Miami Dade College

Purchasing Department

11011 S.W. 104 STREET, ROOM 9254

MIAMI, FL 33176

Invitation to Negotiate

2016-21-29

**group dental plans**

Opening: Friday, June 3, 2016

A pre-proposal meeting is scheduled for Thursday, May 19, 2016 at 9:30am at the Kendall Campus, Building R, Room R404. Attendance is not mandatory but strongly advised. See section 1.4 for additional information.

Responses will be accepted in the Purchasing Department, Kendall Campus, room 9254, 11011 S.W. 104 Street, Miami, FL 33176 prior to 3:00 P.M., on Friday, June 3, 2016 and may NOT be withdrawn for 150 days after opened. Responses received after 3:00 P.M. will be returned to the vendor unopened. The time will be based on the time kept in the Purchasing Department.

**Roman Martinez, CPPO, CPPB, FCCM**

**Group Director - Purchasing**

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# INTRODUCTION

## The College

The College, hereinafter referred to as MDCor the College, is a publicly supported institution that serves the populous metropolitan Miami-Dade County through six campuses and a number of off-campus centers, and offers both Associate and Bachelor degree programs. The campuses are: North Campus, Kendall Campus, Wolfson Campus, Medical Center Campus, Homestead Campus, Hialeah Campus, West Campus and InterAmerican Campus.

Through its open door policy, the College provides educational opportunities to all, regardless of sex, race, religion, marital status, age, national origin, disabilities, or financial resources.

MDC MISSION – The mission of Miami Dade College is to provide accessible, affordable, high quality education by keeping the learner’s needs at the center of the decision-making process and working in partnership with its dynamic, multi-cultural community.

As a political subdivision of the State of Florida, the College is exempt from all Federal Excise Taxes and State Sales Tax.

## Objectives of Invitation to Negotiate

* To seek responses to enhance or at least maintain the existing benefit levels.
* To obtain a dental plan through a **single source dental care organization** capable of offering DHMO and PPO options.
* To contain the College’s cost of providing dental care benefits for its employees and to contain the employees cost for dependent coverage.
* Provide employees, dependents and retirees with convenient access to a network of quality providers.

**A single source dental provider is one that ultimately bears the risk for both the DHMO and the indemnity plan. Partnership arrangements between two unrelated companies to split the risks are not acceptable.**

## Scope of Invitation to Negotiate

This invitation to negotiate (hereafter called ITN) has been prepared to request responses for a group dental plan. The structure of the benefit plans requested is:

* Dental Maintenance Organization - DHMO
* Indemnity Plan - with a Preferred Provider Network - PPO

The proposed effective date is January 1, 2017.

It is requested that responses include costs on a fully insured basis.

## Pre-Proposal Meeting

A pre-proposal meeting will be held Thursday, May 19, 2016 at 9:30am the **Kendall Campus, 11011 SW 104 Street, Miami, FL 33176, Building R, Room R404**. Representatives from all interested firms are invited to attend. This meeting will include the opportunity for the proposer's representatives to ask questions regarding the College's requirements a stated in this document. Attendance is not mandatory, but strongly recommended. Any questions prior to this meeting should be emailed to Roman Martinez at rmartin9@mdc.edu.

# Schedule of Events

The following schedule is a general guideline for issuance, evaluation, recommendation for award of this ITN and the issuance of the contract. The College may change the dates of any events listed below. Any changes to this schedule will be posed in the Purchasing Department and will be advertised in the Daily Business Review.

|  |  |
| --- | --- |
| Date | Event |
| Thursday, May 6, 2016 | Issue ITN |
| Monday, May 9, 2016 | Legal Advertisement |
| Thursday, May 19, 2016 | Pre-Proposal Meeting |
| Thursday, May 26, 2016 | Last day to submit questions and information requests |
| Friday, June 3, 2016 | Proposals due by 3:00 p.m. |
| Tuesday, June 14, 2016  Wednesday, June 20, 2016  Monday, June 27, 2016  Wednesday, June 29, 2016  Friday, July 1, 2016 | 1st Public Evaluation Committee Meeting  Invited Proposer’s Presentations  Final Negotiations with Finalists  Submission of Best and Final Offers (BAFO) to the College  FINAL Public Evaluation Committee Meeting |
| Friday, July 1, 2016 | Posting of intended decision to award |
| Tuesday, July 19, 2016  January 1, 2017 | Recommendation of award presented to District Board of Trustees of Miami Dade College  Contract Effective Date |

The dates above are tentative and are open to changes. All prospective proposers that respond to this proposal will be notified of the date and time and place for all public evaluation committee meetings. The meeting schedule will be advertised in the Daily Business Review and posted in the Purchasing Department.

# Description of Existing Plans

## Existing Plan

MDC currently offers two dental plan options listed below:

– A PPO indemnity dental plan based on maximum allowable charges fully-insured through Humana.

– A DHMO plan through Humana which includes copays for specialist services.

Detailed descriptions of the plans can be found in the attached files and may be downloaded from the College’s Purchasing web-site.

