



# CONTRACT

(fee-for-goods or services contract with an individual, business, non-profit, or governmental entity of another state)

<b>Begin Date</b> September 1, 2021	<b>End Date</b> December 31, 2025	<b>Agency Tracking #</b> 31786-00161	<b>Edison Record ID</b> 71774
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<b>Contractor Legal Entity Name</b> Delta Dental of Tennessee	<b>Edison Vendor ID</b> 0000074015
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**Goods or Services Caption (one line only)**  
DPPO benefits plan

<b>Contractor</b> <input checked="" type="checkbox"/> Contractor	<b>CFDA #</b>
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Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2022			\$19,000,000		\$19,000,000
2023			\$38,000,000		\$38,000,000
2024			\$38,000,000		\$38,000,000
2025			\$40,000,000		\$40,000,000
2026			\$20,000,000		\$20,000,000
<b>TOTAL:</b>			\$155,000,000		\$155,000,000

**Contractor Ownership Characteristics:**

Minority Business Enterprise (MBE): African American, Asian American, Hispanic American, Native American

Woman Business Enterprise (WBE)

Tennessee Service Disabled Veteran Enterprise (SDVBE)

Tennessee Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees.

Other:

**Selection Method & Process Summary (mark the correct response to confirm the associated summary)**

Competitive Selection      RFP

Other

**Budget Officer Confirmation:** There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

*JRH*

<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>
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**CONTRACT  
BETWEEN THE STATE OF TENNESSEE,  
STATE INSURANCE COMMITTEE,  
LOCAL EDUCATION INSURANCE COMMITTEE,  
AND LOCAL GOVERNMENT INSURANCE COMMITTEE  
AND  
Delta Dental of Tennessee**

This Contract, by and between the State of Tennessee, State Insurance Committee, Local Education Insurance Committee, and the Local Government Insurance Committee ("State"), and Delta Dental of Tennessee ("Contractor"), is for the provision of a voluntary Dental Preferred Provider Organization ("DPPO") program ("Program"), as further defined in the "SCOPE". State and Contractor may be referred to individually as a "Party" or collectively as the "Parties" to this Contract.

The Contractor is Non-Profit Corporation  
Contractor Place of Incorporation or Organization: Tennessee  
Contractor Edison Registration ID #0000074015

**A. SCOPE:**

- A.1. The Contractor shall provide all goods or services and deliverables as required, described, and detailed below and shall meet all service and delivery timelines as specified by this Contract.

The Contractor agrees to provide and administer a fully-insured, voluntary Dental Preferred Provider Organization Program to eligible employees of State agencies, as well as participating Local Education and Local Government agencies; eligible retirees; and dependents of employees and retirees who elect to participate in the DPPO Program. Eligibility criteria shall be as defined in RFP #31786-00161 and subsequently the Contractor's Certificate of Coverage for this Program. The Contractor agrees there shall be no minimum participation requirements in this contract. The DPPO Program shall be delivered in accordance with the provisions of this Contract, including Contract Attachment F – Minimum Benefit Schedule, the group master policy, if applicable, and the *certificate of coverage* created under Contract Section A.16. The benefits coverage for the DPPO Program shall range from January 1, 2022 (go-live) through December 31, 2025. No compensation, beyond the Term shall be paid for completion of this task as it is recognized to be part of the Contractor's responsibilities.

- A.2. Definitions. For purposes of this Contract, definitions shall be as follows and as set forth in the Contract:

- a. **Affiliate:** A business organization or entity that, directly or indirectly, is owned or controlled by the Contractor, or owns or controls the Contractor, or is under common ownership or control with the Contractor.
- b. **Agency Benefits Coordinator:** The individual within each agency or department who is the officially designated liaison between BA and employees.
- c. **At-Risk Performance Payment:** Contractor's payment based on key performance indicators (KPI) listed on the SLA Scorecard set forth in Contract Attachment C. The payment is calculated based on the SLA Scorecard quarterly score and a corresponding amount.
- d. **Average Speed of Answer (ASA):** The mean time between (a) the moment at which a caller to the Contractor's call center first hears an introductory greeting and enters the queue and (b) the time at which a call center representative at the call center answers the call. For this definition, the term "answer" shall mean to begin an uninterrupted dialogue with the caller. If a call center representative asks the caller to hold during the first 60 seconds of the dialogue, the Contractor shall not consider the call to be "answered" for purposes of this

definition until the call center representative returns to the caller and begins an uninterrupted dialogue.

- e. **Benefits:** The services available to Members and the corresponding amounts that Members and the Program will pay for covered services under this contract.
- f. **Benefits Administration (BA):** The division of the Tennessee Department of Finance & Administration that administers the Public Sector Plans.
- g. **Business Days:** Traditional workdays, including Monday, Tuesday, Wednesday, Thursday, and Friday. State Holidays are excluded.
- h. **Certificate of Coverage:** A formal document detailing the eligibility and benefits for the Program that has been approved by the State's Department of Commerce and Insurance.
- i. **Claim:** Notification to an insurance company requesting payment of an amount due under the terms of the policy.
- j. **Claims Payment Accuracy:** The measurement of claims processed with an accurate payment of benefits divided by the total number of claims with payments in the audited population.
- k. **Claims Processing Accuracy or Procedural Accuracy:** The measurement of claims processed without procedural errors divided by number of claims in the audited population.
- l. **Claims Processing Turnaround:** The total number of calendar days needed to process a claim. The calculation covers the period from the day the claim is received to the day the claim is processed, suspended, or denied.
- m. **Coinsurance:** The percentage amount of allowable charges paid by the Program and by the Member to a Provider for service provided to the Member.
- n. **Decision Support System ("DSS"):** A database and query tool containing health care information and claims data which allows for analytics and executive decision making.
- o. **Dependent:** The child or spouse of an employee or retiree.
- p. **Edison:** The State's enterprise resource planning system, which supports human resources, payroll, employee benefits, contracting, procurement and other agency functions.
- q. **First Call Resolution:** A Member or employee's question(s) is answered during their first call eliminating the need for the Contractor to call back.
- r. **General Dentist:** A person practicing dentistry or oral surgery within the scope of their license. It will also include a provider operating within the scope of their license when they perform any of the Dental Services described in the policy for the State.
- s. **Holidays:** Days on which official holidays and commemorations as defined in Tennessee Code Annotated § [15-1-101](#) *et seq.*, are observed.
- t. **Information Technology (IT):** A combination of computing hardware and software that is used in: (a) the capture, storage, manipulation, movement, control, display, interchange and/or transmission of information, i.e. structured data (which may include digitized audio and video) and documents; and/or (b) the processing of such information for the purposes of enabling and/or facilitating a business process or related transaction.
- u. **In-Network General Dentist:** A licensed General Dentist who has signed an agreement with the Contractor to provide general dental care services to plan Members and agrees not to charge Members for expenses greater than the contracted rates agreed upon with the Contractor for covered procedures.
- v. **In-Network Specialist:** A Specialist who has signed an agreement with the Contractor to provide specialized dental care services to plan Members and agrees not to charge Members for expenses greater than the contracted rates agreed upon with the Contractor for covered procedures.

- w. **In Writing**: Written communication between the Parties, which may be in the form of an official memo, or documents sent via postal mail, fax, or email communications.
- x. **Loss Ratio**: The percentage ratio derived from the sum of total claims dollars paid divided by the total collected premiums.
- y. **Member(s)**: Employees and their dependents, retirees and their dependents and/or survivors, and individuals qualified under The Federal Consolidated Omnibus Budget Reconciliation Act ("COBRA") and their dependents who are enrolled in the DPPO Program sponsored by the State, Local Education, and Local Government Insurance Committees.
- z. **Paid Claim**: A claim that meets all coverage criteria of the Program and is paid by the Contractor.
- aa. **Plan Year**: January 1 through December 31 of the same calendar year.
- bb. **Program**: The DPPO Program provided under this Contract.
- cc. **Protected Health Information (PHI)**: individually identifiable health information that is transmitted by electronic media, maintained in electronic media; or transmitted or maintained in any other form or medium.
- dd. **Provider**: A General Dentist or Specialist.
- ee. **Provider Network**: A group of General Dentists and Specialists who have signed an agreement with the Contractor to provide dental care services to plan Members at a cost no greater than the contracted rates agreed upon with the Contractor and who will not bill Members for any expenses above the agreed-upon contracted rates for covered procedures.
- ff. **Public Key Infrastructure ("PKI")** - The framework and services that provide for the generation, production, distribution, control, accounting, and destruction of public key certificates. Components include the personnel, policies, processes, server platforms, software, and workstations used for the purpose of administering certificates and public-private key pairs, including the ability to issue, maintain, recover, and revoke public key certificates.
- gg. **Public Sector Plans ("Plan")**: Refers to all benefit options sponsored by the State, Local Government, and Local Education Insurance Committees (e.g. health plan options, dental plan options, life insurance, other voluntary benefits). The Plan is available to eligible employees and dependents of participating State (Central Government and Higher Education), Local Government, and Local Education agencies.
- hh. **Section 508**: Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) and implementing regulations at 36 CFR 1194 Parts A-D.
- ii. **Service Level Agreement ("SLA") Scorecard**: Performance management scorecard that contains Contractor's KPIs and desired outcomes in Contract Attachment C. The At-Risk Performance Payments will be based on the Contractor's ability to meet the listed KPIs.
- jj. **Span of Control**: Information Technology and telecommunications capabilities that the Contractor itself operates or for which it is otherwise legally responsible according to the terms and conditions of this Contract. The Span of Control also includes Systems and telecommunications capabilities outsourced by the Contractor.
- kk. **Specialist**: The term Specialist means any person or organization licensed as necessary who delivers or furnishes specialized dental care services.
- ll. **Splash Page**: Dedicated and customized webpage for this Contract containing information specific to the Program, which does not require a Member to log in.
- mm. **State, Local Government, and Local Education Insurance Committees** - Policy making bodies for the State, Local Government, and Local Education agencies under the Public Sector Plans established under Tenn. Code Ann. § 8-27-101, 8-27-207, and 8-27-301 respectively.

- nn. **Subscriber:** The head of contract; typically, the employee or retiree eligible for and enrolled in the DPPO Program.
- oo. **Weighted Average Fee:** The basis for payments to out of network general dentists and specialists. It is calculated by multiplying the Contractor's current contracted fee in each fee schedule, specific to the procedure code and ZIP Code, by the number of incurred services per procedure code per fee schedule in the ZIP Code. For the number of incurred services, the Contractor shall use their full prior calendar year claims history for all of their group business in these ZIP codes. Repeat this for every fee schedule that applies to each procedure code and ZIP Code. Then divide the sum of these calculations by the total number of incurred services for these procedure codes in these ZIP codes during all of the prior calendar year.

A.3. Provider Network.

- a. The Contractor shall administer an existing Tennessee statewide and national network(s) of dental Providers for Members participating in the DPPO Program. The Contractor shall secure under contract, participation by dental Providers as needed and necessary to continuously provide high quality, cost effective services and materials, adequate distribution, and reasonable access from a geographic and service standpoint during the contract term. The Providers in the Contractor's network must have signed an agreement with the Contractor to perform covered services for Members, to accept the contracted rates agreed upon with the Contractor, and to not bill Members for expenses greater than the contracted rates.
- b. The Contractor's Provider network shall meet, at a minimum, the geographic access standards for Members residing within the State of Tennessee specified in Contract Attachment B, Liquidated Damages, item #6 Network Access and below. The minimum standards are:

Provider Type	Access Standard
In-Network General Dentists	Urban     2 providers within 10 miles for 95% of Members Suburban 2 providers within 15 miles for 95% of Members Rural     2 providers within 20 miles for 95% of Members
In-Network Specialists	Urban     1 provider within 15 miles for 95% of Members Suburban 1 provider within 20 miles for 95% of Members Rural     1 provider within 25 miles for 90% of Members

(Classification of geographic areas shall be as defined by the Quest or comparable report system.) The State shall review network accessibility and shall inform the Contractor, In Writing, of any deficiencies it identifies which deny reasonable access to dental care. The Contractor shall respond to the State, In Writing, as to the action it intends to take to correct said deficiencies.

- c. The Contractor shall maintain the capability to respond to inquiries from employees, retirees, dependents, and Members concerning participation by Providers in the network via a Member toll-free call center, detailed in Section A.5., and via network dental provider search capability on the Contractor's website and Splash Page for this Program, detailed in Section A.9.
- d. The Contractor shall contract only with dental Providers who are duly licensed by the state in which they are providing dental services and/or materials. In addition, the Contractor shall require that all Providers maintain all licenses and accreditations in existence at the time of selection as a network Provider in order to continue their status as a network Provider, with the exception of any requirements which are no longer required by the Contractor for new

network Providers. Re-credentialing of network Providers must be performed at least every three (3) years in order to assure the quality of network Providers.

- e. The Contractor shall maintain communication with Providers to ensure a high degree of continuity in the Provider base and ensure that the Providers are familiar with the DPPO Program benefits and procedural requirements. There shall be provisions to allow for on-site visits to the Provider's office by the Contractor's staff, in addition to telephone and written contact for the purpose of monitoring Provider conformance with Program standards and quality requirements.
- f. The Contractor shall notify all network Providers of, and enforce through the Contractor's provider contract, compliance with all provisions of the DPPO Program.
- g. The Contractor shall have a process in place to address the transfer of Member records from terminating Providers to new network Providers. This process shall include at a minimum the transfer of the appropriate patient dental record, including the most recent x-rays if appropriate, covering the prior twenty-four (24) month period in hard copy or electronic format. Such cost of transfer shall not be borne by the Member or State.
- h. The Contractor shall maintain an In-Network General Dentist annual disruption ratio of ten percent (10%) or less. The annual In-Network General Dentist disruption ratio shall be calculated by dividing the number of unique In-Network General Dentists who were in the network at the start of the Plan year and left (voluntarily or in-voluntarily) the network during the Plan Year by the number of unique In-Network General Dentists at the start of the Plan Year.

#### A.4. Staffing.

- a. The Contractor shall have a designated full-time implementation team to service this account. All of the Contractor's implementation team members shall have participated, as team members, in the implementation of a dental insurance program for at least one other client with at least 5,000 members. The Contractor's implementation team shall include a full-time, designated project manager ready to begin work immediately following the Contract Effective Date. The team shall also include an account manager dedicated to this Contract, who will be the main contact with the State for all of the day-to-day matters relating to the implementation and ongoing operations. Also, the Contractor shall assign a backup to the account manager. An information systems project manager shall be part of the implementation team. All implementation team members shall be available as needed during the implementation as well as thirty (30) days after the go-live date.
- b. Staffing Plan:
  - (1) As part of its project implementation plan described in Contract section A.15., the Contractor shall submit to the State for review and approval a detailed staffing plan. The Contractor shall submit to the State its staffing plan with its project implementation plan by the date specified in Contract Section A.17.
  - (2) The staffing plan shall provide staffing estimates for all functions and requirements of the Contract, including:
    - i. Representatives/operators, serving in the call center
    - ii. Contractor supervisory/account management staff;
    - iii. Technical staff, as required to process the Program enrollment files from the State's Edison system; and

- iv. Communications staff responsible for published documents and text on websites.
- c. The Contractor shall provide and maintain qualified personnel and staffing to provide all contractual deliverables and services.
- d. The Contractor shall ensure that all staff, including the Contractor's employees, independent contractors, consultants, and subcontractors, performing services, has the experience and qualifications to perform the applicable services. The State may also direct the Contractor to replace staff members providing core services and/or interacting regularly with the State as it deems necessary and appropriate. The decision of the State on these matters shall not be subject to appeal.
- e. The Contractor shall designate an account manager and a back-up with overall responsibility for the Program. The account manager shall serve as the single point of contact for the State and have overall responsibility for the Contractor's functions under the Contract. The account manager shall have the authority to make decisions and resolve problems on behalf of the Contractor with the State.
- f. In addition to the account manager, the Contractor shall designate a customer service manager, who shall manage the call center operations and staff assigned to the State.
- g. The Contractor shall also designate an information systems project coordinator who shall be responsible for implementation of the systems requirements necessary to administer the Program and interface with the State.
- h. Unless otherwise directed by the State, all key Contractor project staff shall attend a project kick-off meeting at the State offices in Nashville, Tennessee, within ten (10) Business Days after the Contract Effective Date or on a date established by the State. The State may also approve virtual meetings as appropriate.
- i. The Contractor shall train its representatives/operators and other staff regarding the provisions of the State's Program. The Contractor's staff shall successfully complete the training program prior to assuming their duties. The Contractor shall conduct regular staff refresher training to address current Program benefits, process, and policy.
- j. The Contractor shall employ no employees or contract with subcontractors that are on the U.S. Department of Health and Human Services' Office of Inspector General (OIG) exclusions list unless the Contractor receives prior, written approval from the State.
- k. The Contractor agrees that, prior to the execution of the Contract, it will provide the State with a list of the subcontractors that will be utilized in connection with this Contract and will provide reasonable advance notice of any additional subcontractors that may be used. The State may approve or disapprove the Contractor's subcontractors or its staff assigned to this Contract if the State is not satisfied with the service delivered by the subcontractor or its staff. Should the State disapprove of any particular subcontractor, the Contractor will work with the State in good faith to procure a reasonable alternative subcontractor.
- l. Key personnel commitments made by the Contractor shall not be changed unless prior approval is received from the State. For these purposes, such commitments shall include any named individuals in the proposal and the levels of effort proposed. The Contractor shall notify the State at least fifteen (15) Business Days in advance of proposed changes In-Writing and shall submit justification (including proposed substitutions) in sufficient detail to the State to evaluate the impact.
- m. The State shall perform an account satisfaction survey of the Contractor's performance annually during the contract period to determine the State's satisfaction with the ongoing account team and Contractor. Results shall be shared with the Contractor including the

identification of any deficiencies. The Contractor shall respond In-Writing within fifteen (15) days of receiving the results with a corrective action plan as necessary to remedy any identified deficiencies.

A.5. Call Center.

- a. The Contractor shall maintain a call center and provide a dedicated toll-free line, by the date specified in A.17. for the exclusive purpose of responding to inquiries and general questions from Members and those eligible for the Program. The Contractor shall provide advice and assistance to callers regarding matters such as, but not limited to, Program benefits and provider network participation.
- b. Call Center Requirements
  - (1) The Contractor shall operate a call center that uses a designated toll-free number as the “front-end” entry point for callers. The Contractor’s call center shall have designated representatives/operators to respond to inquiries from Members.
  - (2) The Contractor’s call center and staff shall be located in the continental United States.
  - (3) The Contractor’s call center shall accept calls, at a minimum, from 7:00 a.m. to 4:30 p.m. Central Time (CT), Monday through Friday, except on official State Holidays.
- c. Call Center Processes
  - (1) The Contractor’s call center shall maintain a monthly Average Speed of Answer rate of thirty (30) seconds or less.
  - (2) The Contractor’s call center shall maintain a monthly average First Call Resolution rate of eighty-five percent (85%) or greater.
- d. The Contractor shall provide statistics related to the call center performance standards above to the State on a monthly basis. (See Contract Attachment D – Reporting Requirements #5.)
- e. The Contractor’s call center shall have call management systems and communications infrastructure that can manage the potential call volume and achieve the performance standards.
- f. The Contractor’s call management systems shall be scalable and flexible so they can be adapted as needed, within negotiated timeframes where applicable, in response to Program, benefit, or enrollment changes.
- g. The Contractor’s call management systems shall be equipped with caller identification. In addition, the Contractor’s call center shall adopt caller identification for outgoing calls.
- h. The Contractor’s call management system shall record and index all calls such that the Contractor can easily retrieve recordings of individual calls based on the Edison ID of the caller, phone number of the caller, the caller’s name, the date/time of the call and the staff member who handled the call. The Contractor shall be able to provide a full recording of each call upon the State’s request. The Contractor shall archive the recordings for one year from the date of each call.
- i. The Contractor may use an automated interactive voice response (IVR) system for managing inbound calls, provided that the caller always has the ability to leave the IVR system and wait in the queue in order to speak directly with a live-voice call center staff member rather than continuing through additional prompts.



- j. The Contractor shall have the ability to make outbound calls without interrupting the ability of callers to continue to access the call center.
- k. The call management system shall enable the logging of all calls, including:
  - (1) The caller's identifying information (e.g., Edison employee ID);
  - (2) The call date and time;
  - (3) The reason for the call;
  - (4) The member services representative that handled the call;
  - (5) The length of call; and
  - (6) The resolution of the call and if unresolved, the action taken and follow up steps required.
- l. The call management system shall maintain a history of correspondence and call transactions for performance management, quality management and audit purposes. This history shall contain the actual information, a date/time stamp that corresponds to when the transaction took place, the origin of the transaction (e.g., the State and /or one of its authorized representatives or the Member), and the member services representative that processed the transaction. Related correspondence and calls shall be indexed and properly recorded such that they can be treated in reporting and analysis as part of a distinct transaction.
- m. The Contractor's call center staff shall have access to the Contractor's enrollment and other systems as necessary to respond to inquiries from Members.

A.6. Communications/Materials.

