

ACKNOWLEDGMENT

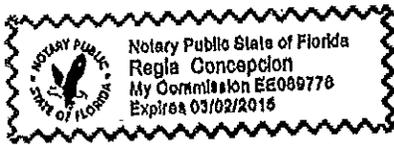
State of Florida

County of Miami-Dade

On this 23rd day of, 2014, before me, the undersigned Notary Public of the State of Florida personally appeared Robert Henry Schwabe and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal

Regla Concepcion
NOTARY PUBLIC, STATE OF FLORIDA



NOTARY PUBLIC
SEAL OF OFFICE

Regla Concepcion

(Name of Notary Public: Print, Stamp or Type as commissioned.)

- Personally known to me, or
- Produced identification:

(Type of Identification Produced)

- Did take an oath or
- Did not take an oath.

BUSINESS ENTITY AFFIDAVIT
(VENDOR / BIDDER DISCLOSURE)

I, Robert Henry Schwabe being first duly sworn

state:

The full legal name and business address of the person(s) or entity contracting or transacting business with the Village of Palmetto Bay ("Village") are (Post Office addresses are not acceptable), as follows:

59-2024116

Federal Employer Identification Number (If none, Social Security Number)

Schwabe & Associates, Inc

Name of Entity, Individual, Partners or Corporation

Schwabe Benefits Group

Doing Business As (If same as above, leave blank)

8525 SW 92nd Street, Suite B6, Miami, FL 33156

Street Address Suite City State Zip Code

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the agreement or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
<u>Robert Henry Schwabe</u>	<u>8525 SW 92nd Street, Suite B6, Miami, FL 33156</u>	<u>100 %</u>
		<u>%</u>
		<u>%</u>

2. The full legal names and business address of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the agreement or business transaction with the Village are (Post Office addresses are not acceptable), as follows:

Signature of Official: _____

Name (typed): Robert Schwabe

Title: President

Broker/Agent: Robert Schwabe

Date: June 23, 2014

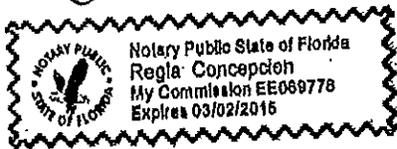
ACKNOWLEDGMENT

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County of Miami-Dade

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WITNESS my hand and official seal
Regla Concepcion
NOTARY PUBLIC, STATE OF FLORIDA



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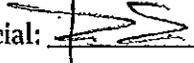
ACKNOWLEDGMENT OF CONFORMANCE
WITH OSHA STANDARDS

To the Village of Palmetto Bay,

We Schwabe Benefits Group (Broker/Agent), hereby acknowledge and agree that we, as the Prime Broker/Agent for Village of Palmetto Bay, Village of Palmetto Bay Employee Benefits Broker / Agent of Record, RFP# 1314-43-001, as specified, have the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and agree to indemnify and hold harmless the Village of Palmetto Bay, against any and all liability, claims, damages losses and expenses they may incur due to the failure of :

Robert Schwabe / Nell Schwabe / Meaghan Zaffiris Schwabe

(SubBroker/Agent's Names) to comply with such act or regulation.

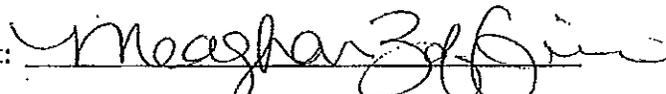
Signature of Official: 

Name (typed): Robert Schwabe

Title: President

Broker/Agent: Robert Henry Schwabe

Date: June 23, 2014

Attest: 

Print Name: Meaghan Zaffiris Schwabe

Attest: 

Print Name: Nell David Schwabe

VILLAGE OF PALMETTO BAY
ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA }
 }
 } SS:
COUNTY OF MIAMI-DADE }

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the Village of Palmetto Bay, its elected officials, and Schwabe Benefits Group or its design Broker/Agents, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my Broker/Agent or by an officer of the corporation.

Signature of Official: _____

Name (typed): Robert Schwabe

Title: President

Broker/Agent: Robert Henry Schwabe

Date: June 23, 2014

ACKNOWLEDGMENT

State of Florida

County of Miami-Dade

On this 23 day of, 2014, before me, the undersigned Notary Public of the State of Florida personally appeared Robert Henry Schwabe and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

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Regla Concepcion
NOTARY PUBLIC, STATE OF FLORIDA



NOTARY PUBLIC
SEAL OF OFFICE:

Regla Concepcion

(Name of Notary Public: Print, Stamp or Type as commissioned.)

- Personally known to me, or
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(Type of Identification Produced)

- Did take an oath or
 - Did not take an oath.
-

STATEMENT OF PAST AGREEMENT DISQUALIFICATIONS

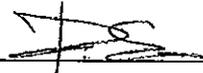
The Broker/Agent shall state whether it or any of its officers or employees who have a proprietary interest in it, has ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of the violation of law, a safety regulation, or for any other reason, including but not limited to financial difficulties, project delays, or disputes regarding work or product quality, and if so to explain the circumstances.

Do you have any disqualification as described in the above paragraph to declare?

Yes or No, If yes, explain the circumstances.

No.

Executed on 23 of June 2014 at 4:00 pm
under penalty of perjury of the laws of the State of Florida, that the foregoing is true and correct.

Signature of Official:  _____

Name (typed): Robert Schwabe

Title: President

Broker/Agent: Robert Schwabe

Date: June 23, 2014

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) ROBERT HENRY SCHWABE		
	Business name/disregarded entity name, if different from above SCHWABE AND ASSOCIATES, INC.		
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 8525 SW 92ND STREET, SUITE B-6		Requester's name and address (optional)
	City, state, and ZIP code MIAMI, FL 33156		
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
5 9 - 2 0 2 4 1 1 6	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 06/18/2014
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

SECTION 9.0: Other Forms

VILLAGE OF PALMETTO BAY
NOTICE OF INTENT TO AWARD

TO: Schwabe Benefits Group
Broker/Agent
8525 SW 92nd Street, Suite B-6
Miami, FL 33156
Address

ATT: Robert Schwabe / Meaghan Zaffiris
Name and Title

PROJECT DESCRIPTION: Employee Benefits Agent/Broker of Record
RFP No. 1314-43-001 in accordance with Agreement Documents
as prepared by the Village

Gentlemen:

This is to advise that the Village of Palmetto Bay intends to award the Agreement for the above referenced Project as a result of your Bid of: Eighteen Thousand first year, with 3% Inflation annually Dollars (\$ 18,000) submitted to the Village of Palmetto Bay (Owner) on June 18th 2014 (Date).

Two (2) sets of the Agreement Documents for this Project are attached. Your attention is invited to the provision whereby the Agreement shall be executed and delivered to the Owner and all other requirements of the Request for Proposal met within ten (10) consecutive calendar days from July 7th 2014 (Date).

Sincerely yours,

Kristy Bada, Procurement Specialist

Attachment(s)

SECTION 10.0: Exhibits

ATTACHMENT A
VILLAGE OF PALMETTO BAY
EMPLOYEE BENEFITS AGENT/BROKER OF RECORD AGREEMENT

THIS AGREEMENT is made and entered into this 17th day of July, 2014, by and between the Village of Palmetto Bay, a Florida municipal corporation (hereinafter referred to as "Village"), and Robert Schwabe authorized to do business in the State of Florida, (hereinafter referred to as "Broker/Agent" and jointly referred to as the Parties.

WITNESSETH:

WHEREAS, the Village advertised a Request for Proposals ("RFP") on May 19th, 2014, and

WHEREAS, Broker/Agent submitted a Proposal dated June 18th, 2014 in response to the Village's request, and

WHEREAS, at a meeting held on July 7th, 2014, the Village Council awarded the Broker/Agent and agreed to enter into an Agreement with Broker/Agent to perform the services described in the RFP and Broker/Agent's Proposal submitted in response to the RFP ("Services"),

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

Article 1 Incorporation by Reference.

The following documents are hereby incorporated by reference and made part of this Agreement.

(i) Scope of Work and Proposal Documents prepared by the Village for Employee Benefits Agent/Broker of Record, RFP No. 1314-34-001 (Exhibit 1).

(ii) Broker/Agent's Proposal for the Village of Palmetto Bay in response to Exhibit 1 and dated June 18th, 2014. (Exhibit 2).

All exhibits may also be collectively referred to as the "Documents". In the event of any conflict between the Documents or any ambiguity or missing specifications or instructions, the following priority is established:

- A. This Agreement
- B. Exhibit 1
- C. Exhibit 2

Article 2 Scope of Work

A. Broker/Agent agrees to provide the Services (hereinafter inclusively referred to as the "Services") as specifically described, and under the terms and conditions set forth in Exhibit 1 and Exhibit 2. Furthermore, Broker/Agent shall furnish all of the materials, software programs, supplies and labor necessary to perform the Services.

B. Broker/Agent agrees to present health insurance options in accordance with the Services detailed in the Documents, no later than August 1st each year. The Village Manager may extend this time in circumstances which are beyond the Broker/Agent's control or for the convenience of the Village. Such date shall be modified accordingly by written notification from the Village to the Broker/Agent if the Village's benefits plan year changes.

Article 3 Qualifications

A. Broker/Agent represents and warrants to the Village that: (i) it possesses all qualifications, licenses and expertise required for the performance of the Services; (ii) it is not delinquent in the payment of any sums due the Village; (iii) all personnel assigned to perform the Services are and shall be, at all times during the term hereof, fully qualified and trained to perform the tasks assigned to each; and (iv) the Services will be performed in the manner described in Exhibit 1. Broker/Agent assumes professional and technical responsibility for the performance of its services to be provided under this Agreement in accordance with recognized professional standards of good consulting and management practices.

B. Broker/Agent and the individual executing this Agreement on behalf of the Broker/Agent warrant to the Village that the Broker/Agent is a Florida corporation duly constituted and authorized to do business in the State of Florida, is in good standing and that Broker/Agent possesses all of the required licenses and certificates of competency required by the State of Florida, Miami Dade County, and the Village to perform the work herein described. Broker/Agent shall comply with all local, state and federal regulations that apply. Broker/Agent shall be solely responsible for the payment of any fines or penalties incurred as a result of its actions.

Article 4 Payment and/or Fees

A. The Village agrees to pay or provide for the insurance carrier to pay the Broker/Agent for the faithful performance of this Agreement for work completed in accordance with the fee schedule provided in Exhibit 2.

B. For payment purposes, the Broker/Agent shall perform the work specified in the Documents and the Broker/Agent shall either invoice the Village for work performed when work is completed or obtain compensation as a commission from the health insurance carrier. When applicable, the Broker/Agent shall submit invoices detailing the services provided, project, professional staff, and hours. Please note that failure to provide a detailed invoice could result in delay of payment and include termination of any agreement.

Invoices, unless otherwise indicated, must show purchase order numbers and shall be submitted in DUPLICATE to the Village of Palmetto Bay, Human Resources Department, 9705 E Hibiscus Stret, Palmetto Bay, FL 33157.

Article 7 Termination

A. Termination/Cancellation of Agreement without Cause

Either Party may terminate this Agreement without cause upon sixty (60) days prior written notice to the other party, except that if the Broker/Agent desires to terminate the Agreement within three months prior to the open enrollment period, ninety (90) days prior written notification shall be required from the Broker/Agent to the Village. Termination or cancellation of the agreement will not relieve the Broker/Agent of any deliverables and work product due prior to the termination of the Agreement (this will include but not be limited to reports, statements of accounts, payments due the Village and any other records requested by the Village prior to the termination of the Agreement, or after termination in the Village's discretion if needed for a post agreement audit of money due on Broker/Agent's performance). Termination or cancellation of the agreement will not relieve the Broker/Agent of any obligations or liabilities resulting from any acts committed by the Broker/Agent prior to the termination of the agreement.

B. Termination Because of Default

Without waiving the right to terminate without cause on as provided in Section A above, a party may issue a written notice to the other claiming that the other party is in breach of agreement and giving the other party ten (10) calendar days to cure the default. If the alleged breach of agreement is not cured, then the party serving the notice may terminate the Agreement and be excused from further performance following termination. However, termination of the Agreement will not relieve the Broker/Agent of any deliverables and work product due prior to the termination of the Agreement (this will include but not be limited to reports, statements of accounts, payments due the Village and any other records requested by the Village prior to the termination of the Agreement.)

Article 8 Hold Harmless and Indemnification of the Village

The Village shall not be liable for any damages or claims of any type including but not limited to lost profits, special damages, consequential damages or business interruption on account of the Village's decision to terminate this Agreement. Additionally, the Broker/Agent agrees that in the event this Agreement is terminated for the Village's breach, the damages that Broker/Agent may have against the Village shall be limited to actual damages for a period of thirty (30) days given the fact that this Agreement may be terminated by the Village without cause on thirty (30) days' notice.

Article 9 Term

The term of this Agreement shall commence upon the date of execution hereof and shall remain in effect for a three (3) year period, with an extension option for two (2) additional one (1) year periods, or until terminated by the Village as herein set forth. Continuation of this Agreement beyond the initial three (3) year period is at the discretion of the Village, and not a right of the Broker/Agent. This option will only be exercised by the Village when such continuation is clearly in the best interest of the Village. Should the Village exercise its option to continue this agreement, it shall be only for the Services (as defined within) agreed to in this Agreement.

Article 10 Audit and Inspection Rights

The Village may, at reasonable times, and for a period of up to three (3) years following the date of final performance of Services by the Broker/Agent under this Agreement, audit, or cause to be audited, those books and records of Broker/Agent which are related to Broker/Agent's performance under this Agreement. Broker/Agent agrees to maintain all such books and records at its principal place of business for a period of three (3) years after final payment is made under this Agreement. The Village may, at reasonable times during the term hereof, inspect Broker/Agent's facilities and perform such inspections, as the Village deems reasonably necessary, to determine whether the services required to be provided by Broker/Agent under this Agreement conform to the terms hereof and/or the terms of the Solicitation Documents, if applicable. Broker/Agent shall make available to the Village all reasonable facilities and assistance to facilitate the performance of inspections by the Village's representatives. All inspections shall be subject to, and made in accordance with, the provisions of the Village Code as same may be amended or supplemented, from time to time.

Article 11 Federal and State Tax

The Village is exempt from payment of Florida State Sales and Use Taxes. The Village will sign an exemption certificate submitted by the Broker/Agent. The Broker/Agent shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the Village, nor is the Broker/Agent authorized to use the Village's Tax Exemption Number in securing such materials.

The Broker/Agent shall be responsible for payment of its own and its share of its employee taxes and Social Security benefits.

Article 12 Indemnification

Broker/Agent shall indemnify and hold harmless the Village and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the Village or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Broker/Agent or its employees, agents, servants, partners, principals or sub-Broker/Agents. Broker/Agent shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the Village, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Broker/Agent expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Broker/Agent shall in no way limit the responsibility to indemnify, keep and save harmless and defend the Village or its officers, employees, agents and instrumentalities as herein provided. 1% of the agreement amount shall represent the consideration to be provided for this indemnification. Nothing contained herein shall be deemed a waiver of sovereign immunity.

Article 13 Insurance

Award of this Agreement is contingent upon the receipt of the insurance documents, as required, within ten (10) calendar days after Village notification to Broker/Agent. Certificates of Insurance must be submitted to the Procurement Division, Certificates of Insurance that indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- Comprehensive General Liability - \$1,000,000 combined single limit for each occurrence for bodily injury and property damage – designating the Village as Additional Insured
- Workers Compensation - Statutory Limits
- Automobile Liability - \$1,000,000 per occurrence for all claims arising out of bodily injuries or death and property damages.
- errors and omissions or Broker/Agent liability insurance - \$1,000,000

All insurance policies must be issued by companies authorized to do business under the laws of the State of Florida. The companies must be rated no less than "B+" as to management and no less than "Class V" as to strength by the latest edition of Best's Insurance guide, published by A.M. Best Company, Olwick, New Jersey, or its equivalent, or the companies must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized or Approved to do Business in Florida," issued by the State of Florida Department of Insurance and are members of the Florida Guaranty Fund.

Certificates of Insurance must indicate that for any cancellation of coverage before the expiration date, the issuing insurance carrier will endeavor to mail thirty (30) day written advance notice to the certificate holder. In addition, the Broker/Agent hereby agrees not to modify the insurance coverage without thirty (30) days written advance notice to the Village.

Compliance with the foregoing requirements shall not relieve the Broker/Agent of this liability and obligation under this section or under any other section in the Agreement.

If the insurance certificate is received within the specified time frame but not in the manner prescribed in the Agreement, the Broker/Agent shall be verbally notified of such deficiency and shall have an additional five (5) calendar days to submit a corrected certificate to the Village. If the Broker/Agent fails to submit the required insurance documents in the manner prescribed in the Agreement within fifteen (15) calendar days after Village notification to comply, the Broker/Agent shall be in default of the contractual terms and conditions and award of the Agreement will be rescinded, unless such time frame for submission has been extended by the Village.

The Broker/Agent shall be responsible for assuring that the insurance certificates required in conjunction with this Section remain in force for the duration of the contractual period of the Agreement, including any and all option years or extension periods that may be granted by the Village. If insurance certificates are scheduled to expire during the contractual period, the Broker/Agent shall be responsible for submitting new or renewed insurance certificates to the Village at a minimum of thirty (30) calendar days in advance of such expiration. In the event that expired certificates are not replaced with new or renewed certificates which cover the

contractual period, the Village shall suspend the Agreement until such time as the new or renewed certificates are received by the Village in the manner prescribed herein; provided, however, that this suspended period does not exceed thirty (30) calendar days. Thereafter, the Village may, at its sole discretion, terminate this agreement.

Article 14 Modification/Amendment

This writing and exhibits contains the entire Agreement of the parties. No representations were made or relied upon by either party, other than those that are expressly set forth herein. No agent, employee, or other representative of either party is empowered to modify and amend the terms of this Agreement, unless executed in writing with the same formality as this Document. No waiver of any provision of this Agreement shall be valid or enforceable unless such waiver is in writing and signed by the party granting such waiver.

Article 15 Severability

If any term or provision of this Agreement shall to any extent be held invalid, or illegal by a court of competent jurisdiction, the remainder of this Agreement shall not be affected thereby, and each term and provision of this agreement shall be valid and be enforced to the fullest extent permitted by law.

Article 16 Governing Law

This Agreement shall be construed in accordance with and governing by the laws of the State of Florida. Exclusive venue for any litigation shall be in Miami-Dade County, Florida.

Article 17 Waiver

The failure of either party to this Agreement to object to or to take affirmative action with respect to any conduct of the other which is in violation of the terms of this Agreement shall not be construed as a waiver of the violation or breach, or of any future violation, breach or wrongful conduct. No waiver by the Village of any provision of this Agreement shall be deemed to be a waiver of any other provisions hereof or of any subsequent breach by Broker/Agent of the same, or any other provision or the enforcement thereof. The Village's consent to or approval of any act by Broker/Agent requiring the Village's consent or approval shall not be deemed to render unnecessary the obtaining of the Village's consent to or approval of any subsequent consent or approval of Broker/Agent, whether or not similar to the act so consented to or approved.

Article 18 Notices/Authorized Representatives

Any notices required or permitted by this Agreement shall be in writing and shall be deemed to have been properly given if transmitted by hand-delivery, by registered mail with postage prepaid return receipt delivery, by registered or certified mail with postage prepaid return receipt requested, or by Federal Express addressed to the parties at the following address:

For VILLAGE:
Village of Palmetto Bay
Ron E. Williams, Village Manager
9705 East Hibiscus Street

Copy to:
Village of Palmetto Bay
Olga Cadaval, Human Resources Director
9705 East Hibiscus Street

Palmetto Bay, FL 33157
Telephone: 305-259-1234
Email: rwilliams@palmettobay-fl.gov

Palmetto Bay, FL 33157
Telephone: 305-259-1234
Email: ocadaval@palmettobay-fl.gov

For CONTRACTOR:

Either party shall have the right to change its address for notice purposes by sending written notice of such change of address to the other party in accordance with the provisions herein.