* *CS150P Certificate.pdf*
* *DHMO CS150) Schedule.pdf*
* *PPO Certificate.pdf*
* *Traditional Preferred PPO.pdf*

## Existing Employer/Employee Contributions

MDC contributes 100% of the single DHMO premium for DHMO and PPO members. Employees electing the PPO or dependent coverage must pay the difference in premium.

# Proposal Instructions

## Consultant of Record - Agent Participation

Miami Dade College has designated Lloyd F. Rhodes of The Rhodes Insurance Group to act as the consultant in reference to the College’s group insurance plans. The College remunerates The Rhodes Insurance Group directly for services rendered and no commissions are payable to the firm.

While the services of other agents are not necessary or requested, other Florida licensed insurance agents may submit proposals for consideration based on Florida State Statute # 624.1275. Any agent proposing must disclose all commission and/or bonus arrangements that are included in the proposed rates. In addition, a list of services offered as well as the agent’s resume and references must also be included in Tab VII of your response (see Section 4 this document for details regarding the organization of your proposal).

## Statement of No Response

If declining to submit a proposal, please return the Statement of No Response form located in Section 10, Required Forms.

## Submission of Proposals

Sealed proposal responses shall be submitted to the Purchasing Department, Room 9254, Miami Dade College, 11011 SW 104 Street, Miami, FL 33176-3393, before the opening time of **3:00 p.m. on Friday, June 3, 2016**. Proposals received after 3:00 p.m. on Friday, June 3, 2016 will be returned to the proposer unopened. The time of receipt of the proposal will be based on the time kept in the Purchasing Department. Proposals are to be labeled ITN 2016-21-29 Group Dental Plans. Delivery of the proposals to the College’s mailroom or to any other location other than the Purchasing Department is not considered to meet the requirements for delivery. It is the sole responsibility of the proposer to assure that the proposal is delivered according to the terms of this section. **No copies of the response to the ITN shall be submitted to any other office or department of the College.**

## Questions Deadline

All submission of questions concerning this Invitation to Negotiate shall be directed to Roman Martinez by email at rmartin9@mdc.edu and to no other person or department at the College. Questions and requests must be in writing and must be received no later than **Thursday, May 26, 2016 before 5:00 p.m.** EST.

All questions should be labeled ITN 2016-21-29 – Group Dental Plans with the company name, address, phone number, facsimile number. The Purchasing Department will determine whether an addendum should be issued as a result of any questions or other matters raised. If issued, the addendum will be incorporated into the Request for Proposal and will become part of the resulting contract.

## Contact with College Personnel

Contacting other members of the Evaluation Committee, other College personnel or Consultant or members of the District Board of Trustees for Miami Dade College either directly or indirectly, requesting the proposer’s interest in being selected will result in the firms proposal being disqualified. The Purchasing Department will determine whether an addendum should be issued as a result of any questions or other matters that are raised.

## Withdrawal of Proposal

Should the proposer desire to change or withdraw the proposal they shall do so in writing. This communication is to be received by the Purchasing Department, 11011 SW 104 Street, Miami, FL 33176-3393, prior to the date and hour of the proposal opening. The proposer’s name and the proposal number must appear on the envelope.

## Modification of Proposal

Should a proposer desire to modify their proposal prior to the opening date and time, the proposer must do so in writing. This communication must be received in the Purchasing Department prior to the date and time of the proposal opening date. The proposer’s name and ITN-2016-21-29 must appear on the envelope. No unsolicited modifications to proposal will be permitted after the date and time of the proposal opening.

# Evaluation Process

## Public Evaluation Committee Meetings

An Evaluation Committee will review the proposals and will make a recommendation for the award to the College President. The recommendation of the Evaluation Committee will be based on an evaluation of proposals submitted based on the criteria outlined in Section 0. All public committee meetings are open to the public. Presentations/Q&A Sessions with each Finalists and /or any Negotiation Strategy meetings are not open to the public. The District Board of Trustees of Miami Dade College will have final approval of any award recommendation.

## Interviews

Proposers may be asked to meet with the Evaluation Committee for the purpose of clarifying or expanding upon any information contained in their proposal. In addition, the College may require that additional information be presented at this meeting.

## College Options

The College may, at its sole and absolute discretion, reject any or all proposals, re-advertise this ITN, postpone or cancel this ITN process at any time, or waive any irregularities in this ITN or in the proposals received as a result of this ITN. The determination of the criteria and process whereby proposals are evaluated, the decision as to who shall receive a contract award, or whether an award shall ever be made as a result of this ITN, shall be at the sole and absolute discretion of the College. In no event will any successful challenger of these determinations or decisions be automatically entitled to the award of this request for proposal. Submitting a proposal will be considered by the College as constituting an offer by the proposer to provide the services described in this ITN.

## Response to ITN

The evaluation of each proposal will be based primarily on information provided by the proposer; therefore, care should be taken by the proposer to submit as much information as necessary to fully and completely respond to all sections of this ITN. Proposers that do not comply with the requirements of this ITN including, but not limited to, the use of required forms and the inclusion of all required materials and data may have their proposals deemed as “Non-Responsive.”

