

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 07/13/2020

Contract/Lease Control #: C20-2945-RM

Procurement#: RFP RM 29-20

Contract/Lease Type: AGREEMENT

Award To/Lessee: SOLSTICE BENEFITS, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2020

Expiration Date: 09/30/2023 W/2 1 YR RENEWALS

Description of: EMPLOYEE DENTAL INSURANCE

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-6889-5978

Monitor's FAX # or E-mail: KBIRD@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212-948-1307	CONTACT NAME: Enterprise Risk Financing & Insurance	
	PHONE (A/C, No., Ext): (952) 936-1650	FAX (A/C, No.): 888-299-6422
E-MAIL ADDRESS: eis@uhg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Old Republic Insurance Company		24147
INSURER B : N/A		N/A
INSURER C : Travelers Property Casualty Company of America		25674
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** CHI-009938504-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			MWZY315405	05/01/2020	05/01/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 2,500
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB315404	05/01/2020	05/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
							AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB-6R864629-21-NC-T (AOS)	05/01/2021	05/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	UB-6R80648A-21-NC-R (MA & WI)	05/01/2021	05/01/2022	E.L. EACH ACCIDENT	\$ 2,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			HWXJ-UB-472M4779-21 (XWC OH) (SIR \$2M - XWC OH)	05/01/2021	05/01/2022	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A	Managed Care Professional Liab Retro Date: 1/1/77			MWZZ315406	05/01/2020	05/01/2022	Each Claim	10,000,000
							Annual Aggregate	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: CONTRACT #C20-2945-RM

CONTRACT#: C20-2945-RM
SOLSTICE BENEFITS, INC.
EMPLOYEE DENTAL INSURANCE
EXPIRES: 09/30/2023 W/2 1 YR RENEWALS

CERTIFICATE HOLDER **CANCELLATION**

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS 302 N WILSON STREET, SUITE 301 CRESTVIEW, FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>
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**SECOND AMENDMENT TO AGREEMENT BETWEEN OKALOOSA COUNTY,
FLORIDA AND SOLSTICE BENEFITS, INC.**

THIS SECOND AMENDMENT (hereinafter referred to as the "Amendment") is entered into as of October 1, 2021, by and between Okaloosa County, a political subdivision of the state of Florida, (hereinafter referred to as the "County"), with a mailing address of 1250 N. Eglin Parkway, Suite 100, Shalimar, Florida, 32579, and Solstice Benefits, Inc., a Florida Profit Company, with a mailing address of 7901 SW 6th Court, Suite 400, Plantation, FL 33324 authorized to do business in the State of Florida (hereinafter referred to as "Contractor") whose Federal I.D. # is 14-1917982.

RECITALS

WHEREAS, the County and Contractor entered into that certain agreement between Okaloosa County, Florida and Solstice Benefits, Inc. dated July 20, 2020 ("the Agreement") whereby Contractor would provide Employee Dental Insurance ("Services") to County; and

WHEREAS, the County requested that Contractor no longer include commissions in its rates for Solstice Group # 14411 retiree employees; and

WHEREAS, as of October 1, 2021, County shall be responsible for paying Millennium Insurance Agency, Inc. or any other broker directly the applicable commissions for Solstice Group # 14411; and

WHEREAS, the Parties desire to make the following amendments to the Agreement.

NOW, THEREFORE, for good and valuable consideration the receipt of which is hereby acknowledged, the parties hereby agree as follows:


1. In consideration of the County being responsible for paying Millennium Insurance Agency, Inc. or any other broker directly the applicable commissions for Solstice Group # 14411, any section of the Agreement, which states that the rate is \$26.41 per employee and \$76.62 per family, shall be replaced by the following rates with respect to Solstice Group # 14411:

\$25.62 per employee and \$74.32 per family

2. Except as provided hereinabove, all the terms and conditions contained in the Agreement shall remain unchanged in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Amendment, the terms and conditions of this Amendment shall take precedence and control.
3. This Amendment is made pursuant to and in accordance with the terms and conditions of the Agreement.
4. All capitalized but not defined terms used herein shall have those meanings ascribed to them in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the day and year first written above.

SOLSTICE BENEFITS, INC.:


Ken Sheldon (Sep 15, 2021 13:51 EDT)

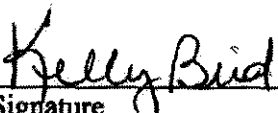
Signature

TITLE: President

Ken Sheldon

Print Name

OKALOOSA COUNTY, FLORIDA:



Signature

TITLE: Risk Manager

Kelly Bird

Print Name

**FIRST AMENDMENT TO AGREEMENT BETWEEN OKALOOSA COUNTY,
FLORIDA AND SOLSTICE BENEFITS, INC.**

THIS FIRST AMENDMENT (hereinafter referred to as the “Amendment”) is entered into as of October 1, 2021, by and between Okaloosa County, a political subdivision of the state of Florida, (hereinafter referred to as the “County”), with a mailing address of 1250 N. Eglin Parkway, Suite 100, Shalimar, Florida, 32579, and Solstice Benefits, Inc., a Florida Profit Company, with a mailing address of 7901 SW 6th Court, Suite 400, Plantation, FL 33324 authorized to do business in the State of Florida (hereinafter referred to as “Contractor”) whose Federal I.D. # is 14-1917982.

RECITALS

WHEREAS, the County and Contractor entered into that certain agreement between Okaloosa County, Florida and Solstice Benefits, Inc. dated July 20, 2020 (“the Agreement”) whereby Contractor would provide Employee Dental Insurance (“Services”) to County; and

WHEREAS, subsequent to entering into the Agreement, County changed its agent of record to Gehring Group; and

WHEREAS, the County requested that Contractor no longer include commissions in its rates for Solstice Group # 14335, non-retiree employees; and

WHEREAS, as of October 1, 2021, County shall be responsible for paying Gehring Group directly the applicable commissions for Solstice Group # 14335; and

WHEREAS, the Parties desire to make the following amendments to the Agreement.

NOW, THEREFORE, for good and valuable consideration the receipt of which is hereby acknowledged, the parties hereby agree as follows:


1. In consideration of the County being responsible for paying Gehring Group directly the applicable commissions for Solstice Group # 14335, any section of the Agreement, which states that the rate is \$26.41 per employee and \$76.62 per family, shall be replaced by the following rates with respect to Solstice Group # 14335:

\$25.62 per employee and \$74.32 per family

2. Except as provided hereinabove, all the terms and conditions contained in the Agreement shall remain unchanged in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Amendment, the terms and conditions of this Amendment shall take precedence and control.
3. This Amendment is made pursuant to and in accordance with the terms and conditions of the Agreement.
4. All capitalized but not defined terms used herein shall have those meanings ascribed to them in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the day and year first written above.

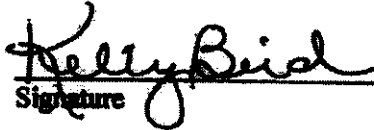
SOLSTICE BENEFITS, INC.:


Signature

TITLE: President

Ken Sheldon
Print Name

OKALOOSA COUNTY, FLORIDA:


Signature

TITLE: Risk Manager

Kelly Bird
Print Name

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: T3D Tracking Number: 4035-20
Procurement/Contractor/Lessee Name: Solstice Grant Funded: YES ___ NO X
Purpose: Employee Dental Insurance
Date/Term: 1-1-30-21 w/ 4 year renewals 1. GREATER THAN \$100,000
Department #: _____ 2. GREATER THAN \$50,000
Account #: _____ 3. \$50,000 OR LESS
Amount: _____
Department: Rm Dept. Monitor Name: Bird

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 5-27-20
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr

2CFR Compliance Review (if required)

Approved as written: NO Federal Policy Grant Name: _____

Date: _____
Grants Coordinator Danielle Garcia

Risk Management Review

Approved as written: see email attached Date: _____

Risk Manager or designee Edith Gibson or Karen Donaldson

County Attorney Review

Approved as written: see email attached Date: 6-16-2020

County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Department funding confirmed: _____ Date: _____

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Tuesday, June 16, 2020 8:53 AM
To: DeRita Mason
Cc: Lynn Hoshihara NGN-Tally
Subject: RE: Solstice - Okaloosa BOCC Contract Process

This is approved for legal purposes.

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
Kparsons@ngn-tally.com

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Tuesday, June 16, 2020 9:40 AM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Hoshihara, Lynn <lhoshihara@ngn-tally.com>
Subject: RE: Solstice - Okaloosa BOCC Contract Process

See attached, they decided to go with our contract.

DeRita Mason



DeRita Mason
Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

DeRita Mason

From: Karen Donaldson
Sent: Wednesday, May 27, 2020 1:46 PM
To: Kelly Bird; DeRita Mason
Subject: RE: Solstice - Okaloosa BOCC Contract Process

Kelly

This looks fine to me. I see nothing out of the ordinary.

Thank you

Karen Donaldson

Karen Donaldson
Claims Examiner
Public Records and Contracts Specialist
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
Crestview, Fl. 32536
850.683.6207
KDonaldson@myokaloosa.com



Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Wednesday, May 27, 2020 1:15 PM
To: 'Parsons, Kerry' <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: FW: Solstice - Okaloosa BOCC Contract Process

Please review and approve the attached for our dental insurance contract with Solstice.

Thank you,

DeRita Mason



Board of County Commissioners Purchasing Department

State of Florida

Date: May 1, 2020

OKALOOSA COUNTY PURCHASING DEPARTMENT
NOTICE OF INTENT TO AWARD
RFP RM 29-20

Employee Dental Insurance

Okaloosa County would like to thank all businesses which submitted responses to Employee Dental Insurance. (RFP RM 29-20)


After in-depth examination of all responses in accordance with the County's Purchasing Manual, the County announces its intent to award the contract/purchase order to the following:

Solstice Benefits, Inc.
7901 SW 6th Court
Suite 400
Plantation, FL 33324

This Notice of Intent does NOT constitute the formation of a contract/purchase order between Okaloosa County and the apparent successful bidder/respondent. The County reserves the right to enter into negotiations with the successful bidder/respondent in order to finalize contract terms and conditions. No agreement is entered into between the County and any parties until a contract is approved and fully executed.

Any person/entity desiring to file a procurement protest must meet all the standards and criteria in accordance with Section 30 of the Okaloosa County Purchasing Manual. Failure to file a protest within the time prescribed in Section 30.02 of the Okaloosa County Purchasing Manual, shall constitute a waiver of protest proceedings.

Respectfully,


Jeffrey Hyde
Purchasing Manager



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by FEI/EIN Number

Florida Profit Corporation
SOLSTICE BENEFITS, INC.

Filing Information

Document Number	P04000156909
FEI/EIN Number	14-1917982
Date Filed	11/17/2004
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/30/2014
Event Effective Date	NONE

Principal Address

7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Changed: 01/10/2014

Mailing Address

PO BOX 19199
PLANTATION, FL 33318

Changed: 02/15/2006

Registered Agent Name & Address

CHIEF FINANCIAL OFFICER
DEPARTMENT OF FINANCIAL SERVICES
200 E. GAINES ST.
TALLAHASSEE, FL 32399

Address Changed: 01/28/2013

Officer/Director Detail

Name & Address

Title Director

FLAX, MICHAEL DD.D.S.
7901 SW 6TH COURT, SUITE 400
PLANTATION, FL 33324

Title Secretary, COO, Director

FERRERA, CARLOS
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title President, Director, CEO

Weiss, Leonard A
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title CFO, Treasurer, Director

Weiszner, Nachman
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title Director

Feinstein, Mark D
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title Director

Landau, Richard
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title Director

Rolnick, Audie M
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title Compliance Officer

Eveslage, Tamara J
7901 SW 6TH COURT
Suite 400
PLANTATION, FL 33324

Title Director

Weiss, Shaun

520 West 43rd Street
Apt 10K
New York, NY 10036

Title Director

Schwartzman, Martin
7901 SW 6th Court
Suite 400
Plantation, FL 33324

Title Chief Information Security Officer

Lorie, Antonio
7901 SW 6th Court
Suite 400
Plantation, FL 33324

Annual Reports

Report Year	Filed Date
2018	01/04/2018
2019	01/07/2019
2020	01/07/2020

Document Images

01/07/2020 -- ANNUAL REPORT	View image in PDF format
01/07/2019 -- ANNUAL REPORT	View image in PDF format
01/04/2018 -- ANNUAL REPORT	View image in PDF format
01/03/2017 -- ANNUAL REPORT	View image in PDF format
01/20/2016 -- ANNUAL REPORT	View image in PDF format
07/28/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
01/02/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- Amendment	View image in PDF format
01/10/2014 -- ANNUAL REPORT	View image in PDF format
01/26/2013 -- ANNUAL REPORT	View image in PDF format
02/22/2012 -- ANNUAL REPORT	View image in PDF format
01/27/2012 -- ANNUAL REPORT	View image in PDF format
12/29/2011 -- Amendment	View image in PDF format
08/11/2011 -- Amendment	View image in PDF format
02/17/2011 -- ANNUAL REPORT	View image in PDF format
01/06/2011 -- Amendment	View image in PDF format
04/09/2010 -- ANNUAL REPORT	View image in PDF format
04/21/2009 -- ANNUAL REPORT	View image in PDF format
04/14/2008 -- ANNUAL REPORT	View image in PDF format
10/22/2007 -- Name Change	View image in PDF format
04/25/2007 -- ANNUAL REPORT	View image in PDF format
02/15/2006 -- ANNUAL REPORT	View image in PDF format
11/01/2005 -- REINSTATEMENT	View image in PDF format
11/17/2004 -- Domestic Profit	View image in PDF format

File no Department of State, Division of Corporations



**AGREEMENT BETWEEN OKALOOSA COUNTY, FLORIDA
AND SOLSTICE BENEFITS, INC.**

THIS AGREEMENT (hereinafter referred to as the "Agreement") is made this ²⁹ day of ~~June~~ ^{July} 20 20, by and between Okaloosa County, a political subdivision of the state of Florida, (hereinafter referred to as the "County"), with a mailing address of 1250 N. Eglin Parkway, Suite 100, Shalimar, Florida, 32579, and Solstice Benefits, Inc., a Florida Profit Company, with a mailing address of 7901 SW 6th Court, Suite 400, Plantation, FL 33324 authorized to do business in the State of Florida (hereinafter referred to as "Contractor") whose Federal I.D. # is 14-1917982.

RECITALS

WHEREAS, the County is in need of a contractor to provide Employee Dental Insurance ("Services"); and

WHEREAS, pursuant to the Okaloosa County Purchasing Manual, the County issued an Request for Proposals (RFP) to competitively procure the Services and received responses to perform these Services. A copy of the procurement and Contractor's responsive to the procurement is included as Attachment "A"; and

WHEREAS, Contractor is a certified and insured entity with the necessary experience to provide the desired Services; and

WHEREAS, the County wishes to enter into this Agreement with Contractor to provide the Services to the County for the rate of \$26.41 per employee and \$76.62 per family, see Attachment "A" for rates.

NOW THEREFORE, in consideration of the promises and the mutual covenants herein, the parties agree as follows:

1. Recitals and Attachments. The Recitals set forth above are hereby incorporated into this Agreement and made part hereof for reference. The following documents are attached to this Agreement and are incorporated herein.

Attachment "A" – Procurement RFP RM 29-20 and Contractor's Response;

Attachment "B" – Insurance Requirements;

Attachment "C" – Title VI list of pertinent nondiscrimination acts and authorities.

2. Services. Contractor agrees to perform the following services, Employee Dental Insurance. The Services to be provided are further detailed in the Contractor's proposal attached as Attachment "A" and incorporated herein by reference. The Services shall be performed by Contractor to the full satisfaction of the County. Contractor agrees to have a qualified representative to audit and inspect the Services provided on a regular basis to ensure all Services are being performed in accordance with the County's needs and pursuant to the terms of this



Agreement and shall report to the County accordingly. Contractor agrees to immediately inform the County via telephone and in writing of any problems that could cause damage to the County. Contractor will require its employees to perform their work in a manner befitting the type and scope of work to be performed.

3. Term and Renewal. The term of this Agreement shall begin October 1, 2020, and shall continue for a period of three (3) years from the date of full execution of this Agreement, subject to the County's ability to terminate in accordance with Section 7 of this Agreement. The terms of Section 20 entitled "Indemnification and Waiver of Liability" shall survive termination of this Agreement.

This agreement may be renewed upon mutual written agreement of the parties for a period of up to two (2) one (1) year renewals.

4. Compensation. See attached Attachment "A" for rates of service.

a. Contractor shall submit an invoice to the County monthly. The invoice shall indicate that all services have been completed for that invoice period. In addition, Contractor agrees to provide the County with any additional documentation requested to process the invoices.

b. Disbursement. Check one:

There are no reimbursable expenses associated with this Agreement.

c. Payment Schedule. Invoices received from the Contractor pursuant to this Agreement will be reviewed by the initiating County Department. Payment will be disbursed as set forth above. If services have been rendered in conformity with the Agreement, the invoice will be sent to the Finance Department for payment. Invoices must reference the contract number assigned by the County after execution of this Agreement. Invoices will be paid in accordance with the State of Florida Local Government Prompt Payment Act.

d. Availability of Funds. The County's performance and obligation to pay under this Agreement is contingent upon annual appropriation for its purpose by the County Commission.

Contractor shall make no other charges to the County for supplies, labor, taxes, licenses, permits, overhead or any other expenses or costs unless any such expenses or cost is incurred by Contractor with the prior written approval of the County. If the County disputes any charges on the invoices, it may make payment of the uncontested amounts and withhold payment on the contested amounts until they are resolved by agreement with the Contractor. Contractor shall not pledge the County's credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The Contractor further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.



5. Ownership of Documents and Equipment. All documents prepared by the Contractor pursuant to this Agreement and related Services to this Agreement are intended and represented for the ownership of the County only. Any other use by Contractor or other parties shall be approved in writing by the County. If requested, Contractor shall deliver the documents to the County within fifteen (15) calendar days.

6. Insurance. Contractor shall, at its sole cost and expense, during the period of any work being performed under this Agreement, procure and maintain the minimum insurance coverage required as set forth in Attachment "B" attached hereto and incorporated herein, to protect the County and Contractor against all loss, claims, damages and liabilities caused by Contractor, its agents, or employees.

