *sjrwm.com*. In addition, the District will post notices of intended agency decisions at the District's headquarters, 4049 Reid Street, Palatka, Florida, Administration Building, Procurement Bulletin Board, on the date the publication is posted on Onvia DemandStar.

Notices that are posted on Onvia DemandStar and Vendor Registry are deemed received at 8:00 a.m. on the next business day following the date posted. Notices that are posted at the District's Procurement Bulletin Board are deemed received at 8:00 a.m. on the next business day following the date of posting. Notices will be posted for a minimum of 72 hours following the time at which they are deemed received. The time period for filing a Notice of Protest pursuant to §120.57(3), Fla. Stat., and Rule 28-110.003, Fla. Admin. Code, commences at the time notices are deemed received.

As a courtesy to Respondents, the District may send copies of the notices of intended agency decisions via email or facsimile to Respondent. These courtesy communications neither constitute official notice nor vary the times of receipt set forth above.

24. PROTEST PROCEDURES

Pursuant to §120.57(3), Fla. Stat., and Rule 28-110.003, Fla. Admin. Code, any person adversely affected by the procurement methodology described herein, or the specifications or criteria, including addenda, must file a Notice of Protest within 72 hours after receipt of the solicitation documents or addenda.

Pursuant to §120.57(3), Fla. Stat., and Rule 28-110.003, Fla. Admin. Code, any person adversely affected by a District decision or intended decision to award a contract, or to reject all bids, proposals, or qualifications, must file a Notice of Protest within 72 hours after receipt of the decision or intended decision. Pursuant to §120.57(3), Fla. Stat., and Rule 28-110.004, Fla. Admin. Code, the protester must also file with the District Clerk a Formal Written Protest within ten days after the date the Notice of Protest is filed with the District. The Formal Written Protest must state with particularity the facts and law upon which the protest is based. Pursuant to §287.042(2)(c), Fla. Stat., any person who files an action protesting the decision or intended decision must post with the District Clerk at the time of filing the formal written protest a bond, cashier's check, or money order made payable to the St. Johns River Water Management District in an amount equal to one percent (1%) of the estimated contract amount.

No additional time will be added for mailing. All filings must comply with Rule 28-106.104, Fla. Admin. Code, and must be addressed to and received by the District Clerk at the District Headquarters in Palatka, Florida within the prescribed time periods. The District will not accept as filed any electronically transmitted facsimile pleadings, petitions, Notice of Protest or other documents. Failure to file a protest within the time prescribed in §120.57(3), Fla. Stat., or failure to post the bond or other security required by law within the time allowed for filing a bond will constitute a waiver of proceedings under chapter 120, Fla. Stat. Mediation under §120.573, Fla. Stat., is not available.

FORMS

PROPOSAL FORM

Include this form in the response

RESPONDENT:

The undersigned, as Respondent, hereby declares and certifies that the only person(s) or entities interested in this proposal as principal(s), or as persons or entities who are not principal(s) of the Respondent but are substantially involved in performance of the Work, is or are named herein, and that no person other than herein mentioned has any interest in this proposal or in the Agreement to be entered into; that this proposal is made without connection with any other person, company, or parties making a proposal; and that this proposal is in all respects fair and in good faith without collusion or fraud.

Respondent represents to the District that, except as may be disclosed in an addendum hereto, no officer, employee or agent of the District has any interest, either directly or indirectly, in the business of Respondent to be conducted under the Agreement, and that no such person shall have any such interest at any time during the term of the Agreement, should it be awarded to Respondent.

Respondent further declares that it has examined the Agreement and informed itself fully in regard to all conditions pertaining to this solicitation; it has examined the specifications for the Work and any other Agreement documents relative thereto; it has read all of the addenda furnished prior to the proposal opening, as acknowledged below; and has otherwise satisfied itself that it is fully informed relative to the Work to be performed.

Respondent agrees that if its proposal is accepted, Respondent shall contract with the District in the form of the attached Agreement, and shall furnish everything necessary to complete the Work in accordance with the time for completion specified in the Agreement, and shall furnish the required evidence of the specified insurance.

Acknowledgment is hereby made of the following addenda (identified by number) received:

Addendum No.	Date	Addendum No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Respondent (firm name) _____
Date

Address

Email address

Signature _____
Telephone number

Typed name and title _____
Fax number

COST SCHEDULE

Include this form in the response

Proposal to be opened at 2:00 p.m., May 8, 2019.

