

3100 SW 145th Avenue Suite 201 Miramar, FL 33027

September 19, 2022

Robert Gleason Director of Purchasing, Broward County Government 115 S. Andrews Avenue Room 212 Fort Lauderdale, FL 33301

RE: Formal Protest of GEN 2123334P1 - Group Vision Insurance

Dear Mr. Gleason:

On behalf of United Healthcare Insurance Company, we wish to file a formal protest regarding <u>GEN</u> 2123334P1 Group Vision Insurance award recommendation.

Our protest is based on the following 3 items:

Humana's assertion of being a Local Business - their Location Certification form indicates
that Humana should be recognized as Option 1: The Vendor is a Local Business but does not
qualify as a Locally Based Business or a Locally Based Subsidiary for local preference or
location tiebreaker (the section below is from Humana's RFP submittal, page 25 of the PDF
document located on Broward County's Purchasing RLI RFP Repository)

 $\underline{https://www.broward.org/Purchasing/RepositoryDocuments/GEN2123334P1\%20\%20Group\%20Vision\%20Insurance.html.} \\$

The undersigned Vendor hereby certifies that (check the box for only one option below):

- Option 1: The Vendor is a Local Business, but does not qualify as a Locally Based Business or a Locally Based Subsidiary, as each term is defined by <u>Section 1-74</u>, <u>Broward County Code of Ordinances</u>. The Vendor further certifies that:
 - A. It has continuously maintained, for at least the one (1) year period immediately preceding the bid posting date (i.e., the date on which the solicitation was advertised),
 - a physical business address located within the limits of Broward County, listed onthe Vendor's valid business tax receipt issued by Broward County (unless exemptfrom business tax receipt requirements),
 - ii. in an area zoned for the conduct of such business,
 - iii. that the Vendor owns or has the legal right to use, and
 - iv. from which the Vendor operates and performs on a day-to-day basis business that is a substantial component of the goods or services being offered to BrowardCounty in connection with the applicable competitive solicitation (as so defined, the "Local Business Location").

If Option 1 selected, indicate Local Business Location:

3401 Southwest 160th Avenue Suite 300 Miramar, Florida 33027

We protest this award of Local Business (Option 1) for location tiebreaker consideration for Humana does not meet the criteria set forth in Section "iv. from which the Vendor operates and performs on a day-to-day basis business that is a substantial component of the goods or

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services being offered to Broward County in connection with the applicable competitive solicitation (as so defined, the "Local Business Location")"

The RFP called for identification of the location from where all goods or services necessary to execute the Vision program for Broward County. These areas include Account Management, Corporate Executive Leadership, Member Services Call Centers, Mailing Rooms/Claims Processing Centers, Data Centers, and the Provider Relations Department.

Exhibit A illustrates the average monthly time per area of these services or goods being performed today by UHC for Broward County Government's Vision Program along with the location per the Humana RFP where these goods or services will be performed. We have also included the documentation per line of goods or services from the Humana RFP where the locations are listed in their RFP within the exhibits that follow.

Humana's RFP demonstrates that approximately 8% of the goods or services necessary to complete this solicitation would be performed by their "Local Business Location" listed as 3401 Southwest 160th Avenue, Suite 300, Miramar, FL 33027. This does not represent a "substantial component" and therefor they should not be recognized as a Local Business (Option 1) for location tiebreaker consideration.

UnitedHealthcare also has an office located in Broward County along with many employees across our enterprise who call Broward their home. We recognize the importance of our local businesses as we cover many of them on our various medical, dental and vision plans. We also applaud Broward County for creating an ordinance which helps those local companies have an advantage when doing business with Broward County and would not want to see a precedent set where companies who are not providing a substantial component of goods or services could utilize this for local preference or location tiebreaker.

- Humana being deemed as Responsive and Responsible Per item number 2 of Broward
 County's Submittal Instructions, the Vendor must submit a valid response by the date and time
 specified in the solicitation.
 - Y. Submittal Instructions:
 - 1. Broward County does not require any personal information (as defined under Section 501.171, Florida Statutes), such as social security numbers, driver license numbers, passport, military ID, bank account or credit card numbers, or any personal pin numbers, in order to submit a response for ANY Broward County solicitation. DO NOT INCLUDE any personal information data in any document submitted to the County. If any personal information data is part of a submittal, this information must be redacted prior to submitting a response to the County.
 - Vendor MUST submit its solicitation response electronically through Periscope S2G and MUST confirm its solicitation response in order for the County to receive a valid response through Periscope S2G. It is the Vendor's sole responsibility to assure its response is submitted and received through Periscope S2G by the date and time specified in the solicitation.

