Humana.

June 14, 2012

Ms. Chili Pope Human Resources Director Nassau County Board of County Commissioners 96135 Nassau Place, Suite 5 Yulee, FL 32097

Dear Chili:

As a valued client of Humana, we would like to thank you for allowing us the opportunity to provide the dental and vision benefits portion of your benefits package. Our goal is to ensure that Nassau County Board of County Commissioners experiences the highest quality service and benefits.

It is our pleasure to provide you with the renewal rates for the plan year of October 1, 2012 through September 30, 2014. Per your request, we are offering 4-tier rates for both dental and vision plan options. The renewal rates are as follows:

DHMO - CS250	Current Monthly Premiums		Renewal Monthly Premiums
Employee Only	\$12.18	Employee Only	\$12.80
Employee + One	\$23.16	Employee + Spouse	\$25.48
Employee + Family	\$31.56	Employee + Child(ren)	\$21,11
		Employee + Family	\$34.86
PPO – EP705			
Employee Only	\$20.34	Employee Only	\$20.34
Employee + One	\$39.16	Employee + Spouse	\$40.91
Employee + Family	\$65.72	Employee + Child(ren)	\$37.27
		Employee + Family	\$68.94
Vision			
Employee Only	\$5.68	Employee Only	\$5.86
Employee + One	\$11.32	Employee + Spouse	\$12.25
Employee + Family	\$15.16	Employee + Child(ren)	\$10.07
		Employee + Family	\$16.48

June 14, 2012 Nassau County BOCC 2012 Renewal Letter Page 2 of 2

Should you have any questions regarding the renewal rates, please feel free to contact me at 407.701.8607.

Please complete the acknowledgement below and return a copy to me at your earliest convenience. This will complete our documentation of the renewal process.

Sincerely,

Pamela Aguiar

Pamela Aguiar Account Executive

Acknowledgement: We hereby acknowledge that we have reco agree with the terms of the renewal.	eived and reviewed the renewal listed within this notification and
Signed S. B.	7/18/12 Date
Print Name <u>DANIEL B. LEEPER</u> ,	Chair, Nassau County Board of County Commissioners
Attest:	Approved as to form by the Nassau

Crawford, Ex-Officio Clerk

MES 07-18-12

David A. Hallman, Esq.