To: ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Respondents must complete the Proposal Forms and fill in all appropriate blanks. Proposals may not be accepted on Proposal Forms that have been re-typed or altered by the Respondent. Supplemental information may be attached to the Proposal Forms.

In accordance with the advertisement requesting Proposals for the dental insurance plan designs for District employees and dependents, the undersigned insurer warrants that it has a certificate of authority to provide insurance in Florida and proposes to provide the services for the price contained in the following schedule (fill in all blanks).

Respondents are reminded to refer to "PREPARATION AND ORGANIZATION OF PROPOSAL DOCUMENTS" for information to be included with the proposal package.

Negotiated prices, terms and conditions will remain firm through the **initial policy/contract period of January 1, 2020 through December 31, 2020** and will be negotiable thereafter (January 1 – December 31 of each of the following two or more years).

Pursuant to §287.084(2) Fla. Stat., a vendor whose principal place of business is outside the State of Florida must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts.

I HEREBY ACKNOWLEDGE, as Respondent's authorized representative, that I have fully read and understand all terms and conditions as set forth in this proposal and upon award of such proposal, shall fully comply with such terms and conditions.

Date

Respondent (firm name)

Address

E-mail address

Signature

Telephone number

Typed name and title

Fax number

COST SCHEDULE (Continued)

This form to be completed and included in Proposal submittal under the “Tab 6” subfolder

Dental Benefits Plan: Base the program costs on the current employee and dependent dental benefits plans.

NOTES:

1. The District will multiply the unit rates below by the number of employees and employees with dependents currently participating in the various plans to determine an Annualized Total Premium Amount that will be used in computing the cost score.⁽¹⁾
2. State the combined District and Employee premium cost in the space provided.

Equivalent to current Dental Plan

➤ ***Dental Befits Plan: two-tier option (the District will determine percentage employee will pay):***

- Employee \$ _____
- Employee with Family \$ _____

⁽¹⁾ *The Annualized Total Premium Amount will be based on the enrollment data from the census file (Exhibit 6). The actual annualized premium amounts for all employees may vary depending on actual enrollment by employees, and the inclusion of their dependents.*

ADDITIVE ITEMS (These items will not be included in the Plan Design Option Cost Scores)

1. COBRA Administration — provide cost details in proposal or indicate “no charge” if provided at no additional cost.

CERTIFICATE AS TO CORPORATION

Include this form in the response

The below Corporation is organized under the laws of the State of _____; is authorized by law to respond to this Invitation to Negotiate and perform all work and furnish materials and equipment required under the Agreement, and is authorized to do business in the state of Florida.

Corporation name: _____

Address: _____

Registration No.: _____

Registered Agent: _____

By: _____

(Official title)

(Affix corporate seal)

Attest: _____

(Secretary)

The full names and business or residence addresses of persons or firms interested in the foregoing proposal as principals or officers of Respondent are as follows (specifically include the President, Secretary, and Treasurer and state the corporate office held of all other individuals listed):

Identify any parent, subsidiary, or sister corporations involving the same or substantially the same officers and directors that will or may be involved in performance of the Project, and provide the same information requested above on a photocopy of this form.

If applicable, attach a copy of a certificate to do business in the state of Florida, or a copy of the application that has been accepted by the state of Florida to do business in the state of Florida, for the Respondent and/or all out-of-state corporations that are listed pursuant to this form.

AFFIDAVIT AS TO NON-COLLUSION AND CERTIFICATION OF MATERIAL CONFORMANCE WITH SPECIFICATIONS

Include this form in the response

STATE OF _____

COUNTY OF _____

I, the undersigned, _____ being first duly sworn, depose and say that:

1. I am the owner or duly authorized officer, representative, or agent of:

_____ the Respondent that has submitted the attached proposal.

2. The attached proposal is genuine. It is not a collusive or sham proposal.

3. I am fully informed respecting the preparation and contents of, and knowledgeable of all pertinent circumstances respecting the attached proposal.

4. Neither Respondent nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham proposal in connection with the Agreement for which the attached proposal has been submitted, or to refrain from proposing in connection with such Agreement, or has in any manner, directly or indirectly, sought by agreement, collusion, communication, or conference with any other Respondent, firm, or person to fix the price or prices in the attached proposal of any other Respondent, or to fix any overhead, profit, or cost element of the proposal prices or the proposal price of any other Respondent, or to secure through collusion, conspiracy, connivance, or unlawful agreement any advantage against the District or any other person interested in the proposed Agreement.

