

SAHUARITA UNIFIED SCHOOL DISTRICT #30
NOTICE OF REQUEST FOR PROPOSAL
RFP #2020-1

MATERIAL AND/OR SERVICE: RFP 2020-1 Dental & Life Insurance Services

Proposal Issued: April 3, 2020

Proposal Due: Monday, May 4, 2020

Time: 1:00 PM (Local AZ Time)

Opening Location: Sahuarita Unified School District #30
Location Building #10, 350 W. Sahuarita Road, Sahuarita, AZ 85629

In accordance with School District Procurement Rules in the Arizona Administrative Code (A.A.C.) promulgated by the State Board of Education pursuant to A.R.S. 15-213, Proposals for the material or services specified will be received by the Sahuarita Unified School District #30, at the above specified location, until the time and date cited. Proposals received by the correct time and date shall be opened and only the name of the Offerors shall be publicly read and recorded via Zoom meeting at <https://zoom.us/j/624730226> at the date and time indicated above. All other information contained in the Proposal shall remain confidential until award is made.

A pre-proposal conference will not be held for this RFP.

Proposals shall be in the actual possession of the District, at the location indicated, on or prior to the exact time and date indicated above. Late Proposals shall not be considered. The official time will be determined by the clock designated by the school district.

Due to school closures, all proposals **must** be submitted electronically to SUSD30RFP@sahuarita.net with the solicitation number and Offeror's name clearly indicated in the subject line of the email. All Proposals must be written legibly in ink or typewritten. Additional instructions for preparing a Proposal are provided herein.

VENDORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE REQUEST FOR PROPOSAL.



Lizette Huie, Chief Financial Officer

April 3, 2020

(520) 625-3502 extension: 1013

lhuie@sahuarita.net & cchatterton@sahuarita.net



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DOCUMENTS REFERENCED:

You may access a copy of the documents referenced within this Proposal at the following web addresses:

Arizona Revised Statutes (A.R.S.) is available at: <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>

The Arizona School District Procurement Rules in the Arizona Administrative Code is available at: <http://azsos.gov/rules/arizona-administrative-code>

I.R.S W-9 Form (Request for Taxpayer I.D. Number) is available at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>



UNIFORM INSTRUCTIONS TO OFFERORS

1. Definition of Terms

In addition to the definitions specified in Arizona Administrative Code R7-2-1001, the terms listed below are defined as follows:

- A. **“Attachment”** means any item the Solicitation requires an Offeror to submit as part of the Proposal.
- B. **“Award”** means a determination by District that is entering into a contract with one or more Bidders or Offerors.
- C. **“Bid”** means a response to an invitation for bids and includes an offer to contract with District.
- D. **“Bidder”** means a person submitting a Bid in response to an invitation for bids.
- E. **“Contract”** means a legally binding contractual agreement, regardless of what it may be called, for the purchase of materials, services, construction or construction services, or the disposal of materials by District. **“Contract”** includes the combination of the Solicitation, including the Uniform and Special Instructions, the General and Special Terms and Conditions, and the Specifications and Statement or Scope of Work; the Offer and any Best and Final Offers; and any Solicitation Addendums or Contract Amendments; and any terms applied by law. A Contract does not include a contract or agreement prepared and requested by Contractor unless it contains a provision that expressly states that it will be deemed part of the Contract, identifies what provisions of the Contract, if any, are superseded by the Contract or Agreement, and is signed by the District Representative.
- F. **“Contract Amendment”** means a written document signed by the School District/Public Entity that is issued for the purpose of making changes in the Contract.
- G. **“Contractor”** means any person who has a contract with District. An Offeror or Bidder who has been awarded a Contract by District is a Contractor of District.
- H. **“District”** means Sahuarita Unified School District #30.
- I. **“Exhibit”** means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the solicitation.
- J. **“Gratuity”** means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value present or promised, unless consideration of substantially equal or greater value is received.
- K. **“Offer”** means Bid, Proposal, or quotation.
- L. **“Offeror”** means a person submitting a Proposal in response to a request for proposals.
- M. **“Proposal”** means a response to a request for proposals and includes an Offer to contract with District.
- N. **“Procurement Officer”** means the person duly authorized to enter into and administer Contracts and make written determinations with respect to this solicitation or his/ her designee.
- O. **“Purchase Order”** means a document issued by District, in writing or electronically, and identified as a Purchase Order that authorizes Contractor to proceed with fulfillment of all or part of an awarded Contract by delivery of materials or services in quantities and at times and locations specified in the Purchase Order.



- P. **“Responsible Bidder or Offeror”** means a person who at the time of Contract Award has the capability to perform the Contract requirements and the integrity and reliability which will assure good faith performance.
- Q. **“Responsive Bidder or Offeror”** means a person who submits an Offer that reasonably and substantially conforms to all material requirements of the Solicitation.
- R. **“Solicitation”** means an invitation for bids, an invitation to submit technical offers, a request for proposals, a request for qualification, or any other invitation or request by which District invites a person to participate in a procurement. A Solicitation includes, in addition to the Invitation for Bid or Request for Proposal, the Uniform Instructions for Offers, General Terms and Conditions for Contract, Special Terms and Conditions for Contract, Statement of Scope of Work/Specifications, Solicitation Addendums, and Solicitation Exhibits and Attachments.
- S. **“Solicitation Amendment”** means a written document that is authorized by the Procurement Officer and issued for the purpose of making changes to the Solicitation.
- T. **“Subcontract”** means any Contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishings of any material or any service required for the performance of the Contract.

2. Inquiries

- A. **Duty to Examine.** It is the responsibility of each Offeror to examine the entire Solicitation, seek clarification in writing, and check its Proposal for accuracy before submitting the Proposal. Lack of care in preparing a Proposal shall not be grounds for withdrawing the Proposal after the due date and time nor shall it give rise to any Contract claim.
- B. **Solicitation Contact Person.** Any inquiry related to a Solicitation, including any requests for or inquiries regarding standards referenced in the Solicitation shall be directed solely to the Solicitation contact person. The Offeror shall not contact or direct inquiries concerning this Solicitation to any other employee unless the Solicitation specifically identifies a person other than the Solicitation contact person as a contact.
- C. **Submission of Inquiries.** The Procurement Officer or the person identified in the Solicitation as the contact for inquiries may require that an inquiry be submitted in writing. Any inquiry related to a Solicitation shall refer to the appropriate Solicitation number, page, and paragraph. Do not place the Solicitation number on the outside of the envelope containing that inquiry since it may then be identified as an Proposal and not be opened until after the Proposal due date and time.
- D. **Timeliness.** Any inquiry shall be submitted as soon as possible and at least seven (7) days before the Proposal due date and time. Failure to do so may result in the inquiry not being answered.
- E. **No Right to Rely on Verbal Responses.** Any inquiry that results in changes to the Solicitation shall be answered solely through a written Solicitation Amendment. An Offeror may not rely on verbal responses to inquiries.
- F. **Solicitation Amendments.** The Solicitation shall only be modified by a Solicitation Amendment. Unless otherwise stated in the Solicitation, each Solicitation Amendment shall be acknowledged by the person signing the Offer. Failure to acknowledge a material Solicitation Amendment or to follow the instructions for acknowledgement of the Solicitation Amendment may result in rejection of the Offer.
- G. **Pre-Offer Conference.** If a Pre-Offer Conference has been scheduled under the Solicitation, the date, time, and location shall appear on the Solicitation cover sheet or elsewhere in the Solicitation. A Bidder or Offeror should raise any questions it may have about the Solicitation at the conference. An Offeror may not rely on any verbal responses to questions at the conference. Material issues raised at the conference that result in changes to the Solicitation shall be answered solely through a written Solicitation Amendment.



- H. Persons with Disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Solicitation contact person. Requests shall be made as early as possible to allow time to arrange the accommodation.

3. Offer Preparation

- A. Forms: No Facsimile Offers. An Offer shall be submitted either on the forms provided in this Solicitation or their substantial equivalent. Any substitute document for the forms provided in this Solicitation must be legible and contain the same information requested on the form. A facsimile or mailgram offer shall be rejected.
- B. Typed or Ink; Corrections: The Offer should be typed or in ink. Erasures, interlineations or other modifications in the Offer should be initialed in ink by the person signing the Offer. Modifications shall not be permitted after Offers have been opened except as otherwise provided under applicable law.
- C. Evidence of Intent to be Bound. Failure to submit verifiable evidence of intent to be bound, such as an original signature, shall result in rejection of the Offer.
- D. Exceptions to Terms and Conditions. All exceptions included with the Offer shall be submitted in a clearly identified separate section of the Offer in which the Offeror clearly identifies the specific paragraphs of the Solicitation where the exceptions occur. Any exceptions not included in such a section shall be without force and effect in any resulting Contract unless such exception is specifically referenced by the Procurement Officer in a written statement. The Offeror's preprinted or standard terms will not be considered as a part of any resulting Contract. All exceptions that are contained in the Offer may negatively affect the offer evaluation criteria as stated in the Solicitation or result in rejection of the offer.
- E. Subcontracts. Offeror shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities in the Offer.
- F. Acknowledgment and Acceptance Form. The Acknowledgement and Acceptance of terms and Conditions of Solicitation form must be submitted with the Offer and signed by a representative of the Bidder or Offeror. All exceptions or modifications requested by the Bidder or Offeror, regardless of whether District previously accepted the requested exceptions or modifications requested by the Bidder or Offeror, must be clearly set forth in the Acknowledgment and Acceptance of Terms and Conditions of Solicitation form. Any exceptions or modifications set forth in the form that have not been previously accepted by District, may be rejected if District determines, in its sole judgment, that the requested exception or modification would substantially or materially alters a term, condition, or other provision of the Solicitation. Unacceptable exceptions or modifications shall remove the Offer from consideration for award.
- G. Offer and Acceptance Form. The Offer and Acceptance form within the Solicitation must be submitted with the Offer and signature by authorized representative of the Bidder or Offeror. The signature shall signify the Bidder's or Offeror's intent to be bound by the Offer and the terms of the Solicitation and that the information provided is true, accurate, and complete. Failure to submit verifiable evidence of intent to be bound, such as an original signature, may result in rejection of the Offer.
- H. Subcontractors. A Bidder or Offeror shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities in the Offer.
- I. Cost of Offer Preparation. The District will not reimburse a Bidder or Offeror for the cost of responding to a Solicitation.
- J. Solicitation Amendments. Unless otherwise stated in the Solicitation, each Solicitation Amendment shall be acknowledged by the person signing the Proposal. Failure to acknowledge a material Solicitation Amendment or to follow the instructions for acknowledgement of the Solicitation Amendment shall result in rejection of the Proposal.



- K. Tax Identification Numbers. A Bidder or Offeror must provide his or her Arizona Transaction Privilege Tax number and/or Federal Employer Identification number, if applicable, in the space provided and on the Offer and Acceptance Form and provide the tax rate and amount, if applicable, on the Cost Form.
- L. Provision of Tax Identification Numbers. Offerors are required to provide their Arizona Transaction Privilege Tax number and/or Federal Tax Identification number, if applicable, in the space provided on the Offer and Acceptance Form and provide the tax rate and amount, if applicable, on the Proposal Cost Sheet.
- M. Identification of Taxes in Proposal. School Districts/Public Entities are subject to all applicable state and local transaction privilege taxes. If Arizona resident Offerors do not indicate taxes on a separate item in the Proposal, the School District/Public Entity will conclude that the price(s) offered includes all applicable taxes. At all times, payment of taxes and the determination of applicable taxes and rates are the sole responsibility of the Offeror.
- N. Disclosure. If the Firm, business, or person submitting this Offer has been debarred, suspended, or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a subcontractor with any federal, state, or local government, or if any such preclusion from participation from any public procurement activity is currently pending, the Offeror must fully explain the circumstances relating to the preclusion or proposed preclusion in the Offer. The Offeror shall include a letter with its Offer setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above must be provided.
- O. Solicitation Order of Precedence. In the event of a conflict in the provisions of this Solicitation and any subsequent contracts, the following shall prevail in the order set forth below:
 - 1. Amendments
 - 2. Special Instructions, Terms and Conditions;
 - 3. Uniform General Terms and Conditions;
 - 4. Scope of Work/Specifications;
 - 5. Attachments;
 - 6. Exhibits;
 - 7. Uniform Instructions to Offerors

In the event of a conflict between provisions in two or more of the foregoing Solicitation documents, the document having a higher order or precedence will prevail over the other document or documents with conflicting provisions.

- P. Delivery. Unless stated otherwise in the Solicitation, all prices shall be F.O.B. Destination and shall include all delivery and unloading at the destination(s).

4. Submission of Proposal

- A. Sealed Envelope or Package. Each Offer shall be submitted to the submittal location identified in this Solicitation, in a sealed envelope or package that identifies its contents as an Offer and the Solicitation number to which it responds. The appropriate Solicitation Number should be plainly marked on the outside of the envelope or package.
- B. Offer Amendment or Withdrawal. The Bidder or Offeror may withdraw an Offer any time prior to the Offer Deadline. The Offer may not be amended or withdrawn after the Offer Deadline, except as otherwise provided under applicable law.
- C. Electronic Submission. If determined by the District that electronic submission of proposals is advantageous, the District will include the electronic submission requirements as well as if the electronic



submission is mandatory or optional in the Special Instructions, Terms and Conditions section of the RFP. Unless otherwise instructed, a facsimile or electronically submitted Proposal shall be rejected.

- D. **Confidential Information. Request for Confidentiality:** If a Bidder or Offeror believes that its Offer contains confidential trade secrets or other proprietary information that should not be disclosed, the Bidder or Offeror may submit to the District Representative and the Solicitation Contact Person a Request for Confidentiality of Proprietary Information form that identifies the specific information and explains why it should be protected from disclosure. All information proposed for protection from disclosure shall be so identified wherever it appears in the Offer. The District Representative shall review the statement and provide the determination in writing whether the information shall be protected. If the District Representative determines that the information shall be protected from disclosure, the District Representative shall inform the Bidder or Offeror in writing of such determination. Requests to protect pricing information or the entire Offer from disclosure will be denied. **Public Record:** All contents of an Offer submitted in response to a Solicitation, other than those items determined by the District Representative to be confidential will become a matter of public record available for review after Award notification.
- E. **Non-collusion, Employment, and Services.** By signing the Offer and Acceptance form or other official contract form, the Offeror certifies the following:
1. The Bidder or Offeror has examined and understands the terms, conditions, scope of work/services and specification, and other documents in the Solicitation.
 2. The Bidder or Offeror has not given, has not offered to give, or does not intend to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a District official or employee in connection with the submitted Offer.
 3. The prices have been arrived at independently, without consultation, communication or Agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Offeror or with any competitor; the prices which have been quoted have not been nor will not be disclosed directly or indirectly to any other Offeror or to any competitor; no attempt has been made or will be made to induce any person or firm to submit or not to submit, an Offer for the purpose of restricting competition. It did not involve collusion or other anti-competitive practices in connection with the preparation or submission of its Offer.
 4. The Bidder or Offeror, including its owners, employees, and agents directly involved in obtaining contracts with the State of Arizona, or any subdivision of the state has not been convicted of false pretenses, attempted false pretenses, or conspiracy to commit false pretenses, bribery, attempted bribery, or conspiracy to bribe under the laws of any state or federal government for acts or omissions after January 1, 1985.
 5. It does not discriminate against any employee, applicant for employment, or person to whom it provides services because of race, color, religion, sex, national origin, or disability, and that it complies with all applicable federal, state, and local laws and executive orders regarding employment.
 6. By submission of this Offer, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body.
 7. By submission of this Offer, that no Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a Cooperative Agreement, and the



extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.

8. If awarded a Contract, the Bidder or Offeror shall provide the equipment, commodities, and/or services in accordance with the terms, conditions, scope of work/services, specifications, and other documents of the Solicitation.
9. The Bidder or Offeror is not engaged in and for the duration of the contract will not engage in a boycott of Israel.

5. Additional Offer Information

- A. Unit Price Prevails. Where applicable, in the case of discrepancy between the unit price or rate and the extension of that unit price or rate, the unit price or rate shall govern.
- B. Taxes. The amount of any applicable transaction privilege or use tax of a political subdivision of this state will not be a factor when determining lowest bidder.
- C. Late Offer, Modifications or Withdrawals. A Proposal, Modification or Withdrawal submitted after the exact Proposal due date and time shall not be considered except under the circumstances set forth in R7-2-1044.
- D. Confirmation. District may contact the Bidder or Offeror to confirm its understanding of the Offer. Such contact shall occur after the Offer Deadline and prior to award. District shall seek written confirmation from the Bidder or Offeror and shall retain the request and confirmation, if obtained, in the procurement file.
- E. Disqualification. A Proposal from an Offeror who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity may be rejected.
- F. Offer Acceptance Period. The Bidder or Offeror shall hold its Offer open for the later of (i) the number of days after the Offer Deadline stated in the Solicitation or (ii) ninety (90) days.
- G. Payment. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment within thirty (30) days.
- H. Waiver and Rejection Rights. Notwithstanding any other provision of the Solicitation, District may waive any minor informality, reject any and all Offers or portions thereof, or cancel a Solicitation.

6. Award

- A. Basis of Award. An Award will be made to the Responsible Bidder or Offeror whose Offer is determined to be:
 - a) For an invitation for Bid, the lowest responsible and responsive Bid or Bids that conform in all material respects to the requirements of the Solicitation and evaluation factors, if any, set forth in the Special Requirements of Solicitation. If Bidder is awarded a Contract and is unable to meet its contractual obligations, District may cancel the Contract and award a Contract to the next lowest ranked Bidder if this determination occurs within a reasonable time period after the original Contract Award.
 - b) For a request for proposal, the Proposal or Proposals that are determined in writing to be the most advantageous to District based on the requirements of the Solicitation and evaluation factors set forth in the Special Requirements of Solicitation. District will evaluate and determine which Proposals are acceptable and unacceptable for further consideration. If determined to be in the



best interest of District, District may request interviews with the Offerors determined to be most likely to meet the requirements to discuss cost and/or other portions of the Proposal.

No requirement or factor may be used in the evaluation of offers that is not set forth in the Solicitation. The amount of any applicable transaction privilege or use tax of a political subdivision of the State shall not be a factor in determining the lowest Bid or most advantageous Proposal.

- B. **Multiple Awards.** District may award multiple contracts from the Solicitation. The decision to award a single contract, award multiple contracts, or make no award rests solely with District. A multiple Award shall be made only if the District Representative determines in writing, prior to making an award that a multiple Award is necessary and is advantageous to District.

In determining whether to award multiple contracts, District will assess whether multiple vendors are necessary and advantageous to ensure the availability of goods or services that fully conform to District's requirements at the time, place and manner needed by District. If District determines that multiple contracts are necessary and advantageous, District will determine the least number of Contractors that are needed and award Contracts to, if an invitation to bid, the Bidders who submitted the lowest responsible and responsive Bids; and, if a request for proposal, the Offerors who submitted the most advantageous Proposals to District.

When determining whether to award to multiple contracts, District may consider a variety of factors, including without limitation: District's experience with existing products and systems, brand continuity for parts replacement, increased demand for goods or services, a single Contractor's ability to provide for District's needs, bonding capacity, Contractor's location and service areas, District's past experience with Contracts for similar product/services, and other relevant criteria, including the criteria set forth in school district procurement code R7-2-1024(B)(1)(D): whether contracts will be awarded by individual line items or groups of line items, by increments, or by designated regions or locations.