Article 19 Independent Broker/Agent

Broker/Agent is and shall remain an independent Broker/Agent and is not an employee or agent of the Village. Services provided by Broker/Agent shall be by employees of Broker/Agent and nothing in this Agreement shall in any way be interpreted or construed to deem said employees to be agents, employees, or representatives of the Village. Broker/Agent shall be responsible for all compensation, tax responsibilities, insurance benefits, other employee benefits, and any other status or rights of its employees during the course of their employment with Broker/Agent. The rights granted to Broker/Agent hereunder are nonexclusive, and the Village reserves the right to enter into agreements with other persons or Broker/Agents to perform services including those hereunder.

Article 20 Assignment

The Broker/Agent shall not assign, transfer, convey, sublet or otherwise dispose of this Agreement, including any or all of its right, title or interest therein, or his or its power to execute such Agreement to any person, company or corporation without prior written consent of the Village. The Broker/Agent shall not assign, transfer or pledge any interest in this agreement without the prior written consent of the Village; provided, however, that claims for money by the Broker/Agent from the Village under this Agreement may be assigned, transferred or pledged to a bank, trust company, or other financial institution without the Village's approval. Written notice of any assignment, transfer or pledge of funds shall be furnished within 10 days by the Broker/Agent to the Village. None of the work or services under this Agreement shall be subcontracted unless the Broker/Agent obtains prior written consent from the Village. Approved subcontractors shall be subject to each provision of this Agreement and the Broker/Agent shall be responsible and indemnify the Village for all subcontractors' acts, errors or omissions.

Article 21 Prohibition Against Contingent Fees

Broker/Agent warrants that it has no employees or retained any Broker/Agent or person, other than a bona fide employee working solely for Broker/Agent, to solicit or secure this Agreement, and that it has not paid or agreed to pay any person(s), Broker/Agent, corporation, individual or Broker/Agent, other than a bona fide employee working solely for Broker/Agent, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award or making of this Agreement.

Article 22 Attorneys Fees

Should any dispute arise hereunder, the Village shall be entitled to recover against the Broker/Agent all costs, expenses and attorney's fees incurred by the Village in such dispute, whether or not suit be brought, and such right shall include all of such costs, expenses and attorney's fees through all appeals or other actions. Neither party shall be entitled to prejudgment interest.

Article 23 Conflict of Interest

Broker/Agent agrees to adhere to and be governed by the Village's Conflict of Interest Ordinance 2-121, et seq, which is incorporated by reference herein as if fully set forth herein, in connection with the Agreement conditions hereunder.

Article 24 Binding Effect

All of the terms and provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto, their respective assigns, successors, legal representatives, heirs and beneficiaries, as applicable.

Article 25 Entire Agreement

No statements, representations, warranties, either written or oral, from whatever source arising, except as expressly stated in this Agreement, shall have any legal validity between the parties or be binding upon any of them. The parties acknowledge that this Agreement contains the entire understanding and agreement of the parties. No modifications hereof shall be effective unless made in writing and executed by the parties hereto with the same formalities as this Agreement is executed.

Article 26 Captions and Paragraph Headings

Captions and paragraph headings contained in this Agreement are for convenience and reference only and in no way define, describe, extend or limit the scope and intent of this Agreement, nor the intent of any provisions hereof.

Article 27 Joint Preparation

The preparation of this Agreement has been a joint effort of the parties, and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other. It is the parties' further intention that this Agreement be construed liberally to achieve its intent.

Article 28 Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same agreement.

Article 29 Exhibits are Inclusionary

All exhibits attached hereto or mentioned herein which contain additional terms shall be deemed incorporated herein by reference. Typewritten or handwritten provisions inserted in this form or attached hereto shall control all printed provisions in conflict therewith.

Article 30 Jurisdiction And Venue

For the purposes of this agreement, Florida law shall govern the terms of this agreement. Venue shall be in Miami-Dade County, Florida.

Article 31 Sovereign Immunity And Attorney's Fees.

The Village does not waive sovereign immunity under 768.28, Florida Statutes, for any claim for breach of agreement or for an award of prejudgment interest; provided, however, that in any action arising out of or to enforce this agreement, the prevailing party shall be entitled to its reasonable attorney's fees and costs in any state or federal administrative, circuit court and appellate court proceedings. In the event of any litigation arising out of this agreement or project agreement, each party hereby knowingly, irrevocably, voluntarily, and intentionally waives its right to trial by jury.

Article 32 Permits, Licenses and Filing Fees

The Broker/Agent shall procure all permits and licenses, pay all charges and fees, and file all notices as they pertain to the completion of the Broker/Agent's work.

Article 33 Safety Provisions

The Broker/Agent shall conform to the rules and regulations pertaining to safety established by OSHA and the California Division of Industrial Safety.

Article 34 Public and Employee Safety

Whenever the Broker/Agent's operations create a condition hazardous to the public or Village employees, it shall, at its expense and without cost to the Village, furnish, erect and maintain such fences, temporary railings, barricades, lights, signs and other devices and take such other protective measures as are necessary to prevent accidents or damage or injury to the public and employees.

Article 35 Preservation of Village Property

The Broker/Agent shall provide and install suitable safeguards, approved by the Village, to protect Village property from injury or damage. If Village property is injured or damaged resulting from the Broker/Agent's operations, it shall be replaced or restored at the Broker/Agent's expense. The facilities shall be replaced or restored to a condition as good as when the Broker/Agent began work.

Article 36 Immigration Act of 1986

The Broker/Agent warrants on behalf of itself and all sub-Broker/Agents engaged for the performance of this work that only persons authorized to work in the United States pursuant to the Immigration Reform and Control Act of 1986 and other applicable laws shall be employed in the performance of the work hereunder.

Article 37 Broker/Agent Non-Discrimination

In the award of subcontracts or in performance of this work, the Broker/Agent agrees that it will not engage in, nor permit such sub-Broker/Agents as it may employ, to engage in discrimination in employment of persons on any basis prohibited by State or Federal law.

Article 38 Accuracy of Specifications

The specifications for this project are believed by the Village to be accurate and to contain no affirmative misrepresentation or any concealment of fact. Broker/Agents are cautioned to undertake an independent analysis of any test results in the specifications, as Village does not guaranty the accuracy of its interpretation of test results contained in the specifications package. In preparing its proposal, the Broker/Agent and all sub-Broker/Agents named in its proposal shall bear sole responsibility for proposal preparation errors resulting from any misstatements or omissions in the specifications that could easily have been ascertained by examining either the project site or accurate test data in the Village's possession. Although the effect of ambiguities or defects in the specifications will be as determined by law, any patent ambiguity or defect shall give rise to a duty of Broker/Agent to inquire prior to proposal submittal. Failure to so inquire shall cause any such ambiguity or defect to be construed against the Broker/Agent. An ambiguity or defect shall be considered patent if it is of such a nature that the Broker/Agent, assuming reasonable skill, ability and diligence on its part, knew or should have known of the existence of the ambiguity or defect. Furthermore, failure of the Broker/Agent or sub-Broker/Agents to notify Village in writing of specification defects or ambiguities prior to proposal submittal shall waive any right to assert said defects or ambiguities subsequent to submittal of the proposal.

To the extent that these specifications constitute performance specifications, the Village shall not be liable for costs incurred by the successful Broker/Agent to achieve the project's objective or standard beyond the amounts provided therefore in the proposal.

In the event that, after awarding the agreement, any dispute arises as a result of any actual or alleged ambiguity or defect in the specifications, or any other matter whatsoever, Broker/Agent shall immediately notify the Village in writing, and the Broker/Agent and all sub-Broker/Agents shall continue to perform, irrespective of whether or not the ambiguity or defect is major, material, minor or trivial, and irrespective of whether or not a change order, time extension, or additional compensation has been granted by Village. Failure to provide the hereinbefore described written notice within one (1) working day of Broker/Agent's becoming aware of the facts giving rise to the dispute shall constitute a waiver of the right to assert the causative role of the defect or ambiguity in the plans or specifications concerning the dispute.

Article 39 Warranty Of Authority

The signatories to this agreement warrant that they are duly authorized by action of their respective Village commission, board of directors or other Village to execute this agreement and to bind the parties to the promises, terms, conditions and warranties contained in this agreement.

Article 40 Miscellaneous Provision

In the event a court must interpret any word or provision of this agreement, the word or provision shall not be construed against either party by reason of drafting or negotiating this agreement.

IN WITNESS WHEREOF the undersigned parties have executed this Agreement on the date indicated above.

OWNER

Village of Palmetto Bay

ADDRESS

9705 E. Hibiscus Street
Palmetto Bay, FL 33157

BY _____

Ron E. Williams
Print Name

Village Manager
Title

ATTEST

Meighan J. Alexander
Village Clerk

APPROVED AS TO FORM BY

Dexter Lehtinen
Village Attorney

BROKER/AGENT

Robert Henry Schwabe

ADDRESS

8525 SW 92nd Street, Suite B-6
Miami, FL 33158

BY _____

Neil David Schwabe
Print Name

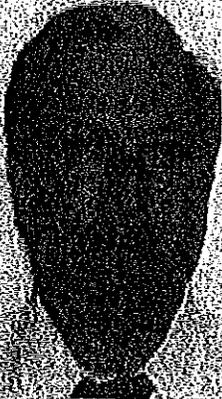
President

Title

Witness

Meaghan Zaffiris Schwabe

Print Name



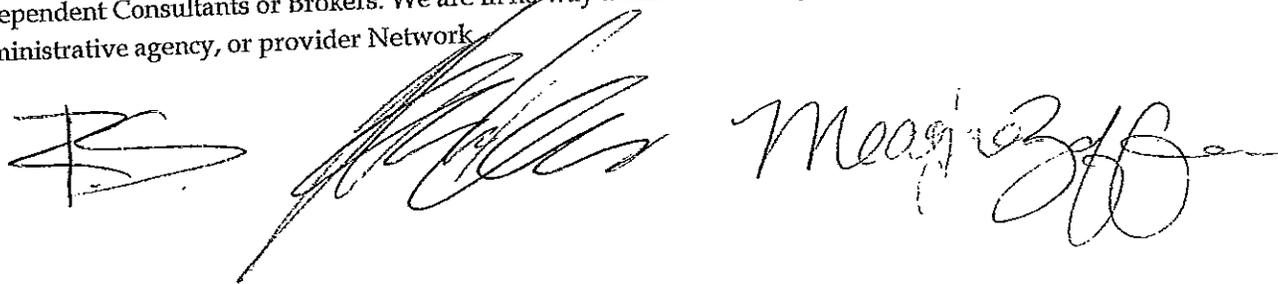
ROBERT HENRY SCHWABE
264-60-5400

Life
Life & Health
Gen. Lines (Prop. & Cas. Ins.)
Health
Dental Health Care

ISSUED: 03/20/91
A235882



This statement is confirming that myself, Bob Schwabe, Neil Schwabe and Meaghan Zaffiris Schwabe are Independent Consultants or Brokers. We are in no way affiliated with any insurance company, third part administrative agency, or provider Network.



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

MEAGHAN M. ZAFFIRIS

License Number : P175653

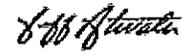
Resident Insurance License

- 0220 - GENERAL LINES (PROP & CAS)
- 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

06/12/2013
12/16/2008

Please Note: To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>.


Jeff Atwater
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF INSURANCE



NEIL DAVID SCHWABE
License Number 590162604
IS LICENSED TO TRANSACTIONS IN THE
FOLLOWING CLASSES OF INSURANCE:
Health
Life
Life & Health
Life (incl. Variable) & Health

This licensee must have an active appointment with the insurer or insurers for which products or services are being marketed. See reverse for additional requirements.

A235881

IMPORTANT PLEASE READ CAREFULLY

1. Because only duly licensed licensees with an active appointment by one of the insurer or employers, if the license is active or a signed form report, public notice, advertisement, preliminary contract, or a policy, rate schedule, or other document, should have an appointment (indicated in their own name on the back of the document), if you are licensed in the licensee's name, you should notify the Florida Department of Insurance immediately.
2. This license will expire if more than 24 months elapse without an appointment for each class of insurance listed on the back. If such expiration occurs, the holder or licensee will be required to re-qualify as a first-time applicant.
3. If this license was obtained by passing a temporary examination offered by the Florida Department of Insurance, the licensee is required to comply with section 626.402 relevant to requirements provided in 626.301(5), 626.402, or 626.403, Florida Statute.
4. THIS LICENSE IS THE PROPERTY OF THE FLORIDA DEPARTMENT OF INSURANCE. PLEASE NOTIFY THE DEPARTMENT IMMEDIATELY IF LOST OR STOLEN.

60452073

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
FLDFS COPY

SCHWABE AND ASSOCIATES, INC.

8525 SW 92ND ST
SUITE B-6
MIAMI FL 33156

Agency Registration Number R001896

Location Number 120875

Issued On 05/15/2006

Pursuant To Section 626.747, Florida Statutes, This Agency Shall Be In The Active Full-Time Charge Of A Licensed General Lines Agent Or Life Or Health Agent Who Is Appointed To Represent One Or More Insurers

Pursuant To Section 626.172, Florida Statutes, Each Agency Shall Display The License Or Registration Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency



Tom Gallagher
Chief Financial Officer
State of Florida



May 29, 2014

To: All Interested Parties

From: Kristy Bada, Procurement Specialist
Village of Palmetto Bay
9705 E Hibiscus Street
Palmetto Bay, Florida 33157

Re: Request for Proposals No. 1314-43-001
Employee Benefits Broker/Agent of Record

ADDENDUM NO. 1

Prospective Bidders,

This Addendum forms a part of the RFP Package Document dated Monday, May 19th, 2014, with the amendments and additions noted below (deletions are shown by strikethrough and additions are underlined.)

Ms. Ana Roque from A&A Insurance Services, Inc. submitted the following questions via email:

1. **Question:** We need a regular detailed census?

Response: Attached is Village of Palmetto Bay's census summary, please refer to the exhibit listing found on page 2.

2. **Question:** Also we need a Benefit summary showing us the plans with United Health, deductibles, copayments.

Response: Attached are Village of Palmetto Bay's benefit summaries for medical, dental and vision plans, please refer to the exhibit listing found on page 2.

3. **Question:** We also need employees' salaries so that we can quote the life insurance. I know the city pays \$1,000 per employee per month but can we have a copy of the invoice so that we know the cost of the plans that they currently have.

Response: Attached is the Village of Palmetto Bay Employee Benefit Summary for all benefits inclusive of life insurance, please refer to the exhibit listing found on page 2. However, the Village is not requesting quotes for life insurance.

4. **Question:** Also with Colonial, the medical bridge what is that benefit amount and what is the monthly cost?

Response: Attached is the Village of Palmetto Bay Employee Benefit Guide for all benefits inclusive of the medical bridge plan, please refer to the exhibit listing below.

5. **Question:** I would like to know if you would like the quotes from the health insurance included in this proposal?

Response: No; this RFP is not requesting benefit quotes. Benefit quotes will be the responsibility of the successful respondent once the contract has been executed.

Mr. Ernesto J. Ruiz from Kahn-Carlin & Co., Inc. submitted the following questions via email:

6. **Question:** Under section 4.00, Scope of Work section #4, "Assist in preparing a comprehensive employee benefits guide annually, and any other educational and promotional materials when requested by the Village" We need clarification on what the Village requires to be included in the employee benefits guide on an annual basis.

Response: Attached is the Villages' benefit guide for the current fiscal year to serve as a reference; please refer to the exhibit listing below.

7. **Question:** Under Section 8.0 #16, "what is your firm's philosophy on pricing for recurring work?" What does the Village mean regarding recurring work?

Response: The Village is contemplating a multi-year contract with options to renew. The question refers to the firm's philosophy or practice concerning pricing reduction or increases on such contracts.

Below is a list of exhibits included in this addendum:

Exhibit A	Village of Palmetto Bay Employee Census May 2014
Exhibit B	United Healthcare Summary of Coverage for Choice Plus FXN/FT and Choice FE7/FW
Exhibit C	Village of Palmetto Bay Department of Human Resources Employee Benefits Summary FY 13-14
Exhibit D	United Healthcare Dental Voluntary Options PPO/covered dental services
Exhibit E	United Healthcare Solstice S700/D0035 Schedule of Benefits (Dental)
Exhibit F	Florida Dental Benefits Summary
Exhibit G	United Healthcare Vision Benefit Summary Plan V1043

All other terms and conditions stipulated in the original Village of Palmetto Bay Request for Proposal shall remain in force.

Thank you for your participation in our solicitation process.



Kristy Bada, Procurement Specialist
Village of Palmetto Bay



Acknowledgement of

Addendum of Solicitation

Amendment/Modification No.: 1

Amendment of RFP No.: 1314-43-001

Title of RFP: Employee Benefits Broker/Agent of Record

Name of Proposer _____

Date Addendum Received _____

Total Pages of Addendum including Acknowledgement 61

Signature

The addendum must be submitted along with the remainder of the bid package.

Bid submittals without the addendum will be considered unresponsive.

EXHIBIT A

**VILLAGE OF PALMETTO BAY
EMPLOYEE CENSUS
MAY 2014**

	POSITION	GENDER	Age	ZIP CODE	COVERAGE TYPE
1	Village Clerk	Female	48	33157	FA
2	Admin. Asstant - Village Clerk	Female	29	33189	E
3	Finance Director	Male	55	33185	FA
4	Procurement Specialist	Female	31	33175	EC
5	Senior Accountant	Female	47	33186	E
6	Accountant	Female	49	33165	EC
7	Accounting Clerk	Female	54	33144	EC
8	Cashier	Male	30	33032	E
9	Parks and Recreation Director	Female	42	33157	EC
10	Parks and Recreation Manager	Male	66	33186	E
11	Parks and Recreation Supervisor	Male	55	33143	E
12	Parks & Rec. Supervisor	Male	38	33013	ES
13	Admin. Assistant - Parks and Recreation	Female	52	33176	FA
14	Special Events Coordinator	Female	37	33156	FA
15	Special Events Coordinator	Female	49	33146	E
16	Grounds/Facility Maint. Sup.	Male	51	33193	EC
17	Parks Maintenance Worker	Male	45	33030	ES
18	Parks Maintenance Worker	Male	52	33186	E
19	Parks Maintenance Worker	Male	56	33189	ES
20	Human Resources Director	Female	41	33033	EC
21	Admin. Assistant - Human Resources	Female	27	33176	E
22	Public Works Director	Female	54	33161	E
23	Administrative Assistant- Public Works	Female	26	33175	E
24	Field Operations Supervisor	Male	40	33033	E
25	Grounds Maintenance Worker - Public Works	Male	37	33034	EC
26	Grounds Maintenance Worker - Public Works	Male	29	33196	E
27	Facilities Maintenance Supervisor	Male	43	33185	EC
28	Facilities Maintenance Worker II	Male	39	33170	EC
29	Facilities Maintenance Worker I	Male	47	33196	EC
30	Planning and Zoning Director	Male	45	33014	EC
31	Planning & Zoning Admin.	Male	44	33160	FA
32	Administrative Assistant- Planning & Zoning	Female	34	33032	E
33	Administrative Coordinator - Planning/Zoning	Female	42	33185	ES
34	Code Compliance Officer	Male	34	33187	ES
35	Code Compliance Officer	Male	35	33189	EC
36	Permit Zoning Technician	Female	36	33033	EC
37	Building and Capital Projects Director	Male	56	33157	FA
38	Office Manager - Building	Female	47	33177	EC
39	Permit Clerk I	Female	30	33030	FA
40	Permit Clerk II	Female	40	33177	EC
41	Receptionist- Building & Cap. Projects	Female	25	33157	E
42	Plans Processing Clerk	Female	35	33175	E
43	Chief Building Inspector	Male	63	33184	FA
44	Code Compliance Inspector	Male	51	33033	E

45	Village Manager	Male	64	33157	ES
46	Executive Assistant - Village Manager	Female	35	33033	EC
47	Communications Manager/Public Information Office	Male	53	33130	E
48	Administrative Aide/Receptionist	Female	50	33157	EC
49	STORMWATER TECH	UNK			VACANT
50	Mayor	Female	65	33157	FA
51	Vice Mayor	Male	52	33157	Waived Coverage
52	Councilmember	Male	58	33158	FA
53	Councilmember	Female	66	33157	Waived Coverage
54	Councilmember	Male	54	33157	ES

Coverage Type Legend	
E	Employee Only
ES	Employee & Spouse
EC	Employee & Children
FA	Family

UnitedHealthcare Choice Plus FXN/FT
 Summary of Coverage: What this Plan Covers & What it Costs

EXHIBIT B

Coverage Period: 10/01/2013 - 09/30/2014
 Coverage for: Employee/Family | Plan Type: HMP

A This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myuhc.com or by calling 1-800-782-3740.

