CORRECTED PUBLIC NOTICE

RFP 2026-01

Murfreesboro City Schools is issuing a Request for Proposals (RFP) for Dental Insurance to its full-time, benefits eligible employees, effective 1/1/26. This notice corrects a previous publication on 7/8/25, that referred to “medical insurance.” The scope of the RFP remains unchanged. The deadline for submittals has been extended accordingly.

Sealed proposals must be received no later than 8/19/2025 at 2:00PM CDT. (No broker responses will be considered).

The RFP and all supporting documents are available online at: https://cityschools.net/news/bids

Murfreesboro City Schools reserves the right to reject any and all proposals and to waive any informalities in the solicitation process.

Adam Grisz – Purchasing Agent – Murfreesboro City Schools

Murfreesboro City Schools

Fully Insured Dental Insurance

Request for Proposal from Insurance Companies Only
(No broker responses will be considered).

Effective January 1, 2026

Proposals to Be Received NO LATER THAN 4:00 pm Central on July, 25, 2025

Insurance Bid Specifications:

Murfreesboro City Schools invites all interested, qualified parties to offer bids on the captioned insurance coverage as described in these bid specifications. This bid is not a bid for broker services as no broker bids will be accepted. Sealed bids must be received at:

Murfreesboro City Schools
Finance Department- Purchasing
Adam Grisz
2552 South Church Street
Murfreesboro, TN 37127

Statement of Intent

Murfreesboro City Schools is seeking written, sealed Request for Proposals ("RFP" or "Proposals") from qualified licensed carriers only to provide dental insurance to its full-time, benefit-eligible employees.

Upon evaluating proposals, Murfreesboro City Schools will approve a dental insurer for an effective date of January 1, 2026.

The objectives of this RFP are to:

A. Assure competitive pricing
B. Minimize member disruption

Preference will be given to those carriers who:

A. Offer high-performance networks in the local area
B. Offer competitive pricing for the 1/1/2026 – 12/31/26 plan year

Bid Timeline

Projected Timetable

The following projected timetable should be used as a working guide for planning purposes. Murfreesboro City Schools reserves the right to adjust this timetable as required during the RFP process.

Event	Date
RFP Issued	July 1, 2025
Intent to Bid Due	July 7, 2025
Questions Due	July 14, 2025 at 4:00 pm Central
Questions and Answers Released	July 21, 2025
Proposals Due	July 25, 2025 at 4:00 pm Central
Effective Date	January 1, 2026

This timetable is for the information of submitting entities. These dates are subject to change. However, in no event shall the deadline for submission of the Proposals be changed except by written modification from Murfreesboro City Schools.

Proposal submission requirements

GENERAL INSTRUCTIONS:
Proposals in response to this RFP must be submitted in a sealed envelope clearly marked as "Dental Insurance Proposal." One paper copy must be included. All sealed proposals must be delivered no later than **4:00 p.m., Central Standard Time on July 25, 2025** to:

Murfreesboro City Schools
Finance Department – Purchasing
Attn: Adam Grisz
2552 South Church Street
Murfreesboro, TN 37127

RFP's will be received until 4:00 p.m. Central Standard Time, on Friday, July 25, 2025, at which time they will be taken to the Director's Conference Room, and the names of the Bidders will be read aloud.

All submitted proposals become the property of Murfreesboro City Schools as public documents and are available for public access as provided by the Tennessee Open Records Act after the award selection has been made.

Any proposal received after the date and time detailed above will not be considered. It is the sole responsibility of the Bidder to ensure that sealed proposals are received at the address above by the deadline.

In addition to the required sealed paper proposal, proposers must also submit an electronic copy of their proposal to:

Gallagher Benefit Services
Attn: Tricia Mealer
tricia_mealer@ajg.com

Gallagher Benefit Services is engaged solely as a consultant to Murfreesboro City Schools for administration of this RFP process and is not submitting a proposal.

Please note: Only the sealed paper proposal received by Murfreesboro City Schools will be opened at the official public bid opening. The electronic copy provided to Gallagher is for evaluation and analysis purposes only, and does not replace the requirement to submit a sealed hard copy by the deadline.

Inquiries by Bidders: Information has been provided which should allow for the generation of a quote. Individual requests for additional information can be submitted to Gallagher by the deadline for questions. All inquiries and requests for additional information should be referred to: Tricia Mealer tricia_mealer@ajg.com. All requests should be submitted in writing to avoid misinterpretation as to the information needed.

Evaluation and Reward: Award of the contract resulting from this RFP will be based on the most responsive bidder whose offer will be the most advantageous to the employees of Murfreesboro City Schools in terms of cost, services, and other factors specified elsewhere in this RFP.

Bid Withdrawal: A written request for withdrawal of a proposal will be granted if the request is received prior to the time of opening. Proposals, amendments, or requests for any withdrawal of proposals received after the specified bid opening time will not be considered.