- C. **Formation of Contract.** A response to the Solicitation is an offer to contract with District based upon the terms, conditions, scope of work/services, and specifications contained in the Solicitation. An Offer does not become a contract unless and until District accepts it. A contract is formed when the District Representative signs the Award document on behalf of District. No work may commence or products be delivered until District has issued a Purchase Order to Contractor.
- D. **Effective Date.** The effective date of this Contract shall be the date that the Procurement Officer signs the Proposal and Acceptance Form or other official contract form, unless another date is specifically stated in the Contract.
- E. **Final acceptance** for each participating School District/Public Entity will be contingent upon the approval of their Governing Board, if applicable.

7. Protests

A protest of a Solicitation or Award may be made by an interested party as defined by the School District Procurement Code. The protest shall comply with and be resolved according to Arizona Department of Education School District Procurement Code Rule A.A.C. R7-2-1141 through R7-2-1153. Protests shall be in writing and be filed with the District Representative. A protest based on alleged improprieties that are apparent before the Offer Deadline must be delivered to the District Representative before the Offer Deadline. A protest of a Solicitation or Award for any other reason must be delivered to the District Representative within ten (10) days after District makes the Bid file available for public inspection, unless the District Representative finds good cause for the delay of the interested party. A protest shall include:

1. The name, addresses, and telephone number of the interested party
2. The signature of the interested party or the interested party's representative;



3. Identification of the purchasing agency and the Solicitation or Contract number;
4. A detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and
5. The form of relief requested.
6. The interested party shall supply promptly any other information requested by the district representative.



UNIFORM GENERAL TERMS AND CONDITIONS

1. Contract Interpretation

- A. Arizona Law. The law of Arizona applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona and the Arizona School District Procurement Code, Arizona Revised Statutes (A.R.S.) 15-213, and its implementing rules, Arizona Administrative Code (A.A.C.) Title 7, Chapter 2, Articles 10 and 11.
- B. Implied Contract Terms. Each Provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
- C. Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee agent of the other party to the Contract.
- D. Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- E. No Parol Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document.
- F. No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

2. Contract Administration and Operation

- A. Records and Audit. Under A.R.S. § 35-214 and § 35-215, the Contractor shall retain and shall contractually require each Subcontractor to retain all data and other records ("records") relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- B. Non-Discrimination. The Contractor shall comply with State Executive Order No. 99-4, 2000-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- C. Audit. Pursuant to A.R.S. § 35-214 at any time during the term of this Contract and five (5) years thereafter, the Contractor's or any Subcontractor's books and records shall be subject to audit by the School District/Public Entity and, where applicable, the Federal Government, the extent that the books and records relate to the performance of the Contract or Subcontract.
- D. Inspection and Testing. The Contractor agrees to permit access to its facilities, Subcontractor facilities and the Contractor's processes for producing the materials, at reasonable time for inspection of the materials and services covered under this Contract. The School District/Public Entity shall also have the right to test at its own cost the materials to be supplied under this Contract. Neither inspection at the Contractor's facilities nor testing shall constitute final acceptance of the materials. If the School District/Public Entity determines non-compliance of the materials, the Contractor shall be responsible for the payment of all costs incurred by the School District/Public Entity for testing and inspection.
- E. Notices. Notices to the Contractor required by this Contract shall be made by the School District/Public Entity to the person indicated on the Offer and Acceptance Form submitted by the Contractor unless otherwise stated in the Contract. Notices to the School District/Public Entity required by the Contract shall be made by the Contractor to the Solicitation Contact Person indicated on the Solicitation cover sheet, unless otherwise stated in the Contract. An authorized Procurement Officer and an authorized Contractor



representative may change their respective person to whom notices shall be given by written notice and an Amendment to the Contract shall not be necessary.

- F. Advertising and Promotion of Contract. The Contractor shall not advertise or publish information for commercial benefit concerning this Contract without the prior written approval of the Procurement Officer.
- G. Property of the School District/Public Entity. Any materials, including reports, computer programs and other deliverables, created under this Contract are the sole property of the School District/Public Entity. The Contractor is not entitled to a patent or copyright on those materials and may not transfer the patent or copyright to anyone else. The Contractor shall not use or release these materials without the prior written consent of the School District/Public Entity.

3. Costs and Payments

- A. Payments. Payments shall comply with the requirements of A.R.S. Titles 35-342 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment from the School District/Public Entity within thirty (30) days. The Purchase Order number must be referenced on the invoice.
- B. Applicable Taxes.
 - 1. Payment of Taxes by the School District/Public Entity. The School District/Public Entity will pay only the rate and/or amount of taxes identified in the Proposal and in any resulting Contract.
 - 2. State and Local Transaction Privilege Taxes. The School District/Public Entity is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller from its obligation to remit taxes.
 - 3. Tax Indemnification. Contractor and all Subcontractors shall pay all federal, state, and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall, and require all Subcontractors to hold the School District/Public Entity harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.
 - 4. IRS W-9. In order to receive payment under any resulting Contract, Offeror shall have a current I.R.S. W-9 Form on file with the School District/Public Entity.
- C. Availability of Funds for the Next Fiscal Year. Funds may not presently be available for performance under this Contract beyond the current fiscal year. No legal liability on the part of the School District/Public Entity for any payment may arise under this Contract beyond the current fiscal year until funds are made available for performance of the Contract. The School District/Public Entity will make reasonable efforts to secure such funds.

4. Contract Changes

- A. Amendments. This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment within the scope of the Contract signed by the Procurement Officer. Changes to the Contract, including the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by an unauthorized employee or made unilaterally by the Contractor are violations of the Contract and or applicable law. Such changes, including unauthorized written Contract Amendments, shall be void and without effect, and the Contractor shall not be entitled to any claim and this Contract based on those changes.



- B. Subcontracts. The Contractor shall not enter into any Subcontract under this Contract without the advance written approval of the Procurement Officer. The Subcontract shall incorporate by reference the terms and conditions of this Contract.
- C. Assignment and Delegation. The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The Procurement Officer shall not unreasonably withhold approval.

5. Risk and Liability

- A. Risk of Loss. The Contractor shall bear all loss of conforming material covered under this Contract until received by authorized personnel at the location designated in the purchase order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming materials shall remain with the Contractor regardless of receipt.
- B. General Indemnification. To the extent permitted by A.R.S. § 41-621 and § 35-154, the School District/Public Entity shall be indemnified and held harmless by the Contractor for its vicarious liability as result of entering into this Contract. Each party to this Contract is responsible for its own negligence.
- C. Indemnification - Patent and Copyright. To the extent permitted by A.R.S. § 41-621 and § 35-154, the Contractor shall indemnify and hold harmless the School District/Public Entity against any liability, including costs and expenses, for infringement of any patent, trademark, or copyright arising out of Contract performance or use by the School District/Public Entity of materials furnished or work performed under this Contract. The School District/Public Entity shall reasonably notify the Contractor of any claim for which it may be liable under this paragraph.
- D. Force Majeure.
 - 1. Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "*force majeure*" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; war; riots; strikes; mobilization; labor disputes; civil disorders; fire; flood; lockouts; injections-intervention-acts; or failures or refusals to act by government authority; and other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence.
 - 2. Force Majeure shall not include the following occurrences:
 - a. Late delivery of equipment or materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market; or
 - b. Late performance by a Subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or
 - c. Inability of either the Contractor or any Subcontractor to acquire or maintain any required insurance, bonds, licenses, or permits.
 - 3. If either party is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day, of the commencement thereof and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified-return receipt requested, and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that results or effects of such delay prevent the delayed party from performing in accordance with this Contract.



4. Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and that such delay or failure is caused by force majeure.

E. Third Party Antitrust Violations. The Contractor assigns to the School District/Public Entity any claim for overcharges resulting from antitrust violation the extent that those violations concern materials of services supplied by third parties to the Contractor toward fulfillment of this Contract.

6. Warranties

A. Liens. The Contractor warrants that the materials supplied under this Contract are free of liens.

B. Quality. Unless otherwise modified elsewhere in these terms and conditions, the Contractor warrants that for one year after acceptance by the School District/Public Entity of the materials or services, they shall be:

1. A quality to pass without objection in the trade under the Contract description;
2. Fit for the intended purposes for which the materials or services are used;
3. Within the variations permitted by the Contract and are of even kind, quality, and quality within each unit and among all units;
4. Adequately contained, packaged and marked as the Contract may require; and
5. Conform to the written promises or affirmations of fact made by the Contractor.

C. Fitness. The Contractor warrants that any material or service supplied to the School District/Public Entity shall fully conform to all requirements of the Solicitation and all representations of the Contractor, and shall be fit for all purposes and uses required by the Contract.

D. Inspection/Testing. The warranties set forth in subparagraphs A through C of this paragraph are not affected by inspection/ testing of or payment for the materials or services by the School District/Public Entity.

E. Exclusions. Except as otherwise set forth in this Contract, there are no express or implied warranties or merchant ability fitness.

F. Compliance with Applicable Laws. The materials and services supplied under this Contract shall comply with all applicable federal, state and local laws, and the Contract shall maintain all applicable licenses and permits.

G. Survival of Rights and Obligations after Contract Expiration or Termination.

1. Contractor's Representations and Warranties. All representations and warranties made by the Contractor under this Contract shall survive the expiration of termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12-510, except as provided in A.R.S. § 12-529, the School District/Public Entity is not subject to or barred by any limitations of actions prescribed in A.R.S. Title 12, Chapter 5.
2. Purchase Orders. The Contractor shall, in accordance with all terms and conditions of the Contract, fully perform and shall be obligated to comply with all purchase orders received by the Contractor prior to the expiration or termination hereof, unless otherwise directed in writing by the Procurement Offices, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

7. School District/Public Entity's Contractual Remedies



- A. Right to Assurance. If the School District/Public Entity in good faith has reason to believe that the Contractor does not intend to, or is unable to perform or continue performing the Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent or ability to perform. Failure by the Contractor to provide written assurance within the number of days specified in the demand may, at the School District/Public Entity's option, be the basis for terminating the Contract under the Uniform General Terms and Conditions.
- B. Stop Work Order.
 - 1. The School District/Public Entity may, at any time, by written order to the Contractor, require the Contractor to stop all or any part, of the work called for by this Contract for a period of up to ninety (90) days after the order is delivered to the Contractor, and for any further period to which the parties may agree. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage.
 - 2. If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract shall be amended in writing accordingly.
- C. Non-exclusive Remedies. The rights and the remedies of the School District/Public Entity under this Contract are not exclusive.
- D. Nonconforming Tender. Materials supplied under this Contract shall fully comply with the Contract. The delivery of materials or a portion of the materials in an installment that do not fully comply constitutes a breach of Contract. On delivery of nonconforming materials, the School District/Public Entity may terminate the Contract for default under applicable termination clauses in the Contract, exercise any of its remedies under the Uniform Commercial Code, or pursue any other right or remedy available to it.
- E. Right to Offset. The School District/Public Entity shall be entitled to offset against any sums due the Contractor, any expenses or costs incurred by the School District/Public Entity or damages assessed by the School District/Public Entity concerning the Contractor's nonconforming performance or failure to perform the Contract, including expenses, costs and damages described in the Uniform General Terms and Conditions.

8. Contract Termination

- A. Cancellation for Conflict of Interest. Per A.R.S. 38-511 the School District/Public Entity may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the Contract on behalf of the School District/Public Entity is, or becomes at any time while the Contract or an extension the Contract is in effect, an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time.
- B. Gratuities. The School District/Public Entity may, by written notice, terminate this Contract, in whole or in part, if the School District/Public Entity determines that employment or gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the School District/Public Entity for the purpose of influencing the outcome of the procurement or securing the Contract, an Amendment to the Contract, or favorable treatment concerning the Contract, including the making of any determination or decision about Contract performance. The School District/Public Entity, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three (3) times the value of the gratuity offered by the Contractor.



- C. Suspension or Debarment. The School District/Public Entity may, by written notice to the Contractor, immediately terminate this Contract if the School District/Public Entity determines that the Contractor has been disbarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a Subcontractor of any public procurement unit or other governmental body.
- D. Termination for Convenience. The School District/Public Entity reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of the School District/Public Entity without penalty recourse. Upon receipt of the written notice, the Contractor shall immediately stop all work, as directed in the notice, notify all Subcontractors of the effective date of the termination and minimize all further costs to the School District/Public Entity. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the School District/Public Entity. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed, and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R7-2-1125 shall apply.
- E. Termination for Default.
1. In addition to the rights reserved in the Uniform Terms and Conditions, the School District/Public Entity reserves the right to terminate the Contract in whole or in part due to the failure of the Contractor to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. The Procurement Officer shall provide written notice of the termination and the reasons for it to the Contractor.
 2. Upon termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the School District/Public Entity.
 3. The School District/Public Entity may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, materials and services to replace those under this Contract. The Contractor shall be liable to the School District/Public Entity for any excess costs incurred by the School District/Public Entity re-procuring the materials or services.
- F. Continuation of Performance through Termination. The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.
- G. Cancellation for Lack of Appropriation. District may cancel the Contract if the Legislature of the State of Arizona at any time fails to appropriate funds necessary for the District to perform the Contract.

9. Contract Claims

All Contract claims and controversies under this Contract shall be resolved according to A.R.S. Title 15-213 and AAC R7-2-1155 through R7-2-1181 and rules adopted there under.

10. Gift Policy

The Sahuarita Unified School District #30 (SUSD) will accept no gifts, gratuities or advertising products from Offerors. SUSD has adopted a zero tolerance policy concerning Offeror gifts. Members of SUSD may request product samples from Offerors for official evaluation with disposal of those said samples at the discretion of the Procurement Officer.

11. Integrity of Proposal



By signing this Proposal, the Offeror affirms that the Offeror has not given, nor intends to give any time hereafter any economic opportunity, future employment, gift, loan gratuity, special discount, trip favor, or service to any employee of the School District/Public Entity in connection with the submitted Proposal. Failure to sign the Proposal, or signing it with a false statement, shall void the submitted proposal or any resulting contract.

12. Offshore Performance

Due to security and identity protection concerns, direct services under any subsequent contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the school district(s) or charter school(s) or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or “overhead” services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

13. Contractor’s Employment Eligibility

By entering the contract, Contractor warrants compliance with A.R.S. 41-4401, A.R.S. 23-214, the Federal Immigration and Nationality Act (FINA), and all other federal immigration laws and regulations.

The District may request verification of compliance from any Contractor or Subcontractor performing work under this contract. The District reserves the right to confirm compliance in accordance with applicable laws.

Should the District suspect or find that the Contractor or any of its Subcontractors are not in compliance, the District may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the contractor.

14. Terrorism Country Divestments

Per A.R.S. 35-392, the District/public entity is prohibited from purchasing from a company that is in violation of the Export Administration Act.

15. Fingerprint Clearance Cards

In accordance with A.R.S 15-512(H), a contractor, subcontractor or vendor or any employee of a contractor, subcontractor or vendor who is contracted to provide services on a regular basis at an individual school may be required to obtain a valid fingerprint clearance card pursuant to Title 41, Chapter 12, Article 3.1. An exception to this requirement may be made as authorized in Governing Board policy.

Contractor, subcontractors, vendors and their employees shall not provide services on school district properties until authorized by the District.

Additionally, contractor shall comply with the governing body fingerprinting policies of each individual School District/Public Entity.

16. Clarifications

Clarification means communication with Offeror for the sole purpose of eliminating minor irregularities, informalities, or apparent clerical mistakes in the Proposal. It is achieved by explanation or substantiation, either in a written response to an inquiry from the District or as initiated by Offeror. Clarification does not give Offeror an opportunity to revise or modify its Proposal, except to the extent that correction of apparent clerical mistakes results in a revision.



17. Confidential/Proprietary Information

Confidential information request: If Offeror believes that its Proposal contains trade secrets or proprietary information that should be withheld from public inspection as required by A.R.S. § 39-121, a statement advising the School District/Public Entity of this fact shall accompany the Proposal, and the information shall be so identified wherever it appears. The School District/Public Entity shall review the statement and shall determine in writing whether the information shall be withheld. If the School District/Public Entity determines to disclose the information, the School District/Public Entity shall inform Offeror in writing of such determination.

Contract terms and conditions, pricing and information generally available to the public are not considered confidential information under this section.

Public record: All Proposals submitted in response to this solicitation shall become the property of the School District/Public Entity. They will become a matter of public record available for review, subsequent to award notification, under the supervision of the Purchasing Official at 350 W. Sahuarita Road, Sahuarita, AZ 85629, by appointment.

18. E-Verification

Contractor agrees to comply and maintain compliance with FINA, A.R.S. §41-4401, and A.R.S. §23-214, which requires compliance of federal immigration laws by employers, contractors, and subcontractors in accordance with the E-Verify Employee Eligibility Verification Program.

19. Registered Sex Offender Restriction

Contractor agrees that no employee or agent of Contractor or a subcontractor, who has been adjudicated to be a registered sex offender, will perform work on District premises or equipment at any time when District students are, or are reasonably expected to be, present. Contractor further agrees that a violation of this condition shall be considered a material breach and may result in a cancellation of the Contract at District’s discretion.

20. Non-Discrimination

Contractor shall comply with all applicable state executive orders and federal and state laws, rules and regulations that protect persons from illegal discrimination on the basis of race, color, religion, national origin, sex, disability, and age.

21. Insurance

Contractor shall procure and maintain until all of its obligations under the Contract have been fully discharged, comprehensive insurance against claims for injury to persons or damage to property which may arise from or in connection with the work performed and material delivered by Contractor or subcontractors. Contractor must have workers compensation insurance unless except by Arizona law. The insurance requirements are minimum requirements and in no way limit the indemnity covenants contained in the Solicitation.

22. Insurance Coverage

Unless other coverage’s or amounts are specified in the Special Requirements of Solicitation, Contractor shall provide coverage’s with limits of liability not less than the following:

Commercial General Liability – Liability arising out of activities performed by or on behalf of Contractor

General Aggregate	\$2,000,000
Products – Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000



The policy shall be endorsed to include the following specific language: “Sahuarita Unified School District #30 is named as additional insured with respect to liability arising out of the activities performed by, or on behalf of Contractor.”

Automobile Liability – Bodily injury and property damage for any owned, hired, and non-owned vehicles used in the performance of the Contract

Combined Single Limit (CSL) \$1,000,000

The policy shall be endorsed to include the following language: “Sahuarita Unified School District #30 is named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of Contractor, including automobiles owned, leased, hired or borrowed by Contractor.”

Workers’ Compensation and Employers’ Liability

Workers’ Compensation Statutory

Employers’ Liability:

Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$500,000

Property Insurance

Contractors awarded contracts for construction or expansion of buildings shall obtain and maintain for the duration of the project, course of construction builders risk insurance in the amount of the real property being constructed.

23. Additional Insurance Requirements

The policies are to contain, or be endorsed to contain, the following provisions:

- Contractor’s insurance coverage shall be primary insurance and noncontributory with respect to all other available sources.
- Coverage provided by Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

24. Safety

Contractor, at its own expense and at all times, shall take all reasonable precautions to protect persons and District property from damage, loss, or injury resulting from the activities of Contractor, including its employees and subcontractors. Contractor shall comply with all applicable federal, state and local government job safety requirements, including the Occupational Safety Health Act.

