

Solicitation GEN2116450P2

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Bid Designation: Public



Broward County Board of County Commissioners

Delivery Location **Broward County Board of County Commissioners**
HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 1289

Description

Employee Only (Bi-Weekly Rate) - Year 2020.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-02 - Employee Only (Bi-Weekly Rate) - Year 2021**

Quantity **1289 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**
HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 1289

Description

Employee Only (Bi-Weekly Rate) - Year 2021.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-03 - Employee Only (Bi-Weekly Rate) - Year 2022**

Quantity **1289 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**
HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 1289

Description

Employee Only (Bi-Weekly Rate) - Year 2022.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-04 - Employee & Spouse/Domestic Partner (Bi-Weekly Rate) - Year 2020**

Quantity **523 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**
HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 523

Description

Employee & Spouse/Domestic Partner (Bi-Weekly Rate) - Year 2020.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-05 - Employee & Spouse/Domestic Partner (Bi-Weekly Rate) - Year 2021**
Quantity **523 each**
Unit Price
Delivery Location **Broward County Board of County Commissioners**
HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 523

Description

Employee & Spouse/Domestic Partner (Bi-Weekly Rate) - Year 2021.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-06 - Employee & Spouse/Domestic Partner (Bi-Weekly Rate) - Year 2022**
Quantity **523 each**
Unit Price
Delivery Location **Broward County Board of County Commissioners**
HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 523

Description

Employee & Spouse/Domestic Partner (Bi-Weekly Rate) - Year 2022.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-07 - Employee & Children (Bi-Weekly Rate) - Year 2020**
Quantity **452 each**
Unit Price
Delivery Location **Broward County Board of County Commissioners**

HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 452

Description

Employee & Children (Bi-Weekly Rate) - Year 2020.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-08 - Employee & Children (Bi-Weekly Rate) - Year 2021**

Quantity **452 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**

HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 452

Description

Employee & Children (Bi-Weekly Rate) - Year 2021.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-09 - Employee & Children (Bi-Weekly Rate) - Year 2022**

Quantity **452 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**

HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 452

Description

Employee & Children (Bi-Weekly Rate) - Year 2022.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-10 - Employee & Family (Bi-Weekly Rate) - Year 2020**

Quantity **489 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**

HR0052
EMPLOYEE BENEFITS

BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 489

Description

Employee & Family (Bi-Weekly Rate) - Year 2020.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-11 - Employee & Family (Bi-Weekly Rate) - Year 2021**

Quantity **489 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**

HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 489

Description

Employee & Family (Bi-Weekly Rate) - Year 2021.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Item **GEN2116450P2--01-12 - Employee & Family (Bi-Weekly Rate) - Year 2022**

Quantity **489 each**

Unit Price

Delivery Location **Broward County Board of County Commissioners**

HR0052
EMPLOYEE BENEFITS
BENEFITS MANAGER
115 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Qty 489

Description

Employee & Family (Bi-Weekly Rate) - Year 2022.
Unit quantity refers to the currently enrolled covered-group member count.
Bi-weekly rate should be calculated based on 26 pay-periods per year.
Price will be considered in the final evaluation and ranking of qualified firms.

Scope of Services

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Introduction

If there is a conflict between any statement, requirement or provision of any material provided by the Proposer, and any statement, requirement or provision of the County’s Scope of Services, General Information, and Specifications of this RFP, the statement, requirement or provision of the County’s Scope of Services, General Information, and Specifications of this RFP shall prevail and be given superior force and effect.

Background

Broward County (County) makes available to its employees an array of comprehensive, voluntary, affordable, benefit plans and programs. The Human Resources Division is soliciting proposals for the provision of fully-insured, voluntary Dental Health Maintenance Organization (DHMO) insurance plan effective January 1, 2020. This agreement will have a three-year initial term, with two one-year renewal options.

The County employs approximately 5,700 benefit-eligible employees in 50 different agencies throughout Broward County. Covered groups for benefit plans shall include active employees, retirees, COBRA participants and eligible dependents; and the CareerSource Broward subgroup identified below. For this solicitation, the covered groups shall include active employees, COBRA and Retiree participants and eligible dependents (refer to the census data provided in BidSync); and the CareerSource Broward subgroup identified below. Failure to include coverage for all covered groups shall result in the proposer being deemed non-responsive to this RFP.

CareerSource Broward currently piggy-backs on the County’s Group Dental agreements, under the same terms and conditions. The group is responsible for all aspects of administration and billing for their employees. CareerSource Broward census data is provided separate from the County’s census and geo-access file in BidSync and is not included in the enrollment totals listed below.

The County offers a voluntary DHMO insurance plan currently through CompBenefits Company. The Summary of Benefits can be accessed at <https://our.humana.com/broward-county/>. There are currently 2,376 active employees with 2,419 dependents, 368 Retirees with 168 dependents, and 9 COBRA members with 6 dependents enrolled in the DHMO insurance plan which is 100% paid by an employee, COBRA, and Retiree participants at the following plan rates:

Enrollment:

Tier of Coverage	Employee	Dependents
Employee Only	1,071	0
Employee & Spouse/Domestic Partner	388	390
Employee & Children	442	671
Employee & Family	475	1,358

Scope of Services

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

TOTAL ACTIVE	2,376	2,419
Retiree Only	212	0
Retiree & Spouse/Domestic Partner	134	134
Retiree & Children	9	9
Retiree & Family	13	25
TOTAL RETIREE	368	168
COBRA Only	6	0
COBRA & Spouse/Domestic Partner	1	1
COBRA & Children	1	1
COBRA & Family	1	4
TOTAL COBRA	9	6

Rates:

Tier of Coverage	Bi-weekly
Employee Only	\$5.59
Employee & Spouse/Domestic Partner	\$10.05
Employee & Children	\$11.18
Employee & Family	\$13.41

Note: Employees and Retirees pay 100% of the premium, COBRAs pay 102% of the premium.

Objective

The objective of this Solicitation is to obtain the best Program for County employees and ultimately establish an Agreement for the delivery of a comprehensive, member-paid DHMO dental plan which includes an extensive dental network for actively employed, COBRA and retired members.

The proposed Plan design should be comparable in design and rates, to the utmost extent possible, or improve the County's existing Plan design by expanding features for possible consideration and inclusion in the County's Program, at the County's sole discretion. Proposed deviations to the current plan design, and/or enhancements to the current plan design should be clearly identified in the vendor's proposal.

General Information and Specifications

1. **Eligibility:** Any new, or newly benefit-eligible, full-time or part-time 20-hour employee. Coverage is effective on the first day of the month following or coincident to 30 days of benefit-eligible employment, provided timely election is made.
The County defines and determines eligibility for all employees.
2. **Dependent Eligibility:** Spouse* (same or opposite sex), registered Domestic Partner* in accordance with the Domestic Partnership Act, Section 16 ½ - 157, Broward County Code of

Scope of Services

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Ordinances, Child (biological, step-child, child of a domestic partner, legally adopted, ward, or child placed in the home for purpose of adoption in accordance with applicable state and federal laws).

Coverage Limiting Age for Dependent Children – to the end of the calendar year in which the child turns age 26.

AND

Coverage for Over Age Dependent (age 26-30) – to the end of the calendar year in which the Over Age Dependent turns age 30.

***Eligible employees are not permitted to cover each other. Ex-spouses may not be covered under any circumstance, even if divorce decree, settlement agreement or other documentation requires an employee to provide coverage for an ex-spouse.**

3. **Coverage end date: Active employees:** End of the month in which employee retires, experiences a qualify event, or leaves County employment. **COBRA and Retiree participants:** End of the month in which the last payment was made.
4. **Continuation of coverage:** Employees retiring from County employment can continue coverage through Retiree Continuation of Coverage for as long as payment is made to the Third Party Administrator on a timely basis. Retirees moving outside of the DHMO service area are allowed to change to the dental PPO plan at the time of relocation. Employees leaving County employment can continue coverage through COBRA based on Federal guidelines. Employees and dependents losing coverage due to an employee's qualifying event can continue coverage through COBRA, based on Federal guidelines.
5. All employees, COBRA and retiree participants and dependents enrolled as of December 31, 2019 are eligible for coverage with no actively-at-work exclusion.
6. **Minimum enrollment:** The County will not guarantee a minimum number of participants.
7. **Annual Open Enrollment:** The County holds an annual open enrollment, typically in October/November, elections are effective January 1st of the following year. Active employees may elect to enroll/disenroll during Annual Open Enrollment with no penalties, limitations, or exclusions relating to their benefits or future re-enrollments. Retirees disenrolling are not eligible to rejoin the plan.
8. **Annual Satisfaction Survey:** A County-approved Annual Satisfaction Survey, for County-members, is conducted jointly by the health, dental, vision, and pharmacy carriers, at the Vendor's expense. Cost is based on the number of plan members and amount of content within the survey.

Background Information

Dental Health Maintenance Organization (DHMO) Insurance (rebid)

1) Why is this product out for bid?

Broward County's current 5-Year Agreement, including extensions expires on 12/31/2019.

2) DHMO Rate History

Broward County does not contribute to, or subsidize, the voluntary dental plans. Plans are 100% employee paid. (Please note: Active Employees pay on a bi-weekly basis – 26 pay periods.)

2014, 2015, 2016 (Initial Term) – 2017, 2018 (Renewals) – 2019 (Extension)	
Emp Only	\$12.12 per month - \$5.59 biweekly
Emp + SP/DP	\$21.78 per month - \$10.05 biweekly
Emp + Child(ren)	\$24.22 per month - \$11.18 biweekly
Emp + Family	\$29.06 per month - \$13.41 biweekly

3) COBRA Administration

County-paid COBRA and Retiree administration is provided through a Third Party Administrator; currently contracted with Benefits Outsource, Inc.

4) Stand-Alone Pricing

Proposed rates are for stand-alone DHMO Insurance only; and may not be contingent on any additional lines of business or agreements with the County.

5) GeoAccess vs. Census

The census file only contains the information for currently-enrolled participants. The GeoAccess file is based on the benefit-eligible population, regardless of enrollment.

6) Claim Count / Claim Experience

The DHMO plan had 11,124 claims between 5/1/2015 – 4/30/2018. Please see the Claims Experience Report for additional information.

7) Member ID Cards

The County requires the initial (new hire, change of plans during open enrollment, etc.) member ID card to be mailed to the member. After initial ID card is provided, members should be able to request duplicates if they are not comfortable using electronic ID cards.

8) What is expected to be included in the “Welcome Kit” and “Enrollment Materials”?

The Welcome Kit typically consists of the ID Card and a brochure/letter-type document on how to use the plan, access Member Services, website information, etc. Enrollment Materials are expected to include a Summary of Benefits guide or other similar document.

9) How implants are currently covered on the DHMO plan?

The current DHMO plans covers Implants with a 25% discount from the provider's UCR charge.

10) Billing Process

Broward County's current process is to self-bill for active employees on a monthly basis based on enrollment and paid at the beginning of each month with any billing adjustments being made in the following month. Payment is typically made by the 15th of the month.

If there is a conflict or inconsistency between any question, statement, or provision of any material provided by the Proposer, and the Project Specific Vendor Questionnaire, Performance Guarantee Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire shall prevail and be given effect.

Special Instructions to Vendors
[Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)]

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

A. Additional Responsiveness Criteria:

In addition to the requirements set forth in the **Standard Instructions to Vendors**, the following criteria shall also be evaluated in making a determination of responsiveness:

1. Price

Refer to **Item Response Form in BidSync**. All line items in this electronic form must be completed and submitted by the solicitation due date in order to be responsive to the solicitation requirements.

2. Domestic Partnership Act Requirement

This solicitation requires that the Vendor comply with Domestic Partnership Act unless it is exempt from the requirement per Ordinance. Vendors must follow the instructions included in the **Domestic Partnership Act Certification Form (Requirement and Tiebreaker)** and submit as instructed.

3. Project Specific Vendor Questionnaire

The **Project Specific Vendor Questionnaire** is enclosed in the solicitation documents. Vendors must review and provide a response to each of the negotiable and non-negotiable questions listed, sign and submit its complete response by the solicitation due date in order to be responsive to the solicitation requirements. |

B. Additional Responsibility Criteria:

In addition to the requirements set forth in the **Standard Instructions to Vendors**, the following criteria shall also be evaluated in making a determination of responsibility: | |

1. Office of Economic and Small Business Development Program

| Not applicable to this solicitation. |

2. Licensing

In order to be considered a responsible Vendor for the scope of work, the Vendor shall possess one of the following licenses (including any specified State registration, if applicable) at the time of submittal:

Certificate of Authority through the Florida Office of Insurance Regulation (FLOIR)

Proof of licensing should be furnished within three (3) business days after request by the Purchasing Agent. Any certificate of competency that meets or exceeds those specified or can legally perform the scope of work specified will be considered responsible and responsive to the solicitation.

A Joint Venture is required to provide evidence with its response that the Joint Venture, or at least one of the Joint Venture partners, holds the specified license, if applicable, as per Special Instructions to Vendors, issued either by the State of Florida or Broward County. If not submitted with its response, the Joint Venture is required to provide evidence prior to contract execution that the Joint Venture holds the specified license issued either by the State of Florida or Broward County.

3. Performance Measures

The solicitation contains a listing of **Performance Measures** currently in effect with the provider. Vendors are required to review all the negotiable and non-negotiable performance measures listed and indicate whether or not they agree with the performance measure and the proposed deduction.

