



# AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

ITEM No.:

EE-2.

MEETING DATE	2018-08-21 10:05 - Regular School Board Meeting
AGENDA ITEM	ITEMS
CATEGORY	EE. OFFICE OF STRATEGY & OPERATIONS
DEPARTMENT	Procurement & Warehousing Services

Special Order Request <input type="radio"/> Yes <input checked="" type="radio"/> No
Time
Open Agenda <input checked="" type="radio"/> Yes <input type="radio"/> No

TITLE:

First Amendment to Agreements - 17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees

**REQUESTED ACTION:**

Approve the First Amendment to Agreements for the above-referenced Request for Proposal (RFP) for Aetna Life Insurance Company; CompBenefits Company; CompBenefits Insurance Company; Metropolitan Life Insurance Company. Contract Term: January 1, 2017 through December 31, 2019, 3 Years; Award Amount: \$5,400,000; Small/Minority/Women Business Enterprise Vendor(s): None.  
See Supporting Docs for continuation of Requested Action.

**SUMMARY EXPLANATION AND BACKGROUND:**

RFP 17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees was awarded to Aetna Life Insurance Company, CompBenefits Company and CompBenefits Insurance Company and Metropolitan Life Insurance Company on July 26, 2016.  
See Supporting Docs for continuation of Summary Explanation and Background.  
The First Amendment to 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:**

The estimated financial impact for 2019 is \$5,400,000. The funding for this RFP will come from the Fringe Benefits Clearing Account. The financial impact represents an estimated contract value, however, the amount authorized will not exceed the estimated contract award amount.

**EXHIBITS: (List)**

(1) Continuation of Requested Action (2) Continuation of Summary Explanation and Background (3) Executive Summary (4) First Amendment to Agreement - 4 (5) Approved ARF 7-26-2016 RSBM EE-7

**BOARD ACTION:**

APPROVED

(For Official School Board Records Office Only)

**SOURCE OF ADDITIONAL INFORMATION:**

Name: Dr. Dildra Martin-Ogburn	Phone: 754-321-3100
Name: Mary C. Coker	Phone: 754-321-0501

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

Maurice L. Woods - Chief Strategy & Operations Officer

Signature

*Maurice Woods*  
8/10/2018, 9:17:34 AM

Approved In Open Board Meeting On: **AUG 21 2018**  
By: *Nora Rupert*  
School Board Chair

**First Amendment to Agreement**

**17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees**

**August 21, 2018 Board Agenda**

**Page 2**

**CONTINUATION OF REQUESTED ACTION**

Awarded Vendor(s): **(Dental)** CompBenefits Company, CompBenefits Insurance Company, and Metropolitan Life Insurance Company, **(Vision)** CompBenefits Company, CompBenefits Insurance Company, and Aetna Life Insurance Company; Small/Minority/Women Business Enterprise Vendor(s): None.

**First Amendment to Agreement  
17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees  
August 21, 2018 Board Agenda  
Page 2**

**CONTINUATION OF SUMMARY EXPLANATION AND BACKGROUND**

This request is to approve the First Amendment to Agreement for Aetna Life Insurance Company, Compbenefits Company, Compbenefits Insurance Company, and Metropolitan Life Insurance Company.

## EXECUTIVE SUMMARY

### First Amendments to Agreements for 17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees

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On July 26, 2016, the contracts for RFP 17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees were awarded to:

#### GROUP DENTAL

CompBenefits Company and CompBenefits Insurance Company  
Metropolitan Life Insurance Company (MetLife)

#### GROUP VISION

Aetna Life Insurance Company (Aetna)  
CompBenefits Company and CompBenefits Insurance Company

The initial contract period for the above awards is January 1, 2017 through December 31, 2019.

On May 16, 2018 the Superintendent's Insurance & Wellness Advisory Committee (SIWAC) held its annual contract renewal meeting.

