September, 2021

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund

Best and Final Dental HMO Bid Analysis – Proposals Effective January 1, 2022

Joshua D. Timm, CEBS, Senior Vice President

Segal

Executive Summary

- The primary areas of review were costs (both member and Fund) and providers (how many available and how many members would have to switch providers)
- None of the carriers could match the current arrangement in all categories, with some providing improvements in some areas and reductions in other areas.
- Dentegra was the closest match to current as the premiums to the Fund were close to current, the member costs were close to current and the disruption was the closest to current.
- We received proposals from Aetna, CIGNA, Dominion, Dentegra, United Healthcare (UHC) and United Concordia. The top three, CIGNA, Dentegra and UHC were asked to provide best and final offers.

	Member Copay Costs	Disruption	Fund Premiums
Cigna	**Neutral**	**Negative**	**Positive**
UHC	**Neutral**	**Negative**	**Positive**
Dentegra	**Neutral**	**Slightly Negative**	**Neutral**

Provider Disruption

	DHMO Network Penetration
GDS (Current)	**100.0%**
Aetna	31.8%
CIGNA	35.8%
Dentegra	**69.8%**
Dominion	25.1%
UHC	16.8%
UCCI	85.5%

- The DHMO network disruption results are based on GDS providers that were utilized by the membership from January 1, 2020 through December 31, 2021.
- United Concordia provided the results from their EPO plan.
- Based on DHMO networks, Dentegra had the best results, followed by CIGNA and Aetna.

Provider Network Depth

	DHMO - General Dentist					
	Aetna	CIGNA	Dentegra	Dominion Dental	UHC	UCCI
Unique Locations	236	472	197	300	283	2,682
Unique Providers	506	934	477	287	618	6,553
Access Points	1,025	982	768	1,103	1,024	9,055

	DHMO - Specialist Dentist					
	Aetna	CIGNA	Dentegra	Dominion Dental	UHC	UCCI
Unique Locations	155	220	106	136	77	2,479
Unique Providers	258	443	198	136	139	5,965
Access Points	1,280	486	296	342	219	8,220

	DHMO - Orthodontist					
	Aetna	CIGNA	Dentegra	Dominion Dental	UHC	UCCI
Unique Locations	95	157	79	95	48	535
Unique Providers	89	168	74	87	53	592
Access Points	204	157	100	131	64	835

- The geographic area for provider depth was based on the three-digit zip code data from the census that represents 95% of the employees in the Fund's population. All counts are reported by the bidders.
- Unique Locations - Offices, regardless of who is in office.
- Unique Providers – Distinctive number of dental licenses in an office.
- Access points - Every provider at every location—the most common way to display a network. For example, if one provider practices at five different office locations, this results in five access points.
- UCCI data is based on their DPPO network.

Network Access

DHMO Network								
Percentage of Participants with Access to:	Within:	Aetna	CIGNA	CIGNA Secondary	Dentegra	Dominion Dental	UHC	UCCI
2 General Dentists	8 miles	88.1%	87.0%	84.1%	86.1%	87.2%	81.6%	98.7%
1 Specialist Dentists	8 miles	90.1%	89.1%	89.1%	81.4%	87.0%	70.7%	99.0%
1 Orthodontists	8 miles	87.3%	88.1%	88.1%	79.7%	82.4%	56.8%	95.6%

- Network Access summary provides the percentage of employees with access to each provider type within the defined mileage distance from the employee's home zip code.
- Network Access based on 1,415 employees.

Top 50 Utilized Procedure Copay Schedule Comparison

Top 50 Procedure Codes	Description	Plans C1 E F H I J (DS)	Plans JS JSS (DS-JS)	Plans JS JSS (DS-JSE)	Plans T, Z, & TR	PLAN Y	PLAN Y20	PLAN YE	Aetna	CIGNA	Dentegra	Dominion	UHC	UCCI Orange
D1110	Prophylaxis - Adult and Child 14 or Older	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D0120	Periodic Oral Exam - Established Patient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D0220	Intraoral - Periapical First Film	$0	$0	$0	$0	$4	$0	$0	$0	$0	$0	$0	$4	$0
D0274	Bitewings - 4 Films	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D0140	Limited Oral Evaluation - Problem Focused	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D0230	Intraoral - Periapical Each Additional Film	$0	$0	$0	$0	$4	$0	$0	$0	$0	$0	$0	$2	$0
D2150	Amalgam - 2 Surfaces, Primary/ Permanent	$0	$0	$0	$0	$0	$0	$0	$30	$0	$0	$0	$0	$0
D0330	Panoramic Film	$0	$0	$0	$0	$0	$0	$0	$0	$0	$25	$25	$35	$0
D7210	Surgical Removal of Erupted Tooth	$0	$0	$0	$0	$0	Not Cov.	$0	$41	$25	$87	$87	$25	Not Covered
D2140	Amalgam - 1 Surface, Primary/ Permanent	$0	$0	$0	$0	$0	$0	$0	$19	$0	$0	$0	$0	$0

- Dentegra's member copays are based on their match of the Current JSS Plan Designs
- The UCCI offered plans that match exactly the Fund's current plans. We illustrate their "Orange Plan", which matches the Plan Y20 and is the least costly plan quoted.

Green = an improvement to the current benefits / Red = a decrease from the current benefits / White = matches the current benefits

Top 50 Utilized Procedure Copay Schedule Comparison

Top 50 Procedure Codes	Description	UFCW Non-Food Plans C1 E F H I J (DS)	UFCW Non-Food Plans JS JSS (DS-JS)	UFCW Non-Food Plans JS JSS (DS-JSE)	UFCW Non-Food Plans T, Z, & TR	UFCW PLAN Y	UFCW PLAN Y20	UFCW PLAN YE	Aetna	CIGNA	Dentegra	Dominion	UHC	UCCI Orange Plan
D0150	Comprehensive Oral Evaluation- New or Established Patient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$0	$0	$0	$0	$0	$0	$0	$17	$3	$0	$39	$10	$0
D2740	Crown - Porcelain/Ceramic Substrate	$125	$125	$125	$125	$125	Not Cov.	$125	$362	$220	$125	$376	$195	Not Covered
D4910	Periodontal Maintenance	Not Cov.	$35	$35	$35	$35	Not Cov.	$35	$65	$25	$35	$58	$40	Not Covered
D1120	Prophylaxis - Child up to Age 14	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D2160	Amalgam - 3 Surfaces, Primary/ Permanent	$0	$0	$0	$0	$0	$0	$0	$41	$0	$0	$0	$0	$0
D0210	Intraoral Complete Series (including Bitewings)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant	Not Cov.	$70	$70	$70	$70	Not Cov.	$70	$59	$35	$70	$78	$38	Not Covered
D2330	Resin - 1 Surface, Anterior	$0	$0	$0	$0	$0	$0	$0	$26	$0	$0	$39	$20	$0
D2950	Core Buildup, Including Any Pins	$0	$0	$0	$0	$0	Not Cov.	$0	$158	$40	$0	$80	$35	Not Covered

