

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

Meeting Date <div style="border: 1px solid black; padding: 2px; text-align: center;">7/22/14</div>	<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <b>Open Agenda</b>  Yes    <input checked="" type="checkbox"/>    No </div> <div style="width:45%;"> <b>Special Order Request</b>  Yes    <input checked="" type="checkbox"/>    No </div> </div>	Agenda Item Number <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">E-3</div>
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<b>TITLE:</b>	<b>RFP Amendments and Renewals to Agreements</b> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">12-005V- Group Dental &amp; Group Vision Benefits for School Board Employees</div>
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<b>REQUESTED ACTION:</b>	
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Approve the first amendment to agreements, and first renewal between The School Board of Broward County, Florida (SBBC), and Humana, Inc., and Humana/CompBenefits Insurance Company (Dental Carriers), and Humana/CompBenefits Insurance Company, and Solstice Benefits, Inc. (Vision Carriers).

Approve the third amendment to agreements, and first renewal between SBBC, and Metropolitan Life Insurance, Company and Metropolitan Life Insurance Company/SafeGuard (Dental Carriers).

Contract <u>Term</u>	User <u>Department</u>	Original <u>Amount</u>	Vendor(s) <u>Awarded</u>	M/WBE <u>Vendor(s)</u>
January 1, 2012 through December 31, 2014 3 Years	Benefits Department	\$85,000,000	3 Awarded Vendors	None

<b>SUMMARY EXPLANATION AND BACKGROUND:</b>	
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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, and 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 agreements have been reviewed, and approved as to form and legal content by the Office of the General Counsel.

<b>SCHOOL BOARD GOALS:</b>	
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- ☐ • Goal 1: High Quality Instruction
- ☒ • Goal 2: Continuous Improvement
- ☐ • Goal 3: Effective Communication

<b>FINANCIAL IMPACT:</b>	
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The premium increases do not represent an additional cost to the Board for 2015, based on current contract provisions.

<b>EXHIBITS: (List)</b>	
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1. Executive Summary
2. Agreement – Humana/CompBenefits (Dental)
3. Agreement – Humana/CompBenefits (Vision)
4. Agreement – Solstice Benefits (Vision)
5. Agreement – Metlife (Dental)
6. Agreement – Metlife/SafeGuard (Dental)
7. Approved Agenda Request Form – 06/21/11 RSBM (EE-3)
8. Approved Agenda Request Form – 08/21/12 RSBM (E-3)
9. Approved Agenda Request Form – 07/23/13 RSBM (E-3)
10. Supplier Evaluations

<b>BOARD ACTION:</b> <div style="font-size: 1.5em; font-weight: bold; text-align: center; margin-top: 10px;">APPROVED</div> <div style="font-size: 0.8em; margin-top: 10px;">(For Official School Board Records' Office Only)</div>	<b>SOURCE OF ADDITIONAL INFORMATION:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Dildra Martin-Ogburn</td> <td style="width:40%; text-align: right;">754-321-3100</td> </tr> <tr> <td>Ruby Crenshaw</td> <td style="text-align: right;">754-321-0515</td> </tr> <tr> <td style="border-top: 1px solid black; font-size: 0.8em;">Name</td> <td style="border-top: 1px solid black; font-size: 0.8em;">Phone</td> </tr> </table>	Dildra Martin-Ogburn	754-321-3100	Ruby Crenshaw	754-321-0515	Name	Phone
Dildra Martin-Ogburn	754-321-3100						
Ruby Crenshaw	754-321-0515						
Name	Phone						

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Maurice L. Woods**

**Chief Strategy & Operations Officer**

**Office of Strategy & Operations**

Approved in Open Board Meeting on:

**JUL 22 2014**

By:

School Board Chair

Form #4189

Revised 12/12

RWR/MLW/RC/DMO:ol

**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

## Executive Summary

### RFP 12-005 – Group Dental & Group Vision Benefits for School Board Employees

#### **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:

	<u>DHMO (Basic)</u>	<u>DHMO (Enhanced)</u>
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:

	<u>PPO (Basic)</u>	<u>PPO (Enhanced)</u>
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.