#### GROUP DENTAL

##### CompBenefits Company and CompBenefits Insurance Company

Although, the negotiated terms of the CompBenefits contract for the initial contract period resulted in both the Dental Health Maintenance Organization (DHMO) and Preferred Provider Organization (PPO) monthly rates being held flat for plan years January 1, 2017 through December 31, 2017, January 1, 2018 through December 31, 2018 and January 1, 2019 through December 31, 2019, the Benefits Consultants Gallagher Benefit Services through an analysis of the experience data, was able to negotiate a DHMO monthly rate reduction of two (2) percent with CompBenefits for plan year January 1, 2019 through December 31, 2019. This will result in a cost avoidance of approximately \$35,000 annually for the Board.

The PPO monthly rates will remain flat for January 1, 2019 through December 31, 2019. The SIWAC voted unanimously to recommend approval of the CompBenefits (Dental) 2019 DHMO rate reductions to the Superintendent of Schools.

The 2019 monthly rates are shown below:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>	<u>PPO Basic</u>	<u>PPO 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

**First Amendment to Agreement**

**17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees**

**August 21, 2018 Board Meeting**

**Page 2**

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 rates will remain flat for calendar year 2020.

**Metropolitan Life Insurance Company (MetLife)**

The negotiated terms of the MetLife contract resulted in fixed monthly rates for both the DHMO and PPO plans for plan years January 1, 2017 through December 31, 2017 and January 1, 2018 through December 31, 2018.

For plan year January 1, 2019 through December 31, 2019 MetLife requested a 7% rate increase for the PPO Plan. During the contract renewal meeting, MetLife agreed to reduce its rate increase request to 5%. The SIWAC voted unanimously to recommend approval of MetLife's (Dental) PPO rate increase of 5% to the Superintendent of Schools.

The DHMO monthly rates will remain flat for January 1, 2019 through December 31, 2019.

The 2019 monthly rates are listed below:

	<u>DHMO</u> <u>Basic</u>	<u>DHMO</u> <u>Enhanced</u>	<u>PPO</u> <u>Basic</u>	<u>PPO</u> <u>Enhanced</u>
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

**Please note:** In accordance with Collective Bargaining Agreement provisions, the Board's cost will not exceed \$10.80 per covered employee, per month for dental coverage. Monthly premiums, which exceed \$10.80 are applied to the employee premium costs only. Excess costs are the responsibility of the covered employee.

**GROUP VISION**

**CompBenefits Company and CompBenefits Insurance Company**

The negotiated terms of CompBenefits' initial contract, resulted in the following Basic and Enhanced Vision rates for plan years January 1, 2017 through December 31, 2017, January 1, 2018 through December 31, 2018 and January 1, 2019 through December 31, 2019.

The 2019 monthly rates will remain flat for 2019 and are listed below:

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

**First Amendment to Agreement  
17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees  
August 21, 2018 Board Meeting  
Page 3**

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 rates will remain flat for calendar year 2020.

**Aetna Life Insurance Company**

The negotiated terms of Aetna’s initial contract resulted in their Basic and Enhanced Vision rates being held flat for plan years January 1, 2017 through December 2017 and January 1, 2018 through December 31, 2018.

During the contract renewal meeting, Aetna agreed to hold their Vision rates flat for plan year 2019. The 2019 monthly rates are listed below:

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

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 rates will remain flat for calendar year 2020.

Upon approval of this Board Item, benefits eligible employees will continue to have a choice of quality dental plans.

# FIRST AMENDMENT TO AGREEMENT

**THIS FIRST AMENDMENT TO AGREEMENT** is made and entered into as of this 21<sup>st</sup> day of August, 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.

