

Executive Summary
RFP 12-005V
Group Dental Insurance
and
Group Vision Insurance for School Board Employees

DENTAL

The contract for the above-mentioned RFP was awarded to Humana/CompBenefits, Metropolitan Life Insurance Company (MetLife), and Metropolitan Life Insurance Company/Safeguard (MetLife/Safeguard), by the School Board on June 21, 2011; effective January 1, 2012 and expires December 31, 2014. This is the third year of their initial three (3) year contract period.

The terms of their contract allowed MetLife to request a rate increase of 5.1% on their PPO-Basic Plan and 6% on their PPO-Enhanced Plan. However, MetLife agreed to a negotiated reduced rate increase of 2.0% on their PPO-Basic Plan; 4.2% on their PPO-Enhanced Plan; and 4% (MetLife/Safeguard) on their DHMO-Basic Plan; and 4% on their DHMO-Enhanced Plan for 2013. The premium increases did not represent additional cost to the Board for 2013, based on current contract provisions.

For 2014, MetLife and MetLife/Safeguard agreed to a negotiated reduced rate of 3.1% across all Plans. The premium decreases did not represent savings to the Board for 2014, based on current contract provisions; however, the decreases did result in total savings to District employees of approximately \$260,000.

The Superintendent's Insurance Advisory Committee met on May 9, 2013, and voted to recommend approval of the negotiated renewal. The recommendation was approved unanimously by the Committee.

VISION

The contract for the District's Vision insurance was awarded to Humana/CompBenefits and Solstice Benefits, Inc., on June 21, 2011, effective, January 1, 2012, and expires December 31, 2014. This is the third year of their initial three (3) year contract period. The terms of the contracts holds both Humana/CompBenefits and Solstice Benefits, Inc., rates flat through the end of their initial contract period (2014).

There will be no additional financial impact to the District.

**SECOND AMENDMENT TO
AGREEMENT**

THIS SECOND AMENDMENT TO AGREEMENT entered into on the 23rd day of July, 2013 by and between:

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC")

a body corporate and political subdivision of the State of Florida,

whose principal place of business is

600 Southeast Third Avenue,

Fort Lauderdale, Florida 33301

and

METROPOLITAN LIFE INSURANCE COMPANY

(hereinafter referred to as "MetLife")

whose principal place of business is

1200 Abernathy Road, N.E.

Building 600, Suite 1450

Atlanta, Georgia 30328

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

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

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

2. **Premiums.** The premiums/rates for the period January 1, 2014 through December 31, 2014 shall be:

	<u>PPO Basic</u>	<u>PPO Enhanced</u>
Employee Only	\$ 34.11	\$ 42.02
Employee Plus One	68.26	84.07
Employee Plus Family	105.13	146.27
Dual Spouse	59.73	73.55

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

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

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

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

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


(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

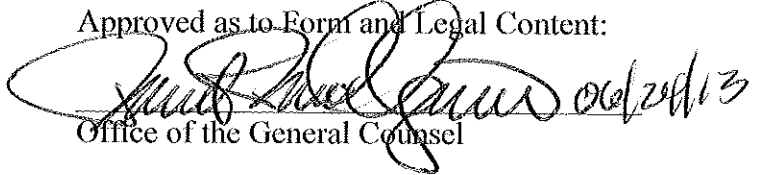
ATTEST:



Robert W. Runcie
Superintendent of Schools

By: 
Laurie Rich Levinson, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR METLIFE

Metropolitan Life Insurance Company

(Corporate Seal)

Attest: _____
Secretary

By: [Signature]
Aaron Fried, Vice President
Atlanta and Detroit Customer Units

-Or-

[Signature]

Witness

[Signature]

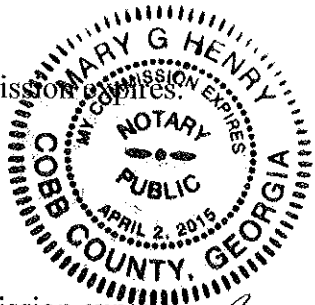
Witness

STATE OF Georgia
COUNTY OF Fulton

The foregoing instrument was acknowledged before me this 18 day of June, 2013, by Aaron Fried of Metropolitan Life Insurance Company. He took an oath and is personally known to me or has produced MT Driver's License as identification.

My Commission expires:

(SEAL)



My Commission expires: April 2, 2015

[Signature]
Signature - Notary Public

MARY G. HENRY
Printed Name of Notary

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THIS SECOND AMENDMENT TO AGREEMENT entered into on the 23rd day of July, 2013 by and between:

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC")

a body corporate and political subdivision of the State of Florida,

whose principal place of business is

600 Southeast Third Avenue,

Fort Lauderdale, Florida 33301

and

METROPOLITAN LIFE INSURANCE COMPANY

(hereinafter referred to as "MetLife")

whose principal place of business is

1200 Abernathy Road, N.E.

Building 600, Suite 1450

Atlanta, Georgia 30328

and

SAFEGUARD HEALTH PLANS, INC.

A MetLife, Inc. Company

(hereinafter referred to as "SafeGuard")

whose principal place of business is

95 Enterprise, Suite 200

Aliso Viejo, California 92656-2611

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

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

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

2. **Premiums.** The premiums/rates for the period January 1, 2014 through December 31, 2014 shall be:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>
Employee Only	\$ 10.87	\$ 14.80
Employee Plus One	18.62	25.59
Employee Plus Family	25.26	34.34
Dual Spouse	14.35	19.68

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

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

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

FOR SBBC


(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

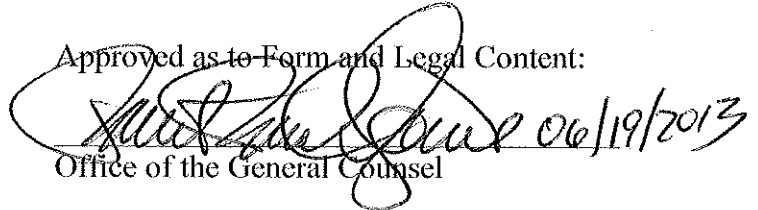
ATTEST:



Robert W. Runcie
Superintendent of Schools

By: 
Laurie Rich Levinson, Chair

Approved as to Form and Legal Content:

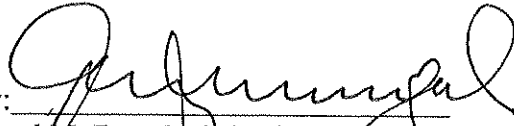

Office of the General Counsel

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


(Corporate Seal)

Metropolitan Life Insurance Company

Attest: _____
Secretary

By: 
Ronald I. Brendzel, Senior Vice President
~~and General Counsel, SafeGuard Health~~
Plans, Inc., And ~~Associate General Counsel,~~ **VICE**
Metropolitan Life Insurance Company **PRESIDENT**

-Or-


Witness Sheri Lawson

Nichole Coman
Witness Nichole Coman

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2013,
by Ronald I. Brendzel of Metropolitan Life Insurance Company. He took an oath and is
personally known to me or has produced _____ as identification.

My Commission expires:

(SEAL)

Signature – Notary Public

My Commission expires:

Printed Name of Notary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange }

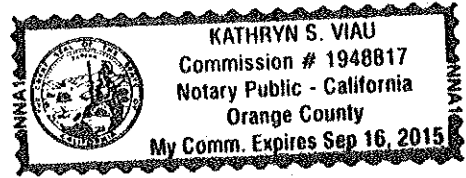
On Sept 17, 2013 before me, Kathryn S. Viau, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Ronald J. Brendzel
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal Above

Signature [Handwritten Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

