



**PURCHASING DIVISION**

901 Broadway, N.E. • Knoxville, TN 37917-6699  
865.403.1107 • Fax 865.594.8858  
800.848.0298 (Tennessee Relay Center)  
Email: [purchasing@kcdc.org](mailto:purchasing@kcdc.org)  
<http://www.kcdc.org/modules/vendor/business.aspx>

## Request for Proposals

The Purchasing Division of Knoxville's Community Development Corporation (KCDC) will receive sealed proposals for:

### **Dental Insurance**

**Due Date:** August 30, 2013

*Check KCDC's web page for addenda and changes before submitting your proposal*

**Due Time:** By 11:00 a.m. (as shown by KCDC's clock)

**Proposal Number:** C14002

**Pre-Proposal Meeting:** No. Please submit questions as noted herein.

**Deliver Proposals to:** Knoxville's Community Development Corporation  
Purchasing Division  
901 Broadway N.E.  
Knoxville, Tennessee 37917

Faxed/Emailed Responses are acceptable: Yes  No

**Award Results:** KCDC posts the award decision and the tabulation to its web page. Individual notices are normally not mailed or emailed. Please see <http://www.kcdc.org/en/DoingBusiness/SolicitationStatus.aspx> for the details.

## **Special Instructions to Vendors**

### **1. BACKGROUND AND INTENT**

- a. Knoxville's Community Development Corporation (KCDC) is the public housing and redevelopment agency for the City of Knoxville and Knox County in Tennessee. KCDC's public housing property portfolio includes 16 housing properties with approximately 3,900 dwelling units. KCDC also oversees approximately 3,600 Section 8 Vouchers and 21 redevelopment areas.
- b. KCDC employs approximately 146 full-time employees. Rates shown in Exhibit C include commissions of 0%.

The cost of the dental coverage is shared by KCDC and the employee. In 2012 and 2013, KCDC pays 75% of the cost of single and family coverage.

Benefits terminate for employees who are no longer eligible on the last day of the month in which loss of eligibility occurs. See KCDC's other leave provisions as highlighted in the eligibility section below.

- c. KCDC is seeking proposals for dental plans offering benefits equal to or better than our current plan. See Exhibit A for a summary of the current dental plan benefits.
- d. Provider representatives will be required to provide employee educational presentations as requested prior to each Open Enrollment period in the fall.

### **2. CANCELLATION**

It is stipulated that a sixty-day notice must be made to KCDC prior to cancellation of any policy by the vendor.

### **3. CONTRACT APPROVAL**

The resulting contract is subject to the approval of the KCDC Board and it is anticipated that this will occur at its September 26<sup>th</sup> meeting.

### **4. CONTRACT LENGTH**

The length of the contract will be for twelve months. The contract will have four one-year optional renewals that can be exercised upon KCDC's request and the vendor's concurrence.

### **5. ELIGIBILITY**

- a. All regular, full-time employees working thirty or more hours per week are eligible.
- b. Retired employees are permitted to stay on the dental plan paying 100% of the premium until they are eligible for Medicare.
- c. Dependents of "a" and "b" above including:
  1. Legal spouse, and

2. Dependent children to age 26
- d. Former employees who elect to continue their coverage under COBRA provisions.
- e. Regular full-time employees are eligible as follows:  
1<sup>st</sup> of the month following 60 days of employment.
- f. All employees must enroll during their waiting period. Employees are not extended an additional 31 days to enroll after the completion of the above waiting period.
- g. KCDC allows employees to remain on the plan due to periods of leave or disability as follows:
  1. FMLA leave – first of the month following 12 weeks plus an additional 30 days if an additional leave is requested and granted.
  2. Leave of absence – an employee may request a non-FMLA leave of absence and remain on benefits until the first of the month following 8 weeks of leave. This includes an employee who does not yet qualify for FMLA.
  3. Employees returning from a military leave will have their benefits reinstated on the first of the month following their return.

6. **EXHIBITS**

- a. Exhibit A- Dental Plan Summary
- b. Exhibit B - Census
- c. Exhibit C - Summary of Current and Proposed Coverage – proposers are required to complete the Excel spreadsheet that details how your policy matches the current KCDC coverage provisions. Please pay particular attention to the details of the plan that follow and match or note why you cannot match it in your proposal.
- d. Exhibit D – Questionnaire
- e. Exhibit E – Scope of Services

7. **GENERAL INSTRUCTIONS**

KCDC no longer inserts “General Instructions to Vendors” in the solicitation document. Instead, these instructions may be found at [www.kcdc.org](http://www.kcdc.org). Please click on “Doing Business With KCDC” where you will find the instructions. By submitting a response to this solicitation, the vendor accepts the responsibility for downloading, reading and bidding by the terms and conditions set forth in KCDC’s “General Instructions to Vendors.” The vendor may wish to review certain applicable HUD instructions which can also be found on KCDC’s web site.

8. **COPIES**

Please submit one original and two copies of your proposal. The original must be stamped "Original." All attachments to the original must also be so stamped. One electronic version of the proposal is to be delivered also. With the electronic version, please note that Exhibit C – Summary of Current and Proposed must be provided in Excel format and Exhibit D – Questionnaire must be provided in Word format.

9. **METHOD OF EVALUATION**

KCDC's evaluation committee will evaluate each proposal based upon a weighted evaluation system. Each category listed on the proposal form will be evaluated and assigned a total score. KCDC may require an oral presentation of the proposal or for the clarification of the proposal.

| <b>CATEGORY</b>                 | <b>MAXIMUM SCORE</b> |
|---------------------------------|----------------------|
| Benefit Design/Provider Network | 20                   |
| Cost                            | 50                   |
| Ease of Administration          | 10                   |
| Vendor Experience               | 20                   |

All proposals are subject to a determination of "responsive" and "responsible" prior to award. KCDC is the sole judge as to "responsiveness" and "responsibility" of vendors.

10. **INSURANCE BROKERS**

KCDC will not accept proposals from insurance brokers. KCDC will only accept proposals from insurance companies who can provide the services as stated in this RFP. Cowan Benefit Services is KCDC's broker and any commissions are payable to Cowan.

