

FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this _____ day of _____, 2018, 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

AETNA LIFE INSURANCE COMPANY
(hereinafter referred to as “AETNA”),
having its principal place of business at
151 Farmington Avenue
Hartford, CT 06156

WHEREAS, SBBC issued a Request for Proposal identified as RFP 17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees, dated, March 11, 2016 and amended by Addendum Number One dated, March 24, 2016 and Addendum Number Two dated, March 30, 2016 (herein referred to as ‘RFP’), which are incorporated by reference herein, for the purpose of receiving proposals for Dental Insurance and Group Vision Insurance for School Board Employees; and

WHEREAS, AETNA offered a Proposal, dated April 7, 2016 (hereinafter referred to as “Proposal”), which is incorporated by reference herein, in response to the RFP; and

WHEREAS, SBBC and AETNA entered into an Agreement dated, July 26, 2016 (hereafter “Agreement”) for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 17-010V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

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 **Term of Agreement.** Unless terminated earlier pursuant to Section 3.05 of the Agreement dated, July 26, 2016 the term of the Agreement is January 1, 2017 through December 31, 2019 (Initial Contract Period). The term of the Agreement may, by mutual agreement between SBBC and Aetna, upon final School Board approval, be extended for two (2) additional one-year periods. If needed, the Initial Contract Period or a Renewal Contract Period may be extended 180 days beyond the expiration date of such period.

3.01 **Premiums.** The monthly premium rates for the period January 1, 2019 through December 31, 2019 are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$3.48	\$5.84
Employee Plus One	\$7.72	\$12.90
Employee Plus Family	\$13.20	\$22.12

4.01 **Rate Cap.** If SBBC and AETNA mutually agree to exercise the first one-year renewal option for the period January 1, 2020 through December 31, 2020 the premium rates will be as follows:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$3.48	\$5.84
Employee Plus One	\$7.72	\$12.90
Employee Plus Family	\$13.20	\$22.12

5.01 **Order of Precedence Among Agreement Documents.** In the event of conflict between the provisions of the Agreement and the provisions contained herein, the provisions of the following documents shall take precedence in this order:

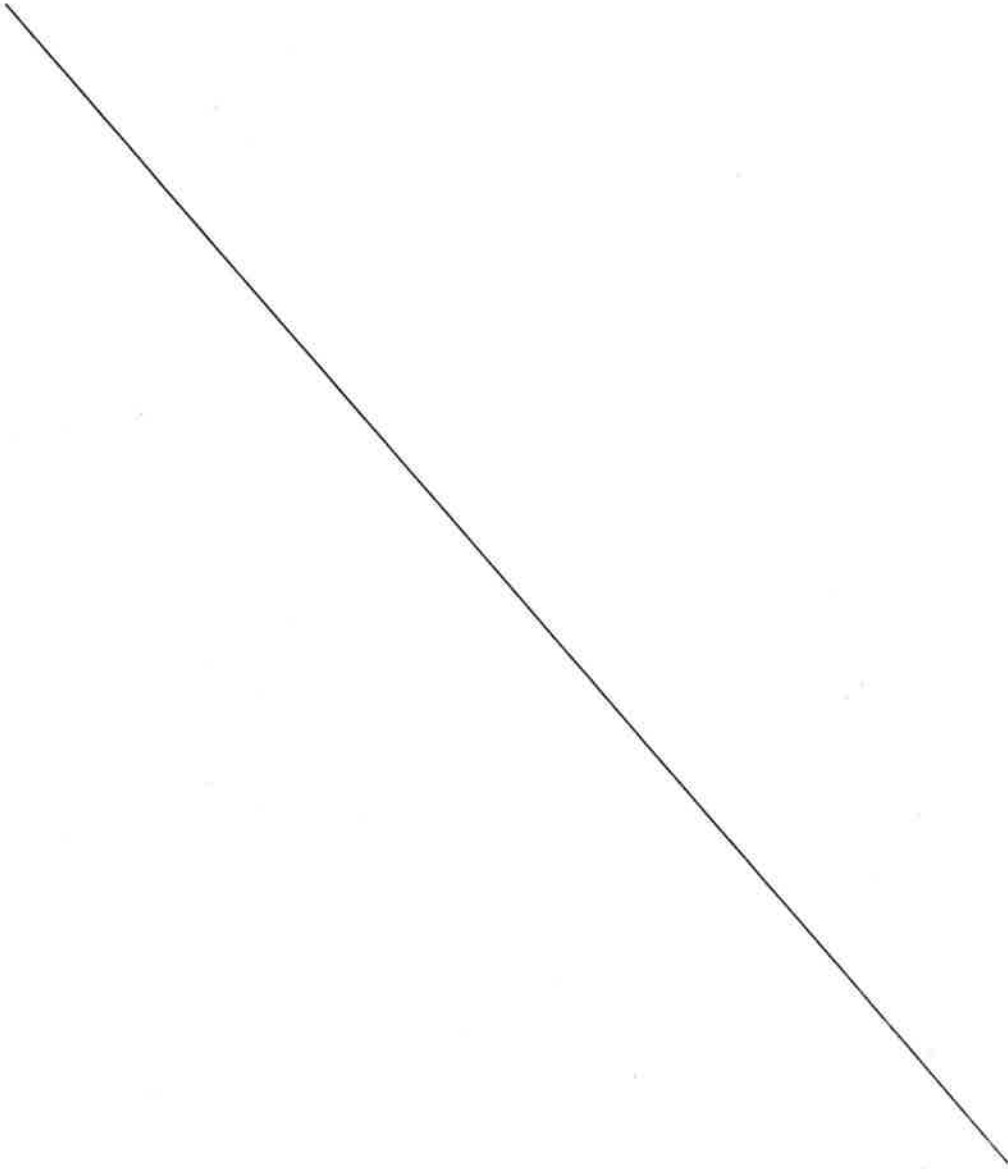
- a) This First Amendment to Agreement; then
- b) The Agreement dated, July 26, 2016; then
- c) Addendum Number Two, dated March 30, 2016; then
- d) Addendum Number One, dated March 24, 2016; then
- e) RFP 17-010V – “Group Dental Insurance and Group Vision Insurance for School Board Employees; then
- f) The Proposal submitted by AETNA in response to the RFP.

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

4.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

5.01 **Authority.** Each person signing this First Amendment to Agreement on behalf of either Party individually warrants that he or she has full legal power to execute this First Amendment to 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 First Amendment to Agreement.

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



FOR SBBC

(Corporate Seal)

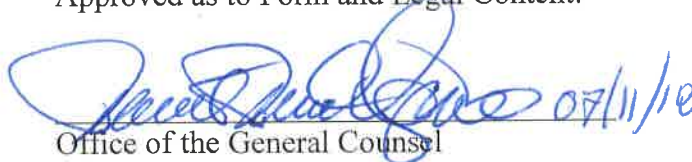
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Nora Rupert, Chair

Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

 07/11/18

Office of the General Counsel

FOR AETNA

(Corporate Seal)

Aetna Life Insurance Company

ATTEST:

By: [Signature]
Signature

, Secretary

Printed Name: **Cathy Aguirre**

Title: **Market Head, Public and Labor
Division-Florida**

-or-
[Signature]
Witness
[Signature]
Witness

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 20 day of June, 2018 by Cathy Aguirre of Aetna on behalf of the corporation/agency. He/She is personally known to me or produced _____ as identification and did/did not first take an oath. _____
Name of Person
Type of Identification

My Commission Expires:

[Signature]
Signature – Notary Public

Ruth Zafra
Printed Name of Notary

(SEAL)

GG 053923
Notary's Commission No.



FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this
_____ day of _____, 2018, 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

COMPBENEFITS COMPANY AND COMPBENEFITS INSURANCE COMPANY
(hereinafter referred to as "COMPBENEFITS"),
having its principal place of business at
500 West Main Street
Louisville, Kentucky 40202

WHEREAS, SBBC issued a Request for Proposal identified as RFP 17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees, dated, March 11, 2016 and amended by Addendum Number One dated, March 24, 2016 and Addendum Number Two dated, March 30, 2016 (herein referred to as 'RFP'), which are incorporated by reference herein, for the purpose of receiving proposals for Dental Insurance and Group Vision Insurance for School Board Employees; and

WHEREAS, COMPBENEFITS offered a Proposal, dated April 13, 2016 (hereinafter referred to as "Proposal"), which is incorporated by reference herein, in response to the RFP; and

WHEREAS, SBBC and COMPBENEFITS entered into an Agreement dated, July 26, 2016 (hereafter "Agreement") for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 17-010V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

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 **Term of Agreement.** Unless terminated earlier pursuant to Section 3.5 of the Agreement dated, July 26, 2016 the term of the Agreement is January 1, 2017 through December 31, 2019 (Initial Contract Period).

3.01 **Premiums.** The monthly premium rates for the period January 1, 2019 through December 31, 2019 are listed below:

	DHMO <u>Basic</u>	DHMO <u>Enhanced</u>	PPO <u>Basic</u>	PPO <u>Enhanced</u>
Employee Only	\$8.58	\$10.54	\$33.06	\$39.22
Employee Plus One	\$14.84	\$19.16	\$59.82	\$75.14
Employee Plus Family	\$19.90	\$25.78	\$89.50	\$117.54
Dual Spouse	\$11.34	\$15.28	\$59.82	\$75.14

4.01 **Rate Cap.** If SBBC and COMPBENEFITS mutually agree to exercise the first one-year renewal option for the period January 1, 2020 through December 31, 2020 the premium rates will be as follows:

	DHMO <u>Basic</u>	DHMO <u>Enhanced</u>	PPO <u>Basic</u>	PPO <u>Enhanced</u>
Employee Only	\$8.58	\$10.54	\$33.06	\$39.22
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5.01 **Order of Precedence Among Agreement Documents.** In the event of conflict between the provisions of the Agreement and the provisions contained herein, the provisions of the following documents shall take precedence in this order:

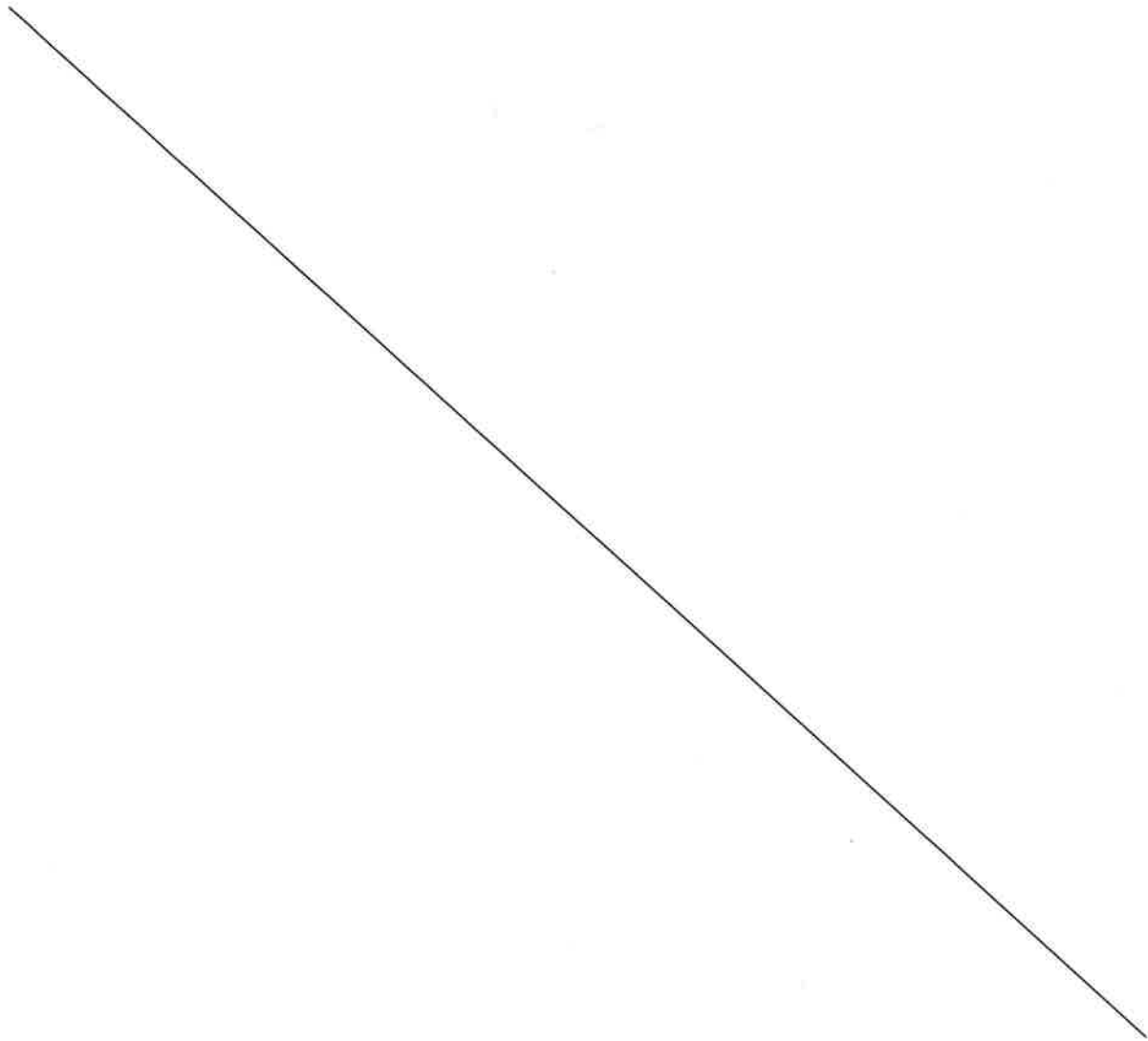
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- b) The Agreement dated, July 26, 2016; then
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- d) Addendum Number One, dated March 24, 2016; then
- e) RFP 17-010V – “Group Dental Insurance and Group Vision Insurance for School Board Employees; then
- f) The Proposal submitted by COMPBENEFITS in response to the RFP.

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

6.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

7.01 **Authority.** Each person signing this First Amendment to Agreement on behalf of either Party individually warrants that he or she has full legal power to execute this First Amendment to 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 First Amendment to Agreement.

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



FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Nora Rupert, Chair

Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:


Office of the General Counsel

FOR COMPBENEFITS

(Corporate Seal)

COMPBENEFITS COMPANY AND
COMPBENEFITS INSURANCE COMPANY

ATTEST:

By 
Signature

, Secretary

Printed Name: Richard D. Remmers

-or-

Title: Vice President, Group Segment


Witness


Witness

STATE OF Kentucky

COUNTY OF Jefferson

The foregoing instrument was acknowledged before me this 5th day of July, 2018 by Richard Remmers of _____
Name of Person

Humana/Compbenefits on behalf of the corporation/agency. He/She is personally known to me or produced drivers license as identification and did/did not first take an oath. _____
Type of Identification

My Commission Expires: 3/8/2020 
Signature - Notary Public

(SEAL)

Elizabeth Jagger Davis
Printed Name of Notary

549596
Notary's Commission No.

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_____ day of _____, 2018, by and between

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WHEREAS, COMPBENEFITS offered a Proposal, dated April 13, 2016 (hereinafter referred to as "Proposal"), which is incorporated by reference herein, in response to the RFP; and

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3.01 **Premiums.** The monthly premium rates for the period January 1, 2019 through December 31, 2019 are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$3.46	\$4.96
Employee Plus One	\$8.40	\$11.96
Employee Plus Family	\$14.36	\$20.50

4.01 **Rate Cap.** If SBBC and COMPBENEFITS mutually agree to exercise the first one-year renewal option for the period January 1, 2020 through December 31, 2020 the premium rates will be as follows:

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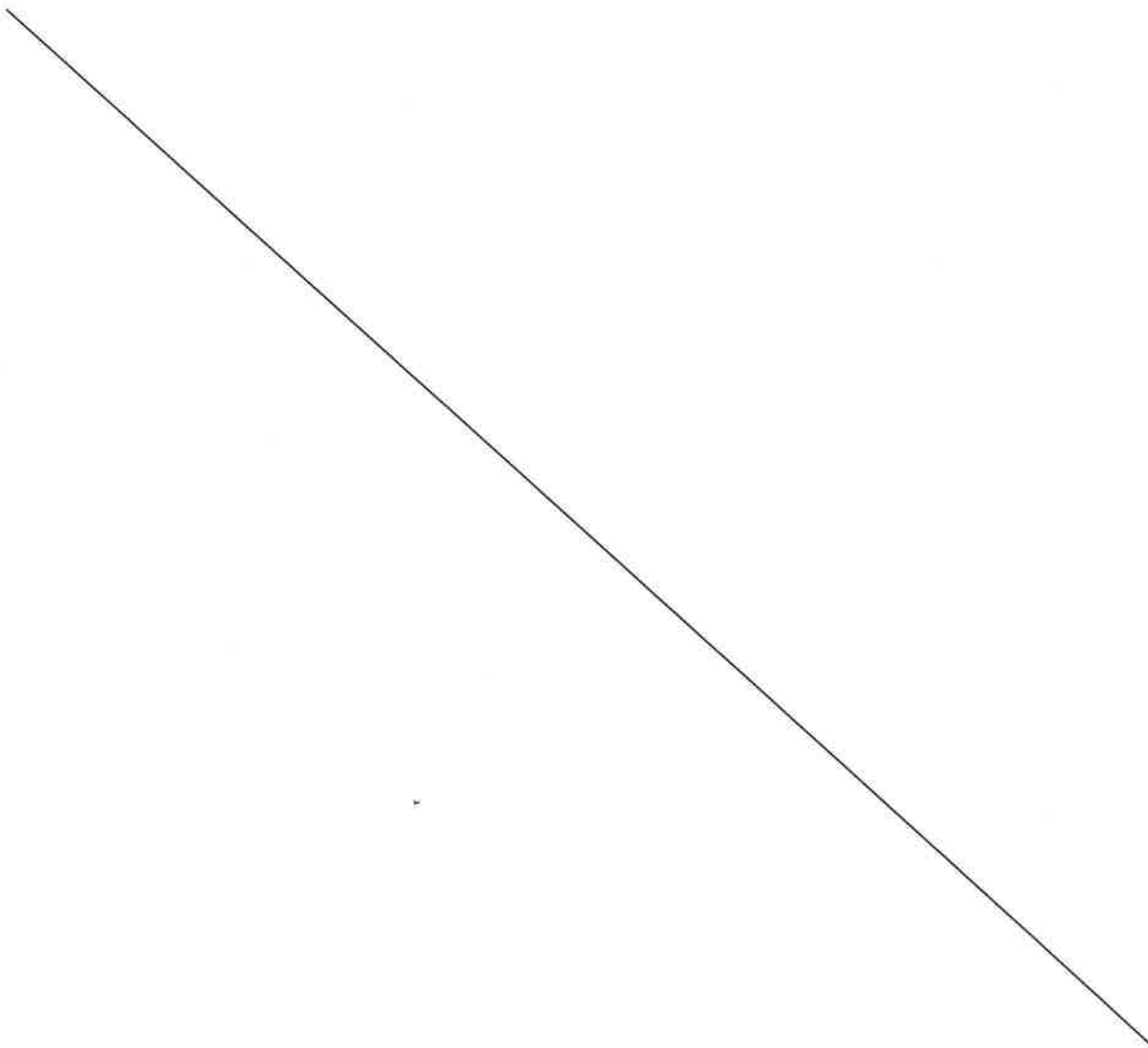
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FOR SBBC

(Corporate Seal)