7. Termination and Remedies for Breach.

- a. If, through any cause within its reasonable control, the Contractor shall fail to fulfill in a timely manner or otherwise violate any of the covenants, agreements or stipulations material to this Agreement, the County shall have the right to terminate the Services then remaining to be performed. Prior to the exercise of its option to terminate for cause, the County shall notify the Contractor in writing of its violation of the particular terms of the Agreement and grant Contractor sixty (60) days to cure such default. If the default remains uncured after sixty (60) days the County may terminate this Agreement and the County shall receive a refund from the Contractor in an amount equal to the actual cost of a third party to cure such failure, if such cost is reasonable for such purposes as determined by industry standard. If Contractor fails, refuses or is unable to perform any term of this Agreement, County shall pay for services rendered as of the date of termination.
 - i. In the event of termination, all finished and unfinished documents, data and other work product prepared by Contractor (and sub-Contractor (s)) shall be delivered to the County and the County shall compensate the Contractor for all Services satisfactorily performed prior to the date of termination, as provided in Section 4 herein.
 - ii. Notwithstanding the foregoing, the Contractor shall not be relieved of liability to the County for damages sustained by it by virtue of a breach of the Agreement by Contractor and the County may reasonably withhold payment to Contractor for the purposes of set-off until such time as the exact amount of damages due the County from the Contractor is determined.
- b. **Termination for Convenience of County.** The County may, for its convenience and without cause terminate the Services then remaining to be performed at any time by giving sixty (60) days written notice.
 - i. In the event of termination, all finished and unfinished documents, data and other work product prepared by Contractor (and sub-Contractor (s)) shall be delivered



to the County and the County shall compensate the Contractor for all Services performed prior to the date of termination, as provided in Section 4 herein.

- c. Termination for Insolvency. The County also reserves the right to terminate the remaining Services to be performed upon written notice in the event the Contractor is placed either in voluntary or involuntary bankruptcy or makes any assignment for the benefit of creditors.
- d. Termination for failure to adhere to the Public Records Law. Failure of the Contractor to adhere to the requirements of Chapter 119 of the Florida Statutes and Section 9 below, may result in immediate termination of this Agreement upon written notice.
- e. Termination by Contractor. This Agreement may be terminated by the Contractor upon sixty (60) days prior written notice to the County.

8. Governing Law, Venue and Waiver of Jury Trial. This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. All parties agree and accept that jurisdiction of any dispute or controversy arising out of this Agreement, and any action involving the enforcement or interpretation of any rights hereunder shall be brought exclusively in the First Judicial Circuit in and for Okaloosa County, Florida, and venue for litigation arising out of this Agreement shall be exclusively in such state courts, forsaking any other jurisdiction which either party may claim by virtue of its residency or other jurisdictional device. In the event it becomes necessary for the County to file a lawsuit to enforce any term or provision under this Agreement, then the County shall be entitled to its costs and attorney's fees at the pretrial, trial and appellate levels. BY ENTERING INTO THIS AGREEMENT, CONTRACTOR AND COUNTY HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT. Nothing in this Agreement is intended to serve as a waiver of sovereign immunity, or of any other immunity, defense, or privilege enjoyed by the County pursuant to Section 768.28, Florida Statutes.

9. Public Records. Any record created by either party in accordance with this Contract shall be retained and maintained in accordance with the public records law, Florida Statutes, Chapter 119. Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

- a. Keep and maintain public records required by the County to perform the service.
- b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the



duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.

- d. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 302 N. WILSON ST., CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@myokaloosa.com.

10. Audit. The County and/or its designee shall have the right from time to time at its sole expense to audit the compliance by the Contractor with the terms, conditions, obligations, limitations, restrictions, and requirements of this Contract and such right shall extend for a period of three (3) years after termination of this Contract.

11. Notices. All notices and other communications required or permitted to be given under this Agreement by either party to the other shall be in writing and shall be sent (except as otherwise provided herein) (i) by certified mail, first class postage prepaid, return receipt requested, (ii) by guaranteed overnight delivery by a nationally recognized courier service, or (iii) by facsimile with confirmation receipt (with a copy simultaneously sent by certified mail, first class postage prepaid, return receipt requested or by overnight delivery by traditionally recognized courier service), addressed to such party as follows:

If to the County:	Kelly Bird, Director Risk Management 302 N. Wilson St. Crestview, FL 32536 (850) 689-5979 kbird@myokaloosa.com	With a copy to: County Attorney Office 1250 N. Eglin Pkwy, Suite 100 Shalimar, FL 32579 (850) 224-4070
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If to the Contractor:	Dr. Leonard Weiss Solstice Benefits, Inc. 7901 SW 6 th Street, Suite 400 Plantation, FL 33324 (813) 830-8854 rposada@solsticebenefits.com	
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12. Assignment. Contractor shall not assign this Agreement or any part thereof, without the prior consent in writing of the County. If Contractor does, with approval, assign this Agreement or any part thereof, it shall require that its assignee be bound to it and to assume toward Contractor all of the obligations and responsibilities that Contractor has assumed toward the County.

13. Subcontracting. Contractor shall not subcontract any services or work to be provided to County without the prior written approval of the County's Representative. The County reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Agreement. The County's acceptance of a subcontractor shall not be unreasonably withheld. The Contractor is encouraged to seek minority and women business enterprises for participation in subcontracting opportunities. Additionally, any subcontract entered into between the Contractor and subcontractor for services to be performed under this Agreement will need to be approved by the County prior to it being entered into and said agreement shall incorporate in all required terms in accordance with local, state and Federal regulations.

14. Civil Rights. The Contractor agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. This provision binds the Contractor and subcontractors from the bid solicitation period through the completion of the contract. This provision is in addition to that required by Title VI of the Civil Rights Act of 1964.

15. Compliance with Nondiscrimination Requirements. During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest, agrees as follows:

- a. **Compliance with Regulations:** The Contractor will comply with the Title VI List of Pertinent Nondiscrimination Acts and Authorities, as they may be amended from time to time, which are herein incorporated and attached hereto as Attachment "C".
- b. **Nondiscrimination:** The Contractor, with regard to the work performed by it during the Agreement, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases



of equipment. The Contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.

c. Solicitations for Subcontracts, including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the Contractor of the contractor's obligations under this contract and the Nondiscrimination Acts and Authorities on the grounds of race, color, or national origin.

d. Information and Reports: The Contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County or other governmental entity to be pertinent to ascertain compliance with such Nondiscrimination Acts and Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the Contractor will so certify to the County or the other governmental entity, as appropriate, and will set forth what efforts it has made to obtain the information.

e. Sanctions for Noncompliance: In the event of a Contractor's noncompliance with the non-discrimination provisions of this contract, the County will impose such contract sanctions as it or another applicable state or federal governmental entity may determine to be appropriate, including, but not limited to:

- a. Withholding payments to the Contractor under the Agreement until the Contractor complies; and/or
- b. Cancelling, terminating, or suspending the Agreement, in whole or in part.

f. Incorporation of Provisions: The Contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations, and directives issued pursuant thereto. The Contractor will take action with respect to any subcontract or procurement as the County may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the Contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Contractor may request the County to enter into any litigation to protect the interests of the County. In addition, the Contractor may request the United States to enter into the litigation to protect the interests of the United States.

16. Compliance with Laws. Contractor shall secure any and all permits, licenses and approvals that may be required in order to perform the Services, shall exercise full and complete



authority over Contractor's personnel, shall comply with all workers' compensation, employer's liability and all other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer performing services such as the Services, and shall make all reports and remit all withholdings or other deductions from the compensation paid to Contractor's personnel as may be required by any federal, state, county, or municipal law, ordinance, rule, or regulation.

17. Conflict of Interest. The Contractor covenants that it presently has no interest and shall not acquire any interest, directly or indirectly which could conflict in any manner or degree with the performance of the Services. The Contractor further covenants that in the performance of this Agreement, no person having any such interest shall knowingly be employed by the Contractor. The Contractor guarantees that he/she has not offered or given to any member of, delegate to the Congress of the United States, any or part of this contract or to any benefit arising therefrom.

18. Independent Contractor. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. All services shall be performed only by Contractor and Contractor's employees. Under no circumstances shall Contractor or any of Contractor's employees look to the County as his/her employer, or as partner, agent or principal. Neither Contractor, nor any of Contractor's employees, shall be entitled to any benefits accorded to the County's employees, including without limitation worker's compensation, disability insurance, vacation or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in Contractor's name, unemployment, disability, worker's compensation and other insurance as well as licenses and permits usual and necessary for conducting the services to be provided under this Agreement.

19. Third Party Beneficiaries. It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

20. Indemnification and Waiver of Liability. The Contractor agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the County, its agents, representatives, officers, directors, officials and employees from and against claims, damages, losses and expenses (including but not limited to attorney's fees, court costs and costs of appellate proceedings) relating to, arising out of or resulting from the Contractor's negligent acts, errors, mistakes or omissions relating to professional Services performed under this Agreement. The Contractor's duty to defend, hold harmless and indemnify the County its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury; sickness; disease; death; or injury to impairment, or destruction of tangible property including loss of use resulting therefrom, caused by any negligent acts, errors, mistakes or omissions related to Services in the performance of this Agreement including any person for whose acts, errors, mistakes or omissions the Contractor may be legally liable. The parties agree that TEN DOLLARS (\$10.00) represents specific consideration to the Contractor for the indemnification set forth herein.



The waiver by a party of any breach or default in performance shall not be deemed to constitute a waiver of any other or succeeding breach or default. The failure of the County to enforce any of the provisions hereof shall not be construed to be a waiver of the right of the County thereafter to enforce such provisions.

21. Taxes and Assessments. Contractor agrees to pay all sales, use, or other taxes, assessments and other similar charges when due now or in the future, required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County in accordance with this Agreement. Contractor further agrees that it shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of the Agreement.

The County is exempt from payment of Florida state sales and use taxes. The Contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the County, nor is the Contractor authorized to use the County's tax exemption number in securing such materials.

The Contractor shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this Agreement.

22. Prohibition Against Contracting with Scrutinized Companies. Pursuant to Florida Statutes Section 215.4725, contracting with any entity that is listed on the Scrutinized Companies that Boycott Israel List or that is engaged in the boycott of Israel is prohibited. Contractors must certify that the company is not participating in a boycott of Israel. Any contract for goods or services of One Million Dollars (\$1,000,000) or more shall be terminated at the County's option if it is discovered that the entity submitted false documents of certification, is listed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria after July 1, 2018.

Any contract entered into or renewed after July 1, 2018 shall be terminated at the County's option if the company is listed on the Scrutinized Companies that Boycott Israel List or engaged in the boycott of Israel. Contractors must submit the certification that is attached to this agreement as Attachment "D". Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination was in error. If the Contractor does not demonstrate that the County's determination of false certification was made in error, then the County shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute Section 215.4725.

23. Inconsistencies and Entire Agreement. If there is a conflict or inconsistency between any term, statement, requirement, or provision of any attachment attached hereto, any document or events referred to herein, or any document incorporated into this Agreement, the term, statement, requirement, or provision contained in this Agreement shall prevail and be given



superior effect and priority over any conflicting or inconsistent term, statement, requirement or provision contained in any other document or attachment, including but not limited to Attachments listed in Section 1.

24. **Severability.** If any term or condition of this Contract shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Contract shall remain in full force and effect. This Contract shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

25. **Entire Agreement.** This Agreement contains the entire agreement of the parties, and may only be amended, waived, changed, modified, extended or rescinded by written agreement signed by both parties.

26. **Representation of Authority to Contractor/Signatory.** The individual signing this Agreement on behalf of Contractor represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. The signatory represents and warrants to the County that the execution and delivery of this Agreement and the performance of the Services and obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on the Contractor and enforceable in accordance with its terms.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate on the day and year first written above.

SOLSTICE BENEFITS, INC.:

CARLOS FERRERA

Signature


TITLE: COO

CARLOS FERRERA

Print Name

ATTEST:

OKALOOSA COUNTY, FLORIDA


J.D. Peacock II, Clerk of



BY: 

Robert A. "Trey" Goodwin, Chairman





Attachment "A"



REQUEST FOR PROPOSALS ("RFP") & RESPONDENT'S ACKNOWLEDGEMENT

RFP TITLE:
EMPLOYEE DENTAL INSURANCE

RFP NUMBER:
RFP RM 29-20

ISSUE DATE: March 2, 2020
LAST DAY FOR QUESTIONS: March 12, 2020 3:00 P.M. CST
RFP OPENING DATE & TIME: March 26, 2020 3:00 P.M. CST

NOTE: PROPOSALS RECEIVED AFTER THE PROPOSAL OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits interested parties to submit a proposal on the above referenced Employee Dental Insurance proposal. All terms, specifications and conditions set forth in this RFP must be incorporated into your response. A proposal will not be accepted unless all conditions have been met. All proposals must have an authorized signature in the space provided below. All envelopes containing sealed proposals must reference the "RFP Title," "RFP Number," and the "RFP Due Date & Time." Okaloosa County is not responsible for lost or late delivery of proposals by the U.S. Postal Service or other delivery services used by the Respondent. Neither faxed nor electronically submitted proposals will be accepted. Proposals may not be withdrawn for a period of ninety (90) days after the proposal opening unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT:

COMPANY NAME Solstice Benefits Inc.
MAILING ADDRESS 7901 SW 6th Court
Suite 400
CITY, STATE, ZIP Plantation, FL 33324
FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): 14-1917982
TELEPHONE NUMBER: 813-830-8854 EXT: _____ FAX: 954-370-1701
EMAIL: rposada@solsticebenefits.com

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS PROPOSAL AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS PROPOSAL FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: Dr. Leonard Weiss
PRINTED NAME

TYPED OR 

TITLE: Chief Executive Officer

DATE 03-19-2020

NOTICE TO RESPONDENTS
RFP RM 29-20

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL, will accept sealed proposals until 3:00 p.m. (CST) March 26, 2020, for Employee Dental Insurance.

Interested Respondents desiring consideration shall provide one (1) original and one (1) thumb drive of their Request for Proposals (RFP) response with the Respondent's proposal. Submissions shall be portrait orientation, unbound, and 8 ½" x 11" where practical. Font shall be 12 point and Respondents are limited to twenty-five (25) pages, excluding the required forms.

All originals must have original signatures in blue ink.

Proposal documents are available for download by accessing the following sites:

<http://www.myokaloosa.com/purchasing/home>

<https://www.bidnetdirect.com/florida>

https://www.demandstar.com/supplier/bids/agency_inc/bid_list.asp?f=search&mi=2442519

Submittals must be delivered to the Okaloosa County Purchasing Department at the address listed below no later than 3:00 p.m. (CST) March 26, 2020 in order to be considered. All proposals received after the stated time and date will be returned unopened and will not be considered. All submittals must be in sealed envelopes reflecting on the outside thereof "Employee Dental Insurance". Failure to clearly mark the outside of the envelope as set forth herein shall result in the submittal not being considered.

The County reserves the right to award to the firm submitting a responsive proposal with a resulting negotiated agreement that is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the resulting negotiated agreement that is in its best interest and its decision will be final.

NOTE: Crestview, FL is not a next day guaranteed delivery location by most delivery services. Respondents using mail or delivery service assume all risk of late or non-delivery.

All submittals should be addressed as follows:

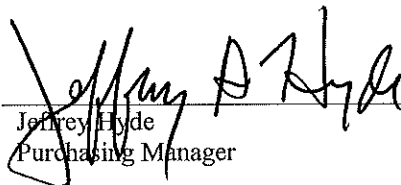
Employee Dental Insurance

RFP RM 29-20

Okaloosa County Purchasing Department

5479A Old Bethel Road

Crestview, FL 32536



Jeffrey Hyde
Purchasing Manager

02/25/2020
Date

OKALOOSA COUNTY
BOARD OF COUNTY COMMISSIONERS

Robert A. "Trey" Goodwin, III
Chairman

2. Give the name and location of the company group representative who will service this contract.
3. Will one or more claims handlers be assigned this contract in your claims office?
4. Will toll free service be available from the entire county to your claims office or servicing agent?
5. Give the name, location and affiliation to your company of the agent or broker of record. Disclose commissions and all other remuneration that will be paid to the broker.
6. List 5 references of similarly sized current clients.
7. What is your current A. M. Best Rating or equivalent?
8. List your contact information should there be any questions regarding your proposal.
9. What is your rate for employee coverage? What is the rate for family coverage?
10. Provide a detailed list of covered services.
11. Please describe how your reimbursement rate is calculated for in network and out of network charges. What are the reimbursement rates for the 5 most frequently performed services? Include rates for in network and out of network providers.
12. Provide a list of current network providers by zip code.
13. Fully disclose retiree coverage amounts and rates. Do you offer direct billing to retirees? If so, what fees are associated?
14. Please describe your billing process? Do you have an online portal? Explain how new members are added, terminations are processed, and adjustments are handled.
15. Do you offer a max rollover benefit? If so, explain. Does this benefit increase the rates for coverage?
16. Do you offer management of COBRA dental? If so, please explain the costs associated.
17. Is there an option for online enrollment for our employees? If so, please explain and disclose costs associated.
18. How are transition of services processed (by census, etc.)?

IV. PROPOSAL FORMAT

1. **Pricing Cost** - pricing proposal. This should take into consideration the rates for employee and family coverage as well as the UCR Plan. **30 points**
2. **Availability of Local Providers/Coverage** - providing a diverse network of providers geographically spread throughout the County. **30 points**
3. **Technical Approach**-User friendly billing process, online portal, user app for members. **20 points**
4. **Value Added Services - Offering** COBRA administration, a max rollover benefit, or other valuable services that are cost effective. **10 points**
5. **Service Record & Reputation** - information on the firm's history, resource capabilities, personnel expertise, and location of lead office for this project. Include same information for any subcontractors. **5 points**

- ⑥ **Responsiveness to Proposal** - Submittal of required information in required format. **5 points**

References (?) may be a point on this ?