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D0272	Bitewings - 2 Films	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D2332	Resin - 3 Surfaces, Anterior	$0	$0	$0	$0	$0	$0	$0	$37	$0	$0	$54	$40	$0
D2331	Resin - 2 Surfaces, Anterior	$0	$0	$0	$0	$0	$0	$0	$37	$0	$0	$46	$32	$0
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	$0	$0	$0	$0	$0	Not Cov.	$0	$0	$7	Not Covered	$36	$25	Not Covered
D2750	Crown - Porcelain Fused to High Noble Metal	$125 + gold	$125 + gold	$125 + gold	$125 + gold	$125 + gold	Not Cov.	$125 + gold	$362	$130	$200	$339	$195	Not Covered
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	$0	$0	$0	$0	$0	$0	$0	$11	Not Covered	$0	$35	$0	$0
D2161	Amalgam- 4+ Surfaces, Primary/ Permanent	$0	$0	$0	$0	$0	$0	$0	$50	$0	$0	$0	$0	$0
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	Not Cov.	Not Cov.	$125***	Not Cov.	Not Cov.	Not Cov.	$125***	$216	$95	Not Covered	$319	$175	Not Covered
D1208	Top Application of Fluoride - Excluding Varnish	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D3330	Root Canal Therapy - Molar (excluding final restoration)	Not Cov.	Not Cov.	$250***	Not Cov.	Not Cov.	Not Cov.	$250***	$333	$195	Not Covered	$386	$210	Not Covered

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D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$30	$30	$30	$30	$30	Not Cov.	$30	$420	$140	$30	$534	$220	Not Covered
D3310	Root Canal Therapy - Anterior (excluding final restoration)	Not Cov.	Not Cov.	$125***	Not Cov.	Not Cov.	Not Cov.	$125***	$135	$65	Not Covered	$238	$100	Not Covered
D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant	Not Cov.	$35	$35	$35	$35	Not Cov.	$35	$36	$25	$35	$35	$29	Not Covered
D5640	Replace Broken Teeth - Per Tooth	$0	$0	$0	$0	$0	Not Cov.	$0	$40	$25	Not Covered	$65	$10	Not Covered
D9222	Deep sedation/general anesthesia - 1st 15 min	**	**	**	**	**	Not Cov.	**	$109	$0	Not Covered	Not Covered	$50	Not Covered
D9223	Deep sedation/general anesthesia - each 15 minute increment	**	**	**	**	**	Not Cov.	**	$87	$80	Not Covered	Not Covered	$50	Not Covered
D7250	Surgical Removal of Residual Tooth Roots	$0	$0	$0	$0	$0	Not Cov.	$0	$37	$30	$0	$102	$25	Not Covered
D2920	Recement Crown	$0	$0	$0	$0	$0	Not Cov.	$0	$15	$0	$0	$28	$10	Not Covered
D6750	Crown - Porcelain Fused to High Noble Metal	$125 + gold	$125 + gold	$125 + gold	$125 + gold	$125 + gold	Not Cov.	$125 + gold	$362	$130	$200	$339	$195	Not Covered
D0180	Comprehensive Periodontal Evaluation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$30	$30	$30	$30	$30	Not Cov.	$30	$420	$140	$30	$534	$220	Not Covered
D2335	Resin-4+ Surfaces/Invol Incisal Angle, Anterior	$0	$0	$0	$0	$0	$0	$0	$72	$0	$0	$64	$70	$0
D2752	Crown - Porcelain Fused to Noble Metal	$125	$125	$125	$125	$125	Not Cov.	$125	$362	$130	$125	$339	$195	Not Covered
D2954	Prefabricated post and core – In addition to crown	$0	$0	$0	$0	$0	Not Cov.	$0	Not Covered	$45	$0	$87	$75	Not Covered
D0270	Bitewings - Single Film	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D5110	Complete Denture - Maxillary	$30	$30	$30	$30	$30	Not Cov.	$30	$347	$135	$30	$520	$210	Not Covered
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$125	$125	$125	$125	$125	Not Cov.	$125	$362	$130	$125	$339	$195	Not Covered
D4355	Debridement	Not Cov.	$0	$0	$0	$0	Not Cov.	$0	$70	$35	$0	$61	$35	Not Covered
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	**	**	**	**	**	Not Cov.	**	Not Covered	Not Covered	$0	$30	$20	Not Covered
D5761	Reline Mandibular Partial Denture (Lab)	$0	$0	$0	$0	$0	Not Cov.	$0	$125	$55	Not Covered	$174	$35	Not Covered
Total Copay Costs of top 50 Procedures		**$49,624**							**$114,122**	**$46,480**	**$47,719**	**$125,802**	**$66,520**	**$110,719**

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Member Access

Members Eligible in State of Residency							
State	Total Lives	Aetna	CIGNA[1]	Dentegra	Dominion	UHC	UCCI[2]
Maryland	944	Y	Y	Y	Y	Y	N
Virginia	354	Y	Y	Y	Y	Y	Y
District of Columbia	27	Y	Y	Y	Y	Y	Y
Pennsylvania	24	Y	Y	Y	Y	Y	Y
Florida	17	Y	Y	Y	N	Y	Y
West Virginia	14	Y	N	Y	N	Y	Y
North Carolina	9	Y	Y	Y	N	Y	Y
South Carolina	6	N	Y	Y	N	Y	Y
Delaware	4	Y	Y	Y	Y	Y	Y
Tennessee	3	Y	Y	Y	N	Y	Y
Texas	2	Y	Y	Y	N	Y	Y
Arizona	2	Y	Y	Y	N	Y	Y
Georgia	2	Y	Y	Y	N	Y	Y
California	2	Y	Y	Y	N	Y	Y
Ohio	2	Y	Y	Y	N	Y	Y
Michigan	1	Y	Y	Y	N	Y	Y
Kentucky	1	Y	Y	Y	N	Y	Y
Alabama	1	N	Y	Y	N	Y	Y

- CIGNA just recently received approval to offer DHMO in WV and the state should be opened up sometime in 2022
- UCCI is currently applying to receive approval in Maryland but may not be finalized by 1/1/22.

Member Access

Residency Caveats for those not Eligible for the DHMO

Aetna

- The 7 members in South Carolina and Alabama not eligible for the DHMO can enroll in their PPO plan.

CIGNA

- Recently received regulatory approval to offer DHMO in WV and the state should be opened up sometime in 2022. They have some providers in WV currently, and members could enroll with any of the providers listed online, and will be actively recruiting providers and growing the network in 2022. If providers are not available to members, they would have to pay fee for service for services. They require at least 1 provider in 25 miles.

