



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Special Order Request☐ Yes ☒ No**Time****Open Agenda**☒ Yes ☐ No**ITEM No.:****EE-4.****MEETING DATE**

Jul 28 2015 10:15AM - Regular School Board Meeting

AGENDA ITEM

OPEN ITEMS

CATEGORY

EE. OFFICE OF STRATEGY & OPERATIONS

DEPARTMENT

Procurement & Warehousing Services

TITLE:

RFP Renewal - 12-005V - Group Dental & Group Vision Benefits for School Board Employees

REQUESTED ACTION:

Approve the amendments to agreements for the above referenced RFP. Contract Renewal Term: January 1, 2016, through December 31, 2016, 1 Year; User Department: Benefits & Employment Services; Award Amount: None; Awarded Vendor(s): 3; M/WBE Vendor(s): None

SUMMARY EXPLANATION AND BACKGROUND:

RFP 12-005V, Group Dental & Group Vision Benefits for School Board Employees, was awarded to the following dental carriers: Humana, Inc., and CompBenefits Insurance Company; Metropolitan Life Insurance Company; and Metropolitan Life Insurance Company and SafeGuard Health Plans, Inc., and vision carriers: Humana, Inc., and CompBenefits Insurance Company; and Solstice Benefits, Inc., on June 21, 2011. This request is to renew the contract for an additional year.

A copy of the RFP documents are available online at: <http://www.broward.k12.fl.us/supply/agenda/12-005V-Group-Dental&Vision-Ins.pdf>

See Supporting Docs for continuation of Summary Explanation and Background.

The amendments to the agreements have been reviewed and approved as to form and legal content by the Office of the General Counsel.

SCHOOL BOARD GOALS:

☐ Goal 1: High Quality Instruction ☒ Goal 2: Continuous Improvement ☐ Goal 3: Effective Communication

FINANCIAL IMPACT:

Funding for this item will come from the Benefits & Employment Services' Fringe Benefits Clearing Account. In 2016, premium increases for dental plans do not represent an additional cost to the District; premium increases for vision plans represent an additional cost of \$52,000 to the District.

EXHIBITS: (List)

(1) Executive Summary (2) Amendments to Agreements-5 (3) Approved ARF 7-23-13 RSBM E-3 (4) Approved ARF 8-21-12 RSBM E-3 (5) Approved ARF 6-21-11 RSBM EE-3 (6) Financial Analysis Worksheet (7) MWBE Participation (8) Supplier Evaluations-3 (9) Surveys-2

BOARD ACTION:**APPROVED**

(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Dr. Dildra Martin-Ogburn

Phone: 754-321-3100

Name: Ms. Ruby Crenshaw

Phone: 754-321-0501

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Senior Leader & Title

Maurice L. Woods - Chief Strategy & Operations Officer

Signature

Maurice Woods

Thursday, July 16, 2015 6:07:46 PM

Approved In Open
Board Meeting On:

JUL 28 2015

By:

School Board Chair

Electronic Signature

Form #4189 Revised 12/12
RWR/MLW/RC/DMO:ch

EXECUTIVE SUMMARY

RFP Renewal 12-005V - Group Dental & Group Vision Benefits for School Board Employees

DENTAL

The contract for the above-mentioned RFP was awarded to Humana Inc., and CompBenefits Insurance Company; Metropolitan Life Insurance Company; and Metropolitan Life Insurance Company and Safeguard Health Plans, Inc., by the School Board on June 21, 2011 (effective January 1, 2012, and expired December 31, 2014). The contracts allow for up to five (5) additional one-year renewal periods.

HUMANA/COMPBENEFITS

The terms of the Humana/CompBenefits contract resulted in no rate increases for the initial term of its contract (January 1, 2012, through December 31, 2014). This is the second renewal for Humana/CompBenefits (dental contract).

For services effective January 1, 2016, through December 31, 2016, Humana/CompBenefits DHMO Enhanced and PPO Enhanced plans were, potentially, subject to a rate increase of 4 percent and 9 percent, respectively. As a result of negotiations with Humana/CompBenefits and the Superintendent's Insurance & Wellness Advisory Committee, the following outcomes were achieved:

- 2.7 percent increase on the Enhanced PPO plan
- No rate increase on the Basic PPO plan
- No rate increase on the Basic DHMO plan
- No rate increase on the Enhanced DHMO plan

The monthly premium dental rates for Humana/CompBenefits for the period January 1, 2016, through December 31, 2016, are listed below:

	DHMO Basic	DHMO Enhanced	PPO Basic	PPO Enhanced
Employee Only	\$ 8.76	\$ 10.34	\$ 30.60	\$ 36.30
Employee Plus One	15.16	18.80	55.38	69.56
Employee Plus Family	20.32	25.30	82.86	108.82
Dual Spouse	11.58	15.00	55.38	69.56

RFP Renewal

12-005V - Group Dental & Group Vision Benefits for School Board Employees

July 28, 2015 Board Agenda

METLIFE AND METLIFE/SAFEGUARD

For services effective January 1, 2016, through December 31, 2016, MetLife originally requested a 3 percent increase on the DHMO Basic and Enhanced plans and 7.3 percent increase on the PPO Basic and Enhanced plans. This is the second renewal for MetLife and MetLife/Safeguard.

