BROWARD COUNTY FLORIDA

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

NAME OF OTHER CONTRACTING PARTY
VISTA HEALTH PLAN

PROPOSED ACTION
☒ NEW ITEM ☐ AMENDMENT, NUMBER ☐ RENEWAL ☐ EXTENSION

DOCUMENT TYPE
Other Agreement for Group Health Insurance

PURPOSE
Provides for continuation of health insurance coverage for employees, retirees, COBRA, and eligible dependents

SPECIAL PROVISIONS (*select if applicable*)
☐ LIVING WAGE PROGRAM
☐ SBE SHELTERED MARKET PROGRAM
☐ FEDERAL DBE PROGRAM
☐ CDBE PROGRAM
☐ M/WBE PROGRAM
☐ REQUIRES IN-KIND MATCH: $ OR %
☐ REQUIRES CASH MATCH: $ OR %

EFFECTIVE DATES (*new agreements only*)
START: January 1, 2010
END: December 31, 2010 (with four one-year renewals)

EFFECTIVE DATES (*amendments only*)
☐ NO CHANGE
☐ END DATE HAS CHANGED FROM TO .
☐ TERM HAS FROM TO .

CONTRACT ADMINISTRATOR
NAME: James R. Acton, Jr.
PHONE: 954-357-6044

CONTRACT TYPE
☐ COST REIMBURSEMENT ☐ OPEN-END
☒ FIRM FIXED PRICE ☐ TIME AND MATERIALS
☐ PERFORMANCE BASED ☐ OTHER

CONTRACT VALUE (*new contracts*)
☐ ACTUAL ☒ ESTIMATED

Base amount	$33,900,000.00
Reimbursables	$0.00
Optional Services	$0.00
Total contract value	$33,900,000.00

CONTRACT VALUE (*amendments only*)
☐ NO CHANGE ☐ ACTUAL ☐ ESTIMATED

Original approved contract value	
Approved previous adjustments	
Value of this action	
Amended total contract value	

PAYMENT METHOD
☐ LUMP SUM PAYMENT
☐ MILESTONE / PROGRESS BASED
☒ SCHEDULED OR TIME-BASED
☐ OTHER

PAYMENT TERMS
By the 10th day of every month based on actual enrollment in the plans.

COST ADJUSTMENT
☒ NOT APPLICABLE ☐ FIXED PERCENTAGE % ☐ ACTUAL COST
☐ CPI OR OTHER INDEX ☐ FIXED COST $ ☐ OTHER

EQUITY PROGRAM PARTICIPATION SUMMARY

Total County established M/WBE, SBE, CDBE, or DBE participation goal for this action or project:	N/A
Total contractor-committed M/WBE, SBE, CDBE, or DBE participation goal planned for this action or project:	N/A
M/WBE, SBE, CDBE, or DBE participation to date:	N/A

RENEWAL OR EXTENSION TERMS
ONE YEAR CONTRACT WITH FOUR ADDITIONAL ONE-YEAR RENEWALS UPON APPROVAL OF THE BOARD

TERMINATION AND CANCELLATION PROVISIONS
FOR CAUSE: 60 DAYS WRITTEN NOTICE
FOR CONVENIENCE: 60 DAYS WRITTEN NOTICE

DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION
Group Health Insurance Coverage to employees, retirees, COBRA and eligible dependents.

LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.
Article 4.2: Provision for month to month extension; Articles 10 and 11: Provisions that limit conflict with federal/state privacy laws; Article 13: Provision that limits vendor's ability to assign agreement as well as requiring prior written notice if there is a change in control of the vendor providing services; Article 18:

	Provision clarifying indemnification language that the County will not be indemnified for its own negligence or willful misconduct.