It should be considered that the contract will be written on a one (1) year term with the right to extend four (4) additional one (1) year terms decided by Murfreesboro City Schools, so long as the change in cost falls within the industry standard dental trend as defined by the Kaiser Family Foundation (one of the nation's leading independent sources for health policy research, polling, and news).

Background/Plan Information

All necessary reporting is available with the RFP including:

A. Full census (Retirees, if applicable, are included in the census).
B. Current Elections
C. Claim Reports, if available
D. Rates
E. Contributions
F. Current plan design information (which is the desired plan design for purposes of the upcoming plan year)

Eligible employee includes all active, full-time and part-time employees, regularly working a minimum of at least 30 hours per week.

Eligible dependents

- Your legal spouse
- Your children (or stepchildren) by birth, marriage, legal adoption or legal guardianship.
    - Up to age 26 for dental
    - Your children, of any age, who become totally and permanently disabled before age 26 while covered by the plan(s).
    - Dependents covered under a Qualified Medical Child Support Order (proper documentation required).

General Conditions

Murfreesboro City Schools encourages only one submission per licensed carrier.

Receipt of proposals by Murfreesboro City Schools or a submission of a proposal to Murfreesboro City Schools offers no rights upon the Bidder nor obligates Murfreesboro City Schools in any manner. Proposals will be awarded in accordance with applicable law on the basis of the "lowest and best" standard. As held in *State ex rel. Leech v. Wright,* 622 S.W.2d 807 (Tenn. 1981), the determination of

what constitutes “best” rests solely with the public entity requesting the bid, not with the bidder. No bidder may withdraw his bid for a period of forty-five (45) days after the date set for opening of the bids.

After initial evaluations, finalists will be chosen for a best and final round of submissions, allowing Murfreesboro City Schools to negotiate with selected bidders to achieve the most competitive final results. Murfreesboro City Schools reserves the right to (a) accept or reject any and/or all submissions of proposals; (b) to waive irregularities and technicalities; (c) accept any alternative submission of proposals presented which, in its opinion, would best serve the interest of Murfreesboro City Schools; (d) give full and proper evaluation of the firm or team presenting the proposals. Murfreesboro City Schools and its Consultant shall be the judges of the proposals and the resulting negotiated agreement(s) that is (are) in its best interest and the decision shall be final. Murfreesboro City Schools can abandon or postpone this project without any obligation to bidders. Also, Murfreesboro City Schools reserves the right to make such investigation(s) as it deems necessary to determine the ability of any submitting entity to perform the service requested. Information Murfreesboro City Schools deems reasonably necessary to make this determination shall be provided by the submitting entity.

All expenses for the submission of proposal shall be borne by the submitting entity. By submitting this bid, the bidder agrees to all stated terms and conditions. While an electronic copy must also be submitted to our consultant at Gallagher Benefit Services after the sealed proposal has been delivered, proposals submitted by email or fax directly to Murfreesboro City Schools will **not** be accepted or considered in lieu of the required sealed paper copy.

If a Bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, it shall immediately notify Murfreesboro City Schools of such error in writing and request modifications or clarification of the document. Murfreesboro City Schools will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP. The Bidder is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.

Basic Requirements of Bidders

A. Current plan design information and requested alternative plan designs are included in the attachments to this RFP.

B. Proposals for dental plan administration shall include, but are not limited to, the following items:

1. Renewal for upcoming plan year delivered to Gallagher no later than four months prior to the renewal date;
2. Integrated COBRA or carrier provided COBRA solution;
3. All subsequent forms and certifications

ATTACHMENT A

SPREADSHEET QUESTIONNAIRE

The existing plan designs are summarized in Spreadsheet Attachment A. Accordingly, respondents are to complete the spreadsheet in the following manner.

Option 1: Respondent's submission that is most closely aligned with the existing plan. Respondents should call out any section that is not aligned to the existing plan, but such call outs should be minimal. If call outs are significant, the submission should be labeled as Option 2 or 3, not Option 1.

Option 2: Respondent's alternative submission, if Respondent has an alternative proposal for consideration. Option 2 is not required but is provided so that a Respondent may show alternative designs to the current program for consideration.

Option 3: Respondent's second alternative submission, if Respondent has an alternative proposal for consideration. Option 3 is not required but is provided so that a Respondent may show alternative designs to the current program for consideration.

For alternative options, Murfreesboro City Schools is interested in the following plan design changes:

- Low Plan
  - Increase calendar max to $1,000
- High Plan:
  - Remove waiting period for Major Services
  - Reduce out of network coverage to 50% for both Preventive and Basic Services
  - Increase Orthodontic Services to $1,500 to match the calendar max
  - Increase in network coverage to 60% for Major Services

Murfreesboro City Schools
INTENT TO BID

Name of Company: _____

Name of Authorized Person: _____

Signature of Authorized Person: _____

Title: _____

Phone Number: _____

Email: _____

Following receipt of this form, Gallagher will release the census and additional information to the authorized person listed.