5. The price(s) quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Respondent or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

6. No official or other officer or employee of the District, whose salary or compensation is payable in whole or in part by the District, is directly or indirectly interested in this proposal, or in the supplies, materials, equipment, work, or labor to which it relates, or in any of the profits therefrom.

7. Any materials and equipment proposed to be supplied in fulfillment of the Agreement to be awarded conform in all respects to the specifications thereof. Further, the proposed materials and equipment will perform the intended function in a manner acceptable and suitable for the intended purposes of the District.

Signature: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public, state of _____ at Large

My commission expires:

(SEAL)

QUALIFICATIONS — GENERAL

Include this form in the response

As part of the proposal, Respondent shall complete the following so that the District can determine Respondent’s ability, experience, and facilities for performing the Work.

Name of Respondent: _____

Respondent’s tax identification No.: _____

Year company was organized/formed: _____

Number of years Respondent has been engaged in business under the present firm or trade name: _____

Total number of years Respondent has experience in similar providing group dental coverage to public or private entities with at least 400 employees in multiple locations as described in the INSTRUCTIONS TO RESPONDENTS: _____

Has Respondent previously been engaged in the same or similar business under another firm or trade name? If so, please describe each such instance.

Has Respondent ever been adjudicated bankrupt, initiated bankruptcy, or been the subject of bankruptcy proceedings on behalf of the current entity submitting this proposal or a prior entity that Respondent substantially operated or controlled? If yes, please describe the nature and result of those proceedings and the entity involved.

Describe the background/experience of the person or persons who will be primarily responsible for directing the Services that will be performed pursuant to this proposal. This inquiry is intended to encompass the project (account) manager who will be engaged on a daily basis in directing performance of the Services.

QUALIFICATIONS — SIMILAR PUBLIC- OR PRIVATE-ENTITY DENTAL INSURANCE PLANS

This form to be completed and included in Proposal submittal under the “Tab 1” subfolder.

Dental Insurance Respondent must be providing ongoing dental insurance plans to at least two similar-sized public or private entities located in Florida (minimum of 400 employees) for at least three years immediately preceding the deadline for receipt of proposals (add additional sheet for optional additional completed projects).

Dental Insurance Plan 1:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Address of agency/company: _____

Dental Plan Description: _____

Annual value: _____ Start date: _____ Completion date: _____
(see note above) (month/year) (month/year)

Employees/Dependents: _____ (see note above, minimum: 400)

Name(s) of assigned personnel:

Plan manager: _____

Others: _____

Dental Insurance Plan 2:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Address of agency/company: _____

Dental Plan Description: _____

Annual value: _____ Start date: _____ Completion date: _____
(see note above) (month/year) (month/year)

Employees/Dependents: _____ (see note above, minimum: 400)

Name(s) of assigned personnel:

Plan manager: _____

Others: _____

QUALIFICATIONS — CONTRACT/POLICY DOCUMENTS
AND PROGRAM IMPLEMENTATION SCHEDULE

This information and documentation required on this page is to be included in Proposal submittal under the “Tab 5” subfolder

A. Contracts and Policy Documents

1. Respondents shall include specimen copies of all
 - a. Contract(s) necessary to implement the dental benefits program
 - b. Policy documents that relevant to the dental benefits program
 - c. Claims reporting package for the dental plan design options, as applicable
2. Conflict with specimen contracts or policies
 - a. Unless specifically noted to the contrary on the appropriate Proposal Form, the submission of a specimen contract or policy with a proposal will not constitute notice of the Respondent’s intent to deviate from the ITN in a restrictive manner.
 - b. Unless specifically noted otherwise, the attachment of a specimen copy will be deemed to be an offer in at least full compliance with the ITN and the Respondents expressly agrees to reform said contract or policy to the extent inconsistent in a restrictive manner from the ITN. Submission of a specimen copy will be deemed solely an offer of supplemental terms and conditions not otherwise addressed in the ITN or a broadening of terms and conditions to the benefit of the District beyond that required by the ITN. Current District policies can be found in **Exhibits** 2-3.
3. ***The District is interested in a participating contract that provides a sharing of the percentage-of-surplus based on the performance of the plan. Proposals shall indicate if such a contract is available and the terms of the contract.***

B. Implementation Schedule

1. Respondents shall include a Program Implementation Schedule with proposed dates that would provide the specified results and outcomes for the District’s plan year beginning January 1, 2020, including open enrollment expectations. ***Failure on the part of the Respondent to include a Program Implementation Schedule in the ITN response may be sufficient cause for the District to consider the Respondent as non-responsive.***

QUALIFICATIONS — PUBLIC- OR PRIVATE-ENTITY
DENTAL INSURANCE CLIENT REFERENCES

This form to be completed and included in Proposal submittal under the “Tab 1” subfolder

Respondent shall provide three references, which shall include the similar dental insurance plans listed prior. No reference shall be from the District. (For similar plans, simply state “Dental Insurance Plan No. ____.”)

