FIRST PUBLIC BID OPENING: Wednesday, October 23, 2024 @ 11:00 A.M. Less than Three (3) Bids Received:-Rebid.

RECAPITULATION

EMPLOYEE DENTAL INSURANCE COVERAGE, FOR A PERROLDYEE DEM OF THREE (3) YEARS WITH OPTION OF ADDITIONAL TWO (2) ROBLE (3) YEAI

YEAR INCREMENTS

		& BROWN MET		CORPORATE EMPLOYEE BENEFITS, LLC			
	56	Livingston Ave	nue	P.O. Box 7095			
	R	oseland, NJ 070	68	Atlantic City, NJ 08404			
	P - 973-549-1900 F - 973-549-1007			P - 609-363-3223			
	BID AMOUNT PER MONTH			BID AMOUNT PER MONTH			
Plan FOR: HASU & Confiendential Group	DELTA DENTAL-TIERED			DELTA DENTAL-TIERED			
A. Composite Category with s maximum (Option for Carryo							
<u>YEAR 1:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)	
DPO	\$73.70	\$142.29	\$244.02	\$73.70	\$142.29	\$244.02	
Traditional	\$70.00	\$135.19	\$231.96	\$70.00	\$135.19	\$231.96	
YEAR. 2:	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)	
DPO	\$73.70	\$142.29	\$244.02	\$73.70	\$142.29	\$244.02	
Traditional	\$70.00	\$135.19	\$231.96	\$70.00	\$135.19	\$231.96	
YEAR 3:	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)	
DPO	\$73.70	\$142.29	\$244.02	\$73.70	\$142.29	\$244.02	
Traditional	\$70.00	\$135.19	\$231.96	\$70.00	\$135.19	\$231.96	
<u>Yr. 4:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)	
PPO	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	

RECAPITULATION

<u>EMPLOYEE DENTAL INSURANCE COVERAGE, FOR A PERPOLOYEE DEN</u> OF THREE (3) YEARS WITH OPTION OF ADDITIONAL TWO (2) REFE (3) YEAI

YEAR INCREMENTS

	BROWN & BROWN METRO, LLC			CORPORATE EMPLOYEE BENEFITS, LLC			
	56	Livingston Ave	nue	P.O. Box 7095			
	Roseland, NJ 07068 P - 973-549-1900 F - 973-549-1007 BID AMOUNT PER MONTH			Atlantic City, NJ 08404			
				P - 609-363-3223			
				BID AMOUNT PER MONTH			
Traditional	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+)	
PPO	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	
Traditional	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	
REMARKS:							
	BRC SUBMITTED			BRC SUBMITTED			

RECAPITULATION <u>ITAL INSURANCE COVERAGE, FOR A PERIOD OF</u> <u>RS WITH OPTION OF ADDITIONAL TWO (2) ONE (1)</u>

YEAR INCREMENTS

	BROWN	& BROWN MET	RO, LLC	CORPORATE EMPLOYEE BENEFITS, LLC			
	56	Livingston Aven	ue	P.O. Box 7095			
	R	oseland, NJ 0706	58	Atlantic City, NJ 08404			
		P - 973-549-1900		P - 609-363-3223			
		F - 973-549-1007					
				BID AMOUNT PER MONTH			
Plan FOR: HASU & Confiendential	DELT	A DENTAL-COMP	OSITE	DELTA DENTAL-COMPOSITE			
A. Composite Category with \$3000 annual maximum (Option for Carryover Max)							
<u>YEAR 1:</u>	Employee	Employee +1	Family (3+)	Employee	Employee +1	Family (3+)	
DPO	\$121.49	\$121.49	\$121.49	\$121.49	\$121.49	\$121.49	
Traditional	\$115.43	\$115.43	\$115.43	\$115.43	\$115.43	\$115.43	
YEAR. 2:	Family (3+)			Employee	Employee +1	Family (3+)	
DPO	\$121.49	\$121.49	\$121.49	\$121.49	\$121.49	\$121.49	
Traditional	\$115.43	\$115.43	\$115.43	\$115.43	\$115.43	\$115.43	
YEAR 3:	Family (3+)			Employee	Employee +1	Family (3+)	
DPO	\$121.49	\$121.49	\$121.49	\$121.49	\$121.49	\$121.49	
Traditional	\$115.43	\$115.43	\$115.43	\$115.43	\$115.43	\$115.43	
<u>Yr. 4:</u>							
PPO	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	

RECAPITULATION <u>NTAL INSURANCE COVERAGE, FOR A PERIOD OF</u> <u>RS WITH OPTION OF ADDITIONAL TWO (2) ONE (1)</u>

YEAR INCREMENTS

	BROWN & BROWN METRO, LLC			CORPORATE EMPLOYEE BENEFITS, LLC			
	56	Livingston Aven	lue	P.O. Box 7095			
	Roseland, NJ 07068 P - 973-549-1900 F - 973-549-1007			Atlantic City, NJ 08404			
				P - 609-363-3223			
				BID AMOUNT PER MONTH			
Traditional	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	
<u>Yr. 5:</u>							
PPO	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	
Traditional	No Quote	No Quote	No Quote	No Quote	No Quote	No Quote	
<u>REMARKS:</u>							
				BRC SUBMITTED			