



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

NAME OF OTHER CONTRACTING PARTY

COMPBENEFITS COMPANY

PROPOSED ACTION

 NEW ITEM
 AMENDMENT, NUMBER 1
 RENEWAL
 EXTENSION

DOCUMENT TYPE

Other Agreement for Vision Benefits

PURPOSE

Provides for continuation of vision insurance coverage to employees, retirees, COBRA, and dependents

SPECIAL PROVISIONS (select if applicable)

<input type="checkbox"/> LIVING WAGE PROGRAM	<input type="checkbox"/> M/WBE PROGRAM
<input type="checkbox"/> SBE SHELTERED MARKET PROGRAM	<input type="checkbox"/> REQUIRES IN-KIND MATCH: \$ OR %
<input type="checkbox"/> FEDERAL DBE PROGRAM	<input type="checkbox"/> REQUIRES CASH MATCH: \$ OR %
<input type="checkbox"/> CDBE PROGRAM	

EFFECTIVE DATES (new agreements only)

START:

END:

EFFECTIVE DATES (amendments only)

 NO CHANGE
 END DATE HAS CHANGED FROM 12/31/2010 TO 12/31/11.
 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

Reimbursables

Optional Services

Total contract value

CONTRACT VALUE (amendments only)

 NO CHANGE ACTUAL ESTIMATED

Original approved contract value **\$0.00**

Approved previous adjustments **\$0.00**

Value of this action **\$0.00**

Amended total contract value **\$0.00**

PAYMENT METHOD

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

PAYMENT TERMS

By the 10th day of every month based on 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

24 MONTHS

TERMINATION AND CANCELLATION PROVISIONS

FOR CAUSE: 60 DAYS WRITTEN NOTICE
FOR CONVENIENCE: 60 DAYS WRITTEN NOTICE

DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION

Group Vision Insurance Coverage to employees, retirees, COBRA and dependents. Benefit is 100% employee, retiree, and COBRA paid. Contract renewal period is for a fifth and sixth year renewal in order to take advantage of a two-year rate guarantee at no increase in premiums.

LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.

N/A