25. Licenses

Contractor shall maintain in current status all federal, state, and local licenses, bonds, and permits required for the operation of the business conducted by Contractor. Contractor shall remain fully informed of and in compliance with all ordinances and regulations pertaining to the lawful provision of services under the Contract. District reserves the right to stop work and/or cancel the contract of any Contractor whose license(s) expire, lapse, are suspended, or are terminated.



SPECIAL INSTRUCTIONS, TERMS AND CONDITIONS

1. District Representative

In accordance with A.A.C. R7-2-1042(A.1.s), and the “Uniform Instructions To Offerors”, the District Representative is Dr. Manuel O. Valenzuela, Superintendent.

2. Purpose

The purpose of this Proposal is to contract for Dental and Life Insurance for employees of Sahuarita Unified School District #30.

3. Sufficient Funds

The District fully anticipates that sufficient funds will be available for this purchase; however, funds are not currently available. Any contract awarded under this proposal will be conditioned upon the availability of funds.

4. Affordable Care Act

Offeror understands and agrees that is shall be solely responsible for compliance with the Patient Protection and Affordable Care Act, Public Law 111-148 and the Health Care and Education Reconciliation Act, Public Law 111-152 (collectively the Affordable Care Act “ACA”). Offeror shall bear sole responsibility for providing health care benefits for its employees who provide services to the District as required by state or federal law.

5. Licenses

Successful Offeror shall maintain in current status all federal, state, and local licenses and permits required by the operation of the business conducted by the Offeror.

6. Safety

Offeror, at its own expense and at all times, shall take all reasonable precautions to protect persons and the District property from damage, loss or injury resulting from the activities of Offeror, its employees, its subcontractors, and/or other persons present. Offeror will comply with all specific job safety requirements promulgated by any governmental authority, including without limitation, the requirements of the Occupational Safety Health Act of 1970.

All items supplied on this contract must comply with the current applicable occupational safety and health standards of the State of Arizona Industrial Commission, the National Electric Code, and the National Fire Protection Association Standards.

7. Fingerprint Requirements

Fingerprint clearance cards will not be required for this contract.

8. Evaluation Schedule

The Proposals will be initially evaluated for conforming to the requirements of the RFP. Then a technical score will be given. The Proposals with the highest scores may be interviewed to determine the best interests of the District.



9. Electronic Submission of Offers

Electronic submissions of Offers are required at this time. Submit Offers to SUSD30RFP@sahuarita.net with the solicitation number and Offeror's name clearly indicated in the subject line of the email.

10. Terms of Award

Per A.A.C. R7-2-1042(A.3.b), the District reserves the right to award a contract, beginning July 1, 2020, and ending June 30, 2021. The District reserves the right to extend the contract for four additional one-year contracts ending June 30, 2025, providing services performed by the offeror are satisfactory to the District, and funding is available.

It is expected that Governing Board approval for this contract will be made at the next available meeting after the due date.

10. Contract Award

It is anticipated that a contract under this RFP will be awarded to multiple offerors.

11. Multiple Award

The District reserves the right to make a multiple award to more than one Offeror. It is in the best interest of the District to award multiple contracts based on the technical scores received during the evaluation process. Contracts will be awarded according to dental and life with various options. The award will be limited to the least number of Offerors that the District determines is necessary to meet the needs of the District.

12. Award Basis

In accordance with A.A.C. R7-2-1050, the successful Offeror will be determined by evaluation criteria including but not limited to pricing, or other incentives offered. Awards will not be made based on price alone.

In accordance with A.A.C. R7-2-1042(A.1.v), the District will not consider partial offers for award of a contract under this RFP.

13. Evaluation Factors

Representatives of the District will evaluate proposals and score them from the most likely to the one least likely to meet the requirements as outlined in the RFP. Per A.A.C. R7-2-1042(A)(1)(q), if several proposals are very closely ranked, the District may call for interviews to assist in the decision making. In addition to interviews the district reserves the option to call for and enter into discussions with the firms considered most likely to meet the requirements for the purpose of negotiations, on pricing and/or other portions of the proposal, if considered by the District to be in the best interest of the District.

Per A.A.C. R7-2-1042(A)(1)(h) evaluation criteria are listed below in their relative order of importance (Specific weighing may be used, but will not be required):

1. **Ability**: The Offeror's ability and readiness to fully perform according to the scope of work and other requirements of the Solicitation, taking into consideration any additional services, specialized services or expertise offered that would meet or exceed the requirements of the Solicitation.
2. **Responsiveness**: The Responsiveness of the Proposal to the requirements of the RFP, including an understanding of the scope of work and how it can be achieved most efficiently and effectively. Plans submitted must be clear and detailed with timelines for implementation and any necessary training.



- 3. Price: The price or cost of the Proposal. Price or cost is a significant factor but not the most important factor.
- 4. Qualifications: The Offeror’s experience in performing comparable projects with appropriate staffing and timely completion of goals.

During the course of the selection process, all prospective companies are cautioned not to contact School Board Members or Selection Committee Members or attempt to persuade or promote through other channels. Committee members will read, review and evaluate the proposals based on the evaluation criteria. A point formula system will be used to evaluate the offers. The District may call for interviews to clarify information received in the proposal. Firms may be asked to host a site visit and/or interview with the Selection Committee, they may also be asked to revise or modify their proposals following the receipt of other information. However, offering firms are cautioned that the District may proceed with an award, on the basis of information received in the original proposal and subsequent interviews (if held) without calling for additional discussions or best and final offers.

All Proposals shall be open for public inspection after award of contract, except to the extent the Offeror designates, and the District concurs, that trade secrets or other proprietary data contained in the Proposal documents remain confidential in accordance with A.A.C. R7-2-1006, R7-2-1016, and R7-2-1042(A.1.u).

13.1 Evaluation Matrix

The total number of points for the Technical Proposal is 1400. Offerors who do not receive 70% of the total points for Technical evaluation will not be considered for price evaluation and award. The elements that will be evaluated and their relative weights are:

WHAT IS BEING EVALUATED	1400 POSSIBLE POINTS
Section A – Ability	500 points
Section B – Responsiveness	400 points
Section C – Price	350 points
Section D – Qualifications	150 points

14. Evaluation Schedule

The proposals will be initially evaluated for conforming to the requirements of the RFP. Then a technical score will be given. The proposals with the highest scores may be interviewed to determine the best interests of the District. The following schedule is tentative.

RFP Released	April 3, 2020
RFP Pre-Proposal Meeting (if applicable)	N/A
RFP Due Date and Time	May 4, 2020, 1:00 PM Local AZ Time
RFP Evaluated	May 5, 2020
RFP Interviews (if necessary)	May 7, 2020
RFP Best & Final (if necessary)	May 8, 2020
RFP Awarded	May 13, 2020
Notice of Award Letters	May 14, 2020

15. Discount Off Catalog



It is recognized that catalog pricing may change during the contract term, but trade discounts awarded on this RFP must remain firm throughout the entire contract period. Offerors could be asked to re-price the “market basket” annually at the District’s discretion.

16. Freight Charges

Freight charges should be indicated for each category. Examples:

- * Freight charges apply OR
- * No freight with orders over \$50 OR
- * FOB Destination

17. Product Delivery

Any item delivered that does not meet specifications or is received in an unsatisfactory condition and is in a damaged or unusable condition must be picked up by the offeror immediately and replaced to the District’s satisfaction at no additional charge, or issue full credit.

18. Guarantees By the Successful Offeror(s)

Offeror guarantees that equipment or material offered is standard, new, and as required by the specifications. Every item delivered must be guaranteed against faulty material and workmanship for a period of at least one (1) year from the date of purchase. If during this period such faults develop, the successful Offeror agrees to replace the item affected without cost to the District.

19. Minimum

The volume of value of purchase under the resultant contract(s) is unknown. The District shall not be bound to purchase a minimum quantity during the contract period. The quantities listed are an estimated amount based upon 2019/2020 documented staffing. The District reserves the right to increase or decrease any estimated quantities.

20. Non-Exclusive Contract

Any contract resulting from this solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the District. The District reserves the rights to obtain like goods or services from other sources.

21. Inspection

All materials are subject to final inspection and acceptance by the District. Materials failing to meet the requirements of this contract will be held at Offeror’s risk and may be returned to Offeror. If so returned, the cost of transportation, unpacking, inspection, repudiating, reshipping or other like expenses shall be the responsibility of the Offeror.

22. Offeror Responsibility

The successful Offeror shall protect all furnishings from damage and shall protect the school district’s property from damage or loss arising in connection with this contract. Offeror shall make good any such damage, injury or loss caused by the operations, or those employees, to the satisfaction of the District. Any damage caused to District facilities, lawns, etc., shall be repaired immediately or replaced at no expense to the District.

The successful Offeror shall adequately screen all employees and, where applicable, independent contractors, who may be involved in providing services under this contract to determine the appropriateness of their working at a public school facility.



The successful Offeror shall take all necessary precautions for the safety of students, school employees and the public, and shall comply with all applicable provisions of Federal, State and Municipal Safety Laws. Successful Offeror agrees that they are fully responsible to the District for the acts and omissions of any and all persons whether directly or indirectly employed by them. They shall maintain such insurance as will protect them and the District from claims or damage from personal injury including death, which may arise from operations under this contract.

The successful Offeror must be prepared to provide an adequate work force and inventory of vehicles, materials and equipment. It shall be the successful Offeror's responsibility to ensure continuation of service.

The successful Offeror must provide adequate training for all contracted employees providing services under this contract.

The successful Offeror must make employees aware of the requirements of the contract including, but not limited to delivery requirements, alarm procedures, and any other information which may be necessary to properly provide the specified service.

23. Acknowledgement of Amendments

In accordance with A.A.C. R7-2-1042(A.1.b), Offeror shall acknowledge receipt of all amendments by signing the amendment acknowledgement form on page 32 of the RFP.

24. Offeror Required Contract/Agreement

If your firm will require the District to sign any form of contract/agreement, a copy of that contract/agreement shall be included with this Proposal. Contents and stipulations contained in the contract/agreement may be part of the evaluation criteria.

25. Delivery of Services

Services must be received within time agreed to by the District and the Offeror. The District shall make decisions as to compliance with contract services and time and their decision shall be final. The items on this contract shall be delivered per the specifications and instructions for each of the campuses.

26. Required Delivery Date

All items specified in this Request for Proposal **SHALL** be received by June, 2020. No Exceptions!
Incomplete orders will be cancelled after this date and any shipments received will be returned to the offeror.

27. Local Representative

Offeror **shall** have a LOCAL field representative available at all times during the contract period.

28. Samples

Per A.A.C. R72-1042(A.1.g), Offeror may be requested to provide samples that they have produced that are similar in scope to the brand specified. The District may use these samples as part of their evaluation criteria and reserve the right to be the sole judge of quality and acceptability.

29. Authority

This solicitation as well as any resulting contract is issued under the authority of the Governing Board or designee. No alteration or any resulting contract may be made without the express written approval of the District in a form of an official contract amendment. Any attempt to alter any contract without such approval is a violation of the contract and the School District Procurement Rules. Any such action is subject to legal and



contractual remedies available to the District inclusive of, but not limited to, contract cancellation, suspension and/or debarment of the contractor.

30. Integrity of Offer

By signing this Proposal, the Offeror affirms that the Offeror has not given, nor intends to give any time hereafter any economic opportunity, future employment, gift, loan gratuity, special discount, trip favor, or service to any employee of the District, or per A.A.C. R7-2-1042(A.1.1) Offeror has not engaged in collusion or anti-competitive practices in connection with the submitted Proposal. Failure to sign the Proposal, or signing it with a false statement, shall void the submitted Proposal or any resulting contract.

31. Billing

All billing notices must be sent to the District's Accounts Payable Department as shown on the purchase orders. All invoices shall identify the specific item(s) being billed. Any purchase order issued by Sahuarita Unified School District #30 will refer to the RFP number of this solicitation.

32. Price Clause

Prices shall be firm for the term of the contract. Prices as stated must be complete for the services proposed and shall include all associated costs. DO NOT include sales tax on any item in the Proposal.

After initial contract term and prior to any contract renewal, the Sahuarita Unified School District #30 will review fully documented requests for price increases and may at its sole option accept any changes or cancel from the contract those items concerned. The offeror shall likewise offer any published price reduction, during the contract period, to the District concurrent with its announcement to other customers. All price adjustments will be effective upon acceptance of the Sahuarita Unified School District #30.

33. Fuel Surcharges

No fuel surcharges will be accepted. No price increases will be accepted without proper request by Offeror and response by the District's Purchasing Division.

34. Brand Name or Equal

Per A.A.C. R7-2-1042(A.2.b) any manufacturer's names, trade names, brand name or catalog designations used in the specifications are for the purpose of describing and establishing the general quality level, design and performance desired. Such references are not intended to limit or restrict bidding by other offerors but are intended to approximate the quality design or performance which is desired. Any offer which proposes like quality, design or performance will be considered. If the description of your Offer differs in any way, you must give complete detailed description of your Offer including pictures and literature where applicable.

35. Descriptive Literature

All Offers must include complete manufacturer's descriptive literature regarding the supplies they propose to furnish. Literature shall be sufficient in detail in order to allow full and fair evaluation of the offer submitted. Failure to include this information may result in the Offer being rejected.

36. Deviations to Offer

Any deviation from the general terms and conditions or exceptions taken shall be described fully and appended to the Proposal form on the Offeror's letterhead. Exceptions must be signed by authorized representative of the company. Such appendages shall be considered part of the Offerors formal Proposal. For the absence of any statements of deviation or exception, the Offer shall be accepted as in strict compliance with all terms and conditions.



37. Procurement Methods

Any parts or repair services obtained under this Request for Proposal may be by Blanket Purchase Order, Specific Purchase Order, or Procurement Card. The percent discount for parts and the labor rate must remain the same no matter what purchasing method the District uses.



Scope of Work/Specifications

This is not an “All or Nothing” Bid. Offerors are encouraged to submit Proposals on single or multiple categories

- Sahuarita Unified School District #30 is requesting proposals for dental and life insurance services.
- Sahuarita Unified School District #30 is a growing school district. It currently consists of 9 school sites with a student population over 6,600. The District also includes a L.I.N.K. (Learning Involves Nurturing Kids) Program and an Early Childhood Center.
- The current staff count totals 901. Current employees that qualify for dental insurance is 785. Current employees that qualify for life insurance is 778.
- Most employees reside in Pima County.
- Rate and Claims history is provided in Attachments.
- Eligibility/annual benefits contributions are defined, in general, as employees who work at least 6 hours per day (.75 FTE) for dental benefits and 6 hours per day for life benefits.
- Waiting period is the first month following date of hire.
- The District has Section 125 plan in place as well as a Flexible Spending Account plan.
- Dependent Age limits: Dependent until the age of 26.

General Information

1. Contribution: The School District will make contributions based on the number of employees.
2. Eligibility: All full time employees of the School District will be eligible for the Employee Benefit Insurance. New employees will be eligible first of the month following their date of hire. The School District defines eligible employees as working at least 6 hours or more per day for dental benefits and at least 6 hours or more per day for life benefits. Employees on approved leave of absence are considered eligible employees.
3. Employees presently insured under the existing plan will be covered under the new plan on the effective date whether or not they are actively at work including COBRA coverage. New employees will be covered when they are actively at work.
4. The present program must be assumed on a no-loss/no-gain provision and no employees presently insured can be penalized in any way.
5. Quotes must be firm through June 30, 2021. The plan will be made effective July 1, 2020.
6. The group plan will be administered by the Policyholder who will maintain records, report monthly transactions to the insurance company, and issue certificates (the insurer will prepare the certificates). The HIPAA qualified providers shall be responsible for maintenance of required HIPAA information and issuance of HIPAA certificates to qualified individuals.
7. The insurance carrier will handle and administer all COBRA administration.
8. The insurance carrier will provide complete services and facilities for settlement of claims. The employees will submit necessary claim forms directly to the insurance company claims office. The company will issue claims drafts directly to the employee. The proposal should contain an explanation of the company’s claim procedures.
9. The insurance company will prepare enrollment literature describing the plan and will conduct the complete enrollment process including explaining the plan to the employees prior to the effective date.
10. Annual experience reports will be prepared by the insurance company where available and a copy of the report will be mailed to Sahuarita Unified School District. Statements should show paid premiums, paid claims, incurred claims, and reserve and expense charges. Agents or marketing representatives will be responsible for sending the information to the District.
11. Premium to be paid monthly.



12. Quotations may be provided for any or all sections of coverage. Any exceptions to bid specifications should be clearly stated.
13. Bid form signature pages should be used for quotes. Proposals and additional information should be attached to bid forms.,
14. All coverage will be effective July 1, 2020. Notification of any proposed rate changes shall be provided with a minimum 90-day notice to the District after the initial rate guarantee period quoted. The District is requesting a contract year beginning July1, 2020, through June 30, 2021. All rates must be guaranteed for at least 12 months. It is the intent of the District to issue a contract for a period of five years renewable annually. Resubmission of statement of qualifications and fee proposals may be required annually.

ADDITIONAL INFORMATION

Overview of Current Plans, Specifications, and Requirements – Attachment 1

Life Census (December, 2019) – Attachment 2

Current Rates – Attachment 3

Benefit Summaries – Attachment 4

Employee Census – Attachment 5

Dental – Experience & Participation Information – Attachment 6

Life – Experience Report – Attachment 7

Employers Dental Services – Information – Attachment 8

Delta Dental Services – Information – Attachment 9

The Standard – Information – Attachment 10

Questionnaire – Attachment 11



Proposal Submittals

Each Offeror must supply one original electronic offer by email to SUSD30RFP@sahuarita.net with the solicitation number and Offeror's name clearly indicated in the subject line of the email.

Submit a letter of interest to include index tabs with Table of Contents.

- Tab 1. Responsiveness
- Tab 2. Experience and Expertise
- Tab 3. Qualifications of the Firm
- Tab 4. Method of Approach
- Tab 5. Price/Cost Sheet
- Tab 6. Questionnaire (Attachment 11)
- Tab 7. All Applicable Forms
Proposal and Acceptance Form
Vendor Registration at <https://susd30.us/district/district-services/business-services/conducting-business-with-sahuarita-usd/>
I.R.S. W-9 Form
Non-Collusion Affidavit
Acknowledgement of Amendments
Deviations/Exceptions Form
Confidentiality/Proprietary Information Form
Certificates of Insurance
Ancillary Contract (if applicable)
- Tab 8. Additional Materials



Proposal Cost Form

I/We, the undersigned, propose to provide the service necessary for the specifications/ scope of work.
(Please expand spreadsheet as an attachment if additional fields for data entry are required. Note company name on each attached sheet.)

I/We further declare that I/we have carefully read and examined all information to the referenced Request for Proposal. I/We agree to comply with the Districts rules, regulations and policies.

Name of Company

Date Signed

Authorized Signature/Local Representative

Telephone/Fax Number

Type Name and Position Held with Firm

E-Mail Address

Mailing Address

City

State

Zip



PROPOSAL AND ACCEPTANCE

OFFER

The Undersigned hereby submits the Proposal/Proposals and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation and any written exceptions in the Proposal/Proposals.

