ATTACHMENT 2 - REVISED Dated 1/10/2014

DENTAL REWARDS PROGRAM FOR THE REQUIRED PLANS COST PROPOSAL

Bidder:_____

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder. Cost summited for the Original 2 year Guarantee Period are firm for the entire contract period each year and cannot increase. Price escalation of no more than 3% may be allowed for each renewal period. The 3% increase may change based on applicable Federal and/or State healthcare fees and as approved by the State.

Any request for an increase must be submitted in writing to the State Purchasing Bureau a minimum of 7 months prior to contract renewal date, and must show cause and be accompanied by supporting documentation. Failure to supply any requested supporting documentation may be grounds to reject the requested increase and cancel the contract. The State further reserves the right to reject any proposed price increase(s), cancel the contract and re-bid if determined to be in the best interest of the State. The State will be given full proportionate benefit of any decrease for the term of the contract. No price increases are to be billed to the State without prior written approval by the State Purchasing Bureau.

Rates must be guaranteed for the initial two-year contract period. For each subsequent two-year renewal, bidders may identify a rate for that period. This rate can be an exact cost, a “not to exceed” cost or percentage increase, or some other form of pricing that may be utilized if mutually agreed upon by the State and the contractor at the time of the renewal period. Otherwise, the State will assume and contractor will agree that for each renewal period for the price for said renewal period will be the same as the initial period.

If proposing an exact price, each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by “2” will be reduced to the nearest lower amount that is divisible by “2” for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

If Bidder provides a separate Dental Rewards Program for the required Basic Plan and Premium Plan, please fully describe the program and submit the additional monthly premium amounts in each column below: If this program is included in the required plans, please indicate. All premium amounts specified are guaranteed by Bidder.

	Original 2 year Guarantee Period		**First 2 year Renewal Period**		**Second 2 year Renewal Period**		**Third 2 year Renewal Period**	
	Basic Plan	**Premium Plan**	**Basic Plan**	**Premium Plan**	**Basic Plan**	**Premium Plan**	**Basic Plan**	**Premium Plan**
The required Plans include a Rewards Program (YES / NO)								
If NO, identify the cost of the Rewards Program for the required Plans								
Employee Only								
Employee + Spouse								
Employee + Dependent Child(ren)								
Employee + Spouse + Dependent Child(ren)								