

Financial Services  
Mr. Ron Y. Steiger, Chief Financial Officer

**SUBJECT: AWARD REQUEST FOR PROPOSALS NO. RFP-18-057-MT - GROUP TERM LIFE INSURANCE AND FLEXIBLE BENEFITS PROGRAM – DENTAL COVERAGE**

**COMMITTEE: FISCAL ACCOUNTABILITY & GOVERNMENT RELATIONS**

**LINK TO STRATEGIC BLUEPRINT: EFFECTIVE AND SUSTAINABLE BUSINESS PRACTICES**

At the July 24, 2019 Board Meeting, the Board awarded all flexible benefits delineated in Request for Proposals No. RFP 18-057-MT – Group Term Life Insurance and Flexible Benefit Program (RFP), except Dental Coverage.

This item seeks authorization to award Dental Coverage portion of the RFP. The RFP sought providers who could offer plans for Dental Health Maintenance Organization (DHMO) and Preferred Provider Organization (PPO) Dental products. Currently, there are 30,919 employees, dependents and retirees enrolled in dental coverage. 15,189 benefit eligible members are enrolled in UnitedHealthcare and 15,730 members are enrolled in Delta Dental Insurance.

The Current enrollment by plan is as follows:

<b>UnitedHealthcare Dental Plans</b>	<b>Enrollment</b>	<b>Delta Dental Plans</b>	<b>Enrollment</b>
High PPO Employee Only	3,169	High PPO Employee Only	3,401
High PPO Employee & Family	1,359	High PPO Employee & Family	1,162
Standard PPO Employee Only	3,100	Standard PPO Employee Only	4,241
Standard PPO Employee & Family	1,819	Standard PPO Employee & Family	2,780
High DHMO Employee Only	2,342	DHMO Employee Only	1,627
High DHMO Employee and Family	1,946	High DHMO Employee and Family	1,240
Standard DHMO Employee Only	895	Standard DHMO Employee Only	829
Standard DHMO Employee and Family	559	Standard DHMO Employee Family	450
<b>Total</b>	<b>15,189</b>	<b>Total</b>	<b>15,730</b>

**E-147**

At the regularly scheduled bid opening of April 23, 2019, responses from the following Dental proposers were received:

	Dental
Aetna	✓
Cigna	✓
Delta Dental	✓
Metlife	✓
UnitedHealthcare	✓

The Selection Committee meetings were held on June 7, 2019, June 17, 2019 and June 28, 2019. All committee meeting dates were advertised through Citizen's Information. The Committee reviewed all received proposals and comprehensive analyses assembled by staff from the Office of Risk and Benefits Management and the District's Employee Benefits Consulting Firm, Aon.

The committee reviewed the submitted proposals and voted unanimously to allow Delta Dental, MetLife and UnitedHealthcare to make oral presentations on Monday, June 17, 2019.

During the oral presentations, committee members heard overviews of the companies' proposals. At the conclusion of the oral presentations the committee voted to direct Procurement Management Services to seek best and final terms and pricing from all three companies (Delta Dental, MetLife and UnitedHealthcare) in order to be evaluated at the next committee meeting.

The committee met on June 28, 2019 and discussed all three proposals. MetLife's Proposal was predicated on being the sole source vendor. Additionally, MetLife's rates were higher than both Delta Dental and UnitedHealthcare based on those factors they were not considered for recommendation. Both UnitedHealthcare and Delta Dental were willing provide services on a "slice" or co-provider basis. Delta Dental also provided an additional 1% premium discount from their Best and Final Offer if they were chosen as the sole provider.

Delta Dental's best and final offer on a sliced basis contained a reduced premium from their 2019 rates on the PPO High Plan for both Employee Only and Employee and Family, as well as, the DHMO High Plan for both Employee Only and Employee and family.

UnitedHealthcare offered premium reductions compared to 2019 rates on the PPO Standard Plan for both Employee Only and Employee and Family, as well as, rate reductions to the DHMO High for both Employee Only and Employee and Family and the Standard DHMO for both Employee Only and Employee and Family.

Both UnitedHealthcare and Delta Dental were able to meet model plan specifications contained in the RFP which were designed by Aon, the Board's Benefits Consultant. UnitedHealthcare offered the only deviation from the model plan, an enhanced benefit in the form of a \$50 reduction in the out of pocket costs for a crown replacement under both the Standard and High DHMO Products. In order to maximize the number of employees experiencing a premium reduction from 2019 rates and provide continuity of care with minimum provider disruption, a consensus recommendation was made to select Delta Dental and UnitedHealthcare as the District's Dental providers.

