u	THE SCH		QUEST FORM ROWARD COUNTY, FLORIDA		
Meeting Date				Γ	Agenda Item Number
7/22/14	Open Ag Yes X		Special Order Re	quest .	E-3
TITLE:		RFP Amendmer	nts and Renewals to Agreem	ents	
12-	005V- Group Dent	al & Group Vi	sion Benefits for School B	oard Employ	ees
REQUESTED ACTION:	<u></u> .				
Approve the first am (SBBC), and Humana Insurance Company, a	, Inc., and Humana/C	CompBenefits Ins	ewal between The School B urance Company (Dental Car ers).	Joard of Browa rriers), and Hur	nrd County, Florida mana/CompBenefits
Approve the third ame and Metropolitan Life	endment to agreement Insurance Company/S	s, and first renev afeGuard (Denta	val between SBBC, and Met Carriers).	ropolitan Life I	nsurance, Company
Contract Term January 1, 2012 through December 31, 2014 3 Years SUMMARY EXPLANATION	User Department Benefits Department  AND BACKGROUND:	Original Amount \$85,000,000	Vendor(s) Awarded 3 Awarded Vendors	M/WBE <u>Vendor(s)</u> None	).
RFP 12-005V Group Dental and Group Vision Benefits for School Board Employees was awarded to the following dental carriers: Humana, Inc., Humana/CompBenefits, Metropolitan Life Insurance Company/SafeGuard; and vision carriers: Humana, Inc., Humana/CompBenefits and Solstice Benefits, Inc., by the Board on June 21, 2011.  See attached documents for continuation of Summary Explanation and Background.					
The amendments to the Counsel.	e agreements have bee	en reviewed, and	approved as to form and lega	I content by the	Office of the General
• Goal 1: High Quality  • Goal 2: Continuous  • Goal 3: Effective Co  FINANCIAL IMPACT:	Improvement				
The premium increases do not represent an additional cost to the Board for 2015, based on current contract provisions.  EXHIBITS: (List)					
<ol> <li>Executive Summary</li> <li>Agreement – Humana/CompBenefits (Dental)</li> <li>Agreement – Humana/CompBenefits (Vision)</li> <li>Agreement – Solstice Benefits (Vision)</li> <li>Agreement – Metlife (Dental)</li> <li>Agreement – Metlife/SafeGuard (Dental)</li> <li>Approved Agenda Request Form – 06/21/11 RSBM (EE-3)</li> <li>Approved Agenda Request Form – 08/21/12 RSBM (E-3)</li> <li>Approved Agenda Request Form – 07/23/13 RSBM (E-3)</li> <li>Supplier Evaluations</li> </ol>					
BOARD ACTION:	PPROVED		SOURCE OF ADDITIONAL INFORM Dildra Martin-Ogburn		754-321-3100

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA Maurice L. Woods'

Chief Strategy & Operations Officer
Office of Strategy & Operations
Approved in Open Board Meeting on:

(For Official School Board Records' Office Only)

JUL 2 2 2014

Ruby Crenshaw

Ву:

Form #4189 Revised 12/12 RWR/MLW/RC/DMO:ol School Board Chair

754-321-0515

Phone

RFP Amendment and Renewal to Agreement 12-005V- Group Dental & Group Vision Benefits for School Board Employees July 22, 2014 Board Agenda Page 2

#### CONTINUATION OF SUMMARY EXPLANATION AND BACKGROUND

For 2015, Humana/CompBenefits and Solstice Benefits, Inc., (Vision Carriers) the terms of their contracts held both Humana/CompBenefits and Solstice Benefits, Inc., rates flat through the end of 2015 and 2016 respectively. For 2015, Humana/CompBenefits (Dental Carriers) agreed to a 10% increase for the PPO-Enhanced Plan and a rate pass on the DHMO-Enhanced Plan, the Basic DHMO Plan and Basic PPO Plan.

For 2015, Metropolitan Life Insurance Company and Metropolitan Life Insurance Company/SafeGuard (Dental Carriers) agreed to negotiated rates as follows: 1% reduction on both DHMO Plans and a 3.4% increase across both PPO Plans.