4. Plan Design Questionnaire

A **Plan Design Questionnaire** is enclosed in the solicitation. Vendors are required to complete the questionnaire from the example shown, leaving no blanks in the columns labelled as follows:

- Is this Procedure Code Covered Under Proposed Plan (Y/N)
- Members Pays
- Member Charge/Copay Includes Pre-Services for Major Medical Procedures (Y/N or N/A if procedure is not covered)

5. Top Utilized Provider Disruption Questionnaire

Enclosed in the solicitation is a **Top Utilized Provider Disruption Questionnaire** listing providers by subscriber count. Vendors are required to complete and submit the questionnaire indicating whether or not the listed provider is included in its proposed plan network.

6. Geo Access Template

The solicitation contains a Geographic Access file. Vendors are requested to complete and submit its data based on the information listed in Microsoft Excel file format. Calculations will auto-populate.

C. Standard Agreement Language Requirements:

The applicable Agreement terms and conditions for this solicitation can be located at:
[Project Specific Agreement - refer to link below.](#)

GEN2116450P2 Agreement Group Dental Health Maintenance Organization (DHMO)
[http://www.broward.org/Purchasing/Pages/StandardTerms_copy\(1\).aspx](http://www.broward.org/Purchasing/Pages/StandardTerms_copy(1).aspx)

Refer to **Standard Instructions for Vendors** and the requirements to review the applicable terms and conditions (and submission of the **Agreement Exception Form**).

D. Demonstrations:

Not applicable to this solicitation.

E. Presentations:

Applies to this solicitation. Refer to Standard Instructions to Vendors for additional information and requirements.

F. Public Art and Design Program:

Not applicable to this solicitation.

G. Procurement Authority:

Pursuant to Section 21.32, Competitive Sealed Proposals, of the Broward County Procurement Code.

**H. Project Funding Source - this project is funded in whole or in part by:
Select funding source.**

Funded 100% by the voluntary enrollment of benefits-eligible plan participants. |

I. Projected Schedule:

Initial Shortlisting or Evaluation Meeting (Sunshine Meeting): **To Be Determined**

Final Evaluation Meeting (Sunshine Meeting): **To Be Determined**

Check this website for any changes to the above tentative schedule for Sunshine Meetings:

<http://www.broward.org/Commission/Pages/SunshineMeetings.aspx>.

J. Project Manager Information:

Project Manager: Lisa Morrison, Human Resources Manager

Email: lmorrison@broward.org

Vendors are requested to submit questions regarding this solicitation through the "Q&A" section on BidSync; answers are posted through BidSync.

Standard Instructions to Vendors Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync. Refer to the [Purchasing Division website](#) or contact BidSync for submittal instructions.

A. Responsiveness Criteria:

In accordance with Broward County Procurement Code Section 21.8.b.65, a Responsive Bidder [Vendor] means a person who has submitted a proposal which conforms in all material respects to a solicitation. The solicitation submittal of a responsive Vendor must be submitted on the required forms, which contain all required information, signatures, notarizations, insurance, bonding, security, or other mandated requirements required by the solicitation documents to be submitted at the time of proposal opening.

Failure to provide the information required below at the time of submittal opening may result in a recommendation Vendor is non-responsive by the Director of Purchasing. The Selection or Evaluation Committee will determine whether the firm is responsive to the requirements specified herein. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.30.f.1(c) of the Broward County Procurement Code.

Below are standard responsiveness criteria; refer to **Special Instructions to Vendors**, for Additional Responsiveness Criteria requirement(s).

1. Lobbyist Registration Requirement Certification

Refer to **Lobbyist Registration Requirement Certification**. The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

2. Addenda

The County reserves the right to amend this solicitation prior to the due date. Any change(s) to this solicitation will be conveyed through the written addenda process. Only written addenda will be binding. If a "must" addendum is issued, Vendor must follow instructions and submit required information, forms, or acknowledge addendum, as instructed therein. It is the responsibility of all potential Vendors to monitor the solicitation for any changing information, prior to submitting their response.

B. Responsibility Criteria:

Definition of a Responsible Vendor: In accordance with Section 21.8.b.64 of the Broward County Procurement Code, a Responsible Vendor means a Vendor who has the capability in all respects to perform the contract requirements, and the integrity and reliability which will assure good faith performance.

The Selection or Evaluation Committee will recommend to the awarding authority a determination of a Vendor's responsibility. At any time prior to award, the awarding authority may find that a Vendor is

not responsible to receive a particular award.

Failure to provide any of this required information and in the manner required may result in a recommendation by the Director of Purchasing that the Vendor is non-responsive.

Below are standard responsibility criteria; refer to **Special Instructions to Vendors**, for Additional Responsibility Criteria requirement(s).

1. **Litigation History**

- a. All Vendors are required to disclose to the County all “material” cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the Vendor, any parent or subsidiary of the Vendor, or any predecessor organization. Additionally, all Vendors are required to disclose to the County all “material” cases filed, pending, or resolved against any principal of Vendor, regardless of whether the principal was associated with Vendor at the time of the “material” cases against the principal, during the last three (3) years prior to the solicitation response. A case is considered to be “material” if it relates, in whole or in part, to any of the following:
 - i. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
 - ii. An allegation of fraud, negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
 - iii. A vendor’s default, termination, suspension, failure to perform, or improper performance in connection with any contract;
 - iv. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
 - v. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.
- b. For each material case, the Vendor is required to provide all information identified in the **Litigation History Form**. Additionally, the Vendor shall provide a copy of any judgment or settlement of any material case during the last three (3) years prior to the solicitation response. Redactions of any confidential portions of the settlement agreement are only permitted upon a certification by Vendor that all redactions are required under the express terms of a pre-existing confidentiality agreement or provision.
- c. The County will consider a Vendor’s litigation history information in its review and determination of responsibility.
- d. If the Vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture.
- e. A vendor is required to disclose to the County any and all cases(s) that exist between the County and any of the Vendor’s subcontractors/subconsultants proposed to work on this project during the last five (5) years prior to the solicitation response.
- f. Failure to disclose any material case, including all requested information in connection with each such case, as well as failure to disclose the Vendor’s subcontractors/subconsultants litigation history against the County, may result in the Vendor being deemed non-responsive.

2. **Financial Information**

- a. All Vendors are required to provide the Vendor’s financial statements at the time of submittal in order to demonstrate the Vendor’s financial capabilities.

b. Each Vendor shall submit its most recent two years of financial statements for review. The financial statements are not required to be audited financial statements. The annual financial statements will be in the form of:

- i. Balance sheets, income statements and annual reports; or
- ii. Tax returns; or
- iii. SEC filings.

If tax returns are submitted, ensure it does not include any personal information (as defined under Florida Statutes Section 501.171, Florida Statutes), such as social security numbers, bank account or credit card numbers, or any personal pin numbers. If any personal information data is part of financial statements, redact information prior to submitting a response the County.

- c. If a Vendor has been in business for less than the number of years of required financial statements, then the Vendor must disclose all years that the Vendor has been in business, including any partial year-to-date financial statements.
- d. The County may consider the unavailability of the most recent year's financial statements and whether the Vendor acted in good faith in disclosing the financial documents in its evaluation.
- e. Any claim of confidentiality on financial statements should be asserted at the time of submittal. Refer to **Standard Instructions to Vendors**, Confidential Material/ Public Records and Exemptions for instructions on submitting confidential financial statements. The Vendor's failure to provide the information as instructed may lead to the information becoming public.
- f. Although the review of a Vendor's financial information is an issue of responsibility, the failure to either provide the financial documentation or correctly assert a confidentiality claim pursuant the Florida Public Records Law and the solicitation requirements (Confidential Material/ Public Records and Exemptions section) may result in a recommendation of non-responsiveness by the Director of Purchasing.

3. Authority to Conduct Business in Florida

- a. A Vendor must have the authority to transact business in the State of Florida and be in good standing with the Florida Secretary of State. For further information, contact the Florida Department of State, Division of Corporations.
- b. The County will review the Vendor's business status based on the information provided in response to this solicitation.
- c. It is the Vendor's responsibility to comply with all state and local business requirements.
- d. Vendor should list its active Florida Department of State Division of Corporations Document Number (or Registration No. for fictitious names) in the **Vendor Questionnaire**, Question No. 10.
- e. If a Vendor is an out-of-state or foreign corporation or partnership, the Vendor must obtain the authority to transact business in the State of Florida or show evidence of application for the authority to transact business in the State of Florida, upon request of the County.
- f. A Vendor that is not in good standing with the Florida Secretary of State at the time of a submission to this solicitation may be deemed non-responsible.

- g. If successful in obtaining a contract award under this solicitation, the Vendor must remain in good standing throughout the contractual period of performance.

4. **Affiliated Entities of the Principal(s)**

- a. All Vendors are required to disclose the names and addresses of “affiliated entities” of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. The Vendor is required to provide all information required on the **Affiliated Entities of the Principal(s) Certification Form**.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. “Affiliated entities” of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

5. **Insurance Requirements**

The **Insurance Requirement Form** reflects the insurance requirements deemed necessary for this project. It is not necessary to have this level of insurance in effect at the time of submittal, but it is necessary to submit certificates indicating that the Vendor currently carries the insurance or to submit a letter from the carrier indicating it can provide insurance coverages.

C. Additional Information and Certifications

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

1. **Vendor Questionnaire**

Vendor is required to submit detailed information on their firm. Refer to the **Vendor Questionnaire** and submit as instructed.

2. **Standard Certifications**

Vendor is required to certify to the below requirements. Refer to the **Standard Certifications** and submit as instructed.

- a. **Cone of Silence Requirement Certification**
- b. **Drug-Free Workplace Certification**
- c. **Non-Collusion Certification**
- d. **Public Entities Crimes Certification**
- e. **Scrutinized Companies List Certification**

3. **Subcontractors/Subconsultants/Suppliers Requirement**

The Vendor shall submit a listing of all subcontractors, subconsultants, and major material suppliers, if any, and the portion of the contract they will perform. Vendors must follow the instructions included on the **Subcontractors/Subconsultants/Suppliers Information Form** and submit as instructed.

D. Standard Agreement Language Requirements

1. The acceptance of or any exceptions taken to the terms and conditions of the County's Agreement shall be considered a part of a Vendor's submittal and will be considered by the Selection or Evaluation Committee.
2. The applicable Agreement terms and conditions for this solicitation are indicated in the **Special Instructions to Vendors**.
3. Vendors are required to review the applicable terms and conditions and submit the **Agreement Exception Form**. If the **Agreement Exception Form** is not provided with the submittal, it shall be deemed an affirmation by the Vendor that it accepts the Agreement terms and conditions as disclosed in the solicitation.
4. If exceptions are taken, the Vendor must specifically identify each term and condition with which it is taking an exception. Any exception not specifically listed is deemed waived. Simply identifying a section or article number is not sufficient to state an exception. Provide either a redlined version of the specific change(s) or specific proposed alternative language. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.
5. Submission of any exceptions to the Agreement does not denote acceptance by the County. Furthermore, taking exceptions to the County's terms and conditions may be viewed unfavorably by the Selection or Evaluation Committee and ultimately may impact the overall evaluation of a Vendor's submittal.

E. Evaluation Criteria

1. The Selection or Evaluation Committee will evaluate Vendors as per the **Evaluation Criteria**. The County reserves the right to obtain additional information from a Vendor.
2. Vendor has a continuing obligation to inform the County in writing of any material changes to the information it has previously submitted. The County reserves the right to request additional information from Vendor at any time.
3. For Request for Proposals, the following shall apply:
 - a. The Director of Purchasing may recommend to the Evaluation Committee to short list the most qualified firms prior to the Final Evaluation.
 - b. The Evaluation Criteria identifies points available; a total of 100 points is available.
 - c. If the Evaluation Criteria includes a request for pricing, the total points awarded for price is determined by applying the following formula:
$$\frac{\text{(Lowest Proposed Price/Vendor's Price)} \times \text{(Maximum Number of Points for Price)}}{\text{= Price Score}}$$
 - d. After completion of scoring, the County may negotiate pricing as in its best interest.
4. For Requests for Letters of Interest or Request for Qualifications, the following shall apply:
 - a. The Selection or Evaluation Committee will create a short list of the most qualified firms.
 - b. The Selection or Evaluation Committee will either:
 - i. Rank shortlisted firms; or

- ii. If the solicitation is part of a two-step procurement, shortlisted firms will be requested to submit a response to the Step Two procurement.

F. Demonstrations

If applicable, as indicated in Special Instructions to Vendors, Vendors will be required to demonstrate the nature of their offered solution. After receipt of submittals, all Vendors will receive a description of, and arrangements for, the desired demonstration. In accordance with Section 286.0113 of the Florida Statutes and pursuant to the direction of the Broward County Board of Commissioners, demonstrations are closed to only the vendor team and County staff.

G. Presentations

Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) will have an opportunity to make an oral presentation to the Selection or Evaluation Committee on the Vendor's approach to this project and the Vendor's ability to perform. The committee may provide a list of subject matter for the discussion. All Vendor's will have equal time to present but the question-and-answer time may vary. In accordance with Section 286.0113 of the Florida Statutes and the direction of the Broward County Board of Commissioners, presentations during Selection or Evaluation Committee Meetings are closed. Only the Selection or Evaluation Committee members, County staff and the vendor and their team scheduled for that presentation will be present in the Meeting Room during the presentation and subsequent question and answer period.

H. Public Art and Design Program

If indicated in **Special Instructions to Vendors**, Public Art and Design Program, Section 1-88, Broward County Code of Ordinances, applies to this project. It is the intent of the County to functionally integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The Vendor may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. For additional information, contact the Broward County Cultural Division.

I. Committee Appointment

The Cone of Silence shall be in effect for County staff at the time of the Selection or Evaluation Committee appointment and for County Commissioners and Commission staff at the time of the Shortlist Meeting of the Selection Committee or the Initial Evaluation Meeting of the Evaluation Committee. The committee members appointed for this solicitation are available on the Purchasing Division's website under [Committee Appointment](#).

