

REQUESTS FOR DENTAL INSURANCE PROPOSALS

CITY OF SEDALIA, MISSOURI



JULY 6, 2015

PREPARED BY:
PERSONNEL OFFICE
CITY OF SEDALIA, MISSOURI
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Proposals must be submitted no later than
August 19, 2015 – 2:00 p.m.

CITY OF SEDALIA, MISSOURI

DENTAL INSURANCE BID PACKAGE

- Statement of Intent

Bid Forms & Information

- Dental Insurance Specifications
- Current Voluntary Dental Benefits
- Current Prepaid Dental Benefits
- Bid Form – Base Dental Plan without Orthodontics
- Bid Form – Buy-Up Plan with Orthodontics
- Employee Dental Census

CITY OF SEDALIA, MO
DENTAL INSURANCE
STATEMENT OF INTENT

The City of Sedalia desires proposals for voluntary dental coverage to be offered to all full-time city employees via payroll deduction. Currently, the city offers two voluntary dental plans through Assurant. Details of these plans are enclosed.

The City is looking for the best bid that provides a good level of dental care at a reasonable cost.

Dental coverage should not be tied with any other coverage, allowing our employees to pick and choose coverage. However, the city is open to bundling insurance coverages (health, life, dental and vision) to receive a cost savings benefit for our employees.

It is anticipated that the City Council will award a contract to the successful company and the new coverage's will take effect January 1, 2016.

All rates must be guaranteed for a 12-month period unless otherwise approved by the City.

Each year the city desires to offer an open enrollment for employees to make any necessary changes and to add dependents not presently covered under the plan.

Each bid must be submitted on the enclosed bid forms with a sample policy, a detailed explanation of all coverage's and a complete breakdown of premiums. Before any contract shall be awarded for furnishing of the required insurance coverage's, the successful bidder shall agree in writing to furnish a written notice of no less than 60 days in advance of any proposed rate increase.

A decision regarding the accepted program will be based upon proposed benefits, services, policy conditions, provider network, financial stability of insurer, and costs that the City of Sedalia feels will be the most beneficial to the city and its employees

The City of Sedalia retains the right to reject any or all bids submitted or waive any irregularities contained in the bid and to accept the bids most advantageous to the City of Sedalia. Each proposer waives any claim against the City of Sedalia should the city fail to select their proposal. Late proposals will be unopened.

Additional information or questions concerning this request may be directed to the Personnel Office at (660) 827-3000, Extension 123.

Failure to comply with any of the above instructions will automatically disqualify the bidder unless specifically approved by the City of Sedalia.

DENTAL INSURANCE SPECIFICATIONS

The city is currently covered under (2) Dental Plans available thru Assurant Dental. A basic plan and an expanded service plan are offered to all active full-time employees and their dependents, as applicable, at their own expense and is paid through payroll deduction. At the current time, there are multiple dentists in Sedalia that are associated with the dental plans.

Dental benefits should include the following:

- Diagnostic and preventative dental services
- Basic dental services including oral surgery, restorative services, endodontics services and periodontic services.
- Major dental services
- Elective orthodontics coverage. The insurer should also offer an optional orthodontics rider in which city employees may elect to procure orthodontics coverage.

The city desires monthly rates based on the following levels:

Employee Only
Employee/1 Dependent
Employee/2 or More Dependents

Serious consideration would be given to a two tier option with a base and a buy up option. Please quote plans with and without orthodontia services.

If quoting a network plan, please provide a listing of network providers within a 100 mile radius of Sedalia, Missouri. Also, please indicate in and out of network benefits and at what level listed treatments would be covered. Waiting Periods and age limitation should also be included in the proposal.

The city requires ID Cards to be ready by January 1, 2016.

Customer Service:

Successful bidder shall assign an account representative who is knowledgeable about all aspects of the dental plan(s).

In addition, the city desires a toll free customer service/claim office telephone number during normal hours of operation for our employees to address dental issues that arise with our employees and their dependents.

Included with this packet are copies of the existing coverage furnished by Assurant Insurance Company and a copy of an employee census giving gender, date of birth, level of coverage and zip code.

NOTE: No dental claim history available.

CITY OF SEDALIA, MISSOURI
DENTAL BID FORM - BASE PLAN
WITHOUT ORTHODONTICS

Company - Name _____

Address _____

Agent - Name _____

Address _____

Phone _____

Deductible

Individual _____

Family _____

Waived for Preventive? _____

Covered Charges (%)

In-Network

Out-of-Network

Preventive _____

Basic _____

Major _____

Annual Maximum _____

Rollover Allowed ___Yes ___No

How Covered? (Preventive, Basic, or Major)

Sealants _____

Endodontics _____

Periodental Services _____

Periodental Surgery _____

Surgical Extractions _____

Repair and Maintenance _____

Crowns/Bridges/Dentures _____

List additional
services: _____

Cost

Employee _____

Employee + 1 Dependent _____

Employee + 2 or More Dependents _____

Agent Signature _____

Date _____

CITY OF SEDALIA, MISSOURI
DENTAL BID FORM – BUY-UP PLAN
WITH ORTHODONTICS

Company - Name _____

Address _____

Agent - Name _____

Address _____

Phone _____

Deductible

Individual _____

Family _____

Waived for Preventive? _____

Covered Charges (%)

In-Network

Out-of-Network

Preventive _____

Basic _____

Major _____

Orthodontia _____

Annual Maximum _____

Rollover Allowed ___Yes ___No

Orthodontia Lifetime Maximum _____

How Covered? (Preventive, Basic, or Major)

Sealants _____

Endodontics _____

Periodental Services _____

Periodental Surgery _____

Surgical Extractions _____

Repair and Maintenance _____

Crowns/Bridges/Dentures _____

List additional

services: _____

Cost

Employee _____

Employee + 1 Dependent _____

Employee + 2 or More Dependents _____

Agent Signature _____

Date _____