# Executive Summary RFP Amendments and Renewals to Agreements 12-005V - Group Dental & Group Vision Benefits for School Board Employees

## DENTAL

The contract for the above-mentioned RFP was awarded to Humana/CompBenefits, Metropolitan Life Insurance Company, and Metropolitan Life Insurance Company/SafeGuard by the Board on June 21, 2011; effective January 1, 2012, and expires December 31, 2014. The contracts allows for up to five (5) additional one-year renewal periods.

## **HUMANA/COMPBENEFITS (Dental)**

The terms of Humana/CompBenefits contract resulted in no rate increases for the initial term of their contract, January 1, 2012 – December 31, 2014. This is the first renewal for the Humana/CompBenefits (Dental contract).

For services effective January 1, 2015 – December 31, 2015, all Humana/CompBenefits plans were potentially subject to a rate increase of up to 12%, in accordance with the initial contract provisions. As a result of negotiations with Humana/CompBenefits and the Superintendent's Insurance Advisory Committee, the following outcomes were achieved:

- 10% negotiated rate increase on the Enhanced PPO plan;
- 0% rate increase on the Basic PPO plan;
- 0% rate increase on the Enhanced DHMO plan; and
- 0% rate increase on the Basic DHMO plan.

The monthly premium Dental rates for **Humana/CompBenefits**, effective January 1, 2015 through December 31, 2015, are listed below:

	DHMO Basic	DHMO Enhanced	PPO Basic	PPO Enhanced
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

## **METLIFE & METLIFE/SAFEGUARD (Dental)**

For services effective January 1, 2015 – December 31, 2015, MetLife originally requested a 2% increase on the DHMO products; 12% increase on the PPO Basic Plan, and 4.3% on the PPO Enhanced Plan; or a premium increase of 5.4% across both PPO Plans. This is the third amendment and first renewal for MetLife & MetLife/SafeGuard (Dental contracts).

As a result of negotiations with MetLife/SafeGuard and the Superintendent's Insurance Advisory Committee, the following outcomes were achieved:

- 1% negotiated rate reduction on the Basic DHMO Plan;
- 1% negotiated rate reduction on the Enhanced DHMO plan;
- 3.4% negotiated rate increase on the Basic PPO plan; and
- 3.4% negotiated rate increase on the Enhanced PPO plan

The monthly premium rates for MetLife/SafeGuard (DHMO), effective January 1, 2015 through December 31, 2015, are as follows:

	DHMO (Basic)	DHMO (Enhanced)
Employee Only	\$ 10.76	\$ 14.66
Employee Plus One	18.44	25.34
Employee Plus Family	25.00	34.00
Dual Spouse	14.20	19.48

The monthly premium rates for **MetLife** (PPO), effective January 1, 2015 through December 31, 2015, are as follows:

,	PPO (Basic)	PPO (Enhanced)
Employee Only	\$ 35.26	\$ 43.44
Employee Plus One	70.58	86.94
Employee Plus Family	108.70	151.24
Dual Spouse	61.76	76.06

As a result of negotiations with each Dental carrier and the Superintendent's Insurance Advisory Committee (SIAC), the SIAC unanimously approved the 2015 negotiated Dental renewal rates on May 14, 2014, to submit to the Board for review and approval.

Please note: Due to Collective Bargaining Agreement provisions, the Board cost does not increase beyond \$10.80 per covered employee, per month for these services; increases which exceed the \$10.80 are applied to employee premium costs only.

#### **VISION**

The contract for the District's Vision insurance was awarded to Humana/CompBenefits and Solstice Benefits, Inc., on June 21, 2011, for services effective January 1, 2012, and the contract expires December 31, 2014. The terms of the contract includes five (5) additional one-year renewals. This is the first renewal for Vision services.

The terms of the contracts include no rate increases through December 31, 2015 and December 31, 2016, respectively.

## **HUMANA/COMPBENEFITS (Vision)**

The monthly Vision premium rates for **Humana/CompBenefits**, effective January 1, 2015 through December 31, 2015, are as follows:

	Vision (Basic)	Vision (Enhanced)
Employee Only	\$ 3.32	\$ 4.56
Employee Plus One	7.34	10.06
Employee Plus Family	12.54	17.24

### **SOLSTICE BENEFITS, INC. (Vision)**

The monthly Vision premium rates for Solstice Benefits, Inc., effective January 1, 2015 through December 31, 2015, are as follows:

	Vision (Basic)	Vision (Enhanced)
Employee Only	\$ 3.30	\$ 4.26
Employee Plus One	7.74	10.02
Employee Plus Family	12.34	16.04

Through negotiations with the Vision carriers and the Superintendent's Insurance Advisory Committee (SIAC), the SIAC unanimously approved the previously negotiated 2015 renewal rates on May 14, 2014, to submit to the Board for review and approval.