While the Humana RFP was submitted by the May 4th, 2022, 2 PM EST deadline through Periscope S2G, we would protest that this was not a valid response until May 5th, 2022, as this is the date indicated on all the signature pages within the submission by Ellen R. Sexton, Senior Vice President, Specialty (Exhibit G)

3. Pricing Points Awarded to UnitedHealthcare – based upon Broward County's formula below for points to be awarded for price, UHC should have been awarded 17.91 points instead of the 15.83 that was listed.

If the Evaluation Criteria includes a request for pricing, the total points awarded for price is determined by applying the following formula:

(Lowest Proposed Price/Vendor's Price)

x (Maximum Number of Points for Price)

= Price Score

Using the MetLife proposed price listed in their RFP of \$2,444,290.68 as the Lowest Proposed Price divided by the UHC proposed price of \$2,729889.84, you would come up with 0.89538. Multiplying this by the possible 20 points for Price, you obtain 17.91 points that should have been awarded.

Based on the facts listed above, we formally ask to have: 1) Humana's assertion of "Local Business" giving them location tiebreaker consideration removed, 2) Humana's RFP deemed not valid and 3) UHC's Price Points corrected to 17.91, for GEN 2123334P1 Group Vision Insurance.

Thank you for your consideration in this matter.

Sincerely,

Nicholas J. Zaffiris Chief Executive Officer

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Florida Markets

Exhibit A - Average Monthly Time per Area of Goods or Services Performed for Broward County Government's Vision Program

Area of Goods or Services	Goods or Services Performed	UHC Average Number of Encounters	Average Time Prorated Monthly (hours)	Location per Humana RFP where this will be performed	Backup Information Location
	Implementation / Annual Updates	One time per year	0.5	Wisconsin	
Local Account Management	Open Enrollment	One time per year	1.5	Broward County	Exhibit B
Local Account Management	Health Fairs	Ongo ing	1.7	Broward County	EXITIDIC
	Member Concerns	4 calls per month	1.0	Broward County	
Florida State Leadership	Review of overall program and training with staff	4 times per year	0.3	0.3 Jacksonville & Pasco County	
Corporate Executive Leadership	Contract review and execution	One time per year	0.2	Wisconsin & Kentucky	Exhibit D
Member Services Call Centers	Members calls answered on benefits, claims, providers, etc.	Ongo ing	3.3	Tampa, Arizona, and Ohio	Exhibit E
Mail Rooms/Claims Processing Centers	Receiving of claims, appeals as well as mailing of ID cards, EOBs and reimbursements	Ongo ing	28.6	Georgia and Ohio	Exhibit E
Data Centers	Processing of eligiblity files, setting up of webpage/app, and County specific premember website	Ongoing	0.2	Kentucky	Exhibit E
Provider Relations Department	Overall management of the Provider Network including recruitement, credentialing, terminations, updates/changes, appeals and questions from providers on member eligibility, benefits and claims	Ongo ing	17.2	Ohio	Exhibit F
Total			54.4		
Amount by Local Office			4.2		
Percentage by Local Office			8%		

Exhibit B—Locations of Goods or Services Being Performed—Local Account Management

- Implementation / Annual Updates—Jenny Anderson, Green Bay, Wisconsin
- Open Enrollment—Connie Oropesa and Jackie Martinez Sancho, Miramar, FL
- Health Fairs—Connie Oropesa and Jackie Martinez Sancho, Miramar, FL
- Member Concerns—Connie Oropesa and Jackie Martinez Sancho, Miramar, FL

Item below is located on PDF page 60, within the Evaluation Criteria Response Form

Evaluation Criteria Response Form Group Vision Insurance

Phone: 305-626-5606

 Job title and number of years of service with current organization and brief resume covering, at minimum, the last five years.

