



75 Langley Drive | Lawrenceville, GA 30046-6935
(O) 770.822.8720 | (F) 770.822.8735
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Proud Winner of the Annual *Achievement of Excellence Award* in Procurement since 1999



EXHIBIT F – CODE OF ETHICS AFFIDAVIT

RP011-23 Provision of a Dental Program on an Annual Contract

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CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. dba Anthem Blue Cross and Blue Shield
Company Submitting Bid/Proposal

2. Please select one of the following:

- ☒ No information to disclose (complete only section 4 below)
☐ Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: Scott W. Towers
Authorized Officer or Agent Signature

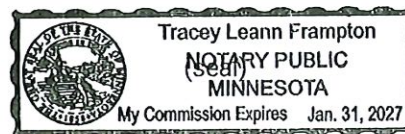
Sworn to and subscribed before me this

Scott Towers
Printed Name of Authorized Officer or Agent

4th day of May, 2023

President, Specialty Products
Title of Authorized Officer or Agent of Contractor

Tracey Leann Frampton
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com



Gwinnett

GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

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1. Cigna Health and Life Insurance Company (CHLIC)*
Company Submitting Bid/Proposal

2. Please select one of the following:
☒ No information to disclose (complete only section 4 below)
☐ Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: Julia M. Huggins
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Julia Huggins
Printed Name of Authorized Officer or Agent

8 day of May, 2023

President of CHLIC and Authorized Signatory
Title of Authorized Officer or Agent of Contractor

[Signature]
Notary Public

DANIELLE Y. WOOTEN
Notary Public-Maryland
Howard County
My Commission Expires 8/18/2026

(seal)



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com
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*We have included the requested information for the additional legal entities in an appendix directly following this form.



WINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

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1. Delta Dental Insurance Company
 Company Submitting Bid/Proposal

2. Please select one of the following:
☒ No information to disclose (*complete only section 4 below*)
☐ Disclosed information below (*complete section 3 & section 4 below*)

3. If additional space is required, please attach list:

 Gwinnett County Elected Official Name

 Gwinnett County Elected Official Name

 Gwinnett County Elected Official Name

 Gwinnett County Elected Official Name

4. BY: Michael Maner
 Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Michael Maner
 Printed Name of Authorized Officer or Agent

____ day of _____, 20____

Vice President, Sales - Key Accounts
 Title of Authorized Officer or Agent of Contractor

 Notary Public

(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com



May 10, 2023

Gwinnett County Purchasing Division
Gwinnett Justice and Administration Center, Second Floor
75 Langley Drive
Lawrenceville, Georgia 30046

RE: Proposal #RP011-23 – Gwinnett County Board of Commissioners (Gwinnett County)
Effective Date: 1/1/2024

Today, more than 152,000 employers and 83 million individuals entrust Delta Dental to provide comprehensive dental coverage – 4 out of 10 dental enrollees nationally have Delta Dental coverage today.

Founded in the 1950's, Delta Dental has over 65 years of experience and expertise in building and maintaining the nation's largest proprietary dental networks, providing cost-effective dental solutions that improve oral healthcare and save clients' money.

As a single-line carrier, our ultimate value to Gwinnett County is our focus on and commitment to offering the highest quality dental products and services administered on systems designed exclusively for dental benefits.

Delta Dental's Solution for Gwinnett County Board of Commissioners

Delta Dental's proposed dual-choice, fully insured solution meets and exceeds the County's requirements through the following:

- Offering "Best-in-Class" benefits and customer service; consistently exceeding aggressive performance standards.
- Competitive pricing.
- An experienced, knowledgeable and accountable account management team.
- Proven track record of implementing and/or transitioning dental programs for other Government plans (cite how many we currently manage and how many enrollees those gov plans cover).
- Robust and informative reporting.
- Customizable communications, education and annual enrollment strategy aligned with Gwinnett's requirements.
- Efficient record keeping, reporting and claims processing.
- User-friendly platform, that provides education and allows for accurate and timely processing, with appropriate checks and balances.
- Experienced and knowledgeable account management resources to support Gwinnett's Human Resources teams (online eligibility management, online bill pay, etc.).

Delta Dental has the following deviations to the plan benefits, procedures and policies as set forth in this proposal.