## Selection Criteria

In the evaluation of the responses to this ITN and in making a recommendation for award, the Evaluation Committee will consider a number of factors. These factors will include, but may not be limited to, the criteria as listed in this section. Information submitted in response to Section 6, Required Information, of this ITN as well as information obtained from references and/or interviews with the firms (if required) will be used during the evaluation process.

Criteria will be scored on a weighted scale of 0 to 5 with the maximum number of points available for each criteria as noted in this section. The total maximum number of points per evaluator to be scored under this process is **2500 points.** Under each criteria is listed the section of the response and other sources that may be used to evaluate the criteria. This in no way limits the information that may be used to evaluate each criteria; it merely serves as a guide.

The Evaluation Committee has the prerogative to determine what scoring methodology to utilize. There are two types of scoring methodologies, one is subjective scoring whereby each member of the committee provides their individual score, for each criteria, for each proposal reviewed. The other is a consensus methodology scoring; this method allows for the committee to discuss each criteria for each proposal, open discussion are detailed with a goal to arrive at a consensus as it relates to ranking score per criteria item per proposer. It is after all members are in agreement when a score is recommended for each criteria and approved unanimously by the committee. If the committee does not arrive at a unanimous decision they will continue discussing the criteria until a consensus is reached.

|  |  |
| --- | --- |
| **Criteria** | **Points** |
| 1. Size, accessibility, adequacy, and quality of DHMO and PPO provider networks in Miami-Dade, Broward, Palm Beach and Monroe Counties.   Section 6.6, Network Forms  Section 9, Questionnaire | 100 |
| 1. Access to national network for retirees.   Section 9, Questionnaire | 30 |
| 1. The ability of the responder to provide and administer the requested plan benefits and provisions.   Section 6.4, Benefit Plans  References | 50 |
| 1. The level of benefits for both the DHMO and indemnity PPO dental plan.   Section 6.4, Benefit Plans | 75 |
| 1. The premiums proposed, including multiple year rate guarantees.   Section 6.5, Rate and Premium Forms | 100 |
| 1. The satisfaction level of existing employer clients, members and network providers.   References | 70 |
| 1. The ability to provide the requested experience and utilization data on a timely basis.   Section 8.14, Standard Reports  References | 50 |
| 1. General compliance with the requirements of all sections of this ITN including, but not limited to, the use of required forms and the inclusion of all required materials and data. | 25 |
| **Total Points** | **500** |

## Acceptance/Rejection of Proposals

The College may, at its sole and absolute discretion, reject any and all proposals; re-advertise this ITN; postpone or cancel this ITN process at any time; or waive any irregularities in the ITN or in the proposals received as a result of this ITN. Also, the determination of the criteria and process whereby proposals are evaluated, the decision as to a recommendation for the award, or whether or not an award shall ever be made as a result of this ITN, shall be at the sole and absolute discretion of the College. In no event will any successful challenger of these determinations or decisions be automatically entitled to a contract for the services described in the ITN. The submittal of a proposal will be considered by the College as constituting an offer by the proposer to perform the required services at the stated fees.

## Protest of ITN Document

All Vendors are required to thoroughly review the ITN within a reasonable time after receipt. Any concerns or comments relating to the ITN shall be brought to the attention of the Director of Purchasing, in writing, promptly after receipt. However, if a Vendor desires to protest the ITN, or any of the specifications, requirements or procedures thereof, the Vendor will be required to comply with the Miami Dade College Bid Protest Procedures (a copy of which is available from the Director of Purchasing) within seventy-two (72) hours after receipt of the ITN. Receipt of the ITN by the Vendor will be considered to have occurred within five (5) days after being mailed. Failure to comply with this procedure will constitute a waiver by the Vendor(even if the Vendor later becomes a Responsive Proposer) of any right to protest the ITN on the basis of the form, content and substance, including without limitation, the specifications, requirements or procedures, of the ITN.

## Protest of Intended Decision

A notice of Intended Decision to recommend or reject proposals shall be posted in the Purchasing Department on or about July 1, 2016. In the event an unsuccessful Responsive Proposer desires to protest the College’s notice of intended decision to award or reject a proposal, that Responsive Proposer shall be required to comply with the Miami Dade College Bid Protest Procedures (a copy of which is available from the Purchasing Department), including without limitation, filing a Notice of Protest with the Director of Purchasing, in writing, within seventy-two (72) hours after receipt of the notice or posting of the intended decision, and filing a formal written protest within ten (10) calendar days after the date the Notice of Protest is filed. Failure to file a protest that complies with the Section 120.57(3), Florida Statutes, within the time prescribed herein shall constitute a waiver of proceeding under chapter 120, Florida Statutes.

## Contract Requirement

The successful proposer will be required to sign a contract, the terms of which are acceptable to the College. A contract and handbooks must be prepared within 60 days of the effective date with the successful proposer based on the terms, conditions and services described in the ITN and the proposer’s response. Contracts must include language prohibiting off-anniversary benefit changes other than those mandated by legislation or approved or requested by MDC. This includes reductions in non-network allowances for submitted charges and prescription drug formularies.