**REQUEST FOR PROPOSAL RFP RM 29-20
EMPLOYEE DENTAL INSURANCE**

The Okaloosa County Board of County Commissioners is seeking proposals for Employee Dental Insurance. Enrollment includes the Supervisor of Elections, Clerk of Court, Property Appraiser, Tax Collector, and County Staff. There are currently 541 single plan participants and 369 family plan participants among our active employees. In addition, the County has 71 single plan participants and 33 family plan participants among our County retirees. The County currently pays \$30.63 per month toward employee dental coverage.

I. GUIDELINES

1. The successful bidder shall maintain a claims assistance office in Okaloosa County Florida or toll free telephone service to the claims office.
2. The successful proposer shall designate an agent of record available to offer service on a countywide basis.
3. The plan year begins 10/1/2020 and runs until 10/1/2021.
4. The successful bidder shall accept a census enrollment. The successful bidder will also provide company representatives to answer questions as part of the County's Benefits Fair.
5. The successful bidder shall be licensed to do business in the state of Florida.
6. All employees are eligible to participate on the first day of the first month after 30 days of employment.
7. All proposals shall waive any actively at work requirement. We will not accept wording that eliminates coverage for persons partially disabled, on medical, maternity, family or other leave who have fulfilled their waiting period under the present plan, but are absent on the first day that coverage becomes effective.

II. SCOPE OF WORK

1. The county's current dental plan is a 90% Usual and Customary Rate (UCR) Plan. We are seeking a similar plan design. The county will also entertain proposals for plans with other cost savings measures other than a 90% UCR; the proposer must explain the benefits of the alternate plan. All proposals should include a listing of network provider, if applicable, and plans to expand the network. Currently the county pays 100% of the employee dental premium; family coverage is paid by the employee.
2. The county's dental plan runs from 10/1 to 9/30 each year; however, all plan deductibles and service limitations run on a calendar year. The successful bidder shall accept a spreadsheet of year to date deductibles and administer the plan in accordance with the current year's year to date data.
3. Retirees are eligible to continue participation in the dental plan as set out in Florida Statute 112.0801.

III. REQUIRED INFORMATION:

Proposals must include answers to the following questions.

1. Give the location of the nearest company group sales and claims offices that will handle this contract.
2. Give the name and location of the company group representative who will service this contract.
3. Will one or more claims handlers be assigned this contract in your claims office?
4. Will toll free service be available from the entire county to your claims office or servicing agent?

A proposal submitted by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature). The official address of the partnership shall be shown below the signature.

A proposal submitted by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm must be shown below the signature.

A proposal submitted by an individual shall show the Respondent's name and official address.

A proposal submitted by a joint venture shall be executed by each joint venture in the manner indicated on the proposal form. The official address of the joint venture must be shown below the signature.

All signatures shall be in blue ink. All names shall be typed or printed below the signature.

The proposal shall contain an acknowledgement of receipt of all Addenda, the numbers of which shall be filled in on the form. The address and telephone # for communications regarding the proposal shall be shown.

If the Respondent is an out-of-state corporation, the proposal shall contain evidence of Respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida.

III. INTEGRITY OF PROPOSAL DOCUMENTS

Respondents shall use the original Proposal documents provided by the Purchasing Department and enter information only in the spaces where a response is requested. Respondents may use an attachment as an addendum to the Proposal documents if sufficient space is not available. Any modifications or alterations to the original proposal documents by the Respondent, whether intentional or otherwise, will constitute grounds for rejection of a proposal. Any such modifications or alterations that a Respondent wishes to propose must be clearly stated in the Respondent's response in the form of an addendum to the original proposal documents.

IV. SUBMITTAL OF PROPOSAL

A proposal shall be submitted no later than the date and time prescribed and at the place indicated in the advertisement or invitation to proposal and shall be enclosed in an opaque sealed envelope plainly marked with the project title (and, if applicable, the designated portion of the project for which the proposal is submitted), the name and address of the Respondent, and shall be accompanied by the proposal security and other required documents. It is the Respondent's responsibility to assure that its proposal is delivered at the proper time and place. Offers by telegram, facsimile, or telephone will NOT be accepted.

Note: Crestview is not a next day delivery site for overnight carriers.

V. MODIFICATION & WITHDRAWAL OF PROPOSAL

A proposal may be modified or withdrawn by an appropriate document duly executed in the manner that a proposal must be executed and delivered to the place where proposals are to be submitted prior to the date and time for the opening of proposals.

If within 24 hours after proposals are opened any Respondent files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material substantial mistake in the preparation of its proposal, that Respondent may withdraw its proposal, and the proposal security may be returned. Thereafter, if the work is re-proposal, that Respondent will be disqualified from 1) further purposing on the work, and 2) doing any work on the contract, either as a subcontractor or in any other capacity.

VI. PROPOSALS TO REMAIN SUBJECT TO ACCEPTANCE

All proposals will remain subject to acceptance or rejection for ninety (90) calendar days after the day of the proposal opening, but the County may, in its sole discretion, release any proposal and return the proposal security prior to the end of this period.

VII. CONDITIONAL & INCOMPLETE PROPOSALS

Okaloosa County specifically reserves the right to reject any conditional proposal and proposals which make it impossible to determine the true amount of the proposal.

VIII. APPLICABLE LAWS & REGULATIONS

All applicable Federal and State laws, County and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the project shall apply to the proposal throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.

IX. DISQUALIFICATION OF RESPONDENTS

Any of the following reasons may be considered as sufficient for the disqualification of a Respondent and the rejection of its proposal:

- a. Submission of more than one proposal for the same work from an individual, firm or corporation under the same or different name.
- b. Evidence that the Respondent has a financial interest in the firm of another Respondent for the same work.
- c. Evidence of collusion among Respondents. Participants in such collusion will receive no recognition as Respondents for any future work of the County until such participant has been reinstated as a qualified Respondent.
- d. Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.
- e. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.

- f. Default under previous contract.
- g. Listing of the Respondent by Local, State or Federal Government on its barred/suspended contractor list.

X. AWARD OF CONTRACT

Okaloosa County Review - A selection committee will review all proposals and will participate in the Recommendation to Award.

The contract shall be awarded to the responsible and responsive Respondent whose proposal is determined to be the most advantageous to the County, taking into consideration the price and other criteria set forth in the request for proposals. The County reserves the right to reject any and all proposals or to waive any irregularity or technicality in proposals received. The County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.

Okaloosa County reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgment will best serve the interest of the County.

Okaloosa County specifically reserves the right to reject any conditional proposals and proposals which make it impossible to determine the true amount of the proposal. Each item must be proposal separately and no attempt is to be made to tie any item or items to any other item or items.

XI. DISCRIMINATION

An entity or affiliate who has been placed on the discriminatory contractor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

XII. PUBLIC ENTITY CRIME INFORMATION

Pursuant to Florida Statute 287.133, a Respondent may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted contractor list.

XIII. CONFLICT OF INTEREST

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All Respondents must disclose with their proposals the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its agencies. Furthermore, all Respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Note: For Respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

XIV. REORGANIZATION OR BANKRUPTCY PROCEEDINGS

Proposals will not be considered from Respondents who are currently involved in official financial reorganization or bankruptcy proceedings.

XV. INVESTIGATION OF RESPONDENT

The County may make such investigations, as it deems necessary to determine the stability of the Respondent to perform the work and that there is no conflict of interest as it relates to the project. The Respondent shall furnish to the Owner any additional information and financial data for this purpose as the County may request.

XVI. CONE OF SILENCE

The Okaloosa County Board of County Commissioners has established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal proposals, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department. The period commences from the date of advertisement until award of contract.

Note: For Respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

XVII. REVIEW OF PROCUREMENT DOCUMENTS

Per Florida Statute 119.071(1)(b)2. sealed bids, proposals, or replies received by the County pursuant to a competitive solicitation are exempt from public disclosure until such time as the County provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

XVIII. COMPLIANCE WITH FLORIDA STATUTE 119.0701

The Respondent shall comply with all the provisions of section 119.0701, Florida Statutes relating to the public records which requires, among other things, that the Respondent: (a) Keep and maintain public records; (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the Respondent upon termination of the contract.

XIX. PROTECTION OF RESIDENT WORKERS –

The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired,

which includes completing the Employment Eligibility Verifications. The Respondent shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.

Respondents doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

XX. AUDIT

If requested, Respondent shall permit the County or an authorized, independent audit agency to inspect all data and records of Respondent relating to its performance and its subcontracts under this contract from the date of the contract through and until three (3) years after the expiration of contract.

XXI. EQUAL EMPLOYMENT OPPORTUNITY; NON-DISCRIMINATION

Respondent shall not discriminate against any employee or an applicant for employment because of race, color, religion, gender, sexual orientation, national origin, age, familial status or handicap.

XXII. NON-COLLUSION

Respondent certifies that it has entered into no agreement to commit a fraudulent, deceitful, unlawful or wrongful act, or any act which may result in an unfair advantage over other Respondents. See Florida Statute 838.22.

XXIII. UNAUTHORIZED ALIENS/PATRIOT'S ACT

The knowing employment by Respondent or its subcontractors of any alien not authorized to work by the immigration laws is prohibited and shall be a default of the contract. In the event that the Respondent is notified or becomes aware of such default, the Respondent shall take steps as are necessary to terminate said employment with 24 hours of notification or actual knowledge that an alien is being employed. Respondent's failure to take such steps as are necessary to terminate the employment of any said alien within 24 hours of notification or actual knowledge that an alien is being employed shall be grounds for immediate termination of the contract. Respondent shall take all commercially reasonable precautions to ensure that it and its subcontractors do not employ persons who are not authorized to work by the immigration laws.

XII: ADDITIONAL REQUIRED DOCUMENTS

THE FOLLOWING DOCUMENTS SHALL BE SUBMITTED WITH THE BID PACKET. FAILURE TO SUBMIT ALL REQUIRED FORMS MIGHT RESULT IN YOUR SUBMITTAL BEING DEEMED NON-RESPONSIVE:

- A. Drug-Free Workplace Certification Form
- B. Conflict of Interest
- C. Federal E-Verify
- D. Cone of Silence
- E. Indemnification and Hold Harmless
- F. Company Data
- G. System of Awards Management
- H. Addendum Acknowledgement
- I. Certification Regarding Lobbying
- J. Governmental Debarment & Suspension
- K. Vendors on Scrutinized Companies List
- L. List of References

(This part of the page left blank intentionally)

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 3/17/2020

SIGNATURE: [Handwritten Signature]

COMPANY: Solstice Benefits Inc.

NAME: Dr. Leonard Weiss

(Typed or Printed)

ADDRESS: 7901 SW 6th Court
Suite 400
Plantation, FL 33324

TITLE: Chief Executive Officer

E-MAIL: lweiss@solsticebenefits.com

PHONE NO.: (813) 830-8854

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all Respondents, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

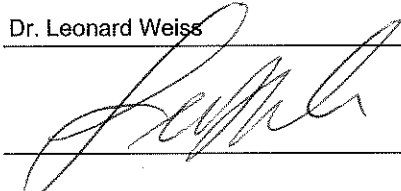
Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no." If yes, give person(s) name(s) and position(s) with your business.

YES: _____ NO: x _____

NAME(S) POSITION(S)

FIRM NAME: Solstice Benefits Inc.

BY (PRINTED): Dr. Leonard Weiss

BY (SIGNATURE): 

TITLE: Chief Executive Officer

ADDRESS: 7901 SW 6th Court, Suite 400, Plantation, FL 33324

PHONE NO.: (813) 830-8854

E-MAIL : lweiss@solsticebenefits.com

DATE: 3/17/2020

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the Respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contact to likewise utilize the U.S. Department of Homeland Securities E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: 3/17/2020

SIGNATURE: 

COMPANY: Solstice Benefits Inc.

NAME: Dr. Leonard Weiss

ADDRESS: 7901 SW 6th Court

TITLE: Chief Executive Officer

Suite 400
Plantation, FL 33324

E-MAIL: lweiss@solsticebenefits.com

PHONE NO.: (813) 830-8854

CONE OF SILENCE

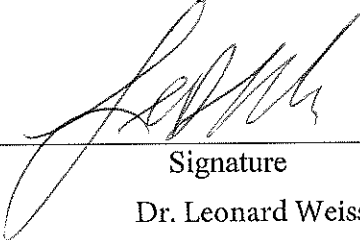
The Board of County Commissioners have established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (ITB, RFP, ITQ, ITN, and RFQ) or other competitive solicitation between the bidder (or its agents or representatives) or other entity with the potential for a financial interest in the award (or their respective agents or representatives) regarding such competitive solicitation, and any County Commissioner or County employee, selection committee member or other persons authorized to act on behalf of the Board including the County’s Architect, Engineer or their sub-consultants, or anyone designated to provide a recommendation to award a particular contract, other than the Purchasing Department Staff.

The period commences from the time of advertisement until contract award.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager’s decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the Respondent from consideration during the selection process.

All Respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I  representing **Solstice Benefits Inc.**
Signature Company Name
Dr. Leonard Weiss

On this 17th day of March 2020 hereby agree to abide by the County’s “Cone of Silence Clause” and understand violation of this policy shall result in disqualification of my proposal/submittal.

INDEMNIFICATION AND HOLD HARMLESS

Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Agreement.

Solstice Benefits Inc.

Respondent's Company Name

7901 SW 6th Court, Suite 400, Plantation, FL 33324

Physical Address

PO Box 19199, Plantation, FL 33318

Mailing Address

(813) 830-8854

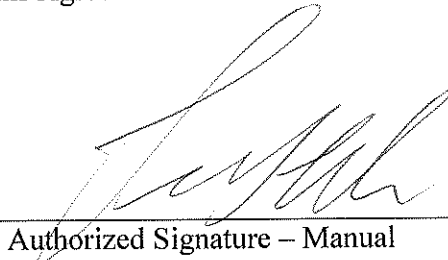
Phone Number

(813) 830-8854

Cellular Number

3/17/2020

Date



Authorized Signature – Manual

Dr. Leonard Weiss

Authorized Signature – Typed

Chief Executive Officer

Title

954-370-1701

FAX Number

(813) 830-8854

After-Hours Number(s)

lweiss@solsticebenefits.com

Email

COMPANY DATA

Respondent's Company Name: Solstice Benefits Inc.

Physical Address & Phone #: 7901 SW 6th Court

Suite 400

Plantation, FL 33324

(813) 830-8854

Contact Person (Typed-Printed): Ronald Posada

Phone #: (813) 830-8854

Cell #: (813) 830-8854

Email: rposada@solsticebenefits.com

Federal ID or SS #: 14-1917982

Respondent's License #: 12-141917982

Respondent's DUNS #: 80-981-0968

Fax #: 954-370-1701

Emergency #'s After Hours,
Weekends & Holidays: (813) 830-8854

SYSTEM FOR AWARD MANAGEMENT (OCT 2016)

(a) Definitions. As used in this provision.

“Electronic Funds Transfer (EFT) indicator” means a four-character suffix to the unique entity identifier. The suffix is assigned at the discretion of the commercial, nonprofit, or Government entity to establish additional System for Award Management records for identifying alternative EFT accounts (see subpart 32.11) for the same entity.

“Registered in the System for Award Management (SAM) database” means that.

(1) The Offeror has entered all mandatory information, including the unique entity identifier and the EFT indicator, if applicable, the Commercial and Government Entity (CAGE) code, as well as data required by the Federal Funding Accountability and Transparency Act of 2006 (see subpart 4.14) into the SAM database;

(2) The offeror has completed the Core, Assertions, and Representations and Certifications, and Points of Contact sections of the registration in the SAM database;

(3) The Government has validated all mandatory data fields, to include validation of the Taxpayer Identification Number (TIN) with the Internal Revenue Service (IRS). The offeror will be required to provide consent for TIN validation to the Government as a part of the SAM registration process; and

(4) The Government has marked the record “Active”.

“Unique entity identifier” means a number or other identifier used to identify a specific commercial, nonprofit, or Government entity. See www.sam.gov for the designated entity for establishing unique entity identifiers.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the SAM database prior to award, during performance, and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The Offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation “Unique Entity Identifier” followed by the unique entity identifier that identifies the Offeror’s name and address exactly as stated in the offer. The Offeror also shall enter its EFT indicator, if applicable. The unique entity identifier will be used by the Contracting Officer to verify that the Offeror is registered in the SAM database.

(c) If the Offeror does not have a unique entity identifier, it should contact the entity designated at www.sam.gov for establishment of the unique entity identifier directly to obtain one. The Offeror should be prepared to provide the following information:

- (1) Company legal business name.
- (2) Tradestyle, doing business, or other name by which your entity is commonly recognized.
- (3) Company Physical Street Address, City, State, and Zip Code.
- (4) Company Mailing Address, City, State and Zip Code (if separate from physical).
- (5) Company telephone number.
- (6) Date the company was started.
- (7) Number of employees at your location.
- (8) Chief executive officer/key manager.
- (9) Line of business (industry).
- (10) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the SAM database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) Offerors may obtain information on registration at <https://www.acquisition.gov> .

Offerors SAM information:

Entity Name:	<u>Solstice Benefits Inc.</u>
Entity Address:	<u>7901 SW 6th Court, Suite 400, Plantation, FL 33324</u>
Duns Number:	<u>80-981-0968</u>
CAGE Code:	<u>Pending registration - See addendum</u>



Addendum - System for Award Management

Solstice's registration with the System for Award Management is in progress and currently pending.

Per item 4 (b)(1) on page 22 of the RFP, Solstice will be registered with the System for Award Management prior to award.

ADDENDUM ACKNOWLEDGEMENT
RFP RM 29-20

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO.	DATE	
ADDENDUM 1*	March 5, 2020	*Withdrawn on March 6, 2020
ADDENDUM 2	March 18, 2020	

NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the Respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.

LOBBYING - 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20

APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

(To be submitted with each bid or offer exceeding \$100,000)

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

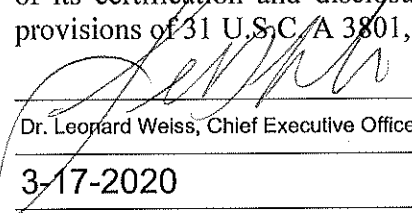
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1) -(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, Solstice Benefits Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.



