



AGREEMENT SUMMARY

1. Other Contracting Party:

HUMANADENTAL INSURANCE 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 Preferred Provider Organization (DPPO) insurance coverage to benefit-eligible employees, COBRA participants, Retirees, and covered dependents.

5. Special Provisions (select if applicable):

Living Wage Program SBE Sheltered Market Program Workforce Investment Pilot Program M/WBE Program Federal DBE/ACDBE program In-Kind Match Required: \$ ____ or ____ % CBE Program Cash Match Required: \$ ____ or ____ %

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 2 columns: Description, Value. Rows: Actual/Estimated, Base amount, Reimbursables, Optional Services, Total contract value

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows: No change/Actual/Estimated, Original approved contract value (\$3,783,667), Approved previous adjustments, Value of this action (\$1,349,422), Amended total contract value (\$5,133,089)

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 Fixed Percentage - % Actual Cost CPI or other Index Fixed Amount - \$ 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 PPO 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