Important Questions - Answers		Why this Matters:
What is the overall deductible?	Network: \$2,000 Indiv/ \$4,000 Family Non-Network: \$4,000 Indiv/ \$8,000 Family Per contract year. Does not apply to copays, prescription drugs, and services listed below as "No Charge".	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No, there are no other deductibles.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out of pocket limit on my expenses?	Network: \$2,000 Indiv/ \$4,000 Family Non-Network: \$8,000 Indiv/ \$16,000 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out of pocket limit?	Premium, balance-billed charges, health care this plan doesn't cover, penalties for failure to obtain pre-authorization for services, copays and prescription drugs.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the insurer pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. This plan uses network providers. For a list of network providers, see www.myuhc.com or call 1-800-782-3740.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan does not cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5 or 6. See your Policy or plan document for additional information about excluded services.

Questions: Call 1-800-782-3740 or visit us at www.myuhc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.ccoio.cms.gov or www.doi.gov/ebsa/healthreform or call 1-866-487-2365 to request a copy. 1





- **Co-payments (copay)** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance (co-ins)** is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Services You May Need		Your cost if you use a		Limitations & Exceptions
Event	Network Provider	Non-Network Provider		
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay per visit	50% co-ins	If you receive services in addition to office visit, additional copays, deductibles, or co-ins may apply.
	Specialist visit	\$60 copay per visit	50% co-ins	If you receive services in addition to office visit, additional copays, deductibles, or co-ins may apply.
	Other practitioner office visit	\$30 copay per visit for Manipulative (Chiropractic) Services	50% co-ins for Manipulative (Chiropractic) Services	Limited to 20 visits of manipulative (Chiropractic) services per contract period. Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
If you have a test	Preventive care/screening/immunization	No Charge	Not Covered*	*Certain services are covered when using a non-network provider. Includes preventive health services specified in the health care reform law.
	Diagnostic test (x-ray, blood work)	No Charge	50% co-ins	None
	Imaging (CT/PET scans, MRIs)	\$200 copay per service	50% co-ins	None

Common Medical Event	Services You May Need	Your cost if you use a Network Provider	Your cost if you use a Non-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition. More information about drug coverage is at www.mylucic.com	Tier 1 - Your Lowest-Cost Option	Retail: \$10 copay. Mail-Order: \$25 copay.	Retail: \$10 copay. Mail-Order: \$25 copay.	Provider means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply. You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a Pre-Authorization requirement or may result in a higher cost. If you use a non-Network Pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. See the website listed for information on drugs covered by your plan. Not all drugs are covered. Tier 1 contraceptives are covered at No Charge.
	Tier 2 - Your Midrange-Cost Option	Retail: \$35 copay. Mail-Order: \$87.50 copay.	Retail: \$35 copay. Mail-Order: \$87.50 copay.	
	Tier 3 - Your Highest-Cost Option	Retail: \$60 copay. Mail-Order: \$150 copay.	Retail: \$60 copay. Mail-Order: \$150 copay.	
	Tier 4 (if applicable) - Additional/High-Cost Options	Retail: 20% co-ins. Mail-Order: 20% co-ins.	Retail: 20% co-ins. Mail-Order: 20% co-ins.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% co-ins	50% co-ins	Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
	Physician/surgeon fees	0% co-ins	50% co-ins	None
If you need immediate medical attention	Emergency room services	\$300 copay per visit	\$300 copay per visit	None
	Emergency medical transportation	0% co-ins	0% co-ins	None
	Urgent care	\$80 copay per visit	50% co-ins	If you receive services in addition to urgent care, additional copays, deductibles, or co-ins may apply.
If you have a hospital stay	Facility fee (e.g. hospital room)	0% co-ins	50% co-ins	Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
	Physician/surgeon fees	0% co-ins	50% co-ins	None



Common Medical Event	Services You May Need	Your cost if you use a Network Provider	Your cost if you use a Non-Network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs.	Mental/Behavioral health outpatient services	\$60 copay per visit	50% co-ins	Pre-Authorization required for certain services for non-network or benefit reduces to 50% of allowed.
	Mental/Behavioral health inpatient services	0% co-ins	50% co-ins	Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
	Substance use disorder outpatient services	\$60 copay per visit	50% co-ins	Pre-Authorization required for certain services for non-network or benefit reduces to 50% of allowed.
	Substance use disorder inpatient services	0% co-ins	50% co-ins	Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
If you become pregnant.	Prenatal and postnatal care	0% co-ins	50% co-ins	Additional copays, deductibles, or co-ins may apply depending on services rendered. Network routine pre-natal care is covered at No Charge. Your cost in this category includes Physician Delivery Charges.
	Delivery and all inpatient services	0% co-ins	50% co-ins	Inpatient Authorization may apply. Your cost for inpatient services only. Delivery see above.
If you need help recovering or have other special health needs.	Home health care	0% co-ins	50% co-ins	Limited to 60 visits per contract period. Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
	Rehabilitation services	\$30 copay per outpatient visit	50% co-ins	Depending on the type of therapy, there is a limit of 20-36 visits per contract period.
	Habilitation services	Not Covered	Not Covered	No Coverage for Habilitation Services.
	Skilled nursing care	0% co-ins	50% co-ins	Limited to 60 days per contract period (combined with Inpatient Rehabilitation). Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
	Durable medical equipment	0% co-ins	50% co-ins	\$2,500 maximum per contract period if device determined to be non-essential. Covers 1 per type of DME (including repair/replace) every 3 years. Pre-Authorization required for non-network DME over \$1000 or no coverage.

Common Medical Event	Services You May Need	Your cost if you use a Network Provider	Your cost if you use a Non-Network Provider	Limitations & Exceptions
	Hospice service	0% co-ins	50% co-ins	Inpatient Pre-Authorization required for non-network or benefit reduces to 50% of allowed.
If your child needs dental or eye care	Eye exam	\$30 copay per visit	50% co-ins	Limited to 1 exam every 2 years
	Glasses	Not Covered	Not Covered	No Coverage for Glasses
	Dental check-up	Not Covered	Not Covered	No Coverage for Dental check-up



Excluded Services & Other Covered Services

<p>Services: Your Plan Does NOT cover. (This isn't a complete list. Check your policy or plan document for other excluded services.)</p>	
<ul style="list-style-type: none"> • Acupuncture • Glasses • Non-emergency care when travelling outside the U.S. 	<ul style="list-style-type: none"> • Bariatric surgery • Habilitation services • Private-duty nursing • Cosmetic surgery • Infertility treatment • Routine foot care • Dental care (Adult/Child) • Long-term care • Weight loss programs
<p>Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)</p>	
<ul style="list-style-type: none"> • Chiropractic Services - may be covered with limitations 	<ul style="list-style-type: none"> • Hearing aids - may be covered with limitations • Routine eye care (Adult) - may be covered with limitations

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-747-1019. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or visit www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or visit www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact your human resource department, the Employee Benefits Security Administration at 1-866-444-3272 or visit www.dol.gov/ebsa/healthreform or the Florida Department of Financial Services at 1-877-693-5236 or visit www.myfloridacfo.com.

Para obtener asistencia en español, llame al número de teléfono en su tarjeta de identificación.

若需要中文协助，请拨打您会员卡上的电话号码。

Dine k'elji s'ich'i' hadoodzi' niizingo. bee neehozin bin'iye nanitni'gi number bikaat'gi bich'i' hodilni'.

Para sa tulong sa Tagalog, tawagan ang numero sa iyong ID card.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

⚠ This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,390
- Patient pays \$2,150

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$2,000
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$150
Total	\$2,150

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

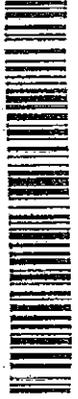
- Amount owed to providers: \$5,400
- Plan pays \$3,610
- Patient pays \$1,790

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,010
Co-pays	\$700
Co-insurance	\$0
Limits or exclusions	\$80
Total	\$1,790



Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.
- If other than individual coverage, the Patient Pays amount may be more.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

* **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

* **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-782-3740 or visit us at www.myuhc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.ccoio.cms.gov or www.dol.gov/ebsa/healthreform or call 1-866-487-2365 to request a copy. 8

UnitedHealthcare Choice FE7FW
Summary of Coverage: What this Plan Covers & What it Costs

Coverage Period: 10/01/2013 - 09/30/2014
 Coverage for: Employee/Family | Plan Type: HMO

! This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myuhc.com or by calling 1-800-782-3158.

Important Questions / Answers		Why this Matters:
What is the overall deductible?	Network: \$2,500 Indiv/ \$5,000 Family Per contract year. Does not apply to copays, prescription drugs, and services listed below as "No Charge."	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No, there are no other deductibles.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out of pocket limit on my expenses?	Network: \$2,500 Indiv/ \$5,000 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out of pocket limit?	Premium, balance-billed charges, health care this plan doesn't cover, copays and prescription drugs.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the insurer pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. This plan uses network providers. For a list of network providers, see www.myuhc.com or call 1-800-782-3158.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan does not cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5 or 6. See your Policy or plan document for additional information about excluded services.

Questions: Call 1-800-782-3158 or visit us at www.myuhc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.ccio.cms.gov or www.dol.gov/ebsa/healthreform or call 1-866-487-2365 to request a copy. 1



- Co-payments (copay) are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance (co-ins) is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan only covers services rendered by network providers. Exceptions include emergency services as described in your policy.

Common Medical Event	Services You May Need	Your cost if you use a			Limitations & Exceptions
		Designated Network Provider	Network Provider	Non-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay per visit	\$20 copay per visit	Not Covered	If you receive services in addition to office visit, additional copays, deductibles, or co-ins may apply.
	Specialist visit	\$40 copay per visit	\$80 copay per visit	Not Covered	If you receive services in addition to office visit, additional copays, deductibles, or co-ins may apply.
	Other practitioner office visit	\$20 copay per visit for Manipulative (Chiropractic) Services	\$20 copay per visit for Manipulative (Chiropractic) Services	Not Covered	Limited to 20 visits of manipulative (Chiropractic) services per contract period.
	Preventive care/screening/immunization	No Charge	No Charge	Not Covered	Includes preventive health services specified in the health care reform law.
If you have a test	Diagnostic test (x-ray, blood, work)	No Charge	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRIs)	\$300 copay per service	\$500 copay per service	Not Covered	None

Common Medical Event	Services You May Need	Your cost if you use a			Limitations & Exceptions
		Designated Network Provider	Network Provider	Non-Network Provider	
If you have a hospital stay	Facility fee (e.g. hospital room)	0% co-ins	0% co-ins	Not Covered	None
	Physician/surgeon fees	0% co-ins	0% co-ins	Not Covered	None
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$40 copay per visit	\$40 copay per visit	Not Covered	None
	Mental/Behavioral health inpatient services	0% co-ins	0% co-ins	Not Covered	None
	Substance use disorder outpatient services	\$40 copay per visit	\$40 copay per visit	Not Covered	None
If you become pregnant	Substance use disorder inpatient services	0% co-ins	0% co-ins	Not Covered	None
	Prenatal and postnatal care	0% co-ins	0% co-ins	Not Covered	Additional copays, deductibles, or co-ins may apply depending on services rendered. Network routine pre-natal care is covered at No Charge. Your cost in this category includes Physician Delivery Charges.
	Delivery and all inpatient services	0% co-ins	0% co-ins	Not Covered	Your cost for inpatient services only. Delivery see above.
If you need help recovering or have other special health needs	Home health care	0% co-ins	0% co-ins	Not Covered	Limited to 40 visits per contract period.
	Rehabilitation services	\$20 copay per outpatient visit	\$20 copay per outpatient visit	Not Covered	Depending on the type of therapy, there is a limit of 20-36 visits per contract period.

Common Medical Event	Services You May Need	Designated Network Provider	Your cost if you use a		Limitations & Exceptions
			Network Provider	Non-Network Provider	
If you need drugs to treat your illness or condition. More information about drug coverage is at www.mvuhc.com	Tier 1 - Your Lowest-Cost Option Tier 2 - Your Midrange-Cost Option Tier 3 - Your Highest-Cost Option Tier 4 (if applicable) - Additional High-Cost Options	Not Applicable Not Applicable Not applicable Not Applicable	Retail: \$15 copay. Mail-Order: \$45 copay. Retail: \$45 copay. Mail-Order: \$135 copay. Retail: \$85 copay. Mail-Order: \$255 copay. Retail: 20% co-ins. Mail-Order: 20% co-ins	Not Covered Not Covered Not Covered Not Covered	Provider means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply. You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a Pre-Authorization requirement or may result in a higher cost. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. See the website listed for information on drugs covered by your plan. Not all drugs are covered. Tier 1 contraceptives are covered at No Charge.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	0% co-ins 0% co-ins	0% co-ins 0% co-ins	Not Covered Not Covered	None None
If you need immediate medical attention	Emergency room services Emergency medical transportation Urgent care	\$250 copay per visit 0% co-ins \$80 copay per visit	\$250 copay per visit 0% co-ins \$80 copay per visit	\$250 copay per visit 0% co-ins Not Covered	None None If you receive services in addition to urgent care, additional copays, deductibles, or co-ins may apply.



Common Medical Event	Services You May Need	Your cost if you use a			Limitations & Exceptions	
		Designated Network Provider	Network Provider	Non-Network Provider	Designated Network Provider	Non-Network Provider
	Habilitation services	Not Covered	Not Covered	Not Covered	No Coverage for Habilitation Services	No Coverage for Habilitation Services
	Skilled nursing care	0% co-ins	0% co-ins	Not Covered	Limited to 60 days per contract period (combined with Inpatient Rehabilitation).	Limited to 60 days per contract period (combined with Inpatient Rehabilitation).
	Durable medical equipment	0% co-ins	0% co-ins	Not Covered	\$2,500 maximum per contract period if device determined to be non-essential. Covers 1 per type of DME (including repair/replace) every 3 years.	\$2,500 maximum per contract period if device determined to be non-essential. Covers 1 per type of DME (including repair/replace) every 3 years.
	Hospice service	0% co-ins	0% co-ins	Not Covered	None	None
If your child needs dental or eye care	Eye exam	\$20 copay per visit	\$20 copay per visit	Not Covered	Limited to 1 exam every 2 years.	Limited to 1 exam every 2 years.
	Glasses	Not Covered	Not Covered	Not Covered	No Coverage for Glasses	No Coverage for Glasses
	Dental check-up	Not Covered	Not Covered	Not Covered	No Coverage for Dental check-up	No Coverage for Dental check-up



Excluded Services & Other Covered Services

<p>Services Your Plan Does NOT cover (This isn't a complete list. Check your policy or plan document for other excluded services.)</p>		
• Acupuncture	• Bariatric surgery	• Cosmetic surgery
• Glasses	• Habilitation services	• Infertility treatment
• Non-emergency care when travelling outside the U.S.	• Private-duty nursing	• Routine foot care
		• Dental care (Adult/Child)
		• Long-term care
		• Weight loss programs
<p>Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)</p>		
• Chiropractic Services - may be covered with limitations	• Hearing aids - may be covered with limitations	• Routine eye care (Adult) - may be covered with limitations

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

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Para obtener asistencia en español, llame al número de teléfono en su tarjeta de identificación.

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Dine k'ehji shichif hado odizh minizigo. bee neehozin biniye naminiigi number bikaatigi bichif hodituh.

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To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

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Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,890
- Patient pays \$2,650

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$2,500
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$150
Total	\$2,650

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,360
- Patient pays \$2,040

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,010
Co-pays	\$950
Co-insurance	\$0
Limits or exclusions	\$80
Total	\$2,040



Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.
- If other than individual coverage, the Patient Pays amount may be more.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

* **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

* **No**. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

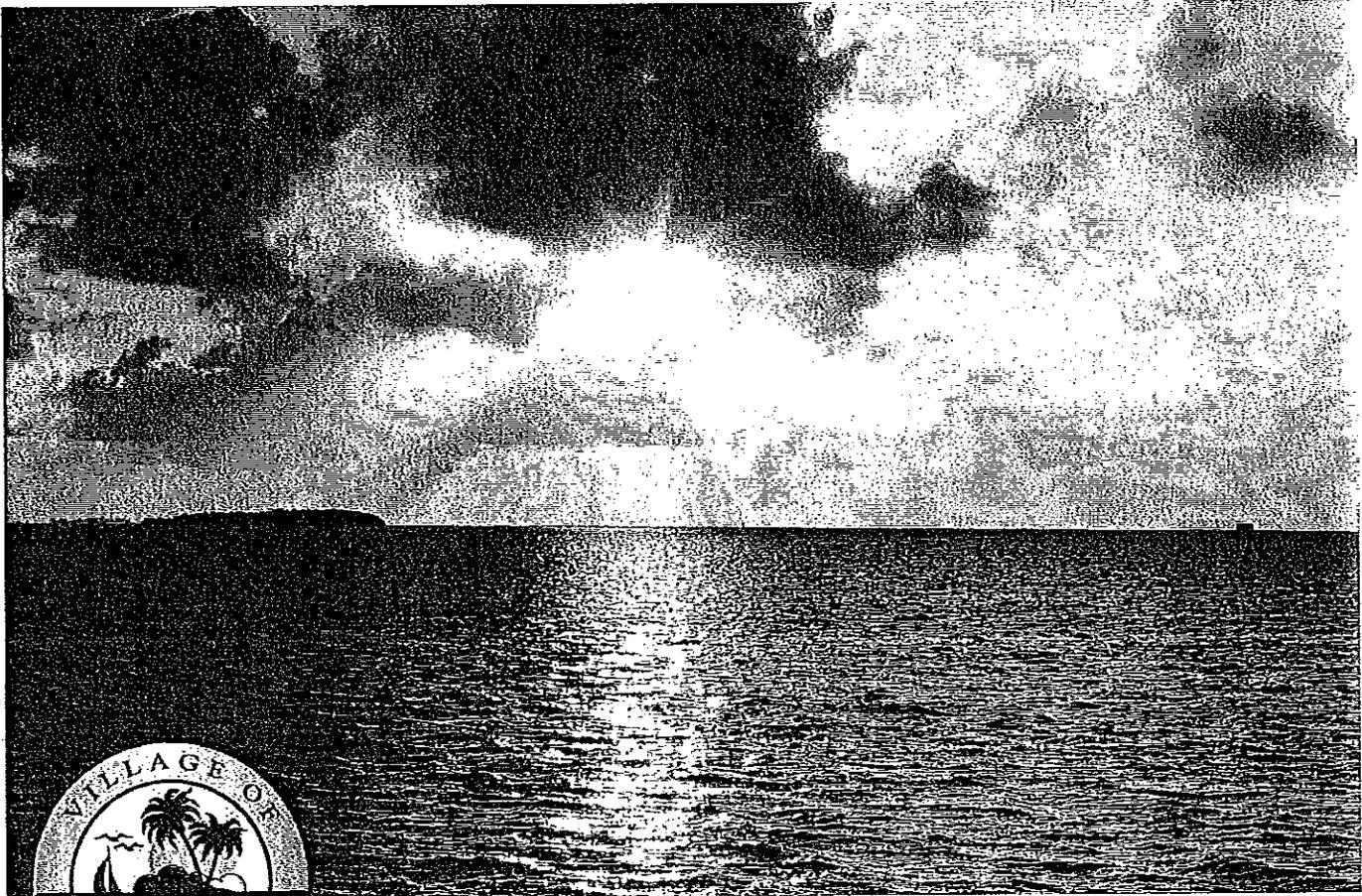
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**VILLAGE OF PALMETTO BAY
DEPARTMENT OF HUMAN RESOURCES**

EMPLOYEE BENEFITS SUMMARY



FISCAL YEAR 2013-2014

DISCLAIMER

- This document is only intended as a quick reference guide to your benefits information. The information contained herein represents a summary of your benefits and it is not all-inclusive. For policy details and limitations, please refer to the insurance certificates mailed to you by the insurance carrier or you may contact the provider directly. You may also find the Certificates of Coverage in the Village of Palmetto Bay shared drive, K:\Personnel Forms.
- This benefits summary is only applicable to the current Fiscal Year (FY 2013-2014).
- Where conflicting information exists between this document and the Certificate of Coverage and/or Benefits Summary information provided by the insurance carrier, the latter shall apply.
- All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage

INSIDE...

