



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 04/02/2024

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

**\*Contractor/Vendor Name/Grantor (DBA):**

Arizona Dental Insurance Services, Inc. dba Delta Dental of Arizona

**\*Project Title/Description:**

Self-Funded Dental Plan

**\*Purpose:**

Amendment of Award: Master Agreement No. MA-PO-20-141, Amendment No. 04. This Amendment increases the annual award amount by \$600,000.00 from \$2,350,000.00 to \$2,950,000.00 for a cumulative not-to-exceed contract amount of \$10,000,000.00.

Administering Department: Human Resources.

**\*Procurement Method:**

Pursuant to Pima County Procurement Code, 11.12.020, Competitive sealed proposals, on 03/17/2020, the Board of Supervisors approved an award of contract for an initial term of one (1) year and an annual award amount of \$2,350,000.00 with four (4) one-year renewal options.

On 03/19/2021, the Procurement Director approved Amendment No. 01, which extended the termination date to 06/30/2022 and added the annual award amount of \$2,350,000.00 for a cumulative not-to-exceed contract amount of \$4,700,000.00. Three (3) renewal options remained.

On 03/30/2022, the Procurement Director approved Amendment No. 02, which extended the termination date to 06/30/2023 and added the annual award amount of \$2,350,000.00 for a cumulative not-to-exceed contract amount of \$7,050,000.00. Two (2) renewal options remained.  
PRCUID: 357918

On 04/26/2023, the Procurement Director approved Amendment No. 03, which extended the termination date to 06/30/2024, added the annual award amount of \$2,350,000.00 for a cumulative not-to-exceed contract amount of \$9,400,000.00 and added the Forced Labor of Ethnic Uyghurs provision to the contract, pursuant to A.R.S. § 35-394.

The annual award increase is needed due to higher enrollment and utilization of this plan.

PRCUID: 357918

Attachment: Contract Amendment No. 04.

**\*Program Goals/Predicted Outcomes:**

To provide dental insurance benefits to all eligible employees.

**\*Public Benefit:**

To attract and retain qualified employees for County positions.

**\*Metrics Available to Measure Performance:**

Employee enrollment in each tier and Contractor adherence to the terms and conditions of the contract.

**\*Retroactive:**

No.

TO: COB 3/20/24

VERS: 6

PGS: 2

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

\*Funding Source(s) required: \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, Is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? ☐ Yes ☐ No  
If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No  
If Yes, attach the required form per Administrative Procedure 22-10.

**Amendment / Revised Award Information**

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 20-141

Amendment No.: 04 AMS Version No.: 6

Commencement Date: 04/02/24 New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 600,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_

\*Funding Source(s) required: Health Benefit Self-Insurance Fund (96%) and Employee Contributions (4%)

Funding from General Fund? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)

☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_

☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

\*All Funding Source(s) required: \_\_\_\_\_

\*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Procurement Officer: Kelsey Braun-Shirley Digitally signed by Kelsey Braun-Shirley Date: 2024.03.14 08:34:39 -07'00' Division Manager: Ana Wilber Digitally signed by Ana Wilber Date: 2024.03.14 08:43:00 -07'00'  
Department: Procurement Director: Terri Spencer Digitally signed by Terri Spencer Date: 2024.03.14 08:43:27 -07'00' Telephone: 520-724-7466

Department Director Signature: Cathy Bohland Digitally signed by Cathy Bohland Date: \_\_\_\_\_  
Deputy County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
County Administrator Signature: \_\_\_\_\_ Date: 3/15/24

**Pima County Department of Human Resources**

**Project: Self-Funded Dental Plan**

**Contractor: Arizona Dental Insurance Services, Inc.**  
**dba Delta Dental of Arizona**  
**5656 W. Talavi Blvd.**  
**Glendale, AZ 85306**

**Contract No.: MA-PO-20-141**

**Contract Amendment No.: 04**

<b>Orig. Contract Term:</b> 07/01/2020 - 06/30/2021	<b>Orig. Amount:</b>	\$ 2,350,000.00
<b>Termination Date Prior Amendment:</b> 06/30/2024	<b>Prior Amendments Amount:</b>	\$ 7,050,000.00
<b>Termination Date This Amendment:</b> 06/30/2024	<b>This Amendment Amount:</b>	\$ 600,000.00
	<b>Revised Total Amount:</b>	\$ 10,000,000.00

**CONTRACT AMENDMENT**

The parties agree to amend the above-referenced contract as follows:

**1. Background and Purpose.**

1.1. Background. On July 1, 2020, County and Contractor entered into the above referenced agreement to provide self-funded dental insurance coverage.

1.2. Purpose. County requires an increase to the maximum payment to fund services for the remainder of the current term.

**2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5.2, is increased by \$600,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$10,000,000.00.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

**PIMA COUNTY**

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Authorized Officer Signature

Craig Livesay, SVP & COO  
\_\_\_\_\_  
Printed Name and Title

March 12, 2024  
\_\_\_\_\_  
Date

This contract template has been approved as to form by the Pima County Attorney's Office.