As a result of negotiations with MetLife and MetLife/Safeguard and the Superintendent's Insurance & Wellness Advisory Committee, the following outcomes were achieved:

- No rate increase on the DHMO Basic plan
- 3 percent rate increase on the DHMO Enhanced plan
- 6.3 percent rate increase on the PPO Basic plan
- 6.3 percent rate increase on the PPO Enhanced plan

The premium rates for MetLife/Safeguard (DHMO) plans for the period January 1, 2016, through December 31, 2016, are:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>
Employee Only	\$ 10.76	\$ 15.10
Employee Plus One	18.44	26.10
Employee Plus Family	25.00	35.02
Dual Spouse	14.20	20.06

The premium rates for MetLife (PPO) for the period January 1, 2016, through December 31, 2016, are:

	<u>PPO Basic</u>	<u>PPO Enhanced</u>
Employee Only	\$ 37.48	\$ 46.18
Employee Plus One	75.02	92.42
Employee Plus Family	115.54	160.76
Dual Spouse	65.64	80.84

As a result of negotiations with each dental carrier and the Superintendent's Insurance & Wellness Advisory Committee (SIWAC) members, the SIWAC unanimously approved recommending the 2016 negotiated dental renewal rates on May 14, 2015.

Please note: Due to Collective Bargaining Agreement provisions, the District's cost does not increase beyond \$10.80 per covered employee, per month for these services; increases which exceed \$10.80 are applied to employee premium costs only.

RFP Renewal**12-005V - Group Dental & Group Vision Benefits for School Board Employees****July 28, 2015 Board Agenda****VISION**

The contract for the District's vision insurance was awarded to Humana, Inc., and CompBenefits Insurance Company and Solstice Benefits, Inc., on June 21, 2011 (effective January 1, 2012, and expired December 31, 2014). The terms of the contract allows for up to five (5) additional one-year renewal periods. This is the first renewal for Humana/CompBenefits and Solstice Benefits, Inc.

The terms of the contracts held both Humana/CompBenefits and Solstice Benefits, Inc. to fixed rates through the end of 2015 and 2016 respectively.

HUMANA/COMPBENEFITS

The monthly premium rates for Humana/CompBenefits for the period January 1, 2016, through December 31, 2016, are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$ 3.32	\$ 4.78
Employee Plus One	7.34	10.56
Employee Plus Family	12.54	18.10

SOLSTICE BENEFITS, INC.

The monthly vision premium rates for Solstice Benefits, Inc., for the period January 1, 2016, through December 31, 2016, are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$ 3.30	\$ 4.26
Employee Plus One	7.74	10.02
Employee Plus Family	12.34	16.04

Through negotiations with the vision vendor, Humana/CompBenefits and the Superintendent's Insurance & Wellness Advisory Committee (SIWAC) members, the SIWAC members unanimously approved the recommendation of the negotiated 2016 renewal rates on May 14, 2015. As previously noted, in accordance with the initial terms of the Solstice contract, rates are fixed through December 31, 2016.

SECOND AMENDMENT TO AGREEMENT

28th day of July, 2015, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

HUMANA, INC.

A Delaware corporation for profit whose principal place of business is
500 West Main Street
Louisville, Kentucky 40202

and

COMPBENEFITS INSURANCE COMPANY

A wholly owned subsidiary of Humana, Inc.
(hereinafter collectively referred to as "CompBenefits")
whose principal place of business is
100 Mansell Court East, Suite 400
Roswell, Georgia 30076

WHEREAS, SBBC and CompBenefits entered into an Agreement dated June 21, 2011 (hereinafter "Agreement") for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 12-005V; and

WHEREAS, SBBC and CompBenefits entered into a First Amendment to Agreement dated July 22, 2014 (hereinafter "First Amendment"); and

WHEREAS, SBBC AND CompBenefits mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2016; and

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLES

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

2.01 **Premiums.** The monthly premium rates for the period January 1, 2016 through December 31, 2016 are listed below:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>	<u>PPO Basic</u>	<u>PPO Enhanced</u>
Employee Only	\$ 8.76	\$ 10.34	\$ 30.60	\$ 36.30
Employee Plus One	15.16	18.80	55.38	69.56
Employee Plus Family	20.32	25.30	82.86	108.82
Dual Spouse	11.58	15.00	55.38	69.56

3.01 **Priority of Documents.** In the event of a conflict between documents, the order of priority of the documents shall be as follows:

- First: Second Amendment to Agreement;
- Second: First Amendment to Agreement;
- Third: This Agreement;
- Fourth: Addendum Number Five [dated January 31, 2011] to the RFP;
- Fifth: Addendum Number Four [dated January 7, 2011] to the RFP;
- Sixth: Addendum Number Three [dated January 6, 2011] to the RFP;
- Seventh: Addendum Number Two [dated December 15, 2010] to the RFP;
- Eighth: Addendum Number One [dated December 15, 2010] to the RFP;
- Ninth: RFP 12-005V "Group Dental Insurance and Group Vision Insurance For School Board Employees"; and
- Tenth: The Proposal submitted in response to the RFP by Humana/CompBenefits [dated February 4, 2011].

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

4.01 **Term of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.

5.01 **Authority.** Each person signing this Second Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Second Amendment to Agreement on the date first above written.


FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By 
Donna P. Korn, Chair

ATTEST:


Robert W. Runcie
Superintendent of Schools

Approved as to Form and Legal Content:

 06/05/15
School Board Attorney

FOR HUMANA, INC.
AND
COMPBENEFITS

(Corporate Seal)

Attest: _____
Secretary

By: 
Tamara L. Quiram, Segment Vice President
COO Large & Small Group
Humana, Inc. and Authorized Signer of
CompBenefits Insurance Company

-Or-


Witness


Witness

STATE OF Wisconsin
COUNTY OF Brown

The foregoing instrument was acknowledged before me this 2 day of June, 2015,
by Tamara L. Quiram of Humana, Inc./CompBenefits Insurance Company. He took an oath and
is personally known to me or has produced personally known as identification.

