GEHRING GROUP
A DIVISION OF RISK STRATEGIES

Corporate Headquarters
3500 Kyoto Gardens Dr
Palm Beach Gardens, FL 33410

561.626.6797 office
800.244.3696 toll free
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April 19, 2022

City of Parkland
6600 University Drive
Parkland, Florida 33067

Re: RFP # 2022-03 - Insurance Agent Broker Services

Dear Evaluation Committee Member:

Gehring Group, a division of RSC Insurance Brokerage, Inc., is pleased to provide this proposal in response to the City of Parkland's RFP #2022-03 for Insurance Agent Broker Services **and formally submits its proposal for consideration in the selection process for this RFP. Gehring Group understands and is committed to complete the work under this RFP within the specified time period.** Through our extensive experience serving the City of Parkland for the past ten years, and as Benefits Consultant/Broker for over 120 Florida public sector entities for the past 29 years, we are confident that our firm will offer efficiencies, value-added services, in-depth public sector experience, and an unparalleled service standard with the goal of not merely meeting the City's needs, but exceeding expectations. With team members having an average of 12.2 years and leadership having an average of 17.9 years of industry experience, Gehring Group has grown to become one of the most respected insurance and risk management consulting agencies in the state. Upon becoming a division of RSC Insurance Brokerage, Inc. on January 1, 2022, Gehring Group now has even more to offer. RSC has $900 million in annualized revenue, over 3,000 valued team members and places employee benefit program premiums in excess of $2.5 billion per year. We are industry leaders, ranking in the top three in the country in various specialties and have a robust offering in both employee benefits and property and casualty.

As part of the RSC family, Gehring Group continues our public sector focus, currently serving numerous clients similar in scope and size to the City of Parkland who have successfully implemented leading edge concepts such as Consumer Directed Health Plans, creative Stop Loss programs, Onsite Clinics, and Innovative Wellness Programs.

As the City's current consultant, we want to express our sincere desire to continue the successful relationship we have developed with the City's leadership team, other staff as well as its members and retirees. As an excellent collaborative client partner, we are appreciative of how supportive the City of Parkland has been in our efforts to execute initiatives to capitalize on cost saving opportunities. In our long-term relationship with the City of Parkland, we have we have achieved significant accomplishments together which include, but are not limited to:

Financial & Service Achievements

- Since 2017, Gehring Group (now RSC Insurance Brokerage, Inc.) has successfully negotiated initial renewals down, saving the City approximately $216,000 in total annual premium.
- In 2020, our team completed an RFP process for medical insurance at the City's request to facilitate a mid-year carrier change from AvMed to Cigna effective January 1, 2021, at no additional cost to the City.
- Provided onsite assistance to educate employees on the transition from AvMed to Cigna.

- Since 2020, Gehring Group's graphics team and account service personnel have developed and disseminated more than 45 pieces of collateral used in communications for staff and employees.
- Our employee advocates have helped to resolve claims issues between employees and AvMed, including negotiating with the carrier to pay a claim that had been denied, and coordinating daily and weekly follow up meetings with the carrier to resolve system-wide issues effecting multiple claimants.
- Provided onsite assistance/training at Health Fairs to help employees complete their benefits enrollment via the Bentek Online Enrollment and Administration System (provided at no additional cost).

Gehring Group believes that it is best qualified to perform this engagement and in addition, working with Gehring Group provides the City of Parkland with a number of competitive advantages including:

Competitive Advantages

- Gehring Group is a known, trusted, and valued partner of the City of Parkland with in-depth knowledge of all City's benefits programs and valued relationships with City personnel.
- Gehring Group is the only insurance agency with CPAs on staff to provide advisory services and tax guidance related to the Affordable Care Act, ACA reporting, and PCORI fee calculation and payment.
- Our team has provided over two dozen employee benefits, human resources, and legislative educational opportunities to City benefit staff over the past two years alone that include continuing education credits for CPAs and SHRM members.
- The addition of Bentek's RetireSweet module to streamline the management of all benefits a single solution to manage the City's entire employee and retiree population.
- Utilization of real-time, public sector benchmarking data through Gehring Group's CAVU® benefits survey tool to ensure competitiveness of plan offerings compared to competing entities.

For those on the proposal evaluation committee, we want to emphasize Gehring Group's focus on the public sector. Gehring Group is unique in that we are public sector specialists, and we have been for over 29 years. Public sector is our sole focus. We have a deep bench of experienced professionals who are experts in all types of funding arrangements, pharmacy options, plan designs, supplemental offerings, wellness initiatives, employer clinics, etc. In addition, we have developed educational resources and strong carrier/professional relationships, allowing us to provide proven and exceptional insurance consulting services and guidance regarding plan strategy and legislation applying to governmental employers. Throughout this proposal, our team provides a positive commitment to provide the required services as outlined in the RFP as well as a commitment to continue to seek innovative solutions to the City's benefits cost challenges. Gehring Group, a division of RSC Insurance Brokerage, Inc., acknowledges and confirms that its proposal is a firm and irrevocable offer for ninety (90) days from the date of the proposal opening.

Proposal contact is as follows:

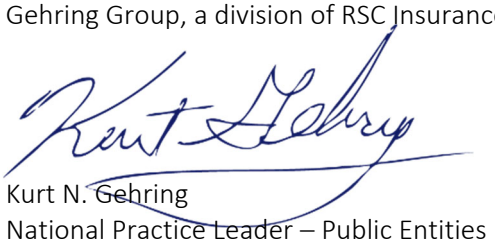
Role	Name	Tel:	Email:
Proposal Contact	Cindy Thompson, VP-Operations	(800) 244-3696	cindy.thompson@gehringgroup.com

In summary, Gehring Group meets all qualification requirements including licensing, insurance, and years of experience, and we are confident that we can continue to provide the City of Parkland with additional value and exceptional services. Our past success with the City and approach to the business, coupled with our extensive public sector experience, familiarity with applicable regulations, market relationships, and enthusiasm make us the broker of choice. Gehring Group confirms that it will be available for interviews during the selection process.

We thank the members of the selection committee in advance for the review of our comprehensive response and stand ready to provide any additional clarification upon review of this proposal's contents.

Sincerely,

Gehring Group, a division of RSC Insurance Brokerage, Inc.



Kurt N. Gehring
National Practice Leader – Public Entities

Proposed Service Team Resumes & Qualifications

Marc Rodriguez, REBC, Lead Benefits Consultant/Project Manager

Professional Licenses: Life, Health & Variable Annuity
Certifications: Registered Employee Benefits Consultant (REBC), NAHU Self-Funded Certification, NAHU Voluntary/Worksite Certification
Education: Syracuse University – BA, Psychology
Degree: MSW – Fordham University
Industry Tenure: 14 years

Expertise & Qualifications:

Marc is a graduate of Syracuse University where he earned a bachelor's degree in Psychology, as well as a graduate of Fordham University, where he earned the advanced degree – Master's in Social Work. A tenured professional with more than 10 years of experience in both the private and public sector, Marc brings a vast array of analytics experience to the Gehring Group. Prior to joining the Gehring Group, Marc served as the Assistant Director of Data Management at a national healthcare assessment organization where he developed and maintained data management policies and procedures. He also served as Business Analyst for a Florida not-for-profit agency where he provided expert analysis of patterns and trends in data relevant to the organization's mission.

Marc is a critical member of Gehring Group's Benefits Consulting Team. With his strong background in analytics, Marc provides his clients with reliable and relevant budget planning information, making informed recommendations on various employee benefit plans and funding options. In this role, Marc plays is pivotal in the reporting and strategic data analysis of pertinent information for our employer clientele so that they are equipped with the data and knowledge needed to establish the most effective approach to providing their employees with comprehensive, cost-effective employee benefits coverage.

Marc has also achieved the NAHU Self-Funded Certification as well as NAHU's Voluntary/Worksite Certification and is Gehring Group's subject matter expert in supplemental and worksite products. In addition, Marc has earned the Registered Employee Benefits Consultant designation.

Public Sector Experience:

Marc's experience with public sector entities includes working with such large employers as the City of Boynton Beach, City of Port St. Lucie, Solid Waste Authority of Palm Beach County, St. Lucie County Sheriff's Office, Martin County Sheriff's Office, and the Martin County School District.

Rommi Mitchell, Backup Benefits Consultant

Professional Licenses: Life, Health & Variable Annuity, General Lines Property & Casualty
Education: University of Florida
Degree: B.S., Business Administration
Industry Tenure: 10 years

Expertise & Qualifications:

A Florida Gator, Rommi Mitchell earned a Bachelor of Science in Business Administration and a Bachelor of Arts in Spanish, graduating Cum Laude from The University of Florida, Gainesville. With a background in the financial services industry, Rommi joined Gehring Group in 2012 as an Account Manager, rapidly proving herself to be a valuable asset to Gehring Group as well as to the clients she serves due to her strong commitment to the client,

her advocacy for employees, and her experience in managing both the renewal and implementation process of client benefits programs, with an attention to detail and deadlines. Her success in this role earned her a swift promotion to Senior Account Manager and subsequently Employee Benefits Analyst. She excels in the areas of project management, organizational skills, problem solving and data analytics. She has served as the day-to-day contact for numerous large group public sector clients' human resources and benefits staff, overseeing various responsibilities such as coordinating and conducting open enrollments, escalating claims issues and advocating for employees, as well as serving as a resource regarding numerous compliance issues.

Rommi's comprehensive level of client service knowledge transitioned well into to her current role as Benefits Consultant. In this role, she is responsible for coordinating all analytical services functions applicable to client employee benefits programs. She has experience with all types of funding arrangements including fully insured, minimum premium and self-funding and uses her technical knowledge and critical analysis skills to identify areas and ways to maximize plan value. She is supported by several other Gehring Group staff members including account managers and in-house client services representatives and employee advocates to ensure all client needs are met promptly. Rommi is also Gehring Group's subject matter expert in the various types of pharmacy programs, benefit, and formulary options.

Fluent in Spanish, Rommi is also able to provide additional value with her ability to personally assist employees for whom English is not their primary language.

Public Sector Experience:

Rommi's public sector experience includes but is not limited to working with such employers as the Town of Davie, Dania Beach, Village of Wellington, City of Delray Beach, City of Parkland, City of Deerfield Beach, and the Village of Tequesta.

Shauna Whittingham, REBC, Account Manager

Professional Licenses: Life, Health & Variable Annuity
Certifications: Registered Employee Benefits Consultant
Education: Nova Southeastern University
Degree: Master of Business Administration & Master of Information Technology
Years in Industry: 25 years

Expertise & Qualifications:

Shauna Whittingham is a 25-year health and wellness industry professional who brings patience, professionalism, dedication, and a team player focus to her role as an Account Manager at Gehring Group.

Shauna's most previous work experience includes over 15 years with Humana in various capacities including: four years as a Human Resources Consultant responsible for all facets of Human Resource Management and six years as a Strategic Sales Executive where she mastered her knowledge of the product portfolio of their health and dental offerings to great success. In these roles, Shauna developed exceptional relationships, through her deviation to training, leveraging resources, and follow through on client commitments including open enrollment coordination and assistance. Shauna subsequently enjoyed four more years at Humana developing strategic plans, negotiating renewals, and delivering client reports primarily to Public Sector employers.

In her role in the analytics departments at Gehring Group, Shauna represents our public sector large employer groups with all major carriers, and for all lines of coverage. Her exceptional ability to develop relationships and

commitment to meeting client needs, her depth of product and industry knowledge, as well as her collaborative spirit makes Shauna a highly valued member of our team.

Shauna is a board member of the Broward Association of Health Underwriters, and member of the National Association of Health Underwriter organizations.

Public Sector Experience:

Shauna Whittingham currently works with such public sector entities as the City of Dania Beach, Martin County BOCC, City of Parkland, City of Margate, and Tax Collector of Palm Beach County.

Christie Jensen, Analyst

Professional Licenses: Life, Health & Variable Annuity
Education: Seton Hall University
Degree: B.S. in Finance & Business Administration
Years in Industry: 7 years

Expertise & Qualifications:

Christie joined the Gehring Group in early 2017 as a Client Services Specialist and throughout her time has served over 40 clients with her team. This role provided daily contact with and service to clients and employees regarding eligibility, claims, billing, preparation, and presentation of open enrollment material such as validating and updating Benefit Highlight Booklets content. In 2019, Christie was promoted to the Employee Benefits Analyst position where her background in analytical and statistical analysis enabled her to quickly adapt to her new role. With her previous skills as a Client Services Specialist and her strong commitment and insight to her clients and their employees, she has proven to bring strategic thinking and problem solving in managing carrier relationships, negotiating renewals, the implementation process, and analytical review and recommendations relating to client benefit programs. Working closely with the Project Manager, Christie will be a main point of contact for all financial and benefit program renewal analyses needs. Christie shines in the areas of project management, out-of-the-box thinking and organizational skills, and she will make sure all tasks are completed by the established deadline. As a valued team member, Christie works with her Gehring Group account managers and in-house client service specialists to ensure all client needs are met promptly.

Christie Jensen earned a bachelor's degree in Finance and Business Administration from Seton Hall University. Prior to joining the Gehring Group team, she spent two years working for a global health and wellness resources firm in her role as a Client Success Coordinator. Christie coordinated conferences, compiled proposals, and facilitated contract execution for services related to wellness tools and incentives, ergonomics, medical tourism, etc.

Public Sector Experience:

Christie's experience supporting public sector entities includes the City of Dania Beach, City of Margate, City of Oakland Park, Palm Beach County Tax Collector, City of Lighthouse Point, Seacoast Utility Authority and more.

Kimberly Hall, Analytics Team Supervisor

Professional Licenses: Life, Health & Variable Annuity
Education: Immaculata College
Degree: B.S., Mathematics/Computer Science/Physics
Industry Tenure: 30+ years

Expertise & Qualifications:

In her role as the Analytics Team Supervisor, Kim Hall will be responsible for overseeing the team performing the financial and analytical aspects relating to the account. She will also be an additional contact regarding all financial aspects of its benefits program.

Kimberly is a tenured professional with extensive experience in the Underwriting and Actuarial Services arena. Prior to joining the Gehring Group, Kimberly spent 28 years in the underwriting department of Blue Cross Blue Shield of Delaware where she served as an Underwriting Senior Consultant and then promoted to Tactical Manager where she provided operational management to the entire underwriting department. In this role, she was responsible for developing, evaluating, and recommending underwriting strategies designed to increase market share by providing cost effective solutions for clients. She was also involved in conducting analysis of client data and financials, monitoring performance, rate setting strategy, coaching and account level guidance and collaborating between sales, account management and other key internals. As Tactical Manager for over 10 years, Kimberly served as a company-wide resource on matters pertaining to rating and was responsible for reviewing and approving the work output of the entire unit, as well as delivering top-notch consulting work on the most “premier accounts”.

Kimberly Hall earned her Bachelor of Science Degree in Mathematics/Computer Science/Physics graduating Sigma Zeta Math/Science Honor Society from Immaculata College, Pennsylvania. Upon her move to Florida, Kim joined the Gehring Group team in early 2015. Having worked with Local and National governmental accounts, her level of expertise has proven and invaluable resource to our team.

Proposed Service Team Organizational Chart

Gehring Group employs a team approach to ensure that all clients always have an available resource. Each team includes dedicated personnel including your Lead Benefits Consultant (Project Manager), a backup Benefits Consultant, three account managers, two employee benefits analysts, wellness coordinator and various support staff. Your dedicated Consultant and Account Manager are available for all on-site meetings and take an active role in the servicing of all aspects of your group. In addition to your Account Manager, our clients are also assigned an Internal Client Service Specialist who serves as an employee advocate and additional resource for questions and claim issues. These professionals, along with an easily accessed upper management staff and our corporate philosophy regarding our team approach, provides assurance that our clients have access to experienced professionals who are aware of, or can easily access their files and to provide resolution and answers at all times. Gehring Group's service team consists of highly qualified personnel whose resumes include years of consulting for and servicing public sector clients. The service team proposed includes the following personnel:

Role	Name	Florida Insurance License #	Years of Industry Experience
Marc Rodriguez	Lead Benefits Consultant/Project Manager	W252093	14 years
Rommi Mitchell	Backup Benefits Consultant	W110528	10 years
Christie Jensen	Employee Benefits Analyst	W391874	7 years
Shauna Whittingham	Account Manager	E088448	25 years
Pamela Cruz	Account Relations Manager	W071660	10 Years

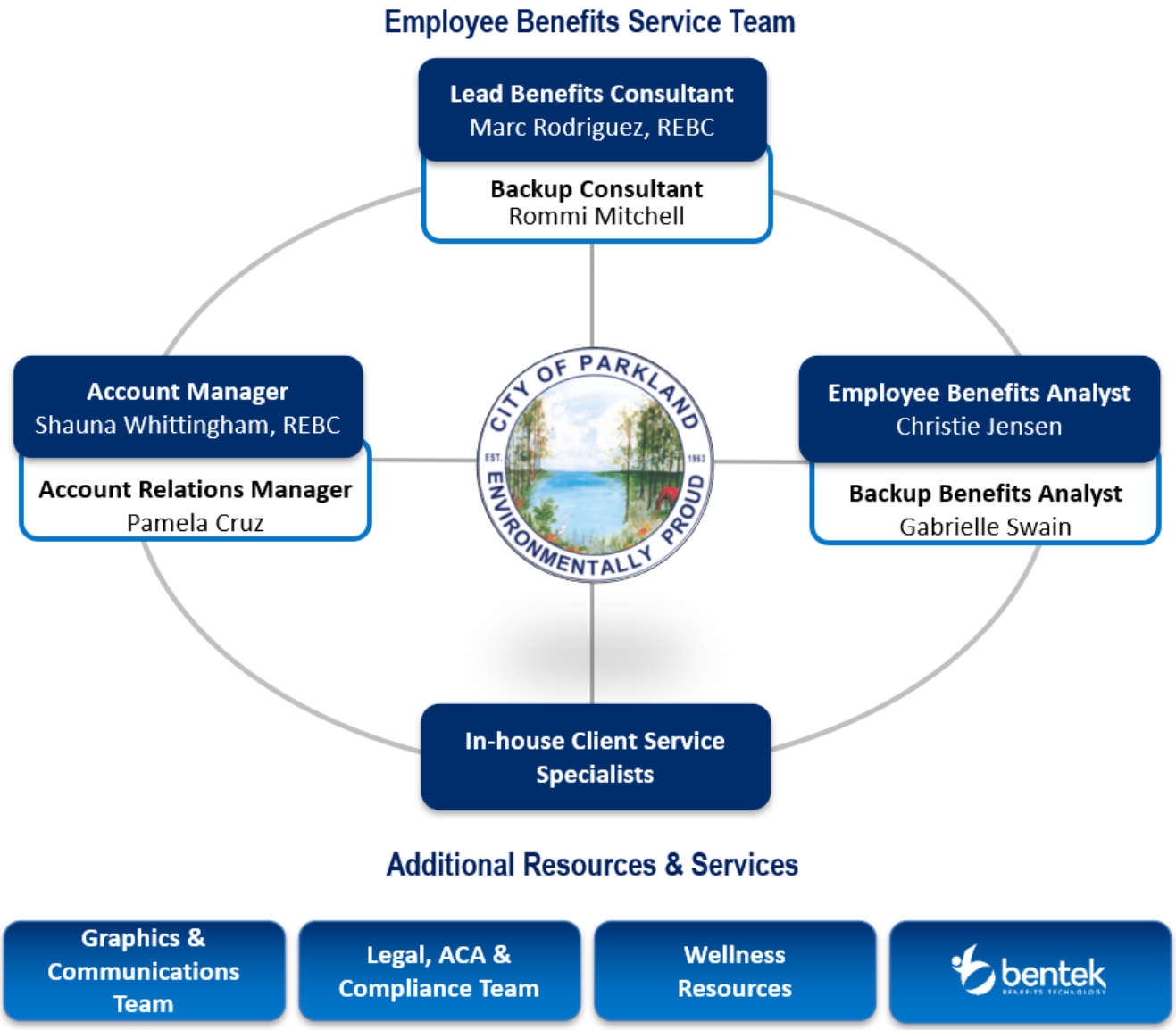
Proof of Florida Insurance Licensing can be verified at https://licenseesearch.fldfs.com/ .

We hold a strong commitment to hiring talented high caliber professionals for our team and remaining on the cutting edge of industry innovation. Such strategic hires include former risk management personnel with public sector experience as well as former insurance carrier personnel with significant client service and underwriting experience. In addition, the City of Fort Lauderdale will also have direct access to additional staff resources with varying specialties and industry specific certifications including but not limited to:

- Registered Employee Benefits Consultant – REBC
- Certified Employee Benefits Specialist – CEBS
- Professional and Senior Professional, Human Resources – PHR and SPHR
- Certified Self-Funding Specialist – CSFS
- Certified Healthcare Reform Specialist - CHRS
- NAHU Voluntary/Worksite Benefits Certification
- NAHU Benefits Technology Certification
- Registered Employee Benefits Consultant Certification- REBC
- USA Mental health First Aid – National Certification
- NAHU Medicare Certification

Service Team Structure

Gehring Group's proposed service team structure is as follows:



Service Team Roles

Lead Benefits Consultant/Project Manager: Marc Rodriguez, REBC

Your Lead Consultant/Project Manager is responsible for spearheading strategic and budget planning, making recommendations as necessary and providing guidance with regard to plan design, new products, funding options, compliance and legislation. Marc Rodriguez is available as needed for meetings with decision makers and available to make presentations to executive staff, employee committees and City leaders as required.

Backup Benefits Consultant: Rommi Mitchell

Your Backup Consultant supports your Lead Consultant/Project Manager in meeting the needs of the City regarding all aspects of its employee benefits program. Rommi will be available throughout the renewal and/or RFP process and quarterly reporting as well as serving as an expert resource regarding data analytics and pharmacy programs.

Employee Benefits Analyst: Christie Jensen

Christie Jensen will continue to work closely with your Lead Consultant/Project Manager regarding all financial and analytical functions including compiling and issuing RFPs, evaluation of proposals and aggressive renewal negotiations. She is also responsible for monitoring claims utilization and large claims, making recommendations relative to utilization patterns and providing budget and renewal projections.

Account Manager: Shauna Whittingham, REBC

Shauna Whittingham will continue to serve as the City's Account Manager and assist staff and employees with day-to-day benefits related issues. She will serve as a direct contact regarding all service aspects of the benefits program including compliance issues, program implementation, open enrollment coordination and attendance, wellness planning, employee advocacy, and various other service roles.

Account Relations Manager: Pamela Cruz

Pamela Cruz, the City's Account Relations Manager will continue to work hand in hand with the assigned Account Manager and serves as an in-house member of the service team responsible for coordinating implementations, enrollments, health fairs, etc. and ensuring all day-to-day service issues are addressed. She is also responsible for review and editing of the employee benefits handbook and accuracy of employee communicatons materials.

Carrier Recognitions

As the top producing broker/consultant for public sector entities throughout the state, Gehring Group been named an AETNA Preferred Producer, Florida Blue BlueDiamond Producer, and CIGNA HealthCare Platinum Broker. We have also earned the distinct honor of participating in the agent advisory councils of various carriers which provides us an opportunity to make recommendations to improve products and services based on feedback from our clients; this representation also provides us considerable leverage during client negotiations. It is important to note that this top-tier recognition is based solely on premium volume, and accordingly, we represent all carriers and hold no interest or ownership in any insurer, trust or TPA, therefore, emphasizing our independent status.

Association Recognitions

Gehring Group's educational sessions and materials have been recognized by a number of public sector associations throughout the state. In addition, our experts are in high demand as guest speakers at strategic business leadership events, public sector associations and HR and Benefits conferences. These associations are listed below. Attendees at these conferences receive continuing education credits for human resources, CPE (accounting) and legal education requirements.

- FAC – Florida Association of Counties
- FASD – Florida Association of Special Districts
- FERMA – Florida Educational Risk Management Association
- FFCA – Florida Fire Chiefs Association
- FRE – Fire Rescue East
- FGFOA – Florida Government Finance Officers Association
- Florida League of Cities
- FPELRA – Florida Public Employer Labor Relations Association
- FPHRA – Florida Public Human Resources Association
- Florida Institute of Certified Public Accounting Chapter Meetings
- PRIMA – Public Risk Management Association
- RIMS – Risk & Insurance Management Society
- SALGBA – State and Local Government Benefits Association
- SHRM – Society for Human Resource Management

Gehring Group is also a member of each of the above listed associations through which we are able to stay abreast of all issues public sector entities are facing today.

Trade Magazines & Wellness Recognitions

In addition to recognition as industry experts, Gehring Group has earned other significant achievements within the prior four years are outlined below. Being selected as an honoree for these awards is a great tribute to each and every one of our employees, and reflection of our corporate culture; as well as a reflection of the support we receive from our clients.

Year	Publication/Organization	Award
2018	South Florida Business Journal	Best Places to Work
2018	Florida Trend	Best Companies to Work For in Florida
2018	Corporate Health & Wellness Association	Well-being 100 Awards
2019	South Florida Business Journal	Best Places to Work
2019	South Florida Business Journal	Influential Businesswomen
2019	Women's Chamber of Commerce, PBC	Giraffe Awards – Kate Grangard
2019	Florida Trend	Best Companies to Work For in Florida
2019	Sun Sentinel	Top Workplace
2019	FL Dept of Health in Miami-Dade County	Worksite Wellness
2019	South Florida Business Journal	Healthiest Employers
2019	Insurance Business America	Top Insurance Workplace

Year	Publication/Organization	Award
2020	South Florida Business Journal	Best Places to Work
2020	Florida Trend	Best Companies to Work For in Florida
2020	South Florida Business Journal	Healthiest Employers
2020	Insurance Business America	Top Insurance Workplace
2020	South Florida Business Journal	CIO Award – Kevin Smith
2021	South Florida Business Journal	Best Places to Work
2021	Sun-Sentinel	Top Workplaces
2021	Wellness Workdays	Best Wellness Employer Silver Certification
2021	South Florida Business Journal	Healthiest Employer
2021	Florida Trend	Best Companies to Work for in Florida
2021	South Florida Business Journal	CFO of the Year – Kate Grangard
2021	Business Insurance	Best Places to Work in Insurance
2021	Consortium for a Healthier Miami-Dade	2021 Florida Worksite Wellness Awards
2021	Mental Health America	2021 Platinum Bell Seal for Workplace Mental Health
2022	Sun Sentinel	Top Workplaces
2022	Wellness Workdays	Best Wellness Employer Silver Certification

Gehring Group's commitment to our local community is also evident by our participation in the following annual community events:

- Habitat for Humanity – Volunteering to build homes for deserving families
- Susan G Komen Walk for the Cure
- Annual Food Drive to benefit Feed the Hungry Palm Beach County
- The Arc – Annual Wild Pants Party Fundraiser volunteers
- American Heart Association – Annual Heart Walk
- Paint Your Heart Out – providing home maintenance assistance to the disabled, elderly, and low-income families
- Sponsoring the annual Homelessness Breakfast and supporting other initiatives of The Lord's Place in ending homelessness
- The Crocket Foundation – Back to School supply drive
- Women of Tomorrow – Youth mentoring program
- The Lord's Place – Serving on Board and Audit Committee
- Homeless Coalition of Palm Beach County – Meal Sponsorships
- Sunfest Kids Day

AUTHORITY TO EXECUTE SOLICITATION AND CONTRACT

A. If the Vendor is a Corporation, attach to this page a certified copy of corporate resolutions of the Board of Directors of the Corporation authorizing an officer of the Corporation to execute the Solicitation and the Contract contained within this document on behalf of the Corporation. The CITY would prefer the use of the attached sample Resolution.

B. A corporation to which a contract is to be awarded will be required to furnish certificates as to its corporate existence.

CERTIFIED RESOLUTION

I, Natalie Logan (Name), the duly elected Secretary of RSC Insurance Brokerage, Inc. including its division Gehring Group (Corporate Title), a corporation organized and existing under the laws of the State of Delaware, do hereby certify that the following Resolution was unanimously adopted and passed by a quorum of the Board of Directors of the said corporation at a meeting held in accordance with law and the by-laws of the said corporation.

"IT IS HEREBY RESOLVED THAT Kurt N. Gehring (Name)"

The duly elected Managing Director (Title of Officer) of RSC Insurance Brokerage, Inc. including its division Gehring Group (Corporate Title) be and is hereby authorized to execute and submit a Solicitation and Bid Bond, if such bond is required, to the City of Parkland for: RFP #2022-03 for Insurance Agent Broker Services

and such other instruments in writing as may be necessary on behalf of the said corporation; and that the Solicitation, Bid Bond, and other such instruments signed by them shall be binding upon the said corporation as its own acts and deeds. The secretary shall certify the names and signatures of those authorized to act by the foregoing resolution.

The City of Parkland shall be fully protected in relying upon such certification of the secretary and shall be indemnified and saved harmless from any and all claims, demands, expenses, loss or damage resulting from or growing out of honoring, the signature of any person so certified or for refusing to honor any signature not so certified.

I further certify that the above resolution is in force and effect and has not been revised, revoked or rescinded.

I further certify that the following are the name, titles and official signatures of those persons authorized to act by the foregoing resolution.

AUTHORIZED SIGNATURE	Natalie Logan NAME
CLO/Secretary TITLE	April 18, 2022 DATE

BACKGROUND CHECK & EMPLOYMENT VERIFICATION AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

I, the undersigned, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida.

2. I am the Managing Director (title) of RSC Insurance Brokerage, Inc. including its division, Gehring Group and I certify that I have the authority to make the representations set forth within this Affidavit.

3. RSC Insurance Brokerage, Inc., including its division, Gehring Group intends to enter into an agreement with the City of Parkland to provide the services detailed in Solicitation # 2022-03-Insurance Agent Broker Services

4. The fulfillment of the Background Check requirement shall be conducted through State, National and Sexual Offender/Predator criminal history record databases.

5. I hereby certify I shall at my expense obtain a criminal background check for each employee, contractor, or subcontractor or subconsultant having access to City property prior to beginning the work and, depending on the contract's term, on an annual basis thereafter.

6. I also certify that based upon the result of the criminal background check, no employee, contractor, nor subcontractor or subconsultant who has been convicted of an offense or at the discretion of the City shall not be permitted to perform work under this contract in or on city property.

7. I attest that all personnel used in the performance of this work have had a criminal background check with a passing grade and have been drug tested with a passing grade.

8. I acknowledge and agree to utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor/Subcontractor during the Agreement term. All cost(s) incurred to initiate and sustain the aforementioned programs shall be the responsibility of the Contractor. Failure to meet this requirement may result in termination of the Agreement by the City.

Kurt Gehring

AUTHORIZED SIGNATURE

Kurt N. Gehring

NAME

Managing Director

TITLE

April 18, 2022

DATE

CERTIFICATION & ACKNOWLEDGEMENT OF BUSINESS TYPE

This form must be submitted with the solicitation package on the specified solicitation opening date. The undersigned vendor certifies that this solicitation package is submitted in accordance with the specifications in its entirety and with full understanding of the conditions governing this solicitation.

BUSINESS ADDRESS OF VENDOR:

RSC Insurance Brokerage, Inc., including its division, Gehring Group
Company Name

Cindy Thompson, VP-Operations
Contact Person

3500 Kyoto Gardens Drive
Address

Palm Beach Gardens | FL | 33410
City | State | Zip

Telephone No. (561)626-6797 | (800)244-3696 Fax No. (561)626-6970

Email Address: cindy.thompson@gehringgroup.com

Federal ID. No. or Social Security No. 16-1689494

INDICATE WHICH TYPE OF ORGANIZATION BELOW:

Individual _____ Partnership _____ Corporation X LLC _____
Other _____

Kurt Gehring
~~AUTHORIZED SIGNATURE~~

Kurt N. Gehring
NAME

Managing Director
TITLE

April 18, 2022
DATE

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

RSC Insurance Brokerage, Inc. including its division Gehring Group _____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

Kurt Gehring

~~AUTHORIZED SIGNATURE~~

Kurt N. Gehring
NAME

~~Managing Director~~
TITLE

April 18, 2022
DATE

FOREIGN (NON-FLORIDA) CORPORATE STATEMENT

FOREIGN (NON-FLORIDA) CORPORATIONS MUST COMPLETE THIS FORM

DEPARTMENT OF STATE CORPORATE CHARTER NO. F08000001322

If your corporation is exempt from the requirements of Section 607.1501, Florida Statutes, YOU MUST CHECK BELOW the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (904) 488-9000 for assistance with corporate registration or exemptions.

607.1501 Authority of foreign corporation to transact business required.

(1) A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.

(2) The following activities, among others, do not constitute transacting business within the meaning of subsection (1):

_____(a) Maintaining, defending, or settling any proceeding.

_____(b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.

_____(c) Maintaining bank accounts.

_____(d) Maintaining officers or agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.

_____(e) Selling through independent contractors.

_____(f) Soliciting or obtaining orders, whether by mail or through employees, agents, or otherwise, if the orders require acceptance outside this state before they become contracts.

_____(g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.

_____(h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.

_____(i) Transacting business in interstate commerce.

_____(j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.

_____(k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.

_____(l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.

_____(m) Owning, without more, real or personal property.

(3) The list of activities in subsection (2) is not exhaustive.

(4) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

Please check one of the following if your firm is NOT a corporation:

(I) _____ Partnership, Joint Venture, Estate or Trust (II) _____
Sole Proprietorship or Self Employed

NOTE: This form MUST be included with your bid if you claim an exemption or have checked I or II above. If you do not check I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

RSC Insurance Brokerage, Inc. (including its division Gehring Group)

VENDOR/PROPOSER'S CORRECT LEGAL NAME

Kent Lahey

SIGNATURE OF AUTHORIZED AGENT OF VENDOR/PROPOSER

NON-COLLUSIVE AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

I, the undersigned, do hereby state under oath and under penalty of perjury that the following facts are true:

(1) I Kurt N. Gehring, Managing Director
(Owner, Partner, Officer, Representative or Agent)

of RSC Insurance Brokerage, Inc. including its division Gehring Group has submitted the attached solicitation;

(2) I am fully informed respecting the preparation and contents of the attached solicitation and of all pertinent circumstances respecting such solicitation;

(3) Such solicitation is genuine and is not a collusive or sham solicitation;

(3) Neither the said nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Vendor, firm, or person to submit a collusive or sham solicitation in connection with the work for which the attached solicitation has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Vendor, firm or person to fix the price or prices in the attached solicitation or of any other Vendor, or to fix an overhead, profit, or cost elements of the solicitation price or the solicitation price of any other Vendor, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

(4) The price or prices quoted in the attached solicitation are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Vendor or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Kurt Gehring

AUTHORIZED SIGNATURE

Managing Director
TITLE

Kurt N. Gehring
NAME

April 18, 2022
DATE

Not Applicable

LOCAL VENDOR PREFERENCE

ONLY TO BE COMPLETED IF SUBMITTING FOR LOCAL PREFERENCE

Vendor agrees that it meets and will comply with all requirements of Sec. 2-143.5.(4), Code of Ordinances, City of Parkland City Code, included but not limited to:

1. Vendor has a fixed, staffed office or distribution point located in and having a street address within the City of Parkland for at least one (1) year prior to the date of application; and attached is a copy of a business or Contractor license and/or business tax receiptwhich verifies this. Post office boxes shall not be used or considered for the purpose of establishing a physical address.

2. The business maintains its status as a local bidder throughout the term of the contract; if it fails to do so the contract shall entitle the City, in its sole discretion, to terminate the contract.

3. If awarded a contract, vendor will be the person or entity in direct contract with the City and not as a subcontractor, other lower tier subcontractor, materialman or supplier.

_____

Company Name

_____

Street Address

_____

Owner's Name & Title

_____

Authorized Signature

FOR CITY USE ONLY

☐ **Vendor meets all requirements of Section 2-143.5(4) , Code of Ordinances, City of Parkland City Code.**

PUBLIC ENTITY CRIME STATEMENT

"A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s.287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list."

I state that this Vendor complies with the above.

AUTHORIZED SIGNATURE

Kurt N. Gehring
NAME

Managing Director
TITLE

April 18, 2022
DATE

SCRUTINIZED VENDOR CERTIFICATION

I, Kurt N. Gehring, Managing Director on behalf of RSC Insurance Brokerage, Inc. including its division Gehring Group

Print Name and Title — Contractor Name

Certify that RSC Insurance Brokerage, Inc. including its division Gehring Group does not:

Contractor Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel List; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over $1,000,000.00 that re on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Kurt Gehring

AUTHORIZED SIGNATURE

Kurt N. Gehring

NAME

Managing Director

TITLE

April 18, 2022

DATE

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

RSC INSURANCE BROKERAGE, INC.

2 Business name/disregarded entity name, if different from above

RISK STRATEGIES COMPANY

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

160 FEDERAL STREET, FLOOR 4

Requester's name and address (optional)

6 City, state, and ZIP code

BOSTON, MA 02110

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

1	6	–	1	6	8	9	4	6	4

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here Signature of U.S. person ▶ Brett Carlo Date ▶ 01/01/2021

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

FLORIDA DEPARTMENT of FINANCIAL SERVICES

RSC INSURANCE BROKERAGE, INC DBA RISK STRATEGIES COMPANY

160 FEDERAL STREET FL 4
BOSTON MA 02110

Agency License Number L044634

Location Number: 166368

Issued On 03/05/2013

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.

Jimmy Patronis
Chief Financial Officer
State of Florida

ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving *you.*

Anne M. Gannon
Constitutional Tax Collector
Serving Palm Beach County
P.O. Box 3353
West Palm Beach, FL 33402-3353

Collection Cart

	Items	Total	
Collection Cart	0	$0.00	Checkout View

Account Information

LBTR Number	Tax Type	Status
2019116256	Business Tax	Active

Mailing Address:
RSC INSURANCE BROKERAGE INC DBA RISK STRATEGIES COMPANY
11440 OKEECHOBEE BLVD STE 201
ROYAL PALM BEACH , FL 33411

Location Address:
11440 OKEECHOBEE BLVD 201
ROAYL PALM BEACH , FL 33411

Business Detail

Business Name:	RSC INSURANCE BROKERAGE INC DBA RISK STRATEGIES COMPANY	Tax Year:	2022
Trade Name:	RISK STRATEGIES COMPANY	License Number:	2019116256
Phone Number:		Lic. Status:	Active
New Business:	03/13/2019	Certificate:	L044634
Business Type:	INSURANCE AGENCY (81-0391)	Cert, Issued:	08/20/2021
Number of Units:	15	NAICS:	81-0391

Memo:
REQUIRED: SUBMIT CURRENT VALID COPY OF DFS STATE CERTIFICATION, LICENSE, OR EXEMPTION FOR RENEWAL

Tax Information

Bill Number	Due Date	Bill Year	Tax	Penalty/Fee	Interest	Total Due
B40172073	9/30/2021	2022	$0.00	$0.00	$0.00	$0.00
		Total Due:	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Tax Payment

Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2022	B40172073	B21.588913	$66.00	8/19/2021	RSC Insurance Brokerage Inc.

Delaware

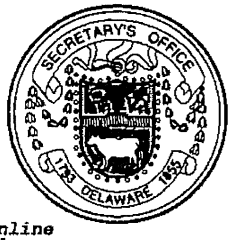
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RSC INSURANCE BROKERAGE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2008.

FILED
08 MAR 24 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3704516 8300

080304134



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6458225

DATE: 03-18-08

You may verify this certificate online at corp.delaware.gov/authver.shtml

DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Profit Corporation
RSC INSURANCE BROKERAGE, INC

Filing Information

Document Number	F08000001322
FEI/EIN Number	16-1689464
Date Filed	03/24/2008
State	DE
Status	ACTIVE

Principal Address

160 Federal St 4th Floor
Boston, MA 02110

Changed: 04/20/2020

Mailing Address

160 Federal St 4th Floor
Boston, MA 02110

Changed: 04/20/2020

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name Changed: 05/03/2021

Address Changed: 05/03/2021

Officer/Director Detail

Name & Address

Title VP

CHRISTIAN, MICHAEL B
160 Federal St 4th Floor
Boston, MA 02110

Title CFO, Treasurer

VAGLICA, JOHN
160 Federal St 4th Floor
Boston, MA 02110

Title Secretary, CLO

Logan, Natalie
160 Federal St 4th Floor
Boston, MA 02110

Title Director

Collins, Christopher L
160 Federal St 4th Floor
Boston, MA 02110

Title Director

Dutton, Stephen C
160 Federal St 4th Floor
Boston, MA 02110

Title President, CEO, Director

Mina, John
160 Federal St 4th Floor
Boston, MA 02110

Annual Reports

Report Year	Filed Date
2019	04/12/2019
2020	04/20/2020
2021	04/05/2021

Document Images

05/03/2021 -- Reg. Agent Change	View image in PDF format
04/05/2021 -- ANNUAL REPORT	View image in PDF format
11/25/2020 -- Reg. Agent Change	View image in PDF format
04/20/2020 -- ANNUAL REPORT	View image in PDF format
04/12/2019 -- ANNUAL REPORT	View image in PDF format
04/20/2018 -- ANNUAL REPORT	View image in PDF format
08/11/2017 -- Reg. Agent Change	View image in PDF format
04/12/2017 -- ANNUAL REPORT	View image in PDF format
04/20/2016 -- ANNUAL REPORT	View image in PDF format
03/19/2015 -- ANNUAL REPORT	View image in PDF format
01/29/2015 -- Reg. Agent Change	View image in PDF format
01/07/2014 -- ANNUAL REPORT	View image in PDF format
02/11/2013 -- ANNUAL REPORT	View image in PDF format

06/11/2012 -- ANNUAL REPORT	View image in PDF format
04/20/2011 -- ANNUAL REPORT	View image in PDF format
03/29/2010 -- ANNUAL REPORT	View image in PDF format
05/14/2009 -- ANNUAL REPORT	View image in PDF format
03/24/2008 -- Foreign Profit	View image in PDF format

Florida Department of State, Division of Corporations

ADDENDUM

SOLICITATION NO.: RFP 2022-03 - Insurance Agent Broker Services

ADDENDUM NO. 1

Closing Date: Tuesday, April 19, 2022 2:00 PM

To All Prospective Proposers:

This addendum is issued to modify the previously issued solicitation documents and/or given for informational purposes and is hereby made a part of the solicitation documents. Please acknowledge this addendum with your proposal submittal at the following link Bids and Tenders - City of Parkland

---

Deadline for Proposals: n/a

Specification Changes/Corrections: n/a

Drawing Changes: n/a

Questions/Clarifications and Answers:

Question 1:

What is the current renumeration for Gehring Group and Ben Tek?