Dr. Leonard Weiss, Chief Executive Officer Signature of Contractor's Authorized Official

Name and Title of Contractor's Authorized Official
3-17-2020 Date

Date

Government Debarment & Suspension

Instructions

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Orders 12549, at Subpart C of OMB 2 C.F.R. Part 180 and 3000.332. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

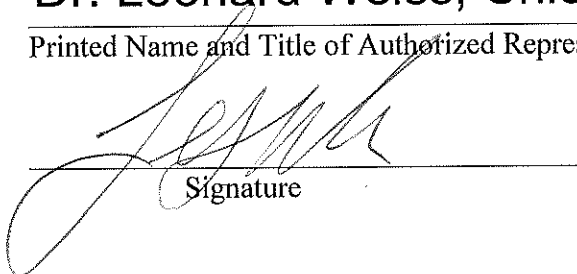
The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Orders 12549, Debarment and Suspension, and OMB 2 C.F.R. Part 180, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

**[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING
CERTIFICATION]**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency;
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal

Dr. Leonard Weiss, Chief Executive Officer

Printed Name and Title of Authorized Representative


Signature

3-17-2020

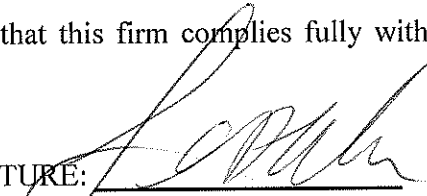
Date

VENDORS ON SCRUTINIZED COMPANIES LISTS

By executing this Certificate, the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 3-17-2020
COMPANY: Solstice Benefits Inc.
ADDRESS: 7901 SW 6th Court
Suite, 400
Plantation, FL 33324
PHONE NO.: (813) 830-8854

SIGNATURE: 
NAME: Dr. Leonard Weiss
(Typed or Printed)
TITLE: Chief Executive Officer
E-MAIL: lweiss@solsticebenefits.com

LIST OF REFERENCES

1. Owner's Name and Address: Palm Beach County Government

Risk Management, 100 Australian Avenue, Suite 200, West Palm Beach 33406

Contact Person: Andrea Mackey Telephone # (561) 242-5405

Email: amackey@pbcgov.org

2. Owner's Name and Address: City of Riviera Beach

2051 Martin Luther King Jr. Blvd., Suite 302, Riviera Beach, FL 33404

Contact Person: Stephen Gude Telephone # (561) 840-4880

Email: sgude@rivierabeach.org

3. Owner's Name and Address: United Teachers of Dade (UTD)

2200 Biscayne Blvd Miami, FL 33137

Contact Person: Michael Molnar Telephone # (305) 854-0220

Email: Michael@utd.org

4. Owner's Name and Address: City of Pembroke Pines

601 City Center Way Floor 3 - Suite 305, Pembroke Pines, FL 33025

Contact Person: Lilian Deleon Telephone # (954) 392-2093

Email: ldeleon@ppines.com

5. Owner's Name and Address: City of Delray Beach

100 NW 1st Ave, Delray Beach, FL 33444

Contact Person: Sue Radig Telephone # (561) 243-7377

Email: radigs@mydelraybeach.com



Okaloosa County RFP RM 29-20 - Employee Dental Insurance

RE: Dental Insurance Finalist Questions and BAFO

Thank you for the opportunity to present our Best and Final Offer to Okaloosa County for RFP RM 29-20 – Employee Dental Insurance. As you’ll see, our BAFO consists of lower rates, extended rate guarantees, and a yearly \$10,000 invoice credit.

Following are the answers to the questions, which we also look forward to addressing at the April 27 finalist presentation.

- 1. Please provide a demonstration of how your billing portal works. Demonstrate how additions, terminations, and adjustments are processed.**

We have enclosed the user guide for our benefit administrator portal, the Solstice Marketplace (www.solsticemarketplace.com). Aside from demonstrating how to pay invoices and access/filter your invoice report, our user guide also shows how to add and remove employees and dependents.

- 2. Please provide your best and final monthly rates, as well as retiree rates.**

We offer the County a 2% reduction on our initial proposed rates. The rates apply to both active employees and retirees. Here is how this arrangement will benefit the County, its employees, and their families:

MATCHING DPPO PLAN

Employee: \$26.41

Family: \$76.62

- ✓ \$89,520 in projected annual savings based on current enrollment
- ✓ 13.7% below incumbent rates
- ✓ Increased benefits: \$1,250 annual maximum benefit, 4 covered dental cleanings every 12 months, Rollover feature, full mouth X-rays every 36 months, and out-of-network paid at the 90th percentile of Fairhealth UCR table

ENHANCED DPPO PLAN

Employee: \$27.84

Family: \$80.76

- ✓ \$59,276 in projected annual savings based on current enrollment
- ✓ 9% below incumbent rates
- ✓ The same benefits as the Matching Plan, plus coverage for posterior composite fillings (white fillings in back teeth).

3. Do you offer a rate hold or cap on rate increases? If so, for how long?

As part of our BAFO for the County, and to lock in these savings for you and the employees, we extend our initial proposed rates for 3 years on both DPPO plan options (which includes an \$89k annual savings on the matching plan and \$59k annual savings on the enhanced plan). Furthermore, any potential rate changes for the fourth and fifth years will be capped at 6%.

4. Do you provide COBRA administration and if so, what is the cost?

Yes, we provide COBRA administration through a strategic business alliance with VantagePoint Benefit Administrators, Inc. Through this alliance, we can help ensure the County remains compliant with current COBRA regulations and help relieve the burdens of COBRA administration. We provide such services as initial notifications of COBRA rights and obligations, COBRA continuant billing and premium collection and reports, and customer service.

As part of our BAFO for the County, we have extended our initial one-time \$10,000 implementation credit to be a recurring \$10,000 invoice credit each plan year to be used toward COBRA administration and other initiatives.

Specifically, the \$10,000 credit will be awarded on your first invoice of the first plan year and recur at the start of every future plan year for the duration of our partnership. The \$10,000 credit can be used toward the cost of COBRA administration, county administered wellness initiatives, communications and other printed materials, county selected technology platforms, or any other desired employee initiatives pertaining to the dental benefits program.

The fees for COBRA administration are:

- Initial Setup - \$595
- Renewal/Open Enrollment - \$295
- Base Services - \$0.50 per benefit eligible employee
- Monthly Minimum - \$95
- Notifications (Initial, Qualifying Event, and Open Enrollment) - \$4.95 per notice

5. If a technology budget was offered, please explain the amounts and how it can be used.

As described above, we offer the County a \$10,000 credit on the first invoice of every plan year to be used for any desired initiatives pertaining to the dental benefits program, including wellness initiatives, communications and other printed materials, county selected technology platforms.

That said, we offer the County several technology tools included with the dental benefits, from virtual/remote open enrollment, member mobile app, and our web-based benefits administration portal, the Solstice Marketplace. We designed it in-house to simplify the process of managing enrollment, eligibility, and all other aspects of your account with us.



6. Please describe any Max Rollover, Dental Reward, or Wellness program you offer. Is there an additional cost?

We offer several programs to Okaloosa County employees at no additional cost and with no added time burden on your benefits and risk management staff to administer.

Solstice BenefitsBooster max rollover: Employees can roll over a portion of their unused annual maximum benefit amount to the following plan year. This does not impact costs or rates in any way whatsoever. We accept award balances from other carriers, ensuring your employees will not be shortchanged when making the transition to Solstice.

Maximum Benefit	Claim Threshold	Carryover Amount	Network Bonus	Increase Limit	Maximum Benefit Limit
\$1,250	\$500	\$250	\$100	\$1,250	\$2,500

7. Please provide an example of the cost of a dental procedure and how the employee would be billed in and out of network.

To provide our example of how this works, we are using the most highly utilized ADA codes in the dental industry: routine cleaning (D1110), routine exam (D0120), and x-rays (D0210):

In-network

ADA Code	Description	Amount Allowed ¹	Patient Responsibility
D0120	Periodic Oral Evaluation	\$47	\$0
D0210	Intraoral x-rays (complete series	\$110	\$0
D1110	Prophylaxis cleaning (adult)	\$79	\$0

Out-of-Network

ADA Code	Description	Amount Allowed ²	Patient Responsibility
D0120	Periodic Oral Evaluation	\$61	Based on provider billed
D0210	Intraoral x-rays (complete series	\$183	Based on provider billed
D1110	Prophylaxis cleaning (adult)	\$110	Based on provider billed

¹ Based on average in-network fee schedule. Amount may vary by provider and geographic area

² Fairhealth 90th UCR for ZIP code 325



8. What is the transition process from our current dental provider to you? Do you transfer by Census? Is there a cost associated?

We do not charge any “transition fees,” including for the loading of prior carrier history into our system. Outside of the proposed rates for the dental coverage, there are no additional charges associated with choosing Solstice as your new dental carrier.

In some cases, your incumbent carrier might charge a fee to provide accumulator data on how much of the Calendar Year Maximum or deductible has been met, but Solstice does not charge to load this information.

As for the overall transition to Solstice as the dental provider, our team will be working with the County’s benefit staff to put together a detailed implementation timeline with various topics and deliverables leading to a flawless implementation.

One major component of the transition process is the sending of eligibility data to Solstice. We accept that eligibility via enrollment application (via phone), an Excel census upload, as well as a fixed flat file layout or a standard 834-file feed format.

There is no additional cost associated with this process from Solstice and reflect our goal in the implementation process: to take on all the “heavy lifting” and provide you with the easiest experience possible.



Letter of Transmittal

March 26, 2020

Mr. Jeffrey Hyde, Purchasing Manager
 Employee Dental Insurance
 RFP RM 29-20
 Okaloosa County Purchasing Department
 5479A Old Bethel Road
 Crestview, FL 32536

Dear Mr. Hyde:

Solstice Benefits (Solstice) is pleased to present our Employee Dental Insurance proposal to Okaloosa County. To support the County and the health of its employees and their families, Solstice has crafted a benefits proposal of superior dental insurance options with significant cost savings. We understand that the County desires:

- World-class customer service and excellent ongoing plan support
- An efficient, pain-free implementation plan
- Advantageous rate guarantees
- Rich benefits offerings
- A substantial network of providers within Okaloosa County

You asked, we delivered! We offer you strong dental benefits options along with various value-added benefits—illustrating our commitment to the well-being of your employees and their families. With your needs in mind, our dental PPO plans match your current benefits, include certain enhancements, and save money for Okaloosa County.

THE SOLSTICE DIFFERENCE		
	Solstice Plan	Incumbent Plan
SOLSTICE MATCHING PLAN (CUSTOM DPPO 1)	✓ \$1,250 calendar year maximum	\$1,200 calendar year maximum
	✓ 4 covered dental cleanings every 12 months	2 covered dental cleanings every 12 months
	✓ Full mouth X-rays every 36 months	Full mouth X-rays every 60 months
SOLSTICE ENHANCED PLAN (CUSTOM DPPO 2)	The same great advantages of the Solstice Matching Plan, plus: ✓ Coverage for posterior composite fillings (white fillings in back teeth)	



7901 SW 6th Court, Suite 400
 Plantation, FL 33324



www.solsticebenefits.com



We offer two pricing scenarios for the County to choose from, both of which offer significant savings. Should the County opt to change to a calendar year plan, as referenced on page 1 of the RFP, the 12-month rate pricing will still apply in that scenario.

Rates Proposal Option 1	
Rate Guarantee:	24 months
One-time Implementation Credit:	\$0
Matching Plan – Projected Annual Savings:	\$46,739.72 (7% below current rates)
Enhanced Plan – Projected Annual Savings:	\$10,837.35 (2% below current rates)
Rates Proposal Option 2	
Rate Guarantee:	12 months/15 months
One-time Implementation Credit:	\$10,000
Matching Plan – Projected Annual Savings:	\$76,325.20 (12% below current rates)
Enhanced Plan – Projected Annual Savings:	\$45,880.26 (7% below current rates)

A Seamless Transition

When considering the change to a new carrier, it’s critical to have peace of mind that the transition will be smooth for you and your employees. We will make that happen for the County, its benefits staff, and the employees. We’ll create a detailed implementation timeline and your dedicated Solstice account manager and team will work with you every step of the way during the transition and beyond to ensure satisfaction through responsive, two-way communication, proactive employee outreach, and training staff on our user-friendly benefits administration tools.

Proactive Customer Service

We are proactive in detecting and meeting the employees’ needs and informing benefits staff of any trends developing through customer service calls. Our innovative platform monitors and analyzes 100% of incoming customer service calls to determine what types of questions we’re receiving from your employees. This also helps shape the employee communications materials we’ll produce to support the County’s benefits staff, including plan flyers and FAQs.

Robust Network of Dental Providers

A strong and accessible network of providers is imperative to any benefits plan. We’re proud that our dental plans are supported by our expansive national DPPO network of over 362,000 provider access points, including over 32,000 access points in Florida. Our geo access analysis shows that **100% of employees** have access to a general dentist and 98% have access to a dental specialist using defined standards.



Value-Added Benefits

Because we believe in a holistic approach to employee health, our proposal includes the following value-added benefits at no cost—illustrating our commitment to the wellbeing of Okaloosa County employees and their families:



Employee Wellness Rewards: Plan members and their families can earn up to \$500 in gift cards by getting routine care and engaging with Solstice online. Once a member accumulates 100 points, they can begin redeeming points for gift cards and other prizes.



Floss Bar: Dental care straight to the workplace! Floss Bar provides cleanings and X-rays that are part of the Solstice dental plan. Hygienists come straight to you, saving time, offering convenience to employees, and providing greater access to care.



Prescription Drug Discount Program: Employees and their families will save on their prescriptions at over 65,000 participating local retail pharmacies, through mail service pharmacies for home delivery of maintenance (long-term) medicines not covered by insurance, as well as pet medication.



Hearing Aid Discount Program: Hearing impairment is common, with more than 35 million Americans experiencing it to some extent. Our hearing aid discount program features savings up to 40% on hearing aid retail prices, a complimentary hearing screening, and an exam for \$29.

Finally, to keep Okaloosa County members educated and informed, Solstice communicates with its members through the following avenues:

Health Website & Blog	Monthly Health E-mail	Outbound Call Campaigns
Our award-winning website and blog address oral health issues from birth past retirement, as well as insurance FAQs.	Information HR staff can forward to employees, like health tips and reminders to get routine teeth cleanings.	Customized employee telephone campaigns to promote open enrollment, plan information, and oral health tips.

All in all, Solstice's commitment to you is simple—we will provide Okaloosa County with excellent customer service, superior network access, and responsive account management. As your dedicated Sales Executive, I am available to provide support and answer any of your questions or concerns. Please contact me at any time at (813) 830-8854 or at rposada@solsticebenefits.com. We look forward to serving you and your employees!

Sincerely,
 Ronald Posada
 Sales Executive
 Solstice Benefits, Inc.

Solstice Benefits, Inc. (Solstice), along with its subsidiary and affiliated companies, including but not limited to, Solstice Health Insurance Company and Solstice HealthPlans, Inc., are incorporated and licensed life, accident and health insurers doing business nationally.

Okaloosa County
RFP RM 29-20: EMPLOYEE DENTAL INSURANCE
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RATE ASSUMPTIONS AND CAVEATS:

- Quoted rates are valid until the listed effective date.
- Rates assume the Group's SIC Code to be 9111
- For PPO plans, the In- and Out-of-Network Annual Maximums & Lifetime Ortho Maximums are combined.
- Solstice reserves the right to adjust the quoted rates should member to sub ratio exceed 2.18
- Rates and plans assume an employer/employee relationship exist between all parties.
- Rates listed above assumes the plan design quoted. Rates may change, if plan design changes.
- Solstice reserves the right to adjust the quoted rates should enrollment fluctuate by +/- 10% from the quoted eligible/participating numbers at the time of enrollment or during the contract period.
- Deductibles and maximums are assumed on a calendar year basis unless otherwise stated.
- Rates assume full takeover for all dental lines of coverage
- Dependent age limitations are based on situs state requirements unless otherwise noted.
- Rates do not include cost of loading prior carrier history.
- Proposed rates are contingent on Solstice being the only dental plan(s) offered.
- Rates Assume Minimum Group Size of 10 (ten) Subscribers Enrolled

A.2 SOLSTICE PROPOSED DENTAL PLANS - SCHEDULE OF BENEFITS

The following document is filed and approved with Florida Department of Financial Services. Therefore, some parts of the document may not be in 12 point font.



Dental PPO Summary of Benefits Effective 10/1/2020

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT-OF-NETWORK	NETWORK	OUT-OF-NETWORK
Individual Annual Calendar Year Deductible	\$50	\$50	\$0	\$0
Family Annual Calendar Year Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)	\$1250 per person per Calendar Year	\$1250 per person per Calendar Year	\$1000 per person per Lifetime	\$1000 per person per Lifetime

Annual deductible applies to preventive and diagnostic services	No (In Network) No (Out-of-Network)
Solstice BenefitsBooster included (Increasing Calendar Year Maximum Benefit)	Yes
Preventive Waiver Saver Included (P&D Services Do Not Accumulate Towards Annual Maximum)	No
Orthodontic eligibility requirement	Children up to 19 Years Old

COVERED SERVICES	NETWORK PLAN PAYS*	OUT-OF-NETWORK PLAN PAYS**	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to two (2) times per consecutive twelve (12) months.
Routine Radiographs	100%	100%	Bitewings: Limited to one (1) series of films per consecutive twelve (12) months.
Non-Routine - Complete Series Radiographs	100%	100%	Complete Series/Panorex: Limited to one (1) time per consecutive thirty-six (36) months.
Prophylaxis (Cleanings)	100%	100%	Limited to (4) prophylaxis in any twelve (12) consecutive months, to a maximum of (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.
Fluoride Treatment	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per consecutive twelve (12) months.
Sealants	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per first or second unrestored permanent molar every consecutive thirty-six (36) months.
Space Maintainers	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, one (1) time per consecutive sixty (60) months. Benefit includes all adjustments within six (6) months of installation.
Palliative Treatment	100%	100%	Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit.
BASIC SERVICES			
Restorations (Amalgam or Composite)	80%	80%	Multiple restorations on one (1) surface will be treated as a single filling.
Simple Extractions	80%	80%	Limited to one (1) time per tooth per lifetime.
Oral Surgery (Includes surgical extractions)	80%	80%	Extractions: Limited to one (1) time per tooth per lifetime.
Periodontics - Surgical	80%	80%	Periodontal Surgery: Limited to one (1) quadrant or site per consecutive thirty-six (36) months per surgical area. Scaling and Root Planing: Limited to one (1) time per quadrant per consecutive twenty-four (24) months.
Periodontics - Non Surgical	80%	80%	Periodontal Maintenance: Limited to four (4) periodontal maintenance in any twelve (12) consecutive months, to a maximum of four (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.
Endodontics	80%	80%	
Anesthetics	80%	80%	General Anesthesia: When clinically necessary.
Adjunctive Services	80%	80%	
MAJOR SERVICES			
Inlays/Onlays/Crowns/Implants	50%	50%	Limited to one (1) time per tooth per consecutive sixty (60) months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to one (1) per consecutive sixty (60) months. No additional allowances for precision or semi precision attachments.
Fixed Partial Dentures (Bridges)	50%	50%	Bridges: Limited to one (1) time per tooth per consecutive sixty (60) months
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	50%	50%	Limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.

