

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/31/2022

Contract/Lease Control #: C22-3227-RM

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: MILLENNIUM BENEFIT ASSOCIATION

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2022

Expiration Date: 09/30/2023 W/YEARLY RENEWALS

Description of: ADMINISTRATIVE SERVICES AGREEMENT

Department: RM

Department Monitor: RIRD

Monitor's Telephone #: 850-689-5978

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

Closed:

Cc: BCC RECORDS

To: Kelli Burgess <kburgess@myokaloosa.com>; Kelly Bird <kbird@myokaloosa.com>
Subject: Fwd: 10/01 Okaloosa County Retiree Renewal

Ladies, see below and attached from Lynn.
I am in Boston but I wanted you to get this ASAP.

Sent from my iPhone

Begin forwarded message:

From: Lynn Hoshihara <lhoshihara@myokaloosa.com>
Date: August 23, 2022 at 9:48:48 AM EDT
To: DeRita Mason <dmason@myokaloosa.com>
Cc: "Parsons, Kerry" <KParsons@ngn-tally.com>
Subject: Re: 10/01 Okaloosa County Retiree Renewal

DeRita,

With the attached changes, this is approved.

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

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
Sent: Friday, August 12, 2022 10:43 AM
To: Lynn Hoshihara
Cc: 'Parsons, Kerry'
Subject: FW: 10/01 Okaloosa County Retiree Renewal

Good morning,
Earlier this week, you advised us that we would need a separate agreement regarding the below issue with retiree billing.
Please review and approve the attached.

Thank you,

ADMINISTRATIVE SERVICES AGREEMENT

This agreement, made and entered into effective **OCTOBER 1, 2022**, by and between **OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS** herein referred to as "Plan Sponsor", and **MILLENNIUM BENEFIT ASSOCIATION**, herein referred to as "Plan Administrator."

WHEREAS the "Plan Sponsor" has established a fully-insured Dental Benefit Plan to provide certain classes of Eligible Person(s) (and their eligible dependents, if applicable), as identified in Appendix A attached to and forming a part of this Agreement as referenced herein, under which "Plan Administrator" will provide billing and eligibility services to which they are entitled; AND

WHEREAS the "Plan Administrator" is set to provide billing and eligibility services for that purpose under the terms and conditions as set forth herein and in Appendix A attached to and forming part of this Agreement.

NOW THEREFORE, in consideration of the foregoing and of the mutual covenants and conditions herein contained, "Plan Sponsor" and "Plan Administrator" agree to the terms and conditions herein set forth.

Section 1. Administrative Fee

The Administrative Fee for the contract period from October 1, 2022 through September 30, 2023, shall be one-hundred fifty dollars (\$150.00) per month, or one-thousand eight hundred dollars (\$1,800.00) per annum. In addition;

- a. "Plan Sponsor" will prepay "Plan Administrator" the Administrative Fee at the start of the plan year, for which services are to be provided.
- b. "Plan Sponsor" will remit to "Plan Administrator" the Administrative Fee within 30 calendar days of receipt of such billing.

Section 2. Plan Sponsor Responsibilities

"Plan Sponsor" Agrees:

- a. To furnish "Plan Administrator" an accurate statement at the start of the contract of the names of all Eligible Person(s) (and their covered dependents, if applicable), who are eligible to receive plan benefits for which the "Plan Administrator" will provide billing and eligibility services for.

Any new Eligible Person(s) (and their covered dependents, if applicable), will be provided to the "Plan Administrator" at least one (1) calendar month prior to when those individuals are set to be billed for their plan coverage.

- b. When reporting Eligible Person(s) (and their eligible dependents, if applicable) in an electronic format (file or via e-mail), such data should be provided in an agreed upon format by both parties.
- c. To provide enrollment/eligibility records that is in compliance with Federal and Statutory laws related to confidentiality of all participants.
- d. To remit payment for the administrative fee to "Plan Administrator" in compliance with the provisions set forth in Section 1 of this agreement.
- e. To provide prior approval for any and all mailings and plan documents that are sent to Eligible Person(s) (and their covered dependents, if applicable) and to agree to remit payment to "Plan Administrator" for all costs related to paper, postage, labor etc., as agreed upon at the start of the project. An invoice will be provided prior to engaging in mailings separate from the Administrative Fee outlined in Section 1.
- f. To provide all relevant access and approvals to "Plan Administrator" in order to effectively perform their duties as they relate to the billing and eligibility functions of Eligible Person(s) (and their dependents, if applicable). Relevant access should include; access to make eligibility changes as it relates to the population being provided services for.
- g. To ensure that throughout the length of this agreement, that compliance is maintained with the relevant payers that provide actual insurance coverage for to ensure continuity for Eligible Person(s) (and their eligible dependents, if applicable), that are being provided billing and eligibility functions under this agreement.

Section 3. Plan Administrator Responsibilities

"Plan Administrator" Agrees:

- a. To provide billing and eligibility services for all plan participants under which this agreement is governed under.
- b. To provide plan participants with convenient ways to pay for their insurance premiums that is both approved by the "Plan Sponsor" and in compliance with each carrier' business practices related to billing and eligibility of enrollees.
- c. To provide plan participants with a toll-free number and staffed with personnel that can provide support relating to all insurance coverage payments for which Enrollee(s) have opted to enroll under.

- d. To remit monthly premium payments to all insurance carriers that is in compliance with said carriers' business practices as it relates to billing and collections of plan participants.
- e. To be responsible for all billing and collections processes and procedures in accordance with rules established by the "Plan Sponsor" and the underlying payer for which insurance coverage is provided.
- f. To provide billing and eligibility reporting on the number of covered persons being provided insurance coverage for on a frequency established by the "Plan Sponsor" (i.e., monthly, quarterly, semi-annually or annually).
- g. To provide all enrollment/eligibility services that is in compliance with Federal and Statutory laws related to confidentiality of all participants.

