



AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

ITEM No.:
EE-2.

MEETING DATE	2020-09-01 10:05 - School Board Operational 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:
Recommendation to Approve Third Amendments to Agreements - 17-010V - Group Dental Insurance and Group Vision Insurance for School Board Employees.

REQUESTED ACTION:
Approve the Third Amendments and Second Renewals for the above-referenced Request for Proposal (RFP) for Aetna Life Insurance Company, CompBenefits Company and CompBenefits Insurance Company, and Metropolitan Life Insurance Company. Contract Renewal Term: January 1, 2021 through December 31, 2021, One (1) Year; User Department: Benefits and Employment Services; Additional Spending Request: \$5,800,000; New Award Amount: \$38,200,000; Awarded Vendor(s): See Above; Small/Minority/Women Business Enterprise Vendor(s): None.

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, Agenda Item EE-7. The term of the initial contract period was January 1, 2017 through December 31, 2019, with an option for two (2) one (1) year renewals. This request is to approve the Third Amendments to Agreements and the Second Contract Renewal for the term, as stated in the Requested Action. The Third Amendments to the Agreements have been reviewed and approved as to form and legal content by the Office of the General Counsel. A copy of the Original Executed Documents are available online at: http://www.broward.k12.fl.us/supply/agenda/17_010V_OriginalExecutedDocuments.pdf A copy of the RFP is available online at: http://www.broward.k12.fl.us/supply/agenda/RFP_17-010V_GroupDentalInsuranceandVisionInsuranceforSchoolBoardEmployees.pdf

SCHOOL BOARD GOALS:
 Goal 1: High Quality Instruction Goal 2: Safe & Supportive Environment Goal 3: Effective Communication

FINANCIAL IMPACT:
The estimated financial impact to the District for 2021 is \$5,800,000. The contract award amount was \$32,400,000. This request is to increase the spending authority by \$5,800,000, bringing the new contract value to \$38,200,000. The reduction in both the Dental and Vision Rates for 2021 is projected to yield an approximate annual savings of \$188,245 for the District and \$700,658 for employees. The funding for this RFP will come from the Fringe Benefits Clearing Account. The financial impact amount represents an estimated contract value; however, the amount authorized will not exceed the estimated contract award

EXHIBITS: (List)
(1) Executive Summary (2) Financial Analysis Worksheet (3) Third Amendment to Agreements-3 (4) Recommendation Tabulation 7-26-2016 (5) Supplier Evaluations-3

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
8/24/2020, 11:06:44 AM

Approved In Open Board Meeting On: **SEP 01 2020**
By: *Dana Han*
School Board Chair

EXECUTIVE SUMMARY

Recommendation to Approve Third Amendments to Agreements 17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees

Introduction

Responsible: Procurement & Warehousing Services (PWS)

This request is to approve the Third Amendment to the agreements for Aetna (Vision), CompBenefits (Dental & Vision), and Metropolitan Life Insurance Company (Dental). The contract renewal period is January 1, 2021 through December 31, 2021. This Request For Proposal (RFP) was approved at the School Board Operational Meeting on July 26, 2016, with a spending authority of \$27,000,000 and a contract term of three (3) years from January 1, 2017 through December 31, 2019, with a renewal option for two (2) additional one (1) year periods. A request for additional spending authority of \$5,400,000 was approved at the School Board Operational Meeting of July 23, 2019.

The additional Spending Authority being requested is \$5,800,000.

Goods/Services Description

Responsible: Benefits

Aetna, CompBenefits, and Metropolitan Life are leading providers of insurance products and other financial services. Through their subsidiaries and affiliates, these organizations collectively offer a suite of products spanning life, health, dental, and vision, as well as provides and utilizes data and best practices to offer recommendations to employers, which could enrich their benefits plans.

Procurement Method

Responsible: PWS

The procurement method chosen was through a competitive solicitation, which is required by Purchasing Policy 3320, Part II, Rule D, and Florida Administration Code 6A-1.012(7).

On March 11, 2016, Procurement & Warehousing Services released RFP 17-010V – Group Dental Insurance and Group Vision Insurance for School Board Employees. Proposals were received from the following companies:

1. Aetna Life Insurance Company
2. CompBenefits Company and CompBenefits Insurance Company (Humana, Inc.)
3. Metropolitan Life Insurance Company (MetLife) and,
4. Solstice Benefits, Inc.