Public or Private Entity Client Reference No. 1:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Agency/Company Address: _____

Type of plan: _____

Description: _____

Annual dental insurance plan value: _____ Project manager: _____

Public or Private Entity Client Reference No. 2:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Agency/Company Address: _____

Type of plan: _____

Description: _____

Annual dental insurance plan value: _____ Project manager: _____

Public or Private Entity Client Reference No. 3:

Agency/company: _____

Current contact person at agency/company: _____

Telephone: _____ Fax: _____ E-mail: _____

Agency/Company Address: _____

Type of plan: _____

Description: _____

Annual dental insurance plan value: _____ Project manager: _____

DRUG-FREE WORKPLACE FORM

This form required only in the event of a tie response

The Respondent, (business name) _____, in accordance with §287.087, Fla. Stat., hereby certifies that Respondent does the following:

1. Informs employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations
2. Publishes a statement notifying employees that
 - a. the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against its employees for violations of such prohibition.
 - b. as a condition of working on the contractual services that are the subject of this solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893, Fla. Stat., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five days after such conviction.
3. Gives each employee engaged in providing the contractual services that are the subject of this solicitation a copy of the statement specified in paragraph 2, above.
4. Imposes a sanction on, or requires the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community, by any employee convicted of a violation listed in sub-paragraph 2.b., above.
5. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of §287.087, Fla. Stat.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

By: _____

Title: _____

Date: _____/

NO RESPONSE FORM
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
INVITATION TO NEGOTIATE 34352
GROUP EMPLOYEE DENTAL INSURANCE

Your reasons for not responding to this Invitation to Negotiate are valuable to the St. Johns River Water Management District’s procurement process. Please complete this form and return it to the Office of Financial Services no later than the date set for receipt of proposals. Thank you for your cooperation.

Please check (as applicable):

- Specifications too “general” (explain below)
- Insufficient time to respond to the Invitation for Bids
- Do not provide this type of work for this project
- Schedule would not permit us to perform
- Unable to meet bid specifications
- Specifications unclear (explain below)
- Disagree with solicitation or Agreement terms and conditions (explain below)
- Other (specify below)

Remarks: _____

DATE _____

RESPONDENT (FIRM NAME) _____

ADDRESS _____

E-MAIL ADDRESS _____

SIGNATURE

TYPED NAME AND TITLE

TELEPHONE NUMBER

FAX NUMBER

ATTACHMENT A — STATEMENT OF SERVICES

DENTAL BENEFIT PLAN REQUIREMENTS**I. INTRODUCTION:**

The purpose of this Invitation to Negotiate (ITN) is to solicit proposals from qualified insurance companies for the District's employee (and dependent) group dental insurance program, which begins January 1, 2020. This ITN provides prospective Respondents with information to prepare and submit proposals for consideration by the District to satisfy the needs as outlined in this Statement of Services. Respondents are strongly encouraged to carefully read the entire Invitation to Negotiate. Respondents may partner with a broker, but proposals must be submitted by the Respondent insurer and premiums should not include any broker commissions.

The following is a snapshot of the March 2019 dental plan participants:

	Subscriber	Dependents	Total
Active employee	453	690	1,143
Retirees	21	7	28
COBRA	3	0	3
All Groups	477	697	1,174

II. SCOPECurrent Situation

The District maintains one fully-insured dental plan. Plan offerings, rates, contribution splits and the number of participants in each plan, etc., are included as Exhibits 1 – 6.

Additional Information:

- Employees working 16 hours or more weekly are eligible for coverage on the first day of the month following 30 days of employment.
- Pursuant to §112.0801, Fla. Stat., District retirees have the option of continuing coverage at their cost;
- Children are eligible for coverage as dependents through the calendar year in which they turn 30.
- Current plans are subject to conversion rights, subrogation and special Medicare provisions, as well as coordination of benefits provisions, if applicable.

Proposed Plan

This request is for a fully insured dental plan, similar to the plan currently in place.

TERM OF CONTRACT

The initial contract term will commence January 1, 2020 and will terminate December 31, 2020, with the option for at least two additional 12-month renewal periods commencing January 1st of each subsequent year upon the written agreement of both parties.