## Public Record

Unless specifically exempted by law, all information supplied to the College is subject to disclosure by the College under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 (“Public Records Law”). The College shall permit public access to all documents, papers, letters or other material submitted in connection with this ITN and the Contract to be executed for this ITN, subject to the provisions of Chapter 119.07 of the Florida Statutes.

If a Proposer submits any documents or other information to the College which the Proposer claims is confidential information and exempt from Florida Statutes Chapter 119.07 (“Public Records Laws”), the Proposer shall clearly designate that it is confidential information and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07.

The College shall notify the Proposer within three (3) business days of receiving a request in writing from another party for disclosure of any documents or other information provided by the Proposer to the College and designated as confidential information. The Proposer shall thereafter notify the College within seven (7) days after the date of written notification as to whether the Proposer intends to have the College continue to treat the information requested for disclosure as confidential information and pursue its claim of exemption from the Public Records Law in accordance with the process outlined below. The College may release the requested documents or other information to the requesting party within three (3) business days after the above referenced seven (7) day period has elapsed or earlier, if required by law; unless (i) the Proposer states in its written response to the College that the Proposer shall, at its own cost and expense, immediately undertake all necessary legal actions, including the filing of any necessary papers with a court or other tribunal, to establish or protect the confidential information and the claimed exemption under the Public Records Law and to stay any requirement of the College to release the documents or other information. The Proposer must provide the College with evidence that the required documentation has been filed; (ii) the Proposer must provide written confirmation to the College that the Proposer shall indemnify and hold harmless the College and its trustees, officers, employees and agents, individually and collectively, from and against any and all loss, damages, expenses, demands, claims, liabilities or obligations (including interest, penalties, court costs, costs of preparation and investigation, reasonable attorneys’ fees and associated costs, whether suit is instituted or not, and if instituted, at all tribunal levels); and (iii) the Proposer shall undertake no action that would expose the College, its trustees, officers, employees and agents to any civil or criminal liability. If at any time the Proposer determines to release such documents or other information previously claimed to be confidential information and exempt, or otherwise not to prosecute any action to make such a claim, the Proposer shall immediately notify the College in writing thereof.

Notwithstanding the above provision, the College may disclose confidential information to the extent required by law or regulation, or any validly issued subpoena or court order within the required timeframe even if it is less time than that outlined above. Also, the College may release the Proposer’s confidential information if the Proposer fails to strictly comply with any or all of the requirements outlined above.

# Required Information

## Proposal Organization

This section of the ITN provides the proposer with instructions concerning **required information** that must be submitted as part of their proposal. Proposers must arrange their proposal in the order outlined in these instructions. Failure to provide any of the required information or required documents or failure to arrange the proposal in accordance with these instructions may result in the proposal being rejected.

Proposers must organize their proposals as follows:

Responders must organize their responses as follows:

Response Cover Sheet (cover letter optional)

I Benefits

II Proposed Premiums Information

III Network Forms

IV Responses to Questionnaire

V Deviations to Specifications

VI References

VII Required Forms

## Number of Proposal Copies Required

Proposer responding to this solicitation shall is to submit one (1) original hard copy and provide a CD/flash drive with all the documentation included in the original proposal in PDF format. Original binder is to be marked ORIGINAL and have original signatures. The CD/flash drive may be placed inside the binder.

The VENDOR is to submit their "original" proposal package with index tabs labeled in the sequence as stated in Section 6.1.

ALL quantitative data that will be submitted is to be provided via Excel spreadsheets to assist in the Evaluation of the quantitative information, e.g. response to Section 10.6.

## Required Forms

### Response Form and Proposer's Warranty

Responders must completely fill in all information requested on the Response Form and Proposer's Warranty provided in Section 10, Required Forms. Use these sheets as the first pages of your response. A cover letter may be included with these forms.

### Non-Discrimination in Employment Form

Complete all the required information on the Non-Discrimination in Employment Form provided in Section 10. Label this Response to Section 6.3.2 and include in Tab VII of the proposal.

### Addendum Acknowledgment

If any addendums are issued, the proposer must acknowledge compliance with the addendum by submitting a signed copy of the addendum in this section. This form will be issued as part of the addendum process, if any addendums are issued. If no addendums are issued, this section only needs to be acknowledged as “none received”. Label this Response to 6.3.3 and include in Tab VII of the proposal.

### Public Entity Crimes Form

A Person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids 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 entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statutes Chapter 287.017, Category Two for a period of 36 months from the date of being placed on the convicted vendor list as per State of Florida Statute 287.133(2)(a). The Proposer must complete the Sworn Statement on Public Entity Crimes Form located in Section 10 as response to this section and to show compliance with State of Florida Statute 287.133(2)(a) and the intent of the statute. Label this Response to 6.3.4 and include in Tab VII of the proposal**.**

## Benefit Plans

Responders must provide complete benefit descriptions of the plans being proposed, including the proposed DHMO schedule. These descriptions must include all exclusions and limitations. These descriptions should be labeled Response to Section 6.4 and placed in Tab I of the response.