11. **LICENSURE**

All insurance companies proposed for usage must be fully licensed to perform those services in the State of Tennessee.

12. **PRICE STRUCTURE**

Prices quoted herein shall be held firm for a minimum of twelve months. All quotes are to be quoted net of commissions **and** including 5% commissions of payable to Cowan Benefit Services.

At the end of this period, if necessary, the successful respondent may request a price increase. Such increase shall be based solely upon increased prices to the respondent. Vendor shall submit price of such increase in its request to KCDC.

KCDC may accept or decline the proposed increase. If the decision is to decline the requested increase, the respondent may:

- a. Continue the contract as is.
- b. Submit a revised price increase request for consideration.
- c. End the contract.

13. **QUESTIONS**

Questions pertaining to this document should be submitted via email with “Questions about Dental Insurance” in the subject line, no later than 4:00 p.m. five business days prior to the due date, to [purchasing@KCDC.org](mailto:purchasing@KCDC.org). The answers to substantial questions will be posted as addenda on KCDC’s web page for all interested parties to review.

14. **SECTION 3 OF THE HUD ACT OF 1968**

Section 3 is a provision of the Housing and Urban Development Act of 1968 which requires that programs of direct financial assistance administered by the U.S. Department of Housing and Urban Development (HUD) provide, to the greatest extent feasible, opportunities for job training and employment to lower income residents in connection with projects in their neighborhoods. Further, to the greatest extent feasible, contracts in connection with these projects are to be awarded to local businesses. Section 3 is a tool for fostering local economic development, neighborhood economic improvement and individual self-sufficiency.

- a. Recipients and vendors must make a good faith effort to utilize Section 3 area residents as trainees and employees in connection with the project. Targeted recruitment and the selection of Section 3 area residents for available positions are two examples of good faith efforts to meet this requirement.
- b. Recipients and vendors must make a good faith effort to award contracts to Section 3 business concerns for work in connection with the project. An example of a good faith effort to meet this requirement is the implementation of an affirmative action plan which includes targets for the number and dollar value for awarding contracts to Section 3 business concerns.
- c. Recipients and vendors must keep records and submit reports to HUD documenting the good faith efforts taken and the results of these actions. Examples of such documentation include letters to community organizations, employment development and business development centers, copies of solicitations for bids or proposals; and copies of affirmative action plans.
- d. How can businesses find Section 3 residents to work for them? By recruiting in the neighborhood and public housing developments to tell about available training and job opportunities. Distributing flyers, posting signs, placing ads, and contacting resident organizations and local community development and employment agencies to find potential workers are a few effective ways of getting jobs and people together.
- e. All contracts awarded are subject to Section 3 requirements. Vendors shall seek to fill any and all positions that are needed and unfilled with residents of KCDC communities. For additional information, please go to <http://www.hud.gov/offices/ftheo/section3/Section3.pdf>. The successful vendor will supply KCDC with job announcements for any position that must be filled as a result of the award of KCDC work. Additionally the successful vendor will supply the same job announcement to the Knoxville-Knox County Committee Action Committee’s Workforce Connections group. These can be faxed to 865.544.5269.
- f. A Section 3 resident is one who lives within a public housing authority’s site. It is also people who live in an area with a HUD assisted program and whose income is below HUD’s low-income requirements.

- g. A Section 3 business is one that:
1. Is at least 51% owned by a Section 3 resident; or
  2. Employs Section 3 residents for at least 30% of its employee base; or
  3. Makes a commitment to sub contract at least 25% of the project's dollars to a Section 3 business.

**Proposal Structure Instructions**

**Use the following format for the preparation and submission of your proposal.**

1. Number all pages consecutively. Reference the paragraph and/or question that you are responding to before each of your answers.
2. Place the company name on each page.
3. Do not use phrases such as "See the attached" or "Will be provided upon award."
4. If you have attachments, mark them (on the cover) with the proposer's name. KCDC takes no responsibility for proposals or documents that are not clearly marked.
5. Keep your response in this order and format.

|                         |   |                        |
|-------------------------|---|------------------------|
| Solicitation Document A | Proposer's General Response Section         | (Form provided herein) |
| Solicitation Document B | Affidavits                                  | (Form provided herein) |
| Solicitation Document C | Proposer's References                       | (Form provided herein) |
| Solicitation Document D | Proposer's Affidavits                       | (Form provided herein) |
| Solicitation Document E | HUD Form                                    | (Form provided herein) |
| Solicitation Document F | Required Documents supplied by the Proposer | (Provided by proposer) |

1. Include the completed “Exhibit C - Summary of Current and Proposed Coverage” in Excel format.
2. Include the completed “Exhibit D – Questionnaire” in Word format.
3. Provide sample copies of your billing.
4. Provide sample plan materials to be distributed to employees.
5. Provide a sample of your employer contract.
6. Provide a copy of the current audited financial statement.
7. Provide a statement of current financial reserves.

[This and the previous pages need not be returned](#)

**Dental Insurance C14002**

**Solicitation Document A Proposer's General Response Section**

**General Information about the Proposer**

**Sign Your Name to the Right of the Arrow** →

**Printed Name and Title** →

**Company Name** →

**Street Address** →

**City/State/Zip** →

**Contact Person (Please Print Clearly)** →

**Telephone Number** →

**Fax Number** →

**Cell Number** →

**Vendor's e-mail address (Please Print Clearly)** →

**Please acknowledge addenda have been issued by checking below as appropriate:**

**None:**  **Addendum 1**  **Addendum 2**  **Addendum 3**  **Addendum 4**  **Addendum 5**

**Addenda are not mailed but posted at [www.kcdc.org](http://www.kcdc.org). Click on "Doing Business With KCDC" and then on "Open Solicitations" to find addenda. Please check for addenda prior to submitting a bid.**

**Statistical Information**

**This business is owned & operated by persons at least 51% of the following ethnic background**

**White** <sup>1</sup>                       **Black** <sup>2</sup>                       **Native Americans** <sup>3</sup>   
**Hispanic** <sup>4</sup>                       **Asian/Pacific** <sup>5</sup>                       **Hasidic Jew** <sup>6</sup>

**As defined on KCDC's webpage (see the "General Instructions to Vendors"), this business qualifies as being:**

**Small Business**                       **Section 3**                       **Woman Owned**

**Statistical Information**

**Will you hire employees or subcontractors to fulfill this work?**                      **Yes**     **No**

**If yes, you will be required to complete Section 3 employment verification information. For additional information, see KCDC's web site (<http://www.kcdc.org/en/DoingBusiness.aspx>).**



The undersigned agrees that the following conditions are or will be met.