The following team members are assigned to work with the County:

- Connie Oropesa, Client Executive, 25 years
- Jenny Anderson, Installation Administration Professional, 16 years
- Jackie Martinez Sancho, Director of Account Management, 26 years

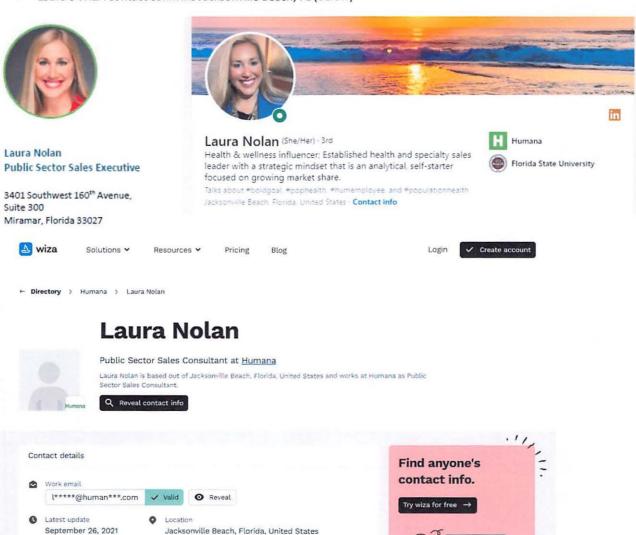
Please refer to Section II, Evaluation Criteria 1.2, Account Team Biographies for the biographies that include the number of years of service with Humana and a brief resume covering at least the last five years for each individual noted above.

Location of the office from which the proposed Implementation Team will be working.

The assigned Account Management and Implementation team members, Connie and Jackie, are located at 3401 Southwest 160th Avenue, 3rd Floor, Miramar, Florida 33027. Jenny is located in Green Bay, Wisconsin.

Exhibit C—Locations of Goods or Services Being Performed—Florida State Leadership

- Laura K. Nolan, Public Sector Sales Executive, Jacksonville, FL
 - · Page 39 of the PDF within the Humana Offering Company Statement implies Laura's office as Miramar, FL (lower left)
 - Laura's LinkedIn states Jacksonville Beach, FL (lower right)
 - Laura's WIZA contact confirms Jacksonville Beach, FL (below)



(209) 200-1548

Exhibit C (continued) —Locations of Goods or Services Being Performed—Florida State Leadership

- Al Hernandez, Market Vice President, Tampa, FL
 - Al's LinkedIn states Tampa, FL
 - Al's Pasco County School Board Election page states Zephyrhills, FL

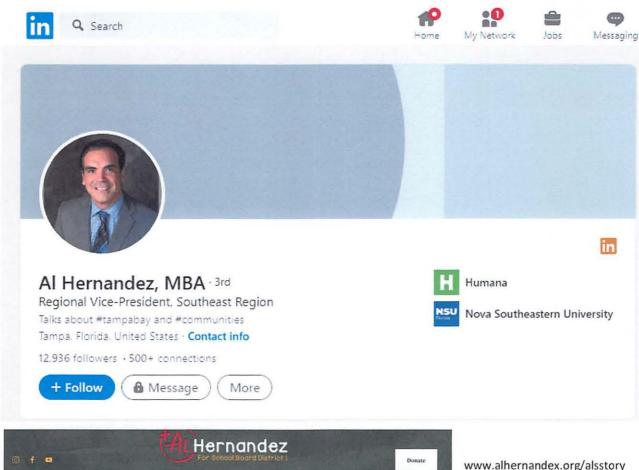




Exhibit D—Locations of Goods or Services Being Performed—Corporate Leadership

- Ellen M. Sexton, Senior Vice President, Specialty Depere, Wisconson
 - PDF page 42 within the Humana Offering Company Statement includes Ellen's signature implying the Miramar, FL office
 - Florida SunBiz records for Humana Insurance Company (FEIN 39-1263473) state Depere, Wisconsin