Answer 1: Gehring Group is paid by the carriers on a commission basis:

- Medical – 5%
- Dental – 10%
- Vision – 5%
- Life and AD&D – 5%
- Long-term disability – 5%
- Preferred Legal – Vendor default
- American Fidelity – Carrier Standard

o Allstate – Carrier Standard

Question 2:

How long has the city used Gehring Group's Services?

Answer 2: The City has used the Gehring Group's services since 2017.

Question 3:

What is the cost of the BenTek online enrollment system?

Answer 3: The Cost of the Ben Tek online enrollment system is included in the current vendor's (Gehring Group) services.

Question 4:

Does BenTek provide direct file feed to your insurance carriers and to Benefits workshop?

Answer 4: Yes. Ben Tek provides direct file feed to the insurance carriers and to Benefits Workshop.

Question 5:

Will BenTek allow the city to continue using their services if the City moves to another broker?

Answer 5: No. Ben Tek will not allow the City to continue using the services as it is a product provided by the Gehring Group.

Question 6:

Can you please advise the total annual premium for:
a. Medical /Health Insurance
b. Dental
c. Vision
d. Basic Life
e. Voluntary Life
f. Long Term Disability

Answer 6: The total annual premium for this fiscal year 2021 is:

a. **Medical /Health Insurance: $1,295,404.75**
b. **Dental - $54.238.99**
c. **Vision - $9,930.18**
d. **Basic Life, voluntary life, LTD - $35,788.30 (all paid together)**

Question 7:

Can you provide us with the most recent 24 months of claim reporting to include number of employees, monthly premium, claims paid, pharmacy paid?

Answer 7: This information is unavailable due to group size.

Question 8:

Can you provide the most recent large claim report for the same timeframe as the above request.

Answer 8: This information is unavailable due to group size.

Question 9:

Provide the last 3 years of renewal information:
a. Medical /Health Insurance
b. Dental
c. Vision
d. Basic Life
e. Voluntary Life
f. Long Term Disability

Answer 9: The last three (3) years of renewal information is attached.

Question 10:

Who is the city's current benefits broker, when did you begin using this broker, and are you considering continuing this relationship?

Answer 10: Please refer to question number 2. The current contract expires September 30, 2022 with no renewal options available.

Question 11:

Can you provide a copy of any agreements between the city and your current broker?

Answer 11: The current contract between the current broker and the City is attached.

Question 12:

How is your current broker compensated (ie flat fee, commission percentage, per employee per month, hybrid) and how much is your current broker receiving in total compensation? If not using a flat fee agreement, please provide a breakdown for each product.

Answer 12: The broker is paid a 5% commission on premiums and is paid directly by the carrier.

Question 13:

Are any of the costs for non-insurance "Benefit Types" listed in the RFP scope of services billed separately to the city (i.e. Flexible Spending Account administration, Online Benefit Enrollment Portal/Website, COBRA administration)? If so, please provide specifics.

Answer 13: Flexible Spending Account and COBRA are billed through Benefits Workshop. The online benefit enrollment portal is part of Gehring Group's scope of service.

Question 14:

Are all of your current benefits fully insured? If not, please provide a list of benefits that are not fully insured and current funding platform (ie level funded, self-insured).

Answer 14: Yes. All of the City's benefits are fully insured.

Question 15:

Does the city or its current broker receive any compensation or credits for items such as wellness, COBRA, technology? If so, please provide specifics.

Answer 15: The City receives wellness funds to reimburse for wellness initiatives through Cigna ($5,000.00 per year).

Question 16:

What is your current process and strategy for conducting open enrollment and ongoing participant engagement?

Answer 16: Open enrollment is done in August for the October 1 plan year start date. Enrollment is conducted online through BenTek. The City typically holds an open enrollment fair in which the carriers come out and are available for our employees. Gehring Group coordinates carrier attendance.

Question 17:

Who manages your Family Medical Leave Administration (FMLA)? If administered by a third party vendor, please provide specifics.

Answer 17: The Family Medical Leave Administration (FMLA) is managed in house by the Human Resources Department.

Question 18:

What is the current agent compensation? If flat fee, what is the fee?

Answer 18: Please refer to question number 12.

Question 19:

If commission structure, what are percentages of commissions by line of coverage?

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/19/2022

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

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

PRODUCER	CONTACT NAME:	
Risk Strategies Company 160 Federal St. Boston MA 02110	PHONE (A/C, No, Ext): (617) 330-5700	FAX (A/C, No): (617) 439-3752
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Great Northern Ins Co	20303
INSURER B :	Federal Insurance Co	20281
INSURER C :	Pacific Indemnity Company	20346
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

RSC Insurance Brokerage, Inc., including its division
Gehring Group
160 Federal Street, 4th Floor
Boston MA 02110

COVERAGES **CERTIFICATE NUMBER:** CL221751385 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			36052336	05/20/2021	05/20/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			78187727	05/20/2021	05/20/2022	EACH OCCURRENCE AGGREGATE [ ]	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71765413	08/01/2021	05/20/2022	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured coverage may be available where required by contract or agreement, subject to policy provisions.

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RSC Insurance Brokerage Inc.

EXHIBITS

Exhibit A
Scope of Work

Scope of Services

To further elaborate on the extent of our services, we would like to take this opportunity to address each item in the **Scope of Work** of the RFP. Per the City of Parkland's RFP # 2022-03 for Insurance Agent Broker Services, Gehring Group understands the work objective to include, but not be limited to the following:

A. Summary: The services detailed below are those services expected to be provided by the Broker pertaining to health and welfare benefits. Actual work will be directed by the City of Parkland and may involve other consulting services that are not listed below.

1. Conduct strategic planning meetings to establish goals, priorities and identify areas of concern.

Confirmed. The City's Lead Consultant, Marc Rodriguez, and his analytical team will meet with the City on a regular basis for strategic planning, goal setting and overall plan review. Based on our familiarity with the City and its benefits program, this will be a seamless process as we continue to the upcoming renewal period. Gehring Group will produce a concise analysis of each renewal offer by line of coverage, to include any recommendations or budget concerns. Due to our specialization in the public entity market, we maintain access to comparative data from numerous other public sector entities that is often used to determine how your benefits program equates to those of other like entities. With this information, we can offer insight regarding renewal trends, the implementation of additional programs, and make recommendations regarding potential changes to your current program for consideration. It is our job to educate you on any new product in the industry that may reduce administrative burden or aid in the reduction of costs. We also available benchmark data to aid in future benefits decisions.

Gehring Group has also developed a new Public Sector benchmarking tool. CAVU is an online employee benefits benchmarking software specifically for Public Sector employers. With this tool, Public Sector employers will have the ability to complete a survey to enter their plan benefits and costs, compare their cost and benefits to other participating employers, and even invite other entities to participate. CAVU can provide valuable information on costs and benefit trends to aid Public Sector employers in making important decisions regarding plan options, schedules of benefits and employer/employee contributions.

Our team also performs provider disruption analysis as well as analyses of market trends and program options to determine those carriers, networks and plan options that may be viable for the City's consideration.

2. **Broker shall provide a benefits plan performance review and analysis as compared to the prior year's data relative to claims, plan enrollment, and any other key information to consider plan effectiveness, and to determine future strategies to control costs and maintain plan effectiveness and market competitiveness.**

As part of our annual renewal evaluation process, Gehring Group provides a benefits program cost review and analysis which compares the proposed renewal costs and benefits to the prior year's program offerings. This process may include soliciting proposals from the insurance market if determined in the best interest of the City. In addition, we break down all cost totals to illustrate not only the total cost impact, but also detail the cost impact to the City as well as to the employees. Inherent in this process is an annual review of benchmark data from other local entities, and analysis of the City's employer contribution strategy and whether the current strategy is achieving the City's goals. Additionally, we evaluate the actual benefits structure of the program to ensure that the plan design is driving employees to make the most informed and cost-effective choices regarding their healthcare benefits. For example, ensuring that there is enough of a cost differential to encourage an employee to visit an urgent care center versus the emergency room for a medical issue that is not life threatening or would not be considered a "true emergency".

Gehring Group is also known for being an innovator in the employee benefits marketplace. We evaluate all emerging cost saving options to determine viability for our clients and review new plan options as they become available from carriers, third party administrators or under any newly implemented legislation. We maintain a strong commitment to remain at the forefront of industry trends, market conditions, innovative concepts and new types of health insurance programs being presented by insurance companies and third-party administrators. Through our knowledge and expertise of all types of plan designs and funding arrangements, Gehring Group staff is able to aid our clients in determining which carriers and programs represent viable options in order to assist management in making better-informed decisions regarding the implementation of new concepts and determining whether they are in the best interest of the organization. For some groups this may mean consolidating plans to better consolidate risk and reduce adverse selection, while for other entities it may mean providing more plan options to better accommodate the needs of various types of employee populations within the entity who may be seeking varying coverage levels or alternatively, more affordable premium costs.

Our team has extensive experience assessing the benefits of various innovative concepts to assist plan sponsors with containing/reducing health care costs including:

- Innovative and holistic wellness programs,
- Onsite/near-site clinics,
- Telemedicine,
- Customized employee assistance programs and mental health services
- Value-based plan designs,
- Specialty physician designation cost share differences,
- Plans with "narrow networks",
- Client specific networks
- International prescription sourcing,
- Captive funding arrangements, and
- Live diabetic monitoring with mobile-enabled glucometers via a third-party diabetes management vendor.

Gehring Group provides sophisticated solutions to complex problems and utilizes technology and administrative capabilities to assist our clients in gaining efficiencies and develop long-range strategies to achieve your overall financial and benefits goals. We remain in contact with our clients continuously throughout the plan year, preparing budget projections and consistently monitoring available claims experience as well as assisting employees with claims issues and enrollments.

Gehring Group remains ahead of the curve with regard to evaluating and implementing new cost saving concepts in order to locate creative cost saving solutions and guide our clients through the entire selection and implementation process. We provide analysis to guide decision makers through all available cost saving options when developing a strategic plan. In addition, our integrity and credibility in the marketplace is recognized by the carriers with whom we work, allowing for direct access to underwriters, preferred status recognition as brokers for the public sector and enables our team members to achieve the highest level of results when negotiating.

3. Negotiate renewal rates with current carriers and/or market group coverage to competing carriers.

Gehring Group will aggressively negotiate the renewal rates for all employee benefits lines of coverage. Our services also include marketing the group coverage to the entire insurance market. Due to Gehring Group's large public sector client base and thus, significant premium volume with the insurance carriers, we have been very successful in negotiating competitive renewal rates with carriers. Based on our premium volume, Gehring Group has achieved top-tier recognition from all the major health insurance carriers within the State. As the liaison between the insurance carriers and our clients, our firm has both premium volume and industry knowledge which enables us to negotiate renewals in our clients' best interest.

4. A review of the City's flexible spending account program to include the solicitation, analysis, review, and recommendation of account administration firms and plan design.

Gehring Group will continue to monitor the City's flexible spending account program currently administered by Benefits Workshop. In the event the City authorizes a bid process, Gehring Group will conduct the RFP process and evaluate all proposals for FSA administration services, making recommendations as applicable regarding viable TPA's as well as the FSA plan design. This includes advising the City regarding its options as it relates to offering the $500 rollover versus the 2 ½ month extension available under the Health Expense FSA and will ensure that plan documents are updated accordingly. Our team will also remain accessible to guide the City with regard to any potential changes affecting FSA account with regard to new legislation, as was recently the case with the Families First Coronavirus Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security ACT (CARES), and the American Rescue Plan Act (ARPA).

5. Coordinate the City's employee open enrollment prior to the beginning of a new policy year and assist with monthly new employee orientation, employee education, and communicating benefit changes. Prepare Annual Employee Benefits Guidebook and provide consulting and technical support to implement online benefit open enrollment services to employees. Provide online benefit enrollment portal.

Confirmed. Your Gehring Group team is intricately involved in coordinating the City's annual benefits open enrollment prior to each new policy year. During our tenure with the City, we have also assisted with monthly new employee orientations, employee education and communicating benefit changes. Your Account Manager, Shauna Whittingham, will continue to provide these services as needed.

In addition to providing assistance with enrollments, we will also continue to develop the City's annual benefits guidebook and additional employee communication pieces at no additional charge. Whether in electronic or print media, our employee benefit booklets, flyers, posters, and educational materials translate the complexity of your various benefit programs into employee-friendly communication pieces to ensure your benefit plans are understood and utilized effectively.

As part of our services, your Gehring Group team provides many forms of communication and education including an annual benefit guide, open enrollment presentations and employee education. In addition, your account management team and Gehring Group's in-house professional Graphics team can provide additional communication materials in the form of educational collateral to target recognized needs including flyers, posters, campaigns, and videos highlighting specific topics. These communication pieces are customized to be distributed through client intranet services, posters, or other media allowing the City to communicate benefit offerings and educate employees of their benefit options and responsibilities. Gehring Group provides many options to our clients regarding employee communication. From face-to-face interaction at employee meetings to paper communication pieces to educational videos, we realize that employee communication is key to getting the most out of your employee benefits program. These options include:

- **Employee Benefits Guide**

  Gehring Group employs an in-house Graphics Department which enables us to assist our clients with employee communications materials. One of the tools necessary in the communication process is the annual employee benefits guide. At the beginning of each new plan year, we compile all the information regarding your insurance coverages and summarize it in a custom employee friendly benefit booklet. This booklet has proven to be a valuable resource and has allowed members to clearly understand plan options, related costs to make decisions in their best interest each year. This service is offered at no additional cost. We will provide you with enough copies for open enrollment and as needed for new-hire orientations throughout the plan year, as well as an electronic version for posting on your intranet or applicable location. (Exhibit C)

- **Professional Employee Communications**

  In addition to the provision of the employee benefits guide, we can also draft and produce employee communication pieces such as, department posters, mass employee mailings, Wellness Program brochures, etc. This allows the City of Parkland to better communicate its employee benefit offerings and keep their employees well educated regarding their employee benefit options and responsibilities. Gehring Group produces all brochures and other work product in-house at no additional charge which increases our level of efficiency. (Exhibit D)

Employee Educational/Wellness Campaigns

We also have pre-designed wellness campaigns and challenges that are easy to implement, relevant and timely. Some of the campaigns recently implemented by clients include a focus on being a conscientious consumer and include:

- Using your Flexible Spending Account – "*You're going to need those (glasses, prescriptions, braces, … anyway."*
- Let's Get Appy – *"Utilize your carrier App by downloading the carrier app for convenience and cost savings."*
- Preventive Healthcare Services – *"I understand the importance of using Preventive Healthcare Services."*
- Know Before You Go – *"What is considered emergency care versus non-emergency; where to go for diagnostic testing; the best place to fill a prescription."*
- Wellness in a Box – *Pre-designed wellness campaigns complete with education and challenges to increase engagement.*

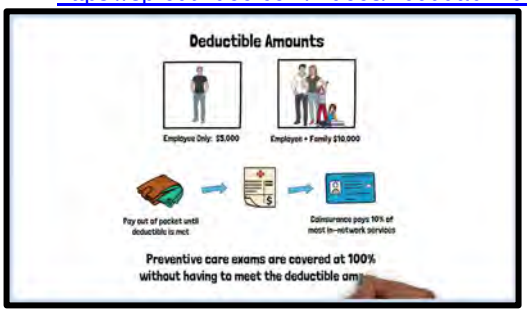
Our team will continue to assist the City of Parkland in developing a communication and determining a targeted message. The following are samples of some of the campaigns listed above.

Video Communication

Our team can create open enrollment videos for times such as these when having large group meetings may not be an option. Gehring Group has also developed custom whiteboard education/communication videos which provide employees with a concise video utilized to educate them on various benefit options or additional services such as EAP and health center promotion (if applicable) with additional topics coming soon. These videos can be hosted on the City's intranet or other applicable location. Sample videos can be viewed at the following web links:

Employee Assistance Plan:
https://sproutvideo.com/videos/a09dddb21d1de0c628

High Deductible Health Plan:
https://sproutvideo.com/videos/709ddab71b13ebc1f9



Lastly, Gehring Group's proposed services also continue to include the provision of the **Bentek® Online Enrollment and Administration System (Exhibit I)** at no additional cost. Through utilizing Bentek® during the last nine years, we trust that the City can appreciate the value of this innovative tool. With Bentek, the City has been able to streamline its benefits administration processes and have a HIPAA secure, comprehensive solution to provide YEAR-ROUND benefits administration services and enrollment capabilities, qualifying event reporting and life insurance beneficiary designations.

Other Gehring Group, Florida public sector entities that currently utilize Bentek include:

Account Name	
Boynton Beach, City of	Oakland Park, City of
Cape Coral Professional Fire Fighters Health Ins. Trust	Oldsmar, City of
Cape Coral, City of	Oviedo, City of
Career Source Palm Beach County	Palm Bay, City of
Charlotte County BOCC	Palm Beach, Town of
Clearwater, City of	Palm Springs, Village of
Cocoa Beach, City of	Parkland, City of
Cocoa, City of	Pasco County Clerk
Coconut Creek, City of	Pasco County Sheriff's Office
Coral Gables, City of	Pinellas County Sheriff's Office
Davie, Town of	Pinellas Suncoast Transit Authority
Deerfield Beach, City of	Port St. Lucie, City of
Delray Beach, City of	Rockledge, City of
Dunedin, City of	Sarasota County Sheriff's Office
Hernando County Board of County Commissioners	Satellite Beach, City of
Highlands County Board of County Commissioners	Sebastian, City of
Hollywood, City of	South Florida Water Management District
Key West, City of	St. Lucie County Sheriff's Office
Keys Energy Services	Stuart, City of
Lake Worth Beach, City of	Tampa Bay Water Authority
Margate, City of	Tax Collector, Palm Beach County
Martin County BOCC	Venice, City of
Martin County School District	Wellington, Village of

Account Name	
Martin County Sheriff's Office	West Palm Beach, City of
Naples, City of	Government of the US Virgin Islands
North Port, City of	Virgin Islands Water & Power Authority

About Bentek®

Bentek® is a system developed over 15 years ago specifically to meet the unique needs of the public sector. It is an easy and convenient, online benefits enrollment and administration system that streamlines benefit enrollment by delivering a web-based enrollment solution to over **100 Florida public sector entities** currently.

Via Bentek, our clients have access to a sophisticated, completely paperless benefits enrollment and administration solution that increases efficiencies in numerous ways including: allowing employees to access their benefits information 24 hours a day/365 days a year; providing one central place for employers to administer all lines of benefits coverage for employees and retirees; allowing automated eligibility transmissions to your carriers; providing a more efficient way to record qualifying events and beneficiary designations, and more.

The online enrollment experience, "**Enrollment in 6 Steps**", is designed to guide employees through the enrollment process in seven progressive steps, each tracked within the Enrollment Progress Bar. During any enrollment process (Open Enrollment, New Hire, Qualifying Event), employees can view both current and future enrollment and deduction information for all benefit options on one page.

Bentek is a completely cloud-based benefits enrollment and administration solution that streamlines your administrative processes and provides a comprehensive solution inclusive of the following features:

Employee Self-Service

- Powerful self-service tool providing employees with 24/7/365 access from the comfort of their homes to view their real time comprehensive benefits summary, review and compare plans, report qualifying life events, upload supporting documents, view dependents, manage beneficiaries for life insurance and retirement plans, and more.
- Increased employee engagement with access to current enrollment, cost, plan documents, provider information and a plan comparison tool to assist with enrollment decisions.
- Customized content including open enrollment news, embedded links, and access to videos and presentations which create a system that is complete with benefit resources for employees.

Open Enrollment

- Provides a rules-based enrollment and customized user experience built with benefit logic, alerts, and informational notifications based on the client's plan eligibility rules specifically designed for the annual enrollment period.
- Ability to immediately upload supporting documents for dependent verification upon completing the annual open enrollment session.
- Provides a detailed confirmation statement of all elected benefits and deductions that can be saved, printed, and viewed in future sessions.
- Ability to access to detailed plan information such as Summaries of Benefits and Coverage, plan summaries, plan comparisons and acknowledge compliance notifications, disclaimers, etc.
- Supports passive enrollment to eliminate interruption to daily administration activities.
- Supports carrier, plan, and rate changes without requiring employees to re-enroll.
- Has no blackout periods during renewal planning and set-up.

New Hire Enrollment

- New hires have access to the New Hire Enrollment module in Bentek throughout their eligibility waiting period to elect benefits, upload supporting documents, and designate life insurance beneficiaries.
- Provides a rules-based enrollment and customized user experience built with benefit logic, alerts, and informational notifications based on the client's plan eligibility rules specifically for new hires.
- Ability to immediately upload supporting documents for dependent verification upon completing a new hire enrollment session.
- Displays all employer-paid benefits to employees during their new hire enrollment.

Benefits Administration

- Management of employee demographics, personnel data, coverage eligibility, and dependent records in one single system of record.
- Automatically transmits electronic eligibility to insurance providers.
- Offers administrators visibility into plan statistics and system activity via a customized dashboard and automated system notifications.
- Offers an Announcements and Communication Center to reach out to new hires and send reminders to employees during annual enrollment.

- Benefit Administrators can approve qualifying life event submissions and generate customized approval, pending, and denial letters.
- Personnel and Payroll audit features to maintain the integrity of data between the Payroll system, HRIS system, and Bentek.
- Generates self-bills for all lines of coverage.
- Provides access to over 40 standard reports.

RetireSweet

With Bentek, employers can now streamline the management of retirees with a single solution to manage the City's entire population. Bentek's RetireSweet℠ is packed with features to help Administrators track retiree eligibility, enrollment, premiums, pensions and more. The RetireSweet module includes the following features:

- Total years of service (original hire date)
- Retirement subsidies and subsidy calculators
- Pension plans
- Benefit eligibility
- Medicare Advantage Plans
- Retirement System Data Files
- Customized enrollment experience
- Individual retiree invoices with custom cover letters
- Retiree payment tracking system
- Comprehensive retiree reporting
- Automated system notifications
- Retiree specific dashboards

Advantage of the Gehring Group/Bentek® relationship.

Lastly, it is important to note the increased level of efficiency that is inherent in Gehring Group's relationship with Bentek. This enables our clients to benefit from this unique synergy and provides Gehring Group with several service-related advantages including but not limited to:

- Immediate and increased access to reporting and census data for Gehring Group staff to assist employees with claims issues in a timely fashion;
- Ability to provide Bentek staff with information regarding renewal progress, negotiations and information updates;
- Full participation from the Gehring Group team during the renewal process, working hand in hand with Bentek team to deliver a world class solution and streamlined communication to employees; and
- Ability of Gehring Group to leverage relationship with Bentek to affect enhancement requests or changes to the Bentek application based on requirements such as health care reform.

Due to Gehring Group's continuous working relationship with Bentek, we are better able to serve in assisting staff and carriers/vendors with implementations, benefit updates and general enrollment questions.

Please Note: A separate Professional Services Agreement, Software as a Service Licensing Agreement and Business Associate Agreement will be required to be executed by the City of Parkland directly with Bentek.

6. **Provide and/or assist in any migration of benefits and enrollment data into new system(s) if/when necessary.**

   In the event the City selects an alternative enrollment system, your Gehring Group team will be available to assist in any migration of benefits and enrollment data into new system(s).

7. **Inform the City of current issues in the area of benefit law and administration including advise regarding HIPAA, COBRA, Medicare, Healthcare Reform and other similar state and federal laws that govern group insurance programs. The successful proposer shall have access to qualified staff or outside employee benefits legal counsel at no cost to the City.**

   Gehring Group maintains a strong commitment to ensure our clients remain in compliance with state and federal regulations and that all plan offerings and related documents are up to date. We remain at the forefront of pending and new legislation to educate our clients in a clear and understandable, timely manner regarding federal and state legislation, including the Affordable Care Act, Firefighter Cancer Bill, FFCRA, CARES Act, ARPA, HIPAA, and more. Each year, our team reviews our *Annual Compliance Review* checklist and creates a timeline and action plan around the results of the checklist. We employ a proactive approach to learning, interpreting, and educating on all applicable regulations as released and keep our clients up to date on all regulatory changes that will affect them.

   Our team remains current on regulations through a number of methods. First, we receive timely notifications from our attorney resources that we make available to our clients via email, seminars, workshops, and webinars. Additionally, we subscribe to various governmental information sites for updates including, but not limited to, IRS, HHS, CMS, and RegTap. We also subscribe to electronic industry services that provide us timely regulatory update notifications, insurance and benefits related compliance publications, and accounting journals. Our professionals attend conferences and continuing education seminars regularly.

   Our compliance team includes our attorney partners, in-house CPA's, tenured licensed professionals, subject matter experts and seasoned human resources professionals holding the PHR and SPHR designations. We believe independence and transparency are important in our role as advisors. In order to play an "independent role" as your employee benefits consultant, Gehring is not involved in any specific political, regulatory, or legislative activities. We do, however, remain informed regarding movements in regulatory activities on a very timely basis via our strategic partnerships.

Strategic Legal Partnership – Seyfarth Shaw

Gehring Group retains Seyfarth Shaw's Benjamin Conley as an additional resource for legal issues and research regarding health and welfare plans, ERISA and other benefits related topics. Mr. Conley regularly advises on defined benefit and defined contribution plan compliance, ACA, Section 125, ERISA, COBRA and HIPAA privacy regulations. He is also a member of Seyfarth Shaw's healthcare reform team and regularly consults with various governmental agencies such as the IRS, Department of Health and Human Services and the Department of Labor on health care reform developments, receiving clarification and interpretation of guidance directly from the source. One example of this is Seyfarth Shaw's participation in the American Bar Association's Joint Committee on Employee Benefits. This is an influential organization that meets regularly with representatives from the IRS to pose issues needing further clarification and discussion. This group oftentimes influences IRS regulatory decisions. Ben Conley is also regular featured speaker at Gehring Group's annual summit and educational seminars/webinars.

Compliance Assistance

Your Gehring Group team of experts is available to assist the City in reviewing all plan documents, renewal policies, plan amendments and any other related service agreements for feasibility, compliance with federal, state, and local legislation, and accuracy. We remain involved throughout the renewal process to ensure policies and certificates accurately reflect the results of the negotiations and decisions resulting and that bills have been issued correctly.

Gehring Group also works with our clients to ensure they are compliant with all annual notice and disclosure requirements. To assist in this effort, we have developed our "Annual Notices and Disclosures" checklist booklet to ensure that all requirements have been addressed. It provides a description of the notice, when it is due, allowed distribution methods and easy access to links locate the notice.

Additional tools utilized by our services teams include various external resources as well as checklists developed internally to assist with organization and compliance. Some of these checklists include:

- Annual Legislative Compliance Review (including ACA)
- Annual Notices and Disclosures Checklist
- Account Management Open Enrollment Checklist
- Implementation Checklist (New Carrier, New Client)
- Member Appeal Process Checklist
- Analytical Final Decisions Checklist
- Graphics Timeline Checklist (Employee Benefits Highlights)
- Employee Benefits Highlights Booklet Review Checklist

8. Keep the City abreast of changes in statutory and regulatory changes. Review pending legislation and report to the City of any impact it may have on existing or future benefits to include bearing the cost and expense for the reproduction of any copyrighted materials necessary for such performance.

At Gehring Group, we take the position that we are a resource to our clients and not just a facilitator, so we embrace the learning and dissemination of information. We educate our clients regularly by holding on-site and local client seminars, hosting topic specific compliance webinars, authoring easy to read succinct newsletters and email updates, and coordinating educational workshops. Gehring is recognized within the industry as experts in the employee benefits field. As part of our commitment to keeping our clients informed and educated, Gehring Group also hosts an annual two-day ***Insurance Education, Innovation, and Excellence Summit*** specifically for Public Sector organizations. During the summit, we provide engaging sessions on Leadership Training, Wellness, Legislative/Compliance Updates, and Innovation and Trends in Employee Benefits and Risk Management. In addition to the annual summit, Gehring Group's experts provide quarterly ***Benefits Administration Workshops*** on topics including: Benefits Basics; Public Sector 101 & Florida Sunshine Laws; Releasing and Bid for Benefits; Open Enrollment Planning; When Things Go Wrong; Industry Associations; Compliance Notices; etc. We also host a ***Mental Health First Aid Workshop,*** focusing on providing human resource and benefit administrators solutions when addressing increasing concerns around mental health and substance abuse disorders. These sessions are taught by our very own Anna Maria Studley, Director of Client Development

and Joelle Kantor, Wellness Coordinator, both of whom have achieved certification as a *National Council Mental Health First Aid* instructor.

Gehring Group employs several methods of educating our clients about changes in federal, state, and/or local laws. These include:

- **Gehring Group Newsletters**
  Gehring Group provides you with updates regarding any changes in applicable laws and how they might affect your benefits program via our Gehring Group newsletters which are distributed via email. (Samples included in Exhibit H)

- **Client Seminars/Webinars**
  During this time of legislative change, Gehring Group has taken on the role of becoming an educational resource for our clients by hosting several informative seminars on relevant topics. Most recently, Gehring Group has hosted weekly webinars regarding the new legislation surrounding the Families First Coronavirus Response Act (FFCRA), the subsequent CARES Act and corresponding legislation surrounding COVID-19. Each year, we also host several client seminars/webinars on various topics, in order to ensure that our clients have all the information needed to be adequately prepared for new mandates and are comfortable in their understanding of all requirements. (Sample included in Exhibit _.) Employers can also take advantage of the educational opportunities available at our annual two-day ***Insurance Education, Innovation, and Excellence Summit, Mental Health First Aid Workshops*** and more.

  Gehring Group also hosts semi-annual two-day ***Benefits Administrator Workshops*** for our clients' benefits administration staff during which we review such topics as the basics of coverage types, plan year administration, the RFP and purchasing process, notional accounts, best practices, statutes surrounding Sunshine Laws, benefit program reporting, benefits program and ACA compliance, and many other topics based on our clients' input. In the event of new legislation such as the ***Firefighter Cancer Bill***, our experts hosted a special legislative workshop, providing legal resources to answer questions and guiding through the financial considerations and potential funding options. These additional educational opportunities enable our clients to connect with peers and discuss best practices and emerging trends.

  During the last three years, Gehring Group has hosted and presented at the following educational events for our clients and various associations:

Date	Client Educational Opportunity
June, 2019	**Client Workshop** – Firefighters Cancer Bill & Emergency Responder Death Benefits Amendment Update Workshop **Client Workshop** – HR Leadership Forum Workshop
July, 2019	**Client Workshop** – Benefits Administration Training & Workshop
July, 2019	**Webinar –** State Legislative Update
July, 2019	**Florida Public Human Resources Assn 2019 Summer Conference** – Health Plan Enrollment – Rules and Strategies
October, 2019	**Webinar –** Wellness Woes: How the DOL is Raining on Macy's Parade
March 19, 2020	**Webinar** – COVID-19 and the Impact on Public Sector Employers
March, 2020	**Client Workshop** – Benefits Administration Training & Workshop
April 1, 2020	**Webinar** – Families First Coronavirus Response Act: Emerging Guidance & Answers (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
April 14, 2020	**Webinar** – Understanding COVID-19 and the Testing Alternatives
April 21, 2020	**Webinar** – Families First Coronavirus Response Act (FFCRA): Updated Guidance (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
April 29, 2020	**Webinar** – Is Your Website ADA Compliant
April 30, 2020	**Webinar** – Return to Work Considerations and Decision-Making (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
June 4, 2020	**Webinar** – Reopening During a Pandemic: Is it Safe to go back into the Water (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
July 21, 2020	**Webinar** – Questions & Answers on Return to Work and COVID Related Matters (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
August 4, 2020	**Webinar** – Keeping Your Wellness Program Together While Being Apart
September 10, 2020	**Webinar** – The Hits Keep Coming: The Latest on COVID-19 (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
October 14, 2020	**Client Workshop –** Benefits Administration Training & Workshop
October 29, 2020	**Webinar –** Protecting Your Organization from Cyber Crime
December 10, 2020	**Webinar** – Practice Cyber Safety While Home for the Holidays
January 6, 2021	**Webinar** – Let's Talk COVID Vaccines (Expert Panelist: Dr. Pete LoFaso)
January 7, 2021	**Webinar** – FFCRA, COVID Related Employer/Employee Update (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
March 17, 2021	**Webinar** – Outbreak, Vaccine Update, and the Considerations of the American Rescue Plan Act (ARPA) on the Public Sector (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
March 18, 2021	**Webinar –** The ABCD's of Medicare (Expert Panelist: Michele Malooley, LPRT, CSA)

Date	Client Educational Opportunity
April 21 & 22, 2021	**Public Sector Client Summit** **DAY 1:** • All In Culture: Leading with Gratitude, *Chester Elton, Keynote Speaker* • Just the Facts about the Vax, *Dr. Pete LoFaso, Board Certified Internist & Dr. Maria San Jorge, Board Certified Pediatrician* • Responding to Misinformation: *Dr. Joe Smyser, CEO, Public Good Projects* • Tackling Mental Health in the Workplace, *Taylor Adams, Director of Workplace Mental Health, Mental Health America* **DAY 2** • Moving Forward Together: How the Pandemic is Impacting Different Generations, *Kim Lear, Keynote Speaker* • Wired & Tired: The Physical & Mental Manifestation of Living Through a Pandemic, *Dr. Lucy McBride, Board Certified Internist, Mental Health Advocate* • Healthcare Outlook Under the Biden Administration, *Andrew MacPherson, Managing Partner, Healthsperien*
May 26, 2021	**Webinar –** Calculating the Count & Completing the Form 720 for PCORI Fees
July 7, 2021	**Webinar –** Tax Credits and COBRA Benefits Under the American Rescue Plan
August 25, 2021	**Webinar** – The Fourth Wave: Updates on Vaccine & Mask Mandates and Emerging Topics
September 23, 2021	**Webinar –** Don't be "Surprised" by Upcoming Benefits Changes
November 17, 2021	**Webinar –** COVID In Our Midst: Understanding the Current State of Affairs
January 5, 2022	**Webinar –** It's 1095 Time!
January 26, 2022	**Webinar –** The A, B, C, Ds of Medicare Part 2

- **Face-to-Face Meetings**

  Last, but not least, Gehring Group will make a point to meet with clients face to face to address issues or opportunities specific to that client. It is our goal to provide our clients with any training and support as needed. Since Gehring Group sits on the agent advisory councils of many of the major insurance carriers in the state, we are often the first to be informed of new health plan trends and product offerings resulting from the new legislative mandates and can, therefore, keep our clients well informed of any programs or potential new cost saving opportunities. In addition, we meet with each client to address any changes in state or federal regulations that may affect them.

  Gehring Group has taken a proactive stance and is consistently monitoring the current events taking place amidst the current fast-paced legislative environment. Gehring Group will provide the City with updates regarding any changes applicable to client benefits programs and assist in planning and preparation to remain in compliance with all legislative requirements. To aid in this effort, Gehring Group provides educational seminars and webinars to our clients to adequately prepare for any new requirements and benefit changes associated with ACA or other legislation.

MINERAL ONLINE HUMAN RESOURCES RESEARCH TOOL

In addition, Gehring Group provides the *Mineral* HR research platform to all clients at no additional charge. *Mineral* offers a one-stop resource for quick answers to thousands of human resources and employee benefits questions covering such issues as record-keeping, employment law, wages and withholding, workers' compensation, harassment, ERISA, COBRA and FMLA. *Mineral* provides you with easy and immediate access to expert HR advisors who will provide information and answers in a timely manner to minimize the exposure and risk associated with legal and regulatory matters. These answers are provided via phone, web, or email, followed up with a written response to summarize the issue and result. This services also includes over 200 safety training courses and the ability to assign and track completion of training.

HR Hotline – Immediate, unlimited help from PHR and SPHR Advisors via phone or email.

- Phone access to HR advisers anytime Mon-Fri, 9am-8pm EST
- Written/email follow-up on complex issues or researched matters
- National and regional expertise

HR Library – Immediate access to HR resources to solve your HR concerns.

- Thousands of forms, documents, tools, and checklists for every HR department
- Job description builder and salary benchmarking tools

Learn Pro – More than 200 online training courses that ensure compliance, reduce risk and drive employee engagement.

- Intuitive administrative dashboard
- Risk and Safety content
- Robust reporting

9. Represent the City as requested in communications with all underwriters, claims adjusters, and claimants.

Acting as an extension of the City's employee benefits and HR staff, your Gehring Group team will be your liaison between all carriers, underwriters and claim adjusters. We are also available to assist employee claimants directly with any issues regarding claims incurred under the City's benefits program. It is Gehring Group's goal to represent the City with best efforts regarding its employee benefits program and communicating and negotiating with service providers.

10. **Assist the Human Resources Department in reviewing group health insurance program costs to include the preparation of routine group health program management reports which detail the performance of the plan; develop rates for budget; identify and prepare a critical factors analysis to identify cost drivers; monitor the sufficiency of rates; review of group health plan design to determine the propriety of plan wording and to determine areas whereby plan design might be adjusted to enhance the economy and efficiency of the program. Prepare a medical and pharmacy plan design analysis that identifies the potential cost savings of increased deductibles, copayments, out of pocket and other structural changes.**

    Gehring Group's analytical process includes reviewing all historical claims experience, demographic data trends and plan performance from a financial perspective. In addition, Gehring Group will provide reports to the City on the available claims experience. Gehring Group's seasoned and experienced analysts review and evaluate each client's plan performance on a monthly basis, with further extensive analysis performed at scheduled intervals, typically annually. Our analysts have access to a number of tools that can be utilized to drill down the actual cost drivers within the claims data so that costs may be mitigated as applicable and savings realized. We also compile and present concise and comprehensive plan performance reports that provide committee members and decision makers with the knowledge necessary to make informed program recommendations and decisions.
    Note: Due to the number of employees insured under the City's medical plan, claims experience data is unavailable. Should the City transition to a self-insured arrangement or increase employment figures, claims information may become available at that time.

11. **Act as liaison between benefit providers.**

    As a completely independent agent/consultant, Gehring Group will be the City's liaison between City staff and each of its benefits vendors. In our role as the liaison, we represent the City's best interests in negotiating, coordinating, implementing, and monitoring all aspects of plan benefits and service. We consistently review plan documents and certificates for compliance and to ensure that all special terms and conditions have been included. In addition, we serve as a resource to your employees for benefits questions as well as assistance with claims issues. Our goal is to make recommendations for each client that are most in line with their employee benefits philosophy and budgetary constraints and proactively address any service or billing issues experience by our clients. We are also able to leverage our large client base and carrier recognitions when aggressively negotiating in the best interest of our clients. In addition, we are able to negotiate performance guarantees with vendors regarding implementation, ongoing member service criteria and provider discounts.

12. **Provide for COBRA administration for the City during the length of the contract.**

    Gehring Group currently provides COBRA and Retiree Billing administration services through Benefits Workshop to the City of Parkland. Will continue to offer these services at no additional cost to the City should the City retain Gehring Group as its employee benefits broker under this proposal.

13. **Perform settling and mitigation of claims or grievances for the City and for individual employees.**

    In addition, members of your service team are not only available to benefits administration staff and decision makers but are also directly accessible by employees and retirees in the resolution of unresolved claim issues. In addition to your assigned account manager, Gehring Group also provides three in-house

Client Service Specialists specifically for this purpose. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider's office to seek resolution. The internal Client Service Specialists are also intricate in helping to resolve escalated claims issues by assisting with writing appeal letters in the event a claim has been denied.

Two examples of Gehring Group's intervention that resulted in significant savings to employees include:

1. Assisting an employee in resolving $19,000 of denied claims. The employee's dependent child had specific surgical procedure and was billed over $19,000. The claims were denied because the carrier claimed a lack of medical necessity. Our team worked closely with both the provider and the insurance carrier to provide the medical necessity information and documentation in order to have the claims reprocessed and paid, resulting in the employee only owing his $500 deductible and a $150 facility copay.

2. The dependent of an employee was in skiing accident and received emergency care out of state. After the surgery, he received a "boot" from an out-of-network durable equipment provider. The carrier denied this claim, stating that it was considered a non-covered service and the member was then billed $966. Our team worked with the employee to write an appeal letter on the member's behalf and provided all medical documentation for the carrier to reconsider covering the expense. The appeal was approved and this claim for $966 was processed and paid in-network at 100%.

