


Iowa Department of Administrative Services

Contracts Declaration & Execution Page

Title of Contract: Dental Benefits Program – Maximum Liability	Bid Proposal Number RFP0622005118	Contract Number 23025
This Agreement is entered into between the State of Iowa (by and through its agency, the Department of Administrative Services) and the Contractor named below:		
State Agency's Name: Iowa Department of Administrative Services		
Contractor's Name: Delta Dental of Iowa		
Contract to Begin: January 1, 2023	Date of Expiration: December 31, 2025	Annual Extensions: Four
The parties agree to comply with the terms and conditions of the following documents listed in order of preference (should there be an inconsistency or conflict between documents): Contract Agreement and associated documents RFP and all associated documents Contractor's Response to RFP0622005118 Statements of Work and Delivery Orders issued under the contract agreement (As issued by State of Iowa agencies & entities or by political subdivisions in the State of Iowa)		

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto

Contractor: Delta Dental of Iowa

By (Authorized Signature) 	Date Signed 8/10/22
Printed Name and Title of Person Signing Cory Bauer, Director of sales and customer relations	
Address 9000 Northpark Drive Johnston, Iowa 50131	

Executive Council of Iowa

By (Authorized Signature)	Date Signed
Printed Name and Title of Person Signing	
Address	

State of Iowa: Department of Administrative Services – Central Procurement

By (Authorized Signature)	Date Signed
Printed Name and Title of Person Signing Kathy Harper, Purchasing Agent III	
Address Hoover Building, 3 rd Floor 1305 Walnut Street, Des Moines, Iowa 50319	



STATE OF IOWA
MASTER AGREEMENT
Contract Declaration and Execution

MA 005

23025

EFFECTIVE BEGIN DATE: 01-01-2023
EXPIRATION DATE: 12-31-2025
PAGE: 1 of 3

VENDOR:

**Delta Dental of Iowa Fou
Foundation**
00003016370

**9000 Northpark Dr
Johnston, IA 50131-4817**

VENDOR CONTACT:

Josh Stevens

PHONE: 515-251-0512

EMAIL: jstevens@deltadentalia.co
m

ISSUER:

Kathy Harper

PHONE: 515-321-7686

EMAIL: Kathy.Harper2@iowa.gov

EXT:

FOB: FOB Dest, Freight Prepaid

Contract For: Dental Benefits - Maximum Liability

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement. Attachments are on file with the Department of Administrative Service - Central Procurement.

Attachment 1: Competitive Solicitation RFP0622005118.

Attachment 2: Contractor's Response to Competitive Solicitation RFP0622005118 (except for any contractor objection or amendment to the Competitive Solicitation Document requirements that the State has not explicitly agreed to in writing)

Attachment 3: Contractor's Cost (final pricing documentation) Response to competitive solicitation document RFP0622005118.

Attachment 4: Special Terms - See Attachment A - Special Terms which is included in the signed contract document.

Sales Contact Information:

Josh Stevens
515-251-0512
jstevens@deltadentalia.com

RENEWAL OPTIONS

FROM 01-01-2026 **TO** 12-31-2026

FROM 01-01-2027 **TO** 12-31-2027

FROM 01-01-2028 **TO** 12-31-2028

FROM 01-01-2029 **TO** 12-31-2029

AUTHORIZED DEPARTMENT

005 Administrative Services, Dept
595 Public Safety, Dept Of
006 State Accounting Trust Accts



STATE OF IOWA
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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
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1	0.00000		953	\$ 0.000000
				\$ 0.000000

REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

INSURANCE AND INSURANCE SERVICES, ALL TYPES
Weekly Claims incurred (active EE, COBRA, retirees)

Weekly Claims incurred (active EE, COBRA, retirees) plus month-end settlement charges.

See the attached RFP Cost Proposal

2	0.00000	EA	953	\$ 0.000000
				\$ 0.000000

REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

INSURANCE AND INSURANCE SERVICES, ALL TYPES
Annual Standard Assessment/Other Periodic Fees

Annual Standard Assessment / Other Periodic Fees.

See the attached RFP Cost Proposal.

3	0.00000	EA	953	\$ 0.000000
				\$ 0.000000

REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

INSURANCE AND INSURANCE SERVICES, ALL TYPES
Performance Guarantee Adjustment

Performance Guarantee Adjustment.

See the attached RFP Cost Proposal.



STATE OF IOWA
MASTER AGREEMENT

Contract Declaration and Execution

MA 005

23025

EFFECTIVE BEGIN DATE: 01-01-2023

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TERMS AND CONDITIONS

Services Effective 1 May 16

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for service contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>

THIS MASTER AGREEMENT IS EFFECTIVE AS OF THE LATEST DATE SHOWN IN "EFFECTIVE BEGIN DATE" IN THE UPPER RIGHT HAND CORNER OR THE DATE BELOW SIGNED BY THE STATE OF IOWA.

CONTRACTOR		STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.) Delta Dental of Iowa		AGENCY NAME	
BY (Authorized Signature) 	Date Signed 8/10/22	BY (Authorized Signature)	Date Signed
Printed Name and Title of Person Signing Cory Bauer, Director of sales and customer relations		Printed Name and Title of Person Signing	
Address 9000 Northpark Drive, Johnston, Iowa 50131		Address	

Attachment A
RFP0622005118
Dental Benefits Program for State
Special Terms for MA 23025

The following Special Terms are in addition to the General Terms and Conditions for Services for RFP0622005118 and are made part of the master agreement by reference.

The parties agree to comply with the following Special Terms and Conditions:

- I. Once per plan year during the duration of this contract the State may hire a third party to conduct an audit of contract performance and compliance including but not limited to: claims payment accuracy, dependent eligibility, and performance metric application. Contractor agrees to pay the State up to \$ 5,000 per audit toward offsetting the costs charged by the third party to the State for the completion of the audit. The State and Contractor will agree upon the timing of the audit. Costs paid by Contractor to the State shall not exceed the costs the State pays the third party for the completion of the audit.
- II. Contractor agrees to meet with the Agency on a quarterly basis to discuss utilization and performance guarantees and will meet at other intervals if deemed necessary by the Agency.
- III. Contractor agrees to provide a three (3) day turnaround for service issues and eligibility updates related to this contract.

Delta Dental of Iowa



Signature

Executive Council of Iowa

Signature

Cory Bauer, Director of sales and customer relations

Printed Name and Title of Person Signing

Printed Name and Title of Person Signing

8/10/22

Date

Date