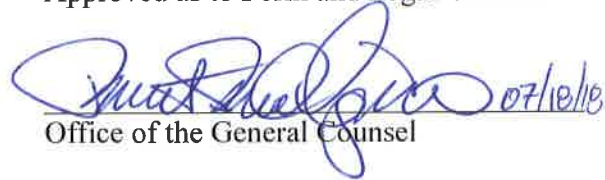
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Nora Rupert, Chair

Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:


 07/10/18
Office of the General Counsel

FOR COMPBENEFITS

(Corporate Seal)

COMPBENEFITS COMPANY AND
COMPBENEFITS INSURANCE COMPANY

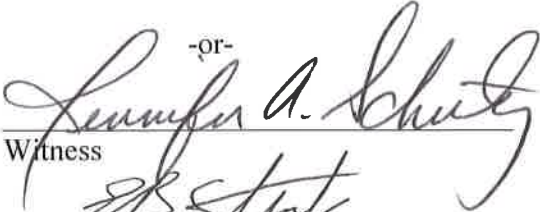
ATTEST:

By 
Signature

, Secretary

Printed Name: Richard D. Remmers

Title: Vice President, Group Segment

-or-

Witness

Witness

STATE OF KENTUCKY

COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me this 16th day of
July, 2018 by Richard Remmers of
Name of Person

Humana CompBenefits on behalf of the corporation/agency. He/She is personally known
to me or produced Drivers License as identification and did/did not first
take an oath. Type of Identification

My Commission Expires:


Signature - Notary Public

(SEAL)

Elizabeth Jagger Davis
Printed Name of Notary

549596
Notary's Commission No.

FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this _____ day of _____, 2018, 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”),
having its principal place of business at
1200 Abernathy Road, NE, Building 600, Suite 1400
Atlanta, GA 30328

WHEREAS, SBBC issued a Request for Proposal identified as RFP 17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees, dated, March 11, 2016 and amended by Addendum Number One dated, March 24, 2016 and Addendum Number Two dated, March 30, 2016 (herein referred to as ‘RFP’), which are incorporated by reference herein, for the purpose of receiving proposals for Dental Insurance and Group Vision Insurance for School Board Employees; and

WHEREAS, METLIFE offered a Proposal, dated April 11, 2016 (hereinafter referred to as “Proposal”), which is incorporated by reference herein, in response to the RFP; and

WHEREAS, SBBC and METLIFE entered into an Agreement dated, July 26, 2016 (hereafter “Agreement”) for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 17-010V; and

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	DHMO Basic	DHMO Enhanced	PPO Basic	PPO Enhanced
Employee Only	\$10.76	\$14.50	\$39.44	\$48.60
Employee Plus One	\$18.44	\$25.04	\$78.98	\$97.28
Employee Plus Family	\$25.00	\$33.62	\$121.62	\$169.22
Dual Spouse	\$14.20	\$19.28	\$69.08	\$85.06

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FOR SBBC

(Corporate Seal)

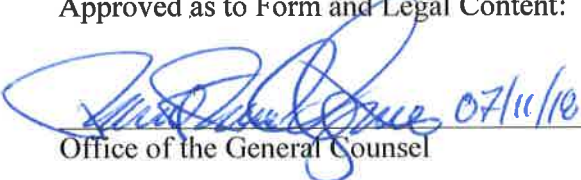
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Nora Rupert, Chair

Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:


Office of the General Counsel

FOR METLIFE

(Corporate Seal)

Metropolitan Life Insurance Company

ATTEST:

By [Signature]
Signature

_____, Secretary

Printed Name: Michael McDermott

-or-

Title: Vice-President

[Signature]
Witness

[Signature]
Witness

STATE OF Georgia

COUNTY OF Gwinnett

The foregoing instrument was acknowledged before me this 29th day of October, 2018 by Cynthia Preis, Michael McDermott
Name of Person

Metropolitan Life Ins. Co. on behalf of the corporation/agency. He/She is personally known to me or produced Drivers license as identification and did/did not first take an oath. Type of Identification

My Commission Expires: 4-19-2019

Cynthia B. Preis
Signature – Notary Public

Cynthia B. Preis
Printed Name of Notary

(SEAL)

W-00241619
Notary's Commission No.