Our Gehring Group team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

14. Review each insurance policy, binder, certificate or other insuring document and all endorsement effecting coverage and/or price, to ensure they are complete, correct and in compliance.

Your Gehring Group team of experts is available to assist the City in reviewing all policies, plan documents, renewals, plan amendments and any other related service agreements for feasibility, compliance, and accuracy. We remain involved throughout the renewal process to ensure policies and certificates accurately reflect the results of the negotiations and decisions resulting. In our role as the liaison between the City and its vendors, we represent the City's best interests in negotiating, coordinating, implementing and monitoring all aspects of plan benefits and service. As part of this service, we consistently review plan documents and certificates on an annual basis to ensure that all special terms and conditions have been included, are complete and in compliance with all applicable federal and state regulations.

15. Be available to the City for consultation as needed.

Your Gehring Group team will remain in consistent contact with City Staff and provide consultation as needed throughout the year. Due to our close proximity, we are available to City Staff given reasonable notice. Gehring Group has been supporting our clients with various administrative and compliance services for over 29 years. Your Gehring Group Account Manager will be the primary resource for all services related to benefits administration and compliance issues such as enrollment and eligibility, claims

issues and day-to-day inquiries throughout the course of the year. Gehring Group provides benefits administration support on a day-to-day basis that includes but is not limited to:

Plan Implementation and Open Enrollment Assistance

- Review of all contracts, Summary Plan Descriptions (SPD) and Plan Documents for accuracy and compliance
- Coordinate and conduct open enrollment meetings and assist with the enrollment of all employee benefits
- Providing additional staff to support multiple locations and time slots for employee meetings
- Arranging multilingual representatives (as needed)
- Creating and producing annual benefits booklets and other employee communications
- Coordinating all materials or carrier/vendor participation for open enrollment
- Ensuring a smooth implementation with new vendors or plans to ensure that all necessary paperwork is complete, and all policies are accurate according to what was sold

Customer Service and Client Support

- Being an employee advocate and assisting employees with claim issues and benefit questions
- Assisting HR with billing and administrative issues
- Conducting employee surveys to determine employee satisfaction with the benefits plan
- Analyzing data to identify wellness and education targets
- Continually monitoring claims experience to make projections in order to adequately prepare for renewal and budget planning
- Providing onsite educational meetings to staff and employees
- Attending employee benefits committee and Citizens Finance Committee meetings as needed

Graphics & Communication Services

As part of our services, your Gehring Group team provides open enrollment presentations and employee education. These options include:

- Employee Benefits Guide
- Professional Employee Communications
- Electronic Communication
- Employee Educational/Wellness Campaigns
- Video Communication

Compliance and Legislation

- Affordable Care Act and legislative consulting services
- Email Newsletters, Webinars, and Seminars regarding legislative updates that impact our clients (sample webinar included in Exhibit D)
- Easy-to-Read Legislative briefs summarizing developments in HR, Insurance and Employee Benefits
- Providing access to Minder, an online HR research tool
- Access to legal experts

Wellness

- Assisting with the coordination of and attending health and wellness fairs and any ongoing wellness initiatives

- Implementing, Managing, and Evaluating a wellness program
- Negotiate and manage carrier Wellness Funds
- Ensuring the wellness program is HIPAA, GINA and EEOC compliant and within guidelines

Other ways in which Gehring Group provides compliance and benefits administration support include but is not limited to:

- ✓ Annual Employee Benefits Program and Compliance Review
- ✓ RFP & Evaluation Services
- ✓ Open Coordination & Enrollment Assistance
- ✓ Customer Service and Client Support
- ✓ Claims Monitoring and Analysis
- ✓ Education, Compliance and Legislation
- ✓ Wellness Program Consulting
- ✓ Claims Research & Employee Advocacy

Based on our team and back-up approach for servicing our clients, your Gehring Group service team is truly an extension of, and a valuable resource to the City's benefits administration and human resources staff.

16. Evaluation of a City on-site or multi-jurisdictional clinic option and if decided upon, work on implementation strategy. The goal of the City of Parkland is to improve the long-term health of employees and create cost containment on insurance programs.

A pioneer in our industry, Gehring Group has successfully assisted several of our public sector clients in the bidding, evaluation, and implementation of an employee onsite health clinic. The consideration of an onsite clinic is not a task to take lightly. We have walked each of our clients through the step-by-step process of determining if the clinic concept is a feasible option for them, narrowing down the various clinic models and ultimately implementing a clinic to provide the services to best meet their needs and cost savings goals, while remaining completely independent in our role.

This is a comprehensive process including:

- Feasibility analysis
- Request for proposals
- Proposal analysis and finalist selection
- Contract negotiation
- Facility selection
- Provider selection (physician interviews)
- Implementation
- Employee communication
- Ongoing utilization monitoring
- Return on investment analysis

During this process, our staff meets with executive staff, elected officials, employee committees, etc. for the purpose of providing ongoing communication regarding the RFP, evaluation, and contract process. The following includes four clients for which Gehring Group coordinated the entire process, from RFP to implementation. Each of the following clients selected a different clinic model or vendor and each concept is customized to function according to the needs of the group. Our client success stories include but are not limited to:

1. Charlotte County Board of County Commissioners
2. Martin County Board of County Commissioners
3. City of Cocoa
4. Palm Beach County Sheriff's Office
5. City of West Palm Beach
6. City of Clearwater

Gehring Group has extensive experience in the clinic evaluation process for Florida public sector entities. We are completely independent and evaluate all clinic proposals based on the needs and goals of our clients. We have issued numerous requests for proposals and have consistently received responses from various clinic vendors, local and national. The City of Parkland can be sure that Gehring Group will work on its behalf to determine the viability of an onsite clinic and make any City investment into an employee health center a success.

17. **Monitor performance of all plans and give quarterly reports to the City Manager and Human Resources Director. Proactively suggest products and services that would better serve the needs of the City and its employees. Develop and assist in the implementation of new insurance plans and employee benefit programs.**

Gehring Group monitors all available claims experience on a monthly basis and provides claims reports to the City on a quarterly basis. Out team analyzes various types of reports and utilizes our data analytics tools to aid the City in making informed decisions regarding its employee benefits plan options. These reports include but not limited to:

- Monthly Claims experience report with
  - Cost per subscriber per month
  - Stop loss reimbursement tracking
  - Pharmacy rebates
- Large claim reporting
- Renewal cost projections
- Employer/Employee/Retiree cost summaries
- Stop Loss deductible analysis
- Top utilized prescription drug utilization reports (by cost & by volume)
- Provider & pharmacy displacement analysis'
- Summary of benefits comparisons

We utilize our team's underwriting experience along with data analytics software to develop forecasting scenarios for your current plan design, applying charges or credits for alternative plan design options for consideration. We include consideration for the costs associated with legislative changes such as the

Affordable Care Act including fees, additional workforce plan costs, and impact due to mandatory plan changes (ex: women's wellness, clinical trials, etc.)

Note: Due to the number of employees insured under the City's medical plan, claims experience data is unavailable. Should the City transition to a self-insured arrangement or increase employment figures, claims information may become available at that time.

One example of one of our client's long-term strategies included a three-year path to align their health plan design and benefits with increasing the aggressiveness of their wellness program with the goal of targeting unhealthy lifestyles – adding incentives for physical activities in the first year; wellness health targets verified by physicians in the second year and finally, smoker surcharges, all while monitoring utilization and making plan changes to avert over utilization year over year. Other clients have set goals to transition from a fully insured arrangement to a minimum premium arrangement in order to get more comfortable with the concept of self-funding. Others have implemented an employee health center where members are able to receive care at no cost, providing a return on investment through a lower cost model than having those claims paid through the health plan.

We understand that employee benefits are a key aspect of an employee's compensation package. Accordingly, we agree that a long-term strategic benefit plan must be in place to allow both the employer and employee to anticipate and prepare for future change be it financial, with plan design modifications, or offering new products and services. Gehring Group's goal is to maintain long-term client relationships and assist our clients in developing long range strategies to conform to the client's overall goals. Getting the most out of your benefits dollar is one of our primary goals when servicing our clients and their members.

Innovative Ideas & Solutions

Gehring Group is known for being an innovator in the employee benefits marketplace. We evaluate all emerging cost saving options to determine viability for our clients and review new plan options as they become available from carriers, third party administrators or under any newly implemented legislation. We maintain a strong commitment to remain at the forefront of industry trends, market conditions, innovative concepts and new types of health insurance programs being presented by insurance companies and third-party administrators. Through our knowledge and expertise of all types of plan designs and funding arrangements, Gehring Group staff is able to aid our clients in determining which carriers and programs represent viable options in order to assist management in making better-informed decisions regarding the implementation of new concepts and determining whether they are in the best interest of the organization. For some groups this may mean consolidating plans to better consolidate risk and reduce adverse selection, while for other entities it may mean providing more plan options to better accommodate the needs of various types of employee populations within the entity who may be seeking varying coverage levels or alternatively, more affordable premium costs.

Our team has extensive experience assessing the benefits of various innovative concepts to assist plan sponsors with containing/reducing health care costs including:

- Innovative and holistic wellness programs,
- Onsite/near-site clinics,
- Telemedicine,
- Customized employee assistance programs and mental health services
- Value-based plan designs,

- Specialty physician designation cost share differences,
- Plans with “narrow networks”,
- Client specific networks,
- International prescription sourcing,
- Captive funding arrangements, and
- Live diabetic monitoring with mobile-enabled glucometers via a third-party diabetes management vendor.

Gehring Group is a leading provider of employee benefits services whose success is driven by our expertise, years of knowledge, independence, and integrity as well as our people, their passion, and our commitment to remain the consultant of choice to our clients.

Emerging Risks

Health and benefits programs today are facing more emerging challenges and cost hurdles than ever before. Some of the major areas of emerging risk for all employers includes the onslaught of the COVID-19 global pandemic and the unknown burden it will place on employers as well as the mental health of the nation. Additional risks include the rising costs of specialty medications and the introduction of gene therapies as addressed below.

COVID-19 Pandemic

At the beginning of the COVID-19 global pandemic, Gehring Group immediately provided our clients with educational and legal resources particularly in regard to the new employment rules and regulations as established by the FFCRA and the CARES Act, and now ARPA, to ensure that all of our clients were compliant and remained up-to-date with legislation that was changing on a daily basis as it related to employment law, absence management, benefits administration, and insurance coverage changes. In the last year, Gehring Group has held over a dozen legislative update webinars and established a Client COVID-19 Client Resource Center. Our webinar topics entailed:

- COVID-19 and the Impact on Public Sector Employers
- Families First Coronavirus Response Act: Emerging Guidance & Answers
- Understanding COVID-19 and the Testing Alternatives
- COVID-19 Return to Work Considerations and Decision Making
- Reopening During a Pandemic: Is it Safe to go back into the Water?
- Protecting Your Organization from Cyber Crime
- Let’s Talk COVID Vaccines (Expert Panelist: Dr. Pete LoFaso)
- FFCRA, COVID Related Employer/Employee Update (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
- Outbreak Period, Vaccine Update, and the Considerations of the American Rescue Plan Act (ARPA) on the Public Sector (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
- Tax Credits and COBRA Benefits Under the American Rescue Plan

Gehring Group will continue to monitor new legislation to assist our clients throughout this pandemic and provide all the tools and resources available to the City which includes monitoring claims exposure, return-to-work products, as well as virtual solutions for employee communications and open enrollment.

Mental Health

Recognizing that the status of mental health of our employees has become an ever-increasing concern for employers and the nation as a whole, Gehring Group has made several investments to expand our knowledge of the issue. This includes having two Gehring Group employees obtain their certification as National Council Mental Health First Aid instructors who are able to proactively provide solutions when addressing increasing concerns around mental health and substance use disorders.

In addition, Gehring Group's most recent annual two-day Public Sector Summit included a significant amount of relevant content to provide information and communication solutions to help employers address the concern including:

- Tackling Mental Health in the Workplace, Taylor Adams, Director of Workplace Mental Health, Mental Health America
- Moving Forward Together: How the Pandemic is Impacting Different Generations, Kim Lear, Keynote Speaker
- Wired & Tired: The Physical & Mental Manifestation of Living Through a Pandemic, Dr. Lucy McBride, Board Certified Internist, Mental Health Advocate
- Responding to Misinformation: Dr. Joe Smyser, CEO, Public Good Projects

Gehring Group's most recent focus group and workshop took place on March 30, 2022 on the topic of Police and Fire Mental Health.

Specialty Pharmacy Cost Escalation

A growing problem that is impacting all employers, specialty pharmacy costs are exceeding all costs at an extremely rapid pace. Gehring Group continually monitors solutions that are available in the marketplace to help reduce the exposure of these exorbitant cost increases. We have identified several areas of opportunity to assist many of our clients in reducing these costs and will consider further evaluation upon selection.

Gene Therapy Treatments

For our self-insured groups, Gehring Group has also evaluated the Embarc Benefit Protection Program administered by EviCore Healthcare. This program protects self-insured clients from the high cost of gene therapy. Breakthrough and potentially life-changing gene therapies are emerging, and by 2025, the FDA anticipates approving between 10 to 20 gene and cell therapies each year.

Gene therapies are expensive, and a single treatment can cost millions of dollars. The high cost threatens access to these life-changing therapies if health plans cannot afford to cover them. This solution creates financial protection for self-insured plan by not exposing the health plan to these high-cost gene therapies and gives participants access to these life-changing therapies for less than $13,000 a year. At initial launch, this network solution offers financial protection against the first two high-cost gene therapies in the marketplace. Over the course of the next five years, the program will assess whether additional therapies will be added to this solution as they come to market.

18. Attend City Commission meetings as requested.

Confirmed. Members of your service team are available for onsite and/or virtual meetings with City Council, insurance committee meetings, open enrollment fairs, and other meetings as requested with no limitations on the number of visits.

19. Work with the Human Resources Director on the continued development of the City's wellness initiatives.

Confirmed. Your Gehring Group service team will work with the City's Human Resources Director to explore wellness options and further develop the City's wellness initiatives. Our team has had significant experience implementing various types of wellness programs at various sized employers. We have assisted a number of clients in implementing a structured wellness program with the goal of encouraging employees toward a culture of wellness and we are available to assist the City in developing a concrete wellness strategy with written goals. We are there each step of the way. Gehring Group is able to coordinate services between carriers, health and wellness vendors, and the client to facilitate the delivery of appropriate and coordinated health management and care management services through various outlets including clinics, educational seminars, management programs offered through the carrier, carrier resources, programs developed by the Gehring Group wellness team, and health improvement wellness challenge platform vendors. Our Wellness Coordinators have knowledge of various effective wellness vendors and can provide you with an overview of the various services that may be in your best interest as there are many aspects of a wellness program to take into consideration in order to obtain measurable results. These include:

- Obtaining results through periodic health risk assessments and screenings; structured and non-structured activities provided by internal and external resources;
- Providing incentive programs to encourage and sustain participation year over year;
- Attaining support of management and leadership to effectively communicate and encourage participation; and
- Determining the budget for the program.

The simplest of Wellness Programs can cost next to nothing; however, Wellness Programs in which health risk assessments and biometric screenings are conducted for the entire employee population and measured throughout several plan years can incur substantial cost to the group. For many of our clients who may not have a "wellness budget", Gehring Group has also been successful in negotiating "wellness funds" from various health insurance carriers inclusive with their renewal proposals.

20. Assist with budget projections on future costs of benefit programs to include the determination of contribution structures for the City and for active and retired employees; assisting in plan/claim projections or forecasts for all health or wellness related costs; and plan and develop or create cost savings measures or recommendations necessary for future plan performance.

Since claims experience is unavailable for fully insured groups the size of the City, the City can rely on Gehring Group's leverage in the marketplace to forecast health and related insurance costs. Based on the number of public sector clients we serve, we are well-versed in the carrier underwriting process, trend and other factors used and renewal trends in the local market. This ensures there will be no surprises at renewal and that the City will have time to prepare for any required budget action.

21. Provide responsive customer service in answering questions about coverage, assisting with securing coverage and completion of paperwork required by the City's Human Resources Department and the employees insured and their insured dependents. It is expected that when contacted by the City, the assigned Broker makes contact via email or telephone the same day when possible or within 24 hours of a call/email to acknowledge receipt and schedule time to discuss or handle the issue/question at hand.

Your Gehring Group account manager takes an active role in providing prompt customer service, assisting the City and its employees and their dependents in completing applicable insurance paperwork, helping them enroll online via Bentek®, and in the resolution of unresolved claim, coverage, and billing issues. Each client has a dedicated team to assist you with any and all issues that may arise. Our response time is always within 24 hours and often the same day. Our success rate in resolving issues in a timely fashion is extremely high due to the strong carrier relationships we maintain. For most carriers, we have dedicated service personnel to whom we can address employee claim issues. We keep record of all major issues in our client management system and continuously follow up with the employee, carrier, and provider through to resolution. All information remains confidential as Gehring Group is HIPAA compliant. In addition to your assigned account manager, Gehring Group also provides three in-house Client Service Specialists specifically for this purpose, so that even if your account manager is temporarily unavailable, there will be someone accessible to you and your employees. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider's office to seek resolution.

As previously stated, the Gehring Group standard is to return a call promptly, generally within the same day; however, our clients enjoy the ability to always get a message to their account managers who are out of the office either through their cell phones or our administrative assistant.

22. Prepare marketing strategies for procuring City insurance for review by the City.

Confirmed. Gehring Group employs a number of strategies in developing a long-term strategic plan based on our clients' goals and objectives. Our plan includes regular meetings with you to understand your organization's goals, budget, organizational considerations (such as unions, hiring/layoffs), culture, and plan competitiveness compared to benchmark and local entities. Additionally, we look at your organization's loss experience for multiple years (if available) and perform analytics on your data utilizing software and technology to develop forecasting scenarios for your current plan design, then applying charges or credits for alternative plan design options. We include consideration for the costs associated with the Affordable Care Act and other legislation including the fees, additional workforce plan costs, and potential impact of any mandatory plan changes.

We understand that employee benefits are a very important aspect of an employee's compensation package. Accordingly, we agree that a long-term strategic benefit plan must be in place to allow both the employer and employee anticipate and prepare for stepped change be it financial or regarding plan design. Gehring Group's goal is to maintain long-term client relationships and assist our clients in developing long range strategies to conform to the client's overall financial goals. Getting the most out of your benefits dollar is one of our primary goals when servicing our clients.

23. Assist the Human Resources Department with dispute, changes, and reconciliation of billing invoices.

Members of your Gehring Group team are available to provide assistance with billing disputes, carrier issues, and reconciliation of invoices when needed. We will work with City Staff to determine the issue at hand and intervene between Staff and the carrier as needed to seek resolution.

B. BROKER SERVICES

1. At the request of the City, the Broker will seek renewal proposals from existing vendors, negotiate renewal rates, and provide alternatives to mitigate rate increases. This may include soliciting bids from other vendors, reviewing and analyzing bids, and making recommendations. Broker shall coordinate with the City to ensure compliance with city procurement guidelines.

As part of the annual renewal evaluation process, Gehring Group requests renewals from existing vendors and aggressively negotiates with all vendors on behalf of the City. This process may include soliciting proposals from the insurance market if determined in the best interest of the City. This includes negotiating renewal rates, working with the procurement division to maintain integrity with the bid process as well as issuing bid specifications directly to the market if requested. Gehring Group has vast experience in the solicitation of all types of insurance, and we are confident that acquisition of various competitive options will be accomplished.

Please refer to our response to C.1. below for additional details regarding Gehring Group's renewal and marketing approach.

C. PROPOSAL SERVICES

1. **When requested by the City of Parkland, develop RFPs for various benefits programs.**
   a. **Prepare Requests for Proposals in compliance with the City requirements, exploring all feasible plan designs and cost containment strategies for employee benefits programs as needed.**
   b. **Provide a sample Request for Proposal for solicitation of group health insurance previously prepared for one of your clients similar in size to the City of Parkland.**
   c. **Develop evaluation criteria.**
   d. **Address any questions from vendors in the RFP process.**
   e. **Be present and prepared to participate as needed.**
   f. **Prepare a comprehensive report and executive summary analyzing all proposals received using the evaluation criteria.**

Our team would work collaboratively with the City's Procurement Department to develop RFPs to solicit proposals for those lines of coverage as directed. We would work with staff to follow City guidelines, review all lines of coverage and benefits included in the total employee benefits program package and determine those lines appropriate for bidding. Gehring Group's traditional marketing process includes a comprehensive analysis of the current programs, past programs, claims history, in addition to numerous other factors including demographics and the local market. In addition to reviewing the incumbent carriers' renewal quotes, we would review a list of prospective carriers, coalitions, and trusts with HR staff in discussing whether to release any RFPs for the various lines of coverage. As an independent consultant our goal is to be a resource to you and ascertain that all available products and insurers are considered to ensure that the City of Parkland finds the best match for its needs. Our marketing process includes the following steps:

STEP 1 Discovery Process

The first step in the procurement process is the gathering of all information pertinent to your current programs. This includes interviewing staff regarding what they deem to be the positive aspects of their program as well as any areas of particular concern. Discussion of future goals and objectives will be analyzed. We would also collect all relevant plan documents and benefit summaries in order to become familiar with the details of each policy. In addition, a review of your available claims experience, prescription drugs and large claims information, premium rates, wellness initiatives and all other information would take place in order to evaluate your in-force program. At that time, we will determine a tentative schedule for monthly or quarterly meetings, setting a timetable for the release of any RFPs that may be necessary as well as analysis of alternative funding arrangements or stop loss options.

STEP 2 Presentation of Initial Analysis & Strategic Planning

Upon our review of the current program, the Gehring Group will produce a concise analysis of each line of insurance to include any compliance concerns. Due to our specialization in the public entity market, we maintain access to comparative data from numerous other public sector entities that is often used to determine how your benefits program equates to those of other like entities. With this information, we can offer insight regarding the implementation of additional programs, such as consumer driven healthcare options and onsite clinics, and make recommendations regarding potential changes to your current program for consideration. It is our job to educate you on any new product in the industry that may reduce administrative burden or aid in the reduction of costs. We also available benchmark data to aid in future benefits decisions.

STEP 3 Market Solicitation (The RFP Process)

Gehring Group coordinates and assists in conducting all phases of the procurement process for those lines of insurance deemed suitable for bidding. Our involvement in this process can be as comprehensive as you wish. Once we have reviewed all necessary background information and developed our own renewal projection, we will work with staff to develop a timeline of events and compile all RFPs for submission to the insurance market. This includes negotiating renewal rates, working with the procurement division to maintain the integrity of the bid process, assisting in addressing any questions from vendors, and issuing bid specifications directly to the market. Gehring Group has vast experience in the solicitation of all types of insurance and we are confident that acquisition of various competitive options will be accomplished.

To effectively market an employee benefits plan, we consider many factors. We must present and negotiate a plan that is in line with our clients' goals, contribution structure, plan design, union obligations, network availability and entity structure. In addition to the required information such as census data, plan design and claims experience, we also consider various other aspects involved in the decision-making process such as stop loss deductibles, prescription drug formularies, top utilized providers, hospital access and the physical location of the entity. Location within the state may have an impact on how robust each provider network is as well as the extent of provider discounts.

STEP 4 Proposal Evaluation & Recommendation

Upon receipt of proposals submitted in response to the RFP process, Gehring Group will perform a detailed analysis of each program offered based on the evaluation criteria developed with the City's HR Team. We compare all proposals side by side to the in-force program and illustrate the program differences to include the advantages and disadvantages of each. This will include a detailed cost comparison which outlines the total cost of the program in addition to breaking down the costs related to employer and employee contributions and detailing all applicable proposal caveats.

At this time, we will also compare provider networks to determine which proposers may be considered viable options in addition to performing a network disruption analysis and network discount analysis. During this stage in the procurement process, Gehring Group

will meet with Staff to review our initial findings. Once our analysis has determined that particular vendors are viable based on cost, schedule of benefits, value-added services, A.M. Best rating, etc., we then attempt to clear up any details that must be clarified prior to making a recommendation. This process is a second level request for clarification and is conducted following the review of submitted proposals. As insurance is one of the few areas in public entity purchasing regulations where simultaneous negotiations can take place, it is always important for the RFP process to include a "best and final" interview process within the RFP timeline, negotiating performance guarantees where applicable. Our team members are active participants in the evaluation and interview process as needed. After such finalist negotiations and continuous communication with staff, we will prepare our formal evaluation and recommendation, based on the needs and goals of the City.

STEP 5 Program Implementation & Enrollment

After the RFP and evaluation process, Gehring Group team members remain involved and serve as an intermediary between each vendor and the City to assist with contract negotiations, program implementation, and enrollment. Planning for open enrollment begins well before renewal time. Gehring Group's approach to open enrollment starts with the development of a renewal timeline detailing all aspects of the process, working backwards from the desired open enrollment period. Your Gehring Group Account Manager will be intricately involved throughout the planning and enrollment process, helping to coordinate the various steps of the process including but not limited to:

- Assisting in coordinating and attending employee informational and enrollment meetings at all sites as determined by the client. Inherent in this process is determining whether enrollment meetings will be mandatory or optional;
- Determining open enrollment meeting format (i.e., health fair style vs. group informational meetings vs. one-on-one meetings);
- Coordinating meeting locations, times, collateral needed and if carrier representatives are requested;
- Developing communication collateral (i.e., open enrollment announcement posters, annual employee benefits guide, etc.);
- Facilitating technology partner (Bentek) in providing plan, premium and payroll deduction updates to the enrollment site;
- Facilitating cancellation or renewal of current insurer upon written acceptance;
- Ensuring that applications and contracts for all new vendors are complete and accurate and forwarded to the applicable vendors in a timely manner; and
- Review all vendor contracts to ensure they are in line with what was proposed and presented to the City.

Again, our team is available to assist with the annual open enrollment to conduct meetings, give presentations, and meet with employees individually to clarify any questions regarding their coverage. In addition, we can provide additional licensed staff to attend meetings at multiple locations and time slots if necessary.

STEP 6 Ongoing Service

As part of our continuous service, Gehring Group staff also conducts detailed reviews, analysis, and projection sessions with decision makers at key points throughout the year and is agreeable to meet with the City's insurance committee on a monthly basis as requested. We consistently track the available claims utilization data of the City's program throughout the plan year in order to prepare for the renewal process and develop strategies for ensuring that the City of Parkland gets the most value for its health care dollar. We will provide monthly claim reports and review large claims data to determine whether your programs are running favorably and utilize this claims data to forecast renewal projections and negotiate with vendors. With this information and by conducting a local entity survey, we can partner with you to develop an action plan to accomplish the goals of the City of Parkland.

Additional services provided during our year-round presence at our clients include:

- Annual legislative compliance review
- Health care reform consulting and advisory services
- Legislative updates, seminars, and webinars throughout the year regarding numerous legislative compliance issues
- Assistance with claims and billing issues (employee advocacy)
- Assisting with members individually as needed
- Planning and coordinating health and wellness fairs
- Implementing/maintaining wellness programs and initiatives
- Employee communications and graphics services
- Employee & Benchmark surveys
- Wellness program monitoring/consulting

Due to Gehring Group's industry experience, we are confident that we can meet and exceed the City's service expectations.

2. **Appeals – Prepare response to any administrative appeals.**
   a. **Assist the City and/or outside counsel in preparation of defense if any litigation should result from the RFP process.**
   b. **Testify in court at the request of the City if litigation should result from the RFP process.**

   Gehring Group is available to support the City as needed in response to any administrative RFP appeals or litigation.

3. **Contract**
   a. **Assist in the development and negotiations of contracts with vendors.**
   b. **Work with the City's attorneys to ensure contract legality.**
   c. **Conduct any required negotiations of benefits, plan design, premium rates, and performance guarantees.**

Your Gehring Group team will assist the City's attorneys with the review of all contracts for legality, accuracy in rates, benefits eligibility, and coverage to ensure that what was negotiated is reflected accurately within the contract documents. We will also be involved throughout the implementation and contract negotiation process to ensure that all vendor contracts are not only accurate based on the proposal agreed upon but also for compliance with all state and federal regulations. We will also spearhead any required negotiations of benefits, plan design, premium rates and performance guarantees.

4. **Implementation**
   a. **Serve as intermediary (ombudsman) between the vendors and City during the implementation of new programs.**
   b. **Review new program announcement material for content, appearance, compliance, and accuracy.**

Your Gehring Group team will serve as intermediary and spearhead the entire implementation process, whether for plan renewals or a complete transition to a new carrier/provider. As stated above, our team will be involved to:

- Assist in coordinating and attending employee informational and enrollment meetings at all sites as determined by the client. Inherent in this process is determining whether enrollment meetings will be mandatory or optional;
- Determine open enrollment meeting format (i.e., health fair style vs. group informational meetings vs. one-on-one meetings);
- Coordinate meeting locations, times, collateral needed and if carrier representatives are requested;
- Develop communication collateral (i.e., open enrollment announcement posters, annual employee benefits guide, etc.);
- Facilitate technology partner (Bentek) in providing plan, premium and payroll deduction updates to the enrollment site;
- Facilitate cancellation or renewal of current insurer upon written acceptance;
- Ensure that applications and contracts for all new vendors are complete and accurate and forwarded to the applicable vendors in a timely manner; and
- Review all vendor contracts to ensure they are in line with what was proposed and presented to the City.

5. **Ongoing Contract Services the Broker shall be responsible for:**
   a. **Participating in negotiations with vendors on proposed rates and benefits changes to existing contracts.**
   b. **Auding existing contracts on an annua basis for satisfactory performance and contract compliance.**

Gehring Group's year-round service philosophy includes negotiating with vendors regarding proposed rates and benefit changes to existing contracts as well as an annual review of vendor performance to ensure client satisfaction and contract compliance. As a completely independent agent/consultant, Gehring Group will be the City's liaison between City staff and each of its benefits vendors.

Exhibit B
Implementation Timeline

Implementation Timeline

Include an implementation schedule on how the Proposer plans on meeting the required report deadlines.

Upon selection, our priority will be to meet with City staff to determine a tentative schedule for monthly or quarterly meetings, setting a timetable for the release of any RFPs and introduce the roles of the members of your Gehring Group service team. Should the City choose to retain the Bentek Online Enrollment and Administration System, we would engage Bentek to begin the renewal discussion process.

To provide the City with enough time to update Bentek with the applicable renewal information, conduct the RFP process, complete renewal negotiations and the subsequent decision-making process, Gehring Group prepares a timetable of activities as outlined below. This schedule can be customized to accommodate any specific needs or additional services requested by the City.

Standard Schedule of Activities	
Date	Action
6 months prior to renewal	• Gehring Group review of current employee benefits program including claims experience (if available) • Pre-Renewal Meeting with employee benefits Staff to discuss vendor satisfaction and strategy • Gehring Group to request coverage renewals • Preparation and release RFP to carriers for all applicable lines of coverage (if deemed necessary) or begin renewal negotiations
5 months prior to renewal	• Review Quarterly claims experience & meet with Staff • If RFP is issued: o Gehring Group receives proposal responses from Purchasing o Gehring Group review and analysis of proposals o Draft of initial review presented to Staff o Interview finalists (if deemed necessary) o Best and Final offers due o Gehring Group recommendation / Gehring Group available to make presentations to committees and Board o Council/Board makes selection • If renewal negotiation (RFP not issued): o Gehring Group will aggressively negotiate renewal premiums, fees and stop loss premiums o Review all stop loss alternatives (deductibles, etc.) o Analyze claims data to determine for cost reduction targets
4 months prior to renewal	• Preparation of Open Enrollment Materials including Employee Benefit Highlights booklet and communication posters, payroll stuffers, etc. • Discuss and finalize employer contribution strategies • Plan Implementation • Provide **Bentek®** with renewal plan information (if applicable)

Standard Schedule of Activities	
Date	Action
3 months prior to renewal	• Review Quarterly claims experience & meet with Staff (if available) • Preparation of OE Materials including Employee Benefit Guide, communication posters, etc. • Plan open enrollment meeting schedules, locations, carrier invites, meeting format, etc. • Finalize employer contribution strategies • Completion of implementation paperwork with carriers • Implementation meetings with all applicable carriers in the event of a carrier change • Provide all information regarding plan changes and rates to **Bentek®** for programming updates (if applicable) • Testing of **Bentek®** Open Enrollment site (if applicable)
2 months prior to renewal	• Open Enrollment Meetings • Carrier contract review for accuracy
1 month prior to renewal	• Finalize all details regarding new plan year • Open Enrollment makeup meetings
October 1st	• Plan Year Begins
1st quarter	• Review Quarterly claims experience & meet with Staff • Conduct New Hire Orientations as necessary • Additional meetings with Staff and/or employees as needed • Provide ongoing support to employee questions
Beginning of 2nd quarter	• Review Quarterly claims experience & meet with Staff
2nd quarter	• Conduct New Hire Orientations as necessary • Additional meetings with Staff and/or employees as needed • Request renewals

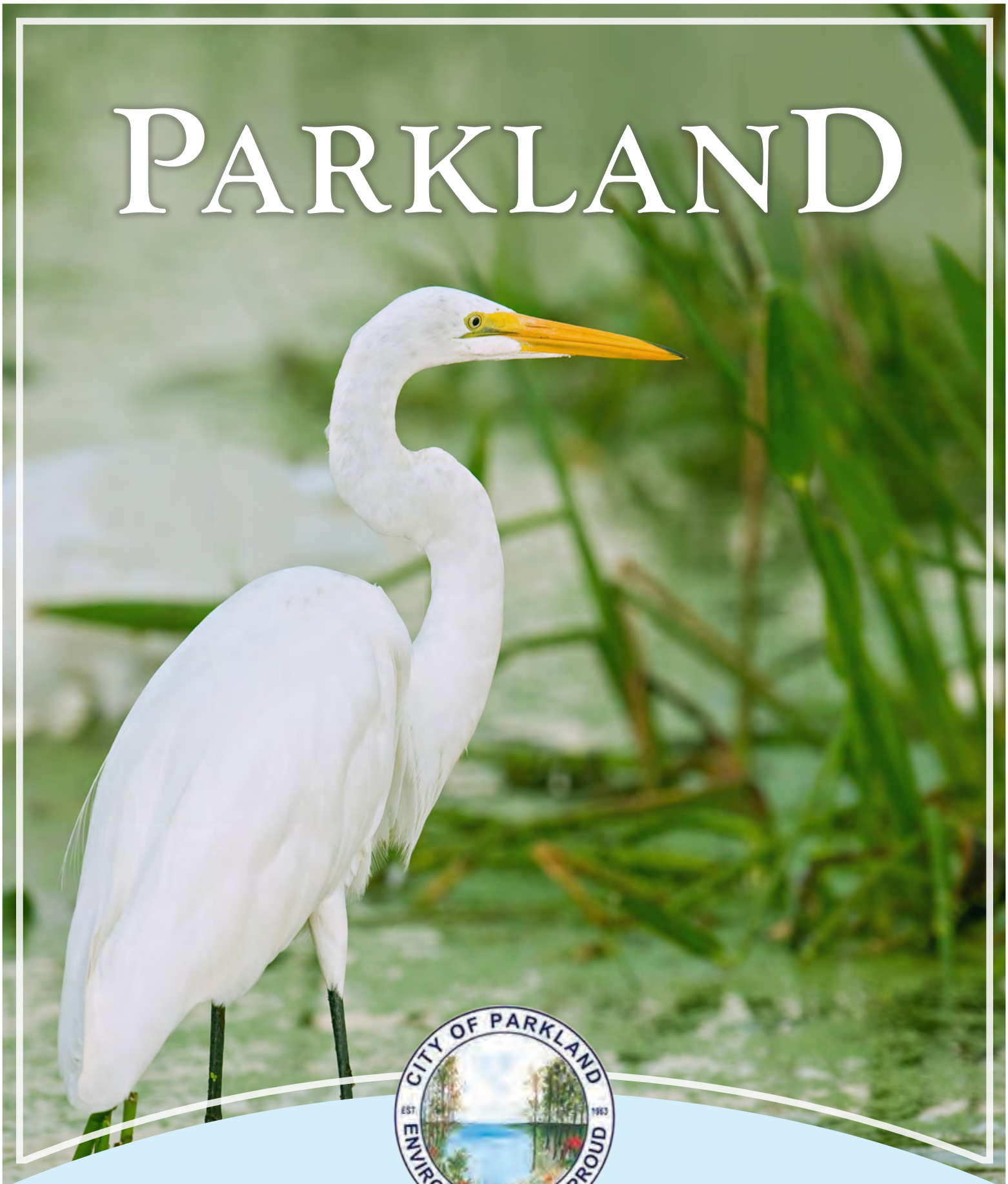
All dates can be adjusted to accommodate City requests or updated based on insurance carrier ability to meet timelines.

Exhibit C
Sample Employee Benefit Guide

GEHRING GROUP

City of Parkland

PARKLAND



2021 2022

EMPLOYEE BENEFIT HIGHLIGHTS

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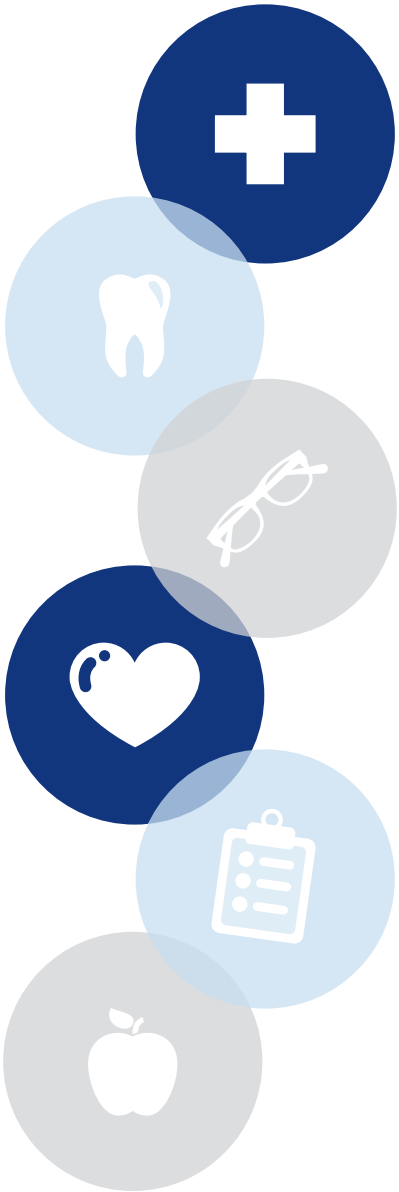

This booklet is merely a summary of benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of Parkland reserves the right to amend, modify or terminate plans at any time. This booklet should not be construed as a guarantee of employment.

Contact Information

	Human Resources	Director of Human Resources	Jackie Wehmeyer Phone: (954) 757-4134 Email: jwehmeyer@cityofparkland.org
		Human Resources Manager	Kristin Milligan Phone: (954) 757-4208 Email: kmilligan@cityofparkland.org
		Human Resources Assistant	Britney Campbell Phone: (954) 757-4145 Email: bcampbell@cityofparkland.org
	**Online Benefit Enrollment**	Bentek Support	Customer Service: (888) 523-6835 https://www.mybentek.com/parkland
	**Medical Insurance**	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	**Prescription Drug Coverage & Mail-Order Program**	Express Scripts Pharmacy	Customer Service: (866) 230-7261 www.express-scripts.com
	**Telehealth**	Cigna MDLIVE	Customer Service: (888) 726-3171 www.MDLIVEforCigna.com Customer Service (800) 244-6224 www.mycigna.com
	**Dental Insurance**	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	**Vision Insurance**	EyeMed	Customer Service: (866) 800-5457 www.eyemed.com
	**Flexible Spending Accounts**	BenefitsWorkshop	Customer Service: (888) 537-3539 www.benefitsworkshop.com/parkland
	**Employee Assistance Program**	New Directions	Customer Service: (800) 624-5544 eap.ndbh.com Company Code: cityofparkland
	**Basic Life and AD&D Insurance**	New York Life Group Benefit Solutions	Customer Service (800) 362-4462 www.mynylgbs.com
	Voluntary Life Insurance	New York Life Group Benefit Solutions	Customer Service (800) 362-4462 www.mynylgbs.com
	**Long Term Disability Insurance**	New York Life Group Benefit Solutions	Customer Service (800) 362-4462 www.mynylgbs.com
	**Supplemental Insurance**	Allstate	Agent: Elliott Fink Phone: (561) 756-5555 Email: insurancerewards@me.com www.allstatebenefits.com
		Pet Assure and PetPlus (Through Pet Benefit Solutions)	Customer Service: (800) 891-2565 www.petbenefits.com/land/cityofparkland
		Preferred Legal	Agent: Brian Samuels Customer Service: (888) 577-3476 Email: bjs@preferredlegal.com www.preferredlegal.com

Introduction

The City of Parkland provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If an employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources.

Online Benefit Enrollment

The City of Parkland provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.

To Access the Employee Benefits Center:

- ✓ Log on to **www.mybentek.com/parkland**

  Please Note: *Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at support@mybentek.com, Monday through Friday during regular business hours 8:30am - 5:00pm.

To access Bentek using a mobile device, scan code.

Group Insurance Eligibility

The City's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if an employee is hired on April 11, then the effective date of coverage will be June 1.

Separation of Employment

If an employee separates employment from the City, insurance will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

Dental and Vision Coverage: Dependent children may be covered through the end of the calendar year in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured

Proof of disability will be required upon request. Please contact Human Resources if further clarification is needed.