Dominion

- In order to ensure that they, would have access, they have developed a process by which those members could receive treatment. For the 62 UFCW members who reside outside of Dominion's DHMO service area, Dominion will honor any claims received from a provider in Dominion's PPO network or a non-participating provider. Those members would not be required to choose a participating office prior to receiving services. The provider may charge the member the associated copayment that correlates to the covered service(s) received and bill the balance of the amount based on contracted fees or billed amount to Dominion. Dominion has previously implemented a process such as this for another group, which resulted in greater access and increased satisfaction for covered members. The Elite ePPO Network has nationwide access and all UFCW members would be able to receive services from in-network providers.

UCCI

- If approval is not received from Maryland Insurance Administration prior to effective date, the plan can be offered on a self-insured basis.

Dental Provider Listing

Top 50 Utilized Providers GDS DHMO Network

				Aetna	CIGNA	Dentegra	Dominion	UHC	United Concordia
Location Name	**State**	**Zip Code**	**Number of Patients**	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**
PAUL E LIN DDS	MD	21502	13			◆			◆
OMNI DENTAL GROUP INC GP	MD	20716	1			◆			◆
SMILE ARTS GENERAL & COSMETIC DENTISTRY - GP	MD	20770	2			◆			◆
SAMEER KWATRA DDS PC	VA	22192	1	◆	◆	◆	◆	◆	◆
NED SCOTT GREENBERG DDS	MD	21220	1	◆		◆	◆		◆
RAJDEEP SANDHU DDS	MD	20874	40			◆			◆
HOMAYOUN VAZAN DDS LLC GP	MD	20770	14		◆	◆			◆
HEALTH SMILES FAMILY DENTISTRY LLC GP	MD	21157	30			◆			◆
POTOMAC ORTHODONTICS SP	VA	22191	30			◆			◆
JONG BUM SEO AND YVONNE LEE D M D P A GP	MD	21133	11			◆			◆
BARBARA A LESCO DDS P A SP	MD	21061	16			◆		◆	◆
T JAMES BASTISTAS DDS PLLC	VA	20155	2			◆			◆
FAMILY DENTISTRY	VA	22150	6			◆			◆
LOCH RIDGE DENTAL CARE GP	MD	21234	26	◆					◆
MICHELLE YIP YOUNG DDS GP	MD	20646	27			◆		◆	◆
FAMILY DENTISTRY	MD	21108	5	◆			◆	◆	◆
KEECHUN HONG DMD	MD	20707	24			◆		◆	◆
SMILES PEDIATRIC DENTAL CARE GP	MD	20715	8	◆		◆			◆
VANESSA GORDON DDS	MD	20735	5	◆		◆		◆	
JORGE RUBEN WAY RODRIGUEZ DDS	VA	22030	25		◆	◆			◆
AESTHETIC FAMILY DENTISTRY OF BEL AIR	MD	21015	2			◆			◆
RAILROAD DENTAL ASSOCIATES GP	VA	20111	7			◆			◆
PRINCE FREDERICK DENTAL CENTER SP	MD	20678	13						◆
HANNA G. HANANIA D.D.S. - GP	VA	22193	1	◆				◆	◆
RICHARD COTTRELL DDS PC GP	VA	22485	10			◆			◆

- UCCI's results are based on their PPO network.

Dental Provider Listing

Top 50 Utilized Providers GDS DHMO Network

				Aetna	CIGNA	Dentegra	Dominion	UHC	United Concordia
Location Name	**State**	**Zip Code**	**Number of Patients**	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**
JOHN E. KANG DDS - GP	VA	22003	21			◆			◆
ROBERT ALAN GOODMAN DDS PA	MD	21212	2	◆	◆	◆		◆	◆
JOHN NYUN KIM DDS	MD	20707	20		◆	◆		◆	◆
OCCOQAN FAMILY & COSMETIC DENTISTRY INC - SP	VA	22192	8			◆	◆		◆
DAVID A CAMORALI DDS GP	MD	21224	10			◆			◆
ROH PARK AND HWANG LLC	MD	20735	18			◆			◆
MELISSA QUIGGINS DDS PLLC	VA	20109	18			◆			◆
DENTISTRY @ HAGERSTOWN - GP	MD	21742	18			◆			◆
CHESAPEAKE SMILES GP	MD	21113	17		◆	◆			◆
DENTAL ONE ASSOCIATES OF FAIRFAX SP	VA	22031	1	◆	◆		◆	◆	◆
MOTSHABI MAKHENE DELOACH DDS PC GP	MD	20745	11		◆	◆		◆	◆
ADVANTAGE DENTAL GP	VA	22406	16			◆			◆
COUNTY CENTER DENTAL GROUP GP	VA	22192	9		◆	◆			◆
TUAN D PHAM D M D AND JOSEPH A MALONEY D D S LLC	MD	20602	1				◆	◆	◆
THE DENTAL CENTER GP	MD	21228	14		◆			◆	◆
VIRGINIA DENTAL CENTER	VA	22306	2			◆	◆		◆
TRINITY DENTAL CARE LLC GP	MD	20770	15			◆			◆
COMFORT DENTAL	VA	22554	5						◆
ELEGANT SMILES DENTAL CARE	VA	22312	13			◆	◆		◆
JOHNNY K NAM D D S P C GP	VA	22032	13		◆	◆			◆
ADRIAN A SANCHEZ DDS	MD	21229	9		◆	◆	◆	◆	◆
DR ALLAN D SCHULMAN P C GP	MD	21061	13					◆	◆
YKIM DENTAL	VA	22192	13			◆			
GEORGE A OLEY III PLC GP	VA	23111	1	◆	◆		◆	◆	◆
GREENWAY DENTAL GROUP GP	MD	20770	4		◆	◆	◆		◆
Total				**10**	**14**	**40**	**11**	**16**	**48**

- UCCI's results are based on their PPO network.

Best and Final Offers (BAFO)

- Segal negotiated best and final offers (BAFOs) from Cigna, Dentegra, and United Healthcare (UHC).
- Based on premiums only, UHC provided the most competitive BAFO proposal, followed by Cigna and Dentegra. The BAFO highlights are described below:
- **Fully Insured Premiums**
  - UHC reduced their first year premiums to $307,300, -$10,000 from their original proposal. The rates are guaranteed for two years.
  - Cigna reduced their first year premiums to $348,700, -$12,100 from their original proposal. The rates are guaranteed for three years with a 3% rate cap in years four and five.
  - Dentegra reduced their first year premiums to $488,400, -$15,100 from their original proposal. The rates are guaranteed for two years with a 5% rate cap in year three.
- **Guarantees and Credits**

  UHC
  - Increased their annual discretionary credit to $10,000 from $5,000.