Nassou County Humana Vision Plan #V\$5670		Humana/CompBenefits Vision Care Plan VCP 432			Humana/GompBenefits Vision Care Plan VCP 432			Humana/CompBenefits Vision Care Plan		
#V356/U 10/1/2012 Renewal		Current			Renewal			VCP 432 Renewal		
In Network:	State of the	Humana VCP			Humana VCP			Humana VCP	200700000000	1323333333333 155535333333333
III Nework		numana vor	23/05/26/2		Humana VCF	11 0.000000	i Arthrid (Albert	Humana VOP	Administration	l anoxidada
Examination	Alian Ariaan			<u> Mandagara</u>	<u> 2002 yan baran da an inganingan</u>				la sina Sina	
Co-Pay		100% after \$10 copay			100% after \$10 copay			100% after \$10 copay		
Benefit Frequency		once per 12 months			once per 12 months			once per 12 months		
Lenses		Legislation of the control of the co			<u>, 1880 - E.A.C., 1994, 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 199</u>	17224			ALEXA ASSA	
Single		\$15 co-pay			\$15 co-pay			\$15 co-pay		
Bifocal		\$15 co-pay			\$15 co-pay			\$15 co-pay		
Trifocal		\$15 co-pay			\$15 co-pay			\$15 co-pay		
Polycarbonate, standard for children		Yes			Yes	1		Yes		
Benefit Frequency		once per 12 months			once per 12 months			once per 12 months		
Frames							34/6/34/54/52			
Included in \$15 copay		\$45 Wholesale Allowance (retail \$90-\$135)			\$45 Wholesale Allowance (retail \$90-\$135)			\$45 Wholesale Allowance (retail \$90- \$135)		
Benefit Frequency		once per 24 months			once per 24 months			once per 24 months		
Contact Lenses		CACALSTANSINAS AL ARABANAMÁTA		Lagrance Market	guestas de ciamentas terres	2/25/200	260/4900	3/ Sangayang dalah menganyan 11/3/19/02	120/2000	9/19800800800W
Elective (Conventional & Disposable)		\$105 allowance			\$105 allowance			\$105 allowance		
Medically Necessary		100% after \$15 copay			100% after \$15 copay			100% after \$15 copay		
Out of Network			March.		antinations and antique					{-::::::::::::::::::::::::::::::::::::
Exam		\$35			\$35			\$35		
Single Lenses		\$25			\$25			\$25		
Bifocal Lenses		\$40			\$40		i i	\$40		
Trifocal Lenses		\$60			\$60			\$60		
Frames		\$40 retail allowance			\$40 retail allowance			\$40 retail allowance		
Contact Lenses		\$105 allowance			\$105 allowance			\$105 allowance		
Medically Necessary Contacts		\$210 allowance			\$210 allowance			\$210 allowance		
Additional Discounts										
Second Pair of Glasses		20% discount			20% discount			20% discount		
Additional Contact Lens Services		<u> </u>							,	
Lasik		\$895-\$1,895 per eye			\$895-\$1,895 per eye	1		\$895-\$1,895 per eye		
MONTHLY RATES:	and the teams	เมษายนต์สายสายสายสายสายสายสายสายสายสายสายสายสายส	a Verteur		3-TIER	. Lestesta	273553.5	4-TIER		
Employee Only	191	\$5.68	191	\$1,119.26	\$5.86	191	\$1,119,26	\$5.86	employ	ee impact:
Employee + 1 Dependent/Employee + Spouse	86	\$11.32	86	\$1,002.76	\$11.66	72	\$882.00	\$12.25	72	\$0.59
Employee + 2 or more/Employee + Children	73	\$15.16	73	\$1,140.26	\$15.62	23	\$231.61	\$10.07	23	(\$5,55)
Employee + Family				\$3,262.28	<u> </u>	64	\$1,054,72	\$16.48	64	\$0.86
							\$3,287.59			

Nassau County	Humana / CompBenefits			Humana / CompBenefits			Humana / CompBenefits	Š.
Jumana PPO Dental Plan	EP705 PPO Plan			EP705			EP705	
CD4921		1977		PPO Plan			PPO Plan	
0/1/2012 Renewal In Network:	Current			Renewal		(92200)	Renewal	4
in Network eductible (Individual/Family)	Humana/ CompBenefits PPO			Humana/ CompBenefits PPO		<u> </u> -	Humana/ CompBenefits PPO	4
reductible (Individual/Family) Deductible waived for preventive	\$50/\$150			\$50/\$150		i -	\$50/\$150	
	Yes \$1,000			Yes		ļ-	Yes \$1,000	4
nnual Maximum Benefit for Type I, II, III Unused Benefit Rollover?	\$1,000 N/A			\$1,000 N/A		 		4
	N/A			N/A			N/A	71
Type I/Preventive Oral Exam, X-rays	100%		(Alani) delaikant	100%	1.034.024.034.03		100%	
	100%					-		
Prophylaxis/Routine Cleanings	100%			100%		-	100%	4
Sealant - per tooth	100% N/A			100%	·	-	100%	-
Waiting Period?	N/A		(7.4 () () ()	N/A			N/A	
Type II/Basic		r Dan Halamari	April Grand Distance		La Allade (Alexander)			
Surface silver filings	80% 80%		_	80%		-	80%	-
Extraction, erupted tooth	80%			80% 80%		-	80%	4
Surgical removal of errupted tooth	80% N/A					I ⊢	80%	-
Waiting Period?	N/A			N/A			N/A	
Type III/Major		(Linux engages			. Les Charches (A			ĬĬ
Crowns & Bridges, etc.	50% 50%			50%		-	50%	
Prosthodontics/Dentures				50%		-	50%	4
Endodontics/Root Canal	50%			50%	_	-	50%	_
Waiting Period? Type IV/Orthodontia	12 months	e description of the site		12 months			12 months	::
	N/A					Sidvingal Sidvinistics	AUA	
Orthodontics Coverage?	N/A N/A	 		N/A N/A	 -	-		
Age limits? Ortho Lifetime Benefit Maximum	N/A N/A			N/A N/A		-	N/A N/A	-
	N/A N/A			N/A N/A	ļ	-	N/A N/A	
Waiting Period? Out of Network:	N/A		10 m//// 10 m/	N/A			N/A	
Deductible (Individual/Family)	Combined with In-Network			Combined with In-Network			Combined with In-Network	
Deductible (individual/Family) Deductible waived for preventive	Yes	ļ				-		-
Type I/Preventive	100%			Yes 100%		<u> </u>	Yes	-{
Type II/Basic	80%			80%		{	80%	
	50%	_		50%		ł	50%	-
Type III/Major	50%			50%		ł -	50%	-{
Annual Maximum Benefit Type I, II, III	Combined with In-Network			Combined with In-Network	l		Combined with In-Network	
Orthodontia	N/A			N/A]	N/A	j
ifetime Orthodontic Maximum	N/A			N/A		j [N/A	J
JCR Reimbursement	MAC			MAC			MAC	_
MONTHLY RATES:	erinian – maksilikalikiliki (lokalasi ali ali aliasika ili alia			Marin Marintal and Marin are reserved and Addition College	January,	i kara engar		
mployee Only/EE	\$20.34	56	\$1,139,04	\$20.34	56	\$1,139.04	\$20.34	employee imp
mployee +1 Dependent/ES	\$39.16	26	\$1,018.16	\$39.16	16	\$654.56	\$40.91	16 \$1.
mployee + Family/EC	\$65.72	15	\$985.80	\$65.72	12	\$447.24	\$37.27	12 -528
amily			\$3,143,00		13	5896.22	\$68.94	13 \$3.7
		I				\$3,137,06		