Page 4 of SunBiz record

Department of State 1: Division of Corporations 1: Search Records 1: Search by FEVEIN Number Detail by FEI/EIN Number RUSCHELL, JOSEPH M Foreign Profit Corporation
HUMANA INSURANCE COMPANY 500 WEST MAIN STREET LOUISVILLE, KY 40202 Filing Information Document Number P15803 Title SEGMENT PRESIDENT, GROUP & MILITARY BUSINESS FEI/EIN Number 39-1263473 Date Filed 09/02/1987 SCHICK SUSAN D 500 WEST MAIN STREET Status ACTIVE OUISVILLE KY 40202 Last Event NAME CHANGE AMENDMENT Event Date Filed 12/27/2001 Title SENIOR VICE PRESIDENT, SPECIALTY Event Effective Date 12/31/2001 SEXTON, ELLEN M Principal Address 1100 EMPLOYERS BLVD. 500 WEST MAIN STREET LOUISVILLE, KY 40202 DEPERE WI 54115 Changed: 04/03/2003 Title CHIEF FINANCIAL OFFICER Mailing Address DIAMOND, SUSAN M P.O. BOX 740026 500 WEST MAIN STREET LOUISVILLE, KY 40201-7426 LOUISVILLE, KY 40202 Changed: 05/01/1996 Title REGIONAL PRESIDENT Registered Agent Name & Address CHIEF FINANCIAL OFFICER COATS, CARALINE L 200 E. GAINES ST. TALLAHASSEE, FL 32399 LOUISVILLE, KY 40202 Address Changed: 03/06/2014 Title REGIONAL PRESIDENT Officer/Director Detail Name & Address MOORE MATTHEW G 500 WEST MAIN STREET Title DIRECTOR, PRESIDENT & CEO LOUISVILLE, KY 40202 BROUSSARD, BRUCE D Title REGIONAL PRESIDENT LOUISVILLE, KY 40202 RUZ STEVEN 500 WEST MAIN STREET LOUISVILLE, KY 40202 Title SENIOR VICE PRESIDENT, MEDICARE DIVISION LEADER FIELD, CATHERINE A 500 WEST MAIN STREET TIDE VICE PRESIDENT, EMPLOYER GROUP REGIONAL PRESIDENT GASKILL JEREMY I 500 WEST MAIN STREET LOUISVILLE, KY 40202

Exhibit D (continued) - Locations of Goods or Services Being Performed-Corporate Leadership

- All other corporate officers—Wisconsin & Kentucky
 - PDF page 32 within the VENDOR QUESTIONANAIRE AND STANDARD CERTIFICATIONS lists the name and title of each principal, owner, officer and major shareholder but does not list the location for these officers (below
 - Florida SunBiz records for Humana Insurance Company (FEIN 39-1263473) show all corporate officers in either Wisconsin or Kentucky
 - 11. List name and title of each principal, owner, officer, and major shareholder:
 - a) Bruce D. Broussard, President and Chief Executive Officer
 - b) Susan M. Diamond, Chief Financial Officer
 - c) Susan D. Schick, Segment President, Group and Military Business
 - d) Ellen R. Sexton, Senior Vice President, Specialty



Page 4 of SunBiz record

500 WEST MAIN STREET LOUISVILLE, KY 40202

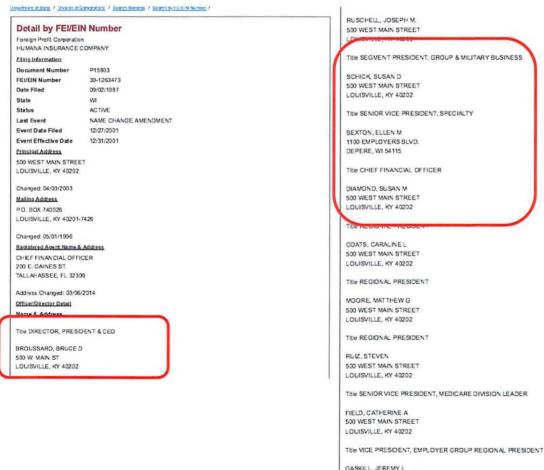


Exhibit E-Locations of Goods or Services Being Performed

- Member Services Call Centers—Tampa, FL, Tempe, AZ, Cincinnati, OH, and Mason, OH
- Mail Rooms / Claims Processing Centers—Cincinnati, OH, Mason, OH and Roswell, GA
- Data Centers—Louisville, KY and Simpsonville, KY

PDF page 504 within the Payment Card Industry (PCI) Data Security Standard lists the majority of these locations

List types of facilities (for example, ret	ail outlets, corporate offices, da	sta centers, call centers, etc.) and a
summary of locations included in the F		
Type of facility	Number of facilities of this type	Location(s) of facility (city, country
Corporate Office	1	Louisville, KY, USA
Mailrooms	2	Cincinnati, OH, USA
		Roswell, GA, USA
Call centers	3	Tampa, FL, USA
		Tempe, AZ, USA
		Cincinnati, OH, USA
Data centers	2	Louisville, KY, USA
		Simpsonville, KY, USA

PDF page 53 within the Evaluation Criteria Response Form lists the Call Center as being Mason, OH

VENDOR'S RESPONSE to 2.1:

a. Include location, hours of operation, and duties of any call centers.