**NON-COLLUSION AFFIDAVIT**

1. Vendor is fully understands the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
2. Such bid is genuine and is not a collusive or sham bid;
3. Neither the said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties interest, including this affiant, has in any way colluded conspired, connived or agreed, directly or indirectly, with any other responder, firm, or person to submit a collusive or sham Bid in connection with the contract or agreement for which the attached Bid has been submitted or to refrain from making a bid in connection with such contract or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the bid price or the bid price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against KCDC or any person interested in the proposed contract or agreement; and
4. The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

**AFFIDAVIT OF ELIGIBILITY**

1. The bidder is not ineligible for employment on public contracts as a result of a conviction or guilty plea or a plea of nolo contendere to violations of the Sherman Anti-Trust Act, mail fraud or state criminal violations with a contract let by the State of Tennessee or any political subdivision of the State of Tennessee.
2. No commissioner or officer of KCDC or other person whose duty it is to vote for, let out, overlook or in any manner superintend any of the work for KCDC has a direct interest in the responder.

**ILLEGAL IMMIGRANTS**

1. The State of Tennessee amended the Tennessee Code Annotated, Title 12, Chapter 4 to prohibit contracting with firms that knowingly utilize the services of illegal immigrants in the performance of a contract for goods or services in the performance of a contract with the State or a state entity. Additionally such firms may not knowingly contract with sub-contractors who utilize the services of illegal immigrants.
2. By signing below the bidder agrees that:
  - a. The bidder does not knowingly utilize the services of illegal immigrants in the performance of contracts.

**Solicitation Document B Affidavits-Continued**

- b. The bidder agrees that the State may conduct random checks of personnel records as it pertains to this issue.
- c. Violation of this requirement shall be grounds for monetary and other penalties, up to and including termination of the contract. Violation of this requirement may result in the firm being prohibited from submitting bids for a period of one year.

**CONFLICTS OF INTEREST CERTIFICATION**

No employee, officer or agent of the grantee or subgrantee shall participate in selection, or in the award or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when:

- 1. The employee, officer or agent,
- 2. Any member of his immediate family,
- 3. His or her partner, or
- 4. An organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.

The grantee's or subgrantee's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to subagreements.

By submission of this form, the vendor is certifying that no conflicts of interest exist.

The undersigned hereby acknowledges receipt of the above applicable laws and verifies that the bid submitted in response to this solicitation is in full compliance with the listed requirements.

| ITEM   | RESPONSE |
|--|----------|
| <b>Signed by</b> _____→                                      |          |
| <b>Printed Name</b><br>_____→                                |          |
| <b>Title</b><br>_____→                                       |          |
| <b>Subscribed and sworn to before me this date</b><br>_____→ |          |
| <b>By (Notary Public)</b><br>_____→                          |          |
| <b>My Commission Expires on</b><br>_____→                    |          |

**Solicitation Document C Proposer's References**

**Provide references as similar as possible to this project. A firm may only be listed once.**

**One**

|  |    |                |  |
|--|----|----------------|--|
| Name of the business that was insured →  |    |                |  |
| Contact person →                         |    |                |  |
| Contact person title →                   |    |                |  |
| Contact person's telephone number →      |    |                |  |
| Contact person's email address →         |    |                |  |
| Description of the service provided →    |    |                |  |
| Contract began →                         |    | Contract ended |  |
| Approximate Dollar Value of the Contract | \$ |                |  |
| Number of Employees Covered              |    |                |  |

**Two**

|  |    |                |  |
|--|----|----------------|--|
| Name of the business that was insured →  |    |                |  |
| Contact person →                         |    |                |  |
| Contact person title →                   |    |                |  |
| Contact person's telephone number →      |    |                |  |
| Contact person's email address →         |    |                |  |
| Description of the service provided →    |    |                |  |
| Contract began →                         |    | Contract ended |  |
| Approximate Dollar Value of the Contract | \$ |                |  |
| Number of Employees Covered              |    |                |  |

|  |    |                |  |
|--|----|----------------|--|
| Name of the business that was insured →  |    |                |  |
| Contact person →                         |    |                |  |
| Contact person title →                   |    |                |  |
| Contact person's telephone number →      |    |                |  |
| Contact person's email address →         |    |                |  |
| Description of the service provided →    |    |                |  |
| Contract began →                         |    | Contract ended |  |
| Approximate Dollar Value of the Contract | \$ |                |  |
| Number of Employees Covered              |    |                |  |

Review the following pages. There are areas where you must check “yes” or “no.” After you have reviewed the form, checked “yes” or “no” in the appropriate boxes, sign the form and return it with your response.

[This page need not be returned](#)

# Certifications and Representations of Offerors

## Non-Construction Contract

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offers to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

### 1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

(1)  has,  has not employed or retained any person or company to solicit or obtain this contract; and

(2)  has,  has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

### 2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/offer that it:

(a)  is,  is not a **small business concern**. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.

(b)  is,  is not a **women-owned small business concern**. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.