/dmo/jp

## FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this day of July, 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 <u>collectively</u> 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:

	DHMO Basic	DHMO Enhanced	PPO Basic	PPO Enhanced
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;

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. <u>Term of Agreement.</u> 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. <u>Authority.</u> 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)

ATTEST:

Robert W. Runcie

Superintendent of Schools

THE SCHOOL BOARD OF BROWARD

COUNTY, FLORIDA

Patricia Good, Chair

Approved as to Form and Legal Content:

School Board Attorney

## FOR HUMANA, INC. AND COMPBENEFITS

(Corporate Seal)	
Attest:	By:
-Or-	
Witness	_
Witness	
STATE OF COUNTY OF	
Remmers of Humana, Inc./CompBenefits In	
personally known to me or has produced(SEAL)	as identification.  Standard Public
My Commission expires:	Signature – Notary Public  Elizabeth Jagger Davis  Printed Name of Notary

## 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 <u>collectively</u> 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:

	Vision	Vision	
	Basic	Enhanced	
Employee Only	\$ 3.32	\$ 4.56	
Employee Plus One	7.34	10.06	
Employee Plus Family	12.54	17.24	

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. <u>Term of Agreement.</u> 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. <u>Authority.</u> 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)

ATTEST:

Robert W. Runcie

Superintendent of Schools

THE SCHOOL BOARD OF BROWARD

COUNTY, FLORIDA

Approved as to Form and Legal Content:

Max DAVING

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 acknowledge	ed before me this 10th_day of June, 2014, by Rick_
Remmers of Humana, Inc./CompBenefits Inst	urance Company. He took an oath and is
personally known to me or has produced	as identification.
(SEAL)	Signature - Notary Public
TANG	
My Commission expires: March 8 <sup>th</sup> , 2016	Elizabeth Jagger Davis Printed Name of Notary
IVIATO , ZULO	

## 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

## SOLSTICE BENEFITS, INC.

(hereinafter <u>collectively</u> referred to as "Solstice") whose principal place of business is 7901 S.W. 6<sup>th</sup> Court, Suite 400 Plantation, Florida 33324

WHEREAS, Solstice 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

**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:

	Vision Basic	Vision Enhanced
Employee Only	\$ 3.30	\$ 4.26
Employee Plus One	7.74	10.02
Employee Plus Family	12.34	16.04

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

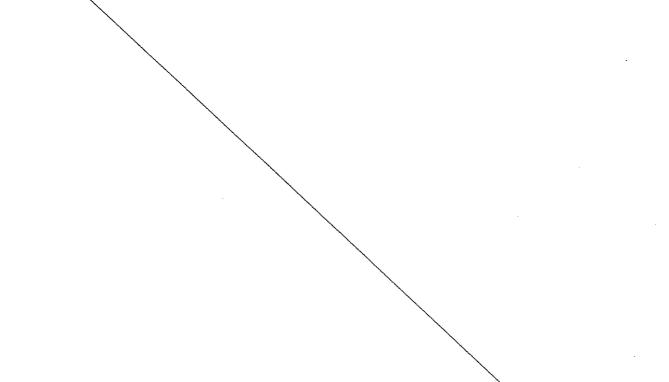
Ninth: The Proposal submitted in response to the RFP by Solstice [dated

February 11, 2011].

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

- 4. <u>Terms of Agreement</u>. 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. <u>Authority.</u> 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 who 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 through their duly authorized representatives.



