



DANE COUNTY
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

RFP COST PROPOSAL

Revised 02/2020

RFP NUMBER: **121046**

RFP TITLE: **Dental Insurance**

RFP DEADLINE: **May 25, 2021**
2:00 p.m. (CST)

PROPOSALS
MUST BE
SUBMITTED TO: **Purchasing Bid Dropbox**
www.danepurchasing.com

Late, faxed, mailed, hand-delivered or unsigned proposals will be rejected

COST PROPOSAL			
VENDOR NAME:		DANE COUNTY VENDOR #:	

Pricing shall be inclusive of all labor, delivery costs and other expenses necessary to provide product in accordance with the specifications and terms and conditions of this bid document and your proposal.

1. Cost for Current plan design:

Active Employees

Single _____ Family _____

Retirees

Single _____
 Employee +Spouse _____ (cannot cost more than 2 singles)
 Employee +Child _____
 Family _____

2. Cost for Current Plan design with Max Dental Benefit of \$2500.00, and Orthodontic Benefit of \$2,000.00

Active Employees

Single _____ Family _____

Retirees

Single _____
 Employee +Spouse _____ (cannot cost more than 2 singles)
 Employee +Child _____
 Family _____

3. Cost for Current Plan design with Max Dental Benefit of \$2750.00, and Orthodontic Benefit of \$2,000.00

Active Employees

Single _____ Family _____

Retirees

Single _____
 Employee +Spouse _____ (cannot cost more than 2 singles)
 Employee +Child _____
 Family _____