The District may elect to negotiate additional renewals if the District determines such renewal would be in the best interest of the District due to an opportune price discount or other similar circumstance.

SPECIFIC DENTAL PLAN REQUIREMENTS

1. No employee will lose his or her ability to have benefits, or have any benefits delayed, as a result of any change in the program or plan.
2. The provider insurance company or administrator will be responsible for providing the following:
 - a. Certificates
 - b. Summary of Benefits and Coverage no later than October 15, 2019
 - c. On-site enrollment meetings to be held in mid-October through November each year
 - d. High-level plan summaries in plain language no later than October 15, 2019.

DENTAL PLAN DESIGN

Dental plan designs in proposals should match the benefits of the current plan design, as indicated in Exhibits 1, 2, and 3. Any deviations from the plan design should be explicitly identified in the proposal. The District may elect to request deviations from the current plan design during negotiations.

ENROLLMENT ASSISTANCE

The successful Respondent will be asked to attend and conduct employee open enrollment meetings at the following District facilities (beginning late October/early November and continuing through November):

- Palatka Headquarters
- Jacksonville service center
- Maitland service center
- Palm Bay service center

The District requires that an Account Executive be assigned to this contract. The Account Executive must be knowledgeable in all areas of plan operation. Additionally, this individual should be the single point of contact between the Respondent's organization and the District.

ATTACHMENT B — INSURANCE REQUIREMENTS

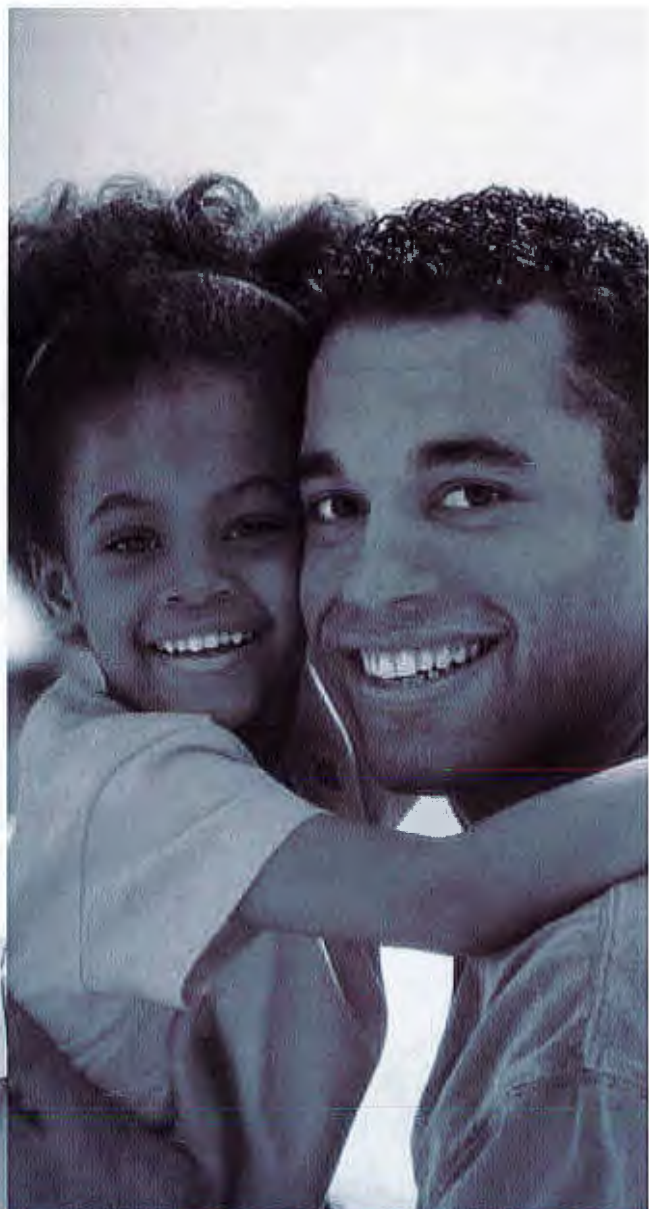
Contractor shall acquire and maintain until completion of the Work the insurance coverage listed below, which constitutes primary coverage. Contractor shall not commence the Work until the District receives and approves Certificates of Insurance documenting required coverage. Contractor's General Liability policy shall include Endorsement CG 20 10 04 13, or equivalent, naming the St. Johns River Water Management District (the "District") as Additional Insured. All required policies shall include: (1) endorsement that waives any right of subrogation (Endorsement CG 24 04 05 09, or equivalent) against the District for any policy of insurance provided under this requirement or under any state or federal worker's compensation or employer's liability act; (2) endorsement to give the District no less than 30 days' notice in the event of cancellation or material change. Certificates of Insurance must be accompanied by copies of the requested endorsements.

