

FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this _____ day of _____, 2014, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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

and

HUMANA, INC.

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

and

COMPBENEFITS INSURANCE COMPANY

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

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

WHEREAS, SBBC AND CompBenefits mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2015; 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 incorporated herein by reference.

2. **Premiums.** The monthly premium rates for the period January 1, 2015 through December 31, 2015 are listed below:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>	<u>PPO Basic</u>	<u>PPO Enhanced</u>
Employee Only	\$ 8.76	\$ 10.34	\$ 30.60	\$ 35.36
Employee Plus One	15.16	18.80	55.38	67.74
Employee Plus Family	20.32	25.30	82.86	105.96
Dual Spouse	11.58	15.00	55.38	67.74

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

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

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

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

5. **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 made and executed this Amendment to Agreement on the date first above written.

FOR SBBC

(Corporate Seal)

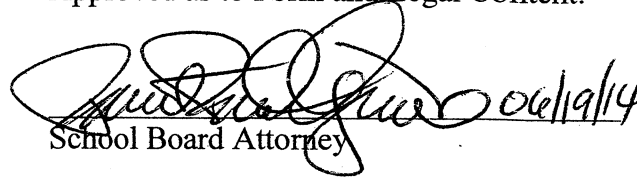
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Patricia Good, Chair

Robert W. Runcie
Superintendent of Schools


Approved as to Form and Legal Content:

 06/19/14
School Board Attorney

**FOR HUMANA, INC.
AND
COMPBENEFITS**

(Corporate Seal)

Attest: _____

By: 
Rick Remmers, Segment Vice President of
Humana, Inc. and Authorized Signer of
CompBenefits Insurance Company

-Or-

Witness

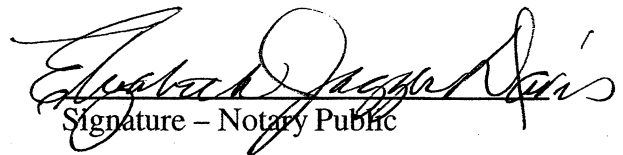
Witness

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this 10th day of June, 2014, by Rick Remmers of Humana, Inc./CompBenefits Insurance Company. He took an oath and is personally known to me or has produced _____ as identification.

(SEAL)


Signature – Notary Public

My Commission expires:
March 8th, 2016

Elizabeth Jagger Davis

Printed Name of Notary