J. Committee Questions, Request for Clarifications, Additional Information

At any committee meeting, the Selection or Evaluation Committee members may ask questions, request clarification, or require additional information of any Vendor's submittal or proposal. It is highly recommended Vendors attend to answer any committee questions (if requested), including a Vendor representative that has the authority to bind.

Vendor's answers may impact evaluation (and scoring, if applicable). Upon written request to the Purchasing Agent prior to the meeting, a conference call number will be made available for Vendor participation via teleconference. Only Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) are requested to participate in a final (or presentation) Selection or Evaluation committee meeting.

K. Vendor Questions

The County provides a specified time for Vendors to ask questions and seek clarification regarding solicitation requirements. All questions or clarification inquiries must be submitted through BidSync by the date and time referenced in the solicitation document (including any addenda). The County will respond to questions via Bid Sync.

L. Confidential Material/ Public Records and Exemptions

1. Broward County is a public agency subject to Chapter 119, Florida Statutes. Upon receipt, all submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Submittals may be posted on the County's public website or included in a public records request response, unless there is a declaration of "confidentiality" pursuant to the public records law and in accordance with the procedures in this section.
2. Any confidential material(s) the Vendor asserts is exempt from public disclosure under Florida Statutes must be labeled as "Confidential", and marked with the specific statute and subsection asserting exemption from Public Records.
3. To submit confidential material, three hardcopies must be submitted in a sealed envelope, labeled with the solicitation number, title, date and the time of solicitation opening to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301

4. Material will not be treated as confidential if the Vendor does not cite the applicable Florida Statute (s) allowing the document to be treated as confidential.
5. Any materials that the Vendor claims to be confidential and exempt from public records must be marked and separated from the submittal. If the Vendor does not comply with these instructions, the Vendor's claim for confidentiality will be deemed as waived.
6. Submitting confidential material may impact full discussion of your submittal by the Selection or Evaluation Committee because the Committee will be unable to discuss the details contained in the documents cloaked as confidential at the publicly noticed Committee meeting.

M. Copyrighted Materials

Copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Submission of copyrighted material in response to any solicitation will constitute a license and permission for the County to make copies (including electronic copies) as reasonably necessary for the use by County staff and agents, as well as to make the materials available for inspection or production pursuant to Public Records Law, Chapter 119, Florida Statutes.

N. State and Local Preferences

If the solicitation involves a federally funded project where the fund requirements prohibit the use of state and/or local preferences, such preferences contained in the Local Preference Ordinance and Broward County Procurement Code will not be applied in the procurement process.

O. Local Preference

Except where otherwise prohibited by federal or state law or other funding source restrictions, a local Vendor whose submittal is within 5% of the highest total ranked Vendor outside of the preference area will become the Vendor with whom the County will proceed with negotiations for a final contract. Refer to **Local Vendor Certification Form (Preference and Tiebreaker)** for further information.

P. Tiebreaker Criteria

In accordance with Section 21.31.d of the Broward County Procurement Code, the tiebreaker criteria shall be applied based upon the information provided in the Vendor's response to the solicitation. In order to receive credit for any tiebreaker criterion, complete and accurate information must be contained in the Vendor's submittal.

1. **Local Vendor Certification Form (Preference and Tiebreaker);**
2. **Domestic Partnership Act Certification (Requirement and Tiebreaker);**
3. **Tiebreaker Criteria Form: Volume of Work Over Five Years**

Q. Posting of Solicitation Results and Recommendations

The Broward County Purchasing Division's [website](#) is the location for the County's posting of all solicitations and contract award results. It is the obligation of each Vendor to monitor the website in order to obtain complete and timely information.

R. Review and Evaluation of Responses

A Selection or Evaluation Committee is responsible for recommending the most qualified Vendor(s). The process for this procurement may proceed in the following manner:

1. The Purchasing Division delivers the solicitation submittals to agency staff for summarization for the committee members. Agency staff prepares a report, including a matrix of responses submitted by the Vendors. This may include a technical review, if applicable.
2. Staff identifies any incomplete responses. The Director of Purchasing reviews the information and makes a recommendation to the Selection or Evaluation Committee as to each Vendor's responsiveness to the requirements of the solicitation. The final determination of responsiveness rests solely on the decision of the committee.
3. At any time prior to award, the awarding authority may find that a Vendor is not responsible to receive a particular award. The awarding authority may consider the following factors, without limitation: debarment or removal from the authorized Vendors list or a final decree, declaration or order by a court or administrative hearing officer or tribunal of competent jurisdiction that the Vendor has breached or failed to perform a contract, claims history of the Vendor, performance history on a County contract(s), an unresolved concern, or any other cause under this code and Florida law for evaluating the responsibility of a Vendor.

S. Vendor Protest

Sections 21.118 and 21.120 of the Broward County Procurement Code set forth procedural requirements that apply if a Vendor intends to protest a solicitation or proposed award of a contract and state in part the following:

1. Any protest concerning the solicitation or other solicitation specifications or requirements must be made and received by the County within seven business days from the posting of the solicitation or addendum on the Purchasing Division's website. Such protest must be made in writing to the Director of Purchasing. Failure to timely protest solicitation specifications or requirements is a waiver of the ability to protest the specifications or requirements.
2. Any protest concerning a solicitation or proposed award above the award authority of the

Director of Purchasing, after the RLI or RFP opening, shall be submitted in writing and received by the Director of Purchasing within five business days from the posting of the recommendation of award for Invitation to Bids or the final recommendation of ranking for Request for Letters of Interest and Request for Proposals on the Purchasing Division's website.

3. Any actual or prospective Vendor who has a substantial interest in and is aggrieved in connection with the proposed award of a contract that does not exceed the amount of the award authority of the Director of Purchasing, may protest to the Director of Purchasing. The protest shall be submitted in writing and received within three (3) business days from the posting of the recommendation of award for Invitation to Bids or the final recommendation of ranking for Request for Letters of Interest and Request for Proposals on the Purchasing Division's website.
4. For purposes of this section, a business day is defined as Monday through Friday between 8:30 a.m. and 5:00 p.m. Failure to timely file a protest within the time prescribed for a proposed contract award shall be a waiver of the Vendor's right to protest.
5. As a condition of initiating any protest, the protestor shall present the Director of Purchasing a nonrefundable filing fee in accordance with the table below.

<u>Estimated Contract Amount</u>	<u>Filing Fee</u>
\$30,000 - \$250,000	\$ 500
\$250,001 - \$500,000	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	5,000

If no contract proposal amount was submitted, the estimated contract amount shall be the County's estimated contract price for the project. The County may accept cash, money order, certified check, or cashier's check, payable to Broward County Board of Commissioners.

T. Right of Appeal

Pursuant to Section 21.83.d of the Broward County Procurement Code, any Vendor that has a substantial interest in the matter and is dissatisfied or aggrieved in connection with the Selection or Evaluation Committee's determination of responsiveness may appeal the determination pursuant to Section 21.120 of the Broward County Procurement Code.

1. The appeal must be in writing and sent to the Director of Purchasing within ten (10) calendar days of the determination by the Selection or Evaluation Committee to be deemed timely.
2. As required by Section 21.120, the appeal must be accompanied by an appeal bond by a Vendor having standing to protest and must comply with all other requirements of this section.
3. The institution and filing of an appeal is an administrative remedy to be employed prior to the institution and filing of any civil action against the County concerning the subject matter of the appeal.

U. Rejection of Responses

The Selection or Evaluation Committee may recommend rejecting all submittals as in the best interests of the County. The rejection shall be made by the Director of Purchasing, except when a

solicitation was approved by the Board, in which case the rejection shall be made by the Board.

V. Negotiations

The County intends to conduct the first negotiation meeting no later than two weeks after approval of the final ranking as recommended by the Selection or Evaluation Committee. At least one of the representatives for the Vendor participating in negotiations with the County must be authorized to bind the Vendor. In the event that the negotiations are not successful within a reasonable timeframe (notification will be provided to the Vendor) an impasse will be declared and negotiations with the first-ranked Vendor will cease. Negotiations will begin with the next ranked Vendor, etc. until such time that all requirements of Broward County Procurement Code have been met. In accordance with Section 286.0113 of the Florida Statutes and the direction of the Broward County Board of Commissioners, negotiations resulting from Selection or Evaluation Committee Meetings are closed. Only County staff and the selected vendor and their team will be present during negotiations.

W. Submittal Instructions:

1. Broward County does not require any personal information (as defined under Section 501.171, Florida Statutes), such as social security numbers, driver license numbers, passport, military ID, bank account or credit card numbers, or any personal pin numbers, in order to submit a response for ANY Broward County solicitation. DO NOT INCLUDE any personal information data in any document submitted to the County. If any personal information data is part of a submittal, this information must be redacted prior to submitting a response to the County.
2. **Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync.** It is the Vendor's sole responsibility to assure its response is submitted and received through BidSync by the date and time specified in the solicitation.
3. The County will not consider solicitation responses received by other means. Vendors are encouraged to submit their responses in advance of the due date and time specified in the solicitation document. In the event that the Vendor is having difficulty submitting the solicitation document through Bid Sync, immediately notify the Purchasing Agent and then contact BidSync for technical assistance.
4. Vendor must view, submit, and/or accept each of the documents in BidSync. Web-fillable forms can be filled out and submitted through BidSync.
5. After all documents are viewed, submitted, and/or accepted in BidSync, the Vendor must upload additional information requested by the solicitation (i.e. Evaluation Criteria and Financials Statements) in the Item Response Form in BidSync, under line one (regardless if pricing requested).
6. Vendor should upload responses to Evaluation Criteria in Microsoft Word or Excel format.
7. If the Vendor is declaring any material confidential and exempt from Public Records, refer to Confidential Material/ Public Records and Exemptions for instructions on submitting confidential material.
8. After all files are uploaded, Vendor must submit and **CONFIRM** its offer (by entering password) for offer to be received through BidSync.
9. If a solicitation requires an original Proposal Bond (per Special Instructions to Vendors), Vendor must submit in a sealed envelope, labeled with the solicitation number, title, date and

the time of solicitation opening to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301

A copy of the Proposal Bond should also be uploaded into Bid Sync; this does not replace the requirement to have an original proposal bond. Vendors must submit the original Proposal Bond, by the solicitation due date and time.

Evaluation Criteria

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

The following list of Evaluation Criteria total 100 points. Subsequent pages will further detail and define the Evaluation Criteria which are summarized with their numerical point ranges.

1.	LOCATION	5 POINTS
	<p>Refer to Vendor’s Business Location Attestation Form and submit as instructed. Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point. Submit your firm’s State of Florida Department of Corporations website listing as evidence of your firm’s primary business location.</p>	5
2.	COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING	18 POINTS
	<p>2a. Provide basic information for proposing company:</p> <ul style="list-style-type: none"> i. Number of years in the Dental Health Maintenance Organization business ii. Total number of current employees iii. Average seniority of current employees iv. Describe the company’s organization, philosophy, management. 	3
	<p>2b. List Key Members of proposed Account Team who will provide professional, customer service and/or technical support services on this contract. Include:</p> <ul style="list-style-type: none"> i. Name and contact information. ii. Job title and number of years of service with your organization and brief resume covering at least the last 5 years. iii. Location of the office they will be working from. 	3
	<p>2c. How does your Company rank nationally?</p> <ul style="list-style-type: none"> i. By premium and products offered? ii. Provide your firms Industry Rating by either AM Best, Fitch, Moody’s, or Standard & Poor’s 	3
	<p>2d. Provide a list of the governmental and or public entities, similar or greater in size (number of insured) to Broward County, that the Company has provided Dental Health Maintenance services for over the last five (5) years.</p> <ul style="list-style-type: none"> i. Provide address, and verified current contact information including telephone number and e-mail address. 	3
	<p>2e. What are the total numbers?</p> <ul style="list-style-type: none"> i. Number of General Dentists in Miami-Dade, Broward, Palm Beach County area ii. Number of Dentists by area of expertise 	3
	<p>2f. Analysis of Geographic Access Report</p>	3

Evaluation Criteria

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

3.	QUALITY OF SERVICE AND CUSTOMER SERVICE	12 POINTS
	3a. Please describe your overall customer service strategy for Dental Health Maintenance services i. Include location, hours of operation and duties of any call centers and their toll free number.	3
	3b. After contacting a General Dentist, what is the average time before the member is able to see the dentist?	3
	3c. How do you ensure your Dentists are licensed in the State of Florida and continually remain in good standing? Is this information available to enrollees?	3
	3d. What materials/services do you provide to support non-English speaking employees and hearing impaired callers?	3
4.	ENROLLMENT AND IMPLEMENTATION	5 POINTS
	4a. Explain how you will work with the County to ensure a smooth implementation and open enrollment experience? i. Describe the role of the Implementation Manager at your company. ii. How do they interact with the County Benefits Staff? iii. Describe in detail your company's timeframe for implementation	3
	4b. Production and mailing costs for Welcome Kit included in your rates?	2
5.	ANALYSIS OF PROJECT SPECIFIC VENDOR QUESTIONNAIRE AND PERFORMANCE GUARANTEES	10 POINTS
	5a. Project Specific Vendor Questionnaire	5
	5b. Performance Guarantees	5
6.	ANALYSIS OF PLAN DESIGN QUESTIONNAIRE	32 POINTS
	6a. Provides comprehensive coverage for Diagnostic, Preventive and Restorative services	8
	6b. Provides comprehensive coverage for Endodontic, Periodontic and Prosthodontic services	8
	6c. Provides comprehensive coverage for Extractions/Oral Surgery and Anesthesia services	8
	6d. Provides comprehensive coverage for Orthodontic services	8
7.	NETWORK / PROVIDER DISRUPTION	8 POINTS
	7a. Provides a national network	3
	7b. Analysis of Top-Used Provider Disruption Report	5
8.	PRICE	10 POINTS
	8. Submit your pricing in the Item Response Form in BidSync**	10
	TOTAL NUMBER OF POINTS	100

** Total points awarded for price will be determined by applying the following formula:
(Lowest Proposed Price/Proposer's Price) x Points for Price = Price Score

Prices may be negotiated in the best interest of the County after the scoring is completed.

