



RISK MANAGEMENT DEPARTMENT
Fort Bend County, Texas

Wyatt O. Scott
Director

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TO: Debbie Kaminski
Purchasing Agent

FROM: Wyatt Scott
Director of Risk Management

DATE: August 15, 2018

SUBJECT: 2019 Unum and Humana Benefit Renewals

The following benefit vendors have offered to continue their services for the 2019 benefit year with no increases in rates or administration fees (supporting documents attached, of note, Humana vision is quoted with a two year rate guarantee through calendar year 2020. The Unum quote for 2018 was quoted for a two year rate guarantee, we are requesting approval for the second year of the quote for 2019):

- Humana for CompDent and Humana Vision 130
- Unum for Long Term Disability and Basic Life/AD&D

Risk Management recommends renewing all of the proposed benefits.

Please submit these renewals to Commissioners Court for approval at the next Commissioners Court meeting.

Thank you,


Wyatt Scott
Director of Risk Management

Dental fully-insured renewal summary

Fort Bend County

Group 772647

Renewal date: January 1, 2019

Your current and renewal dental rates

Plan description	Coverage type	Enrollment	Current rate	Monthly premium	Renewal rate	Monthly premium
Plan 1 TX DHMO CS600	Employee	185	\$10.98	\$2,031	\$10.98	\$2,031
	Employee & Spouse	29	\$20.00	\$580	\$20.00	\$580
	Employee & Child(ren)	84	\$21.32	\$1,791	\$21.32	\$1,791
	Family	55	\$29.84	\$1,641	\$29.84	\$1,641
	Total	353		\$6,043		\$6,043

Humana is committed to addressing the link between oral and overall health through member education and targeted benefits.

You also receive:

EyeMed Vision discount program, where you and your employees can save money with more than 65,000 providers at 23,000 locations nationwide including optometrists, ophthalmologists, opticians. Retail locations includes LensCrafters, Pearle, Sears Optical, JCPenney Optical and Target Optical.

Access anytime to dental benefits information through our automated information line (1-800-233-4013) and HumanaDental.com.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Insurance Company, CompBenefits Dental, Inc., CompBenefits of Alabama, Inc., CompBenefits of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

Humana

Vision fully-insured renewal summary

Fort Bend County
Group 772647

Renewal date: January 1, 2019

Your current and renewal vision rates

Renewal rates guaranteed through: December 31, 2020

Plan description	Coverage type	Enrollment	Current rate	Monthly premium	Renewal rate	Monthly premium
Plan 1						
Humana Vision Plan Voluntary, \$10/\$15 In Network Exam/Material Copay, \$130 In Network Frame Allowance, \$130 In Network Contact Lens Allowance, 12/12/24 Exam/Lens or Contact Lens/Frame Frequency Limitation	Employee	974	\$7.27	\$7,081	\$7.27	\$7,081
	Employee + Spouse	265	\$14.49	\$3,840	\$14.49	\$3,840
	Employee & Child(ren)	414	\$13.76	\$5,697	\$13.76	\$5,697
	Family	334	\$24.34	\$8,130	\$24.34	\$8,130
	Total	1987		\$24,747		\$24,747

Humana Vision

It needs to be easy for your employees to get the vision care they need. At home or on the road, your employees will find a provider with convenient hours and locations. And they'll receive substantial savings on eye wear and exams when they visit network providers.

It's important your employees keep their eyes healthy and get routine care. Exams can help prevent vision loss, but also detect more serious diseases in the body such as diabetes, hypertension, multiple sclerosis, and brain tumors.

Humana Vision plans encourage prevention, early diagnosis, and treatment, helping employees stay healthy and possibly prevent permanent vision loss.

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc.



CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

CompBenefits Insurance Company
Houston, TX United States

Certificate Number:
2018-375911

Date Filed:
07/05/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

Date Acknowledged:
08/28/2018

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Group Dental#5274 Vision#VS33
Group Dental DHMO and Vision

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)