



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 02/04/20

* = Mandatory, information must be provided

or Procurement Director Award

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

Ameritas Life Insurance Corp

***Project Title/Description:**

Third Party Dental Plan Administrator

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-15-247, Amendment No. 04. This Amendment is for a one-time increase in the amount of \$1,000,000.00 for a cumulative not-to-exceed contract amount of \$9,466,666.00, and revises the scope of services to cover preventative procedures at 100%, added coverage for dental implants and removed the missing tooth provision.

Administering Department: Human Resources.

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, on February 10, 2015, the Board of Supervisors approved an award of contract for an initial term of three (3) years and a contract amount of \$5,300,000.00 (annual award amount of \$1,766,666.00) with two (2) one-year renewal options.

On March 22, 2018, the Procurement Director approved Amendment No. 01 which extended the termination date to 06/30/2019 and added a partial annual award amount of \$1,362,000.00 for a cumulative not-to-exceed contract amount of \$6,662,000.00. One (1) renewal option remained.

On August 14, 2018, the Procurement Director approved Amendment No. 02 which added the remaining annual award amount of \$404,666.00 for a cumulative not-to-exceed contract amount of \$7,066,666.00.

On April 4, 2019, the Procurement Director approved Amendment No. 03 which extended the termination date to 06/30/2020 and added a partial annual award amount of \$1,400,000.00 for a cumulative not-to-exceed contract amount of \$8,466,666.00.

The increase is required due to the expanded coverage and increased enrollment in the plan.

PRCUID: 158735

Attachment: Contract Amendment No. 04.

***Program Goals/Predicted Outcomes:**

Provision of third party dental plan administrator.

***Public Benefit:**

Cost effective integrated health benefits program.

***Metrics Available to Measure Performance:**

Active review of various reports that monitor the overall success and participation by County employees.

***Retroactive:**

No.

TO : COB 01/29/20
VERS : 8
PGS : 2

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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): 15-247Amendment No.: 04 AMS Version No.: 8Effective Date: 02/04/2020 New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

 Expense or Revenue Increase Decrease Amount This Amendment: \$ 1,000,000.00Is there revenue included? Yes No If Yes \$ _____***Funding Source(s) required:** Pima County Health Benefits Trust Fund \$320,000.00 and Employee Contributions \$680,000.00.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): _____

Effective 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: Kelsey Braun, Procurement Officer KBM Division Manager: Debra W. L. D. 1/28/20

Department: Procurement Telephone: 520-724-7466

Department Director Signature/Date: Kelsey Braun, Procurement Officer 1/29/2020 C K 1/29/2020Deputy County Administrator Signature/Date: Debra W. L. D. 1/29/2020County Administrator Signature/Date: C. Decker 1/29/2020
(Required for Board Agenda/Addendum Items)

Pima County Department of Human Resources

Project: Third Party Dental Plan Administrator

Contractor: Ameritas Life Insurance Corp.
5900 O Street
Lincoln, NE 68510-2234

Contract No.: MA-PO-15-247

Contract Amendment No.: Four (04)

Orig. Contract Term: 07/01/2015 - 06/30/2018
Termination Date Prior Amendment: 06/30/20
Termination Date This Amendment: 06/30/20

Orig. Amount:	\$5,300,000.00
Prior Amendments Amount:	\$3,166,666.00
This Amendment Amount:	\$1,000,000.00
Revised Total Amount:	\$9,466,666.00

CONTRACT AMENDMENT

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

- 1. Background and Purpose.**
 - 1.1. Background.** County and Contractor entered into the above referenced agreement to provide Third Party Dental Plan Administration services for Pima County's Self Insured Dental Plan.
 - 1.2. Purpose.** Due to increased coverage of benefits with 100% preventative coverage and increased enrollment in the plan, the not-to-exceed amount for County payments to Contractor needs to be increased and the Pima County Dental Plan Benefit Specifications, which are set forth in Exhibit C to the Contract, needs to be updated.
- 2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section III, is increased by \$1,000,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$9,466,666.00.
- 3. Exhibit A: Scope of Services.** Exhibit C to the Contract is hereby replaced in its entirety with the document available at:
https://webcms.pima.gov/UserFiles/Servers/Server_6/File/Government/Human%20Resources/BeWell/Ameritas%20SOB%2020191016.pdf
- 4. Israel Boycott Certification.** Pursuant to A.R.S. § 35-393.01, if Contractor engages in for-profit activity and has 10 or more employees, and if this Contract has a value of \$100,000.00 or more, Contractor certifies it is not currently engaged in, and agrees for the duration of this Contract to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.

The effective date of this Amendment is February 4, 2020.

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

PIMA COUNTY

Chairman, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Regina Nassen
Deputy County Attorney

REGINA NASSEN

Print DCA Name

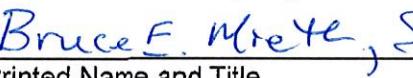
1-17-2020
Date

AMERITAS LIFE INSURANCE CORP



Bruce E. Mreyte

Authorized Officer Signature



Bruce E. Mreyte, Senior VP

Printed Name and Title

01/27/2020
Date