- **Health Insurance Overview**
- **Dental Insurance Overview**
- **Medical Bridge Plan**
- **Life Insurance and AD&D**
- **Voluntary Vision Insurance**
- **ICMA Retirement Plans**
- **Supplemental Insurance Plan**
- **LegalShield Prepaid Services**
- **Provider Contact Information**

HEALTH INSURANCE OVERVIEW

MEDICAL HEALTH PLAN

United Healthcare

Customer Care Support: 1-800-357-0978

Website: www.myuhc.com

The Village of Palmetto Bay currently offers health insurance benefits through United Healthcare. Eligible employees have a choice between United Healthcare Open Access HMO (Choice) and United Healthcare POS (Choice Plus). Both of these plans are on the United Healthcare national provider network and both are open access. What this means to you, is that even under the HMO plan, you have access to in-network doctors throughout the United States, and you never need a referral from your primary care physician. In accordance with the healthcare reform law, both plans also offer preventive services at no charge, including no co-pays. Some of the most popular preventive services include routine lab work and x-rays, annual physical and preventive colonoscopies for members who are 50 years of age or older. This year, the Village will contribute up to \$1,000 per employee to cover the medical, dental, life insurance and AD&D premium costs.

Open Access HMO

Unlike most HMO plans, eligible employees participating in the Open Access HMO plan will enjoy open access services, meaning that you have the freedom to choose a physician or specialist without having to visit your primary care physician to obtain a referral. Members enrolled in this plan agree to stay within the United national network to receive benefits.

There are currently more than 645,000 physicians and healthcare providers and 5,105 hospitals in the network nationwide.

Point-of-Service Choice Plus Plan

The Choice Plus plan is an open access health care plan. Employees may choose to see a physician or specialist within the United Healthcare national network without visiting their primary care physician for a referral. The Choice Plus plan offers the added benefit of out-of-network care at a higher coinsurance and deductible level. Please refer to your Benefits Summary document provided by United Healthcare for more information concerning applicable out-of-network benefits and coinsurance.

United Healthcare Website (www.myuhc.com)

The United Healthcare website allows members to register and log in to access information concerning their claim history, view the status of a current claim, find a network provider, print an ID card, review available services, and more. Additionally, you will be able to estimate your out-of-pocket costs for a specific service and ask medical professionals questions online. Employees are encouraged to register and take advantage of the services offered online. For specific health care questions, United Healthcare offers their 24-hour nurse support service, which is available 24 hours a day, 7 days a week.

OPTUM-RX- PRESCRIPTION DRUG MAIL ORDER PROGRAM

Website: www.optumrx.com

As of January 1, 2014, United Healthcare will transition its prescription drug mail order program from Medco to OptumRx. The process for refilling prescription through the mail order service will remain as it was with Medco. The Prescription Drug Mail Order Program available through OptumRx, also allows you to fill up to a 90-day supply of certain prescriptions, typically medications taken for long-term or chronic conditions.

Under the POS plan, you can pay a reduced amount on the copay for certain medications using the mail order service and the prescriptions are mailed directly to you. The amount of your copay and/or coinsurance is based upon the tier to which the medication is assigned. To find the tier assigned to a particular medication, check the prescription list provided in your enrollment packages and/or log online or call the Customer Care number on your ID card.

While there is no difference in the copay amount under the HMO plan, the mail order service still gives you the convenience of having the medications mailed directly to you with standard free shipping.

Prescription Drug Mail orders are typically mailed within 8 days. The table below shows your copay and coinsurance levels under the POS and the

HMO medical plans, along with the 90-day mail order supply costs:

POS Choice Plus	Network-Retail	Non-Network Retail	Network-Mail Order 90-day supply
Tier 1 (lowest cost option)	\$10	\$10	\$25
Tier 2 (mid-range cost option)	\$35	\$35	\$87.50
Tier 3 (high-cost option)	\$60	\$60	\$150
Tier 4 (additional high-cost option)	20%	20%	20%

HMO Open Access	Network-Retail	Network-Mail Order (90-day supply)
Tier 1 (lowest cost option)	\$15	\$45
Tier 2 (mid-range cost option)	\$45	\$135
Tier 3 (high-cost option)	\$85	\$255
Tier 4 (additional high-cost option)	20%	20%

United Healthcare POS Choice- Plan No. 729100

MEDICAL PLAN HIGHLIGHTS		
Policy Year Deductible	Network	Non-network
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum	Network	Non-network
Individual	\$2,000	\$8,000
Family	\$4,000	\$16,000
Basic Outpatient Care	Network	Non-network
Primary Care Physician	\$30 copay; 100%	50% coinsurance after deductible
Preventive Care	100%; no copay applies	Not Covered
Specialist	\$60 copay; 100%	50% coinsurance after deductible
Chiropractic	\$30 copay; 100%	50% coinsurance after deductible
Physical Therapy	\$30 copay; 100%	50% coinsurance after deductible
Outpatient Diagnostic Tests	\$200 copay; 100%	50% coinsurance after deductible
Emergency Room Visits	\$300 copay; 100%	50% coinsurance after deductible
Urgent Care Center Visit	\$80 copay; 100%	50% coinsurance after deductible
Hospital Care	Network	Non-network
Inpatient Hospital	100% after deductible	50% coinsurance after deductible
Outpatient Surgery	100% after deductible	50% coinsurance after deductible
Ground & Air Ambulance	100% after deductible	100% after network deductible

Monthly Premiums			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$438.57	\$938.54	\$894.68	\$1,342.02

United Healthcare HMO Choice Plus- Plan 6P8212

MEDICAL PLAN HIGHLIGHTS

	Network	Non-network
Policy Year Deductible		
Individual	\$2,500	N/A
Family	\$5,000	N/A
Out-of-Pocket Maximum		
Individual	\$2,500	N/A
Family	\$5,000	N/A
Basic Outpatient Care		
Primary Care Physician	\$20 copay; 100%	N/A
Preventive Care	100%; no copay applies	N/A
Specialist	\$40 copay- Designated Network Provider \$80 copay- Network Provider	N/A
Chiropractic	\$20 copay; 100%	N/A
Physical Therapy	\$20 copay; 100%	N/A
Outpatient Diagnostic Tests	\$300 copay; 100%	N/A
Emergency Room Visits	\$250 copay; 100%	N/A
Urgent Care Center Visit	\$80 copay; 100%	N/A
Hospital Care		
<i>Inpatient Hospital</i>	100% after deductible	N/A
<i>Outpatient Surgery</i>	100% after deductible	N/A
<i>Ground & Air Ambulance</i>	100% after deductible	N/A

NOTE: This list is not exhaustive. Please consult your dental guide or contact United Healthcare for additional coverage information or questions

Monthly Premiums			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$406.19	\$869.25	\$828.63	\$1,242.94

Notes:

Deductibles:

- Copays do not accumulate towards the annual deductible.
- Individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.
- The deductible is a one-time expense for the policy year.

Out-of-pocket Maximum:

- Copays do not accumulate towards the out-of-pocket maximum
- Individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.
- The out-of-pocket maximum includes the annual deductible

Other important information from your insurance carrier:

Explanation of Benefits (EOBs):

Over the last several years, we have seen an increase in the amount of errant bills being sent to our clients. These bills are sent by providers and facilities after a hospital stay or procedure. Please do not just pay a bill because it arrives in the mail. Every bill must be compared against an EOB. If they match, it is legitimate, and can be paid. If the amounts do not match, contact our

office. If an EOB does not exist in the carrier's system, please call the billing party and give them your insurance information again. **DO NOT PAY ANY BILL WITHOUT THE MATCHING EOB.**

Major Diagnostic Test – (MRI's, CAT scans, etc.):

These tests have become standard diagnostic procedures. Having them completed in the least expensive way possible is to your advantage. These tests can be performed at hospitals or standalone facilities. The cost differential is significant. When available, have your major diagnostic tests performed at a standalone facility not associated with a hospital. In South Florida, an MRI at a standalone facility ranges in the cost from \$500-\$800. At a hospital the same test costs \$1,500-\$3,000.

Urgent Care Centers v. Emergency Rooms

Urgent Care centers are available locally to treat urgent, non-life threatening emergencies. They are less expensive and you will typically spend less time waiting to be treated. Urgent Care centers have differing hours as well as capabilities. Please search the carrier's website based on your location to find the urgent care centers in your area, as well as their hours of operation and capabilities. Run this list PRIOR to needing it.

DENTAL INSURANCE OVERVIEW

UNITED HEALTHCARE DENTAL PLAN

Member Services: 1-800-955-4137
 Website: www.myuhcdental.com

The United Healthcare PPO and DMO dental insurance plans are within the various options available to employees this fiscal year for dental insurance.

The United Healthcare PPO dental insurance gives you the flexibility to choose either a participating (in-network) PPO dentist, or a non-network dentist and still receive benefits. Dentists within the United Healthcare PPO dental plan network have agreed to a discounted fee schedule and therefore will charge you based on the negotiated rates. Dentists that are not part of the network can bill you the balance between the amount that the insurance company pays

them for their service and their usual billing fees. Most plan services are subject to the deductible. Please read your plan documents for detailed coverage information.

The United Healthcare Dental Maintenance Option (DMO) plan, also known as the Solstice S700 plan, offers many benefits at reduced rates. Keep in mind that the DMO does not offer out-of-network benefits. You must see a provider in the DMO network. To find a participating provider within the United Healthcare network, log-on to myuhc.com and follow the menu options for the dental plan and the dental provider search feature.

The tables below show a summary of the main benefits and costs under the two United Healthcare dental plans offered to employees:

UNITED HEALTHCARE DENTAL PPO PLAN HIGHLIGHTS

	Network	Non-network
Individual	\$50	\$50
Family	\$150	\$150
	Network	Non-network
Annual Maximum	\$1,000 per person per calendar yr	\$1,000 per person per calendar yr
Lifetime Annual Maximum-Ortho	\$1,000	\$1,000
	Network	Non-network
Preventive & Diagnostic	100%	100%
Dental Cleaning (2X per year)	100%	100%
Basic Dental Services	80%	80%
Major Diagnostic Services	50%	50%
Perio & Endo	50%	50%
Implants	None	None
Ortho (minors only)	50%	50%
Oral Surgery	50%	50%
Waiting Period- Major Services	12 months	12 months

Monthly Premiums			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$29.19	\$61.91	\$58.36	\$94.09

UNITED HEALTHCARE DENTAL DMO PLAN HIGHLIGHTS (SOLSTICE \$700)

Policy Year Deductible	Network	Non-network
Individual	No deductible	N/A
Family	No deductible	N/A
Maximum Benefit Amounts	Network	Non-network
Annual Maximum	See Schedule of Benefits	N/A
Lifetime Annual Maximum-Ortho	See Schedule of Benefits	N/A
Dental Services	Network	Non-network
Preventive & Diagnostic	100%	N/A
Dental Cleaning (2X per year)	100%	N/A
Basic Dental Services	See Schedule of Benefits	N/A
Major Diagnostic Services	See Schedule of Benefits	N/A
Perio & Endo	See Schedule of Benefits	N/A
Implants	See Schedule of Benefits	N/A
Ortho (children & adults covered)	See Schedule of Benefits	N/A
Oral Surgery	See Schedule of Benefits	N/A
Waiting Period- Major Services	None	N/A

NOTE: This list is not exhaustive. Please consult your dental guide or contact United Healthcare for additional coverage information or questions

Monthly Premiums

Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$15.75	\$27.40	\$33.70	\$43.28

FLORIDA DENTAL BENEFITS

Customer Serv.: 305-674-7900 / 877-674-7901

Website: www.FDBenefits.com

In addition to the two United Healthcare plan options, the Village this year is expanding employee dental plan choices by offering two additional dental plans under the Florida Dental Benefits network. Florida Dental Benefits is a local company headquartered in Miami Beach. The organization prides itself on providing access to quality, affordable dental care to South Floridians. FD focuses on preventive oral health and maintenance.

The two plans offered under FD include the High Option Plan and the Enhanced Option Plan. To

be covered under either one of the two plans, all services must be provided by dentists within the plan network. There are no annual maximums, annual deductibles or waiting periods.

Besides the dental care services, FD contracts with the following companies to offer health-related discounts and benefits:

- LA Fitness
- Fit2Go lunch delivery service
- Familywise Prescription Medication Discount
- eDiets meal delivery program & online tools

For details on the discounts offered, please call the customer service line.

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FLORIDA DENTAL BENEFITS

	High Option	Enhanced Option
Individual	No deductible	No deductible
Family	No deductible	No deductible
	High Option	Enhanced Option
Annual Maximum	No Maximum	No Maximum
Lifetime Annual Maximum-Ortho	No Maximum	No Maximum
	High Option	Enhanced Option
Consultation	\$0	\$0
Office Visit	\$0	\$5
Periodic Oral Exam	\$0	\$0
Panoramic X-rays	\$0	\$0
Routine Adult Cleaning	\$0	\$0
Routine Child Cleaning	\$0	\$0
Silver Anterior Filling – 2 Surfaces	\$0	\$0
White Anterior Filling – 2 Surfaces	\$45	\$0
White Anterior Filling – 3 Surfaces	\$55	\$0
White Posterior Filling – 3 Surfaces	\$110	\$55
Crown – Porcelain Fused to Noble Metal	\$310*	\$280*
Root Canal – Bicuspid	\$250	\$250
Root Canal Retreatment – Bicuspid	\$350	\$250
Perio. Scaling & Root Planing/Quad	\$55	\$50
Complete Denture	\$325	\$320
Surgical Extraction	\$45	\$40
Comprehensive Orthodontic Treatment	\$2,800	\$1,850
Waiting Period-Major Services	None	None

Monthly Premiums

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
High Option	\$12.56	\$23.85	\$28.25	\$36.41
Enhanced Option	\$13.50	\$25.75	\$30.51	\$39.32

MEDICAL BRIDGE PLAN; EMPLOYER-SPONSORED

COLONIAL LIFE & ACCIDENT INSURANCE
COMPANY

1-800-325-4368
www.Coloniallife.com

The Village of Palmetto Bay offers an employer-sponsored supplemental insurance plan to all eligible full-time employees who are enrolled in the health insurance plan. The supplemental insurance is intended to lessen the medical-related out-of-pocket expenses for employees and the premiums are paid for by the Village. Coverage under the supplemental plan will be for the same type as the one selected by the

employee for the health insurance plan. Therefore, dependents covered under the insurance plan will also be covered under the employer-sponsored supplemental insurance plan.

Please note that if you elect to enroll in any other type of product or benefit offered by Colonial Life, you will be entirely responsible for the premium cost for the additional voluntary service you selected.

For additional information, please refer to your Certificate of Insurance or contact Colonial Life directly. Information may also be found online.

MEDICAL BRIDGE PLAN BENEFITS (EMPLOYER-SPONSORED)

Benefit	Amount Paid Per Covered Person (limited to 1X per calendar year)
Hospital Confinement (21 consecutive hours or more)	\$3,000
Diagnostic Procedure	\$250
Emergency Room Visit	\$150
Health Screening Benefit	\$50
Outpatient Surgical Procedure	Tier 1 Surgical Procedure - \$500
	Tier 2 Surgical Procedure - \$1,000
Maximum of \$1,500 per covered person per calendar year for all procedures	

LIFE INSURANCE AND AD&D

UNITED HEALTHCARE

Customer Care Support: 1-800-357-0978

Website: www.myuhc.com

Life insurance and accidental death and dismemberment benefits are provided through United Healthcare and are payable to eligible

employees enrolled in the plan. Benefits paid under the life insurance and AD&D plan are equal to 2 times the employee's annual salary up to \$175,000. Additional information is available on the Certificate of Insurance, which may be accessed from the k-drive, or the United Healthcare website at myuhc.com.

VISION PLAN OVERVIEW

UNITED HEALTHCARE

Customer Care Support: 1-800-357-0978

Website: www.myuhc.com

As an ancillary service, the Village of Palmetto Bay offers eligible full-time employee the

opportunity to enroll in the United Healthcare Vision Plan on a voluntary basis. The vision plan provides additional vision benefits that are not currently available under the present health plan design. Premium costs for the vision plan will be paid by the employee only.

UHC VISION PLAN BENEFITS

Eye Exam	\$15 copay
Frames	\$30 copay
Frame Allowance	\$130 (off retail price)
Contact Lens Allowance	\$105 (off retail price)
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months

Monthly Premiums

Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$6.02	\$11.74	\$12.34	\$17.16

SUPPLEMENTAL INSURANCE & FSA

AFLAC

www.aflac.com

1-800-99AFLAC

Aflac offers a variety of supplemental insurance options and products for your benefit including long-term disability, additional life, short-term disability, income protection, personal accident indemnity, etc...

Our local agent also administers the Dependent Care Reimbursement Plan for eligible employees. Under this option, you are able to make salary

deductions before taxes to pay for certain eligible expenses. Eligible expenses include:

- Schooling
- Child Care Outside Your Home
- Dependent Care Centers
- Camp
- Transportation
- Household Services
- Work-related expenses paid to relatives

For more information, please contact the Human Resources Department or your local Aflac agent.

RETIREMENT PLAN BENEFITS

ICMA-RC

1-800-669-7400

www4.icmarc.org

As an eligible employee, you may take advantage of various retirement plans offered by the Village of Palmetto Bay through ICMA-RC. The following products are currently available:

- 401 (a) Defined Contribution Retirement Plan

- Guided Pathways Management Services
- IRA's
- 457 Deferred Compensation Plan

Please see the Human Resources Department or visit the ICMA-RC website for additional information.

RETIREMENT PLAN BENEFITS HIGHLIGHTS

401 (a) Defined Contribution Retirement Plan

Employer Contribution	6% of annual salary
Employee Contribution	Up to 6% of annual salary (pre-tax deductions)
Employer Match	Equal to the Employee Contribution up to a 6% max

457 Deferred Contributions Retirement Plan

Employer Contribution	None
Employee Contribution	To be determined by the employee
2014 Contribution Limits	<ul style="list-style-type: none"> • \$17,500 salary deferral limit • \$5,500 "catch-up limit" if you are 50 years or older, Total contributions cannot exceed \$52,000.

GUIDED PATHWAYS MANAGEMENT SERVICES

ICMA-RC's comprehensive suite of investment advisory and planning services offering the appropriate level of assistance based on how involved you want to be in your retirement investing decision.

Asset Class Guidance	Provides you with a recommendation on how to divide your retirement plan assets among the different asset classes available in your employer's retirement plan. <ul style="list-style-type: none"> ✓ Develop retirement savings plan
Fund Advice	Provides you with a recommendation of specific funds developed from the investment options available within your employer's retirement plan.
Managed Accounts	For an additional fee, the Managed Accounts service develops an individualized investment portfolio based on your complete personal situation & updates its recommendations to meet your retirement savings goal. Managed Accounts takes into account non-ICMA-RC accounts and additional retirement income sources, your future income & savings, desired retirement age and the finances of your spouse or partner. The 2 basic functions of the Managed Accounts service are to: <ul style="list-style-type: none"> ✓ Monitor fund performance ✓ Manage your portfolio on an ongoing basis

INDIVIDUAL RETIREMENT ACCOUNTS

	Roth IRA	Traditional IRA
Key tax advantage	Tax-free growth potential	Contributions may be tax deductible
2014 Maximum contribution	\$5,500, or \$6,500 if age 50 or over	
Eligibility	No age requirement; any individual with earned income within the allowable guidelines. (Please visit www.icma.org for additional information)	Anyone with earned income from wages or salary under the age of 70½ (on December 31 of the year).
Earnings grow tax-deferred	Yes	Yes
Earnings taxed upon withdrawal	No, if held five years, and you are 59½ or older, or if other rules are met	Yes
Contributions taxed upon withdrawal	No	Yes, if deductible
Contributions deductible from income tax	No	Contributions are tax deductible within the income limits established for the year*
Contributions eligible for tax credit	A tax credit of as much as \$1,000 is available to low- and middle-income savers who contribute to an IRA. View the IRS website for more information.	
Penalty-free withdrawals	Yes, if you are 59½ or older, or other rules are met.	
Subject to minimum withdrawal requirement after age 70½	No	Yes
Contributions allowed after age 70½	Yes	No. Contributions may not be made beginning in the year you turn age 70½.