Any deductibles or self-insured retentions above \$100,000 must be declared to and approved by the District. Approval will not be unreasonably withheld. Contractor is responsible for any deductible or self-insured retention. Insurance must be placed with insurers having an A.M. Best rating of A-V or greater. District receipt of insurance certificates providing less than the required coverage does not waive these insurance requirements.

- (a) **Workers' Compensation Insurance.** Workers' compensation and employer's liability coverage, including maritime workers' compensation, if applicable, in not less than the minimum limits required by Florida law. If Contractor claims an exemption from workers' compensation coverage, Contractor must provide a copy of the Certificate of Exemption from the Florida Division of Workers' Compensation for all officers or members of an LLC claiming exemption who will be participating in the Work. In addition, Contractor must provide a completed District "Affidavit (Non-Construction)" for non-construction contracts.
- (b) **General Liability.** Commercial General Liability Insurance on an "Occurrence Basis," with limits of liability for each occurrence of not less than \$1,000,000 for personal injury, bodily injury, and property damage, with an aggregate of \$2,000,000. Coverage shall include: (1) contractual liability, (2) products and completed operations, (3) independent contractors, and (4) property in the care, control, or custody of the Contractor. Extensions shall be added or exclusions deleted to provide the necessary coverage.
- (c) **Automobile Liability.** \$500,000 combined single limit.
- (d) **Umbrella Policy.** Minimum limits of \$2,000,000 per occurrence.
- (e) **Professional Liability (Errors and Omissions).** (Per claim) \$1,000,000 single limit and \$2,000,000 annual aggregate limit. Continuous coverage shall be in place for four years after the contract is completed.

**EXHIBIT 1 — DENTAL QUESTIONNAIRE
AND PLAN COMPARISON (separate Excel® File)**

**EXHIBIT 2 — BLUE DENTAL CHOICE
BENEFIT SUMMARY**



**BlueDental
Choice**

Benefit Summary
Rollover



**Florida
Combined Life**
An Independent Licensee of the
Blue Cross and Blue Shield Association

BlueDental Choice

Did you know that dental health can have an influence on the development of conditions such as diabetes, coronary artery disease and low-birth-weight, premature babies? An undeniable relationship exists between a healthy mouth and overall good health. That means it is more important than ever for you to receive regular preventive dental care that will help you maintain not only your good oral health, but your good health in general.

BlueDental ChoiceSM is a flexible PPO plan designed to encourage regular cleanings and preventive services that lead to good oral health and better overall health.

Our dental PPO network consists of a network of quality dentists who have agreed to provide services based on a negotiated fee. When you use a participating dentist in the BlueDental Choice network* for your plan, you'll receive maximum plan benefits and be protected against balance billing (the difference between the BlueDental Choice fee schedule and the dentist's normal charges). You also have the option of visiting a non-participating dentist although balance billing may occur.

As a BlueDental Choice member you can look forward to:

- No referrals or authorizations to see a general dentist or specialist
- Access to one of the largest dental networks in Florida
- Access to a vast national network

Maximum Rollover - Maximum Rollover is a BlueDental Choice benefit that rewards you just for visiting the dentist. Each year when you visit the dentist and use less than the yearly claim payment threshold, you'll receive

Rollover dollars to help cover future unexpected visits or higher out-of-pocket costs for complex procedures.

It's that easy. Maximum Rollover is applied automatically as long as:

- You receive at least one covered service during your plan year
- You are an active member of your plan on the last day of the plan year
- You don't exceed the claim payment threshold in your plan year

Benefits

Orthodontic Discount Program** – When you choose an orthodontist in our orthodontic provider network, you'll receive 20 percent off your total case fee. This discount is only available to you when orthodontic coverage is not part of your plan.

Cosmetic Dental Discount Program** – You can experience significant savings on cosmetic dentistry procedures by visiting a dentist who participates in our cosmetic dentistry network. As a BlueDental Choice member, you'll receive a 20-percent savings on the following procedures:

- Cosmetic Contouring
- Laminate Veneer (porcelain or composite)
- Whitening (in office or at-home system)

The following example shows how your Maximum Rollover amount is determined.

If your annual benefit maximum is:	AND your total claims paid for the benefit period do not exceed:	THEN we will rollover	Accumulated totals will be capped at:
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500

To see a list of the dentists in our network, visit www.floridabluedental.com. Don't see your dentist in our network? Send an e-mail to FCLProvidernomination@FCLife.com or fax your nomination to (904) 866-4846.