## Rate and Premium Forms

Responders must complete the premium forms provided in Section 10 of this ITN. These forms should be placed in Tab II of the response.

## Network Forms

Responders must complete the network forms provided in Section 10 of this ITN. These completed forms should be placed in Section III of the response.

Section 10.5 - Network Summary - Provide the number of current dentists by category.

Section 10.6 - Specific Dentist Network - Indicate which of the listed dentists are included in your network.

## Questionnaire

Responders must answer the questionnaire contained in Section 9 of this ITN. These answers must be placed in Tab IV of the response.

## Acknowledgment of Compliance or Non-Compliance

Provide a summary of any ITN specifications, requirements, terms, conditions and provisions that the proposer will not conform to. This summary should include a justification and an alternative to the Section(s) that are not acceptable. If the proposal being submitted is in compliance with all ITN specifications, requirements, terms, conditions and provisions, the proposer should acknowledge compliance to all Sections. Label this Response to 6.8 and include in Tab V of the proposal.

## References

Responders must provide a list of group clients with more than 1,000 covered employees for the years 2013, 2014 and 2015. Academic institutions are preferred. Also include names and phone numbers of persons who may be contacted for references. Include this information in Tab VI of the response.

## Grievance and Appeal Procedures

Responders must provide a description of the grievance and appeal procedure. Label this information Response to 6.10 and include in Section VII of your response.

## Audited Financial Statement

Responders must furnish their most recent independently audited financial statement. Label this information Response to 6.11 and include in Section VII of your response.

## Annual Report

Responders must provide a 2015 Annual Report. Label this information Response to 6.12 and include in Tab VII of your response.

## Proof of Incorporation

Responders must furnish proof of State of Incorporation and State in which licensed. Label this information Response to 6.13 and include in Section VII of your response.

## Authorization to Provide Services

Responders must provide certification from the appropriate State offices that your company is authorized to provide the services contained within your response. Label this information Response to 6.14 and include in Section VII of your response.

## Proposing Company History

Responders must indicate number of years the company has offered group dental plans. Label this information Response to 6.15 and include in Section VII of your response.

## Minimum Qualifications

Responders must provide documentation of minimum qualification as stated in Section 7 Label this information Response to 6.16 and include in Section VII of your response.

## Sample Contracts

Responders must include samples of any and all contracts that would be executed by MDC under the proposed plans. Label this information Response to 6.17 and include in Section VII of your response.

## Sample Administration Forms

Responders must include a sample identification card, claims forms, enrollment forms and explanation of benefits forms. Label this information Response to 6.18 and include in Section VII of the response.

## Public Entity Crimes

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a pubic entity for the construction or repair of a public building or public work, may not submit bids 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 $25,000 for a period of 36 months from the date of being placed on the convicted vendor list. As per State of Florida Statute 287.133 (2) (a). Please submit, with your proposal response, Form 10.4 included in this ITN document.

# MINIMUM QUALIFICATIONS OF RESPONDER

In order to be considered, a responder must, as of the response return date specified in this ITN and throughout the duration of its program, meet the following applicable minimum qualifications. Responder must provide documentation of existing qualifications in Section VII of the response.

Dental Maintenance Organization

– Authorized by the State of Florida Department of Insurance to provide the goods and services requested in the ITN.

– Comply with any requirements imposed upon the Responder by the Florida Department of Insurance with respect to quality assurance.

Insurance Company and PPO Dental Plan

– Licensed by the State of Florida Department of Insurance to provide the goods and services requested in the ITN; and

– Hold an A.M. Best rating of “A” or better and a financial size category of IV or higher or hold an A.M. Best financial performance rating of “6” or better for those insurers with a letter rating of NA-2 or NA-3 and a financial size category of IV or higher.

In addition, proposers must meet the following technical requirements.

– Ability to receive MDC eligibility and enrollment data via standard 834 EDI format, version 5010.

– Ability to receive test files and validate ability to load to your system.

# GENERAL PLAN PROVISIONS

## Retirees

Retirees and their spouses or domestic partners and eligible dependents can continue coverage for life. Their options available are at retirement and annual open enrollment and are not subject to evidence of insurability. Covered spouses or domestic partners of retirees may continue coverage after death of the retiree.

## Waiting Period and Effective Date

Active employees shall become eligible to participate in the selected plan options on the 1st day of the month following one year of continuous full-time employment.

## Leave of Absence

Employees on leave of absence may continue coverage subject to their payment of premiums. Employees who do not continue premiums and return to active employment are treated as new employees and must complete the 12-month waiting period.

## Dependent Coverage

Eligible dependents shall include a covered employee’s spouse (if not divorced or legally separated), a covered employee’s same sex domestic partner, or a covered employee’s child to the end of the calendar year in which the child reaches age 25, if the child meets all of the following:

(a) The child is dependent upon the employee for support.

(b) The child is living in the household of the employee, or the child is a full-time or part time student.

(c) Grandchildren if the parent is an eligible and covered dependent under the plan.

A domestic partner’s dependent child is eligible for coverage if the child meets all of the following:

(a) The child resides regularly with the employee and the domestic partner or the domestic partner is required to provide coverage for the child by court order.

