



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 02/04/2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

United Concordia Insurance Company

***Project Title/Description:**

Pre-Paid Dental Plan

***Purpose:**

Amendment of Award: SC2400001038, Amendment No. 05. This Amendment extends the term of the contract commencing on 07/01/2025 and terminating on 06/30/2026, adds four additional one-year renewal options in the annual award amount of \$460,000.00, increases the not-to-exceed contract amount by \$280,000.00 for a cumulative not-to-exceed contract amount of \$2,000,000.00, adds Exhibit B.1 to establish the fee schedule for contract years six and seven and a rate cap for years eight through ten, and appends the Heat Injury and Illness Prevention and Safety Plan provision to the contract, pursuant to Pima County Procurement Code 11.40.030. The extension is needed to continue to provide dental insurance benefits to all eligible employees.

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 \$460,000.00 with four (4) one-year renewal options.

On 03/09/2021, the Procurement Director approved Amendment No. 01, which extended the termination date to 06/30/2022 and added a partial annual award amount of \$380,000.00 for a cumulative not-to-exceed contract amount of \$840,000.00. Three (3) renewal options remained.

On 04/06/2022, the Procurement Director approved Amendment No. 02, which extended the termination date to 06/30/2023 and added a partial annual award amount of \$220,000.00 for a cumulative not-to-exceed contract amount of \$1,060,000.00. Two (2) renewal options remained.

On 04/18/2023, the Procurement Director approved Amendment No. 03, which extended the termination date to 06/30/2024, added a partial annual award amount of \$200,000.00 for a cumulative not-to-exceed amount of \$1,260,000.00, and appended the Forced Labor of Ethnic Uyghurs provision to the contract, pursuant to A.R.S. § 35-394. One (1) renewal option remained.

On 04/23/2024, the Procurement Director approved Amendment No. 04, which extended the termination date to 06/30/2025, and added the annual award amount of \$460,000.00 for a cumulative not-to-exceed contract amount of \$1,720,000.00.

PRCUID: 357918

Attachment: Contract Amendment No. 05.

***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 01/16/25 (1)

Vers: 2

Pgs: 4

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: SC Department Code: PO Contract Number (i.e., 15-123): SC2400001038

Amendment No.: 05 AMS Version No.: N/A

Commencement Date: 07/01/25 New Termination Date: 06/30/26

Prior Contract No. (Synergen/CMS): MA-PO-20-142

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 280,000.00

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

***Funding Source(s) required:** Health Benefit Self-Insurance Fund (50%) and Employee Contributions (50%)

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 \$ _____ % _____

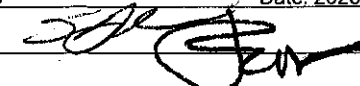
***Funding Source:** _____

***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: 2025.01.14 11:03:18 -07'00' Division Manager: Ana Wilber Digitally signed by Ana Wilber
Date: 2025.01.14 13:10:33 -07'00'

Department: Procurement Director: Terri Spencer Digitally signed by Terri Spencer
DN: cn=Terri Spencer, o=Pine County Procurement Department,
ou=Procurement Director, email=terri.spencer@pine.gov, c=US
Date: 2025.01.14 14:26:03 -07'00' Telephone: 520-724-7466

Department Director Signature: Cathy Bohland Digitally signed by Cathy Bohland
Date: 2025.01.15 12:22:12 -07'00'

Deputy County Administrator Signature: 

County Administrator Signature: _____

Date: _____
Date: 1-15-2024
Date: 1/15/2025

Pima County Procurement Department**Administering Department:** Human Resources**Project:** Prepaid Dental Plan**Contractor:** United Concordia Insurance Company
21700 Oxnard Street, Suite 500
Woodland Hills, CA 91367**Contract No:** SC2400001038 (formerly MA-PO-20-142)**Contract Amendment No.:** 05

Original Contract Term	7/1/2020 – 06/30/201	Original Contract Amount:	\$	460,000.00
Prior Termination Date	6/30/2025	Prior Amendments Amount:	\$	1,260,000.00
New Termination Date	6/30/2026	This Amendment Amount:	\$	280,000.00
		Revised Total Amount:	\$	2,000,000.00

CONTRACT AMENDMENT**1. Parties, Background and Purpose.****1.1. Background.**

On July 1, 2020, County and Contractor entered into the above referenced agreement to provide prepaid dental insurance coverage.

1.2. Purpose.

County requires continuing services to provide dental insurance benefits to all eligible employees.

2. Term.

The parties agree to extend the contract term for one year commencing on July 1, 2025 and terminating on June 30, 2026 and add four (4) addition one-year extension options. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. Compensation and Payment.

The following exhibit is appended to establish the service fees for years six (6) through ten (10) of the contract.

Exhibit B.1- Amendment 5 Prepaid Dental Plan Fee Schedule (1 page).

4. Maximum Payment Amount.

The maximum amount County will spend under this Contract, as set forth in Section 5.2, is increased by \$280,000.00. County's total payments to Contractor under this Contract, including any sales taxes, will not exceed \$2,000,000.00.

5. Heat Injury and Illness Prevention and Safety Plan.

Pursuant to Pima County Procurement Code 11.40.030, Contractor hereby warrants that if Contractor's employees perform work in an outdoor environment under this Contract, Contractor will keep on file a written Heat Injury and Illness Prevention and Safety Plan. At County's request, Contractor will provide a copy of this plan and documentation of heat safety and mitigation efforts implemented by Contractor to prevent heat-related illnesses and injuries in the workplace. Contractor will post a copy of the Heat Injury and Illness Prevention and Safety Plan where it is accessible to employees. Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract complies with this provision.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the parties have approved this Amendment and agree to be bound by the terms and conditions of the Contract on the dates written below.

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

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

Pima County

United Concordia Insurance Company

Chair, Board of Supervisors



Authorized Officer Signature

Date

1/6/2025
Date

ATTEST

Clerk of the Board

Date

EXHIBIT B.1
AMENDMENT 5 PREPAID DENTAL PLAN FEE SCHEDULE (1 PAGE)

All benefit premiums will only change as listed below on July 1st of each year. Each rate must include all services as listed in the Scope of Work. No member enrollment requirement will be allowed, enrollment is an estimate only. The County will self-administer premiums and will produce monthly invoices based on current enrollment. Premiums will be paid monthly.

Tier	Description	Estimated Enrollment	Monthly Premium Year 6 2025/2026	Year 1 Extended Cost	Monthly Premium Year 7 2026/2027	Year 2 Extended Cost
1	Employee Only	750	7.95	\$71,550.00	7.95	\$71,550.00
2	Employee + Spouse	200	16.86	\$40,464.00	16.86	\$40,464.00
3	Employee + Child(ren)	150	23.39	\$42,102.00	23.39	\$42,102.00
4	Employee + Family	200	25.3	\$60,720.00	25.3	\$60,720.00
			Year 1 Total	\$214,836.00	Year 2 Total	\$214,836.00

*This Amendment includes a 5% rate cap for benefit premiums for contract years 8, 9 and 10 .