LEGALSHIELD

LegalShield is a prepaid legal service. It gives you access to legal advice and limited legal representation for a low monthly fee that is locked in for life. Additionally, the company also offers identity theft protection and credit monitoring for an additional fee that is also the same for the life of your service.

LegalShield, visit their website or refer to the enrollment information previously provided to you.

Fees payable for the LegalShield services are voluntary and are paid by the employee only through payroll deduction. The service is portable in the event that the employee separates from the Village.

Below is a summary of the services offered under the Standard Legal Plan and the Identity Theft Plan, along with the costs for each. For additional information, please contact

Identity Theft Plan - Covers you and your spouse	
Credit Report Access	Online access to your credit report from Experian
Personal Credit Score and Analysis	Detailed analysis of your credit score with your first credit report
Continuous Monitoring	Continuous credit monitoring when updated on the website. If activity occurs, you will receive an alert via email, and you can log in and view the alert data online. Alerts are provided on credit activity such as: <ul style="list-style-type: none"> • Change of Address • Tradeline (credit has been open) • Derogatory (negative information reported to the credit repository) • Public Record (bankruptcy or lien reported) • Inquiry (credit information has been requested by a creditor or other party)
Identity Theft Consultation and Restoration Services	<ul style="list-style-type: none"> • Expert advice on risk mitigation • Solutions to correct identify theft issues • Fraud alert notifications sent to major credit bureaus • Proactive searches of applicable local and national databases for other activity in your name including criminal activity or DMV records in your state

Monthly Fees	
Legal Services	\$15.95
Identity Theft Services	\$12.95
Legal Services/ ID Theft Combined	\$25.95

Standard Legal Plan Benefits - Fees cover you, your spouse and your children up to the age of 21, foster children up to the age of 18, and disabled children for life. Domestic partners are also included, provided that they meet certain requirements.

Unlimited legal advice
24/7 Emergency Assistance
Letters & phone calls on your behalf
Legal document review
Standard Will Preparation
Trial Defense
Motor Vehicle Services
Audit Services

Unlimited topics, personal or business even on pre-existing conditions. Attorneys are available with expertise in a variety of fields.

After-hours consultation for covered legal emergencies such as; if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren)

Initial letters to resolve a legal issue are included at the discretion of your Provider Lawyer. Follow-up letters for unresolved issues are not included.

Contracts/ documents up to 10 pages each, with the exception of real estate contracts which may be longer than 10 pages. There are no limits on the number of documents that may be reviewed under the plan, however, each document must be for a different issue.

Standard Will with yearly reviews/updates. Available to covered family members for \$20.

Assistance if you or your spouse is a named defendant or respondent in a covered civil or job-related criminal action filed in court up to the amount of hours accumulated.

Under the plan, you accumulate a total of 60 hours of attorney time each year, up to a maximum of 300 hours for pre-trial and trial services. Legal services excluded from the plan and eligible for the 25% discount only:

- Bankruptcy, divorce, separation, annulment, child custody, other divorce-related matters, garnishments, attachments, or other appeals.
- If you are named in a civil lawsuit or have criminal charges filed against you because you are listed as an owner, manager or associate of the business and had no direct involvement with the act of matter that gave rise to the lawsuit or criminal charge.
- Lawsuits filed due to conditions that were foreseeable prior to enrollment
- Class actions, intervention or amicus curiae filings in which you are a part of or potential part are not covered by the LegalShield membership.
- Available 15 days after enrollment
- Member must have a valid driver's license & must be driving a properly licensed personal motor vehicle
- Moving traffic violations
- Accidents: help with defense for charges of manslaughter, involuntary manslaughter, negligent homicide, or vehicular homicide (services do not cover actual legal representation for criminal charges or DUI/DWI, drug-related matters, hit-and-run, leaving the scene of the accident, unmeritorious cases, issues resulting from operating a commercial vehicle with more than 2 axles)
- Damage recovery
- Driver's license issues
- Personal legal injury assistance (up to 2.5 hours of attorney time, up to \$2,000 per claim)

One hour of consultation, advice or assistance when you are notified of an audit by the IRS. An additional 2.5 hours if a settlement is not achieved within 30 days. If your case goes to court, you'll receive 46.5 hours of your provider law firm services. Coverage for this service begins with the tax return due April 15th of the year you enroll.

Not included in the basic plan (25% discount only applies):

- Charges of tax fraud or income tax evasions
- Trust return
- Business and/or corporate tax returns
- Payroll and information returns
- Partnerships, corporation returns or portions thereof that are included in the member's tax returns, or services rendered by an enrolled agent

PROVIDER CONTACT INFORMATION

United Healthcare (medical, dental, AD&D & life insurance)

Provider Name	United Healthcare
Policy Term	October 1, 2013 to September 30, 2014
Online Information	www.myUHC.com or www.myUHCdental.com
Customer Care Support	800-357-0978
24 Hour Nurse Support	888-887-4114
Member Health Hotline	800-582-8220

Florida Dental Benefits (dental insurance)

Policy Term	October 1, 2013 to September 30, 2014
Online Information	www.FCBenefits.com
Customer Support Line	305-674-7900 or 877-674-7901

Insurance Broker - Schwab Benefits Group

Nell Schwabe or Meaghan Ziffle	877-381-7006
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Medical Bridge Plan Provider Information

Provider Name	Colonial Life & Accident Insurance Company
Group Policy Number	G008895
Policy Term	October 1, 2013 to September 30, 2014 (benefits run by calendar year)
Website	www.Coloniallife.com
Information, Inquiries or Complaints	800-325-4368
Local Agent Information	Mike Simmons; 305-702-5545 or 305-491-1772

Other Supplemental Insurance

Provider Name	AFLAC
Website	www.aflac.com
Information, Inquiries or Complaints	1-800-99AFLAC
Local Agent Information	Tracy (954) 270-7543

Retirement Plan Provider Information

Provider Name	ICMA-RC
Plan Number	401(a) - 108449 - 457 - 305583
Agent	Tony Chifari - achifari@icmarc.org 305-235-9131
Website	www.icmarc.org
Employee Access Services	800-669-7400

Prepaid Legal Services

Provider Name	LegalShield
Member Services	1-800-654-7757
Provider Law Firm	Glantz Law Firm; (954) 423-0086
Local Agent Information	Fortich & Gonzalez 305-725-7086 Rosario Fortich (charyfortich@gmail.com) Juan Gonzalez (juangonzalez@gmail.com)

VILLAGE ADMINISTRATION

VILLAGE COUNCIL

Shelley Stanczyk, Mayor

John DuBois, Vice Mayor

Patrick Fiore, Council, District 1

Tim Schaffer, Council, District 2

Joan Lindsay, Council, District 3

CHARTER OFFICERS

Ron E. Williams, Village Manager

Gray-Robinson, Attorneys-at-Law, Village Attorney

Meighan J. Alexander, CMC, Village Clerk

ADMINISTRATIVE STAFF

Desmond Chin, CPA, Finance Director

Chanelle Costa, Executive Assistant to the Village Manager

Major Greg Truitt, Village Police Commander

Darby Delsalle, Planning & Zoning Director

Edward Silva, CBO, Building & Capital Projects Director

Corrice Patterson, Public Works Director

Olga Cadaval, PHR, Human Resources Director

Fanny Carmona-Gonzalez, Parks & Recreation Director

UnitedHealthcare Dental®
Voluntary Options PPO/covered dental services

EXHIBIT D

dental plan
P1212/MAC

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Annual Maximum Benefit <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$1000 per person per calendar year	\$1000 per person per calendar year	\$1000 per person per lifetime	\$1000 per person per lifetime
Annual Deductible Applies to Preventive and Diagnostic Services	No			
Annual Deductible Applies to Orthodontic Services	No			
Waiting Period	12 months for major and orthodontic services			
Orthodontic Eligibility Requirement	Up to age 19			

COVERED SERVICES*	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES
DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	100%	
PREVENTIVE SERVICES			
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
BASIC DENTAL SERVICES			
Restorations (Amalgam or Anterior Composite)*	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services (including Emergency Treatment)	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary. Occlusal Guard: Limited to 1 guard every consecutive 36 months.
MAJOR DENTAL SERVICES			
Simple Extractions	50%	50%	Limited to 1 time per tooth per lifetime.
Oral Surgery (includes surgical extractions)	50%	50%	
Periodontics	50%	50%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Endodontics	50%	50%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
Inlays/Onlays/Crowns*	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)*	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	50%	50%	Course of treatment is typically 24 months, with initial payment at bending of 20% and remaining payment spread over the course of treatment.

* 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 have 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 \$500; please consult your dentist.

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

*** The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above 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 Benefits and your Certificate of Coverage benefits administrator, the Certificate 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.

UnitedHealthcare Dental® Voluntary Options PPO Plan is either underwritten or provided by: UnitedHealthcare Insurance Company, Hartford, Connecticut; UnitedHealthcare Insurance Company of New York, Hempstead, New York; UnitedHealthcare Insurance Company, Milwaukee, Wisconsin; UnitedHealthcare Life Insurance Company of New York, New York, New York; or UnitedHealthcare Services, Inc.

UnitedHealthcare/dental exclusions and limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment; and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.

COMPLETE SERIES OR PANORAX RADIOGRAPHS Limited to 1 time per consecutive 36 months.

BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.

EXTRACRANIAL RADIOGRAPHS Limited to 2 films per calendar year.

DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.

FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.

SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.

SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.

RESTORATIONS Multiple restorations on one surface will be treated as a single filling.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.

INLAYS AND ONLAYS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

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

SEDATIVE FILLINGS 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.

SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.

ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.

PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.

FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.

OCCUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.

FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.

GENERAL ANESTHESIA Covered only when clinically necessary.

OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.

PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.

REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive or orthodontic appliances.

GENERAL EXCLUSIONS

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any dental procedure not performed in a dental setting.
7. Procedures that are considered to be 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 to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the covered person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the covered person becoming enrolled under the Policy.
10. Dental Services otherwise covered under the Policy, but rendered after the date individual coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including spouse, brother, sister, parent or child.
12. Foreign Services are not covered unless required as an Emergency.
13. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been covered under the policy for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been covered under the Policy for 12 continuous months.
15. Replacement of complete dentures, fixed and removable partial dentures, or crowns, if damage or breakage was directly related to provider error. 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.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses 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.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Placement of dental implants, implant-supported abutments and prostheses.
20. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
21. 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.
22. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
23. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
24. Acupuncture, acupressure and other forms of alternative treatment, whether or not used as anesthesia.
25. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
26. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
27. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
28. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
29. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

EXHIBIT E

SOLSTICE S700/D0035

**SCHEDULE OF
BENEFITS**

Members of the Solstice S700 dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No Waiting Periods
- No Deductibles
- No Claim Forms to Submit

The member co-payments listed are offered by a participating in-network provider. The member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & orthodontia treatment covered

Members can choose a participating provider at
www.myuhcdental.com
 Member Services Department: 800-955-4137

The patient/Member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of our Members to verify all fees for proposed treatment via the "Schedule of Benefits" and/or with our Member Services Department prior to treatment.

The following Member copayments apply when a participating General Dentist performs services. An "***" denotes limitation on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
APPOINTMENTS					
D0120	Periodic oral evaluation, established patient	No charge	D0350	Oral/facial photographic images (includes intra & extraoral)	20.00
D0140	Limited oral evaluation - problem focused	No charge	D0415	Collection of microorganisms for culture and sensitivity	No charge
D0150	Comprehensive oral evaluation - new or established patient	No charge	D0425	Caries susceptibility tests	No charge
D0160	Detailed and extensive oral evaluation - problem focused	No charge	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	65.00
D0170	Re-evaluation - limited, problem focused	No charge	D0460	Pulp vitality tests	No charge
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	D0470	Diagnostic casts	No charge
D9110	Palliative (emergency) treatment of dental pain	No charge	PREVENTIVE DENTISTRY		
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	25.00	D1110	Routine prophylaxis-adult (once every 6 months)	No charge
D9430	Office visit for observation/OSHA	No charge	D1110	Additional routine prophylaxis - adult	20.00
D9440	Office visit - after regularly scheduled hours	35.00	D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	No charge
RADIOGRAPHY / DIAGNOSTIC DENTISTRY					
D0210	*X-Ray - intraoral - complete series (including bitewings)	No charge	D1120	Additional routine prophylaxis - children under the age of 16	20.00
D0220	X-Ray - intraoral - periapical first film	4.00	D1203	Topical application of fluoride (excluding prophylaxis) children under the age of 16	No charge
D0230	X-Ray - intraoral - periapical each additional film	2.00	D1204	Topical application of fluoride (excluding prophylaxis) adult	15.00
D0240	X-Ray - intraoral - occlusal film	No charge	D1310	Nutritional counseling for control of dental disease	No charge
D0250	X-Ray - extraoral - first film	No charge	D1320	Tobacco counseling for the control & prevention of oral disease	No charge
D0260	X-Ray - extraoral - each additional film	No charge	D1330	Oral hygiene instructions	No charge
D0270	*X-Ray - bitewing - single film	No charge	D1351	Application of sealant per tooth - children under the age of 16	No charge
D0272	*X-Ray - bitewing - two films	No charge	D1510	Space maintainer - fixed - unilateral - children under the age of 16	No charge
D0274	*X-Ray - bitewing - four films	No charge	D1515	Space maintainer - fixed - bilateral - children under the age of 16	No charge
D0277	*Vertical bitewings - 7 to 8 films	29.00	D1520	Space maintainer - removable - unilateral - children under the age of 16	No charge
Not to be taken if D0274 was done within prior six months. Copies of X-rays can be obtained for \$2.00 per periapical film up to a maximum of \$30.00. Panoramic X-rays can be obtained for a \$15.00 fee.			D1525	Space maintainer - removable - bilateral - children under the age of 16	No charge
D0290	Posterior-anterior or lateral skull and facial bone survey	150.00	D1550	Recementation of space maintainer	15.00
D0310	Sialography	150.00	D8210	Removable appliance therapy	103.00
D0320	TMJ, including injection	250.00	D8220	Fixed appliance therapy	103.00
D0321	Other TMJ films, by report	150.00			
D0322	Tomographic survey	150.00			
D0330	Panoramic film (not to replace FMX)	50.00			
D0340	Cephalometric film, non-orthodontic	125.00			



213-3649

Underwritten by Solstice, Inc.
 Administered by Dental Benefit Providers, Inc.



CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
RESTORATIVE DENTISTRY			ENDODONTIC SERVICES		
D2140	Amalgam - 1 surface, primary or permanent	No charge	D3110	Pulp cap - direct (excluding final restoration)	25.00
D2150	Amalgam - 2 surfaces, primary or permanent	No charge	D3120	Pulp cap - indirect (excluding final restoration)	25.00
D2160	Amalgam - 3 surfaces, primary or permanent	No charge	D3220	Therapeutic pulpotomy (excluding final restoration)	30.00
D2161	Amalgam - 4 surfaces, primary or permanent	No charge	D3221	Pulpal debridement, primary and permanent teeth	95.00
D2330	Resin-based composite - 1 surface, anterior	30.00	D3230	Pulpal therapy (resorbable filling) - anterior, primary	50.00
D2331	Resin-based composite - 2 surfaces, anterior	37.00	D3240	Pulpal therapy (resorbable filling) - posterior, primary	50.00
D2332	Resin-based composite - 3 surfaces, anterior	50.00	D3310	Endodontic therapy - anterior (excluding final restoration)	110.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	80.00	D3320	Endodontic therapy - bicuspid (excluding final restoration)	195.00
D2390	Resin-based composite crown, anterior	115.00	D3330	Endodontic therapy - molar (excluding final restoration)	245.00
D2391	Resin-based composite - 1 surface, posterior	65.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2392	Resin-based composite - 2 surfaces, posterior	75.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00
D2393	Resin-based composite - 3 surfaces, posterior	90.00	D3333	Internal root repair of perforation defects	125.00
D2394	Resin-based composite - 4 or more surfaces, posterior	115.00	D3346	Retreatment of previous root canal therapy - anterior	300.00
D2410	Gold foil - 1 surface	75.00	D3347	Retreatment of previous root canal therapy - bicuspid	350.00
D2420	Gold foil - 2 surfaces	95.00	D3348	Retreatment of previous root canal therapy - molar	440.00
D2430	Gold foil - 3 surfaces	125.00	D3351	Apexification/recalcification - initial visit	90.00
D2510	Inlay - metallic - 1 surface	225.00	D3352	Apexification/recalcification - interim medication replacement	90.00
D2520	Inlay - metallic - 2 surfaces	235.00	D3353	Apexification/recalcification - final visit	90.00
D2530	Inlay - metallic - 3 or more surfaces	245.00	D3410	Apicoectomy/periradicular surgery - anterior	100.00
D2542	Onlay - metallic - 2 surfaces	325.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	315.00
D2543	Onlay - metallic - 3 surfaces	340.00	D3425	Apicoectomy/periradicular surgery - molar (first root)	340.00
D2544	Onlay - metallic - 4 or more surfaces	350.00	D3426	Apicoectomy/periradicular surgery - each additional root	95.00
D2610	Inlay - porcelain/ceramic - 1 surface	275.00*	D3430	Retrograde filling - per root	75.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	300.00*	D3450	Root amputation - per root	110.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	325.00*	D3470	Intentional reimplantation (including splinting)	175.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	360.00*	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	390.00*	D3920	Hemisection (including root removal)	90.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	400.00*	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2650	Inlay - resin-based composite - 1 surface	200.00			
D2651	Inlay - resin-based composite - 2 surfaces	220.00			
D2652	Inlay - resin-based composite - 3 or more surfaces	260.00			
D2662	Onlay - resin-based composite - 2 surfaces	240.00			
D2663	Onlay - resin-based composite - 3 surfaces	260.00			
D2664	Onlay - resin-based composite - 4 or more surfaces	283.00			
D2710	Crown - resin-based composite (indirect)	195.00			
D2720	Crown - resin with high noble metal	245.00*			
D2721	Crown - resin with predominantly base metal	245.00*			
D2722	Crown - resin with noble metal	245.00*			
D2740	Crown - porcelain/ceramic substrate	245.00*			
D2750	Crown - porcelain fused to high noble metal	245.00*			
D2751	Crown - porcelain fused to predominantly base metal	245.00*			
D2752	Crown - porcelain fused to noble metal	245.00*			
D2780	Crown - 3/4 cast high noble metal	245.00*	D4210	Gingivectomy/gingivoplasty - 4 or more contiguous teeth per quad	175.00
D2781	Crown - 3/4 cast predominantly base metal	245.00*	D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth per quad	81.00
D2782	Crown - 3/4 cast noble metal	245.00*	D4240	Gingival flap procedure, including root planing - 4 or more teeth per quad	195.00
D2783	Crown - 3/4 porcelain/ceramic	245.00*	D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	185.00
D2790	Crown - full cast high noble metal	245.00*	D4245	Apically positioned flap	150.00
D2791	Crown - full cast predominantly base metal	245.00*	D4249	Clinical crown lengthening - hard tissue	230.00
D2792	Crown - full cast noble metal	245.00*	D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	375.00
D2799	Provisional crown	125.00	D4261	Osseous surgery (including flap entry and closure) - 1 to 3 teeth per quad	325.00
D2910	Recement inlay, onlay, or partial coverage restoration	15.00	D4263	Bone replacement graft - first site in quad	450.00
D2920	Recement crown	15.00	D4264	Bone replacement graft - each additional site in quad	325.00
D2930	Prefabricated stainless steel crown - primary tooth	45.00	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D2931	Prefabricated stainless steel crown - permanent tooth	55.00	D4267	Guided tissue regeneration - nonresorbable barrier, per site	325.00
D2932	Prefabricated resin crown	95.00	D4270	Pedicle soft tissue graft procedure	250.00
D2933	Prefabricated stainless steel crown with resin window	145.00	D4271	Free soft tissue graft procedure (including donor site surgery)	245.00
D2940	Sedative filling	15.00	D4273	Subepithelial connective tissue graft procedures	335.00
D2950	Core build up, including any pins	70.00	D4274	Distal or proximal wedge procedure	125.00
D2951	Pin retention - per tooth, in addition to restoration	15.00	D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quad	50.00†
D2952	Cast post and core in addition to crown	88.00	D4342	Periodontal scaling and root planing - 1 to 3 teeth per quad	43.00†
D2953	Each additional cast post - same tooth	95.00	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	50.00†
D2954	Prefabricated post and core in addition to crown	75.00	D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	60.00†
D2955	Post removal (not in conjunction with endodontic therapy)	30.00	D4910	Periodontal maintenance	50.00
D2957	Each additional prefabricated post - same tooth	30.00	D4920	Unscheduled dressing change (by someone other than the treating dental office)	25.00
D2960	Labial veneer (resin laminate) - chair side	200.00			
D2961	Labial veneer (resin laminate) - laboratory	255.00			
D2962	Labial veneer (porcelain laminate) - laboratory	390.00*			
D2970	Temporary crown (fractured tooth)	75.00			
D2980	Crown repair, by report	95.00			
	When crown and/or bridgework exceeds six (6) consecutive units, an additional charge of \$30.00 per unit applies.				

CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
PROSTHODONTICS - REMOVABLE			D6940	Stress breaker	125.00
D5110	Complete denture - maxillary	325.00*	D6950	Precision attachment	195.00
D5120	Complete denture - mandibular	325.00*	D6970	Cast post and core in addition to fixed partial denture retainer	105.00
D5130	Immediate denture - maxillary (including two relines)	350.00*	D6972	Prefabricated post and core in addition to fixed partial denture retainer	75.00
D5140	Immediate denture - mandibular (including two relines)	350.00*	D6973	Core build up for retainer, including pins	70.00
D5211	Maxillary partial denture - resin base (including clasps)	400.00*	D6975	Coping - metal	95.00
D5212	Mandibular partial denture - resin base (including clasps)	400.00*	D6976	Each additional cast post - same tooth	75.00
D5213	Partial denture - maxillary cast metal - acrylic	425.00*	D6977	Each additional prefabricated post - same tooth	75.00
D5214	Partial denture - mandibular cast metal - acrylic	425.00*	ORAL SURGERY		
D5281	Removable unilateral partial denture - one piece cast metal	245.00*	D7111	Coronal remnants - deciduous tooth	50.00
D5410	Adjustment - complete denture - maxillary	15.00	D7140	Extraction of erupted tooth or exposed root	20.00
D5411	Adjustment - complete denture - mandibular	15.00	D7210	Surgical removal of erupted tooth	30.00
D5421	Adjustment - partial denture - maxillary	15.00	D7220	Removal of impacted tooth - soft tissue	50.00
D5422	Adjustment - partial denture - mandibular	15.00	D7230	Removal of impacted tooth - partially bony	65.00
	All denture adjustment charges are for dentures which were not fabricated in the present office; all denture adjustments for new dentures or dentures made within twelve (12) months are at no charge.		D7240	Removal of impacted tooth - completely bony	80.00
D5510	Repair broken complete denture base	35.00*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135.00
D5520	Replace missing or broken tooth - complete denture (each tooth)	35.00*	D7250	Surgical removal of residual tooth roots	40.00
D5610	Repair denture resin base	35.00*	D7260	Oroantral fistula closure	160.00
D5620	Repair cast framework	35.00*	D7270	Tooth reimplantation	50.00
D5630	Repair or replace broken clasp	35.00*	D7280	Surgical access of an unerupted tooth	125.00
D5640	Repair broken teeth - per tooth	35.00*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
D5650	Add tooth to existing partial denture	35.00*	D7285	Biopsy of oral tissue - hard (bone, tooth)	125.00
D5660	Add clasp to existing partial denture	35.00*	D7286	Biopsy of oral tissue - soft (all others)	85.00
D5710	Rebase complete maxillary denture	135.00*	D7310	Alveoplasty with extractions - per quad	40.00
D5711	Rebase complete mandibular denture	135.00*	D7320	Alveoplasty without extractions - per quad	60.00
D5720	Rebase maxillary partial denture	155.00*	D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00
D5721	Rebase mandibular partial denture	155.00*	D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00
D5730	Reline complete maxillary denture - chairside	65.00*	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D5731	Reline complete mandibular denture - chairside	65.00*	D7960	Frenulectomy - separate procedure	105.00
D5740	Reline partial maxillary denture - chairside	65.00*	D7970	Excision of hyperplastic tissue - per arch	140.00
D5741	Reline partial mandibular denture - chairside	65.00*	MISCELLANEOUS SERVICES		
D5750	Reline complete maxillary denture - laboratory	85.00*	D9215	Local anesthesia	No charge
D5751	Reline complete mandibular denture - laboratory	85.00*	D9220	General anesthesia - first 30 minutes	125.00
D5760	Reline partial maxillary denture - laboratory	85.00*	D9221	General anesthesia - each additional 15 minutes	15.00
D5761	Reline partial mandibular denture - laboratory	85.00*	D9230	Analgesia nitrous oxide - per 1/2 hour	20.00
D5810	Interim complete denture - maxillary	250.00*	D9241	Intravenous sedation/analgesia - first 30 minutes	125.00
D5811	Interim complete denture - mandibular	250.00*	D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	55.00
D5820	Interim partial denture - maxillary	175.00*	D9630	Oral irrigation/other drugs/medicament - per quad	15.00
D5821	Interim partial denture - mandibular	175.00*	D9910	Application of desensitizing medicament	20.00
D5850	Tissue conditioning - maxillary	20.00	D9940	Occlusal guard	250.00
D5851	Tissue conditioning - mandibular	20.00	D9950	Occlusal analysis - mounted case	75.00
D5862	Precision attachment, by report	150.00	D9951	Occlusal adjustment - limited	30.00
D5899	Denture cleaning	No charge	D9952	Occlusal adjustment - complete	100.00
			D9972	External bleaching - per arch	150.00
			D9972	External bleaching - both arches (excluding bleaching material for home use)	275.00
PROSTHODONTICS - FIXED			Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence outside the service area (Florida).		
D6210	Pontic - cast high noble metal	245.00*	ORTHODONTIA		
D6211	Pontic - cast predominantly base metal	245.00*	D8660	Pre-orthodontic treatment visit	35.00
D6212	Pontic - cast noble metal	245.00*	D8999	Orthodontic treatment plan & records	250.00
D6240	Pontic - porcelain fused to high noble metal	245.00*	D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00
D6241	Pontic - porcelain fused to predominantly base metal	245.00*	D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00
D6242	Pontic - porcelain fused to noble metal	245.00*	D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00
D6245	Pontic - porcelain/ceramic	350.00*	D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,200.00
D6250	Pontic - resin with high noble metal	250.00*	D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,250.00
D6251	Pontic - resin with predominantly base metal	250.00*	D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,350.00
D6252	Pontic - resin with noble metal	250.00*	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and monthly visits)	300.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00*	Orthodontic treatment is prorated over 24 months and is only payable under a current status. Solstice bears no liability towards treatment unable to be completed due to a terminated status.		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*			
D6720	Crown - resin with high noble metal	245.00*			
D6721	Crown - resin with predominantly base metal	245.00*			
D6722	Crown - resin with noble metal	245.00*			
D6740	Crown - porcelain/ceramic	245.00*			
D6750	Crown - porcelain fused to high noble metal	245.00*			
D6751	Crown - porcelain fused to predominantly base metal	245.00*			
D6752	Crown - porcelain fused to noble metal	245.00*			
D6780	Crown - 3/4 cast high noble metal	245.00*			
D6781	Crown - 3/4 cast predominantly base metal	245.00*			
D6782	Crown - 3/4 cast noble metal	245.00*			
D6783	Crown - 3/4 porcelain/ceramic	245.00*			
D6790	Crown - full cast high noble metal	245.00*			
D6791	Crown - full cast predominantly base metal	245.00*			
D6792	Crown - full cast noble metal	245.00*			
D6930	Recement fixed partial denture	15.00			

SPECIALTY SERVICES

1. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
3. The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists who do perform these services. Therefore, you are encouraged to secure availability of the scheduled services with your participating General Dentist.
4. Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member co-pay.

EXCLUSIONS

1. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
2. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
3. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
4. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
6. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
7. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
8. D9972 Excludes bleaching material for home use.

LIMITATIONS

1. Any oral evaluation (excluding problem-focused) is limited to one (1) time in any six (6) consecutive month period at no charge. All subsequent oral evaluations (excluding problem-focused) will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one in any six (6) consecutive month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. Sealants are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice Benefits.
9. New dentures include one (1) relines within the first six (6) months.
10. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.
11. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Copayments for endodontic procedures do not include the cost of the final restoration.
13. Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
 - High noble metal (precious) up to \$130.00
 - Noble metal (semi-precious) up to \$110.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$125.00
 - Laboratory fees on dentures up to \$200.00
 - Porcelain laboratory fees for D2610-D2644, D2961, and D2962 up to \$50.00
 - Denture repair laboratory fees up to \$40.00
 - All ceramic and/or porcelain crown material fees up to \$130.00
14. Copayments marked by "**" are not eligible for reimbursement under specialty plans.
15. Either D0210 or D0330 are reimburseable once every five years.
16. Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
17. D0274, D0277 or D0210 are payable only when other inclusive films have not been taken (paid) within the last six months.
18. All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
19. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
20. A broken appointment fee up to \$20 may be charged by the dental office if 24 hour prior notice is not given.
21. Surgical removal of impacted tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
22. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.



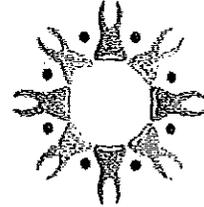
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Underwritten by Solstice, Inc.
Administered by Dental Benefit Providers, Inc.



EXHIBIT F

FloridaDentalBenefits



Committed to providing superior customer service. Focusing on health prevention, maintenance and accessibility to quality affordable dental care.

Village of Palmetto Bay



FloridaDentalBenefits



Florida Dental Benefits (FDB) is pleased to announce that the Village of Palmetto Bay will be offering its employees dental coverage at cost effective rates effective October 1st, 2013.

Why Dental?

Good oral hygiene is important, not only to look good, but for overall health as well. A routine dental examination can detect symptoms of more than 125 diseases. Regular checkups and cleanings can save you the pain and expense of future problems. Dental benefits coverage will keep your visits to the dentist affordable and is a cost effective way to minimize health care costs for you and your family. Using your dental benefits for regular checkups can help you keep a bright and beautiful smile while improving your health by:

- Identifying oral cancer
- Preventing gum disease
- Helping maintain your overall health
- Preventing tooth loss
- Preventing the need for advanced treatment
- Protecting your children's teeth

FDB focuses on preventive oral health, maintenance and accessibility to quality, affordable dental care. This commitment is reflected by providing members access to diagnostic and preventative dental care procedures at no charge and does not limit the number of office visits. Our comprehensive plans also provide a vast array of dental services provided by both general dentists and dental specialists.

With FDB there are never any deductibles, annual maximums, or waiting periods. The benefit schedule fully details covered procedures and costs. Members pay the fixed copayment and fees (if any) for procedures directly to the dental office at the time the services are rendered, or according to the payment plan of the participating dentist. Our plans cover all pre-existing conditions, subject to the exclusions and limitations section of the plan.

There are no hidden fees with FDB. The fees listed on the benefit schedule indicate the total out of pocket cost for members including co-payments and maximum fees allowed for laboratory fees and semi-precious materials. If the member requires the services of a specialist (periodontist, oral surgeon, endodontist and orthodontist) they will be referred to a participating specialist and the benefit schedule applies to the specialist's services. Children up to age 8 can choose a pedodontist as a primary care dentist without a referral.

To enjoy the benefits of the plan you must choose a participating dentist to obtain services. FDB contracts with over 450 providers throughout Miami-Dade and Broward counties. All dental offices must meet our stringent quality assurance and credentialing guidelines to participate in our network. We ensure every dental office is clean, safe, and in compliance with industry standards. You may visit www.FDBenefits.com and click on "Our Providers" to search for a provider using your zip code or a provider's name. If your preferred dentist is not included in the Florida Dental Benefits network, we offer the ability to "Nominate Your Dentist". Submit your request via our website or by calling our Customer Care Department and we will contract your dentist as long as they meet our strict credentialing guidelines.

Our Customer Care Representatives are available to assist you by calling 877-674-7901 (M-F 8:30am – 5:30pm) and are bilingual (English and Spanish) and we have real-time translation services for other languages. Representatives are knowledgeable on plan benefits and dental procedures and have an average of 7 years of experience in the industry. Our representatives are trained to go above and beyond to ensure members satisfaction with plans, benefits and experience at the participating dental offices.

We look forward to serving all of your dental health needs.

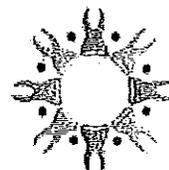
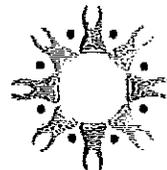
Telephone: 305-674-7900
Toll Free: 877-674-7901
www.FDBenefits.com
CustomerCare@FDBenefits.com

FloridaDentalBenefits



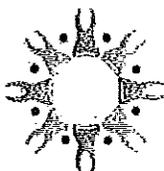
Dental health tips and facts:

- Recommended time to brush your teeth is 2 minutes 2 times per day.
- Routine dental exams can uncover important clues about your overall health.
- 78% of Americans have had at least one cavity by age 17.
- Your toothbrush should be replaced every 2 to 3 months and after a cold or flu.
- 75% of Americans have some form of periodontal disease.
- Expectant mothers can suffer from pregnancy gingivitis.
- Americans spend \$100 billion per year on hair care products -- and only \$2 billion a year on dental care products. What good is great hair without a great smile?



Village of Palmetto Bay employees have 2 dental HMO's plans to choose from. When completing your enrollment application, be sure to indicate your plan selection.

Coverage Type	Monthly Premium	Monthly Premium
Employee Only	\$ 12.56	\$ 13.50
Employee and Spouse	\$ 23.85	\$ 25.75
Employee and Child(ren)	\$ 28.25	\$ 30.51
Full Family	\$ 36.41	\$ 39.32





Adjunctive General Services	Member Pays
D9215 Local anesthesia	\$0
D9220 General anesthesia - first 30 minutes	\$150
D9221 General anesthesia - each additional 15 minutes	\$25
D9230 Analgesia, nitrous oxide per 15 minutes	\$15
D9241 Intravenous conscious sedation/analgesia first 30 minutes	\$160
D9242 Intravenous conscious sedation/analgesia each additional 15 minutes	\$55
D9940 Occlusal guard	\$200
D9951 Occlusal adjustment - limited	\$30
D9952 Occlusal adjustment - complete	\$175

NOTES:

- Not all participating dentist perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Procedures not listed will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Copayments do not include the additional cost of noble, high noble, titanium. An additional charge, not to exceed \$75 per unit, will be applied for precious metals.
- Copayments do not include the additional cost of laboratory fees. An additional charge, not to exceed \$150 per unit will be applied for lab fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to copayment.

WELCOME

Florida Dental Benefits Plans focus on oral health prevention, maintenance and providing accessibility to all members. There are no annual maximums, deductibles to meet and no waiting periods. This plan covers pre-existing conditions, subject to the exclusions and limitations section. You may visit your participating primary dentist as often as necessary. Your plan benefit schedule includes all covered procedures as well as the cost (if any). Members are responsible for paying the cost for any procedure performed directly to the dental office at the time the services are rendered.

OBTAINING DENTAL SERVICES

All members must choose a primary care dentist at the time of enrollment. You may schedule an appointment with your participating primary care dentist at any time by contacting the office directly after your effective date of coverage. Be sure to identify yourself as an FDB member before each appointment.

CHANGING YOUR OFFICE SELECTION

Members may transfer dental offices by calling the FDB Customer Service Department. Members may transfer independently of each other (e.g. husband and wife can be assigned to different dentists). Transfers can be requested and processed by the 20th of each month to be effective the 1st of the following month. Transfers requested from the 21st to the end of the month will be effective the subsequent month. Members may transfer up to once per month.

CUSTOMER CARE DEPARTMENT

FDB's Customer Care Representatives are available to assist you Monday through Friday, from 8:30 a.m. to 5:30 p.m. eastern time. Our Representatives are trained and educated on dental terminology and your plan benefits and can assist you with: eligibility verification, choosing/changing your dentist, identification card replacements, explaining your benefits, understanding your treatment plan and

referrals to a dental specialist. English, Spanish and Creole speaking Representatives are available.

FDB Customer Care Department
Phone: 305-674-7900
Toll Free: 1-877-674-7901
801 Arthur Godfrey Road, Suite 401
Miami Beach, FL 33140

SPECIALIST SERVICES

FDB contracts with dentists and dental specialists in all fields: oral surgery for extractions, endodontists for root canals, periodontists for the treatment of gumms, pedodontists for children and orthodontists for braces. If the member requires the services of a dental specialist, the member must obtain a referral from their primary care FDB dentist. All dental specialist referrals must be pre-approved by FDB. The benefit schedule and copayments are valid at the participating FDB dental specialist's office. A list of participating FDB dental specialists may be requested by calling the Customer Care Department.

INDEPENDENT DENTAL FACILITIES

FDB contracts with independently owned and operated dental offices. All participating dentists agree to provide services in accordance with the prevailing professional standards of the dental profession, to maintain malpractice insurance and to maintain general and premises liability insurance in reasonable amounts to cover damage to person or property of FDB members. FDB is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentists or auxiliary providing service to an FDB member. FDB is not liable for any damage or injury to person or property resulting from or arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a member. FDB will not be liable or responsible for any financial agreements made between a participating dentist and an FDB member.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Florida Dental Benefits:

- Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health.
- Oral Surgery requiring the setting of fractures or dislocations.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating FDB dentist or dental specialist or the FDB Dental Consultant.
- Any dental procedure considered experimental by a participating FDB dentist or dental specialist or the FDB Dental Consultant.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility), including dentist and/or physician charges, medications and pharmaceuticals.
- Procedures performed before a person becomes a Subscriber or Member or after termination from the plan.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.

- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Any dental treatment started prior to the Member's effective date for eligibility of benefits including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.
- Any procedure that in the professional opinion of the participating dentist or dental specialist or FDB's Dental Consultant:
 - o has poor probability for success based on the condition of the tooth or teeth or surrounding structures.
 - o is inconsistent with generally accepted standards for dentistry.
- Consultations for non-covered benefits.
- Implant placement or removal, appliances placed on or services associated with implants.
- Restorations placed solely for cosmetic reasons.
- Extraction of teeth, when teeth are asymptomatic, show no signs of infection, including but not limited to the removal of third molars.
- Treatment or extraction of non-infected primary teeth when normal loss is imminent.
- Accidental injury defined as damage to the hand and soft tissue of the oral cavity resulting from forces external to the mouth.
- Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

Limitations

- All bitewing X-rays are limited to one set in any 12 consecutive month period.
- Full mouth or panoramic x-rays once every 3 years.
- A dental prophylaxis (routine cleaning) is limited to one in any 6 consecutive month period. Any additional procedures will follow member copayments as listed in the Benefit Schedule.
- A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
- Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
- Complete and partial dentures once every 5 years.
- Crowns once every 5 years.
- Fixed bridges every 6 years.
- Sealants are only covered on permanent posterior teeth, one per tooth every 3 years, limit 8 teeth per year. Sealants are covered only for unrestored permanent molar teeth for children under the age of 16.
- Endodontic treatment is not covered on permanent teeth that have had a pulpotomy performed in the previous 6 months.
- Full mouth debridement once per year.
- General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary and pre-approved by Florida Dental Benefits.
- Surgical removal of impacted tooth covered when disease exists. Surgical removal of wisdom teeth^{3rd} molar when pathology does not exist will be covered at the general dentist/specialist's usual and customary fees less 25%. Orthodontic related surgeries needed to relieve crowding or to facilitate eruption are available at a 25% reduction from the participating general dentist/specialist's usual and customary fee.