## Executive Summary

### RFP 12-005 – Group Dental & Group Vision Benefits for School Board Employees

#### 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

22<sup>nd</sup> 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 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**

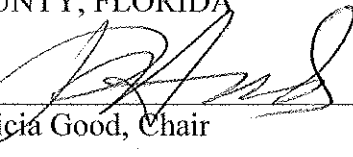
(Corporate Seal)

THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

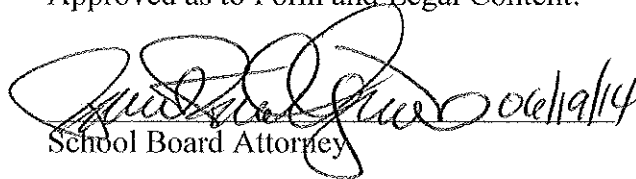
ATTEST:

  
Robert W. Runcie  
Superintendent of Schools

By

  
Patricia Good, Chair

Approved as to Form and Legal Content:


  
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

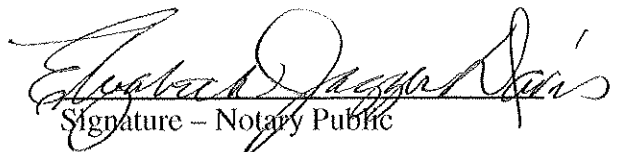
\_\_\_\_\_  
Witness

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 8<sup>th</sup>, 2016  
\_\_\_\_\_

Elizabeth Jagger Davis  
Printed Name of Notary

## FIRST AMENDMENT TO AGREEMENT

22<sup>nd</sup> 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 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>Vision Basic</u>	<u>Vision Enhanced</u>
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. **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

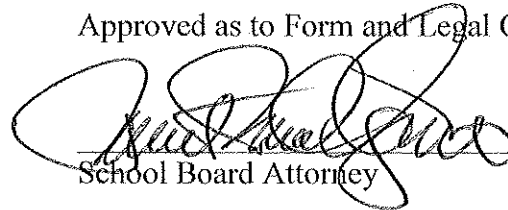
ATTEST:

  
Robert W. Runcie  
Superintendent of Schools

By

  
Patricia Good, Chair


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

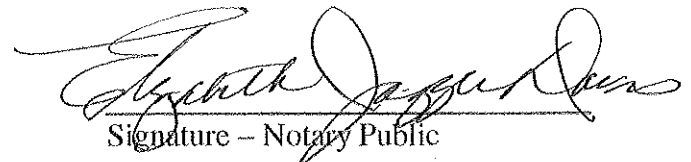
\_\_\_\_\_  
Witness

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 8<sup>th</sup>, 2016  
\_\_\_\_\_

Elizabeth Jagger Davis  
Printed Name of Notary

## FIRST AMENDMENT TO AGREEMENT

22<sup>nd</sup> 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

### SOLSTICE BENEFITS, INC.

(hereinafter collectively 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:

	<u>Vision Basic</u>	<u>Vision Enhanced</u>
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. **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 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.

**FOR SBBC**

(Corporate Seal)


THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

ATTEST:

  
Robert W. Runcie  
Superintendent of Schools

By   
Patricia Good, Chair

Approved as to Form and Legal Content:

 06/19/14  
School Board Attorney



FOR SOLSTICE

(Corporate Seal)

Attest: \_\_\_\_\_  
Secretary Carlos Ferrera

By: [Signature]  
Carlos Ferrera, Chief Operating Officer

-Or-

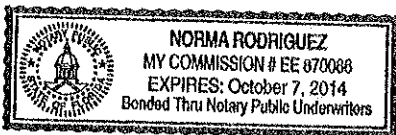
Miriam Maggiolo  
Witness

Kimberly Cufacado  
Witness

STATE OF Florida  
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 9 day of June, 2014,  
by Carlos Ferrera of Solstice Benefits, Inc. He took an oath and is personally known to me or  
has produced \_\_\_\_\_ as identification.

(SEAL)



My Commission expires:

October 7, 2014

Norma Rodriguez  
Signature - Notary Public

Norma Rodriguez  
Printed Name of Notary

**THIRD AMENDMENT TO  
AGREEMENT**

**THIS THIRD AMENDMENT TO AGREEMENT** entered into on the 22<sup>nd</sup> 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

**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. **Premiums.** The premiums/rates for the period January 1, 2015 through December 31, 2015 shall be:

	<u>PPO Basic</u>	<u>PPO Enhanced</u>
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. **Priority of Documents.** 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. **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.

**FOR SBBC**

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

ATTEST:

  
Robert W. Runcie  
Superintendent of Schools

By: 

Patricia Good, Chair

Approved as to Form and Legal Content:

 06/19/14  
Office of the General Counsel

**FOR METLIFE**

Metropolitan Life Insurance Company

(Corporate Seal)

Attest: \_\_\_\_\_  
Secretary

By: Melissa Plohr-Memming  
Melissa Plohr-Memming, Vice President  
Customer Service & Operations

-Or-

Jane H. Gross  
Witness

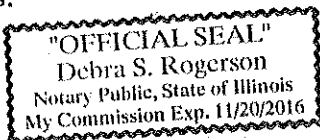
Jane H. Gross  
Witness

STATE OF Illinois  
COUNTY OF Kendall

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of June, 2014,  
by Melissa Plohr-Memming of Metropolitan Life Insurance Company. She took an oath and  
is personally known to me or has produced DRIVERS LICENSE as identification.