SUBMISSION FORM

Murfreesboro City Schools
Request for Proposals

For Fully-Insured Dental Insurance
(No broker submissions will be considered.)

IMPORTANT: One paper copy should be submitted.

Please complete the following:

Legal Name of Proposer: _____

Contact Person: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Signature: _____

Name of Signer: _____

Taxpayer Identification Number: _____

CERTIFICATE OF NONDISCRIMINATION

As Bidder, Contractor, or Subcontractor on Murfreesboro City Schools' dental insurance RFP, the undersigned states that he/she does not discriminate against any subcontractor, employee, or applicant for employment on the grounds of race, color, national origin, or sex.

Bidder's Name: _____ Date: _____

Signature: _____ Title: _____

Required Certifications of Bidders under TN Law

Iran Divestment Act. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalties of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

Boycott of Israel. The Contractor certifies that it is not currently engaged in, and will not for the duration of the contract engage in, a boycott of Israel as defined by Tenn. Code Ann. § 12-4-119. This provision shall not apply to contracts with a total value of less than two hundred fifty thousand dollars ($250,000) or to contractors with less than ten (10) employees.

Print Name_____

Signed _____

Title _____

(to be placed on company letterhead)

Letter of Compliance for Murfreesboro City Schools
TCA 49-5-413.

By signing below, the bidder agrees to the following:

The bidder shall strictly follow the provisions of TCA 49-5-413.

TCA 49-5-413 states that:

1. Any person, corporation or other entity who enters into or renews a contract with a local board of education or child care program as defined in § 49-1-1 through -1102 on or after the effective date of this act shall be required to comply with the provisions of this subsection if the contract requires:
a. The person or an employee of the person, corporation or other entity to have direct contact with school children or to children in a child care program; or
b. The person or employee access to the grounds of a school or child care center when children are present
c. It is the duty of the person, corporation or other entity who employs a person described in subdivision (1) to require such applicant to supply a fingerprint sample and submit a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation prior to permitting the person to have contact with such children or enter school grounds.
2. Letter of Compliance to Murfreesboro City Schools for TCA 49-5-413.

Bidder's Name: _____ Date: _____

Signature: _____ Title: _____

Gallagher

Insurance | Risk Management | Consulting

LIST PRODUCTS BID

PROVIDER PROPOSALS

Prepared By:
{INSERT BIDDER NAME}

EXCLUSIVELY FOR:

Murfreesboro City Schools

January 1, 2026

Carrier bids are acceptable. No broker bids will be accepted. Murfreesboro City Schools selects its broker by separate RFP.

© 2024 GALLAGHER BENEFIT SERVICES, INC.

Murfreesboro City Schools - Dental

PLAN DESIGN	Current- BCBST Situs State: TN		Responding Bidder Option 1 Situs State: TN		Responding Bidder Option 2 Situs State: TN	
Plan Name	**BCBST Low Plan**					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic Information						
Participation Requirements	50% or 10 lives					
Calendar Year Max Per Person	$750					
Class 1 Services apply to Calendar Year Max	Yes					
Rate Guarantee	1 year					
Rollover	N/A					
Annual Deductible						
Individual	$50 - applies to Type 2					
Family	$150 - applies to Type 2					
Diagnostic & Preventive (Type / Class 1; A)						
Exams	100%	50%				
Cleanings	100%	50%				
Fluoride Treatment	100%	50%				
Space Maintaners	100%	50%				
Bitewing X-Rays	100%	50%				
Panoramic X-Rays	100%	50%				
Sealants	100%	50%				
Basic Services (Type / Class 2; B)						
Fillings	80%	50%				
Simple Extractions	80%	50%				
Oral Surgery (Simple)	80%	50%				
Endodontics (Basic)	80%	50%				
Repairs Dentures & Bridges	80%	50%				
Major Services (Type / Class 3; C)						
Benefit Waiting Period	N/A					
Periodontics	N/A					
Endodontics (Major)	N/A					
Oral Surgery (Complex)	N/A					
Crowns, Inlays, Outlays	N/A					
Repairs Dentures & Bridges	N/A					
Bridges	N/A					
Dentures	N/A					
Orthodontic Services (Type / Class 4)						
Benefit Waiting Period	N/A					
Lifetime Maximum	N/A					
Coverage Percentage	N/A					
Orthodontia Age Limit	N/A					
Child or Child/Adult	N/A					
Other						
Implants	N/A					
Dependent Child / Student Age	26					
MAC, UCR, Fee Schedule	UCR					
Additional Add On Benefits						
	discounts on hearing, lasik, etc through Blue365					

Rates			
Employee Only	$23.55		
Employee + 1	$47.08		
Employee + Child(ren)	N/A		
Family	$60.37		

The above summary is not comprehensive of all policy terms on the existing plan. Please review the policy terms and call out any differences.