  Cigna
  - Increased their implementation allowance to $10,000 from $5,000.
  - Improved their network improvement guarantee to $10,000 from $3,000.
    - Cigna will put $2,000 at risk to contact all non-contracted dentists utilized by your employees that are not currently contracted with Cigna by January 1, 2022.
    - Cigna will put $8,000 at risk to add a minimum of 15 dentist offices into the DHMO Access Plus Network from the disruption and/or current utilized states by January 1, 2023.

  Dentegra
  - Added a network improvement guarantee of $1,500.

Best and Final Offers (BAFO) Premiums Only

Monthly Premium Rates	Current (GDS)	CIGNA	CIGNA BAFO	Dentegra	Dentegra BAFO	UHC	UHC BAFO
		Year 1	Year 1	Year 1	Year 1	Year 1	Year 1
Single	$24.62	$15.18	$14.65	$25.51	$24.74	$13.45	$13.03
Family	$40.77	$38.64	$37.40	$41.52	$40.28	$33.69	$32.63
Single	$310,000	$191,100	$184,400	$321,100	$311,500	$169,300	$164,000
Family	$179,100	$169,700	$164,300	$182,400	$176,900	$148,000	$143,300
Total Premiums	**$489,100**	**$360,800**	**$348,700**	**$503,500**	**$488,400**	**$317,300**	**$307,300**
$ Difference from Current		-$128,300	-$140,400	$14,400	-$700	-$171,800	-$181,800
% Difference from Current		-26.2%	-28.7%	2.9%	-0.1%	-35.1%	-37.2%
Premium Cost Rank			**2**		**3**		**1**

Note: Premiums are based on composite rates for multiple plan designs, with 1,049 DHMO single participants and 366 DHMO family participants and rounded to the nearest hundred. Dentegra did not provide a composite rates. Their composite rate was developed by Segal.

Financial Evaluation – Premiums and Copays

Monthly Premium Rates	Current (GDS)	CIGNA	CIGNA BAFO	Dentegra	Dentegra BAFO	UHC	UHC BAFO
		Year 1	Year 1	Year 1	Year 1	Year 1	Year 1
Single	$24.62	$15.18	$14.65	$25.51	$24.74	$13.45	$13.03
Family	$40.77	$38.64	$37.40	$41.52	$40.28	$33.69	$32.63
Annual Premiums							
Single	$310,000	$191,100	$184,400	$321,100	$311,500	$169,300	$164,000
Family	$179,100	$169,700	$164,300	$182,400	$176,900	$148,000	$143,300
Total Premiums	**$489,100**	**$360,800**	**$348,700**	**$503,500**	**$488,400**	**$317,300**	**$307,300**
$ Difference from Current		-$128,300	-$140,400	$14,400	-$700	-$171,800	-$181,800
% Difference from Current		-26.2%	-28.7%	2.9%	-0.1%	-35.1%	-37.2%
Premium Cost Rank			2		3		1
Member CoPays[1]	$49,600	$46,500	$46,500	$47,719	$47,719	$66,500	$66,500
Estimated Total Costs	**$538,700**	**$407,300**	**$395,200**	**$551,219**	**$536,119**	**$383,800**	$373,800
$ Difference from Current Member Costs		-$131,400	-$143,500	$12,519	-$2,581	-$154,900	-$164,900
% difference from Current Member Costs		-24.4%	-26.6%	2.3%	-0.5%	-28.8%	-30.6%
Total Cost Rank			**2**		**3**		**1**

Note: Premiums are based on composite rates for multiple plan designs, with 1,049 DHMO single participants and 366 DHMO family participants and rounded to the nearest hundred. Dentegra did not provide a composite rate. Their composite rate was developed by Segal.

[1]Current Member Copays are based on the Fund's JSS Plan Design.

Financial Evaluation – Initial Premiums Only From All Bidders Before Best and Final

Monthly Premium Rates	Current (GDS)	Aetna	CIGNA	Dentegra	Dominion	UHC	UCCI	UCCI-Orange Plan
		Year 1	Year 1	Year 1	Year 1	Year 1	Year 1	Year 1
Single	$24.62	$12.97	$15.18	$25.51	$17.19	$13.45	$32.59	$19.07
Family	$40.77	$36.97	$38.64	$41.52	$41.84	$33.69	$112.40	$61.70
Annual Premiums								
Single	$310,000	$163,300	$191,100	$321,100	$216,400	$169,300	$410,200	$240,000
Family	$179,100	$162,400	$169,700	$182,400	$183,800	$148,000	$493,700	$271,000
Total Premiums	**$489,100**	**$325,700**	**$360,800**	**$503,500**	**$400,200**	**$317,300**	**$903,900**	**$511,000**
$ Difference from Current		-$163,400	-$128,300	$14,400	-$88,900	-$171,800	$414,800	$21,900
% Difference from Current		-33.4%	-26.2%	2.9%	-18.2%	-35.1%	84.8%	4.5%
Premium Cost Rank		**2**	**3**	**5**	**4**	**1**	**7**	**6**

Note: Premiums are based on composite rates 1,049 DHMO single participants and 366 DHMO family participants and rounded to the nearest hundred. Dentegra did not provide a composite rate. Their composite rate was developed by Segal.

Financial Evaluation

1st Year Premium Comparison

Current Premium	$489,000	% Difference From Current	$ Difference From Current
DHMO 1st Year Premiums			
CIGNA P4X00	$360,800	-26.2%	-$128,200
CIGNA P4X00 - BAFO	**$348,700**	**-28.7%**	**-$140,300**
Dentegra	$503,500	3.0%	$14,500
Dentegra – BAFO	**$488,400**	**-0.1%**	**-$600**
UHC	$317,300	-35.1%	-$171,700
UHC – BAFO	**$307,300**	**-37.2%**	**-$181,700**

Multi-year Premium Comparison

	1 Year Costs	2 Year Costs	3 Year Costs
DHMO Premiums			
CIGNA P4X00	$360,800	$721,600	
CIGNA P4X00 - BAFO	**$348,700**	**$697,400**	**$1,046,100**
Dentegra	$503,500	$1,007,000	$1,535,700
Dentegra – BAFO	**$488,400**	**$976,800**	**$1,489,500**
UHC	$317,300	$634,600	
UHC – BAFO	**$307,300**	**$614,600**	

Credits and Performance Guarantees

Allowance Type	Cigna	Cigna BAFO	Dentegra	Dentegra BAFO	UHC	UHC BAFO
Rate Guarantees	Rates good through 2023.	Rates guaranteed through 2024; 3% rate cap for 2025 and 2026	Rates guaranteed through 2023, 5% increase in 2024.	Rates guaranteed through 2023, 5% increase in 2024.	Rates guaranteed through 2023.	Rates guaranteed through 2023.
Implementation Allowance	$5,000	$10,000	N/A	N/A	$5,000	$10,000
Wellness Credit	$2,000	$2,000	N/A	N/A		
Communication Allowance	$3,000	$3,000	N/A	N/A		
Open Enrollment Allowance	Included in Implementation	Included in Implementation	N/A	N/A		
Performance Guarantees Meximum at Risk	$11,125	$11,125	$100,700	$100,700	$15,400	$15,400
Network Recruitment Guarantee	$3,000	$10,000	N/A	$1,500	N/A	N/A

- Cigna increased their implementation allowance and network recruitment guarantee to $10,000 and offered a 3% rate cap for a 4th and 5th years of their contract.
- UHC's proposal includes a $10,000 annual discretionary credit which the fund can use towards Implementation, Dental Wellness, Communications, and/or Open Enrollment costs.

