

Staff Summary Report

Council Meeting Date: 3-5-2009

Agenda Item Number: _____

SUBJECT: Request to award a one-year contract with four one-year renewal options to United Concordia Insurance Company for a dental preferred provider organization (DPPO) benefit plan for eligible City employees and their dependents.

DOCUMENT NAME: 20090305fsta03

PURCHASES (1004-01)

SUPPORTING DOCS: Yes

COMMENTS: (RFP 09-058) Total amount not to exceed \$1,300,000 during the initial one-year contract period.

PREPARED BY: Tony Allen, Procurement Officer, 480-350-8548

REVIEWED BY: Michael Greene, CPM, Central Services Administrator, 480-350-8516
Renie Broderick, HR Manager, 480-350-8409
Lynna Soller, Employee Benefits Administrator, 480-350-2975

**LEGAL REVIEW AS
TO CONTRACT FORM**

ONLY: N/A

FISCAL NOTE: Sufficient funds have been appropriated in the Health Fund for the anticipated expenditures in the current fiscal year.

RECOMMENDATION: Award the contract.

ADDITIONAL INFO: The City of Tempe issued a Request for Proposal to establish contracts for dental service providers. The City's request was for both a DPPO (dental preferred provider organization) and a prepaid plan. Ten firms responded to the solicitation. A committee comprised of Union Representatives (SEIU, Fire and TSA), HR and Procurement Staff met and reviewed the submitted proposals. The top scoring firms in each category were issued best and final offers and invited to present their offers to the committee. The committee discussed the presentations, reviewed the best and final offers and scored the presenting firms. It is the recommendation of the committee to award a contract to United Concordia Insurance Company, the high scorer, for a DPPO plan.

SECTION 23. VENDOR'S PROPOSAL OFFER

It is REQUIRED that Proposal Offeror COMPLETE, SIGN and SUBMIT the original of this form to the City Procurement Office with the proposal response offer. An unsigned "Vendor's Proposal Offer", late proposal response and/or a materially incomplete response will be considered non-responsive and rejected.

Proposal offeror is to type or legibly write in ink all information required below.

Company Name United Concordia Insurance Company

Company Mailing Address 4401 Deer Path Road, Harrisburg, PA 17110

Company Street Address 4401 Deer Path Road, Harrisburg, PA 17110

Proposal Offeror Contact & Title Barbara Crawford, Divisional Strategic Account Director

Contact's Phone No. (602) 667-2209

Contact's E-mail Address Barbara.crawford@ucci.com

Proposal Offeror's Company Tax Information: 86-0307623

Arizona Transaction Privilege (Sales) Tax No. 25-1687586

Arizona Use Tax No. _____

Federal I.D. No. 07561345 - D

City & State Where Sales Tax is Paid Phoenix, AZ

THIS PROPOSAL IS OFFERED BY:

Authorized Proposal Offeror (Type or Print in ink) Barbara Crawford

Proposal Offeror's Title (Type of Print in ink) Divisional Strategic Account Director

Date 11-17-08

REQUIRED SIGNATURE OF AUTHORIZED PROPOSAL OFFEROR

(Must Sign in Ink)

By signing this Proposal Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other offeror or potential offeror. In accordance with A.R.S. 35-397, the offeror hereby certifies that it does not have scrutinized business operations in Iran or Sudan. Failure to sign and return this form with proposal offer will result in a non-responsive proposal.

Barbara Crawford
Signature of Authorized Proposal Offeror

11-17-08
Date

PROPOSED RATES

We are proposing the *Concordia Flex and Concordia Preferred* plan(s) described herein on a fully-insured basis for the period **July 1, 2009 – June 30, 2011**.

<i>Proposed Low Option (Concordia Flex)</i>	<i>90th Percentile</i>	<i>National Fee For Service MAC</i>
Employee Only	\$22.43	\$20.17
Employee + 1 Dependent	\$45.93	\$41.31
Employee + Family	\$70.29	\$63.22

<i>Proposed High Option (Concordia Preferred)</i>	<i>90th Percentile</i>	<i>99th Percentile</i>
Employee Only	\$35.00	\$35.91
Employee + 1 Dependent	\$71.63	\$73.50
Employee + Family	\$109.52	\$112.38