(SEAL)


Signature - Notary Public

My Commission expires:
October 25, 2015

Mary E. Yashinsky
Printed Name of Notary

**FOURTH AMENDMENT TO
AGREEMENT**

THIS FOURTH AMENDMENT TO AGREEMENT entered into on the 24th day of July, 2015, by and between:

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC")
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue,
Fort Lauderdale, Florida 33301

and

METROPOLITAN LIFE INSURANCE COMPANY
(hereinafter referred to as "MetLife")
whose principal place of business is
1200 Abernathy Road, N.E.
Building 600, Suite 1450
Atlanta, Georgia 30328

WHEREAS, SBBC and MetLife entered into an Agreement dated June 21, 2011 (hereinafter "Agreement") for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 12-005V; and

WHEREAS, SBBC and MetLife entered into a First Amendment to Agreement dated August 21, 2012 (hereinafter "First Amendment"); and

WHEREAS, SBBC and MetLife entered into a Second Amendment to Agreement dated July 23, 2013 (hereinafter "Second Amendment"); and

WHEREAS, SBBC and MetLife entered into a Third Amendment to Agreement dated July 22, 2014 (hereinafter "Third Amendment"); and

WHEREAS, SBBC and MetLife mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2016; and

NOW THEREFORE, in consideration of the premises and of the mutual covenants contained herein and the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLES

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are herein incorporated by reference.

2.01 **Premiums.** The premiums/rates for the period January 1, 2016 through December 31, 2016 shall be:

	<u>PPO Basic</u>	<u>PPO Enhanced</u>
Employee Only	\$ 37.48	\$ 46.18
Employee Plus One	75.02	92.42
Employee Plus Family	115.54	160.76
Dual Spouse	65.64	80.84

3.01 **Priority of Documents.** In the event of a conflict between the documents, the following priority of documents shall govern:

- First: Fourth Amendment to Agreement;
- Second: Third Amendment to Agreement;
- Third: Second Amendment to Agreement;
- Fourth: First Amendment to Agreement;
- Fifth: The Agreement;
- Sixth: Addendum Number Five [dated January 31, 2011] to the RFP;
- Seventh: Addendum Number Four [dated January 7, 2011] to the RFP;
- Eighth: Addendum Number Three [dated January 6, 2011] to the RFP;
- Ninth: Addendum Number Two [dated December 15, 2010] to the RFP;
- Tenth: Addendum Number One [dated December 15, 2010] to the RFP;
- Eleventh: RFP 12-005V "Group Dental Insurance and Group Vision Insurance for School Board Employees"; and;
- Twelfth: The Proposal submitted in response to the RFP by MetLife [dated February 4, 2011].

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

4.01 **Terms of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.

5.01 **Authority.** Each person signing this Fourth Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Fourth Agreement.


IN WITNESS WHEREOF, the parties hereto have executed this Fourth Amendment to Agreement through their duly authorized representatives.

FOR SBBC

(Corporate Seal)


THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:


Robert W. Runcie
Superintendent of Schools

By: 
Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel 06/05/15

FOR METLIFE

Metropolitan Life Insurance Company

(Corporate Seal)

Attest: _____
Secretary

By: [Signature]
Mike McDermott, Vice President
National Accounts
Metropolitan Life Insurance Company

-Or-

[Signature]
Witness
[Signature]
Witness

STATE OF Georgia
COUNTY OF Fulton

The foregoing instrument was acknowledged before me this 2 day of June, 2015,
by Mike McDermott of Metropolitan Life Insurance Company. He took an oath and is
personally known to me or has produced Drivers License as identification.

My Commission expires: April 15, 2019

(SEAL)



Kimberly K. Fraser
Signature – Notary Public

Kimberly K. Fraser
Printed Name of Notary

**FOURTH AMENDMENT TO
AGREEMENT**

THIS FOURTH AMENDMENT TO AGREEMENT entered into on the 28th day of July, 2015, by and between:

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC")

a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue,
Fort Lauderdale, Florida 33301

and

METROPOLITAN LIFE INSURANCE COMPANY

(hereinafter referred to as "MetLife")

whose principal place of business is
1200 Abernathy Road, N.E.
Building 600, Suite 1450
Atlanta, Georgia 30328

and

SAFEGUARD HEALTH PLANS, INC.

A MetLife, Inc. Company

(hereinafter referred to as "SafeGuard")

whose principal place of business is
95 Enterprise, Suite 200
Aliso Viejo, California 92656-2611

WHEREAS, SBBC and SafeGuard entered into an Agreement dated June 21, 2011 (hereinafter "Agreement") for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 12-005V; and

WHEREAS, SBBC and SafeGuard entered into a First Amendment to Agreement dated August 21, 2012 (hereinafter "First Amendment"); and

WHEREAS, SBBC and SafeGuard entered into a Second Amendment to Agreement dated July 23, 2013 (hereinafter "Second Amendment"); and

WHEREAS, SBBC and SafeGuard entered into a Third Amendment to Agreement dated July 22, 2014 (hereinafter "Third Amendment"); and

WHEREAS, SBBC and SafeGuard mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2016; and

NOW THEREFORE, in consideration of the premises and of the mutual covenants contained herein and the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLES

- 1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are herein incorporated by reference.
- 2.01 **Premiums.** The premiums/rates for the period January 1, 2016 through December 31, 2016 shall be:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>
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Dual Spouse	14.20	20.06

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- Eleventh: RFP 12-005V "Group Dental Insurance and Group Vision Insurance for School Board Employees"; and;
- Twelfth: The Proposal submitted in response to the RFP by MetLife [dated February 4, 2011].

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

- 4.01 **Terms of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.
- 5.01 **Authority.** Each person signing this Fourth Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Agreement

on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Fourth Agreement.


IN WITNESS WHEREOF, the parties hereto have executed this Fourth Amendment to Agreement through their duly authorized representatives.

FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:


Robert W. Runcie
Superintendent of Schools

By: 
Donna P. Korn, Chair

Approved as to Form and Legal Content:



Office of the General Counsel

**FOR METROPOLITAN LIFE INSURANCE COMPANY
AND
SAFEGUARD HEALTH PLANS, INC.**

Metropolitan Life Insurance Company

(Corporate Seal)

Attest: _____
Secretary

By: 
Alan Hirschberg, Vice President
Dental Market Development
Metropolitan Life Insurance Company

-Or-


Witness

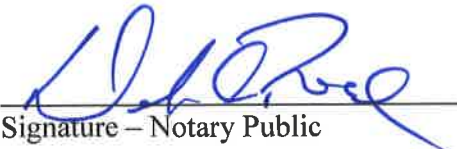

Witness

STATE OF New Jersey
COUNTY OF Somerset

The foregoing instrument was acknowledged before me this 1 day of June, 2015,
by Alan Hirschberg of Metropolitan Life Insurance Company. He took an oath and is
personally known to me or has produced _____ as identification.

My Commission expires:

(SEAL)


Signature – Notary Public

My Commission expires:

Deborah A. Buono
Printed Name of Notary

**DEBORAH A. BUONO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 2/23/2020**

**SECOND AMENDMENT TO
AGREEMENT**

THIS SECOND AMENDMENT TO AGREEMENT is made and entered into as of this 28th day of July, 2015, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

HUMANA, INC.
A Delaware corporation for profit whose principal place of business is
500 West Main Street
Louisville, Kentucky 40202

and

COMPBENEFITS INSURANCE COMPANY
A wholly owned subsidiary of Humana, Inc.
(hereinafter collectively referred to as "CompBenefits")
whose principal place of business is
100 Mansell Court East, Suite 400
Roswell, Georgia 30076

WHEREAS, SBBC and CompBenefits entered into an Agreement dated June 21, 2011, (hereinafter "Agreement") for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 12-005V; and

WHEREAS, SBBC and CompBenefits entered into a First Amendment to Agreement dated July 22, 2014 (hereinafter "First Amendment"); and

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2.01 **Premiums.** The monthly premium rates for the period January 1, 2016 through December 31, 2016 are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$ 3.32	\$ 4.78
Employee Plus One	7.34	10.56
Employee Plus Family	12.54	18.10

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- Tenth: The Proposal submitted in response to the RFP by Humana/CompBenefits [dated February 4, 2011].

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

4.01 **Term of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.

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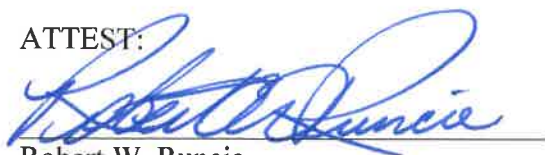
IN WITNESS WHEREOF, the Parties hereto have made and executed this Second Amendment to Agreement on the date first above written.

FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

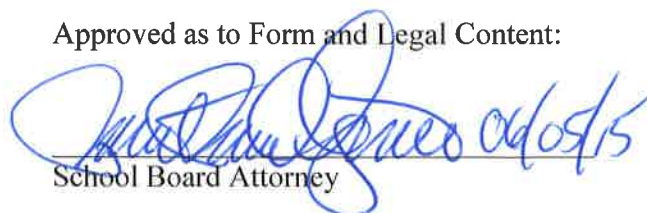


Robert W. Runcie
Superintendent of Schools

By


Donna P. Korn, Chair


Approved as to Form and Legal Content:


School Board Attorney


FOR HUMANA, INC.
AND
COMPBENEFITS

(Corporate Seal)

Attest: _____
Secretary

By: 
Tamara L. Quiram, Segment Vice President
COO Large & Small Group
Humana, Inc. and Authorized Signer of
CompBenefits Insurance Company

-Or-


Witness


Witness

STATE OF Wisconsin
COUNTY OF Brown

The foregoing instrument was acknowledged before me this 2 day of June, 2015,
by Tamara L. Quiram of Humana, Inc./CompBenefits Insurance Company. He took an oath and
is personally known to me or has produced personally known as identification.

(SEAL)


Signature - Notary Public

My Commission expires:

October 25, 2015

Mary E. Yashinsky
Printed Name of Notary

SECOND AMENDMENT TO AGREEMENT

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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

SOLSTICE BENEFITS, INC.
(hereinafter collectively referred to as "Solstice")
whose principal place of business is
7901 S.W. 6th Court, Suite 400
Plantation, Florida 33324

WHEREAS, Solstice entered into an Agreement dated June 21, 2011 (hereinafter "Agreement") for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 12-005V; and

WHEREAS, SBBC and Solstice entered into a First Amendment to Agreement dated July 22, 2014 (hereinafter "First Amendment"); and

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Sixth: Addendum Number Three [dated January 6, 2011] to the RFP;
Seventh: Addendum Number Two [dated December 15, 2010] to the RFP;
Eighth: Addendum Number One [dated December 15, 2010] to the RFP;
Ninth: RFP 12-005V "Group Dental Insurance and Group Vision Insurance For School Board Employees"; and
Tenth: The Proposal submitted in response to the RFP by Solstice [dated February 11, 2011].

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

- 4.01 **Terms of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.
- 5.01 **Authority.** Each person signing this Second Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Agreement on behalf of the party for who he or she is signing and to bind and obligate such party with respect to all provisions contained in this Second Agreement.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Second Amendment to Agreement through their duly authorized representatives.

FOR SBBC

(Corporate Seal)

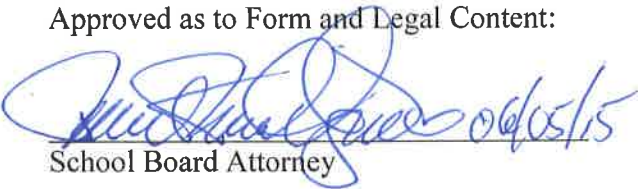
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By 
Donna P. Korn, Chair

ATTEST:


Robert W. Runcie
Superintendent of Schools

Approved as to Form and Legal Content:

 06/05/15
School Board Attorney

FOR SOLSTICE


(Corporate Seal)

Attest: _____
Secretary Carlos Ferrera

By: 
Carlos Ferrera, Chief Operating Officer
Solstice Benefits, Inc.

