

Compare Responses

Event #: 5341

Event Name: Dental and Vision

Number Of Lines: 9

Status: Pending Award

	Fort Dearborn Life Insurance	Standard Insurance Company	EyeMed	United Concordia	National Vision Administrators	Ameritas	Cigna Health and Life Insurance	W. Ray Williams & Associates	EMTT INC.	Metropolitan Life Insurance Co	Superior Vision
	Pamela Davis	Ben Singer	Barbara Berger	Dorothy Bell	Megan Meischke	Alex Waller	Sheri Kemmerer	Matthew Usher	ROY TAYLOR	Matt Jenrick	carol kolb
Performance Evaluation Score	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)	(Award All valid only when output is same for all lines)
Supplier Total Bid Amount	16,920.00	148,460.00	15,090.00	147,785.00	15,175.00	135,340.00	149,100.00	145,930.00	291.86	16,630.00	
Total Event Score											
Line 1:Open:DENTAL STANDARD SINGLE COVERAGE Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA		500.0000		500.0000		500.0000	500.0000	500.0000	500.0000	1.0000	

Compare Responses continued...

UnitPrice		17.52000		19.55000		16.16000		17.49000	17.31000	17.31000	
ExtendedPrice		8,760.00		9,775.00		8,080.00		8,745.00	8,655.00	17.31	
Total Line Score											
Delivery Date											
UOM Detail		10% commission								Monthly	
Vendor Item		DENTAL PLAN STANDARD OPTION EE						1	METLIFE	DENTAL INSURANCE - STD PLN	
Vendor Item Description		Employee Only						Single Coverage - Base Plan	Dental EE - Low	Employee Only	
Line 2:Open:DENTAL STD EMPLOYEE PLUS ONE COV Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA		500.0000		500.0000		500.0000	500.0000	500.0000	500.0000	1.0000	
UnitPrice		32.32000		36.05000		29.80000		32.25000	31.91000	31.91000	
ExtendedPrice		16,160.00		18,025.00		14,900.00		16,125.00	15,955.00	31.91	
Total Line Score											

Compare Responses continued...

Delivery Date											
UOM Detail											
Vendor Item		STANDARD OPTION FOR EE PLUS 1						2	METLIFE	Monthly DENTAL INSURANCE - STD PLN	
Vendor Item Description		10% commission						Dental Std Plan Employee + 1	Dental E+1 Low	Employee + 1 Dependent	
Line 3:Open:DEN TAL STD EMPLOYEE PLUS FAMILY Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA		500.0000		500.0000		500.0000		500.0000	500.0000	1.0000	
UnitPrice		58.96000		65.80000		54.40000		58.87000	58.25000	58.25000	
ExtendedPric e		29,480.00		32,900.00		27,200.00		29,435.00	29,125.00	58.25	
Total Line Score											
Delivery Date											
UOM Detail											
Vendor Item		STANDARD OPTION FOR EE PLUS FAM						3	METLIFE	Monthly DENTAL INSURANCE - STD PLN	

Compare Responses continued...

Vendor Item Description		10% Commission						Dental Std plan Employee + Fam	Dental Low Family	Employee + Family	
Line 4:Open:DENTAL HIGH OPTION SINGLE COVERA Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA		500.0000		500.0000		500.0000	500.0000	500.0000	500.0000	1.0000	
UnitPrice		29.84000		33.32000		27.56000		29.81000	29.50000	29.50000	
ExtendedPrice		14,920.00		16,660.00		13,780.00		14,905.00	14,750.00	29.50	
Total Line Score											
Delivery Date											
UOM Detail											
Vendor Item		HIGH OPTION FOR EE ONLY						4	METLIFE	Monthly DENTAL INSURANCE - HIGH OPTION	
Vendor Item Description		10% Commission						Dental High Employee Only	Metlife EE High	Employee Only	

Compare Responses continued...