VENDOR QUESTIONNAIRE AND STANDARD CERTIFICATIONS
Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendor should complete questionnaire and complete and acknowledge the standard certifications and submit with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

If a response requires additional information, the Vendor should upload a written detailed response with submittal; each response should be numbered to match the question number. The completed questionnaire and attached responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire be knowledgeable about the proposing Vendor's business and operations.

1. Legal business name:
2. Doing Business As/ Fictitious Name (if applicable):
3. Federal Employer I.D. no. (FEIN):
4. Dun and Bradstreet No.:
5. Website address (if applicable):
6. Principal place of business address:
7. Office location responsible for this project:
8. Telephone no.: Fax no.:
9. Type of business (check appropriate box):
 - Corporation (specify the state of incorporation):
 - Sole Proprietor
 - Limited Liability Company (LLC)
 - Limited Partnership
 - General Partnership (State and County Filed In)
 - Other - Specify
10. List Florida Department of State, Division of Corporations document number (or registration number if fictitious name):
11. List name and title of each principal, owner, officer, and major shareholder:
 - a)
 - b)
 - c)
 - d)

12. AUTHORIZED CONTACT(S) FOR YOUR FIRM:

Name:
Title:
E-mail:
Telephone No.:

Name:
Title:
E-mail:
Telephone No.:

- 13. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response. Yes No
- 14. Has your firm, its principals, officers or predecessor organization(s) ever been debarred or suspended by any government entity? If yes, specify details in an attached written response, including the reinstatement date, if granted. Yes No
- 15. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
- 16. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response. Yes No
- 17. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response. Yes No
- 18. Has your firm's surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor's sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety. Yes No
- 19. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
- 20. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response. Yes No
- 21. Living Wage solicitations only: In determining what, if any, fiscal impacts(s) are a result of the Ordinance for this solicitation, provide the following for informational purposes only. Response is not considered in determining the award of this contract.
Living Wage had an effect on the pricing. Yes No
 N/A
If yes, Living Wage increased the pricing by % or decreased the pricing by %.

Cone of Silence Requirement Certification:

The Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances prohibits certain communications among Vendors, Commissioners, County staff, and Selection or Evaluation Committee members. Identify on a separate sheet any violations of this Ordinance by any members of the responding firm or its joint ventures. After the application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

The Vendor hereby certifies that: (check each box)

- The Vendor has read Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances; and
- The Vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Selection or Evaluation Committee, for communication regarding this solicitation with the County Administrator, Deputy County Administrator, Assistant County Administrators, and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
- The Vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

Drug-Free Workplace Requirements Certification:

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The program must consist of:

1. Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
2. Establishing a continuing drug-free awareness program to inform its employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The offeror's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph 1;
4. Notifying all employees, in writing, of the statement required by subparagraph 1, that as a condition of employment on a covered contract, the employee shall:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.
5. Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision 4.b above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
6. Within 30 calendar days after receiving notice under subparagraph 4 of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - a. Taking appropriate personnel action against such employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs 1 through 6.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that it has established a drug free workplace program in accordance with the above

requirements.

Non-Collusion Certification:

Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

The Vendor hereby certifies that: (select one)

- The Vendor certifies that this offer is made independently and free from collusion; or
- The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.

Public Entities Crimes Certification:

In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and 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 s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.

Scrutinized Companies List Certification:

Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.

The Vendor hereby certifies that: (check each box)

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

<input type="text"/>	<input type="text"/>	<input type="text"/>
*AUTHORIZED SIGNATURE/NAME	TITLE	DATE

Vendor Name:

* I certify that I am authorized to sign this solicitation response on behalf of the Vendor as indicated in Certificate as to Corporate Principal, designation letter by Director/Corporate Officer, or other business authorization to bind on behalf of the Vendor. As the Vendor's authorized representative, I attest that any and all statements, oral, written or otherwise, made in support of the Vendor's response, are accurate, true and correct. I also acknowledge that inaccurate, untruthful, or incorrect statements made in support of the Vendor's response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code. I certify that the Vendor's response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same items/services, and is in all respects fair and without collusion or fraud. I also certify that the Vendor agrees to abide by all terms and conditions of this solicitation, acknowledge and accept all of the solicitation pages as well as any special instructions sheet(s).

DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor's submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ - 157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees' spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ - 157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses.
- 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: (check only one below).
 - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
 - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
 - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
 - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).

**Authorized
Signature/Name**

Title

Vendor Name

Date

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Proposer's Name:	
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Please note: Any NO responses to any of the Non-Negotiable Items #1-22 listed below shall result in the Proposer being deemed Non-Responsive for this RFP. Proposer shall be required to write either "Yes" or "No" for each of the Non-Negotiable Items #1-22. Failure to respond either "Yes" or "No" to Items #1-22 shall be deemed a "No" for that particular Item and therefore render the Proposer Non-Responsive to this RFP.

NON-NEGOTIABLE ITEMS:

		Comply/Agree: Yes/No
	Scope, General Information, & Specifications	
1	Proposer agrees to provide all services and meet all specifications as outlined in the Scope of Services.	
2	Proposer agrees to cover all covered groups as identified in the Scope of Services. For this solicitation, the covered groups are active employees, COBRA and Retiree participants and eligible dependents.	
3	Proposer agrees to accept Employee eligibility as defined/determined by the County.	
4	Proposer agrees to accept Dependent Eligibility as defined in Scope of Services: General Information and Specifications - #2.	
5	Proposer agrees to cover Over Age Dependents until the end of the calendar year in which the dependent turns age 30.	
6	Proposer agrees that Employees retiring from County employment can continue coverage through Retiree Continue of Coverage for as long as payment is made to the Third Party Administrator on a timely basis.	
7	Proposer agrees that Retirees moving outside of the DHMO service area are allowed to change to the dental PPO plan at the time of relocation.	
8	Proposer agrees that Employees leaving County employment can continue coverage through COBRA based on Federal guidelines.	
9	Proposer agrees that Employees and dependents losing coverage due to an employee's qualifying event can continue coverage through COBRA, based on Federal COBRA guidelines.	
10	Proposer agrees that the County will not guarantee a minimum number of participants.	
	Administrative and Related Services	
11	Proposer agrees to a premium rate guarantee for the first three years of the contract. Rate caps will not be accepted. <i>(Rates must be entered into BidSync as a bi-weekly monetary amount per tier of coverage for years 2020, 2021, and 2022.)</i>	
12	Proposer confirms that proposed rates are for stand-alone DHMO Insurance only; and are not contingent on any additional lines of business or agreements with the County.	

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

		Comply/Agree: Yes/No
13	Proposer agrees that Broward County will award a contract under this RFP directly to the carriers or companies that provide the requested services and will require a signature from an authorized representative with the authority to commit the carrier or company to all requirements of the RFP. Awardee may contract with independent agents or brokers separately from its contract with Broward County. Nothing in this RFP will be construed to restrict compensation, contractual or employment arrangements that an Awardee may grant to a licensed insurance agent or to otherwise violate Section 624.1275 or Section 624.428, Florida Statutes.	
14	Proposer agrees to provide renewal notice 270 days before rate guarantee expiration date. Plan analysis and current experience reports will accompany renewal, providing explanation of proposed rate action.	
15	Proposer agrees to hold an annual open enrollment; with no late entrant provisions/penalties to future enrollees regardless of initial selection.	
16	Proposer agrees to have County Benefits Manager or designee approve in advance, and in writing, all employee communications prior to disseminating by any method (print, electronic, web, etc.) to employees.	
17	Proposer agrees to provide minimum of one person (if stand-alone plan, two if awarded DHMO and DPPO plans) to attend all annual open enrollment vendor fairs/meetings (estimated to be approximately 12 on-site meetings over a two-week period). Meeting schedule will be set by the County.	
Eligibility Files / Billing		
18	Proposer agrees to update eligibility data within three (3) business days from receipt of such data. The Proposer agrees to notify the County of any issues arising within one (1) business day from the time of the data upload.	
19	Proposer agrees to accept the County's self-billing process and remittance for active employees on a monthly basis, in arrears. The County will remit premium payments based on its records.	
20	Proposer agrees to accept COBRA and Retiree eligibility files and remittance from Third Party Administrator, currently Benefits Outsource Inc.	
Account Management / Customer Service		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

		Comply/Agree: Yes/No
21	Proposer agrees to participate in a combined health, dental, vision and pharmacy plan annual member satisfaction survey at vendor’s expense. Survey tool must be collectively selected and paid for by the health, dental, vision and pharmacy vendors. Survey content must be approved by County. The current vendor is Morpace with an estimated annual cost of \$4 per enrolled member (cost is based on # members enrolled in vendor’s plan and content within survey). There is an initial setup fee for new vendors. Results are benchmarked year over year by Morpace and comprehensive reports provided to each vendor and the County. Survey is typically conducted in early September of each year.	
	Plan Specific Details	
22	Proposer has submitted a Certificate of Coverage / Schedule of Fees that lists any limitations or exclusions of the proposed plan.	

Please confirm Proposer’s agreement to comply with each one of the Non-Negotiable Items #1-22 by signing below:

Proposer’s Signature: _____

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County’s questionnaire(s) shall prevail and be given superior force and effect.

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Please note: Proposers shall be required to indicate either “Yes” or “No”, along with an explanation (if necessary), to Negotiable Items #23-57. However, County may seek clarification from the Proposers in response to missing and/or incomplete information provided regarding Items #23-57.

NEGOTIABLE ITEMS:

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
	Administrative and Related Services		
23	Proposer agrees to work with the County to implement the County’s DHMO dental plan in a timely manner and to have County-approved member material ready for distribution the at a special open enrollment, if required.		
24	Proposer agrees to provide promotional and enrollment materials at a minimum of thirty (30) days prior to the start of the County’s annual open enrollment period, anticipated to be mid-October for each upcoming Plan Year. Enrollment materials should be provided in printed format, in an adequate amount (for approximately 5,000 employees, at the County’s discretion. The County may also require the selected Proposer to provide enrollment materials in alternate formats (i.e., Braille, different languages, large print and/or audio compact disk). An electronic version of enrollment materials, as well as a customized, ADA-compliant, benefits website should be made available to all eligible employees during annual initial enrollments and to new enrollees. Materials include, but are not limited to, the Certificate of Coverage and other materials, as deemed necessary by the County. The costs of printing and producing materials, in all formats, are the sole responsibility of the selected Proposer.		
25	Proposer agrees to provide a comprehensive network of general and specialist dentists/dental facilities in Miami-Dade, Broward, and Palm Beach County; and to provide adequate access to services.		
26	Proposer agrees to provide a national network of general and specialist dentists/dental facilities.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County’s questionnaire(s) shall prevail and be given superior force and effect.

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
27	Proposer agrees to provide minimum of one person to attend annual Heart Health Fairs (estimated to be approximately 13 on-site meetings over a one-month period) typically scheduled for the month of February. Meeting schedule will be set by the County.		
28	Proposer agrees to provide minimum of one person to attend annual Health Fairs (estimated to be approximately 14 on-site meetings over a two-month period) typically scheduled in July and August. Meeting schedule will be set by the County.		
29	Proposer agrees to provide an in-person, in-service training on plan to educate Benefits Staff on plan during the implementation phase of Agreement.		
Eligibility Files / Billing			
30	Proposer agrees to accept County enrollment processes including verification of dependent status.		
31	Proposer agrees to receiving eligibility data (enrollment and disenrollment), in an electronic format, in a HIPAA-approved file layout, on a weekly basis.		
32	Proposer agrees all data exchanges containing HIPAA-protected data (file transmission, email, media, etc.) between Proposer and County will be encrypted, and only decrypted by the specified recipient.		
33	Proposer agrees to use a secure method to exchange files to and from third party vendors outside of Proposer's organization.		
Account Management / Customer Service			
34	Proposer agrees to provide a County-approved Welcome Kit to newly enrolled members within 10 business days after receipt of the enrollment, at Vendor's expense; to include: ID Cards, certificate of coverage, and other member information.		
35	Proposer agrees to provide the County with a dedicated account representative (point-of-contact) who will assist the County in the administration of the Program including all necessary and related services for employees, in resolving issues including claims problems, and member issues, and in any other way requested, related to the Services stated herein.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
36	Proposer agrees to provide a toll-free customer service number, Monday through Friday from at least 8:00 a.m. to 6:00 p.m. Eastern Time.		
37	Proposer agrees to provide customized website which includes access to information on participating providers, educational materials, Certificate of Coverage, monthly newsletter and available benefits, along with a link for posting on the County’s benefits website. If using County logo on website, must be ADA-compliant.		
38	Proposer agrees to provide access to an Employer Portal to allow designated Benefits staff to view and updated eligibility, view claims data, run reports, and access plan and marketing material.		
Standard Reporting			
39	Proposer agrees to provide an annual Premium vs. Paid Claims Report within 45 days of the close of the reporting period. Additional reports may be requested.		
40	Proposer agrees to provide an annual Utilization by Service Category Report and ADA codes report within 45 days of the close of the reporting period. Additional reports may be requested.		
41	Proposer agrees to provide an annual Dental Provider Turnover Report within 45 days of the close of the reporting period; to include name, specialty, and location, of dentists/facilities joining and leaving the plan.		
Plan Specific Details			
42	Proposer agrees to use County 10-digit ID # as insured identifier.		
43	Are members required to be assigned a Primary Care Dentist (PCD)?		
44	If PCD is required, Proposer agrees to not pre-assign PCD to County members. Members will have the ability to select an in-network PCD of their choice.		
45	Proposer agrees that referrals are not required to see a specialist.		
46	Proposer agrees to accept all insured’s enrolled in the current Program with no actively at work, pre-existing exclusions, or waiting period.		
47	Proposer agrees to no waiting period for Major Services.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County’s questionnaire(s) shall prevail and be given superior force and effect.

