



AGREEMENT SUMMARY

1. Other Contracting Party:
COMPBENEFITS COMPANY

2. Proposed Action:
New Contract, Amendment, Number, Renewal, Extension

3. Document Type (select one):
Other, Group Insurance Contract

4. Purpose/Description:
Provides voluntary group Dental Health Maintenance Organization (DHMO) insurance coverage to benefit-eligible employees, COBRA participants, Retirees, and covered dependents.

5. Special Provisions (select if applicable):
Living Wage Program, Workforce Investment Pilot Program, Federal DBE/ACDBE program, CBE Program, SBE Sheltered Market Program, M/WBE Program, In-Kind Match Required, Cash Match Required

6.a. Effective Dates (for new agreements only):
Start:
End:

6.b. Effective Dates (amendments only):
No Change, End date has changed from 12/31/2018 to 12/31/2019, Term has from to

7. Contract Administrator:
Name: David Kahn
Phone: 954-357-6005

8. Contract Type:
Cost reimbursement, Open-end, Firm fixed price, Time and materials, Performance-based, Other

9.a. Contract Value (new contracts)
Table with columns for Actual/Estimated and rows for Base amount, Reimbursables, Optional Services, Total contract value

9.b. Contract Value (amendments only)
Table with columns for No change/Actual/Estimated and rows for Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value

10. Payment Method
Lump Sum Payment, Milestone or Progress-Based, Scheduled or Time-Based, Other

11. Payment Terms
Active Employees – monthly based on enrollment.
COBRA and Retiree Participants – monthly by Third Party Vendor.

12. Cost Adjustment
Not Applicable, CPI or other Index, Fixed Percentage, Fixed Amount, Actual Cost, Other

13. Equity Program Participation Summary
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: None
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:
NONE

15. Termination and Cancellation Provisions
For Cause: 30 DAYS WRITTEN NOTICE
For Convenience: 30 DAYS WRITTEN NOTICE

16. Deliverables, milestones or scope of this action:
Provide voluntary Group Dental HMO Insurance coverage to benefit-eligible employees, COBRA participants, Retirees, and covered dependents. Premium is fully paid by participating members.

17. List terms, considerations or deviations from standard county form.
None