Taxable Dependents

Employees covering adult child(ren) under employee's medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Human Resources for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: *There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.*

Group Insurance Eligibility *(Continued)*

Documentation Requirements

All dependents must have an established legal relationship to the employee to be covered under the benefit program. The types of documentation accepted are stated in the table below. Employees with dependents enrolled in the group insurance plans are advised that they will be required to comply with this process or continued coverage for such dependents may be jeopardized.

Dependent Relationship	Documentation Required
Spouse	• *Copy of legal government issued marriage certificate*
Dependent child(ren) under age 26	• *Copy of State issued birth certificate(s)* ***OR*** *copy of legal guardianship court documents listing the employee as legal guardian*
Step-child(ren) under age 26	• *Copy of State issued birth certificate(s)*
Child(ren) under legal guardianship, custody under age 26	• *Copy of court documents showing legal guardianship* ***OR*** *legal custody*
Child(ren) adopted or in the process of adoption under age 26	• *Copy of court documents of the legal adoption showing relationship to and placement in the employee's house* ***OR*** *adoption certificate*
Child(ren) age 26-30	• *Copy of state issued birth certificate(s) or legal guardianship court documents, listing the employee or spouse as parent/legal guardian* • ***AND*** *Overage Dependent Affidavit signed by employee*

Please Note: *Religious documents and registration cards are not acceptable proof. Employee may redact financial information.*

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event .

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

IMPORTANT NOTES

If an employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Cancellations will be processed at the end of the month. In the event of death, coverage terminates the day following the death. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event."

Medical Insurance

The City offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna LocalPlus In-Network Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	$0.00	$327.59
Employee + 1	$107.70	$610.31
Employee + Family	$142.06	$805.00

Medical Insurance – Cigna Open Access Plus Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	$175.39	$175.39
Employee + 1	$384.42	$384.42
Employee + Family	$507.06	$507.06

Cigna | Customer Service: (800) 244-6224 | www.cigna.com

Other Available Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Cigna's customer service at (800) 244-6224 or visit www.cigna.com.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during the Open Enrollment period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From:	Human Resources
Address:	6600 University Drive Parkland, FL 33067
Phone:	(954) 757-4130
Email:	jwehmeyer@cityofparkland.org bcampbell@cityofparkland.org kmilligan@cityofparkland.org
Website URL:	www.mybentek.com/parkland

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (954) 757-4130.

Telehealth

Cigna MDLIVE provides access to telehealth services as part of the medical plan. Cigna MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Sore Throat
- ✓ Fever
- ✓ Rash
- ✓ Headache
- ✓ Cold and Flu
- ✓ Acne
- ✓ Stomach Ache
- ✓ Allergies
- ✓ UTIs and More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Cigna MDLIVE.

Cigna MDLIVE

MDLIVE Customer Service: (888) 726-3171 | www.MDLIVEforCigna.com

Cigna Customer Service (800) 244-6224 | www.mycigna.com

Cigna LocalPlus In-Network Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select LocalPlus network.

Plan References

**LabCorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest Diagnostics, please confirm they are contracted with Cigna's LocalPlus network prior to receiving services.*

Important Notes

*Services received by providers or facilities **not** in the Cigna's LocalPlus network, will not be covered.*

Network	LocalPlus
Calendar Year Deductible (CYD)	**In-Network**
Single	$500
Family	$1,500
Coinsurance	
Member Responsibility	20%
Calendar Year Out-of-Pocket Limit	
Single	$3,000
Family	$6,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(No PCP Election Required)*	$25 Copay
Specialist Office Visit	$50 Copay
Telehealth Services	$25 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	No Charge
Advanced Imaging *(MRI, PET, CT)*	20% After CYD
Outpatient Surgery at Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care *(Per Visit)*	$40 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	20% After CYD
Outpatient Hospital *(Per Visit)*	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$100 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	20% After CYD
Outpatient Services *(Per Visit)*	20% After CYD
Outpatient Office Visit	$25 Copay
Prescription Drugs *(Rx)*	
Generic	$20 Copay
Preferred Brand Name	$40 Copay
Non-Preferred Brand Name	$60 Copay
Specialty *(Retail Only)*	$75 Copay
Mail Order Drug *(90-Day Supply)*	2x Retail Copay

Cigna Open Access Plus Plan At-A-Glance

Network	Open Access Plus	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Single	$1,000	$3,000
Family	$2,000	$6,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	$5,500	$16,500
Family	$11,000	$33,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$25 Copay	30% After CYD
Specialist Office Visit	$50 Copay	30% After CYD
Telehealth Services	$25 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	30% After CYD
X-rays	No Charge	30% After CYD
Advanced Imaging *(MRI, PET, CT)*	$200 Copay	30% After CYD
Outpatient Surgery at Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care *(Per Visit)*	$75 Copay	30% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Hospital *(Per Visit)*	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$350 Copay	$350 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	No Charge	30% After CYD
Outpatient Services *(Per Visit)*	No Charge	30% After CYD
Outpatient Office Visit	$25 Copay	30% After CYD
Prescription Drugs *(Rx)*		
Generic	$15 Copay	50% Coinsurance
Preferred Brand Name	$60 Copay	50% Coinsurance
Non-Preferred Brand Name	$125 Copay	50% Coinsurance
Specialty *(Retail Only)*	$160 Copay	50% Coinsurance
Mail Order Drug *(90-Day Supply)*	2x Retail Copay	50% Coinsurance

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select OAP - Open Access Plus, OA plus, Choice Fund OA Plus network.

Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***LabCorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest Diagnostics, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.*

Dental Insurance

Cigna Dental Care DHMO Plan

The City offers dental insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna Dental Care DHMO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	$0.00	$6.56
Employee + 1	$0.00	$11.49
Employee + Family	$0.00	$16.96

In-Network Benefits

The DHMO plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employees and dependent(s) may select any participating dentist in the Cigna Dental Care HMO network to receive covered services. There is no coverage for services received out-of-network.

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.

IMPORTANT NOTES

- *Employees need to choose a Primary Dental Provider (PDP). Employees can choose any PDP in the network.*
- *Prior authorization is required for a specialist, however prior authorization is not required for Pediatric, Orthodontic or Endodontic services.*
- *Not every PDP performs every service on the schedule of benefits.*
- *Plan restrictions and limitations for services may apply. Please contact Cigna prior to having services rendered.*

Cigna

Customer Service: (800) 244-6224 | www.cigna.com

Cigna Dental Care DHMO Plan At-A-Glance

Network	Cigna Dental Care HMO	
Calendar Year Deductible (CYD)	**In-Network Only**	
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
Class I Services: Diagnostic & Preventive Care	**Code**	**In-Network**
Office Visit	9430	$6 Copay
Routine Oral Exam *(1 Every 6 Months)*	0150/0160	$0 Copay
Routine Cleanings* *(1 Every 6 Months)*	1110/1120	$0 Copay
Bitewing X-rays *(2 Per Calendar Year)*	0272	$0 Copay
Complete X-rays *(1 Every 3 Years)*	0210	$0 Copay
Fluoride Treatments *(2 Per Calendar Year)*	1206	$0 Copay
Sealants - Per Tooth	1351	$11 Copay
Emergency Care to Relieve Pain *(During Regular Hours)*	9110	$6 Copay
Class II Services: Basic Restorative Care		
Fillings *(Amalgam)*	2140	$0 Copay
Fillings *(Resin Based Composite Anterior)*	2330	$0 Copay
Fillings *(Resin Based Composite Posterior)*	2393	$85 Copay
Simple Extractions	7140	$6 Copay
Endodontics / Root Canal Therapy *(Molar)*	3330	$275 Copay
Anesthetics	9215	$0 Copay
Repairs to Dentures	5510	$35 Copay
Class III Services: Major Restorative Care		
Bridges	6242	$210 Copay
Crowns *(Porcelain Fused to Noble Metal)*	6750	$210 Copay
Dentures	5110/5120	$185 Copay
Class IV Services: Orthodontia - *24 Month Treatment Fee***		
Benefit — Child *(Up to Age 19)*	8670	Up to $1,464 Copay
Benefit — Adult	8670	Up to $2,160 Copay
Orthodontic Treatment and Banding *(Adult/Child)*	8080/8090	$440 Copay

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Cigna Dental Care HMO network.

Plan References

**Additional cleanings available for a copay.*

***See summary plan document for additional benefit information (i.e. pretreatment visit, retention, etc.)*

Dental Insurance

Cigna DPPO Advantage Plan

The City offers dental insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna DPPO Advantage Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	$8.79	$8.79
Employee + 1	$16.64	$16.64
Employee + Family	$27.75	$27.75

In-Network Benefits

The Cigna DPPO Advantage plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna DPPO Advantage network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: *Cigna DPPO Advantage dental members have the option to utilize a dentist that participates in either Cigna Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members who see a DPPO provider may be subject to balance billing. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna DPPO Advantage plan provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Cigna's MAC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Cigna DPPO Advantage plan requires a $50 individual or $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Cigna DPPO Advantage plan will pay for each covered member is $1,500 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefits maximum is met, the member will be responsible for future charges until next calendar year.

Progressive Plan

Cigna allows employees to earn an additional $300 (maximum of $900) towards their calendar year benefit maximum for the following year. To qualify for the benefit, employees must receive at least one (1) Class I service during the calendar year.

- **Year 1:** $1,500 Benefit Maximum
- **Year 2:** $1,800 Benefit Maximum
- **Year 3:** $2,100 Benefit Maximum
- **Year 4:** $2,400 Benefit Maximum

Cigna
Customer Service: (800) 244-6224 | www.cigna.com

Cigna DPPO Advantage Plan At-A-Glance

Network	Cigna DPPO Advantage	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member *(Includes Class I Services)*	$1,500	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Calendar Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Calendar Year)*		
Bitewing X-rays *(2 Per Calendar Year)*		
Complete X-rays *(1 Every 3 Calendar Years)*		
Class II Services: Basic Restorative Care		
Fillings *(Amalgam or Composite)*	Plan Pays: 90% After Deductible	Plan Pays: 80% After Deductible *(Subject to Balance Billing)*
Extractions		
Endodontics		
Periodontal Services		
Anesthetics		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After Deductible	Plan Pays: 50% After Deductible *(Subject to Balance Billing)*
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit *(Dependent Children Up To Age 19)*	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Cigna DPPO Advantage network.

Plan References

Out-of-Network Balance Billing:
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

Important Notes

- *A Pre-Determination of Benefits is recommended for all work that is considered expensive. The plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Orthodontia services do not count toward the employee's deductible or calendar year maximum.*
- *Plan limitations and restrictions may apply to some services. Contact Cigna prior to having services rendered.*

Vision Insurance

EyeMed Vision Care Plan

The City offers vision insurance through EyeMed to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact EyeMed's customer service.

Vision Insurance – EyeMed Vision Care Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$3.08
Employee + 1	$5.87
Employee + Family	$8.61

In-Network Benefits

The vision plan offers employees and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employees and dependent(s) may select any network provider who participates in the Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employees and covered dependent(s) may choose to receive services from vision providers who do not participate in the Insight network. When going out of network, the provider will require payment at the time of appointment. EyeMed will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

EyeMed | Customer Service: (866) 800-5457 | www.eyemed.com

EyeMed Vision Care Plan At-A-Glance

Network	Insight	
Services	**In-Network**	**Out-of-Network**
Eye Exam	$10 Copay	Up to $30 Reimbursement
Contact Lens Exam	Standard - Up to $55 Allowance* Premium - 10% Off Retail**	Not Covered
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses	12 Months	
Lenses		
Single	$10 Copay	Up to $25 Reimbursement
Bifocal		Up to $40 Reimbursement
Trifocal		Up to $60 Reimbursement
Frames		
Allowance	Up to $105 Allowance 20% Discount Above $105	Up to $53 Reimbursement
Contact Lenses* **		
Non-Elective *(Medically Necessary)*	No Charge	Up to $210 Reimbursement
Conventional	Up to $105 Allowance 15% Discount Above $105	Up to $84 Reimbursement
Disposable	Up to $105 Allowance	Up to $84 Reimbursement

Locate a Provider

To search for a participating provider, contact EyeMed's customer service or visit www.eyemed.com. When completing the necessary search criteria, select the Insight network.

Plan References

**Standard contact lens fitting is for single vision standard lenses with follow-up evaluation.*

***Premium contact lens fitting is more complex such as multifocal/ monovision, extended/overnight wear or post-surgical fittings with follow-up evaluation.*

****Contact lenses are in lieu of spectacle lenses and a frame.*

Important Notes

- *Lasik is offered at a discount – 15% for regular/customary priced services and 5% off sale prices. Contact EyeMed's customer service for more details.*
- *Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.*

Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through BenefitsWorkshop. The FSA plan year is from October 1 to September 30.

If employees or family member(s) have predictable health care or work-related day care expenses, then employees may benefit from participating in an FSA. An FSA allows employees to set aside money from employees' paychecks for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employees' paycheck and deposited into the FSA. During the year, employees have access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employees must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participants to set aside up to an annual maximum of $2,750. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of $5,000 if single or married and file a joint tax return ($2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

Log on to http://www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employees may carry over up to $550 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have filed. Employee must re-elect the Health Care FSA at Open Enrollment in order to be eligible for carry over. Dependent Care funds cannot be carried over.
- Employees have until December 31, 2022 to file claims for the Health Care FSA expenses incurred within the plan year.
- Employees can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and dependent(s) cannot be reimbursed for services not received.
- Employees and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. BenefitsWorkshop may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

Please Note: *Debit cards are good for three (3) years. Shortly before the debit card expires, a new one will be automatically sent.*

HERE'S HOW IT WORKS!

An employee earning $30,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $197.

	With a Health Care FSA	Without a Health Care FSA
Salary	$30,000	$30,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$29,000	$30,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- $5,698	- $5,895
After Tax Expenses	- $0	- $1,000
Spendable Income	$23,302	$23,105
Tax Savings	**$197**	

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the $550 carry over that may be allowed for the Health Care FSA.* ***This rule is known as "use-it or lose-it."***

BenefitsWorkshop
Customer Service: (888) 537-3539 | www.benefitsworkshop.com/parkland

Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through New Directions. EAP offers employees and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employees gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes six (6) face-to-face visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Additional tools such as, e-learning articles, programs, and assessment tools are available on the website. There is also a mobile app for employees' convenience.

Are Services Confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a management referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

New Directions | Customer Service: (800) 624-5544 | eap.ndbh.com
Company Code: cityofparkland

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance for all eligible employees at no cost, through New York Life Group Benefit Solutions. Eligible employees will receive a benefit amount of one times (1x) annual earnings, up to $50,000 rounded to the nearest $1,000 if not already a multiple of $1,000. Eligible employees are automatically enrolled but must complete life insurance beneficiary designation information in Bentek.

Accidental Death & Dismemberment Insurance

Also, at no cost to employees, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit (and the same age reduction schedule applies). Partial benefits may also be payable. Please contact Human Resources for additional information.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 40% of the benefit amount at age 70
- › Reduces to 15% of the benefit amount at age 75

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

New York Life Group Benefit Solutions
Customer Service (800) 362-4462 | www.mynylgbs.com

Voluntary Life Insurance

Voluntary Employee Life Insurance

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through New York Life Group Benefit Solutions. This coverage may be purchased in addition to the Basic Term Life coverage. Voluntary Life insurance offers coverage for the employee, spouse, and or child(ren) at different benefit levels.

New hires* may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $100,000 if employee is under age 65.**

- Units can be purchased in increments of $10,000 to the maximum of $300,000.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of the benefit amount at age 65
  - Reduces to 40% of the benefit amount at age 70
  - Reduces to 15% of the benefit amount at age 75

**Outside of the New Hire Orientation period, Evidence of Insurability (EOI) may be required to enroll or increase coverage.*

Voluntary Spouse Life Insurance

New hires* may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $10,000 if the spouse is under age 70.**

- Employee must participate in Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $5,000 to a maximum of $150,000.
- Spouse coverage ends at age 70.

**Outside of the New Hire Orientation period, Evidence of Insurability (EOI) may be required to enroll or increase coverage.*

Voluntary Life Rate Table

Monthly Rates

Age Bracket *(Based On Employee's Age)*	Employee/Spouse *(Rate Per $1,000 of Benefit)*
< 30	$0.10
30-34	$0.11
35-39	$0.15
40-44	$0.26
45-49	$0.42
50-54	$0.62
55-59	$0.93
60-64	$1.52
65-69	$2.75
70-74	$3.89
75-85+	$8.40

Premium Calculation:
Elected Coverage ÷ $1,000 x Rate (see table) = Monthly Premium

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- For children 15 days to six (6) months there is a $500 benefit amount.
- For children six (6) months to 19 years (up to 23 years of age, if unmarried and a full-time student) there is a $10,000 benefit amount.
- Voluntary Dependent Child(ren) Life can be purchased for $1.00 per month and covers all eligible child(ren).

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

New York Life Group Benefit Solutions
Customer Service (800) 362-4462 | www.mynylgbs.com

Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible employees through New York Life Group Benefit Solutions. The LTD benefit pays a percentage of monthly earnings if employees become disabled due to an illness or injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit amount of 66.67% of an employee's monthly earnings up to a benefit maximum of $5,000 per month.
- Employees must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employees may continue to be eligible for partial benefits if the employee returns to work on a part-time basis.
- Benefits will be payable for the first 24 months if the employee is unable to return to his/her own occupation.
- After 24 months, if the employee can return to any occupation in which the employee is suitably trained, educated, and capable of performing, the employee must return to that occupation.
- Benefits may be reduced by other income.

New York Life Group Benefit Solutions
Customer Service (800) 362-4462 | www.mynylgbs.com

Supplemental Insurance

Allstate

Allstate offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and paid by payroll deduction. All plans are deducted pre-tax, with the exception of Short Term Disability, which is deducted post-tax.

Available plans include:

- ✓ Short Term Disability
- ✓ Critical Illness
- ✓ Accident
- ✓ Cancer
- ✓ Hospital Indemnity

To learn more about Allstate plans listed below and/or to schedule a personal appointment, contact the City's Allstate Representative.

Allstate | Customer Service: (800) 521-3535 | www.allstatebenefits.com

Agent: Elliott Fink | Office: (561) 756-5555
Email: insurancerewards@me.com

Supplemental Insurance *(Continued)*

Pet Assure

The City provides employees the opportunity to purchase pet insurance on a voluntary basis through Pet Assure, a Pet Benefit Solutions company. Participating Pet Assure providers offer a 25% discount on all medical care received in the office. Visit www.petassure.com for a complete list of local providers. Employee may enroll any breed, at any age, in any health, with no exclusions.

PetPlus

The PetPlus program provides a savings plan for dogs and cats that includes savings for prescriptions, preventives, flea and tick products and more. Members also have access to a 24/7 pet helpline.

Pet Insurance – Pet Assure & PetPlus

26 Payroll Deductions - Per Pay Period Cost

	Pet Assure	PetPlus	Pet Assure with PetPlus
Common Illnesses	✓		✓
Surgeries & Hospitalization	✓		✓
X-rays	✓		✓
Wellness Visits	✓		✓
Dental Care	✓		✓
Spay/Neuter	✓		✓
Prescription Medications		✓	✓
Flea & Tick Products		✓	✓
Vitamins & Supplements		✓	✓
Heartworm Preventative		✓	✓
Specialty Rx Food		✓	✓
One Pet	$3.69	$2.08 *(Dog or Cat Only)*	$5.77 *(Dog or Cat Only)*
All Pets	$5.08	$3.92 *(Dog or Cat Only)*	$9.00 *(Dog or Cat Only)*

Pet Assure and PetPlus *(Through Pet Benefit Solutions)*
Customer Service: (800) 891-2565 | www.petbenefits.com/land/cityofparkland

Preferred Legal Plan

City employees have the opportunity to enroll in a voluntary pre-paid legal program through Preferred Legal Plan. By enrolling in this plan, a participant will have 24-hour direct access to attorneys who will provide a variety of legal assistance and services such as those listed below. Additional services may also be provided at discounted rates.

- ✓ Free unlimited legal advice via phone consultation
- ✓ Free face-to-face consultations with attorneys
- ✓ Free review of legal documents (real estate contracts, lease agreements, simple wills, etc.)
- ✓ Free letters and phone calls on employee's behalf
- ✓ Free Identity Theft information and restoration
- ✓ Free access to legal forms
- ✓ Notary services
- ✓ Free credit report analysis, repair and settling accounts in collection
- ✓ Free wills for employee and family

The cost to the employees to participate in this legal plan is $9.95 per month. This cost is the same for all employees regardless of the number of eligible dependents enrolled in the plan. All premiums will be payroll deducted on a post-tax basis for employee's convenience.

Preferred Legal Plan
Customer Service: (888) 577-3476 | www.preferredlegal.com
Agent: Brian Samuels | Email: bjs@preferredlegal.com

GEHRING® GROUP

EMPLOYEE BENEFITS | RISK MANAGEMENT

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Palm Beach Gardens, Florida 33410
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www.gehringgroup.com

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Last Modified: September 10, 2021 3:35 PM

City of Dania Beach

GEHRING GROUP

DANIA BEACH
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2020-2021
EMPLOYEE BENEFIT HIGHLIGHTS

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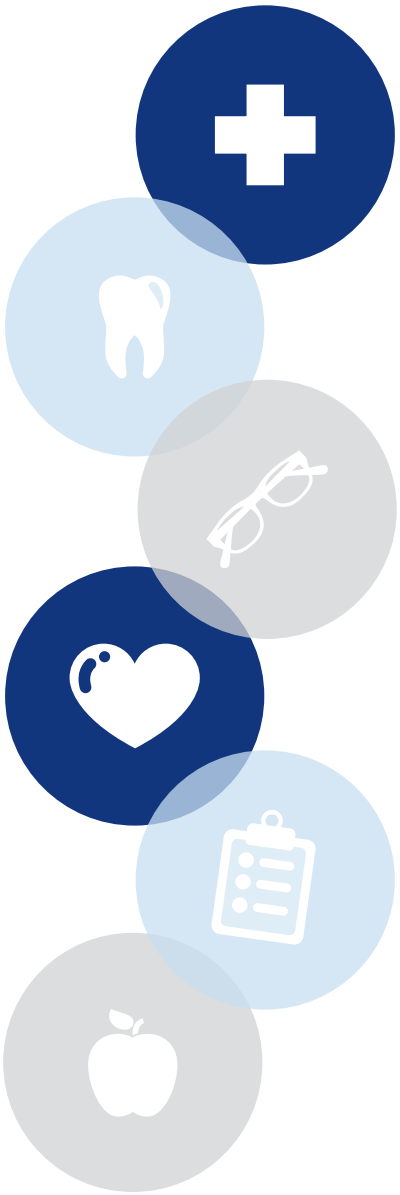

This booklet is merely a summary of benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of Dania Beach reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

Contact Information

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	Online Benefit Enrollment	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/daniabeachfl
	Medical Insurance	UnitedHealthcare	Customer Service: (800) 357-0978 www.myuhc.com
	Prescription Drug Coverage & Mail-Order Program	Optum Rx Pharmacy	Customer Service: (800) 788-4863 www.myuhc.com
HSA	**Health Savings Account**	AmeriFlex	Customer Service: (888) 868-3539 www.myameriflex.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Vision Insurance	NVA	Customer Service: (800) 672-7723 www.e-nva.com
FSA	**Flexible Spending Accounts**	AmeriFlex	Customer Service: (888) 868-3539 www.myameriflex.com
	Basic Life and AD&D Insurance	Cigna	Customer Service: (800) 238-2125 www.cigna.com
	Voluntary Life Insurance	Cigna	Customer Service: (800) 238-2125 www.cigna.com
	Short Term Disability Insurance	The Maxon Companies	Customer Service: (800) 999-3309 www.maxonco.com
	Employee Assistance Program	Managed Care Concepts	Customer Service: (800) 899-3926 www.theemployeeassistanceprogram.com
	Supplemental Insurance	Aflac	Agent: Margaret Pearson Phone: (561) 881-1964 Email: margaret_pearson@us.aflac.com www.aflac.com
		Preferred Legal IdentityWorks℠	Customer Service: (888) 577-3476 www.preferredlegal.com Agent: Brian Samuels Email: info@preferredlegal.com
		Trustmark	Customer Service: (800) 918-8877 www.trustmarksolutions.com

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Introduction

The City of Dania Beach provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources.

Online Benefit Enrollment

The City of Dania Beach provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment period, New Hire Orientation, or Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.

To Access the Employee Benefits Center:

- ✓ Log on to **www.mybentek.com/daniabeachfl**
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please contact (888) 5-Bentek (523-6835) or email Bentek Support at support@mybentek.com Monday through Friday, during regular business hours 8:30am - 5:00pm.

To access Employee Benefits Center online, log on to:
www.mybentek.com/daniabeachfl

Please Note: *Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*

Group Insurance Eligibility

The City's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 or more hours per week over the City's measurement period. An employee who works 30 or more hours per week may not necessarily be considered full-time and should contact Human Resources for clarification on employment status and benefit eligibility. Coverage will be effective the first day of the month following 30 days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

Separation of Employment

If employee separates employment from the City, insurance will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

Dental and Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured

Proof of disability will be required upon request. Please contact Human Resources if further clarification is required.

Taxable Dependents

Employee covering adult child(ren) under employee's medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Human Resources for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: *There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.*

Qualifying Events and Section 125

Section 125 of the internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event .

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Cancellations will be processed at the end of the month. In the event of death, coverage terminates the day following the death. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event."

Medical Insurance

The City offers medical insurance through UnitedHealthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to carrier's Summary of Benefits and Coverage (SBC) document or contact UnitedHealthcare's customer service.

Medical Insurance – UHC Choice Plus Traditional Plan 2

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$64.42
Employee + 1	$127.02
Employee + Family	$194.92

Medical Insurance – UHC Choice Plus HDHP Plan 5

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$55.66
Employee + 1	$109.75
Employee + Family	$168.42

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during the Open Enrollment period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From:	Human Resources
Address:	100 West Dania Beach Blvd. Dania Beach, FL 33004
Phone:	(954) 924-6800 Ext. 3608
Email:	lgonzalez@daniabeachfl.gov
Website URL:	www.mybentek.com/daniabeachfl

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources or by logging into the employee intranet site.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (954) 924-6806.

Other Available Plan Resources

UnitedHealthcare offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact UnitedHealthcare's customer service, or visit www.myuhc.com.

UnitedHealthcare | Customer Service: (800) 357-0978 | www.myuhc.com

Medical Plan Opt-Out Benefit

In an effort to ensure equitable contribution to the health care of every employee, the City offers an "opt-out" option to eligible employees who have waived participation in the City's medical plans and who can show evidence of medical insurance under another medical plan. If employee chooses to receive the "opt-out" benefit, they will receive $153.85 per pay period. This amount is considered taxable income and is included as part of the gross wages on the W-2 form.

Please Note: *If Employee chooses to opt-out of the group medical plan, employee remains eligible for all other group benefits.*

Virtual Visits

UnitedHealthcare provides access to Virtual Visits as part of the medical plan. A Virtual Visit is a convenient video consultation that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Virtual Visits should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Virtual Visits, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

Virtual Visit doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information, please contact UnitedHealthcare.

UnitedHealthcare | (800) 357-0978 | www.uhc.com/virtualvisits

UHC Choice Plus Traditional Plan 2 At-A-Glance

Network	Choice Plus	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Single	$250	$500
Family	$500	$1,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	$2,500	$5,000
Family	$5,000	$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Copays (Includes Rx)	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$15 Copay	30% After CYD
Specialist Office Visit	$30 Copay	30% After CYD
Virtual Visits	$5 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	30% After CYD
X-rays	No Charge	30% After CYD
Advanced Imaging *(MRI, PET, CT)*	$100 Copay	30% After CYD
Outpatient Surgery in Surgical Center	$100 Copay	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care *(Per Visit)*	$50 Copay	30% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Hospital *(Per Visit)*	$100 Copay	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$125 Copay	$125 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Services *(Per Visit)*	$15 Copay	30% After CYD
Outpatient Office Visit	$15 Copay	30% After CYD
Prescription Drugs *(Rx)*		
Tier 1	$10 Copay	
Tier 2	$35 Copay	
Tier 3	$60 Copay	
Mail Order Drug *(90 Day Supply)*	2.5x Retail Copay	Not Covered

Locate a Provider

To search for a participating provider, contact UnitedHealthcare's customer service or visit www.myuhc.com. When completing the necessary search criteria, select Choice Plus network.

Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***LabCorp is the preferred lab for bloodwork through UnitedHealthcare. When using a lab other than LabCorp, please confirm they are contracted with UnitedHealthcare's Choice Plus network prior to receiving services.*

UHC Choice Plus HDHP Plan 5 At-A-Glance

Locate a Provider

To search for a participating provider, contact UnitedHealthcare's customer service or visit www.myuhc.com. When completing the necessary search criteria, select Choice Plus network.

Plan References

***Out-of-Network Balance Billing:** *For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***LabCorp is the preferred lab for bloodwork through UnitedHealthcare. When using a lab other than LabCorp, please confirm they are contracted with UnitedHealthcare's Choice Plus network prior to receiving services.*

Network	Choice Plus	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Single	$1,400	$2,500
Family	$2,800	$5,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	$3,750	$7,500
Family	$7,500	$15,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Copays (Includes Rx)	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	10% After CYD	30% After CYD
Specialist Office Visit	10% After CYD	30% After CYD
Virtual Visits	10% After CYD	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	10% After CYD	30% After CYD
X-rays	10% After CYD	30% After CYD
Advanced Imaging *(MRI, PET, CT)*	10% After CYD	30% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care *(Per Visit)*	10% After CYD	30% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Hospital *(Per Visit)*	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room *(Waived if Admitted)*	10% After CYD	10% After In-Network CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Prior Authorization Required)*	10% After CYD	30% After CYD
Outpatient Services *(Prior Authorization Required)*	10% After CYD	30% After CYD
Outpatient Office Visit	10% After CYD	30% After CYD
Prescription Drugs *(Rx)*		
Tier 1	$10 Copay After CYD	
Tier 2	$35 Copay After CYD	
Tier 3	$60 Copay After CYD	
Mail Order Drug *(90 Day Supply)*	2.5x Retail Copay After CYD	Not Covered

Health Savings Account

The UHC Choice Plus High Deductible Health Plan (HDHP) 5 complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified health care expenses not covered by the plan.

2020-2021 Plan Year Funding:

- **Employee Only: $700**
- **Employee + Family: $1,400**

Employee may opt to fund an HSA via pre-tax evenly dispersed payroll deductions or in a lump sum payroll deduction. Employee contributions to an HSA may also be made on an after-tax basis and taken as an above-the-line deduction on employee's tax return (making such contributions tax-free).

- **2020 IRS Contribution Limitations:**
  $3,550 (individual coverage) $7,100 (family coverage)
- **2021 IRS Contribution Limitations:**
  $3,600 (individual coverage) $7,200 (family coverage)

Guidelines regarding the HSAs are established by the IRS.

What to know about an HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it or lose-it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA, however, participant may fund a Limited Purpose FSA for dental and vision expenses only.
- HSA funds may earn interest.
- The HSA will be funded with employer contributions. If employee desires to fund the remaining IRS HSA Combined Contribution Limit balance, they may do so with pre-tax payroll deductions.
- HSA dollars may be used tax-free for all eligible health care expenses.
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may write a check or withdraw funds with a Health Savings Account Debit Card.
- Some account service fees, determined by the bank, may apply.
- Account holder can access HSA statement at any time to track account balance and activity online at www.myameriflex.com.
- To be eligible to open an HSA, employee must be covered by a high deductible health plan. Employee may not be covered under another medical plan that is not a high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if dependent is covered under the medical plan as Federal law does not recognize them as a qualified dependent.
- If employee is enrolled in Medicare, TRICARE or TRICARE for Life, employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits the City from contributing HSA funds into the account. If employee is not enrolled in Medicare, TRICARE or TRICARE for Life, then employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

**Please contact Human Resources for further information regarding funding variations towards employer HSA contributions.*

AmeriFlex | Customer Service: (888) 868-3539 | www.myameriflex.com

Dental Insurance

Cigna Total DPPO Plan

The City offers dental insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna Total DPPO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$1.94
Employee + Family	$6.10

In-Network Benefits

The Total DPPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Total Cigna DPPO network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna's dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: *Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna Total DPPO provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Total DPPO plan requires a $50 individual or a $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services and orthodontia.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Total DPPO plan will pay for each covered member is $2,000 for in-network and out-of-network services combined per calendar year. All services, including preventive services, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com

Cigna Total DPPO Plan At-A-Glance

Network	Total Cigna DPPO	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	$2,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(1 in 6 Months)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(1 in 6 Months)*		
Bitewing X-rays *(1 in 6 Months)*		
Complete X-rays *(1 Every 3 Calendar Years)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Simple Extractions		
Endodontics *(Root Canal Therapy)*		
Oral Surgery		
Periodontal Services		
Anesthetics		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit *(Dependent Children Up To Age 19)*	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Total Cigna DPPO network.

Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.*

Important Notes

- *Each covered family member may receive up to one (1) routine cleaning every six (6) months.*
- *For any dental work expected to cost $200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Late entrant provisions may apply.*
- *Benefit frequency limitations may apply to certain services.*

Vision Insurance

NVA Vision Plan

The City offers vision insurance through National Vision Administrators (NVA) to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact NVA's customer service.

Vision Insurance – NVA Vision Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$0.38
Employee + Family	$0.91

In-Network Benefits

The vision plan offers employees and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the National Vision Administrators network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the National Vision Administrators network. When going out of network, the provider will require payment at the time of appointment. NVA will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

NVA | Customer Service: (866) 665-8437 | www.e-nva.com

NVA Vision Plan At-A-Glance

Network	National Vision Administrators	
Services	**In-Network**	**Out-of-Network**
Eye Exam	$15 Copay	Up to $35 Reimbursement
Contact Lens Exam *(Fit & Follow-up)*	Standard Wear - $20 Copay Extended Wear - $30 Copay Specialty Wear - $50 Copay	
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses	12 Months	
Lenses		
Single	No Charge After $15 Materials Copay	Up to $25 Reimbursement
Bifocal		Up to $40 Reimbursement
Trifocal		Up to $55 Reimbursement
Frames		
Allowance	Up to $100 Retail Allowance 20% Discount Off Balance	Up to $45 Reimbursement
Contact Lenses*		
Non-Elective *(Medically Necessary)*	No Charge	Up to $200 Reimbursement
Elective *(Fitting, Follow-up & Lenses)*	Up to $115 Retail Allowance	Up to $92 Reimbursement

Locate a Provider

To search for a participating provider, contact NVA's customer service or visit www.e-nva.com. When completing the necessary search criteria, select National Vision Administrators network.

Plan References

**Contact lenses are in lieu of spectacle lenses and a frame.*

Important Notes

The network provider copay will apply once, if frames and lenses are purchased at the same time.

Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through AmeriFlex. The FSA plan year is from January 1 to December 31.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are three (3) types of FSAs:

- **Health Care FSA:** Available to eligible employee not enrolled in the UHC Choice Plus HDHP Plan 5 with an HSA. Covers medical, dental, and vision expenses that are not paid by insurance.
- **Limited Purpose FSA:** Available to eligible employee enrolled in the UHC Choice Plus HDHP Plan 5 with an HSA. A Limited Purpose Health Care FSA may be used for qualified dental and vision expenses. The Plan Year for the Limited Purpose FSA is from October 1 to September 30.
- **Dependent Care FSA:** Covers day care expenses for qualified dependents necessary for employee and legal spouse, if married, to work.

Health Care FSA

This account allows participant to set aside up to an annual maximum of $2,750. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participants to set aside up to an annual maximum of $5,000 if single or married and file a joint tax return ($2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note that if family income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees*
- ✓ Diagnostic Tests/Health Screenings*
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses*
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery*
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees*
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

**These items are eligible expenses under the Limited Purpose FSA.*

Log on to http://www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- The Health Care FSA allows a grace period at the end of the plan year (January 1- March 15). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- The Dependent Care FSA allows a grace period at the end of the plan year (January 1 - March 15). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year. Claim forms can be found on www.myameriflex.com or on Bentek.

Debit Card

FSA participant can receive an AmeriFlex debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. AmeriFlex may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!

An employee earning $30,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $227.

	With a Health Care FSA	Without a Health Care FSA
Salary	$30,000	$30,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$29,000	$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	- $6,568	- $6,795
After Tax Expenses	- $0	- $1,000
Spendable Income	$22,432	$22,205
Tax Savings	**$227**	

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state any unused funds remaining in an FSA after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year.* ***This rule is known as "use-it or lose-it."***

Claims Processing Address | AmeriFlex Claims Dept.
PO Box 269009, Plano, TX 75026
Fax: (888) 631-1038 | Email: claims@myameriflex.com

AmeriFlex | Customer Service: (888) 868-3539 | www.myameriflex.com

Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Managed Care Concepts. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes eight (8) face-to-face visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor. The referring supervisor will not receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Managed Care Concepts | Customer Service: (800) 899-3926
www.theemployeeassistanceprogram.com

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance for all eligible employees at no cost through Cigna.

- Full-time employee with less than one (1) year of service will receive coverage in an amount equal to one (1) time the annual salary, up to a maximum of $50,000.
- Full-time employee with more than one (1) year of service will receive coverage in an amount equal to two (2) times the annual salary, up to a maximum of $50,000.

Accidental Death & Dismemberment Insurance

Also, at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

› Reduces to 50% of the benefit amount at age 70

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek

Cigna | Customer Service: (800) 238-2125 | www.cigna.com

Voluntary Life Insurance

Voluntary Employee Life Insurance

Eligible employee may elect to purchase additional Life insurance on a voluntary basis through Cigna. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

New Hires can purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of seven (7) times employee's annual salary or $150,000.**

- Units can be purchased in increments of $10,000 up to the maximum of seven (7) times annual salary or $200,000.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 50% of the benefit amount at age 70

Voluntary Spouse Life Insurance

New Hires can purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $30,000.**

- Employee must participate in Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $5,000, not to exceed a maximum of $50,000 or 100% of the employee's Voluntary Life coverage amount.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 50% of the benefit amount at age 70

Voluntary Life Rate Table

Rate Per $1,000 of Benefit

Age Bracket *(Based On Employee Age)*	Voluntary Life Rate
≤ 29	$0.09
30-34	$0.10
35-39	$0.14
40-44	$0.21
45-49	$0.38
50-54	$0.58
55-59	$0.94
60-64	$1.07
65-69	$1.51
≥ 70	$3.52

Premium Calculation:
Elected Coverage ÷ $1,000 x Employee Rate (See Rate Table) x 12 Months ÷ 26 Annual Deductions = Per Pay Cycle Premium

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Coverage may be purchased for children birth to six (6) months in the amount of $500.
- Coverage may be purchased for children age six (6) months to the end of the calendar year the child reaches age 26 in the amount of $5,000.
- Cost for coverage is $0.17 per $1,000 of coverage per month for each eligible dependent child(ren) enrolled.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

Cigna | Customer Service: (800) 238-2125 | www.cigna.com

Short Term Disability

The City provides Short Term Disability (STD) insurance to all eligible employees through The Maxon Companies at no cost. The STD benefit pays employee a percentage of the weekly earnings if employee becomes disabled due to an illness or non-work related injury.

Short Term Disability

- Employees may select from three (3) options of coverage:
  - **Option 1:** This election offers a benefit of 50% of the employee's weekly earnings, subject to a maximum of $300 per week. Employee must disabled due to an illness for seven (7) days prior to benefits being payable (known as the elimination period); benefits pay immediately for a non-work related injury. The maximum benefit period is 25 weeks for illness and 26 weeks for a non-work related injury.
  - **Option 2:** This election offers a benefit of 50% of the employee's weekly earnings, subject to a maximum of $300 per week. Employee must be disabled due to illness or a non-work related injury for 30 days prior to benefits being payable (known as the elimination period). Payments will commence on the 31st day. The maximum benefit period is 52 weeks for illness and for a non-work related injury.
  - **Option 3:** This election offers a benefit of 60% of the employee's weekly earnings, subject to a maximum of $400 per week. Employee must be disabled due to illness or a non-work related injury for 90 days prior to benefits being payable (known as the elimination period). Payments will commence on the 91st day. The maximum benefit period is 52 weeks for illness and for a non-work related injury.
- Benefits may be reduced by other income.

If a covered employee incurs loss of earnings due to total disability as the result of a covered illness or non-work related injury, while covered hereunder, the employee shall be entitled to weekly income benefits. Benefits are payable only if the employee is not receiving any wages (including sick, vacation, etc.) from the City or any other employer.

The Maxon Companies (TPA)
Customer Service: (800) 999-3309 | www.maxonco.com

Supplemental Insurance

Aflac

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Aflac pays money directly to the employee, regardless of what other insurance plans the employee may have.

Available Aflac plans include:

- ✓ Critical Care and Recovery
- ✓ Hospital Advantage
- ✓ Cancer Care
- ✓ Short Term Disability

To learn more about these Aflac plans and/or schedule a personal appointment, contact Dania Beach's Aflac Agent, Margaret Pearson.

