



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:

| <i>DHMO - CS250</i> | 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 |
| <i>PPO - EP705</i> | | | |
| 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 |
| <i>Vision</i> | | | |
| 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,

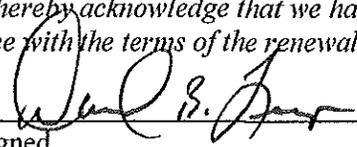
Pamela Aguiar

Pamela Aguiar
Account Executive

Acknowledgement:

We hereby acknowledge that we have received and reviewed the renewal listed within this notification and agree with the terms of the renewal.

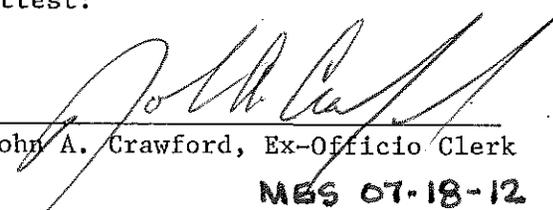
Signed



7/18/12
Date

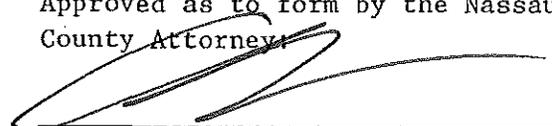
Print Name DANIEL B. LEEPER, Chair, Nassau County Board of County Commissioners

Attest:


John A. Crawford, Ex-Officio Clerk

MBS 07-18-12

Approved as to form by the Nassau
County Attorney


David A. Hallman, Esq.

Nassau County
 Humana Vision Plan
 #VS5670
 10/1/2012 Renewal

| | Humana/CompBenefits Vision Care Plan VCP 432 Current Humana VCP | | | Humana/CompBenefits Vision Care Plan VCP 432 Renewal Humana VCP | | | Humana/CompBenefits Vision Care Plan VCP 432 Renewal Humana VCP | | |
|--|---|---------|-----|---|-----|------------|---|----|------------------|
| In Network: | | | | | | | | | |
| Examination | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | Yes | | |
| Benefit Frequency | once per 12 months | | | once per 12 months | | | once per 12 months | | |
| Frames | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| Exam | \$35 | | | \$35 | | | \$35 | | |
| Single Lenses | \$25 | | | \$25 | | | \$25 | | |
| Bifocal Lenses | \$40 | | | \$40 | | | \$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 | | | | | | | | | |
| Lasik | \$895-\$1,895 per eye | | | \$895-\$1,895 per eye | | | \$895-\$1,895 per eye | | |
| MONTHLY RATES: | | | | 3-TIER | | | 4-TIER | | |
| Employee Only | 191 | \$5.68 | 191 | \$5.86 | 191 | \$1,119.26 | \$5.86 | | employee impact: |
| Employee + 1 Dependent/Employee + Spouse | 86 | \$11.32 | 86 | \$11.66 | 72 | \$882.00 | \$12.25 | 72 | \$0.59 |
| Employee + 2 or more/Employee + Children | 73 | \$15.16 | 73 | \$15.62 | 23 | \$231.51 | \$10.07 | 23 | (\$5.55) |
| Employee + Family | | | | | 64 | \$1,054.72 | \$16.48 | 64 | \$0.86 |
| | | | | | | \$3,287.59 | | | |

Nassau County
 Humana PPO Dental Plan
 #CD4921
 10/1/2012 Renewal

| | Humana / CompBenefits EP705 PPO Plan Current | | | Humana / CompBenefits EP705 PPO Plan Renewal | | | Humana / CompBenefits EP705 PPO Plan Renewal |
|--|---|----|------------|---|----|------------|---|
| In Network: | Humana/ CompBenefits PPO | | | Humana/ CompBenefits PPO | | | Humana/ CompBenefits PPO |
| Deductible (Individual/Family) | \$50/\$150 | | | \$50/\$150 | | | \$50/\$150 |
| Deductible waived for preventive | Yes | | | Yes | | | Yes |
| Annual Maximum Benefit for Type I, II, III | \$1,000 | | | \$1,000 | | | \$1,000 |
| Unused Benefit Rollover? | N/A | | | N/A | | | N/A |
| Type I/Preventive | | | | | | | |
| Oral Exam, X-rays | 100% | | | 100% | | | 100% |
| Prophylaxis/Routine Cleanings | 100% | | | 100% | | | 100% |
| Sealant - per tooth | 100% | | | 100% | | | 100% |
| Waiting Period? | N/A | | | N/A | | | N/A |
| Type II/Basic | | | | | | | |
| Surface silver fillings | 80% | | | 80% | | | 80% |
| Extraction, erupted tooth | 80% | | | 80% | | | 80% |
| Surgical removal of erupted tooth | 80% | | | 80% | | | 80% |
| Waiting Period? | N/A | | | N/A | | | N/A |
| Type III/Major | | | | | | | |
| Crowns & Bridges, etc. | 50% | | | 50% | | | 50% |
| Prostodontics/Dentures | 50% | | | 50% | | | 50% |
| Endodontics/Root Canal | 50% | | | 50% | | | 50% |
| Waiting Period? | 12 months | | | 12 months | | | 12 months |
| Type IV/Orthodontia | | | | | | | |
| Orthodontics Coverage? | N/A | | | N/A | | | N/A |
| Age limits? | N/A | | | N/A | | | N/A |
| Ortho Lifetime Benefit Maximum | N/A | | | N/A | | | N/A |
| Waiting Period? | N/A | | | N/A | | | N/A |
| Out of Network: | | | | | | | |
| Deductible (Individual/Family) | Combined with In-Network | | | Combined with In-Network | | | Combined with In-Network |
| Deductible waived for preventive | Yes | | | Yes | | | Yes |
| Type I/Preventive | 100% | | | 100% | | | 100% |
| Type II/Basic | 80% | | | 80% | | | 80% |
| Type III/Major | 50% | | | 50% | | | 50% |
| Annual Maximum Benefit Type I, II, III | Combined with In-Network | | | Combined with In-Network | | | Combined with In-Network |
| Orthodontia | N/A | | | N/A | | | N/A |
| Lifetime Orthodontic Maximum | N/A | | | N/A | | | N/A |
| UCR Reimbursement | MAC | | | MAC | | | MAC |
| MONTHLY RATES: | | | | | | | |
| Employee Only/EE | \$20.34 | 56 | \$1,139.04 | \$20.34 | 56 | \$1,139.04 | \$20.34 |
| Employee + 1 Dependent/ES | \$39.16 | 26 | \$1,018.16 | \$39.16 | 16 | \$654.56 | \$40.91 |
| Employee + Family/EC | \$65.72 | 15 | \$985.80 | \$65.72 | 12 | \$447.24 | \$37.27 |
| Family | | | \$3,143.00 | | 13 | \$896.22 | \$68.94 |
| | | | | | | \$3,137.06 | |