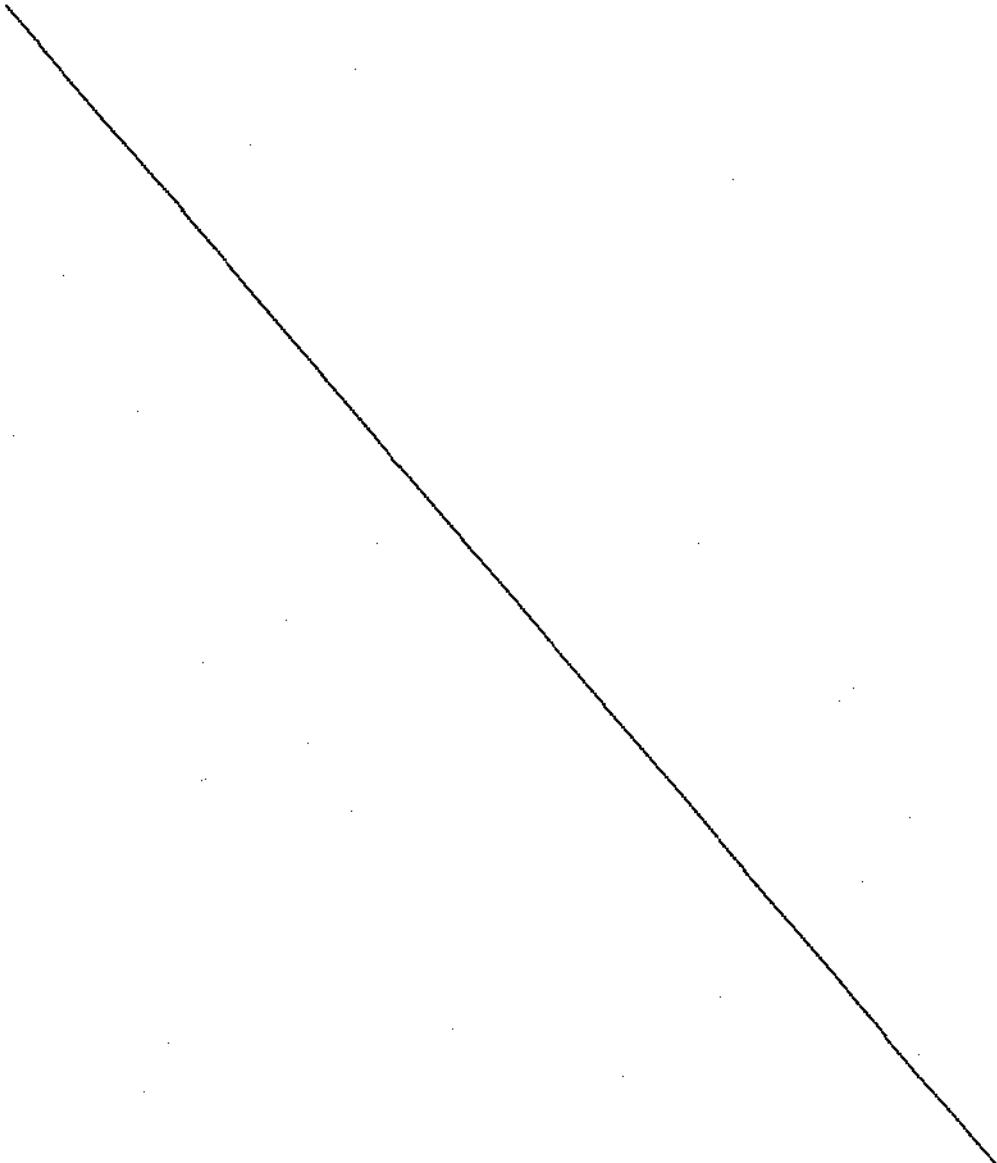


In case of any other doubts or difference of opinion, the decision of SBBC shall be final and binding on both parties.

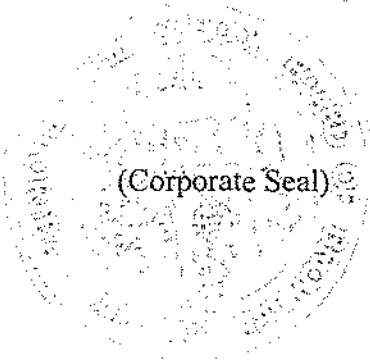
4.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

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

By Nora Rupert  
Nora Rupert, Chair

ATTEST:

Robert W. Runcie  
Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

[Signature] 07/11/18  
Office of the General Counsel

**FOR AETNA**

(Corporate Seal)

Aetna Life Insurance Company

ATTEST:

By: *Cathy Aguirre*  
Signature

\_\_\_\_\_  
, Secretary

Printed Name: Cathy Aguirre

Title: Market Head, Public and Labor  
Division-Florida

*Gabriella Dimitrakis*  
-or-  
\_\_\_\_\_  
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. \_\_\_\_\_  
Type of Identification

My Commission Expires:

*Ruth Zafra*  
\_\_\_\_\_  
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 21<sup>st</sup> day of August, 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:

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	<b><u>Vision Basic</u></b>	<b><u>Vision Enhanced</u></b>
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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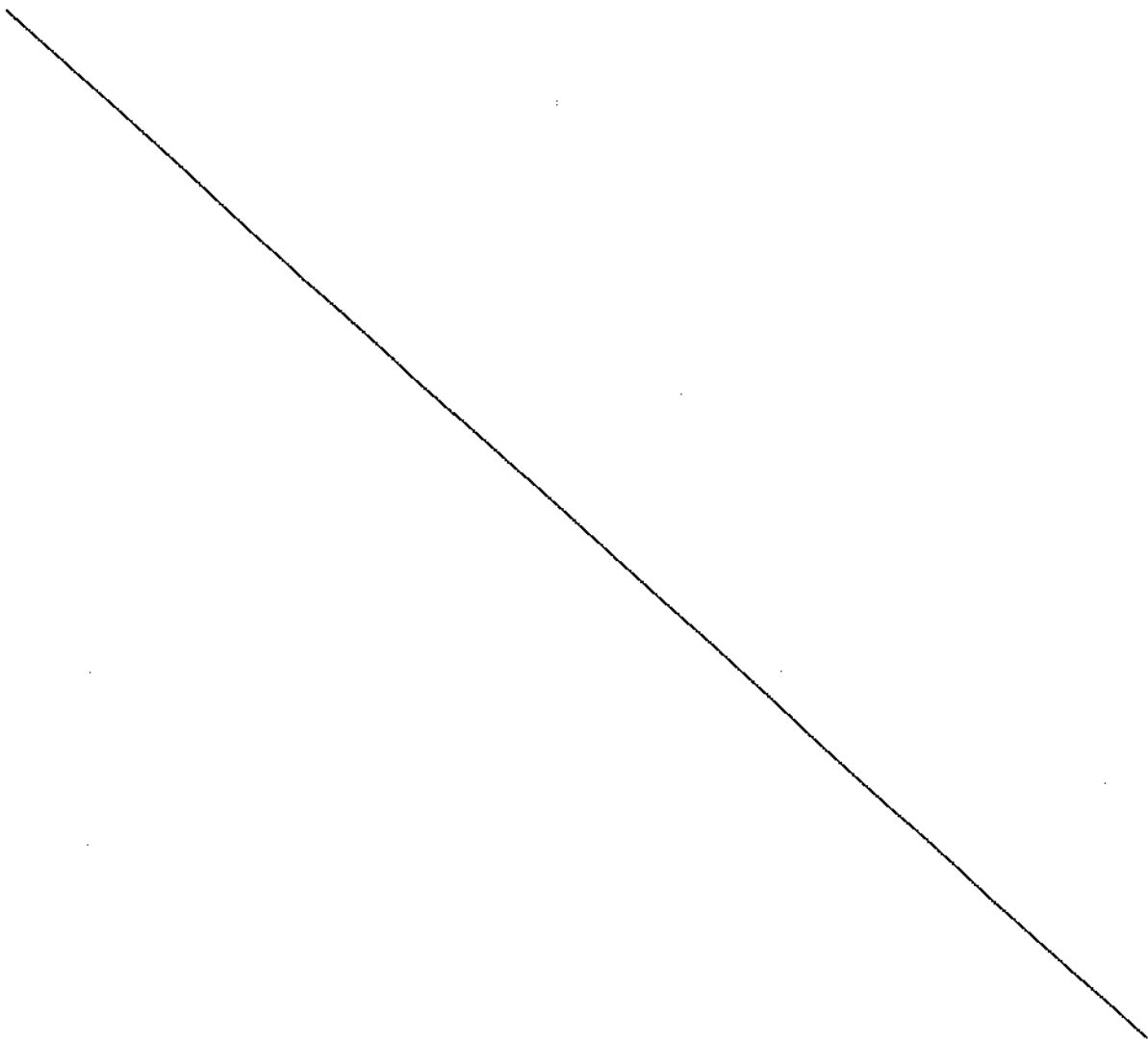
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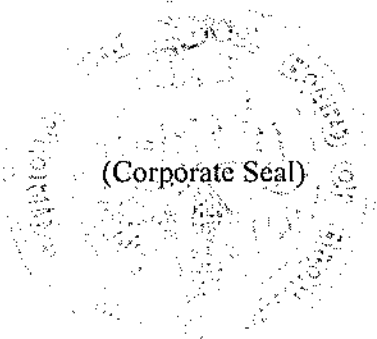
In case of any other doubts or difference of opinion, the decision of SBBC shall be final and binding on both parties.