Page 2 of 4

## **FOR SBBC**

ATTEST:

By
Patricia Good, Chair

Approved as to Form and Legal Content:
Robert W. Runcie

(Corporate Seal)

Superintendent of Schools

School Board Attorney

THE SCHOOL BOARD OF BROWARD

## FOR SOLSTICE

(Corporate Seal)	
Attest: Secretary Carlos Farrera	By:
-Or-	
Witness Maggiolo Witness Oufacedo Witness	
STATE OF MINICAL COUNTY OF BYOWOOD	
The foregoing instrument was acknowledged be by Carlos Ferrera of Solstice Benefits, Inc. He too	k an oath and is personally known to me or
has produced as ide	entification.
NORMA RODRIGUEZ MY COMMISSION # EE 870066 EXPIRES: October 7, 2014 Bonded Thru Notary Public Underwriters	Signature - Notary Public
My Commission expires:	Printed Name of Notary

## THIRD AMENDMENT TO AGREEMENT

THIS THIRD AMENDMENT TO AGREEMENT entered into on the 22 day of 3 day, 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

## 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

WHEREAS, SBBC and MetLife entered into a Second Amendment to Agreement dated July 23, 2013 (hereinafter "Second 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. <u>Premiums</u>. The premiums/rates for the period January 1, 2015 through December 31, 2015 shall be:

	PPO	PPO
	Basic	Enhanced
Employee Only	\$ 35.26	\$ 43,44
Employee Plus One	70.58	86.94
Employee Plus Family	108.70	151.24
Dual Spouse	61.76	76.06

3. <u>Priority of Documents</u>. In the event of a conflict between the documents, the following priority of documents shall govern:

First: Third Amendment to Agreement; Second: Second Amendment to Agreement; Third: First Amendment to Agreement;

Fourth: The Agreement;

Fifth: Addendum Number Five [dated January 31, 2011] to the RFP;
Sixth: Addendum Number Four [dated January 7, 2011] to the RFP;
Seventh: Addendum Number Three [dated January 6, 2011] to the RFP;
Eighth: Addendum Number Two [dated December 15, 2010] to the RFP;
Ninth: Addendum Number One [dated December 15, 2010] to the RFP;
Tenth: RFP 12-005V "Group Dental Insurance and Group Vision Insurance

for School Board Employees"; and;

Eleventh: 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. <u>Terms of Agreement</u>. 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. <u>Authority</u>. 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.

## **FOR SBBC**

(Corporate Seal)

ATTEST:

Robert W. Runcie

Superintendent of Schools

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Patricia Good, Chair

Approved as to Form and Legal Content:

Office of the General Counsel

## FOR METLIFE

(Corporate Seal)	Metropolitan Life Insurance Company
Attest: Secretary	By: Melissa Plohr-Memming, Vice President Customer Service & Operations
-Or-	
Witness Witness	
STATE OF Cllenges COUNTY OF KINDALL	
The foregoing instrument was acknowledged by Melissa Plohr-Memming of Metropolitan Life is personally known to me or has producedbe to	e Insurance Company. She took an oath and
My Commission expires:  (SEAL)  "OFFICIAL SEAL"  Debra S. Rogerson  Notary Public, State of Illinois My Commission Exp. 11/20/2016	Dellea S. Rogers on Signature - Notary Public
My Commission expires: $((20/20))$	Printed Name of Notary

## THIRD AMENDMENT TO AGREEMENT

THIS THIRD AMENDMENT TO AGREEMENT entered into on the 22 hd 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

## 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

WHEREAS, SBBC and SafeGuard entered into a Second Amendment to Agreement dated July 23, 2013 (hereinafter "Second 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. <u>Recitals.</u> The Parties agree that the foregoing recitals are true and correct and that such recitals are herein incorporated by reference.
- 2. <u>Premiums</u>. The premiums/rates for the period January 1, 2015 through December 31, 2015 shall be:

	DHMO	DHMO	
	Basic	Enhanced	
Employee Only	\$ 10.76	\$ 14.66	
Employee Plus One	18.44	25.34	
Employee Plus Family	25.00	34.00	
Dual Spouse	14.20	19.48	

3. <u>Priority of Documents</u>. In the event of a conflict between the documents, the following priority of documents shall govern:

First:

Third Amendment to Agreement;

Second:

Second Amendment to Agreement;

Third:

First Amendment to Agreement;

Fourth:

The Agreement;

Fifth:

Addendum Number Five [dated January 31, 2011] to the RFP;

Sixth:

Addendum Number Four [dated January 7, 2011] to the RFP;

Seventh:

Addendum Number Three [dated January 6, 2011] to the RFP;

Eighth:

Addendum Number Two [dated December 15, 2010] to the RFP;

Ninth:

Addendum Number One [dated December 15, 2010] to the RFP;

Tenth:

RFP 12-005V "Group Dental Insurance and Group Vision Insurance

for School Board Employees"; and;

Eleventh:

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. <u>Terms of Agreement</u>. 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. <u>Authority</u>. 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.