Project Specific Vendor Questionnaire (PSVQ)

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
48	Proposer agrees to no waiting period for Orthodontia.		
49	Proposer agrees to no age limit on Orthodontic Services.		
50	Proposer agrees to no Missing Tooth Exclusion.		
51	Does Proposer consider pediatric dental services as specialty care?		
52	Proposer allows pediatric dental services up to what age? Enter age below:		
53	Have you added providers to your network in the past 12-months? If so, state how many providers below:		
54	Have you removed providers to your network in the past 12-months? If so, state how many providers below:		
55	Proposer agrees, if requested by County, to add additional providers who meet your network's credentialing requirements and performance standards.		
56	Do you provide additional services not listed in the schedule of fees? If so, List the services and the discount percentage offered below:		

		Agree: Yes/No
	Have you answered all questions in the Project Specific Vendor Questionnaire?	

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Proposer's Name:	
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Any payment due to the County in accordance with the performance measure deductions must be made in the form of a check within twenty (20) days following the date of the County's invoice based in the Vendor's internal audit reports. Vendors shall have the ability to self-report within forty-five (45) days following the close of the reporting period. Reports may be subject to an independent third party audit at the County's discretion. If the County finds it necessary to conduct such an audit, performance measure deductions will apply to the results of said audit.

NON-NEGOTIABLE PERFORMANCE MEASURE

	Performance Measure	Agree to Measure: Yes/No
1	Provide a Certificate of Coverage within 60 calendar days of approval from County (1st year of contract only) and in initial new member material distributions.	

NEGOTIABLE PERFORMANCE MEASURES

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
2	Provide a Certificate of Coverage within 60 calendar days of approval from County (1st year of contract only) and in initial new member material distributions.			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
3	<p>Implementation Commitment: Implementation meetings will be held with the County to discuss program details and implementation strategy. Implementation will be managed in accordance with a customized implementation plan, that will include:</p> <ul style="list-style-type: none"> • Time parameters • Pertinent steps • Agreed upon timeframes for each step • Plan adjustments made from time to time as mutually agreed upon by Policyholder and Vendor <p>At least 95% of action items assigned to Vendor will be completed or delivered by the due date indicated in the implementation plan</p>			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		
4	<p>Welcome Kit: 100% Distribution of Welcome Kit (including Member ID Card) and Certificate of Coverage) within 10 business days after receipt of electronic eligibility file. (1st year only for full membership, new members only after initial enrollment.</p>			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
5	ID Cards - New hires/Status Changes: 100% will be mailed within 10 business days after eligibility is received and loaded into vendor's system. (Contingent on clean data file.) (Measured and reported quarterly)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.		
6	ID Cards - Annual open enrollment: 80% of ID Cards will be mailed by December 31 st prior to the effective date of the plan year if enrollment files are provided to Vendor at least 15 days prior to the effective date. (Measured and reported annually)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		
7	Speed to Answer calls: 90% of incoming calls will be answered by customer service within 35 seconds. (Measured and reported quarterly)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.		
8	Abandonment Rate: 95% of all telephone calls in queue will connect to a customer service representative. (Measured and reported quarterly)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
9	<p>Member Satisfaction Survey: Vendor shall obtain a minimum 70% satisfaction score based on employees responding as Very Satisfied, Satisfied, Somewhat Satisfied. Vendor will pay proportionate cost of combined health, dental, vision and pharmacy survey based on enrollment in vendor’s plan. (Measured and reported annually). This deduction is contingent upon a minimum of 25% of plan members completing the annual satisfaction survey. Vendor will not incur a deduction if the overall member satisfaction score is 70% or higher for the DHMO Dental plan. If the overall plan satisfaction score falls below 70%, effective with the following year’s survey and for the remainder of the contract and renewal periods, the performance guarantee with a deduction of 0.50% of cumulative total sum of premiums paid during the contract year will be instituted.</p>			<p>0.50% of cumulative total sum of premiums paid during the applicable Contract Year.</p>		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County’s questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
10	<p>Open Enrollment Meetings: COUNTY will schedule open enrollment benefit information sessions at various locations and times. COUNTY will provide Vendor with a list of locations and time at least two (2) weeks prior to the commencement of the first enrollment briefing. COUNTY requires that at a minimum one (1) representative, at their own expense, to participate in <u>every</u> information session requested by COUNTY to explain benefits and plan information. Representative must have excellent knowledge of the COUNTY's DHMO Dental Insurance benefits and plan information. (Measured and reported annually)</p>			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		
11	<p>Reporting: Provide 100% of quarterly reports within forty-five (45) days after the close of the reporting period. (Measured and reported quarterly)</p> <ul style="list-style-type: none"> • Claims to Premium • Utilization by Service Category • Provider Turnover 			0.50% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
12	Service Meetings: Semiannual meetings will be prescheduled to review plan performance and service delivery. (Measured and reported semiannually.)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year, semiannually.		
13	Renewal Notification: Renewal notice will be provided to Policyholder 270 days before rate guarantee expiration date. Plan analysis and current experience reports will accompany renewal, providing explanation of proposed rate action. (Measured and reported annually beginning applicable year of contract)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		
14	Electronic Eligibility: COUNTY and Third Party Administrator for COBRA and Retiree eligibility and billing will transmit weekly electronic eligibility files in a secure format to Vendor. Vendor will process 95% of electronic eligibility files within three (3) business days of receipt and a discrepancy report must be provided to the County or Third Party Vendor within seven (7) days following receipt of the data. (Measured and reported quarterly)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.		

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
15	Claims Processing Standards: 95% of “clean” claims (in-network and out-of-network) will be processed within 30 calendar days of receipt. (Measured and reported quarterly)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.		
16	Claim Financial Accuracy: Financial accuracy standard will be 95% of COUNTY specific claims. (Measured and reported annually)			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.		
17	Client Annual Satisfaction: Benefits staff will be satisfied that the service delivered by the Account Management Team qualifies as a “solid performance that generally meets requirements” (3.0) or higher as defined in the survey defined below. (Measured and reported annually) SEE SAMPLE BELOW			0.50% of cumulative total sum of premiums paid during the applicable Contract Year.		

	Agree: Yes/No
Have you answered all questions in the Performance Measures Questionnaire?	

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County’s questionnaire(s) shall prevail and be given superior force and effect.

Performance Measures Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

SAMPLE - Annual Satisfaction Assessment Tool

Account Management	Score	Comments
1. Exhibits knowledge of, and acts to meet County's needs. Is viewed as a valuable resource.		
2. Proactively offers useful information and ideas to help manage benefit plans.		
3. Responds to questions and requests in a timely manner.		
4. Provides accurate and timely information.		
5. Communicates clearly and professionally.		
6. Is well prepared for meetings.		
7. Delivers on commitments and proactively provides updates on issues.		
8. Effective and timely escalated issue resolution.		
9. Provides the right resources to effectively manage County's account.		
Additional comments:		

Rating Scale

- 5.0 Exceptional performance with extraordinary results that exceed requirements.
- 4.0 – 4.9 Outstanding performance that generally exceeds requirements.
- 3.0 – 3.9 Solid performance that generally meets requirements.
- 2.0 – 2.9 Marginal performance that generally does not meet requirements
- 1.0 – 1.9 Un-satisfactory performance that consistently does not meet Requirements.

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given superior force and effect.

SAMPLE

Complete document available in BidSync

Plan Design Questionnaire

Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Proposer's Name:	
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Only include monetary copays as shown on your schedule of benefits. Do not include any percentage based discounts in your response.

Please submit your Schedule of Fees / Member Certificate for the proposed plan; including any enhancements, limitations or exclusions.

ADA Codes	Procedure	Is This Procedure Code Covered Under Proposed Plan? (Y/N)	Member Pays
EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE
<i>Dxxxx</i>	<i>Periodic oral evaluation - established patient</i>	<i>Y</i>	<i>no charge</i>
<i>Dxxxx</i>	<i>Complete denture - maxillary</i>	<i>Y</i>	<i>\$300.00 + lab</i>
<i>Dxxxx</i>	<i>Comprehensive orthodontic treatment of the transitional dentition</i>	<i>Y</i>	<i>Consultation - no charge Evaluation - \$35.00 Records/Treatment Planning - \$250.00 Orthodontic Treatment - \$1,800.00</i>
<i>Dxxxx</i>	<i>Inhalation of nitrous oxide / analgesia, anxiolysis</i>	<i>Y</i>	<i>\$15.00 per 15 minutes</i>
<i>Dxxxx</i>	<i>Endodontic therapy, bicuspid tooth (excluding final restoration)</i>	<i>Y</i>	<i>\$35.00</i>
<i>Dxxxx</i>	<i>Adjust maxillofacial prosthetic appliance, by report</i>	<i>N</i>	<i>not covered</i>
<i>Dxxxx</i>	<i>Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician</i>	<i>Y</i>	<i>\$15.00</i>
D0100-D0999 DIAGNOSTIC			
CLINICAL ORAL EVALUATIONS			

If there is a conflict or inconsistency between any statement or provision of any material provided by the Proposer, and the response provided on the Project Specific Vendor Questionnaire, Performance Measures Questionnaire, Plan Design Questionnaire or other County-supplied questionnaire for consideration by the Evaluation Committee and County Staff, the response submitted on the County's questionnaire(s) shall prevail and be given effect.

Top Utilized Provider Disruption Questionnaire

Broward County Board of
County Commissioners

Bid GEN2116450P2

Dental Health Maintenance Organization (DHMO) Insurance (rebid)



DHMO Providers Chosen by Subscriber Count Broward County Govt - CP1684							
Tax ID	Facility	Address	City	State	Zip	Subscribers	Is this Provider Included in the Proposed Plan Network? (Y/N)
452460398	Lighthouse Dental And Denture	4843 Us Highway 19	New Port Richey	FL	34652	159	
201462235	Barnard, DDS, Michael	1209 W Broward Blvd	Fort Lauderdale	FL	33312	88	
650456698	Graff, DMD, PA, Brad W.	3107 Stirling Rd Ste 108	Ft Lauderdale	FL	33312	75	
650908498	Sage Dental of Plantation PA	8440 W Broward Blvd	Plantation	FL	33324	69	
591399832	Emerald Hills Dental Center	3856 Sheridan St	Hollywood	FL	33021	62	
650461148	Bayview Dental Associates PA	2826 E Oakland Park Blvd Ste 3	Ft Lauderdale	FL	33306	50	
650129699	Plantation Dental Services	314 S University Dr	Plantation	FL	33324	48	
650467002	Dallas, DDS, Michele	620 Ne 3rd St	Fort Lauderdale	FL	33301	44	
043688903	Friend, DMD, PA, Michael J.	8962 Cleary Blvd	Plantation	FL	33324	43	
650700150	Sachs, DDS, David	2263 S University Dr	Davie	FL	33324	43	
650719035	Dental Health Grp II Pem Pines	140 S University Dr	Hollywood	FL	33025	39	
272813237	Sage Dental of Coral Springs P	987 University Blvd	Coral Springs	FL	33071	38	
650924956	Sage Dental of Pompano Beach P	1650 North Federal Highway	Pompano Beach	FL	33062	35	
263005908	Sage Dental of Coconut Creek P	5463 Lyons Rd Ste C	Coconut Creek	FL	33073	31	
592578313	Pettis, DMD, Cyrus R.	200 N Flagler Ave	Pompano Beach	FL	33060	30	
651007689	Rothfield Dental Associates PA	4601 Hollywood Blvd	Hollywood	FL	33021	29	
591788725	Deerfield Dental Services	1800 W Hillsboro Blvd Ste 210	Deerfield Beach	FL	33442	28	
030576792	TLC Dental East	3001 E Commercial Blvd	Fort Lauderdale	FL	33308	28	
815382754	Family Dental Associates Pa	6130 W Atlantic Blvd	Margate	FL	33063	28	
650350225	Mautner, DDS, Steven G.	5609 Nw 29th St	Margate	FL	33063	26	
203993947	Jeremy Gerber DMD PA	1332 Se 17th St	Fort Lauderdale	FL	33316	22	
650719035	Dental Health Group Pa	1201 N Federal Hwy Ste 2d	Fort Lauderdale	FL	33304	22	
562315803	The Dental Group	2609 W Oakland Park Blvd	Ft Lauderdale	FL	33311	22	
651005875	Plantation Park Dental Assoc	7420 Nw 5th St Ste 101	Plantation	FL	33317	22	
650925402	Harvey Moskowitz, DMD, PA	6209 W Commercial Blvd Ste 6	Tamarac	FL	33319	21	
030576797	TLC Dental North	7110 Southgate Blvd	N Lauderdale	FL	33068	21	
471565474	Fresh Dental Smiles	7100 W Commercial Blvd Ste 108	Lauderhill	FL	33319	21	
462672620	Tlc Dental Tamarac Plc	6702 N University Dr	Tamarac	FL	33321	21	
465306191	Tlc Dental Hollywood Llc	1718 Sheridan St	Hollywood	FL	33020	21	
421650718	Stanton Dental Excellence	5400 N Federal Hwy	Ft Lauderdale	FL	33308	21	
650719035	Dental Health Group Pa	2365 N University Dr	Coral Springs	FL	33065	21	
262905291	Pine, DDS, Philip A.	1600 E Atlantic Blvd Fl 2	Pompano Beach	FL	33060	19	
471820802	Sage Dental of Hollywood PLLC	4461 Sheridan St	Hollywood	FL	33021	19	
650235625	Horizon Dental Care	6890 Miramar Pkwy Ste E	Miramar	FL	33023	18	
451806502	Andrew E Bertnolli Dds Llc	1507 E Commercial Blvd	Ft Lauderdale	FL	33334	18	
473696720	Sage Dental Of DOWNTOWN Fort L	551 N Federal Hwy Ste 900	Fort Lauderdale	FL	33301	18	
454337609	Sunrise Dental Group	1776 N Pine Island Rd Ste 300	Plantation	FL	33322	18	
650132415	Centre for the Dental Arts	648 Ne 3rd Ave	Fort Lauderdale	FL	33304	17	
592530483	Ongley/Jacaranda Square Dent	1945 N Pine Island Rd	Sunrise	FL	33322	17	
462649029	American Dental of Florida For	2740 E Commercial Blvd	Fort Lauderdale	FL	33308	16	
275547981	Dental Health And Beauty	2801 N University Dr Ste 301	Coral Springs	FL	33065	16	
202915960	Broward Mall Dental PA	8000 W Broward Blvd	Plantation	FL	33388	16	
271436445	Sage Dental of Cooper City PLL	12129 Sheridan St	Hollywood	FL	33026	16	
810975728	Union Dental	1700 N University Dr Ste 101	Coral Springs	FL	33071	16	
592655484	Gentle Family Dentistry	10167 W Sunrise Blvd Ste 101	Plantation	FL	33322	15	
263394448	Gentle Dentistry of Tamarac	10151 W Commercial Blvd	Sunrise	FL	33351	15	
650847868	Sage Dental of North Miami Bea	850 Ives Dairy Rd Ste T6	North Miami Beach	FL	33179	15	
471276906	Durgesh Thaker DDS Pa	10078 W Mcnab Rd	Tamarac	FL	33321	15	
650322438	Mehler, DDS, Eric	7800 W Oakland Park Blvd Ste 1	Sunrise	FL	33351	14	
263291016	American Dental of Florida	1509 N State Road 7 Ste H	Margate	FL	33063	14	
201771667	Westside Dental Center	180 SW 84th Ave Ste D	Plantation	FL	33324	14	
650509660	Sunrise Intracoastal Dtl Ctr	900 Ne 26th Ave Ste 200	Fort Lauderdale	FL	33304	14	
650076718	Karpel, DDS, Joel	7193 W Oakland Park Blvd	Lauderhill	FL	33313	13	
272171320	Sage Dental of Parkland PLLC	6426 Meadowbrook Dr	Fort Worth	TX	76112	13	
463455311	Sage Dental of Davie PLLC	9870 Griffin Rd	Cooper City	FL	33328	13	
651154323	Cano Family Dental	680 N University Dr	Pembroke Pines	FL	33024	13	
461919850	Superior Dental Plantation PL	660 N State Road 7 Ste 12	Plantation	FL	33317	12	
562362708	Oakland Dental	4416 W Oakland Park Blvd	Lauderdale Lakes	FL	33313	12	
591263751	Norman Bluth Dds Barry A Bluth	4175 Sw 64th Ave Ste 103-104	Davie	FL	33314	12	
260518079	Dental Associates of Hollywood	3801 Hollywood Blvd Ste 225	Hollywood	FL	33021	12	
263909147	Township Dental Care	4400 W Sample Rd Ste 118	Coconut Creek	FL	33073	11	