(c)  is,  is not a **minority enterprise** which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

*For the purpose of this definition, minority group members are:*

(Check the block applicable to you)

- |   |   |
|---|---|
| <input type="checkbox"/> Black Americans    | <input type="checkbox"/> Asian Pacific Americans  |
| <input type="checkbox"/> Hispanic Americans | <input type="checkbox"/> Asian Indian Americans   |
| <input type="checkbox"/> Native Americans   | <input type="checkbox"/> Hasidic Jewish Americans |

### 3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

(1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

(1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

#### 4. Organizational Conflicts of Interest Certification

(a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

(i) Award of the contract may result in an unfair competitive advantage;

(ii) The Contractor's objectivity in performing the contract work may be impaired; or

(iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

(b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

(c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

(d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

#### 5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

#### 6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

#### 7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

---

**Signature & Date:**

---

**Typed or Printed Name:**

---

**Title:**

---



# Exhibit A - Dental Plan Summary



## Delta Dental of Tennessee Declaration Page

Group Name: Knoxville's Community Development Corporation Group Number: 7499

Group Address: 901 N Broadway St

City, State, Zip Code: Knoxville, TN 37917-6663

Contract Effective Date: January 1, 2013 Contract Renewal Date: January 1, 2015

Benefit year: January 1 through December 31 Provider Network: Delta Dental PPO (Point-of-Service)

### Eligibility Requirements

All permanent, full time EMPLOYEES who work a minimum of 30 hours per week who are hired on or prior to the EFFECTIVE DATE are eligible for enrollment on the EFFECTIVE DATE or when they have met the GROUP's eligibility requirements.

Employees are eligible on the first day of the month following 90 days of continuous employment.

The Dependent Age Limit under this Contract is to age: 26

### Monthly Premiums

Employee only - \$31.07 per month per Subscriber

Employee with one or more dependents - \$92.76 per month per Subscriber

These rates are contingent upon the enrollment of a minimum of 75 percent of the eligible members of the defined group and their eligible dependents with 75 percent of the cost paid by the GROUP.

This plan requires a minimum of 120 enrolled primary Subscribers. The GROUP will be billed for the greater of the actual number of Subscribers or the minimum number of Subscribers.

Premiums will be deemed delinquent if not paid as billed and received by the 5<sup>th</sup> of each month.

### Benefits

|   | PPO Dentist | Premier Dentist | Non-participating Dentist |
|---|-------------|-----------------|---------------------------|
|   | Plan Pays   | Plan Pays       | Plan Pays                 |
| <b>Diagnostic &amp; Preventive</b>  |             |                 |                           |
| <b>Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers</b> | 100%        | 100%            | 100%                      |
| <b>Sealants - to prevent decay of permanent teeth</b>   | 100%        | 100%            | 100%                      |
| <b>Brush Biopsy - to detect oral cancer</b>   | 100%        | 100%            | 100%                      |
| <b>Radiographs - X-rays</b>   | 100%        | 100%            | 100%                      |
| <b>Periodontal Maintenance - cleanings following periodontal therapy</b>                      | 100%        | 100%            | 100%                      |
| <b>Basic Services</b>   |             |                 |                           |
| <b>Emergency Palliative Treatment - to temporarily relieve pain</b>                           | 90%         | 80%             | 80%                       |
| <b>Minor Restorative Services - fillings</b>  | 90%         | 80%             | 80%                       |
| <b>Endodontic Services - root canals</b>  | 90%         | 80%             | 80%                       |



|  |                                   |                                   |                                   |
|--|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>Periodontic Services - to treat gum disease</b>               | 90%                               | 80%                               | 80%                               |
| <b>Oral Surgery Services - extractions and dental surgery</b>    | 90%                               | 80%                               | 80%                               |
| <b>Other Basic Services - misc. services</b>                     | 90%                               | 80%                               | 80%                               |
| <b>Adjustments and Repairs - to bridges and dentures</b>         | 90%                               | 80%                               | 80%                               |
| <b>Major Services</b>  |                                   |                                   |                                   |
| <b>Crown Repair - to individual crowns</b>                       | 60%                               | 50%                               | 50%                               |
| <b>Major Restorative Services - crowns</b>                       | 60%                               | 50%                               | 50%                               |
| <b>Relines and Rebase - to dentures</b>                          | 60%                               | 50%                               | 50%                               |
| <b>Implant Repair - implant maintenance, repair, and removal</b> | 60%                               | 50%                               | 50%                               |
| <b>Prosthetic Services - bridges, implants, and dentures</b>     | 60%                               | 50%                               | 50%                               |
| <b>Orthodontic Services</b>                                      |                                   |                                   |                                   |
| <b>Orthodontic Services - braces</b>                             | 50%                               | 50%                               | 50%                               |
| <b>Orthodontic Age Limit -</b>                                   | to the end of the month of age 19 | to the end of the month of age 19 | to the end of the month of age 19 |

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 15.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period, whether provided by a general dentist or specialist.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

**Deductible:** \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year. The deductible does not apply to oral exams, preventive, x-rays, sealants, periodontal maintenance, full mouth debridement, cephalometric films, diagnostic casts, photos, and orthodontics.

**Maximum Payment:** \$1,500 per person total per calendar year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$2,000 per person total per lifetime on cephalometric film, photos, diagnostic casts, and orthodontic services.