Section 4. Notices

Notices between the "Plan Sponsor" and "Plan Administrator" shall be provided in writing and with at least 30-days' notice prior to any material changes being made to this agreement.

Notices will be sent by USPS mail to:

Okaloosa County Board of County Commissioners
Attn: Kelly Bird
302 N. Wilson St., Suite 301
Crestview, FL. 32539

AND

Millennium Benefit Association
Attn: Christina Gabriel
PO Box 773317
Coral Springs, FL 33077

Section 5. Term and Termination

- a. This agreement shall remain in full force and effect through September 30, 2023. The parties understand and agree that this Agreement may be renewed on its anniversary date for successive one-year terms or for such term(s) as the parties agree, with amendments thereto. "Plan Sponsor" agrees to notify "Plan Administrator", on or before anniversary date of this Agreement, of intent to renew for successive one-year term or for shorter terms as agreed to by both parties.

- b. In the event either parties shall desire to change the administrative fee, terms of this agreement, or any other such change having a material impact, advice of such proposed changes must be shared no less than 90 days prior to such anniversary date.

- c. If either party otherwise fails to observe or perform any of its obligations under this agreement, and if the failure continues for a period of 30-days after written notice thereof to the defaulting party, then without prejudice to any other rights or remedies the other party may have, this agreement will terminate as of the expiration date of the notice period.

AUTHORIZED SIGNATURES

NOW, THEREFORE, IN WITNESS of the Agreement effective October 1, 2022, the "Plan Sponsor" and "Plan Administrator" have caused such Administrative Services Agreement to be executed.

MILLENNIUM BENEFIT ASSOCIATION

By: Christina Gabriel
Christina Gabriel
Vice President

8/30/2022
Date of Signing

Okaloosa County Board of County Commissioners

By: Kelly Bird
Kelly Bird
Risk Manager

8/25/2022
Date of Signing

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Okaloosa County Board of County Commissioners

Sealants	One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
Fillings	1 replacement per surface in 24 months
Simple Extractions	
Oral Surgery	
Endodontics	Root canal treatment limited to once per tooth per Lifetime
Crown, Denture and Bridge Recementations	1 in 12 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions, or other covered dental services
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year, includes 2 cleanings
Crown, Denture and Bridge Recementations	1 in 12 months
Implants	1 per tooth position in 60 months
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 60 consecutive months Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once per tooth in 60 months

- Your children, up to age 19, are covered while Dental Insurance is in effect.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis
- 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary
- Orthodontic benefits end at cancellation of coverage



Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Okaloosa County Board of County Commissioners

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Okaloosa County Board of County Commissioners

- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Questions & Answers

- Q. Who is a participating dentist?
- A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% -- 45% below the average fees charged in a dentist's community for the same or substantially similar services.¹
- Q. How do I find a participating dentist?
- A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.
- Q. What services are covered under this plan?
- A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.
- Q. May I choose a non-participating dentist?
- A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.
- Q. Can my dentist apply for participation in the network?
- A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.¹ The website and phone number are for use by dental professionals only.



Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Okaloosa County Board of County Commissioners

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

*Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**Due to contractual requirements, MetLife is prevented from soliciting certain providers.

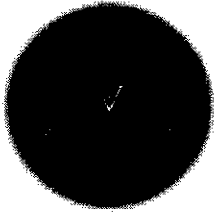
AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization, with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home, or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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ON ANY PPO-GUAR



Okaloosa County Retiree Enrollment Application



Retiree Information

Please complete this enrollment for yourself and any dependents you wish to include. If you need additional space, please include the information on a separate sheet.

Name: _____ **Effective Date:** _____
Social Sec. #: _____ **Date of Birth:** _____ **Gender:** (M) (F)
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone No: _____ **Cell No:** _____
Email: _____

Are you currently enrolled in benefits? Yes No If yes, carrier name? _____

Dependent Information

Relationship	Name (last, first, middle int.)	Date of Birth	Social Sec. #
Spouse			
Dependent			
Dependent			
Dependent			
Dependent			

Rate Information

Dental PDP Plus Network Rates Effective 10/1/2022

Tier	Monthly	Quarterly	Semi-Annually	Annually
Retiree Only	\$25.49	\$76.47	\$152.94	\$305.88
Retiree + Dependent(s)	\$73.95	\$221.85	\$443.70	\$887.40

I hereby agree to pay: Monthly Quarterly Semi-Annually Annually Decline

Billing Election

Option 1 - I wish to mail my payment

Make checks payable to **Millennium One Administrators** and mail to:
PO Box 773317
Coral Springs, FL 33077

(NOTE: payments must be received by the 1st of each month in order to avoid policy lapse)

Option 2 - Please auto-draft for my premiums via credit card¹

Master Card	Visa	American Express	Discover
Name on card:			Business Card Personal Card
Credit/Debit Card No.:			
Verification Code: (CVV2, CVC2, CID) Last 3 digits located on the back of the card. (American Express is 4 digits located on the front of the card).		Expiration Date:	

Requested date of monthly withdrawal (must be 1st-10th of month): _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge, I further understand that my enrollment in the programs are subject to the rights and responsibilities of the carrier in which I am applying for the coverage through. I further agree to indemnify or hold harmless Millennium One Administrators, or its affiliated companies.

Signature: _____ **Date:** _____

¹Credit card charges carry a 3.75% fee on top of premiums/TPA fees. Transaction will be added to final charge.