Aflac | Customer Service: (561) 881-1964 | www.aflac.com
Agent: Margaret Pearson | Phone: (561) 981-1964
Email: margaret_pearson@us.aflac.com

Trustmark

Trustmark offers a Permanent Life Insurance Plan that may be purchased separately on a voluntary basis for the employee, spouse, minor children and grandchildren with premiums paid by payroll deductions post tax. The Permanent Life Insurance Plan can be purchased as a supplement to the group term and optional term life insurance offered by the City. The voluntary whole life coverage is also portable, even when an employee changes jobs or retires, as long as the employee pays the necessary premium needed to continue the policy.

To learn more about the Trustmark Life Insurance plan or to schedule an appointment, contact the City's local Trustmark Agent, Arthur Hoffman.

Trustmark
Customer Service: (800) 918-8877 | www.trustmarksolutions.com
Agent: Arthur Hoffman | Phone: (954) 609-4924
Email: artiehoffman@bellsouth.net

Supplemental Insurance *(Continued)*

Preferred Legal Plan

The City offers employees the opportunity to participate in legal and/or identity theft plan(s) through Preferred Legal Plan. By enrolling in the legal plan, participant and family have direct access to a nationwide network of attorneys who will provide legal assistance for a variety of situations. The plan provides assistance, but is not limited to the following benefits:

- ✓ Divorce
- ✓ Bankruptcy
- ✓ Personal Injury
- ✓ Traffic Tickets
- ✓ Real Estate
- ✓ Wills
- ✓ Probate
- ✓ Immigration

IdentityWorks

The City employees have the opportunity to enroll in a voluntary identity theft protection/credit monitoring service through IdentityWorks℠, a part of Experian™.

By enrolling in this plan as an add-on benefit to the Preferred Legal Plan or as a stand alone benefit, a participant will have the following benefits:

- Early warning Surveillance Alert™ notifications via email or mobile text.
- Credit report monitoring checks for new credit cards, loans, inquiries, delinquent accounts and more on a member's credit report.
- Change of address monitoring checks for address changes at the account level that could indicate criminal activity.
- Lost wallet protection
- Monthly email notifications of "all clear" or other status.
- $1,000,000 Identity Theft Insurance with a $0 deductible may cover illegal electronic fund transfers, lost wages, legal fees and private investigator costs.
- Identity Theft Resolution Agents help resolve potential identity theft from start to finish.
- A complete personal Experian℠ credit report so members can check for inaccurate information that may be a sign of past identity theft.
- Additional resources so consumers can learn more about identity protection.

	Individual	Family
Preferred Legal Plan	$9.95	$9.95
Identity Works	$7.00	$14.00
Preferred Legal & Identity Works	$16.95	$23.95

Preferred Legal Plan | IdentityWorks℠, a part of Experian™
Customer Service: (888) 577-3476 | www.preferredlegal.com
Agent: Brian Samuels | Email: info@preferredlegal.com

Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

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DANIA BEACH
SEA IT. LIVE IT. LOVE IT.

GEHRING® GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970
www.gehringgroup.com

FINAL
Last Modified: August 13, 2020 5:29 PM

Exhibit D
Sample Employee Communications

Please note that all communications herein can be printed on various paper sizes.

GEHRING GROUP

2021-2022 OPEN ENROLLMENT

SEPTEMBER 15 - SEPTEMBER 22

Open Enrollment is the time of year when you can make changes to your benefits; such as drop or add dependents, drop coverage, or enroll into coverage.

The Open Enrollment period this year begins September 15 and ends on September 22 at 5:00pm. All new elections and changes made during Open Enrollment will be effective October 1, 2021.

ONLINE ENROLLMENT THROUGH BENTEK

Open Enrollment is still online!

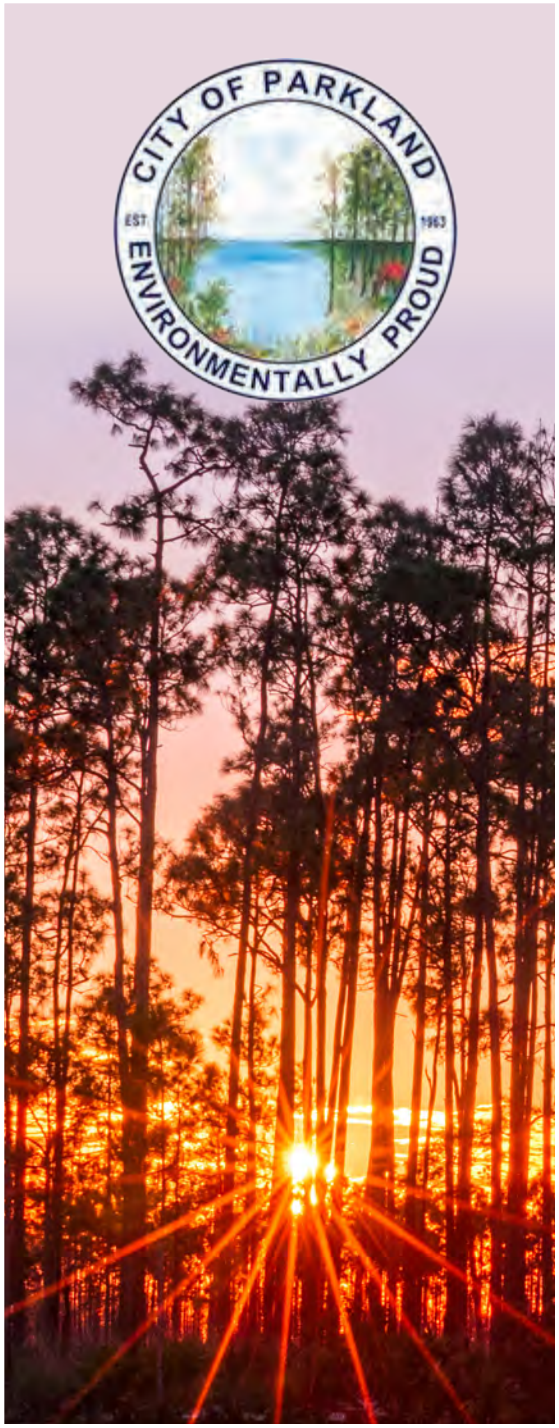
Bentek is available 24 hours a day, 7 days a week and can be accessed from any desktop, tablet or smartphone.

To access the site using mobile device, scan the QR Code or visit:
www.mybentek.com/parkland

Employees making changes to their current benefit elections MUST log on to Bentek during the Open Enrollment period (September 15 - September 22 at 5:00pm). FSA funding amounts must be re-elected for the 2021-2022 Plan Year. Open Enrollment is also a great time to update beneficiaries information.

BENTEK ASSISTANCE

Toll Free: (877) 5-Bentek (523-6835)
Email: support@mybentek.com
(Monday – Friday, 8:30am – 5:00pm EST)



2020-2021 OPEN ENROLLMENT

AUGUST 17 – AUGUST 31

Open Enrollment is the time of year that you can make changes to your benefits; such as drop or add dependents, drop coverage, or enroll into coverage. All new elections and changes made during Open Enrollment will be effective October 1, 2020.
The 2020-2021 Open Enrollment period begins August 17 and ends August 31.

ONLINE ENROLLMENT THROUGH BENTEK

Open Enrollment is still online! The City provides Bentek, an internet based online benefits enrollment system, available 24 hours a day, 7 days a week. Employees may:

- View all benefit elections and payroll deductions
- View plan summaries
- Designate Life Insurance beneficiaries
- During open enrollment, employees may make new elections, change, add or remove dependents

TO ACCESS THE SITE VISIT
www.mybentek.com/parkland

All employees MUST log on to Bentek during the Open Enrollment period (begins August 17 at 12:00 a.m. and ends August 31 at 11:59 p.m.) to verify coverage and update beneficiaries for the 2020-2021 Plan Year, even if planning to waive or maintain coverage elections.

ONSITE BENTEK ENROLLMENT ASSISTANCE

THURSDAY, AUGUST 20
10:00 a.m. – 12:00 p.m.

THURSDAY, AUGUST 27
2:30 p.m. – 4:30 p.m.

LOCATION
Public Works Conference Room

ONLINE BENTEK ENROLLMENT ASSISTANCE

ENROLLMENT ASSISTANCE:
Toll Free: (800) 244-3696
(Monday – Friday, 8:30 a.m. – 5:00 p.m. EST)

TECHNICAL ASSISTANCE:
Toll Free: (877) 5-Bentek | (877) 523-6835
Email: Support@mybentek.com
(Monday – Friday, 8:30 a.m. – 5:00 p.m. EST)

Please feel free to contact Human Resources at (954) 757-4130 should you have any questions or concerns.

2021-2022
OPEN ENROLLMENT

AUGUST 30 - SEPTEMBER 15

Open Enrollment is the time of year that you can make changes to your benefits: such as drop or add dependents, drop coverage, or enroll into coverage. All new elections and changes made during Open Enrollment will be effective October 1, 2021. The Open Enrollment period this year begins August 30 and ends on September 15 at 5:00 p.m.

ONLINE ENROLLMENT THROUGH BENTEK

To access the site using mobile device, scan the QR Code or visit:
www.mybentek.com/coconutcreek

All employes MUST log onto Bentek during Open Enrollment through Bentek, On Bentek you can:

- View your current elections and payroll deductions
- View Plan Information and Carrier Websites
- Select your Benefit Elections for Open Enrollment
- Designate Life Insurance Beneficiaries
- Enroll or re-enroll in Flexible Spending Accounts (FSA) / Dependent Care Spending Accounts (DCA)

Please Note: FSA accounts do not automatically rollover you must re-elect your amount each year.

Representatives from Human Resources and Gehring Group will be available the following dates and times to provide assistance with Bentek, Leave Conversion and any other benefit related inquiry.

ONE-STOP-SHOPS

Wednesday, September 1
1:00 p.m. – 6:00 p.m.
P&Z Room & Commission Chambers

Thursday, September 2
6:30 a.m. – 1:00 p.m.
P&Z Room & Commission Chambers

HR ASSISTANCE

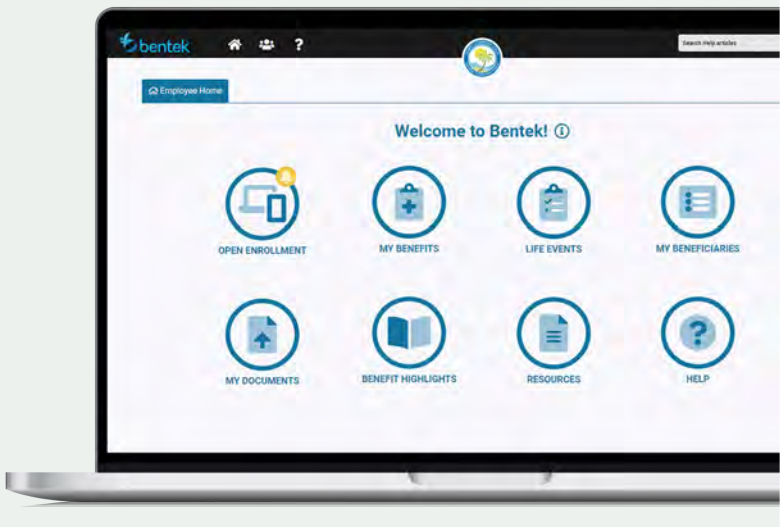
Wednesday, September 8
1:00 p.m. – 6:00 p.m.
HR/PZ Conference Room

Thursday, September 9
7:00 a.m. – 12:00 p.m.
HR/PZ Conference Room

ONE-STOP-SHOPS

Tuesday, September 14
1:00 p.m. – 6:00 p.m.
P&Z Room & Commission Chambers

Wednesday, September 15
6:30 a.m. – 12:00 p.m.
P&Z Room & Commission Chambers



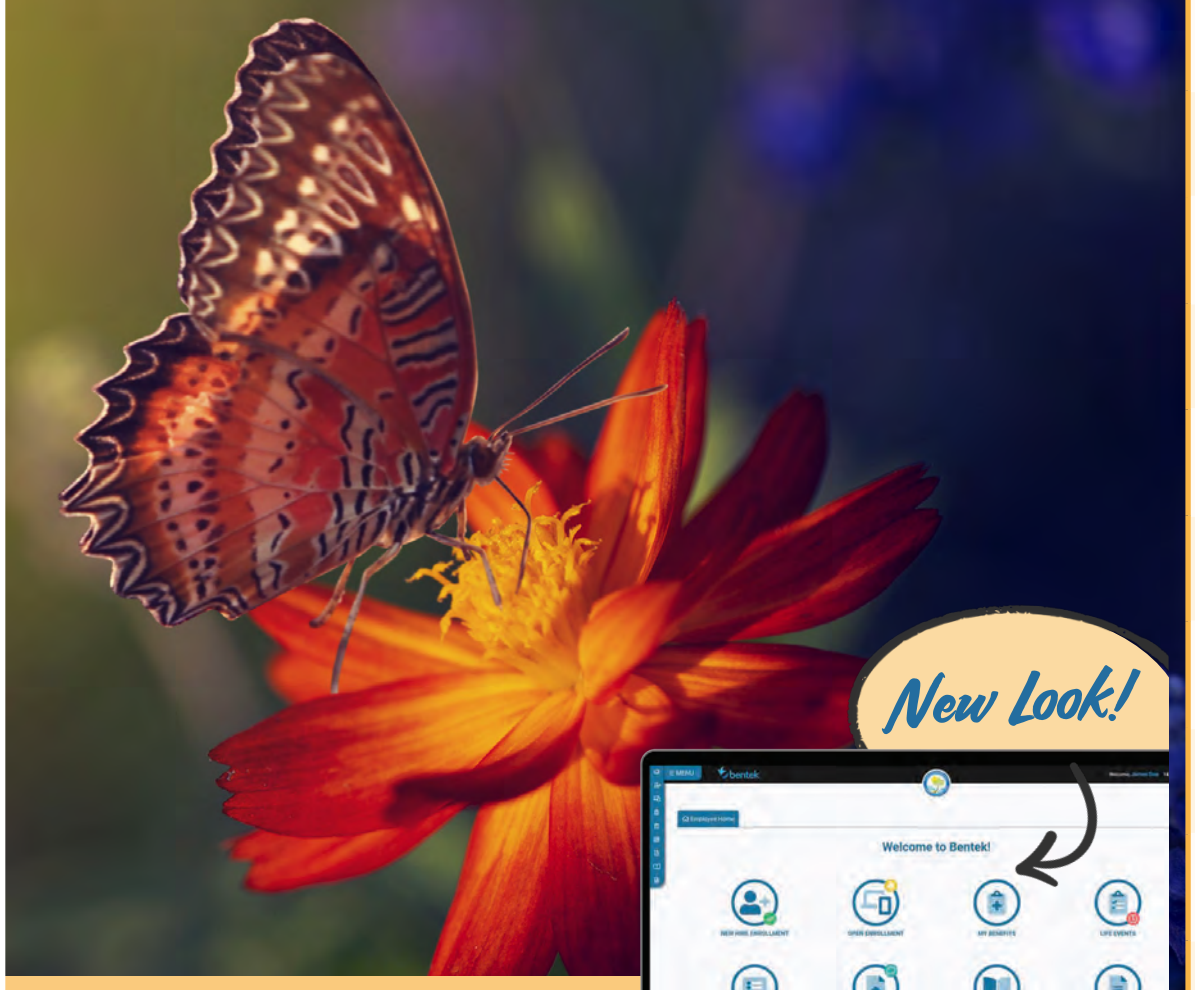
If you have any questions, please contact Human Resources at (954) 973-6715.

2020-2021
OPEN ENROLLMENT

AUGUST 26 - SEPTEMBER 16, 2020

Open Enrollment is the time of year that you can make changes to your benefits: such as drop or add dependents, drop coverage, or enroll into coverage. All new elections and changes made during Open Enrollment will be effective October 1, 2020. The Open Enrollment period this year begins August 26 and ends on September 16.

Be on the look out for some video recordings from Human Resources with additional information pertaining to the upcoming Open Enrollment!



ONLINE ENROLLMENT THROUGH BENTEK

Open Enrollment is online! The City provides Bentek, an internet based online benefits enrollment system, available 24 hours a day, 7 days a week. Bentek and Gehring Group representatives will be available via phone to assist with online enrollment.

To access the site, visit **www.mybentek.com/coconutcreek**

All employees MUST log on to Bentek during the Open Enrollment period (August 18 - August 28 at 5:00pm) to verify coverage and update beneficiaries for the 2020-2021 Plan Year, even if planning to waive or maintain coverage elections.

VIRTUAL ONE-STOP-SHOP

Representatives from the City, Gehring Group and Bentek will be available via phone on the following dates and times to provide one-on-one assistance with Bentek enrollment and any other benefit related inquiry.

Wednesday, August 26
1:00 p.m. – 6:00 p.m.

Thursday, August 27
9:00 a.m. – 1:00 p.m.

Monday, August 31
1:00 p.m. – 6:00 p.m.

Tuesday, September 1
9:00 a.m. – 1:00 p.m.

Wednesday, September 2
1:00 p.m. – 6:00 p.m.

Thursday, September 3
9:00 a.m. – 1:00 p.m.

Tuesday, September 8
9:00 a.m. – 1:00 p.m.

Wednesday, September 9
1:00 p.m. – 6:00 p.m.

Thursday, September 10
9:00 a.m. – 1:00 p.m.

Monday, September 14
1:00 p.m. – 6:00 p.m.

Tuesday, September 15
9:00 a.m. – 1:00 p.m.

Wednesday, September 16
1:00 p.m. – 6:00 p.m.

VIRTUAL ONE-STOP-SHOP CONTACT NUMBERS

CITY REPRESENTATIVE ASSISTANCE

Robin Samotin
(954) 956-1465

Heather Schwartz
(954) 956-1511

Jean Simonis
(954) 956-1463

Tim McPherson
(954) 956-1432

ONLINE BENTEK ENROLLMENT ASSISTANCE

ENROLLMENT ASSISTANCE *(Monday – Friday, 8:30am – 5:00pm EST)*
Toll Free: (800) 244-3696
Email: coconutcreek@gehringgroup.com

TECHNICAL ASSISTANCE *(Monday – Friday, 8:30am – 5:00pm EST)*
Toll Free: (877) 5-Bentek | (877) 523-6835
Email: support@mybentek.com

If you have any questions, please contact Human Resources at 954-956-1451.

I'm Not Alone. You're Not Alone. We're All In This Together!

We have all experienced a loss in the past year that has or may still be affecting our mental health. Understanding your mental health is important and influences your well-being. Normalizing your feelings of distress, despair and trauma can help you cope. Reaching out for support is an important step in healing.

Loss comes in many different forms and all are significant to each of us in its own way.

Change of Routine and Lifestyle

Missed Milestones, Celebrations and Events

Career and Family Adjustments

Illness or Death of Loved Ones

Reach out to a trusted source such as family and friends, your doctor, therapist or clergy. Your Employee Assistance Program (EAP) is available along with the resources listed to the right.

RESOURCES:

MENTAL HEALTH SCREENING TOOLS
https://mhanational.org/self-help-tools

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)
(800) 950-6264
https://nami.org

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)
https://www.apa.org/news/apa/2020/04/grief-covid-19

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)
(800) 662-4357
https://www.samhsa.gov/find-help/national-helpline

NATIONAL DOMESTIC VIOLENCE HOTLINE
(800) 799-7233
https://www.thehotline.org

VICTIM CONNECT RESOURCE CENTER
(855) 484-2846
https://victimconnect.org/resources/national-hotlines

AMERICAN FOUNDATION FOR SUICIDE PREVENTION
https://afsp.org/taking-care-of-your-mental-health-in-the-face-of-uncertainty

NATIONAL SUICIDE PREVENTION HOTLINE
(800) 273-8255

NATIONAL CRISIS TEXT LINE: Text HOME to 741741

GEHRING® GROUP
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WellOnOurWay
TO BETTER HEALTH TODAY

3500 Kyoto Gardens Drive | Palm Beach Gardens, Florida 33410 | 800.244.3696 | gehringgroup.com

2020 | 2021

OPEN ENROLLMENT

AUGUST 25 – SEPTEMBER 4

Open Enrollment is the time of year that you can make changes to your benefits; such as drop or add dependents, drop coverage, or enroll into coverage. All new elections and changes made during Open Enrollment will be effective October 1, 2020. **The 2020-2021 Open Enrollment period begins August 25 and ends September 4.**

ONLINE ENROLLMENT THROUGH BENTEK

Open Enrollment is online! The City provides Bentek, an internet based online benefits enrollment system, available 24 hours a day, 7 days a week. Bentek and Gehring Group representatives will be available via phone to assist with online enrollment.

To access the site, visit www.mybentek.com/delraybeach

All employees MUST log on to Bentek during the Open Enrollment period (August 25 - September 4 at 5:00pm) to verify coverage and update beneficiaries for the 2020-2021 Plan Year, even if planning to waive or maintain coverage elections.

ONLINE BENTEK ENROLLMENT ASSISTANCE

ENROLLMENT ASSISTANCE:

Toll Free: (800) 244-3696
(Monday – Friday, 8:30am – 5:00pm EST)

TECHNICAL ASSISTANCE:

Toll Free: (877) 5-Bentek | (877) 523-6835
Email: support@mybentek.com
(Monday – Friday, 8:30am – 5:00pm EST)

WORKING *Our Way To* WELLNESS

You're invited to our Health Fair on Friday, September 14th at The Village of Palm Springs

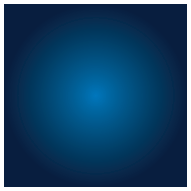
Time: 10:00am – 2:00pm
Location: Council Chambers

Join us in meeting the participating vendors and learn from the variety of information they will have to offer to you. There will be raffles, giveaways and healthy snacks for you.

Employees will have the option to have a finger stick screening. Results are immediate and included is an 1-1 consultation with the Coach to review the numbers. **Space is limited, so please contact the Human Resources Department to reserve your time slot. Fasting is NOT required.**

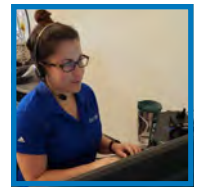
If you have any questions, please contact:
Janette M. Piedra | Phone: (561) 434-5082
jpiedra@vpsfl.org

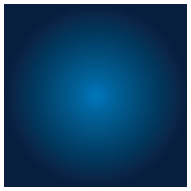
THE VILLAGE OF PALM SPRINGS
Garden Spot of Palm Beach County
FLORIDA





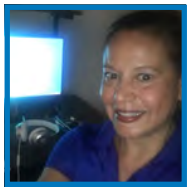


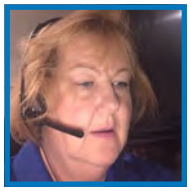





During this unprecedented time...We are working from home but working hard to support you!





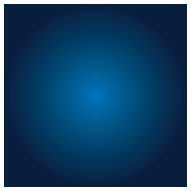
DO YOU HAVE QUESTIONS ABOUT YOUR EMPLOYEE INSURANCE BENEFITS?
ARE YOU RECEIVING BILLS FROM A PROVIDER AND NOT SURE WHY?

Let us help you!

Contact our team at the Gehring Group for assistance with any questions or concerns.
Call Toll Free (800) 244-3696

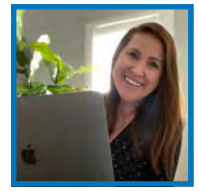
Please include the following information if leaving a message:	For your privacy, please **do not** include:
▪ First & Last Name ▪ Brief Description of Your Question ▪ Your Contact Information ▪ Your Employer's Name	▪ Social Security Number ▪ Date of Birth ▪ Member ID

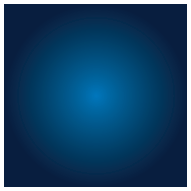
A member of our team will contact you via a secure email or telephone call to gather additional information that may be necessary to further assist you.





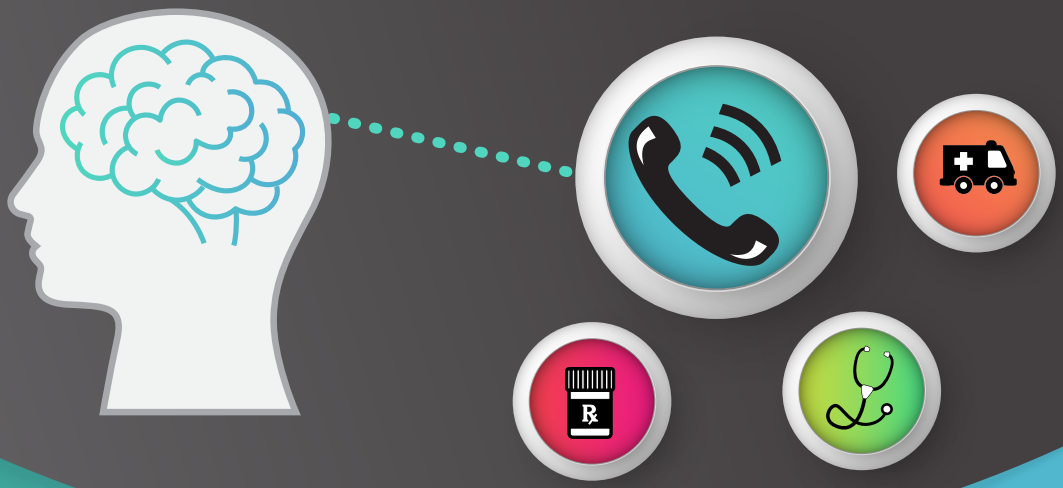




GEHRING GROUP®
EMPLOYEE BENEFITS | RISK MANAGEMENT

First Line of Defense to Screen for COVID-19



Virtual Care and the Coronavirus

Cigna provides access to virtual care services as part of the medical plan. AmWell and MDLIVE are convenient phone and video consultation companies that provides immediate medical assistance for many conditions.

As concerns about the COVID-19 continue to rise and spread, AmWell and MDLIVE are available should a member believe that they are showing symptoms of the virus. It is recommended that a member call their PCP or use virtual care services prior to going to their PCP's office, urgent care or an emergency room. This is to protect patients who are seeking medical attention who are more susceptible to contract the virus.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues.

For further information please contact AmWell and MDLIVE.

Cigna

AmWell | Customer Service: (855) 667-9722 | www.AmWellforCigna.com
MDLIVE | Customer Service: (888) 726-3171 | www.MDLIVEforCigna.com

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Essential Resources in Challenging Times

Taking care of yourself, family and friends during the outbreak of COVID-19 is challenging and many of us may be experiencing:

- Stress and Anxiety
- Loneliness/Isolation
- Depression
- Grief
- Relationship Issues
- Financial Concerns

We have listed below free resources available to help you through these challenging times. By clicking on the underlined statements below, the website for each resource can be accessed.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Provides access to licensed mental health professionals through a program protected by state and federal laws
- Available 24 hours a day/7 days a week
- Confidential

New Directions | (800) 624-5544 | www.ndbh.com | Access Code: SGE3F

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

- Coping with Stress and COVID-19

CDC Website Stress and Coping

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

- Coping with Grief and COVID-19

APA Coping with Grief during COVID-19

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) – (800) 662-4357

- A treatment referral and information service for individuals and families facing mental and/or substance use disorders

SAMHSA Helpline

NATIONAL DOMESTIC VIOLENCE HOTLINE
(800) 799-7233

- Provides immediate support to empower victims

Domestic Violence Hotline

VICTIM CONNECT RESOURCE CENTER
(855) 484-2846

- National Hotlines for Domestic Violence

Victim Connect Resource

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- Protecting Your Mental Health during COVIV-19

American Foundation for Suicide Prevention

NATIONAL SUICIDE PREVENTION HOTLINE
(800) 273-8255

NATIONAL CRISIS TEXT LINE: Text HOME to 741741

GEHRING® GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Important Change to FSA, HSA and HRA* Eligible Expenses

The "Coronavirus Aid, Relief, and Economic Security Act" (the CARES Act) was signed and passed on March 27, 2020. One aspect of the Act repeals the rule enacted in the Affordable Care Act that prohibited over-the-counter medicines (i.e., non-prescribed) other than insulin from being "qualified medical expenses."

NEWLY DEFINED ELIGIBLE EXPENSES

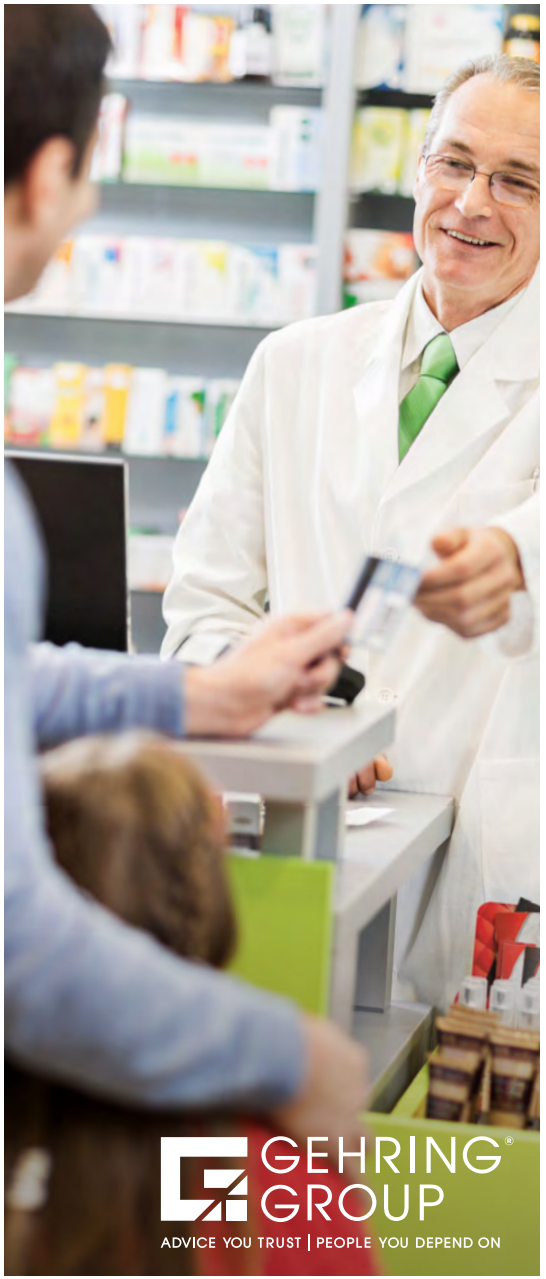
Over the counter (OTC) drugs and medicines are now eligible for reimbursement from a Flexible Spending Account (FSA), Health Savings Account (HSA), or, if applicable* Health Reimbursement Account (HRA). Menstrual products are also now eligible for reimbursement. This is a permanent change.

HOW SOON CAN I USE MY DEBIT CARD ON THESE NEWLY ADDED ELIGIBLE EXPENSES?

Retailers systems may not recognize this newly passed legislation or instantaneously accept an FSA debit card. Cards issued by FSA administrators are controlled by various systems to confirm the cards are only used for eligible expenses. Retailers such as CVS, Walgreens, Wal-Mart, Publix, as well as smaller stores use IIAS (Inventory Information Approval Systems) Merchant Certification along with their own inventory and point-of-sale systems to verify that the merchandise being purchased with a FSA card is an eligible medical expense.

The ability to use an FSA card for these newly defined OTC items at all retailers may not come online at the same time. The larger retailers will likely come on first, and the smaller ones may not be "live" for months.

***Please Note:** HRA monies are funded by your employer. Some funding arrangements may only allow monies to be used for expenses, such as copayments, deductibles, and coinsurance. Please contact HRA administrator for more details.*



Questions About Eligible Expenses?

If issues arise with using your debit card for newly allowable expenses, you may:

1. Check with larger retailers first as it is expected their systems will recognize the newly allowable expenses sooner.
2. Pay at "point of sale" and submit documentation for reimbursement to your FSA administrator. For additional information on your FSA administrator and contact information please refer to your Employee Benefit Highlights booklet or contact:

Chard Snyder | Customer Service: (800) 982-7715; (833) 212-1988 | www.chard-snyder.com

2016 Fit2Serve Event

March 1, 2016 • 10AM - 3PM

Parks and Recreation, 6199 NW 10th Street, Margate

Let's show Cigna that we are Fit2Serve

Biometric Testing

All City of Margate full-time employees eligible to receive free biometric testing (*If you do not have City of Margate health insurance, please see HR for alternate arrangements for rewards*).

1. Complete your mycigna.com health assessment
2. Bring any written form of proof of physical activity
   (ex. 1 week workout log, printout of gym log ins, activity tracker log)
3. Complete a Biometric test on site, or bring proof of 2016 Biometric check

Receive on-site a $50 American Express Gift Card!
(taxed as income)

- **Wellness Vendors**
- **Mammovan**
- **MDNow Urgent Care**
- **Cigna Health Insurance**
- **Cigna Life Insurance**
- **OneBlood Van**
- **Nationwide 457**
- **Pre-Paid Legal**
- **HCA Northwest Medical**
- **Employee Assistance Plan and more...**

Have an activity tracker or pedometer and don't know how to use it?

Bring it to the event, and we'll show you how to get the most out of what you already have!

CITY OF MARGATE
Together We Make It Great

CITY OF
MARGATE

Protect yourself and those around you.

Get a Free Flu Shot.

According to the Centers for Disease Control and Prevention (CDC), the best way to prevent the flu is by getting vaccinated each year.

Flu Shots are free for employees and their dependents who participate in the health insurance programs offered through the City of Parkland. If you are a part-time employee or are currently not enrolled in the City's medical plan, but would like a flu shot (or have a dependent who wants a flu shot), please see Human Resources for more details.

FRIDAY
OCTOBER 21, 2016

LOCATION: CITY HALL

TIME: 10:00AM - 12:00PM

- ✓ **FREE for Insured Employees**
  (Accepting most insurance carriers)
- ✓ **Please bring Insurance ID and Photo ID**
- ✓ **Uninsured cost of vaccination is $26.99**

Exhibit E
Sample Request for Proposal for Insurance Coverage

Request for Proposals

Sample Client

All Lines RFP

RFP 21 980369

4/15/2022

SAMPLE CLIENT
ADDRESS, CITY, STATE, ZIP

SOLICITATION, OFFER AND AWARD FORM

REQUEST FOR PROPOSAL

1. SOLICITATION #: 22-10122	**4. BRIEF DESCRIPTION:**
2. ISSUE DATE: 4/15/22	**HEALTH CARE BENEFITS ALL LINES**
3. FOR INFORMATION CONTACT Contracting Officer: **NAME:** Cameron Burt **PHONE:** 1-844-737-0365 **E-MAIL:** Cameron.burt@gehringgroup.com	

5. CONFERENCE: (See Exhibit C for more information.)

N/A

6. SUBMIT OFFER TO THE FOLLOWING WEBSITE RFP360	**7. OFFER SUBMISSION DUE DATE AND TIME:** 5/6/22 10:00am Local Time

8. SUBMIT WITH OFFER: Original electronic offer including all exhibits

9. Offers **will not** be publicly opened.

10. FIRM OFFER PERIOD: Offers shall remain firm for a period of 90 calendar days from the date specified in Block 7, above.

11. This solicitation and any resulting contract, respectively, must include this Solicitation, Offer and Award Form and the exhibits and documents designated on Page 2 of this form.

OFFER

(To be completed by offeror)

12. DISCOUNT FOR PROMPT PAYMENT: N/A

13. If this offer is accepted within the period specified in Block 10 above, the offeror agrees to fully provide the goods and/or services covered by this solicitation at the prices and timelines specified in the solicitation.

14. ACKNOWLEDGEMENT OF AMENDMENTS: The offeror acknowledges receipt of the following solicitation amendments (write in all amendment numbers and amendment dates.

Amendment Number and Date		Amendment Number and Date		Amendment Number and Date	

15. OFFEROR'S NAME AND ADDRESS: (Type or Print)	**16. NAME AND TITLE OF OFFEROR'S REPRESENTATIVE (PERSON AUTHORIZED TO EXECUTE CONTRACTS):** (Type or Print)
TELEPHONE: **E-MAIL:** **CELL PHONE:** **FAX:**	**17. OFFEROR'S REPRESENTATIVE SIGNATURE & DATE:**

AWARD

(To be completed by PSTA)

18. Offeror is a: DBE: Yes ☐ No ☐ SBE: Yes ☐ No ☐

19. DBE: A DBE goal has not been established for this solicitation.

20. ACCEPTED AS TO:	**21. TOTAL AMOUNT OF AWARD:**	**22. CONTRACT NUMBER:**

23. PSTA'S CONTRACTING OFFICER'S SIGNATURE & CONTRACT AWARD DATE:

Name: _____ Signature: _____ Date: ____/____/____

NAME	FORM DESCRIPTION	FORM #	SUBMIT WITH OFFER
Cover Sheet	Solicitation, Offer and Award Form	CS-01	YES
Exhibit A	Representations and Certifications	A-02	YES
Exhibit B	Special Solicitation Instructions and Conditions	B-01	NO
Exhibit C	Solicitation Instructions and Conditions	C-03	NO
Exhibit D	Special Provisions	D-01	NO
Exhibit F	General Provisions	F-02	NO
Exhibit H	Background Information & Response Forms	H-01	YES
Exhibit K	Contract	K-01	YES

EXHIBIT A
REPRESENTATIONS AND CERTIFICATIONS
(LOCALLY ASSISTED SUPPLY/SERVICE CONTRACT)

** NOTE: THIS FORM MUST BE COMPLETED AND RETURNED WITH THE OFFER **

TABLE OF CONTENTS

REPRESENTATIONS

1. Contingent Fee

Except for full-time bona fide employees working solely for the offeror, the offeror represents as part of its offer that it (Mark one with an "X"):

has has not

been employed or retained any company or persons to solicit or obtain the contract resulting from this solicitation, and (Mark one with an "X"):

has has not

paid or agreed to pay any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

2. Covenant Against Gratuities

The offeror represents as part of its offer that no employee, official, or member of the Board of the Authority is or will be peculiarly interested or benefited directly or indirectly in the contract to be awarded by this solicitation. The offeror further represents and warrants that it has not offered or given gratuities (in the form of entertainment, gifts, or otherwise) to any employee, official, or member of the Board of the Authority with a view toward securing favorable treatment in the awarding, amending, or evaluating the performance of any contract resulting from the solicitation. For breach of any representation or warranty in this clause, the Authority shall have the right to annul the contract awarded through this solicitation without liability and/or have recourse to any other remedy it may have at law.

3. Disadvantaged Business Enterprise (DBE)

The offeror represents as part of its offer that it (Mark one with an "X"):

is is not

a disadvantaged business enterprise (DBE). A DBE is defined as "a for-profit small business concern which is at least 51 percent owned by one or more socially and economically disadvantaged individuals, or in case of any publicly owned

business, at least 51 percent of the stock is owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it." For purposes of this definition, socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Asian-Pacific Americans, Subcontinent Asian Americans, Native Americans; women; and any additional groups whose members are designated as socially and economically disadvantaged by the Small Business Administration (SBA), at such time as the SBA designation becomes effective.

4. Interest of Public Officials

The offeror represents and warrants that no employee, official, or member of the Board of the Authority is or will be pecuniarily interested or benefited directly or indirectly in this contract.

5. Parent Company and Identifying Data

(a) The offeror represents as part of its offer that it (Mark one with an "X"):

is is not

owned or controlled by a parent company. A parent company, for the purpose of this provision, is one that owns or controls the activities and basic business policies of the offeror. To own the offering company means that the parent company must own more than 50 percent of the voting rights in that company. A company may control an offeror as a parent even though not meeting the requirements for such ownership if the company is able to formulate, determine, or veto basic policy decisions of the offeror through the use of dominant minority voting rights, use of proxy voting, or otherwise.

(b) If the offeror is not owned or controlled by a parent company, it shall insert its own Employer's Identification Number below:

(c) If the offeror is owned or controlled by a parent company, it shall enter in the blocks below the name and main office address of the parent company, and the parent company's Employer's Identification Number.

NAME OF PARENT COMPANY AND MAIN OFFICE ADDRESS (INCLUDE ZIP AND PHONE):	PARENT COMPANY'S EMPLOYER'S IDENTIFICATION #:

6. Type of Business

(a) The offeror represents as part of its offer that it operates as (Mark one with an "X"):

an individual — a sole proprietorship

a partnership — a corporation

another entity _____.

(b) If incorporated, under the laws of the State of:

(c) Age of the entity: __ years, __ months

(d) Previous year's annual gross receipts:

☐ less than $500K ☐ $500K - $2 mil. ☐ $2 mil. - $5 mil. ☐ more than $5 mil.

CERTIFICATIONS

7. Certification of Independent Price Determination

(a) By executing this certification, the offeror certifies, and in the case of a joint offer, each party thereto certifies as to its own organization, that in connection with this procurement:

(1) The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this offer have not been knowingly disclosed by the offeror and will not knowingly be disclosed by the offeror prior to the opening (in the case of an advertised procurement) or prior to award (in the case of a negotiated procurement), directly or indirectly to any other offeror or to any competitor; and

(3) No attempt has been made or will be made by the offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

(b) Each person signing this offer certifies that:

(1) He/she is the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein and that he/she has not participated, and will not participate, in any action contrary to (a)(1) through (a)(3) above; or

(2) He/she: (i) is not the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein but that he/she has been authorized in writing to act as an agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to (a)(1) through (a)(3) above, and as their agent does hereby so certify; and (ii) has not participated, and will not participate, in any action contrary to (a)(1) through (a)(3) above.