**Exhibit B Census**

| <b>Exhibit B - Census</b> |                 |            |                        |                          |
|---------------------------|-----------------|------------|------------------------|--------------------------|
| <b>Gender</b>             | <b>Zip Code</b> | <b>DOB</b> | <b>Dental Coverage</b> | <b>Employment Status</b> |
| F                         | 37920           | 01/20/1965 | Family                 | Active                   |
| M                         | 37871           | 09/08/1953 | Family                 | Active                   |
| M                         | 37914           | 07/14/1972 | Family                 | Active                   |
| M                         | 37803           | 11/02/1967 | Family                 | Active                   |
| F                         | 37934           | 08/15/1958 | Family                 | Active                   |
| M                         | 37921           | 12/04/1979 | Family                 | Active                   |
| M                         | 37914           | 09/19/1969 | Family                 | Active                   |
| F                         | 37917           | 01/28/1957 | Family                 | Active                   |
| M                         | 37871           | 07/21/1961 | Family                 | Active                   |
| M                         | 37922           | 01/31/1959 | Family                 | Active                   |
| F                         | 37865           | 08/29/1960 | Family                 | Active                   |
| M                         | 37820           | 03/11/1964 | Family                 | Active                   |
| M                         | 37914           | 02/26/1968 | Family                 | Active                   |
| F                         | 37764           | 04/02/1957 | Family                 | Active                   |
| F                         | 37918           | 08/21/1953 | Family                 | Active                   |
| M                         | 37918           | 11/22/1950 | Family                 | Active                   |
| M                         | 37912           | 10/02/1967 | Family                 | Active                   |
| F                         | 37779           | 11/06/1952 | Family                 | Active                   |
| M                         | 37920           | 06/06/1966 | Family                 | Active                   |
| F                         | 37920           | 01/29/1965 | Family                 | Active                   |
| F                         | 37914           | 12/26/1961 | Family                 | Active                   |
| M                         | 37938           | 11/27/1983 | Family                 | Active                   |
| F                         | 37918           | 09/22/1967 | Family                 | Active                   |
| F                         | 37918           | 06/14/1966 | Family                 | Active                   |
| M                         | 37931           | 02/26/1960 | Family                 | Active                   |
| M                         | 37885           | 09/28/1977 | Family                 | Active                   |
| M                         | 37920           | 08/11/1969 | Family                 | Active                   |
| F                         | 37920           | 01/03/1975 | Family                 | Active                   |
| F                         | 37915           | 07/18/1979 | Family                 | Active                   |
| M                         | 37743           | 10/30/1956 | Family                 | Active                   |
| F                         | 37917           | 12/30/1977 | Family                 | Active                   |
| M                         | 37849           | 08/11/1970 | Family                 | Active                   |
| F                         | 37924           | 04/23/1969 | Family                 | Active                   |
| M                         | 37825           | 05/18/1970 | Family                 | Active                   |
| M                         | 37807           | 11/27/1965 | Family                 | Active                   |
| F                         | 37716           | 08/13/1971 | Family                 | Active                   |

**Exhibit B - Census**

| <b>Gender</b> | <b>Zip Code</b> | <b>DOB</b> | <b>Dental Coverage</b> | <b>Employment Status</b> |
|---------------|-----------------|------------|------------------------|--------------------------|
| F             | 37804-5906      | 05/02/1975 | Family                 | Active                   |
| F             | 37918           | 06/04/1966 | Family                 | Active                   |
| M             | 37938           | 04/03/1968 | Family                 | Active                   |
| F             | 37920           | 02/16/1955 | Family                 | Active                   |
| M             | 37917           | 12/08/1980 | Family                 | Active                   |
| F             | 37914           | 12/28/1972 | Family                 | Active                   |
| M             | 37920           | 07/21/1973 | Family                 | Active                   |
| M             | 37803           | 01/16/1963 | Family                 | Active                   |
| M             | 37918           | 03/27/1958 | Family                 | Active                   |
| F             | 37914           | 02/16/1971 | Family                 | Active                   |
| M             | 37917           | 11/26/1964 | Family                 | Active                   |
| M             | 37920           | 02/13/1971 | Family                 | Active                   |
| M             | 37914           | 11/03/1954 | Family                 | Active                   |
| M             | 37754           | 07/02/1973 | Family                 | Active                   |
| M             | 37849           | 12/31/1963 | Family                 | Active                   |
| F             | 37924           | 03/07/1959 | Family                 | Active                   |
| M             | 37828           | 06/22/1965 | Family                 | Active                   |
| M             | 37721           | 10/27/1957 | Family                 | Active                   |
| F             | 37921           | 01/10/1954 | Family                 | Active                   |
| M             | 49770           | 02/21/1960 | Family                 | Active                   |
| M             | 37865           | 02/20/1961 | Family                 | Active                   |
| M             | 37921           | 12/30/1957 | Family                 | Active                   |
| M             | 37924           | 02/02/1957 | Family                 | Active                   |
| M             | 37807           | 02/10/1950 | Family                 | Active                   |
| M             | 37914           | 11/12/1959 | Family                 | Active                   |
| M             | 37922           | 07/28/1962 | Family                 | Active                   |
| M             | 37807           | 06/29/1963 | Family                 | Active                   |
| F             | 37849           | 08/26/1960 | Family                 | Active                   |
| F             | 37774           | 10/19/1972 | Family                 | Active                   |
| M             | 37914           | 05/27/1974 | Family                 | Active                   |
| M             | 37918           | 06/18/1962 | Family                 | Active                   |
| M             | 37917           | 12/22/1950 | Family                 | Active                   |
| F             | 37777           | 01/18/1949 | Family                 | Active                   |
| M             | 37914           | 08/01/1957 | Family                 | Active                   |
| F             | 37912           | 11/09/1966 | Family                 | Active                   |
| F             | 37932           | 08/03/1959 | Family                 | Active                   |
| M             | 37853           | 10/15/1962 | Family                 | Active                   |
| M             | 37721           | 04/09/1965 | Family                 | Active                   |