Top Utilized Provider Disruption Questionnaire

Broward County Board of
County Commissioners

Bid GEN2116450P2

Dental Health Maintenance Organization (DHMO) Insurance (rebid)



650008397	Birns & Birns DDS	5121 Sw 90th Ave Ste 7	Cooper City	FL	33328	11
464571377	Sage Dental Of Ft Lauderdale P	6171 N Federal Hwy	Fort Lauderdale	FL	33308	11
471035515	Optum Dental Care Llc	1854 N Nob Hill Rd	Plantation	FL	33322	11
272808186	Sage Dental of Deerfield Beach	2265 W Hillsboro Blvd	Deerfield Bch	FL	33442	11
650233627	Atlantic Florida Dental Inc	250 E Dania Beach Blvd	Dania	FL	33004	10
275069407	Dental Care Group of Pembroke	12634 Pines Blvd	Pembroke Pines	FL	33027	10
650165775	Hosseini, DDS, Heather	1040 Weston Rd Ste 225	Weston	FL	33326	10
592549495	L G James DMD Professional	4101 S Hospital Dr	Plantation	FL	33317	10
650028976	Mehta, DDS, Ravin S.	3796 Nw 19th St	Ft Lauderdale	FL	33311	10
650043559	G & G Dental Associates	7030 Nw 57th St	Tamarac	FL	33319	10
473521663	Fernanda B Mccosh Dmd	5800 Colonial Dr Ste 406	Margate	FL	33063	10
650865914	Pembroke Pines Dtl Hlt Ctr PA	1806 N Flamingo Rd Ste 170	Pembroke Pines	FL	33028	10
470915474	Plantation Dental Arts Assocs	300 Nw 70th Ave Ste 104	Plantation	FL	33317	10
462486502	Ladilia Trifunovic DMD PLLC	7800 W Oakland Park Blvd Ste E	Sunrise	FL	33351	9
650782230	Deerfield Family Dental	100 S Military Trl Ste 4	Deerfield Beach	FL	33442	9
203175411	Veneto Dental Care	3600 Red Rd	Miramar	FL	33025	8
263699117	Dr. Max A Zaslavsky	6451 N Federal Hwy	Ft Lauderdale	FL	33308	8
650553694	Leonard Jacobs DDS PA	7301 W Plmtt Prk Rd Ste 203A	Boca Raton	FL	33433	8
200164773	Broward Dental Office	4230 W Broward Blvd	Plantation	FL	33317	8
201594501	All Care Dental	3911 Hollywood Blvd Ste 102	Hollywood	FL	33021	8
651017817	Rogowska, Kinga E. DDS, PA	3872 Sheridan St Ste A	Hollywood	FL	33021	8
800861096	Towncare Dental of Pembroke Pi	600 N Hiatus Rd Ste 103	Pembroke Pines	FL	33026	8
841646763	Dental American Group	10271 Pines Blvd	Pembroke Pines	FL	33026	8
650411776	Premiere Dental Care Center	17901 Nw 5th St Ste 206	Pembroke Pines	FL	33029	8
461139956	Sage Dental of Pembroke Pines	17027 Pines Blvd	Pembroke Pines	FL	33027	8
650719035	Great Expressions Dental Cente	17301 Nw 27th Ave	Miami Gardens	FL	33056	8
273190909	Coral Springs Dental Care	10196 W Sample Rd	Coral Springs	FL	33065	8
651146527	Pasisnitchenko, DDS, Igor	10450 Taft St	Pembroke Pines	FL	33026	8
271168262	Healthy Family Dentistry	5350 W Hillsboro Blvd Ste 201	Coconut Creek	FL	33073	8
821421083	Goldberg, DMD, PA, Benjamin	5770 Wiles Rd	Coral Springs	FL	33067	8
050560957	Weston Family Dental	1350 Sw 160th Ave	Sunrise	FL	33326	7
273032679	Vultaggio Dental of Coral Spri	10339 W Sample Rd	Coral Springs	FL	33065	7
593365515	Coast Dental - Plantation	3937 W Broward Blvd	Fort Lauderdale	FL	33312	7
200171638	Dental Care Ctr of Hollywood	3900 Hollywood Blvd Ste 304	Hollywood	FL	33021	7
261172646	Dental Options PA	2999 Ne 191st St Ste 804	Aventura	FL	33180	7
260712334	Feoli Dental	1490 Ne Miami Gardens Dr	Miami Gardens	FL	33179	7
461915194	Dental Specialists of Broward	114 Sw 10th St	Fort Lauderdale	FL	33315	7
263913025	Douglas Goldberg Dental Clinic	2706 N University Dr	Coral Springs	FL	33065	7
651013623	SALAMON & YANOVER DENTAL PLACE	8221 Glades Rd Ste 4	Boca Raton	FL	33434	7
592538168	Miami Lakes Dental Health Ctr	15450 New Barn Rd Ste 101	Miami Lakes	FL	33014	7
650888998	183rd Dental Group PA	636 Nw 183rd St	Miami	FL	33169	7
650000707	Chencin, DDS, PA, Josef	3015 Bayview Dr Ste D	Fort Lauderdale	FL	33306	7
592431648	Snyder, DDS, Brian	10347 Royal Palm Blvd	Coral Springs	FL	33065	7
452775770	Arguello Dentistry Llc	100 N State Road 7	Margate	FL	33063	7
270064958	Crescent Dental PA	5522 W Sample Rd	Margate	FL	33073	7
454472638	Sandra P Cuartas Dds Pa	10650 W State Road 84 Ste 213	Davie	FL	33324	7

SAMPLE CENSUS PAGES
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2018 COMBINED

Date: 2/5/2018

CENSUS - Active - Employees

Page 1 of 202

EE Birth Year	EE Gender	City-EE	State-EE	Zip-EE	CURRENTLY ENROLLED	Coverage Option
1970	Female	MIAMI	FL	33056	DHMO	Employee Only
1950	Female	PLANTATION	FL	33322	DHMO	Employee Only
1963	Female	HOLLYWOOD	FL	33022	DHMO	Employee & Spouse
1955	Male	HALLANDALE	FL	33009	PPO	Employee Only
1979	Male	PLANTATION	FL	33317	DHMO	Employee Only
1969	Male	PEMBROKE PINES	FL	33026	DHMO	Employee Only
1978	Male	PEMBROKE PINES	FL	33028	DHMO	Employee & Family
1988	Female	FT LAUDERDALE	FL	33311	DHMO	Employee & Family DP
1990	Female	COCONUT CREEK	FL	33066	DHMO	Employee Only
1952	Male	FT LAUDERDALE	FL	33311	PPO	Employee & Spouse
1972	Male	CORAL SPRINGS	FL	33076	PPO	Employee Only
1985	Male	SUNRISE	FL	33351	DHMO	Employee Only
1966	Female	HOLLYWOOD	FL	33024	PPO	Employee Only
1990	Male	MARGATE	FL	33063	DHMO	Employee Only
1962	Male	COCONUT CREEK	FL	33063	DHMO	Employee & Family
1965	Male	MIAMI	FL	33179	PPO	Employee & Family
1953	Male	PEMBROKE PINES	FL	33024	PPO	Employee & DP
1977	Male	JUPITER	FL	33458	DHMO	Employee & Children
1959	Male	OAKLAND PARK	FL	33309	PPO	Employee Only
1955	Female	TAMARAC	FL	33321	PPO	Employee Only
1956	Male	POMPANO BEACH	FL	33060	PPO	Employee & Spouse
1956	Female	HOLLYWOOD	FL	33020	PPO	Employee Only
1960	Female	LAUDERDALE LAKES	FL	33311	DHMO	Employee Only
1981	Female	MIAMI	FL	33142	DHMO	Employee Only
1968	Female	FT LAUDERDALE	FL	33311	DHMO	Employee & Children
1983	Male	MIAMI GARDENS	FL	33056	PPO	Employee Only
1947	Male	MIAMI	FL	33179	DHMO	Employee & Spouse
1964	Male	BOCA RATON	FL	33433	DHMO	Employee Only
1980	Male	MIAMI	FL	33161	PPO	Employee Only
1955	Male	WILTON MANORS	FL	33305	DHMO	Employee Only
1969	Male	ORLANDO	FL	32824	PPO	Employee Only
1964	Female	BOYNTON BEACH	FL	33437	PPO	Employee & DP
1974	Female	PEMBROKE PINES	FL	33024	DHMO	Employee & Children
1980	Male	POMPANO BEACH	FL	33069	DHMO	Employee & Family
1956	Male	TAMARAC	FL	33321	DHMO	Employee & Family
1966	Male	OAKLAND PARK	FL	33309	DHMO	Employee & Family
1992	Female	NORTH LAUDERDALE	FL	33068	DHMO	Employee & Spouse
1957	Female	N MIAMI BEACH	FL	33162	DHMO	EE & Children 26+
1975	Male	SUNRISE	FL	33351	DHMO	Employee & Family
1957	Male	OLD LYME	CT	06371	PPO	Employee & Family
1956	Male	FT LAUDERDALE	FL	33306	PPO	Employee & Spouse
1963	Male	POMPANO BEACH	FL	33060	PPO	Employee & DP
1960	Female	POMPANO BEACH	FL	33060	PPO	EE & Family 26+
1965	Male	LAUDERHILL	FL	33313	DHMO	Employee & Family
1979	Female	SUNRISE	FL	33322	PPO	Employee Only
1984	Female	FT LAUDERDALE	FL	33308	PPO	Employee Only
1972	Male	FORT LAUDERDALE	FL	33319	PPO	Employee Only
1960	Male	DAVIE	FL	33324	PPO	Employee Only
1966	Male	MIAMI	FL	33169	PPO	Employee & Spouse

SAMPLE CENSUS PAGES
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CENSUS - Active - Dependents