Additional Questions

	Aetna	CIGNA	Dentegra	Dominion	UHC	UCCI
Actuarial Value of Plan Design(s)	ARV of 83.6%, (100% / 77% / 69%)	90%	Not Provided	73-83%	70%	Not Provided
Regarding the results of the disruption, for the population that did not have their utilized provider match to your network can you provide a percentage of those without access that will switch to a new provider?	No Answer Provided.	There are 115 providers that don't show as a match. Those 115 providers have 716 patients. Of the 179 providers listed there are 1,010 patients noted in the offices. Meaning 70% of the members would need to select a new provider.	Providers not in our network and don't meet the 2 in 8 mile criteria for a total of 16 patients.	Members in the DHMO plan would not receive plan benefits if they receive treatment from an out-of-network provider. In order to receive plan benefits, 100% of the members who live in the Dominion Select Plan service area would be required to receive treatment from a participating DHMO provider. However, in order to diminish member disruption. Dominion would embark on an extensive network expansion	At present, 20% of the members will be able to retain their current provider. With focused recruiting prioritizing the top 25 most highly utilized providers that they do not have today, UHC feels they can bring that number up to 49% by the end of December 2021.	Based on the provider file completed as part of the RFP process, out of 1,010 participants there are 79 (7.8 % of participants) who would be affected by a move to our Advantage Plus network.
Will your organization commit to a performance guarantee to contact the providers not matching in your disruption results to get them into your network?	· Mailing of a letter developed by Aetna, to all non-network dentist locations, identifying these dentists as a provider of importance to your members. This letter announces the change to the dental plan, invites dentists to join Aetna's networks and provides instructions for doing so. As a follow up to the mailing, an in-person visit or phone call may be placed to these providers to discuss participation. These discussions would be initiated by our Network Managers specifically dedicated to your member network recruitment needs; review contractual terms and answer questions that the dental office may have regarding network participation. We will reduce our compensation by 0.50 percent of the Guarantee Period collected premium for failure to send recruitment letters or to call the non-network dentists.	• Cigna will put $1,000 at risk to contact all non-contracted dentists utilized by your employees that are not currently contracted with Cigna by 03/2022. • Cigna will put $2,000 at risk to add a minimum of 10 dentist offices into the DHMO Access Plus Network from the disruption by 10/2022.	We are working with our Provider Relations team on the recruitment PG for the Collective Bargaining Network. This typically takes 5 business days, but we have asked to have this expedited and will keep you updated ASAP.	**Phase 1:** Within 60 Days of contract award, Dominion will contact all non-participating providers with greater than 5 patients or pay a penalty of $20,000. **Phase 2:** Within 120 days of cotnract award, Dominion will contact all non-participating providers with under 5 patients or pay a penalty of $20,000. **Phase 3:** Within 180 days on contract award, Dominion will contract with 30 unique providers form the Phase 1 non-participating incumbent providers or pay a penalty of $30,000.	Yes, UHC commits to outreach to every provider on the list by January 30, 2022. By December 2021, we commit to recruit 20 of the top 25 providers on the disruption list favorably impacting close to 300 UFCW members. Network reporting to be provided on a monthly basis until the goal is achieved.	United Concordia agrees to place $5,000 at risk, guaranteeing the process of contacting those providers currently not in-network for recruitment into our Advantage Plus network.

Next Steps

- Arrange Finalist Meetings with United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund if needed
- Award Contract – Pending contract review by Co-Counsel
- Begin Implementation – Working with Associated Administrators to ensure a smooth transistion

Questions

Appendices

Appendix A: Financial Ratings

Appendix B: Performance Guarantees

Appendix C: Report Caveats

Appendix A
Financial Ratings

- When available, Segal selects A.M. Best or Standard & Poor's rating because of their depth of coverage of insurance companies and overall reputation as a rating service. Several other rating services also provide ratings of insurance companies and managed care organizations.

	Aetna	Cigna	Dentegra	Dominion Dental [1]	UHC	United Concordia
A.M. Best	A	A	A	N/A	A	A (Excellent)
Standard & Poor's	A-	A	Not rated	N/A	AA-	Not Rated

[1] Dominion is a privately held company and does not obtain financial ratings. Dominion has been operational since 1996 and has met all regulatory requirements for capital and surplus. It currently maintains more than 9 times the risk based capital requirement prescribed by the NAIC model.

Segal believes it is important to consider the financial strength of insurance companies and managed care organizations that are candidates for initial selection or renewal as insurers or service providers to employee benefit plans. Therefore, we are providing the current claims paying ability rating that was available to us on the date this document was prepared for the insurance companies or managed care organizations under consideration.

When available, we select Standard & Poor's and A.M. Best because of their excellent overall reputation as rating services. In addition, they evaluate more insurance companies than most of the other comparable rating services. Several other rating services (e.g., Duff & Phelps and Moody's) also provide claims paying ability evaluations of insurance companies and managed care organizations. You may wish to consult these others services before making a decision regarding the initial selection or renewal of an insurance company or managed care organization.

Insurance company and managed care organization rating category explanations are attached. For example, Standard & Poor's ratings range from "Vulnerable" to "Secure". In particular, they regard "vulnerable" companies (i.e., ratings of BB+ and lower) to be at relatively serious risk in terms of meeting both claims and creditor obligations. Insurance companies in this category should be researched carefully before being selected.

Finally, Segal does not itself perform insurance company or managed care organization credit quality evaluations and does not offer any warranty as to the scope or reliability (e.g., with respect to an organization's ability to meet future obligations) of the insurance company or managed care organization evaluations performed by Standard & Poor's, A.M. Best, or any other rating services.

Segal is not responsible for providing monitoring on an ongoing basis.