8. Communication Policy and Certification

(a) All oral and written communications with the Authority regarding this solicitation should be exclusively with, or on subjects and with persons approved by, the Contracting Officer identified in this solicitation. Discussions or communications with any other person could result in disclosure of proprietary or other competitive sensitive information or otherwise create the appearance of impropriety or unfair competition and, thereby, compromise the integrity of the Authority's procurement system.

(b) By executing this certification, the offeror certifies that it has not, and will not prior to contract award, communicate orally or in writing with any Authority employee or other representative (including Board members, PSTA contractors, or PSTA consultants) other than the Contracting Officer and on subjects approved by the Contracting Officer except as described below: (CHECK "NONE" IF NONE EXISTS.)

NONE

Name of PSTA Representative	Date and Subject of Communication

(c) This certification concerns a material representation of fact upon which reliance will be placed in awarding a contract. If it is later determined that the offeror knowingly rendered an erroneous certification, in addition to any other remedies the Authority may have, the Contracting Officer may terminate the contract resulting from this solicitation for default and/or recommend that the offeror be debarred or suspended from doing business with the Authority and/or have recourse to any other remedy it may have at law.

(d) The offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, he/she learns that its certification was, or a subsequent communication makes, the certification erroneous.

9. Conflict of Interest Certification

By executing this certification, I certify that:

(a) I have read and understand the General Provisions clause entitled "Interest of Public Officials" that will be incorporated into any contract resulting from this solicitation. I further understand that the pecuniary interest in that clause includes employment relationships.

(b) I understand the Authority has an internal conflict of interest policy for its employees that includes as an actual or possible conflict of interest whether or not a member of the employee's immediate family works for a firm doing, or seeking to do, business with the Authority.

(c) Mark one with an "X":

To the best of my knowledge and belief, no employee of my firm is related to an Authority employee; or

An employee of my firm is related to an Authority employee and a letter to the Contracting Officer explaining that relationship is attached to this Exhibit A.

(d) The requirements of this certification have been passed through to all first-tier subcontractors or subconsultants anticipated to be used at the time of the submission of my offer.

10. Non-Discrimination Assurance

The offeror certifies that it will not discriminate on the basis of race, color, national origin or sex in the performance of the contract expected to be awarded. The offeror understands that it is required to insert the substance of this clause in all subcontracts and purchase orders. Failure to carry out these requirements is a material breach of any contracts resulting from this solicitation and may result in the contract termination or such other remedy as the Authority deems appropriate. The offeror further agrees by submitting this offer that it will include this certificate, without modification, in all subcontracts and purchase orders.

11. Disadvantaged Business Enterprise Goals

If goals have been established, by executing this certification, the offeror certifies that it will comply with the provisions of Exhibit G entitled "Disadvantaged Business Enterprise Provisions," and will meet such goals as are established in any ensuing contract.

12. Execution of Contract

Upon award of this solicitation by PSTA’s Board of Directors, the offeror agrees to execute the contract attached as Exhibit K.

13. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

(1) The offeror certifies to the best of its knowledge and belief that it and its principals:

(i) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any governmental department or agency;

(ii) have not within a three-year period preceding this offer been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(iii) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(ii) of this certification; and

(iv) have not within a three-year period preceding this offer had one or more public transactions (federal, state, or local) terminated for cause or default.

(2) Where the offeror is unable to certify to any of the statements in this certification, the offeror shall attach an explanation.

14. Certification of Restrictions on Lobbying

Lobbying of any PSTA board member, officer, evaluation/selection committee member, employee, agent or attorney by an offeror, any member of the offeror's staff, any agent or representative of the offeror, whether compensated or not, or any person employed by any legal entity affiliated with or representing the offeror shall be prohibited on all competitive selection processes and contract awards, including but not limited to requests for proposals, requests for quotations, requests for qualification, invitation for bids, bids or the award of purchasing contracts of any type. Lobbying is strictly prohibited from the date of the advertisement or on a date otherwise established by the PSTA Board of Directors, until an award is final, any protest is finally resolved, or the competitive selection process is otherwise concluded, whichever is later.

The purposes of this prohibition is to protect the integrity of the procurement process by shielding it from undue influences prior to the contract award, until a protest is resolved, or the competitive selection process is otherwise concluded, whichever is later. Nothing herein shall prohibit an offeror from contacting the purchasing division or PSTA's General Counsel to address situations such as clarification and/or questions related to the procurement process, the procedures to file a protest, or the status of a protest.

For the purposes of this paragraph, lobbying shall mean influencing or attempting to influence action or non-action, and/or attempting to obtain the goodwill of persons specified herein relating to the selection, ranking, or contract award in connection with the bidding process through direct or indirect oral or written communication. Lobbying includes such actions whether performed by the offeror itself, any employee of the offeror, the offeror's attorney, agent or other paid or non-paid representative, or any person who performs such actions of behalf or at the behest of the offeror. Further, lobbying includes the attempt to influence Board members while they are performing their functions for other governmental entities (e.g.) a city or Pinellas County).

Any board member, officer, evaluation committee member, employee, agent or attorney who has been lobbied will immediately report the lobbying activity to the Authority's Chief Executive Officer.

15. Verification of Employment Status Certification

In accordance with Florida law, the offeror certifies the use of the U.S. Department of Homeland Security's E-verify system to verify the employment eligibility of all new employees hired by offeror during the contract term who perform employment duties under any resulting contract to this solicitation and (a) that any subcontracts include an express requirement that subcontractors performing work or providing services pursuant to any resulting contract to this solicitation utilize the E-verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

16. Scrutinized Companies Certification

By executing this certification, the contract associated with this solicitation and each and every renewal thereof (if renewal is provided for herein), pursuant to section 287.135, Florida Statutes, the offeror certifies, represents, and warrants that: (a) it is not on the Scrutinized Companies with Activities in Sudan List, (b) it is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, (c) that it does not have business operations in Cuba or Syria, and (d) that it is not participating in a boycott of Israel, and that all such certifications are true as of the time offeror submitted its bid or proposal and as of the effective date of any renewal. Notwithstanding anything contained in this solicitation to the contrary, PSTA may terminate the contract resulting from this solicitation immediately if: (1) the offeror is found to have submitted a false certification regarding (a) – (d) above in accordance with section 287.135(5), Florida Statutes, or (2) the offeror is found to have been placed on the Scrutinized Companies that Boycott Israel List as that term is defined and such list is maintained pursuant to Section 287.135, Florida Statutes, or is otherwise engaged in a boycott of Israel. Such termination shall be in addition to any and all remedies available to PSTA at law. The provisions of this section shall only apply if the contract total is in excess of one million U.S. dollars ($1,000,000.00).

17. Statement Regarding Federal Funding

The offeror recognizes and understands that while no federal funds are currently being used to fund this procurement, if indicated on the Solicitation, Offer, and Award Form (CS-01), PSTA may, in its sole and absolute discretion, elect to use federal funding in the future for purchases made under this procurement.

18. Foreign Country of Concern Disclosure Certification

This certification is applicable if the offer exceeds $100,000.

Pursuant to section 286.101, Florida Statutes, the offeror is required to disclose any current or prior interest of, any contract with, or any grant or gift received from a Foreign Country of Concern, as defined below, if such interest, contract, or grant or gift has a value of $50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous five (5) years.

For purposes of this section, “Foreign Country of Concern" means the People’s Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People’s Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolas Maduro, or the Syrian Arab Republic, including any agency of or any other entity under significant control of such foreign country of concern.

Offeror’s disclosure shall include the name and mailing address of the disclosing entity, the amount of the contract or grant or gift or the value of the interest disclosed, the applicable foreign country of concern and, if applicable, the date of termination of the contract or interest, the date of receipt of the grant or gift, and the name of the agent or controlled entity that is the source or interest holder. Note that within one (1) year before proposing any contract to the Authority, such entity must provide a copy of such disclosure to the Florida Department of Financial Services.

By executing this certification, the offeror certifies that it either has, or will prior to contract award, disclose any current or prior interest of, any contract with, or any grant or gift received from a Foreign Country of Concern (CHECK "NONE" IF NONE EXISTS).

NONE

OR

CURRENT OR PRIOR INTEREST WITH FOREIGN COUNTRY OF CONCERN

If this option is selected, in the space below, provide:

- The name and mailing address of the disclosing entity;
- The amount of the contract or gift or grant or the value or the interest disclosed;
- The applicable Foreign Country of Concern;
- The date of the termination of the contract or interest;
- The date of the receipt of the grant or gift;
- The name of the agent or controlled entity that is the source or interest holder; and
- State whether within one (1) year before submitting this offer, such entity provided a copy of the disclosure to the Florida Department of Financial Services.

****
SIGNATURE BLOCK FOR ALL REPRESENTATIONS & CERTIFICATIONS
****

NAME OF OFFEROR & ADDRESS (INCLUDE ZIP & PHONE)

Signature:

TYPE NAME:

DATE:

OFFERORS MUST SET FORTH FULL, ACCURATE AND COMPLETE INFORMATION AS REQUIRED BY THIS SOLICITATION (INCLUDING THIS ATTACHMENT). FAILURE TO DO SO MAY RENDER THE OFFER NONRESPONSIVE OR UNACCEPTABLE.

PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA)
ST. PETERSBURG, FLORIDA

EXHIBIT B
SPECIAL SOLICITATION INSTRUCTIONS and CONDITIONS

Table of Contents

1. Introduction

Pinellas Suncoast Transit Authority (PSTA or the Authority) is an independent special district created by special act of the Legislature in 1984, merging the St. Petersburg Municipal Transit System and the Central Pinellas Transit Authority to provide Pinellas County with a cohesive public transit system. A fleet of 210 buses and 16 trolleys serve 39 fixed routes throughout Pinellas County.

Pinellas County is 280 square miles with approximately 959,107 residents (2020 Census). Pinellas County is located along the west coast of Florida and includes a corridor of smaller beach communities along the Gulf of Mexico. Pinellas County is the second smallest county in the state of Florida; however, it is the most densely populated county in the state and is nearly three times more densely populated than the next closest county.

The Authority serves most of the unincorporated area and 21 of the County's 24 municipalities. This accounts for 98% of the County's population and 97% of its land area. The cities of St. Pete Beach, Treasure Island, Kenneth City, Belleair Beach, and Belleair Shore are not members of the Authority; however, St. Pete Beach and Treasure Island do contract for trolley service.

During fiscal year 2020, PSTA's vehicles traveled a total of 8.1 million revenue miles, providing approximately 663,583 hours of service, and 12.1 million passenger trips.

The Background Information & Response Forms Section (Exhibit H) contains additional detail on the tasks, services, and scope requested to meet PSTA's needs.

2. Proposal Preparation and Format

(a) The following paragraphs detail the instructions and order to be followed in preparing a response to this solicitation. The Authority reserves the right to reject any offer as non-responsive, in its sole and absolute discretion, if the proposal fails to include any of the required information or fails to present the information in the specified order.

(b) Offerors shall submit offers to RFP 360. Offers **must be received** before the time and date on the solicitation cover sheet (Solicitation, Offer and Award Form, CS-01).

(c) Each part of the offer should be clearly labeled and tabbed for easy reference. Offers shall include a "Table of Contents" identifying the page numbers of where to find the various sections included in the proposal. Failure by an Offeror to respond to any of the following requirements may be a basis for elimination from consideration during the evaluation.

(d) To aid in the timely, effective review of all offers, it is required that each Offeror closely follow the content requirements provided in Paragraphs 3 and 4 below.

(e) Offers shall be typed. Offers should be prepared as simply and economically as possible while providing straightforward, concise information of the Offeror's capabilities to satisfy the requirements of this solicitation. Colored displays, promotional material, etc. are neither necessary nor desired. Technical literature about the

Offeror's experience and qualifications must be included. The emphasis should be on completeness and clarity of content. Unnecessarily elaborate proposals or lengthy presentations are not desired.

3. Evaluation Criteria

Proposals will be evaluated based on "Technical Acceptability." A breakdown of points is provided below for 100 Total Maximum Points for "Technical Acceptability." All criteria are important, however, and it would be wrong to assume the criteria listed last are insignificant. In responding to Evaluation Criteria 1 to 7 below, the Offeror should organize its proposal so that the qualifications are clearly illustrated in each of the following categories.

No.	Criteria	Maximum Points
1	Proposed Cost	20
2	Benefit Design Strength	20
3	Provider Network Strength	15
4	Prescription Drug Formulary Strength	15
5	Network Discount Strength	15
6	Customer Service Ability	10
7	Performance Guarantees	5
Total Points		**100**

In the event the above evaluation criteria does not apply to a specific line of proposed coverage, the applicable criteria will be proportionally adjusted. Proposals submitted by Offerors that meet the minimum qualifications, above, will be evaluated for award based on the following "technical" to "price" split. A breakdown of points is provided below.

(1) Technical (80 Total Maximum Points), and
(2) Price (20 Total Maximum Points).

(1) Section 1 – Introduction and Submittals (No Points):

A. A letter of introduction to include:
   (i) A statement of the type of firm, partnership or other teaming arrangement and members. A list and description of ownership, office location, and principal office where the majority of the Authority's work will be performed with contact information,
   (ii) The Solicitation Offer and Award Form,
   (iii) A fully completed Exhibit A.

(2) Section 7 – Price (100 Total Maximum Points).

(a) Price proposals shall be submitted on the Schedule Form (S-01) in Excel format provided by the Authority. Pricing methodologies, other than that provided in the Schedule (S-01), shall not be considered. Requests to modify the pricing schedule should be communicated to the Contracting Officer, as defined in Exhibit F to this solicitation and identified in Block 3 of the solicitation cover sheet (Solicitation, Offer and Award Form, CS-01) within ten (10) days of the solicitation issue, so that the Authority may consider amending the Schedule (S-01) if such change is in the best interest of the Authority.

(3) Section 8 - Exceptions (No Points)

Exceptions to, or variances from, any portion of the solicitation, including the statement of work, contract terms, **(including any supplemental agreements or contract terms, software agreements, or other terms or conditions)** will **not** be considered unless the Offeror specifically identifies them and provides all such terms or variations as part of this section. Exceptions are, however, strongly discouraged and may not be accepted by the Authority**.** Offerors are strongly encouraged to contact the Contracting Officer identified in Block 3 of the solicitation

cover sheet (Solicitation, Offer and Award Form, CS-01) well in advance of the deadline for receipt of questions and offers with any proposed changes to the Authority's terms and conditions.

(4) Section 9 - Promotional Literature (No Points).

This section should contain any promotional literature submitted for informational purposes only.

4. **Evaluation of Proposals and Selection Procedure**

(a) The Authority's Contracting Officer will appoint an evaluation committee to evaluate and score the proposals determined to have met the minimum qualifications specified in paragraph 3, above, on the technical criteria.), in paragraph 3, above.

(b) Proposals may be determined to be "Acceptable," "Potentially Acceptable" (that is, susceptible of being made "Acceptable"), or "Unacceptable." Proposals evaluated as technically "Unacceptable" shall be rejected and will receive no further consideration for award.

(c) The Contracting Officer shall, also, evaluate prices for proposals determined to be "Acceptable" or "Potentially Acceptable." After completing this evaluation, the Contracting Officer may:

(1) Proceed directly to the PSTA Board of Directors to consider awarding a contract based on the evaluation of the initial proposals; or

(2) Seek clarifications and/or request the remaining Offerors to make oral presentations concerning their technical proposals. If oral presentations are required, the Contracting Officer will establish the specific criteria and parameters for oral presentations. Oral presentations shall be used to clarify written proposals and may be evaluated by the evaluation committee; or

(3) Evaluate proposals against all evaluation criteria set forth in the solicitation in order to establish a competitive range of proposals. The Contracting Officer may select one or more Offerors within the competitive range with which to commence negotiations. Negotiations may address either the technical or price proposal, or both. At the conclusion of discussions, the Contracting Officer will set a time and date for the submission of "best and final offers." If an Offeror chooses not to submit a best and final offer, its initial proposal (including price) will be considered its "best and final offer." After the date and time set for receipt of best and final offers, the Contracting Officer will evaluate the best and final offers and may present his/her recommendation for award by PSTA's Board of Directors based upon the total points for both the technical and price components of each best and final offer. The Offerors' initial scores will not be re-calculated based on the received best and final offers. The ultimate decision on the contract award shall be made by PSTA's Board of Directors in its sole and absolute discretion.

(d) The Authority reserves the right to investigate the qualifications of all Offerors under consideration; to confirm any part of the information furnished by an Offeror; and/or to require other evidence of managerial, financial, or technical capabilities that are considered necessary for the successful performance of work under a resulting contract.

(e) Offerors are hereby reminded that the Authority reserves the right to award a contract following evaluation of initial proposals. Offerors should therefore ensure that they submit their best technical and price proposals in their initial proposal submissions.

(f) The Authority shall be the sole judge of Offeror's qualifications.

5. **Evaluation of Option Pricing**

(a) The Authority shall evaluate proposals for award purposes by including the total price for the initial contract term, with any optional terms noted under each; however, the optional terms and any associated optional term pricing may not necessarily be exercised under the contract.

(b) The Offeror must demonstrate the financial capacity to support their ability to provide services on a reimbursement basis.

6. **Incorporation of Offeror's Proposal**

The Authority reserves the right to incorporate the successful Offeror's proposal into any resulting contract, by reference or full text (See Exhibit K). This includes any revisions and supplements through the date set for submission of best and final offers, if applicable.

RFP Overview

Pinellas Suncoast Transit Authority (hereafter referred to as "PSTA") is seeking experienced and qualified firms that demonstrate the highest level of ability to provide the following lines of insurance coverage:

- Medical Insurance
  - Self-Funded Quote
    - Medical Administrative Services Only
    - Pharmacy Benefits Management
    - Stop Loss Insurance
  - Fully Insured Quote
- Dental Insurance
  - Fully Insured Quote
- Vision Insurance
  - Fully Insured Quote
- Life Insurance
  - Fully Insured Quote
    - Basic Life and AD&D
    - Voluntary Life and AD&D
- Employee Assistance Program
  - Fully Insured Quote
- Health Savings Account Administration
- Flexible Spending Account Administration

General Information

SCOPE AND PURPOSE

The specifications include the complete set of requirements and proposal forms. Proposers are strongly encouraged to complete all proposal forms as specified and include the forms with your proposal. Failure to include proposal forms may be grounds for disqualification from this RFP Process.

Intent of RFP

PSTA is soliciting the following lines of insurance: Fully Insured Medical Insurance, Self-Funded Medical Insurance (Medical ASO, PBM, Stop Loss Insurance), Fully Insured Dental Insurance, Fully Insured Vision Insurance, Fully Insured Life Insurance (Basic Life and AD&D and Voluntary Life and AD&D), Employee Assistance Programs, Health Savings Account Administration, and Flexible Spending Account Administration for its employees, officials, retirees, COBRA participants and their families. The Entity's goal is directed toward the highest professional level of service.

CALENDAR

The intended timeline is:

- Release of RFP..... (4/15/2022)
- Deadline for receipt of questions..... (4/29/2022)
- Deadline to receive proposals.....(5/06/2022)
- Initial analysis presented to PSTA..... (5/18/2022)
- Meeting to Approve Recommendations.....(06/25/2022)
- Open Enrollment Period..... (July 2022)
- Plan Effective Date..... (10/01/ 2022)

This timeline is subject to change.

Vendor Requirements

- **Proposal Effective Date**: October 1, 2022

- **Commissions**: All carrier proposals to this RFP must be submitted net of broker commissions.

- **Retirees**: Florida Governmental Retirees must be allowed to continue coverage under PSTA's insurance program as required by Florida Statue 112.08.

- **Reference Requirement:** It is a requirement that all insurance carriers currently provide group insurance to at least two other Municipal entities with at least 1,000 employees. Proposers not able to list two current Municipal entities meeting these requirements as references may be disqualified from consideration.

- **Inquiries**: All questions regarding the document shall be submitted in writing via RFP360.

- **Self-Funded vs Fully Insured Medical Insurance Proposals:**
  - PSTA is seeking both fully insured medical insurance offers as well as self funded medical insurance offers composed of:
    - Medical/Pharmacy ASO Coverage
    - Stop Loss Coverage
  - PSTA is seeking fully insured dental insurance offers
  - PSTA is seeking fully insured vision insurance offers
  - PSTA is seeking fully insured life insurance offers composed of:
    - Basic Life and AD&D Insurance
    - Voluntary Life and AD&D Insurance
  - PSTA is seeking fully insured employee assistance programs.
  - PSTA is seeking Health Savings Account administration offers
  - PSTA is seeking Flexible Spending Account administration offers

- **Wellness Funds**: Proposers are encouraged to include a minimum of $30,000 in wellness funds per year for the duration of the contract. If there are certain criteria for using the wellness funds, please disclose in the RFP. Additionally, the cost for any proposed wellness services included in your offer must not be taken out of the proposed wellness fund.

- **Discretionary Funds:** Proposers are encouraged to include any other discretionary funds that they see fit to both strengthen their offer and benefit PSTA's insurance program.

- **Proposal Data:** Proposers are encouraged to include all data relevant to each line of coverage proposal. For example, carriers should provide the following proposal data:
  - Medical Insurance
    - Proposed Benefits
    - Proposed Pricing
    - Network Disruption Response Data
    - Formulary Disruption Response Data
  - Dental Insurance
    - Proposed Benefits
    - Proposed Pricing
    - Network Disruption Response Data
  - Vision Insurance
    - Proposed Benefits
    - Proposed Pricing
    - Network Disruption Response Data
  - Life Insurance
    - Proposed Benefits
    - Proposed Pricing
  - Employee Assistance Programs
    - Proposed Benefits
    - Proposed Pricing
  - Flexible Spending Account Administration
    - Proposed Benefits
    - Proposed Pricing
  - Health Savings Account Administration
    - Proposed Benefits
    - Proposed Pricing

- **Guarantees**: Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees, and network discount guarantees.

- **Rate Guarantees**: Proposers are encouraged to include multi-year rate guarantees for any proposed line of coverage.
- **Plan Implementation**: It is a requirement that the proposer awarded this contract provides representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration.

- **Employee Communications:** It is the responsibility of all successful proposers to provide the necessary papers, forms, etc., for initial enrollment and also the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.

- **Benefit Administration**: PSTA has retained Bentek for on-line enrollment and electronic administration of the PSTA's benefit programs, Contractor shall have the technological capacity to transmit and accept a HIPAA 834 5010 eligibility file with proper confirmation of receipt and discrepancy reporting.
  - If Contractor has an existing data exchange process with Bentek, that process shall continue including file layouts, timing and method of transmitting data. If Contractor does not have an existing data exchange process with Bentek, Bentek will require that utilization of the Bentek standard file layout and FTP site as the method of data transmission. Eligibility files, including employee terminations, are provided on a per payroll basis.

PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA)
ST. PETERSBURG, FLORIDA
EXHIBIT C
SOLICITATION INSTRUCTIONS AND CONDITIONS
(LOCALLY FUNDED - REQUEST FOR PROPOSALS)

Table of Contents

1. Acknowledgment of Amendments to Request for Proposals

(a) If this solicitation is amended, then all terms and conditions, which are not modified, remain unchanged.

(b) Offerors shall acknowledge receipt of any amendment to this solicitation: (1) by signing and returning the amendment; or (2) by identifying the amendment number and date in the space provided for this purpose on the form for submitting an offer. The Authority must receive the acknowledgment by the time and at the place and in the manner specified for receipt of offers through RFP 360.

2. Award of Contract

(a) The contract for this solicitation will be awarded by PSTA's Board of Directors, in its sole and absolute discretion, to the responsible Offeror whose offer, conforming to the solicitation, will be most advantageous to the Authority, price and other factors considered. A responsible Offeror is one who affirmatively demonstrates to the Authority that the offeror has adequate financial resources and the requisite capacity, capability, and facilities to perform the contract within the delivery period or period of performance, has a satisfactory record of performance on other comparable projects, has a satisfactory record of integrity and business ethics, and is otherwise qualified and eligible to receive award under the solicitation and laws or regulations applicable to this procurement.

(b) The Authority reserves the right to reject any or all offers in part or in total for any reason, to accept any offer if considered best for its interest, and to waive informalities and minor irregularities in offers received.

(c) The Authority may accept any item or group of items of any offer, unless the Offeror qualifies the offer by specific limitations. Unless otherwise provided in the solicitation, offers may be submitted for any quantities less than those specified, and the Authority reserves the right to make an award on any item for a unit quantity less than the quantity offered at the unit prices offered unless the Offeror specifies otherwise in the offer.

(d) The PSTA Board of Directors may award a contract based on the offer received from the highest evaluated offeror without discussion.

(e) Any financial data submitted with any offer hereunder or any representation concerning facilities or financing will not

form a part of any resulting contract; provided, however, that if the resulting contract contains a clause providing for price reduction for defective cost or pricing data, the contract price will be subject to reduction if cost or pricing data furnished hereunder is incomplete, inaccurate, or not current.

3. Rights of PSTA in Solicitation Process

PSTA may investigate the qualifications of any Offeror. PSTA may require confirmation of information furnished by a Offeror, and require additional evidence of qualifications to perform the services described in this solicitation. In addition to any rights conveyed by Florida law, PSTA specifically reserves the right to:

(a) Disqualify any Offeror in accordance with the information contained in this solicitation

(b) Reject any or all of the proposals, in its sole and absolute discretion

(c) Remedy errors in the solicitation documents

(d) Cancel the entire solicitation

(e) Issue subsequent solicitation(s) for the same or similar services

(f) Rank firms and negotiate with the highest ranking firm or firms, as determined by PSTA in its sole discretion

(g) Select the proposal(s) it believes will serve the best interest of PSTA

(h) Appoint evaluation committees to review proposals

(i) Seek the assistance of outside technical experts to review proposals

(j) Approve or disapprove the use of particular subcontractors and suppliers

(k) Establish a short list of Offerors eligible for discussions after review of written proposals

(l) Solicit best and final offers (BAFO) as part of its negotiations with an Offeror or multiple Offerors

(m) Determine whether or not an Offeror is a responsible Offeror

(n) Reject any part of a proposal

(o) Negotiate with any, all, or none of the Offerors

(p) Award a contract to one or more Offerors

(q) Accept other than the lowest priced proposal

(r) Request any necessary clarifications or proposal data without changing the terms

(s) Disqualify Offeror(s) upon evidence of collusion with intent to defraud or other illegal practices on the part of the Offeror(s)

(t) Waive any informalities or irregularities in any proposal, to the extent permitted by law

The issuance of this solicitation does not bind or commit PSTA to enter into a contract with any of the offerors and does not create any property interest or expectation of any award.

4. Cancellation of Solicitation

This solicitation may be cancelled by the Authority at any time, whether before or after receipt of offers, in accordance with the Authority's procurement policies. PSTA's Board of Directors reserves the right to reject any and all proposals in whole or in part, to reissue the solicitation, or to cancel the entire solicitation, on such basis as PSTA's Board of Directors deems to be in its best interest to do so.

5. Confidential Data

Each Offeror shall clearly mark each page of its proposal that contains trade secrets or other information which the offeror believes is exempt from disclosure pursuant to Article I, Section 24 of the Florida Constitution and Chapters 119 and 286, Florida Statutes (commonly referred to as the "Sunshine Laws"). If an Offeror fails to clearly mark such information, or marks its entire proposal as a confidential trade secret, the Authority will be under no obligation to treat such information as confidential or exempt under the Sunshine Laws. Evaluation and disclosure of information marked according to the requirements of this section will be determined by the Authority in its sole and absolute discretion and in accordance with the Florida laws, rules and regulations.

6. Discounts

(a) Prompt payment discounts will not be considered in evaluating offers for award, unless otherwise specified in the solicitation. However, offered discounts will be taken if payment is made within the discount period, even though not considered in the evaluation of offers.

(b) In connection with any discount offered for prompt payment, time shall be computed from (1) the date of completion of performance of the services or delivery of the supplies to the carrier if acceptance is at a point of origin, or date of delivery at destination or port of embarkation if delivery and acceptance are at either of these points, or (2) the date the correct invoice or voucher is received in the office specified by the Authority, if the latter is later than the date of performance or delivery. For the purpose of computing the discount earned, payment shall be considered to have been made on the date of the Authority's check.

7. Late Submissions, Modifications and Withdrawals of Offers

(a) Any offer received at RFP 360 after the exact time specified for receipt will not be considered unless it is the only offer received and is received on the date specified for receipt of offers.

(b) Any modification of an offer is considered the new receipt of an offer and is subject to the same conditions as in subsection (a) of this provision.

(c) Offers may not be withdrawn after the deadline specified for receipt of offers.

(d) The only acceptable evidence to establish the date and time an offer was received shall be the date and time the offer was uploaded to RFP 360 as reflected by the Bonfire service.

8. Multiple or Alternate Offers Not Accepted

(a) Definitions.

(1) "Multiple offers" means more than one offer submitted, each satisfying the specific stated requirements of the solicitation.

(2) "Alternate offers" means an offer submitted that may depart from the specific stated requirements of the solicitation.

(b) Unless otherwise specified in this solicitation, Multiple offers or Alternate offers shall not be accepted in response to this solicitation. All Multiple offers or Alternate offers shall be rejected; provided however, that if the Offeror clearly identifies a primary offer, it shall be evaluated and considered for award as though it were the only offer submitted.

9. Pre-Proposal Conference and Questions Concerning the Solicitation

A pre-proposal conference may be held for all interested parties to discuss the solicitation requirements. The date and time for such conference, if any, is set forth on CS-01 (Solicitation, Offer and Award Form) of this solicitation.

Questions and requests for clarification relating to this solicitation, shall be submitted in writing, through RFP 360 or by email, to the contact person identified in Block 3 of the Solicitation Offer and Award form, at least three (3) working days in advance of the scheduled conference to allow sufficient time for responses to be considered and prepared by the Authority.

Questions concerning the solicitation that are not addressed at the conference, if one is held, shall be submitted in writing through RFP 360 no later than five (5) working days in advance of the offer submission due date and time, which is the minimum time required for the Authority's reply to be able to be received by Offerors before the offer submission due date and time and acknowledged as required by the "Acknowledgement of Amendments" clause. Questions received less than five (5) working days in advance of the offer submission due date and time will be responded to only if the Authority determines that the question and its response would have a material and substantive impact on the solicitation.

10. Preparation of Offers

(a) Offerors are expected to examine this entire solicitation, including any schedules, solicitation instructions, special provisions, general provisions, drawings, specifications, statements of work, and any other provisions of, and exhibits to, this solicitation, whether incorporated by reference or otherwise, prior to the submission of offers. Failure to do so will be at the Offeror's risk.

(b) Each Offeror shall furnish the information required by the solicitation. Offerors shall sign and print or type their name on the form provided by the Authority for submitting an offer and each continuation sheet on which they make an entry. Erasures or other changes must be initialed by the person signing the offer. Offers signed by an agent of the Offeror (other than an officer or a partner of the Offeror) are to be accompanied by evidence of the agent's authority (unless such evidence has been previously furnished to the Authority).

(c) Pricing shall be provided by Offerors in the format required by the Authority. Where property is being offered, the prices offered shall include packing unless otherwise specified. In case of any discrepancy between a unit price and any calculations of extended or total price, the unit price will be presumed to be correct, subject, however, to correction to the same extent and in the same manner as any other mistake.

(d) Offers for property or services other than those specified in the Schedule (S-01) will not be considered unless specifically authorized in the solicitation.

(e) The Offeror must state a definite time for delivery of property or for performance of services unless otherwise specified in the solicitation. All measurements shall be in the system of weights and measures in common usage in the United States, and pricing shall be in U.S. dollars.

(f) In computing any period of time for the solicitation or any resulting contract, "days" means calendar days, and the day of the event from which the designated period of time begins to run shall not be included, but the last day shall be included unless it is a Saturday, Sunday, or Federal or State of Florida holiday, in which event the period shall run to the end of the next business day.

(g) Offerors are responsible for all costs and expenses incurred preparing and submitting its offer, and participating in the solicitation process. PSTA shall not be responsible to any Offeror for such costs.

11. Submission of Offers and Samples

(a) Offers and modifications thereof shall be submitted via RFP 360 as described in Exhibit B. No other format will be accepted, including but not limited to printed or hand-delivered offers, or electronic offers submitted via email or to any other internet address.

(b) Samples of items, when required, must be delivered to PSTA's administrative offices and submitted within the time specified and, unless otherwise specified in the solicitation, at no expense to the Authority. If not destroyed by testing, samples will be returned at the Offeror's request and expense, unless otherwise specified in the solicitation

12. Access to Records

(a) The Offeror agrees to provide PSTA or any authorized representatives access to any books, documents, papers and records of the Offeror which are directly pertinent to the contract to be awarded for the purposes of making audits, examinations, excerpts and transcriptions.

(b) The Offeror agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.

(c) The Offeror agrees to maintain all books, records, accounts and reports required under the contract to be awarded for a period of not less than three (3) years after the date of termination or expiration of the contract, except in the event of litigation or settlement of claims arising from the performance of the contract, in which case Offeror agrees to maintain same until PSTA or any duly authorized representatives, have disposed of all such litigation, appeals, claims or exceptions related thereto.

13. Omission

Notwithstanding the provision of drawings, technical specifications or other data by PSTA, the Offeror shall have the responsibility of supplying all details required to make an accurate proposal of the solutions and/or services offered even though such details may not be specifically mentioned in the specifications.

14. Code of Ethics

With respect to this solicitation, if any Offeror violates or is a party to a violation of the State of Florida per Florida Statutes, Chapter 112, Part III, Code of Ethics for Public Officers and Employees, such Offeror may be disqualified from performing the work described in this solicitation or from furnishing the goods or services for which the offer is submitted and shall be further disqualified from submitting any future proposals to the Authority.

15. Public Entity Crimes

In accordance with Section 287.133, Florida Statutes, any person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases or real property to a public entity, may not be awarded or perform work as an Offeror, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

16. Protest Procedures

(a) Right to Protest – Any interested party, who wishes to protest a PSTA decision or intended decision concerning a contract award, must file a written notice of protest with the CEO/ED of PSTA within seventy-two (72) hours after either the issuance of the notice of intended decision or the notice of PSTA's decision and must file a formal written protest within ten (10) days after the date of the filing of the notice of protest. For purposes of this section, "Interested Party" means a party that is an actual or prospective Offeror whose direct economic interest would be affected by the award or failure to award the contract at issue, (subcontractors are excluded), who has submitted a timely proposal in response to this procurement solicitation and has a material interest in the decision being protested, who wishes to protest a PSTA decision or intended decision concerning a contract award.

The notice of protest must be signed by the person who signed the Offeror's response to PSTA's procurement solicitation. The notice of protest shall state with particularity the name and address of the protesting party and its relationship to the procurement sufficient to establish that the protest is being filed by an Interested Party. If the notice of protest is submitted electronically, the protester must submit a hard copy to PSTA's CEO/ED within twenty-four (24) hours of submitting the electronic copy.

The formal written protest shall state with particularity the identity of the contact person for the protester, including name, title, address, telephone, fax, and email address; identification of the procurement; the basis of the protest, including the facts and law upon which the protest is based; a statement of the specific relief requested; and a notarized affirmation by the protester (if an individual) or by an owner or officer of the protester (if not an individual) as to the truth and accuracy of the statements made in the protest submittal; and providing any supporting documentation. If the formal written protest is submitted electronically, the protester must submit a hard copy of the executed formal written protest to PSTA's CEO/ED within twenty-four (24) hours of submitting the electronic copy unless the CEO/ED waives such requirement.

Failure to file a notice of protest of failure to file a formal written protest within the time periods set forth above shall constitute a waiver of protest. A notice of protest or a formal written protest will be considered filed when received by PSTA's CEO. A formal written protest may be supplemented if new evidence or information becomes available to the protestor, but in no case will a supplement file more than ten (10) days after the filing of the formal written protest will be considered. All bid protests will be governed by the PSTA's Rules and Regulations.

(b) Providing a Bond – Any firm or person who files a protest shall file with PSTA, at the time of filing the formal written protest, a bond payable to PSTA in an amount equal to one (1) percent of the estimate of the total value of the contract or $5,000, whichever is less. Such bond shall be conditioned upon payment of all costs which may be adjusted against the protestor upon the conclusion of the protest proceedings. If the protest determination is not in favor of the protester, PSTA shall recover all costs, damages and charges incurred by it during the protest, excluding attorneys' fees. Upon payment of such costs and charges by the person or firm protesting the decision or intended decision, the bond shall be returned.

(c) Consideration of Protest – PSTA's CEO/ED will consider all protests of a PSTA decision or intended decision concerning a bid solicitation or a contract award where the protestor has complied with the requirements of subsections (a) and (b) of this section. When the CEO/ED is a member of the committee that makes a recommendation or intended decision, the CEO/ED shall designate a Department Director to consider the protest. The CEO/ED or his/her designee shall not consider any protest presented orally, not presented in a manner complying with subsection (a), or not presented within the time limits set forth in subsection (a). The CEO/ED or his/her designee shall provide the protestor and all other bidders with a written determination of the protest within fifteen (15) days of receiving the formal written protest. The CEO/ED's or his/her designee's decision is final. The CEO/ED or his/her designee may provide an opportunity to resolve the protest by mutual agreement between the parties within seven (7) days, excluding Saturdays, Sundays and legal holidays, of PSTA's receipt of the formal written protest.

(d) Stay of Procurement During Protests – There shall be no stay of the bid process or the procurement during protests.

(e) Notice to Bidders – Bid tabulations with recommendations will be posted on a bulletin board maintained at PSTA's principal place of business for purposes of posting bid tabulations. Upon receipt of a formal written protest, PSTA will give notice of the protest to all bidders, or if the bid already was awarded at the time the protest was filed with PSTA, only to the successful bidder. When a protest results in a delay of an award of the contract pending the disposition of the protest, the Offeror(s) whose offer(s) might become eligible for award will be requested, before expiration of the time for acceptance of their offers (with consent of sureties, if any) to extend the time for acceptance so as to avoid the need for re-advertisement and re-bidding.

17. Order of Precedence

In the event of any inconsistency between the provisions of the solicitation (including any resulting contract), the inconsistency shall be resolved by giving precedence in the following order:

(1) the Form of Contract (Exhibit K; K-01);
(2) Schedule (Form S-01);
(3) Representations and Certifications (Exhibit A; Form A-02);
(4) Any addenda issued by PSTA;
(5) Special Solicitation Instructions and Conditions (Exhibit B; Form B-01);
(6) Solicitation Instructions and Conditions (Exhibit C; Form C-03);
(7) Special Provisions (Exhibit D; Form D-01);
(8) General Provisions (Exhibit F; Form F-02); and
(9) the Specifications or Statement of Work (Exhibit H; Form H-01);
(10) the Solicitation, Offer, and Award Form (Form CS-01); and

18. Lobbying

Lobbying of any PSTA Board member, officer, evaluation committee member, employee, agent or attorney by a bidder, any member of the bidder's staff, any agent or representative of the bidder, whether compensated or not, or any person employed by any legal entity affiliated with or representing the bidder shall be prohibited on all competitive selection processes and contract awards, including but not limited to requests for proposals, requests for quotations, requests for qualification, invitation for bids, bids or the award of purchasing contracts of any type. Lobbying is strictly prohibited from the date of the advertisement or on a date otherwise established by the Pinellas Suncoast Transit Authority Board of Directors, until either an award is final, any protest is finally resolved, or the competitive selection process is otherwise concluded. The purposes of this prohibition is to protect the integrity of the procurement process by shielding it from undue influences prior to the contract award, a protest is resolved, or the competitive selection process is otherwise concluded. Nothing herein shall prohibit a bidder from contacting the purchasing division or PSTA's General Counsel to address situations such as clarification and/or questions related to the procurement process or protest. The Pinellas Suncoast Transit Authority Board of Directors, when the award of the bid is within the Board of Directors' authority, shall deem any bidder who violates the provisions of this Paragraph non-responsible and non-responsive, and the bidder's proposal or bid shall not be considered by the evaluation committee or the Board of Directors. When an award of bid is within the CEO/ED's authority, the CEO/ED shall deem any bidder who violates the provisions of this Paragraph non-responsible and non-responsive and the bidder's proposal or bid shall not be considered by the CEO/ED. For the purposes of this Paragraph, lobbying shall mean influencing or attempting to influence action or non-action, and/or attempting to obtain the goodwill of persons specified herein relating to the selection, ranking, or contract award in connection with the bidding process through direct or indirect oral or written communication. Lobbying includes such actions whether performed by the bidder itself, any employee of the bidder, the bidder's attorney, agent or other paid or non-paid representative, or any person who performs such actions on behalf or at the behest of the bidder. Further,

lobbying includes the attempt to influence Board members while they are performing their functions for other governmental entities (e.g. a city or Pinellas County).

PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA)
ST. PETERSBURG, FLORIDA

EXHIBIT D
SPECIAL CONTRACT PROVISIONS

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1. Type of Contract

(a) This is a fixed price indefinite quantity, indefinite delivery contract for the supplies and/or services specified elsewhere in the contract.

(b) Except for any limitations on quantities, which may be specified elsewhere in this contract, there is no limit on the number of orders that may be issued. However, the quantities included in this solicitation are estimates only and are not any guarantee of any amount of work under the contract to be awarded.

(c) Orders issued during the effective period of this contract, but not completed within that period, shall be completed by the Contractor within the time specified in the order.

(d) The contract shall govern the Contractor's and Authority's rights and obligations with respect to that order (all as further defined in Exhibit K to this solicitation), to the same extent as if the order were completed during the contract's effective period.