HIGH OPTION DENTAL PLAN WITH SPECIALTY CARE

	Member Pays
Diagnostic	
D0120 Periodic oral evaluation	\$0
D0140 Limited oral evaluation - problem focused	\$0
D0150 Comprehensive oral evaluation	\$0
D0160 Detailed oral evaluation - problem focused	\$0
X-Rays	
D0210 Intraoral complete series, once per 3 years	\$0
D0220 Periapical first film	\$0
D0230 Periapical each additional film	\$0
D0270 Bitewing - single film, once per year	\$0
D0272 Bitewings - two films, once per year	\$0
D0274 Bitewings - four films, once per year	\$0
D0330 Panoramic film, once per 3 years	\$0
D0460 Pulp vitality tests	\$0
D0470 Diagnostic casts	\$0
Preventive	
D1110 Routine adult prophylaxis, once per 6 months	\$0
D1120 Routine child prophylaxis, once per 6 months	\$0
D1110 Additional adult prophylaxis	\$25
D1203 Topical application of fluoride, child	\$0
D1330 Oral hygiene instructions	\$0
D1351 Sealant - per tooth	\$15
D1510 Space maintainer-fixed unilateral	\$55+LAB
D1515 Space maintainer-fixed bilateral	\$65+LAB
D1520 Space maintainer - removable unilateral	\$95+LAB
D1525 Space maintainer - removable bilateral	\$95+LAB
D1550 Re-cementation of space maintainer	\$15
Restorative (Fillings)	
D2140 Amalgam - 1 surface	\$0
D2160 Amalgam - 2 surfaces	\$0
D2160 Amalgam - 3 surfaces	\$0
D2161 Amalgam - 4 or more surfaces	\$0
D2330 Resin - 1 surface, anterior	\$40
D2331 Resin - 2 surfaces, anterior	\$45
D2332 Resin - 3 surfaces, anterior	\$55
D2391 Resin - 1 surface, posterior	\$70
D2392 Resin - 2 surfaces, posterior	\$90
D2393 Resin - 3 surfaces, posterior	\$110
D2394 Resin - 4 or more surfaces, posterior	\$130
Fixed Crown and Bridge	
D2510 Inlay - metallic - one surface	\$115
D2520 Inlay - metallic - two surfaces	\$125
D2530 Inlay - metallic - three or more surfaces	\$150
D2740 Crown - porcelain/ceramic substrate	\$310
D2750 Crown - porcelain fused to high noble metal	\$310
D2751 Crown - porcelain fused to predominantly base metal	\$310
D2752 Crown - porcelain fused to noble metal	\$310
D2790 Crown - full cast high noble metal	\$310
D2791 Crown - full cast predominantly base metal	\$310
D2792 Crown - full cast noble metal	\$310
D2910 Recement inlay/onlay	\$20
D2920 Recement crown	\$20
D6930 Recement fixed partial denture	\$15
D2930 Prefabricated stainless steel crown - primary tooth	\$90
D2950 Core buildup, including any pins	\$50
D2951 Pin retention, per tooth, in addition to restoration	\$20
D2952 Post and core, in addition to crown	\$100+LAB
D2954 Prefabricated post and core in addition to crown	\$100
D6210 Pontic - cast high noble metal	\$310
D6211 Pontic, cast predominantly base metal	\$310

	Member Pays
Fixed Crown and Bridge	
D6212 Pontic, cast noble metal	\$310
D6240 Pontic, porcelain fused to high noble metal	\$310
D6241 Pontic, porcelain fused to Predominantly base metal	\$310
D6242 Pontic, porcelain fused to noble metal	\$310
D6251 Pontic, resin with predominantly base metal	\$310
D6750 Crown - porcelain fused to high noble metal	\$310
D6751 Crown - porcelain fused to Predominantly base metal	\$310
D6752 Crown - porcelain fused to noble metal	\$310
D6790 Crown - full cast high noble metal	\$310
D6791 Crown - full cast predominantly base metal	\$310
D6792 Crown - full cast noble metal	\$310
Endodontics (Root Canals)	
D3220 Pulpotomy (excluding final restoration)	\$40
D3221 Pulpal debridement, primary and permanent teeth	\$110
D3310 Root canal, anterior tooth	\$150
D3320 Root canal, bicuspid tooth	\$250
D3330 Root canal, molar tooth	\$300
D3346 Retreatment of previous root canal therapy - anterior	\$250
D3347 Retreatment of previous root canal therapy - bicuspid	\$350
D3348 Retreatment of previous root canal therapy - molar	\$450
D3410 Apicoectomy/periapical surgery anterior	\$150
D3421 Apicoectomy/periapical surgery bicuspid	\$175
D3425 Apicoectomy/periapical surgery molar	\$175
Periodontics (Gum Treatment)	
D4210 Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant	\$150
D4211 Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth per quadrant	\$45
D4240 Gingival flap procedure, including root planing, or more contiguous teeth per quadrant	\$140
D4249 Clinical crown lengthening hard tissue	\$160
D4260 Osseous surgery, 4 or more contiguous teeth per quadrant	\$375
D4261 Osseous surgery, 1 to 3 contiguous teeth per quadrant	\$375
D4266 Guided tissue regeneration - resorbable barrier, per site	\$276
D4271 Free soft tissue graft procedure	\$250
D4341 Periodontal scaling and root planing 4 or more teeth per quadrant	\$55
D4342 Periodontal scaling and root planing 1 - 3 teeth per quadrant	\$65
D4355 Full mouth debridement	\$50
D4910 Periodontal maintenance	\$55
Removable Prosthodontics (Dentures and Partials)	
D5110 Complete denture - maxillary	\$325+LAB
D5120 Complete denture - mandibular	\$325+LAB
D5130 Immediate denture - maxillary	\$325+LAB
D5140 Immediate denture - mandibular	\$325+LAB
D5211 Maxillary partial denture - resin base	\$325+LAB
D5212 Mandibular partial denture - resin base	\$325+LAB
D5213 Maxillary partial denture - cast metal framework with resin denture bases	\$325+LAB
D5214 Mandibular partial denture - cast metal framework with resin denture bases	\$325+LAB

	Member Pays
Repairs to Prosthodontics (Dentures and Partials)	
D5410 Adjust complete denture - maxillary	\$20
D5411 Adjust complete denture - mandibular	\$20
D5421 Adjust partial denture - maxillary	\$20
D5422 Adjust partial denture - mandibular	\$20
D5510 Repair broken complete denture base	\$20+LAB
D5520 Replace missing or broken teeth complete denture (each tooth)	\$20+LAB
D5610 Repair resin denture base	\$20+LAB
D5630 Repair or replace broken clasp	\$20+LAB
D5640 Replace broken teeth - per tooth	\$20+LAB
D5650 Add tooth to existing partial denture	\$35+LAB
D5660 Add clasp to existing partial denture	\$60
D5710 Rebase complete maxillary denture	\$150
D5711 Rebase complete mandibular denture	\$150
D5720 Rebase maxillary partial denture	\$150
D5721 Rebase mandibular partial denture	\$150
D5730 Refine complete maxillary denture - chairside	\$55
D5731 Refine complete mandibular denture - chairside	\$55
D5740 Refine maxillary partial denture - chairside	\$55
D5741 Refine mandibular partial denture - chairside	\$55
D5750 Refine complete maxillary denture - laboratory	\$40+LAB
D7551 Refine complete mandibular denture - laboratory	\$40+LAB
D5760 Refine maxillary partial denture - laboratory	\$40+LAB
D5761 Refine mandibular partial denture - laboratory	\$40+LAB
D5810 Interim complete denture (maxillary)	\$225
D5811 Interim complete denture (mandibular)	\$225
D5820 Interim partial denture (maxillary)	\$190
D5821 Interim partial denture (mandibular)	\$190
D5850 Tissue conditioning (maxillary)	\$35
D5851 Tissue conditioning (mandibular)	\$35
Oral Surgery (Extractions)	
D7111 Extraction coronal remnants deciduous tooth	\$25
D7140 Extraction erupted tooth or exposed root	\$25
D7210 Surgical removal of erupted tooth	\$45
D7220 Removal of impacted tooth, soft tissue	\$60
D7230 Removal of impacted tooth, partially bony	\$80
D7240 Removal of impacted tooth, completely bony	\$100
D7250 Surgical removal of residual roots	\$45
D7310 Alveoloplasty in conjunction with extractions 4 or more teeth per quadrant	\$45
D7320 Alveoloplasty not in conjunction with extractions, 4 or more teeth, per quadrant	\$80
D7510 Incision and drainage of abscess, intraoral soft tissue	\$30
Orthodontics	
D8070 Comprehensive orthodontic treatment of the transitional dentition to age 19	\$2800
D8080 Comprehensive orthodontic treatment of the adolescent dentition to age 19	\$2800
D8090 Comprehensive orthodontic treatment of the adult dentition - adult dentition	\$3000
Consultation	\$0
Evaluation	\$35
Records and treatment planning	\$250
Orthodontic retention	\$300
D8680 Orthodontic office visit	\$5
D9430	\$5



	Member Pays
Diagnostic	
D0120 Periodic oral evaluation.....	\$0
D0140 Limited oral evaluation - problem focused.....	\$0
D0150 Comprehensive oral evaluation.....	\$0
D0160 Detailed oral evaluation - problem focused.....	\$0
D0180 Comprehensive periodontal evaluation.....	\$0
D9310 Second opinion (by participating dentist)....	\$0
D9430 Office visit (normal hours).....	\$5
D9440 Emergency visit (after hours).....	\$50
X-Rays	
D0210 Intraoral complete series, once per 3 years.....	\$0
D0220 Intraoral - periapical first film.....	\$0
D0230 Intraoral - periapical each additional film....	\$0
D0240 Intraoral - occlusal film.....	\$0
D0280 Extraoral - first film.....	\$0
D0260 Extraoral - each additional film.....	\$0
D0270 Bitewing - single film, once per year.....	\$0
D0272 Bitewings - two films, once per year.....	\$0
D0274 Bitewings - four films, once per year.....	\$0
D0330 Panoramic film, once per 3 years.....	\$0
D0470 Diagnostic casts.....	\$0
Preventive	
D1110 Routine adult prophylaxis, once per 6 months.....	\$0
D1110 Routine adult prophylaxis (each additional).....	\$25
D1120 Routine child prophylaxis, once per 6 months.....	\$0
D1120 Routine child prophylaxis, (each additional).....	\$25
D1203 Topical application of fluoride, child.....	\$0
D1204 Topical application of fluoride, adult.....	\$0
D1206 Topical fluoride varnish.....	\$0
D1310 Nutritional counseling for control of dental disease.....	\$0
D1320 Tobacco counseling for the control and prevention of oral disease.....	\$0
D1330 Oral hygiene instructions.....	\$0
D1351 Sealant - per tooth.....	\$10
D1510 Space maintainer-fixed unilateral.....	\$55
D1515 Space maintainer-fixed bilateral.....	\$55
D1520 Space maintainer - removable unilateral.....	\$95
D1525 Space maintainer - removable bilateral.....	\$95
D1550 Recontamination of space maintainer.....	\$10
Restorative (Fillings)	
D2140 Amalgam - 1 surface.....	\$0
D2150 Amalgam - 2 surfaces.....	\$0
D2160 Amalgam - 3 surfaces.....	\$0
D2161 Amalgam - 4 or more surfaces.....	\$0
D2330 Resin - 1 surface, anterior.....	\$0
D2331 Resin - 2 surfaces, anterior.....	\$0
D2332 Resin - 3 surfaces, anterior.....	\$0
D2335 Resin - 4 or more surfaces or involving incisal angle.....	\$70
D2390 Resin-based composite crown, anterior.....	\$70
D2391 Resin - 1 surface, posterior.....	\$30
D2392 Resin - 2 surfaces, posterior.....	\$40
D2393 Resin - 3 surfaces, posterior.....	\$55
D2394 Resin - 4 or more surfaces, posterior.....	\$75
Fixed Crown and Bridge	
D2510 Inlay - metallic - 1 surface.....	\$115
D2520 Inlay - metallic - 2 surfaces.....	\$125
D2530 Inlay - metallic - 3 or more surfaces.....	\$150
D2642 Onlay - metallic - 2 surfaces.....	\$230
D2643 Onlay - metallic - 3 surfaces.....	\$230
D2644 Onlay - metallic - 4 or more surfaces.....	\$230
D2610 Inlay - porcelain/ceramic - 1 surface.....	\$230
D2620 Inlay - porcelain/ceramic - 2 surfaces.....	\$230
D2630 Inlay - porcelain/ceramic - 3 surfaces.....	\$230
D2642 Onlay - porcelain/ceramic - 2 surfaces.....	\$230
D2643 Onlay - porcelain/ceramic - 3 surfaces.....	\$230

	Member Pays
Fixed Crown and Bridge	
D2644 Onlay - porcelain/ceramic - 4 or more Surfaces.....	\$230
D2650 Inlay - resin-based composite, 1 surface.....	\$200
D2651 Inlay - resin-based composite, 2 surfaces.....	\$200
D2652 Inlay - resin-based composite, 3 surfaces.....	\$200
D2662 Onlay - resin-based composite, 2 surfaces.....	\$230
D2663 Onlay - resin-based composite, 3 surfaces.....	\$230
D2664 Onlay - resin-based composite, 4 or more surfaces.....	\$230
D2710 Crown - resin-based composite (indirect).....	\$195
D2712 Crown - 3/4 resin-based composite indirect.....	\$230
D2720 Crown - resin with high noble metal.....	\$250
D2721 Crown - resin with predominantly base metal.....	\$250
D2722 Crown - resin with noble metal.....	\$250
D2740 Crown - porcelain/ceramic substrate.....	\$280
D2750 Crown - porcelain fused to high noble metal.....	\$280
D2751 Crown - porcelain fused to predominantly base metal.....	\$280
D2752 Crown - porcelain fused to noble metal.....	\$280
D2780 Crown - 3/4 cast high noble metal.....	\$250
D2781 Crown - 3/4 cast predominantly base metal.....	\$250
D2782 Crown - 3/4 cast noble metal.....	\$250
D2783 Crown - 3/4 porcelain/ceramic.....	\$250
D2790 Crown - full cast high noble metal.....	\$280
D2791 Crown - full cast predominantly base metal.....	\$280
D2792 Crown - full cast noble metal.....	\$280
D2784 Crown - titanium.....	\$280
D2799 Provisional crown.....	\$50
D2910 Recement inlay/onlay.....	\$0
D2915 Recement cast or prefabricated post and core.....	\$10
D2920 Recement crown.....	\$15
D2930 Prefabricated stainless steel crown - primary tooth.....	\$60
D2931 Prefabricated stainless steel crown - permanent tooth.....	\$25
D2932 Prefabricated resin crown.....	\$35
D2933 Prefabricated stainless steel crown with resin window.....	\$35
D2940 Sedative filling.....	\$0
D2950 Core buildup, including any pins.....	\$45
D2951 Pin retention, per tooth, in addition to restoration.....	\$15
D2952 Post and core, in addition to crown.....	\$105
D2953 Each additional indirectly fabricated post - same tooth.....	\$95
D2954 Prefabricated post and core in addition to crown.....	\$90
D2955 Post removal (not in conjunction with endodontic therapy).....	\$10
D2957 Each additional prefabricated post - same tooth.....	\$30
D2960 Labial veneer (resin laminate) - chairside.....	\$75
D2961 Labial veneer (resin laminate) - laboratory.....	\$350
D2962 Labial veneer (porcelain laminate) - laboratory.....	\$485
D2970 Temporary crown (fractured tooth).....	\$75
D2980 Crown repair, by report.....	\$95
D6210 Pontic - cast high noble metal.....	\$280
D6211 Pontic - cast predominantly base metal.....	\$280
D6212 Pontic - cast noble metal.....	\$280
D6214 Pontic - titanium.....	\$280
D6240 Pontic - porcelain fused to high noble metal.....	\$280
D6241 Pontic - porcelain fused to base metal.....	\$280
D6242 Pontic - porcelain fused to noble metal.....	\$280

	Member Pays
Fixed Crown and Bridge	
D6245 Pontic - porcelain/ceramic.....	\$250
D6250 Pontic - resin with high noble metal.....	\$250
D6251 Pontic - resin with predominantly base metal.....	\$250
D6252 Pontic - resin with noble metal.....	\$250
D6253 Provisional pontic.....	\$0
D6545 Retainer - cast metal for resin bonded fixed prosthesis.....	\$180
D6720 Crown - resin with high noble metal.....	\$240
D6721 Crown - resin with predominantly base metal.....	\$240
D6722 Crown - resin with noble metal.....	\$240
D6740 Crown - porcelain/ceramic.....	\$240
D6750 Crown - porcelain fused to high noble metal.....	\$240
D6751 Crown - porcelain fused to base metal.....	\$240
D6752 Crown - porcelain fused to noble metal.....	\$240
D6780 Crown - 3/4 cast high noble metal.....	\$240
D6781 Crown - 3/4 cast predominantly base metal.....	\$240
D6782 Crown - 3/4 cast noble metal.....	\$240
D6783 Crown - 3/4 porcelain/ceramic.....	\$240
D6790 Crown - full cast high noble metal.....	\$240
D6791 Crown - full cast predominantly base metal.....	\$240
D6792 Crown - full cast noble metal.....	\$240
D6930 Recement fixed partial denture.....	\$10
Endodontics (Root Canals)	
D3110 Pulp cap - direct (excluding final restoration).....	\$0
D3120 Pulp cap - indirect (excluding final restoration).....	\$0
D3220 Pulpotomy.....	\$35
D3221 Pulpal debridement, primary and permanent teeth.....	\$65
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	\$60
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	\$65
D3310 Root canal, anterior tooth.....	\$100
D3320 Root canal, bicuspid tooth.....	\$200
D3330 Root canal, molar tooth.....	\$260
D3331 Treatment of root canal obstruction; non-surgical access.....	\$65
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	\$65
D3333 Internal root repair of perforation defects.....	\$65
D3346 Retreatment of previous root canal therapy - anterior.....	\$145
D3347 Retreatment of previous root canal therapy - bicuspid.....	\$250
D3348 Retreatment of previous root canal therapy - molar.....	\$365
D3351 Apexification/recalcification/pulpal regeneration - initial visit.....	\$90
D3352 Apexification/recalcification/pulpal regeneration - interim medication replacement.....	\$90
D3353 Apexification/recalcification - final visit.....	\$90
D3410 Apicoectomy/periradicular surgery anterior.....	\$125
D3421 Apicoectomy/periradicular surgery bicuspid.....	\$150
D3425 Apicoectomy/periradicular surgery molar.....	\$150
D3426 Apicoectomy/periradicular surgery (each additional root).....	\$75
D3430 Retrograde filling - per root.....	\$40
D3450 Root amputation - per root.....	\$85
D3910 Surgical procedure for isolation of tooth with rubber dam.....	\$95
D3920 Hemisection (including any root removal), not including root canal therapy.....	\$80
D3950 Canal preparation and filling of preformed dowel or post.....	\$75



Periodontics (Gum Treatment)	Member Pays
D4210 Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant	\$125
D4211 Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth per quadrant	\$40
D4240 Gingival flap procedure, including root planing, or more contiguous teeth per quadrant	\$140
D4241 Gingival flap procedure, including root planing - 1 to 3 contiguous teeth per quadrant	\$120
D4245 Apically positioned flap	\$160
D4249 Clinical crown lengthening hard tissue	\$120
D4260 Osseous surgery, 4 or more contiguous teeth per quadrant	\$350
D4261 Osseous surgery, 1 to 3 contiguous teeth per quadrant	\$350
D4263 Bone replacement graft - first site in quadrant	\$180
D4264 Bone replacement graft - each additional site in quadrant	\$95
D4265 Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266 Guided tissue regeneration - resorbable barrier, per site	\$255
D4267 Guided tissues regeneration - nonresorbable barrier, per site	\$255
D4270 Pedicle soft tissue graft procedure	\$225
D4271 Free soft tissue graft procedure	\$225
D4273 Subepithelial connective tissue graft procedures, per tooth	\$75
D4274 Distal or proximal wedge procedure	\$70
D4341 Periodontal scaling and root planing 4 or more teeth per quadrant	\$50
D4342 Periodontal scaling and root planing 1 - 3 teeth per quadrant	\$50
D4355 Full mouth debridement	\$45
D4381 Localized delivery of antimicrobial agents	\$45
D4910 Periodontal maintenance	\$45
Removable Prosthodontics (Dentures and Partials)	
D5110 Complete denture - maxillary	\$320
D5120 Complete denture - mandibular	\$320
D5130 Immediate denture - maxillary	\$320
D5140 Immediate denture - mandibular	\$320
D5211 Maxillary partial denture - resin base	\$290
D5212 Mandibular partial denture - resin base	\$290
D5213 Maxillary partial denture - cast metal framework with resin denture bases	\$360
D5214 Mandibular partial denture - cast metal framework with resin denture bases	\$360
D5281 Removable unilateral partial denture - one piece cast metal	\$300
D5410 Adjust complete denture - maxillary	\$15
D5411 Adjust complete denture - mandibular	\$15
D5421 Adjust partial denture - maxillary	\$15
D5422 Adjust partial denture - mandibular	\$15
D5510 Repair broken complete denture base	\$20
D5520 Replace missing or broken teeth complete denture (each tooth)	\$20
D5610 Repair resin denture base	\$20
D5620 Repair cast framework	\$30
D5630 Repair or replace broken clasp	\$20
D5640 Replace broken teeth - per tooth	\$20
D5650 Add tooth to existing partial denture	\$35
D5660 Add clasp to existing partial denture	\$50
D5710 Rebase complete maxillary denture	\$105
D5711 Rebase complete mandibular denture	\$105
D5720 Rebase maxillary partial denture	\$105
D5721 Rebase mandibular partial denture	\$105
D5730 Reline complete maxillary denture - chairside	\$50
D5731 Reline complete mandibular denture - chairside	\$50