| <b>Exhibit B - Census</b> |                 |            |                        |                          |
|---------------------------|-----------------|------------|------------------------|--------------------------|
| <b>Gender</b>             | <b>Zip Code</b> | <b>DOB</b> | <b>Dental Coverage</b> | <b>Employment Status</b> |
| F                         | 37921           | 03/13/1955 | Family                 | Active                   |
| M                         | 37940           | 06/12/1952 | Family                 | Active                   |
| M                         | 37909           | 03/01/1963 | Family                 | Active                   |
| M                         | 37804           | 06/06/1957 | No Coverage            | Active                   |
| F                         | 38583           | 11/17/1957 | No Coverage            | Active                   |
| M                         | 37932           | 10/24/1946 | No Coverage            | Active                   |
| M                         | 37921           | 03/17/1972 | No Coverage            | Active                   |
| M                         | 37914           | 04/23/1957 | No Coverage            | Active                   |
| F                         | 37721           | 11/18/1961 | No Coverage            | Active                   |
| M                         | 37914           | 07/22/1963 | No Coverage            | Active                   |
| F                         | 37917           | 08/21/1951 | No Coverage            | Active                   |
| M                         | 37920           | 01/01/1959 | No Coverage            | Active                   |
| F                         | 37912           | 08/02/1971 | No Coverage            | Active                   |
| F                         | 37849           | 08/06/1961 | No Coverage            | Active                   |
| M                         | 37909           | 04/09/1952 | No Coverage            | Active                   |
| M                         | 37917           | 09/29/1957 | No Coverage            | Active                   |
| M                         | 37914           | 06/18/1964 | No Coverage            | Active                   |
| M                         | 37804           | 06/09/1958 | No Coverage            | Active                   |
| M                         | 37917           | 08/11/1957 | No Coverage            | Active                   |
| M                         | 37912           | 11/24/1968 | No Coverage            | Active                   |
| F                         | 37938           | 08/15/1973 | No Coverage            | Active                   |
| M                         | 37917           | 11/15/1980 | No Coverage            | Active                   |
| M                         | 37725           | 05/26/1962 | No Coverage            | Active                   |
| F                         | 37912           | 05/22/1955 | Not eligible           | Active                   |
| F                         | 37920           | 01/30/1956 | Single                 | Active                   |
| F                         | 37912           | 12/03/1957 | Single                 | Active                   |
| F                         | 37921           | 04/24/1957 | Single                 | Active                   |
| M                         | 37865           | 10/21/1956 | Single                 | Active                   |
| F                         | 37912           | 08/07/1955 | Single                 | Active                   |
| F                         | 37921           | 06/10/1959 | Single                 | Active                   |
| F                         | 37760           | 11/15/1955 | Single                 | Active                   |
| F                         | 37919           | 08/23/1949 | Single                 | Active                   |
| F                         | 37915           | 09/26/1962 | Single                 | Active                   |
| F                         | 37806           | 07/09/1974 | Single                 | Active                   |
| M                         | 37721           | 06/08/1960 | Single                 | Active                   |
| F                         | 37924           | 12/22/1962 | Single                 | Active                   |
| F                         | 37912           | 12/09/1955 | Single                 | Active                   |
| F                         | 37807           | 03/24/1952 | Single                 | Active                   |

| <b>Exhibit B - Census</b> |                 |            |                        |                          |
|---------------------------|-----------------|------------|------------------------|--------------------------|
| <b>Gender</b>             | <b>Zip Code</b> | <b>DOB</b> | <b>Dental Coverage</b> | <b>Employment Status</b> |
| M                         | 37807           | 06/04/1956 | Single                 | Active                   |
| F                         | 37917           | 10/21/1950 | Single                 | Active                   |
| F                         | 37876           | 10/26/1967 | Single                 | Active                   |
| M                         | 37917           | 08/30/1960 | Single                 | Active                   |
| F                         | 37849           | 12/01/1960 | Single                 | Active                   |
| F                         | 37923           | 09/24/1959 | Single                 | Active                   |
| F                         | 37919           | 02/29/1980 | Single                 | Active                   |
| F                         | 37918           | 12/05/1961 | Single                 | Active                   |
| F                         | 37921           | 10/27/1960 | Single                 | Active                   |
| F                         | 37914           | 08/20/1954 | Single                 | Active                   |
| F                         | 37921           | 07/16/1950 | Single                 | Active                   |
| F                         | 37917           | 01/16/1951 | Single                 | Active                   |
| M                         | 37914           | 09/28/1982 | Single                 | Active                   |
| F                         | 37923           | 02/03/1966 | Single                 | Active                   |
| M                         | 37918           | 10/10/1970 | Single                 | Active                   |
| F                         | 37918           | 09/19/1955 | Single                 | Active                   |
| F                         | 37921           | 11/01/1980 | Single                 | Active                   |
| F                         | 37922           | 10/28/1964 | Single                 | Active                   |
| F                         | 37912           | 04/12/1970 | Single                 | Active                   |
| M                         | 37914           | 09/07/1970 | Single                 | Active                   |
| F                         | 37918           | 01/01/1948 | Single                 | Active                   |
| M                         | 37938           | 11/15/1952 | Single                 | Active                   |
| M                         | 37915           | 02/11/1954 | Single                 | Active                   |
| F                         | 37915           | 10/25/1961 | Single                 | Active                   |
| M                         | 37914           | 06/17/1955 | Single                 | Active                   |
| M                         | 37912           | 10/09/1972 | Single                 | Active                   |
| F                         | 37920           | 06/10/1953 | Single                 | Active                   |
| F                         | 37921           | 01/08/1958 | Single                 | Active                   |
| F                         | 37917           | 11/04/1960 | Single                 | Active                   |
| M                         | 37918           | 10/12/1954 | Single                 | Active                   |
| M                         | 37917           | 07/22/1971 | Single                 | Active                   |
| F                         | 37915           | 06/06/1968 | Single                 | Active                   |
| M                         | 37924           | 07/27/1961 | Single                 | Active                   |
| M                         | 37920           | 08/29/1959 | Single                 | Active                   |
| M                         | 37931           | 4/9/1950   | Family                 | Retiree                  |
| F                         | 37922           | 3/14/1947  | Family                 | Retiree                  |
| F                         | 37938           | 8/31/1946  | Family                 | Retiree                  |
| F                         | 37922           | 2/20/1949  | Family                 | Retiree                  |

| <b>Exhibit B - Census</b> |                 |            |                                   |                          |
|---------------------------|-----------------|------------|-----------------------------------|--------------------------|
| <b>Gender</b>             | <b>Zip Code</b> | <b>DOB</b> | <b>Dental Coverage</b>            | <b>Employment Status</b> |
| M                         | 37920           | 1/22/1953  | No Coverage                       | Retiree                  |
| M                         | 37918           | 10/24/1946 | Single                            | Retiree                  |
| M                         | 37915           | 4/18/1946  | Single                            | Retiree                  |
| M                         | 37914           | 7/16/1947  | Single                            | Retiree                  |
| M                         | 37917           | 12/20/1952 | Single                            | Retiree                  |
| F                         | 37915           | 9/16/1957  | Single                            | Retiree                  |
| F                         | 37927           | 8/17/1961  | Single                            | Retiree                  |
| F                         | 37918           | 5/16/1952  | Single                            | Retiree                  |
| F                         | 37919           | 6/16/1951  | Single                            | Retiree                  |
| F                         | 37914           | 9/7/1960   | Still in COBRA<br>Election Period | COBRA                    |