Prior to the review and evaluation of the vision proposals from the above-noted Carriers, the Benefits Consultants, Gallagher Benefit Services, Inc., informed the Superintendent's Insurance & Wellness Advisory Committee (SIWAC) that one (1) of the Vision Proposers, Solstice Benefits, Inc. should be found non-responsive for failure to meet the requirements of Section 4.2.3 of the RFP and should not be evaluated by the SIWAC.

Recommendation to Approve Third Amendments to Agreements

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

September 1, 2020 Board Meeting

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Procurement Method (Continued)

Responsible: PWS

A motion was made, seconded, and passed unanimously by the SIWAC to find Solstice Benefits, Inc., non-responsive for the reasons noted above.

The SIWAC evaluated the remaining proposals during its public meeting on Friday, May 20, 2016, based on Experience and Qualifications, Scope of Services, Cost of Services, and Small/Minority/Women Business Enterprise. As a result of the evaluation and subsequent negotiations, the Committee voted to recommend to the Superintendent of Schools the following awards:

GROUP DENTAL:

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

GROUP VISION:

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

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 (CompBenefits)
Metropolitan Life Insurance Company (MetLife)

GROUP VISION

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

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

Financial Impact

Responsible: PWS and Benefits

The estimated financial impact to the District for 2021 is approximately \$5,800,000. The reduction in both the Dental and Vision Rates for 2021 is projected to yield an approximate annual savings of \$188,245 for the District and \$700,658 for employees. The funding for this RFP will come from the Fringe Benefits Clearing Account. The financial impact amount represents an estimated contract value; however, the amount authorized will not exceed the estimated contract award amount.

**Recommendation to Approve Third Amendments to Agreements
 17-010V – Group Dental Insurance and Group Vision Insurance for School Board
 Employees
 September 1, 2020 Board Meeting
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Financial Impact Table:

Action	Date	Term (years)	Amount
Original Award/Spending Authority Requested	7/26/2016	3	\$27,000,000
1 st Renewal/Additional Spending Request	7/23/2019	1	\$5,400,000
2 nd Renewal/Additional Spending Request	9/1/2020	1	\$5,800,000
New Total Contract Amount		5	\$38,200,000

2021 RENEWALS:

On May 13, 2020, the Superintendent’s Insurance & Wellness Advisory Committee held its annual contract renewal meeting. The results of the Dental and Vision negotiations are as follows:

GROUP DENTAL

COMPBENEFITS

For 2021 CompBenefits originally proposed flat rates; however, during negotiations, CompBenefits agreed to a ten (10) percent rate reduction on both the Basic and Enhanced DHMO plan rates, as well as a three (3) percent rate reduction on both the Basic and Enhanced PPO Dental plan rates for 2021. The SIWAC voted unanimously to recommend approval of CompBenefits’ second one (1) year renewal option to the Superintendent of Schools.

Listed below are the 2020 and 2021 rate comparisons for CompBenefits Dental coverage.

	COMPBENEFITS - DHMO				COMPBENEFITS - PPO			
	BASIC		ENHANCED		BASIC		ENHANCED	
	2020 RATES	2021 RATES	2020 RATES	2021 RATES	2020 RATES	2021 RATES	2020 RATES	2021 RATES
Employee Only	\$8.32	\$7.50	\$10.22	\$9.20	\$33.06	\$32.06	\$39.22	\$38.04
Employee + 1	\$14.40	\$12.96	\$18.60	\$16.74	\$59.82	\$58.02	\$75.14	\$72.88
Employee + Family	\$19.32	\$17.40	\$25.02	\$22.52	\$89.50	\$86.80	\$117.54	\$114.00
Dual Spouse	\$11.00	\$9.90	\$14.82	\$13.32	\$59.82	\$58.02	\$75.14	\$72.88

METLIFE

For 2021 MetLife originally proposed flat rates; however, during negotiations, MetLife agreed to a five-point six (5.6) percent rate reduction for both its Basic and Enhanced DHMO and PPO Dental plan rates. The SIWAC voted unanimously to recommend approval of MetLife’s second one (1) year renewal option to the Superintendent of Schools.

Listed below are the 2020 and 2021 rate comparisons for MetLife Dental coverage.