- a. The Contractor shall develop a written marketing and communications plan by date specified in Contract Section A.17. In addition, the Contractor shall update this plan on an annual basis to reflect any changes in marketing strategy and updated methods, tools or technology to engage with Members. Contractor's marketing plan will reflect a thoughtful, proactive approach to encourage Member enrollment, drive engagement and utilization of applicable services and programs. Contractor shall identify what resources (e.g., MailChimp, Constant Contact, etc.) Contractor will use to support marketing and communications. All marketing and communications plan updates shall be approved In Writing by the State.
  - (1) Contractor will provide an annual analytics report of marketing and communications efforts that could include email or other communications statistics. Contractor shall use the State's template or the Contractor's template with prior approval In Writing by the State.
  - (2) The Contractor covenants that all materials distributed and prepared or produced by the Contractor shall be accurate in all material respects.
- b. The Contractor shall, in consultation with the State, develop and disseminate Member information and communication materials. All material must have approval In Writing by the State prior to distribution. Contractor shall ensure that all Member materials and other communications meet any state or federal regulatory compliance (e.g., Civil Rights Compliance), if applicable. The Contractor shall develop all materials in conformance with the style, formatting and other related standards developed by the State and its marketing staff.
  - (1) Materials could include, but are not limited to, Member handbooks, Member identification (ID) cards, welcome packet, administrative forms, letters, emails, manuals, brochures, fliers, certificates of coverage, webinars, text messages, website copy, website images,

- mobile app and app content, social media content, PowerPoints, training materials, marketing materials specific to Program and videos.
- (2) Marketing/segmenting: Contractor may offer or suggest marketing and communications based on segmentation of population (e.g., demographics, geography, etc.). Contractor may provide data to address paths and barriers to engagement.
  - (3) Personalization of materials and digital communications may be an option upon request.
  - (4) Contractor shall provide marketing and communications samples of how they introduce Program options to Members.
  - (5) The Contractor shall use graphics to communicate key messages to populations with limited literacy, limited-benefit program literacy or limited English proficiency. The Contractor shall also prominently display the call center's telephone number in large, bolded typeface and hours of operation on all materials.
  - (6) The Contractor shall provide text and graphics, if applicable, for the State's communication to Members.
  - (7) As part of its submission to the State, the Contractor with consultation with the State shall specify how the materials will be sent e.g., email, text, regular mail, other.
- c. Member materials shall be finalized (including State review and sign-off) and ready for distribution on or before the date(s) specified in Contract Section A.17. or otherwise In Writing by the State.
- d. In addition to the Member information and communications referenced above, the Contractor shall assist the State, if requested, in the education and dissemination of information regarding the Program. This assistance may include but not be limited to:
- (1) Written information;
  - (2) Audio/video and webinar presentations;
  - (3) Member and Agency Outreach: With notification In Writing to the State, attendance at meetings, workshops, benefits fairs, marketing events and conferences (approximately 60-70 annually).
    - i. Educating State staff, Agency Benefits Coordinators, Members and other persons on Contractor's administrative and benefits procedures. Specifically, when a new agency joins the Plan, Contractor may be asked to attend onsite enrollment and benefits educational events.
    - ii. Educating Members and Agency Benefits Coordinators could include targeted agency outreach and partnering with other state departments on outreach efforts across the state on benefit implementation, engagement and education.
    - iii. Any on-site visits to agencies, marketing or other state department co-marketing efforts covered shall require prior notification In Writing to the State. The State also reserves the right to request Contractor's attendance at specific events.
- e. Unless otherwise specified, the Contractor shall be responsible for all costs related to the design, development, printing, distribution, mailing (if applicable) and revision of all materials that are required to be produced under this Contract.
- f. The Contractor shall use First Class Mail for all mailings, unless otherwise directed or unless otherwise approved by the State In Writing. With prior approval, the State may approve bulk or alternative rates.
- g. The Contractor shall provide the State with draft versions of all communications materials and letters at least fourteen (14) Business Days prior to planned printing, assembly, and/or distribution (including web posting). The Contractor shall not distribute any materials until the State issues approval In Writing to the Contractor for the respective materials. The State has and retains the ability to edit and customize all communication pieces distributed by the Contractor, including the right to require that the State branding "ParTNers for Health" logo be included on any Member letters or correspondence. The Contractor shall ensure

communications are specific to the program design and not simply a rebranding/repackaging of standard book-of-business materials or communications unless it is to remain in compliance with other regulatory requirements.

- h. The Contractor shall work in conjunction with the State's staff to ensure continuity of branding across all program and materials, mailings, emails, website, apps, social media and any other communications information, tools, communication methods, and resources. This branding shall include, but is not limited to, use of the "ParTNers for Health" logo, color scheme and applicable taglines. All uses of these branding elements shall be subject to prior approval In Writing by the State. All marketing and communications materials specific to this Program, including contact information for any Members, shall become property of the State.
- i. The Contractor shall have the exclusive responsibility to write, edit and arrange for clearance of materials (such as securing full time use of a stock photograph for perpetuity) for any and all marketing and communication materials.
- j. The Contractor shall distribute materials that are culturally sensitive and professional in content, appearance and design with prior approval In Writing by the State.
- k. The Contractor shall provide electronic templates of all finalized materials in a format that the State can easily alter, edit, revise and update.
- l. Unless otherwise prior approved In Writing by the State, the Contractor shall design all marketing and communication materials at a sixth (6.0) grade reading level or lower using the Flesch-Kincaid Index, or a comparable product. The Contractor shall evaluate materials using the entire text of the materials (except return addresses). When submitting draft materials to the State for approval, the Contractor shall provide a certification of the reading level of each piece of material.
- m. On an annual basis, at least three (3) months prior to the State's annual enrollment period, as requested by the State, the Contractor shall provide to the State in electronic format drafts of any enrollment material requested by the State that may be helpful to potential and existing Members. Items may include, but not be limited to, a toll-free Member services number, website address, website logon information, procedures for accessing services, informational fliers, Member handbook, and other pertinent updates, changes and/or materials.
- n. At any time and at the State's request, the Contractor shall notify Members, In Writing, of any benefit or other Program changes no less than thirty (30) Business Days prior to the implementation of the change.
- o. Unless otherwise directed by the State, the Contractor shall print and distribute any mass mailings developed by the State within fourteen (14) Business Days of receiving the language/copy from the State.
- p. The Contractor shall ensure that up-to-date versions of all printed Member marketing and communication materials can be downloaded from the Splash Page. The Contractor shall provide an electronic copy of all marketing and communication materials at the State's request to the State for posting on the State's website.
- q. The Contractor shall update web-based versions of all materials as Program changes are made and to correct errors. The Contractor shall update web-based versions at the request of the State, within five (5) Business Days or other time approved by the State. New Plan year information must be added no later than one (1) month prior to the State's annual enrollment.
- r. Unless approved in advance and In Writing by the State, the Contractor shall not distribute any promotional materials or gifts to employees or Members, even if such gifts are of a de minimus value (e.g., magnets, pens, etc.).

A.7. Welcome Kit

- a. Unless otherwise directed by the State, the Contractor shall mail an initial welcome kit to at least ninety-five percent (95%) of Subscribers on or before fourteen (14) Business Days prior to the go-live date and, thereafter, to new Subscribers for the next Plan Year fourteen (14) Business Days prior to the start of each Plan Year. The welcome kit shall include items approved by the State In Writing including, but not limited to: ID card (can be mailed separately), certificate of coverage or summary of plan benefits, a URL to customized Splash Page maintained by the Contractor, toll-free customer service number, general Contractor website login information, and other agreed upon material.
- b. As a new Subscriber(s) joins the program, they shall be mailed a welcome kit no later than ten (10) Business Days from the date initial enrollment was passed to the Contractor on the enrollment file. At least ninety-five percent (95%) of ongoing welcome kits shall be mailed within ten (10) Business Days of new Subscriber enrollment record being received.

A.8. Member Handbooks, Certificates of Coverage and Member Identification (ID) Cards

- a. The Contractor, following review and approval In Writing by the State, shall write, update, print and distribute, upon the State's request, Member handbooks and shall maintain an up-to-date version of the Member handbook on the State's Splash Page (see Contract Section A.9).
- b. The Member handbook shall be specific to the Program. Handbooks shall include, but not be limited to, detailed benefits; covered and excluded services and procedures; detailed cost-sharing requirements for each benefit option; description of additional features specific to any of the benefit options; description of procedures for accessing services, including use of in-network and out-of-network providers; description of appeal procedures; and other information helpful to Members.
- c. Upon request by the State, the Contractor shall mail a Member handbook, with a cover letter if requested by the State, no later than ten (10) Business Days from receipt of a Member's request for a copy.
- d. Upon the State's request, the Contractor shall provide Member handbooks to specified parties (e.g., Agency Benefits Coordinators) within fourteen (14) Business Days of the State's request to provide copies. The number of Member handbooks, fliers and other relevant information to be printed shall be in sufficient quantities for distribution by the Contractor to the State's Agency Benefits Coordinators, plus a quantity of handbooks and brochures as requested by the State for distribution to potential new Members, unless otherwise directed In Writing by the State.
- e. The Contractor shall provide, if requested by the State, Subscribers with Certificate(s) of Coverage following initial enrollment and thereafter only when a change is necessary. The cost shall be borne by the Contractor. The Contractor shall post generic Certificate(s) of Coverage on the Splash Page no later than one (1) month prior to the go-live date and, thereafter, no later than ten (10) Business Days from approved revision of the Certificate(s) of Coverage. During the benefit year, the Contractor shall provide, if requested by the State, Certificate(s) of Coverage to new Subscribers no later than ten (10) Business Days from receipt of new enrollment.
- f. The Contractor shall provide Subscribers with ID cards and shall establish a process that allows Subscribers to request replacement or duplicate cards by phone, online and mobile app (if applicable) and/or other possible future methods or technology upon request.
- g. The cost of creating and mailing ID cards is the responsibility of the Contractor.

- h. The ID card shall include the State's "ParTners for Health" color logo, unless otherwise approved by the State, on the top front of the card, as directed by the State and the Contractor's logo may appear on the front in a corner.
  - (1) The words "Insured by: CONTRACTOR NAME" or "Administered by: CONTRACTOR NAME" may appear beneath this in a smaller font size.
  - (2) The front of the card shall also include the following information: Member name, Member number (which shall NOT be the Member's Social Security Number), group name and/or number; benefit option (e.g., Preferred Dental), network name, if applicable, and select cost sharing amounts, if requested by the State.
  - (3) The back or front of the card shall include the following information: Member's effective date of coverage, the Contractor's Member services phone number and hours of operation, and the address of the Contractor's website for this Program. The State has final approval of the ID card appearance and language/copy.
- i. ID cards shall contain unique identifiers for each Subscriber, which shall be the unique Edison ID provided on the enrollment file. Contractor may add additional identifiers if prior approved by the State In Writing.
- j. Ninety-five percent (95%) of initial ID cards must be mailed to all Subscribers no later than fourteen (14) Business Days prior to go-live. Ninety-five percent (95%) of ongoing ID cards shall be mailed to Subscribers no later than ten (10) Business Days from receipt of a new enrollment, change in enrollment, or request for a replacement card.
- k. As directed by the State, the Contractor shall re-issue ID cards to reflect approved changes within the timeframe specified by the State.

**A.9. Splash Page, Contractor Website, and Mobile Application**

- a. The Contractor shall maintain a Splash Page, which does not require a person to log in, dedicated to and customized to the State containing information specific to the Program. The design of the Splash Page, inclusive of the site map, page layout, color/font scheme and branding, static content and any documents which can be accessed via, or downloaded from, the Splash Page must be prior approved In Writing by the State.
- b. The Splash Page shall at a minimum contain the following information or a link to the information with no log in required:
  - (1) Contractor customer service phone number and hours;
  - (2) Program benefits, limitations, and exclusions;
  - (3) Member handbook(s);
  - (4) Generic Certificate(s) of Coverage;
  - (5) Up-to-date searchable internet-based database of current in-network providers (specific to the Program);
  - (6) Member tools, forms, and information; and
  - (7) Other information as requested by the State.
- c. The Contractor shall link the Splash Page to the BA website, other State-contracted vendor websites, microsities, content or other web or mobile device enabled video/multimedia tools apps, methods or technology as determined by the State that are useful or applicable for Members (State-approved tools from other approved vendors). The Contractor shall obtain prior approval In Writing from the State for any links from the site to an external website/portal or webpage.
- d. Contractor shall have a website with a Member log-in portal on the Splash Page so Members can view Member-specific documents. Contractor must maintain this website, which shall be available twenty-four (24) hours a day, three hundred sixty-five (365) days a year except for maintenance windows.

- e. The Contractor's website shall be enabled for mobile devices, mobile app or by other methods that may apply. The Contractor website and/or Splash Page shall at a minimum contain the following for access via mobile devices, mobile apps, or other access methods:
  - (1) Member specific benefits, including Coinsurance, exclusions, and limitations;
  - (2) Up-to-date searchable internet-based database of in-network providers;
  - (3) Have an intuitive user interface, including a frequently asked questions (FAQs) section and other resources;
  - (4) Access to temporary Member ID cards;
  - (5) Any applicable Member forms; and
  - (6) Links to other State contractors' websites, if requested by the State.
- f. The Contractor shall submit the text and screenshots of the Splash Page and Contractor website to the State for review and approval by the dates specified in Contract Section A.17.
- g. The Contractor shall grant the State access to the customized developed Splash Page for review and approval no later than the date specified in Contract Section A.17.
- h. The Splash Page and Contractor website shall be fully operational with the exception of Member data/Protected Health Information (PHI) on or before the date specified in Contract Section A.17.
- i. Unless otherwise approved by the State, the Contractor shall update content and/or documents posted to the Splash Page and/or Contractor's website/portal within ten (10) Business Days of the State's prior approval of changes to said content and/or documents.
- j. The Contractor shall ensure that all up-to-date versions of all printed materials can be downloaded from the Splash Page or accessible via a mobile device, or other method, if applicable.
- k. The Contractor shall provide all information pertinent to each new Plan year on the Splash Page and website by the date specified In Writing by the State.
- l. The Contractor shall host the Splash Page on a non-governmental server, which shall be located within the United States. The contractor shall have adequate server capacity and infrastructure to support the likely volume of traffic from Members without disruption or delay.
- m. The Contractor shall obtain and cover the cost of the domain name for the Contractor's Splash Page. The Splash Page URL must be prior approved by the State In Writing.
- n. To ensure accessibility among persons with a disability, the Contractor's Splash Page and Contractor's own log-in portal and website shall in Compliance with Section 508. If the Contractor posts any video content, it shall include a closed captioning option and/or include text scripting to comply with Section 508 for these products.
- o. The internet-based, searchable in-network provider database shall include provider name, specialty, address and phone number, distance from Member's entered address; and shall accurately reflect network providers who have joined or ceased participation in the network in the past ten (10) Business Days and whether or not the provider is accepting Members as new patients.
- p. The Contractor shall include a mobile application for use by Members with prior approval In Writing by the State. The Contractor must agree to and adhere to all security measures as it relates to Member data. The Contractor must provide a one hundred percent (100%) secure web-based application that requires only a web browser and an internet connection.
- q. At the State's request, the Contractor's mobile application(s) shall be linked with other web applications to allow for seamless data linkage (this may include, but is not limited to, single sign-on) of Member information including the ability for Members to, as applicable, view and

order ID cards, upload information (through a mobile device), or link to other technology or information that is helpful to the Member.

- r. Contractor agrees that the State shall have the authority to request any revisions to the Contractor's online Terms and Conditions or Online Service Agreement at any time and that the State shall be provided with a copy of any Terms and Conditions that a Member must consent to in order to be provided with online account access. If Contractor revises the online Terms and Conditions or Online Service Agreement, Contractor agrees to provide the State with a copy of the proposed changes at least sixty (60) Business Days prior to the new effective date and will allow the State to make revisions.

#### A.10. Administrative Services

- a. The Contractor shall provide customary corporate office services and functions including, but not limited to, call center, claims adjudication, administration, and accounting.
- b. The Contractor, upon request by the State, shall review and comment on benefit provisions in the Program. When so requested, the Contractor shall comment in regard to:
  - (1) industry practices; and/or
  - (2) the general financial impact to premium rates plus Program and Member costs if future changes were made to the benefits of the Program.
- c. The Contractor shall provide assistance and information to the State regarding applicable existing and proposed Federal and State laws, court holdings and regulations affecting the Program, and other Program related matters as needed.
- d. The Contractor shall provide assistance with questions and issues raised by the State, individual employees/retirees, former Members and others identified by the State. The Contractor shall log escalated questions (other than general routine questions identified by the State In Writing) and issues and submit the log monthly to the State until notified by the State In Writing to begin sending the log to the State quarterly. (See Contract Attachment D #13.)
- e. The Contractor shall refer calls regarding eligibility and premium payment issues to the State.
- f. The Contractor shall respond to all inquiries In Writing from the State within three (3) Business Days after receipt of said inquiry. In cases where additional information to answer the State's inquiry is required, the Contractor shall notify the State within two (2) Business Days as to when the response can be furnished to the State. For matters designated as urgent by the State, the Contractor shall provide a response to the State within four (4) hours during normal business hours. During non-business hours, the Contractor shall provide a response to urgent matters to the State within twenty-four (24) hours. Staff members, from the applicable business unit, with final decision-making authority shall provide responses. Said responses may be communicated through the Account Manager.
- g. The Contractor shall answer, In Writing, within five (5) Business Days, all written inquiries from Members concerning benefits available through the benefit option, its clarifications and revisions, and other relevant information.
- h. The Contractor shall establish a formal grievance procedure for Members and providers to appeal decisions in regard to administration of the Program and to resolve disputes that may arise in the administration of the Program. The Contractor shall provide the State with a written copy of this grievance procedure by the date specified in Contract Section A.17., and the State reserves the right to require changes in the procedures when appropriate.

- i. To maintain the privacy of personal information, the Contractor shall enable Transport Layer Security (TLS), or other encryption software as directed by the State, on the mail server used for daily communications between the State and the Contractor. TLS, or other protocols that provide data encryption, shall be enabled no later than the go-live date and shall remain in effect throughout the term of the contract unless otherwise directed by the State.
- j. The Contractor shall meet with representatives of the State periodically, but no less than annually, to discuss programmatic, operational and contractual issues related to the Program. The Contractor shall have in attendance the staff requested by the State, which shall include the account manager and representatives from the Contractor's organizational units required to respond to topics indicated by the agenda. These meetings will take place at the State offices in Nashville, Tennessee, unless directed otherwise by the State. Quarterly meetings between the Contractor and the State may also be held upon request by either the Contractor or the State. At its discretion, the State may allow the Contractor to participate in meetings by webinar or teleconference.
- k. The Contractor shall perform, following review and approval by the State, Member satisfaction surveys no less than annually. The survey instrument shall be developed by the Contractor and approved by the State In Writing. The survey shall be conducted at a time mutually agreed upon by the State and the Contractor and shall involve a statistically valid random sample of State Members. The Contractor shall guarantee a statistically valid response rate consistent with the sample size. The Contractor shall obtain an overall Member satisfaction rating equal to or greater than eighty-five percent (85%) in the first year and ninety percent (90%) in all subsequent year(s) within the Term. Based upon the results of the survey, the Contractor and the State shall jointly develop an action plan to correct problems or deficiencies identified through this activity.
- l. The Contractor shall not modify the services or benefits provided to Members during the term of this Contract without the prior written consent of the State.
- m. The Contractor shall refer all media and legislative inquiries concerning the Program to BA, which will have the sole and exclusive responsibility to respond to all such inquiries. However, the Contractor shall respond directly to audit requests from the Comptroller, to audit requests from divisions within the Department of Finance & Administration, and to subpoenas; in all such instances, the Contractor shall copy BA on all correspondence.
- n. Unless prior approved In Writing by the State, and in compliance with State and Federal law, the Contractor shall not use information gained through this Contract, including but not limited to utilization and pricing information, in marketing or expanding non-State business relationships or for any pecuniary gain.
- o. The Contractor shall ensure that the U. S. Postal Service or other mailing service does not return any undeliverable mail to the State.
- p. The Contractor shall maintain an annual average rate of ninety-eight percent (98%) or higher for Claims Payment Accuracy, ninety-seven percent (97%) or higher for Claims Processing Accuracy, and ninety-eight percent (98%) or higher within twenty-one (21) days for Claims Processing Turnaround. The contractor shall report the results to the State on a quarterly and annual basis as required in Contract Attachment D.14.

#### A.11. Information Systems

- a. All Contractor systems shall maintain linkages and Subscriber to dependent (e.g., spouse to spouse and parent to child) relationships between initial and related subsequent interactions/transactions/events/activities. Additionally, when the Contractor houses indexed images of documents used by Members and subcontractors to transact with the Contractor, the Contractor shall ensure that these documents maintain logical relationships to certain key



data such as member identification and subcontractor identification numbers. The Contractor shall also ensure that records associated with a common event, transaction or customer service issue have a common index that facilitates search, retrieval and analysis of related activities, e.g., interactions with a particular Member about the same matter/problem/issue.