Humana's Customer Care center operates from our main location in Mason, Ohio. Our Customer Care specialists are available from 7:30 a.m. to 11 p.m., Eastern time, Monday through Friday, 8 a.m. to 11 p.m., Eastern time, on Saturday, and 11 a.m. to 8 p.m., Eastern time, on Sunday. Members can also receive assistance 24 hours a day, seven days a week through either our interactive voice response (IVR) system or our website, Humana.com (with the exception of scheduled maintenance times).

The Customer Care team and the website, **Humana.com**, provide exceptional service to members and providers. The combination of most extensive call center hours in the industry, automated features of the IVR system, and state-of-the-art website allows us to provide convenient options that address questions at almost any time of the day or night.

Humana Out-of-Network Vision Services Claim Form lists the Claims Center as being Mason, OH

OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Humana.

Claim Form Instructions

To request reimbursement, please complete and sign the itemized claim form. Return the completed form and your itemized paid receipts to:

First American Administrators, Inc.

Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

Exhibit F-Locations of Goods or Services Being Performed

Provider Relations—Mason, Ohio

Humana's website lists that their Vison Provider Relations is through EyeMed, located in Mason, Ohio. Below is the Humana website screen shot instructing providers to go to EyeMed's website and then the EyeMed website screen shot showing Providers where to send claims appeals

Apply to Humana's vision network

Vision providers can apply to the Humana Vision Insight network through the website of our partner, EyeMed®. Visit EyeMed's website and select the "Complete our online interest form" button.



Out-of-network claims appeals

General

If you are not satisfied with a coverage decision, you are entitled to a review (appeal) of the benefit determination. To obtain a review, you or your authorized representative should submit your request in writing to:

Provider Appeals Coordinator EyeMed Vision Care 4000 Luxottica Place Mason, OH 45040

Exhibit G — Humana RFP Submission Not Valid Until May 5th, 2022, due to signature date

AFFILIATED ENTITIES OF THE PRINCIPAL(8) CERTIFICATION RFP page 16 he completed form should be submitted with the solicitation response. If not submitted with solicitation response, it ust be submitted within three business days of County's request. Failure to timely submit may result in Vendor being bened non-responsive. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last two (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. The County will review all difflicted entities of the Vendor's principal(s) for contract perform evaluations and the compliance history with the County's Small Business Development. Pro Business Enterprise (SBE) poel entitionment requirements. "Affiliated entities" of the principal(s) are entities related to the Vendor by the sharing of stock or other means of control, including but not it to a subsciency, porent or subling entity. The County will consider the contract performance evaluations and the compliance his affiliated entities of the Vender's principals in its review and determination of responsibility The Vender hereby certifies that: (select one) No principal of the proposing Vendor has prior affiliations that most the criteria defined as "Affilia.

✓ Principal(s) listed below have prior affiliations that most the criteria defined as "Affiliated entities." Principel's Name: Humana Inc. Names of Affiliated Entitios: Humana Insurance Comp Principel's Name: ncipal's Name: imes of Allillated Entities uthorized Signature Name: Ellen R. Sext Title: Senior Vice President, Specialty By signing below, Vendor certifies that it is aware of the requirements of Section 26-125(d), Broward County Code of Ordinances, and certifies the following: (check only one below). ✔ Vendor certifies it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed. RFP page 16 AUTHORIZED SIGNATURE/ NAME: Ellen R. Sexton VENDOR NAME: Humana TITLE: Senior Vice President, Specialty DATE: May 5, 2022 For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below). The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses RFP page 19 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: (check only one below). The Vendor employs less than five (5) employees. The Vendor does not provide benefits to employees' spouses. The Vendor is a governmental entity, not-for-profit corporation, or charitable organization The Vendor is a religious organization, association, society, or non-profit charitable or educational institution The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent). The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).