**Recommendation to Approve Third Amendments to Agreements
 17-010V – Group Dental Insurance and Group Vision Insurance for School Board
 Employees
 September 1, 2020 Board Meeting
 Page 4 of 5**

**Financial Impact (Continued)
 Responsible: PWS and Benefits**

	METLIFE - DHMO				METLIFE - PPO			
	BASIC		ENHANCED		BASIC		ENHANCED	
	2020 RATES	2021 RATES	2020 RATES	2021 RATES	2020 RATES	2021 RATES	2020 RATES	2021 RATES
Employee Only	\$10.76	10.16	\$14.50	13.68	\$41.30	38.98	\$50.88	48.02
Employee + 1	\$18.44	17.40	\$25.04	23.64	\$82.68	78.04	\$101.84	96.14
Employee + Family	\$25.00	23.60	\$33.62	31.74	\$127.34	120.20	\$177.16	167.24
Dual Spouse	\$14.20	\$13.40	\$19.28	\$18.20	\$72.32	\$68.26	\$89.06	\$84.06

Please note: In accordance with Collective Bargaining Agreement provisions, the School 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

On May 13, 2020, the SIWAC held its annual contract renewal meeting.

For 2021 CompBenefits originally proposed flat rates; however, during negotiations, CompBenefits offered a ten (10) percent rate reduction for its Basic Vision Plan rates and a five (5) percent rate reduction of its Enhanced Vision Plan rates. The SIWAC voted unanimously to recommend approval of CompBenefits' second one (1) year renewal option to the Superintendent of Schools.

Listed below are the 2020 and 2021 rate comparisons for CompBenefits Vision coverage.

	COMPBENEFITS - VISION			
	BASIC		ENHANCED	
	2020 RATES	2021 RATES	2020 RATES	2021 RATES
Employee Only	\$3.46	\$3.12	\$4.96	\$4.72
Employee + 1	\$8.40	\$7.56	\$11.96	\$11.38
Employee + Family	\$14.36	\$12.94	\$20.50	\$19.48

**Recommendation to Approve Third Amendments to Agreements
 17-010V – Group Dental Insurance and Group Vision Insurance for School Board
 Employees
 September 1, 2020 Board Meeting
 Page 5 of 5**

**Financial Impact (Continued)
 Responsible: PWS and Benefits**

Aetna Life Insurance Company

For 2021 Aetna originally proposed flat rates; however, during negotiations, Aetna offered a three (3) percent rate reduction of both its Basic and Enhanced Vision Plan rates. The SIWAC voted unanimously to recommend approval of Aetna’s second one (1) year renewal option to the Superintendent of Schools.

Listed below are the 2020 and 2021 rate comparisons for Aetna Vision coverage.

	AETNA - VISION			
	BASIC		ENHANCED	
	2020 RATES	2021 RATES	2020 RATES	2021 RATES
Employee Only	\$3.48	\$3.38	\$5.84	\$5.66
Employee + 1	\$7.72	\$7.48	\$12.90	\$12.50
Employee + Family	\$13.20	\$12.80	\$22.12	\$21.46

Upon approval of this Board Item, benefit-eligible employees will continue to have a choice of quality Dental and Vision plans.

**THIRD AMENDMENT TO
AGREEMENT**

September **THIS THIRD AMENDMENT TO AGREEMENT** is made and entered into as of this 15th day of September, 2020, 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, SBBC and Aetna entered into a First Amendment to Agreement dated, August 21, 2018 for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 17-010V; and

WHEREAS, SBBC and Aetna entered into a Second Amendment to Agreement dated, July 23, 2019 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.** The July 26, 2016 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Premiums.** The monthly premium rates for the period January 1, 2021 through December 31, 2021 are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$3.38	\$5.66
Employee Plus One	\$7.48	\$12.50
Employee Plus Family	\$12.80	\$21.46

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:

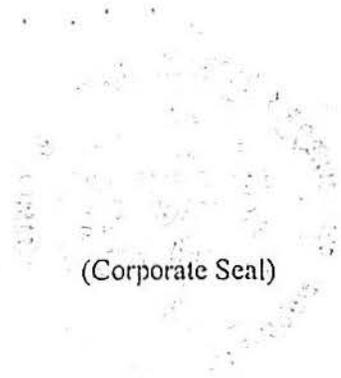
- a) This Third Amendment to Agreement;
- b) The Second Amendment to Agreement, dated July 23, 2019; then
- c) The First Amendment to Agreement, dated August 21, 2018; then
- d) The Agreement dated, July 26, 2016; then
- e) Addendum Number Two, dated March 30, 2016; then
- f) Addendum Number One, dated March 24, 2016; then
- g) RFP 17-010V – “Group Dental Insurance and Group Vision Insurance for School Board Employees; then
- h) 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.

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 Third Amendment to Agreement on behalf of either Party individually warrants that he or she has full legal power to execute this Third 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 Third Amendment to Agreement.

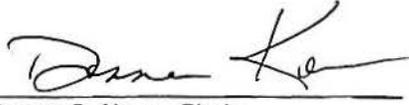
IN WITNESS WHEREOF, the Parties hereto have made and executed this Third Amendment to Agreement on the date first above written.