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**

THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

By *Nora Rupert*  
Nora Rupert, Chair

ATTEST:

*Robert W. Runcie*  
Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

*[Signature]* 07/10/10  
Office of the General Counsel

FOR COMPBENEFITS

(Corporate Seal)

COMPBENEFITS COMPANY AND  
COMPBENEFITS INSURANCE COMPANY

ATTEST:

By [Signature]  
Signature

\_\_\_\_\_  
, Secretary

Printed Name: Richard D. Remmers

-or-

Title: Vice President, Group Segment

William A. Star  
Witness

Elizabeth Zummach  
Witness

STATE OF Kentucky

COUNTY OF Jefferson

The foregoing instrument was acknowledged before me this 5<sup>th</sup> 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

Elizabeth Jagger Davis  
Signature - Notary Public

Elizabeth Jagger Davis  
Printed Name of Notary

549596  
Notary's Commission No.

(SEAL)



**FIRST AMENDMENT TO  
AGREEMENT**

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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

**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.

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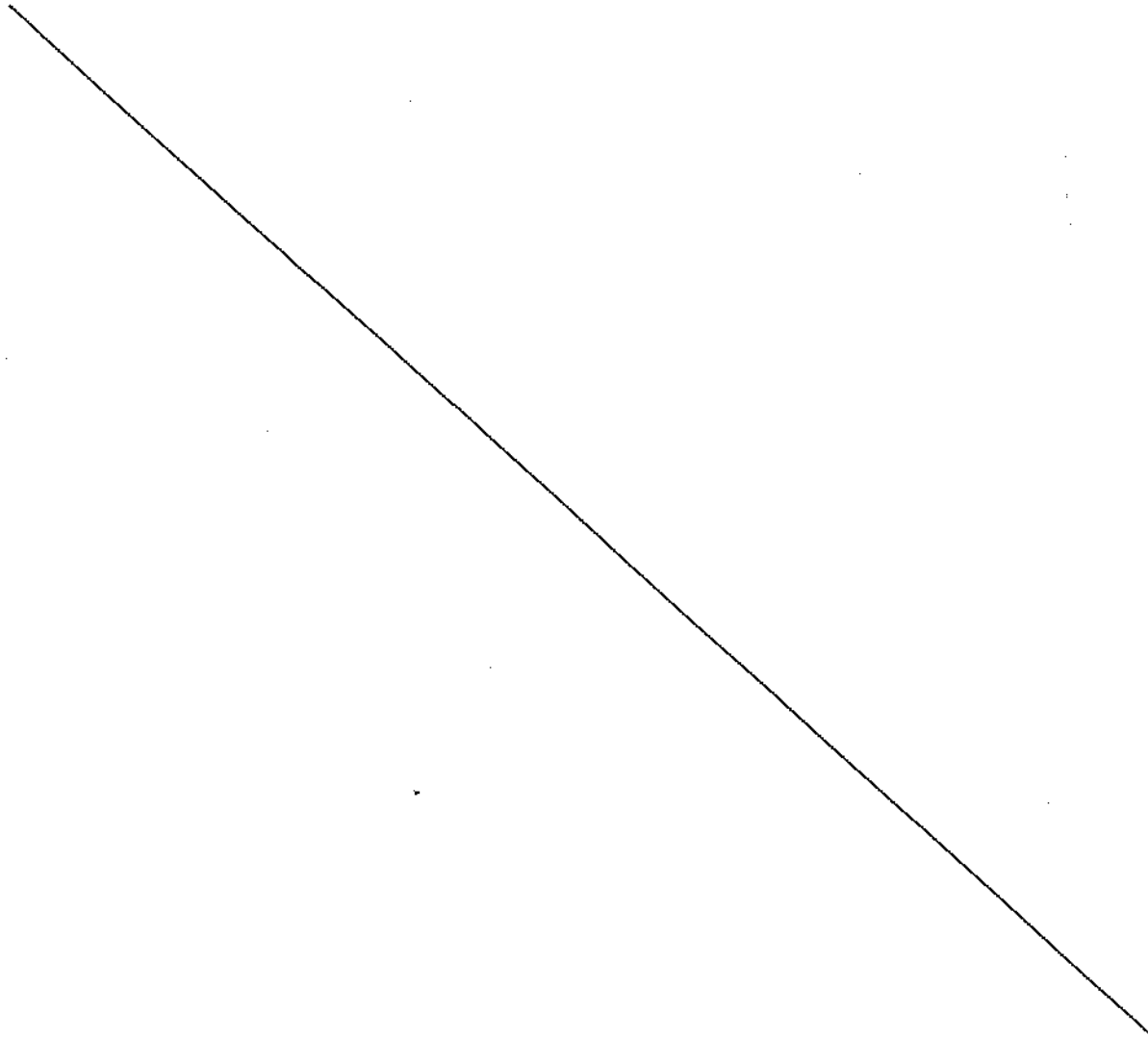
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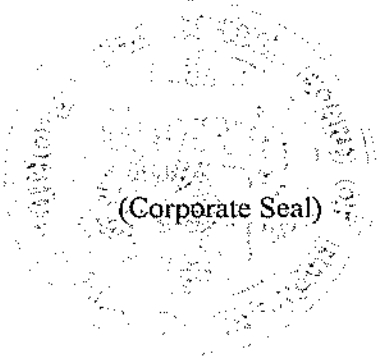
In case of any other doubts or difference of opinion, the decision of SBBC shall be final and binding on both parties.

