

FIRST PUBLIC BID OPENING:
Less than Three (3) Bids Received:-Rebid.

BIDS OPENED BY: Morgan Austin
 Assistant Purchasing Agent

RECAPITULATION
EMPLOYEE DENTAL INSURANCE COVERAGE, FOR A PERIOD OF
THREE (3) YEARS WITH OPTION OF ADDITIONAL TWO (2) ONE (1)
YEAR INCREMENTS

SECOND OCCASION: WEDNESDAY, NOVEMBER 20, 2024 @11:00 AM

	BROWN & BROWN METRO, LLC 56 Livingston Avenue Roseland, NJ 07068 P - 973-549-1900 F - 973-549-1007			CORPORATE EMPLOYEE BENEFITS, LLC P.O. Box 7095 Atlantic City, NJ 08404 P - 609-363-3223		
	BID AMOUNT PER MONTH			BID AMOUNT PER MONTH		
Plan FOR: LIUNA55	DELTA DENTAL-TIERED (DeltaCare)			DELTA DENTAL-TIERED (DeltaCare)		
A. Composite Category with \$1,500 annual maximum (Option for Carryover Max)						
<u>YEAR 1:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	\$16.01	\$31.02	\$55.12	\$16.01	\$31.02	\$55.12
<u>YEAR 2:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	\$16.01	\$31.02	\$55.12	\$16.01	\$31.02	\$55.12
<u>YEAR 3:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote
<u>Yr. 4:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote
<u>Yr. 5:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote
<u>REMARKS:</u>	BRC SUBMITTED			BRC SUBMITTED		

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	BID AMOUNT PER MONTH			BID AMOUNT PER MONTH		
Plan FOR: LIUNA55	DELTA DENTAL-COMPOSITE (DeltaCare)			DELTA DENTAL-COMPOSITE (DeltaCare)		
A. Composite Category with \$1,500 annual maximum (Option for Carryover Max)						
<u>YEAR 1:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	\$16.01	\$31.02	\$55.12	\$16.01	\$31.02	\$55.12
<u>YEAR. 2:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	\$16.01	\$31.02	\$55.12	\$16.01	\$31.02	\$55.12
<u>YEAR 3:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote
<u>Yr. 4:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote
<u>Yr. 5:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)
	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote
<u>REMARKS:</u>	BRC SUBMITTED			BRC SUBMITTED		