Arizona Transaction (Sales) Privilege Tax License No.:

For clarification of this Proposal, contact:

Name: _____

Federal Employer Identification No. _____

Phone: _____

Fax: _____

Tax Rate: _____ %

E-Mail: _____

Company Name _____

Signature of Person Authorized to Sign Proposal _____

Address _____

Printed Name _____

City _____ State _____ Zip _____

Title _____

CERTIFICATION

By signature in the Offer section above, the Offeror certifies:

- The submission of the Proposal did not involve collusion or other anti-competitive practices.
The Offeror shall not discriminate against any employee or applicant for employment in violation of State Executive Order 99-4, 2000-4 or A.R.S. § 41-1461 through 1465.
The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted Proposal. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the Proposal. Signing the Proposal with a false statement shall void the Proposal, any resulting contract and may be subject to legal remedies provided by law.
The Offeror warrants that it and all proposed subcontractors will maintain compliance with the Federal Immigration and Nationality Act (FINA), A.R.S. § 41-4401 and A.R.S. § 23-214 and all other Federal immigration laws and regulations related to the immigration status of its employees which requires compliance with Federal immigration laws by employers, contractors and subcontractors in accordance with the E-Verify Employee Eligibility Verification Program.
In accordance with A.R.S. § 35-392, the Offeror is in compliance and shall remain in compliance with the Export Administration Act.
In accordance with A.R.S. § 15-512, the Offeror shall comply with fingerprinting requirements unless otherwise exempted.
By submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
By submission of this proposal, that no Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a Cooperative Agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.

ACCEPTANCE

The Proposal is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Proposal as accepted by the School District/Public Entity.

This contract shall henceforth be referred to as Contract No. _____.

The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives a purchase order, contract release document, or written notice to proceed.

Awarded this _____ day of _____ 20_____

Authorized Signature



STATEMENT OF NO BID

If you are not responding to this service/commodity, please complete and return *only* this form to: Sahuarita Unified School District #30, 350 W. Sahuarita Road, Sahuarita, AZ 85629 or fax it to the attention of the Purchasing Department at (520) 625-4609 or email to lhuie@sahuarita.net & cchatterton@sahuarita.net .
(Please print or type, except signature.)

Failure to respond may result in deletion of Offeror's name from the qualified Bidder's list for the Sahuarita Unified School District #30.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ TELEPHONE: _____

We, the undersigned, have declined to respond to your RFP 2020-1 for Dental & Life Insurance Services because of the following reasons:

Service/Commodity

_____ We do not offer this product or the equivalent.

_____ Insufficient time to respond to this solicitation.

_____ Remove our name from this list only.

_____ Our product schedule would not permit us to perform.

_____ Unable to meet all insurance requirements

_____ Other. (Specify below)

REMARKS: _____

SIGNATURE: _____ DATE: _____



DEVIATIONS AND EXCEPTIONS

Offerors shall indicate any and all exceptions taken to the provisions or specification in this solicitation document.

Exceptions (mark one):

_____ No exceptions

_____ Exceptions taken (describe –attach additional pages if needed)

The Undersigned hereby acknowledges that there are *no deviations/exceptions* to this solicitation:

Firm

Authorized Signature



CONFIDENTIAL/PROPRIETARY SUBMITTALS

Confidential/Proprietary Submittals (mark one):

_____ No confidential/proprietary materials have been included with this offer

_____ Confidential/Proprietary materials included. Offerors should identify below any portion of their offer deemed confidential or proprietary (see Uniform Terms and Conditions, paragraph 19). Identification in this section does not guarantee that disclosure will be prevented but that the item will be subject to review by the Offeror and the District prior to any public disclosure. Requests to deem the entire offer or price as confidential will not be considered.

Firm

Authorized Signature



ADDITIONAL MATERIALS SUBMITTED

(Mark One):

_____ No additional materials have been included with this offer

_____ Additional Materials attached (describe—attach additional pages if needed)

Firm

Authorized Signature



AMENDMENT ACKNOWLEDGMENT

This page is used to acknowledge any and all amendments that might be issued. Any amendments issued within three days of the solicitation due date, will included a new due date to allow for addressing the amendment issues. Your signature indicates that you took the information provided in the amendments into consideration when providing your complete Offer response.

Please sign and date

AMENDMENT NO. 1 Acknowledgement _____
Signature Date

AMENDMENT NO. 2 Acknowledgement _____
Signature Date

AMENDMENT NO. 3 Acknowledgement _____
Signature Date

If no amendments were issued, indicate below, sign the form and return with your response.

Firm

Authorized Signature



NON-COLLUSION AFFIDAVIT

State of Arizona)
County of) ss.

_____, affiant,

the _____
(Title)

(Contractor/Offeror)

The persons, corporation, or company who makes the accompanying Proposal, having first been duly sworn, deposes and says:

That such Proposal is genuine and not sham or collusive, nor made in the interest of, or behalf of, any persons not herein named, and that the Offeror has not directly or indirectly induced or solicited any other Offeror to put in a sham Proposal, or any other person, firm or corporation to refrain from submitting a Proposal, and that the Offeror has not in any manner sought by collusion to secure for itself an advantage over any other Offeror.

(Title)

Subscribed and sworn to before me

this _____ day of _____, 20 _____

Signature of Notary Public in and for the

State of _____

County of _____



Form W-9
(Rov. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Form fields 1-7: Name, Business name, Tax classification, Exemptions, Address, City, state, and ZIP code, List account number(s) here.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding.

Social security number and Employer identification number input fields.

Part II Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number...
2. I am not subject to backup withholding because...
3. I am a U.S. citizen or other U.S. person...
4. The FATCA code(s) entered on this form...
Certification instructions: You must cross out item 2 above if you have been notified by the IRS...

Sign Here section with Signature of U.S. person and Date fields.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments: For the latest information about developments related to Form W-9...

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)...

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
Form 1099-S (proceeds from real estate transactions)
Form 1099-K (merchant card and third party network transactions)
Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
Form 1099-C (canceled debt)
Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Attachments



OVERVIEW OF CURRENT PLANS, SPECIFICATIONS & REQUIREMENTS

Service will begin July 1, 2020. **Quotes for dental insurance coverage should be provided on a 4-tier basis.** The services rendered are to:

- ❖ Provide **Group Dental Insurance** for Employees and Dependents. At present, Sahuarita Unified School District #30 offers Group Dental Insurance plans through Delta Dental and EDS/Principal. Variations from the current plans should be clearly noted. (See attachments for additional information.)

It is the intention of the District to continue to offer their employees 2 options – 1 prepaid dental plan alongside 1 PPO/Indemnity plan or a low/high option (2 PPO's).

NOTES:

- At present, the basic coverage benefit with principal is paid at 100%. Please provide quotes for an 80% benefit for basic coverage.
 - Endodontics and periodontics are currently covered under the major benefit with Principal. Please match this benefit and provide a quote with endodontics and periodontics covered under the basic benefit.
 - The current Principal plan provides a \$50 annual deductible plan. Please provide a quote for a 50% / 50% and 100% plan.
 - The current Principal plan provides a \$1,250 annual maximum benefit. Please match this benefit.
 - For the PPO/Indemnity quote(s), please quote a 90th percentile out-of-network on the high option plan.
 - Provide several coinsurance options to the District as applicable to the type of coverage quoted.
 - Please quote \$1,200 for the orthodontic lifetime maximum.
 - If you are a PPO/Indemnity carrier, please respond whether you would be willing to be offered alongside one of the District's current prepaid carriers (Employers Dental Services and Principal Financial).
 - If you are a prepaid carrier, you must be willing to be offered alongside the District's current PPO/Indemnity carrier, AMS Plan or another PPO/Indemnity carrier.
- ❖ Please include your standard commission rate in your quote.
 - ❖ Please provide a copy of your commission schedule.
 - ❖ American Fidelity is the Agent of Record for ancillary products.
 - ❖ In an effort to ease administration, it is the intention of the District to award the dental bid to one carrier for both the prepaid and PPO/Indemnity plan. However, the District reserves the right not to award the contract to one carrier for both a prepaid and PPO/Indemnity plan.



Sahuarita Unified School District #30

350 W. Sahuarita Rd
Sahuarita, AZ 85629

Attachment 1

- ❖ Provide **Group Life Insurance** for Employees. At present, Sahuarita Unified School District #30 offers Group Insurance plan through *The Standard*. Variations from the current plan should be clearly noted. (See attachments for additional information.)



Sahuarita Unified School District #30

350 W. Sahuarita Rd
Sahuarita, AZ 85629

Attachment 2 – Life Census as of December, 2019

Birth Date	Gender	Age
7/2/1968	Female	51
11/2/1976	Female	43
4/5/1994	Female	25
2/24/1988	Male	31
12/16/1978	Female	41
12/3/1976	Female	43
7/24/1967	Female	52
11/27/1979	Male	40
3/31/1986	Female	33
5/24/1969	Female	50
10/22/1963	Male	56
12/7/1974	Female	45
7/19/1980	Female	39
10/30/1972	Male	47
2/3/1967	Male	52
7/5/1989	Female	30
2/17/1983	Female	36
10/3/1981	Male	38
9/13/1975	Female	44
2/23/1968	Female	51
5/10/1977	Male	42
4/9/1966	Female	53
6/16/1986	Female	33
2/11/1956	Male	63
5/19/1975	Male	44
4/8/1958	Male	61
9/9/1981	Female	38
2/6/1984	Female	35
2/28/1977	Female	42
10/5/1983	Male	36
7/5/1953	Female	66
5/24/1965	Female	54
11/3/1954	Female	65
4/3/1976	Female	43
6/18/1997	Male	22
12/17/1975	Male	44
3/18/1976	Female	43
12/1/1984	Female	35
11/24/1978	Female	41
3/29/1997	Male	22
4/17/1969	Male	50
5/30/1975	Female	44
4/28/1976	Male	43
1/31/1948	Female	71
1/24/1986	Male	33
2/5/1989	Female	30



Attachment 2 – Life Census as of December, 2019

8/8/1966 Female	53
4/1/1990 Female	29
7/23/1991 Male	28
11/15/1974 Male	45
5/29/1976 Female	43
7/15/1965 Female	54
11/6/1970 Female	49
10/24/1988 Female	31
7/1/1985 Female	34
3/9/1981 Female	38
11/19/1992 Female	27
10/6/1992 Male	27
10/2/1969 Female	50
12/18/1962 Male	57
8/3/1973 Female	46
4/19/1980 Male	39
10/28/1980 Female	39
3/8/1968 Male	51
3/14/1977 Female	42
2/3/1966 Female	53
7/29/1965 Female	54
6/22/1981 Female	38
7/6/1984 Male	35
2/19/1976 Female	43
8/25/1962 Male	57
8/22/1964 Female	55
3/21/1997 Female	22
10/26/1978 Female	41
4/30/1988 Female	31
12/3/1992 Female	27
2/16/1993 Male	26
5/25/1935 Male	84
3/20/1970 Female	49
1/1/1960 Male	59
11/7/1973 Female	46
9/27/1987 Female	32
2/27/1984 Female	35
6/7/1966 Female	53
12/26/1961 Male	58
8/31/1959 Female	60
3/18/1975 Female	44
8/31/1984 Female	35
10/23/1973 Male	46
7/28/1964 Female	55
4/3/1989 Female	30
6/21/1958 Female	61
6/8/1983 Male	36



Sahuarita Unified School District #30

350 W. Sahuarita Rd
Sahuarita, AZ 85629

Attachment 2 – Life Census as of December, 2019

8/12/1974 Female	45
4/8/1991 Female	28
6/14/1992 Female	27
12/28/1986 Female	33
10/13/1985 Male	34
1/23/1986 Female	33
8/18/1962 Female	57
4/7/1981 Female	38
12/25/1984 Female	35
8/6/1952 Female	67
8/3/1972 Male	47
5/15/1962 Male	57
10/18/1983 Male	36
8/5/1987 Female	32
1/1/1974 Female	45
3/27/1972 Male	47
8/26/1958 Female	61
7/26/1955 Male	64
3/7/1980 Female	39
9/27/1966 Female	53
9/29/1952 Female	67
6/11/1976 Male	43
6/15/1988 Female	31
1/16/1976 Female	43
7/26/1981 Female	38
10/12/1970 Female	49
10/28/1955 Female	64
1/31/1987 Male	32
2/9/1985 Female	34
10/26/1978 Female	41
11/13/1991 Female	28
11/21/1988 Male	31
8/31/1977 Female	42
12/13/2001 Female	18
8/7/1974 Female	45
9/4/1971 Male	48
10/19/1969 Male	50
8/27/1960 Female	59
5/23/1971 Female	48
5/30/1976 Female	43
6/16/1961 Female	58
4/4/1989 Male	30
5/19/1988 Male	31
1/21/1962 Female	57
10/5/1985 Female	34
4/3/1978 Female	41
2/24/1976 Male	43



Attachment 2 – Life Census as of December, 2019

4/24/1997 Female	22
12/16/1983 Female	36
9/15/1972 Female	47
1/1/1964 Female	55
5/6/1997 Female	22
9/24/1956 Male	63
8/22/1985 Male	34
11/8/1965 Male	54
8/26/1977 Female	42
4/13/1983 Female	36
9/14/1971 Female	48
1/12/1969 Female	50
9/30/1982 Female	37
12/3/1995 Female	24
6/3/1979 Female	40
10/17/1987 Female	32
4/21/1972 Male	47
4/5/1992 Female	27
4/20/1976 Female	43
7/4/1974 Female	45
4/12/1971 Male	48
7/5/1955 Male	64
6/15/1982 Female	37
2/28/1982 Male	37
8/3/1978 Female	41
1/6/1969 Female	50
5/7/1983 Male	36
7/15/2000 Female	19
4/2/1998 Male	21
4/12/1986 Female	33
1/31/1958 Female	61
4/29/1980 Female	39
8/12/1981 Male	38
11/17/1980 Female	39
6/23/1970 Female	49
11/2/1963 Male	56
5/2/2000 Male	19
10/15/1986 Female	33
1/31/1986 Female	33
1/3/1985 Female	34
2/8/1996 Male	23
1/10/1965 Female	54
12/8/1958 Female	61
10/26/1982 Female	37
8/19/1990 Female	29
12/20/1975 Female	44
9/2/1998 Female	21



Sahuarita Unified School District #30

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Sahuarita, AZ 85629

Attachment 2 – Life Census as of December, 2019

12/24/1985 Female	34
2/8/1959 Male	60
11/25/1976 Male	43
7/20/1967 Male	52
10/22/1966 Female	53
11/20/1958 Female	61
3/8/1972 Female	47
2/14/1978 Male	41
2/1/1980 Female	39
1/14/1979 Female	40
6/26/1967 Female	52
11/24/1977 Female	42
9/4/1992 Female	27
6/21/1964 Male	55
11/30/1989 Male	30
8/28/1984 Female	35
10/6/1974 Female	45
3/20/1973 Female	46
1/22/1976 Female	43
5/24/1990 Female	29
11/21/1979 Female	40
6/28/1969 Female	50
2/22/1975 Female	44
2/17/1990 Female	29
8/26/1999 Female	20
6/16/1984 Female	35
12/1/1981 Male	38
8/21/1964 Female	55
5/17/2000 Female	19
7/28/1998 Female	21
4/6/2000 Female	19
10/17/1976 Female	43
4/13/1972 Male	47
10/11/1996 Female	23
4/19/1963 Female	56
4/8/1983 Female	36
10/8/1972 Female	47
12/24/1969 Male	50
8/25/1969 Female	50
2/24/1957 Female	62
12/17/1982 Female	37
11/23/1986 Female	33
4/19/1973 Female	46
9/30/1965 Female	54
5/18/1985 Female	34
8/18/1975 Female	44
5/28/1981 Female	38



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Attachment 2 – Life Census as of December, 2019

5/21/1969 Female	50
9/11/1988 Female	31
3/16/1999 Male	20
4/20/1983 Female	36
4/29/1986 Female	33
1/24/1977 Female	42
6/19/1973 Male	46
9/30/1970 Female	49
7/26/1996 Female	23
8/4/1957 Female	62
3/21/1967 Female	52
1/10/1975 Female	44
9/17/1959 Female	60
2/26/1973 Female	46
9/8/1974 Female	45
2/11/1976 Female	43
7/14/1978 Female	41
9/28/1987 Male	32
2/13/1974 Male	45
5/9/1987 Female	32
8/30/1987 Female	32
11/8/1969 Male	50
10/9/1961 Female	58
10/30/1986 Female	33
3/26/2000 Female	19
6/16/1970 Female	49
7/15/1999 Female	20
1/17/1984 Female	35
2/11/1962 Male	57
5/28/1961 Female	58
7/18/1988 Female	31
10/6/1976 Female	43
5/11/1961 Female	58
1/18/1965 Male	54
9/13/1961 Male	58
1/14/1991 Female	28
8/24/1966 Male	53
4/22/1960 Female	59
12/2/1967 Male	52
10/5/1969 Male	50
6/10/1980 Female	39
3/11/1963 Female	56
4/16/1995 Male	24
8/22/1975 Female	44
8/7/1968 Female	51
7/28/1998 Female	21
3/22/1969 Male	50



Attachment 2 – Life Census as of December, 2019

5/26/1971 Female	48
4/9/1987 Female	32
9/1/1980 Female	39
3/7/1960 Female	59
4/20/1993 Female	26
7/8/1960 Female	59
8/15/1962 Female	57
7/2/1954 Male	65
2/7/1985 Male	34
2/5/1974 Female	45
5/6/1968 Male	51
2/27/1986 Female	33
8/30/1985 Male	34
1/22/1964 Female	55
7/21/1985 Female	34
5/27/1989 Female	30
7/16/1955 Male	64
9/9/1978 Female	41
8/14/1963 Male	56
7/1/1977 Female	42
6/1/1971 Male	48
1/3/1969 Male	50
5/16/1994 Female	25
11/2/1966 Female	53
1/28/1999 Female	20
11/2/1981 Female	38
4/2/1993 Female	26
9/29/1995 Female	24
8/18/1954 Female	65
5/18/1992 Male	27
4/19/1980 Female	39
8/15/1965 Male	54
3/6/1943 Male	76
3/27/1981 Female	38
4/24/1967 Male	52
4/27/1981 Female	38
5/29/1998 Female	21
2/22/1982 Female	37
9/15/1964 Female	55
9/17/1976 Female	43
11/26/1993 Male	26
3/24/1963 Female	56
12/10/1968 Female	51
12/10/1973 Female	46
1/14/1977 Male	42
9/15/1979 Female	40
7/27/1979 Female	40



Attachment 2 – Life Census as of December, 2019

8/15/1964 Male	55
3/27/1977 Female	42
9/17/1959 Male	60
1/24/1978 Female	41
9/23/1988 Male	31
5/17/1969 Female	50
10/11/1972 Female	47
4/16/1973 Male	46
8/13/1986 Female	33
11/27/1977 Female	42
7/9/1991 Male	28
12/16/1972 Male	47
12/13/1976 Female	43
11/18/1959 Female	60
12/17/1991 Female	28
10/30/1958 Female	61
10/3/1983 Female	36
10/8/1961 Female	58
6/6/1984 Female	35
3/29/1971 Female	48
4/11/1998 Male	21
3/30/1982 Female	37
12/22/1972 Female	47
8/29/1961 Male	58
3/10/1981 Female	38
2/26/1978 Male	41
2/26/1989 Female	30
12/8/1977 Female	42
3/10/1978 Female	41
3/30/1987 Female	32
1/4/1985 Male	34
1/4/1998 Male	21
12/31/1973 Female	46
3/31/1957 Male	62
11/23/1953 Male	66
6/9/1966 Female	53
10/1/1956 Male	63
2/21/1989 Female	30
7/26/1960 Male	59
11/27/1972 Female	47
1/25/1962 Female	57
7/27/1970 Female	49
8/1/1986 Male	33
6/7/1971 Female	48
12/24/2000 Female	19
12/28/1979 Female	40
8/2/1976 Female	43