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





(Corporate Seal)

FOR SBBC

THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

By Nora Rupert  
Nora Rupert, Chair

ATTEST:

Robert W. Runcie  
Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

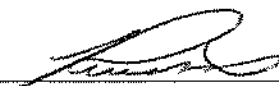
[Signature] 07/10/13  
Office of the General Counsel

FOR COMPBENEFITS

(Corporate Seal)

COMPBENEFITS COMPANY AND  
COMPBENEFITS INSURANCE COMPANY

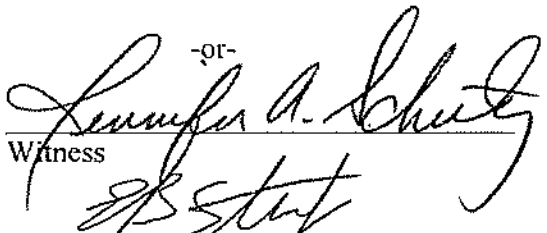
ATTEST:

By   
Signature

\_\_\_\_\_  
, Secretary

Printed Name: Richard D. Remmers

Title: Vice President, Group Segment

  
-or-  
Witness

\_\_\_\_\_  
Witness

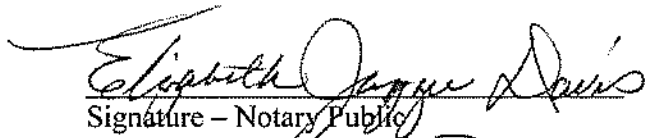
STATE OF KENTUCKY

COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me this 16<sup>th</sup> 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

Elizabeth Jagger Davis  
Printed Name of Notary

549596  
Notary's Commission No.

(SEAL)

# FIRST AMENDMENT TO AGREEMENT

**THIS FIRST AMENDMENT TO AGREEMENT** is made and entered into as of this 21<sup>st</sup> day of August, 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