2. Term of Contract

The term of contract shall be two (2) years from the date of the award of contract, with three (3) one (1) year options to follow.

3. Exercise of Option

(a) The Authority may exercise the option listed on the Schedule (S-01) of this contract by written notice to the Contractor within the term of the contract. If feasible, the Authority shall give the Contractor a preliminary written notice of its intent to extend at least sixty (60) days before the contract expires. The preliminary notice does not commit the Authority to an extension, and any absence of notice shall not affect the validity of any exercise of the option to extend the term of this contract.

(b) If the Authority exercises this option, the extended contract shall be considered to include this option provision.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) year(s) from contract award.

4. Ordering

(a) Any services to be furnished under this contract shall be obtained by the issuance of orders. The Contracting Officer (as identified in CS-01) and his/her designated representative(s) are the only individuals with the authority to place orders against this contract.

(b) All orders are subject to the terms and conditions of this contract. In the event of conflict between an order and this contract, the contract shall control. In the event an order is issued within the contract term that would require services beyond the contract's effective period, such order shall be completed in accordance with the contract to be awarded and the contract shall be deemed to be extended only for the completion of such order.

(c) Orders may be issued by electronic mail with an attached order.

5. Escalation Clause

(a) All prices are to remain firm for the contract term.

(b) Any escalation in prices thereafter must be requested in writing to the Contracting Officer at least thirty (30) days in advance of the date the change is requested to take effect. One escalation request may be authorized per yearly term, subject to the approval of the Contracting Officer. Nothing contained in this section shall be deemed to alter the requirements in Exhibit F (General Provisions) section titled "Changes" or the limitations of authority to increase the Contract Total without complying with Exhibit F.

(c) Written requests for escalation must include official supplier notices as backup documentation and such supplier notices shall be effective no sooner than thirty (30) days after the requested escalation.

6. **Availability of Funds**

Funds are not presently available for performance under this contract beyond the current fiscal year. The Authority's obligation for performance of this contract beyond the current fiscal year is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Authority for any payment may arise for performance under this contract beyond the current fiscal year, until the Contractor receives notice of availability of funds, in writing, from the Authority.

7. Invoicing and Payment

(a) The Contractor may offer a discount for prompt payment.

(b) Invoices shall be submitted once per month and shall conform to policies or regulations adopted from time to time by the Authority, and shall be submitted in accordance with the Florida Prompt Payment Act, section 218.72, et seq., Florida Statutes. Invoices shall be legible and shall contain, as a minimum, the following information: (1) the contract and order number (if any); (2) a complete itemization of all costs including quantities ordered and delivery order numbers (if any); (3) any discounts offered to the Authority under the terms of the contract; (4) evidence of the acceptance of the supplies or services by the Authority; (5) unique traceable invoice number(s); and (6) any other information necessary to demonstrate entitlement to payment under the terms of the contract. Failure to provide the above critical information may result in the rejection and return of the invoice for resubmission with complete data.

(c) Invoices shall be paid in accordance with the Florida Prompt Payment Act, section 218.72, et seq. To ensure timely processing of payments, all invoices must be sent to the attention of Accounts Payable at AccountsPayable@psta.net or by mail to the following address:

Pinellas Suncoast Transit Authority (PSTA)
Attn: Accounts Payable
3201 Scherer Drive
St. Petersburg, Florida 33716

(d) Progress payments will be allowed where a determination of work performed can be verified by PSTA's Project Manager and where the schedule extends beyond a two-week period. PSTA reserves the right to hold back all or part of payments due until any defective work is corrected or cured. This holdback shall not constitute a breach by PSTA. If defective work

cannot be cured or Contractor refuses to cure defective work upon request by PSTA within a reasonable time as specified herein, PSTA may use the holdback payments as partial liquidated damages for cost and expenses to cure the defective work. However, PSTA has the right to seek additional damages beyond the holdback payments to cure defective work caused by the Contractor to the extent allowed by law.

(e) The Contractor agrees to pay each subcontractor under this prime contract for satisfactory performance of its contract no later than ten (10) days from the receipt of each payment the prime contract receives from PSTA. The prime contractor agrees further to return retainage payments to each subcontractor within ten (10) days after the subcontractors work is satisfactorily completed. Any delay or postponement of payment from the above referenced time frame may occur only for good cause following written approval of PSTA.

8. Warranty of Service

(a) "Acceptance" as used in this clause, means the act of an authorized representative of the Authority by which the Authority assumes for itself, or as an agent of another, ownership of existing and identified supplies, or approves specific services, as partial or complete performance of the contract.

(b) "Correction," as used in this clause, means the elimination of a defect.

(c) Notwithstanding inspection and Acceptance by the Authority or any provision concerning the conclusiveness thereof, the Contractor warrants that all services performed under this contract will, at the time of Acceptance, be free from defects in workmanship and conform to the requirements of this contract. The Contracting Officer shall give written notice of any defect or nonconformance to the Contractor within forty-five (45) days after discovery of the defect. This notice shall state either (1) that the Contractor shall correct or re-perform any defective or nonconforming services, or (2) that the Authority does not require Correction or re-performance.

(d) For a period of 180 days after the date of Acceptance by PSTA, known hereafter as the “Warranty Period,” Contractor is required to correct or re-perform at no cost to the Authority, and any services corrected or re-performed by the Contractor shall be subject to this clause to the same extent as work initially performed. If the Contractor fails or refuses to correct or re-perform, the Contracting Officer may, by contract or otherwise, correct or replace with similar services and charge to the Contractor the cost occasioned to the Authority thereby, or make an equitable adjustment in the contract price.

9. Minimum Insurance Requirements

(a) Before performing any contract work, the Contractor shall procure and maintain, during the life of the contract, unless otherwise specified, insurance to be determined by PSTA. The policies of insurance shall be primary and written on forms acceptable to PSTA and placed with insurance companies approved and licensed by the Insurance Department in the State of Florida in accordance with all laws, and meet a minimum financial AM Best rating of no less than:

- “A - Excellent: FSC VII.”

Insurance certificates are to be provided to the Procurement and Contracts Administration Department as part of the bid response.

(b) The following amounts and types of insurance are the minimum requirements of the Contractor. The required policies of insurance shall be performable in Pinellas County, Florida, and shall be construed in accordance with the laws of the State of Florida. PSTA reserves the right but not the obligation to revise any insurance requirement, or reject any insurance coverage which fail to meet the criteria stated herein at any time. PSTA reserves the right to require Contractor to provide and pay for any other insurance coverage PSTA deems necessary, depending upon the possible exposure to liability or loss. These insurance requirements shall not limit the liability of the Contractor. PSTA does not represent these types or amounts of insurance to be sufficient or adequate to protect the Contractor’s interests or liabilities, but are merely minimums.

(c) To document required insurance is in effect, Certificates of Insurance shall be provided to PSTA during the life of the contract or work performed. No work shall commence under the Contract unless and until the required Certificates of Insurance are provided and approved by PSTA. The required certificates shall be supplied with your proposal, on or within seven (7) calendar days of the Authority’s request.

(d) Required insurance shall be documented by Certificates of Insurance which provide that PSTA will be notified at least 10 days in advance of cancellation, non-renewal or adverse changes. If notice provision is not provided by the insurance

policies, Contractor is responsible for such notification directly to PSTA Procurement and Contracts Administration Department.

(e) Renewal Certificates of Insurance must be provided to PSTA at least 10 days prior to expiration of current coverages so that there shall be no interruption in the service due to lack of proof of insurance coverages required of the Contractor.

Any certificate of insurance evidencing coverage provided by a leasing company for either workers' compensation or commercial general liability shall have a list of employees certified by the leasing company attached to the certificate of insurance. PSTA shall have the right, but not the obligation to determine that the Contractor is only using employees named on such a list to perform work on the jobsite. Should employees not be named be utilized by the Contractor, the Contractor has the option to work without penalty until PSTA identify proof of coverage or removal of the employee by the Contractor occurs, or alternately find the Contractor to be in default and takes over the protective measures as needed.

Should at any time the Contractor not maintain the insurance coverages required of it, PSTA may either cancel or suspend delivery of goods or services as required by Contractor or, at its sole discretion, shall be authorized to purchase such coverage and charge the Contractor for such coverages purchased. PSTA shall be under no obligation to purchase such insurance or be responsible for the coverages purchased or the responsibility of the insurance company/companies used. The decision of PSTA to purchase such insurance coverages shall in no way be construed to be a waiver of its rights. Contractor is responsible for providing or requiring the same insurance and conditions for any subcontractors utilized for this project.

Notices and Certificates shall be issued to:

Pinellas Suncoast Transit Authority
Attn: Procurement Department
Address: 3201 Scherer Drive North,
St. Petersburg, FL 33716

(f) Except for workers' compensation coverage and professional liability coverage, the Contractor's policies shall be endorsed to name "Pinellas Suncoast Transit Authority, Board Members, Officers and Employees" as an additional insured to the extent of PSTA's interests arising from this agreement, contract or lease.

(g) The Contractor is responsible for the amount of any deductibles, self-insurance or self-insured retentions.

(h) Insurance required of the Contractor shall be considered Primary and Non-Contributory, and insurance or self-insurance retention of PSTA shall be considered excess, as may be applicable to claims which arise out of the Hold Harmless, Payment on Behalf of PSTA, Insurance, Certificates of Insurance and any Additional Insurance provisions of this agreement, contract or lease.

(i) Workers' Compensation and Employers' Liability Insurance shall be maintained in force during the term of this Contract for all employees, subcontractors, or other persons engaged in the work under this contract, and shall not be less than:

Coverage A: Workers Compensation	Statutory benefits
Coverage B: Employers Liability	$1,000,000 Limit Each Accident $1,000,000 Limit Disease Aggregate $1,000,000 Limit Disease Each Employee

(j) Commercial General Liability insurance with Occurrence Form shall be maintained by the Contractor. Coverage shall include bodily injury and property damage liability for premises, operations, products and completed operations, personal & advertising injury, independent contractors, contractual liability covering this agreement, contract or lease, and broad form property damage with the following minimum limits:

- $1,000,000 each occurrence for bodily injury and property damage
- $5,000,000 general aggregate
- $1,000,000 products completed operations aggregate
- $1,000,000 personal & advertising injury

The Contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the Commercial General Liability Policies of the Insurance Services Office. Excess or Umbrella Insurance Coverage may be used to make up the difference between the policy limit of the underlying policy and the total amount of coverage required.

(k) Business Automobile Liability Insurance with Occurrence Form shall be maintained by the Contractor for the ownership, maintenance and use of all its owned, non-owned, leased or hired vehicles with limits of not less than:

- $1,000,000 Combined Single Limit Each Accident Bodily Injury and Property Damage

The Contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the Business Auto Policies of the Insurance Services Office. Excess or Umbrella Insurance Coverage may be used to make up the difference between the policy limit of the underlying policy and the total amount of coverage required.

(l) Umbrella Liability Insurance or Excess Liability Insurance, if used to reach the limits of liability required, shall be follow form any underlying insurance and in compliance with underlying requirements, including Additional Insured Provisions.

OTHER PROVISIONS

- Project Specific Aggregate/Per Job Aggregate/Per Location Aggregate Provides that the General Aggregate applies separately to the project under contract.

- Waiver of Subrogation
  All of Contractor's insurance policies, except Professional Liability, will waive rights of recovery against the PSTA.

- Cyber Liability
  Required for products or services that involve website or other electronic data or systems to include Data Breach, Media content, Privacy Liability, and Network Security. Contractor shall maintain limits of:

  - $1,000,000 per occurrence.

  If coverage is claims-made, the retroactive date shall be prior or equal to the effective date of any contract with PSTA. The coverage shall include a "tail" or Discovery, or continuous renewal of coverage for a period of three (3) years following the completion of the project.

- Crime/Employee Dishonesty/Employee Fidelity Bond Coverage –Crime/Employee Dishonesty/Fidelity insurance is to be purchased or extended to cover Dishonest Acts of the Contractor's employees on PSTA's premises resulting in the loss to PSTA. Dishonest Acts include theft of monies, securities, vehicles, materials, supplies, equipment, tools, etc., especially property necessary to work performed.

10. Key Personnel

The Contractor shall not remove or reassign any key personnel without submitting a written request to and obtaining written consent from the Contracting Officer prior to taking such action. However, the Contractor shall, if requested to do so by the Contracting Officer, remove or reassign any key personnel not acceptable to the Authority. For performance of this contract, the key personnel are those persons whose names are specified in the offeror's proposal.

11. Contract Identification Number

The contract number shall be clearly displayed on all correspondence, invoices and submittals.

PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA)
ST. PETERSBURG, FLORIDA
EXHIBIT F
GENERAL PROVISIONS

(SERVICES CONTRACT)

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1. Definitions

As used throughout this solicitation, the following terms shall have the meaning set forth below:

(a) The term “Contract” means the contract to be awarded as a result of this solicitation, which shall consist of the Contract Documents as defined in Exhibit K.

(b) The term "Contracting Officer" means the person identified on the Exhibit CS-01 (Solicitation, Offer and Award Form) to this solicitation as executing the Contract on behalf of the Authority or his/her duly appointed successor; and the term includes, except as otherwise provided in the Contract, the authorized representative of the Contracting Officer acting within the limits of his/her authority.

(c) The term “Contract Documents” shall mean and refer to all documents defined in Exhibit K which shall include this solicitation and all schedules and exhibits attached hereto, including all duly executed and issued addenda, Contractor’s Best and Final Offer (BAFO), if any, and Contractor’s proposal in response to the solicitation.

(d) The term “Contractor” shall have the same meaning as defined in the agreement (Exhibit K) to this solicitation.

2. Changes

(a) The Contracting Officer may, at any time, by written order, make changes within the scope of the services to be performed. However, no such change shall serve to increase the maximum contract amount as approved by PSTA's CEO (for all contracts under $100,000) or awarded by PSTA's Board of Directors (for all contracts exceeding $100,000) ("Contract Total"), nor to give the Contractor a claim for any compensation that would exceed the Contract Total, nor to increase the Contract term as set forth in Exhibit D. In the event any change would result in an increase in the Contract Total or Contract term, Contractor shall notify PSTA within seven (7) days in writing. The written notice shall state in all capital, bold letters that the change order would result in an increase in the Contract Total and/or Contract term and shall include a statement outlining the reasons for the change, a complete description of the change, and detailed description of all matters related thereto. Such notice must be submitted and approved by PSTA's Board of Directors at a duly noticed public meeting prior to performing any work contemplated by the change order. Contractor waives any claims for additional compensation or an increase of the Contract Time for any work it performs prior to approval of a change order by PSTA in accordance with this provision,

(b) No services for which an additional cost or fee will be charged by the Contractor shall be furnished without the prior written authorization of the Contracting Officer and no such additional costs or fees shall serve to increase the Contract Total.

3. Excusable Delays

(a) Except for defaults of subcontractors at any tier, the Contractor shall not be in default because of any failure to perform the Contract under its terms if the failure arises from a force majeure beyond the control and without the fault or negligence of the Contractor. For purposes of this section, a "Force Majeure" shall mean: (1) acts of God or of the public enemy, (2) acts of the Authority solely in either its sovereign or proprietary capacity, (3) fires, (4) floods, (5) epidemics, (6) quarantine restrictions, (7) strikes, (8) freight embargoes, and (9) unusually severe weather such as hurricanes. In each instance, the failure to perform must be beyond the control and without the fault or negligence of the Contractor, provided that the parties stipulate that Force Majeure shall not include the novel coronavirus COVID-19 pandemic which is ongoing as of the date of the execution of this Contract.

(b) Upon request of the Contractor, the Contracting Officer shall ascertain the facts and extent of the failure. If the Contracting Officer determines that any failure to perform results from one or more of the causes above, the schedule of services may be revised subject to all other rights of the Authority under the Contract.

(c) For the avoidance of doubt, Force Majeure shall not include (1) financial distress or the inability of Contractor to make a profit or avoid a financial loss; (2) changes in market prices or conditions; or (3) a Contractor's financial inability to perform its obligations hereunder. The obligations of the party affected by the event of Force Majeure (the "Affected Party") shall be suspended, to the extent that those obligations are affected by the event of Force Majeure, from the date the Affected Party first gives notice in respect of that event of Force Majeure until cessation of that event of Force Majeure (or the consequences thereof).

(d) The Affected Party shall use commercially reasonable efforts to resume, with the shortest possible delay, compliance with obligations under this Contract. Upon the cessation of the event of Force Majeure, the Affected Party shall promptly give notice to the other party of such cessation. If an event of Force Majeure shall continue for more than thirty (30) consecutive calendar days, then the other party shall have the right to terminate this Contract without penalty.

4. Examination and Retention of Records

(a) If this is a cost-reimbursement type, incentive, time and materials, labor hour, or price re-determinable contract, or any combination thereof, the Contractor shall maintain, and the Contracting Officer shall have the right to examine, all books, records, documents, and other evidence and accounting procedures and practices sufficient to reflect properly all direct and indirect costs of whatever nature claimed to have been incurred and anticipated to be incurred for the performance of the Contract. Such right of examination shall include inspection at all reasonable times at the Contractor's plants, or such parts thereof, as may be engaged in or maintain records in connection with the performance of the Contract.

(b) If the Contractor submitted certified cost or pricing data in connection with the pricing of the Contract or if the Contractor's cost of performance is relevant to any change or modification to the Contract, the Contracting Officer shall have the right to examine all books, records, documents, and other data of the Contractor related to the negotiation, pricing, or performance of such contract, change, or modification for the purpose of evaluating the costs incurred and the accuracy, completeness, and currency of the cost or pricing data submitted. The right of examination shall extend to all documents necessary to permit adequate evaluation of the costs incurred and the cost or pricing data submitted, along with the computations and projections used therein.

(c) The materials described in (b) and (c), above, shall be made available at the office of the Contractor at all reasonable times for inspection, audit, or reproduction until the expiration of three (3) years from the date of final payment under the Contract, except that:

(1) if the Contract is completely or partially terminated, the records relating to the work terminated shall be made available for a period of three (3) years from the date of any termination and final payment; and

(2) records which relate to appeals under the Disputes Clause of the Contract or litigation, or the settlement of claims arising out of the performance of the Contract, shall be made available until such appeals, litigation, or claims have been fully and finally resolved.

(d) The Contractor shall insert a clause containing all the provisions of this clause, including this paragraph (d), in all subcontracts exceeding $10,000 hereunder, altered to reflect the proper identification of the contracting parties and the Contracting Officer under the prime contract.

5. Independent Contractor

The Contractor at all times shall be an independent contractor. The Contractor shall be fully responsible for all acts and omissions of its employees, contractors, subcontractors, and their suppliers, and shall be specifically responsible for sufficient supervision and inspection to ensure compliance in every respect with the contract requirements. There shall be no contractual relationship between any subcontractor or supplier of the Contractor and the Authority by virtue of the Contract. No provision of the Contract shall be for the benefit of any party other than the Authority and the Contractor.

6. Composition of Contractor

If the Contractor hereunder is comprised of more than one legal entity, each such entity shall be jointly and severally liable hereunder.

7. Subcontractors and Outside Consultants

(a) Any subcontractors and outside associates or consultants required by the Contractor in connection with the services covered by the Contract will be limited to such individuals or firms as were specifically identified and agreed to by the Authority in connection with the award of the Contract. Any substitution in such subcontractors, associates, or consultants will be subject to the prior approval of the Contracting Officer.

(b) The Contractor shall not employ any subcontractor or other person or organization (including those who are to furnish the principal items of materials or equipment whether initially or as a substitute), against whom PSTA may have reasonable objection. A subcontractor or other person or organization identified in writing to PSTA by Contractor prior to the Notice of Award and not objected to in writing by PSTA prior to the Notice of Award will be deemed acceptable to PSTA. Acceptance of any subcontractor, other person or organization by PSTA, shall not constitute a waiver of any right of PSTA to reject defective work. If PSTA after due investigation has reasonable objection to any subcontractor, other person or organization proposed by the Contractor after the Notice of Award, Contractor shall submit an acceptable substitute and the contract price shall not, however, be adjusted. The Contractor shall not be required to employ any subcontractor, other person or organization against whom Contractor has reasonable objection.

(c) The Contractor shall be fully responsible for all acts and omissions of its/his/her subcontractors and of persons and organizations directly or indirectly employed by them and of persons and organizations for whose acts any of them may be liable to the same extent that Contractor is responsible for the acts and omissions of persons directly employed by Contractor. Nothing in the Contract Documents shall create any contractual relationship between PSTA and any subcontractor or other person or organization having a direct contract with Contractor, nor shall it create any obligation on the part of PSTA to pay or to see to the payment of any monies except as may otherwise be required by law. PSTA may furnish to any subcontractor or other person or organization, to the extent practicable, evidence of amounts paid to Contractor on account of specific work done.

(d) All work performed by a subcontractor will be pursuant to an appropriate agreement between the Contractor and the subcontractor which specifically binds the subcontractor to the applicable terms and conditions of the Contract Documents for the benefit of PSTA.

8. Compliance with Public Records Law

Pursuant to section 119.0701, Florida Statutes, for any tasks performed by the Contractor on behalf of PSTA, the Contractor shall: (a) keep and maintain all public records, as that term is defined in chapter 119, Florida Statutes ("Public Records"), required by PSTA to perform the work contemplated by the Contract; (b) upon request from PSTA's custodian of public records, provide PSTA with a copy of the requested Public Records or allow the Public Records to be inspected or copied within a reasonable time at a cost that does not exceed the costs provided in chapter 119, Florida Statutes, or as otherwise provided by law; (c) ensure that Public Records that are exempt or confidential and exempt from Public Records disclosure requirements are not disclosed except as authorized by law for the duration of the term of the Contract and following completion or termination of the Contract, if the Contractor does not transfer the records to PSTA in accordance with (d) below; and (d) upon completion or termination of the Contract, (i) if PSTA, in its sole and absolute discretion, requests that all Public Records in possession of the Contractor be transferred to PSTA, the Contractor shall transfer, at no cost, to PSTA, all Public Records in possession of the Contractor within thirty (30) days of such request or (ii) if no such request is made by PSTA, the Contractor shall keep and maintain the Public Records required by PSTA to perform the work contemplated by the Contract. If the Contractor transfers all Public Records to PSTA pursuant to (d)(i) above, the Contractor shall destroy any duplicate Public Records that are exempt or confidential and exempt from Public Records disclosure requirements within thirty (30) days of transferring the Public Records to PSTA and provide PSTA with written confirmation that such records have been destroyed within thirty (30) days of transferring the Public Records. If the Contractor keeps and maintains Public Records pursuant to (d)(ii) above, the Contractor shall meet all applicable requirements for retaining Public Records. All Public Records stored electronically must be provided to PSTA, upon request from PSTA's custodian of public records, in a format that is compatible with the information technology of PSTA. If the Contractor does not comply with a Public Records request, or does not comply with a Public Records request within a reasonable amount of time, PSTA may pursue any and all remedies available in law or equity including, but not limited to, specific performance. The provisions of this section only apply to those tasks in which the Contractor is acting on behalf of PSTA.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

Telephone number: 727-540-1806 E-mail address: Records@psta.net Mailing address: Attn: Public Records Department 3201 Scherer Drive N. Saint Petersburg, Florida 33716

9. Inspection

(a) "Services," as used in this clause, includes services performed, workmanship, and material furnished or utilized in the performance of services.

(b) The Contractor shall provide and maintain an inspection system acceptable to the Authority covering the Services under the Contract. Complete records of all inspection work performed by the Contractor shall be maintained and made available to the Authority during Contract performance and for as long afterwards as the Contract requires.

(c) The Authority has the right to inspect and test all Services called for by the Contract, to the extent practicable, at all times and places during the term of the Contract. The Authority shall perform inspections and tests in a manner that will not unduly delay the work.

(d) If any of the Services do not conform with the Contract Documents, the Authority may, in addition to all other remedies available, require the Contractor to perform the Services again in conformity with Contract requirements, at no increase in Contract Total. When the defects in Services cannot be corrected by reperformance, the Authority may (1) require the Contractor to take necessary action to ensure that future performance conforms to Contract requirements; (2) reduce the Contract price to reflect the reduced value of the services performed; or (3) proceed with all other remedies available under the Contract Documents, at law, or in equity.

10. Notice of Labor Disputes

(a) If the Contractor has knowledge that any actual or potential labor dispute is delaying or threatens to delay the timely performance of the Contract, the Contractor immediately shall give notice, including all relevant information, to the Contracting Officer.

(b) The Contractor agrees to insert the substance of this clause, including this paragraph (b), in any subcontract under which a labor dispute may delay the timely performance of the Contract; except that each subcontract shall provide that in the event its timely performance is delayed or threatened by delay by any actual or potential labor dispute, the subcontractor shall immediately notify the next higher tier subcontractor or the Contractor, as the case may be, of all relevant information concerning the dispute.

11. Licenses and Permits

The Contractor shall, without additional expense to the Authority, be responsible for obtaining any necessary licenses, permits, and approvals for complying with any federal, state, county, municipal, and other laws, codes, and regulations applicable to the performance of the work or to the products or services to be provided under the Contract including, but not limited to, any laws or regulations requiring the use of licensed contractors to perform parts of the work.

12. Compliance with the Law

The Contractor shall comply with all federal, state, county, and local laws, rules and/or regulations, and lawful orders of public authorities including those set forth in the Contract Documents that, in any manner, could bear on the Contract or the work to be performed under the Contract. PSTA will communicate directly with Contractor's representative and shall have no authority to direct, oversee, or instruct Contractor's employees, subcontractors, or any other individuals performing work under the Contract. Omission of any applicable laws, ordinances, rules, regulations, standards or orders by PSTA in the Contract Documents shall be construed as an oversight and shall not relieve the Contractor of its obligations to comply with such laws fully and completely. Upon request, the Contractor shall furnish to PSTA certificates of compliance with all such laws, orders and regulations.

13. Federal, State, and Local Taxes

The Authority is exempt from Florida state and local sales and use taxes, and any such taxes included on any invoice or voucher received by the Authority shall be deducted from the amount of the invoice or voucher for purposes of payment.

14. Publicity Releases

All publicity releases or releases of reports, papers, articles, maps, or other documents in any way concerning the Contract or the work hereunder which the Contractor or any of its subcontractors desires to make for purposes of publication in whole or in part, shall be subject to approval by the Contracting Officer prior to release.

15. Interest of Public Officials

The Contractor represents and warrants that no employee, official, or member of the Board of the Authority is or will be pecuniarily interested or benefited directly or indirectly in the Contract. The Contractor further represents and warrants that it has not offered or given gratuities (in the form of entertainment, gifts, or otherwise) to any employee, official, or member of the Board of the Authority with a view toward securing favorable treatment in the awarding, amending, or evaluating the performance of the Contract. For breach of any representation or warranty in this clause, the Authority shall have the right to annul the Contract without liability and/or have recourse to any other remedy it may have at law.

16. Civil Rights

(a) Nondiscrimination - In accordance with Title VI of the Civil Rights Act, as amended, 42 U.S.C. § 2000d, section 303 of the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6102, section 202 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12132, and Federal transit law at 49 U.S.C. § 5332, the Contractor agrees that it will not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age, or disability. In addition, the Contractor agrees to comply with applicable Federal implementing regulations and other implementing requirements FTA may issue.

(b) Equal Employment Opportunity.

(1) Race, Color, Creed, National Origin, Sex - In accordance with Title VII of the Civil Rights Act, as amended, 42 U.S.C. § 2000e, and Federal transit laws at 49 U.S.C. § 5332, the Contractor agrees to comply with all applicable

equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq., (which implement Executive Order No. 11246, "Equal Employment Opportunity," as amended by Executive Order No. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The Contractor agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

(2) Age - In accordance with section 4 of the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § § 623 and Federal transit law at 49 U.S.C. § 5332, the Contractor agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

(3) Disabilities - In accordance with section 102 of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12112, the Contractor agrees that it will comply with the requirements of U.S. Equal Employment Opportunity Commission, "Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act," 29 C.F.R. Part 1630, pertaining to employment of persons with disabilities. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

17. Soliciting or Accepting Gifts

Pursuant to section 112.3148(3), Florida Statues, no PSTA employee shall solicit anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, when they know, or with the exercise of reasonable care should know, that it is given to influence a vote or other official action.

18. Prohibited Interest

No member, officer, or employee of PSTA or of a local public body during his/her tenure or two (2) years thereafter shall have any interest, direct or indirect, in the Contract or the proceeds thereof, except as provided by law.

19. Termination

The Contract may be terminated with or without cause in accordance with the provisions below.

(a) Termination for Convenience: For and in consideration of $10.00, if PSTA determines that it is in its best interest to do so, PSTA may terminate the Contract without cause upon thirty (30) days' written notice to the Contractor. If PSTA terminates the Contract pursuant to this subsection, Contractor shall promptly submit to PSTA its costs to be paid on work performed up to the time of termination. If the Contractor has any property belonging to PSTA in its possession, Contractor shall account for the same and dispose of it as directed by PSTA.

(b) Termination for Default: PSTA may terminate the Contract for cause at any time immediately upon written notice to the Contractor, if: (1) the Contractor fails to fulfill or abide by any of the terms or conditions specified in the Contract Documents; (2) the Contractor fails to perform in the manner called for in the Contract Documents; or (3) the Contractor does not provide services in accordance with the requirements of the specifications in the Contract Documents. In its sole discretion, PSTA may allow the Contractor an appropriately short period of time in which to cure a defect in performance or non-performance. In such case, PSTA's written notice of termination to the Contractor shall state the time period in which cure is permitted and other appropriate conditions, if applicable. Should the Contract be terminated by PSTA for cause under this Section, Contractor shall be liable for all expenses incurred by PSTA in reprocuring elsewhere the same or similar items or services offered by Contractor. Any such termination for default shall not in any way operate to preclude the Authority from also pursuing all available remedies against Contractor and its sureties for said breach or default. The Contractor may terminate the Contract for cause if PSTA fails to fulfill or abide by any duties or conditions specified in the Contract Documents, provided that Contractor must first provide notice of the alleged breach to PSTA and give PSTA thirty (30) days written notice to cure the alleged breach. If PSTA cures the alleged breach or is making a good faith effort to cure said breach during the thirty (30) day cure period, Contractor may not terminate the Contract.

(c) If it is later determined by the Authority that the Contractor's failure to perform is a result of Force Majeure, the Authority may, in its sole and absolute discretion, may allow Contractor to continue performance under a new time for performance or treat the termination as if terminated without cause under Paragraph 19(a) above.

(d) In the event PSTA, in its sole discretion, determines that sufficient budgeted funds are not available to appropriate for payments due to Contractor under the Contract, PSTA shall notify Contractor of such occurrence and the Contract shall terminate on the last day of the current fiscal period without any penalty or expense to PSTA.

20. Resolution of Contract Claims and Disputes

(a) Claims and Disputes Authority to Resolve. All claims or disputes by the Contractor against the Authority relating to the Contract shall be submitted in writing to the designated Contracting Officer for a determination in accordance with this Section.

(b) Definition. Claims and disputes include controversies raised by the Contractor arising under the Contract and those based upon breach of contract, mistake, misrepresentation or other cause of contract modification, termination or rescission.

(c) Notice of Claim or Dispute. The Contractor shall submit a notice of claim or dispute to PSTA in writing within ten (10) days of issue giving rise to claim or dispute. The date of the issue shall include when the Contractor knew of the issue or should have known of the issue that gave rise to the claim or dispute.

(d) Notice Requirements. The notice of claim or dispute shall include at a minimum:

(1) the notice of claim or dispute shall be titled "Notice of Contract Claim" or "Notice of Contract Dispute";

(2) name and address of the Contractor;

(3) name of the attorney and firm representing Contractor, if applicable;

(4) identification of the Contract; and

(5) reason(s) for the claim or dispute.

(e) Failure to Timely Submit Notice. Failure to submit the notice of claim or dispute within ten (10) days of the issue that gave rise to the dispute or claim will result in the claim or dispute being rejected by the Authority without further consideration. The date of the issue shall include when the Contractor knew of the issue or should have known of the issue that gave rise to the claim or dispute.

(f) Delivery. A Notice of claim or dispute shall be sent via hand delivery or certified mail. **Electronic forms of delivery are not an acceptable means of delivery.** The Contractor is solely responsible for verifying that the notice of claim or dispute was received in a timely manner. Notice of claim or dispute should be addressed to:

Pinellas Suncoast Transit Authority
Attention: Chief Executive Officer
3201 Scherer Drive
St. Petersburg, Florida 33716

(g) Timeline for Formal Written Claim or Dispute. The formal written claim or dispute shall be filed within seven (7) days after the date the notice of claim or dispute is timely filed. Failure to submit the formal written claim or dispute within seven (7) days will result in the claim or dispute being rejected by the Authority without further consideration.

(h) Written Claim or Dispute Requirements. The formal written claim or dispute shall include at a minimum:
(1) the formal written claim or dispute shall be titled "Formal Written Contract Claim or Dispute";

(2) name and address of the Contractor;

(3) name of the attorney and firm representing Contractor, if any;

(4) identification of the solicitation;

(5) reason(s) for the claim or dispute;

(6) requested relief;

(7) the claim or dispute must demonstrate how the Contractor has been aggrieved as a result of the Authority's action or inaction and shall include the facts, argument(s), and the law upon which the claim or dispute is made;

(8) documents to substantiate the basis or ground for the claim or dispute.

(i) No Further Consideration. Any documents, basis or ground(s) for the claim or dispute not set forth or provided in the formal written contract claim or dispute required under this provision shall be deemed waived.

(j) Written Determination. The Contracting Officer shall issue a decision in writing within ten (10) days of the timely submission of the formal written claim or dispute and shall mail it to the Contractor. The decision shall state the reasons for the decision reached.

(k) Administrative Remedies. This process is considered to be an administrative remedy and all Contractors agree to exhaust their administrative remedies under the Authority policies prior to seeking judicial relief of any type in connection with any matter related to the claim or dispute.

(l) Continue with Work. Unless otherwise directed by PSTA, Contractor shall continue performance under the Contract while matters in dispute are being resolved.

21. Assignment

The terms and provisions of the Contract Documents shall be binding upon PSTA and Contractor, their respective partners, successors, heirs, executors, administrators, assigns and legal representatives. However, the rights and obligations of the Contractor may not be transferred, assigned, sublet, mortgaged, pledged or otherwise disposed of or encumbered in any way without PSTA's prior written consent. The Contractor may subcontract a portion of its obligations to other firms or parties but only after having first obtained the written approval of the subcontractor by PSTA. PSTA may assign its rights and obligations under the Contract Documents to any successor to the rights and functions of PSTA or to any governmental agency to the extent required by applicable laws or governmental regulations or to the extent PSTA deems necessary or advisable under the circumstances.

22. Governing Law

(a) The Contract Documents shall be governed by, construed and interpreted in accordance with the laws of the State of Florida. Contractor consents to jurisdiction over it and agrees that venue for any state action shall lie solely in the Sixth Judicial Circuit in and for Pinellas County, Florida, and for any state actions shall lie solely in the U.S. District Court, Middle District of Florida, Tampa Division.

(b) If any one or more of the provisions of the Contract Documents shall be held to be invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction, the validity, legality, and enforceability of the remaining provisions hereof shall not in any way be affected or impaired thereby and the Contract Documents shall be treated as though that portion had never been a part thereof.

23. Ownership of Information

(a) All data, technical information, materials gathered, originated, developed, prepared, used or obtained in the performance of the Contract, including, but not limited to, all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video and/or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and print-outs, notes and memoranda, written procedures and documents, regardless of the state of completion, which are prepared for or are a result of the services required under the Contract shall be and remain the property of the PSTA and shall be delivered to PSTA upon thirty (30) days' notice from PSTA. With respect to software computer programs and/or source codes developed for PSTA, the work shall be considered "work for hire", i.e., PSTA, not the Contractor or subcontractor, shall have full and complete ownership of all software computer programs and/or source codes developed. To the extent that any of such materials may not, by operation of law, be a work made for hire in accordance with the terms of the Contract, the Contractor or subcontractor agrees to assign to PSTA all right,

title and interest in and to any copyright, and PSTA shall have the right to obtain and hold in its own name any copyrights, registrations and any other proprietary rights that may be available.

(b) Should the Contractor anticipate bringing pre-existing intellectual property as part of its work under the Contract, the intellectual property must be identified in the Contractor's proposal. Otherwise, the language in the first paragraph of this section prevails. If the Contractor identifies such intellectual property ("Background IP") in its proposal, then the Background IP owned by the Contractor as of the effective date of the Contract, as well as any modifications or adaptations thereto, remain the property of the Contractor. However, upon the Notice of Award, the Contractor or subcontractor shall grant PSTA a non-exclusive, royalty free license to use any of the Contractor's/subcontractor's Background IP delivered to PSTA for the purposes contemplated by the Contract.

24. Standards of Performance

The Contractor shall perform all services required by the Contract Documents in accordance with high professional standards prevailing in the Contractor's field of work.

25. Suspension of Work

(a) The Contracting Officer may order the Contractor in writing to suspend all or any part of the work for such period of time as he or she may determine to be appropriate for the convenience of the Authority.

(b) Contractor shall not be entitled to any claim for additional compensation or damages on account of hindrances or delays in the work from any cause whatsoever, including any delays or hindrances caused by PSTA suspending all or any part of the work to be performed.

26. Removal of Contract Personnel

(a) The Contractor and any subcontractor acknowledge that any person assigned to work under the Contract must perform their duties so as to not unduly impair Contract performance. By assigning a person to work under the Contract, the Contractor agrees to be responsible for the behavior of that person during Contract performance.

(b) The Contractor acknowledges that the Authority has the right to require the removal of any Contractor or subcontractor employee that the Contracting Officer determines, at his/her sole discretion, to be negatively affecting performance of work under the Contract. Examples of such behavior include: (1) conduct which poses a threat to the safety of anyone working under the Contract; (2) conduct which is disruptive to Contract performance; (3) careless work performance; and (4) other behavior determined by the Contracting Officer to be objectionable or unduly hindering Contract performance.

(c) Upon receipt of written notice from the Contracting Officer that a person's behavior is unduly impairing Contract performance, the Contractor agrees to remove that person from doing any further work on the Contract, and to cause that person to be removed from the worksite. The Contractor agrees that it is not entitled to any additional costs it may incur as a result of the removal of the person named by the Contracting Officer.

PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA) ST. PETERSBURG, FLORIDA

EXHIBIT H

Background Information & Response Forms

Contents

Background & Underwriting Information

BACKGROUND SUMMARY

Carrier History and Funding Arrangement History:

Medical Insurance - PSTA has fully insured their medical/pharmacy benefits programs with Cigna as their carrier since October 1, 2013. Prior to October 1, 2013, UnitedHealthcare was the incumbent Medical carrier. Effective October 1, 2015, PSTA transitioned from a traditional fully insured funding arrangement to a minimum premium funding arrangement with Cigna. PSTA's medical plan is currently fully insured.

Dental Insurance - PSTA has fully insured their dental benefits program with Cigna as their carrier since October 1, 2013. Prior to October 1, 2013, Assurant was the incumbent dental carrier.

Vision Insurance - PSTA has fully insured their dental benefits program with Superior Vision since October 1, 2013. Prior to October 1, 2013, Ameritas was the incumbent vision carrier.

Life Insurance - PSTA has fully insured their life insurance program with Ochs since October 1, 2013. Prior to October 1, 2013, The Standard was the incumbent vision carrier.

Employee Assistance Program - PSTA has offered an employee assistance program through Cigna since April 1, 2019. Prior to April 1, 2019, Morneau Shepell was the incumbent EAP carrier.

Flexible Spending Account and Health Savings Account Administration - PSTA's current FSA and HSA administrator is Cigna/H.S.A bank.

***Please note, both bundled carrier proposals for multiple lines of coverage as well as stand alone proposals for coverage will be considered.

Plan Design Offering History:

Medical/Rx Insurance - On October 1, 2017, PSTA began offering triple medical plan option consisting of a High Deductible Health Plan, a Base In Network Only Plan, and a Buy Up In Network Only Plan. Prior to October 1, 2017, PSTA offered the Buy Up In Network Only Plan option as a single option. PSTA's medical insurance consists of 4-tier medical premiums (EE Only, EE + Spouse, EE + Child(ren), EE + Family).

Dental Insurance - PSTA has historically offered a DHMO and a DPPO plan to its employees. PSTA's dental insurance consists of a 3-tier dental premium (EE Only, EE + One, EE + 2 or More)

Vision Insurance - PSTA has historically offered a single option Vision Insurance plan. PSTA's vision insurance consists of a 2-tier vision premium (EE Only, EE + Family)

Life Insurance - PSTA has historically offered a basic life insurance benefit of 1x salary to a maximum of $200,000 in increments of $1,000. PSTA's basic life insurance rates are on a per $1,000 of coverage basis. PSTA has historically offered a voluntary life insurance benefit of 1x salary or 2x salary in increments of $1,000 up to $300,000. PSTA's voluntary life insurance consists of age banded life rates for employees per $1,000 of coverage, ad&d rates per $1,000 of coverage, a flat child rate $1,000 of coverage, and a flat monthly spouse and dependent rate/unit of coverage per month (this benefit is for grandfathered employees only elected prior to 10/2014.

Employee Assistance Program - PSTA has historically offered an EAP program consisting of 5 sessions per member per issue per year with 6 hours of onsite trainings included.

