

CITY OF WARWICK

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

NO: _____

APPROVED: _____ MAYOR

DATE: _____

RESOLVED, That The City Council of the City of Warwick as required by the provisions of Sections 6-11 and 6-12 of the City Charter and the Ordinance relative to competitive bidding on purchase enacted there under hereby and herewith approves the acceptance of the following bid(s):

Bid #	Name	Vendor(s) Name/Address	Contract Award	Contract Period	Note	Code	FY
2017 - 4	Dental Self-Insured Administrator	<i>Blue Cross & Blue Shield of RI</i> 500 Exchange St. Providence, RI 02903	\$1,086,469.56	7/1/16 - 6/30/17	1		17

AND BE IT FURTHER RESOLVED, That such purchase or contract be awarded to the lowest responsible bidder.

1. Fully-insured option.

THIS RESOLUTION SHALL TAKE EFFECT UPON ITS PASSAGE

Bid #2017-4 Dental Self-Insured Administrator

➤ 4 bids submitted

FY17

CODES 75-169 Dental/Municipal
 75-165 Dental/Police
 75-167 Dental/Fire
 (Pending available funding)

MANNER OF AWARD \$1,086,469.56 (Fully-Insured Option)
 7/1/16-6/30/17

RECOMMEND Blue Cross & Blue Shield of RI

=====

Blue Cross & Blue Shield of RI	500 Exchange St.	Providence, RI 02903
RI Interlocal Risk Management Trust	501 Wampanoag Tr., Ste. 301	E. Providence, RI 02915
WB Community Health	300 Jefferson Blvd., Ste. 205	Warwick, RI 02888
Delta Dental of RI	10 Charles St.	Providence, RI 02904

Pricing as Follows

(continued next page)

PLEASE SUBMIT THIS PAGE WITH YOUR BID

Acknowledgement of Addendum (if applicable)

Addendum Number Signature of Bidder

Addendum 1

Melissa B. Cummings

COMPANY NAME: Blue Cross & Blue Shield of Rhode Island

COMPANY ADDRESS: 500 Exchange Street

COMPANY ADDRESS: Providence, RI 02903

BIDDER'S SIGNATURE:

Melissa B. Cummings

BIDDER'S NAME (PRINT): Melissa B. Cummings

TITLE: SVP, Chief Customer Officer

TEL. NO.: (401) 459-5756

E-MAIL ADDRESS: melissa.cummings@bcbsri.org*

*Please include your email address. Future bids will be emailed, unless otherwise noted by you.

II. AWARD AND CONTRACT:

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent, accepts the above bid and hereby enters into a contract with the above party to pay the bid price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: _____

Bid #2017-4

Purchasing Agent

CITY OF WARWICK BID AND CONTRACT FORM

Bid #2017-4 Dental Self-Insured Administrator

I. BID:

WHEREAS, the CITY OF WARWICK has duly asked for bids for performance of services and/or supply of goods in accordance with the above-indicated specifications.

The person or entity below does irrevocably offer to perform the services and/or furnish the goods in accordance with the specifications, which are hereby incorporated by reference in exchange for the bid price below;

This offer shall remain open and irrevocable until the CITY OF WARWICK has accepted this bid or another bid on the specifications or abandoned the project.

The bidder agrees that acceptance below by the CITY OF WARWICK shall transform the bid into a contract. This bid and contract shall be secured by Bonds, if required by the specifications.

Information below based on a PSPM (per subscriber per month) basis and 1,012 enrolled subscribers.

	Year 1	Year 2	Year 3
Projected Mature Claims Payments	\$86.02	\$87.74	\$89.49
Retention	\$2.69	\$2.88	\$3.08
Administrative/Other Expenses	\$0.00	\$0.00	\$0.00
Total Retention	\$2.69	\$2.88	\$3.08
Total Cost	\$88.71	\$90.62	\$92.57

Please see next page for costs on an annual basis.

Annualized costs are illustrated below based on 1,012 enrolled subscribers.