-Or-

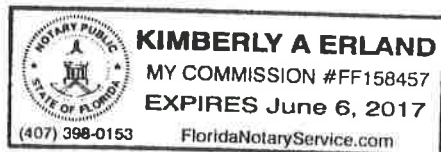

Witness


Witness

STATE OF FLORIDA
COUNTY OF BROWARD


The foregoing instrument was acknowledged before me this 27th day of May, 2015,
by Carlos Ferrera of Solstice Benefits, Inc. He took an oath and is personally known to me or
has produced _____ as identification.

(SEAL)



My Commission expires:

JUNE 06, 2017


Signature – Notary Public

KIMBERLY A. ERLAND
Printed Name of Notary

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date <div style="border: 1px solid black; padding: 2px; text-align: center;">07/23/13</div>	<table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">Open Agenda Yes <input checked="" type="checkbox"/> No</td><td style="width: 50%; text-align: center;">Special Order Request Yes <input checked="" type="checkbox"/> No</td></tr></table>	Open Agenda Yes <input checked="" type="checkbox"/> No	Special Order Request Yes <input checked="" type="checkbox"/> No	Agenda Item Number <div style="border: 1px solid black; padding: 2px; text-align: center;">E-3</div>
Open Agenda Yes <input checked="" type="checkbox"/> No	Special Order Request Yes <input checked="" type="checkbox"/> No			

TITLE:	Second Amendments to Agreements for Request for Proposals (RFP) 12-005V Group Dental & Group Vision Benefits for School Board Employees						
REQUESTED ACTION:	Approve the Second Amendments to Agreements between The School Board of Broward County, Florida, and Metropolitan Life Insurance Company and Metropolitan Life Insurance Company/Safeguard Health Plans, Inc. (Dental Carriers).						
SUMMARY EXPLANATION AND BACKGROUND:	<p>RFP 12-005V for Group Dental Insurance and Group Vision Insurance for School Board Employees, was awarded to Humana/CompBenefits, Metropolitan Life Insurance Company (MetLife), and Metropolitan Life Insurance Company/Safeguard Health Plans, Inc. (Met Life/Safeguard), (Dental Carriers) and Humana/CompBenefits and Solstice Benefits, Inc., (Vision Carriers) by the School Board at the June 21, 2011 Board Meeting. For 2014, MetLife and MetLife/ Safeguard (Dental Carriers) agreed to a negotiated reduced rate of 3.1% across all Plans. The premium decreases did not represent savings to the District for 2014, based on current contract provisions; however, the decreases did result in total savings to District employees of approximately \$260,000.</p> <p>The terms of the contracts awarded to Humana/CompBenefits and Solstice Benefits, Inc. (Vision Carriers) holds their rates flat through 2014. These amendments were approved by the Superintendent's Insurance Advisory Committee at its May 9, 2013 meeting.</p> <p>These Amendments to Agreements have been reviewed and approved as to form and legal content by the Office of the General Counsel.</p>						
SCHOOL BOARD GOALS:	<ul style="list-style-type: none">•Goal 1: High Quality Instruction<input checked="" type="checkbox"/>•Goal 2: Continuous Improvement•Goal 3: Effective Communication						
FINANCIAL IMPACT:	The premium increases do not represent additional cost to the District for 2014, based on current contract provisions.						
EXHIBITS: (List)	<ol style="list-style-type: none">1. Executive Summary2. Second Amendment to Agreement - Metropolitan Life Insurance Company3. Second Amendment to Agreement - Metropolitan Life Insurance Company/Safeguard Health Plans, Inc.4. Approved Agenda Request Form - 08/21/12 RSBM (E-3)5. Approved Agenda Request Form - 06/21/11 RSBM (EE-3)						
<div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 24px; font-weight: bold; transform: rotate(-2deg); display: inline-block;">APPROVED</div> <p style="font-size: 10px; margin-top: 5px;">(For Official School Board Records' Office Only)</p>	SOURCE OF ADDITIONAL INFORMATION: <table style="width: 100%;"><tr><td style="width: 70%;">Dr. Dildra Martin-Ogburn</td><td style="width: 30%;">754-321-3100</td></tr><tr><td>Carol Barker</td><td>754-321-0506</td></tr><tr><td style="font-size: 8px;">Name</td><td style="font-size: 8px;">Phone</td></tr></table>	Dr. Dildra Martin-Ogburn	754-321-3100	Carol Barker	754-321-0506	Name	Phone
Dr. Dildra Martin-Ogburn	754-321-3100						
Carol Barker	754-321-0506						
Name	Phone						

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Maurice L. Woods *M.L.W.*
Chief Strategy & Operations Officer
Office of Strategy & Operations

Approved in Open Board Meeting on:

By:

JUL 23 - 2013
Laurie Rich Levinson

School Board Chair

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date 8/21/12	Open Agenda <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Special Order Request <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Agenda Item Number E-3

TITLE:

Amendments to Agreements for RFP 12-005V- Group Dental & Group Vision Benefits for School Board Employees

REQUESTED ACTION:

Approve the following Amendments to Agreements between The School Board of Broward County, Florida, and: (1) Metropolitan Life Insurance Company and Metropolitan Life Insurance Company/Safeguard (dental carriers).

SUMMARY EXPLANATION AND BACKGROUND:

RFP 12-005V for Group Dental Insurance and Group Vision Insurance for School Board Employees was awarded to Humana/CompBenefits, Metropolitan Life Insurance Company and Metropolitan Life Insurance Company, Metlife/Safeguard (dental carriers) and Humana/CompBenefits and Solstice Benefits, Inc., (vision carriers) by the School Board at the June 21, 2011, Board meeting. Effective January 1, 2013, a rate increase of 2% (MetLife) on their PPO-Basic Plan; 4.2% on their PPO-Enhanced Plan; 4% on their DHMO-Basic Plan; and 4% on their DHMO-Enhanced Plan will be implemented. The District's Benefits Consultant performed a thorough review of the vendor's loss ratio and contract provisions and the proposed rates align with industry standards.