Line 5:Open:DENTAL HIGH OPTION EMPL PLUS 1 Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA		500.0000		500.0000		500.0000		500.0000		500.0000	1.0000
UnitPrice		51.16000		57.12000		47.24000		51.11000		50.57000	50.57000
ExtendedPrice		25,580.00		28,560.00		23,620.00		25,555.00		25,285.00	50.57
Total Line Score											
Delivery Date											
UOM Detail											Monthly
Vendor Item		HIGH OPTION FOR EE PLUS 1						5	METLIFE		DENTAL INSURANCE - HIGH OPTION
Vendor Item Description		10% Commission						Dental High Employee + 1	Metlife E+1 High		Employee + 1 Dependent
Line 6:Open:DENTAL HIGH OPTION EMPL PLUS FAM Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Compare Responses continued...

Line Quantity 500.0000 EA		500.0000		500.0000		500.0000	500.0000	500.0000	500.0000	1.0000	
UnitPrice		75.00000		83.73000		69.20000		74.92000	74.13000	74.13000	
ExtendedPrice		37,500.00		41,865.00		34,600.00		37,460.00	37,065.00	74.13	
Total Line Score											
Delivery Date											
UOM Detail										Monthly	
Vendor Item		HIGH OPTION FOR FAM						6	METLIFE	DENTAL INSURANCE	
Vendor Item Description		10% Commission						Dental High Employee + Fam	Metlife Family High	Employee + Family	
Line 7:Open:VISION SINGLE COVERAGE Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA	500.0000	500.0000	500.0000		500.0000	500.0000	500.0000	500.0000	500.0000	1.0000	500.0000
UnitPrice	6.27000	5.96000	5.59000		5.63000	4.84000		6.25000	5.59000	5.59000	6.16000
ExtendedPrice	3,135.00	2,980.00	2,795.00		2,815.00	2,420.00		3,125.00	2,795.00	5.59	3,080.00
Total Line Score											

Compare Responses continued...

Delivery Date											
UOM Detail					EA					Monthly	
Vendor Item		SINGLE COVERAGE			VISION CARE SINGLE COVERAGE			7	METLIFE	VISION INSURANCE	VISION CARE
Vendor Item Description		10% Commission			Vision Single Coverage			Vision Employee Only	Dental EE - Low	Employee Only	Single Coverage
Line 8:Open:VISION EMPLOYEE PLUS ONE Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA	500.0000	500.0000	500.0000		500.0000	500.0000	500.0000	500.0000	500.0000	1.0000	500.0000
UnitPrice	11.28000	10.72000	10.06000		10.11000	8.76000		11.25000	10.06000	10.06000	11.09000
ExtendedPrice	5,640.00	5,360.00	5,030.00		5,055.00	4,380.00		5,625.00	5,030.00	10.06	5,545.00
Total Line Score											
Delivery Date											
UOM Detail					EA					Monthly	
Vendor Item		VISION EMPLOYEE PLUS ONE	10.06		VISION CARE EMPLOYEE PLUS ONE			8	METLIFE	VISION INSURANCE	VISION CARE

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Vendor Item Description		10% Commission			Vision Employee Plus One			Vision Employee + 1	Vision E+1	Employee + 1 Dependent	Employee Plus One
Line 9:Open:VISION EMPLOYEE PLUS FAMILY Output: Contract											
Award Quantity 0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Line Quantity 500.0000 EA	500.0000	500.0000	500.0000		500.0000	500.0000	500.0000	500.0000	500.0000	1.0000	500.0000
UnitPrice	16.29000	15.44000	14.53000		14.61000	12.72000		16.25000	14.54000	14.54000	16.01000
ExtendedPrice	8,145.00	7,720.00	7,265.00		7,305.00	6,360.00		8,125.00	7,270.00	14.54	8,005.00
Total Line Score											
Delivery Date											
UOM Detail					EA					Monthly	
Vendor Item		VISION EMPLOYEE PLUS FAMILY			VISION CARE EMPLOYEE PLUS FAMILY			9	METLIFE	VISION INSURANCE	VISION CARE
Vendor Item Description		10% Commission			vision employee plus family			Vision Employee + Fam	Vision Family	Employee + Family	Employee plus Family