Nassau County	Humana / CompBenefits			Humana / CompBenefits			Humana / CompBenefits	
Humana DHMO Dental Plan	CS250			CS250			CS250	
#CP4921	DHMO Plan			DHMO Plan		1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	DHMO Plan	
10/1/2012 Renewal	Current	. Washington Co.		Current			Current	
in Network:	Humana/ CompBenefits DHMO			Humana/ CompBenefits DHMO		├	Humana/ CompBenefits DHMO	
Deductible (Individual/Family)	N/A			N/A			N/A	
Deductible waived for preventive	N/A			N/A		ļ	N/A	
Annual Maximum Benefit for Type I, II, III	N/A			N/A		ļ	N/A	
Unused Benefit Rollover?	N/A			N/A	,		N/A	
Type I/Preventive	- 1999 A Petring a telepingan personal and a state property and lead of the s		design eddadd		and a case of	Lidaliida		
Oral Exam, X-rays 0120-0160				\$0 copay			\$0 copay	
Prophylaxis/Routine Cleanings 1110, 1120				\$0 copay			\$0 copay	
Sealant - per tooth 1351	\$15 copay			\$15 copay			\$15 copay	
Waiting Period?	N/A			N/A			N/A	
Type II/Basic				de la				
Surface silver filings 2140-2161				\$20 - \$40 copay	· ·	ļl	\$20 - \$40 copay	
Extraction, erupted tooth 7140	\$25 copay			\$25 copay		<u> </u>	\$25 copay	
Surgical removal of errupted tooth 7210	\$45 copay			\$45 copay			\$45 copay	
Waiting Period?	N/A			N/A			N/A	
Type III/Major	. Listingia dake arabbaratan araban arabib.		las Assiring Asi.	<u> (AS na engagen a anni a en a esta capalitat)</u>			Berendelen <u>kannyan</u> an manghin	
Crowns & Bridges, etc. 2740-2792				\$310 copay + lab			\$310 copay + lab	
Prosthodontics/Dentures 5110-5214			,,	\$325 copay + lab			\$325 copay + lab	
Endodontics/Root Canal 3310-3330	\$150 - \$300 copay			\$150 - \$300 copay			\$150 - \$300 copay	
Waiting Period?	N/A			N/A			N/A	
Type IV/Orthodontia			haristeri Gedita		della esta			
Orthodontics Coverage?	copay schedule			copay schedule			copay schedule	}
Age limits?	Adult & Child			Adult & Child		<u> </u>	Adult & Child	}
Ortho Lifetime Benefit Maximum	max co-pay \$1800 child/\$2000 adult			max co-pay \$1800 child/\$2000 adult			max co-pay \$1800 child/\$2000 adult	
Waiting Period?	N/A			N/A			N/A]
Out of Network:	e (Described Salari e activida e a					e luccional video di contra		
Deductible (Individual/Family)	N/A			N/A			N/A	
Deductible waived for preventive	N/A			N/A			N/A	
Type I/Preventive	N/A			N/A			N/A	
Type II/Basic	N/A			N/A			N/A	
Type III/Major	N/A			N/A			N/A	
Annual Maximum Benefit Type I, II, III	N/A			N/A			N/A	
Orthodontia	N/A			N/A			N/A	1
Lifetime Orthodontic Maximum	N/A			N/A			N/A	1
UCR Reimbursement	N/A			N/A			N/A	1
MONTHLY RATES:	e Suggi (Menongradia anamand Mita	l'hekëzar		State continue and Macana and Ma	les <u>22</u> 0			
Employee Only/EE	\$12.18	165	\$2,112.00	\$12.80	165	\$2,112,00	\$12.80	employee impac
Employee + 1 Dependent/ES	\$23.16	83	\$2,018,56		65	\$1,656.20	\$25.48	65 \$1
Employee + Family/EC	\$31.56	91	\$3,015.74	\$33.14	34	\$717.74	\$21.11	33 -512
Family	N/A		\$7,146,30	N/A	76	\$2,649.36	\$34.86	76 S1
	30.5		The second secon			\$7,135.30		The state of the s