The initial term of the bid shall be for a period of five (5) years, commencing January 1, 2020 through December 31, 2024, and may, by mutual agreement between The School Board of Miami-Dade County, Florida, and the successful bidders, be extended for one (1) additional two (2) year period. At the time of contract extension, additional vendors may be added and/or removed, at the discretion of the District.

The specifics of the pricing and terms provided through this solicitation are as follows:

Coverage Tier	High PPO		Standard PPO		High DHMO		Standard DHMO	
	Delta	UHC	Delta	UHC	Delta	UHC	Delta	UHC
<b>Monthly Premium Rates for Calendar Year 2020</b>								
Employee Only/Retiree Only	\$31.37	\$38.40	\$19.46	\$17.51	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51	\$59.61	\$53.64	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2021</b>								
Employee Only/Retiree Only	\$31.37	\$38.40	\$19.46	\$17.51	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51	\$59.61	\$53.64	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2022</b>								
Employee Only/Retiree Only	\$31.37	\$38.40	\$19.46	\$17.51	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51	\$59.61	\$53.64	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2023</b>								
Employee Only/Retiree Only	\$31.37	\$40.32	\$19.46	\$18.39	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$120.24	\$59.61	\$56.32	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2024</b>								
Employee Only/Retiree Only	\$31.37	\$40.32	\$19.46	\$18.39	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$120.24	\$59.61	\$56.32	\$33.32	\$25.37	\$20.53	\$19.27

**RECOMMENDED:** That The School Board of Miami-Dade County, Florida:

- AWARD REQUEST FOR PROPOSALS NO. RFP-18-057-MT - GROUP TERM LIFE INSURANCE AND FLEXIBLE BENEFITS PROGRAM – DENTAL COVERAGE**, for Miami-Dade County Public Schools employees, dependents and retirees, with initial effective date of January 1, 2020 through December 31, 2024, and may, by mutual agreement, be extended for one (1) additional two (2) year period subject to successful negotiations:

a. Dental Coverage:

- i. DELTA DENTAL INSURANCE COMPANY  
5200 BLUE LAGOON DRIVE, SUITE 110  
MIAMI, FL 33126  
OWNER/OFFICER: MICHAEL MANER, VP, SALES

**SUBCONTRACTOR:**  
JNICK MANAGEMENT GROUP, INC. **MBE/MWBE**  
2425 NW 43<sup>RD</sup> STREET  
MIAMI, FL 33142  
**AFRICAN AMERICAN**

- ii. UNITEDHEALTHCARE SERVICES, INC.  
3100 SW 145 AVENUE, SUITE 200  
MIRAMAR, FL 33027  
OWNER/OFFICER: GINA CICCIA, VP OF FLORIDA  
PUBLIC & LABOR SALES

Delta Dental and UnitedHealthcare at the following monthly premiums:

Coverage Tier	High PPO		Standard PPO		High DHMO		Standard DHMO	
	Delta	UHC	Delta	UHC	Delta	UHC	Delta	UHC
<b>Monthly Premium Rates for Calendar Year 2020</b>								
Employee Only/Retiree Only	\$31.37	\$38.40	\$19.46	\$17.51	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51	\$59.61	\$53.64	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2021</b>								
Employee Only/Retiree Only	\$31.37	\$38.40	\$19.46	\$17.51	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51	\$59.61	\$53.64	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2022</b>								
Employee Only/Retiree Only	\$31.37	\$38.40	\$19.46	\$17.51	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51	\$59.61	\$53.64	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2023</b>								
Employee Only/Retiree Only	\$31.37	\$40.32	\$19.46	\$18.39	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$120.24	\$59.61	\$56.32	\$33.32	\$25.37	\$20.53	\$19.27
<b>Monthly Premium Rates for Calendar Year 2024</b>								
Employee Only/Retiree Only	\$31.37	\$40.32	\$19.46	\$18.39	\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$120.24	\$59.61	\$56.32	\$33.32	\$25.37	\$20.53	\$19.27

- 2. **AUTHORIZE** Procurement Management Services to award the contract to provide Group Term Life Insurance and Flexible Benefits Program – Dental Services, for the initial contract term, and for each subsequent extension period.

RYS:mgf