## **FOR SBBC**

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

ATTEST:

Robert W. Runcie

Superintendent of Schools

Patricia Good, Chair

Approved as to Form and Legal Content:

Office of the General (

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

(Corporate Seal)	Metr	opolitan Life Insurance Company
Attest:Secretary	Safe	Hirschberg, Vice President Products Guard Health Plans, Inc. opolitan Life Insurance Company
Witness Witness		
STATE OF NULL JUSSEY COUNTY OF SEYMENSEL		
The foregoing instrument was acknown by Alan Hirschberg of Metropolitan Life personally known to me or has produced My Commission expires:	Insurance Con	e me this Q <sup>ft</sup> day of the , 2014, appany. He took an oath and is as identification.
(SEAL) My Commission expires:		Signature Notary Public  Princel Name of Notary PATRICIA ANNE KONZELMAN
	Page 4 of 4	NOTARY PUBLIC STATE OF NEW JERSEY My Commission Expires Sep. 20, 2016

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date	1				*/**********	Agenda Hem Number
06/21/11	Note that the second se	Onan Anand				EE-3
		Open Agend X Yes 1	ra Vo	Time Certai		
TITLE:				Yes	X No	
	and District	<b>T</b>				
		insurance and	Group V	ision Insurance fo	r School Board	Employees
REQUESTED ACTION	T T					
Approve this I	GP recomm	endation as stat	ted on the	attached award re	ecommendation	•
	TLE		LOC	<u>ATION</u>	AMOUNT N	M/WBE VENDOR(S)
		Insurance and	Bene	fits	\$85,000,000	ments for the temperature (easy) developed recovered.
G	roup Vision	Insurance for				
50	thool Board	Employees				
	ontract perio	oa: 2012 through				
	December 3	3012 unougn 31-2014				
! ri			roved as i	to form and legal o	ontaint by the S	chool Board Attorney.
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SUMMARY EXPLANA	TION AND BACI	KGROUND:				د المستقدم المستقد والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم و ومن مستقدم والمستقدم
Board approval	of this RFP re	commendation of	does not m	ean the amount sho	wn will be spent.	This amount represents
j tne estimated co	ntract value i	tor the first year	through th	ne term of this contr	act from avaitabl	e funds already included
in various schoo	l/department	t/center budgets	•	terfferif feligif feethy was a service you you are to be early a many feethy and a service of the service of th	····	
SCHOOL BOARD GO Goal One: R						on the same and the same of the same substituted the same and the same
1	aise acmeveme ducation,	me or an students t	o ensure gr	aduation from high sel	nool and readiness	for post-secondary
X_*Goal Two: In	nprove the hea	ilth and wellness o	f students a	nd personnel.		
•Goal Three: P	rovide a safe ai	nd secure physical	and techno	logical environment fo	r all students and e	mployees.
X •Goal Five: R	romote mnova: ecruit develoe	uon which locuses	on best pra	ctices and quality effor erforming and diverse	rts that improve ou	r best-in-class position.
F™A Goar Six: D	ина strong par	inerships with tan	utze mga pe tilv. busines	s community and gov	racuity and personi ernment at the clas	nei. sroom school aroa
[ a:	aa district level	l.				
	insure district's rograms.	s leadership as an c	environmen	tal steward through in	movative ecology a	nd energy conservation
FINANCIAL IMPACT	105 41163.	propries to the contract of the state of the			المراجعة والمراجعة	والمرابعة والمرا
All expenditure	for these co	ontracts will cor	ne from e	xisting approved I	District budgets	over a three-vear
penoa.				out to the	Siource Duagen	over a mice-year
GXHIBITS: (List)		The state of the s		e de la companya de l	the minimum and the second	
1. RFP: 12-005	V		محاورة والمحاورة	رون به در	the state of the s	
BOARD ACTION:			<del></del>			
		Carres and group of groups of groups of the contract of the co		SOURCE OF ADDITIONA		
A Faras	Alema			Dildra Martin-Ogb	urn	754-321-3100
	OVEQ			Jeffrey S. Moquin Donnie Carter		754-321-2650 754-321-2610
(For Official School Boar	d Records' Office (	July)		Name		/ Phone
THE SCHOOL	BOARD O	F BROWARD	COUNTY	, FLORIDA	/ 10.1	
Donnie Carter,	Chief Oper	ations Officer			A) UK	X2
Office of the C				Fittle & w agas	The state of the s	
Approved in O	pen board M	reeung on:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		and a distributed in the second interest. I have an extension of the second interest in the second in the second in the second interest in the second interest in the second interest in the second interest in the second
					0 1 9	chool Board Chair
Ву:			Den	form file	Reader Sc	
Revised July 2008		MARKE	/	1 /	and the state of t	
JFN/DCarter/JMoquin	заюд			- <b>o</b> r		

