

**Scoring Summary Sheet
Final Evaluation Meeting
RFP No. GEN2116451P2
Group Dental Preferred Provider Organization (DPPO) Insurance**

Date: April 24, 2019

115 S. Andrews Avenue, Room GC422, Fort Lauderdale, FL 33301

Firm Name	Mandy Wells	Mary McDonald	Jacqueline Love	Total	Ranking
Aetna Life Insurance Company	73.12	74.12	81.12	228.36	7
Cigna Dental Health, Inc.	89.58	91.58	91.58	272.74	1
Delta Dental Insurance Company	78.62	83.62	79.62	241.86	6
Humana Insurance Company	88.00	79.00	94.00	261.00	3
Metropolitan Life Insurance Company	79.37	83.37	87.37	250.11	5
Solstice Benefits, Inc.	90.49	81.49	85.49	257.47	4
UnitedHealthcare Insurance Company	90.57	88.57	91.57	270.71	2

TIE BREAKER CRITERIA

1. Vendor located within Broward County as set forth in Subsection 21.31.c.
2. Vendor which provides domestic partner benefits.
3. Vendor that has the lowest dollar volume of work, calculated by payments to vendor, by County over a five (5) year period from the date of the submittal.
4. A re-vote or re-assessment of only the tied vendors.
5. Preference to vendor receiving a majority of the total first-place votes.

Local Preference may not be applied to CCNA or Federally funded/governed procurements DELETE if not applicable

PREFERENCE FOR LOCAL VENDORS - RFP's

For all other competitive solicitations in which objective factors used to evaluate the responses from vendors are assigned point totals, if, upon the completion of final rankings (technical and price combined, if applicable) by the evaluation committee, a non-local business is the highest ranked proposer and the ranking of a local proposer is within five percent (5%) of the ranking obtained by the non-local proposer, the highest-ranked local proposer shall have the opportunity to proceed to negotiations with the county.

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Evaluation Criteria - Project Specific Criteria (Complete text of questions provided separately)	MAXIMUM POINTS	Aetna Life Insurance Company	Cigna Dental Health, Inc.	Delta Dental Insurance Company	Humana Insurance Company	Metropolitan Life Insurance Company	Solstice Benefits, Inc.	UnitedHealthcare Insurance Company
LOCATION (Total Maximum 5 Points)		POINTS ENTERED BY PURCHASING						
See Evaluation Criteria - question 1	5	0	5	0	0	0	5	5
COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING (Total Maximum 18 Points)								
See Evaluation Criteria - question 2a	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2b	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2c	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2d	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2e	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2f	3	3	3	3	3	3	3	3
QUALITY OF SERVICE AND CUSTOMER SERVICE (Total Maximum 12 Points)								
See Evaluation Criteria - question 3a	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 3b	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 3c	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 3d	3	3	3	3	3	3	3	3
ENROLLMENT AND IMPLEMENTATION (Total Maximum 5 Points)								
See Evaluation Criteria - question 4a	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 4b	2	2	2	2	2	2	2	2
ANALYSIS OF PROJECT SPECIFIC VENDOR QUESTIONNAIRE AND PERFORMANCE GUARANTEES (Total Maximum 10 Points)								
See Evaluation Criteria - question 5a	5	5	5	5	5	5	5	4
See Evaluation Criteria - question 5b	5	4	3	4	5	2	4	4
ANALYSIS OF PLAN DESIGN QUESTIONNAIRE (Total Maximum 32 Points)								
See Evaluation Criteria - question 6a	8	8	8	8	8	8	8	8
See Evaluation Criteria - question 6b	8	4	6	3	6	7	7	8
See Evaluation Criteria - question 6c	8	5	6	4	8	5	7	7
See Evaluation Criteria - question 6d	8	8	8	8	8	8	8	8
NETWORK / PROVIDER DISRUPTION (Total Maximum 8 Points)								
See Evaluation Criteria - question 7a	3	2	3	3	3	3	3	3
See Evaluation Criteria - question 7b	5	3	3	3	3	4	4	4
PRICE (Total Maximum 10 Points)		POINTS ENTERED BY PURCHASING						
See Evaluation Criteria - question 8	10	4.12	9.58	9.62	10.00	9.37	4.49	9.57
		TOTAL SCORE CALCULATED BY PURCHASING						
TOTAL SCORE WILL BE ENTERED BY PURCHASING	Max 100 One Hundred	73.12	89.58	78.62	88.00	79.37	90.49	90.57

Mandy Wells

Name

Signature

By signing this document, I certify that I have abided by the Cone of Silence Ordinance and have not been influenced or coerced by anyone in the assignment of the points by me for this procurement.