	Year 1	Year 2	Year 3
Projected Mature Claims Payments	\$1,044,610.37	\$1,065,502.57	\$1,086,812.62
Retention	\$32,667.36	\$34,974.72	\$37,403.52
Administrative/Other Expenses	\$0.00	\$0.00	\$0.00
Total Retention	\$32,667.36	\$34,974.72	\$37,403.52
Total Cost	\$1,077,277.73	\$1,100,477.29	\$1,124,216.14

Please see attached exhibits for 3 Year ASC proposal, 2016 Working Rates and Financial Projections.



Blue Cross & Blue Shield of Rhode Island
 CITY OF WARWICK
 Contingent Premium Proposal Dental
 Effective Date: July 1, 2016 - June 30, 2017 ("Rating Period")

This Contingent Premium Proposal ("Proposal") sets forth the financial terms and conditions under which Blue Cross & Blue Shield of Rhode Island ("BCBSRI") proposes to administer health care coverage for City of Warwick ("GROUP"). This Proposal shall constitute a binding interim agreement and shall serve as the basis for a more detailed Contingent Premium Agreement ("Agreement") that will be entered into by BCBSRI and the GROUP. In the event that BCBSRI and the GROUP fail to enter into the Agreement within forty-five (45) days of the GROUP'S receipt of such Agreement, BCBSRI shall have the right to terminate this Proposal and any agreement arising hereunder upon no less than thirty (30) days' prior written notice.

Contingent Monthly Billing Rates

The Contingent Monthly Billing Rates for the initial Rating Period shall be:

Blue Cross Dental Plan D0000100		
Group Number(s): 000000735		
	<u>Individual</u>	<u>Family</u>
Billed Claims Settlement Point	\$27.64	\$88.14
Retention	\$6.93	\$22.12
Contingent Monthly Billing rates per Subscriber at 100%	\$34.57	\$110.26
Contingent Minimum Rates per Subscriber at 95%	\$32.84	\$104.75
100% Contingent Rates	\$34.57	\$110.26
Contingent Maximum Rates per Subscriber at 100%	\$34.57	\$110.26
Blue Cross Dental Plan D0000107		
Group Number(s): 000000735		
	<u>Individual</u>	<u>Family</u>
Billed Claims Settlement Point	\$23.88	\$76.18
Retention	\$5.99	\$19.12
Contingent Monthly Billing rates per Subscriber at 100%	\$29.87	\$95.30
Contingent Minimum Rates per Subscriber at 95%	\$28.38	\$90.54
100% Contingent Rates	\$29.87	\$95.30
Contingent Maximum Rates per Subscriber at 100%	\$29.87	\$95.30
Blue Cross Dental Plan D0000128		
Group Number(s): 000000735		
	<u>Individual</u>	<u>Family</u>
Billed Claims Settlement Point	\$24.61	\$78.55
Retention	\$6.18	\$19.71
Contingent Monthly Billing rates per Subscriber at 100%	\$30.79	\$98.26
Contingent Minimum Rates per Subscriber at 95%	\$29.25	\$93.35
100% Contingent Rates	\$30.79	\$98.26
Contingent Maximum Rates per Subscriber at 100%	\$30.79	\$98.26

General Contingencies

- 1) All financial terms are based on current benefits. Any deviation from this benefit package may affect the financial terms.
- 2) This proposal is based on an assumed enrollment of 234 Individual and 778 Family subscribers. Any significant change in the assumed number of enrolled employees (+ / - 10%), individual/family mix, or enrollment shifts among benefit options may result in adjustments to the proposal.
- 3) BCBSRI shall be the exclusive carrier for the duration of the Agreement.
- 4) The GROUP shall offer a fully comprehensive benefit package through BCBSRI.
- 5) A minimum of seventy-five percent (75%) of eligible employees shall be enrolled with BCBSRI for the duration of the Agreement.