*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the 90th Percentile of Usual and Customary Charge.

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits your Certificate of Coverage/benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.





Dental PPO Summary of Benefits Effective 10/1/2020

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT-OF-NETWORK	NETWORK	OUT-OF-NETWORK
Individual Annual Calendar Year Deductible	\$50	\$50	\$0	\$0
Family Annual Calendar Year Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)	\$1250 per person per Calendar Year	\$1250 per person per Calendar Year	\$1000 per person per Lifetime	\$1000 per person per Lifetime

Annual deductible applies to preventive and diagnostic services	No (In Network) No (Out-of-Network)
Solstice BenefitsBooster Included (Increasing Calendar Year Maximum Benefit)	Yes
Preventive Walver Saver Included (P&D Services Do Not Accumulate Towards Annual Maximum)	No
Orthodontic eligibility requirement	Children up to 19 Years Old

COVERED SERVICES	NETWORK PLAN PAYS*	OUT-OF-NETWORK PLAN PAYS**	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to two (2) times per consecutive twelve (12) months.
Routine Radiographs	100%	100%	Bitewings: Limited to one (1) series of films per consecutive twelve (12) months.
Non-Routine - Complete Series Radiographs	100%	100%	Complete Series/Panorex: Limited to one (1) time per consecutive thirty-six (36) months.
Prophylaxis (Cleanings)	100%	100%	Limited to (4) prophylaxis in any twelve (12) consecutive months, to a maximum of (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.
Fluoride Treatment	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per consecutive twelve (12) months.
Sealants	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per first or second unrestored permanent molar every consecutive thirty-six (36) months.
Space Maintainers	100%	100%	Limited to Covered Persons under the age of sixteen (16) years, one (1) time per consecutive sixty (60) months. Benefit includes all adjustments within six (6) months of installation.
Palliative Treatment	100%	100%	Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit
BASIC SERVICES			
Restorations (Amalgam or Composite)	80%	80%	Multiple restorations on one (1) surface will be treated as a single filling. Alternate Benefit Provision waived for Posterior Composites
Simple Extractions	80%	80%	Limited to one (1) time per tooth per lifetime.
Oral Surgery (Includes surgical extractions)	80%	80%	Extractions: Limited to one (1) time per tooth per lifetime.
Periodontics - Surgical	80%	80%	Periodontal Surgery: Limited to one (1) quadrant or site per consecutive thirty-six (36) months per surgical area. Scaling and Root Planing: Limited to one (1) time per quadrant per consecutive twenty-four (24) months.
Periodontics - Non Surgical	80%	80%	Periodontal Maintenance: Limited to four (4) periodontal maintenance in any twelve (12) consecutive months, to a maximum of four (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.
Endodontics	80%	80%	
Anesthetics	80%	80%	General Anesthesia: When clinically necessary.
Adjunctive Services	80%	80%	
MAJOR SERVICES			
Inlays/Onlays/Crowns/Implants	50%	50%	Limited to one (1) time per tooth per consecutive sixty (60) months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to one (1) per consecutive sixty (60) months. No additional allowances for precision or semi precision attachments.
Fixed Partial Dentures (Bridges)	50%	50%	Bridges: Limited to one (1) time per tooth per consecutive sixty (60) months
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	50%	50%	Limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.

*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the 90th Percentile of Usual and Customary Charge.

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits your Certificate of Coverage/benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.





Limitations, Non-Covered Services, and Exclusions

General Limitations

ALTERNATE BENEFIT – Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$300; please consult your dentist.

BASIC RESTORATIONS – Multiple restorations on one (1) surface will be treated as a single filling.

BITEWING RADIOGRAPHS are limited to one (1) series of films per consecutive twelve (12) months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS are limited to one (1) time per consecutive thirty-six (36) months.

DENTAL PROPHYLAXIS (CLEANINGS) are limited to

prophylaxis in any twelve (12) consecutive months, to a maximum of (4) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.

EXTRAOURAL RADIOGRAPHS are limited to two (2) films per consecutive twelve (12) months.

FLUORIDE TREATMENTS are limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per consecutive twelve (12) months.

FULL OR PARTIAL DENTURES are limited to one (1) time every consecutive sixty (60) months. No additional allowances for precision or semi-precision attachments.

FULL-MOUTH DERRIDEMENT is limited to one (1) time per consecutive thirty-six (36) months.

GENERAL ANESTHESIA, IV SEDATION are covered when necessary for one of the following reasons; toxicity to local anesthesia, mental retardation, Alzheimer's, spastic muscle disorders.

MAJOR RESTORATIONS – Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to one (1) time per consecutive sixty (60) months from initial or subsequent placement.

OCCUSAL GUARDS are limited to one (1) guard every consecutive sixty (60) months and only if prescribed to control habitual grinding.

ORAL EVALUATIONS - Periodic Oral Evaluation limited to two (2) times per consecutive twelve (12) months. Comprehensive Oral Evaluation limited to one (1) time per dentist per consecutive thirty-six (36) months, only if not in conjunction with other exams.

ORTHODONTIC SERVICES – When Orthodontic Services are covered under the plan, orthodontic services are limited to twenty-four (24) months of treatment, with the initial payment at banking of 20% and remaining payment prorated over the course of the treatment.

PALLIATIVE TREATMENT is covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit.

PERIODONTAL MAINTENANCE is limited to two (2) periodontal maintenance in any twelve (12) consecutive months, to a maximum of two (2) total prophylaxis and/or periodontal maintenance procedures in any twelve (12) consecutive months.

PERIODONTAL SURGERY – Hard tissue and soft tissue periodontal surgery is limited to one (1) time per quadrant or site per consecutive thirty-six (36) months.

PIN RETENTION is limited to two (2) pins per tooth; not covered in addition to Cast Restoration.

POST AND CORES are covered only for teeth that have had root canal therapy.

RELINING, REBASING AND TISSUE CONDITIONING DENTURES are limited to relining/rebasing performed more than six (6) months after the initial insertion. Thereafter, limited to one (1) time per consecutive thirty-six (36) months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES are limited to repairs or adjustments performed more than twelve (12) months after the initial insertion. Limited to one (1) time per consecutive six (6) months.

REPLACEMENT OF CROWNS, BRIDGES, AND FIXED OR REMOVABLE PROSTHETIC APPLIANCES, if inserted prior to plan coverage, are covered after the patient has been eligible under the plan for twelve (12) continuous months.

REPLACEMENT OF MISSING NATURAL TEETH lost prior to the effective date of coverage are covered only after the patient has been eligible under the plan for twelve (12) continuous months.

SEALANTS are limited to Covered Persons under the age of sixteen (16) years and to one (1) line per first or second unrestored permanent molar every consecutive thirty-six (36) months.

SCALING AND ROOT PLANING is limited to one (1) time per quadrant per consecutive twenty-four (24) months. Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth, by report, is not covered when performed on the same day as root planing and scaling.

SEDATIVE FILLINGS are covered as a separate benefit only if no other service, other than X rays and exam, were performed on the same tooth during the visit.

SPACE MAINTAINERS are limited to Covered Persons under the age of sixteen (16) years, one (1) time per consecutive sixty (60) months. Benefit includes all adjustments within six (6) months of installation.

Non-Covered Services

The following are **NOT** covered under the plan:

- Dental Services that are not Reasonable and/or Necessary.
- Hospital or other facility charges.
- Reconstructive surgery to the mouth or jaw.
- Any Procedures not directly associated with dental disease.
- Any Dental Procedure not performed in a dental setting.
- Procedures that are considered Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered Experimental, Investigational or Unproven in the treatment of that particular condition.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal.
- Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- If previously submitted for payment under the Plan within sixty (60) months of initial or subsequent placement, replacements of: (a) complete or partial dentures, (b) fixed bridgework, or (c) crowns. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- If damage or breakage was directly related to provider error, replacements of: (a) complete or partial dentures, (b) fixed bridgework, or (c) crowns. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- Temporomandibular joint (TMJ) surgeries; upper and lower jaw bone surgery, including that related to the TMJ; and orthognathic surgery, or jaw alignment.
- Charges for failure to keep a scheduled appointment without giving the dental office twenty-four (24) hours notice.
- Expenses for dental procedures begun before enrollment under the plan.
- Prosthodontic restoration that is fixed or removable for complete oral rehabilitation. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- Attachments to conventional removable prosthesis or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- Incision and drainage of abscess, if the involved tooth is extracted on the same date of service.
- Occlusal guards used as safety items or for sports-related activities.
- Placement of fixed or partial dentures for the sole purpose of achieving periodontal stability.
- Dental Services otherwise Covered under the plan but rendered after the date individual Coverage under the plan terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the plan terminates.
- Acupuncture, cupressure, and other forms of alternative treatment, whether or
- Services for which the Copayments and/or the Deductibles are routinely waived by the provider.
- Crowns, inlays, cast restorations, or laboratory prepared restorations when the tooth/teeth may be restored with an amalgam or composite resin filling.
- Inlays, cast restorations, or other laboratory prepared restorations when used primarily for the purpose of splinting.
- Any charges related to histological review of diagnostic biopsy, material, or specimens submitted to a pathologist or pathology lab.
- Any charges related to infection control, denture duplication, oral hygiene instructions, radiograph duplication, charges for claim submission, equipment or technology fees, exams required by a third party, personal supplies, or replacement of lost or stolen appliances.
- Any Dental Services or Procedures not listed in the Schedule of Benefits.

Exclusions

This Policy excludes Coverage for Dental Service, unless otherwise specified in the Schedule of Benefits or a Rider, as follows:

- Illness, accident, treatment or medical condition arising out of:
 - war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection;
 - service in the Armed Forces or units auxiliary thereto;
 - suicide, attempted suicide or intentionally self-inflicted injury;
 - aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; and,
 - with respect to blanket insurance, interscholastic sports.
- Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any State or Federal workers' compensation, employers' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the Covered Person's immediate family; and services for which no charge is normally made;
- Services provided while the Covered Person is outside the United States, its possessions or the countries of Canada and Mexico are not Covered unless required as an Emergency Service.
- ILLEGAL OCCUPATION:** Solstice shall not be liable for any loss to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was you being engaged in an illegal occupation.
- INTOXICANTS AND NARCOTICS:** Solstice shall not be liable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.





Solstice BenefitsBooster

What is BenefitsBooster?

BenefitsBooster is an Increasing Calendar Year Maximum feature included in select Solstice dental plans that puts dental care decisions directly in the hands of the consumer. Members are encouraged to seek care through an awards-based framework that allows them to carry forward part of their unused calendar year maximum.

Highlights of the Solstice BenefitsBooster

- No penalty if dental services are not used in the year
- Carry forward unused balances
- Competitor's award balance accepted
- Award balance may be used for out-of-network claims

How does BenefitsBooster work?

BenefitsBooster is designed for dental plans with deductibles and annual maximums and can be utilized by groups who are either fully insured or ASO. It is administered at the member level, giving each member an opportunity to earn their own awards. Members must use their dental benefit at least once per year, and can qualify for an additional bonus if a member utilizes all in network providers.

Maximum Benefit	Claim Threshold	Carryover Amount	Network Bonus	Increase Limit	Maximum Benefit Limit
\$500	\$250	\$125	\$100	\$500	\$1,000
\$1,000	\$500	\$250	\$100	\$1,000	\$2,000
\$1,250	\$500	\$250	\$100	\$1,250	\$2,500
\$1,500	\$750	\$400	\$100	\$1,500	\$3,000
\$2,000	\$1,000	\$500	\$100	\$1,500	\$3,500
\$2,500	\$1,250	\$600	\$100	\$1,875	\$4,375
\$3,000	\$1,500	\$700	\$100	\$2,250	\$5,250

There are some limitations to the program:

- New groups sold, and new hires made, in the last three months of the benefit period (October, November or December) will have participation deferred until the 1st month of the next full benefit period
- If a member chooses to terminate coverage, but returns prior to a six-month break in coverage with the same employer, participation will be reinstated without penalty or loss of any previously accumulated award balance, provided the employer still offers a dental plan with BenefitsBooster. Award balance is considered depleted once the six-month window has passed or when consumer purchases another plan without the BenefitsBooster feature.

B. Availability of Local Providers/Coverage

B.1 GEO Access Report Summary

With Solstice, Okaloosa County employees will have **100% access to general dentists** and **98% access to specialists** within defined standards. We've listed current network providers in Okaloosa County by zip code below:

LastName	FirstName	ZIP
Fishbein Orthodontics PI		
Fishbein	Benjamin	32536
Howle	Sarah	32536
Rezaie	Maryam	32536
De Moya	Adrian	32536
Austin & Fishbein Orthodontics PI		
Fishbein	Benjamin	32548
Howle	Sarah	32548
De Moya	Adrian	32548
Rezaie	Maryam	32548
Fishbein Orthodontics PI		
Fishbein	Benjamin	32578
Howle	Sarah	32578
Rezaie	Maryam	32578
De Moya	Adrian	32578
Jennifer Mihalcik Nohalty		
Mihalcik Nohalty	Jennifer	32578
Sims Orthodontics LLC		
Sims	James	32536
Sand Dollar Dental Inc		
Graves	Carl	32548
Sharon S Chen DDS		
Chen	Sharon	32578
Michael J Mihalcik DMD PA		
Mihalcik	Michael	32578
Aspen Dental		
Dickinson	Scott	32536
Chau	Hieu	32536
Carvajal	Luisa	32536
Patel	Kishen	32536
Moshe	Roy	32536
Wong	Ernest	32536
Ahmed	Samavia	32536
Frink	Cara	32536
Kutrolli	Johana	32536
Perez	Heather	32536
Echevarria	Javier	32536
Popp	Gerald	32536
Baptiste	Ashley	32536
Musser	Lawrence	32536
Tuladhar	Rajiv	32536
Casiano	Jonathan	32536
Fishbein Orthodontics PI		

De Moya	Adrian	32578
Fishbein	Benjamin	32548
Howle	Sarah	32548
De Moya	Adrian	32548
Rezaie	Maryam	32548
Howle	Sarah	32536
Austin & Fishbein Orthodontics PI		
De Moya	Adrian	32536
Howard E. Fisher, DDS		
Fisher	Howard	32547
Comfort Dental Inc		
Chang	Ricardo	32536
Farrugia	Alan	32536
Moldauer	Bertram	32536
Ward	Michelle	32536
Sidhom	Mina	32536
Kupperman	Nathan	32536
Aljamaan	Reem	32536
Alvarez Sanchez	Yulissa	32536
Nochez	Grace	32536
Ogando	Sandra	32536
Steier	Carolina	32536
Guthrie	Kelly	32536
Vasquez	Angel	32536
Mercke	Taylor	32536
Ilia	Nada	32536
Sarmiento	Jeffrey	32536
Torres	Rodney	32536
Torres	Rodney	32536
Hanna	David	32536
Dib	Rafik	32536
Dib	Rafik	32536
Dib	Rafik	32536
Orthodontic Specialists of Florida		
Shoopak	Alan	32578
Durrett	Leo	32578
Battle	Jason	32578
Goff	Romia	32578
Alexander	Keisha	32578
Fishbein	Benjamin	32578
Davillier	Christian	32578
Palacios	Piero	32569
Alexander	Keisha	32569
Fishbein	Benjamin	32569
Shoopak	Alan	32569

Durrett	Leo	32569
Barlock	Jason	32569
Battle	Jason	32569
Barry	Daniel	32569
Davillier	Christian	32569
Aspen Dental		
Pimentel	Paul	32548
Blanco	Yamilet	32548
Estes	Joshua	32548
Dickinson	Scott	32548
Dixon	Raymond	32548
Gillan	Jere	32548
Cartagena	Yarelis	32548
Dickerson	Michael	32548
Neira	Fernando	32548
Carvajal	Luisa	32548
De La Rosa	Andrew	32548
Ahmed	Samavia	32548
Frink	Cara	32548
Pritchett	Chandler	32548
Wong	Ernest	32548
Moshe	Roy	32548
Echevarria	Javier	32548
Perez	Heather	32548
Musser	Lawrence	32548
Tuladhar	Rajiv	32548
Rodriguez Torres	Randall	32548
Hasan	Farah	32548
McDonough	Lauren	32548
Bangash	Maryam	32548
Casiano	Jonathan	32548
Meckelberg	Brandon	32548
Sand Dollar Dental		
Graves	Carl	32548
Fishbein Orthodontics		
Howle	Sarah	32536
Okaloosa Family Dentistry		
Hanna	David	32578
Aspen Dental		
Carvajal	Luisa	32578
Perez	Heather	32578
Popp	Gerald	32578
Wong	Ernest	32578
Pritchett	Chandler	32578
Frink	Cara	32578
Tuladhar	Rajiv	32578
Baptiste	Ashley	32578
Musser	Lawrence	32578
Meckelberg	Brandon	32578
Mujahid	Nouman	32578

Casiano	Jonathan	32578
Barbara Mizell Inc		
Sapp	Cierra	32541
Mizell	Barbara	32541
Roy M Nakaiye DDS PA		
Nakaiye	Roy	32536
Florida Department of Health		
Tabert	Corinne	32539
Millar	Leslie	32539
Hencinski	Mary	32539
Casi B Stubbs DMD PA		
Stubbs	Casi	32578
Comfort Dental Care of Mary Esther LLC		
Moldauer	Bertram	32569
Farrugia	Alan	32569
Ward	Michelle	32569
Kupperman	Nathan	32569
Sidhom	Mina	32569
Aljamaan	Reem	32569
Nochez	Grace	32569
Alvarez Sanchez	Yulissa	32569
Ogando	Sandra	32569
Steier	Carolina	32569
Guthrie	Kelly	32569
Vasquez	Angel	32569
Merceke	Taylor	32569
Ilia	Nada	32569
Torres	Rodney	32569
Torres	Rodney	32569
Sarmiento	Jeffrey	32569
Dib	Rafik	32569
Dib	Rafik	32569
Dib	Rafik	32569
Hanna	David	32569
Lois J Lunderman DDS		
Lunderman	Lois	32580
Shalimar Family Dentistry		
Moeller	Gary	32579
Fletcher	Lisa	32579
Comfort Dental Care Inc		
Green	Claudia	32536
North Florida Medical Centers Inc		
Cherkinsky	Jordan	32539
Durham	Dominique	32539
Bright Smiles Family & Cosmetic Dentistry		
Bartlett	Katherine	32548
Shinnick	Kristin	32548
Brooks	Ashley	32548
Cash	John	32548

C. Technical Approach
C.1 Questionnaire Answers

1. Give the location of the nearest company group sales and claims offices that will handle this contract.

Our group sales office that will handle the contract and provide service to Okaloosa County, its employees, and their families is located at 3030 N. Rocky Point Drive, Suite 150, Tampa, FL 33607. Our claims office is located at our corporate headquarters in Plantation, Florida. Miriam Maggiolo will be your designated account manager and one-stop liaison for all aspects of service. She will assist the County with a smooth transition to the Solstice family and with any day-to-day needs including sales or claims questions.