- b. Upon the State's request, the Contractor shall be able to generate a listing of all Members (including each Member's Edison identification number) that were sent a particular document, the date and time that the document was generated, and the date and time that it was sent to particular Members or groups thereof. The Contractor shall also be able to generate a sample of said document.
- c. Information Ownership. All information, whether data or documents, and reports that contain or make references to said information, involving or arising out of this Contract is owned by the State. The Contractor is expressly prohibited from sharing or publishing State information and reports or releasing such information to external entities, affiliates, parent company, or subsidiaries without the prior written consent of the State.
  - (1) Upon termination of this Contract and request by the State, the Contractor shall provide to the State or its designated agent, pertinent data identified by the State for Members to effect a transition of the Program from the Contractor. The information shall be furnished in a format and medium as is compatible with the data processing system maintained by the State or its designated agent. Additionally, the Contractor shall provide all information necessary to properly interpret the data supplied.
- d. Prior to implementing any major modifications to or replacement of the Contractor's core information systems functionality and/or associated operating environment, the Contractor shall notify the State In Writing of the change or modification within a reasonable amount of time (commensurate with the nature and effect of the change or modification) if the change or modification; (a) would affect the Contractor's ability to perform one or more of its obligations under this Contract; (b) would be visible to State system users and members; (c) might have the effect of putting the Contractor in noncompliance with the provisions or substantive intent of this Contract; or (d) would materially reduce the coverage amounts payable or services provided to the average member. If so directed by the State, the Contractor shall discuss the proposed change with the State prior to implementing the change. Subsequent to this discussion, the State may require the Contractor to demonstrate the readiness of the impacted systems prior to the effective date of the actual modification or replacement.
- e. Upon request by the State, the Contractor shall provide requested State employees with access and update authority to the Contractor's enrollment system no later than the date specified in Contract Section A.17. Additional users may be added at any time at the State's request.

#### A.12. Data Integration and Technical Requirements

- a. The Contractor shall maintain an electronic data interface with the State's Edison System for the purpose of retrieving and processing Member enrollment records and any other files which may be identified and generated by the State. The Contractor shall be responsible for providing and installing the hardware and software necessary. The State requires the use by the Contractor of second level authentication for the exchange of member personal information. This is accomplished using the State's standard software product, which supports PKI. The Contractor shall design a solution, in coordination with the State, to connect to the State's Secure File Transfer Protocol (SFTP) server using a combination of the password and the authentication certificate. The initial sign-on and transmission testing will use a password. Certificate testing may also be performed during the test cycle. Subsequent production sign-on will be done using the authentication certificate. The Contractor will then download the file and decrypt the file in its secure environment. The State of Tennessee uses public key encryption with Advanced Encryption Standard (AES) to

encrypt PHI. If the State adopts a different or additional encryption standard or tool in the future, the Contractor shall, with adequate notice, cooperate with the State to maintain the security of protected information according to all applicable State and Federal standards.

- b. The Contractor shall accept confirmation from the State of the in-force status of each Member's coverage and confirm the enrollment of each Member to its network providers on the basis of enrollment information maintained electronically in the State's computer system Edison and provided electronically to the Contractor for housing in the Contractor's computer system.
- c. Notwithstanding the requirement to maintain enrollment data, the Contractor shall not perform changes to enrollment data without the State's approval. This prohibition shall include, but not be limited to initiation, termination, and/or changes of coverage.
- d. The Contractor shall save in its computer system the State's Edison employee identification number for Members and shall include the Edison identification number when communicating with the State about a particular Member.
- e. The Contractor shall for reporting purposes capture in its system the Member's agency of employment as identified in the State's Edison 834 enrollment record and be able to produce a report of historical claims paid by agency upon request by the State.
- f. At least two (2) months prior to the go-live date, the Contractor shall complete testing of the transmission, receipt, and loading of the test enrollment file from the State.
- g. At least one (1) month prior to the go-live date, the Contractor shall load, test, verify, and make available online for use the State's enrollment information. The Contractor shall certify, In Writing, to the State that the Contractor understands and can fully accept and utilize the enrollment files as provided by the State.
- h. The Contractor shall maintain, in its systems, in-force enrollment records of all individuals covered by the Program.
  - (1) Weekly Enrollment Update: To ensure that the State's enrollment records remain accurate and complete, the Contractor shall, unless otherwise directed by the State, retrieve, via secure medium, the weekly enrollment file from the State, in the State's Edison 834 (5010 file format), which may be revised. Files will include full population records for all members and will be in the format of ANSI ASC X12N, Benefit Enrollment and Maintenance 834 (5010), version 005010X220A1, with several fields customized by the State. Change files will not be sent.
  - (2) The Contractor shall electronically process the State's electronically retrieved enrollment update file within two (2) Business Days of receipt of the weekly file.
  - (3) The Contractor shall complete and submit to the State a Weekly File Enrollment Processing Report utilizing the template provided by the State or other approved report produced by the Contractor's system processing within three (3) business days of processing the enrollment file from the State. The Contractor shall submit this report via email to designated State staff. (See Contract Attachment D.8.)
  - (4) The Contractor shall submit to the State within one (1) Business Day of processing the weekly enrollment file a Weekly Enrollment File Error Report, in a format agreed upon by the State In Writing. The error report shall contain (a) only errors that require correction by the State and (b) an indication of the correction required to resolve the error. (See Contract Attachment D.15.)
  - (5) The Contractor shall resolve all enrollment discrepancies identified by the Contractor for internal correction within two (2) Business Days of identification.

The Contractor shall process all error corrections received from the State within two (2) Business Days of receipt of the correction information.

- (6) State Enrollment Data Match: Upon request by the State, not to exceed two (2) times annually, the Contractor shall submit to the State, in a secure manner, its full file of State Members, by which the State may conduct a data match against the State's Edison database. The purpose of this data match will be to determine the extent to which the Contractor is maintaining its database of State members. The State will communicate results of this match to the Contractor, including any Contractor requirements, and associated timeframes, for resolving the discrepancies identified by the data match.

i. Decision Support System:

- (1) Contractor shall provide the State's DSS contractor with all of the State's Claim data, data layouts, and data dictionaries in the formats, layouts and specifications mutually agreed upon.
- (2) Contractor shall submit complete and accurate data to the State's DSS contractor by the fifteenth (15<sup>th</sup>) day after the end of each month. Complete and accurate data is defined to be data that:
  - i. Contains records for all finalized Claims activity within the specified time periods;
  - ii. Has the same format and content as the agreed-upon record layout and data dictionary;
  - iii. Does not have unreported changes in either format or content; and Is submitted in a single record format.
- (3) Contractor shall provide the data files at no charge to the State or the State's DSS contractor. Any charge by the DSS contractor to set up the Contractor shall be borne by the Contractor. The Contractor is responsible for the fee charged by the DSS contractor to develop, test and implement conversion programs for the Contractor's Claims data. Furthermore, the Contractor shall pay during the term of this contract all applicable fees as assessed by the State's DSS contractor related to any data format changes or additions, which are Contractor-initiated or are due to meeting compliance with new regulations. The Contractor shall also pay all applicable fees related to any DSS contractor efforts to correct Contractor data quality errors that occur during the term of this contract.
- (4) If Contractor's Contract with the State is terminated, Contractor shall continue to provide Claims data to the State's DSS contractor until all claims incurred prior to the termination date have been processed.
- (5) Contractor shall provide the data without any restrictions on its use and recognize that the Claims data transmitted pursuant to the provision of this Contract is owned by the State of Tennessee.
- (6) Contractor shall ensure that production data matches the test data in format, layout, and content.
- (7) Contractor shall update valid values and maps in a timely manner and notify the State's DSS contractor of any such updates at least ten (10) Business Days before the scheduled data submission date.
- (8) The Contractor's Claims paid data sent to the DSS contractor shall match the Contractor's data on the Claims Paid report (see Contract Attachment D 3.b.) sent to the State within the quality standards noted below for each quarter. Measured by the State on a quarterly basis, the Contractor's data submission to the DSS contractor, as

reported by the DSS contractor to the State, compared to the Contractor's data sent to the State on the required quarterly report, shall meet the following measures:

- i. Plan covered expense (allowed amount): Differential between Contractor's financial Claims paid data reported to the State  $\leq$  1.5% of financial Claims paid data received by the State's DSS contractor from the Contractor, and
- ii. Member deductible: Differential between Contractor's financial Claims paid data reported to the State  $\leq$  1.5% of financial Claims paid data received by the State's DSS contractor from the Contractor, and
- iii. Member coinsurance: Differential between Contractor's financial Claims paid data reported to the State  $\leq$  1.5% of financial Claims paid data received by the State's DSS contractor from the Contractor.

j. Flexible Spending Account (FSA)

- (1) Contractor shall provide the State's Flexible Spending Account (Flex) contractor with all of the State's Claim data, data layouts, and data dictionaries in the formats, layouts and specifications mutually agreed upon.
- (2) Contractor shall submit recurring complete and accurate Claims data to the State's Flex contractor by a date agreed upon between the Contractor and the State's Flex contractor, with prior approval In Writing by the State. Complete and accurate data for this purpose is defined as data that:
  - i. Contains records for all finalized Claims activity within the specified time periods;
  - ii. Has the same format and content as the agreed-upon record layout and data dictionary;
  - iii. Does not have unreported changes in either format or content; and Is submitted in a single record format.
- (3) Contractor shall provide the data files at no charge to the State or the State's Flex contractor.
- (4) If Contractor's Contract with the State is terminated, Contractor shall continue to provide Claims data to the State's Flex contractor until all claims incurred prior to the termination date have been processed.
- (5) Contractor shall provide the data without any restrictions on its use.
- (6) Contractor shall ensure that production data matches the test data in format, layout, and content.

A.13. Audits and Quality Assurance

- a. The Contractor shall cooperate fully with audits the State may conduct related to any aspect of the Program the State deems appropriate. The State may select any qualified persons or organization to conduct the audits. To the extent allowed by applicable law, the State agrees that persons or organizations conducting audits of the Contractor shall be prohibited from disclosing confidential patient records or proprietary or confidential information reasonably designated as such by the Contractor. For the purpose of audit requirements, Contractor shall include its parents, affiliates, subsidiaries and subcontractors.
- b. The Contractor shall provide access, at any time during the term of this contract and for five (5) years after final contract payment (longer if required by law), to the State and/or its

authorized representative to examine and audit Contractor services, payments, and pricing pursuant to this Contract. The State reserves the right to request that documentation be provided for review at the authorized representative's location, the State's location, or at the Contractor's corporate site.

- c. The Contractor shall provide reasonable cooperation with requests for information, which includes, but is not limited to, the timing of the audit, deliverables, data/information requests and the Contractor's response time to the State's questions during and after the process. The Contractor shall also provide a response to all "findings" received. Such response shall occur within thirty (30) days, or at a later date if mutually determined with the State to be more reasonable based on the number and type of findings.
- d. The State shall not be responsible for time or any costs incurred by the Contractor in association with an audit including, but not limited to, the costs associated with providing data, reports, documentation, systems access, or space.
- e. If the outcome of the audit results in an amount due to the State, then the State will work with the Contractor to negotiate terms of repayment. In the absence of such agreement, the State will deduct the total amount due from the fees due to the Contractor pursuant to Section C.3. If the Contractor disagrees with a finding resulting in a payment to the State, the State will review the Contractor's comments, but if the State retains the original audit findings the Contractor will be responsible for any payment to the State.
- f. The Contractor shall maintain an internal quality assurance plan. The Contractor shall provide by the date specified in Contract Section A.17. a summary of the internal quality assurance plan indicating areas addressed, established criteria and standards and those methods employed to evaluate results.
- g. The Contractor shall submit to the State by the date specified in Contract Section A.17.a summary of its methodology for conducting internal Claims and operational audits, including audits to determine Claims payment and processing accuracy and Claims Payment Turnaround. The Contractor shall notify the State In Writing at least thirty (30) calendar days in advance of any significant changes to its methodology. The State reserves the authority to review the change and require changes, where appropriate.
- h. Upon request by the State, the Contractor shall fund a pre-implementation audit to include, at a minimum, whether the Contractor's adjudication system is configured according to the State's benefit design. The audit shall be conducted by a qualified organization or representative chosen by the State and the scope of the audit shall be defined by the State.
- i. Upon request by the State, the Contractor shall fund an audit to test that the Contractor and its network providers are adhering to the pricing as submitted in RFP 31786-00161. The audit shall be conducted by a qualified organization or representative chosen by the State and the scope of the audit shall be defined by the State.

#### A.14. Reporting

- a. The Contractor shall submit reports to the State electronically, in the format specified by the State (e.g. Excel instead of PDF), and shall be of the type and at the frequency indicated in Contract Attachment D. The State reserves the right to modify reporting requirements as deemed necessary to monitor the Program. The State will provide the Contractor with at least ninety (90) days' notice prior to implementation of a report modification.
- b. Unless prior approved In Writing by the State, each report required in Contract Attachment D shall be specific to the Program (not the Contractor's book of business).
- c. The Contractor shall ensure that reports submitted by the Contractor to the State shall meet the following standards:

- (1) The Contractor shall verify the accuracy and completeness of data and other information in reports submitted.
  - (2) The Contractor shall ensure delivery of reports or other required data on or before scheduled due dates.
  - (3) Reports or other required data shall conform to the State's defined written standards.
  - (4) All required information shall be fully disclosed in a manner that is responsive and with no material omission.
  - (5) Each report shall be accompanied by a brief narrative that describes the content of the report, statistics relevant to the data that supports the final level of results and highlights salient findings of the report.
  - (6) As applicable, the Contractor shall analyze the reports for any early patterns of change, identified trend, or outliers and shall submit a written summary with the report including such analysis and interpretation of findings. At a minimum, such analysis shall include the identification of change(s), the potential reasons for change(s), and the proposed action(s).
  - (7) The Contractor shall notify the State regarding any significant changes in its ability to collect information relative to required data or reports.
  - (8) The submission of late, inaccurate or otherwise incomplete reports shall be considered failure to report within the specified timeframe (see Contract Attachment D).
  - (9) State requirements regarding reports, report content and frequency of submission may change during the term of the Contract. The Contractor shall have at least forty-five (45) days to comply with changes specified In Writing by the State.
- d. The Contractor shall notify the State, within three (3) Business Days of identification, about any situation that appears to negatively impact the administration or delivery of the program or benefits. Failure to do so may result in Liquidated Damages as specified in Attachment B. The situation shall be researched and resolved in a timeframe mutually agreed upon with the State.

A.15. Implementation

- a. The Contractor shall provide to the State a comprehensive Implementation Plan no later than ten (10) Business Days after the Contract Effective Date as specified in Contract Section B. or upon another date established by the State. The plan shall outline the steps necessary for the Contractor to submit deliverables by the dates specified in Contract Section A.17. for the Contractor to be fully operational by the go-live date. This plan shall include a detailed timeline description of all work to be performed both by the Contractor and the State. The implementation plan shall also provide specific details on the following:
  - (1) Identification, timing, and assignment of significant responsibilities and tasks;
  - (2) Names and titles of key implementation staff;
  - (3) Identification and timing of the State's responsibilities;
  - (4) Processing of test data for appropriate interpretation of data values;
  - (5) Identification and timing for the testing, acceptance and certification of exchange of data between the Contractor and Edison and other relevant information systems;
  - (6) Member communications and their timing (consistent with BA's larger Member communication strategy); and
  - (7) Schedule of in-person meetings and conference calls with the State.

- b. The State shall conduct a comprehensive readiness review, in addition to or in lieu of the pre-implementation audit described in Contract Section A.13.h., of the Contractor at least sixty (60) days prior to January 1, 2022, in order to ensure that the Contractor is able and prepared to perform all functions and to provide high quality services to Members. Such review by the State may include an on-site review of the Contractor's customer service and operations facilities. Contractor shall participate in all readiness review activities conducted by the State staff and/or the State's benefit consultants to ensure the Contractor's operational readiness for all products and services (e.g. enrollment, Member services, reporting requirements, Edison interface, etc.). The State will provide the Contractor with a summary of findings that may include areas requiring corrective action prior to January 1, 2022.

A.16. Regulatory Requirements

- a. The Contractor shall prepare and submit to the State for approval no later than sixty (60) days prior to Program go-live, the 'group master policy and/or certificate of coverage for approval by BA before submission to the State of Tennessee Department of Commerce and Insurance. Such final approved group master policy and/or certificate of coverage shall be added as a Contract Attachment incorporated by reference once approved. The Certificate of Coverage shall include at a minimum the following:
  - (1) General Benefit and Eligibility Provisions;
  - (2) Description of Claims Process;
  - (3) General Limitations, Exclusions and Elimination Periods;
  - (4) Optional Services; and
  - (5) Schedule of Benefits
- b. The Contractor shall post the most current Certificate of Coverage on its State of Tennessee Splash Page and provide a copy of the Certificate for the State to post on its website.
- c. The Contractor shall submit to the State a revised Certificate within thirty (30) days of any changes to the benefits, limitations, exclusions or other provisions of the Program which are detailed in the Certificate.
- d. The Contractor shall immediately notify the State of any pending disciplinary action initiated by the State of Tennessee Department of Commerce and Insurance or other state or federal agency that may materially impact its ability to perform under this Contract.
- e. The Contractor shall perform, if applicable, the administration of tax calculations, payments, and filing of appropriate federal and/or state tax forms.

A.17. Due Dates for Key Contract Deliverables/Milestones.

- a. Unless otherwise specified In Writing by the State, the Contractor shall adhere to the following schedule for the key deliverables and milestones for which it is responsible under this Contract:

Key Deliverables/Milestones:	Contract Reference(s)	Milestone/Deliverable Due Dates:
<b>Implementation</b>		

Key Deliverables/Milestones:		Contract Reference(s) :	Milestone/Deliverable Due Dates:
1.	Provide a comprehensive implementation plan	A.15.a.	Within ten (10) Business Days after the Contract Effective Date or on a date established by the State
2.	Submit to the State for review and approval a detailed staffing plan	A.4.b.	Within ten (10) Business Days after the Contract Effective Date or on a date established by the State
3.	Kick-off meeting for all key Contractor Staff	A.4.h.	Within ten (10) Business Days after Contract Effective Date or on a date determined by the State
4.	Submit list of all subcontractors to be utilized in connection with this Contract	A.4.k.	Within ten (10) Business Days after the Contract Effective Date or on a date determined by the State
5.	Information systems project coordinator in place	A.4.g.	September 1, 2021
6.	Provide written marketing and communications plan	A.6.a.	September 1, 2021
7.	Submit the text and screenshots of the Splash Page and website to the State for review and approval	A.9.f.	September 1, 2021
8.	Grant the State access to the customized developed Splash Page for review and approval	A.9.g.	September 8, 2021
9.	Provider Network meeting geographic access standards	A.3.b.	September 1, 2021
10.	Account manager and backup in place	A.4.e.	September 1, 2021
11.	Customer service manager in place	A.4.f.	September 1, 2021
12.	Contractor's representatives/operators and other staff trained on State's Program	A.4.i.	September 1, 2021
13.	Call center open and accepting calls	A.5.a.	September 1, 2021
14.	Member materials shall be finalized and ready for distribution	A.6.c	September 8, 2021
15.	Write, update, print and distribute, upon the State's request Member handbook(s)	A.8.a.	September 8, 2021
16.	Splash Page and Contractor website fully operational	A.9.h.	September 7, 2021
17.	Provide the searchable internet-based database of In-Network General Dentists and In-Network	A.9.o.	September 7, 2021



Key Deliverables/Milestones:		Contract Reference(s) :	Milestone/Deliverable Due Dates:
	Specialists accepting new patients on Splash Page and Contractor website		
18.	Draft of group master policy and/or certificate of coverage	A.16.a.	September 7, 2021
19.	Providers aware of plan provisions	A.3.e.,f.	October 1, 2021
20.	Provide State with a written copy of grievance procedure description	A.10.h.	October 1, 2021
21.	Provide a summary of the internal quality assurance plan indicating areas addressed, established criteria and standards and those methods employed to evaluate results	A.13.f.	October 1, 2021
22.	Provide a summary of methodology for conducting internal claims and operational audits, including audits to determine claims payment and processing accuracy and claims payment turnaround.	A.13.g.	October 1, 2021
23.	Confirm with State the format, data needed, and due dates for each required report	A.14.a.	October 1, 2021
24.	Completion of enrollment file testing	A.12.f.	November 1, 2021
25.	State readiness review of Contractor	A.15.b.	November 1, 2021
26.	Post the most current Certificate(s) of Coverage on State of Tennessee Splash Page and provide a copy of the Certificate for the State to post on its website.	A.16.b.	November 1, 2021
27.	Load, test, verify, and make available online for use the State's enrollment information	A.12.g.	December 1, 2021
28.	Mail a welcome kit to Subscribers	A.7.a.	December 17, 2021
29.	Provide Subscribers with ID cards	A.8.f.	December 17, 2021
30.	Enable Transport Layer Security (TLS) on the mail server	A.10.i.	December 17, 2021
31.	Provide requested State employees with access and update authority to the Contractor's enrollment system	A.11.e.	December 17, 2021
32.	Go-live	A.1.	January 1, 2022

A.18. Warranty. Contractor represents and warrants that the term of the warranty ("Warranty Period") shall be the greater of the Term of this Contract or any other warranty generally offered by Contractor, its suppliers, or manufacturers to customers of its goods or services. The goods or services provided under this Contract shall conform to the terms and conditions of this Contract

throughout the Warranty Period. Any nonconformance of the goods or services to the terms and conditions of this Contract shall constitute a "Defect" and shall be considered "Defective." If Contractor receives notice of a Defect during the Warranty Period, then Contractor shall correct the Defect, at no additional charge.