(Corporate Seal)

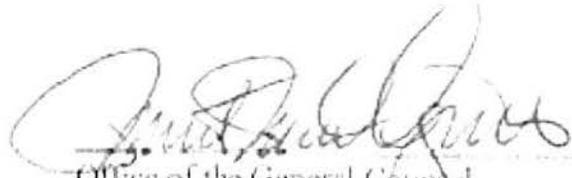
FOR SBBC

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By 
Donna P. Korn, Chair

ATTEST:


Robert W. Runcie, Superintendent of Schools


Office of the General Counsel

FOR AETNA

(Corporate Seal)

ATTEST:

, Secretary

Aetna Life Insurance Company

By Cathy Aguirre
Signature

Printed Name: Cathy Aguirre
Title: Aetna-Market Head,
Public and Labor Segment Florida

-or-

Kelsey Burner
Witness

Killian Vieg
Witness

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 13 day of July, 2020 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.

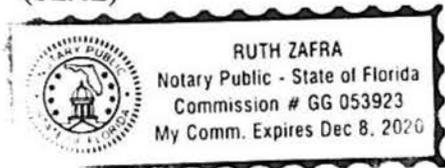
My Commission Expires:

Ruth Zafra
Signature - Notary Public

Ruth Zafra
Printed Name of Notary

December 8, 2020
Notary's Commission No.

(SEAL)



THIRD AMENDMENT TO AGREEMENT

1st **THIS THIRD AMENDMENT TO AGREEMENT** is made and entered into as of this day of September, 2020, 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, SBBC and COMPBENEFITS entered into a First Amendment to Agreement dated August 21, 2018 for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 17-010V; and

WHEREAS, SBBC and COMPBENEFITS entered into a Second Amendment to Agreement dated July 23, 2019 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.** The July 26, 2016 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Premiums.** The monthly premium rates for the period January 1, 2021 through December 31, 2021 are listed below:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
Employee Only	\$3.12	\$4.72
Employee Plus One	\$7.56	\$11.38
Employee Plus Family	\$12.94	\$19.48

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:

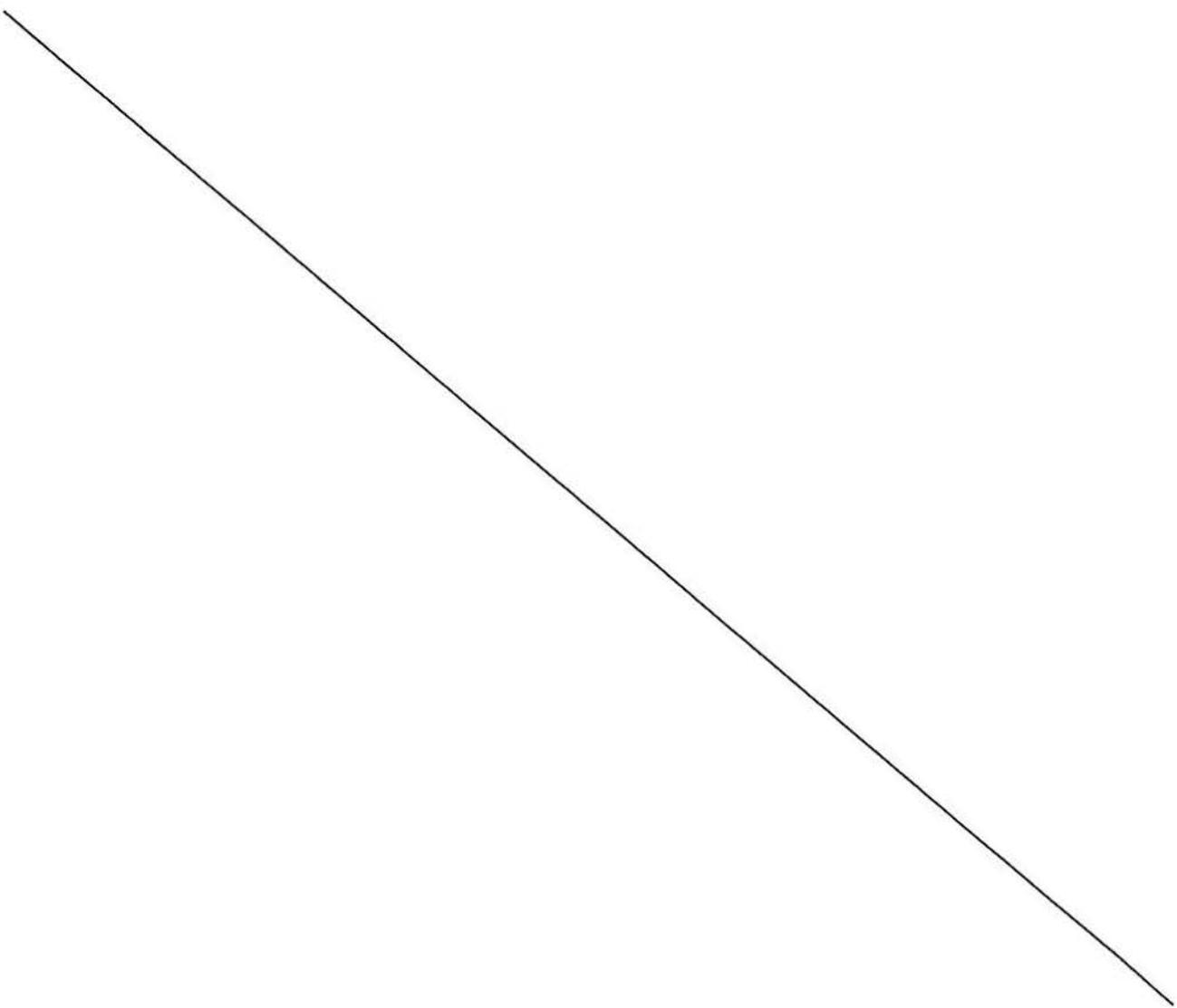
- a) This Third Amendment to Agreement; then
- b) The Second Amendment to Agreement dated, July 23, 2019; then
- c) The First Amendment to Agreement dated, August 21, 2018; then
- d) The Agreement dated, July 26, 2016; then
- e) Addendum Number Two, dated March 30, 2016; then
- f) Addendum Number One, dated March 24, 2016; then
- g) RFP 17-010V – “Group Dental Insurance and Group Vision Insurance for School Board Employees; then
- h) 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.