Meeting Dafe		DA REQUEST FORM DOF BROWARD COUNTY, PLORIDA	Agenda Hem Number
8/21/12	Open Agenda Yes X No	Special Order RequestYes _X_No	E-3
TITLE:	A CONTRACTOR OF THE STATE OF TH		
Amendments t	School	2-005V- Group Dental & Group Vision Board Employees	on Benefits for

## and: (1) Metropolitan Life Insurance Company and Metropolitan Life Insurance Company/Safeguard (dental

SUMMARY EXPLANATION AND BACKGROUND:

RFP 12-005V for Group Dental Insurance and Group Vision Insurance for School Board Employees was awarded to Humana/CompBenefits, Metropolitan Life Insurance Company and Metropolitan Life Insurance Company, Metlife/Safeguard (dental carriers) and Humana/CompBenefits and Solstice Benefits, Inc., (vision carriers) by the School Board at the June 21, 2011, Board meeting. Effective January 1, 2013, a rate increase of 2% (MetLife) on their PPO-Basic Plan; 4.2% on their PPO-Enhanced Plan; 4% on their DHMO-Basic Plan; and 4% on their DHMO-Enhanced Plan will be implemented. The District's Benefits Consultant performed a thorough review of the vendor's loss ratio and contract provisions and the proposed rates align with industry standards.

The terms of the contracts awarded to Humana/CompBenefits and Solstice Benefits, Inc., (vision carriers) holds their rates flat through 2014. These amendments were approved by the Superintendent's Insurance Advisory Committee at its June 8, 2012, meeting.

This Agreement has been reviewed and approved, as to form and legal content, by the Office of the General Counsel.

SCHOOL B	OARD GOALS:		**************************************				
•Goal One: Raise achievement of all students to ensure graduation from high school and readiness for post-secondary							
	education.						
_X_*Goal Two:	The state of the s	ersonnel.					
•Goal Three:	Provide a safe and secure physical and technologi	cal environment for all students and emplo	voec				
•Goal Four:	Promote innovation which focuses on best practic	es and quality efforts that improve our hest	in-ringe proition				
•Goal Five:	Recruit, develop, retain, and recognize high perfo	rming and diverse faculty and personnel	in outsa position,				
Goal Six:	Build strong partnerships with family, business, c	ommunity and government at the classroon	a school area				
	and district level.						
•Goal Seven:	Ensure district's leadership as an environmental s	eward through innovative ecology and enc	rev conservation				
	programs.	,	-6) ************************************				
FINANCIAL	IMPACT:						
The premium	increases do not represent additional cost to	he District for 2013, based on curren	t contract provisions				
EXHIBITS:	(List)						
1.	Executive Summary						
2.	First Amendment to Agreement - Metropi	olitan Life Insurance Company					
3.	First Amendment to Agreement - Metrope	olitan Life Insurance Company/Saf	eonard				
BOARD ACTION:	The state of the s	SOURCE OF ADDITIONAL INFORMATION:	oguara				
	ÄMPROVIEID	Dr. Dildra Martin-Ogburn	754-321-2150				
	Mr. Bill Harris 754-321-0501						
(For Official School Ros		Namo	Phone				
THE SCHOO	OL BOARD OF BROWARD COUNTY,	FLORIDA					
Manrice L. V	Voods MA (.)	The same of the sa					

Maurice L. Woods ///////
Chief Strategy & Operations Officer
Office of Strategy & Operations

Approved in Open Board Meeting on:

AUG 2 1 2012

Form #4189
Revised 10/R1
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School Board Chair