2. Give the name and location of the company group representative who will service this contract.

Your dedicated account manager will be Miriam Maggiolo. Miriam will make sure your transition to Solstice is smooth and she will be there every step of the way for the County's HR and benefits teams. She has been a member of the Solstice family for nearly seven years, with over 20 years of service and sales in the employee benefits industry – specifically ancillary benefits like dental insurance. Miriam maintains strong relationships with her clients and brokers located throughout Florida. She is caring, detail-oriented, and greatly enjoys her work. Her contact information is as follows: Name: Miriam Maggiolo; Business Address: 7901 SW 6th Ct., Ste. 400 | Plantation, FL 33324; Email: mmaggiolo@solsticebenefits.com; Direct Number: 954-370-5234

3. Will one or more claims handlers be assigned this contract in your claims office?

To ensure that Okaloosa County members have timely access to a qualified claims adjudicator, Solstice does not assign a dedicated unit. Our claims processing employees are universal and are trained and equipped to service all lines of business. All of our claim adjudicators are measured and audited on a monthly basis by our internal quality department.

4. Will toll free service be available from the entire county to your claims office or servicing agent?

Yes. There is a single toll-free, customer service telephone number for addressing employee questions regarding claims payment, claims status, and any appeals. Our national toll-free number is 1-877-760-2247. Staffed from 8:00 a.m. to 8:00 p.m., ET, employees can check eligibility, plan benefits, claim status, request network directories, and claim forms 24 hours a day, seven days a week with our convenient interactive voice response (IVR) system outside of those business hours.

5. Give the name, location and affiliation to your company of the agent or broker of record. Disclose commissions and all other remuneration that will be paid to the broker.

Glenn Little, Vice President -- Barnes Insurance and Financial Services, an Alera Group Company
327 Racetrack Road N.E., Suite B, Fort Walton Beach, Florida 32547. Broker will receive a commission of 3%.

6. List 5 references of similarly sized current clients.

We've worked closely with public sector clients similar in size and scope to Okaloosa County to deliver dental benefits that meet the cost, quality, and caring service you expect. Solstice's commitment to you is to provide you, your employees and their families with exceptional service. The following satisfied current clients illustrate our commitment to excellence and responsiveness to your needs:

1. Palm Beach County
2. City of Riviera Beach
3. City of Pembroke Pines
4. City of Delray Beach
5. United Teachers of Dade

Please find full details on these references in required document L. List of References.

7. What is your current A. M. Best Rating or equivalent?

Solstice is currently ranked by Dun & Bradstreet (DUNS). Our DUNS Supplier Risk is 1, representing that we are a low risk company. Our full DUNS report is available to the County upon request. We are also proud of our growth and financial stability; Solstice was organized in 1998 and is financially stable, as is demonstrated by the Company's Statutory Statements—indicating that the Company's admitted capital and surplus is held primarily in cash, cash equivalents, and short-term investments. We are proud to have made the *Inc.* 5000 list of fastest-growing private companies for seven consecutive years, joining a fraction of U.S. companies that experienced such consistently high year-over-year growth.

8. List your contact information should there be any questions regarding your proposal.

Your point of contact and dedicated Sales Executive throughout the solicitation and implementation process is Ronald Posada, Solstice Account Executive. Since joining the Solstice team in 2017, Ronald Posada has worked to deliver the right benefits solutions for new employer groups as they join the Solstice family. Ronald will lead the County's implementation with Solstice and ensure that, step by step, the transition is seamless. His contact information is as follows: Name: Ronald Posada; Business Address: 3030 N. Rocky Point Drive, Suite 150 | Tampa, FL 33607; Email: rposada@solsticebenefits.com; Direct Number: (813) 350-7961; Cell Phone Number: (813) 830-8854.

9. What is your rate for employee coverage? What is the rate for family coverage?

We are proud to share that Solstice is offering enhanced benefits with significant cost reductions for Okaloosa County. Our Matching Plan (Custom DPPO 1) matches current benefits while adding an increased calendar year maximum benefit, four dental cleanings per year, and a full mouth series of X-rays every 36 months. Our Enhanced Plan (Custom DPPO 2) includes those same enhancements, as well as coverage for posterior composite (white) fillings.

We propose two flexible pricing scenarios for the County:

Option 1: This option offers a **24-month rate guarantee**:

Matching Plan (Custom DPPO 1) employee rate is \$28.43 and family rate is \$82.47.

Enhanced Plan (Custom DPPO 2) employee rate is \$30.12 and family rate is \$87.38.

Option 2: This option offers a **12/15-month rate guarantee** and **\$10,000 implementation credit**:

Matching Plan (Custom DPPO 1) employee rate is \$27.03 and family rate is \$78.43.

Enhanced Plan (Custom DPPO 2) employee rate is \$28.47 and the family rate is \$82.59.

As requested by the County on page 1 of the RFP, Option 2 accommodates a potential change to a calendar year plan.

10. Provide a detailed list of covered services.

Our Custom DPPO 1 plan matches current covered services, and adds enhancements, like four dental cleanings per year and a full mouth series of X-rays every 36 months. Our Enhanced Plan (Custom DPPO 2) includes those same enhancements, as well as coverage for posterior composite (white) fillings. Please find a detailed list of covered services in A.2 Solstice Dental Statement of Benefits.

11. Please describe how your reimbursement rate is calculated for in network and out of network charges. What are the reimbursement rates for the 5 most frequently performed services? Include rates for in network and out of network providers.

Our network of dental providers has agreed to be paid through a discounted fee-for-service schedule, which is based on the average and prevailing rate for that area, as determined by benchmark data. There is a contractual agreement to accept the discounted fee as payment in full. Network dentists are contractually prohibited from balance billing for this difference; they may only bill for the coinsurance. We review our fee schedules annually and update them when appropriate to ensure competitiveness. Out of-network benefits are based on the 90th Percentile of Usual and Customary Charge according to FAIR Health (formerly Ingenix).

Below is the average reimbursement rate for the top five most common ADA codes among Okaloosa County providers. This is for both in-network (INN) and out-of-network (OON):

<i>ADA Code</i>	<i>Description</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<i>D0140</i>	Periodic Oral Evaluation	\$47	\$103
<i>D1110</i>	Prophylaxis (Adult)	\$60	\$110
<i>D2331</i>	Composite filling – 2 surfaces	\$110	\$237
<i>D2740</i>	Crown – porcelain/ceramic	\$850	\$1,364
<i>D3330</i>	Root Canal - molar	\$715	\$1,348

12. Provide a list of current network providers by zip code.

Please refer to *Section B.1* for our current list of network providers in Okaloosa County.

13. Fully disclose retiree coverage amounts and rates. Do you offer direct billing to retirees? If so, what fees are associated?

Solstice also offers our unique portability provision to Okaloosa County employees and their families. Provided that the employee has been enrolled in our proposed dental plan for at least 12 consecutive months, the employee can convert their policy to an individual plan at the same rates and benefits for as long as the master contract with Okaloosa County remains active. In other words, if an employee retires or changes employers, they have the opportunity to continue their coverage with Solstice and pay their premiums on an individual basis.

When an employee voluntarily terminates or retires, Solstice will provide them with a policy conversion form. The employee will complete this form, which will include their banking or credit card information for monthly auto-debit. Once we receive the form and process the first payment, the employee will have their coverage officially converted to an individual Solstice policy.

14. Please describe your billing process? Do you have an online portal? Explain how new members are added, terminations are processed, and adjustments are handled.

Yes, Solstice has an online portal for billing, designed to make the process as convenient as possible for your benefits administrators staff. We utilize an e-billing process, whereby invoices are generated monthly and loaded onto the portal. We can provide printed invoices at your request. With respect to the structure of the invoice--e.g., product type, divisions--we would work with the County's benefits administration team to run the invoice in the requested structure. We provide post-processing reports--detailed group administration reports, delivered immediately after each processing. These reports include a list the number of additions and terminations processed during the last processing. We can also make real-time changes as needed to accommodate additions, terminations and reinstatements, as well as changes to: Social Security Number, date of birth, coverage, effective date of coverage, and employer location number, at the member level. Real time

changes can be made directly in the benefits administration portal, or per request via email or fax to your designated billing coordinator.

15. Do you offer a max rollover benefit? If so, explain. Does this benefit increase the rates for coverage?

Included in our proposal for Okaloosa County, employees, and their families is an increasing calendar year maximum feature called Solstice BenefitsBooster. This benefit enhancing program allows the County and its employees to roll over part of their unused calendar year maximum benefit amount, without increasing the rates for coverage. Additionally, we accept award balances from other carriers, ensuring a smooth transition to Solstice for the County and its employees. The award balances may be used for out-of-network claims and there is no penalty if dental services are not used in the year. For your convenience, we've included an informational flyer on the BenefitsBooster with our rates proposal in *Section A.3*.

16. Do you offer management of COBRA dental? If so, please explain the costs associated.

Solstice's COBRA administration is delivered to customers through a strategic business alliance with VantagePoint Benefit Administrators, Inc. Through this alliance, we can help ensure the County remains compliant with current COBRA regulations and help relieve the burdens of COBRA administration. We provide such services as initial notifications of COBRA rights and obligations, COBRA continuant billing and premium collection and reports, and customer service.

Fees for Monthly COBRA Administration:

- Initial Setup - \$595 • Renewal/Open Enrollment - \$295 • Base Services - \$0.50 per benefit eligible employee
- Monthly Minimum - \$95 • Notifications (Initial, Qualifying Event, and Open Enrollment) - \$4.95 per notice

17. Is there an option for online enrollment for our employees? If so, please explain and disclose costs associated.

Solstice will provide online eligibility and enrollment for the County and its employees at no extra cost. In fact, we encourage our clients to submit eligibility data electronically. We have defined protocols and file formats for electronic submission. Moreover, Solstice's Information Technology Team will work closely with our Group Administration Department to meet the County's needs. Additionally, we developed an online benefits administration platform known as the Solstice Marketplace, which simplifies our clients' management of enrollment and eligibility. Thus, it provides you with an easy-to-use enrollment platform, updated in real-time, complete with instructional videos to guide employees and their families in selecting benefits.

18. How are transition of services processed (by census, etc.)?

Services that begin prior to the member's effective date with us are considered treatment in progress. All major restorative procedure payment responsibility is determined by the preparation date. The insurance plan active on that date makes payment. The terminating carrier will cover major procedures initiated prior to our effective date as well as major restorative procedures whose preparation dates occurred prior to our effective date. The dentist who began the procedure completes major procedures that were initiated prior to the implementation of our plan.

Solstice allows transition of care on orthodontic cases in progress on a prorated basis at the time of implementation only and subject to Lifetime Maximums as applicable. The number of months remaining in treatment, the amount paid under the terminating plan, and the benefit level are taken into consideration when prorating.

C.2 User-Friendly Billing Process

Solstice offers a straightforward, user-friendly bill process: Billing occurs on 11th day of each month; Invoice notification is emailed to the Billing contact on file; Payments can be accepted electronically or via mail and are posted upon receipt.

C.3 Online Portal

Online Tools and Resources Available to Members--Our user-friendly, mobile app and web-based tools are easy to use and help our members obtain health and wellness information and manage their care. Our Mobile App (MySolstice), our award-winning website (www.SolsticeBenefits.com), and member portal (www.MySolstice.net) provide members with comprehensive online capabilities. Our portals help our members:

- Understand dental procedures and their cost
- Locate network general dentists and specialists
- Review claims history and current status of claims processing
- Determine annual deductibles and annual maximums
- Request ID cards and print temporary ID cards
- Review plan information
- Update demographic information, view the latest Oral Health News/Blog, and more!

Solstice is committed to member education. As such, our award-winning oral health blog offers informational and timely articles on health tips and tools to support member wellness and the all-important oral health/whole body health connection. Additionally, we adhere to a URAC-approved health-literacy policy, which simplifies confusing insurance jargon and presents information in an easy-to-understand format.

C.4 User App for Members

Our innovative **MySolstice Mobile App** offers members easy and convenient access to their benefits. Our mobile app allows members to view their benefit plan and search for providers. Notably, members who choose to utilize our innovative MySolstice mobile app will have access to an electronic copy of their ID card right at their fingertips, in addition to the paper ID cards employees will receive from Solstice directly via mail approximately 10 business days after we receive clean eligibility reports or enrollment forms.

Additionally, our award-winning website—SolsticeBenefits.com—is a gateway to health and wellness information and a tool to manage care. This communication resource provides the self-help mechanisms that motivate individuals to make better, healthier decisions—especially in the effective and efficient use of their dental benefits.

Our online portal—www.MySolstice.net—allows members, providers, and administrators to check member eligibility and access forms, among other things. Additionally, as part of our commitment to providing outstanding service, our Member Services Department is available to assist you and your employees with your questions at our toll-free number 1-877-760-2247.

D. Value-Added Services

D.1 Dental Value-Added Benefits and Wellness Incentives

Because we believe in a holistic approach to employee health, our proposal includes the following value-added benefits, including Prenatal Dental Care and Oral Cancer Screenings, **available to Okaloosa County employees and their family members at no cost**—illustrating our commitment to the wellness goals of your employees and their families.



Employee Wellness Rewards: Plan members and their families can earn up to \$500 in gift cards by getting routine care and engaging with Solstice online. Once a member accumulates 100 points, they can begin redeeming points for gift cards and other prizes.



Floss Bar: Dental care straight to the workplace! Floss Bar provides cleanings and X-rays that are part of the Solstice dental plan. Hygienists come straight to you, saving time, offering convenience to employees, and providing greater access to care.



Prescription Medicine Discount Program: Employees and their families will have access to savings on their prescriptions at a network of over 65,000 participating local retail pharmacies, through the mail service pharmacies for home delivery of maintenance (long-term) medicines not covered by insurance, as well as pet medication.



Hearing Aid Discount Program: Hearing impairment is common, with more than 35 million Americans experiencing it to some extent. Our hearing aid discount program features savings up to 40% on hearing aid retail prices, a complimentary hearing screening, and an exam for \$29.

Prenatal Dental Care Program

Oral health is integral to overall health. That's why Solstice extends special prenatal dental benefits as part of our campaign to improve our members' lives. Plan members in their second or third trimester of pregnancy are eligible for this program's benefits by notifying their dentists that they are pregnant and their due date and ensuring the dentist notes the name of their primary care provider for the claim filings. Member fees and expenses for cleanings, deep scaling, debridement, and periodontal maintenance will continue to be at no-charge, and will not be subject to a deductible or count towards the members' calendar year maximum.

Oral Cancer Screenings

With oral cancer rates rising, regular screenings are a vital component to your dental benefits package. We are proud to offer Okaloosa County this benefit at no cost. Oral cancer now kills nearly three times as many people as cervical cancer. Every hour, someone dies from the disease. A newer technology has made oral cancer screening even easier and more accessible. These new methods take advantage of fluorescence visualization, which assists health care professionals in identifying oral abnormalities at the earliest stages. They are non-invasive, using light contrast to differentiate healthy tissue from those displaying early signs of oral cancer.

We are on a mission to improve the lives of those we serve. The key is in treating our members like family. Our wellness programs reflect our commitment to educating and empowering Okaloosa County employees and their families.

Member Communication

Member satisfaction is linked to a solid understanding of benefits. Our member communication materials will continue to be free of confusing insurance jargon and pass readability tests for the highest level of member satisfaction. Additionally, our member newsletter, member healthy tips, and website have earned Communicator awards, Hermes awards, and WebHealth awards for excellence in insurance communications.

Oral Health Blog and Education

Solstice is committed to educating and empowering the County's employees, so they understand and utilize their benefits. As such, our award-winning oral health blog offers informational and timely articles on health tips and tools to support member wellness and the important oral health/whole body health connection. As highlighted, we adhere to a URAC-approved health-literacy policy which simplifies confusing insurance jargon and presents information in an easy-to-understand format. Overall, Solstice educates its members through the following avenues:

Health Website & Blog	Monthly Health E-mail	Outbound Call Campaigns
Our award-winning website and blog address oral health issues from birth past retirement, as well as insurance FAQs.	Information HR staff can forward to employees, like health tips and reminders to get teeth cleanings	Customized employee telephone campaigns to promote open enrollment, plan information, and oral and health tips.