**Exhibit C Summary of Current and Proposed Coverage**

| Exhibit C - Summary of Current and Proposed Dental Plans |  |                                     |               |                |
|--|--|-------------------------------------|---------------|----------------|
|  | Current  |                                     | Proposed Plan |                |
|  | Delta Dental   |                                     |               |                |
|  | EE Contribution  | Total Premium                       | Total Premium |                |
| EE Only  | \$7.77   | \$31.07                             |               |                |
| Family   | \$23.19  | \$92.76                             |               |                |
| Rate Guarantee   |  |                                     |               |                |
| <b>BENEFITS</b>  | Delta Dental PPO<br>In-Network   | Delta Premier or Out-of-<br>Network | In-Network    | Out-of-Network |
| <b>Deductible</b>  |  |                                     |               |                |
| Individual   | \$50   |                                     |               |                |
| Deductible is Calendar Year or Plan Year?                | Calendar   |                                     |               |                |
| Family   | \$150  |                                     |               |                |
| X Family Limit?  | 3x   |                                     |               |                |
| Deductible Applies to?                                   | Basic and Major Services   | Basic and Major Services            |               |                |
| <b>Annual Maximum</b>                                    |  |                                     |               |                |
| Individual   | \$1,500  | \$1,000                             |               |                |
| Combined across networks?                                | Combined in-network and out-of-network maximum of \$1,000 with an additional \$500 of benefit in-network |                                     |               |                |
| <b>Diagnostic &amp; Preventative</b>                     |  |                                     |               |                |
| Waiting Period   | None   | None                                |               |                |
| Exams  | 100%   | 100%                                |               |                |
| Cleanings  | 100%   | 100%                                |               |                |
| Limited to X Per 12-months or each 6-Months              | 2 times per 12 months  | 2 times per 12 months               |               |                |
| Fluoride Treatment                                       | 100%   | 100%                                |               |                |
| Age Limit  | up to age 19   | up to age 19                        |               |                |
| Space Maintainers  | 100%   | 100%                                |               |                |
| Age Limit  | under age 15   | under age 15                        |               |                |
| Bite Wing X-Rays   | 100%   | 100%                                |               |                |
| Number per 6 or 12-month period?                         | 4 bitewings per 12 months  | 4 bitewings per 12 months           |               |                |
| Panoramic X-rays - coverage and time limitation?         | 100% - 1 per 3 year period   | 100% - 1 per 3 year period          |               |                |
| Sealants   | 100%   | 100%                                |               |                |
| Age Limit  | To age 16, 1 per tooth per lifetime  | To age 16, 1 per tooth per lifetime |               |                |
| <b>Major Services</b>                                    |  |                                     |               |                |
| Waiting Period   | None   | None                                |               |                |
| Emergency Pain Treatment                                 | 90%  | 80%                                 |               |                |
| Fillings, Stainless Crowns                               | 90%  | 80%                                 |               |                |
| Simple Extractions                                       | 90%  | 80%                                 |               |                |
| Waiting Period   | None   | None                                |               |                |
| Crowns, Inlays, Onlays                                   | 60%  | 50%                                 |               |                |
| Bridges and Dentures                                     | 60%  | 50%                                 |               |                |
| Repairs and Adjustments                                  | 60%  | 50%                                 |               |                |
| <b>Other</b>   |  |                                     |               |                |
| Endodontics (Root Canal)                                 | 90%  | 80%                                 |               |                |
| Waiting Period   | None   | None                                |               |                |

| <b>Exhibit C - Summary of Current and Proposed Dental Plans</b> |                           |                           |                      |  |
|---|---------------------------|---------------------------|----------------------|--|
|   | <b>Current</b>            |                           | <b>Proposed Plan</b> |  |
| Periodontics (Gum Disease)                                      | 90%                       | 80%                       |                      |  |
| Waiting Period  | None                      | None                      |                      |  |
| Oral Surgery  | 90%                       | 80%                       |                      |  |
| Waiting Period  | None                      | None                      |                      |  |
| <b>Orthodontics</b>   |                           |                           |                      |  |
| Waiting Period  | None                      | None                      |                      |  |
| Appliances and Related Services                                 | 50%                       | 50%                       |                      |  |
| Lifetime Maximum  | \$2,000                   |                           |                      |  |
| Age Limitation  | To age 19                 | To age 19                 |                      |  |
|   | Recommended, not required | Recommended, not required |                      |  |
| <b>Dependent Age</b>  | 26                        |                           |                      |  |



**Exhibit D Questionnaire**

(NOTE: Proposer must include restatement of question with response.)

**Dental Coverage**

1. Does your submitted proposal comply with each of the General Conditions stated in Exhibit E. Scope of Services section of this Request for Proposals?

Yes \_\_\_\_ No \_\_\_\_

If no, indicate the Condition number and provide an explanation below:

| Condition Number(s) | Explanation |
|---------------------|-------------|
|                     |             |
|                     |             |
|                     |             |
|                     |             |
|                     |             |
|                     |             |

All questions must be answered directly and completely. Please attach information to fully explain your approach to a particular question as needed. Incomplete answers will not be given consideration in the evaluation process.

**Section A. Administrative Capability/Management Experience**

1. Provide the legal name and address of your firm.
2. Provide the name of your parent company or sponsoring entity with majority ownership in the firm.
3. How long has your firm been in operation?
4. How many years have you had the following in operation in the Knoxville area:
  - a. DPPO
  - b. DHMO
5. What type(s) of coverage are you proposing (DPPO or DHMO)?
6. Provide your current enrollment figures (number of members) of your firm for the coverage you are offering.