Contractor represents and warrants that the State is authorized to possess and use all equipment, materials, software, and deliverables provided under this Contract.

Contractor represents and warrants that all goods or services provided under this Contract shall be provided in a timely and professional manner, by qualified and skilled individuals, and in conformity with standards generally accepted in Contractor's industry.

If Contractor fails to provide the goods or services as warranted, then Contractor will re-provide the goods or services at no additional charge. If Contractor is unable or unwilling to re-provide the goods or services as warranted, then the State shall be entitled to recover the fees paid to Contractor for the Defective goods or services. Any exercise of the State's rights under this Section shall not prejudice the State's rights to seek any other remedies available under this Contract or applicable law.

- A.19. Inspection and Acceptance. The State shall have the right to inspect all goods or services provided by Contractor under this Contract. If, upon inspection, the State determines that the goods or services are Defective, the State shall notify Contractor, and Contractor shall re-deliver the goods or provide the services at no additional cost to the State. If after a period of thirty (30) days following delivery of goods or performance of services the State does not provide a notice of any Defects, the goods or services shall be deemed to have been accepted by the State.

**B. TERM OF CONTRACT:**

This Contract shall be effective on September 1, 2021 ("Effective Date") and extend for a period of fifty-two (52) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Contractor prior to the Effective Date. Implementation activities will occur between the Effective Date and the go-live date of January 1, 2022.

**C. PAYMENT TERMS AND CONDITIONS:**

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed One Hundred Fifty Five million (\$155,000,000) ("Maximum Liability"). This Contract does not grant the Contractor any exclusive rights. The State does not guarantee that it will buy any minimum quantity of goods or services under this Contract. Subject to the terms and conditions of this Contract, the Contractor will only be paid for goods or services provided under this Contract after a purchase order is issued to Contractor by the State or as otherwise specified by this Contract.
- C.2. Compensation Firm. The payment methodology in Section C.3. of this Contract shall constitute the entire compensation due the Contractor for all goods or services provided under this Contract regardless of the difficulty, materials or equipment required. The payment methodology includes all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Contractor.
- C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

- a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A. Any implementation efforts and activities prior to services performed starting January 1, 2022, will be at no additional cost to the State.
- b. The premium rates are NOT contingent upon the State maintaining a minimum number of insured Members.
- c. The Contractor shall be compensated based upon the following payment methodology:

**For service performed from January 1, 2022, through December 31, 2025, the following rates shall apply:**

<b>Active Employees</b>	<b>CY 2022 1/1/2022 – 12/31/2022</b>	<b>CY 2023 1/1/2023 – 12/31/2023</b>	<b>CY 2024 1/1/2024 – 12/31/2024</b>	<b>CY 2025 1/1/2025 – 12/31/2025</b>
<b>Employee</b>	\$19.82 /Active Subscriber	\$19.82/Active Subscriber	\$20.02 /Active Subscriber	\$20.32/Active Subscriber
<b>Employee + Spouse</b>	\$38.98 /Active Subscriber	\$38.98/Active Subscriber	\$39.37 /Active Subscriber	\$39.96 /Active Subscriber
<b>Employee + Child(ren)</b>	\$52.70 /Active Subscriber	\$52.70/Active Subscriber	\$53.23 /Active Subscriber	\$54.03/Active Subscriber
<b>Employee + Spouse + Child(ren)</b>	\$80.72 /Active Subscriber	\$80.72/Active Subscriber	\$81.53 /Active Subscriber	\$82.75/Active Subscriber

<b>Retirees</b>	<b>CY 2022 1/1/2022 – 12/31/2022</b>	<b>CY 2023 1/1/2023 – 12/31/2023</b>	<b>CY 2024 1/1/2024 – 12/31/2024</b>	<b>CY 2025 1/1/2025 – 12/31/2025</b>
<b>Retiree</b>	\$26.60 /Retiree Subscriber	\$26.60/Retiree Subscriber	\$26.87/Retiree Subscriber	\$27.27/Retiree Subscriber
<b>Retiree + Spouse</b>	\$52.44 /Retiree Subscriber	\$52.44/Retiree Subscriber	\$52.96/Retiree Subscriber	\$53.76 /Retiree Subscriber
<b>Retiree + Child(ren)</b>	\$60.09 /Retiree Subscriber	\$60.09/Retiree Subscriber	\$60.69/Retiree Subscriber	\$61.60 /Retiree Subscriber
<b>Retiree + Spouse + Child(ren)</b>	\$94.95 /Retiree Subscriber	\$94.95/Retiree Subscriber	\$95.90/Retiree Subscriber	\$97.34 /Retiree Subscriber

- d. If Member materials containing an error were approved by the State In Writing and the error was detected after the materials were mailed, the State will reimburse the Contractor the production and postage cost of mailing the corrected version pursuant to Contract Section C.3.e.
- e. For mailings in addition to those identified in the contract, the State shall reimburse the Contractor for the following, selected actual costs in the performance of this Contract upon Contractor providing documentation of actual costs incurred.

- (1) Postage. The State shall reimburse the Contractor for the actual cost of postage for mailing materials produced under the terms of this Contract and as directed and authorized by the State.
- (2) Printing/Production. The State shall reimburse the Contractor an amount equal to the actual cost of document printing/production as required and authorized by the State and as detailed by the Contract Scope of Services as referred to in A.5.e.

Notwithstanding the foregoing, the State retains the option to authorize the Contractor to deliver a product to be printed. The State also retains the option to approve and accept the product but not use the Contractor to print the material. In those situations, the State shall have the discretion to use other printing and production services at its disposal.

C.4 At-Risk Performance Payments and SLA Scorecard

- a. The Parties shall conduct a scorecard assessment (Contract Attachment C), beginning after the go-live date, on a quarterly basis (every three months) during the Term.
- b. Based on the SLA Scorecard, Contractor shall send the State an At-Risk Performance Payment (if applicable) quarterly (every three months) during the Term in accordance with Contract Attachment C. This payment is due within forty-five (45) days of the quarterly SLA scorecard assessment.

C.5. Travel Compensation. The Contractor shall not be compensated or reimbursed for travel time, travel expenses, meals, or lodging.

C.6. Purchase Order in Lieu of Invoice. The State will generate a monthly purchase order and initiate payment of the purchase order, based upon payroll deduction information provided by the State, utilizing the rates listed in C.3. above.

C.7. Reconciliation of Payment. The Contractor shall reconcile, within ten (10) Business Days of receipt, payment information provided by the State. Upon identification of any discrepancies, the Contractor shall immediately advise the State.

C.8. Payment of Purchase Order. A payment by the State shall not prejudice the State's right to object to or question any payment, purchase order, or other matter. A payment by the State shall not be construed as acceptance of goods delivered, any part of the services provided, or as approval of any amount reflected on the purchase order.

C.9. Payment Reductions. The Contractor's payment shall be subject to reduction for amounts included in any purchase order or payment that is determined by the State, on the basis of audits conducted in accordance with the terms of this Contract, to not constitute proper compensation for goods delivered or services provided.

C.10. Deductions. The State reserves the right to deduct from amounts, which are or shall become due and payable to the Contractor under this or any contract between the Contractor and the State of Tennessee, any amounts that are or shall become due and payable to the State of Tennessee by the Contractor.

- C.11. Prerequisite Documentation. Payments by the State to the Contractor will not begin until the State has received the following, properly completed documentation.
- a. The Contractor shall complete, sign, and present to the State the "Authorization Agreement for Automatic Deposit Form" provided by the State. By doing so, the Contractor acknowledges and agrees that, once this form is received by the State, payments to the Contractor, under this or any other contract the Contractor has with the State of Tennessee, may be made by ACH; and
  - b. The Contractor shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Contractor's Federal Employer Identification Number or Social Security Number referenced in the Contractor's Edison registration information.

**D. MANDATORY TERMS AND CONDITIONS:**

- D.1. Required Approvals. The State is not bound by this Contract until it is duly approved by the Parties and all appropriate State officials in accordance with applicable Tennessee laws and regulations. Depending upon the specifics of this Contract, this may include approvals by the Commissioner of Finance and Administration, the Commissioner of Human Resources, the Comptroller of the Treasury, and the Chief Procurement Officer. Approvals shall be evidenced by a signature or electronic approval.
- D.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective Party at the appropriate mailing address, facsimile number, or email address as stated below or any other address provided in writing by a Party.

The State:

Seannalyn Brandmeir, Procurement and Contract Director  
Tennessee Department of Finance & Administration  
Division of Benefits Administration  
312 Rosa L. Parks Avenue, Suite 1900  
Nashville, Tennessee 37243  
Seannalyn.Brandmeir@tn.gov  
Telephone: 615.532.4598  
Fax: 615.253.8556

The Contractor:

Jay Reavis  
Vice President, Business Development  
240 Venture Circle  
Nashville, TN 37221  
615-742-6914  
[jreavis@deltadentaltn.com](mailto:jreavis@deltadentaltn.com)

All instructions, notices, consents, demands, or other communications shall be considered effective upon receipt or recipient confirmation as may be required.

- D.3. Modification and Amendment. This Contract may be modified only by a written amendment signed by all Parties and approved by all applicable State officials.
- D.4. Subject to Funds Availability. The Contract is subject to the appropriation and availability of State or federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Contract upon written notice to the Contractor. The State's exercise of its right to terminate this Contract shall not constitute a breach of Contract by the State. Upon receipt of the written notice, the Contractor shall cease all work associated with the Contract. If the State terminates this Contract due to lack of funds availability, the Contractor shall be entitled to compensation for all conforming goods requested and accepted by the State and for all satisfactory and authorized services completed as of the termination date. Should the State exercise its right to terminate this Contract due to unavailability of funds, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages of any description or amount.
- D.5. Termination for Convenience. The State may terminate this Contract for convenience without cause for any reason. The State's election to terminate this Contract for convenience shall be effective upon the date specified and shall not be deemed a breach of contract by the State. The Contractor shall be entitled to compensation for all conforming goods delivered and accepted by the State or for satisfactory, authorized services completed as of the termination date. In no event shall the State be liable to the Contractor for compensation for any good or service that has not been provided, nor shall the Contractor be relieved of any liability to the State for any damages or claims arising under this Contract.
- D.6. Termination for Cause. If the Contractor fails to properly perform its obligations under this Contract in a timely or proper manner, or if the Contractor materially violates any terms of this Contract ("Breach Condition"), the State shall have the right to immediately terminate the Contract and withhold payments in excess of compensation for completed services or provided goods. Notwithstanding the above, the Contractor shall not be relieved of liability to the State for damages sustained by virtue of any Breach Condition and the State may seek other remedies allowed at law or in equity for breach of this Contract.
- D.7. Assignment and Subcontracting. The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without the prior written approval of the State. Notwithstanding any use of the approved subcontractors, the Contractor shall be the prime contractor and responsible for compliance with all terms and conditions of this Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving an assignment of this Contract in whole or in part or the use of subcontractors in fulfilling the Contractor's obligations under this Contract.
- D.8. Conflicts of Interest. The Contractor warrants that no part of the Contractor's compensation shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Contractor in connection with any work contemplated or performed under this Contract.

The Contractor acknowledges, understands, and agrees that this Contract shall be null and void if the Contractor is, or within the past six (6) months has been, an employee of the State of Tennessee or if the Contractor is an entity in which a controlling interest is held by an individual who is, or within the past six (6) months has been, an employee of the State of Tennessee.

- D.9. Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of handicap or disability, age, race, creed, color, religion, sex, national origin, or any other classification protected by federal or state law. The Contractor shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- D.10. Prohibition of Illegal Immigrants. The requirements of Tenn. Code Ann. § 12-3-309 addressing the use of illegal immigrants in the performance of any contract to supply goods or services to the state of Tennessee, shall be a material provision of this Contract, a breach of which shall be grounds for monetary and other penalties, up to and including termination of this Contract.
- a. The Contractor agrees that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract. The Contractor shall reaffirm this attestation, in writing, by submitting to the State a completed and signed copy of the document at Contract Attachment A, semi-annually during the Term. If the Contractor is a party to more than one contract with the State, the Contractor may submit one attestation that applies to all contracts with the State. All Contractor attestations shall be maintained by the Contractor and made available to State officials upon request.
  - b. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the Term, the Contractor shall obtain and retain a current, written attestation that the subcontractor shall not knowingly utilize the services of an illegal immigrant to perform work under this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work under this Contract. Attestations obtained from subcontractors shall be maintained by the Contractor and made available to State officials upon request.
  - c. The Contractor shall maintain records for all personnel used in the performance of this Contract. Contractor's records shall be subject to review and random inspection at any reasonable time upon reasonable notice by the State.
  - d. The Contractor understands and agrees that failure to comply with this section will be subject to the sanctions of Tenn. Code Ann. § 12-3-309 for acts or omissions occurring after its effective date.
  - e. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not: (i) a United States citizen; (ii) a Lawful Permanent Resident; (iii) a person whose physical presence in the United States is authorized; (iv) allowed by the federal Department of Homeland Security and who, under federal immigration laws or regulations, is authorized to be employed in the U.S.; or (v) is otherwise authorized to provide services under the Contract.
- D.11. Records. The Contractor shall maintain documentation for all charges under this Contract. The books, records, and documents of the Contractor, for work performed or money received under this Contract, shall be maintained for a period of five (5) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the State, the Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be prepared in accordance with generally accepted accounting principles.

- D.12. Monitoring. The Contractor's activities conducted and records maintained pursuant to this Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.13. Progress Reports. The Contractor shall submit brief, periodic, progress reports to the State as requested.
- D.14. Strict Performance. Failure by any Party to this Contract to require, in any one or more cases, the strict performance of any of the terms, covenants, conditions, or provisions of this Contract shall not be construed as a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the Parties.
- D.15. Independent Contractor. The Parties shall not act as employees, partners, joint venturers, or associates of one another. The Parties are independent contracting entities. Nothing in this Contract shall be construed to create an employer/employee relationship or to allow either Party to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one Party are not employees or agents of the other Party.
- D.16. Patient Protection and Affordable Care Act. The Contractor agrees that it will be responsible for compliance with the Patient Protection and Affordable Care Act ("PPACA") with respect to itself and its employees, including any obligation to report health insurance coverage, provide health insurance coverage, or pay any financial assessment, tax, or penalty for not providing health insurance. The Contractor shall indemnify the State and hold it harmless from any costs to the State arising from Contractor's failure to fulfill its PPACA responsibilities for itself or its employees.
- D.17. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Contract. In no event will the State be liable to the Contractor or any other party for any lost revenues, lost profits, loss of business, decrease in the value of any securities or cash position, time, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Contract or otherwise. The State's total liability under this Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability. This limitation of liability is cumulative and not per incident.
- D.18. Limitation of Contractor's Liability. In accordance with Tenn. Code Ann. § 12-3-701, the Contractor's liability for all claims arising under this Contract shall be limited to an amount equal to two (2) times the Maximum Liability amount detailed in Section C.1. and as may be amended, PROVIDED THAT in no event shall this Section limit the liability of the Contractor for: (i) intellectual property or any Contractor indemnity obligations for infringement for third-party intellectual property rights; (ii) any claims covered by any specific provision in the Contract providing for liquidated damages; or (iii) any claims for intentional torts, criminal acts, fraudulent conduct, or acts or omissions that result in personal injuries or death. For clarity, except as otherwise expressly set forth in this Section, Contractor's indemnification obligations and other remedies available under this Contract are subject to the limitations on liability set forth in this Section.
- D.19. Hold Harmless. The Contractor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities,



losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Contractor, its employees, or any person acting for or on its or their behalf relating to this Contract. The Contractor further agrees it shall be liable for the reasonable cost of attorneys' fees, court costs, expert witness fees, and other litigation expenses for the State to enforce the terms of this Contract.

In the event of any suit or claim, the Parties shall give each other immediate notice and provide all necessary assistance to respond. The failure of the State to give notice shall only relieve the Contractor of its obligations under this Section to the extent that the Contractor can demonstrate actual prejudice arising from the failure to give notice. This Section shall not grant the Contractor, through its attorneys, the right to represent the State in any legal matter, as the right to represent the State is governed by Tenn. Code Ann. § 8-6-106.

D.20. HIPAA Compliance. The State and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health ("HITECH") Act and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Contract.

- a. Contractor warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable requirements in the course of this Contract.
- b. Contractor warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of the Contract so that both parties will be in compliance with the Privacy Rules.
- c. The State and the Contractor will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and Contractor in compliance with the Privacy Rules. This provision shall not apply if information received or delivered by the parties under this Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the parties to receive or deliver the information without entering into a business associate agreement or signing another document.
- d. The Contractor will indemnify the State and hold it harmless for any violation by the Contractor or its subcontractors of the Privacy Rules. This includes the costs of responding to a breach of protected health information, the costs of responding to a government enforcement action related to the breach, and any fines, penalties, or damages paid by the State because of the violation.
- e. The Contractor shall not sell Public Sector Plan Member information or use Member information unless it is aggregated blinded data, which is not identifiable on a Member basis. The State must approve, In Writing, the use of and sale of any of our member or plan data, even if being used in an aggregated, blinded data format.
- f. The Contractor shall not use Public Sector Plan Member identified or non-aggregated information for advertising, marketing, promotion or any activity intended to influence sales or market share of any product or service except when permitted by the State, such as advertisements of the Program for enrollment purposes.
- g. The Contractor shall have full financial responsibility for any penalties, fines, or other payments imposed or required as a result of the Contractor's non-compliance with or violation of HIPAA or HITECH requirements, and the Contractor shall indemnify the State with respect to any such penalties, fines, or payments, including the cost of credit protection.

At the request of the State, the Contractor shall offer credit protection for those times in which a Member's PHI is accidentally or inappropriately disclosed.

- D.21. Tennessee Consolidated Retirement System. Subject to statutory exceptions contained in Tenn. Code Ann. §§ 8-36-801, *et seq.*, the law governing the Tennessee Consolidated Retirement System ("TCRS"), provides that if a retired member of TCRS, or of any superseded system administered by TCRS, or of any local retirement fund established under Tenn. Code Ann. §§ 8-35-101, *et seq.*, accepts State employment, the member's retirement allowance is suspended during the period of the employment. Accordingly and notwithstanding any provision of this Contract to the contrary, the Contractor agrees that if it is later determined that the true nature of the working relationship between the Contractor and the State under this Contract is that of "employee/employer" and not that of an independent contractor, the Contractor, if a retired member of TCRS, may be required to repay to TCRS the amount of retirement benefits the Contractor received from TCRS during the Term.
- D.22. Tennessee Department of Revenue Registration. The Contractor shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Contract.
- D.23. Debarment and Suspension. The Contractor certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
  - b. have not within a three (3) year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
  - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
  - d. have not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Contractor shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded, disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the Party except to the extent that the non-performing Party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing Party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either Party from its obligations under this Contract. Except as set forth in this Section, any failure or delay by a Party in the performance of its obligations under this Contract arising from a Force Majeure Event is not a default under this Contract or grounds for termination. The

non-performing Party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the Party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Contractor's representatives, suppliers, subcontractors, customers or business apart from this Contract is not a Force Majeure Event under this Contract. Contractor will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Contractor's performance longer than forty-eight (48) hours, the State may, upon notice to Contractor: (a) cease payment of the fees for the affected obligations until Contractor resumes performance of the affected obligations; or (b) immediately terminate this Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Contractor will not increase its charges under this Contract or charge the State any fees other than those provided for in this Contract as the result of a Force Majeure Event.

- D.25. State and Federal Compliance. The Contractor shall comply with all State and federal laws and regulations applicable to Contractor in the Contractor's performance of this Contract.
- D.26. Governing Law. This Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Tennessee Claims Commission or the state or federal courts in Tennessee shall be the venue for all claims, disputes, or disagreements arising under this Contract. The Contractor acknowledges and agrees that any rights, claims, or remedies against the State of Tennessee or its employees arising under this Contract shall be subject to and limited to those rights and remedies available under Tenn. Code Ann. §§ 9-8-101 - 408.
- D.27. Entire Agreement. This Contract is complete and contains the entire understanding between the Parties relating to its subject matter, including all the terms and conditions of the Parties' agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the Parties, whether written or oral.
- D.28. Severability. If any terms and conditions of this Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions of this Contract shall not be affected and shall remain in full force and effect. The terms and conditions of this Contract are severable.
- D.29. Headings. Section headings of this Contract are for reference purposes only and shall not be construed as part of this Contract.
- D.30. Incorporation of Additional Documents. Each of the following documents is included as a part of this Contract by reference. In the event of a discrepancy or ambiguity regarding the Contractor's duties, responsibilities, and performance under this Contract, these items shall govern in order of precedence below:
- a. any amendment to this Contract, with the latter in time controlling over any earlier amendments;
  - b. this Contract with any attachments or exhibits (excluding the items listed at subsections c. through g., below), which includes:
    - i. Contract Attachment A Attestation Re Personnel Used in Contract Performance;

- ii. Contract Attachment B Liquidated Damages;
  - iii. Contract Attachment C Service Level Agreement Scorecard;
  - iv. Contract Attachment D Reporting Requirements;
  - v. Contract Attachment E HIPAA Business Associate Agreement;
  - vi. Contract Attachment F Minimum Benefit Schedule;
  - vii. Contractor's group master policy; and
  - viii. Contractor's group certificate(s) of coverage
- c. any clarifications of or addenda to the Contractor's proposal seeking this Contract;
  - d. the State solicitation, as may be amended, requesting responses in competition for this Contract;
  - e. any technical specifications provided to proposers during the procurement process to award this Contract;
  - f. the Contractor's response seeking this Contract; and
  - g. any Contractor rules or policies contained in insurance policy filings by the Contractor with State regulators.

