SOQ No. 22–032

Dental Insurance Plan

Submission Deadline: June 30, 2022 at 3:30 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submisisons must be received on the Purchasing Department's e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline date and time. Late submissions will not be accepted.

Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053
Buyer Name: Melissa Ovalle
Buyer Email: MOvalle@jeffparish.net
Buyer Phone: 504-364-2687

PUBLIC NOTICE
SOQ NO. 22-032

Dental Insurance Plan

Deadline for Submissions: June 30, 2022 at 3:30 PM

Jefferson Parish Government (referred to herein as JPG or the Parish), authorized by **Resolution No. 139746**, wishes to obtain proposals from qualified and licensed insurance carriers for a dual option employee paid voluntary group dental insurance plan for active employees and their dependents.

- A dual option High/Low PPO dental plan option for active employees and their dependents. The low plan should match the current Parish PPO plan with a $1,000 annual maximum, no waiting periods (including no late entrant waiting periods) and an orthodontia benefit, with the high plan having an increased annual maximum and enhanced benefit coverage. Multiple proposed plan options are welcome.

The enrollment period is approximately mid-October through mid-November 2022, to be effective January 1, 2023.

JPG consists of approximately thirty departments providing services for the citizens of Jefferson Parish. Services provided include but are not limited to water, sewage, drainage, streets, fire and supporting departments. Included in the employee benefit plans are employees of the 24th Judicial District Court, Juvenile Court, two Parish Courts, the District Attorney's Office, the Coroner's Office, the Justices of the Peace and the Constables Offices. There are approximately 3,400 benefit eligible employees.

All proposed plans should be quoted net of commissions, bonuses, overrides, and all other forms of producer direct and indirect compensation.

JPG will provide the following information upon email request to jpalermo@jeffparish.net

1. 2022 Census
2. Current plan documents

MINIMUM QUALIFICATIONS

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.
2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ
3. Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.

EVALUATION CRITERIA

1. Rates for plan chosen (financial proposals) – 25 points maximum;
2. Demonstrated experience providing quality dental plan benefits for large groups (3000+ members) – 20 points maximum;
3. Proposer has a large PPO provider network – 20 points maximum;
4. Company's financial strength based on A.M. Best Rating or Standard & Poor's (a rating of B or below will receive 0 points) – 10 points maximum;
5. Plan design/Schedule of Benefits – benefit comparison – 25 points maximum

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Please obtain the latest questionnaire form by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at www.jeffparish.net by clicking on "Doing Business in Jefferson Parish" under Business & Development and then clicking on "Professional Services Questionnaires".

Submissions shall be submitted electronically only through Jefferson Parish's e-Procurement site, Central Bidding, at www.jeffparishbids.net or www.centralauctionhouse.com. Registration is required and free for Jefferson Parish vendors by visiting www.centralauctionhouse.com/registration.

No SOQ submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial District Court.

Advertise: The New Orleans Advocate: June 15, 2022

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Dental Insurance Plan

B. Firm Name & Address:

Beam Insurance Administrators, LLC
226 N 5th St Floor 4
Columbus, OH 43215

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Jared Balis
Deal Desk Manager
Beam Dental
jared.balis@beam.dental

D. Address of principal office where Project work will be performed:

226 N 5th St Floor 4
Columbus, OH 43215

E. Is this submittal by a JOINT-VENTURE? Please check: **YES** _____ **NO** ✔

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

N/A

2.

N/A

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _✔_

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. N/A		
2.		
3.		
4.		
5.		

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project: 2
J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.
PROFESSIONAL NO. 1
Name & Title:
Emmie Piscipo, Strategic Partnership Account Executive
Name of Firm with which associated:
Beam Insurance Adminstrators, LLC
Description of job responsibilities:
Develop and maintain relationships with insurance partners.
Years' experience with this Firm:
3
Education: Degree(s)/Year/Specialization:
Bachelor's Degree, Secondary Education and Teaching, 2012-2016
Other experience and qualifications relevant to the proposed Project:
2.5 years - account manager at Aerotek

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Jared Balis, Deal Desk Manager
Name of Firm with which associated:
Beam Insurance Administrators
Description of job responsibilities:
Supporting Strategic Partnership Account Executives with groups over 100 eligible employees.
Years' experience with this Firm:
1/2 year
Education: Degree(s)/Year/Specialization:
Bachelor's Degree, Finance, 1999-2000
Other experience and qualifications relevant to the proposed Project:
Insurance Agent - 2001-2013 Medical Insurance Sales Representative - 2013-2016 Ancillary and Other Insurance Product Sales - 2016-2022

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.	
PROJECT NO. 1	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

Jefferson Parish
State of Louisiana

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
N/A	N/A
Length of Services Provided:	**Cost of Services Provided:**
N/A	N/A

Jefferson Parish
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General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	**Defendant:**	
1. N/A	N/A	N/A
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N/A

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: Cole Gillespie **Print Name:** Cole Gillespie

Title: Chief Revenue Officer **Date:** 06/29/2022 02:06 PM EDT

Jefferson Parish State of Louisiana

Statement of Qualifications
Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit

Statement of Qualifications

AFFIDAVIT

STATE OF Ohio

PARISH/COUNTY OF Franklin

BEFORE ME, the undersigned authority, personally came and appeared: Cole Gillespie, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Chief Revenue Officer of Beam Insurance Administrators LLC (Entity), the party who submitted a Statement of Qualifications (SOQ) to Dental Insurance _____ (Briefly describe the services the SOQ will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B __X____ there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ___X___ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact,** solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B __X____ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B ___X___ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[*The remainder of this page is intentionally left blank*.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Cole Gillespie

Signature of Affiant

Cole Gillespie

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 29th DAY OF June, 2022.

Kyle Kizer

Notary Public

Kyle Kizer

Printed Name of Notary

2021-RE-837826

Notary/Bar Roll Number

My commission expires 9/26/2026.

NOTARIAL SEAL
STATE OF OHIO

KYLE KIZER
Notary Public, State of Ohio
My Commission Expires:
September 26, 2026

Online Notary Public. This notarial act involved the use of online audio/video communication technology.