My Commission expires:

(SEAL)



Debra S. Rogerson  
Signature – Notary Public

My Commission expires:

11/20/2016

DEBRA S ROGERSON  
Printed Name of Notary

**THIRD AMENDMENT TO  
AGREEMENT**

**THIS THIRD AMENDMENT TO AGREEMENT** entered into on the 22<sup>nd</sup> 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

**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. **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, 2015 through December 31, 2015 shall be:

	<u>DHMO Basic</u>	<u>DHMO Enhanced</u>
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. **Priority of Documents.** 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. **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.

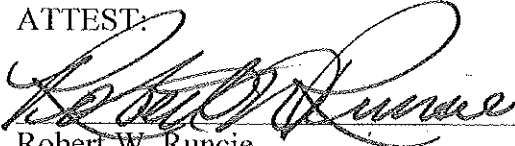
**IN WITNESS WHEREOF**, the parties hereto have executed this Amendment to Agreement through their duly authorized representatives.

**FOR SBBC**

(Corporate Seal)

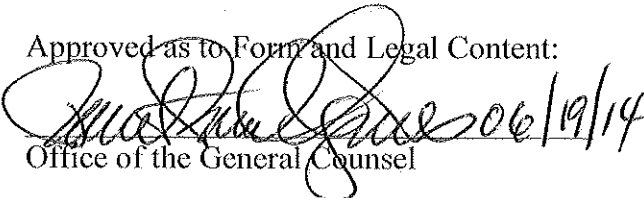
THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

ATTEST:

  
Robert W. Runcie  
Superintendent of Schools

By:   
Patricia Good, Chair

Approved as to Form and Legal Content:

  
Office of the General Counsel 06/19/14

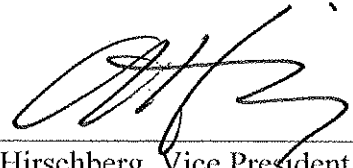


**FOR METROPOLITAN LIFE INSURANCE COMPANY  
AND  
SAFEGUARD HEALTH PLANS, INC.**

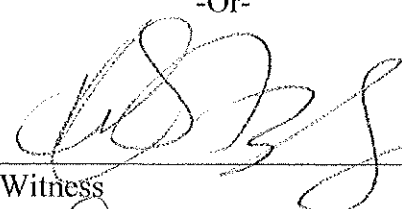
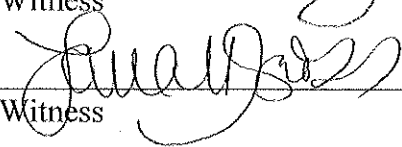
(Corporate Seal)

Metropolitan Life Insurance Company

Attest: \_\_\_\_\_  
Secretary

By:   
Alan Hirschberg, Vice President Products  
SafeGuard Health Plans, Inc.  
Metropolitan Life Insurance Company

-Or-

  
\_\_\_\_\_  
Witness  
  
\_\_\_\_\_  
Witness

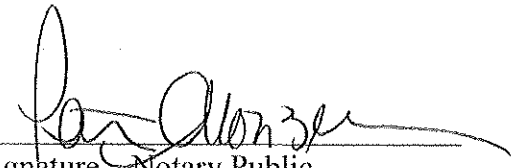
STATE OF New Jersey  
COUNTY OF Essex

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of June, 2014,  
by Alan Hirschberg of Metropolitan Life Insurance Company. He took an oath and is  
personally known to me or has produced \_\_\_\_\_ as identification.

My Commission expires:

(SEAL)

My Commission expires:

  
\_\_\_\_\_  
Signature - Notary Public

Printed Name of Notary

**PATRICIA ANNE KONZELMAN**  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
My Commission Expires Sep. 20, 2016

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

Meeting Date <b>06/21/11</b>	Open Agenda <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time Certain Request <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agenda Item Number <b>EE-3</b>
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**TITLE:** **Group Dental Insurance and Group Vision Insurance for School Board Employees**

**REQUESTED ACTION:**  
 Approve this RFP recommendation as stated on the attached award recommendation.

RFP	TITLE	LOCATION	AMOUNT	M/WBE VENDOR(S)
12-005V	Group Dental Insurance and Group Vision Insurance for School Board Employees Contract period: January 1, 2012 through December 31, 2014 The Agreement has been approved as to form and legal content by the School Board Attorney.	Benefits	\$85,000,000	

**SUMMARY EXPLANATION AND BACKGROUND:**  
 Board approval of this RFP recommendation does not mean the amount shown will be spent. This amount represents the estimated contract value for the first year through the term of this contract from available funds already included in various school/ department/ center budgets.