D.31. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Contract. The Contractor certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.32. Insurance. Contractor shall maintain insurance coverage as specified in this Section. The State reserves the right to amend or require additional insurance coverage, coverage amounts, and endorsements required under this Contract. Contractor's failure to maintain or submit evidence of insurance coverage, as required, is a material breach of this Contract. If Contractor loses insurance coverage, fails to renew coverage, or for any reason becomes uninsured during the Term, Contractor shall immediately notify the State. All insurance companies providing coverage must be: (a) acceptable to the State; (b) authorized by the Tennessee Department of Commerce and Insurance ("TDCI"); and (c) rated A- / VII or better by A.M. Best. All coverage must be on a primary basis and noncontributory with any other insurance or self-insurance carried by the State. Contractor agrees to name the State as an additional insured on any insurance policy with the exception of workers' compensation (employer liability) and professional liability (errors and omissions) insurance. All policies must contain an endorsement for a waiver of subrogation in favor of the State. Any deductible or self insured retention ("SIR") over fifty thousand dollars (\$50,000) must be approved by the State. The deductible or SIR and any premiums are the Contractor's sole responsibility. The Contractor agrees that the insurance requirements specified in this Section do not reduce any liability the Contractor has assumed under this Contract including any indemnification or hold harmless requirements.

To achieve the required coverage amounts, a combination of an otherwise deficient specific policy and an umbrella policy with an aggregate meeting or exceeding the required coverage amounts is acceptable. For example: If the required policy limit under this Contract is for two million dollars (\$2,000,000) in coverage, acceptable coverage would include a specific policy covering one million dollars (\$1,000,000) combined with an umbrella policy for an additional one million dollars (\$1,000,000). If the deficient underlying policy is for a coverage area without aggregate limits (generally Automobile Liability and Employers' Liability Accident), Contractor shall provide a copy of the umbrella insurance policy documents to ensure that no aggregate limit applies to the umbrella policy for that coverage area. In the event that an umbrella policy is being provided to achieve any required coverage amounts, the umbrella policy shall be accompanied by

an endorsement at least as broad as the Insurance Services Office, Inc. (also known as "ISO") "Noncontributory—Other Insurance Condition" endorsement or shall be written on a policy form that addresses both the primary and noncontributory basis of the umbrella policy if the State is otherwise named as an additional insured.

Contractor shall provide the State a certificate of insurance ("COI") evidencing the coverages and amounts specified in this Section. The COI must be on a form approved by the TDCI (standard ACORD form preferred). The COI must list each insurer's National Association of Insurance Commissioners (NAIC) number and be signed by an authorized representative of the insurer. The COI must list the State of Tennessee – CPO Risk Manager, 312 Rosa L. Parks Ave., 3<sup>rd</sup> floor Central Procurement Office, Nashville, TN 37243 as the certificate holder. Contractor shall provide the COI ten (10) business days prior to the Effective Date and again thirty (30) calendar days before renewal or replacement of coverage. Contractor shall provide the State evidence that all subcontractors maintain the required insurance or that subcontractors are included under the Contractor's policy. At any time, the State may require Contractor to provide a valid COI. The Parties agree that failure to provide evidence of insurance coverage as required is a material breach of this Contract. If Contractor self-insures, then a COI will not be required to prove coverage. Instead Contractor shall provide a certificate of self-insurance or a letter, on Contractor's letterhead, detailing its coverage, policy amounts, and proof of funds to reasonably cover such expenses. The State reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

The State agrees that it shall give written notice to the Contractor as soon as practicable after the State becomes aware of any claim asserted or made against the State, but in no event later than thirty (30) calendar days after the State becomes aware of such claim. The failure of the State to give notice shall only relieve the Contractor of its obligations under this Section to the extent that the Contractor can demonstrate actual prejudice arising from the failure to give notice. This Section shall not grant the Contractor or its insurer, through its attorneys, the right to represent the State in any legal matter, as the right to represent the State is governed by Tenn. Code Ann. § 8-6-106.

The insurance obligations under this Contract shall be: (1)—all the insurance coverage and policy limits carried by the Contractor; or (2)—the minimum insurance coverage requirements and policy limits shown in this Contract; whichever is greater. Any insurance proceeds in excess of or broader than the minimum required coverage and minimum required policy limits, which are applicable to a given loss, shall be available to the State. No representation is made that the minimum insurance requirements of the Contract are sufficient to cover the obligations of the Contractor arising under this Contract. The Contractor shall obtain and maintain, at a minimum, the following insurance coverages and policy limits.

a. Commercial General Liability ("CGL") Insurance

- 1) The Contractor shall maintain CGL, which shall be written on an ISO Form CG 00 01 occurrence form (or a substitute form providing equivalent coverage) and shall cover liability arising from property damage, premises and operations products and completed operations, bodily injury, personal and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

The Contractor shall maintain single limits not less than one million dollars (\$1,000,000) per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this policy or location of occurrence or the general aggregate limit shall be twice the required occurrence limit.

b. Workers' Compensation and Employer Liability Insurance

- 1) For Contractors statutorily required to carry workers' compensation and employer liability insurance, the Contractor shall maintain:
  - i. Workers' compensation in an amount not less than one million dollars (\$1,000,000) including employer liability of one million dollars (\$1,000,000) per accident for bodily injury by accident, one million dollars (\$1,000,000) policy limit by disease, and one million dollars (\$1,000,000) per employee for bodily injury by disease.
- 2) If the Contractor certifies that it is exempt from the requirements of Tenn. Code Ann. §§ 50-6-101 – 103, then the Contractor shall furnish written proof of such exemption for one or more of the following reasons:
  - i. The Contractor employs fewer than five (5) employees;
  - ii. The Contractor is a sole proprietor;
  - iii. The Contractor is in the construction business or trades with no employees;
  - iv. The Contractor is in the coal mining industry with no employees;
  - v. The Contractor is a state or local government; or
  - vi. The Contractor self-insures its workers' compensation and is in compliance with the TDCI rules and Tenn. Code Ann. § 50-6-405.

c. Professional Liability Insurance

- 1) Professional liability insurance shall be written on an occurrence basis or on a claims-made basis. If this coverage is written on a claims-made basis, then:
  - i. The retroactive date must be shown, and must be on or before the earlier of the Effective Date of the Contract or the beginning of Contract work or provision of goods and services;
  - ii. Insurance must be maintained and evidence of insurance must be provided for at least five (5) full years from the date of the final Contract payment; and
  - iii. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date on or prior to the Contract Effective Date, the Contractor must purchase "extended reporting" or "tail coverage" for a minimum of five (5) full years from the date of the final Contract payment.

- 2) Any professional liability insurance policy shall have a limit not less than one million dollars (\$1,000,000) per claim and two million dollars (\$2,000,000) in the aggregate; and
- 3) If the Contract involves the provision of services by medical professionals, a policy limit not less than three million (\$3,000,000) per claim and three million dollars (\$3,000,000) in the aggregate for medical malpractice insurance.

h. Technology Professional Liability (Errors & Omissions)/Cyber Liability Insurance

- 1) The Contractor shall maintain technology professional liability (errors & omissions)/cyber liability insurance appropriate to the Contractor's profession in an amount not less than ten million dollars (\$10,000,000) per occurrence or claim and ten million dollars (\$10,000,000) annual aggregate, covering all acts, claims, errors, omissions, negligence, infringement of intellectual property (including copyright, patent and trade secret); network security and privacy risks, including but not limited to unauthorized access, failure of security, information theft, damage to destruction of or alteration of electronic information, breach of privacy perils, wrongful disclosure and release of private information, collection, or other negligence in the handling of confidential information, and including coverage for related regulatory fines, defenses, and penalties.
- 2) Such coverage shall include data breach response expenses, in an amount not less than ten million dollars (\$10,000,000) and payable whether incurred by the State or Contractor, including but not limited to consumer notification, whether or not required by law, computer forensic investigations, public relations and crisis management firm fees, credit file or identity monitoring or remediation services and expenses in the performance of services for the State or on behalf of the State hereunder.

D.33. Major Procurement Contract Sales and Use Tax. Pursuant to Tenn. Code Ann. § 4-39-102 and to the extent applicable, the Contractor and the Contractor's subcontractors shall remit sales and use taxes on the sales of goods or services that are made by the Contractor or the Contractor's subcontractors and that are subject to tax.

D.34. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Contractor by the State or acquired by the Contractor on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Contractor to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Contractor due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Contractor shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Contract.

**E. SPECIAL TERMS AND CONDITIONS:**

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Contract, the special terms and conditions shall be subordinate to the Contract's other terms and conditions.
- E.2. Software License Warranty. Contractor grants a license to the State to use all software provided under this Contract in the course of the State's business and purposes.
- E.3. Software Support and Maintenance Warranty. Contractor shall provide to the State all software upgrades, modifications, bug fixes, or other improvements in its software that it makes generally available to its customers.
- E.4. Prohibited Advertising or Marketing. The Contractor shall not suggest or imply in advertising or marketing materials that Contractor's goods or services are endorsed by the State. The restrictions on Contractor advertising or marketing materials under this Section shall survive the termination of this Contract.
- E.5. Contractor Commitment to Diversity. The Contractor shall comply with and make reasonable business efforts to exceed the commitment to diversity represented by the Contractor's response to RFP-31786-00161 (RFP Attachment 6.2, Section B.15) and resulting in this Contract.

The Contractor shall assist the State in monitoring the Contractor's performance of this commitment by providing, as requested, a quarterly report of participation in the performance of this Contract by small business enterprises and businesses owned by minorities, women, and Tennessee service-disabled veterans. Such reports shall be provided to the state of Tennessee Governor's Office of Diversity Business Enterprise in the required form and substance.

- E.6. Liquidated Damages. If the Contractor fails to perform in accordance with any term or provision of this contract, only provides partial performance of any term or provision of the Contract, violates any warranty, or any act prohibited or restricted by the Contract occurs, ("Liquidated Damages Event"), the State may assess damages on Contractor ("Liquidated Damages"). The State shall notify the Contractor of amounts to be assessed as Liquidated Damages. The Parties agree that due to the complicated nature of the Contractor's obligations under this Contract it would be difficult to specifically designate a monetary amount for Contractor's failure to fulfill its obligations regarding the Liquidated Damages Event as these amounts are likely to be uncertain and not easily proven. Contractor has carefully reviewed the Liquidated Damages contained in Attachment B and agrees that these amounts represent a reasonable relationship between the amount and what might reasonably be expected in the event of a Liquidated Damages Event, and are a reasonable estimate of the damages that would occur from a Liquidated Damages Event. The Parties agree that the Liquidated Damages represent solely the damages and injuries sustained by the State in losing the benefit of the bargain with Contractor and do not include any injury or damage sustained by a third party. The Contractor agrees that the Liquidated Damages are in addition to any amounts Contractor may owe the State pursuant to the indemnity provision or any other sections of this Contract.

The State is not obligated to assess Liquidated Damages before availing itself of any other remedy. The State may choose to discontinue Liquidated Damages and avail itself of any other remedy available under this Contract or at law or equity.



E. 7. Personally Identifiable Information. While performing its obligations under this Contract, Contractor may have access to Personally Identifiable Information held by the State ("PII"). For the purposes of this Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). Contractor agrees it shall not do or omit to do anything which would cause the State to be in breach of any Privacy Laws. Contractor shall, and shall cause its employees, agents and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to Contractor and in accordance with this Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. Contractor shall immediately notify State: (1) of any disclosure or use of any PII by Contractor or any of its employees, agents and representatives in breach of this Contract; and (2) of any disclosure of any PII to Contractor or its employees, agents and representatives where the purpose of such disclosure is not known to Contractor or its employees, agents and representatives. The State reserves the right to review Contractor's policies and procedures used to maintain the security and confidentiality of PII and Contractor shall, and cause its employees, agents and representatives to, comply with all reasonable requests or directions from the State to enable the State to verify and/or procure that Contractor is in full compliance with its obligations under this Contract in relation to PII. Upon termination or expiration of the Contract or at the State's direction at any time in its sole discretion, whichever is earlier, Contractor shall immediately return to the State any and all PII which it has received under this Contract and shall destroy all records of such PII.

The Contractor shall report to the State any instances of unauthorized access to or potential disclosure of PII in the custody or control of Contractor ("Unauthorized Disclosure") that come to the Contractor's attention. Any such report shall be made by the Contractor within twenty-four (24) hours after the Unauthorized Disclosure has come to the attention of the Contractor. Contractor shall take all necessary measures to halt any further Unauthorized Disclosures. The Contractor, at the sole discretion of the State, shall provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. The Contractor shall bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to this State under this Contract or otherwise available at law. The obligations set forth in this Section shall survive the termination of this Contract.

E.8 Contractor Hosted Services and Confidential Data.

- a. "Confidential State Data" is defined as data deemed confidential by State or Federal statute or regulation. The Contractor shall protect Confidential State Data as follows:
  - (1) The Contractor shall ensure that all Confidential State Data is housed in the continental United States, inclusive of backup data.
  - (2) The Contractor shall encrypt Confidential State Data at rest and in transit using the current version of Federal Information Processing Standard ("FIPS") 140-2 validated encryption algorithms.
  - (3) The Contractor must annually perform Penetration Tests and Vulnerability Assessments against its Processing Environment. "Processing Environment" shall

mean the combination of software and hardware on which the Application runs. "Application" shall mean the computer code that supports and accomplishes the State's requirements as set forth in this Contract. "Penetration Tests" shall be in the form of attacks on the Contractor's computer system, with the purpose of discovering security weaknesses which have the potential to gain access to the Processing Environment's features and data. The "Vulnerability Assessment" shall be designed and executed to define, identify, and classify the security holes (vulnerabilities) in the Processing Environment. The contractor shall provide to the State the results of its Penetration Tests and Vulnerability assessments as requested by the State.

- (4) Upon State request, the Contractor shall provide a copy of all Confidential State Data it holds. The Contractor shall provide such data on media and in a format determined by the State. The Contractor shall maintain a duplicate set of all records relating to this Contract in electronic medium, usable by the State and the Contractor for the purpose of Disaster recovery. Such duplicate records are to be stored at a secure fire, flood, and theft-protected facility located away from the storage location of the originals. The Contractor shall update duplicate records, at a minimum, on a daily basis and shall retain said records for a period of sixty (60) days from the date of creation.
- (5) In accordance with the timeframe for audits listed in Contract Section D.11 and in consultation with the State, the Contractor shall destroy all Confidential State Data it holds (including any copies such as backups) in accordance with the current version of National Institute of Standards and Technology ("NIST") Special Publication 800-88. The Contractor shall provide a written confirmation of destruction to the State within ten (10) business days after destruction.

- (6) Contractor must enter into a Business Associate Agreement (BAA) with the State. See Contract Attachment E.

b. Minimum Requirements

- (1) The Contractor and all data centers used by the Contractor to host State data, including those of all Subcontractors, must comply with the State's Enterprise Information Security Policies as amended periodically. The State's Enterprise Information Security Policies document is found at the following URL: <https://www.tn.gov/finance/strategic-technology-solutions/strategic-technology-solutions/sts-security-policies.html>.
- (2) The Contractor agrees to maintain the Application so that it will run on a current, manufacturer-supported Operating System. "Operating System" shall mean the software that supports a computer's basic functions, such as scheduling tasks, executing applications, and controlling peripherals.
- (3) If the Application requires middleware or database software, Contractor shall maintain middleware and database software versions that are at all times fully compatible with current versions of the Operating System and Application to ensure that security vulnerabilities are not introduced.

c. Comptroller Audit Requirements

Upon reasonable notice and at any reasonable time, the Contractor and subcontractor(s) agree to allow the State, the Comptroller of the Treasury, or their duly appointed representatives to perform information technology control audits of the Contractor and all subcontractors used by the Contractor. Contractor will maintain and cause its Subcontractors to maintain a complete audit trail of all transactions and activities in connection with this Contract. Contractor will provide to the State, the Comptroller of the Treasury, or their duly appointed representatives access to Contractor and Subcontractor(s) personnel for the purpose of performing the information technology control audit.

The information technology control audit may include a review of general controls and application controls. General controls are the policies and procedures that apply to all or a large segment of the Contractor's or Subcontractor's information systems and applications and include controls over security management, access controls, configuration management, segregation of duties, and contingency planning. Application controls are directly related to the application and help ensure that transactions are complete, accurate, valid, confidential, and available. The audit shall include the Contractor's and Subcontractor's compliance with the State's Enterprise Information Security Policies and all applicable requirements, laws, regulations or policies.

The audit may include interviews with technical and management personnel, physical inspection of controls, and review of paper or electronic documentation.

For any audit issues identified, the Contractor and Subcontractor(s) shall provide a corrective action plan to the State within 30 days from the Contractor or Subcontractor receiving the audit report.

Each party shall bear its own expenses incurred while conducting the information technology controls audit.

- d. Business Continuity Requirements. The Contractor shall maintain set(s) of documents, instructions, and procedures which enable the Contractor to respond to accidents, disasters, emergencies, or threats without any stoppage or hindrance in its key operations ("Business Continuity Requirements"). Business Continuity Requirements shall include:
  - (1) Regardless of the architecture of its systems, the Contractor shall develop and be continually ready to invoke a business continuity and Disaster recovery ("BC-DR") plan. The BC-DR plan shall encompass all Information Systems supporting this Contract. At a minimum the Contractor's BC-DR plan shall address and provide the results for the following scenarios:
    - i. Central and/or satellite data processing, telecommunications, print and mailing facilities and functions therein, hardware and software are destroyed or damaged;
    - ii. System interruption or failure resulting from network, operating hardware, software, communications infrastructure or operational errors that compromise the integrity of transactions that are active in a live system at the time of the outage;
    - iii. System interruption or failure resulting from network, operating hardware, software, communications infrastructure or operational errors that compromise the integrity of data maintained in a live or archival system; and
    - iv. System interruption or failure resulting from network, operating hardware, software, communications infrastructure or operational errors that does not compromise the integrity of transactions or data maintained in a live or archival system but does prevent access to the system.
  - (2) "Disaster Recovery Capabilities" refer to the actions the Contractor takes to meet the Recovery Point and Recovery Time Objectives defined below. Disaster Recovery Capabilities shall meet the following objectives:
    - i. Recovery Point Objective ("RPO"). The RPO is defined as the maximum targeted period in which data might be lost from an IT service due to a major incident: one (1) hour.

- ii. Recovery Time Objective (“RTO”). The RTO is defined as the targeted duration of time and a service level within which a business process must be restored after a Disaster (or disruption) in order to avoid unacceptable consequences associated with a break in business continuity: Seventy-two (72) hours.

(3) The Contractor shall perform at least one Disaster Recovery Test every three hundred sixty-five (365) days. A “Disaster Recovery Test” shall mean the process of verifying the success of the restoration procedures that are executed after a critical IT failure or disruption occurs. The Disaster Recovery Test shall use actual State Data Sets that mirror production data, and success shall be defined as the Contractor verifying that the Contractor can meet the State’s RPO and RTO requirements. A “Data Set” is defined as a collection of related sets of information that is composed of separate elements but can be manipulated as a unit by a computer. The Contractor shall provide written confirmation to the State after each Disaster Recover Test that its Disaster Recovery Capabilities meet the RPO and RTO requirements. The Contractor shall submit a written summary of its annual BC-DR test results to the State (see item #8 in Contract Attachment D).

- e. The Contractor and any Subcontractor used by the Contractor to host State data, including data center vendors, shall be subject to an annual engagement by a CPA firm in accordance with the standards of the American Institute of Certified Public Accountants (“AICPA”) for a System and Organization Controls for service organizations (“SOC”) 2 Type II audit. The SOC audit control objectives shall include all five trust services principles. The Contractor shall provide the State with the Contractor’s and Subcontractor’s annual audit report within 30 days from when the CPA firm provides the audit report to the Contractor or Subcontractor and in addition to periodic bridge reports as requested by the State, see Contract Attachment D. The Contractor shall submit corrective action plans to the State for any issues included in the audit report within 30 days after the CPA firm provides the audit report to the Contractor and Subcontractor.

If the scope of the most recent SOC audit report does not include all of the current State fiscal year, upon request from the State, the Contractor must provide to the State a letter from the Contractor or Subcontractor stating whether the Contractor or Subcontractor made any material changes to their control environment since the prior audit and, if so, whether the changes, in the opinion of the Contractor or Subcontractor, would negatively affect the auditor’s opinion in the most recent audit report.

No additional funding shall be allocated for these audits as they are included in the Maximum Liability of this Contract.

E.9. Additional lines, items, or options. At its sole discretion, the State may make written requests to the Contractor to add lines, items, or options that are needed and within the Scope but were not included in the original Contract. Such lines, items, or options will be added to the Contract through a Memorandum of Understanding (“MOU”), not an amendment.