Annual Experience Accounting

Within one hundred eighty (180) days of the end of each Rating Period, BCBSRI will perform a settlement using the following calculation to determine any surplus (payable to the GROUP) or deficit (payable to BCBSRI) accrued by the GROUP during that Rating Period, which settlement is hereinafter referred to as the "Annual Experience Accounting":

$$\text{Surplus (Deficit)} = \text{Billed Claims Settlement Point} - \text{Total Claims Liability} + \text{credit adjustments due to the GROUP} \\ - \text{unpaid financial obligations and late payment charges due from the GROUP}$$

If the Annual Experience Accounting results in a surplus (amount due to the GROUP), then BCBSRI will pay to the GROUP that portion of the surplus limited to the Contingent Minimum Rate.

If the Annual Experience Accounting results in a deficit (amount due to BCBSRI), then the GROUP will pay to BCBSRI that portion of the deficit limited to the Contingent Maximum Rate.

Examples:

Actual Costs vs. Projected Costs	GROUP Liability
92%	95%
95%	95%
100%	100%
103%	100%

For purposes of this Proposal, "Retention" is defined as consisting of a charge for BCBSRI's cost of doing business, including but not limited to a contingent risk charge, claims intervention services costs, and a contribution to reserve.

Credit Procedures

BCBSRI has performed a credit check of the GROUP for suitability for a Contingent funding arrangement. BCBSRI has agreed to waive the requirement of a letter of credit. BCBSRI reserves the right at any time to revoke this waiver and to require a letter of credit. If, upon revocation of such waiver and requirement of a letter of credit by BCBSRI, the GROUP does not provide the required letter of credit, BCBSRI may terminate the Agreement pursuant to the section of the Agreement entitled "Term and Termination."

Term and Termination

Term: The Agreement shall be effective July 1, 2016 through June 30, 2017.

Termination by GROUP for Cause. GROUP may terminate the Agreement upon sixty (60) days prior written notice for cause. Any such notice shall identify the specific areas of claimed non-performance or non-compliance with the Agreement. BCBSRI shall have the right to cure any alleged breach or failure to comply with such material term or condition of the Agreement within thirty (30) days following receipt of such notice.

Non-Renewal by GROUP. GROUP also shall have the right to terminate this Agreement effective as of the end of the initial term or the end of any subsequent Rating Period by providing BCBSRI with at least thirty (30) days prior written notice of its intention not to renew.

Termination by BCBSRI. BCBSRI may terminate or refuse to renew the Agreement as permitted by Section 27-18.6-5 of the Rhode Island General Laws, or any other applicable law, as amended from time to time. Notwithstanding the foregoing, in the event that the GROUP shall materially fail to comply with the section of the Agreement entitled "Financial Obligations of GROUP", BCBSRI shall have the right to terminate the Agreement upon thirty-one (31) days prior written notice, with the right of the GROUP to cure such non-compliance within said thirty-one (31) day grace period.

The GROUP understands and agrees that upon termination of the Agreement for whatever reason, each type of health coverage furnished under the Agreement shall be terminated.

If you are in agreement with the terms of the foregoing Proposal, sign where indicated. Each person who signs this Proposal represents and warrants that he/she is duly authorized to bind the GROUP or BCBSRI to the terms of this Proposal.

Agreed and Assented to:

GROUP

By: _____

Print Name: _____

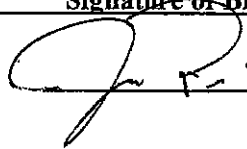
Title: _____

Date: _____

Date Issued: 3/31/2016

PLEASE SUBMIT THIS PAGE WITH YOUR BID

Acknowledgement of Addendum (if applicable)

<u>Addendum Number</u>	<u>Signature of Bidder</u>
<u>1</u>	
_____	_____
_____	_____
_____	_____

COMPANY NAME: Delta Dental of Rhode Island

COMPANY ADDRESS: 10 Charles Street

COMPANY ADDRESS: Providence, RI 02904

BIDDER'S SIGNATURE: 

BIDDER'S NAME (PRINT): Joseph R. Perroni

TITLE: Vice President, Sales & Business Relations TEL.NO.: (401)752-6294

E-MAIL ADDRESS: jperroni@deltadentalri.com *

*Please include your email address. Future bids will be emailed, unless otherwise noted by you.