employee impact:

| | |
|----|---------|
| 16 | \$1.75 |
| 12 | \$28.45 |
| 13 | \$3.22 |

Nassau County
 Humana DHMO Dental Plan
 #CP4921
 10/1/2012 Renewal

| | Humana / CompBenefits CS250 DHMO Plan Current | | | Humana / CompBenefits CS250 DHMO Plan Current | | | Humana / CompBenefits CS250 DHMO Plan 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 | | | N/A |
| Annual Maximum Benefit for Type I, II, III | N/A | | | N/A | | | N/A |
| Unused Benefit Rollover? | N/A | | | N/A | | | N/A |
| Type I/Preventive | | | | | | | |
| Oral Exam, X-rays 0120-0160 | \$0 copay | | | \$0 copay | | | \$0 copay |
| Prophylaxis/Routine Cleanings 1110, 1120 | \$0 copay | | | \$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 | | | | | | | |
| Surface silver fillings 2140-2161 | \$20 - \$40 copay | | | \$20 - \$40 copay | | | \$20 - \$40 copay |
| Extraction, erupted tooth 7140 | \$25 copay | | | \$25 copay | | | \$25 copay |
| Surgical removal of erupted tooth 7210 | \$45 copay | | | \$45 copay | | | \$45 copay |
| Waiting Period? | N/A | | | N/A | | | N/A |
| Type III/Major | | | | | | | |
| Crowns & Bridges, etc. 2740-2792 | \$310 copay + lab | | | \$310 copay + lab | | | \$310 copay + lab |
| Prosthetics/Dentures 5110-5214 | \$325 copay + lab | | | \$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 | | | | | | | |
| Orthodontics Coverage? | copay schedule | | | copay schedule | | | copay schedule |
| Age limits? | Adult & Child | | | Adult & Child | | | 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: | | | | | | | |
| 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 |
| Lifetime Orthodontic Maximum | N/A | | | N/A | | | N/A |
| UCR Reimbursement | N/A | | | N/A | | | N/A |
| MONTHLY RATES: | | | | | | | |
| Employee Only/EE | \$12.18 | 165 | \$2,112.00 | \$12.80 | 165 | \$2,112.00 | \$12.80 |
| Employee + 1 Dependent/ES | \$23.16 | 83 | \$2,018.56 | \$24.32 | 65 | \$1,556.20 | \$25.48 |
| Employee + Family/EC | \$31.56 | 91 | \$3,015.74 | \$33.14 | 34 | \$717.74 | \$21.11 |
| Family | N/A | | \$7,146.30 | N/A | 76 | \$2,649.36 | \$34.86 |
| | | | | | | \$7,135.30 | |

employee impact:

| | |
|----|----------|
| 65 | \$1.16 |
| 33 | -\$12.03 |
| 76 | \$1.72 |

BOCC Agenda Item

DEPARTMENT OF
HUMAN RESOURCES

2012 JUL -2 PM 2: 11
Agenda Request For: 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:

Print Name:

Signature & Date:

Department Head

Chili A. Pope

Chili A. Pope

County Manager

Ted Selby

Office of Management and Budget

Shanea Jones

Shanea Jones 6.28.12

Legal

David Hallman

David Hallman 6.28.12

Clerk/Comptroller

John A. Crawford

6/27/2012 11:13 AM

APPROVED BOCC

DATE 7/18/12 1

BOCC Agenda Item

Agenda Request For: July 18, 2012

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:

Print Name:

Signature & Date:

Department Head

Chili A. Pope

Chili A. Pope
7/2/12

County Manager

Ted Selby

Ted Selby
6-28-12

Office of Management and Budget

Shanea Jones

Legal

David Hallman

Clerk/Comptroller

John A. Crawford

Revised 07/10

~~BOCC~~
~~BOCC~~
AIE
AIE

6/27/2012 11:13 AM

12 JUN 27 PM 12:52

BOCC Agenda Item

Agenda Request For: July 18, 2012

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)

| <u>Reviewed by:</u> | <u>Print Name:</u> |
|---------------------------------|-------------------------|
| Department Head | <u>Chili A. Pope</u> |
| County Manager | <u>Ted Selby</u> |
| Office of Management and Budget | <u>Shanea Jones</u> |
| Legal | <u>David Hallman</u> |
| Clerk/Comptroller | <u>John A. Crawford</u> |

Signature & Date:

Chili A. Pope
Ted Selby 7/2/12
Shanea Jones 6.21.12

John A. Crawford
By [Signature]

6/27/2012 11:13 AM

H. Alan Biers 7/5/12
Scott Smith 7/5/12
Ellen Stralder 07/05/12