- a. After the Contractor receives a written request to add lines, items, or options, the Contractor shall have ten (10) business days to respond with a written proposal. The Contractor’s written proposal shall include:

- (1) The effect, if any, of adding the lines, items, or options on the other goods or services required under the Contract;
- (2) Any pricing related to the new lines, items, or options;
- (3) The expected effective date for the availability of the new lines, items, or options; and

(4) Any additional information requested by the State.

- b. The State may negotiate the terms of the Contractor's proposal by requesting revisions to the proposal.
- c. To indicate acceptance of a proposal, the State will sign it. The signed proposal shall constitute a MOU between the Parties, and the lines, items, or options shall be incorporated into the Contract as if set forth verbatim.
- d. Only after a MOU has been executed shall the Contractor perform or deliver the new lines, items, or options.

E. 10. Extraneous Terms and Conditions. Contractor shall fill all orders submitted by the State under this Contract. No purchase order, invoice, or other documents associated with any sales, orders, or supply of any good or service under this Contract shall contain any terms or conditions other than as set forth in the Contract. Any such extraneous terms and conditions shall be void, invalid and unenforceable against the State. Any refusal by Contractor to supply any goods or services under this Contract conditioned upon the State submitting to any extraneous terms and conditions shall be a material breach of the Contract and constitute an act of bad faith by Contractor.

E.11. Survival. The terms, provisions, representations, and warranties contained in this Contract which by their sense and context are intended to survive the performance and termination of this Contract, shall so survive the completion of performance and termination of this Contract.

**IN WITNESS WHEREOF,**

**Delta Dental of Tennessee:**

8/16/2021

CONTRACTOR SIGNATURE

DATE

Philip A. Wenk

President and CEO

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)

STATE OF TENNESSEE,  
 STATE INSURANCE COMMITTEE,  
 LOCAL EDUCATION INSURANCE COMMITTEE,  
 LOCAL GOVERNMENT INSURANCE COMMITTEE:

Howard H. Eley, CHAIRMAN

DATE

**ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE**

<b>SUBJECT CONTRACT NUMBER:</b>	71774
<b>CONTRACTOR LEGAL ENTITY NAME:</b>	Delta Dental of Tennessee
<b>EDISON VENDOR IDENTIFICATION NUMBER:</b>	74015

**The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.**



**CONTRACTOR SIGNATURE**

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. Attach evidence documenting the individual's authority to contractually bind the Contractor, unless the signatory is the Contractor's chief executive or president.

*Philip A. Wex* *President/CEO Delta Dental of TN*

**PRINTED NAME AND TITLE OF SIGNATORY**

*8/16/2021*

**DATE OF ATTESTATION**

**LIQUIDATED DAMAGES**

To effectively manage contractual performance, the State has established Liquidated Damages associated with the Contractor’s obligations with respect to the Contract. The Contractor is expected to perform according to a certain level of standards. If these standards are not met, the State is entitled to impose liquidated damage assessments. Damages are included in this Attachment.

The Parties agree that the Liquidated Damages represent solely the anticipated damages and injuries sustained by the State in losing the benefit of the bargain with Contractor and do not include any injury or damage sustained by a third party.

**Payment of Liquidated Damages:** It is agreed by the State and the Contractor that any liquidated damages assessed by the State shall be due and payable to the State within forty-five (45) calendar days after Contractor receipt of the Invoice containing an assessment of Liquidated Damages. If payment is not made by the due date, the Liquidated Damages amount may be withheld from future payments by the State without further notice.

<b>1. Program Go-Live Date</b>	
<i>Guarantee</i>	The DPPO Program shall take effect and be fully Operational on the Program go-live date specified in Contract Section A.17. "Operational" is defined as the ability to electronically capture enrollment records accurately for Members, process claims, verify Members' enrollment to in-network providers, answer Members' calls, meet all network access requirements, and provide all other services described in the Contract.
<i>Assessment</i>	Twenty-five thousand dollars (\$25,000) for each Business Day beyond the go-live date that the program is not operational up to thirty (30) Business Days.
<i>Justification</i>	Program go-live is an imperative performance guarantee listed in the Contract. If there is a delay in this, the State is unable to provide DPPO benefits coverage to our Members. This assessment and amount take into account the State's increased staff time for Member inquiries, resolution of additional Member issues, and increased legislative inquiries.
<i>Measurement</i>	Assessed, reported, and reconciled no later than three (3) months after go-live date.
<b>2. Implementation</b>	
<i>Guarantee</i>	The Contractor shall comply with all tasks, deliverables, and milestones included in the project implementation plan, as required in Contract Section A.15., and meet the "Milestone/Deliverable Due Dates" as required in Contract Section A.17. necessary to install the program by the Program go-live date.
<i>Assessment</i>	One thousand dollars (\$1,000) for each Business Day for each deliverable and/or milestone beyond the due date up to, and including the Program go-live date.
<i>Justification</i>	Timely and accurate completion of all tasks, deliverables, and milestones in the project implementation plan and key deliverables table is critical to the successful implementation of a new contract. This assessment calculates the potential impact of missed or inaccurate implementation milestones.
<i>Measurement</i>	Assessed, reported, and reconciled no later than three (3) months after go-live.
<b>3. Operational Readiness</b>	
<i>Guarantee</i>	The Contractor shall resolve all noncompliance with contract terms identified by the State during its operational readiness review as required in Contract Section A.15.b.

<i>Assessment</i>	Ten thousand dollars (\$10,000) for each Business Day per finding that is not resolved after go-live.		
<i>Justification</i>	Operational readiness review requires the Contractor and the State to investigate and navigate any potential issues, deadlines, and milestones leading up to go-live and operations.		
<i>Measurement</i>	Assessed and reported no later than three (3) months after go-live.		
<b>4. Program Design</b>			
<i>Guarantee</i>	Program design per the Contract and <i>Certificate of Coverage</i> (including covered services, excluded services, limitations of services, and Coinsurance) will be implemented correctly, as required in Contract Section A.3.e.		
<i>Assessment</i>	Twenty-five thousand dollars (\$25,000) per each incorrect Program design setup such as, but not limited to, incorrect Coinsurance, incorrect deductibles, incorrect covered services or excluded services.		
<i>Justification</i>	Program design information must be timely and accurate as to not cause confusion or financial hardship to Members. This assessment and amount take into account the State's increased staff time for Member inquiries, resolution of additional Member issues, and increased legislative inquiries.		
<i>Measurement</i>	Assessed as identified.		
<b>5. Enrollment File Set-Up</b>			
<i>Guarantee</i>	Enrollment information must be loaded, tested, verified and available online for use as required in Contract Section A.12.g.		
<i>Assessment</i>	Ten thousand dollars (\$10,000) for each Business Day beyond the date specified in Contract Section A.17.		
<i>Justification</i>	Enrollment file set-up is a critical step in providing Members DPPO benefits. Without the accurate and timely set-up of this file, there is a potential harm to Members financially and in receiving dental services. This assessment and amount take into account the State's increased staff time for Member inquiries, resolution of additional Member issues, and increased legislative inquiries.		
<i>Measurement</i>	Assessed, reported, and reconciled no later than three (3) months after go-live.		
<b>6. Network Access</b>			
<i>Guarantee</i>	As required in Contract Section A.3.b., the Contractor shall maintain a network of dental providers to provide the covered services that meet the following access standards using a Quest or comparable report:		
	<b>In-Network General Dentists for Members with Tennessee ZIP Codes</b>		
	<b>Access standard</b>	<b>Percentage</b>	<b>Measure</b>
	Urban area	at least ninety-five percent (95%) of Members	2 providers within 10 miles
	Suburban area	at least ninety-five percent (95%) of Members	2 providers within 15 miles
	Rural area	at least ninety-five percent (95%) of Members	2 providers within 20 miles
	<b>In-Network Specialists for Members with Tennessee ZIP Codes</b>		
	<b>Access standard</b>	<b>Percentage</b>	<b>Measure</b>
	Urban area	at least ninety-five percent (95%) of Members	1 provider within 15 miles
	Suburban area	at least ninety-five percent (95%) of Members	1 provider within 20 miles



	Rural area	at least ninety percent (90%) of Members	1 provider within 25 miles
<i>Assessment</i>	Ten thousand dollars (\$10,000) per quarter until such time as any of the access standards listed above are met.		
<i>Justification</i>	The Contract requires minimum access standards and without these, Members do not have access to dental providers within the access standards and therefore the potential to go without dental care and increased financial hardship. This assessment and amount take into account the State's increased staff time for Member inquiries, resolution of additional Member issues, and increased legislative inquiries.		
<i>Measurement</i>	Assessed, reported and reconciled quarterly using the Quest or comparable report provided by the Contractor.		
<b>7. Splash page</b>			
<i>Guarantee</i>	The Contractor's Splash Page shall be available on the internet, fully operational by the date specified in Contract Section A.17. and updated annually no later two (2) weeks prior to the State's annual enrollment period, as required in Contract Section A.9.k.		
<i>Assessment</i>	One thousand dollars (\$1,000) per Business Day until operational or updated.		
<i>Justification</i>	This assessment and amount take into account the State's increased staff time for Member inquiries, resolution of additional Member issues, and increased legislative inquiries.		
<i>Measurement</i>	Assessed, reported, and reconciled annually.		
<b>8. Privacy and Security of Protected Health Information Impacting 1 to 499 Members</b>			
<i>Guarantee</i>	In accordance with Contract Section D.20. and Contract Attachment E, the Contractor shall not violate the Privacy and Security Rules (45 CFR Parts 160 and 164) promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 as amended by Public Law 111-5, Division A, Title XIII (the HITECH Act). Pursuant to 45 CFR 164.402, breach is defined as the acquisition, access, use, or disclosure of protected health information in a manner not permitted under subpart E of the Privacy Rule which compromises the security or privacy of the PHI.		
<i>Justification</i>	The guarantee and assessment estimate the impact on the State including the unpredictability of the timing of a breach; specifics of the breach's scope; length of time of investigation completion; number of Member calls to the BA service center; and level of legislative inquiries.		
<i>Assessment</i>	Four Thousand Eight Hundred dollars (\$4,800) per incident basis.  This assessment is based on the previous experience BA has had in responding to similar incidents impacting less than five hundred (500) Members which includes the following predicted costs to BA:  <ol style="list-style-type: none"> <li>1. HIPAA Compliance Officer time including investigating the breach, monitoring the HIPAA privacy hotline and email address estimated at seventy-five (75) hours;</li> <li>2. Director of Financial Management and Program Integrity time and work estimated at seven and half (7.5) hours;</li> <li>3. Program Director associated with this contract time and work estimated at fifteen (15) hours;</li> <li>4. Executive Director's time and work estimated at one (1) hour;</li> <li>5. Department attorney time including legal review estimated at one (1) hour; and</li> <li>6. Service Center staff time and work answering Member questions/concerns estimated at fifteen (15) hours.</li> </ol>		
<i>Measurement</i>	Assessed, reported, reconciled, and paid after each occurrence.		

<b>9. Privacy and Security of Protected Health Information Impacting 500 or more Members</b>	
<i>Guarantee</i>	In accordance with Contract Section D.20. and Contract Attachment E, the Contractor shall not violate the Privacy and Security Rules (45 CFR Parts 160 and 164) promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 as amended by Public Law 111-5, Division A, Title XIII (the HITECH Act). Pursuant to 45 CFR 164.402, breach is defined as the acquisition, access, use, or disclosure of protected health information in a manner not permitted under subpart E of the Privacy Rule which compromises the security or privacy of the PHI.
<i>Justification</i>	The guarantee and assessment estimate the impact on the State including the unpredictability of the timing of a breach; specifics of the breach's scope; length of time of investigation completion; number of Member calls to the BA service center; and level of legislative inquiries. A breach impacting five hundred (500) or more Members has additional required steps and procedures including notification to the Office of Civil Rights ("OCR") with the U.S. Department of Health & Human Services ("HSS"); documentation to OCR for a required investigation; the drafting and mailing of Member notification letters; and a federally-required media release to media outlets across the State.
<i>Assessment</i>	Nineteen Thousand dollars (\$19,000) per incident basis. This assessment is based on the previous experience BA has had in responding to similar incidents impacting five hundred (500) or more Members which includes the following predicted costs to BA: <ol style="list-style-type: none"> <li>1. HIPAA Compliance Officer time including investigating the breach, monitoring the HIPAA privacy hotline and email address estimated at one hundred thirty (130) hours;</li> <li>2. Director of Financial Management and Program Integrity time and work estimated at thirty (30) hours;</li> <li>3. Program Director associated with this Contract time and work estimated at forty-five (45) hours;</li> <li>4. Executive Director's time and work estimated at eighteen (18) hours;</li> <li>5. Department attorney time including legal review estimated at thirty (30) hours;</li> <li>6. Service Center staff time and work answering Member questions/concerns estimated at one-hundred (100) hours;</li> <li>7. Public Information Officer ("PIO")'s time and work estimated at forty-five (45) hours; and</li> <li>8. Communications Director's time and work estimated at thirty (30) hours.</li> </ol>
<i>Measurement</i>	Assessed, reported, reconciled, and paid after each occurrence.

**Contract Attachment C****Service Level Agreement Scorecard**

Below is the SLA Scorecard and associated KPIs used to measure the Contractor's performance against the desired outcomes. KPIs shall be evaluated, scored, and reconciled quarterly via the SLA Scorecard with relevant documentation. Contractor must submit the SLA Scorecard each calendar quarter documenting the Contractor's outcome for each of the KPI for the previous quarter, in which services were delivered, as well as any At-Risk Performance Payment due (if applicable).

It is agreed by the State and the Contractor that any At-Risk Performance Payment assessed by the State shall be due and payable to the State within forty-five (45) calendar days after Contractor receipt of the Invoice containing an assessment of fees at risk. If payment is not made by the due date, the At-Risk Performance Payment amount may be withheld from future payments by the State without further notice.

Use the following for the quarterly calculations – the Contractor will fill in the Quarterly Score column for each individual KPI. If the individual KPI does not apply for the reported quarter, place 'n/a' in the Quarterly Score column. The total possible score will be adjusted accordingly. The State will calculate the Total Quarterly Score using the following formula: Quarterly Score divided by total possible quarterly score multiplied by 100%. The At Risk Performance Payment will be determined by this percentage (see table below).

KPI		Description	Performance Requirement	Contractor Performance	Score if Met	Quarterly Score
1.	First call resolution	The Contractor's call center shall maintain a monthly average First Call Resolution rate of eighty-five percent (85%) or greater as required in Contract Section A.5.c	85%	85% or greater	10	
				83% - 84.9%	6	
				80%-82.9%	2	
				Less than 80%	0	
2.	Mailing of ongoing welcome kit	Ninety-five percent (95%) of ongoing welcome kits shall be mailed within ten (10) Business Days of new Subscriber enrollment record being received as required in Contract Section A.7.b.	95%	95% or greater	10	
				93%-94.9%	6	
				Less than 93%	0	
3.	Mailing of ongoing ID cards	Ninety-five percent (95%) of ongoing ID cards shall be produced and mailed within ten (10) Business Days of new Subscriber enrollment record being received as required in Contract Section A.8.j.	95%	95% or greater	10	
				93%-94.9%	6	
				Less than 93%	0	
4.	In-Network General Dentist Disruption Rate	As required in Contract Section A.3.h., In-Network General Dentists at the beginning of the Plan Year leaving the network on or before the end of the Plan Year, regardless if the action is voluntary or involuntary, will not exceed 10% of the total In-Network General Dentists at the beginning of the Plan Year.	Not to exceed 10%	10% or less	10	
				10.1%-12%	8	
				12.1%-15%	6	
				Greater than 15%	0	

KPI		Description	Performance Requirement	Contractor Performance	Score if Met	Quarterly Score
5.	Member Satisfaction Survey	The level of overall member satisfaction, as measured annually through the member satisfaction survey, shall be equal to or greater than eighty-five percent (85%) in the first year of the Contract, and shall be equal to or greater than ninety percent (90%) in all subsequent year(s) within the contract term as required in Contract Section A.10.k.	85% in first year of contract	85% or greater	10	
				83-84.9%	6	
				81-82.9%	2	
				Less than 81%	0	
			90% in years 2-4 of contract	90% or greater	10	
				88-89.9%	6	
				86-87.9%	2	
				Less than 86%	0	
6.	Enrollment Posting	One hundred percent (100%) of electronically retrieved enrollment files processed within two (2) Business Days of receipt of the weekly file as required in Contract Section A.12.h.(2).	100%	100%	10	
				98-99.9%	6	
				96-97.9%	2	
				Less than 96%	0	
7.	Enrollment Discrepancies	Resolve 100% all enrollment discrepancies as identified by the Contractor for internal correction within two (2) business days of identification and within two (2) Business Days of receiving corrected information from the State as required in Contract Section A.12.h.(5).	100%	100%	10	
				98.0-99.9%	6	
				96.0-97.9%	2	
				Less than 96%	0	
8.	Reporting	The Contractor shall distribute to the State all reports required in the Contract within the time frame and in the format specified in the Contract as required in Contract Section A.14.a.	100%	100%	10	
				98-99.9%	6	
				96-97.9%	2	
				Less than 96%	0	
9.	Average Speed of Answer	The Contractor's call center shall maintain a monthly Average Speed of Answer rate of 30 seconds or less as required in Contract Section A.5.c.(1).	30 seconds or less	30 Sec. or less Avg.	10	
				31-35 Sec, Avg.	6	
				36-40 Sec Avg.	2	
				Greater than 40 Sec Avg.	0	
10.	Claims Payment Accuracy	The Contractor shall maintain an annual average rate of ninety-eight percent (98%) or higher for Claims	98% or greater	98% or greater	10	
				97% - 97.9%	6	

KPI		Description	Performance Requirement	Contractor Performance	Score if Met	Quarterly Score
		Payment Accuracy as required in Contract Section A.10.p.		96% - 96.9%	2	
				Less than 96%	0	
11.	Claims Processing Accuracy	The Contractor shall maintain an annual average rate of ninety-seven percent (97%) or higher for Claims Processing Accuracy as required in Contract Section A.10.p.	97% or greater	97% or greater	10	
				96% - 96.9%	6	
				95% - 95.9%	2	
				Less than 95%	0	
12.	Claims Processing Turnaround	The Contractor shall maintain an annual average rate of ninety-eight percent (98%) or higher within twenty-one (21) days for Claims Processing Turnaround as required in Contract Section A.10.p.	98% or greater	98% or greater	10	
				97% - 97.9%	6	
				96% - 96.9%	2	
				Less than 96%	0	
<b>Calculated Performance Payment</b>						
(Sum of Quarterly Score divided by total possible quarterly score multiplied by 100%).						

Quarterly Score	At Risk Performance Payment
>=95%	\$0
90.1-94.9%	\$10,000
85-90%	\$20,000
80-84.9%	\$30,000
75-79.9%	\$40,000
74.9% or below	\$50,000

KPI	Description	Performance Requirement	At Risk Performance Payment
13.	Unauthorized Usage of Information	Unless prior approved In Writing by the State, and in compliance with state and federal law, the Contractor shall not use information gained through this Contract, including but not limited to utilization and pricing information, in marketing or expanding non-State business relationships or for any pecuniary gain as specified in Contract Section A.6.r.	If Contractor uses data without prior State approval
			\$25,000 per incident

14.	Authorization of Member Communications	The Contactor shall not distribute any materials to members prior to receiving the express, written authorization by the State for the use of such materials, as required in Contract Section A.6.b.	If Contractor distributes materials without prior State approval	\$1,000 per incident
15.	Timely Notification	Contractor shall notify the State, within three (3) business days of identification, about any situation that appears to negatively impact the administration or delivery of the program, Plan, or benefits, as required in Contract Section A.14.d.	If Contractor fails to notify the state within three (3) Business Days	\$10,000 per incident
16.	Call Center Responses	The Contractor shall have sufficient staff to respond to inquiries, correspondence, complaints, and problems related to all aspects of the services required in this contract, as required in Contract Section A.4.d.	If a Member contacts the State with an unresolved issue that they previously attempted to resolve with the Contractor.	\$1,000 per incident
17	DSS Claims Paid Data Quality	<p>The Contractor's claims paid data sent to the DSS contractor shall match the Contractor's data on the Claims Paid report (see Contract Attachment D, report #3.b.) sent to the State within the quality standards noted below for each quarter. Measured by the State on a quarterly basis, the Contractor's data submission to the DSS contractor as reported by the DSS contractor to the State compared to the Contractor's data sent to the State on the required quarterly report shall meet the required measures as required in Contract Section A.12.I.(8).</p> <p><u>Plan covered expense</u> (allowed amount): Differential between Contractor's financial claims paid data reported to the State <math>\leq</math> 1.5% of financial claims paid data received by the State's DSS contractor from the Contractor, and</p> <p>2. <u>Member deductible</u>: Differential between Contractor's financial claims paid data reported to the State <math>\leq</math> 1.5% of financial claims paid data received by the State's DSS contractor, and</p> <p>3. <u>Member coinsurance</u>: Differential between Contractor's financial claims paid data reported to the State <math>\leq</math> 1.5% of financial claims paid data received by the State's DSS contractor from the Contractor.</p>	If the Contractor does not meet the three measurements listed in Contract Section A.12.I.(8).	\$1,500 per measurement

**Contract Attachment D****REPORTING REQUIREMENTS**

As required by Contract, the Contractor shall submit Management Reports to the State. The reports shall be used by the State to assess the DPPO costs, as well as reconcile the Liquidated Damages and Service Level Agreements. All reports shall be submitted in Microsoft Excel format, unless otherwise specified by the State, and shall be sent to the State via secure email.