II. AWARD AND CONTRACT:

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent, accepts the above bid and hereby enters into a contract with the above party to pay the bid price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: _____

RFP #2017-4

Purchasing Agent

CITY OF WARWICK
BID AND CONTRACT FORM

Bid #2017-4 Dental Self-Insured Administrator

I. BID:

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The bidder agrees that acceptance below by the CITY OF WARWICK shall transform the bid into a contract. This bid and contract shall be secured by Bonds, if required by the specifications.

	Year 1	Year 2	Year 3
Assumed Enrollment (Ind/Fam)	242 / 773	242 / 773	242 / 773
Projected Mature Claims Payments	\$952,294	\$985,624	\$1,020,121
Retention	\$48,123*	\$49,950*	\$51,778*
Administrative/Other Expenses	\$0	\$0	\$0
Total Retention	\$48,123	\$49,950	\$51,778
Total Cost	\$1,000,417	\$1,035,574	\$1,071,899

**Retention in Year 1 represents \$3.95 per contract per month, Year 2 represents \$4.10 per contract per month, and Year 3 represents \$4.25 per contract per month.*

CITY OF WARWICK
BID AND CONTRACT FORM

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	Year 1	Year 2	Year 3
Projected Mature Claims Payments^{1 2}	\$995,000	\$1,015,000	\$1,035,000
Retention	\$45,243	\$45,243	\$45,243
Administrative/Other Expenses	\$4,872	\$4,872	\$4,872
Total Retention	\$50,115	\$50,115	\$50,115
Total Cost	\$1,045,115	\$1,065,115	\$1,085,115

¹ Projected 2% annual claims increase. Actual claims experience may be different.

² Projected Mature Claims Payments for Year 2 and Year 3 assume no plan design changes and consistent enrollment. Changes in either enrollment or plans/plan designs may have a positive or negative impact on actual claims. Additionally, these rates are inclusive of IBNR claims run-out liability.



PLEASE SUBMIT THIS PAGE WITH YOUR BID

Acknowledgement of Addendum (if applicable)

<u>Addendum Number</u>	<u>Signature of Bidder</u>
Addendum #1 _____	<u>B. Lavallee</u>
_____	_____
_____	_____
_____	_____

COMPANY NAME: Rhode Island Interlocal Risk Management Trust

COMPANY ADDRESS: 501 Wampanoag Trail, Suite 301, East Providence, RI 02915

BIDDER'S SIGNATURE: *B. Lavallee*

BIDDER'S NAME (PRINT): Brian Lavallee

TITLE: Director, Employee Benefits Programs TEL. NO.: 401-438-6511 ext. 563

E-MAIL ADDRESS: blavallee@ritrust.com

**Please include your email address. Future proposals will be emailed, unless otherwise noted by you.*

II. AWARD AND CONTRACT:

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RFP #2017-4

Purchasing Agent



CITY OF WARWICK

BID AND CONTRACT FORM

Bid #2017-4 Dental Self-Insured Administrator

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	Year 1	Year 2	Year 3
Projected Mature Claims Payments	n/a ¹	n/a ¹	n/a ¹
Retention	n/a ¹	n/a ¹	n/a ¹
Administrative/Other Expenses	n/a ¹	n/a ¹	n/a ¹
Total Retention	n/a ¹	n/a ¹	n/a ¹
Total Cost	n/a ¹	n/a ¹	n/a ¹

¹ The Rhode Island Interlocal Risk Management Trust is not bidding on a self insured basis. Rather, The Trust's proposal reflects guaranteed premium rates on a fully insured basis through an intergovernmental risk sharing pool. Per the "Alternate Bids" section on page 7 of the Bid specifications, please refer to Attachment A for The Trust's proposed fully insured rates. These rates represent a 2.2% decrease to the City's current working rates, and include all claims run-out liability (unlike a self insured arrangement). Under The Trust's fully insured program, no additional claims run-out liability or claims run-out processing fees exist at the conclusion of the policy period.