The terms of the contracts awarded to Humana/CompBenefits and Solstice Benefits, Inc., (vision carriers) holds their rates flat through 2014. These amendments were approved by the Superintendent's Insurance Advisory Committee at its June 8, 2012, meeting.

This Agreement has been reviewed and approved, as to form and legal content, by the Office of the General Counsel.

SCHOOL BOARD GOALS:

- ☐ •Goal One: Raise achievement of all students to ensure graduation from high school and readiness for post-secondary education.
- ☒ •Goal Two: Improve the health and wellness of students and personnel.
- ☐ •Goal Three: Provide a safe and secure physical and technological environment for all students and employees.
- ☐ •Goal Four: Promote innovation which focuses on best practices and quality efforts that improve our best-in-class position.
- ☐ •Goal Five: Recruit, develop, retain, and recognize high performing and diverse faculty and personnel.
- ☐ •Goal Six: Build strong partnerships with family, business, community and government at the classroom, school, area, and district level.
- ☐ •Goal Seven: Ensure district's leadership as an environmental steward through innovative ecology and energy conservation programs.

FINANCIAL IMPACT:

The premium increases do not represent additional cost to the District for 2013, based on current contract provisions.

EXHIBITS: (List)

1. Executive Summary
2. First Amendment to Agreement – Metropolitan Life Insurance Company
3. First Amendment to Agreement – Metropolitan Life Insurance Company/Safeguard

BOARD ACTION:

APPROVED

(For Official School Board Records' Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Dr. Dildra Martin-Ogburn 754-321-2150
Mr. Bill Harris 754-321-0501

Name

Phone

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Maurice L. Woods *M.W.*
Chief Strategy & Operations Officer
Office of Strategy & Operations

Approved in Open Board Meeting on:

AUG 21 2012

By:

Ann Murray

School Board Chair

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date 06/21/11	Open Agenda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time Certain Request <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agenda Item Number EE-3
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TITLE: **Group Dental Insurance and Group Vision Insurance for School Board Employees**

REQUESTED ACTION: Approve this RFP recommendation as stated on the attached award recommendation.

RFP	TITLE	LOCATION	AMOUNT	M/WBE VENDOR(S)
12-005V	Group Dental Insurance and Group Vision Insurance for School Board Employees Contract period: January 1, 2012 through December 31, 2014 The Agreement has been approved as to form and legal content by the School Board Attorney.	Benefits	\$85,000,000	

SUMMARY EXPLANATION AND BACKGROUND:
Board approval of this RFP recommendation does not mean the amount shown will be spent. This amount represents the estimated contract value for the first year through the term of this contract from available funds already included in various school/department/center budgets.

SCHOOL BOARD GOALS:

- ☐ • Goal One: Raise achievement of all students to ensure graduation from high school and readiness for post-secondary education.
- ☒ • Goal Two: Improve the health and wellness of students and personnel.
- ☐ • Goal Three: Provide a safe and secure physical and technological environment for all students and employees.
- ☐ • Goal Four: Promote innovation which focuses on best practices and quality efforts that improve our best-in-class position.
- ☒ • Goal Five: Recruit, develop, retain, and recognize high performing and diverse faculty and personnel.
- ☒ • Goal Six: Build strong partnerships with family, business, community and government at the classroom, school, area, and district level.
- ☐ • Goal Seven: Ensure district's leadership as an environmental steward through innovative ecology and energy conservation programs.

FINANCIAL IMPACT:
All expenditure for these contracts will come from existing approved District budgets over a three-year period.

EXHIBITS: (List)
1. RFP: 12-005V

BOARD ACTION: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">APPROVED</div>	SOURCE OF ADDITIONAL INFORMATION: <table border="0" style="width:100%;"> <tr> <td style="width:70%;">Dildra Martin-Ogburn</td> <td style="width:30%;">754-321-3100</td> </tr> <tr> <td>Jeffrey S. Moquin</td> <td>754-321-2650</td> </tr> <tr> <td>Donnie Carter</td> <td>754-321-2610</td> </tr> <tr> <td colspan="2"><small>Name</small></td> </tr> <tr> <td colspan="2"><small>Phone</small></td> </tr> </table>	Dildra Martin-Ogburn	754-321-3100	Jeffrey S. Moquin	754-321-2650	Donnie Carter	754-321-2610	<small>Name</small>		<small>Phone</small>	
Dildra Martin-Ogburn	754-321-3100										
Jeffrey S. Moquin	754-321-2650										
Donnie Carter	754-321-2610										
<small>Name</small>											
<small>Phone</small>											

(For Official School Board Records' Office Only)
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
 Donnie Carter, Chief Operations Officer
 Office of the Chief Operations Officer
 Approved in Open Board Meeting on: **JUN 21 2011**

By: School Board Chair
Revised July 2008
JFN/DCarter/JMoquin:dwg

FINANCIAL ANALYSIS WORKSHEET

Buyer/PA: Charles High		Preparation Date: June 18, 2015	
Bid Number: 12-005V			
Title: Group Dental & Group Vision Benefits for School Board Employees			
Award Amount: None			
<p>Current Bid: 12-005V</p> <p>Award Period: 1/01/2012 – 12/31/2015 (4 Years)</p> <p>Original Award Amount: \$85,000,000</p> <p>SAP REPORT:</p> <p>Report Date: 5/31/2015</p> <p>Purchase of Services: \$42,873,628.31</p> <p>P-Card Purchases: N/A</p> <p>Invoiced-to-Date Amount: \$42,873,628.31</p> <p>Average Monthly Expenditure: \$1,429,120.93</p>			
AWARDED VENDORS		AMOUNT SPENT (Jan. 2012- May 2015)	
Humana, Inc. and CompBenefits Insurance Company (Dental)		\$ 12,051,343.68	
Metropolitan Life Insurance Company (Dental)		\$ 21,776,110.18	
MetLife/SafeGuard Health (Dental)		\$ 1,987,830.43	
Solstice Benefits, Inc. (Vision)		\$ 823,306.15	
Humana/CompBenefits (Vision)		\$ 6,235,037.87	
TOTAL EXPENDED TO DATE		\$ 42,873,628.31	

The estimated expenditure from 1/01/16 through 12/31/16 will be approximately \$4,500,000.