Sahuarita Unified School District #30

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Attachment 2 – Life Census as of December, 2019

1/9/1968 Female	51
5/19/1986 Female	33
4/11/1994 Female	25
2/5/1969 Male	50
2/3/1967 Female	52
1/26/1958 Male	61
9/26/1956 Male	63
7/16/1969 Male	50
2/16/1977 Female	42
5/14/1996 Female	23
9/5/1957 Female	62
12/27/1995 Female	24
8/29/1985 Female	34
8/27/1995 Female	24
6/2/1972 Female	47
6/14/1981 Female	38
6/10/1946 Male	73
6/20/1976 Female	43
6/9/1962 Male	57
8/16/1981 Female	38
11/22/1969 Female	50
1/20/1986 Male	33
7/26/1956 Female	63
8/6/1993 Male	26
9/30/1970 Female	49
3/1/1976 Male	43
1/6/1960 Male	59
10/7/1978 Female	41
10/30/1969 Male	50
10/20/1997 Female	22
7/17/1978 Female	41
5/9/1975 Female	44
7/27/1988 Female	31
2/20/1986 Male	33
11/22/1954 Female	65
9/23/1997 Male	22
5/30/1974 Female	45
10/1/1965 Female	54
7/9/1980 Female	39
1/20/1970 Male	49
1/6/1967 Female	52
7/12/1992 Female	27
2/18/1966 Male	53
1/7/1971 Female	48
10/3/1967 Female	52
10/14/1975 Female	44
4/30/1976 Male	43



Attachment 2 – Life Census as of December, 2019

8/7/1978 Female	41
4/15/1985 Female	34
9/14/1960 Male	59
5/26/1961 Male	58
2/9/1963 Female	56
9/8/1972 Female	47
6/11/1954 Female	65
7/27/1997 Male	22
3/11/1974 Female	45
11/25/1994 Male	25
1/10/1948 Male	71
5/20/1991 Female	28
10/13/1958 Female	61
3/16/1985 Female	34
1/16/1961 Female	58
10/13/1946 Male	73
5/29/1988 Male	31
9/28/1995 Female	24
4/5/1966 Male	53
9/16/1988 Female	31
6/18/1989 Female	30
6/26/1986 Female	33
4/10/1966 Female	53
3/31/1957 Female	62
3/9/1981 Female	38
11/26/1973 Male	46
8/19/1966 Female	53
11/12/1965 Female	54
4/15/1972 Female	47
12/10/1977 Male	42
5/2/1942 Male	77
2/25/1991 Female	28
11/18/1979 Male	40
11/13/1986 Female	33
7/27/1973 Female	46
7/28/1978 Female	41
3/22/1985 Female	34
10/17/1977 Male	42
8/29/1981 Female	38
2/25/1976 Female	43
8/16/1990 Male	29
7/1/1975 Female	44
1/1/1982 Male	37
3/16/1996 Female	23
7/31/1997 Female	22
7/25/1973 Female	46
11/9/1978 Female	41



Attachment 2 – Life Census as of December, 2019

9/8/1975 Female	44
6/28/1986 Female	33
7/6/1970 Female	49
8/6/1973 Female	46
3/28/1977 Male	42
6/4/1966 Male	53
1/7/1983 Female	36
4/27/1997 Male	22
4/21/1981 Female	38
4/29/1966 Female	53
5/26/2000 Male	19
8/12/1977 Female	42
4/17/1978 Female	41
3/25/1946 Male	73
3/19/1986 Female	33
5/5/1958 Male	61
9/8/1958 Female	61
8/3/1970 Male	49
7/6/1979 Female	40
3/19/1996 Female	23
10/10/1967 Female	52
12/30/1982 Female	37
3/15/1953 Male	66
9/8/1984 Female	35
1/20/1990 Female	29
3/27/2000 Female	19
9/23/1977 Male	42
5/21/1961 Female	58
4/2/1993 Male	26
11/8/1990 Female	29
3/8/1997 Male	22
7/22/1970 Female	49
7/4/1988 Female	31
3/27/1984 Female	35
7/11/1967 Male	52
2/15/1986 Female	33
6/12/1962 Female	57
7/8/1971 Female	48
7/30/1973 Female	46
10/23/1968 Female	51
10/8/1999 Female	20
8/22/1972 Female	47
3/10/1980 Male	39
10/30/1986 Female	33
8/27/1981 Female	38
10/6/1997 Male	22
2/14/1964 Female	55



Attachment 2 – Life Census as of December, 2019

2/25/1997 Female	22
9/3/1978 Female	41
5/5/1986 Female	33
11/27/1987 Male	32
10/6/1980 Female	39
5/22/1979 Female	40
10/22/1974 Female	45
3/15/1965 Male	54
4/30/1980 Female	39
9/10/1962 Female	57
3/14/1951 Female	68
8/5/1960 Female	59
3/13/1973 Female	46
5/24/1959 Male	60
1/10/1963 Female	56
12/14/1969 Female	50
6/27/1957 Female	62
12/15/1983 Female	36
2/22/1984 Female	35
9/10/1989 Female	30
12/13/1992 Male	27
1/17/1980 Female	39
8/24/1985 Female	34
8/18/1983 Male	36
7/21/1986 Male	33
11/1/1980 Female	39
9/23/1999 Male	20
2/15/1966 Female	53
6/26/1980 Male	39
9/19/1995 Male	24
9/5/1981 Female	38
3/4/1970 Male	49
8/12/1986 Female	33
9/24/1968 Female	51
9/18/1983 Female	36
3/4/1976 Female	43
1/23/1984 Female	35
2/15/1991 Female	28
1/7/1984 Female	35
8/17/1984 Male	35
6/21/1999 Male	20
11/29/1964 Female	55
3/15/1980 Male	39
10/19/1984 Female	35
3/6/1969 Female	50
11/18/1978 Male	41
11/30/1988 Male	31



Sahuarita Unified School District #30

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Attachment 2 – Life Census as of December, 2019

4/19/1952 Male	67
10/26/1980 Female	39
7/26/1988 Female	31
6/5/1959 Female	60
12/20/1962 Male	57
4/6/1979 Male	40
10/5/1976 Female	43
4/30/1991 Male	28
3/19/1999 Female	20
1/10/1971 Female	48
8/9/1993 Female	26
5/27/1983 Female	36
10/13/1967 Male	52
7/26/1987 Female	32
11/17/1959 Male	60
6/15/1990 Male	29
9/7/1996 Female	23
12/6/1979 Male	40
4/5/2001 Female	18
7/31/1977 Female	42
8/20/1981 Female	38
10/12/1971 Female	48
6/13/1956 Male	63
4/29/1969 Female	50
2/6/1976 Male	43
1/7/1981 Female	38
3/5/1988 Male	31
7/28/1984 Male	35
10/1/1983 Female	36
2/18/1985 Female	34
10/14/1953 Male	66
8/15/1980 Female	39
3/3/1980 Female	39
8/3/1972 Female	47
9/6/1979 Female	40
3/16/1973 Female	46
12/9/1989 Male	30
11/6/1959 Female	60
5/28/1989 Female	30
5/1/1986 Female	33
3/25/1998 Female	21
10/26/1988 Female	31
2/6/1951 Male	68
1/1/1972 Female	47
1/25/1937 Male	82
1/18/1975 Female	44
3/11/1981 Female	38



Sahuarita Unified School District #30

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Attachment 2 – Life Census as of December, 2019

7/30/1980 Female	39
9/21/1991 Female	28
9/21/1972 Female	47
8/29/1955 Male	64
10/11/1981 Female	38
2/14/1965 Female	54
1/12/1978 Female	41
5/9/1967 Female	52
7/7/1983 Female	36
5/20/1975 Male	44
4/12/1974 Female	45
1/19/1980 Male	39
12/21/1973 Female	46
3/25/1966 Female	53
4/3/1990 Female	29
5/13/1961 Male	58
12/9/1965 Female	54
7/18/1975 Female	44
11/13/1977 Female	42
4/30/1972 Female	47
7/20/1989 Female	30
11/19/1958 Female	61
7/31/1987 Female	32
12/23/1979 Female	40
4/28/1987 Female	32
5/15/1980 Female	39
10/8/1980 Male	39
4/19/1984 Female	35
3/26/1988 Male	31
2/6/1983 Female	36
11/10/1973 Male	46
11/16/1976 Female	43
12/7/1971 Female	48
5/22/1954 Female	65
7/17/1956 Female	63
12/25/1974 Female	45
4/26/1994 Female	25
1/2/1965 Female	54
4/3/1975 Female	44
12/31/1967 Female	52
1/30/1963 Female	56
11/20/1962 Male	57
11/21/1991 Female	28
12/21/1987 Male	32
10/3/1964 Female	55
11/1/1966 Male	53
9/8/1941 Male	78



Sahuarita Unified School District #30

**350 W. Sahuarita Rd
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Attachment 2 – Life Census as of December, 2019

9/9/1980 Female	39
7/12/1955 Female	64
6/25/1954 Male	65
5/15/1957 Male	62
12/26/1970 Female	49
7/2/1968 Male	51
7/2/1962 Female	57
4/19/1974 Male	45
2/24/1953 Male	66
3/11/1955 Female	64
10/25/1989 Female	30
10/14/1981 Female	38
4/14/1978 Female	41
2/27/1966 Male	53
12/27/1976 Female	43
1/8/1979 Female	40
1/24/1982 Male	37
11/18/1964 Female	55
8/10/1950 Male	69
1/2/1982 Female	37
10/29/1990 Male	29
11/25/1979 Female	40
4/7/1969 Female	50
12/30/1972 Female	47
10/9/1959 Female	60
11/21/1985 Female	34
1/5/1975 Female	44
1/19/1983 Female	36
11/23/1943 Female	76
10/9/1974 Male	45
5/27/1954 Female	65
6/26/1984 Female	35
8/19/1960 Male	59
6/30/1998 Female	21
7/27/1989 Female	30
5/26/1965 Male	54
1/4/1965 Male	54
8/11/1987 Female	32
7/15/1975 Female	44
11/12/1977 Male	42
8/16/1987 Male	32
5/11/1991 Female	28
12/20/1959 Male	60
1/11/1979 Female	40
5/16/1975 Female	44
4/23/1956 Male	63
4/18/1980 Female	39



Sahuarita Unified School District #30

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Attachment 2 – Life Census as of December, 2019

11/24/1997 Female	22
4/10/1985 Female	34
10/16/1997 Male	22
12/10/1984 Male	35
6/26/1967 Female	52
4/19/1994 Male	25
11/12/1985 Female	34
5/25/1972 Female	47
6/19/1960 Male	59
1/8/1969 Female	50
10/17/1989 Female	30
7/21/1956 Female	63
4/3/1950 Female	69
12/11/1982 Female	37
8/6/1984 Female	35
11/20/1968 Female	51
8/15/1987 Female	32
4/13/1983 Female	36
2/23/1980 Female	39
6/18/1976 Male	43
4/7/1986 Female	33
8/8/1978 Male	41
12/5/1971 Female	48
2/4/1968 Female	51
2/27/1982 Male	37
12/24/1981 Female	38
11/15/1994 Female	25
5/26/1953 Male	66
12/27/1980 Female	39
4/10/1985 Female	34
11/2/1954 Female	65
9/11/1982 Female	37
12/17/1957 Female	62
9/3/1991 Female	28
10/12/1978 Female	41
7/25/1972 Female	47
9/4/1967 Female	52
9/8/1969 Female	50
2/22/1995 Male	24
5/1/1983 Female	36
5/26/1960 Female	59
10/8/1975 Female	44
10/28/1982 Female	37
5/20/1972 Female	47
12/15/1976 Female	43
7/13/1963 Male	56
7/16/1967 Female	52



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Attachment 2 - Life Census as of December, 2019

2/9/1979 Female	40
7/13/1984 Male	35
9/2/1994 Female	25
11/24/1982 Female	37
9/27/1960 Male	59
10/30/1956 Female	63
6/5/1997 Female	22
9/14/1957 Female	62
9/27/1958 Female	61
5/28/1983 Female	36
12/5/1974 Female	45
6/10/1978 Female	41
7/27/1979 Female	40
5/25/1966 Female	53
9/21/1974 Female	45
4/20/1970 Female	49
2/17/1974 Female	45
4/22/1962 Female	57
2/21/1994 Male	25
7/2/1998 Female	21
11/16/1993 Female	26
3/17/1967 Male	52
2/26/1976 Male	43
3/9/1962 Female	57
8/14/1965 Female	54
3/29/1950 Male	69
3/17/1970 Female	49
5/21/1960 Male	59
6/11/1972 Female	47
6/11/1972 Female	47
7/11/1963 Female	56
11/27/1953 Male	66
8/9/1982 Female	37
4/1/1990 Female	29
5/18/1962 Female	57
3/6/1969 Female	50
9/9/1965 Female	54
10/30/1962 Female	57
1/7/1956 Male	63
10/1/1986 Female	33
9/7/1955 Female	64
2/28/1993 Female	26
3/11/1966 Female	53
11/12/1976 Female	43
5/9/1966 Male	53
5/29/1970 Female	49
11/28/1981 Female	38



Attachment 2 – Life Census as of December, 2019

3/13/1997 Male	22
4/9/1959 Female	60
2/19/1985 Female	34
2/20/1965 Female	54
2/6/1974 Female	45
6/19/1995 Female	24
3/24/1980 Female	39
11/7/1982 Female	37
5/11/1955 Female	64
4/2/1985 Female	34
12/10/1971 Female	48
1/1/1970 Female	49
10/5/1963 Female	56
2/18/1953 Male	66
3/3/1965 Female	54
2/6/1996 Female	23
6/17/1979 Female	40
12/23/1965 Female	54
12/2/1979 Female	40
4/16/1962 Female	57
11/26/1980 Female	39
2/23/1982 Female	37
10/31/1963 Male	56
2/19/1967 Female	52
4/2/1983 Female	36
3/11/1993 Male	26
5/18/1973 Female	46
4/14/1975 Male	44
6/5/1976 Female	43
10/30/1956 Female	63
3/3/1954 Male	65
5/10/1955 Female	64
6/29/1957 Female	62
8/15/1992 Male	27
9/20/1996 Male	23
4/25/1985 Female	34
11/11/1965 Female	54
8/5/1978 Male	41
9/10/1979 Male	40
3/9/1963 Female	56
7/24/1975 Female	44
12/30/1982 Female	37
11/30/1965 Male	54
11/25/1979 Female	40
10/5/1977 Female	42
7/9/1969 Female	50
2/28/1978 Female	41



Attachment 2 – Life Census as of December, 2019

11/8/1978 Female	41
12/23/1975 Female	44
6/25/1987 Female	32
10/30/1985 Female	34
8/4/1978 Female	41
1/18/1987 Male	32
3/24/1977 Female	42
5/24/1974 Male	45
12/28/1976 Female	43
9/12/1991 Female	28
6/20/1975 Female	44
4/7/1972 Male	47
9/22/2001 Male	18
10/9/1980 Female	39
8/6/1961 Male	58
1/6/1965 Male	54
6/3/1972 Female	47
9/12/1985 Female	34
8/11/1992 Male	27
7/25/1975 Female	44
7/30/1989 Male	30
9/27/1978 Female	41
9/2/1957 Male	62
7/19/1970 Female	49
9/28/1967 Male	52
10/2/1973 Male	46
1/7/1959 Female	60
5/12/1977 Female	42
11/8/1965 Male	54
9/23/1989 Female	30
8/28/1955 Male	64
4/12/1983 Female	36
11/8/1961 Female	58
4/9/1955 Female	64
6/14/1960 Female	59
8/27/1975 Female	44
1/27/1988 Male	31
12/5/1984 Female	35
12/9/1988 Female	31
5/28/1960 Female	59
10/6/1957 Male	62
10/24/1996 Female	23
5/18/1981 Female	38
7/19/1981 Female	38
5/22/1964 Female	55
4/17/1974 Female	45
11/7/1974 Male	45



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Attachment 2 – Life Census as of December, 2019

10/8/1979 Female	40
5/20/1985 Female	34
9/2/1984 Female	35
3/4/1954 Male	65
1/31/1980 Female	39
11/15/1968 Female	51
9/18/1980 Female	39
2/26/1990 Female	29



Sahuarita Unified School District #30

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Attachment 3 - Current Rates

DENTAL INSURANCE RATES 2019-2020

Rates for All Employees	Total Annual	Total Premium Monthly	District Supplement Annual	District Supplement Monthly	Employee Cost Annual	PR Deduct 20 Pays	Employee Monthly
Employers Dental Services HMO							
Employee	\$126.72	\$10.56	\$123.00	\$10.25	\$3.72	\$0.19	\$0.31
Employee + Spouse	\$234.24	\$19.52	\$123.00	\$10.25	\$111.24	\$5.56	\$9.27
Employee + Child(ren)	\$293.28	\$24.44	\$123.00	\$10.25	\$170.28	\$8.51	\$14.19
Employee + Family	\$315.84	\$26.32	\$123.00	\$10.25	\$192.84	\$9.64	\$16.07
Delta Dental PPO							
Employee	\$443.40	\$36.95	\$123.00	\$10.25	\$320.40	\$16.02	\$26.70
Employee + Spouse	\$870.12	\$72.51	\$123.00	\$10.25	\$747.12	\$37.36	\$62.26
Employee + Child(ren)	\$1,049.04	\$87.42	\$123.00	\$10.25	\$926.04	\$46.30	\$77.17
Employee + Family	\$1,627.08	\$135.59	\$123.00	\$10.25	\$1,504.08	\$75.20	\$125.34

LIFE INSURANCE RATES 2019-2020

Rates for All Employees	Total Annual	Total Premium Monthly	District Supplement Annual	District Supplement Monthly	Employee Cost Annual	PR Deduct 20 Pays	Employee Monthly
The Standard							
Employees	\$37.20	\$3.10	\$37.20	\$3.10	\$0.00	\$0.00	\$0.00
Superintendent	\$240.00	\$17.00	\$240.00	\$17.00	\$0.00	\$0.00	\$0.00
65% age	\$24.18	\$2.02	\$24.18	\$2.02	\$0.00	\$0.00	\$0.00
50% age	\$18.60	\$1.55	\$18.60	\$1.55	\$0.00	\$0.00	\$0.00
35% age	\$13.02	\$1.09	\$13.02	\$1.09	\$0.00	\$0.00	\$0.00