Questions? Need more information? Our Customer Service representatives can help. Just call (888) 223-4892 from 8 a.m. to 8 p.m. Monday through Friday.

*Networks are comprised of independent contracted dentists.

**Certain dentists have voluntarily agreed to offer a 20% discount off their usual charge for non-covered cosmetic or orthodontic services. These dentists are identified by an affiliation to either the Cosmetic Dental Discount Program or Orthodontic Discount Program. Because these dentists are neither contractually nor legally bound to offer these discounts, we recommend that you contact the provider to inquire about the continued availability of any discount prior to scheduling an appointment.

BlueDental Choice

Benefit Summary



**Florida
Combined Life**
An Independent Licensee of the
Blue Cross and Blue Shield Association

Group Name: St. Johns River Water Management

Group Anniversary Date: 1/1

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year	In-Network		Out-of-Network	
	\$ 50 \$100		\$ 50 \$100	
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	90%	10%
Basic Services	80%	20%	60%	40%
Major Services	50%	50%	50%	50%
Periodic Oral Evaluation (0120)	Preventive			
Comprehensive Oral Evaluation (0150)	Preventive			
Bitewing X-rays, two films (0272)	Preventive			
Cleanings – Adult/Child (1110, 1120)	Preventive			
Fluoride Treatment – Child (1206, 1208)	Preventive			
Office Visits (9430)	Preventive			
X-rays - Intraoral/Complete Series (0210)	Preventive			
Sealant – per tooth (1351)	Basic			
Amalgam Restorations (Silver Fillings) (2140)	Basic			
Resin-Based Restorations – Anterior (2330)	Basic			
Extractions – Routine and Surgical (7140)	Basic			
Root Canal Molar (3330)	Basic			
Periodontal Scaling & Root Planing – per quad (4341)	Basic			
Crowns – Porcelain fused to noble metal (2752)	Major			
Complete Dentures (5110, 5120)	Major			
Pontic – Porcelain fused to noble metal (6242)	Major			
Partial Dentures (5213, 5214)	Major			
Surgical placement of implant body – endosteal implant (6010)	Major			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major			
Orthodontia Services BlueDental Coverage	All Insureds 100%			
Waiting Periods Major Service Benefits Orthodontia Benefits	None None			
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	\$ 2,000 \$ 2,000			
Dental Rollover	Yes			

The information provided above is a summary of benefits for group certificates: 50383-0916, 50408-1099, 50528-0603 and 50530-0603. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of fee schedule.

**Percentage of fee schedule. plus balance of charges. if anv.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

22240-0413
BlueDental Choice

BlueDental Choice

Limitations and Exclusions

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or lower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
- Charges associated with accidental injuries to sound natural teeth.

Exclusions

The following are excluded under this plan:

- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an insured's effective date of coverage, (until the insured has been covered under the contract for twelve [12] consecutive months), unless otherwise specified.
- Services or supplies which are not medically necessary according to accepted standards of dental practice, as determined by our consulting dentists, or which are not recommended or approved by the attending dentist.
- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
 - through or in a veteran's hospital or government facility due to a service connected disability
 - which are covered and paid under Workers' Compensation or similar law
 - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred

This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

We can help

If you, or someone you're helping, has questions about BlueDental Choice, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-223-4892.

Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de BlueDental Choice, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-223-4892.
French Creole	Si oumenm oswa yon moun w ap ede gen kesyon konsènan BlueDental Choice, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-888-223-4892.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về BlueDental Choice, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-888-223-4892.
Portuguese	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o BlueDental Choice, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-888-223-4892.
Chinese	如果您, 或是您正在協助的對象, 有關於[插入項目的名稱 BlueDental Choice 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 [在此插入數字 1-888-223-4892.
French	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de BlueDental Choice, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-888-223-4892.
Tagalog	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa BlueDental Choice, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-888-223-4892.
Russian	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу BlueDental Choice то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-223-4892.
Arabic	إذا كان لديك أو بدأ شخص تساعد أسئلة بخصوص BlueDental Choice ، كإجابة على سؤالك ، يمكنك الحصول على المساعدة والاطلاع على المعلومات بلغتك مجاناً. للتحدث مع مترجم اتصل بـ 1-888-223-4892.
Italian	Se tu o qualcuno che stai aiutando avete domande su BlueDental Choice, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-888-223-4892.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum BlueDental Choice, haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-223-4892. an.
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 BlueDental Choice, 에 관해서 질문이 있다면 귀하는 그러한 도움 과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-888-223-4892. 로 전화하십시오.
Polish	Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie BlueDental Choice, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-888-223-4892.
Gujarati	જો તમે કે તમે મદદ કરી રહ્યાં છે તેમને BlueDental Choice Plus વિશે પ્રશ્નો હોય, તો તમને મદદ અને તમારી ભાષામાં માહિતી કોઈ ખર્ચ વગર મેળવવાનો અધિકાર છે દુભાષિયા માટે આ .નંબર પર ફોન કરો, 1-888-223-4892.
Thai	หากคุณ หรือ คนที่คนมาลงช่วยเหลือนั้น มีคำถามเกี่ยวกับ BlueDental Choice คุณมีสิทธิที่จะได้ความช่วยเหลือ และข้อมูลในภาษาของคุณโดยไม่มีค่าใช้จ่าย พูดคุยกับอาสาสมัคร โทร 1-888-223-4892.