DEPARTMENT OF HUMAN RESOURCES

Agenda Request For:2: July 18, 2012

RECEIVED 2012 JUN 29 AM 8: 36 COUNTY ATTORNEY

Department:

Human Resources

Background: In 2006 Nassau County went out to bid for dental and vision coverage for Nassau County's employees. Humana Compbenefits was awarded that bid and is currently the County's provider for these services. For plan year 2012-2013 Human Resources' is submitting a change in the level of plan options from a 3 tier (Employee, Employee+1 & Employee/Family) to a 4 tier option (Employee, Employee/Spouse, Employee/Child(ren) & Employee/Family). Due to this change the cost will be allocated differently having both a negative and positive impact on employees based upon their specific plan choices. An estimated impact based on current enrollment has been included for your review. These rates have been guaranteed for a 2 year period, through September 30, 2014.

Financial/Economic Impact to Future Years Budgeting Process or Effect on Citizens: N/A

Action requested and recommendation: Human Resources requests approval for the Chairman to sign the renewal letter with Humana.

Is this action consistent with the Nassau County Comprehensive Land Use Plan? N/A

Funding Source: N/A (Employee Contributions)

Reviewed by:

Department Head

Chili A. Pope

County Manager

Office of Management and Budget

Legal

David Hallman

Clerk/Comptroller

Signature & Date:

(0.21-17)

David Hallman

Clerk/Comptroller

John A. Crawford

Harrist Care

APPROVED BOCC DATE 1/8/12 1

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BOCC Agenda Item

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Agenda Request For:

July 18, 2012

Department:

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Reviewed by:	Print Name:	Signature & Date:
Department Head	_Chili A. Pope	Chili alase
County Manager	Ted Selby	Del 1/2/18
Office of Management and Budget	Shanea Jones	Sulf 6.21-12
Legal	David Hallman	
Clerk/Comptroller	John A. Crawford	

Revised 07/10

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BOCC Agenda Item

Agenda Request For:

July 18, 2012

Department:

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Reviewed by:

Print Name:

A A / LITE A THAT GO

Department Head

Chili A. Pope

County Manager

Ted Selby

Office of Management and Budget

Shanea Jones

Legal

David Hallman

Clerk/Comptroller

John A. Crawford

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