The School Board of Broward County, Florida
Request for Proposal (RFP) 12-005V
Group Dental & Group Vision Benefits for School Board Employees
M/WBE Participation

Recommended Awardee	Certification Number	Expiration Date	Gender	M/WBE Sub-Consultant Participation	SBBC Scholarship Foundation Commitment to Minority Students
Humana / CompBenefits				<p>McKinley Financial Services M/WBE Cert #7007-5542 African-American Vision – Open Enrollment Services 4.45% Participation Est. Expenditure: \$105,681 (est. annual)</p> <p>Benefits Outsourcing, Inc. M/WBE Cert #7007-2621 African-American Cobra administration and open enrollment services 2.25% Participation Est. Expenditure \$93,173 (est. annual)</p>	
Metropolitan Life Insurance and SafeGuard Health Plans				<p>More Financial Services M/WBE Cert #7007-1051 African-American Financial Services; Insurance and Wellness, Health, Life Dental, Cancer, Long-term Care, Disability, Vision, Student Accident and Hospital Income 1% of DMO premium. Est. Expenditure \$30,000/year</p>	

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Humana and Humana/CompBenefits
Supplier Contact: Michelle Castillo
Contact Telephone: 305-626-5067

Bid No.: 12-005V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:

Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108

Participant's Signature: _____

Date: 6/10/15

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Solstice Benefits, Inc.
Supplier Contact: Mylene Bronca
Contact Telephone: 954-370-1740

Bid No.: 12-005V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input checked="" type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:

Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108

Participant's Signature: _____ Date: 6/10/15

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: MetLife & MetLife/Safeguard
Supplier Contact: Michael Prince
Contact Telephone: 770-407-2414

Bid No.: 18-005V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input checked="" type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108
Participant's Signature: _____ Date: 6/10/15

Surveys >> Survey Results

Welcome, **Janice Clark**

[Help](#)

Switch to: [View by respondent](#)

Survey: 12-005V Group Dental Benefits for School Board Employees

134 respondents took this survey.

Question Summary

	Question	Question Type	% of Respondents Submitting
Details	Question 1	Multiple select	100.00%
Details	Question 2	Rating scale	100.00%
Details	Question 3	Rating scale	100.00%
Details	Question 4	Rating scale	100.00%
Details	Question 5	Free response	24.63%

A red asterisk (*) indicates required questions.

[top](#)

Question 1 (Multiple select)*

134 of 134 respondents answered this question.

Which vendor do you use for Dental Insurance Benefits?

	Number of Respondents	Percent
Humana, Inc. / Compbenefits Insurance Co.	85	63.43%
Metropolitaton Life / SafeGuard Health	49	36.57%

[top](#)

Question 2 (Rating scale)*

134 of 134 respondents answered this question.

How would you rate vendor for Dental Insurance Benefits that you choose overall customer service?

Poor (1) - Excellent (5)	Number of Respondents	Percent
1	7	5.22%
2	14	10.45%
3	36	26.87%
4	56	41.79%
5	21	15.67%
Total	134	100.00%





Average rating: 3.52

[top](#)

Question 3 (Rating scale)*

134 of 134 respondents answered this question.

How satisfied are you with the vendor chosen for Dental Insurance Benefits?

Not Satisfied (1) - Very Satisfied (4)		Number of Respondents	Percent
1		11	8.21%
2		30	22.39%
3		60	44.78%
4		33	24.63%
Total		134	100.00%





Average rating: 2.86

[top](#)

Question 4 (Rating scale)*

134 of 134 respondents answered this question.

Would you use this vendor again for Dental Insurance Benefits if the vendor was awarded on a new contract?

Very Unlikely (1) - Definitely (4)		Number of Respondents	Percent
1		13	9.70%
2		19	14.18%
3		57	42.54%
4		45	33.58%
Total		134	100.00%

Average rating: 3.00

[top](#)

Question 5 (Free response)

33 of 134 respondents answered this question.

Comments about this vendor:

	Number of Respondents	Percent
It is very expensive for the coverage.	1	3.03%
Although I would use this vendor again, I feel the out of pocket is still high and x-rays should be covered beyond the 2 free for medically necessary procedures.	1	3.03%
Coverage for dental work needs to improve - It costs \$600 for crowns, very expensive for "intrusive" work.... Costs need to be lowered... Thanks	1	3.03%
Coverage is very minimal	1	3.03%
Dentists on Humana Plan all charge different and cover differently and never follow rates on Humana chart. When questions, they sometimes correct their prices but usually not.	1	3.03%
Easy access provided online. Pays claim/doctors in timely manner.	1	3.03%
Excellent	1	3.03%