(b) The child qualifies as the domestic partner’s dependent for tax purposes under the federal guidelines.

(c) The child meets and continues to meet the eligibility requirements for an employee’s child as outlined above.

## Transferred Business

There will be no limitation on transferred business. The requested benefits shall apply for all eligible expenses not covered under the existing plans extension of benefit provisions.

## Determination of Claim Liability

Final determination of any claim liability shall rest with the selected plan in accordance with the plan benefits and the outcome of a pre-established appeals process.

## Plan Year Defined

The plan year shall be January 1 through December 31. Annual deductibles and benefits shall be administered subject to this time frame.

## Eligibility Reports

Eligibility will be provided to the responder on a tape-to-tape basis once a month. Responder is responsible for verifying eligibility and plan benefits.

## Billing

MDC will self-bill on a monthly basis. The selected companies may perform audits on an annual basis at their own expense.

## Network Directories

Responder shall be responsible for managing and updating an online network directory annually or as requested by the College.

## Printing Costs

Costs associated with the printing and mailing of plan booklets should be included in the monthly premiums.

## ID Cards, Documents, Communications to Members

The responder shall provide identification cards, master plan documents and communications regarding the network and utilization review plan. All communications to members must be approved by the College prior to release.

## Timely Reports

The responder is expected to provide timely reports to the College based upon mutually agreeable parameters.

## Standard Reports

The responder shall include the following in the list of standard reports available without additional charges.

Indemnity Plans

A. Monthly paid claims separated by option, by network, non-network, by employee, by dependent.

B. Monthly paid claims by ADA code and description, by employee, by dependent.

C Monthly enrollment by employee and family.

DHMO Plans

D. Number of encounters by ADA code and description by month.

E Monthly Paid claims including capitation and administrative expenses

F. Monthly enrollment by employee and family.

Provide sample reports in Tab VII of your proposal.

## Indemnification Statement

The PROPOSER shall indemnify and hold harmless the COLLEGE, its District Board of Trustees, officers, employees, agents, and other representative, individually and collectively (collectively, the “COLLEGE Indemnities”) from and against any and all Liabilities incurred by any of the COLLEGE Indemnities. For purposes hereof, Liabilities shall mean, but are not limited to, any losses, damages (including loss of use), expenses, demands, claims, suits, proceedings, liabilities, judgments, deficiencies, assessments, actions, investigations, penalties, interest or obligations (including court costs, costs of preparation and investigation, reasonable attorneys’, accountants’ and other professional advisors’ fees and associated expenses), whether suit is instituted or not and, if instituted, at all tribunal levels and whether raised by the Parties hereto or a third party, incurred or suffered by the COLLEGE Indemnities or any of them arising directly or indirectly from, in connection with, or as a result of (a) any false or inaccurate representation or warranty made by or on behalf of the PROPOSER in or pursuant to this ITN and the Agreement; (b) any disputes, actions, or other Liabilities arising with respect to, or in connection with, compliance by the COLLEGE with any Public Records laws (as hereinafter defined) with respect to the PROPOSER’S documents and materials; (c) any dispute, actions, or other liabilities arising in connection with the PROPOSER, the CONTRACTOR’S, SUBCONTRACTOR’S, or their respective agents or employees or representatives otherwise sustained or incurred on or about the Premises; (d) any act or omission of, or default or breach in the performance of any of the covenants or agreements made by the PROPOSER in or pursuant to this ITN or the Contract executed in connection with this ITN; and (e) any services provided by the PROPOSER, its employees, agents, or authorized representatives in connection with the performance of the Contract executed for this ITN. This indemnification shall survive termination of the ITN and the contract executed in connection with the ITN.

The VENDOR is to acknowledge acceptance of the Indemnification Agreement.

Label this acceptance Response to Section 8.15 and include in Tab VII of your proposal.

# QUESTIONNAIRE

Responses to the questionnaire are to be included in Tab IV of your response.

General

1. Where are your company’s claims and customer service offices located? Are there any plans to locate those offices out of the country?
2. Is your company willing to provide a dedicated toll free number for servicing this account?
3. Is your company capable of providing the following reports on a quarterly basis? If not, please provide a description of reports the company is capable of providing and their frequency.

Indemnity Plans

* Monthly paid claims separated by option, by network, non-network, by employee, by dependent
* Monthly paid claims by ADA code and description, by employee, by dependent

HMO Plans

* Number of encounters by ADA code and description by employee, by dependent, by month

1. Does your company maintain a website? If so, please provide the address, services and capabilities for employers and members available at that site.
2. If your website provides network directory information, how often is it updated for terminations and additions?
3. Does your company have the ability to perform online enrollments and billing services?