1557 Non-Discrimination Notice

Florida Combined Life Insurance Company, Inc. (FCL) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FCL does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FCL:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-888-223-4892.

If you believe that FCL has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
Email civilrightscordinator@fclife.com

You can file a grievance in person, by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone.

U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueDental Maximum Rollover



Maximum Rollover for BlueDental ChoiceSM Plan Members

Maximum Rollover is a BlueDental Choice member benefit that rewards you just for visiting the dentist. There are no fees for Maximum Rollover and no paperwork to complete. Each year when you visit your dentist and use less than the yearly threshold amount allowed, you receive Maximum Rollover dollars to help cover future unexpected visits or higher out-of-pocket costs for complex procedures. Your Maximum Rollover account can even keep growing year after year, as long as your employer continues to offer the program and you haven't reached the rollover limit for your plan and benefit amount. It's that easy.

Maximum Rollover* is applied to your BlueDental Choice, BlueDental Choice PlusSM or BlueDental Choice CopaymentSM plan automatically as long as you:

- Receive at least one covered service during your plan year
- Are an active member of the plan on the last day of the plan year
- Don't exceed the claim payment threshold in your plan year

Use the chart below to see what your Maximum Rollover dollars could add up to.

1. Look in the first column to find your plan's annual maximum benefit.
2. Next, find the threshold amount for your plan in the second column. If we pay out less than this amount in benefits, you'll automatically receive Maximum Rollover dollars next year.
3. Check the third column for the maximum amount of dollars you qualify for next year.
4. The last column provides the maximum amount of rollover dollars that you can accumulate.

1. Plan's Annual Maximum Benefit Amount	2. Yearly Threshold Amount	3. Maximum Rollover you'll receive next year	4. Maximum Rollover you can accumulate
\$500 - \$749	\$200	\$150	\$500
\$750 - \$999	\$300	\$200	\$500
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500
\$2,500 - \$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

Questions? Want to learn more about Maximum Rollover any of our other products and services? Our BlueDental Customer Service Representatives can help. Just call (888) 223-4892 or find us online at www.floridablue.com.

*Maximum Rollover is not available for our BlueDental CareSM plans.

Florida Combined Life Insurance Company, Inc. (FCL), is an Independent Licensee of the Blue Cross and Blue Shield Association and an affiliate of Blue Cross and Blue Shield of Florida.

**EXHIBIT 4 — DENTAL PREMIUM RATES
WITH COST SHARE**



2019 Florida Combined Life Dental Rates

Employee Only Coverage	Employees Cost		District Cost	Total Cost
	Monthly	Semi Monthly		
Full-Time Employees	3.50	(pp 1.75)	33.76	37.26
Part-Time Employees .5 FTE (20 hrs wkly)	20.38	(pp 10.19)	16.88	37.26
Employee with Family Coverage	Employees Cost		District Cost	Total Cost
	Monthly	Semi Monthly		
Full-Time Employees	18.54	(pp 9.27)	80.39	98.93
Part-Time Employees .5 FTE (20 hrs wkly)	58.72	(pp 29.36)	40.21	98.93

Rates Effective 1/1/19 to 12/31/19
Rates are for Blue Dental Choice
Premium deductions are bi-monthly (24 per year)

Retirees pay 100% of premium cost.

COBRA participants pay 102% of premium cost.

EXHIBIT 5 — DENTAL CLAIMS PAID 2017 – 2019
(separate Excel[®] File)

EXHIBIT 6 — CENSUS (separate Excel® File)