Senior Vice President,

Specialty

Title

Humana

Vendor Name

May 5, 2022

Elien R. Sexton

Authorized Signature/Name

Exhibit G (continued) — Humana RFP Submission Not Valid Until May 5th, 2022, due to signature date

RFP page 24

Name of Lobbyist: George Platt Lobbyist's Firm: LSN Partners Phone: 954-522-3588

E-mail: gplatt@isppartners.com

Name of Lobbyist: Lobbyist's Firm: Phone: F-mail:

> Ellen R. Sexton **Authorized Signature/Name**

Senior Vice President, Specialty

TITLE

Humana **Vendor Name** May 5, 2022 DATE

RFP page 28

County Commissioners

True and Correct Attestations:

Any misleading, inaccurate, or false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doingbusiness with Broward County as authorized by the Broward County Procurement Code. The Vendor understands that, if after contract award, the County learns that any of the information provided by the Vendor on this was false, and the County determines, upon investigation, that the Vendor's provision of such false information was willful or intentional, the County may exercise any contractual right to terminate the contract. The provision of false or fraudulent information or documentation by a Vendor may subject the Vendor to civil and criminal penalties.

AUTHORIZED SIGNATURE/NAME: Ellen R. Sexton

TITLE: Senior Vice President, Specialty

VENDOR NAME: Humana

DATE: May 5, 2022 Revised May 1, 2021

Scrutinized Companies List Certification:
Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than

The Vendor hereby certifies that: (check each box)

RFP page 33

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

2/2022 BidSync D. 3

Broward County Board of County Commissioners

GEN2123334F

Ellen R. Sexton
*AUTHORIZED SIGNATURE/NAME

Senior Vice President, Specialty

May 5, 2022 DATE

Exhibit G (continued) — Humana RFP Submission Not Valid Until May 5th, 2022, due to signature date

RFP page 35

The Vendor attests to the following:

tem No.	Project Title	Contract No.	Department/ Division	Date Awarded	Prime: Paid to Date	CBE: Paid to Date
1,	Group Dental Insurance - DHMO	GEN2116450P2	Benefits	01/01/2020	3,029,210.65	Duto
2.	Group Dental Insurance - PPO	GEN2116450P2	Benefits	01/01/2017	4,920,605.03	
3.						
4.						
5.						
6.						
7.						

Grand Total 7,949,815.68

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?

Yes No

If Yes, Vendor must submit a Joint Vendor Volume of Work Attestation Form

Vendor Name: Humana

Ellen R. Sexton Authorized Signature/Name Senior Vice President, Specialty Title

May 5, 2022 Date

RFP page 36

The Vendor attests to the following:

No.	Project Title	Contract No.	Department/ Division	Date Awarded	JV Equity Percent	Prime: Paid to Date	CBE: Paid to Date
1.						Date	Date
2.							
3.							
4.							
5.							
6.							
7.							
8.		20					

Grand Total

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name: Humana

Ellen R. Sexton Authorized Signature/Name Senior Vice President, Specialty Title May 5, 2022 Date

RFP page 39 Date listed with signature on page 42



May 5, 2022

of your RFP. Please do not hesitate to call Laura Nolan at 502-476-7176 if you have any questions clarification regarding any aspect of this proposal. We look forward to meeting with the County to how we can partner in achieving your vision benefits goals.

Sincerely,

Laura Nolan
Public Sector Sales Executive

E C

Senior Vice President, Specialty

RFP page 93	Please sign below (hy sig	gning or typing in you name) ac	knowledging the Negoti	able Items Nos. 1-4.
		Ellen R. Sexton, Senior Vice Pres		Date: May 5, 2022
			Questionnaire In Insurance	
RFP page 458			□No	Best, Wal-Mart, LensCrafters, Target Optical, 4eyes, and Pearle Vision.
	Please sign below (by	signing or typing in your name)		
	Authorized Signature:	Ellen R. Sexton, Senior Vice	President, Specialty	
	Date:	May 5, 2022		
FP page 464	Please sign below (by sig	gning or typing in your name)	ĺ	
FP page 464			President, Specialty	
RFP page 468	Please sign below (by signature: Date: True and Correct Attestations Any misleading, inaccurate, or lead to suspension and/or de Procurement Code. The Vendo by the Vendor on this was finformation was willful or intent	Ellen R. Sexton, Senior Vice May 5, 2022 St. false information or documentation by a vendor may sure documentation or documentation or understands that, if after contract at false, and the County determines, utional, the County may exercise any or documentation by a Vendor may sure	submitted by any party affil Broward County as auth ward, the County learns tha upon investigation, that the contractual right to termina	orized by the Broward County t any of the information provided Vendor's provision of such false the contract. The provision of
RFP page 468	Please sign below (by signature: Authorized Signature: Date: True and Correct Attestations Any misleading, inaccurate, or lead to suspension and/or de Procurement Code. The Vendo by the Vendor on this was finformation was willful or intent false or fraudulent information of AUTHORIZED SIGNATURE. TITLE: Senior Vice President,	Ellen R. Sexton, Senior Vice May 5, 2022 St. false information or documentation between the runderstands that, if after contract at false, and the County determines, utional, the County may exercise any or documentation by a Vendor may sure RE/NAME: Ellen R. Sexton	submitted by any party affiling Broward County as authward, the County learns that upon investigation, that the contractual right to terminal ubject the Vendor to civil and	orized by the Broward County t any of the information provided Vendor's provision of such false the contract. The provision of criminal penalties.