DHMO

1. What is the current average waiting time for setting appointments for

Miami-Dade Broward Palm Beach Monroe

General Dentists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Specialists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

1. Please provide a detailed description of your DHMO provider Quality Assurance program.
2. Please describe any plans for future DHMO network growth in Miami-Dade, Broward, Palm Beach and Monroe Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please state so.
3. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.
4. Please provide a detailed description of your DHMO grievance and appeal procedures. Be specific in terms of timelines and expected turnarounds.
5. How many participating general dentists in Miami-Dade, Broward, Palm Beach and Monroe Counties were terminated in 2015 as a result of quality assurance reviews or member complaints?
6. How many participating specialist dentists in Miami-Dade, Broward, Palm Beach and Monroe Counties were terminated in 2015 as a result of quality assurance reviews or member complaints?
7. Please describe your credentialing criteria and process for DHMO providers
8. How many general dentists are not accepting new patients? Please provide this information separately for Miami-Dade, Broward, Palm Beach Counties and Monroe counties.
9. Please provide a complete listing of all national markets in which you have DHMO networks that would be available to MDC retirees.
10. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?
11. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.

Indemnity/PPO

1. What is the average turn around for a clean non-network claim submission?
2. Please describe the credentialing criteria for PPO dentists.
3. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?
4. Describe your company’s method of determining usual, customary and reasonable charges.
5. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?

# Required forms

## Response Form

**RESPONDER’S IDENTIFICATION**

Name of Organization:

Address:

Contact Person:

Telephone Numbers

Daytime:

After Hours:

Fax:

Email Address

**RESPONDER’S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE**

Name of Firm:

Address:

Group Representative or

Account Executive:

Telephone Numbers

Daytime:

After Hours:

Fax:

Email Address

## Responder’s Warranty

The undersigned person by the undersigned’s signature affixed hereon warrants that:

A. The undersigned is an officer, partner or a sole proprietor of the firm and the enclosed response is submitted on behalf of the firm;

B. The undersigned has carefully reviewed all the materials and data provided on the firm’s response on behalf of the firm, and, after specific inquiry, believes all the material and data to be true and correct;

C. The response offered by the firm is in full compliance with the Minimum Qualifications of Responder set forth in Section 7 of this ITN;

D. The firm authorizes MDC, its staff or consultants to contact any of the references provided in the response and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the firm offering this response;

E. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this ITN other than those deviations noted above;

F. If this response is accepted, the contract will be issued as proposed.

Name of Firm

Signature of Authorized Representative

Title of Authorized Representative

Date Signed by Authorized Representative

## Non-Discrimination in Employment Form

Section 301, Executive Order 10925, March 6, 1961, 26 FR 1977

as amended by Executive Order 11114, June 22, 1963, 28 FR 6485

“During the performance of this contract the firm agrees as follows:

“(1) The firm will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The firm will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, creed, color, or national origin. 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 firm agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provision of this non-discrimination clause.

“(2) The firm will, in all solicitations or advertisements for employees placed by or on behalf of the firm, state that all qualified applicants will receive consideration for employment without regard to race, creed, color or national origin.

“(3) The firm will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the said labor union or workers’ representative of the firm’s commitments under this section, and shall post copies of the notice inconspicuous places available to employees and applicants for employment.

“(4) The firm will comply with all provisions of Executive Order No. 10925 of March 6, 1961, as amended, and of the rules, regulations, and relevant orders of the President’s Committee on Equal Employment Opportunity created thereby.

“(5) The firm will furnish all information and reports required by Executive Order No. 10925 of March 6, 1961, as amended, and by the rules, regulations and orders of the said Committee, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Committee for the purposes of investigation to ascertain compliance with such rules, regulations and orders.

“(6) In the event of the firm’s noncompliance with the non-discrimination clauses of this contract or with any of the said rules, regulations or orders, this contract may be canceled, terminated, or suspended in whole or in part and the firm may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 10925 of March 6, 1961, as amended, and such other sanctions may be imposed and remedies invoked as provided in the said Executive Order or by rule, regulation, or order of the President’s Committee on Equal Employment Opportunity, or as otherwise provided by law.

“(7) The firm will include the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the President’s Committee on Equal Employment Opportunity issued pursuant to section 303 of Executive Order No. 10925 of March 6, 1961, as amended, so that such provisions will be binding upon each subcontractor or vendor. The firm will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of enforcing such provisions, including sanctions for noncompliance: Provide, however, that in the event the firm becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the firm may request the United States to enter into such litigation to protect the interests of the United States.”

Legal Name of Proposer

By:

Signature (manual)

By:

Name (typed)

Date:

## Public Entity Crimes Form

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A),**

**FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENSE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to **MIAMI DADE COLLEGE** [name of the public entity]

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [print individual’s name and title]

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[print name of submitting sworn statement]

whose business address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. I understand that a “public entity crime” as defined in Paragraph Section 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that “convicted” or “conviction” as defined in Paragraph 287.133 (1)(b), **Florida Statutes**, means a finding of guilt or conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.
3. **I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:**
4. **A predecessor or successor of a person convicted of a public entity crime; or**
5. **An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.**
6. **I understand that a “person” as defined in Paragraph 287.133 (1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term** **“person” includes those** **officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an entity.**
7. **Based on information and belief, the statement, which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]**

**\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.**

**\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.**

**\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or against who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement** **on the convicted vendor list.** **[Attach a copy of the final order]**

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THATH THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**

**[Signature]**

Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016

Personally known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR Produced identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public – State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type of Identification) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed, typed or stamped commission name of notary public)

## Network Summary

Please list the current number of DHMO dentists by category by county. For general dentists, list only those currently accepting members. ***If a dentist has more than one office, he or she should be counted only one time.***

Miami-Dade Broward Palm Beach Monroe

General Dentists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Pediatric Dentists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Oral Surgeons \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Endodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Periodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Prosthodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Orthodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Please list the current number of PPO dentists by category by county.