Attachment 4 - Benefits Summary

**BENEFIT SUMMARIES FOR DENTAL PLANS
(Choice of Two Plans)**

<u>Company</u>	<u>Services</u>	<u>Benefits</u>
Employers Dental Services	Office Visits	\$5 copayment
	Cleanings	\$5 copayment
	Specialists Services	25% discount
	Orthodontic Services	25% discount
Annual Deductible		\$50
Preventative Services		Covered at 100% - no deductible applies No waiting period
Delta Dental	Basic Services	Covered at 100% after deductible No waiting periods
	Major Services	Covered at 50% after deductible 12 month waiting period
	Annual Maximum Benefit	\$1,250
	Orthodontic Services	Covered at 50% to a \$1,200 lifetime maximum per eligible person – no deductible

BENEFIT SUMMARIES FOR LIFE INSURANCE PLANS

The Standard	Basic Life/AD&D	\$20,000 – Employees
	Basic Life/AD&D	\$100,000 – Superintendent
	Employees must enroll in the Mandatory Basic Life/AD&D Insurance Policy	Premiums are paid by District
	Age 65	\$13,000
	Age 70	\$10,000
	Age 75	\$7,000



EMPLOYEE CENSUS

Census of the employees of the Sahuarita Unified School District #30

Delta Dental

Employee	118
Employee + Spouse	25
Employee + Child(ren)	25
Employee + Family	20

EDS/Principal

Employee	191
Employee + Spouse	20
Employee + Child(ren)	34
Employee + Family	25

The Standard (Life)

Employees	829
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Employers Dental Services - Coverage & Premiums Paid

GROUP #	GROUP NAME	PLAN	MONTH	SUBS	DEPE	TOTAL	PREMIUM
1684	SAHUARITA UNIFIED S D	EDS100N	Jul-18	281	178	459	2,205.54
1684	SAHUARITA UNIFIED S D	EDS100N	Aug-18	294	169	463	2,282.74
1684	SAHUARITA UNIFIED S D	EDS100N	Sep-18	301	170	471	2,323.81
1684	SAHUARITA UNIFIED S D	EDS100N	Oct-18	298	169	467	2,299.64
1684	SAHUARITA UNIFIED S D	EDS100N	Nov-18	292	163	455	2,251.90
1684	SAHUARITA UNIFIED S D	EDS100N	Dec-18	291	160	451	2,237.93
1684	SAHUARITA UNIFIED S D	EDS100N	Jan-19	289	160	449	2,226.73
1684	SAHUARITA UNIFIED S D	EDS100N	Feb-19	285	160	445	2,204.33
1684	SAHUARITA UNIFIED S D	EDS100N	Mar-19	285	161	446	2,209.09
1684	SAHUARITA UNIFIED S D	EDS100N	Apr-19	285	162	447	2,216.46
1684	SAHUARITA UNIFIED S D	EDS100N	May-19	282	162	444	2,199.66
1684	SAHUARITA UNIFIED S D	EDS100N	Jun-19	272	157	429	2,112.04
1684	SAHUARITA UNIFIED S D	EDS100N	Jul-19	245	145	390	2,178.67
1684	SAHUARITA UNIFIED S D	EDS100N	Aug-19	260	156	416	2,325.49
1684	SAHUARITA UNIFIED S D	EDS100N	Sep-19	268	163	431	2,396.65
1684	SAHUARITA UNIFIED S D	EDS100N	Oct-19	269	162	431	2,397.33
1684	SAHUARITA UNIFIED S D	EDS100N	Nov-19	270	163	433	2,404.57
1684	SAHUARITA UNIFIED S D	EDS100N	Dec-19	270	163	433	2,404.57
1684	SAHUARITA UNIFIED S D	EDS100N	Jan-20	264	158	422	2,345.60
1684	SAHUARITA UNIFIED S D	EDS100N	Feb-20	258	157	415	2,297.66



Sahuarita Unified School District #30

350 W. Sahuarita Rd
Sahuarita, AZ 85629

Attachment 7 - Life Experience Report

SAHUARITA UNIFIED SCHOOL DIST

Group Policy 151644

PREMIUM/CLAIMS SUMMARY

Term Life

Accidental Death & Dismemberment

	07/01/2019 THROUGH 11/30/2019	07/01/2010 THROUGH 11/30/2019
EARNED PREMIUM	11,792	247,938
Paid Claims	0	60,000
Change in Active Claim Reserves	0	0
Change in IBNR Reserves	(23)	5,978
Conversion Charges	0	0
TOTAL INCURRED CLAIMS	(23)	65,978

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12/09/2019



Sahuarita Unified School District #30

Attachment 8 – Employers Dental Services Info

350 W. Sahuarita Rd
Sahuarita, AZ 85629

Employers Dental Services



Dental enrollment and coverage guide
100N FORM

Understand
your benefits



Employers Dental Services



Dental enrollment and coverage guide
100N FORM

Understand your benefits



Get affordable dental benefits



Here's good news: You and your family now have access to high-quality dental care at a reduced cost. That's something to smile about!

When you enroll in this simple, pre-paid

dental plan from Employers Dental Services (EDS), a Principal® company, you get coverage for both routine and specialized services. This plan is available in Arizona.

In addition, you benefit from:

- No deductibles, waiting periods, yearly maximums or claim forms
- Orthodontic benefits for children and adults
- Worldwide emergency dental benefits 24 hours a day

Who's eligible?

You can enroll in coverage after meeting your employer's eligibility requirements or during annual benefits enrollment. You can also cover family members (known as dependents).

Ask your employer for details about when you can enroll and which dependents are eligible. You must add dependents within 31 days of becoming eligible for coverage. And don't forget to remove dependent children when they're no longer eligible.

Enrolling is easy

It takes just three easy steps:

- 1 Get the details of your coverage by reading this book.
- 2 Choose a participating general dentist at employersdental.com. You and your dependents must use the same dentist.
- 3 Follow your employer's guidelines for enrolling.

After enrolling, you'll receive an ID card. And even though you won't need to show it at appointments, we know some people like to carry one.

Let's connect

Web — employersdental.com

Phone — Talk to English or Spanish speaking representatives.
Monday-Friday, 8 a.m. – 5 p.m.
(Arizona time)

Tucson: 520-696-4343

Phoenix: 800-722-9772

Statewide: 800-722-9772

Email — EDSCS@principal.com

Mall — Employers Dental Services
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

Employers Dental Services

We're one of the largest pre-paid dental plans in Arizona. As a member, you have access to a high-quality dental network. Our providers meet rigorous credentialing requirements and undergo requalification every three years.

And whether you're more comfortable speaking English or Spanish, bilingual customer service and management teams in Arizona can help you out.

Your benefits

Seeing your dentist — Your dental care starts with the general dentist you select when you enroll. Make an appointment with your dentist after your coverage begins. At your first appointment, your dentist evaluates your oral health. Before any treatment begins, you can discuss your concerns and questions, and work together to achieve or maintain good dental health.

Be sure to ask your dentist which procedures he/she performs — not all dentists perform all procedures. For example, some dentists don't do extractions, or use amalgam (silver-colored) fillings. If your general dentist feels you need to see a specialist (like an endodontist, periodontist or oral surgeon), you won't need a separate referral.

It's important to keep appointments since you may be charged a fee for missed appointments. Call your dental office at least 24 hours in advance if you're unable to keep a scheduled appointment.

Cost of services — Your EDS dentist may recommend some type of dental service. Once you have a treatment plan, staff at the dental office explain the costs you're responsible for. Need to see a specialist? With our network of dental specialists, you get up to **25% off** the normal office fees.

For each appointment, you're charged an office visit fee plus the cost for any services. Keep in mind, payment is due at the time you receive services.

You can check out your savings in the **covered services and cost** section in this book. It compares your cost to the average cost of a procedure without EDS benefits.

What's covered — With this coverage, the services you think should be covered are — like exams, cleanings and fillings. Plus, you get extra discounts on eyewear.

For a complete listing of covered dental services, refer to the **covered services and cost** section in this book.

Orthodontic benefits for children and adults — If you need orthodontic treatment (including braces), this coverage provides the extra care you need. And, you benefit from no waiting periods, no required referrals and no lifetime benefit maximums.

Visiting an EDS orthodontist means you save **25% off** normal and customary fees. Keep in mind, to get this discount, you must have EDS coverage for the duration of treatment.

Orthodontists typically require you sign a contract for treatment. After signing it, you get a treatment plan and payment terms. If you already have orthodontia treatment in process, you're not eligible for this service.

Temporomandibular Joint Disorder (TMJ) — Having TMJ (problems with your jaw and the muscles in your face that control it) can be difficult. If you have TMJ and need extra care, EDS covers procedures and services for that treatment. And, when you visit an EDS TMJ dentist, you save up to **25% off** the office fees. Plus, you don't need a referral.

Emergency care benefits — Sometimes, emergencies happen. Fortunately, your EDS plan covers the temporary relief of pain, bleeding and acute infection.

For a dental emergency, you're reimbursed up to \$200 less any costs you'd normally be charged for treatment. If you have a dental emergency:

- 1 Contact your general dentist first. If you're unable to reach your dentist, you may seek care immediately from any licensed dentist.
- 2 Mail a copy of your paid, itemized receipt (in English) to EDS within 90 days, so you can be reimbursed.
- 3 Follow-up with your general dentist for additional care or treatment.

Covered services and cost

EDS 100N

These costs are for services provided by your EDS general dentists. When you visit an EDS specialist, you get up to 25% off the normal office fees. Plus, you don't need a referral. Specialists include endodontists, oral surgeons, pediatric dentists, periodontists, prosthodontists and TMJ dentists.

Want to see your savings? Compare your cost to the average cost of a procedure without EDS benefits.

ADA* Code	Procedure description - CDT	Average cost	Your cost	ADA* Code	Procedure description - CDT	Average cost	Your cost
Diagnostic Services to determine dental care needs				Preventive Services to promote and maintain good oral health.			
D9431	Office visit-per patient/per visit	40.00	5.00	D1110	Prophylaxis (cleaning) adult	95.00	5.00
D0120	Periodic oral evaluation	54.00	No charge	D1120	Prophylaxis (cleaning) child	75.00	5.00
D0140	Limited oral evaluation-problem focused	80.00	20.00	D1203	Topical application of fluoride (excluding prophylaxis)-child	32.00	No charge
D0145	Oral evaluation-new or established patient under age 3/counseling with primary caregiver	81.00	No charge	D1204	Topical application of fluoride (excluding prophylaxis)-adult	42.00	No charge
D0150	Comprehensive oral evaluation	85.00	No charge	D1206	Topical fluoride varnish-therapeutic application	52.00	15.00
D0160	Detailed and extensive oral evaluation-problem focused, by report	120.00	55.00	D1310	Nutritional counseling for control of dental disease	56.00	No charge
D0170	Re-evaluation-limited, problem focused	75.00	15.00	D1320	Tobacco counseling for the control and prevention of oral disease	65.00	No charge
D0180	Comprehensive periodontal evaluation new or established patient	110.00	No charge	D1330	Oral hygiene instructions	75.00	No charge
D0210	Intraoral-complete series (including bitewings)	139.00	23.00	D1351	Sealant-per tooth	55.00	13.00
D0220	Intraoral-periapical-first film	25.00	No charge	D1510	Space maintainer-fixed-unilateral	325.00	140.00
D0230	Intraoral-periapical-each additional film	27.00	No charge	D1515	Space maintainer-fixed-bilateral	490.00	165.00
D0240	Intraoral-occlusal film	36.00	No charge	D1520	Space maintainer-removable-unilateral	275.00	140.00
D0270	Bitewing-single film	32.00	No charge	D1525	Space maintainer-removable-bilateral	399.00	165.00
D0272	Bitewings-two films	53.00	No charge	D1550	Re-cementation of space maintainer	72.00	22.00
D0273	Bitewings-three films	68.00	No charge	D1555	Removal of fixed space maintainer-by dentist who did not place appliance	60.00	33.00
D0274	Bitewings-four films	74.00	No charge	Restorative Services to restore and repair teeth			
D0277	Vertical bitewings	79.00	40.00	D2140	Amalgam filling-one surface, primary or permanent	140.00	13.00
D0330	Panoramic film	115.00	23.00	D2150	Amalgam filling-two surfaces, primary or permanent	172.00	17.00
D0431	Prediagnostic test that aids in detection of mucosal abnormalities	55.00	30.00	D2160	Amalgam filling-three surfaces, primary or permanent	197.00	23.00
D0460	Pulp vitality tests	50.00	No charge	D2161	Amalgam filling-four or more surfaces, primary or permanent	234.00	28.00
D0470	Diagnostic casts	89.00	9.00				

ADA* Code	Procedure description - CDT	Average cost	Your cost	ADA* Code	Procedure description - CDT	Average cost	Your cost
D2330	Resin filling-one surface, anterior	149.00	32.00	D2930	Prefabricated stainless steel crown-primary tooth	262.00	60.00
D2331	Resin filling-two surfaces, anterior	180.00	41.00	D2931	Prefabricated stainless steel crown-permanent tooth	290.00	60.00
D2332	Resin filling-three surfaces, anterior	213.00	52.00	D2932	Prefabricated resin crown	277.00	80.00
D2335	Resin filling-four or more surfaces or involving incisal angle (anterior)	254.00	61.00	D2933	Prefabricated stainless steel crown with resin window	264.00	85.00
D2390	Resin based composite crown, anterior	280.00	73.00	D2940	Sedative filling temporary filling to relieve pain	99.00	23.00
D2391	Resin filling-one surface, posterior	161.00	37.00	D2950	Core buildup including pins	225.00	39.00
D2392	Resin filling-two surfaces, posterior	197.00	44.00	D2951	Pin retention-per tooth, in addition to restoration	80.00	39.00
D2393	Resin filling-three surfaces, posterior	232.00	54.00	D2952	Cast post and core in addition to crown	355.00	165.00
D2394	Resin filling-four or more surfaces, posterior	270.00	56.00	D2953	Each additional cast post-same tooth	240.00	140.00
D2510	Inlay-metallic-one surface	750.00	235.00	D2954	Prefabricated post and core in addition to crown	273.00	65.00
D2520	Inlay-metallic-two surfaces	860.00	250.00	D2957	Each additional prefabricated post-same tooth	147.00	50.00
D2530	Inlay-metallic-three surfaces	950.00	270.00	D2960	Labial veneer (resin laminate)-chairside	485.00	315.00
D2542	Onlay-metallic two surfaces	969.00	827.00	D2961	Labial veneer (resin laminate)-laboratory	822.00	555.00
D2543	Onlay metallic three surfaces	1000.00	875.00	D2962	Labial veneer (porcelain laminate)-laboratory	1060.00	630.00
D2544	Onlay metallic four or more surfaces	1040.00	812.00	D2970	Temporary crown (fractured tooth)	199.00	43.00
D2721	Crown-resin with predominantly base metal	950.00	465.00	D2980	Crown repair, by report	240.00	140.00
D2722	Crown-resin with noble metal	867.00	285.00 + Lab	Endodontics Services to treat disease of the dental pulp. Most common treatment is root canal therapy.			
D2740	Crown-porcelain ceramic substrate	1150.00	465.00	D3110	Pulp cap-direct (excluding final restoration)	70.00	7.00
D2750	Crown-porcelain fused to high noble metal	900.00	285.00 + Lab	D3120	Pulp cap-indirect (excluding final restoration)	65.00	7.00
D2751	Crown-porcelain fused to predominantly base metal	885.00	465.00	D3220	Therapeutic pulpotomy (excluding final restoration)	169.00	55.00
D2752	Crown-porcelain fused to noble metal	890.00	285.00 + Lab	D3221	Pulpal debridement primary and permanent	220.00	55.00
D2780	Crown 3/4 cast high noble metal	990.00	285.00 + Lab	D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	220.00	75.00
D2781	Crown 3/4 cast predominantly base metal	1047.00	465.00	D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	270.00	90.00
D2782	Crown 3/4 cast noble metal	1030.00	285.00 + Lab	D3310	Anterior (excluding final restoration)	690.00	180.00
D2783	Crown 3/4 cast porcelain/ceramic	990.00	465.00	D3320	Bicuspid (excluding final restoration)	765.00	220.00
D2790	Crown-full cast high noble metal	940.00	285.00 + Lab	D3330	Molar (excluding final restoration)	970.00	305.00
D2791	Crown-full cast predominantly base metal	963.00	465.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	375.00	85.00
D2792	Crown-full cast noble metal	895.00	285.00 + Lab	D3346	Retreatment of previous root canal therapy-anterior	848.00	325.00
D2794	Crown-titanium	862.00	465.00				
D2799	Provisional crown-temporary restoration of at least six months	290.00	39.00				
D2910	Re-cement inlay	110.00	20.00				
D2920	Re-cement crown	95.00	20.00				

ADA* Code	Procedure description - CDT	Average cost	Your cost	ADA* Code	Procedure description - CDT	Average cost	Your cost
D3347	Retreatment of previous root canal therapy-bicuspid	995.00	355.00	D4341	Periodontal scaling and root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	245.00	90.00
D3348	Retreatment of previous root canal therapy-molar	1160.00	456.00	D4342	Periodontal scaling and root planing-one-three teeth per quadrant	185.00	75.00
D3351	Apexification/recalcification-initial visit (apical closure/calific repair of perforations, root resorption, etc.)	305.00	90.00	D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	175.00	80.00
D3352	Apexification/recalcification-Interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)	242.00	90.00	D4381	Localized delivery of periodontal irrigation agents (per site)	126.00	27.00
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calific repair of perforations, root resorption, etc.)	670.00	90.00	D4910	Periodontal maintenance procedures (following active therapy)	135.00	60.00
D3410	Apicoectomy/periradicular surgery-anterior	775.00	170.00	Prosthodontics Services to replace natural missing teeth.			
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	835.00	170.00	D5110	Complete denture-upper	1370.00	575.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	935.00	170.00	D5120	Complete denture-lower	1370.00	575.00
D3426	Apicoectomy/periradicular surgery-(each additional root)	292.00	125.00	D5130	Immediate denture-upper	1550.00	575.00
D3430	Retrograde filling-per root	246.00	100.00	D5140	Immediate denture-lower	1550.00	575.00
D3450	Root amputation-per root	504.00	100.00	D5211	Upper partial-resin base (including any conventional clasps, rests and teeth)	1295.00	490.00
D3920	Hemisection (including any root removal) not including root canal therapy	375.00	90.00	D5212	Lower partial-resin base (including any conventional clasps, rests and teeth)	1295.00	490.00
Periodontics Services to prevent and treat diseases around the bone or gums of teeth.				D5213	Upper partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1450.00	515.00
D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces-per quadrant	750.00	225.00	D5214	Lower partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1400.00	515.00
D4211	Gingivectomy or gingivoplasty-one-three teeth, per quadrant	248.00	150.00	D5281	Removable unilateral partial denture-1 piece cast metal (including clasps and teeth)	720.00	320.00
D4240	Gingival flap procedures, including root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	775.00	255.00	D5410	Adjust complete denture-upper	75.00	33.00
D4241	Gingival flap procedures, including root planing-one-three teeth per quadrant	525.00	205.00	D5411	Adjust complete denture-lower	75.00	33.00
D4249	Clinical crown lengthening-hard tissue	850.00	255.00	D5421	Adjust partial denture-upper	80.00	33.00
D4260	Osseous surgery including flap entry & closure-four or more contiguous teeth or bounded teeth spaces-per quadrant	1039.00	375.00	D5422	Adjust partial denture-lower	80.00	33.00
D4261	Osseous surgery including flap entry & closure-one-three teeth per quadrant	985.00	305.00	D5510	Repair broken complete denture base	180.00	70.00
D4320	Provisional splinting-intracoronaral	325.00	75.00	D5520	Replace missing or broken teeth-complete denture (each tooth)	150.00	70.00
D4321	Provisional splinting-extracoronaral	343.00	80.00	D5610	Repair resin denture base	160.00	70.00
				D5620	Repair cast framework	211.00	70.00
				D5630	Repair or replace broken clasp	190.00	70.00
				D5640	Replace broken teeth-per tooth	160.00	70.00
				D5650	Add tooth to existing partial denture	180.00	70.00
				D5660	Add clasp to existing partial denture	190.00	70.00