## AGENDA REQUEST FORM THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

	THE SCHOOL BOWER OF B	MOHAMO COOKES, ELOMONE	
Meeting Date			Agenda Hem Number
07/23/13			E-3
	Open Agenda Yes X No	Special Order Request Yes X No	2
Laurence in commente in commente or commen			
TIPLE			***************************************
Second Amendment		· Proposals (RFP) 12-005V Group D	ental & Group Vision
REQUESTED ACTION:	Benefits for Sch	ool Board Employees	
		501 O. J. F.O. J. C. D.	f 23
Metropolitan Life In (Dental Carriers).	asurance Company and Metropoli	ween The School Board of Broward itan Life Insurance Company/Safegu	
SUMMARY EXPLANATION			
		Vision Insurance for School Board En	
		ce Company (MetLife), and Metro	
		eguard), (Dental Carriers) and Hum	
		ol Board at the June 21, 2011 Boar greed to a negotiated reduced rate of	•
		the District for 2014, based on curre	
		trict employees of approximately \$260	
,			
		Benefits and Solstice Benefits, Inc. (	
		ere approved by the Superintendent	's Insurance Advisory
Committee at its May	y 9, 2013 meeting.		
Those Amandments	ta Aanaananta barra baar wariinna	land annuavad at the fame and family	antant by the Office of
the General Counsel.		I and approved as to form and legal c	ontent by the Office of
SCHOOLBOARD GOALS:			arter tylep hantalle de ganna hydigasta a agan arat, arkin mad mad allande hantala der 1910 er flam 1 de 1910 er 191
	Quality Instruction		
	nuous Improvement		
	tive Communication		
FINANCIALIMPACT:			
	ses do not represent additional	cost to the District for 2014, base	d on current contract
provisions. EXHIBITS: (List)			
1. Executive S	ummarv		
[	endment to Agreement - Metropoli	tan Life Insurance Company	
		tan Life Insurance Company/Safeguar	d Health Plans, Inc.
4. Approved A	genda Request Form - 08/21/12 R	SBM (E-3)	
<ol><li>Approved A</li></ol>	genda Request Form ~ 06/21/11 R		
	n rest	SOURCE OF ADDITIONAL INFORMATION:	,
APPRO	VEL	Dr. Dildra Martin-Ogburn	754-321-3100
B. An		Carol Barker	754-321-0506
(For Official School Board Rec		Name	Phone
	OARD OF BROWARD COU	NTY, FLORIDA	•
Maurice L. Wood:	V V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Operations Officer		•
Office of Strategy	& Operations	ያልተለ ው መ ሳብላ <u>ት</u>	
Approved in Open B	oard Meeting on:	JUL 2 8 -2013	
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Des	Xuvu	a now eser visual	
Bv:	N /	Q	shool Board Chair

Form #4189 Revised 12/12 RWR/MLW/DMO/CB:ak

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of 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 form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: <a href="mailto:charles.high@browardschools.com">charles.high@browardschools.com</a>

## SECTION 1 - SUPPLIER EVALUATION

Supplier Company Name:	MetLife & MetLife/Sa	feguard				
Supplier Contact:	Michael Prince		**************************************			
Contact Telephone:	770-407-2414					
Bid No.:	Purchase Order No.	*	·	<del></del>		
What was the product / ser	vice? Group Dental & Gro	up Vision				
1. How do you rate the sup	pplier in the following areas	s? 1	9		_	_
Overall Customer Service Delivery as Scheduled Control		Poor	2 Fair	3 Good ⊠ □	4 Very Good □ ※	5 Excellent
2. How satisfied are you w			_			
Not Satisfied	2 Somewhat Satisfle		3 Satisfied	NSI.	4 Very Satis	sfied []
3. Will you use them again	? Yes					
	SECTION 2 - PRO	DUCT/S	ERVICE EVA	LUATION		
4. How do you rate their pr	oduct / service?					
Compliance with Specific Quality as Compared to Price as Compared to Si	Similar Products/Services	Poor	2 Fair	Good	Very Good	5 Excellent
5. Would you purchase this	s product or use this vend	or again?	3		A	
Very Unlikely 🗌	Unlikely 🔲		Probably	<b>X</b>	Definitely	<i>,</i> 🗆
*if not, please explain why i	n comments.					
	SECTION	3 - END-	USER INPUT			
lease share any additional erformance is unsatisfactor	information regarding th y, please tell us why. You	is supplier may attacl	or the produ an additional	ict / service I sheet if nec	provided. If these	is supplier's
*Comments:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Name / Title: <u>Dr.</u> School / Department: Be	Evaluation <u>Dildra Martin-Ogburn, Dir</u> nefits Department	n Form Cor ector, Ben	mpleted By: efits & Employ	ment Servic	es	
	4-321-3108				**************************************	
Participant's Signature:	PMD			Date:	71114	
	SUPPLIER EVALUATION FO	ORM - PAGI	1 OF 1		· •	rev6/26/2014

