

# SUPPLEMENTAL AGREEMENT NO. 2

Contract Number: **RFP711b**

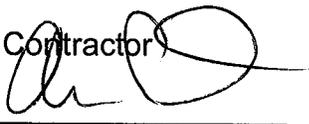
Contract Title: **Employee Group Dental Insurance Program (Prepaid)**

Contractor: **Humana Dental Insurance Company  
1100 Employers Boulevard  
Deperre, WI 54115**

In accordance with the above referenced Contract, this supplement, when properly executed, becomes part of the Contract, and effective upon execution shall delete Appendix B, Price Schedule, in its entirety and replace with the attached Appendix B, Price Schedule (Revised 8/1/13) to incorporate the negotiated and applicable price schedule for the Contract renewal periods covering Plan Year 2014, effective January 1, 2014 through December 31, 2014 and Plan Year 2015, effective January 1, 2015 through December 31, 2015.

**All terms, covenants and conditions of the original Contract and any supplemental agreements issued thereto shall remain in full force and effect, except to the extent herein amended.**

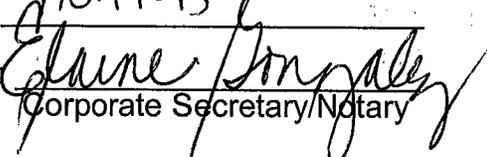
IN WITNESS WHEREOF, the parties have executed this Supplemental Agreement to County Contract No. RFP711b effective upon execution.

By:   
Contractor

Name: Alan Stewart

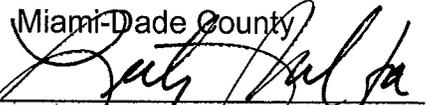
Title: Vice President

Date: 10-14-13

Attest:   
Corporate Secretary/Notary

Corporate Seal/Notary

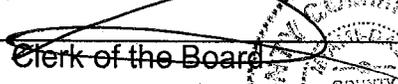


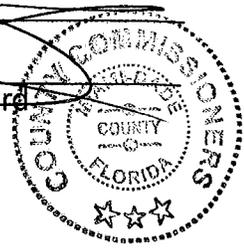
By:   
Miami-Dade County

Name: Carlos A. Gimenez

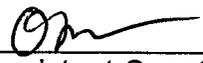
Title: Mayor

Date: 11-21-13

Attest:   
Clerk of the Board



Approved as to form and legal sufficiency

  
Assistant County Attorney



## Appendix B

**PRICE SCHEDULE**  
**Revised 8/1/2013**

**PREMIUM STRUCTURE:**

The following are the monthly rates to provide the Prepaid Dental Plan which includes all services specified in the Scope of Services (Appendix A) in accordance with the tables below.

**PREMIUMS - PREPAID PLAN OF BENEFITS**

2011 Plan Year (1/1/11-12/31/11)	
Standard	
Tier	Monthly Rate
Employee only	\$ 7.99
Employee + 1*	\$ 13.23
Employee + 2 or More*	\$ 20.23
Enriched	
Tier	Monthly Rates
Employee only	\$ 13.70
Employee + 1*	\$ 22.75
Employee + 2 or More*	\$ 36.14

2012 Plan Year (1/1/12-12/31/12)	
Standard	
Tier	Monthly Rate
Employee only	\$ 7.99
Employee + 1*	\$ 13.23
Employee + 2 or More*	\$ 20.23
Enriched	
Tier	Monthly Rates
Employee only	\$ 14.80
Employee + 1*	\$ 24.57
Employee + 2 or More*	\$ 39.03

2013 Plan Year (1/1/13-12/31/13)	
Standard	
Tier	Monthly Rate
Employee only	\$ 8.23
Employee + 1*	\$ 13.63
Employee + 2 or More*	\$ 20.84
Enriched	
Tier	Monthly Rates
Employee only	\$ 15.26
Employee + 1*	\$ 25.32
Employee + 2 or More*	\$ 40.22