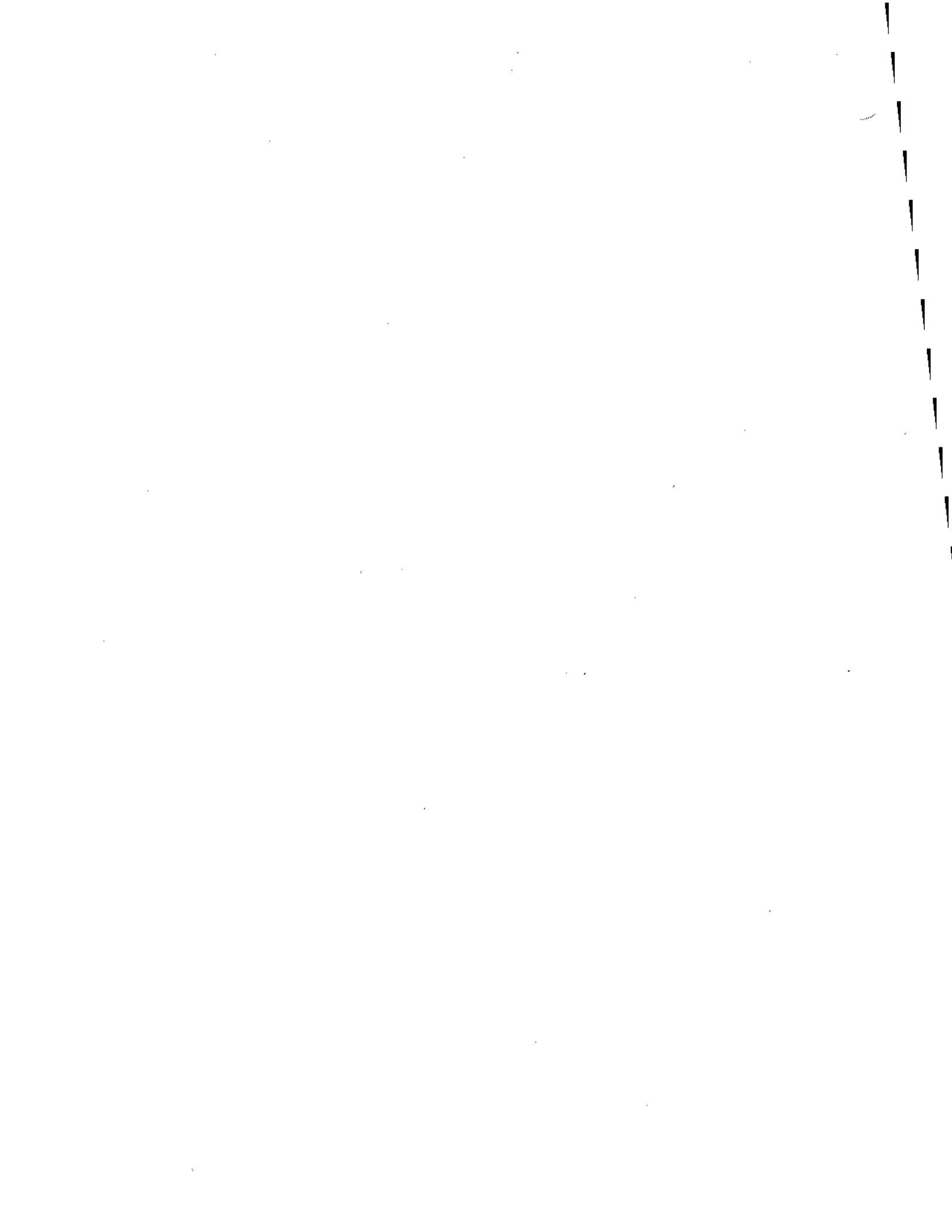
**WHEREAS**, SBBC issued a Request for Proposal identified as RFP 17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees, dated, March 11, 2016 and amended by Addendum Number One dated, March 24, 2016 and Addendum Number Two dated, March 30, 2016 (herein referred to as '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

**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:



# FIRST AMENDMENT TO AGREEMENT

**THIS FIRST AMENDMENT TO AGREEMENT** is made and entered into as of this 21<sup>st</sup> day of AUGUST, 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

**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).

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

	<b>DHMO Basic</b>	<b>DHMO Enhanced</b>	<b>PPO Basic</b>	<b>PPO Enhanced</b>
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

4.01 **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:

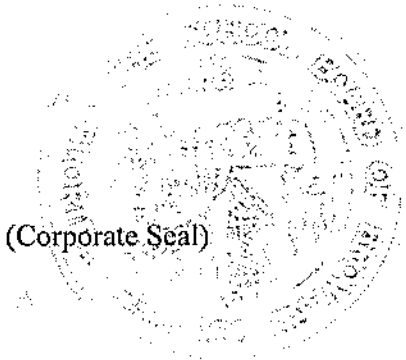
- a) This First Amendment to Agreement; then
- b) The Agreement dated, July 26, 2016; then
- c) Addendum Number Two dated, March 30, 2016; then
- d) Addendum Number One dated, March 24, 2016; then
- e) RFP 17-010V – “Group Dental Insurance and Group Vision Insurance for School Board Employees; then
-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

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

6.01 **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.