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#### **SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Supplier Contact: Contact Telephone:	Humana and Humana/CompBenefits Shauna Whittingham 305-626-5124					
Bid No.:	Purchase Order No	).!		Machinists and machin		
What was the product / service	? Group Dental & Gr	oup Vision	Cardida		······································	
1. How do you rate the supplie	er in the following area	as? 1	2	3	4	5
Overall Customer Service Delivery as Scheduled or P	romised	Poor	Fair	Good	Very Good	Excellent
2. How satisfied are you with t						
not Satisfied ☐	2 Somewhat Satisfic	ed 🔲	3 Satisfied	<b>K</b> )	4 Very Satis	ified []
3. Will you use them again?	Yes,⊠ No 🗆					
	SECTION 2 - PR	ODUCT/SI	ERVICE EVAL	.UATION		
4. How do you rate their produ	ct / service?	a	•			, _
Compliance with Specification Quality as Compared to Similarice as Compared to Similarice	ilar Products/Services	Poor	2 Fair 	3 Good	4 Very Good ☑ ☑	5 Excellent
5. Would you purchase this pr	oduct or use this vend 2	dor again?	3		A	
Very Unlikely [	Unlikely 🗌		Probably 💢		Definitely [	
*If not, please explain why in co	mments.					
	SECTION	<u>N 3 – END-L</u>	JSER INPUT			
Please share any additional inf performance is unsatisfactory, p	lease tell us why. You	u may attach	an additional s	sheet if nec	provided. If thessary.	is supplier's
*Comments:				**************************************	<del></del>	<del></del>
School / Department: Benefit 754-32  Participant's Signature:	dra Martin-Ogburn, Di ts Department		fīts & Employn	nent Servic	es 7)   14	<u> </u>
S	UPPLIER EVALUATION I	FORM Y PAGE	1 OF 1			rev6/26/2014

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of 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 form to:

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#### **SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Supplier Contact:	Solstice Benefits, inc Nori Pino	Ž				
Contact Telephone:	954-370-1736					
Bid No.:	Purchase Order No.					
What was the product / service	? Group Vision	C-4-7-64: 5-12-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				
1. How do you rate the supplie	r in the following areas		,	_	_	_
Overall Customer Service Delivery as Scheduled or Pr	omised	1 Poor	2 Fair	Good	Very Good	5 Excellent
2. How satisfied are you with t	- ·					
1 Not Satisfied ☐	2 Somewhat Satisfied		3 Satisfied	Z	4 Very Satis	fied 🔲
3. Will you use them again?	Yes No No	•				
	SECTION 2 - PRO	DUCT/SE	RVICE EVAL	<u>UATION</u>		
4. How do you rate their produ	ct / service?	1	2	3	4	5
Compliance with Specification Quality as Compared to Simila Price as Compared to Simila	lar Products/Services	Poor	Fair	Good XX	Very Good	Excellent
5. Would you purchase this pro		or again?	_	·		
Very Unlikely 🔲	2 Unlikely 🔲		3 Probably		4 Definitely	
*If not, please explain why in co	mments.		, \	•		
•	SECTION	3 – END-U	SER INPUT			
Please share any additional info erformance is unsatisfactory, pl	ormation regarding thi ease tell us why. You	is supplier o may attach a	or the product in additional s	t / service heet if nece	provided. If the	is supplier's
*Comments:		······································		ويسود شدي فشد شد م الطباب والثالث الشاه والطبودة -		THE PARTY OF THE P
School / Department: Benefit	<u>ira Martin-Ogburn, Dire</u> s Department	r Form Comp ector, Benefi	oleted By: ts & Employm	ent Service	18	
Contact Telephone: 754-32 Participant's Signature:	1-3408			Date:	7/1/14	
SI	UPPLIER EVALUATION FO	DRM - PAGE 1	OF 1		i l	rev6/26/2014