<b>2014 Plan Year (1/1/14-12/31/14)</b>	
<b>Standard</b>	
<b>Tier</b>	<b>Monthly Rate</b>
Employee only	\$ 8.00
Employee + 1*	\$ 13.24
Employee + 2 or More*	\$ 20.22
<b>Enriched</b>	
<b>Tier</b>	<b>Monthly Rates</b>
Employee only	\$ 14.82
Employee + 1*	\$ 24.58
Employee + 2 or More*	\$ 39.02

<b>2015 Plan Year (1/1/15-12/31/15)</b>	
<b>Standard</b>	
<b>Tier</b>	<b>Monthly Rate</b>
Employee only	\$ 8.00
Employee + 1*	\$ 13.24
Employee + 2 or More*	\$ 20.22
<b>Enriched</b>	
<b>Tier</b>	<b>Monthly Rates</b>
Employee only	\$ 14.82
Employee + 1*	\$ 24.58
Employee + 2 or More*	\$ 39.02

\*Tier rates "Employee + 1" and "Employee + 2 or More" includes employee rate.

**Notes:**

- (1) Compensation to the Contractor shall be based on the actual enrollment of employees in the plan. The County does not guarantee any enrollment figures or participation of covered groups.
- (2) The monthly rates are guaranteed and not subject to increase during the initial term of the Contract and the first and second option to renew years (Plan Years 2014 and 2015 through December 31, 2015).
- (3) For all plan years, the Contractor shall evaluate the rates by June 30th and advise the County whether there is a potential to reduce rates for the next plan year based on actual utilization. The Contractor shall also advise the County of its recommended reduced rates, if any. If there is a potential to reduce the rates, the Contractor and the County shall negotiate the new reduced rates.
- (4) The monthly rates for the third option to renew year (through December 31, 2016) shall be negotiated with the following stipulations: 1) provided that the aggregate loss ratio for the previous plan years of trended experience is less than 85%, the rates shall remain the same, or 2) provided that the aggregate loss ratio for the previous plan years of trended experience is greater than 85%, the Contractor may recommend price increase adjustment to be capped at 5% of the previous plan year.

The recommended increase, if any, must be provided by the Contractor to the Project Manager by May 1<sup>st</sup> of the year prior to the start of the effected plan year (i.e., May 1, 2015 for plan year 2016) along with a justification of the Contractor's underwriting/actuarial methodology used to determine the new rates. Supporting claims experience and utilization data shall be provided as requested by the County to facilitate the County's renewal process. If no recommended increase is received by

this date, the rates shall remain the same for the next option year. The County reserves the right to negotiate the amount of the increase (up to the cap) with the Contractor.

- (5) The rates are all-inclusive; no add-on charges for services are allowed.
- (6) Commissions shall not be included in the County rates.
- (7) Rates will not be adjusted at anytime during the plan year unless Miami-Dade County requests and agrees to off-anniversary changes in writing.



Miami Dade County Government / Public Health Trust  
 Master Groups 4511 & 421  
 Renewal date: January 1, 2014

Your current and renewal dental rates

Plan description	Coverage type	Enrollment	Current rate	Monthly premium	Renewal rate*	Monthly premium
Plan 1 200D	Employee	523	\$8.23	\$4,304	\$8.00	\$4,184
	Employee + 1	133	\$13.63	\$1,813	\$13.24	\$1,761
	Family	126	\$20.84	\$2,626	\$20.22	\$2,548
	<b>Total</b>	<b>782</b>		<b>\$8,743</b>		<b>\$8,493</b>
Plan 2 S400D	Employee	1,447	\$15.26	\$22,081	\$14.82	\$21,445
	Employee + 1	673	\$25.32	\$17,040	\$24.58	\$16,542
	Family	1,048	\$40.22	\$42,151	\$39.02	\$40,893
	<b>Total</b>	<b>3168</b>		<b>\$81,272</b>		<b>\$78,880</b>

\*Renewal rates are guaranteed for two years: January 1, 2014 through December 31, 2015.