Miami-Dade Broward Palm Beach Monroe

General Dentists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Pediatric Dentists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Oral Surgeons \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Endodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Periodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Prosthodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Orthodontists \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

## Specific Dentist Network

A list of DHMO and DPPO providers utilized by College members can be downloaded from the Purchasing web-site, file is labeled *Specific Providers.xlsx*. Please indicate with Yes or No which providers participate in your plan. Include this form in Tab III of your proposal and also provide the form in Excel format.

## Fully Insured Premium Forms

Please provide premium as even numbers for payroll purposes.

**DHMO Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Two Tier Premium | |  |  | |
| Employee Only | \_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Employee + Dependent | \_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The premiums listed above are guaranteed for

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 year \_\_\_\_\_\_ | 2 years \_\_\_\_\_\_ | 3 years \_\_\_\_\_\_ |  |  |

Rate cap for any renewal not guaranteed \_\_\_\_\_\_\_\_

Signature Title

**Indemnity/PPO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Two Tier Premium | |  |  | |
| Employee Only | \_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Employee + Dependent | \_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The premiums listed above are guaranteed for

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 year \_\_\_\_\_\_ | 2 years \_\_\_\_\_\_ | 3 years \_\_\_\_\_\_ |  |  |

Rate cap for any renewal not guaranteed \_\_\_\_\_\_\_

## Statement of No Response

**STATEMENT OF NO RESPONSE**

Invitation to Negotiate 2016-21-29

Group Dental Plans

Roman Martinez, MPA, CPPO, CPPB

Purchasing Department

Miami Dade College

11011 SW 104 Street

Miami, FL 33176-3393

The undersigned declines to submit a proposal for ITN 2016-21-29 Group Dental Plans.

Reason(s):

Signature

Title

Name of Firm

Telephone

# underwriting information

## Dental Rate History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PPO** | | | | | |
|  | **1/1/07** | **1/1/08** | **1/1/09** | **1/1/10** | **1/1/11** |
| Dental Carrier | Cigna | Cigna | Cigna | Humana | Humana |
| Employee Only | $33.04 | $33.04 | $33.04 | $32.22 | $32.22 |
| Employee + Dependent(s) | $84.99 | $84.99 | $84.99 | $82.89 | $82.89 |
| Percentage Change EE Rate |  | 0.00% | 0.00% | -2.48% | 0.00% |
| **DHMO** |  |  |  |  |  |
|  | **1/1/07** | **1/1/08** | **1/1/09** | **1/1/10** | **1/1/11** |
| Dental Carrier & Plan | Cigna F1-05 | Cigna F1-05 | Cigna F1-05 | Humana C150P | Humana C150P |
| Employee Only | $19.12 | $20.46 | $20.46 | $14.41 | $14.41 |
| Employee + Dependent(s) | $49.98 | $53.48 | $53.48 | $30.77 | $30.77 |
| Percentage Change EE Rate |  | 7.01% | 0.00% | -29.57% | 0.00% |
|  |  |  |  |  |  |
| **PPO** | | | | | |
|  | **1/1/12** | **1/1/13** | **1/1/14** | **1/1/15** | **1/1/16** |
| Dental Carrier | Humana | Humana | Humana | Humana | Humana |
| Employee Only | $34.15 | $34.15 | $34.15 | $34.15 | $34.15 |
| Employee + Dependent(s) | $87.86 | $87.86 | $87.86 | $87.86 | $87.86 |
| Percentage Change EE Rate | 5.99% | 0.00% | 0.00% | 0.00% | 0.00% |
| **DHMO** |  |  |  |  |  |
|  | **1/1/12** | **1/1/13** | **1/1/14** | **1/1/15** | **1/1/16** |
| Dental Carrier & Plan | Humana C150P | Humana C150P | Humana C150P | Humana C150P | Humana C150P |
| Employee Only | $14.14 | $14.14 | $14.14 | $14.14 | $14.14 |
| Employee + Dependent(s) | $30.77 | $30.77 | $30.77 | $30.77 | $30.77 |
| Percentage Change EE Rate | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

## Dental PPO Experience

The following two pdf files can be downloaded from the College’s Purchasing web-site:

*Network and Claims by Category 4-2015 - 3-2016.pdf and Dental PPO PvC Mar 2016.pdf.*

## DHMO Utilization

The following pdf file can be downloaded from the College’s Purchasing web-site:

*DHMO PvC Mar 2016.pdf.*

## Census

The Excel file, *Census 4-2016,* contains three worksheets with the College’s census information, active employees, retirees and COBRA participants. The Excel file may downloaded separately form this document.