Removable Prosthodontics (Dentures and Partials)	Member Pays
D5740 Reline maxillary partial denture - chairside	\$50
D5741 Reline mandibular partial denture - chairside	\$50
D5760 Reline complete maxillary denture - laboratory	\$40
D5751 Reline complete mandibular denture - laboratory	\$40
D5760 Reline maxillary partial denture - laboratory	\$40
D5761 Reline mandibular partial denture - laboratory	\$40
D5810 Interim complete denture (maxillary)	\$225
D5811 Interim complete denture (mandibular)	\$225
D5820 Interim partial denture (maxillary)	\$125
D5821 Interim partial denture (mandibular)	\$125
D5850 Tissue conditioning (maxillary)	\$25
D5851 Tissue conditioning (mandibular)	\$25
D5862 Precision attachment	\$150
D5899 Denture cleaning	\$0
Oral Surgery (Extractions)	
D7111 Extraction coronal remnants deciduous tooth	\$0
D7140 Extraction erupted tooth or exposed root	\$0
D7210 Surgical removal of erupted tooth	\$40
D7220 Removal of impacted tooth, soft tissue	\$45
D7230 Removal of impacted tooth, partially bony	\$70
D7240 Removal of impacted tooth, completely bony	\$85
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$100
D7250 Surgical removal of residual roots	\$35
D7260 Oroantral fistula closure	\$140
D7270 Tooth reimplantation	\$55
D7280 Surgical access of an unerupted tooth	\$85
D7282 Mobilization of erupted or malpositioned tooth to aid eruption	\$95
D7285 Biopsy of oral tissue - hard	\$95
D7286 Biopsy of oral tissue - soft	\$75
D7310 Alveoplasty in conjunction with extractions 4 or more teeth per quadrant	\$35
D7311 Alveoplasty in conjunction with extractions 1 to 3 teeth per quadrant	\$35
D7320 Alveoplasty not in conjunction with extractions, 4 or more teeth, per quadrant	\$70
D7321 Alveoplasty not in conjunction with extractions - 1 to 3 teeth per quadrant	\$70
D7450 Removal of benign odontogenic cyst or tumor, less than 1.25 cm	\$65
D7451 Removal of benign odontogenic cyst or tumor, over 1.25 cm	\$95
D7510 Incision and drainage of abscess, intraoral soft tissue	\$20
D7960 Frenulectomy/frenectomy/frenotomy, separate procedure	\$90
D7970 Excision of hyperplastic tissue, per arch	\$140

Orthodontics	Member Pays
D8070 Comprehensive orthodontic treatment of the transitional dentition to age 19 (up to 24 months)	\$1850
D8080 Comprehensive orthodontic treatment of the adolescent dentition to age 19 (up to 24 months)	\$1850
D8090 Comprehensive orthodontic treatment of the adult dentition - adult dentition (up to 24 months)	\$1850
D8660 Pre-orthodontic treatment visit	\$40
D8680 Orthodontic retention	\$300
D8999 Unspecified orthodontic procedure	\$250
D9430 Orthodontic office visit	\$5
Adjunctive Services	
D9215 Local anesthesia	\$0
D9220 General anesthesia - first 30 minutes	\$150
D9221 General anesthesia - each additional 15 minutes	\$25
D9230 Analgesia, nitrous oxide per 15 minutes	\$15
D9241 Intravenous conscious sedation/analgesia first 30 minutes	\$150
D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes	\$55
D9951 Occlusal adjustment - limited	\$25
D9952 Occlusal adjustment - complete	\$150

NOTES:

- Not all participating dentist perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Procedures not listed will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Copayments do not include the additional cost of noble, high noble, titanium. An additional charge, not to exceed \$75 per unit, will be applied for precious metals.
- Copayments do not include the additional cost of laboratory fees. An additional charge, not to exceed \$150 per unit will be applied for lab fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to copayment.

WELCOME

Florida Dental Benefits Plans focus on oral health prevention, maintenance and providing accessibility to all members. There are no annual maximums, deductibles to meet and no waiting periods. This plan covers pre-existing conditions, subject to the exclusions and limitations section. You may visit your participating primary dentist as often as necessary. Your plan benefit schedule includes all covered procedures as well as the cost (if any). Members are responsible for paying the cost for any procedure performed directly to the dental office at the time the services are rendered.

OBTAINING DENTAL SERVICES

All members must choose a primary care dentist at the time of enrollment. You may schedule an appointment with your participating primary care dentist at any time by contacting the office directly after your effective date of coverage. Be sure to identify yourself as an FDB member before each appointment.

CHANGING YOUR OFFICE SELECTION

Members may transfer dental offices by calling the FDB Customer Service Department. Members may transfer independently of each other (e.g. husband and wife can be assigned to different dentists). Transfers can be requested and processed by the 20th of each month to be effective the 1st of the following month. Transfers requested from the 21st to the end of the month will be effective the subsequent month. Members may transfer up to once per month.

CUSTOMER CARE DEPARTMENT

FDB's Customer Care Representatives are available to assist you Monday through Friday, from 8:30 a.m. to 5:30 p.m. eastern time. Our Representatives are trained and educated on dental terminology and your plan benefits and can assist you with: eligibility verification, choosing/changing your dentist, identification card replacements, explaining your benefits, understanding your treatment plan and referrals to a dental specialist. English, Spanish and Creole speaking Representatives are available.

FDB Customer Care Department
Phone: 305-674-7900
Toll Free: 1-877-674-7901
801 Arthur Godfrey Road, Suite 401
Miami Beach, FL 33140

SPECIALIST SERVICES

FDB contracts with dentists and dental specialists in all fields: oral surgery for extractions, endodontists for root canals, periodontists for the treatment of gums, pedodontists for children and orthodontists for braces. If the member requires the services of a dental specialist, the member must obtain a referral from their primary care FDB dentist. All dental specialist referrals must be pre-approved by FDB. The benefit schedule and copayments are valid at the participating FDB dental specialist's office. A list of participating FDB dental specialists may be requested by calling the Customer Care Department.

INDEPENDENT DENTAL FACILITIES

FDB contracts with independently owned and operated dental offices. All participating dentists agree to provide services in accordance with the prevailing professional standards of the dental profession, to maintain malpractice insurance and to maintain general and premises liability insurance in reasonable amounts to cover damage to person or property of FDB members. FDB is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentists or auxiliary providing service to an FDB member. FDB is not liable for any damage or injury to person or property resulting from or arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a member. FDB will not be liable or responsible for any financial agreements made between a participating dentist and an FDB member.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Florida Dental Benefits:

- Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health.
- Oral Surgery requiring the setting of fractures or dislocations.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating FDB dentist or dental specialist or the FDB Dental Consultant.
- Any dental procedure considered experimental by a participating FDB dentist or dental specialist or the FDB Dental Consultant.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility), including dentist and/or physician charges, medications and pharmaceuticals.
- Procedures performed before a person becomes a Subscriber or Member or after termination from the plan.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Any dental treatment started prior to the Member's effective date for eligibility of benefits including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.

- Any procedure that in the professional opinion of the participating dentist or dental specialist or FDB's Dental Consultant:
 - has poor probability for success based on the condition of the tooth or teeth or surrounding structures
 - is inconsistent with generally accepted standards for dentistry.
- Consultations for non-covered benefits.
- Implant placement or removal, appliances placed on or services associated with implants.
- Restorations placed solely for cosmetic reasons.
- Extraction of teeth, when teeth are asymptomatic, show no signs of infection, including but not limited to the removal of third molars.
- Treatment or extraction of non-infected primary teeth when normal loss is imminent.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

Limitations

- All bitewing X-rays are limited to one set in any 12 consecutive month period.
 - Full mouth or panoramic x-rays once every 3 years.
 - A dental prophylaxis (routine cleaning) is limited to one in any 6 consecutive month period. Any additional procedures will follow member co-payments as listed in the Benefit Schedule.
 - A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
 - Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
 - Complete and partial dentures once every 5 years.
 - Crowns once every 5 years.
 - Fixed bridges every 5 years.
 - Sealants are only covered on permanent posterior teeth, one per tooth every 3 years, limit 8 teeth per year. Sealants are covered only for unrestored permanent molar teeth for children under the age of 16.
 - Endodontic treatment is not covered on permanent teeth that have had a pulpotomy performed in the previous 6 months.
 - Full mouth debridement once per year.
 - General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary and pre-approved by Florida Dental Benefits.
- Surgical removal of impacted tooth covered when disease exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at the general dentist's/specialist's usual and customary fees less 25%. Orthodontic related surgeries needed to relieve crowding or to facilitate eruption are available at a 25% reduction from the participating general dentist's/specialist's usual and customary fee.



Florida Dental Benefits understands the importance of overall health and wellness. With that in mind, Florida Dental Benefits puts an emphasis on bringing wellness benefits to you. The companies listed below offer our members special rates and benefits. For more information regarding the benefits below please contact our Customer Care Department at: 305-674-7900 or 877-674-7901. Additional out of pockets costs, exclusions and limitations may apply to the benefits listed below.



- Locations nationwide
- No long-term commitment required
- State of the art equipment and cardio area
- Group Exercise Classes
- Open 7 days a week with some locations open 24 hours
- \$25.00 initiation fee
- Dues - \$29.99 per month + tax
- Dues - \$54.99 per month + tax for Signature Clubs
- *FDB members please contact the FDB Customer Care Department for a voucher to present at the club or voucher number to enroll online.*



- Fit2go is a healthy gourmet lunch delivery service that caters to health conscious business professionals in Dade and Broward Counties.
- Freshly made and delivered daily with no contracts or commitments.
 - Meals designed by a chef and a dietitian.
 - Online Ordering System.
 - Premium packaging and individual microwavable containers.
 - Excellent customer support team that helps with any questions or diet needs our customers may have
 - Service area limitations may apply.
- FDB members receive a 20% discount off the lunch delivery service.*



- Save up to 30% or more on prescription medications
- Accepted nationwide by most pharmacies
- For all prescription drugs not covered by insurance
- Use as often as needed
- This is not insurance—discounts only
- *FDB members receive this benefit at no additional cost. For details please contact the FDB Customer Care Department.*



- eDiets offers more than just a meal delivery program. eDiets is your one-stop partner in achieving your weight and fitness goals. You get FREE access to all of their many resources that can help you maintain a healthy lifestyle:
- Online Nutrition Tracker and Fitness Tracker
 - Live Phone, Online Chat and Email Consultation with Registered Dietitians
 - Total Interactive Community with over 80 support boards
 - Exciting Motivational Challenges
 - Health News and Features
- FDB members receive a 15% discount on the meal delivery service and 25% discount off the online nutritional meal plan that provides for tools and support of weight loss efforts.*



SUBSCRIBER APPLICATION

Plan Type: Please choose one	
<input type="checkbox"/> High Option	<input type="checkbox"/> Enhanced Option

Plan Sponsor Village of Palmetto Bay		
Subscriber's Legal Name (First Name , Middle Initial , Last Name)	Social Security #	Sex (M,F)
Address (city, state, zip)		
Work Phone	Home Phone	Cell Phone
Date of Birth	Email Address	
Dentist Selection (Office/Provider Name)		Effective Date of Coverage

List all dependents to be covered under this policy:

Name (First, MI, Last)	Relationship	Date of Birth	Office/Provider

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

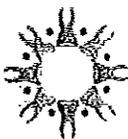
Subscriber Signature	Date
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I elect to waive dental benefits for myself and my dependents.

801 Arthur Godfrey Road, Suite 401, Miami Beach, FL 33140
 Phone: (305) 674-7900 • Toll Free: (877) 674-7901 • Fax: (305) 674-7999



FloridaDentalBenefits



801 Arthur Godfrey Road, Suite 401
Miami Beach, FL 33140
Telephone: 305-674-7900
Toll Free: 888-674-7901
www.FDBenefits.com
CustomerCare@FDBenefits.com



Vision Benefit Summary

www.myuhcvision.com

Customer Service: (800) 638-3120

Provider Locator: (800) 839-3242

Plan V1043

	NETWORK	NON-NETWORK
Covered Copayment	\$15 Copay	Up to \$40
Maximum Allowed Charges (Males/Females/Children) for Covered Lenses	\$30 Copay ¹	See below
Frequency of Services (Males/Females/Children)	Exam: Once every 12 months Lenses: Once every 12 months Frames: Once every 24 months	

COVERED SERVICES	NETWORK	NON-NETWORK
Standard Vision Lenses	Covered in full after applicable copay ¹ Includes standard scratch-resistant coating	Up to \$40 Up to \$60 Up to \$80 Up to \$80
<ul style="list-style-type: none"> • Standard single vision lenses • Standard lined bifocal lenses • Standard lined trifocal lenses • Standard lenticular lenses <p>Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers.</p>		
Frame		
You will receive a retail frame allowance toward the purchase of any frame at a network provider. For frames that exceed your allowance, you may receive an additional 30% discount on the overage (available only at participating providers and may exclude certain frame manufacturers).	\$130 Retail Frame Allowance (after applicable copay ¹)	Up to \$45
Contact Lenses		
<ul style="list-style-type: none"> • Covered contact lens selection <p>It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today.³ A complete list can be found by visiting our website www.myuhcvision.com.</p>	Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay ¹)	Up to \$105
<ul style="list-style-type: none"> • Non-selection contacts <p>You receive an allowance which is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered contact lens selection.</p>	Up to \$105 (material copay is waived)	Up to \$105
<ul style="list-style-type: none"> • Necessary contact lenses⁴ 	Covered in full after applicable copay ¹	Up to \$210

¹ The material copayment will apply once if frames and lenses, or contact lenses in lieu of eyewear, are purchased at the same time at a network provider.

² Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames.

³ Coverage for Covered Contact Lens Selection does not apply at Walmart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

⁴ Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without Intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or eyeglass frames; with certain conditions of anisometropia, keratoconus, irregular cornea/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.



Vision Benefit Summary

www.myuhcvision.com

Customer Service: (800) 638-3120

Provider Locator: (800) 839-3242

Plan V1043

Important to Remember:

- Always identify yourself as a UnitedHealthcare customer when making your appointment. This will assist your provider in obtaining a claim authorization before your visit.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your contact lens allowance is applied to the fitting/evaluation fees, as well as the purchase of non-covered selection contact lenses. For example, if your allowance is \$105 and the fitting fee and evaluation is \$35, you will have \$70 toward the purchase of non-selection contact lenses. Evaluation and fitting fees may vary among providers and type of fitting required. Your material copay is waived when purchasing non-selection contacts.
- Patient options, such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers.

Choosing Access to Vision Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service, visit our Web site at www.myuhcvision.com or call 1-800-839-3242, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at www.myuhcvision.com.

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Non-Network Provider - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to non-network benefits. All receipts must be submitted at the same time. Written proof of loss should be given to the Company within 90 days after the date of the loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Additional Material Benefit

UnitedHealthcare offers an additional Materials Discount Program. At a participating network provider you will receive a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

Plans may vary and are to be read in conjunction with the Certificate of Coverage. Monday through Friday, and 9:00am to 5:00pm Eastern Time.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX and associated COC form number VCOC.INT.06.TX.



June 13th, 2014

To: All Interested Parties

From: Kristy Bada, Procurement Specialist
Village of Palmetto Bay
9705 E Hibiscus Street
Palmetto Bay, Florida 33157

Re: Request for Proposals No. 1314-43-001
Employee Benefits Broker/Agent of Record

ADDENDUM NO. 2

Prospective Bidders,

This Addendum forms a part of the RFP Package Document dated Monday, May 19th, 2014, with the amendments and additions noted below (deletions are shown by strikethrough and additions are underlined.)

Ms. Ana Roque from A&A Insurance Services, Inc. submitted the following questions via email:

1. **Question:** We would like to know what you mean by question # 16 since we are not charging commission because you want to pay the agent as consultant; there really isn't a pricing for recurring work.

Response: The agent will be charging a commission that will be passed through to the Village. Please refer to Addendum 1 for more information concerning question #16.

2. **Question:** It is illegal for us to charge commissions from the carriers while we are being compensated as consultants. How would you like us to answer that on the RFP?

Response: As stated above, the agent will be charging a fee for their services. The question is asking how that figure will be reported or disclosed to the Village.

All other terms and conditions stipulated in the original Village of Palmetto Bay Request for Proposal shall remain in force.

Thank you for your participation in our solicitation process.

Kristy Bada, Procurement Specialist
Village of Palmetto Bay



Acknowledgement of

Addendum of Solicitation

Amendment/Modification No.: 2

Amendment of RFP No.: 1314-43-001

Title of RFP: Employee Benefits Broker/Agent of Record

Name of Proposer _____

Date Addendum Received _____

Total Pages of Addendum including Acknowledgement 2

Signature

The addendum must be submitted along with the remainder of the bid package.

Bid submittals without the addendum will be considered unresponsive.



Village of Palmetto Bay
9705 E Hibiscus Street
Palmetto Bay, FL 33157
305.259.1234

To: Kristy Bada – Procurement Specialists

RE: Village of Palmetto Bay Employee Benefits Broker / Agent of Record RFP 1314-43-001

Please accept this letter as formal written clarification regarding the following statement:

1. Section 8.0 Proposer's Qualification Statement; Question #5
Proposer indicated that the firm represents 305 group clients and "more than \$4,000 individual clients."
Please clarify whether this figure should be a number or dollar value. If the figure is a number, please indicate whether the individual clients are served by the same agents that will service the Village of Palmetto Bay.

The response should read as follows: "more than 4,000 Individual Clients." There is no dollar value assigned, it is strictly numerical.

Those clients will not be served by the same agent that will service the Village of Palmetto Bay. Those Individuals are serviced by Agent, Brian Morgan.

Thank you,

Meaghan Zaffiris Schwabe

The Service Commitment You Deserve

Kristy Bada

From: Kristy Bada
Sent: Monday, June 23, 2014 3:40 PM
To: Meaghan Zaffiris (meaghan@schwabebenefitsgroup.com)
Subject: Village of palmetto Bay Employee Benefits Broker/Agent of Record RFP 1314-43-001
Importance: High

Good afternoon. On behalf of the Village of Palmetto Bay, I would like to thank you for your bid submission in response to the Employee Benefits Broker/Agent of Record Request for Proposals 1314-43-001. As a result of your solicitation response there two items I would like to clarify and /or request, they are as follows:

1. Section 8.0 Proposer's Qualification Statement; Question #5
Proposer indicated that the firm represents 305 group clients and "more than \$4,000 individual clients." Please clarify whether this figure should be a number or dollar value. If the figure is a number, please indicate whether the individual clients are served by the same agents that will service the Village of Palmetto Bay.
2. Upon our review it was found that the majority of the required forms were not signed by Mr. Robert Schwabe, President of Schwabe Benefits, they were signed by Ms. Regla Concepcion the Public Notary. Please resubmit pages 30-44, signed by Mr. Robert Schwabe President of Schwabe Benefits.

Please provide your response on company letterhead and signed, by June 23rd, 2014 by 5:00pm, you may email the response and mail the original. The Cone of Silence remains in effect and shall be lifted upon the Village Manager's written recommendation of award to the Village Council. If you have any questions you may contact me.

Kristy Bada
Procurement Specialist
Department of Finance
Village of Palmetto Bay
9705 E Hibiscus Street
Palmetto Bay, FL 33157
305.259.1234 Tel
305.259.1290 Fax