ADA* Code	Procedure description - CDT	Average cost	Your cost	ADA* Code	Procedure description - CDT	Average cost	Your cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	608.00	369.00	D6069	Abutment supported retainer for porcelain fused to metal	1260.00	560.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	633.00	369.00	D6070	Abutment supported retainer for porcelain fused to metal-predominantly base metal	1120.00	560.00
D5710	Rebase complete upper denture	490.00	70.00	D6071	Abutment supported retainer for porcelain fused to metal-noble metal	1030.00	435.00 + Lab
D5711	Rebase complete lower denture	490.00	70.00	D6072	Abutment supported retainer for cast metal-high noble metal	1200.00	435.00 + Lab
D5720	Rebase upper partial denture	590.00	70.00	D6073	Abutment supported retainer for cast metal-predominantly base metal	1265.00	560.00
D5721	Rebase lower partial denture	590.00	70.00	D6074	Abutment supported retainer for cast metal-noble metal	1252.00	435.00 + Lab
D5730	Reline complete upper denture (chairside)	320.00	70.00	D6075	Implant supported retainer for ceramic	1236.00	560.00
D5731	Reline complete lower denture (chairside)	320.00	70.00	D6076	Implant supported retainer for porcelain fused to metal	1060.00	560.00
D5740	Reline upper partial denture (chairside)	320.00	70.00	D6077	Implant supported retainer for cast metal	1363.00	560.00
D5741	Reline lower partial denture (chairside)	320.00	70.00	D6078	Implant/abutment supported fixed denture for completely edentulous arch	6000.00	3875.00
D5750	Reline complete upper denture (laboratory)	370.00	140.00	D6079	Implant/abutment supported fixed denture for partially edentulous arch	6000.00	3525.00
D5751	Reline complete lower denture (laboratory)	370.00	140.00	D6080	Implant maintenance procedures	1720.00	925.00
D5760	Reline upper partial denture (laboratory)	380.00	140.00	D6090	Repair implant supported prosthesis, by report	2520.00	1475.00
D5761	Reline lower partial denture (laboratory)	380.00	140.00	D6210	Pontic-cast high noble metal	945.00	285.00 + Lab
D5820	Interim partial denture (upper)	481.00	330.00	D6211	Pontic-cast predominantly base metal	884.00	460.00
D5821	Interim partial denture (lower)	481.00	330.00	D6212	Pontic-cast noble metal	870.00	285.00 + Lab
D5850	Tissue conditioning, upper	165.00	27.00	D6240	Pontic-porcelain fused to high noble metal	900.00	285.00 + Lab
D5851	Tissue conditioning, lower	165.00	27.00	D6241	Pontic-porcelain fused to predominantly base metal	870.00	460.00
D6055	Dental implant supported connecting bar	412.00	250.00	D6242	Pontic-porcelain fused to noble metal	890.00	285.00 + Lab
D6056	Prefabricated abutment	535.00	450.00	D6245	Pontic-porcelain/ceramic	1055.00	465.00
D6057	Custom abutment	702.00	440.00	D6250	Pontic-resin with high noble metal	898.00	285.00 + Lab
D6058	Abutment supported porcelain/ceramic crown	1236.00	770.00	D6251	Pontic-resin fused to predominantly base metal	937.00	465.00
D6059	Abutment supported porcelain fused to metal crown-high noble metal	1200.00	570.00 + Lab	D6252	Pontic-resin with noble metal	890.00	285.00 + Lab
D6060	Abutment supported porcelain fused to metal crown-predominantly base metal	1216.00	770.00	D6545	Retainer-cast metal for resin bonded fixed prosthesis	445.00	280.00
D6061	Abutment supported porcelain fused to metal crown-noble metal	1167.00	570.00 + Lab	D6720	Crown-resin with high noble metal	890.00	285.00 + Lab
D6062	Abutment supported cast metal crown-high noble metal	1086.00	570.00 + Lab	D6721	Crown-resin fused to predominantly base metal	1037.00	465.00
D6063	Abutment supported cast metal crown-predominantly base metal	1363.00	770.00	D6722	Crown-resin with noble metal	892.00	285.00 + Lab
D6064	Abutment supported cast metal crown-noble metal	1252.00	570.00 + Lab	D6740	Crown-porcelain	1062.00	465.00
D6065	Implant supported porcelain/ceramic crown	1370.00	770.00				
D6066	Implant supported porcelain fused to metal crown	1275.00	770.00				
D6067	Implant supported metal crown	1401.00	770.00				
D6068	Abutment supported retainer for porcelain/ceramic	994.00	560.00				

ADA* Code	Procedure description - CDT	Average cost	Your cost	ADA* Code	Procedure description - CDT	Average cost	Your cost
D6750	Crown-porcelain fused to high noble metal	890.00	285.00 + Lab	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	375.00	150.00
D6751	Crown-porcelain fused to predominantly base metal	875.00	465.00	D7280	Surgical exposure of impacted tooth	426.00	140.00
D6752	Crown-porcelain fused to noble metal	870.00	290.00 + Lab	D7286	Biopsy of oral tissue soft	325.00	190.00
D6780	Crown-3/4 cast high noble metal	1020.00	285.00 + Lab	D7310	Alveoloplasty in conjunction with extractions-per quadrant	265.00	105.00
D6781	Crown-3/4 cast predominantly base metal	1037.00	465.00	D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	220.00	100.00
D6782	Crown-3/4 cast noble metal	979.00	290.00 + Lab	D7320	Alveoloplasty not in conjunction with extractions-per quadrant	330.00	105.00
D6783	Crown-3/4 cast porcelain/ceramic	920.00	465.00	D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	240.00	110.00
D6790	Crown-full cast high noble metal	897.00	285.00 + Lab	D7471	Removal of lateral exostosis	560.00	380.00
D6791	Crown-full cast predominantly base metal	977.00	465.00	D7510	Incision and drainage of abscess-intraoral soft tissue	253.00	80.00
D6792	Crown-full cast noble metal	996.00	290.00 + Lab	D7960	Frenulectomy (frenectomy or frenotomy)-separate procedure	470.00	90.00
D6920	Connector bar	187.00	60.00	D7971	Excision of pericoronal gingiva	193.00	80.00
D6930	Re-cement fixed partial denture	132.00	33.00	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	195.00	23.00
D6940	Stress breaker	269.00	140.00	Other services			
D6950	Precision attachment	420.00	175.00	D9110	Palliative (emergency) treatment of dental pain-minor procedures	115.00	4.00
D6970	Cast post/core add to retainer per tooth	285.00	90.00	D9210	Local anesthetic	60.00	30.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	277.00	65.00	D9215	Local anesthetic	39.00	10.00
D6973	Core buildup including any pins per tooth	202.00	60.00	D9220	Deep sedation/general anesthesia-first thirty (30) minutes	360.00	155.00
D6977	Each additional prefabricated post-same tooth	220.00	50.00	D9221	Deep sedation/general anesthesia-each additional fifteen (15) minutes	173.00	60.00
D6980	Fixed partial repair by report	198.00	80.00	D9230	Analgesia (nitrous oxide)-per 15 minute unit	72.00	27.00
Oral surgery Surgical services to treat disease or injury. Most common treatment is extraction.				D9310	Consultation (diagnostic service provided by a dentist other than requesting dentist)	105.00	55.00
D7111	Coronal remnants-deciduous tooth	130.00	33.00	D9430	Office visit for observation during regularly scheduled hours-no other services performed	73.00	No charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	162.00	60.00	D9431	Office visit-per patient/per visit	40.00	5.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	260.00	65.00	D9440	Office visit-after regularly scheduled hours	123.00	40.00
D7220	Removal of impacted tooth-soft tissue	275.00	90.00	D9450	Case presentation, detailed and extensive treatment planning-separate visit	67.00	No charge
D7230	Removal of impacted tooth-partially bony	320.00	100.00	D9630	Other drugs and/or medicaments, by report	54.00	UCR
D7240	Removal of impacted tooth-completely bony	398.00	120.00	D9630	Other drugs and/or medicaments, Peridex	54.00	13.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	310.00	75.00				

ADA* Code	Procedure description - CDT	Average cost	Your cost
D9910	Application of desensitizing medicament-per visit; not to be used for bases, liners or adhesives used under restorations.	55.00	25.00
D9911	Application of desensitizing resin for cervical and/or root surface-per tooth	67.00	28.00
D9920	Behavior management	210.00	30.00
D9940	Occlusal guard, by report	520.00	85.00 + Lab
D9951	Occlusal adjustment limited	125.00	47.00
D9952	Occlusal adjustment complete	425.00	120.00
D9970	Enamel microabrasion (per treatment visit)	87.00	33.00
D9972	External bleaching-per arch	226.00	145.00
D9973	External bleaching-per tooth	189.00	57.00
D9974	Internal bleaching-per tooth	225.00	57.00
D9988	Missed appointment-first	40.00	25.00
D9988	Missed appointment-additional	40.00	20.00
	Records transfer-duplication fee	30.00	UCR

* Current Dental Terminology © American Dental Association. All rights reserved.

UCR (usual customary and reasonable) - This fee is based on what providers in the area usually charge for the same or similar service as determined by EDS.

Lab fee - Fees charged by the dental laboratory to make certain dental products, including crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.



employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

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Exclusions and limitations

Although your EDS plan covers many dental services, there are some it doesn't cover. It's important you're aware of these before you get dental care.

1. Visits or services performed by a dentist, specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
3. Any dental services, other than emergency dental services, which are necessitated as a result of an intentionally self-inflicted condition.
4. If a member continually fails to follow prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.
5. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member.
6. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation.
7. Any dental services which, in the judgment of the dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition that is subject to treatment by the practice of dentistry.
8. Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public, state, federal or local program, or any program of medical benefits sponsored and paid for by the federal, state, county or municipal government or any program of medical benefits sponsored and paid for by the federal government or any agency thereof.
9. Any dental service not specifically described in the covered services and costs.
10. Any dental services, other than emergency dental services, that are related to accidents or accidental injury.
11. Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension, restore an occlusion or correct a congenital condition.
12. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the **covered services and costs**.
13. Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
14. Treatment of malignancies, cysts, neoplasm or congenital defects.
15. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion, except as may be specifically provided for in the covered services and costs.
16. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
17. Gold foil restoration.

Member rights and responsibilities

As an EDS member, you have certain **rights**.

Access to care

You have the right to:

- Have your first appointment (non-emergency) scheduled within 63 days of your request.
- Have access to emergency dental care 24 hours a day, 365 days a year.
- Get additional exams and cleanings as recommended by your dentist.

What to expect from your dentist

You have the right to:

- Have appropriate, considerate and respectful care from all EDS dentists and staff in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
- Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and participate in decision-making with your EDS dentist. This may include, but isn't limited to, a second opinion from another EDS dentist.

Changing your dentist

You have the right to:

Change your EDS dentist by calling our customer service department or by submitting a request on employersdental.com. Changes received by the 24th of the month will be effective on the first day of the following month.

Your privacy and records

You have the right to:

- Know that information about your dental records and the dentist/patient relationship is kept confidential unless you've given us written permission to release this information, except if required or allowed by law.
- Review your dental records, treatment plan, and progress report on treatment that has already been provided, and have the information explained to you except when restricted by law.

Keeping coverage after leaving your employer

You have the right to:

Continue your EDS coverage upon termination through the Consolidated Omnibus Budget Reconciliation Act (COBRA) where available or the EDS Conversion Plan.

Policies affecting you

You have the right to:

- Give us your recommendations on policies, services and grievances about the care you receive from our company, or any EDS dentist. Customer service is here to help you with any issues.
- Receive information regarding our company's appeals, complaint and grievance process and receive a Formal Appeals and Grievance Brochure.
- Receive information on any changes to your benefits, your cost, or termination of any EDS dentist that may affect you.
- Know our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, how to obtain dental health care services, and your member rights and responsibilities.

As an EDS member, you have certain **responsibilities**:

Information about your health

You're responsible for:

- Providing, to the extent possible, accurate information needed by your EDS dentist to provide care for your dental health, including past illnesses, medical history and use of medicines.
- Providing a copy of any written directives from another healthcare provider to your EDS dentist.
- Contacting your EDS dentist for follow-up dental care instructions after any emergency dental treatment.

Your relationship with your dentist

You're responsible for:

- Selecting an EDS dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
- Following through with dental health care that's prescribed, or directed by your EDS dentist that you agree to, and is authorized by EDS.
- Showing courtesy, consideration and respect to your EDS dentist, their staff and EDS representatives.

Knowing your benefits and payment responsibilities

You're responsible for:

- Knowing what's covered and excluded from your dental benefit.
- Paying, at the time of service, your costs for dental procedures as listed in the covered services and cost.
- Following our guidelines as described in this enrollment and coverage guide. Failure to follow these guidelines will result in termination of your dental benefit.

Your minor children

You're responsible for:

Staying in the dental office with your minor dependent children while they receive dental treatment.

Canceling your appointment

You're responsible for:

Giving a 24-hour notice if you're unable to keep a scheduled appointment. Failure to notify the dentist office may result in a missed appointment fee.

Report your concerns

You're responsible for:

Reporting any situation where you believe your rights have been violated to our customer service department.

Grievance and appeals

EDS members can ask EDS to review its decisions involving their requests for services or requests to have claims paid. EDS members have two levels of review available to them.* They are Standard Appeals Level 2 (formal appeal) and Level 3 (external independent dental review).

There are two types of appeals: an expedited appeal for urgent matters and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patient's condition.

	Expedited appeals For urgently needed services you haven't yet received	Standard appeals For non-urgent services or denied claims
Levels		
1	Expedited dental review	Informal reconsideration
2	Expedited appeal	Formal appeal
3	Expedited external independent dental review	External independent dental review

How to submit a request for a formal appeal

Send a **written** request to:

EDS Grievance and Appeals Coordinator
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

Phone: 800-722-9772

Fax: 520-696-4311

Need more information?

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy, call our customer service department at:

Tucson: 520-696-4343

Phoenix: 800-722-9772

Arizona statewide: 800-722-9772

* The Arizona state legislature has established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the expedited appeals Level 1 (expedited dental review), Level 2 (expedited appeal) or Level 3 (expedited external independent dental review), or Standard Appeals Level 1 (Informal reconsideration).

The group policy and/or the individual enrollment and coverage guide determines all of the rights, benefits, qualifications and exclusions of the insurance described here. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. This coverage is only available in Arizona.

If you leave your employer

If you terminate employment with your employer, you may continue your EDS coverage by converting to an EDS conversion plan. Call customer service for information.



Employers Dental Services

Immediate savings on eye care and eyewear with VSP® Vision Savings Pass™

Everybody loves a discount! Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your pre-paid dental plan from Employers Dental Services. And with 77,000 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

*Based on applicable laws, benefits may vary by location.

This discount program is not vision insurance.

Service and eyewear	Reduced prices and discounts*
Eye exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, you save on lenses and frames. <ul style="list-style-type: none"> • Single vision lenses \$40 • Lined bifocal lenses \$60 • Lined trifocal lenses \$75 • Lenticular lenses \$75 25% off frames
Lens enhancements	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening	Your eye doctor takes a high-resolution image of the inside of your eye to identify potential or existing vision and health problems. \$39 maximum fee

Keep this card.

You don't need to give it to your VSP eye doctor. But you may want to keep it as a reminder of the discounts.

Using VSP is easy

Step 1 | Find a VSP eye doctor near you - Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.

Step 2 | Make an appointment - Identify yourself as a VSP member to receive the discount.

Step 3 | Let VSP take it from there - Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

This discount program is not vision insurance.



Principal

Using VSP is easy. Just follow these steps.

- Step 1 | Find a VSP eye doctor near you** – Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.
- Step 2 | Make an appointment** – Identify yourself as a VSP member to receive the discount.
- Step 3 | Let VSP take it from there** – Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718, a member of the Principal Financial Group®.

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of your pre-paid dental contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®.

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Service (limit/year)	Qualifying purchase requirements
Eye exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, save: Lenses – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75 Frames – 25% off
Lens enhancements	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening	\$39 maximum fee

*Based on applicable laws, benefits may vary by location.



Dental Benefit Enrollment & Change Form | **Employers Dental Services** |

Contract number _____ Effective Date _____

- New Enrollment Change address (complete sections 1, 2, 3, 9) Name change (complete sections 1, 2, 9)
- Cancel coverage Add dependent(s) (complete sections 1, 2, 9, 11) Former name: _____
- COBRA enrollment Delete dependent(s) (complete sections 1, 2, 9, 11) Change dental office (complete sections 1, 2, 3, 4, 9)

(1) Employer/ Company name _____ Date employed _____ (7) Home telephone _____

(2) Your name (last, first, middle initial) _____ (8) Work telephone _____

(3) Mailing address, city _____ ZIP Code _____ (9) Social security number _____

(4) Dental office selection for you and your enrolled dependents: _____ (10) Date of birth _____

ID number: _____ Name of office: _____

(5) Total number of dependents you are enrolling _____ (6) Your email address _____ Sex
 Male Female

(11) List all Eligible dependents you wish to enroll: Attach additional cards if necessary

Last name (if different)	First name	Initial	Date of birth
Spouse			
Child			
Child			
Child			
Child			

Eligibility: You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed from enrollment when they are no longer eligible.

Benefits are available at your selected contracted dental facility ONLY.

I hereby apply for coverage under EMPLOYERS DENTAL SERVICES for which I am now entitled or may become entitled under the provisions of the Master Agreement. I authorize deductions from my earnings at the required contributions toward the cost of the coverage. I certify that I am eligible to participate and that the above information is correct. I authorize any dentist or other dental care provider to furnish any representative of Employers Dental Services any and all records pertaining to dental history, services, or treatment of anyone enrolled for purposes of review, investigation, or evaluation of an application or claim. A photocopy of this authorization shall be valid as the original. This authorization shall remain valid for so long as my coverage remains in force. My authorized representative or myself are entitled to receive a copy of the authorizations form.

Date _____ Signature _____



Notice of Privacy Practices for Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group medical expense, group dental expense and/or group vision care expense insurance with us ("insurance"). As used in this Notice, the term "health information" means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective November 1, 2017.

We are required by law to maintain the privacy of our members' and dependents' health information and to provide notice of our legal duties and privacy practices with respect to their health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered by our insurance. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

Uses and Disclosures of Your Health Information

Authorization. Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, Des Moines, IA 50392-0002. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

Disclosures for Treatment. We may disclose your health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your health information in our possession to assist in your care.

Uses and Disclosures for Payment. We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to perform a hospital admission review to determine whether services are for medically necessary care or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member's spouse or dependents to the member, including information about the payment or denial of insurance claims.