Fully Insured Dental Rates By Group

Group	Group Number	Trust Proposed Fully Insured Rates	
		Individual	Family
Municipal Actives	735	\$34.57	\$110.22
Police Actives	1995	\$34.57	\$110.22
COBRA	8958	\$34.57	\$110.22
COBRA	8959	\$34.57	\$110.22
Police Retirees - Level IV	3A11	\$34.57	\$110.22
COBRA	4B03	\$34.57	\$110.22
Municipal Retirees	101214	\$34.57	\$110.22
Fire Actives	900	\$30.78	\$98.23
Fire Retirees	904	\$30.78	\$98.23
Fire Retirees - Out-of-state	1C14	\$30.78	\$98.23
Police Retirees - Out-of-state	2H15	\$29.86	\$95.27
Police Retirees - Level II	7267	\$29.86	\$95.27

Bid #2017-4 Dental Self-Insured Administrator

The following vendors were sent specifications:

Blue Cross & Blue Shield of RI

500 Exchange St.

Providence, RI 02903

Robert.Knowles@bcbsri.org; john.gilliland@bcbsri.com

Marc.gagnon@bcbsri.org; robert.wolfkiel@bcbsri.com; gilliland.j@bcbsri.org

Delta Dental of RI

10 Charles St.

Providence, RI 02904

wbjjerke@deltadentalri.com

RI Interlocal Risk Management Trust

501 Wamponaug Tr., Ste 301

E. Providence, RI 02915

blavallee@ritrust.com; lgrassini@ritrust.com

United Health Care

475 Kilvert St.

Warwick, RI 02886

eric_c_swain@uhc.com; jjette@uhc.com

W.B. Community Health

300 Jefferson Blvd., Suite 205

Warwick, RI 02888

alord.wbch@gmail.com



Jane Jordan
Personnel Director

Scott Avedisian
Mayor

CITY OF WARWICK
DIVISION OF PERSONNEL
3275 POST ROAD
WARWICK, RHODE ISLAND 02886
Tel (401) 738-2000 - Fax (401) 732-7636
T.D.D. (401) 739-9150

MEMORANDUM

To: Patricia Peshka, Purchasing Agent
From: Jane Jordan, Personnel Director
Date: May 3, 2016
Subject: Bid: 2017-4 Dental Self-Insured Administrator

I have reviewed the bids for dental and have noted the following in making a recommendation for the dental carrier.

The RFP asked for self-insured bidders but also allowed for fully insured bidders. Five responses were received. Two of the bidders Blue Cross and Inter Local Trust offered fully insured bids. Delta Dental, WB Community Health and also Blue Cross offered self-insured bids.

The Personnel Department is recommending the fully-insured bid for Dental to be awarded to our present carrier Blue Cross for one year. One of the main reasons we recommend going with the fully-insured is that the City will have budget certainty and avoid unexpected, unbudgeted claims when they are billed with fixed rates.

Rhode Island Inter local-Trust submitted a fully-insured bid with the dental provider Delta Dental at a projected cost based on enrollment of \$1,086,118.92 and Blue Cross submitted a fully insured bid at a projected cost based on enrollment at \$1,086,469.56. Although Blue Cross is slightly higher than the Trust by \$350.64 it has significant advantages. Blue Cross also offers a One Way Contingent Agreement with possible savings up to 5% on claims, and no other fully insured bidder has both the medical and the dental claims processed together which is a health benefit to employees. Also Blue Cross has 614 participating dentists compared to 542 participating dentist in Delta Dental.

The bid from Blue Cross our incumbent carrier was the only bidder that offered a continuation of our Blue Cross dental, all of the other three (WB, Delta Dental and the Trust) offered coverage through Delta Dental.

Therefore, our recommendation is to award the bid to Blue Cross for a one year. Please present the dental bid at the same time the Health Care Bids are present to the City Council.