(Corporate Seal)

**FOR SBBC**

THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

By Nora Rupert  
Nora Rupert, Chair

ATTEST:

Robert W. Runcie  
Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

[Signature] 07/11/16  
Office of the General Counsel

**FOR METLIFE**

(Corporate Seal)

Metropolitan Life Insurance Company

ATTEST:

By [Signature]  
Signature

\_\_\_\_\_  
, Secretary

Printed Name: Michael McDermott

Title: Vice-President

-or-  
[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

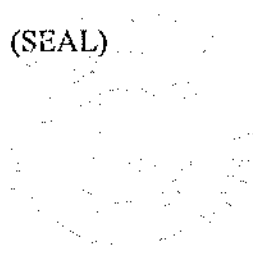
Metropolitan Life Ins. Co. on behalf of the corporation/agency. He/She is personally known to me or produced Drivers license as identification and did/did not first take an oath. Type of Identification

My Commission Expires: 4-19-2019

Cynthia B. Preis  
Signature - Notary Public

Cynthia B. Preis  
Printed Name of Notary

W-00241619  
Notary's Commission No.





# AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MEETING DATE Jul 26 2016 10:15AM - Regular School Board Meeting

Special Order Request  
 Yes  No

ITEM No.:  
EE-7.

AGENDA ITEM OPEN ITEMS

Time

CATEGORY EE. OFFICE OF STRATEGY & OPERATIONS

DEPARTMENT Procurement & Warehousing Services

Open Agenda  
 Yes  No

TITLE:  
Recommendation of \$500,000 or Greater - 17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees

REQUESTED ACTION:  
Approve the recommendation to award the above Request for Proposal (RFP). Contract Term: January 1, 2017, through December 31, 2019, 3 Years; User Department: Benefits and Employment Services; Award Amount: \$27,000,000; Awarded Vendor(s): CompBenefits Company and CompBenefits Insurance Company (Humana, Inc.) and Metropolitan Life Insurance Company (Dental), Aetna Life Insurance Company and Humana, Inc. (Vision); Minority/Women Business Enterprise Vendor(s): None

SUMMARY EXPLANATION AND BACKGROUND:  
The School Board of Broward County, Florida, received responses from four (4) proposals in response to RFP.17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees. Aetna Life Insurance Company (Aetna), CompBenefits Company and CompBenefits Insurance Company (Humana, Inc.), Metropolitan Life Insurance Company, and Solstice Benefits, Inc. (Solstice). The awarded vendors will provide dental or vision services for both basic and enhanced options.  
A copy of the RFP documents are available online at:  
<http://www.broward.k12.fl.us/supply/agenda/17-010V-RFP-GroupDentalInsurance&Visioninsurance-SchoolBoardEmployees.pdf>  
These 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:  
The estimated financial impact to the District will be \$27,000,000. The funding source will come from the Fringe Benefits Clearing Account. The financial impact represents an estimated contract value however, the amount authorized will not exceed the bid award amount.

EXHIBITS: (List)  
(1) Continuation of Summary Explanation and Background (2) Executive Summary (3) Agreements-2-Vision (4) Agreements-2-Dental (5) Recommendation Tabulation

BOARD ACTION:  
**APPROVED**  
(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:  
Name: Dr. Dildra Ogburn Phone: 754-321-3100  
Name: Mary C. Coker Phone: 754-321-0501

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

Maurice L. Woods - Chief Strategy & Operations Officer

Approved In Open Board Meeting on:

JUL 26 2016

Signature  
Maurice Woods  
7/18/2016, 2:04:05 PM

By: *[Signature]*  
School Board Chair