Uses and Disclosures for Health Care Operations. We will use and disclose your health information as necessary for health care operations. For instance, we may use or disclose your health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with the health plan of a member's employer. We may disclose your health information to the health plan for certain functions of its health care operations. This Privacy Notice does not cover the privacy practices of that plan. We may contact your health care providers concerning prescription drug or treatment alternatives.

Other Health-Related Uses and Disclosures. We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

Information Received Pre-enrollment. We may request and receive from you and your health care providers health information prior to your enrollment under the insurance. We will use this information to determine whether you are eligible to enroll under the insurance and to determine the rates. We will not use or disclose any genetic information we obtain about you or provided from your family history. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by the state, not federal, privacy laws.

Business Associate. Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your health information. Principal Life Insurance Company may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

Plan Sponsor. When permitted by law, we may disclose to the plan sponsor the minimum necessary amount of your health information that it needs to perform administrative functions on behalf of the plan (if any), provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

Family, Friends, and Personal Representatives. With your approval, we may disclose to family members, close personal friends, or another person you identify, your health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your health information without your approval. We may also disclose your health information to public or private entities to assist in disaster relief efforts.

Other Uses and Disclosures. We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of determining eligibility for coverage, the amount of benefits or premiums or discounts, including rebates, payments in kind, or other premium or benefit differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program. We will not request, use or disclose psychotherapy notes without your authorization (except to defend ourselves in a legal action brought by you.) We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Your Rights

Restrictions on Use and Disclosure of Your Health Information. You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a restriction can be obtained from the Health Information Protection Analyst. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

Receiving Confidential Communications of Your Health Information. You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

Access to Your Health Information. You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. To request access to your information, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request access to your health information can be obtained from the Health Information Protection Analyst. A fee will be charged for copying and postage.

Amendment of Your Health Information. You have the right to request an amendment to your health information to correct inaccuracies. To request an amendment, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an amendment to your health information can be obtained from the Health Information Protection Analyst. We are not required to grant the request in certain circumstances.

Accounting of Disclosures of Your Health Information. You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. To request an accounting, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an accounting of your health information can be obtained from the Health Information Protection Analyst. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 843-1371.



employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718.

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

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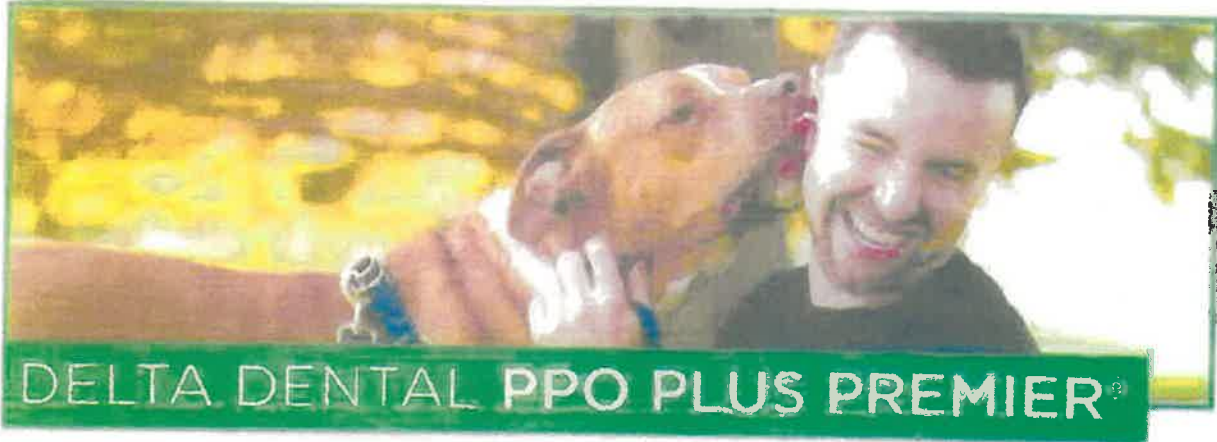
Sahuarita Unified School District #30

Attachment 9 – Delta Dental Services Info

350 W. Sahuarita Rd
Sahuarita, AZ 85629



Delta Dental of Arizona
DeltaDentalAZ.com



UNLEASH YOUR SMILE POWER™

Why Go PPO

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist. That's because PPO dentists agree to accept lower reimbursements for services.



Find A Dentist

It's easy to find a Delta Dental dentist near you with our provider search tool at deltadentalaz.com or in the Delta Dental Mobile App.

Easy Benefits Coordination

If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

No ID Card Necessary

Just give your dental office your name and member ID. Don't know your member ID? Pull up an electronic ID card on your smartphone at the dentist's office by logging in to the Delta Dental Mobile App.

Download The Mobile App

Access your benefits and view your ID card on-the-go with the Delta Dental Mobile App. It's free for Android and iOS!

Know Your Coverage

New to the Delta Dental PPO plan? This plan covers treatment started and completed after your plan's effective date of coverage. Your benefit summary and benefit booklet have specific details about covered treatments.

Register Online

Sign up for the Member Connection at deltadentalaz.com/member to view benefits, eligibility and claims status or to check average dental costs in your area. You can also update your delivery preference for dental benefits statements (EOBs) and go paperless!

Understand Common Dental Terms

It's our goal to make your benefits simple to use and easy to understand. Here are some common terms defined:

- **Annual Maximum** – The maximum dollar amount Delta Dental will pay toward the cost of dental care within a specific benefit period.
- **Deductible** – The amount you pay for covered dental services before Delta Dental begins to pay.
- **Coinsurance** – The percentage of dental care expenses you pay after your deductible.
- **Predetermination** – A pre-treatment estimate that helps determine the cost of a recommended dental treatment.



SAHUARITA UNIFIED SCHOOL DISTRICT
Effective Date: 07/01/2019
Plan Name: Delta Dental PPO plus Premier®
Your benefits are based on a Calendar Year

DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO Dentist	Premier® Dentist and Out-of-Network Dentist ¹
Calendar Year Maximum Benefit (Combination of in and out-of-network)		\$1,250
Calendar Year Deductible (Individual/Family) (Combination of in and out-of-network)		\$50/150
Lifetime Orthodontia Maximum (Combination of in and out-of-network)		Child \$1,250
Preventive Services		<i>Delta Dental Pays</i>
Exams		
Routine Cleanings		
Fluoride: For children to age 18	100%	100%
X-rays		
Space Maintainers		
Basic Services		<i>Delta Dental Pays</i>
Sealants: For children up to age 19		
Fillings		
Emergency Treatment	100% ²	80% ²
Oral Surgery: Simple extractions.		
Major Services		<i>Delta Dental Pays</i>
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Prosthetics: Bridges, partial dentures, complete dentures		
Bridge and Denture Repair	50% ^{2,3}	50% ^{2,3}
Implants		
Restorative: Crowns and onlays		
Oral Surgery: Surgical extractions.		
Orthodontic Services		<i>Delta Dental Pays</i>
Benefit for children ages 6-19. Children must be banded prior to age 17.	50%	50%

¹ Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist. See Covered Dental Services sheet.
² Deductible applies to these services.
³ Waiting period may apply. See Covered Dental Services sheet.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT
 Dependent Age Limit: 28 | Predetermination recommended for services over \$250.

How Can We Help You?

Member Connection
deltadentalaz.com/member

Find A Dentist
deltadentalaz.com/provider-search

Customer Service
 802.938.3131, option 1
 800.352.6132, option 1



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COVERED DENTAL SERVICES

PREVENTIVE SERVICES

- Exams, evaluations or consultations: Two in a benefit year.
- Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period.
- Topical Application of Fluoride: For children to age 18 - Two in a benefit year.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.
- Bitewing X-rays: Two in a benefit year.
- Periapical X-rays: As needed.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

BASIC SERVICES (Deductible applies to these services.)

- Sealants: For children up to age 19 - Once in a 2 year period for permanent molars and bicuspids.
- Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Oral Surgery: Simple extractions.

MAJOR SERVICES (Deductible applies to these services.) (Waiting period 12 months)

- Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.
- Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years.
- Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed.
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- Implant- Implants are only a benefit to replace a single missing tooth once in a five (5) year interval from the date the procedure was last performed.
- Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.
- Oral Surgery: Surgical extractions.

ORTHODONTIC SERVICES

- Benefit for children ages 8-19. Children must be banded prior to age 17. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.

DENTIST PAYMENTS

The Delta Dental PPO plus Premier plan leverages the PPO and Premier networks. This provides all the benefits of Delta Dental PPO plan with a plus-members that visit a dentist in the Premier network still receive the benefit of that dentist's contracted fee.

- PPO Dentist -- These in-network dentists agreed to accept lower reimbursement for services so members save the most money.
- Premier Dentist -- These in-network dentists also accept discounted reimbursement for services, but their discount is not as steep.
- Out-of-Network Dentist -- These dentists have not agreed to discount their rates for service, so members who see an out-of-network dentist will have the highest out-of-pocket costs. Members are responsible for paying the full fee charged by the dentist and can submit for reimbursement at the non-participating table of allowance.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

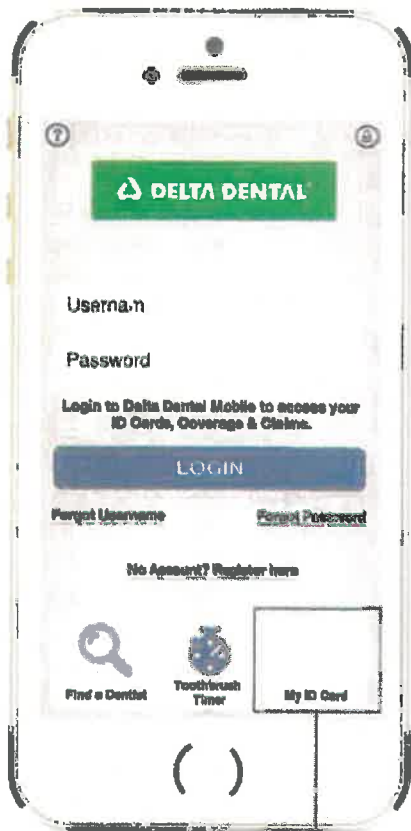


Delta Dental Mobile

Manage your benefits anytime, anywhere



Your dental health is important to Delta Dental – and to your overall health! We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are. Delta Dental's mobile app gives you access to dentist search, claims and coverage, ID cards and more, right on your mobile device. We even have a toothbrush timer built in to make sure you keep up with your daily oral health routine!



New Feature! Log into the app to save your ID Card to the app home screen for easy access. No need to log in to view internet access! When saved, this icon will appear in purple.

Getting Started

Delta Dental's mobile app is available for smartphones and tablets using iOS (Apple) or Android. To download and install the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, if you have a QR Code Reader installed on your phone, scan the code at right. You will need an internet connection in order to download and use most features of our free app.



SCAN TO DOWNLOAD DELTA DENTAL MOBILE

Using the App Without Logging In

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in.

Logging In to View Benefits

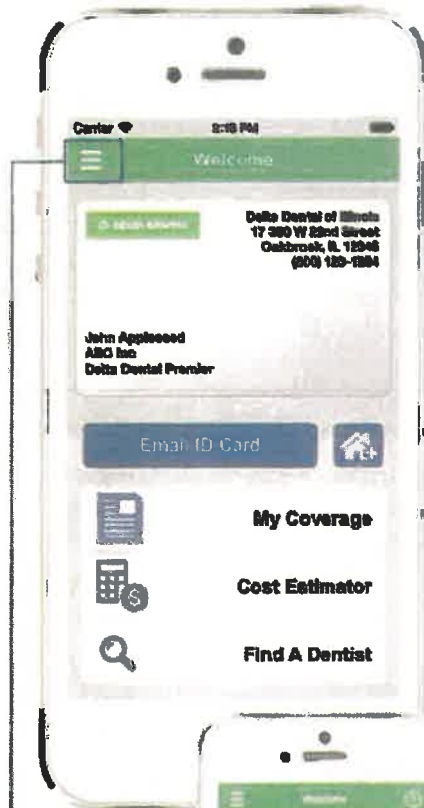
Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered, there is a link on the home screen to register for an account. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

Securely Access Your Benefits

You must enter your username and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link on the Login page of the app.

Delta Dental Mobile Features

Log in to access the full range of tools and resources



New Feature!
Enhanced navigation makes all app features accessible from anywhere with a few taps. Delta expanded the menu to give you jump to another tool.



Subscriber ID Card

Our most used feature is now on the landing page! Simply log in to view your ID card, show it at the dental office, or email it to a dependent or dentist.

TIP: Use the Save to Home button  to save your ID card on your device to access without logging in.

My Coverage and Claims

Simply click My Coverage on the main menu to check your coverage information or see claims status. Within the coverage section, you can review your plan type, benefit levels and contact information for your Delta Dental company, as well as details on your deductibles and maximums.

Within the claims section you can check the status of your most recent dental claims. Click on a specific claim to view details of that visit with the option to email the claim information.

TIP: To check coverage and claims for a dependent, click the Find Dependent Information button from the Overview page and enter name and date of birth. You'll then be able to view Overview, Details and Claims information for that dependent.

New Feature! Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges for common dental care needs for dentists in your area. See what dentists charge both in and out of network for the most common dental treatments. Your benefits may pay a portion of that cost, and you may also be required to pay a portion of the cost yourself. *(Please note: not available in all geographic areas.)*

Find a Dentist

Search for dentists and specialists in your area that have the qualities that matter most to you. Find an office close to work or home, and filter by gender, language spoken or accessibility features. Once you've found a dentist that fits your needs, save your dentist to your contacts, call to schedule a visit or navigate directly to their office with the touch of your finger.

TIP: Our tool defaults to your plan network (when logged in) and General Dentist to make searching for an in-network dentist simple. You can also choose to use your device's GPS to determine your location rather than inputting a zip code, or search using your dentist's last name to see if they are in our dentist network.



Finding a Network Dentist

Delta Dental of Arizona has the largest dentist network in the state. With nearly 90% of Arizona's practicing dentists enrolled, it's very likely your dentist is in the Delta Dental network.¹ Nationally, Delta Dental also boasts the largest network, giving members more than 155,000 dentists to choose from.²

On the Web

It's easy to find a Delta Dental dentist near you with our provider search tool:

1. Go to deltadentalaz.com and click **Provider Search** in the top menu.
2. Select **Find a Network Dentist**.
3. Enter your search criteria. You can search by address, zip code, dentist name or practice name. Click **Search**.
4. A list of results will display. If necessary, you can also narrow the search by network, specialty, language, gender or any other available information.



Automated Phone System

You can also find a dentist through our automated phone system by calling 800.352.6132. Just Select option 5 and follow the automated instructions. Delta Dental dentists can be searched by zip code and network. The name, address and phone number for each dentist will be listed in alphabetical order.

Understanding the Delta Dental Networks

Delta Dental PPO provides the lowest out-of-pocket costs. That's because PPO dentists agree to accept lower reimbursements for services.

Delta Dental Premier provides a wider selection of dentists while keeping out-of-pocket costs economical.

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.



Don't know which network your dental plan uses?

Your Delta Dental ID card should list the network affiliated with your plan. If not, feel free to contact Delta Dental of Arizona's customer service team for help at 602.938.3131 or 800.352.6132.



deltadentalaz.com



Encuentre un Dentista de Delta Dental

La red de dentistas participantes con Delta Dental de Arizona es la mayor del estado. Con una membresía de casi el 90% de los dentistas activos en Arizona, es muy probable que su dentista sea participante en la red de Delta Dental¹. Además, Delta Dental abarca la red más grande de proveedores al nivel nacional, la cual les rinde a los miembros para elegir de entre más de 155.000 dentistas².

En el Internet

Es fácil encontrar un dentista de Delta Dental en su área con la herramienta en línea para localizar un proveedor:

1. Accede al sitio deltadentalaz.com y en el menú de arriba, haga clic en el botón **Provider Search** para buscar un proveedor.
2. Seleccione el botón **Find a Network Dentist** para buscar un dentista participante.
3. Introduzca sus criterios de búsqueda. Puede buscar por dirección, código postal, nombre de dentista o nombre de clínica dental. Haga clic en el botón **Search** para lanzar la búsqueda.
4. Aparecerá una lista de resultados. Si es necesario, también puede limitar la búsqueda aún más por tipo de red, especialidad, idioma, género o cualquier otra información que sea disponible.



¿Cuáles son las redes de Delta Dental?

Delta Dental PPO ofrece los mejores ahorros a su bolsillo debido a que los dentistas de PPO acuerdan a un descuento en los reembolsos por sus servicios.

Delta Dental Premier ofrece una selección más amplia de dentistas, manteniendo los costos económicos para su bolsillo.

Ud. puede visitar cualquier dentista participante en la red, pero va a ahorrar más con un dentista de PPO.



¿Sabe cuál red se incluye en su plan dental?

Su tarjeta de identificación (ID) de miembro con Delta Dental incluye el nombre de la red asociada con su plan. Si no es así, sírvase comunicar con el equipo de servicios al cliente de Delta Dental de Arizona al 602.938.3131 ó 800.352.6132.

Sistema Telefónico Automatizado

Además, Ud. puede encontrar un dentista a través de nuestro sistema telefónico automatizado por llamar al 800.352.6132. Simplemente seleccione la opción 5 y siga las instrucciones automatizadas. Se puede buscar dentistas de Delta Dental por código postal o nombre de red. Se proporcionará una lista en orden alfabético, con el nombre, dirección y número de teléfono de cada dentista.



deltadentalaz.com



Standard Insurance Company
Sahuarita Unified School District #30
Group Policy #151644
Effective Date July 1, 2010



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Sahuarita Unified School District #30.

Eligibility

Definition of a Member

You are a member if you are an active employee of Sahuarita Unified School District #30 and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Class Definition

Class 2 - All other Members, other than Superintendent

Eligibility Waiting Period

You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount

Your Basic Life coverage amount is \$20,000.

Basic AD&D Coverage Amount

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

Life Age Reductions

Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Group Basic Life and Accidental Death and Dismemberment Insurance

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D Insurance policy sponsored by Sahuarita Unified School District #30. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Sahuarita Unified School District #30 may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-AZ-151644-C2 (2/20)



Please Answer the Following and Attach to Your Response

Provide as much information and details as possible

Include websites and links for viewing purposes

1. Describe your process for implementing a virtual open enrollment.
2. Describe your company's process for accepting electronic file feeds for open enrollment for current staff and new hire enrollments.
3. Describe your company's ability to provide in-person forums for open enrollment and the time frame required for this to take place.
4. Describe your company's ability to provide webinars for our staff with details and options for open enrollment and the time frame required for this to take place.
5. Explain your process for implementing open enrollment for employees that do not have internet access.
6. Explain your company's process to implement open enrollment using IOS and/or Android applications.
7. List and describe in detail the services available to our District's Benefits Department staff through your website.
8. List and describe in detail the services available to our staff and enrolled members through your website.
9. Describe the process of appeals for specific claims decisions for the employee and the employer.
10. Explain how your company determines renewal rates and fees.
11. List the percentage of your general dentists that are currently accepting new patients.
12. List the percentage of your general dentists that are currently "closed panel".
13. Explain your process for changing primary dentists, including any restrictions.
14. List personnel that will be available to assist with the enrollment process and information meetings, including their qualifications.
15. Is your company willing and able to add dentists to your network at the District's request? Explain this process.
16. Are provider directories available online through your website? How often are they updated?
17. Based on your proposal, provide the date your company could have each of the following completed: open enrollment, webinars, virtual enrollments