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 Third Amendment to Agreement on behalf of either Party individually warrants that he or she has full legal power to execute this Third 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 Third Amendment to Agreement.

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

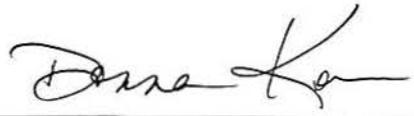




(Corporate Seal)

FOR SBBC

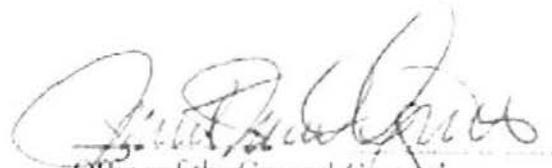
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By 
Donna P. Korn, Chair

ATTEST:


Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:


Office of the General Counsel

FOR COMPBENEFITS

(Corporate Seal)

COMPBENEFITS COMPANY AND
COMPBENEFITS INSURANCE COMPANY

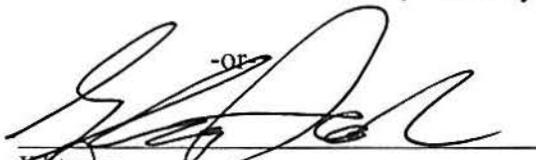
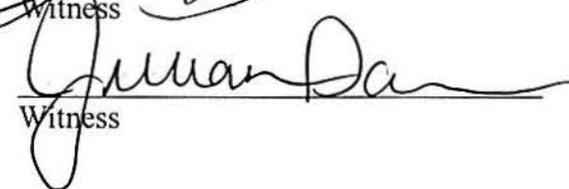
ATTEST:

By 
Signature

, Secretary

Printed Name: Richard D. Remmers

Title: Senior Vice President, Group Segment


-or-
Witness

Witness

STATE OF Kentucky

COUNTY OF Jefferson

The foregoing instrument was acknowledged before me this 14th day of July, 2020 by Richard Remmers
Name of Person of
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: March 8, 2024


Signature - Notary Public

(SEAL)

Elizabeth Jagger Davis
Printed Name of Notary

KYNP1546
Notary's Commission No.