Date: 1/31/2018

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Dependent Birth Year	Dependent Gender	City-EE	State-EE	Zip-EE	CURRENTLY ENROLLED
1991	Male	HIALEAH GARDENS	FL	33018	DHMO
1992	Female	HIALEAH GARDENS	FL	33018	DHMO
1996	Female	HIALEAH GARDENS	FL	33018	DHMO
1989	Male	HOLLYWOOD	FL	33020	DHMO
1991	Female	PEMBROKE PARK	FL	33023	DHMO
1990	Male	HOLLYWOOD	FL	33024	DHMO
1995	Female	HOLLYWOOD	FL	33024	DHMO
1989	Male	POMPANO BEACH	FL	33060	DHMO
1995	Male	POMPANO BEACH	FL	33060	DHMO
1991	Male	MARGATE	FL	33063	DHMO
2004	Male	MARGATE	FL	33063	DHMO
1990	Male	DEERFIELD BEACH	FL	33064	DHMO
1989	Female	CORAL SPRINGS	FL	33065	DHMO
1990	Female	CORAL SPRINGS	FL	33065	DHMO
1991	Male	NORTH LAUDERDALE	FL	33068	DHMO
1991	Male	N MIAMI BEACH	FL	33162	DHMO
1990	Male	LAUDERDALE LAKES	FL	33311	DHMO
1990	Female	SUNRISE	FL	33322	DHMO
1989	Female	SUNRISE	FL	33323	DHMO
1991	Male	DAVIE	FL	33324	DHMO
1991	Female	DAVIE	FL	33325	DHMO
1991	Male	COOPER CITY	FL	33330	DHMO
1989	Male	FT LAUDERDALE	FL	33334	DHMO
1991	Male	OAKLAND PARK	FL	33334	DHMO
1989	Male	LAUDERHILL	FL	33351	DHMO
1991	Male	SUNRISE	FL	33351	DHMO
2004	Female	SUNRISE	FL	33351	DHMO
1990	Male	DANIA	FL	33004	PPO
1990	Female	HALLANDALE	FL	33009	PPO
1989	Male	HOLLYWOOD	FL	33020	PPO
1990	Female	HOLLYWOOD	FL	33020	PPO
2003	Male	HOLLYWOOD	FL	33020	PPO
1991	Female	HOLLYWOOD	FL	33024	PPO
1989	Female	PEMBROKE PINES	FL	33025	PPO
1990	Male	MIRAMAR	FL	33025	PPO
1991	Female	MIRAMAR	FL	33025	PPO
1994	Female	PEMBROKE PINES	FL	33025	PPO
1991	Female	MIAMI GARDENS	FL	33056	PPO
1991	Male	CORAL SPRINGS	FL	33065	PPO
1990	Male	COCONUT CREEK	FL	33066	PPO
1991	Female	POMPANO BEACH	FL	33073	PPO
1993	Male	POMPANO BEACH	FL	33073	PPO
1996	Female	POMPANO BEACH	FL	33073	PPO
1988	Male	MIAMI	FL	33169	PPO
1990	Female	MIAMI	FL	33179	PPO
2000	Male	MIAMI	FL	33179	PPO
1991	Female	FORT LAUDERDALE	FL	33309	PPO

CENSUS - COBRA

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SAMPLE CENSUS PAGES - Complete file available in BidSync

Birth Year	City	State	Zip Code	Dental Plan	Coverage Tier	Status
1963	Boca Raton	FL	32174	DPPO	EC	COBRA
1975	Davie	FL	33301	DHMO	EC	COBRA
1963	Fort Lauderdale	FL	33023	DPPO	EE	COBRA
1969	Wilton Manors	FL	33326	DPPO	EE	COBRA
1952	Fort Lauderdale	FL	33071	DPPO	EE	COBRA
1939	Hollywood	FL	33076	DHMO	EE	COBRA
1959	Leesburg	FL	33312	DHMO	EE	COBRA
1958	Margate	FL	33306	DHMO	ES	COBRA
1959	Plantation	FL	33305	DHMO	EE	COBRA
1963	Coral Springs	FL	33028	DPPO	EF	COBRA
1961	Pembroke Pines	FL	33325	DHMO	EE	COBRA
1988	Tequesta	FL	33304	DPPO	EE	COBRA
1981	Fort Lauderdale	FL	33433	DHMO	ES	COBRA
1957	Weston	FL	33469	DPPO	EE	COBRA
1955	Pembroke Pines	FL	33324	DPPO	EE	COBRA
1991	Ft. Lauderdale	FL	33312	DHMO	EE	COBRA
1952	Fort Lauderdale	FL	33071	DHMO	EE	COBRA
1959	Cooper City	FL	33026	DPPO	EF	COBRA
1953	Coral Springs	FL	34748	DPPO	EE	COBRA
1966	Coral Springs	FL	33024	DPPO	EE	COBRA
1953	Ormond Beach	FL	33021	DHMO	EE	COBRA

CENSUS - Retiree

SAMPLE CENSUS PAGES - Complete file available in BidSync

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Birth Year	City	State	Zip Code	Dental Plan	Coverage Tier	Status
1947	Fort Lauderdale	FL	33073	DHMO	EE	Retiree
1935	Pembroke Pines	FL	33309	DHMO	ES	Retiree
1953	Hollywood	FL	33066	DHMO	ES	Retiree
1947	High Point	NC	33323	DPPO	EE	Retiree
1947	Fort Lauderdale	FL	33023	DPPO	EE	Retiree
1946	Tampa	FL	33317-4615	DPPO	EE	Retiree
1955	Pembroke Pines	FL	33872	DHMO	EE	Retiree
1946	Sunrise	FL	33126	DPPO	EE	Retiree
1954	Coral Springs	FL	33004	DPPO	EE	Retiree
1943	Fort Lauderdale	FL	30039	DPPO	ES	Retiree
1956	Sunrise	FL	33308	DPPO	EE	Retiree
1944	Margate	FL	33442	DPPO	EE	Retiree
1947	Plantation	FL	33180	DHMO	EE	Retiree
1949	Clearwater	FL	33066	DHMO	EE	Retiree
1950	Longmont	CO	33319	DPPO	EE	Retiree
1950	Coral Springs	FL	33312	DHMO	EE	Retiree
1959	Fort Lauderdale	FL	33326	DHMO	ES	Retiree
1953	Lauderhill	FL	32779	DPPO	EE	Retiree
1964	Dania	FL	33470-3233	DPPO	EE	Retiree
1946	Cutler Bay	FL	33071	DHMO	ES	Retiree
1941	Pembroke Pines	FL	32920	DHMO	EE	Retiree
1950	Coconut Creek	FL	33025	DPPO	EE	Retiree
1943	Tamarac	FL	33319	DHMO	ES	Retiree
1962	Emerson	NJ	33314	DPPO	EE	Retiree
1954	Davie	FL	33064-4826	DHMO	EE	Retiree
1961	Fort Lauderdale	FL	33327	DHMO	EE	Retiree
1950	Fort Lauderdale	FL	32174	DPPO	EE	Retiree
1949	FT. Lauderdale	FL	33351	DPPO	ES	Retiree
1946	Plantation	FL	33916	DHMO	EE	Retiree
1959	Davie	FL	33301	DHMO	EC	Retiree
1946	Goodyear	AZ	33311	DPPO	EE	Retiree
1954	Fort Lauderdale	FL	33478	DHMO	EE	Retiree
1946	Austin	TX	33437	DPPO	ES	Retiree
1948	Margate	FL	33024	DPPO	ES	Retiree
1951	Ocala	FL	33309	DHMO	ES	Retiree
1951	North Lauderdale	FL	33317	DHMO	EE	Retiree
1946	Davie	FL	31324	DPPO	EE	Retiree
1940	Franklin	NC	33315	DPPO	ES	Retiree
1945	Pembroke Pines	FL	33309	DPPO	EE	Retiree
1947	Miramar	FL	33021	DPPO	EE	Retiree
1950	Sunrise	FL	33324	DPPO	EE	Retiree
1958	Loxahatchee	FL	33312	DHMO	ES	Retiree
1952	Fort Lauderdale	FL	33313	DPPO	EE	Retiree
1939	North Lauderdale	FL	32966	DHMO	EE	Retiree
1958	Fort Lauderdale	FL	33062	DHMO	EF	Retiree
1955	Fort Lauderdale	FL	33063	DHMO	EE	Retiree

SAMPLE Geo-Access worksheets 1, 2, 3
Complete document available in xlsx format in BidSync to upload with your response

Broward County Board of
County Commissioners

Bid GEN2116450P2

TEMPLATE FOR GEOGRAPHIC ACCESS-1
(TO BE COMPLETED IN MICROSOFT EXCEL FILE FORMAT)

Vendor may use standard GEO Access® GeoNetworks® reports instead; however, data must be based on the information below.

If completing this template, please enter responses in the input fields below. Calculations will auto-populate.

Provider Type	Access Criteria	Total Number of Employees/Retirees	Employees/Retirees Matched (See Tab: Geo 3 for listing of all benefit-eligible participants)		Employees/Retirees Not Matched	
			Number	Percent	Number	Percent
General/Family Dentist	2 in 5 miles	6427		0%	6427	100%
Endodontists	2 in 10 miles	6427		0%	6427	100%
Oral Surgeon	2 in 10 miles	6427		0%	6427	100%
Orthodontist	2 in 10 miles	6427		0%	6427	100%
Pedodontist	2 in 10 miles	6427		0%	6427	100%
Periodontist	2 in 10 miles	6427		0%	6427	100%
Prosthodontist	2 in 10 miles	6427		0%	6427	100%
Other Specialist Dentist	2 in 10 miles	6427		0%	6427	100%

Broward County Board of
County Commissioners

Bid GEN2116450P2

SAMPLE worksheet

TEMPLATE FOR GEOGRAPHIC ACCESS-2

(TO BE COMPLETED IN MICROSOFT EXCEL FILE FORMAT)

Vendor may use standard GEO Access® GeoNetworks® reports instead; however, data must be based on the information below.

Zip Code	City	State	# General Dentists	# Endontists	# Oral Surgeons	# Orthodontists	# Pedodontists	# Periodontists	# Prosthodontists	# Other Specialists
06371	OLD LYME	CT								
07630	Emerson	NJ								
07630	West Park	FL								
07735	Fort Lauderdale	FL								
07735	Keyport	NJ								
11210	BROOKLYN	NY								
11419	S RICHMOND HL	NY								
12065	Halfmoon	NY								
20613	BRANDYWINE	MD								
21701	Fredrick	MD								
21703	Dania Beach	FL								
27260	High Point	NC								
27262	Davie	FL								
27511	Cary	NC								
28078	Huntersville	NC								
28079	Indian Trail	NC								
28139	Fort Lauderdale	FL								
28167	Coral Springs	FL								
28607	Boca Raton	FL								
28645	Boone	NC								
28711	Black Mountain	NC								
28713	Bryson City	NC								
28723	Ft. Lauderdale	FL								
28734	Franklin	NC								
28739	Hendersonville	NC								
28788	Margate	FL								
28792	Tamarac	FL								
28801	Asheville	NC								
28803	Lauderdale Lakes	FL								
29650	Greer	SC								
29651	Coconut Creek	FL								
30039	Fort Lauderdale	FL								
30040	Cumming	GA								
30101	Acworth	GA								
30102	The Villages	FL								
30464	Hollywood	FL								
30507	Fort Lauderdale	FL								
30830	Lauderhill	FL								
31324	Davie	FL								
31636	Deerfield Beach	FL								
32003	Lighthouse Point	FL								
32060	Margate	FL								
32062	Oakland Park	FL								
32080	Plantation	FL								
32081	Sunrise	FL								
32084	West Park	FL								
32086	Saint James City	FL								
32092	Cudjoe Key	FL								
32094	Davie	FL								
32095	Coconut Creek	FL								
32096	Lauderdale Lakes	FL								
32129	Deerfield Beach	FL								
32141	Lighthouse Point	FL								
32162	Ft. Lauderdale	FL								
32163	THE VILLAGES	FL								
32164	Pompano Beach	FL								
32174	Fort Lauderdale	FL								
32176	Delray Beach	FL								
32179	Hollywood	FL								
32208	JACKSONVILLE	FL								
32309	Ft. Lauderdale	FL								
32317	TALLAHASSEE	FL								
32507	Sunrise	FL								
32608	Boca Raton	FL								
32635	Margate	FL								
32720	Lake Worth	FL								
32754	MIMS	FL								
32779	Lauderhill	FL								
32796	TITUSVILLE	FL								
32819	ORLANDO	FL								
32824	ORLANDO	FL								
32825	ORLANDO	FL								
32828	Lauderdale Lakes	FL								
32908	PALM BAY	FL								
32909	PALM BAY	FL								
32920	Pembroke Pines	FL								
32927	Pompano Besch	FL								
32935	MELBOURNE	FL								
32955	Sunrise	FL								
32958	Lauderdale Lakes	FL								
32962	VERO BEACH	FL								
32963	DeLand	FL								
32966	North Lauderdale	FL								
32967	Live Oak	FL								
33004	DANIA BEACH	FL								
33008	HALLANDALE	FL								
33009	HALLANDALE	FL								
33010	HIALEAH	FL								
33012	HIALEAH	FL								
33013	HIALEAH	FL								