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LOCATION (Total Maximum 5 Points)		POINTS ENTERED BY PURCHASING						
See Evaluation Criteria - question 1	5	0	5	0	0	0	5	5
COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING (Total Maximum 18 Points)								
See Evaluation Criteria - question 2a	3	3	3	3	3	3	2	3
See Evaluation Criteria - question 2b	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2c	3	3	3	3	3	3	2	3
See Evaluation Criteria - question 2d	3	2	3	3	3	2	3	3
See Evaluation Criteria - question 2e	3	2	3	3	3	3	3	3
See Evaluation Criteria - question 2f	3	3	3	3	3	3	2	3
QUALITY OF SERVICE AND CUSTOMER SERVICE (Total Maximum 12 Points)								
See Evaluation Criteria - question 3a	3	2	3	2	1	2	1	2
See Evaluation Criteria - question 3b	3	2	2	1	1	3	2	2
See Evaluation Criteria - question 3c	3	3	3	3	2	3	3	3
See Evaluation Criteria - question 3d	3	3	3	3	3	3	3	3
ENROLLMENT AND IMPLEMENTATION (Total Maximum 5 Points)								
See Evaluation Criteria - question 4a	3	3	3	3	3	2	3	3
See Evaluation Criteria - question 4b	2	2	2	2	2	2	2	2
ANALYSIS OF PROJECT SPECIFIC VENDOR QUESTIONNAIRE AND PERFORMANCE GUARANTEES (Total Maximum 10 Points)								
See Evaluation Criteria - question 5a	5	3	5	5	4	5	4	4
See Evaluation Criteria - question 5b	5	3	2	5	2	5	5	5
ANALYSIS OF PLAN DESIGN QUESTIONNAIRE (Total Maximum 32 Points)								
See Evaluation Criteria - question 6a	8	8	8	8	8	8	8	8
See Evaluation Criteria - question 6b	8	8	7	6	6	6	6	6
See Evaluation Criteria - question 6c	8	4	5	5	5	6	7	7
See Evaluation Criteria - question 6d	8	6	8	7	7	7	7	8
NETWORK / PROVIDER DISRUPTION (Total Maximum 8 Points)								
See Evaluation Criteria - question 7a	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 7b	5	4	5	3	4	4	3	5
PRICE (Total Maximum 10 Points)		POINTS ENTERED BY PURCHASING						
See Evaluation Criteria - question 8	10	4.12	9.58	9.62	10.00	9.37	4.49	9.57
		TOTAL SCORE CALCULATED BY PURCHASING						
TOTAL SCORE WILL BE ENTERED BY PURCHASING	Max 100 One Hundred	74.12	91.58	83.62	79.00	83.37	81.49	88.57

Mary McDonald

Name

Signature

By signing this document, I certify that I have abided by the Cone of Silence Ordinance and have not been influenced or coerced by anyone in the assignment of the points by me for this procurement.

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LOCATION (Total Maximum 5 Points)		POINTS ENTERED BY PURCHASING						
See Evaluation Criteria - question 1	5	0	5	0	0	0	0.5	5.0
COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING (Total Maximum 18 Points)								
See Evaluation Criteria - question 2a	3	2	3	3	3	3	1	3
See Evaluation Criteria - question 2b	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2c	3	3	2	3	3	3	3	3
See Evaluation Criteria - question 2d	3	3	3	3	3	3	3	3
See Evaluation Criteria - question 2e	3	1	3	3	3	3	3	3
See Evaluation Criteria - question 2f	3	3	3	3	3	3	3	3
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See Evaluation Criteria - question 6a	8	8	8	8	8	8	8	8
See Evaluation Criteria - question 6b	8	8	8	8	8	8	8	8
See Evaluation Criteria - question 6c	8	6 (10)	6	6	8	6	6	6
See Evaluation Criteria - question 6d	8	6	7	5	7	5	8	7
NETWORK / PROVIDER DISRUPTION (Total Maximum 8 Points)								
See Evaluation Criteria - question 7a	3	3	3	3	3	3	3	3
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PRICE (Total Maximum 10 Points)		POINTS ENTERED BY PURCHASING						
See Evaluation Criteria - question 8	10	4.12	9.58	9.62	10.00	9.37	4.49	9.57
		TOTAL SCORE CALCULATED BY PURCHASING						
TOTAL SCORE WILL BE ENTERED BY PURCHASING	Max 100 One Hundred	81.12	91.58	79.62	94.00	87.37	85.49	91.57

Jacqueline Love

Name

Signature

By signing this document, I certify that I have abided by the Code of Silence Ordinance and have not been influenced or coerced by anyone in the assignment of the points by me for this procurement.