THIRD AMENDMENT TO AGREEMENT

1st **THIS THIRD AMENDMENT TO AGREEMENT** is made and entered into as of this day of September, 2020, 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, SBBC and METLIFE entered into a First Amendment to Agreement dated, August 21, 2018 for Group Dental Insurance and Group Vision Insurance for School Board Employees under RFP 17-010V; and

WHEREAS, SBBC and METLIFE entered into a Second Amendment to Agreement dated, July 23, 2019 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.** The July 26, 2016 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Premiums.** The monthly premium rates for the period January 1, 2021 through December 31, 2021 are listed below:

	DHMO Basic	DHMO Enhanced	PPO Basic	PPO Enhanced
Employee Only	\$10.16	\$13.68	\$38.98	\$48.02
Employee Plus One	\$17.40	\$23.64	\$78.04	\$96.14
Employee Plus Family	\$23.60	\$31.74	\$120.20	\$167.24
Dual Spouse	\$13.40	\$18.20	\$68.26	\$84.06

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:

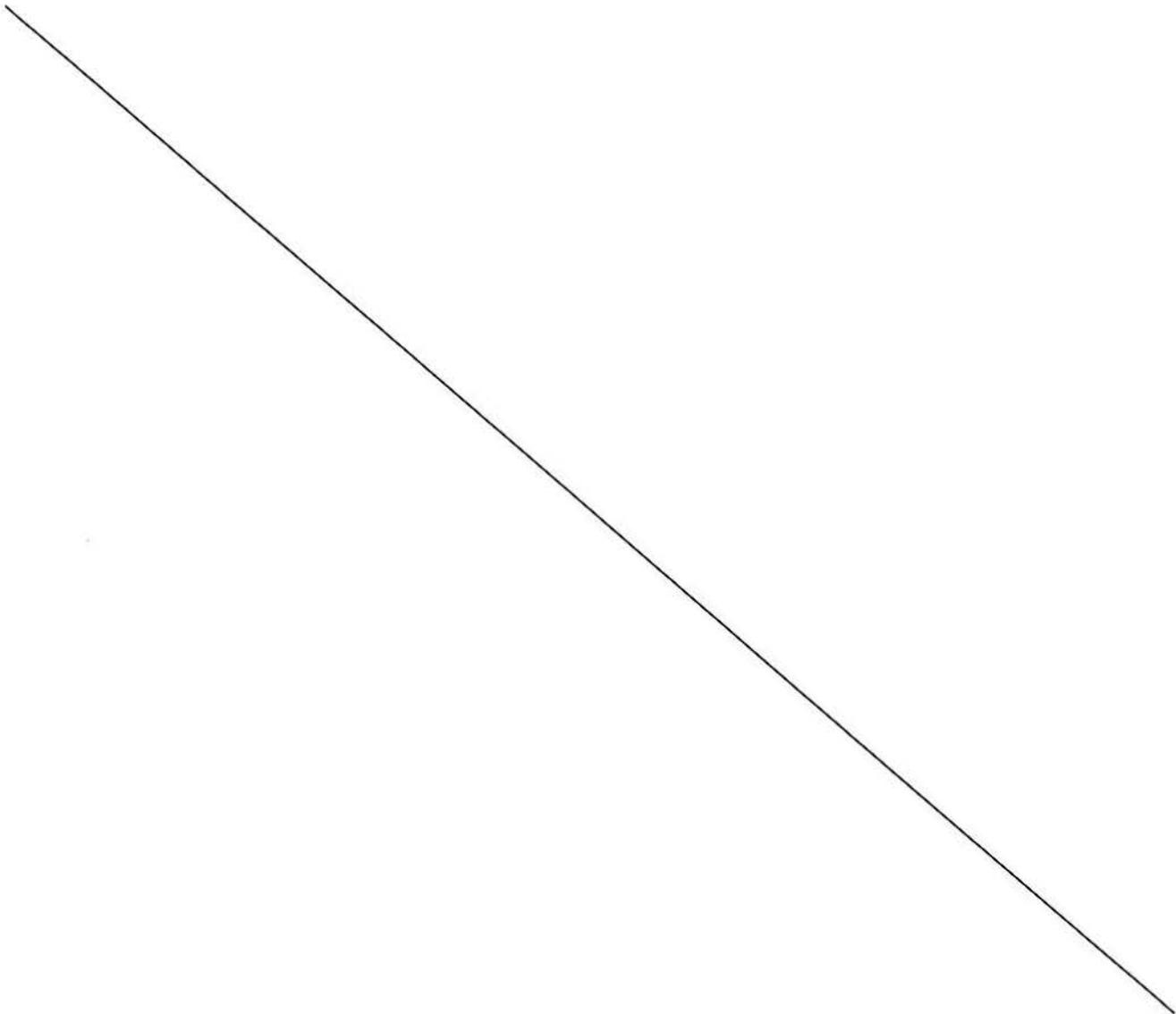
- a) This Third Amendment to Agreement; then
- b) The Second Amendment to Agreement dated July 23, 2019; then
- c) The First Amendment to Agreement dated, August 21, 2018; then
- d) The Agreement dated, July 26, 2016; then
- e) Addendum Number Two dated, March 30, 2016; then
- f) Addendum Number One dated, March 24, 2016; then
- g) RFP 17-010V – “Group Dental Insurance and Group Vision Insurance for School Board Employees; then
- h) 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 Third Amendment to Agreement on behalf of either Party individually warrants that he or she has full legal power to execute this Third 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 Third Amendment to Agreement.