Murfreesboro City Schools - Dental

PLAN DESIGN	Current- BCBST Situs State: TN		Responding Bidder Option 1 Situs State: TN		Responding Bidder Option 2 Situs State: TN	
Plan Name	BCBST High Plan					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic Information						
Participation Requirements	50% or 10 lives					
Calendar Year Max Per Person	$1,500					
Class 1 Services apply to Calendar Year Max	Yes					
Rate Guarantee	1 year					
Rollover	N/A					
Annual Deductible						
Individual	$50 - applies to Type 2 & Type 3					
Family	$150 - applies to Type 2 & Type 3					
Diagnostic & Preventive (Type / Class 1; A)						
Exams	100%	100%				
Cleanings	100%	100%				
Fluoride Treatment	100%	100%				
Space Maintaners	100%	100%				
Bitewing X-Rays	100%	100%				
Panoramic X-Rays	100%	100%				
Sealants	100%	100%				
Basic Services (Type / Class 2; B)						
Fillings	80%	80%				
Simple Extractions	80%	80%				
Oral Surgery (Simple)	80%	80%				
Endodontics (Basic)	80%	80%				
Repairs Dentures & Bridges	80%	80%				
Major Services (Type / Class 3; C)						
Benefit Waiting Period	6 Months					
Periodontics	50%	50%				
Endodontics (Major)	50%	50%				
Oral Surgery (Complex)	50%	50%				
Crowns, Inlays, Outlays	50%	50%				
Repairs Dentures & Bridges	50%	50%				
Bridges	50%	50%				
Dentures	50%	50%				
Orthodontic Services (Type / Class 4)						
Benefit Waiting Period	12 Months					
Lifetime Maximum	$1,250					
Coverage Percentage	50%	50%				
Orthodontia Age Limit	19					
Child or Child/Adult	Child Only					
Other						
Implants	50%	50%				
Dependent Child / Student Age	26					
MAC, UCR, Fee Schedule	UCR					
Additional Add On Benefits						
	discounts on hearing, lasik, etc through Blue365					

Rates			
Employee Only	$40.14		
Employee + 1	$82.23		
Employee + Child(ren)	N/A		
Family	$139.77		

The above summary is not comprehensive of all policy terms on the existing plan. Please review the policy terms and call out any differences.

Murfreesboro City Schools - Vision

PLAN DESIGN	Current- BCBST Situs State: TN		Responding Bidder Option 1 Situs State: TN		Responding Bidder Option 2 Situs State: TN	
Plan Name	**BCBST Vision**					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic Information						
Participation Requirements	not listed					
Rate Guarantee	1 year					
Dependent Age Limit	26					
Eye Exam	$10 copay Retinal Imaging Up to $39 allowance	Up to $35 allowance; Retinal Imaging not covered				
Standard Lenses / Frames						
Standard Frames	Up to $120 allowance; 20% off balance over allowance	Up to $60 allowance				
Single Vision Lenses	$20 copay	Up to $30 allowance				
Bifocal Lenses	$20 copay	Up to $45 allowance				
Trifocal Lenses	$20 copay	Up to $60 allowance				
Lenticular Lenses	not listed	not listed				
Progressive: Standard	$65 copay (add onto bifocal)	$0 additional; $45 max reimbursement				
Progressive: Custom / Premium	$65 copay (add onto bifocal); 20% off retail pricess less $120	$0 additional; $45 max reimbursement				
Standard Polycarbonate (Adult)	$40	N/A				
Standard Polycarbonate (Youth, under age 19)	$0 copay	Up to $5 allowance				
Contact Lenses						
Contact Lens Evaluation and Fitting- Standard	$55 copay	N/A				
Contact Lens Evaluation and Fitting- Premium	10% off retail	N/A				
Medically Necessary Contacts	Covered at 100%	Up to $200 allowance				
Elective Contacts - conventional	Up to $120 allowance; 15% off balance over allowance	Up to $96 allowance				
Elective Contacts - disposable	Up to $120 allowance; no additional discount	Up to $96 allowance				
Frequency of Services						
Exams	12 month					
Lenses	12 month					
Frames	12 month					
Contact Lenses (in lieu of eyeglasses)	12 month					
Other Features / Add'l Value Add Benefits						
Lasik (Refractive Surgery) and other value adds						
Provider Network						
Name of Network	VisionBlue; EyeMed					

Rates	
Employee Only	$8.20
Employee + Spouse	$16.08
Employee + Child(ren)	$16.67
Family	$23.97

The above summary is not comprehensive of all policy terms on the existing plan. Please review the policy terms and call out any differences.