We have matched Gwinnett's current PPO and DHMO plans as closely as possible with deviations to the following benefits:

Plan Designs

PPO

- Progressive Maximum Benefit

DeltaCare USA

- Annual Benefits Maximum
- Annual Deductible
- Progressive Maximum Benefit
- Class I: Diagnostic & Preventive
- Class II: Basic Restorative
- Class III: Major Restorative
- Class IV: Orthodontia
- Orthodontia Maximum
- Class IX: Implants

Please refer to the, *RFP011-23 Gwinnett Dental RFP Questionnaire, Plan Design Tab.*

Rate Guarantee

We are offering a two year rate guarantee with a 6% rate cap on year three.

Contract Deviations

Please refer to the attachments, *Delta Dental Response - Exhibit C - General Conditions To Service Provider Agreement, Delta Dental Response - Exhibit D – SAMPLE SERVICE PROVIDER CONTRACT* and *Delta Dental Response - Exhibit E – SAMPLE BUSINESS ASSOCIATE AGREEMENT.*

Delta Dental's networks, member support and dedicated account management team deliver a differentiated, stable financial experience unmatched in the marketplace. I look forward to answering any questions you may have and welcome the opportunity to partner with Gwinnett County Board of Commissioners to deliver an outstanding dental benefits solution to its employees.

DocuSigned by:

Daniel Battista

4294BB533B7B4A6...

Daniel Battista

Account Executive

National & Special Accounts

Delta Dental Insurance Company

708-710-6150

DocuSigned by:

Michael Maner

4294BB533B7B4A6...

Michael Maner

Vice President, Sales

Key Accounts

Delta Dental Insurance Company

770-641-5101

Note: Delta Dental's ability to provide original signatures or notarize documents has been impacted due to the Covid-19 pandemic. In lieu of these, Delta Dental is utilizing DocuSign in acknowledgement of these forms.



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1. Metropolitan Life Insurance Company
Company Submitting Bid/Proposal

2. Please select one of the following:

- ☒ No information to disclose (*complete only section 4 below*)
☐ Disclosed information below (*complete section 3 & section 4 below*)


3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: 
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Michael McDermott
Printed Name of Authorized Officer or Agent

2nd day of May, 2023

Vice President
Title of Authorized Officer or Agent of Contractor


Notary Public

Susan Brewton
Notary Public
Fulton County, Georgia
My Commission Expires April 12, 2026

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com

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1. United Concordia Insurance Company
Company Submitting Bid/Proposal

2. Please select one of the following:
☒ No information to disclose (*complete only section 4 below*)
☐ Disclosed information below (*complete section 3 & section 4 below*)

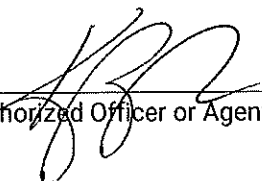
3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: 
Authorized Officer or Agent Signature

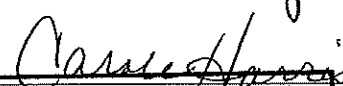
Sworn to and subscribed before me this

Kimberly R. Pinkerton
Printed Name of Authorized Officer or Agent

10th day of May, 2023

Vice President National Sales & Account Service

Title of Authorized Officer or Agent of Contractor


Commonwealth of Pennsylvania-Notary Seal
Carole Harris, Notary Public
Montgomery County
My Commission Expires October 29, 2024
Commission Number 1386180

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com

Commonwealth of Pennsylvania-Notary Seal
Carole Harris, Notary Public
Montgomery County
My Commission Expires October 29, 2024
Commission Number 1386180



Gwinnett

GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

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1. UnitedHealthcare Insurance Company and UHC of GA

Company Submitting Bid/Proposal

2. Please select one of the following:

- ☒ No information to disclose (complete only section 4 below)
☐ Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: Bryan Palmer
Authorized Officer or Agent Signature

Sworn to and subscribed before me this:

Bryan Palmer
Printed Name of Authorized Officer or Agent

10 day of May, 2023

CEO

Loraine Medlock Anderson
Notary Public

Title of Authorized Officer or Agent of Contractor

Note: See Gwinnett County Code of Ethics Ordinance, EO2011, Sec. 54-33. The ordinance will be available to view in its entirety at GwinnettCounty.com