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



FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By Donna Korn
Donna P. Korn, Chair

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

Approved as to Form and Legal Content:

[Signature]
Office of the General Counsel

FOR METLIFE

(Corporate Seal)

Metropolitan Life Insurance Company

ATTEST:

By Brian Blackburn
Signature

, Secretary

Printed Name: Brian Blackburn

Title: Vice President

-or-

[Signature]
Witness

[Signature]
Witness

STATE OF Georgia

COUNTY OF Fulton

The foregoing instrument was acknowledged before me this 17 day of July, 2020 by Brian Blackburn of _____
Name of Person

_____ on behalf of the corporation/agency. He/She is personally known to me or produced Georgia DL 049961928 as identification and did/did not first take an oath.
Type of Identification

My Commission Expires: May 11, 2024 [Signature]
Signature - Notary Public

(SEAL)



Luis Sandoval
Printed Name of Notary

Notary's Commission No.

The School Board of Broward County, Florida
Procurement & Warehousing Services

ITB / RFP No.:	<u>17-010V</u>	Tentative Board Meeting Date*:	<u>JULY 26, 2016</u>
Description:	<u>GROUP DENTAL INSURANCE AND GROUP VISION INSURANCE FOR SCHOOL BOARD EMPLOYEES</u>	Notified:	<u>553</u> Downloaded: <u>22</u>
		ITB / RFP Rec'd:	<u>4</u> No. Bids: <u>0</u>
For:	<u>BENEFITS & EMPLOYMENT SERVICES</u> (School/Department)	ITB / RFP Opening:	<u>APRIL 15, 2016</u>
Fund:	<u>FRINGE BENEFITS CLEARING ACCOUNT</u>	Advertised Date:	<u>MARCH 11, 2016</u>
		Award Amount:	<u>\$27,000,000</u>

POSTING OF ITB / RFP RECOMMENDATION/TABULATION: ITB / RFP Recommendations and Tabulations will be posted in the Procurement & Warehousing Services and www.Demandstar.com on MAY 25, 2016 @ 3:00 pm and will remain posted for 72 hours. Any person who is adversely affected by the decision or intended decision shall file a notice of protest, in writing, within 72 hours after the posting of the notice of decision or intended decision. The formal written protest shall be filed within ten (10) days after the date the notice of protest is filed. Failure to file a notice of protest or failure to file a formal written protest shall constitute a waiver of proceedings under this chapter. Section 120.57(3)(b), Florida Statutes, states that "The formal written protest shall state with particularity the facts and law upon which the protest is based." Saturdays, Sundays, state holidays and days during which the District is closed shall be excluded in the computation of the 72-hour time period provided. Filings shall be at the office of the Director of Procurement & Warehousing Services, 7720 West Oakland Park Boulevard, Suite 323, Sunrise, Florida 33351. Any person who files an action protesting an intended decision shall post with the School Board, at the time of filing the formal written protest, a bond, payable to The School Board of Broward County, Florida, (SBBC), in an amount equal to one percent (1%) of the estimated value of the contract. Failure to post the bond required by SBBC Policy 3320, Part VIII, Purchasing Policies, Section N, within the time allowed for filing a bond shall constitute a waiver of the right to protest.

(*) The Cone of Silence, as stated in the ITB / RFP, is in effect until this ITB / RFP is approved by SBBC. The Board meeting date stated above is tentative. Confirm with the Purchasing Agent of record for the actual date the Cone of Silence has concluded.

RECOMMENDATION TABULATION

BASED UPON THE RECOMMENDATION OF THE SUPERINTENDENT'S INSURANCE ADVISORY COMMITTEE (SIAC), IT IS RECOMMENDED THAT THE FOLLOWING LISTED PROPOSERS BE RECOMMENDED FOR AWARD OF CONTRACTS FOR GROUP DENTAL INSURANCE AND GROUP VISION INSURANCE FOR SCHOOL BOARD EMPLOYEES.

VENDOR

COVERAGE

DENTAL

COMPBENEFITS COMPANY AND COMPBENEFITS INSURANCE COMPANY (HUMANA, INC.)