Unless otherwise directed by the State, the Contractor shall submit reports as follows:

- 1) Weekly reports shall be submitted by Tuesday of the following week;
- 2) Monthly reports shall be submitted by the 15<sup>th</sup> of the following month;
- 3) Quarterly reports shall be submitted by the 20<sup>th</sup> of the month following the end of the quarter;
- 4) Semi-Annual Reports shall be submitted by January 20<sup>th</sup> and July 20<sup>th</sup> ;
- 5) Annual reports shall be submitted within sixty (60) days after the end of the calendar year.

Note: Any report due on a holiday or weekend will then be due on the following Business Day.

Reports shall include:

- 1) **Liquidated Damages and Service Level Agreement Tracking**, as detailed in Contract Attachment B and C, each component to be listed with guarantee and actual results, submitted quarterly and annually using the template prior approved In Writing by the State; the report shall also include a narrative statement regarding the status of each item with statistics supporting the results achieved.
- 2) **Quest or comparable report Accessibility Analysis**, submitted quarterly, as required in contract Section A.3.a. and Contract Attachment B.6.
- 3) **Summary Plan Information**: submitted quarterly (including year-to-date information) and annually.

**a. Dental Loss Ratio Report**

<b>Enrollment/Premium Level</b>	<b># Subscribers</b>	<b>\$ Premium Collected for Subscribers</b>	<b>\$ Paid Claims</b>	<b>\$ Change in IBNR</b>	<b>Loss Ratio*</b>
<b>Employee</b>					<b>NA</b>
<b>Employee + Spouse</b>					<b>NA</b>
<b>Employee + Child(ren)</b>					<b>NA</b>
<b>Employee + Spouse + Child(ren)</b>					<b>NA</b>

<b>Sub-total</b>					<b>%</b>
<b>Retiree</b>					<b>NA</b>
<b>Retiree + Spouse</b>					<b>NA</b>
<b>Retiree + Child(ren)</b>					<b>NA</b>
<b>Retiree + Spouse + Child(ren)</b>					<b>NA</b>
<b>Sub-total</b>					<b>%</b>
<b>Total</b>					<b>%</b>

\*Dental Loss Ratio – Contractor shall quarterly and annually calculate its Dental Loss Ratio (DLR) and submit such calculation and supporting data to the State. DLR shall be calculated as Paid Claims + IBNR Changes divided by Premium Collected for Subscribers.

**b. Claims Paid Report**

<i>[separated by in/out network] and [separated by active/retiree]</i>	<b>Plan Covered Expense (Allowed Amount)</b>	<b>Member Deductible</b>	<b>Member Coinsurance</b>	<b>Total Member OOP</b>	<b>Plan Coins Paid</b>	<b>Total Paid</b>
<b>Class A</b>	\$	\$	\$	\$	\$	\$
<b>Class B</b>	\$	\$	\$	\$	\$	\$
<b>Class C</b>	\$	\$	\$	\$	\$	\$
<b>Class D</b>	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$

**c. Claims Lag Report**

	<b>PAID MONTHS</b>						<b>YTD</b>
	<b>Q1-CCYY</b>			<b>Q2-CCYY</b>			
<b>SERVICE MONTH</b>	<b>01-CCYY</b>	<b>02-CCYY</b>	<b>03-CCYY</b>	<b>04-CCYY</b>	<b>05-CCYY</b>	<b>06-CCYY</b>	
<b>01-CCYY</b>	\$	\$	\$	\$	\$	\$	\$
<b>02-CCYY</b>	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$

- 4) **Provider Network, as detailed in Contract Section A.3., Changes Update Report submitted quarterly and annually, displaying the following:**
- a. Present Network of Participating Providers by Service Offered
  - b. Additions to the Network by Name, Specialty and Location
  - c. Terminations to the Network by Name, Specialty and Location



- d. Targeted areas for recruitment
  - e. In-Network General Dentist disruption ratio [quarterly (year-to-date) and annually]
- 5) **Call Center Activity Reports**, as detailed in Contract Section A.5.d, submitted monthly.
    - a. Average Speed of Answer – statistics to support an average speed of answer (ASA) of thirty (30) seconds or less during each month
    - b. First Call Resolution – statistics to support a monthly average rate of eighty-five percent (85%) or greater for first call resolution
  - 6) **Member Satisfaction Survey Report**, submitted annually by agreed upon date by secure email using the template prior approved in writing by the State, as required in contract section A.10.k.
  - 7) **BC/DR Test Results Report**, submitted annually by email using the template prior approved in writing by the State, as required in contract section E.8.d.(3).
  - 8) **Weekly File Enrollment Processing Report**, submitted within three (3) Business Days of processing the weekly enrollment update file using the template prior approved in writing by the State, as required in contract section A.12.h.(4).
  - 9) **Claims Experience Report**, submitted upon request by the State to summarize claims experience for Members by employing agency for a specific time period as specified in contract section A.12.e.
  - 10) **AdHoc Reports**, The Contractor shall submit such ad hoc reports as are deemed by the State to be necessary to analyze the DPPO Insurance Program. The exact format, frequency and due dates for such reports shall be mutually agreed upon with the Contractor and shall be submitted at no cost to the State.
  - 11) **System and Organization Controls for service organizations (“SOC”) 2 Type II audit**, submitted annually within thirty (30) days from when the CPA firm provides the audit report and in addition to periodic bridge reports as requested by the State in compliance with contract Section E.8.
  - 12) **Marketing and Communications Plan and Efforts report**: submitted annually, as required in contract section A.6.a.(1)
  - 13) **Member Issues Log**: submitted monthly until notified by the State In Writing to send quarterly using template agreed to by the State, as required in contract section A.10.d.
  - 14) **Claims Processing Activity**: submitted quarterly and annually to reflect:
    - a. volume of claims received, adjudicated, and pending to substantiate Claims Payment Accuracy, Claims Processing Accuracy, and Claims Processing Turnaround results (percentages), as required in contract section A.10.p

- b. In-network and out-of-network utilization of General Dentists and Specialists by actives and retirees as described in contract section A.3.a.

15) **Weekly File Enrollment Processing Error Report:** submitted within one (1) Business Day of processing the weekly enrollment update file using the template prior approved In Writing by the State, as required in Contract section A.12.h.(4).

**CONTRACT ATTACHMENT E****HIPAA BUSINESS ASSOCIATE AGREEMENT  
COMPLIANCE WITH PRIVACY AND SECURITY RULES**

THIS BUSINESS ASSOCIATE AGREEMENT (hereinafter "Agreement") is between **The State of Tennessee, Finance and Administration, Division of Benefits Administration** (hereinafter "Covered Entity") and **Delta Dental of Tennessee** (hereinafter "Business Associate"). Covered Entity and Business Associate may be referred to herein individually as "Party" or collectively as "Parties."

**BACKGROUND**

Parties acknowledge that they are subject to the Privacy and Security Rules (45 CFR Parts 160 and 164) promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 as amended by Public Law 111-5, Division A, Title XIII (the HITECH Act), in certain aspects of its operations.

Business Associate provides services to Covered Entity pursuant to one or more contractual relationships detailed below and hereinafter referred to as "Service Contracts."

**LIST OF AGREEMENTS AFFECTED BY THIS BUSINESS ASSOCIATE AGREEMENT:****Contract Name:****Execution Date:****DPPO benefits plan****September 1, 2021**

In the course of executing Service Contracts, Business Associate may come into contact with, use, or disclose Protected Health Information ("PHI"). Said Service Contract(s) are hereby incorporated by reference and shall be taken and considered as a part of this document the same as if fully set out herein.

In accordance with the federal privacy and security regulations set forth at 45 C.F.R. Part 160 and Part 164, Subparts A, C, D and E, which require Covered Entity to have a written memorandum with each of its Business Associates, the Parties wish to establish satisfactory assurances that Business Associate will appropriately safeguard PHI and, therefore, make this Agreement.

**DEFINITIONS**

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR §§ 160.103, 164.103, 164.304, 164.402, 164.501, and 164.504.

- 1.1 "Breach of the Security of the [Business Associate's Information] System" shall have the meaning set out in its definition at T.C.A. § 47-18-2107
- 1.2 "Business Associate" shall have the meaning set out in its definition at 45 C.F.R. § 160.103.
- 1.3 "Covered Entity" shall have the meaning set out in its definition at 45 C.F.R. § 160.103.
- 1.4 "Designated Record Set" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.

- 1.5 "Electronic Protected Health Information" shall have the meaning set out in its definition at 45 C.F.R. § 160.103.
- 1.6 "Genetic Information" shall have the meaning set out in its definition at 45 C.F.R. § 160.103.
- 1.7 "Health Care Operations" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.
- 1.8 "Individual" shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- 1.9 "Information Holder" shall have the meaning set out in its definition at T.C.A. § 47-18-2107
- 1.10 "Marketing" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.
- 1.11 "Personal information" shall have the meaning set out in its definition at T.C.A. § 47-18-2107
- 1.12 "Privacy Official" shall have the meaning as set out in its definition at 45 C.F.R. § 164.530(a)(1).
- 1.13 "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A, and E.
- 1.14 "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- 1.15 "Required by Law" shall have the meaning set forth in 45 CFR § 164.512.
- 1.16 "Security Incident" shall have the meaning set out in its definition at 45 C.F.R. § 164.304.
- 1.17 "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Parts 160 and 164, Subparts A and C.

## **2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE (Privacy Rule)**

2.1 Business Associate is authorized to use PHI for the purposes of carrying out its duties under the Services Contract. In the course of carrying out these duties, including but not limited to carrying out the Covered Entity's duties under HIPAA, Business Associate shall fully comply with the requirements under the Privacy Rule applicable to "business associates," as that term is defined in the Privacy Rule and not use or further disclose PHI other than as permitted or required by this Agreement, the Service Contracts, or as Required By Law. Business Associate is subject to requirements of the Privacy Rule as required by Public Law 111-5, Section 13404 [designated as 42 U.S.C. 17934] In case of any conflict between this Agreement and the Service Contracts, this Agreement shall govern.

2.2 The Health Information Technology for Economic and Clinical Health Act (HITECH) was adopted as part of the American Recovery and Reinvestment Act of 2009. HITECH and its implementing regulations impose new requirements on Business Associates with respect to privacy, security, and breach notification. Business Associate hereby acknowledges and agrees that to the extent it is functioning as a Business Associate of Covered Entity, Business Associate shall comply with HITECH. Business Associate and the Covered Entity further agree that the provisions of HIPAA and HITECH that apply to business associates and that are required to be incorporated by reference in a business associate agreement have been incorporated into this Agreement between Business Associate and Covered Entity. Should any provision not be set forth specifically, it is as if set forth in this Agreement in its entirety and is effective as of the Applicable Effective Date, and as amended.

2.3 Business Associate shall use appropriate administrative, physical, and technical safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement, Services Contract(s), or as Required By Law. This includes the implementation of Administrative, Physical, and Technical Safeguards to reasonably and appropriately protect the Covered Entity's PHI against any reasonably anticipated threats or hazards, utilizing the technology commercially available to the Business Associate. The Business Associate shall maintain appropriate documentation of its compliance with the Privacy Rule, including, but not limited to, its policies, procedures, records of training and sanctions of members of its Workforce.

2.4 Business Associate shall require any agent, including a subcontractor, to whom it provides PHI received from, maintained, created or received by Business Associate on behalf of Covered Entity or that carries out any duties for the Business Associate involving the use, custody, disclosure, creation of, or access to PHI or other confidential information, to agree, by written contract with Business Associate, in accordance with 164.502(e)(1)(ii), ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of business associate agree to the same restrictions and conditions that apply to the business associate with respect to such information.

2.5 Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

2.6 Business Associate shall require its employees, agents, and subcontractors to promptly (up to 48 hours) report, to Business Associate, immediately upon becoming aware of any use or disclosure of PHI in violation of this Agreement. Business Associate shall report to Covered Entity any use or disclosure of the PHI not provided for by this Agreement. Business Associate will also provide additional information reasonably requested by the Covered Entity related to the breach.

2.7 As required by the Breach Notification Rule, Business Associate shall, and shall require its subcontractor(s) to, maintain systems to monitor and detect a Breach of Unsecured PHI, whether in paper or electronic form.

2.7.1 Business Associate shall provide to Covered Entity notice of a Potential or Actual Breach of Unsecured PHI immediately upon becoming aware of the Breach.

2.7.2 Business Associate shall cooperate with Covered Entity in timely providing the appropriate and necessary information to Covered Entity.

2.7.3 Covered Entity shall make the final determination whether the Breach requires notification and whether the notification shall be made by Covered Entity or Business Associate.

2.8 If Business Associate receives PHI from Covered Entity in a Designated Record Set, Business Associate shall provide access, at the request of Covered Entity, to PHI in a Designated Record Set to Covered Entity, in order to meet the requirements under 45 CFR § 164.524, provided that Business Associate shall have at least 30 Business days from Covered Entity notice to provide access to, or deliver such information.

2.9 If Business Associate receives PHI from Covered Entity in a Designated Record Set, then Business Associate shall make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to the 45 CFR § 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by Covered Entity, provided that Business Associate shall have at least 30 Business Days from Covered Entity notice to make an amendment.

2.10 Business Associate shall make its internal practices, books, and records including policies and procedures and PHI, relating to the use and disclosure of PHI received from, created by or received by Business Associate on behalf of, Covered Entity available to the Secretary of the United States Department of Health in Human Services or the Secretary's designee, in a time and manner designated by the Secretary, for purposes of determining Covered Entity's or Business Associate's compliance with the Privacy Rule.

2.11 Business Associate shall document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosure of PHI in accordance with 45 CFR § 164.528.

2.12 Business Associate shall provide Covered Entity or an Individual, in time and manner designated by Covered Entity, information collected in accordance with this Agreement, to permit Covered Entity to respond to a request by an Individual for and accounting of disclosures of PHI in accordance with 45 CFR § 164.528, provided that Business Associate shall have at least 30 Business Days from Covered Entity notice to provide access to, or deliver such information which shall include, at minimum, (a) date of the disclosure; (b) name of the third party to whom the PHI was disclosed and, if known, the address of the third party; (c) brief description of the disclosed information; and (d) brief explanation of the purpose and basis for such disclosure. Business Associate shall provide an accounting of disclosures directly to an individual when required by section 13405(c) of Public Law 111-5 [designated as 42 U.S.C. 17935(c)].

2.13 Business Associate agrees it must limit any use, disclosure, or request for use or disclosure of PHI to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request in accordance with the requirements of the Privacy Rule.

2.13.1 Business Associate represents to Covered Entity that all its uses and disclosures of, or requests for, PHI shall be the minimum necessary in accordance with the Privacy Rule requirements.

2.13.2 Covered Entity may, pursuant to the Privacy Rule, reasonably rely on any requested disclosure as the minimum necessary for the stated purpose when the information is requested by Business Associate.

2.13.3 Business Associate acknowledges that if Business Associate is also a covered entity, as defined by the Privacy Rule, Business Associate is required, independent of Business Associate's obligations under this Memorandum, to comply with the Privacy Rule's minimum necessary requirements when making any request for PHI from Covered Entity.

2.14 Business Associate shall adequately and properly maintain all PHI received from, or created or received on behalf of, Covered Entity

2.15 If Business Associate receives a request from an Individual for a copy of the individual's PHI, and the PHI is in the sole possession of the Business Associate, Business Associate will provide the requested copies to the individual and notify the Covered Entity of such action. If Business Associate receives a request for PHI in the possession of the Covered Entity, or receives a request to exercise other individual rights as set forth in the Privacy Rule, Business Associate shall notify Covered Entity of such request and forward the request to Covered Entity. Business Associate shall then assist Covered Entity in responding to the request.

2.16 Business Associate shall fully cooperate in good faith with and to assist Covered Entity in complying with the requirements of the Privacy Rule.

### **3 OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE (Security Rule)**

3.1 Business Associate shall fully comply with the requirements under the Security Rule applicable to "business associates," as that term is defined in the Security Rule. In case of any conflict between this Agreement and Service Agreements, this Agreement shall govern.

3.2 Business Associate shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the covered entity as required by the Security Rule and Public Law 111-5. This includes specifically, but is not limited to, the utilization of technology

commercially available at the time to the Business Associate to protect the Covered Entity's PHI against any reasonably anticipated threats or hazards. The Business Associate understands that it has an affirmative duty to perform a regular review or assessment of security risks, conduct active risk management and supply best efforts to assure that only authorized persons and devices access its computing systems and information storage, and that only authorized transactions are allowed. The Business Associate will maintain appropriate documentation to certify its compliance with the Security Rule.

3.3 Business Associate shall ensure that any agent, including a subcontractor, to whom it provides electronic PHI received from or created for Covered Entity or that carries out any duties for the Business Associate involving the use, custody, disclosure, creation of, or access to PHI supplied by Covered Entity, to agree, by written contract (or the appropriate equivalent if the agent is a government entity) with Business Associate, in accordance with 164.502(e)(1)(ii), ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of business associate agree to the same restrictions and conditions that apply to the business associate with respect to such information.

3.4 Business Associate shall require its employees, agents, and subcontractors to report to Business Associate within five (5) Business Days, any Security Incident (as that term is defined in 45 CFR § 164.304) of which it becomes aware. 45 CFR 164.314(a)(2)(C) requires that business associate shall report to the covered entity any security incident of which it becomes aware, including breaches of unsecured protected health information as required by 164.410. Business Associate shall promptly (up to 48 hours) report any Security Incident of which it becomes aware to Covered Entity. Provided however, that such reports are not required for attempted, unsuccessful Security Incidents, including trivial and routine incidents such as port scans, attempts to log-in with an invalid password or user name, denial of service attacks that do not result in a server being taken off-line, malware, and pings or other similar types of events.

3.5 Business Associate shall make its internal practices, books, and records including policies and procedures relating to the security of electronic PHI received from, created by or received by Business Associate on behalf of, Covered Entity available to the Secretary of the United States Department of Health in Human Services or the Secretary's designee, in a time and manner designated by the Secretary, for purposes of determining Covered Entity's or Business Associate's compliance with the Security Rule.

3.6 Business Associate shall fully cooperate in good faith with and to assist Covered Entity in complying with the requirements of the Security Rule.

3.7 Notification for the purposes of Sections 2.7.1 and 3.4 shall be In Writing made by email/fax, certified mail or overnight parcel immediately upon becoming aware of the event, with supplemental notification by facsimile and/or telephone as soon as practicable, to:

State of Tennessee  
Benefits Administration  
HIPAA Privacy & Security Officer  
312 Rosa L. Parks Avenue  
1900 W.R.S. Tennessee Towers  
Nashville, TN 37243-1102  
Phone: (615) 770-6949  
Facsimile: (615) 253-8556

With a copy to:

State of Tennessee  
Benefits Administration  
Procurement and Contracts Director  
312 Rosa L. Parks Avenue  
1900 W.R.S. Tennessee Towers  
Nashville, TN 37243-1102  
Phone: (615) 532-4598  
Facsimile: (615) 253-8556

3.8 Business Associate identifies the following key contact persons for all matters relating to this Agreement:

Melissa Huschke  
Privacy Officer  
240 Venture Circle  
Nashville, TN 37221  
615-742-6909  
mhuschke@deltadentaltn.com

Business Associate shall notify Covered Entity of any change in the key contact during the term of this Agreement In Writing within ten (10) Business Days.

#### **4. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE**

4.1 Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in Service Contract(s), provided that such use or disclosure would not violate the Privacy and Security Rule, if done by Covered Entity. Business Associate's disclosure of PHI shall be subject to the limited data set and minimum necessary requirements of Section 13405(b) of Public Law 111-5, [designated as 42 U.S.C. 13735(b)]

4.2 Except as otherwise limited in this Agreement, Business Associate may use PHI as required for Business Associate's proper management and administration or to carry out the legal responsibilities of the Business Associate.

4.3 Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or provided that, if Business Associate discloses any PHI to a third party for such a purpose, Business Associate shall enter into a written agreement with such third party requiring the third party to: (a) maintain the confidentiality, integrity, and availability of PHI and not to use or further disclose such information except as Required By Law or for the purpose for which it was disclosed, and (b) notify Business Associate of any instances in which it becomes aware in which the confidentiality, integrity, and/or availability of the PHI is breached immediately upon becoming aware.

4.4 Except as otherwise limited in this Agreement, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(B).

4.5 Business Associate may use PHI to report violations of law to appropriate Federal and State Authorities consistent with 45 CFR 164.502(j)(1).

4.6 Business Associate shall not use or disclose PHI that is Genetic Information for underwriting purposes. Moreover, the sale, marketing or the sharing for commercial use or any purpose construed by Covered Entity as the sale, marketing or commercial use of member's personal or financial information with affiliates, even if such sharing would be permitted by federal or state laws, is prohibited.

4.7 Business Associate shall enter into written agreements that are substantially similar to this Business Associate Agreement with any Subcontractor or agent which Business Associate provides access to Protected Health Information.

4.8 Business Associates shall implement and maintain information security policies that comply with the HIPAA Security Rule.