E. Service Record & Reputation

E.1 Firm's History

Solstice Benefits, Inc., (Solstice) headquartered in Broward County, has a proud 20+-year history of operating in and serving our clients and members. Founded in 1998, we currently provide dental, vision, and life insurance coverage on an individual and group basis in the public and private sectors. We've built a national DPPO network consisting of over 362,000 access points nationwide and one of the largest open access DHMO provider networks in Florida and New York. We also provide Third Party Administration (TPA) services to clients in various states.

Our large product portfolio, top-ranked provider networks and laser focus on customer satisfaction have made us the benefits provider of choice for our clients, which include various municipalities and governmental entities.

We are also proud that Solstice has been named one of "Florida's Best Companies to Work For" and has made *Inc.* Magazine's "America's Fastest Growing Companies" list seven years in a row; only 3.5 percent of the nation's companies have made the list seven consecutive times due to consistently high growth.

Organizational Structure

Solstice is a privately-owned C-corporation with offices in South Florida and New York City. Our senior management team consists of our CEO, COO, CFO, CO, and department VPs and Directors that manage our compliance, customer service, claims, networks, group administration/billing, sales, marketing, and more. We have a functional organizational structure where team members are empowered and have the authority to make the decisions

necessary to meet the needs our clients. Our size, along with the processes we have in place enable strong communication and collaboration between teams in order to successfully meet our goals and serve our clients and their employees. The lack of multiple layers and bureaucracy that typically plague larger organizations allows us to have the flexibility and agility to change directions or make quick decisions consistent with client and employee needs.

At Solstice, we are committed to five essential values that guide us toward excellent service and high customer satisfaction—*Customers First, Integrity, Innovation, High Standards, and "One Company, One Family."* Consistently striving toward each of these values leads us to providing unparalleled service as a dental insurance provider.

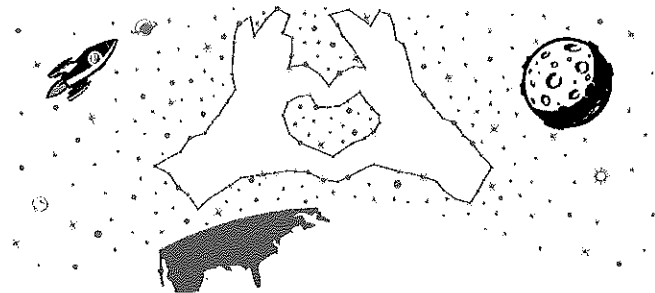


Figure 1: At Solstice, striving toward the idea of "One Company, One Family" leads us to uniquely high levels of excellence and service.

E.2 Resource Capabilities

Key attributes and resources available that empower Solstice to meet County requirements include:

Our Size – Adaptability and Flexibility: We provide family-style customer service with the resources and footprint to elevate your benefits to the next level. Our lean build gives us the advantage of being able to adapt quickly to ever-evolving trends in our industry and make changes to support our clients without going through the red tape and bureaucracy that plague larger organizations.

Fast Growing – Solstice earned a spot for seven consecutive years on Inc. magazine's list of the 5,000 fastest growing U.S. companies, demonstrating consistently high year-over-year revenue growth.

Six Sigma Certification – We are serious about ensuring that our processes are effective and that we are continuously improving our business operations. As a result, many of our leadership team members are Six Sigma certified.

Our Online Google Ranking – Our 4.7-star (out of 5) Google rating translates to high customer satisfaction, access to care and excellent customer service. This means that County employees and their families will experience the same excellence in service and customer satisfaction that thousands of our members have come to expect and appreciate.

Continued Network Expansion

We understand that overall member satisfaction is directly tied to access of care and conveniently located dental offices. Our DPPO provider network has over 362,000 access points nationwide, and we are proud to report that our geo access analysis showed Okaloosa County employees with 100% access to general dentists and 98% access to dental specialists within defined standards. We conduct ongoing recruitment to increase the network for clients such as Okaloosa County, ensuring network access to all our members. To further recruitment efforts, we include a Provider Nomination Form in the enrollment booklet to ease and welcome nominations. As such, the Solstice DPPO network has grown exponentially in both size and coverage area in the last several years. **We've continually added more providers to service members in Northern Florida, and we're proud to boast between 23% and 68% more DPPO providers than several of the major dental carriers in Okaloosa County.**

Award-Winning Member Resources – Our member newsletter, member healthy tips, and website have all earned Communicator awards, Hermes awards and WebHealth awards for excellence in insurance communication. These resources are written free of confusing insurance jargon and pass American Dental Association (ADA) and Utilization Review Accreditation Commission (URAC) approved readability tests for the highest level of member satisfaction. These tools are excellent resources to keep members informed of the benefits of dental care, and they can be quickly accessed by logging onto www.MySolstice.net.

In-House Customer Service Call Center– As part of our commitment to providing outstanding service, our Member Services Department is available to assist you and your employees with your questions at our toll-free number of 1-877-760-2247. In addition, our Interactive Voice Response system and website are available 24/7 to answer most common questions. Plan members may also contact our Member Services Department via email at contact@solsticebenefits.com, or through our interactive chat feature located on our website—www.SolsticeBenefits.com.

Ongoing, Proactive Service Strategy--Solstice's commitment to you is simple—we will provide Okaloosa County with excellent customer service, superior network access, and responsive account management. We are proactive in detecting and meeting the employees' needs and informing benefits staff of any trends

developing through customer service calls. Our innovative platform monitors and analyzes 100% of incoming customer service calls to determine what types of questions we're receiving. This also drives the employee communications materials we'll produce to support the County's benefits staff. Furthermore, to ensure that you and your employees receive exceptional customer service, Solstice monitors our customer service representatives (CSR) regularly (prior to and after enrollment) through our Customer Service Excellence program. Customer service representatives are monitored with an evaluation tool to assess courtesy with members, accuracy of the information provided, and compliance with customer service protocols. Our Quality Team records the results and shares them with customer service representatives and supervisors. Additionally, the supervisors meet with each CSR monthly to review their results and discuss standards and goals.

In-House Claims Processing – Our Claims Department personnel work exclusively to process your claims accurately and quickly, which operates from our corporate office in Plantation, Florida. Members and providers can submit claims to Solstice via mail, fax, email, or electronically through a clearinghouse. Solstice's proprietary claims processing system is set up to distinguish and process in-network and out-of-network claims. For a typical claims transaction, claims are imported into Solstice's processing system along with images and additional documentation submitted. Processors review claims for data integrity and coordinate the claims using our policies and procedures. This includes sending claims to Utilization Review. Our claims processors can fully process non-clinical related claims, and all claims requiring clinical review are routed to a dental clinical reviewer or consultant.

Reporting

Our standard management reporting package is generated on a quarterly basis at no additional cost. These reports are available on the 20th day of the following month and will show claims utilization by procedure code, as well as information on membership, claims vs. premiums, and more. Our reports highlight information that will support the County's goal to provide superior benefits at an affordable cost. As a service to the County and its employees, Solstice will also make recommendations on actions the County can take to reduce cost.

No Waiting Periods or Late Entrant Provisions

With Solstice, there are no waiting periods or late entrant provisions on any of our plans. Therefore, members can immediately receive the services they need once their plan is effective. With the incumbent provider, members who do not enroll when initially eligible will lose out on benefits and covered expenses and will have to wait a full 12 months to access their benefits.

E.3. Personnel Expertise

Qualifications of Key Personnel

Solstice is pleased to present the qualifications of the following key personnel servicing Okaloosa County. Each will fulfill an essential role in successfully providing the County's dental insurance.

Account Manager: Miriam Maggiolo

Your dedicated Account Manager will be Miriam Maggiolo. As a Solstice Account Manager since 2013, Miriam maintains strong relationships with her clients and brokers throughout Florida. During the course of service with Okaloosa County, Miriam will visit your location regularly, and whenever requested, as she does with her other clients throughout Florida, including the Suwannee River Water Management District.

Miriam will be your point of contact for any day-to-day questions on benefits, open enrollment, claims, plan reporting, implementation, and more. She has experience with public and commercial sector clients, as well as Solstice's strategic partnerships with other insurance carriers.

With nearly 20 years' experience in the insurance industry and a keen focus on customer satisfaction, Miriam has earned her place as an invaluable asset to her clients. Prior to joining the Solstice team, Miriam worked at a national insurance carrier for over nine years as a specialty benefits small business sales executive and as a large group strategic account executive for the entire South Florida market. Through her experience, Miriam has honed the knowledge, communication, and organizational skills necessary to facilitate high client satisfaction.

Her contact information is as follows:

Name: Miriam Maggiolo

Business Address: 7901 SW 6th Ct., Ste. 400 | Plantation, FL 33324

Email: mmaggiolo@solsticebenefits.com

Direct Number: 954-370-5234

Manager of Client Services

Jorge Ocampo serves as Solstice's Manager of Client Services. Jorge leads our efforts on talent acquisition, training and development, and overall departmental operations related to client servicing. Whether from a product or financial perspective, Jorge has consistently found strategic ways to manage his clients' benefits and maintain consistently high satisfaction.

Jorge has been a member of the Solstice family since March 2009. As a veteran of the U.S. Army and former staff sergeant squad leader, Jorge leads with the overall mission to improve the lives of all people served through Solstice by taking personal accountability for excellence and integrity. By placing customer needs first, leading through innovation, and following a "one company, one team" approach, Jorge shows his strength in satisfying clients.

His contact information is as follows:

Name: Jorge Ocampo

Business Address: 7901 SW 6th Ct., Ste. 400 | Plantation, FL 33324

Email: jocampo@solsticebenefits.com

Direct Number: 954-370-1755

Sales Executive

Your dedicated Sales Executive and contact person throughout the solicitation process is Ronald Posada. Since joining the Solstice team in 2017, Ronald Posada has worked to deliver the right benefits solutions for new employer groups as they join the Solstice family. Ronald will lead the County's implementation with Solstice and ensure that, step by step, the transition is seamless. Ronald leads efforts towards client satisfaction by organizing and attending enrollment meetings and health fairs to thoroughly explain new benefits to employees and their families. Ronald brings his professionalism and extensive customer service skills to every new relationship—ensuring a positive experience for your group.

His contact information is as follows:

Name: Ronald Posada

Business Address: 3030 N. Rocky Point Drive, Suite 150 | Tampa, FL 33607

Email: rposada@solsticebenefits.com

Direct Number: (813) 350-7961

Cell Phone Number: (813) 830-8854

Claims Management

Handling your claims management is Michael Ferrera--Director of Claims and Project Management-- a leader well-experienced in enterprise project deployment across multi cross-functional teams. Michael joined the Solstice team in 2010 and has serviced clients of similar size to Okaloosa County throughout the 13 years of his professional tenure. He possesses a Master Six Sigma Black Belt, and with this qualification, he has led a

team of individuals that effectively improved Solstice’s claims processing throughput by 125%—thus achieving results that will directly benefit County members.

His contact information is as follows:

Name: Michael Ferrera

Business Address: 7901 SW 6TH Ct., Ste. 400 | Plantation, FL 33324

Email: mferrera@solsticebenefits.com

Direct Number: 954-370-1746

Customer Service

Leading Solstice’s customer service efforts is Noel Sotes, Director of Member Services. Solstice's customer service team will assist the County with questions about plan benefits, locating a participating provider, checking the status of claims, and handling eligibility issues.

Noel has five years of experience servicing clients of similar size. He has been with Solstice since 2015 and is also responsible for talent acquisition, training and development, and overall departmental operations as it relates to customer/client satisfaction and servicing. Noel leads the effort in forecasting our call volume and staffing needs based on seasonal trends and average handle times. Our representatives are universal and are therefore trained and equipped to service calls from all lines of business. Noel values putting our customer needs first, by leading through innovation, with a belief in one company one team and a personal accountability for excellence and integrity.

His contact information is as follows:

Name: Noel Sotes

Business Address: 7901 SW 6th Ct., Ste. 400 | Plantation, FL 33324

Email: nsotes@solsticebenefits.com

Direct Number: 954-370-5288

E.4. Location of Lead Office

Solstice headquarters is located at 7901 SW 6th Court, Ste. 400, Plantation, FL 33324.

F. Proposal Responsiveness

COMPLIANCE MATRIX – OKALOOSA COUNTY – RFP: RM 29-20		
Solicitation Page #	Requirement	Response Section
1	GUIDELINES I. ; No. 1. – 8.	N/A; AGREED
1-2	III. REQUIRED INFORMATION; No. 1. – 18.	C.TECHNICAL APPROACH
2-3	IV. PROPOSAL FORMAT; Requirements No. 1. – 6.	TABLE OF CONTENTS
3	VI. TERM OF CONTRACT	N/A; AGREED
3	VII. TIME SCHEDULE	N/A; AGREED
9	GENERAL PROPOSAL CONDITIONS	N/A; AGREED
15	XII: ADDITIONAL REQUIRED DOCUMENTS; A–L.	N/A; INCLUDED
31-35	Title VI Clauses for Compliance with Nondiscrimination Requirements	N/A; AGREED



Solstice Group Application and Group Contract

Per Item 8 of I. Guidelines on page 1 of the RFP, we have enclosed a copy of our Solstice Group Application and Contract that the County would complete following award of the business.

We will use the information on the completed Group Application to finalize the Group Contract.

Per the instructions on the Notice to Respondents, we have not included these Required Forms, as well as the others required within the RFP, within our permitted 25-page limit.



APPLICATION FOR GROUP BENEFITS

Solstice Benefits, Inc. ("Solstice"), Post Office Box 19199, Plantation, Florida 33318 | Ph. (877.760.2247) | Fax (954.370.1701)

SECTION I - GROUP INFORMATION

Legal Business Name: _____ Name of Business: _____
 SIC Code: _____ Tax ID#: _____ Contact Name: _____
 Title: _____ E-mail Address: _____
 Phone Number: _____ Fax Number: _____
 Street Address: _____ City: _____ State: _____ ZIP: _____
 Mailing Address: (if different) _____ City: _____ State: _____ ZIP: _____

Please select one of the following:

- Corporation (Including S-Corp) Partnership Proprietorship Association Other (specify) _____
 Are subsidiaries included: Separate billing statements required:
 No Yes (If Yes, please attach name and addresses) No Yes (If Yes, please provide special billing instructions)

SECTION II - EMPLOYEE INFORMATION

EMPLOYEE ELIGIBILITY (please print)

An Eligible Employee is one who works on a _____ basis with a normal work week of _____ or more hours for compensation.
 A non-eligible employee is one who works less than _____ hours per week or works on a _____ basis.
 Waiting periods for new employees:
 First of the month following _____ days of continuous employment First of the month following _____ months of continuous employment
 None Other: (specify) _____

ELIGIBILITY FOR COVERAGES (please print)

Annual open enrollment period? No Yes Duration: _____ (____ days max)
 Are dental benefits offered under Section 125 Plan? No Yes
 Annual election period from _____ / _____ / _____ to _____ / _____ / _____ Ineligible classes or division: (if none, please state) _____
 Prior group coverage? No Yes Carrier: _____ Date of Termination: _____ / _____ / _____
 Plan currently in force? No Yes Effective Date: _____ / _____ / _____ Attach Invoice _____

SECTION III - COVERAGE

COVERAGE REQUESTED (please print)

Select Your Plan: (Refer to your Schedule of Benefits for plan details)
 Dental - If multiple plan options will be offered, please write in plan selection(s)
 Plan 1: _____ Plan 2: _____ Plan 3: _____
 Vision - If multiple plan options will be offered, please write in plan selection(s)
 Plan 1: _____ Plan 2: _____ Plan 3: _____
 Discount Prescription - This is an optional free value-added benefit offered at no cost No Yes
 Indicate the number of persons who are eligible for coverage:
 Number of COBRA participants: _____ Number of retirees: _____ Domestic Partners covered? No Yes

DENTAL RATES AND CONTRIBUTIONS

Tier Structure	Rate Tiers	Rates			Number of Enrolled Employees			Employer Contribution %		
		Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
1 <input type="checkbox"/>	EE									
	EE									
2 <input type="checkbox"/>	EE+ Family									
	EE									
3 <input type="checkbox"/>	EE+ 1									
	EE+ 2+									
4 <input type="checkbox"/>	EE									
	EE+ Spouse									
	EE+ Child(ren)									
	EE+ Family									

Amount of Binder Check: _____

***This check must accompany the group application.



APPLICATION FOR GROUP BENEFITS

VISION RATES AND CONTRIBUTIONS										
Tier Structure	Rate Tiers	Rates			Number of Enrolled Employees			Employer Contribution %		
		Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
1 <input type="checkbox"/>	EE									
	EE									
2 <input type="checkbox"/>	EE+ Family									
	EE									
3 <input type="checkbox"/>	EE + 1									
	EE + 2 +									
4 <input type="checkbox"/>	EE									
	EE + Spouse									
	EE + Child(ren)									
	EE+ Family									

Amount of Binder Check:

***This check must accompany the group application.

SECTION IV – AGENT/PRODUCER INFORMATION

Agent/Broker Name:

FL License ID Number / Tax ID:

Agency Name:

% of Credit:

E-Mail Address:

Phone Number: ()

Fax Number: ()

Address:

City:

State:

ZIP:

Signature:

Date:

Agent/Broker Name:

FL License ID Number / Tax ID:

Agency Name:

% of Credit:

E-Mail Address:

Phone Number: ()

Fax Number: ()

Address:

City:

State:

ZIP:

Signature:

Date:

SECTION V – SIGNATURE

It is understood that no agent has power on behalf of Solstice to make or modify any request or application for coverage or to bind Solstice by making any promise or representation or by giving or receiving any information.

It is further understood that no coverage will be effective unless and until the application is accepted in writing by Solstice. Final rates will be based on enrollment data as of the Policy effective date. No coverage is to be implied in any way on the basis of the completion and/or submission of this application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

It is understood and agreed that the Policy, if issued, shall include the Policy and/or membership fees and general provisions of the Policy and be binding upon the applicant and Solstice. Policy and/or membership fees are subject to the approval of Solstice and nothing contained herein shall be binding until this application is approved and accepted by Solstice.

