



**AGENDA ITEM REPORT**

**DATE:** August 20, 2024  
**DEPARTMENT:** Human Resources  
**REQUESTER:** Angela Pruitt  
**TITLE:** Award Contract for Group Dental Insurance Benefits

**I. MOTION REQUESTED**

- A) Award Request for Proposal No. RFP240179CJV, Employee Benefits – Group Dental Insurance Plan to Aetna Life Insurance Company, Inc. for group dental insurance benefits, on an as needed basis, for an initial term of three years as approved in the departments’ annual adopted budgets.
- B) Authorize the Chair to execute the contract documents on behalf of the Board of County Commissioners.
- C) Grant the County Manager or designee the authority to renew the contract, for up to two additional years, and to execute all associated documents, as approved in the departments’ annual adopted budgets, if doing so is in the best interest of Lee County.

**II. ITEM SUMMARY**

Awards a contract to the top ranked firm, Aetna Life Insurance, Inc. for group dental insurance benefits commencing on January 1, 2025. The initial contract is for three years with up to two additional one-year renewals.

The administrative fees for the contract are:

- 2025: \$2.12 per employee per month, approximate annual cost: \$119,873
- Renewal year 1: \$2.18 per employee per month, approximate annual cost: \$123,240.
- Renewal year 2: \$2.25 per employee per month, approximate annual cost: \$127,197.

**III. BACKGROUND AND IMPLICATIONS OF ACTION**

- A) Board Action and Other History  
RFP240179CJV was advertised and published on March 1, 2024. On the due date of April 1, 2024, the County received and opened two proposals. The proposal evaluation meeting was held on April 22, 2024. Following the evaluation meeting and scoring, the committee recommended the contract be awarded to Aetna Life Insurance Company, Inc.
- B) Policy Issues
- C) BoCC Goals
- D) Analysis
- E) Options

**IV. FINANCIAL INFORMATION**

A)	Current year dollar amount of item:	See Comments below.
B)	Is this item approved in the current budget?	Yes
C)	Is this a revenue or expense item?	Expense
D)	Is this Discretionary or Mandatory?	Discretionary
E)	Will this item impact future budgets? If yes, please include reasons in III(D) above.	
F)	Fund: Self-Insurance Dental Fund Program: Project: Account Strings: GC5134057603.503190	
G)	Fund Type?	Other: Self-Insurance Dental Fund
H)	Comments: FY23-24 expenditures \$112,250	

**V. RECOMMENDATION**

Approve

**VI. TIMING/IMPLEMENTATION**  
Effective 1/1/2025

**VII. FOLLOW UP**

**ATTACHMENTS:**

Description	Upload Date	Type
<a href="#">Aetna Dental Contract</a>	7/24/2024	Contract
<a href="#">Aetna Signature Authorization</a>	7/24/2024	Backup Material

**REVIEWERS:**

Department	Reviewer	Action	Date
Human Resources	Tucker, Mary	Approved	8/9/2024 - 7:20 AM
Human Resources	Pruitt, Angela	Approved	8/9/2024 - 9:21 AM
Budget Services	Guttery, Angela	Approved	8/9/2024 - 11:04 AM
Budget Services	Winton, Peter	Approved	8/9/2024 - 11:11 AM
County Attorney	Fraser, Andrea	Approved	8/9/2024 - 11:25 AM
County Manager	Harner, David	Approved	8/13/2024 - 3:05 PM