Appendix A
Financial Ratings Categories Explained

A.M. Best's Rating Descriptions*

INVESTMENT GRADE OR SECURE:

RATING	CATEGORY
A++ and A+	Superior - "very strong ability to meet their ongoing obligations to policyholders"
A and A-	Excellent - "strong ability to meet their ongoing obligations to policyholders"
B++ and B+	Very Good - "good ability to meet their ongoing obligations to policyholders"

BELOW INVESTMENT GRADE OR VULNERABLE

RATING	CATEGORY
B and B-	Fair - "ability to meet their current obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions"
C++ and C+	Marginal - "ability to meet their current obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions"
C and C-	Weak - "ability to meet their current obligations to policyholders, but their financial strength is very vulnerable to adverse changes in underwriting and economic conditions"
D	Poor - "ability to meet their current obligations to policyholders and their financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions"
E	Under Regulatory Supervision – "placed by an insurance regulatory authority under a significant form of control or restraint, such as conservatorship or rehabilitation, but does not include liquidation"
F	In Liquidation - "under an order of liquidation by a court of law or whose owners have voluntarily agreed to liquidate the company"
S	Rating Suspended - "experienced sudden and significant events affecting their financial position or operating performance whose rating implications cannot be evaluated due to a lack of timely or adequate information"

*Ratings may be modified as follows: Under Review (u); Group (g); Pooling (p) or Reinsurance (r).

Appendix A
Financial Rating Categories Explained continued

Standard & Poor's Rating Descriptions*

INVESTMENT GRADE OR SECURE

RATING	CATEGORY
AAA	Companies rated AAA have the highest rating assigned. Capacity to pay interest and repay principal is extremely strong.
AA	Companies rated AA have a very strong capacity to pay interest and repay principal and differ from the highest rated insurers only to a small degree.
A	Companies rated A have a strong capacity to pay interest and repay principal, although they are somewhat more susceptible to adverse changes in economic conditions than those in higher rated categories.
BBB	Companies rated BBB are regarded as having an adequate capacity to pay interest and repay principal, however, adverse economic conditions or changing circumstances are more likely to lead to a weakened capacity to pay interest and repay principal.

BELOW INVESTMENT GRADE OR VULNERABLE

RATING	CATEGORY
BB; B; CCC; CC	Companies rated BB, B, CCC and CC are regarded, on balance, as speculative with respect to their credit worthiness. While such companies may have some protective characteristics, uncertainties and major risk exposure or adverse conditions outweigh them.
R; NR	The rating R is reserved for companies who "have experienced a REGULATORY ACTION regarding solvency." The rating NR indicates that the insurer's financial solvency is not rated.

Plus (+) or Minus (-): The ratings from "AA" to "CCC" may be modified by the addition of a plus or minus sign to refine relative standing within each category.

* S&P uses a suffix 'pi' "based on an analysis of published financial information and additional information in the public domain. They do not reflect in-depth meetings with an insurer's management and are therefore based on less comprehensive information than ratings without a 'pi' subscript"

Appendix B: Performance Guarantees

Aetna

Performance Category	Minimum Standard	Maximum Premium at Risk
Implementation		
Implementation	Average evaluation scoreof 3.00 or higher	0.50%
Account Management		
Overall Account Management	Average evaluation score of 3.00 or higher	0.50%
Member Services		
Customer Effect Score	95.00%	0.50%
Customer Satisfaction	95.00%	0.50%
Total		**2.00%**

- Approximately $6,400

Appendix B: Performance Guarantees

CIGNA

CIGNA DENTAL CARE	
Average Speed of Answer Cigna Dental Care ASA. Measured for the Term of the Agreement, results will not exceed: 30 seconds to answer a Call. Results measured at Special Account Queue Level.	At Risk $ $927.00
Call Abandonment Rate Cigna Dental Care Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 3% of Calls received terminated. Results measured at Special Account Queue Level.	At Risk $ $927.00
Member Satisfaction Cigna Dental Care Member Satisfaction. Measured for the Term of the Agreement, results will meet or exceed: A member satisfaction level of 75% or greater with Cigna Dental overall. Results measured at Book of Business Level.	At Risk $ $928.00
Post enrollment measure Cigna Dental Care ID Cards Maintenance. Measured for the Term of the Agreement, results will meet or exceed: 100% mailed within 5 Business Days after the release of, not receipt of, clean and accurate eligibility to the ID card vendor. Results measured at Account Level.	At Risk $ $927.00
Post Enrollment Measurement Cigna Dental Care - Auto Eligibility 100% within 5 Days - AL	At Risk $ $927.00
Time to Process - Specialty Referral Claims Rate Cigna Dental Care Time to Process. Measured for the Term of the Agreement, result will meet or exceed: 95% within 10 Business Days. Results measured at Book of Business.	At Risk $ $927.00

Appendix B: Performance Guarantees

CIGNA

CIGNA DENTAL CARE	
Implementation Service Readiness Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.	At Risk $ $927.00
Implementation Service Readiness Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.	At Risk $ $927.00
Implementation Service Readiness Implementation ID Card Timeliness. 98% of the ID cards will be mailed by the agreed upon commitment date in the Implementation Calendar. Results measured at Account Level.	At Risk $ $927.00
Implementation Service Readiness Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna? in the Cigna HealthCare Implementation Survey. Results measured at Account Level.	At Risk $ $927.00
Provider Cigna Dental Care Network Access. Measured for the Term of the Agreement, access standard will meet or exceed: 80% of dental offices accepting new patients. Results measured at Book of Business Level.	At Risk $ $927.00
Other DHMO Carrier will operate a dedicated toll-free number for the Aon Active Health Exchange that a) will be the same number for all participating clients; b) will be the same number for pre-enrollment inquiries and post-enrollment customer service and support; and c) will be staffed by customer service personnel appropriately trained to answer exchange related questions and inquiries both during pre-enrollment periods and post-enrollment. Performance should be specific to all employers in the Aon Active Health Exchange.	At Risk $ $927.00
Total $ Maximum Amount at Risk	**$11,125.00**

Appendix B: Performance Guarantees

Dentegra

Onboarding	Amount at Risk
The assigned Onboarding project manager will partner with the client to gather requirements and onboard the plan end to end in Dentegra's system. Standards of service include:	
a) Onboarding project manager will provide oversight on end to end set up to ensure the project stays on track and overall client satisfaction is met (Client Satisfaction Survey item #2a) Measurement will be completed annually on a group specific basis and reported annually. Payments will be made on an annual basis.	1%
b) Onboarding project manager will provide timely response and follow-up on phone calls and e-mails from the client. (Client Satisfaction Survey #2b) Measurement will be completed annually on a group specific basis and reported annually. Payments will be made on an annual basis.	1%
c) Onboarding project manager is knowledgeable on your benefit plan (Client Satisfaction Survey item #2c) Measurement will be completed annually on a group specific basis and reported annually. Payments will be made on an annual basis.	1%
d) Onboarding project manager will communicate potential problems timely (Client Satisfaction Survey item #2d) Measurement will be completed annually on a group specific basis and reported annually. Payments will be made on an annual basis.	1%
e) Onboarding project manager will provide service that meets the client's expectations (Client Satisfaction Survey item #2e) Measurement will be completed annually on a group specific basis and reported annually. Payments will be made on an annual basis.	1%