I understand that this application will form a part of the group Policy issued by Solstice, and by my signature below I agree to be bound by the terms and conditions of that group Policy. I understand that Solstice may choose not to accept this application at its sole discretion subject to any state requirements.

Location signed:

Date signed:

Print Name of Officer, Partner or Proprietor:

Signature of Officer, Partner or Proprietor:

Witness to Signature:



Solstice Benefits, Inc.

~~Vision & Dental Plan(s):~~ Enrolling Group Dental and Vision Insurance Contract

~~Dental Plan(s):~~ Enrolling Group Dental Insurance Contract

~~Vision Plan(s):~~ Enrolling Group Vision Insurance Contract

Policyholder / Enrolling Group: Group Name

Enrolling Group Number: #####

Dental Policy Number: #####, #####, #####

Vision Policy Number: #####, #####, #####

Policy Effective Date: ##/##/####

Policy Anniversary Date / Term of Contract: ##/##/####

Premium Due Dates: 1st day of each month

Solstice Benefits, Inc. ("Solstice") is a Life and Health Insurer pursuant to the Florida Insurance Code, authorized to write the Accident and Health, Prepaid Limited Health Services Organization and Discount Medical Plan Organization lines of business.

Solstice agrees to insure certain members of the Enrolling Group under the Plan(s) and at the rates indicated below:

~~Dental/Vision Plan(s): Remove Products and Plans not on contract. Delete this instruction.~~

Solstice PPO #####	####A	Solaris ####
Plus Plan ###	S####A	Clear Vision ##
###	####AP	Clear Vision ###
S###	S####AP	Discount Rx

~~Dental/Vision Rates: Remove Products and Plans not on contract. Delete this instruction.~~

Employee =	Plan Name: \$	Plan Name: \$	Plan Name: \$
Employee & Spouse =	Plan Name: \$	Plan Name: \$	Plan Name: \$
Employee & Child(ren) =	Plan Name: \$	Plan Name: \$	Plan Name: \$
Employee & Family =	Plan Name: \$	Plan Name: \$	Plan Name: \$

Notice: Any insurance benefits will apply to an Eligible Person only if the Eligible Person: (a) has elected that benefit, and (b) has a Solstice Identification Card that shows the election of that benefit.

The Policy is issued based on the Enrolling Group's application, a copy of which is attached hereto, and payment of the required Premiums. The Enrolling Group's application is made part of the Policy. The first Premium is due on the Policy Effective Date. Subsequent Premiums will be due on the dates stated above at the following address:

Post Office Box 19199
Plantation, Florida 33318-0199

All periods of time under this Policy will begin and end at 12:01 a.m. local time based on the Enrolling Group's address.

Leonard Weiss

President



1. Enrolling Group Contract/Policy – The entire Policy consists of the following:

- Part A – Enrolling Group Dental and/or Vision Insurance Contract (“Enrolling Group Contract”).
- Part B – Certificate of Coverage.
- Part C - Schedule of Benefits.
- Part D - All applications including, but not limited to, the attached copy of the Enrolling Group’s application, and the Subscriber enrollment forms.
- Part E - Any Endorsements, Amendments and/or Riders to any or all of the above (when applicable).

2. Amendments, Riders, and Waivers

Amendments to the Policy are effective after a forty-five (45) day written notice to the Enrolling Group. Riders are effective on the date specified by Solstice. No change will be made to the Policy unless it is made by an Amendment or a Rider that is signed by an officer of Solstice and the Enrolling Group.

Only a duly authorized officer of Solstice may waive any provision of this Policy. Any waiver must be in writing. A waiver of one provision does not constitute a waiver of any other. A failure to enforce any provision of the Policy is not a waiver of such provision. A failure to exercise any option provided in the Policy is not a waiver of such option.

Solstice will not be bound by any promise or representation made by any other person. No agent, broker or Solstice representative other than a Solstice officer, has any authority to change this Policy, extend the time for payment, or waive any provision of this Policy.

3. Initial Term

This Policy shall begin at 12:01 a.m. local time at the Enrolling Group’s address on the Effective Date as set forth on the Cover Page to this Enrolling Group Contract. The Policy shall extend for an initial term of twelve (12) months after the Effective Date (“Initial Term”).

4. Renewal Term

This Policy is renewable at the option of the Enrolling Group at the end of the Initial Term for an additional term of twelve (12) months, and at the end of each twelve (12) month period thereafter (“Renewal Term”). Solstice may modify, change, or amend the Policy, including, but not limited to, changes to Premium rates, for each Renewal Term. Solstice will offer terms of renewal a minimum of forty-five (45) days in advance of the Policy’s Anniversary Date. Any such modifications, changes, or amendments shall be subject to the Enrolling Group’s acceptance. After an authorized officer of the Enrolling Group signs such modifications, changes, or amendments, they shall be made part of the Policy. The renewal Policy shall be accepted and approved without the Enrolling Group’s signature when the Enrolling Group makes payment to Solstice of the first Premium due for the renewal Policy.

For small groups, any modification will be consistent with Florida’s Employee Health Care Access Act and will be effective on a uniform basis among group dental and/or vision plans with the coverage.

5. Premium

The Premium is the amount Solstice charges for insurance under this Policy. The rates for the particular dental and/or vision benefits are as listed on Cover Page of this Enrolling Group Contract.

Premiums are payable on the dates shown on the Cover Page of this Enrolling Group Contract. Each monthly payment will pay for the insurance then in force under this Policy for a period of one (1) month.



If Solstice receives any Premium that was not due, Solstice will refund it to the Enrolling Group. The Enrolling Group must advise Solstice within two (2) months of the payment in question that the payment was not due. Premiums not due include, but are not limited to, Premiums paid for a period of time a Covered Person's coverage was not in force.

6. Enrollment

Solstice will provide enrollment forms to Subscribers. Subscribers must complete and submit the enrollment forms for processing. Subscribers may be able to enroll online. The Enrolling Group is responsible for advising Subscribers of their enrollment rights under the Policy. The Enrolling Group shall be responsible for the verification and security of all enrollment information.

7. Required Notice of Enrollment Changes

Prior to the month of coverage, Solstice generates monthly invoices for the Enrolling Group. The invoice includes a complete list of Covered Persons reflected in Solstice's records. The Enrolling Group shall report any changes in enrollment to Solstice no later than at the time of remittance of the invoiced Premiums. Any adjustment in Premiums as a result of a change in enrollment shall be reflected in the next monthly invoice. For an ineligible member, the Enrolling Group agrees that it may receive (a) a credit for Premiums paid, or (b) relief from liability for unpaid but accrued Premiums. The Enrolling Group must notify Solstice within two (2) months of the date eligibility ceased. The Enrolling Group further agrees that such credit shall be limited to no more than two (2) months prior to Solstice's receipt of such notice.

8. Governing Law

The Policy shall be governed by the laws of the State in which it is issued and any applicable federal laws. Any provision in this Policy that conflicts with state or federal law(s) is automatically corrected to match the minimum requirements of such state and federal law(s).

9. Grace Period

A Grace Period of thirty (30) days following the first unpaid month of benefits provided will be allowed for the payment of any Premium, except the first Premium. The Policy stays in force during a Grace Period. Full payment must be received by the thirtieth (30th) day of the Grace Period.

If the Enrolling Group sends Solstice a notice of termination during the grace period, the Enrolling Group must pay Premiums for any period that the Policy was in force. This includes the pro rata share of the Grace Period. If the Policy terminates for the Premium not being paid, all unpaid Premiums are due as well as the Premium due for the Grace Period.

10. Termination of Contract

We may discontinue or nonrenew this Policy upon at least forty-five (45) days prior written notice to the Enrolling Group for one or more of the following reasons:

- A. The Enrolled Group has failed to pay Premiums or contributions in accordance with the terms of the Policy, or we have not received timely Premium payments.
- B. The Enrolled Group has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the Policy.
- C. The Enrolled Group has failed to comply with a material provision of the Plan which relates to rules for employer contributions or group participation.
- D. The Enrolling Group has not obeyed the rules relating to employer contribution or group participation rules as the law permits.



- E. We cease to offer a particular type of coverage in a market.
- F. There is no longer any Covered Person who lives, resides, or works in our service area or in the area in which we are authorized to do business, and, in the case of small groups, we would deny enrollment with respect to such plan under Florida's Employee Health Care Access Act.

If we discontinue dental and/or vision coverage in a market, then we will provide notice of discontinuation to each affected Enrolled Group and Subscriber at least ninety (90) days prior to the date of discontinuation. We will also offer each affected Enrolled Group the option to purchase all, or in the case of a large group, any other dental and/or vision insurance coverage currently offered by us in the market.

If we discontinue offering dental and/or vision coverage in the small or large group markets, then we will provide notice of discontinuation to each affected Enrolled Group and Subscriber at least one hundred eighty (180) days prior to the date of discontinuation.

In exercising the option to discontinue Coverage, we will act uniformly without regard to claims experience or any health-status-related factor.

11. Incontestability

This Policy may not be contested after it has been in force for two (2) years after the Policy Effective Date. This Policy may be contested at any time for nonpayment of Premium or fraudulent misrepresentation.

12. Reinstatement of Contract

The Enrolling Group may apply for reinstatement of the Policy that terminated due to failure to pay the Premium by the end of its Grace Period. The Enrolling Group must request reinstatement from Solstice in writing on the Enrolling Group's letterhead. The Enrolling Group must pay all past due Premiums, the current month's Premium, and a reinstatement fee of \$25.00 to Solstice. All payments must be submitted within thirty (30) days of the request. If Solstice, in its sole discretion, accepts any partial payment of past due Premium, it shall be applied to the most overdue Premium on the account.

If Solstice reinstates the Policy, the coverage provided would resume as of the date the Policy was terminated. Solstice may require the Enrolling Group to authorize automatic electronic fund transfers for payment of Premiums. If Solstice does not reinstate the Policy, Solstice will notify the Enrolling Group in writing within forty-five (45) days of our receipt of the request for reinstatement. If we fail to provide timely notice of our decision, the Policy will be automatically reinstated. Solstice will refund any Premium not earned that was submitted. The refund will be sent with the denial for reinstatement.

13. Misstatement of Facts

No misrepresentation shall avoid this contract or defeat recovery under the Policy unless such misrepresentation was material. No misrepresentation shall be deemed material unless knowledge by Solstice of the facts misrepresented would have led to a refusal to make such contract. All statements made by the Enrolling Group or by a Subscriber will, in the absence of fraud, be deemed representations and not warranties. Any statement must be in writing and signed by the Enrolling Group, Subscriber, or on the Subscriber's behalf.

If any relevant facts about insured were not accurate, Solstice, at its discretion, may adjust Premiums due under this Policy. The facts will decide whether and in what amount insurance is valid under this Policy.

14. Information

The Enrolling Group shall maintain its own records of transactions relating to this Policy, including, but not limited to, the following:



- A. The names of all Covered Persons.
- B. The date upon which each Covered Person became covered under this Policy.
- C. The effective date of any change in a Covered Person's insurance under this Policy.

The Enrolling Group shall furnish Solstice with a copy of such records upon request. The Enrolling Group shall immediately report any change to such records to Solstice. Solstice has the right to inspect any records of the Enrolling Group that Solstice deems relevant to the administration of its benefits. Support for such records may include state and federal withholding forms.

Employees and/or their Dependents shall be enrolled on forms approved by Solstice.

Error on behalf of the Enrolling Group in furnishing information will not invalidate insurance that should have become effective.

The Enrolling Group reporting errors will not continue, or extend insurance which should have terminated, or create insurance for which an employee or dependent was not eligible under this Policy. Premiums shall be paid, credited or offset as appropriate when such errors are detected.

This Policy does not replace, nor does it affect any requirements for worker's compensation coverage.

15. COBRA Administrative Services Provision

The Enrolling Group is responsible for all aspects of the administration of continuation of benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and applicable state law, with respect to the group dental and/or vision coverage provided by the Group Plan. To the extent required by COBRA, and upon timely receipt of Premiums and proper Enrollment Forms, Solstice will provide coverage to the Qualified Beneficiaries after the period that their coverage would normally cease under the Policy. If the Enrolling Group or the Covered Person fails to meet any obligations under the Policy and COBRA, Solstice will not be liable for any claims of the Covered Person after his or her termination of coverage.

16. Relationship between the Parties

The relationship between Solstice and the Enrolling Group is strictly a contractual relationship. The Enrolling Group is not an agent or employee of Solstice. Solstice and its employees are not agents or employees of the Enrolling Group.

17. Fiduciary Responsibilities

The Enrolling Group or its designated administrator retains fiduciary responsibility for compliance with all local, state, and federal laws and regulations applicable to the Enrolling Group and/or its employee benefit plan in connection with this contract.

The Enrolling Group shall defend, indemnify and hold harmless Solstice, its affiliates and subsidiaries, and each of its respective directors, officers, agents, and employees ("Indemnified Parties") from and against all claims, demands, losses, liabilities, expenses, damages, costs and attorney's fees which the Indemnified Parties may directly or indirectly suffer or incur by reason of the Enrolling Group's breach of such fiduciary responsibilities with regard to the employee benefit plan under which the benefits under this contract are provided and/or the Enrolling Group's failure to comply with local, state, and federal laws or its obligations under the contract. These responsibilities include, but are not limited to, the Enrolling Group's obligation regarding coverage for Medicare-eligible employees and dependents, non-discrimination, continuation of coverage notices, documentation, and all other obligations under ERISA, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Internal Revenue Code, as such laws and regulations thereto may be amended from time to time.



18. Notice

Any notice given by Solstice under this Policy shall be sufficient and effective for all purposes if and when mailed to either of the following:

- A. The Enrolling Group at its last known address.
- B. A Subscriber, at either his or her address as appearing in the records of Solstice, or in care of the Enrolling Group at its last known address.

The Enrolling Group shall act as agent for all Subscribers to receive all notices to them hereunder and shall promptly notify Subscribers. Each Subscriber shall also serve as an agent of each of his or her Dependents to forward all notices to them. It shall be the responsibility of the Enrolling Group to deliver to each Subscriber a Certificate of Coverage; Solstice will furnish said Certificates to the Enrolling Group for distribution. It shall also be the responsibility of the Enrolling Group to promptly notify all Subscribers of the termination of this contract. In case of changes in the contract, specifically the Certificate of Coverage, any notice to the Enrolling Group by Solstice will constitute notice to all Subscribers, and

Solstice need give no further notice to any Subscriber in order to effectuate such a change. Should it be deemed appropriate, Solstice reserves the right to notify/contact any and all Subscribers regarding dental and/or vision benefits and changes to them without liability to the Enrolling Group.

In Witness Whereof, the authorized officer or agent of the Enrolling Group has reviewed all parts of this Policy. Signature on Enrolling Group application indicates receipt and acceptance of this Enrolling Group Contract and the Policy.

SAMPLE



Attachment "B"
Insurance Requirements

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 01/2/2019

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation on the Certificate of Insurance.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the

Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.

2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
 - 1.) Premises & Operations Liability
 - 2.) Bodily Injury and Property Damage Liability
 - 3.) Independent Contractors Liability
 - 4.) Contractual Liability
 - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer’s liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Workers’ Compensation	
1.) State	Statutory
2.) Employer’s Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor’s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

CERTIFICATE OF INSURANCE

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.

2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10 days' prior written notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, FL 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.



Attachment "C"
Civil Rights Clauses



Attachment “C”

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “Contractor”), as applicable, agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 USC § 2000d *et seq.*, 78 stat. 252) (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination in Federally-assisted programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 USC § 4601) (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973 (29 USC § 794 *et seq.*), as amended (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended (42 USC § 6101 *et seq.*) (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982 (49 USC § 471, Section 47123), as amended (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987 (PL 100-209) (broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 USC §§ 12131 – 12189) as implemented by U.S. Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Nondiscrimination statute (49 USC § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);



- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 USC 1681 et seq).



APPLICATION FOR GROUP BENEFITS

VISION RATES AND CONTRIBUTIONS										
Tier Structure	Rate Tiers	Rates			Number of Enrolled Employees			Employer Contribution %		
		Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
2 <input type="checkbox"/>	EE									
	EE+ Family									
3 <input type="checkbox"/>	EE									
	EE + 1									
	EE + 2 +									
4 <input type="checkbox"/>	EE									
	EE + Spouse									
	EE + Child(ren)									
	EE+ Family									
Amount of Binder Check:					***This check must accompany the group application.					

SECTION IV – AGENT/PRODUCER INFORMATION

Agent/Broker Name: _____ FL License ID Number / Tax ID: _____ / _____
 Agency Name: _____ % of Credit: _____ E-Mail Address: _____
 Phone Number: () - _____ Fax Number: () - _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Signature: _____ Date: _____

Agent/Broker Name: _____ FL License ID Number / Tax ID: _____ / _____
 Agency Name: _____ % of Credit: _____ E-Mail Address: _____
 Phone Number: () - _____ Fax Number: () - _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Signature: _____ Date: _____

SECTION V – SIGNATURE

It is understood that no agent has power on behalf of Solstice to make or modify any request or application for coverage or to bind Solstice by making any promise or representation or by giving or receiving any information.

It is further understood that no coverage will be effective unless and until the application is accepted in writing by Solstice. Final rates will be based on enrollment data as of the Policy effective date. No coverage is to be implied in any way on the basis of the completion and/or submission of this application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

It is understood and agreed that the Policy, if issued, shall include the Policy and/or membership fees and general provisions of the Policy and be binding upon the applicant and Solstice. Policy and/or membership fees are subject to the approval of Solstice and nothing contained herein shall be binding until this application is approved and accepted by Solstice.

I understand that this application will form a part of the group Policy issued by Solstice, and by my signature below I agree to be bound by the terms and conditions of that group Policy. I understand that Solstice may choose not to accept this application at its sole discretion subject to any state requirements.

Location signed: _____ Date signed: _____
 Print Name of Officer, Partner or Proprietor: _____
 Signature of Officer, Partner or Proprietor: _____
 Witness to Signature: _____