**SCHOOL BOARD GOALS:**

- ☐ •Goal One: Raise achievement of all students to ensure graduation from high school and readiness for post-secondary education.
- ☒ •Goal Two: Improve the health and wellness of students and personnel.
- ☐ •Goal Three: Provide a safe and secure physical and technological environment for all students and employees.
- ☐ •Goal Four: Promote innovation which focuses on best practices and quality efforts that improve our best-in-class position.
- ☒ •Goal Five: Recruit, develop, retain, and recognize high performing and diverse faculty and personnel.
- ☒ •Goal Six: Build strong partnerships with family, business, community and government at the classroom, school, area, and district level.
- ☐ •Goal Seven: Ensure district's leadership as an environmental steward through innovative ecology and energy conservation programs.

**FINANCIAL IMPACT:**  
 All expenditure for these contracts will come from existing approved District budgets over a three-year period.

**EXHIBITS: (List)**  
 1. RFP: 12-005V

<b>BOARD ACTION:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">APPROVED</div>	<b>SOURCE OF ADDITIONAL INFORMATION:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Dildra Martin-Ogburn</td> <td style="width:30%;">754-321-3100</td> </tr> <tr> <td>Jeffrey S. Moquin</td> <td>754-321-2650</td> </tr> <tr> <td>Donnie Carter</td> <td>754-321-2610</td> </tr> <tr> <td>Name</td> <td>Phone</td> </tr> </table>	Dildra Martin-Ogburn	754-321-3100	Jeffrey S. Moquin	754-321-2650	Donnie Carter	754-321-2610	Name	Phone
Dildra Martin-Ogburn	754-321-3100								
Jeffrey S. Moquin	754-321-2650								
Donnie Carter	754-321-2610								
Name	Phone								

(For Official School Board Records' Office Only)

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Donnie Carter, Chief Operations Officer**

**Office of the Chief Operations Officer**

Approved in Open Board Meeting on:

**JUN 21 2011**

By:

Revised July 2008

[FN/DCarter/JMoquin:dog

School Board Chair

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

Meeting Date <b>8/21/12</b>	Open Agenda Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Special Order Request Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Agenda Item Number <b>E-3</b>

**TITLE:**

**Amendments to Agreements for RFP 12-005V- Group Dental & Group Vision Benefits for School Board Employees**

**REQUESTED ACTION:**

Approve the following Amendments to Agreements between The School Board of Broward County, Florida, and: (1) Metropolitan Life Insurance Company and Metropolitan Life Insurance Company/Safeguard (dental carriers).

**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 BOARD GOALS:**

- ☐ •Goal One: Raise achievement of all students to ensure graduation from high school and readiness for post-secondary education.
- ☒ •Goal Two: Improve the health and wellness of students and personnel.
- ☐ •Goal Three: Provide a safe and secure physical and technological environment for all students and employees.
- ☐ •Goal Four: Promote innovation which focuses on best practices and quality efforts that improve our best-in-class position.
- ☐ •Goal Five: Recruit, develop, retain, and recognize high performing and diverse faculty and personnel.
- ☐ •Goal Six: Build strong partnerships with family, business, community and government at the classroom, school, area, and district level.
- ☐ •Goal Seven: Ensure district's leadership as an environmental steward through innovative ecology and energy conservation programs.

**FINANCIAL IMPACT:**

The premium increases do not represent additional cost to the District for 2013, based on current contract provisions.

**EXHIBITS: (List)**

1. Executive Summary
2. First Amendment to Agreement -- Metropolitan Life Insurance Company
3. First Amendment to Agreement -- Metropolitan Life Insurance Company/Safeguard

**BOARD ACTION:**

**APPROVED**

(For Official School Board Records Office Only)

**SOURCE OF ADDITIONAL INFORMATION:**

Dr. Dildra Martin-Ogburn	754-321-2150
Mr. Bill Harris	754-321-0501

Name

Phone

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Maurice L. Woods** *M.W.*  
**Chief Strategy & Operations Officer**  
**Office of Strategy & Operations**

Approved in Open Board Meeting on:

**AUG 21 2012**

By:

*[Signature]*

School Board Chair

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

Meeting Date <b>07/23/13</b>	Open Agenda Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Special Order Request Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Agenda Item Number <b>E-3</b>
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<b>TITLE:</b>						
<b>Second Amendments to Agreements for Request for Proposals (RFP) 12-005V Group Dental &amp; Group Vision Benefits for School Board Employees</b>						
<b>REQUESTED ACTION:</b>						
Approve the Second Amendments to Agreements between The School Board of Broward County, Florida, and Metropolitan Life Insurance Company and Metropolitan Life Insurance Company/Safeguard Health Plans, Inc. (Dental Carriers).						
<b>SUMMARY EXPLANATION AND BACKGROUND:</b>						
<p>RFP 12-005V for Group Dental Insurance and Group Vision Insurance for School Board Employees, was awarded to Humana/CompBenefits, Metropolitan Life Insurance Company (MetLife), and Metropolitan Life Insurance Company/Safeguard Health Plans, Inc. (Met Life/Safeguard), (Dental Carriers) and Humana/CompBenefits and Solstice Benefits, Inc., (Vision Carriers) by the School Board at the June 21, 2011 Board Meeting. For 2014, MetLife and MetLife/ Safeguard (<b>Dental Carriers</b>) agreed to a negotiated reduced rate of 3.1% across all Plans. The premium decreases did not represent savings to the District for 2014, based on current contract provisions; however, the decreases did result in total savings to District employees of approximately \$260,000.</p> <p>The terms of the contracts awarded to Humana/CompBenefits and Solstice Benefits, Inc. (<b>Vision Carriers</b>) holds their rates flat through 2014. These amendments were approved by the Superintendent's Insurance Advisory Committee at its May 9, 2013 meeting.</p> <p>These Amendments to Agreements have been reviewed and approved as to form and legal content by the Office of the General Counsel.</p>						
<b>SCHOOL BOARD GOALS:</b>						
•Goal 1: High Quality Instruction <input checked="" type="checkbox"/> •Goal 2: Continuous Improvement •Goal 3: Effective Communication						
<b>FINANCIAL IMPACT:</b>						
The premium increases do not represent additional cost to the District for 2014, based on current contract provisions.						
<b>EXHIBITS: (List)</b>						
1. Executive Summary 2. Second Amendment to Agreement - Metropolitan Life Insurance Company 3. Second Amendment to Agreement - Metropolitan Life Insurance Company/Safeguard Health Plans, Inc. 4. Approved Agenda Request Form - 08/21/12 RSBM (E-3) 5. Approved Agenda Request Form - 06/21/11 RSBM (EE-3)						
<div align="center"><b>APPROVED</b></div> (For Official School Board Records' Office Only)	<b>SOURCE OF ADDITIONAL INFORMATION:</b>					
	<table border="0"> <tr> <td>Dr. Dildra Martin-Ogburn</td> <td align="right">754-321-3100</td> </tr> <tr> <td>Carol Barker</td> <td align="right">754-321-0506</td> </tr> <tr> <td>Name</td> <td align="right">Phone</td> </tr> </table>	Dr. Dildra Martin-Ogburn	754-321-3100	Carol Barker	754-321-0506	Name
Dr. Dildra Martin-Ogburn	754-321-3100					
Carol Barker	754-321-0506					
Name	Phone					

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Maurice L. Woods** *M.W.*  
**Chief Strategy & Operations Officer**  
**Office of Strategy & Operations**

Approved in Open Board Meeting on:

By:

**JUL 23 2013**  
*Laurie Richerson*

School Board Chair

## 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: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: MetLife & MetLife/Safeguard  
Supplier Contact: Michael Prince  
Contact Telephone: 770-407-2414

Bid No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

What was the product / service? Group Dental & Group Vision

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes ☐ No ☐

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

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

\*Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name / Title: Dr. Dildra Martin-Ogbum, Director, Benefits & Employment Services  
School / Department: Benefits Department  
Contact Telephone: 754-321-3108

Participant's Signature:  Date: 7/1/14

## 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: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Humana and Humana/CompBenefits  
Supplier Contact: Shauna Whittingham  
Contact Telephone: 305-626-5124

Bid No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

What was the product / service? Group Dental & Group Vision

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes ☒ No ☐

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

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

\*Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation Form Completed By:  
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services  
School / Department: Benefits Department  
Contact Telephone: 754-321-3108

Participant's Signature: \_\_\_\_\_ Date: 7/1/14

## 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: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Solstice Benefits, Inc.

Supplier Contact: Nori Pino

Contact Telephone: 954-370-1736

Bid No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

What was the product / service? Group Vision

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes ☐ No ☐

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation Form Completed By:  
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services  
School / Department: Benefits Department  
Contact Telephone: 754-321-3408

Participant's Signature: [Signature] Date: 7/1/14