Appendix B: Performance Guarantees

Dentegra

Account Management	Amount at Risk
The assigned account manager will partner with the client to meet the dental benefit objectives and work on the client's behalf to optimize service levels. Standards of service include:	
a) Account manager will provide comprehensive assistance for the client in support of top-tier customer service. (Client Satisfaction Survey item #7)	1%
b) Account manager will provide timely response and follow-up on phone calls and e-mails from the client. (Client Satisfaction Survey item #8)	1%
c) Account manager will meet with the client's benefit staff as needed to meet the client's objectives and oversee the annual open enrollment process, including participation in employee information meetings, if applicable. (Client Satisfaction Survey item #10)	1%
d) Account manager will provide ongoing assistance with any issues escalated by designated benefits contacts. (Client Satisfaction Survey item #11) The client will monitor and evaluate Dentegra's Account Management performance and provide feedback via a Dentegra Client Satisfaction Survey. Pertinent questions for this guarantee are in the Account Management section of the survey. Client satisfaction for each of the criteria above will be deemed as being met given a rating of Good, Very Good or Excellent.	1%

Appendix B: Performance Guarantees

Dentegra

Eligibility	Amount at Risk
95% of electronic eligibility will be loaded within two (2) business days from receipt of data. Guarantee is contingent upon receipt of data in a mutually agreed upon format.	0.50%
Eligibility updates will be guaranteed with 98% accuracy. Guarantee is contingent upon receipt of data in a mutually agreed upon format.	0.50%
Claims Turnaround	**Amount at Risk**
90% of claims received will be processed within 15 calendar days and 99% of claims received will be processed within 30 calendar days. Claims turnaround is measured from the date of the initial receipt of the claim with complete information to the date the claim is originally processed.	1%
Overall Claims Accuracy	**Amount at Risk**
99% financial (dollar) accuracy. Financial (dollar) accuracy is calculated from a random sample and defined as the total dollar amount paid correctly in the sample divided by the total dollar amount that paid in the sample.	1%
98% payment accuracy. Payment accuracy is calculated from a random sample and defined as the number of claims in the sample without payment errors divided by the total number of claims in the sample.	1%
97% processing accuracy. Processing accuracy is calculated from a random sample and defined as the number of claims in the sample without payment or nonpayment errors divided by the total number of claims in the sample.	1%

Appendix B: Performance Guarantees

Dentegra

Customer Service	Amount at Risk
85% of all customer calls to the Contact Center will be answered within 30 seconds.	1%
95% of Customer Service phone inquiries will be resolved within one (1) business day.	1%
Correspondence will be responded to within an average of five (5) business days of receipt.	1%
Call abandonment rate will be 3% or less.	1%
Enrollee Satisfaction	**Amount at Risk**
85% of participants that respond to the Enrollee Satisfaction Survey will rate Dentegra overall as Good, Very Good or Excellent. Overall enrollee satisfaction is measured by a survey distributed to a random sampling of enrollees.	0.50%
Website Availability	**Amount at Risk**
Dentegra.com website (Enrollee portal) will be available on a 24/7 basis with a 99.5% uptime with exceptions for planned outages and acts of nature.	0.50%
Client Reporting	**Amount at Risk**
Client-specific standard financial reporting package will be provided within 30 days from the close of the established reporting period. Measurement will be completed annually on a group specific basis and reported annually. Payments will be made on an annual basis.	1%
TOTAL ADMINISTRATION AT RISK	**20% (approximately $100,700)**

Appendix B: Performance Guarantees

Dominion

Customer Service				
Category	**Standard**	**Measurement**	**Benchmark**	**Penalty at Risk**
Abandon Rate (A)	2% or less	Bidder will maintain an abandonment rate of 2% or less for each of the following primary call center units - claims, enrollment and general inquiries. This standard will be measured for any calendar month by dividing the total number of calls abandoned in that month for each respective unit by the total number of calls offered to that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide the Board with monthly actual service performance levels for this category.	2% or less	$0
			2.01% -3%	$500
			3.01% - 4%	$750
			>4%	$1,000
Daily Abandon Rate (B)	10% or less, daily ceiling	On no day will the abandonment rate exceed 10% of calls received. For each day above that ceiling, penalties are imposed. By the 30th calendar day following the end of the plan year, Bidder will provide the Board with monthly actual service performance levels for this category.	>10%	$50 per day
Average Speed to Answer	45 seconds or less	Bidder will maintain an average speed to answer of 45 seconds or less for each of the following primary call center units – claims, enrollment, and general inquiries – following the standard voice introductory messages. This standard will be measured for any calendar month by calculating the total time in seconds to answer all calls handled by the respective unit during business hours for the calendar month, minus the total time in seconds for voice introductory messages for those calls, and then dividing the difference by the total number of calls offered for that unit during business hours. By the 30th calendar day following the end of the plan year, Bidder will provide the Board with monthly actual service performance levels for this category.	45 seconds or less	$0
			46 – 55 seconds	$500
			56 – 60 seconds	$750
			>60 seconds	$1,000

Appendix B: Performance Guarantees

Dominion

Customer Service				
Category	**Standard**	**Measurement**	**Benchmark**	**Penalty at Risk**
Telephone Call Answer Level	80% of calls answered within 45 seconds	Bidder will maintain that eighty percent (80%) of all incoming calls received by Bidder's customer service telephone line ("Incoming Calls") within a Policy Period will be answered by a customer service representative within forty-five (45) seconds ("Guaranteed Telephone Call Answer Level"). Answer time will be measured from the	80% or more	$0
			75% -79.9%	$500
			<75%	$750
First Call Resolution	90% or more	Bidder will maintain a service level that provides for Ninety Percent (90%) of all incoming calls received be handled on a "First Call Resolved" basis. A call is considered "Resolved" if the inquiry is resolved and no further action or referral is required on the part of Bidder. Resolution of inquiry is achieved at agreed level of service when Bidder resolves the initial inquiry so that a second contact on the same issue is not required.	90% or more	$0
			<90%	$500
Written (Email) Correspondence	80% or more	Bidder will maintain a service level that provides for a response to Eighty Percent (80%) of all dental e-mail inquiries received within 1 business day after Bidder receives the e-mail.	80% or more	$0
			<80%	$500
NOTE: Telephone customer service standard will apply between the hours of 8 am and 7pm EST. Customer Service Benchmarks will be twice the benchmarks for the month of January.				