DHMO – MATCHED, BASIC PLAN, DUAL CARRIER
DHMO – MATCHED, ENHANCED PLAN, DUAL CARRIER

PPO – MATCHED, BASIC PLAN, DUAL CARRIER
PPO – MATCHED, ENHANCED PLAN, DUAL CARRIER

METROPOLITAN LIFE INSURANCE COMPANY (METLIFE)

DHMO – MATCHED, BASIC PLAN, DUAL CARRIER
DHMO – MATCHED, ENHANCED PLAN, DUAL COVERAGE

PPO – MATCHED, BASIC PLAN, DUAL CARRIER
PPO – MATCHED, ENHANCED PLAN, DUAL COVERAGE

VISION

COMPBENEFITS COMPANY AND COMPBENEFITS INSURANCE COMPANY (HUMANA, INC.)

BASIC VISION PLAN, DUAL CARRIER
ENHANCED PLAN, DUAL CARRIER

AETNA LIFE INSURANCE COMPANY (AETNA)

BASIC VISION PLAN, DUAL CARRIER
ENHANCED PLAN, DUAL CARRIER

ADDITIONALLY, IT IS RECOMMENDED THAT THE PROPOSAL RECEIVED FROM SOLSTICE BENEFITS FOR VISION INSURANCE BE REJECTED FOR FAILURE TO COMPLY WITH SECTION 4.2.3, MINIMUM ELIGIBILITY OF THE RFP.

CONTRACT PERIOD: JANUARY 1, 2017 THROUGH DECEMBER 31, 2019.

By: Charles D. High Digitally Signed

Date: 5/25/2016

(Purchasing Agent)

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender expression, national origin, marital status, race, religion, sex or sexual orientation. Individuals who wish to file a discrimination complaint, may call the Executive Director, Benefits & EEO Compliance at 754-321-2150 or Teletype Machine (TTY) at 754-321-2158.

Individuals with disabilities requesting accommodations under the Americans with Disabilities Act (ADA) may call the Equal Educational Opportunities (EEO) at 754-321-2150 or Teletype Machine (TTY) at 754-321-2158.



PROCUREMENT & WAREHOUSING SERVICES
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

The purpose of this evaluation form is to rate a supplier's performance. 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 forms to:
Procurement & Warehousing Services Department (TSSC Building)
7720 West Oakland Park Boulevard, Suite 323
Sunrise, Florida 33351

For assistance with this form contact us at
(754) 321-0505 or [CLICK HERE](#) to send us an email (include the words Supplier/Product Evaluation Form in the subject)

GENERAL INFORMATION

Bid #: 17-010V Bid Title: Group Dental and Group Vision Insurance for School Board Employees
Purchase Order #: Product/Service Provided: Dental and Vision Insurance
Supplier (Company) Name: AETNA
Contact Name: Dr. Dildra Martin-Ogburn Contact Phone #: (759) 321 - 3111

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

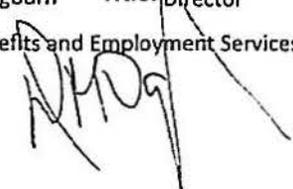
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100
School/Department: Benefits and Employment Services
Participant's Signature:  Date: 07/30/2020



PROCUREMENT & WAREHOUSING SERVICES
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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Sunrise, Florida 33351

For assistance with this form contact us at
(754) 321-0505 or [CLICK HERE](#) to send us an email (include the words Supplier/Product Evaluation Form in the subject)

GENERAL INFORMATION

Bid #: 17-010V Bid Title: Group Dental and Group Vision Insurance for School Board Employees
Purchase Order #: Product/Service Provided: Dental and Vision Insurance
Supplier (Company) Name: CompBenefits Company and ComBenefits Insurance Company
Contact Name: Dr. Dildra Martin-Ogburn Contact Phone #: (754)321 - 3111

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
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SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature:

Date: 07/30/2020



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

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For assistance with this form contact us at
(754) 321-0505 or [CLICK HERE](#) to send us an email (include the words Supplier/Product Evaluation Form in the subject)

GENERAL INFORMATION

Bid #: 17-010V Bid Title: Group Dental and Group Vision Insurance for School Board Employees
Purchase Order #: Product/Service Provided: Dental and Vision Insurance
Supplier (Company) Name: Metropolitan Life Insurance Company
Contact Name: Dr. Dildra Martin-Ogburn Contact Phone #: (754) 321 - 3111

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	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"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	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 type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
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SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature:

Date: 07/30/2020