Exhibit G (continued) — Humana RFP Submission Not Valid Until May 5th, 2022, due to signature date

RFP page 474	Principal(s) lis	sted below	have prior affiliations that me	et the criteria defined as "Affiliated	entities"
	Principal's Name	Humana	Inc.		
	,		Humana Insurance Compa	any	
	Names of Affiliate			-	
	Principal's Name	:			
	Names of Affiliate	ed Entities		6	
	Principal's Name				
	Names of Affiliate	ed Entities:		10	
	Authorized Signa	tura Nama	Ellan P. Covton		
	man I for the same				
	Title: Senior Vice		Specialty		
	Vendor Name:				
	Date: May 5, 20	22			
	₩ Vendo	r cortifies it	has implemented or will im	plement upon award of the contract	t policies practices and
RFP page 482	procedure history ba	s regardin	g inquiry into the criminal hi	story of an applicant for employn it preclude inquiry into an applicant	nent, including a criminal
*					
	Vendo hecause \	r is exempt	from the requirements of Se	ection 26-125(d) of the Broward Co , state, or local law to conduct a cri	unty Code of Ordinances
	check in c	connection	with potential employment at	a time or in a manner that would o	therwise be prohibited by
	this section	n, or becau	ise Vendor is a governmental	agency.	
	AUTHORIZED SIG	SNATURE/	NAME: Ellen R. Sexton		
	VENDOD NAME-				
	VENDOR NAME:	Humana			
	TITLE: Senior Vice	President, S	pecialty		
	DATE: W. F. CON				
	DATE: May 5, 2022				
	The Ven	dor in a go	commental antity not for prof	it composition or aboritable organization	otion
			CONTRACTOR OF THE PARTY OF THE	it corporation, or charitable organiz ociation, society, or non-profit o	
		nal institution		ociation, society, or non-profit c	nanable of
RFP page 484	The Ver	dor provid	es an employee the cash	equivalent of benefits. (Attach an	
			Act stating the efforts taken	to provide such benefits and the ar	nount of the
	cash equ		comply with the provisions	of the Domestic Partnership Act	because it
	would vi	olate the I	aws, rules or regulations of	federal or state law or would vi	iolate or be
				nt or contract with the United State	
		ndicate the		State the law, statute or regulation	and attach
	o-spraines		1		
	Ellen R. Sexton		enior Vice President, Speci	Humana	May 5, 2022
	Authorized Signature/Nam	ie	Title	Vendor Name	Date