Appendix B: Performance Guarantees

Dominion

Claim Processing and Financial Accuracy				
Category	**Standard**	**Measurement**	**Benchmark**	**Penalty at Risk**
Clean claims turnaround	95% processed within 14 days or less	Bidder will ensure that 95% of all clean claims are processed within 14 days or less.	1 – 14 days	$0
			>14 days	$500
			Maximum/ occurrence	$1,000
Complex claims turnaround	90% processed within 30 days or less	Bidder will ensure that 90% of all clean claims are processed within 30 days or less	1-30 days	$0
			>30 days	$500
			Maximum/one occurrence	$1,000
Claims payment accuracy	99% accuracy	Bidder will ensure 99% payment accuracy of claims (# of claims without error / number of audited claims).	99% and above	$0
			<99%	$500
			Maximum/ occurrence	$1,000
Claims payment financial accuracy	98% accuracy	Bidder will ensure that 98% financial accuracy of claims (# of claims without error / number of audited claims).	98% and above	$0
			<98%	$500

Appendix B: Performance Guarantees

Dominion

Administration				
Category	**Standard**	**Measurement**	**Benchmark**	**Penalty at Risk**
Delivery of Quarterly/Annual Utilization Reports	31 calendar days or less	Bidder will deliver its management reports to the Board within 31 business days after the end of the quarter or calendar year. "Management reports" will include all data elements outlined in the reporting section of this RFP. Beginning on the 32nd calendar day after the end of the reporting month, Bidder will pay a penalty of $50/business day until the Board receives the reports.	1 – 31 days	$0
			>31 days	$50
			Maximum/ occurrence	$1,000
Delivery of Rate Renewal Reports	Date TBD of each preceding plan year	Bidder will deliver its annual renewal reports to the Board by Date TBD of the plan preceding the renewal. Renewal Reports will include all data elements outlined in the reporting section of this RFP. Beginning on the first business day after Date TBD, Bidder will pay a penalty of $100/business day until the Board receives the reports.	Date TBD	$0
			>30 days	$100
			Maximum/one occurrence	$1,000
Provider Turnover	Less than 5% annual provider turnover	Bidder will deliver ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates should be calculated on all terminations for general and specialty dentist regardless of reason for termination.	<5%	$0
			5%-7%	$500
			>7%	$1,000
Network Access	Network Access for General Dentistry	Bidder will ensure that 2 open General Dentists are located within 8 miles based on the following requirements: Urban: 99% access for participant in a Urban setting	Urban <99%	$500
		Suburban: 95% access for participant in a Suburban setting	Suburban <95%	$500
		Rural: 60% access for participant in a Rural setting	Rural <60%	$500
Implementation	Successful and timely completion	Bidder will guarantee that all implementation targets identified in the implementation project plan will be met.	95% - 99% Success Rate	$0
			90% - 94% Success Rate	$1,000
			<90% Success Rate	$2,000

- Dominion is willing to place up to 5% of premium at risk on a quarterly basis.

Appendix B: Performance Guarantees

Dominion – Network Recruitment

DHMO Performance Guarantee for UFCW	
Network Recruitment (Phase1)	Within 60 days of the contract award, Dominion will contact all non-participating incumbent providers in the Dominion market for the DHMO with greater than 5 patients (48 providers) or pay a penalty of $20,000.
Network Recruitment (Phase 2)	Within 120 days of the contract award, Dominion will contact all non-par incumbent providers in the Dominion market for the DHMO with under 5 patients (76 providers) or pay a penalty of $20,000.
Network Recruitment (Phase3)	Within 180 days of the award of the contract, Dominion will contract with 30 unique providers from the Phase 1 non-participating incumbent providers or pay a penalty of $30,000.**
Reporting	Dominion will provide recruitment status reports monthly.

* If a targeted provider or office is not available for documented reasons that include no longer practicing (e.g., retired), no longer at the location, we would remove them from the overall target list and adjust the goals accordingly.

**Penalty is proportional of performance (e.g., $1,000 per dentist short of committed 30 new dentists)

Appendix B: Performance Guarantees

United Concordia

Category	Standard	Proposed Penalty
Implementation	Standards to be agreed upon between the Fund and United Concordia. United Concordia will provide the Fund with a post-implementation survey within 30 days of the effective date.	$10,000
Account Management	Standards to be agreed upon between the Fund and United Concordia.	$10,000
Delivery of Reports	United Concordia will deliver our standard ASO reporting package within 20 business days after the end of the quarter or calendar year. Fully insured reports will be delivered 45 days after the end of the quarter or calendar year.	0.1%
Provider Turnover	United Concordia will ensure provider turnover will occur at a rate of less than 5% on an annual basis. Turnover rates calculated on all terminations for general and specialty dentist for the entire network proposed regardless of reason for termination.	0.1%
Network Access	United Concordia will ensure 2 open General Dentists are located within 8 miles based on the following requirements: Urban: 99% access for participant in an Urban setting Suburban: 95% access for participant in a Suburban setting Rural: 60% access for participant in a Rural setting	0.1%
Delivery of Rate Renewal Reports	United Concordia will deliver annual renewal reports to the Board by Date TBD of the plan preceding the renewal. We are able to provide renewal up to 120 days in advance based on mutual agreement to be decided upon finalist selection.	0.1%
Total	**Maximum payout not to exceed**	**1% of the fully insured annual premium (Approximately $5,300)**

Appendix C: Report Caveats

- This bid analysis report is for the sole use of plan sponsor and its authorized representatives involved in the competitive bid. Some material provided by the bidders may be deemed proprietary and confidential to the bidder and may not be disclosed or shared with any third parties other than the authorized employees, directors, unless required by public disclosure laws or other legal requirements.
- The calculations in this report are estimates of future costs and are based on information available to Segal at the time the calculations were made. Segal has not audited the information provided. These calculations are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases. Segal's pricing guidance is not intended to provide legal advice. Issues involving the interpretation of laws/regulations should be referred to legal counsel for authoritative advice..
- The Coronavirus (COVID-19) pandemic has impacted the 2021 US economy and health plan claims projections for most Health Plan Sponsors. As a result, calculations of near-term income and claim expenses could be significantly altered by emerging events. At this point, it is unclear what the income and cost impact will be for Health Plan Sponsors. Unless specifically noted, this report does not include any adjustments such as changes in eligibility, income, increases in healthcare costs or decreased investment returns. Additionally, the potential for federal or state fiscal relief is also not contemplated in these calculations. Given the high level of uncertainty and fluidity of the current events, some plans may seek periodic updated estimates throughout the year to closely monitor health plan budget projections this year. Additional projections may be out of scope.