GEOGRAPHIC ACCESS-3

EE Birth Year	City	State	Zip
1955	HOLLYWOOD	FL	33019
1973	MARGATE	FL	33068
1946	FORT LAUDERDALE	FL	33307
1955	CORAL SPRINGS	FL	33065
1950	COCONUT CREEK	FL	33066
1954	POMPANO BEACH	FL	33060
1958	PEMBROKE PINES	FL	33029
1977	FT LAUDERDALE	FL	33312
1960	SUNRISE	FL	33323
1955	DANIA BEACH	FL	33004
1971	PLANTATION	FL	33317
1965	DAVIE	FL	33314
1955	POMPANO BEACH	FL	33069
1954	PALM BEACH GARDEN	FL	33410
1954	FORT LAUDERDALE	FL	33312
1957	DAVIE	FL	33325
1958	CORAL SPRINGS	FL	33065
1955	DEERFIELD BEACH	FL	33442
1949	SUNRISE	FL	33322
1971	FT LAUDERDALE	FL	33309
1952	POMPANO BEACH	FL	33064
1984	MARGATE	FL	33063
1959	CORAL SPRINGS	FL	33067
1974	COOPER CITY	FL	33330
1971	POMPANO BEACH	FL	33069
1948	HOLLYWOOD	FL	33024
1947	TAMARAC	FL	33319
1961	MIAMI	FL	33179
1947	FT LAUDERDALE	FL	33308
1953	CORAL SPRINGS	FL	33071
1970	LAKE WORTH	FL	33449
1959	HOLLYWOOD	FL	33023
1961	PLANTATION	FL	33322
1959	COCONUT CREEK	FL	33073
1962	LAUDERHILL	FL	33351
1952	PLANTATION	FL	33322
1958	CORAL GABLES	FL	33134
1960	CORAL SPRINGS	FL	33065
1966	FORT LAUDERDALE	FL	33311
1952	PLANTATION	FL	33317
1961	LAUDERHILL	FL	33319
1950	LAUDERDALE LAKES	FL	33311
1959	LAUDERHILL	FL	33351
1980	CORAL SPRINGS	FL	33076
1975	LAUDERHILL	FL	33319
1952	MARGATE	FL	33063

GEOGRAPHIC ACCESS-3,
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BROWARD COUNTY

Claims Experience

For Claims Incurred through 2018-02-01, and paid as of 2018-02-01

Group IDs	495, CP1686, CP1684, 58073
Product	DHMO
Plans	CS150 , CS15PB, CS150P

Month	Enrolled	Premium¹	Claims Paid in Month²
Mar-15	2,743	\$52,332.20	\$64,365.85
Apr-15	2,775	\$52,574.36	\$39,093.33
May-15	2,762	\$52,777.14	\$39,478.02
Jun-15	2,777	\$52,714.92	\$44,897.83
Jul-15	2,772	\$53,029.84	\$34,432.13
Aug-15	2,754	\$52,545.20	\$46,155.52
Sep-15	2,750	\$52,428.78	\$48,338.37
Oct-15	2,759	\$52,864.50	\$43,031.00
Nov-15	2,759	\$52,891.62	\$41,393.06
Dec-15	2,761	\$52,852.90	\$46,249.30
Jan-16	2,626	\$50,198.00	\$38,952.48
Feb-16	2,627	\$50,418.56	\$41,232.13
Mar-16	2,630	\$50,652.62	\$42,146.98
Apr-16	2,646	\$51,189.02	\$38,648.13
May-16	2,673	\$51,026.62	\$53,716.15
Jun-16	2,669	\$51,000.14	\$36,183.09
Jul-16	2,667	\$50,871.74	\$37,257.82
Aug-16	2,657	\$50,816.12	\$60,489.77
Sep-16	2,665	\$50,949.50	\$37,660.08
Oct-16	2,666	\$51,266.96	\$43,857.25
Nov-16	2,857	\$51,325.28	\$38,541.98
Dec-16	2,702	\$51,656.94	\$36,833.55
Jan-17	2,645	\$50,073.28	\$45,914.12
Feb-17	2,658	\$50,789.24	\$39,223.34
Mar-17	2,660	\$51,097.86	\$37,420.95
Apr-17	2,679	\$51,409.22	\$43,400.02
May-17	2,704	\$50,942.76	\$47,854.04
Jun-17	2,720	\$51,756.60	\$39,233.56
Jul-17	2,729	\$52,269.22	\$48,222.69
Aug-17	2,748	\$52,371.76	\$40,870.41
Sep-17	2,768	\$53,425.36	\$32,777.87
Oct-17	2,822	\$53,697.63	\$43,082.92
Nov-17	2,835	\$53,459.46	\$39,665.29
Dec-17	2,843	\$51,857.22	\$39,501.13
Jan-18	3,093	\$51,053.54	\$54,855.92
Feb-18	2,787	\$51,341.15	\$31,967.09
Total³	2,733	\$1,863,927.26	\$1,536,943.17

1. The most recent months of premium may change slightly due to retro-active adjustments.
2. Claim payments made during the month, regardless of date-of-service
3. Total for membership is average membership. Premium, incurred claims and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes

The above figures are not adjusted for Benefit or Premium Rate changes.

DHMO Claims Figures include: Specialty Claims, Capitations, and Supplemental Fees

Vendor Reference Verification Form

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name: Title: Reference date:

Contact Email: Contact Phone:

Name of Referenced Project:

Contract No. Date Services Provided: Project Amount:
to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive				
b. Accuracy				
c. Deliverables				
2. Vendor's Organization:				
a. Staff expertise				
b. Professionalism				
c. Turnover				
3. Timeliness of:				
a. Project				
b. Deliverables				
4. Project completed within budget				
5. Cooperation with:				
a. Your Firm				
b. Subcontractor(s)/Subconsultant(s)				
c. Regulatory Agency(ies)				

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.

- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Authorized Signature/Name: Date:

Title:

Vendor Name:

RFP-RLI-RFQ LOCAL PREFERENCE AND TIE BREAKER CERTIFICATION FORM

The completed and signed form should be returned with the Vendor's submittal to determine Local Preference eligibility, however it must be returned at time of solicitation submittal to qualify for the Tie Break criteria. If not provided with submittal, the Vendor must submit within three business days of County's request for evaluation of Local Preference. Proof of a local business tax should be submitted with this form. Failure to timely submit this form or local business tax receipt may render the business ineligible for application of the Local Preference or Tie Break Criteria.

In accordance with Section 21.31.d. of the Broward County Procurement Code, to qualify for the Tie Break Criteria, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward County and:
 - a. has a valid Broward County local business tax receipt;
 - b. has been in existence for at least six-months prior to the solicitation opening;
 - c. at a business address physically located within Broward County;
 - d. in an area zoned for such business;
 - e. provides services from this location on a day-to-day basis, and
 - f. services provided from this location are a substantial component of the services offered in the Vendor's proposal.

In accordance with Local Preference, Section 1-74, et. seq., Broward County Code of Ordinances, a local business meeting the below requirements is eligible for Local Preference. To qualify for the Local Preference, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward and:
 - a. has a valid Broward County local business tax receipt issued at least one year prior to solicitation opening;
 - b. has been in existence for at least one-year prior to the solicitation opening;
 - c. provides services on a day-to-day basis, at a business address physically located within the Broward County limits in an area zoned for such business; and
 - d. the services provided from this location are a substantial component of the services offered in the Vendor's proposal.

Local Business Address:

Vendor does not qualify for Tie Break Criteria or Local Preference, in accordance with the above requirements. The undersigned Vendor hereby certifies that (check box if applicable): The Vendor is not a local Vendor in Broward County.

AUTHORIZED SIGNATURE/NAME	TITLE	COMPANY	DATE

RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. If the bidder has only one (1) business location, such business location shall be considered its principal place of business."
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date.

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:
1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
 2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
 3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
 4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;
 5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved interim contracts for the services provided under this contract; and
 6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on

the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.

Vendor Information:

Vendor Name:

Vendor's address listed in its submittal is:

5

6

The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signature/Name	Title	Vendor Name	Date

3

4

VOLUME OF PREVIOUS WORK ATTESTATION FORM

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to provide timely may affect the Vendor's evaluation. This completed form must be included with the Vendor's submittal at the time of the opening deadline to be considered for a Tie Breaker criterion (if applicable).

The calculation for Volume of Previous Work is all amounts paid to the prime Vendor by Broward County Board of County Commissioners at the time of the solicitation opening date within a five-year timeframe. The calculation of Volume of Previous Work for a prime Vendor previously awarded a contract as a member of a Joint Venture firm is based on the actual equity ownership of the Joint Venture firm.

In accordance with Section 21.31.d. of the Broward County Procurement Code, the Vendor with the lowest dollar volume of work previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

Vendor must list all projects it received payment from Broward County Board of County Commissioners during the past five years. If the Vendor is submitting as a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture. The Vendor attests to the following:

Item No.	Project Title	Solicitation/ Contract Number:	Department or Division	Date Awarded	Paid to Date Dollar Amount
1					
2					
3					
4					
5					
Grand Total					

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?
 Yes No

If Yes, Vendor must submit a **Joint Vendor Volume of Work Attestation Form**.

Vendor Name:

Authorized Signature/ Name

Title

Date

VOLUME OF PREVIOUS WORK ATTESTATION JOINT VENTURE FORM

If applicable, this form and additional required documentation should be submitted with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

The calculation of Volume of Previous Work for a prime Vendor previously awarded a contract as a member of a Joint Venture firm is based on the actual equity ownership of the Joint Venture firm. Volume of Previous Work is not based on the total payments to the Joint Venture firm.

Vendor must list all projects it received payment from Broward County Board of County Commissioners during the past five years as a member of a Joint Venture. The Vendor attests to the following:

Item No.	Project Title	Solicitation/ Contract Number:	Department or Division	Date Awarded	JV Equity %	Paid to Date Dollar Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total					<input type="text"/>	<input type="text"/>

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name:

Authorized Signature/ Name

Title

Date

1. Litigation History

- A. All Vendors are required to disclose to the County all “material” cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the Vendor, any parent or subsidiary of the Vendor, or any predecessor organization. Additionally, all Vendors are required to disclose to the County all “material” cases filed, pending, or resolved against any principal of Vendor, regardless of whether the principal was associated with Vendor at the time of the “material” cases against the principal, during the last three (3) years prior to the solicitation response. A case is considered to be “material” if it relates, in whole or in part, to any of the following:
- i. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
 - ii. An allegation of fraud, negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
 - iii. A vendor’s default, termination, suspension, failure to perform, or improper performance in connection with any contract;
 - iv. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
 - v. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.
- B. For each material case, the Vendor is required to provide all information identified in the **Litigation History Form**. Additionally, the Vendor shall provide a copy of any judgment or settlement of any material case during the last three (3) years prior to the solicitation response. Redactions of any confidential portions of the settlement agreement are only permitted upon a certification by Vendor that all redactions are required under the express terms of a pre-existing confidentiality agreement or provision.
- C. The County will consider a Vendor’s litigation history information in its review and determination of responsibility.
- D. If the Vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture.
- E. A vendor is required to disclose to the County any and all cases(s) that exist between the County and any of the Vendor’s subcontractors/subconsultants proposed to work on this project during the last five (5) years prior to the solicitation response.
- F. Failure to disclose any material case, including all requested information in connection with each such case, as well as failure to disclose the Vendor’s subcontractors/subconsultants litigation history against the County, may result in the Vendor being deemed non-responsive.

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

There are no material cases for this Vendor; or

Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, Name of Parent/Subsidiary/Predecessor: <input type="text"/> or No <input type="checkbox"/>
Party	Vendor is Plaintiff <input type="checkbox"/> Vendor is Defendant <input type="checkbox"/>
Case Number, Name, and Date Filed	<input type="text"/>
Name of Court or other tribunal	<input type="text"/>
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	<input type="text"/>
Brief description of the Subject Matter and Project Involved	<input type="text"/>
Disposition of Case	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/>

Broward County Board of
County Commissioners

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<p>(Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)</p>	<p>Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/></p> <p>If Judgment Against, is Judgment Satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Opposing Counsel</p>	<p>Name: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Telephone Number: <input type="text"/></p>

Vendor Name:

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: <input type="text"/>
	Or No <input type="checkbox"/>
Party	<input type="text"/>
Case Number, Name, and Date Filed	<input type="text"/>
Name of Court or other tribunal	<input type="text"/>
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	<input type="text"/>
Brief description of the Subject Matter and Project Involved	<input type="text"/>
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: <input type="text"/> Email: <input type="text"/> Telephone Number: <input type="text"/>

Vendor Name:

AGREEMENT EXCEPTION FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, it shall be deemed an affirmation by the Vendor that it accepts the terms and conditions of the County's Agreement as disclosed in the solicitation.

The Vendor must either provide specific proposed alternative language on the form below. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

- There are no exceptions to the terms and conditions of the County Agreement as referenced in the solicitation; or
- The following exceptions are disclosed below: (use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert version of exception or specific proposed alternative language	Provide brief justification for change
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vendor Name:

AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

- No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"
- Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Authorized Signature Name:

Title:

Vendor Name:

Date:

Broward County Board of
County Commissioners

Bid GEN2116450P2

INSURANCE REQUIREMENTS

Project: **DHMO Dental Insurance Plan**
Agency: **Human Resources Division**

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$1,000,000	\$2,000,000
			Personal Injury		
			Products & Completed Operations		
AUTO LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$500,000	
<input type="checkbox"/> EXCESS LIABILITY / UMBRELLA Per Occurrence or Claims-Made: <input type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/> WORKER'S COMPENSATION <i>Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.</i>	N/A	<input checked="" type="checkbox"/>	Each Accident	STATUTORY LIMITS	
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY			Each Accident	\$100,000	
<input checked="" type="checkbox"/> CYBER LIABILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If claims-made form:	\$1,000,000	\$2,000,000
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)	N/A	<input checked="" type="checkbox"/>	If claims-made form:	\$2,000,000	4,000,000
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<p><u>Description of Operations:</u> "Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. Contractors insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement.</p>					

CERTIFICATE HOLDER:

 Broward County
 115 South Andrews Avenue
 Fort Lauderdale, Florida 33301

Digitally signed by

 DN: cn=R. Journal, o=Broward County
 Date: 2018.07.24 15:18:43
 -0400
 Risk Management Division

Question and Answers for Bid #GEN2116450P2 - Group Dental Health Maintenance Organization (DHMO) Insurance (rebid)

Overall Bid Questions

There are no questions associated with this bid.