age 501	SECTION	A ATTESTATION SECTION	ALL VENDORS MUST FULLY COMPL	ETE AND SIGN THIS SECTION
	I possess the authority to sig			ire in its entirety and responded in a truthful manner to
	Vendor Name: Printed Representative Name:	Humana Ellen R. Sexton		
	Printed Representative Title:	Senior Vice President, Specialt		
	Signature:	Elim Sexton		
	Date:	5/5/2022		
	registration or a Ordinances.	mended registration required un	der Broward County Lobbyist Registrati	fied that each lobbyist retained has timely filed the on Act, Section 1-262, Broward County Code of any in connection with this solicitation be listed
	Name of Labbuist Con	rae Platt		
	Name of Lobbyist: George	-		
	Lobbyist's Firm: LSN Pa	armers		
	Phone: 954-522-3588			
	E-mail: gplatt@lsppart	ners.com		
	Name of Lobbyist			
ge 574	Lobbyist's Firm:			
50 374	Phone:			
	E-mail:			
	L-THERE.			
	[FII . D. C		[C - 1 - 1 - 1 - 1 - 1 - 1	Quality .
	Ellen R. Sexton Authorized Signatu	ire/Name	Senior Vice President, TITLE	Specialty
	· iautoniasa eigitata			
	Humana		May 5, 2022	
	Vendor Name		DATE	
	The Vendor hereby certifies the The Vendor, owners, regarding Companies Petroleum Energy Sec	, or principals are aware of th	ne requirements of Sections 287,135 with Activities in Sudan List the Scru apanies that Boycott Israel List; and	5, 215,473, and 215,4275, Florida Statutes, tinized Companies with Activities in the Iran
ge 553	with Activities in Suda Companies that Boyon	an List, the Scrutinized Compa of Israel List; and	nies with Activities in the Iran Petro	It listed on either the Scrutinized Companies leum Energy Sector List, or the Scrutinized http://example.com/ http://example.c
	I hereby certify the information	n provided in the Vendor Ques	ionnaire and Standard Certifications:	
	I hereby certify the information		ionnaire and Standard Certifications: Vice President, Specialty	May 5, 2022

Exhibit G (continued) — Humana RFP Submission Not Valid Until May 5th, 2022, due to signature date

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No.	Project Title	Contract No.		Department/ Division	Date Awarded	Prime: Paid to Date	CBE: Paid to Date					
	Group Dental Insurance - DHMD	GEN211645@P2		Benefits	01/01/2020	3,029,210.65						
	Group Dental	GEN2116456P2	4	Benefits /	01/01/2017	4,920,605.03						
	Insurance - PPO		1	6								
			4									
			1	6								
į.												
5.			6	- 6								
			6	6								
7.												
-			4	- fe								
	□ No □			hat was awarded a contract t	ry the County?	7,949,815.68						
s res	□ No □	postner of a Josef Venture f			ry the County?	T. P. P. C.						
res enc	No Si Vendor must submit a for Name: Humana	Joint Veridor Volume of Senior V	of We	ork Attestation Form	May	i, 2022						
Yes	No Si Vendor must submit a for Name: Humana	Joint Veridor Volume of Senior V	of We	ork Attestation Form	May							
res enc	No Si Vendor must submit a for Name: Humana	Joint Veridor Volume of Senior V	of We	ork Attestation Form	May	i, 2022						
res	No Si Vendor must submit a for Name: Humana	Joint Veridor Volume of Senior V	of We	ork Attestation Form	May	i, 2022						
res enc	No Si Vendor must submit a for Name: Humana	Joint Veridor Volume of Senior V	of We	ork Attestation Form	May	i, 2022						
s res enc Elle	No Service Notes to No. No. No. No. No. No. No. No. No. No	Joint Vendor Volume of Senior Vi	of Wi	ork Attestation Form Title	May 5	. 2022 Julie	nendments for	each pro	ect lister	dabove. E	Each agreen	nent mu
s res enc Elle	No Service Notes to No. No. No. No. No. No. No. No. No. No	Joint Vendor Volume of Senior Vi	of Wi	ork Attestation Form	May 5	. 2022 Julie	nendments for	each pro	ect listed	d above. E	Each agreen	nent mu
res res Ele	No Ell Vendor must submit a for Name: Humana n R. Sentan Authorized Signature	Joint Vendor Volume of Senior Villame Senior Villame to submit an exe e opening date	of Wi	ork Attestation Form Title	May 5	. 2022 Julie	nendments for	each pro	iect listed	d above. E	Each agreen	nent mu
Yes Yes Elle /Elle	No Service Notes to No. No. No. No. No. No. No. No. No. No	Joint Vendor Volume of Senior Villame Senior Villame to submit an exe e opening date	of Wi	ork Attestation Form Title	May 5	. 2022 Julie	nendments for	each pro	ect listed	d above. E	Each agreen	nent mu
Vencer le	No Ell Vendor must submit a for Name: Humana n R. Sentan Authorized Signature	Joint Vendor Volume of Senior Villame Senior Villame to submit an exe e opening date	of Wi	ork Attestation Form Title	May to	s) and any an		each pro	ect listed	d above. E	Each agreen	nent mu

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Revised May 1, 2021