I don't feel we are insured for enough. With a max of \$2,000 for dental work, that doesn't go to far these days.	1	3.03%
I don't find that procedures are affordable. The only thing I feel we get is the cleanings and exams. Everything else cost a fortune.	1	3.03%
I don't think it's fair to the employee for a clerk in the dental insurance office to determine what you need, sometimes overriding your dentist's decision.	1	3.03%
I JUST STARTED USING THIS DENTIST SO IT IS DIFFICULT TO ANSWER QUESTIONS KNOWLEDGEABLY. THE NETWORK OF NAMES IS NOT GOOD. VERY LIMITED.	1	3.03%
I regret switching from Metlife to Compbenefits. Going back to Metlife (hopefully, it will be a selection) next open enrollment.	1	3.03%
I think they should cover a dentist recommended additional cleaning. Crown prices are high, but that may be with any insurance.	1	3.03%
Insurance does not cover much	1	3.03%
It is disappointing that an employer of this size cannot offer more competitive plans. Other major employers in the area offer a significantly better plan at an extremely affordable rate, we should be able to stay competitive in all areas of employment.	1	3.03%
It seems a lot of money is coming out of my pocket in comparison to what other employees are paying	1	3.03%
It's not the vendors that I have a problem with. It seems that even using the certificate of insurance information it is still very difficult to be able to know what you are going to be charged for dental services. It does not seem to be a transparent process making it difficult to choose a plan. The dental offices are bound to surprise you with some coding you were not expecting.	1	3.03%
Items like silver fillings should not even be on the list of benefits. Dentist's do not put silver fillings in anymore only white, so there should be a discount on white fillings. Services are still expensive even with Dental Insurance. If you get 2 free cleanings a year and dentist has you coming every 4 months, shouldn't at least 2 of the visits be free?	1	3.03%
My Dentist will not take a lower plan than the Met Life PPO. If you are going to change that option we need to go with a high end choice. The dental benefits are not great but it is worth paying the extra fee to get the better coverage.	1	3.03%
Never have any issues ... always know what my end of payment is going to be. Love the procedure verification.	1	3.03%
No matter what vendor is chosen I would like to see them pay more for Dental services. So many of the services cost so much that people are forced to have their teeth pulled instead of having the teeth saving procedures instead.	1	3.03%
Not enough of coverage options. Out of pocket expenses too high.	1	3.03%
Out of pocket costs are very high. Silver fillings should be removed from covered costs as most dentists no longer do them. White fillings should be added and covered in full.	1	3.03%
Out of pocket dental expenses are very expensive for crowns, extractions and implants. I am in the process of needing an implant and was quoted it will cost over in the area of 2,000.00 out of pocket after insurance to have the implant and the crown. I hope there may be some other options so that the out of pocket for dental work can be reasonable. I	1	3.03%

currently am paying off another dental bill for a crown of over 1500.00 Thank you!!!		
Out of pocket expenses are high for dental work other than cleanings.	1	3.03%
Out of pocket expenses are still high but it's durable.	1	3.03%
Payments are almost the same if I pay out of pocket.	1	3.03%
Prices are so high for a Deductible, sometimes I pay almost the same out of pocket. I will try another vendor for sure.	1	3.03%
The coverage is not enough for the treatments.	1	3.03%
The employee cost is very high. I am forced onto the PPO with Metlife, as my doctor does not accept the Humana plan.	1	3.03%
There are better plans out there, with Broward so large the benefits should be better. My daughter has better benefits with her Dads insurance and it is a small company and less expensive.	1	3.03%
This survey does not ask if we would chose this vendor or another if given the option. Since this is the only one that has my dentist... There is no choice. But if another vendor offered my dentist I would consider changing	1	3.03%
We need better dental insurance coverage.	1	3.03%
Total	33	100.00%



Switch to: [View by respondent](#)

Survey: 12-005V Group Vision Benefits for School Board Employees

27 respondents took this survey.

Question Summary

	Question	Question Type	% of Respondents Submitting
Details	Question 1	Multiple select	100.00%
Details	Question 2	Rating scale	100.00%
Details	Question 3	Rating scale	100.00%
Details	Question 4	Rating scale	100.00%
Details	Question 5	Free response	29.63%



A red asterisk (*) indicates required questions.

[top](#)

Question 1 (Multiple select)*

27 of 27 respondents answered this question.

Which vendor do you use for Vision Insurance Benefits?




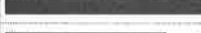

		Number of Respondents	Percent
Humana, Inc. / CompBenefits		23	85.19%
Solstice Benefits, Inc.		4	14.81%

[top](#)

Question 2 (Rating scale)*

27 of 27 respondents answered this question.

How would you rate vendor for Vision Insurance Benefits that you choose overall customer service?




Poor (1) - Excellent (5)		Number of Respondents	Percent
1		0	0.00%
2		1	3.70%
3		8	29.63%
4		10	37.04%
5		8	29.63%
Total		27	100.00%

Average rating: 3.93

[top](#)**Question 3 (Rating scale)***

27 of 27 respondents answered this question.

How satisfied are you with the vendor chosen for Vision Insurance Benefits?





Not Satisfied (1) - Very Satisfied (4)		Number of Respondents	Percent
1		0	0.00%
2		3	11.11%
3		13	48.15%
4		11	40.74%
Total		27	100.00%

Average rating: 3.30

[top](#)**Question 4 (Rating scale)***

27 of 27 respondents answered this question.

Would you use this vendor again for Vision Insurance Benefits if the vendor was awarded on a new contract?

Very Unlikely (1) - Definitely (4)		Number of Respondents	Percent
1		1	3.70%
2		2	7.41%
3		11	40.74%
4		13	48.15%
Total		27	100.00%

Average rating: 3.33

[top](#)**Question 5 (Free response)**

8 of 27 respondents answered this question.

Comments about this vendor:

	Number of Respondents	Percent
coverage is limited Out of pocket expenses are increasing	1	12.50%
I have never had a issue with them and the coverage is decent.	1	12.50%
I rarely use my insurance. Honestly it doesn't cover much.	1	12.50%
Money is paid out of pocket for transition lenses. Very costly.	1	12.50%
My eye doctor is great, however he talks a little too much, but at least he isn't rushing out the door. :-)	1	12.50%
Never had any problems	1	12.50%
The choice of frames could be modernized and improved but the overall eye care is very good.	1	12.50%
Vey happy with benefits as well as employee cost for the plan	1	12.50%
Total	8	100.00%