Jane Jordan

Dental Bids May-16
The Self Funded (Insured) bidder charges an administrative cost per employee per month and is billed the actual Claims Expenses
Self-Insured Administrator Bidders

Blue Cross	Retention	Projected Mature Claims Payment	Totals
	32,667.36	1,044,610.37	1,077,277.73
	34,974.72	1,085,502.57	1,100,477.29
	37,403.52	1,086,812.62	1,124,216.14
	105,045.60	3,196,925.56	3,301,971.16

Delta Dental	Retention	Projected Mature Claims Payment	Totals
	48,123.00	952,294.00	1,000,417.00
	49,950.00	985,624.00	1,035,574.00
	51,778.00	1,020,121.00	1,071,899.00
	149,851.00	2,958,039.00	3,107,890.00

WB Community Health (Delta Dental)	Retention	Projected Mature Claims Payment	Totals
	50,115.00	985,000.00	1,045,115.00
	50,115.00	1,015,000.00	1,065,115.00
	50,115.00	1,035,000.00	1,085,115.00
	150,345.00	3,045,000.00	3,195,345.00

Fully Insured - Alternate Bids	The Traditional cost per covered employee - premium arrangement where the City has no member risk or financial responsibility	Ind.	Family	Ind.	Family	Ind.	Family	Monthly	Family	Monthly
Blue Cross	735 M735	34.57	110.26	97	268	3,353.29	29,549.68			
Full Insured Rates	Municipal Active	34.57	110.26	8	14	276.56	1,543.64			
	Municipal Retiree	101214 8958 M88	98.26	45	165	1,385.55	16,212.90			
	Fire Active	900 M900	30.79	15	85	461.85	8,352.10			
	Fire Retiree's	904M904	30.79	2	2	61.58	196.52			
	Fire Retiree's Out of State	1C14 M1C14	30.79	33	133	1,140.81	14,664.58			
	Police Active	1995 M1995	34.57	0	0					
	Police Retirees Out of State	2H15	29.87	25	104	864.25	11,467.04			
	Police Retirees - Level IV	3A11 M3A11	34.57	10	6	298.70	571.80			
	Police Retirees - Level II	7267 M7267	29.87	4	0	138.28				
	COBRA Dental	4803, 8958, 8959	34.57	239	777	7,980.87	82,558.26			
								90,539.13	Monthly	12 Months
								1,086,469.56	Annual	

RI Interlocal Trust	Fully Insured Rates	Delta Dental	Ind.	Family	Ind.	Family	Ind.	Family	Monthly	Family	Monthly
	Municipal Active	735 M735	34.57	110.22	97	268	3,353.29	29,538.96			
	Municipal Retiree	101214 8958 M88	34.57	110.22	8	14	276.56	1,543.08			
	Fire Active	900 M900	30.78	98.23	45	165	1,385.10	16,207.95			
	Fire Retiree's	904M904	30.78	98.23	15	85	461.70	8,349.55			
	Fire Retiree's Out of State	1C14 M1C14	30.78	98.23	2	2	61.56	196.46			
	Police Active	1995 M1995	34.57	110.22	33	133	1,140.81	14,659.26			
	Police Retirees Out of State	2H15	29.86	95.27	0	0					
	Police Retirees - Level IV	3A11 M3A11	34.57	110.22	25	104	864.25	11,462.88			
	Police Retirees - Level II	7267 M7267	29.86	95.27	10	6	298.60	571.62			
	COBRA Dental	4803, 8958, 8959	34.57	110.22	4	0	138.28				
					239	777	7,980.15	82,529.76			
									90,509.91	Monthly	12 Months
									1,086,118.92	Annual	

Special Note: All Bidders use Delta Dental with the exception of Blue Cross. Delta Dental has less participating Dentist because they reimburse at a lower rate

Blue Cross	One-Year	No 2nd & 3rd Year Rates Quoted
R. I. Interlocal Trust	1,086,469.56	No 2nd & 3rd Year Rates Quoted
w/delta dental	1,086,118.92	No 2nd & 3rd Year Rates Quoted
	350.64	