## Exhibit D Questionnaire-continued

7. What were your enrollment figures for this plan in 2013 for the Knoxville area?
8. Provide the current number of participating employers and participation for each of the last two years.
9. Give the number of employers who have terminated in each of the last two years.
10. Provide a brief biographical sketch of all individuals in management positions with the Provider and include similar information for the account executive(s) who will be working KCDC.
11. Does your agreement with participating providers guarantee a specified time for turnaround of claims?
12. What percentage of claims must be reprocessed?
13. What is the expected turnaround for reprocessed claims?
14. Who is the contact person for the following areas:
  - a. Billing problems
  - b. Claim problems
  - c. Enrollment issues
15. What is the average hold time for customer service calls?
16. Provide sample copies of your billing.
17. What are your minimum participation requirements?
18. Describe plan materials available to members (attach sample packet to be distributed to employees).
19. How do you communicate changes regarding benefit design and administrative procedures to employers and participants?
20. Is this information passed onto employers & employees prior to enacting the change?
21. What specific claim data on KCDC employees and dependents can be provided monthly, quarterly, annually?
22. Provide a sample of your employer contract.
23. During the past five years, have any plan participants filed a lawsuit against your company?

## **Exhibit D Questionnaire-continued**

### **Section B. Availability of Services**

24. Provide a complete list of network providers. Please include current provider directories.
25. Please provide a site match (GeoAccess report) with the following access parameters:
  - a) 2 General Dentists within 10 miles
  - b) 2 Specialists Dentists within 10 miles
26. Are there network provisions for outside the Knoxville area?
27. Out of state? Be specific as to emergency and non-emergency provisions.

### **Section C. Costs of Product**

28. Give the standard length of your contract.
29. Are rates guaranteed for the length of the contract?
30. If not, for what period?
31. Provide a copy of your current contract.
32. Give the average rate increase percentage for the past three years in the Knoxville, Tennessee service area.

### **Section D. Utilization Control**

33. Using established protocols, what type of utilization profiles do you maintain for participating providers to detect over-charging or over-treatment?
34. Give details as to claims review of your organization to monitor the accuracy of dental charges.

### **Section E. Financial Information**

35. Provide a copy of the current audited financial statement.
36. Provide a statement of current financial reserves.

### **Section F. Quality of Providers & Facilities**

37. What factors are considered when in-network providers are chosen?
38. Describe procedures for handling employee suggestions and grievances concerning network providers.

## Exhibit E Scope of Services

The Conditions listed below must be met if submitting a proposal to the Knoxville's Community Development Corporation (KCDC). If your company cannot meet the terms of the conditions listed below, you must identify the condition number and provide an explanation to accompany your proposal submission.

| <b>Applicable to All Coverage Quoted</b> |   |
|--|---|
| 1.                                       | KCDC will award the contract for a January 1, 2014 effective date. KCDC holds its annual enrollment meetings in mid-November each year.   |
| 2.                                       | All quotes should be quoted net of commissions <b>and</b> including 5% commissions of payable to Cowan Benefit Services.  |
|  | Include the terms under which a multi-year rate guarantee or cap for fully insured rates is available.  |
| 3.                                       | A 31-day grace period for premium payment and a notice will be sent to KCDC at least three days prior to an administrative hold being placed on claims for failure to pay premium.  |
| 4.                                       | A 90-day notice will be provided to KCDC prior to the cancellation, termination or change in any of the contract provisions.  |
| 5.                                       | All employees and dependents covered as of December 31, 2013 will have all waiting periods waived.  |
| 6.                                       | COBRA services will be provided by another vendor selected by KCDC. Rates should exclude COBRA services.  |
| 7.                                       | No loss, no gain will apply to all employees and dependents currently covered under KCDC's dental plan.   |
| 8.                                       | All COBRA continuees will be fully covered under your proposed plan (current COBRA participants are included in the census).  |
| 9.                                       | All current and future retirees may access coverage until they are eligible for Medicare.   |
| 10.                                      | All proposals assume: <ul style="list-style-type: none"> <li>o Direct claim processing</li> <li>o Toll-free claim office numbers</li> <li>o Summary plan descriptions (SPD) or Certificates printed for all plans at no additional cost</li> <li>o Electronic versions of all SPD or Certificates will be provided</li> </ul> |
| 11.                                      | Please include a site match (GeoAccess report) with the following access parameters: <ul style="list-style-type: none"> <li>o 2 General Dentists within 10 miles</li> <li>o 2 Specialist Dentists within 10 miles</li> </ul>  |
| 12.                                      | KCDC's plan is offered under a Section 125 plan. Each open enrollment is open to all eligible employees and their dependents including those employees who did not elect coverage when initially eligible.  |

**Exhibit E      Scope of Services-Continued**

|     |  |
|-----|--|
| 13. | <p>KCDC permits all mid-year enrollment, changes and terminations as permitted under Section 125 and HIPAA special enrollment periods defined as:</p> <ul style="list-style-type: none"> <li>○ Change in marital status</li> <li>○ Change in number of dependents</li> <li>○ Change in employment status</li> <li>○ Dependent satisfies or ceases to satisfy dependent eligibility requirements</li> <li>○ Commencement or termination of adoption proceedings</li> <li>○ Spouse or Dependent’s annual open enrollment period</li> </ul> |
| 14. | <p>Indicate the basis of payment of out-of-network claims; i.e., OON claims will be paid at x percentile or R&amp;C, or OON claims will be paid according to the in-network maximum plan allowance. Please quote an 80% of R&amp;C or higher out-of-network benefit and describe how network penalties apply.</p>  |
| 15. | <p>Please indicate whether or not discounts are available to covered members who obtain services beyond those covered under the plan. For instance, if an employee exceeds the \$1,500 in-network annual maximum, specify the discount that applies to additional services the employee may require above the annual limit.</p>  |
| 16. | <p>Please indicate whether members can access discounts for services not covered under the plan. For instance, while veneers are not covered, do members have access to discounts for veneers?</p>   |
| 17. | <p>Draft booklets will be provided to Cowan Benefit Services, Inc. within 30 days from the plan effective date. Once booklet drafts have been approved by KCDC and Cowan Benefit Services, the booklets will be produced within 30 days of approval date.</p>  |
| 18. | <p>Coverage is provided for dependents who reside outside of the service area. Please fully disclose how KCDC should provide notification of OOA dependents.</p>   |