#### **5. OBLIGATIONS OF COVERED ENTITY**



5.1 Covered Entity shall provide Business Associate with the Notice of Privacy Practices that Covered Entity produces in accordance with 45 CFR § 164.520, as well as any changes to such notice. Covered Entity shall notify Business Associate of any limitations in its notice that affect Business Associate's use or disclosure of PHI.

5.2 Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses.

5.3 Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use of PHI.

## 6. PERMISSIBLE REQUESTS BY COVERED ENTITY

6.1 Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy or Security Rule, if done by Covered Entity.

## 7. TERM AND TERMINATION

7.1 Term. The Term of this Agreement shall be effective as of April 1, 2021 and shall terminate on December 31, 2029, in compliance with Contract Sections A.13 and D.11 or on the date covered entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.

### 7.2 Termination for Cause.

7.2.1. This Agreement authorizes and Business Associate acknowledges and agrees Covered Entity shall have the right to immediately terminate this Agreement and Service Contracts in the event Business Associate fails to comply with, or violates a material provision of, requirements of the Privacy and/or Security Rule or this Memorandum.

7.2.2. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

7.2.2.1. Provide a reasonable opportunity for Business Associate to cure the breach or end the violation, or

7.2.2.2. If Business Associate has breached a material term of this Agreement and cure is not possible or if Business Associate does not cure a curable breach or end the violation within a reasonable time as specified by, and at the sole discretion of, Covered Entity, Covered Entity may immediately terminate this Agreement and the Service Agreement.

7.2.2.3. If neither cure nor termination is feasible, Covered Entity shall report the violation to the Secretary of the United States Department of Health in Human Services or the Secretary's designee.

### 7.3 Effect of Termination.

7.3.1 Upon termination of this Agreement for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:

1. Retain only that protected health information which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;
2. Return to covered entity [or, if agreed to by covered entity, destroy and provide a Certificate of Destruction] the remaining protected health information that the business associate still maintains in any form;
3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the protected health information;
4. Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at [Insert section number related to paragraphs under "Permitted Uses and Disclosures By Business Associate"] which applied prior to termination; and
5. Return to covered entity [or, if agreed to by covered entity, destroy and provide Certificate of Destruction] the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

## **8. MISCELLANEOUS**

8.1 Regulatory Reference. A reference in this Agreement to a section in the Privacy and or Security Rule means the section as in effect or as amended.

8.2 Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy and Security Rules and the Health Insurance Portability and Accountability Act, Public Law 104-191, including any amendments required by the United States Department of Health and Human Services to implement the Health Information Technology for Economic and Clinical Health and related regulations upon the effective date of such amendment, regardless of whether this Agreement has been formally amended, including, but not limited to changes required by the American Recovery and Reinvestment Act of 2009, Public Law 111-5.

8.3 Survival. The respective rights and obligations of Business Associate under Section 7.3. of this Memorandum shall survive the termination of this Agreement.

8.4 Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and the Business Associate to comply with the Privacy and Security Rules.

8.5 Notices and Communications. All instructions, notices, consents, demands, or other communications required or contemplated by this Agreement shall be In Writing and shall be delivered by hand, by facsimile transmission, by overnight courier service, or by first class mail, postage prepaid, addressed to the

respective party at the appropriate facsimile number or address as set forth below, or to such other party, facsimile number, or address as may be hereafter specified by written notice.

COVERED ENTITY:  
State of Tennessee  
Department of Finance and Administration  
Benefits Administration  
ATTN: Chanda Rainey  
HIPAA Privacy & Security Officer  
312 Rosa L. Parks Avenue  
1900 W.R.S. Tennessee Towers  
Nashville, TN 37243-1102  
Phone: (615) 770-6949  
Facsimile: (615) 253-8556  
E-Mail: [benefits.privacy@tn.gov](mailto:benefits.privacy@tn.gov)

BUSINESS ASSOCIATE:  
Melissa Huschke  
Privacy Officer  
240 Venture Circle  
Nashville, TN 37221  
615-742-6909  
[mhuschke@deltadentaltn.com](mailto:mhuschke@deltadentaltn.com)

With a copy to:  
ATTN: Seannalyn Brandmeir  
Procurements and Contracts Director  
At the address listed above  
Phone: (615) 532-4598  
Facsimile: (615) 253-8556  
E-Mail: [seannalyn.brandmeir@tn.gov](mailto:seannalyn.brandmeir@tn.gov)

All instructions, notices, consents, demands, or other communications shall be considered effectively given as of the date of hand delivery; as of the date specified for overnight courier service delivery; as of three (3) Business Days after the date of mailing; or on the day the facsimile transmission is received mechanically by the facsimile machine at the receiving location and receipt is verbally confirmed by the sender.

8.6 Strict Compliance. No failure by any Party to insist upon strict compliance with any term or provision of this Agreement, to exercise any option, to enforce any right, or to seek any remedy upon any default of any other Party shall affect, or constitute a waiver of, any Party's right to insist upon such strict compliance, exercise that option, enforce that right, or seek that remedy with respect to that default or any prior, contemporaneous, or subsequent default. No custom or practice of the Parties at variance with any provision of this Agreement shall affect, or constitute a waiver of, any Party's right to demand strict compliance with all provisions of this Agreement

8.7 Severability. With respect to any provision of this Agreement finally determined by a court of competent jurisdiction to be unenforceable, such court shall have jurisdiction to reform such provision so that it is enforceable to the maximum extent permitted by applicable law, and the Parties shall abide by such court's determination. In the event that any provision of this Agreement cannot be reformed, such provision shall be deemed to be severed from this Agreement, but every other provision of this Agreement shall remain in full force and effect.

8.8 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee except to the extent that Tennessee law has been pre-empted by HIPAA.

8.9 Compensation. There shall be **no** remuneration for performance under this Agreement except as specifically provided by, in, and through, existing administrative requirements of Tennessee State government and services contracts referenced herein.

8.10 Security Breach. A violation of HIPAA or the Privacy or Security Rules constitutes a breach of this Business Associate Agreement and a breach of the Service Contract(s) listed on page one of this agreement, and shall be subject to all available remedies for such breach.

IN WITNESS WHEREOF,



8/26/2021  
Date:

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Howard H. Eley, Commissioner of Finance & Administration

Date:

**CONTRACT ATTACHMENT F****Minimum Benefit Schedule**

Below are the **minimum** provisions of the DPPO Program. The complete description of Program benefits and coverages shall be kept current in the Contractor's policy and/or DPPO certificate of coverage. The Program benefits and coverages may only be changed if approved In-Writing by the State.

**DPPO PROGRAM SCHEDULE OF BENEFITS AND COVERAGES**

<b>BENEFIT</b>	<b>BENEFIT AMOUNT AND HIGHLIGHTS</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<u>Covered Percentage:</u>	based on the contracted rates per Contractor's fee schedule with each In-Network provider with balance billing by providers to Members not allowed	based on the annual Weighted Average Fee for in-network providers with balance billing by providers to Members allowed*
Type A Services	100%	80%
Type B Services	80%	60%
Type C Services	50%	50%
Orthodontic Covered Services	50%	50%
<u>Deductibles for:</u>		
Yearly Individual Deductible	\$25 for the following Covered Services Combined: Type B; Type C	\$100 for the following Covered Services Combined: Type B; Type C
Yearly Family Deductible	\$75 for the following Covered Services Combined: Type B; Type C	\$300 for the following Covered Services Combined: Type B; Type C
<u>Maximum Benefit:</u>		
Yearly Individual Maximum	\$1,500 for the following Covered Services: Type A; Type B; Type C	\$1,500 for the following Covered Services: Type A; Type B; Type C
Lifetime Individual Maximum Benefit Amount for Orthodontic Covered Services	\$1,250	\$1,250

<b>Waiting Periods</b>		
Type C Services	6-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants	6-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants
Type C Services	12-month waiting period applies for initial placement of bridge or denture to replace one or more natural teeth	12-month waiting period applies for initial placement of bridge or denture to replace one or more natural teeth
Orthodontic Covered Services	12-month waiting period	12-month waiting period

\*For out of network general dentists and specialists, the covered amount shall be the same as the annual Weighted Average Fee, calculated each January, for in-network providers in the same geographic area.

### DESCRIPTION OF COVERED SERVICES

The dental procedure codes in RFP #31786-00161 Attachment 6.3., Cost Proposal (Tables A.1. through A.5.) are covered procedure codes and are not inclusive of all the covered procedures. Dental procedure codes to be covered under this Program shall include procedure codes describing services covered under the Contract in the sections below.

The Contractor may add to the covered procedure codes additional dental procedure codes upon State approval should the Contractor determine that it would be to the advantage of Members to cover the specific procedures. The addition of new covered procedure codes shall not result in an increase in the Subscribers' monthly premium rates as listed in Contract Section C.3.

The Contractor may not remove covered dental procedure codes without approval from the State In-Writing.

#### ***Type A Covered Services***

1. Oral exams and problem-focused exams in office or via teledentistry, but no more than twice in a calendar Year with additional oral exams allowed if medically necessary and the dentist receives prior authorization from the Contractor.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, but no more than twice in a Year.
3. Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), but no more than twice in a Year.
4. Full mouth or panoramic x-rays once every 60 months.
5. Bitewing x-rays 1 set every 12 months.

6. Intraoral-periapical x-rays.
7. X-rays, except as mentioned elsewhere.
8. Cleaning of teeth (oral prophylaxis) twice in a calendar Year with additional oral prophylaxis allowed if medically necessary and the dentist receives prior authorization from the Contractor.
9. Topical fluoride treatment for Members up to 19 years of age, twice in 12 consecutive months.
10. Topical fluoride treatment for members 55 years of age and older with a history of periodontal surgery, once in 12 consecutive months.
11. Space maintainers for a Child under age 15 once per lifetime per tooth area.
12. Sealants or sealant repairs for a Child under age 16 which are applied to non-restored, non-decayed first and second permanent molars, once per tooth.
13. Preventive resin restorations, which are applied to non-restored first and second permanent molars, once per tooth.
14. Biopsies of hard or soft oral tissue.

#### ***Type B Covered Services***

1. Pulp vitality tests and bacteriological studies for determination of bacteriologic agents.
2. Genetic test for susceptibility to oral diseases.
3. Diagnostic casts.
4. Emergency palliative treatment to relieve tooth pain.
5. Initial placement of amalgam fillings.
6. Replacement of an existing amalgam filling, but only if:
  - at least 24 months have passed since the existing filling was placed; or
  - a new surface of decay is identified on that tooth.
7. Initial placement of resin-based composite fillings.
8. Replacement of an existing resin-based composite filling, but only if:
  - at least 24 months have passed since the existing filling was placed; or
  - a new surface of decay is identified on that tooth.
9. Protective (sedative) fillings.
10. Root canal treatment, including bone grafts and tissue regeneration procedures in conjunction with periradicular surgery, but not more than once in any 24-month period for the same tooth.

11. Other endodontic procedures, such as apicoectomy, retrograde fillings, root amputation, and hemisection.
12. Periodontal scaling and root planing, but no more than once per quadrant in any 24-month period.
13. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36-month period.
14. Simple extractions.
15. Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty and osseous surgery) has been performed. Periodontal maintenance is limited to two times in any Year less the number of teeth cleanings received during such 1 Year period with additional Periodontal maintenance allowed if medically necessary and the dentist receives prior authorization from the Contractor.
16. Pulp capping (excluding final restoration).
17. Therapeutic pulpotomy (excluding final restoration).
18. Pulp therapy.
19. Apexification/recalcification.
20. Pulpal regeneration, but not more than once per lifetime.
21. Injections of therapeutic drugs.
22. Application of desensitizing medicaments where periodontal treatment (including scaling, rootplaning, and periodontal surgery, such as osseous surgery) has been performed.

***Type C Covered Services***

1. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when the Contractor determines such anesthesia is necessary in accordance with generally accepted dental standards.
2. Local chemotherapeutic agents.
3. Initial installation of full or partial Dentures (other than implant supported prosthetics) after the person receiving such services was insured for Dental insurance for 6 months.
4. Initial installation of full or partial Dentures (other than implant supported prosthetics), when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental. Once the Member has been insured for 12 months, the Member will be covered for initial installation of full or partial dentures regardless of when the Member's natural tooth was lost.
5. Addition of teeth to a partial removable Denture, after the person receiving such services was



insured for Dental Insurance under this certificate for 6 months; or

6. Addition of teeth to a partial removable Denture, when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental. Once the Member has been insured for 12 months, the Member will be covered for addition of teeth to a partial removable Denture regardless of when the Member's natural tooth was lost.
7. Replacement of a non-serviceable fixed Denture if such Denture was installed more than 7 years prior to replacement, after the person receiving such services was insured for Dental insurance for 6 months.

However, if a fixed Denture is damaged beyond repair and, as a result, is replaced prior to 7 years then the fixed Denture will be covered but at a lower covered percentage in accordance with the following table:

<b>Fixed Denture damaged beyond repair and replaced within:</b>	<b>Covered Percentage for new Fixed Denture</b>
1 year but less than 2 years	10%
2 years but less than 3 years	15%
3 years but less than 4 years	20%
4 years but less than 5 years	25%
5 years but less than 6 years	30%
6 years but less than 7 years	35%

8. Replacement of a non-serviceable removable Denture if such Denture was installed more than 7 years prior to replacement, after the person receiving such services was insured for Dental insurance for 6 months.

However, if a removable Denture is damaged beyond repair and, as a result, is replaced prior to 7 years then the removable Denture will be covered but at a lower covered percentage in accordance with the following table:

<b>Removable Denture damaged beyond repair and replaced within:</b>	<b>Covered Percentage for new Removable Denture</b>
1 year but less than 2 years	10%
2 years but less than 3 years	15%
3 years but less than 4 years	20%
4 years but less than 5 years	25%
5 years but less than 6 years	30%
6 years but less than 7 years	35%

9. Replacement of an immediate, temporary, full Denture with a permanent, full Denture, if the immediate, temporary, full Denture cannot be made permanent and such replacement is

done within 12 months of the installation of the immediate, temporary, full Denture.

10. Other removable prosthetic services not described elsewhere.
11. Other fixed Denture prosthetic services not described elsewhere.
12. Relinings and rebasings of existing removable Dentures:
  - if at least 12 months have passed since the installation of the existing removable Denture; and
  - not more than once in any 36-month period.
13. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12-month period.
14. Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12-month period.
15. Initial installation of Cast Restorations (except implant supported Cast Restorations), after the person receiving such services was insured for Dental insurance for 6 months;
16. Replacement of any Cast Restoration (except an implant supported Cast Restoration) with the same or a different type of Cast Restoration, but no more than one replacement for the same tooth surface within 7 years of a prior replacement, after the person receiving such services was insured for Dental insurance for 6 months.

However, if a Cast Restoration is damaged beyond repair and, as a result, is replaced prior to 7 years then the Cast Restoration will be covered but at a lower covered percentage in accordance with the following table:

<b>Cast Restoration damaged beyond repair and replaced within:</b>	<b>Covered Percentage for new Cast Restoration</b>
1 year but less than 2 years	10%
2 years but less than 3 years	15%
3 years but less than 4 years	20%
4 years but less than 5 years	25%
5 years but less than 6 years	30%
6 years but less than 7 years	35%

17. Prefabricated crown, but no more than one replacement for the same tooth within 7 years of a prior replacement, after the person receiving such services was insured for Dental insurance for 6 months.

However, if a Prefabricated crown is damaged beyond repair and, as a result, is replaced prior to 7 years then the Prefabricated crown will be covered but at a lower covered percentage in accordance with the following table:

<b>Prefabricated Crown damaged beyond repair and replaced within:</b>	<b>Covered Percentage for new Prefabricated crown</b>
1 year but less than 2 years	10%
2 years but less than 3 years	15%
3 years but less than 4 years	20%
4 years but less than 5 years	25%
5 years but less than 6 years	30%
6 years but less than 7 years	35%

18. Core buildup, but no more than once per tooth in a period of 7 years, after the person receiving such services was insured for Dental insurance for 6 months.

However, if a Core buildup is damaged beyond repair and, as a result, is replaced prior to 7 years then the Core buildup will be covered but at a lower covered percentage in accordance with the following table:

<b>Core buildup damaged beyond repair and replaced within:</b>	<b>Covered Percentage for new Core buildup</b>
1 year but less than 2 years	10%
2 years but less than 3 years	15%
3 years but less than 4 years	20%
4 years but less than 5 years	25%
5 years but less than 6 years	30%
6 years but less than 7 years	35%

19. Posts and cores, but no more than once per tooth in a period of 7 years, after the person receiving such services was insured for Dental insurance for 6 months.

However, if Posts and cores are damaged beyond repair and, as a result, are replaced prior to 7 years then the Posts and cores will be covered but at a lower covered percentage in accordance with the following table:

<b>Posts and cores damaged beyond repair and replaced within:</b>	<b>Covered Percentage for new Posts and cores</b>
1 year but less than 2 years	10%
2 years but less than 3 years	15%
3 years but less than 4 years	20%
4 years but less than 5 years	25%
5 years but less than 6 years	30%
6 years but less than 7 years	35%

20. Labial veneers for a covered person age 12 or older, but no more than once per tooth in a

period of 7 Years.

21. Oral surgery, except as mentioned elsewhere in this certificate.
22. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than once in a 12-month period.
23. Other consultations, but not more than once in a 12-month period.
24. Full mouth debridements, but not more than once per lifetime.
25. Surgical extractions.
26. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation) after the person receiving such services was insured for Dental insurance for 6 months, but no more than once for the same tooth position in a 60-month period.
27. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation) when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental. Once the Member has been insured for 12 months, the Member will be covered for implant services regardless of when the Member's natural tooth was lost.
28. Repair of implants, but no more than once in a 12-month period, after the person receiving such services was insured for Dental insurance for 6 months.
29. Implant supported Cast Restorations, but no more than once for the same tooth position in a 7 Year period, after the person receiving such services was insured for Dental insurance for 6 months.
30. Implant supported fixed Dentures, but no more than once for the same tooth position in a 7 Year period, after the person receiving such services was insured for Dental insurance for 6 months.
31. Implant supported removable Dentures, but no more than once for the same tooth position in a 7 Year period, after the person receiving such services was insured for Dental insurance for 6 months.
32. Tissue conditioning, but not more than once in a 36-month period.
33. Simple repair of Cast Restorations or Dentures other than recementing, but not more than once in a 12 month period.
34. Occlusal adjustments, but not more than once in a 12-month period.
35. Cleaning and inspection of a removable appliance twice in a Year.

### ***Orthodontic Covered Services***

Orthodontia, for a Child to the end of the month in which the Child reaches age 19, after the person receiving such services was insured for Dental insurance for 12 months.

Fixed and removable appliances for correction of harmful habits for a Child under age 19, once per lifetime after the person receiving such services was insured for Dental insurance for 12 months.

## EXCLUSIONS

2. services which are not Dentally Necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
3. services for which the Member would not be required to pay in the absence of Dental Insurance;
4. services or supplies received by the Member before the Dental Insurance starts for that person;
5. services which are neither performed nor prescribed by a Dentist, except for those services of a licensed Dental Hygienist which are supervised and billed by a Dentist, and which are for:
  - scaling and polishing of teeth; or
  - fluoride treatments;
2. services which are primarily cosmetic, unless required for the treatment or correction of a congenital defect of a newborn Child;
3. services or appliances which restore or alter occlusion or vertical dimension;
4. restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease;
5. restorations or appliances used for the purpose of periodontal splinting;
6. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
7. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss;
8. decoration or inscription of any tooth, device, appliance, crown or other dental work;
9. missed appointments;
10. services:
  - covered under any workers' compensation or occupational disease law;
  - covered under any employer liability law;
  - for which the Employer of the person receiving such services is required to pay; or

- received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital;
11. services covered under other coverage provided by the Policyholder;
  12. temporary or provisional restorations;
  13. temporary or provisional appliances;
  14. prescription drugs;
  15. services for which the submitted documentation indicates a poor prognosis;
  16. the following, when charged by the Dentist on a separate basis:
    - claim form completion;
    - infection control, such as gloves, masks, and sterilization of supplies; or
    - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
  17. dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
  18. caries susceptibility tests;
  19. appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
  20. precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
  21. adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
  22. duplicate prosthetic devices or appliances;
  23. replacement of a lost or stolen appliance, Cast Restoration or Denture;
  24. replacement of an orthodontic device;
  25. during the first twelve months when the Member is insured for Dental Insurance, Dentures and implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
  26. diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
  27. intra and extraoral photographic images;
  28. adult prophylaxis for Dependent under age 14.

**EXTENSION OF BENEFITS UPON TERMINATION OF CONTRACT**

- Pay benefits for a 31-day period after insurance ends for completion of root canal therapy if:
    - the Dentist opened into the pulp chamber before the insurance ends; and
    - the treatment is finished within 31 days after the date the insurance ends.
  - Pay benefits for a 31-day period after insurance ends for the completion of installation of a prosthetic device if:
    - the Dentist prepared the abutment teeth or made impressions before insurance ends; and
    - the device is installed within 31 days after the date the insurance ends.
  - Pay benefits for a 31-day period after insurance ends for the completion of installation of a Cast Restoration if:
    - the Dentist prepared the tooth for the Cast Restoration before insurance ends; and
    - the Cast Restoration is installed within 31 days after the date the insurance ends.
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