H.S.A/F.S.A - PSTA's H.S.A administration fee is included in their High Deductible Health Plan Rates. Medical proposers proposing H.S.A administration must advise whether their proposed HDHP rates include H.S.A fees or not. Both PSTA's H.S.A fee and F.S.A fee are structured on a per enrollee per month basis.

***The City's current complete schedule of benefits are available in the attachments section of this RFP as well as listed in the response form sections of this RFP.

Plan Designs (desired proposer plan designs):

Contractor shall match all benefits for all lines of coverage as closely as possible.

For medical insurance proposers, Contractor shall provide the same self-funded plan designs as fully insured plan designs for comparison purposes.

Plan Funding Arrangements (desired proposer funding arrangement offerings):

Medical/Rx - PSTA is soliciting both a fully insured proposal as well as a self-funded proposal. Fully insured medical proposals with shared returns, minimum premium, level funded, etc. funding arrangements will also be considered. Medical carriers proposing self-funded coverage are expected to provide self-funding premium equivalents, ASO fees, Stop Loss Fees, as well as estimated Rx rebates in their proposal (if applicable).

Dental, Vision, Life, EAP, HSA, FSA - Fully Insured Only

Claims Experience Data Provided

The following data will be provided for your underwriting team's consideration:

- Medical Claims Experience Data (Including High Claims and Enrollment History)

- Dental Claims Experience Data (Including Enrollment History)

- Life Insurance Claims Experience

- EAP Utilization Reports

*****Please note, the group's incumbent vision carrier does not rate the group based on their experience, and therefore the data is omitted from this RFP.

Current Rates & PSTA Employee Contributions:

Medical Rates

PSTA has historically kept the HDHP employee costs as low as possible to incentivize enrollment into its plan.

Medical In Network Only Base Plan (Plan 2)	ER/Month	EE/Month	Total/Month
Employee	$1,230.09	$77.72	$1,307.81
Employee + Spouse	$1,417.52	$586.89	$2,004.41
Employee + Child	$1,337.33	$345.06	$1,682.39
Employee + Family	$1,465.25	$731.05	$2,196.30
Medical In Network Only Buy Up Plan (Plan 1)	ER/Month	EE/Month	Total/Month
Employee	$1,221.89	$188.70	$1,410.59
Employee + Spouse	$1,376.80	$786.15	$2,162.95
Employee + Child	$1,312.00	$503.13	$1,815.13
Employee + Family	$1,415.29	$954.90	$2,370.19
Medical High Deductible Health Plan (Plan 3)	ER/Month	EE/Month	Total/Month
Employee	$1,157.55	$0.00	$1,157.55
Employee + Spouse	$1,472.70	$299.99	$1,772.69
Employee + Child	$1,338.31	$149.99	$1,488.30
Employee + Family	$1,592.13	$350.00	$1,942.13

Health Savings Account Funding

PSTA funds the following amounts into an employee's HSA who enrolls in the High Deductible Health Plan

H.S.A Funding in High Deductible Health Plan	ER/Year
Employee	$300.00
Employee + Spouse	$425.00
Employee + Child	$425.00
Employee + Family	$550.00

Dental Rates

PSTA funds the DHMO employee only rate to all plans and tiers.

Dental - DMO	ER/Month	EE/Month	Total/Month
Employee	$15.26	$0.00	$15.26
Employee + 1	$15.26	$10.48	$25.74
Employee + Family	$15.26	$28.12	$43.38
Dental - PPO	ER/Month	EE/Month	Total/Month
Employee	$15.26	$9.70	$24.96
Employee + 1	$15.26	$33.48	$48.74
Employee + Family	$15.26	$70.00	$85.26

Vision Rates

PSTA funds the Vision employee only rate to all plans and tiers.

Vision	ER/Month	EE/Month	Total/Month
Employee	$4.41	$0.00	$4.41
Employee + Family	$4.41	$7.14	$11.55

Employee Assistance Program Rates

- PSTA funds 100% of the EAP program cost at $1.71 per enrollee per month

Life Insurance Program Rates

- PSTA funds 100% of the Basic Life and AD&D Premium cost at $0.250/$1,000 of coverage.

- Voluntary Life Rates below:

Age Banded Rates/$1,000	
< 29	$0.1100
30-34	$0.1100
35-39	$0.1300
40-44	$0.1700
45-49	$0.2500
50-54	$0.3900
55-59	$0.6800
60-64	$0.9200
65-69	$1.4300
70-74	$1.8700
Supplemental AD&D	$0.0350
Child Life / $1,000	$0.1300
Spouse and Dependent/Family unit/month*	$1.7800
*Benefit Only available to grandfathered employees (Elected prior to October 2014)	

Health Savings Account and Flexible Spending Account Administration Rates

- H.S.A Fee - $4.50 per enrollee per month, included in group's HDHP premium rates.

- F.S.A Fee - $5.79 per enrollee per month (Limited Purpose Spending Account admin/Health Care Flexible Spending Account admin, dependent care included at no cost)

Other Important Information for Underwriting

- Retirees pay 100% of the premium for any coverage they are enrolled in (Medical/Dental/Vision).

- Complete 5 Year Rate History included in attachments section of this RFP.

- Renewal Rates are not yet available at the time of release of this RFP.

- PSTA's plan is currently minimum premium. Under this arrangement, PSTA pays fixed costs on a monthly basis as well as claims costs up to a maximum amount.

Complete Rate History

Rate History	2017/2018	2018/2019	2019/2020	2020/2021	Current - 2021/2022
Medical Insurance					
Base Plan (Plan 2)					
Employee Only	$1,029.13	$1,135.69	$1,185.95	$1,245.23	$1,307.81
Employee + Spouse	$1,577.29	$1,740.61	$1,817.64	$1,908.49	$2,004.41
Employee + Child(ren)	$1,323.89	$1,460.97	$1,525.63	$1,601.88	$1,682.39
Employee + Family	$1,728.28	$1,907.24	$1,991.65	$2,091.20	$2,196.30
Buy Up Plan (Plan 1)					
Employee Only	$1,110.19	$1,225.15	$1,279.37	$1,343.09	$1,410.59
Employee + Spouse	$1,702.32	$1,878.60	$1,961.74	$2,059.45	$2,162.95
Employee + Child(ren)	$1,428.58	$1,576.51	$1,646.28	$1,728.27	$1,815.13
Employee + Family	$1,865.43	$2,058.60	$2,149.70	$2,256.77	$2,370.19
High Deductible Health Plan (Plan 3)					
Employee Only	$980.96	$1,029.91	$1,075.49	$1,102.37	$1,157.55
Employee + Spouse	$1,502.16	$1,577.12	$1,646.92	$1,688.08	$1,772.69
Employee + Child(ren)	$1,261.21	$1,324.14	$1,382.74	$1,417.30	$1,488.30
Employee + Family	$1,645.73	$1,727.85	$1,804.32	$1,849.41	$1,942.13
Dental Insurance					
DHMO					
Employee Only	$13.94	$13.94	$14.64	$14.64	$15.26
Employee + One	$23.51	$23.51	$24.69	$24.69	$25.74
Employee + Two or More	$39.63	$39.63	$41.62	$41.62	$43.38

DPPO					
Employee Only	$24.47	$24.47	$24.96	$24.96	$24.96
Employee + One	$47.78	$47.78	$48.74	$48.74	$48.74
Employee + Two or More	$83.59	$83.59	$85.26	$85.26	$85.26
Vision Insurance					
Single Plan Option					
Employee Only	$4.41	$4.41	$4.41	$4.41	$4.41
Employee + Family	$11.55	$11.55	$11.55	$11.55	$11.55
Basic Life Insurance					
Basic Life and AD&D					
Total Rate/$1,000	$0.250	$0.250	$0.250	$0.250	$0.250
Employee Assistance Program					
Per Enrollee Per Month	$1.50	$1.66	$1.66	$1.66	$1.71

CONTRACTOR SHALL PROVIDE THE FOLLOWING MINIMUM RATE GUARANTEE TERMS

- Fully Insured Medical Insurance: 12 Months
- Stop Loss: 12 Months
- Medical/Rx ASO: 36 months
- Dental Insurance: 36 months
- Vision Insurance: 36 months
- Life Insurance: 36 months
- Employee Assistance Program: 36 Months
- HSA Admin: 60 months
- FSA Admin: 60 months

EMPLOYEE ELIGIBILITY and Benefit Deductions:

Employees are eligible to participate in PSTA's insurance plans if they are designated full-time employees and are regularly scheduled to work 30 hours or more per week. If employee is an eligible, newly hired Bus Operator, benefits will begin on the first of the month following 30 days after commencement graduation of the New Hire Bus Operator Training Program. For example, if the graduation date is April 11, benefits will be effective June 1. For newly hired benefit-eligible Non-Bus Operator positions, benefits will begin on the first of the month following 30 days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

Benefit Deductions: 26 Annual Benefit Deductions.

1. Response Form - Medical - In Network Only Plan - Base Plan (Plan 2)

Response Form - In-Network Only Medical Plan Design - Base Plan (Plan 2)

1. Please fill out this table if you are providing a quote for an in network only plan

HMO Core	Current Plan Design	Proposed Plan Design
Network(s) Utilized	OAPIN	
Deductible - Plan Year or Calendar Year	Plan Year	
Individual Deductible	$1,500	
Family Deductible	$3,000	
Out-of-Pocket Maximum Individual	$5,000	
Out-of-Pocket Maximum Family	$10,000	
Member Coinsurance	20%	
Physician Office Visit	$35	
Specialist Office Visit	$50	
Telehealth Visit	No Charge	
Preventive Care	No Charge	
Independent Clinical Lab	No Charge	
Advanced Imaging	PYD + 20%	
Ambulance	PYD + 20%	
Urgent Care Visit	$75	
Inpatient Hospital	PYD + 20%	
Outpatient Hospital	$35	
Emergency Room Visit	$300	
Physician Services at Hospital	PYD + 20%	
Mental Health & Substance Abuse Inpatient Hospital	PYD + 20%	
Mental Health & Substance Abuse Outpatient Office Visit Services	$35	
Prescription Drugs - Tier 1 - Generic	$15	
Prescription Drugs - Tier 2 - Preferred Brand Name	$30	
Prescription Drugs - Tier 3 - Non-Preferred Brand Name	$50	
Prescription Drugs - Tier 4 - Specialty Drug	N/A	
Mail Order	$25/$75/$125	
Please confirm you are matching in force medical benefits		
Please confirm your fully insured medical plan design matches your self-insured medical plan design		

2. Please Provide Fully Insured Rates Below

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	$1,307.81	
Employee + Spouse	$2,004.41	
Employee + Child(ren)	$1,682.39	
Employee + Family	$2,196.30	
Please confirm these are your Fully Insured Rates		

3. Please Provide Self Insured Premium Equivalents Below

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	N/A	
Employee + Spouse	N/A	
Employee + Child(ren)	N/A	
Employee + Family	N/A	
Please confirm these are your Fully Insured Rates		

2. Response Form - Medical - In Network Only Plan - Buy Up Plan (Plan 1)

1. Please fill out this table if you are providing a quote for a Medical plan with In Network and Out of Network Benefits.

HMO Core	Current Plan Design	Proposed Plan Design
Network(s) Utilized	OAPIN	
Deductible - Plan Year or Calendar Year	Plan Year	
Individual Deductible	$750	
Family Deductible	$1,500	
Out-of-Pocket Maximum Individual	$4,000/Rx $1,000	
Out-of-Pocket Maximum Family	$8,000/Rx $2,000	
Member Coinsurance	20%	
Physician Office Visit	$20	
Specialist Office Visit	$30	
Telehealth Visit	No Charge	
Preventive Care	No Charge	
Independent Clinical Lab	No Charge	
Advanced Imaging (MRI, PET, CT)	PYD + 20%	
Ambulance	PYD + 20%	
Urgent Care Visit	$50	
Inpatient Hospital	PYD + 20%	
Outpatient Hospital	PYD + 20%	
Emergency Room	$100	
Physician Services at Hospital	PYD + 20%	
Mental Health & Substance Abuse Inpatient Hospital	PYD + 20%	
Mental Health & Substance Abuse Outpatient Office Visit Services	$20	
Prescription Drugs - Tier 1 - Generic	$10	
Prescription Drugs - Tier 2 - Preferred Brand Name	$30	
Prescription Drugs - Tier 3 - Non-Preferred Brand Name	$50	
Prescription Drugs - Tier 4 - Specialty Drug	N/A	
Mail Order	$25/$75/$125	
Please confirm you are matching current benefits in force for this plan.		
Please confirm your fully insured plan design matches your self funded plan design for this plan		

2. Please Provide Fully Insured Premiums Below

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	$1,410.59	
Employee + Spouse	$2,162.95	
Employee + Child(ren)	$1,815.13	
Employee + Family	$2,370.19	
Please confirm these are fully insured premiums		

3. Please Provide Self-Insured Premium Equivalents Below

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	N/A	
Employee + Spouse	N/A	
Employee + Child(ren)	N/A	
Employee + Family	N/A	
Please confirm these are your Self Insured Premium Equivalents		

3. Response Form - Medical - In Network Only Plan - HDHP (Plan 3)

Response Form - Medical Insurance

1. Please fill out this table if you are providing a quote for a Medical plan with In Network and Out of Network Benefits.

HMO Core	Current Plan Design	Proposed Plan Design
Network(s) Utilized	OAPIN	
Deductible - Plan Year or Calendar Year	Plan Year	
Individual Deductible	$1,500	
Family Deductible	$3,000	
Out-of-Pocket Maximum Individual	$6,000	
Out-of-Pocket Maximum Family	$12,000	
Member Coinsurance	20%	
Physician Office Visit	PYD + 20%	
Specialist Office Visit	PYD + 20%	
Telehealth Visit	PYD + 20%	
Preventive Care Services	No Charge	
Independent Clinical Lab	PYD + 20%	
Advanced Imaging (MRI, PET, CT)	PYD + 20%	
Ambulance	PYD + 20%	
Urgent Care Visit	PYD + 20%	
Inpatient Hospital	PYD + 20%	
Outpatient Hospital	PYD + 20%	
Emergency Room	PYD + 20%	
Physician Services at Hospital	PYD + 20%	
Mental Health & Substance Abuse Inpatient Hospital	PYD + 20%	
Mental Health & Substance Abuse Outpatient Office Visit Services	PYD + 20%	
Prescription Drugs - Tier 1 - Generic	$15 after PYD	
Prescription Drugs - Tier 2 - Preferred Brand Name	$30 after PYD	
Prescription Drugs - Tier 3 - Non-Preferred Brand Name	$50 after PYD	
Prescription Drugs - Tier 4 - Specialty Drug	N/A	
Mail Order	$25/$75/$125 after PYD	
Please Confirm you are matching in force HDHP benefits		
Please Confirm your fully insured plan design proposal for this plan matches the self funded plan design proposal for this plan		

2. Please Provide Fully Insured Premiums Below

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	$1,157.55	
Employee + Spouse	$1,772.69	
Employee + Child(ren)	$1,488.30	
Employee + Family	$1,942.13	
Please confirm these are fully insured rates		

3. Please provide Self Insured Premium Equivalents Below

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	N/A	
Employee + Spouse	N/A	
Employee + Child(ren)	N/A	
Employee + Family	N/A	
Please confirm these are self funded premium equivalents		

4. Response Forms - Self Funded Medical

1. Complete if proposing Administrative Only Services:

Contract Details and All Applicable Fees Below:	All Plans
Name of Proposer	
Name of Network(s) Utilized	
Administration Fee (PEPM)	
Utilization Review (PEPM)	
Network Access Fee (PEPM)	
Disease Management (PEPM)	
Pharmacy Management Fee (PEPM)	
Wellness Program Fee (PEPM)	
HIPAA Certification	
COBRA Administration (PEPM)	
Other Fees (PEPM)	
Termination Fees (PEPM)	
Rate Guarantee	
TOTAL ADMIN FEE (PEPM) Year 1	
TOTAL ADMIN FEE (PEPM) Year 2, if applicable	
TOTAL ADMIN FEE (PEPM) Year 3, if applicable	
TOTAL ADMIN FEE (PEPM) Year 4, if applicable	
TOTAL ADMIN FEE (PEPM) Year 5, if applicable	

2. Complete if proposing Stop Loss Insurance.

Contract Details	Proposed Offer
Individual Specific Limit (ISL) Level (Please quote $125k)	
ISL Lasers Quoted (Please quote None)	
ISL Benefits Covered (Please quote Medical and Rx)	
ISL Contract Basis (Please quote 12/12)	
ISL Annual Maximum Reimbursement (Please quote Unlimited)	
ISL Composite Premium PEPM (Please quote Composite Rate)	
Aggregate Stop Loss (ASL) Claims Corridor (Please quote 125%)	
ASL Benefits Covered (Please quote Medical and Rx)	
ASL Contract Basis (Please quote 12/12)	
ASL Annual Maximum Reimbursement (Please quote Unlimited)	
ASL Composite Premium (Please quote Composite Rate)	
Are Stop Loss Rates above Firm?	

3. Complete if proposing Pharmacy Benefit Management:

Contract Details	Proposed Offer
Per Script Administrative Fee (Retail and HD) - Per paid Script and/or PEPM Administrative Fee (PEPM)	
Pharmacy Network Size (Number of In Network Pharmacies)	
Major Retail Pharmacies Excluded from Pharmacy Network	
Retail Brand Discount (30 Day) AWP	
Retail Generic Discount (30 Day) AWP	
Retail Dispensing Fee Brand per Script	
Retail Dispensing Fee Generic per Script	
Retail Brand Discount (90 Day) AWP	
Retail Generic Discount (90 Day) AWP	
Retail Dispensing Fee Brand per Script	
Retail Dispensing Fee Generic per Script	
Home Deliver Brand Discount AWP	
Home Deliver Generic Discount AWP	
Home Delivery Dispensing Fee per Script	
Specialty Retail Brand Discount	
Specialty Retail Brand Dispensing Fee	
Estimated Rebates Per Brand 30 Day	
Estimated Rebates Per Brand 90 Day	
Estimated Rebates Mail Order	
Provide Total Estimated First Year Rebates	

4. Please confirm below Question

Tiers	Current Rates	Proposed Rates
Please confirm if all terms stated above for Medical ASO/Stop Loss/PBM apply to PSTA's triple option medical plan design or differ by plan. Ideally all terms will apply to all plans		

5. Response Forms - Dental DHMO Plan

1. Complete if proposing Dental PPO Insurance:

Sample Procedures	Code	Current Plan - In-Network Only - Fee (Frequency)	Proposed Plan - In-Network Only - Fee (Frequency)
Annual Maximum		Unlimited	
Periodic Exam	D0120	$0	
Office Visit	D9430	$6	
Prophylaxis	D1110	$0	
Full Mouth X-rays	D0210	$0	
Extraction	Do not Provide Info on this line	Do not Provide Info on this line	
Single Tooth	D7111	$6	
Partial Impaction	D7230	$85	
Boney Impaction	D7240	$110	
Fillings	Do not Provide Info on this line	Do not Provide Info on this line	
Amalgam - 1 surface	D2140	$0	
Resin - 1 surface	D2330	$0	
Root Canal Therapy	Do not Provide Info on this line	Do not Provide Info on this line	
Anterior	D3310	$100	
Biscuspid	D3320	$150	
Molar	D3330	$305	
Periodontic Therapy	Do not Provide Info on this line	Do not Provide Info on this line	
Root Planning (1/4)	D4341	$50	
Gingivectomy (1/4)	D4210	$160	
Crown and Bridge	Do not Provide Info on this line	Do not Provide Info on this line	
Full High Noble Metal	D2790	$260 + Lab	
Porcelain Fused to Metal	D2750	$270 + Lab	
Orthodontia	Do not Provide Info on this line	Do not Provide Info on this line	
Comprehensive Treatment (Children)	D8070-90	$1,608	
Comprehensive Treatment (Adult)	D8070-90	$2,592	

2. Please provide Fully Insured DHMO Premiums Below

Coverage Tiers	Current Rates	Proposed Rates
Employee	$15.26	
Employee + One	$25.74	
Employee + Family	$43.38	
Proposed Rate Guarantee Period	Please Provide Proposed Rate Guarantee Period Here	

6. Response Forms - Dental PPO Plan

Please complete the tables below if you are quoting dental insurance:

1. Complete if proposing Dental PPO Insurance:

Dental PPO Plans	Current - In Network	Current - Out of Network	Proposed - In Network	Proposed - Out of Network
Annual Maximum	$1,000	$1,000		
Orthodontic Lifetime Max	$1,000	$1,000		
Deductible - Single	$50	$50		
Deductible - Family	$150	$150		
Deductible Waived for Class I	Yes	Yes		
Frequency Limit for Class I	2/Year	2/Year		
Class 1 - Preventative/ Diagnostic	90%	90%		
Class 2 - Basic Services	70%	70%		
Class 3 - Major Services	50%	50%		
Class 4 - Orthodontic Treatment	50%	50%		
Child Orthodontia Covered?	No	No		
Waiting Period - Class 3 Major Services	None	None		
Waiting Period - Class 4 Major Services	1 Year	1 Year		
Waiting Period - Late Entrants	1 Year	1 Year		
Endodontic and Periodontic are covered as:	Class 2	Class 2		
Out of Network Benefits Payable Level	MAC- Based on contracted fee schedule	MAC- Based on contracted fee schedule		

2. Complete if proposing Dental PPO Insurance:

Coverage Tiers	Current Rates	Proposed Rates
Employee	$24.96	
Employee + One	$48.74	
Employee + Family	$85.26	
Rate Guarantee	Provide Proposed Rate Guarantee Here	

7. Response Form - Vision - Single Plan Offering

Please complete the following for Vision Insurance:

1. Vision Schedule of Benefits:

Vision Benefits Response Form	Current Plan - In Network	Current Plan - Out of Network	Proposed Plan - In Network	Proposed Plan - Out of Network
Eye Exam	$10	Up to $40		
Materials	$10	Varies		
Frequency of Services Examination	12 Months	12 Months		
Frequency of Services Lenses	12 Months	12 Months		
Frequency of Services Frames	24 Months	24 Months		
Frequency of Services Contact Lenses	12 Months	12 Months		
Lenses Single	$10	Up to $20		
Lenses Bifocal	$10	Up to $40		
Lenses Trifocal	$10	Up to $60		
Frames Retail	$150	Up to $60		
Contact Lenses Conventional	$150	Up to $80		
Contact Lenses Non-Elective (Medically Necessary)	$250	Up to $250		

2. Vision Monthly Rates:

Covered	Current Rates	Proposed Rates
Employee Only	$4.41	
Employee + Family	$11.55	
Rate Guarantee	Please provide your proposed rate guarantee	

8. Response Form - Basic Life Insurance

1. Please fill this table out if you are providing a quote for Basic Life Insurance.

Schedule of Benefits & Features	Current	Proposed
Eligibility	Active Full Time Employees	
Basic Life Benefit	1x Salary Rounded to the next $1,000 to a maximum of $200,000	
Guaranteed Issue Amount	$200,000	
Basic AD&D Benefit	Life Benefit	
Age Reduction Schedule (Reduced to) (Indicate Basic Life and AD&D Separately if Different)	75% at age 75 Benefits Terminate at the end of Employment	
Accelerated Death Benefit	Included	
Waiver of Premium	Included	
Conversion	Included	
Rate Guarantee	Provide Proposed Rate Guarantee Here	
Life Rate/$1,000	$0.230	

9. Response Form - Supplemental Life and AD&D Insurance

1. Please complete this form if you are proposing Supplemental Life and AD&D coverage.

Schedule of Benefits & Features	Current	Proposed
Eligibility	Active Full Time Employees, Spouses, and Children	
Employee Formula	1x Salary or 2x Salary in Increments of $1,000 up to $300,000	
Employee Guaranteed Issue Amount	2x Salary	
Spouse Formula	$5,000 increments up to $150,000	
Spouse Guaranteed Issue Amount	$25,000	
Dependent Child Life Benefit	Child(ren) under 6 Months: $1,000 Child(ren) over 6 Months; $2,500 Increments up to $10k	
Age Reduction Schedule (Reduced to)	None	
Waiver of Premium	Included	
Conversion	Included	
Portability	Included	
Rate Guarantee	Please provide Rate Guarantee Here	
Monthly EE & SP Rate/$1,000		
0-29	$0.110	
30-34	$0.110	
35-39	$0.130	
40-44	$0.170	
45-49	$0.250	
50-54	$0.390	
55-59	$0.680	
60-64	$0.920	
65-69	$1.430	
70-74	$1.870	
Supplemental AD&D	$0.035	
Child Life/$1,000	$0.130	
Spouse and Dependent Family Unit/Month*	$1.780	
*Confirm you are able to administer and cover these Grandfathered Employees and Dependents	Please confirm this here	

10. Response Form - Employee Assistance Program

1. Please fill this table out if you are providing a quote for an Employee Assistance Program

Schedule of Benefits	Current	Proposed
Number of Sessions per Member	Up to 5 sessions	
24/7 Telephonic Consultation	Included	
Online Reporting	Included	
Onsite Meeting Hours Included	6 Hours Included	
Child Care	Included	
Senior Care	Included	
Prenatal Care	Included	
Adoption	Included	
Parenting	Included	
Summer Care	Included	
Special Needs	Included	
Pet Care	Included	
Education	Included	
Legal Consultation	60 minutes free, 25% discount thereafter	
Financial Consultation	60 minutes free, 50% discount on tax preparation	
Rate Guarantee	Please Provide Proposed Rate Guarantee Period Here	
Per Employee Per Month Rate	$1.71	

11. Response Form - Health Savings Account

1. Please fill out this table if you are providing a quote for a Health Savings Account

General Information	Proposed Plan Design
Administration fee if paid by account holder	
Administration fee if paid by employer	
Account setup fee	
Debit card daily spending limit	
Debit card additional/replacement	
Brokerage account fees	
Excess contribution adjustments	
Minimum balance	
Interest rate (subject to change)	
Account closure fee	
Wire transfer	
Investment fund options	
Investment threshold	
Customer Service	
Web Address	
Location	
HSA access at ATMs? (Y/N)	
HSA access at bank branches? (Y/N)	
HSA paper checks? (Y/N)	
HSA website for employers? (Y/N)	
Online employee enrollment (Y/N)	
HSA website for account holders? (Y/N)	

12. Response Form - Flexible Spending Account

1. Please fill out this table if you are providing a quote for a Flexible Spending Account

Plan Information	Proposed Plan Benefit
Per Employee per Month fee (Full Purpose FSA)	
Per Employee per Month fee (Limited Purpose FSA)	
Debit card fee	
Setup fee(s)	
Annual renewal fee	
Processing of reimbursements (weekly, daily)	
Claims Submission Method	
Mobile App	
Adjustments and corrections	
Mailed account statements	
Enrollment meetings (In-Person)	
Enrollment kits (Paper, Electronic)	
Web administration	
Reporting Capabilities	
Section 125 Document Fee	
Non-Discrimination Testing	
Rate Guarantee	

13. Questionnaire - General Information

1. Are you willing to provide performance guarantees for implementation and servicing of your products? If so, please describe the performance guarantees you are proposing.

2. Please indicate the group name, address, contact person, and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.

3. Do you agree to allow retirees over and under 65 to continue coverage under the same plan at the same rate as active employees as required by Section 112.08, Florida Statutes, for public entities?

4. Provide the name, title, and contact information of the individual who would have direct daily account responsibility for the services you are proposing. If more than one person will be filling this role, please respond with complete information for all.

5. Provide the name, title, and contact information for three (3) references from public entity clients with a minimum of 1000 employees for at least three (3) years immediately preceding the response due date.

References	Reference 1	Reference 2	Reference 3
Group Name			
Contact Name			
Contact Title			
Contact Phone			
Contact Email			
Coverage/Services Provided			
Length of Time			

6. What is your account service team's average response time to client requests or questions?

7. Describe the services provided by your account service team to the employees.

8. Describe the services provided by your account service team to the Human Resources department.

9. Does your company help facilitate annual open enrollments? a. Onsite meetings? b. Educational materials? c. Printed Materials at no cost?

10. What is your company's current A. M. Best, Moody's and/or Standard and Poor's ratings?

11. Do you utilize any "wrap" or leased networks not negotiated or owned by your company? a. If yes, what is the name of the network?

12. Describe capabilities available through member website and mobile app. Please describe further any additional functionality available to employer as plan administrator.

13. Please specify if proposer is SSAE 18 / SOC / SAS certified.

14. Questionnaire - Data and Reports

1. Describe the reports you will provide regarding the utilization and claims associated with the employee benefits program(s) you are proposing. Please indicate in your description if any of the reports would be provided at an additional cost over the fees associated with the programs.

2. What is your proposed frequency of reporting on utilization experience? Is there a charge for utilization data analysis?

3. Are there any additional fees for reporting? Please provide all reporting options/packages and their associated costs.

4. Will there be online access for claim reports?

5. How often are claim audits conducted and what percentage of claims are audited? If you use a third-party to audit claims, please disclose the name of auditor.

6. How do you identify fraudulent claims and how will you notify the entity?

7. Describe the process for identifying and paying claims which may be subject to subrogation.

8. Will there be online access for claim reports by the Entity and Gehring Group?

15. Questionnaire - Implementation and Billing

1. Please provide a brief description of the implementation process, including requirements and timeline.

2. Please confirm proposer is flexible to modify standard contract language.

3. Please confirm proposer is willing to waive binder payment requirements.

4. Please confirm proposer is willing to accept a self-bill for proposed line(s) of coverage.

5. What is proposer's standard billing snapshot date and grace period for payment?

16. Questionnaire - Renewal Planning and Additional Fees

1. Is proposer willing to provide renewal offer at least 180 days prior to renewal effective date?

2. Are any of the rates proposed contingent on any additional information? If so, please disclose.

3. What additional services are available and at what cost?

4. Would you allow a grace period after the due date of 45 days for payment of an invoice?

5. Please confirm any bundling discounts you are offering here

17. Questionnaire - Enrollment & Implementation Technology

1. Does your company (or third-party) process electronic eligibility files via automation or are manual steps necessary? If manual steps are required to process files, please explain this process and impact on processing time.

2. Does your company outsource the processing of electronic eligibility to a third-party? If so, please provide company name.

3. Please specify if your company (or third-party) accepts the HIPAA 834 5010 file layout as well as all other file layouts accepted for automated enrollment. Please provide applicable coding supplements and other applicable file specification documents.

4. What is your company's (or third party's) standard processing time for electronic eligibility to be updated in all applicable internal systems (eligibility/claims/billing/etc.)? If time varies, please specify for each system.

5. Will your company (or third-party) provide confirmation notification to the group when files are processed? Please provide details related to this notification process (email, requirement of group log into company website, etc.)

6. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of an established group with your company.

7. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of a new group with your company.

8. Please provide set-up time needed for changes to file structure, plans, funding strategy, platform changes for an established group with your company. What alternative options does your company provide to receive enrollment should these changes cause delay in set-up of the EDI process?

9. Please provide file testing time frame (in days) for initial set-up and structure changes.

10. Please provide the standard time frame required to process files, generate, and mail member ID cards. What options does the group have if ID card delivery is delayed beyond the plan effective date?

18. Questionnaire – Medical

1. Please provide a Medical Geo Access report that illustrates the number of: a. 1 Hospital within 10 miles b. 2 PCPs & Pediatricians within 10 miles c. 2 OBs/Gyns, within 10 miles d. 2 Specialists within 10 miles (excluding OBs/Gyns) e. 2 Urgent Care Centers within 10 miles The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.

2. Please confirm average discounts for the geographic area represented in employee/member census as follows: Please provide this information for the following counties in order: Pinellas County, Hillsborough County, Pasco County, Manatee County, Hernando County

Charge Type	Pinellas County	Hillsborough County	Pasco County	Manatee County	Hernando County
Location					
Doctors					
Urgent Care Centers					
Out-Patient Hospital					
In-Patient Hospital					
All Others					

3. Please identify proposed provider network.

4. For bidders not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).

5. Is proposer willing to provide performance guarantees for your network discounting? If so, please include details.

6. Please confirm requirements for coordination with Medicare for both active employees and their dependents, as well as retired employees and their dependents.

7. Each proposer must confirm that they will provide the following reports upon request (possibly quarterly) by the Entity or its Agent of Record:

a. Large Claimants (over $25,000) inclusive of gender, plan, diagnosis, last date of service, prognosis and if the claimant remains covered on the plan.

b. Utilization reports by diagnosis, place of service, employee vs. dependent costs.

c. Monthly paid claims

8. Are you willing to conduct face-to-face meetings annually (including medical/pharmacy director and financial analyst support) with the client to discuss financial and program enhancement/cost containment ideas that will assist the client in benefit design strategy, and will not necessarily be focused on plan design coverage reductions?

9. Are you willing to waive the actively at work, dependent non-confinement limitation provisions for all currently enrolled individuals on medical?

10. Please list and describe your Disease Management programs that are included in proposal.

11. Please list and describe Utilization Management programs included in proposal and other available options, if applicable.

12. Please confirm dependent child(ren) eligibility.

13. Please confirm proposer has included telemedicine benefit in medical quote.

14. How do you handle transition of care for members currently undergoing treatment or have existing relationships with the incumbent carrier's network providers?

15. Self-Insured: Provide recommended premium equivalents for the current plan designs shown in the medical benefit response form section.

16. Self-Insured: Please confirm if medical ASO quote is contingent upon bundled Stop Loss and/or PBM administration. If so, please confirm what is required to be attached and/or pricing differential without bundled administration.

17. Self-Insured: Is your company willing to provide administrative fee guarantee? If so, please provide the details of your guarantee.

18. Please confirm you are quoting a plan year deductible (October 1 - September 30)

19. Please confirm you provided a response to the medical provider network disruption report indicating which of those medical providers are in or out of your proposed network.

20. Please confirm you provided a response to the prescription drug disruption report indicating which Pharmacy benefit tier each of the listed drugs is covered under or if they are not included in your formulary.

21. Please confirm the additional funds included in your proposal here including wellness funds, discretionary funds, or any other funds

22. Please confirm if your medical proposal includes the following options: Triple Option Offering with a base and buy up in network only plan, and an in network only high deductible health plan

23. Please confirm you are quoting both fully insured and self-insured medical coverage.

24. Please confirm if your fully insured medical proposal is really a "hybrid product" (level funded, minimum premium, shared returns, etc.)

19. Questionnaire - Stop Loss

1. Please confirm proposed quote is firm. If not, please provide details as to why.

2. Please confirm proposed quote contract terms.

3. Please confirm proposal does not include lasers.

4. Please confirm proposer's process for inclusion of lasers, if applicable, at renewal.

5. Please detail data requirements in order to process reimbursements.

6. What is the period for reimbursements once the claim information is submitted for payment? Do you offer Advanced Funding on claims reimbursements at no cost to the client?

7. Please confirm that proposer will base stop loss coverage reimbursements on the 'Eligible Expenses' as defined by the medical ASO plan document.

8. Does proposal exclude any member population included in census.

9. If proposer is awarded the Stop Loss insurance contract, please confirm if policy is guaranteed renewable.

10. How many months of current year experience are required to offer a firm renewal?

11. Upon underwriting approval, does proposer offer a maximum renewal rate cap on specific rates?

12. Does proposer have an aggregating specific deductible option available that represents a dollar-for-dollar premium off-set to share risk?

13. What aggregate corridors are available for consideration?

20. Questionnaire – Wellness

1. The Entity seeks proposals to include wellness dollars at and/or above the level currently being provided. Proposers are encouraged to provide wellness funds on an annual basis. Please disclose the amount of wellness dollars provided in proposal and any restrictions on use.

2. Did proposer include the criteria associated with how the Entity can use the wellness funds?

3. Are there any additional costs to the Entity or employees for participation in your wellness programs or services?

4. Will the account team assigned include a designated wellness coordinator? If so, which wellness services will be included?

5. Does your company offer rate discounts on the proposed programs, in dollars or percent, to employer groups who implement an active, participatory Wellness Program? If so, please describe the discount model amount and requirements.

6. Does your wellness program provide a proactive health education and improvement program for those with a chronic condition?

7. Does your wellness program utilize behavioral coaching principles and evidence-based medicine guidelines to optimize self-management skills to foster sustained health improvement?

8. Does your wellness program include:
   a. Chronic condition-specific coaching?
   b. Pre and post-discharge calls?
   c. Lifestyle management coaching: stress, weight management, and tobacco cessation?
   d. Treatment decision support and coaching?

21. Questionnaire – Dental

1. Please provide Dental Geo Access Information that illustrates the number of: A. 2 General Dentists within 10 miles B. 1 Specialty Dentists within 10 miles C. 2 Orthodontists within 10 miles. The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.

2. For bidders not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).

3. Are you willing to waive the actively at work, dependent non-confinement and pre-existing condition limitation provisions for all members currently enrolled in dental insurance?

4. Is there a missing tooth clause in proposer's quote submission?

5. How does the proposed plan treat coverage for composite (non-amalgam) fillings on posterior teeth, including molar teeth?

6. How does the proposed plan treat coverage for orthodontics in progress?

7. Does the proposed plan include coverage for dental implants?

8. Please confirm dependent child(ren) eligibility criteria, including age and other limitations.

9. Please confirm reimbursement level for out-of-network benefit payments.

10. Please confirm that you have provided a response to the dental disruption report indicating if the listed providers are in or out of your network.

11. Please confirm if you are quoting both the DHMO and DPPO programs.

22. Questionnaire - Vision

1. Please confirm proposed provider network.

2. For bidders not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).

3. Please confirm if ophthalmologists are included as a part of the proposed vision network.

4. How does the proposed plan cover contact lens fit and follow-up examinations?

5. Is the materials copay applicable to contact lenses?

6. Does your proposal allow members to obtain contact lenses and eyeglasses within the same benefit period?

7. Is the frequency for services (i.e., 12/12/24) based on the plan/calendar year or from date of last service?

8. Please confirm dependent child(ren) eligibility.

9. Please provide a Vision Geo Access report as follows: a. One Provider within 10 miles b. Two Providers within 10 miles c. Two Providers within 20 miles

10. Please confirm that you provided a response to the vision provider disruption analysis indicating which of the listed providers are in or out of network.

11. Please confirm the copay and reimbursement differences between standard progressive lenses and custom progressive lenses.

12. Please provide a list of the major vision retail providers in your network.

23. Questionnaire - Life Insurance

1. If awarded the life insurance contract, confirm that proposer will grandfather current coverage amounts for which premiums have been paid. If “No”, please outline your proposed alternative.

2. If awarded the life insurance contract, confirm that proposer will accept existing beneficiary designation [optional: contained within benefits administration system]. If “No”, outline your proposed alternative.

3. Confirm that all employees enrolled in the group’s plan(s) who are currently not “actively at work” due to disability, FMLA, or any other reasons, will be covered under the plan(s) implemented for the effective date stated in this RFP.

4. If awarded the life insurance contract, will proposer offer a true Open Enrollment? Future open enrollment periods?

5. Confirm proposer can match current Life and AD&D policy Leave Continuation Options. If “No”, please detail proposing firm’s proposed provisions where conflicting.

6. Please confirm the Life and AD&D rounding rules (i.e., rounded to next highest or nearest $1,000 if a multiple of salary).

7. Are the voluntary spouse life rates based on age of the spouse or the employee?

8. Please confirm the proposed Dependent Child limiting age.

9. Please confirm if the voluntary life premium charges straddle the costs based on the IRS Premium Table rates as noted in the IRS Publication 15-B.

10. What billing options are available (i.e., self, list, online, other)?

11. What methods for claim initiation are available?

12. Is a claims manager assigned on a case-by-case basis or is one claims manager specifically assigned to the group?

13. Are additional value added programs offered with the Basic Life (i.e., Will Preparation, Beneficiary Assistance, Life Assistance Program, etc.)?

24. Questionnaire - Health Saving Accounts

1. How are fees established?

2. Are employee fees based on the amount in accounts or on how much is contributed monthly?

3. Could the payment for the monthly fee be split between the employer and employee?

4. Could employees pay fees directly or must they pay out of the HSA?

5. Do employees have access to price transparency information and health care quality comparison tools?

6. Does the account trustee/custodian provide phone or Web counseling to help employees review and minimize their spending?

7. Does the vendor prepare annual IRS reports for the employer?

8. Does the vendor aid with comparability rules for employer contributions?

9. Does the vendor offer checks or a debit card for HSA payments or withdrawals?

10. Does the account trustee/custodian impose limits on the number of distributions that employees can take for a specific period of time?

25. RFP Attachment

All documents being included with this RFP will be attached to this section. Attachments include:

1. Full Population Census -
2. Medical Census -
3. Dental Census -
4. Vision Census -
5. Basic Life Census
6. Voluntary Life Census
7. EAP Census
8. HSA Census -
9. FSA Census -
10. Medical Claims Experience and Enrollment Data -
11. Medical High Claims Experience -
12. Dental Claims Experience and Enrollment Data -
13. Life Insurance Claims Experience
14. EAP Utilization Data
15. Medical Provider Disruption Analysis -
16. Dental Provider Disruption Analysis -
17. Vision Provider Disruption Analysis -
18. Medical Formulary Disruption Analysis -
19. Medical Benefit Summaries -
20. Dental Benefit Summaries -
21. Vision Benefit Summaries -
22. Life Insurance Benefit Summaries -
23. Employee Assistance Program Benefit Summary -
24. Agent of Record Letter -

Exhibit F
Sample Work Product & Analytical Reports

Sample
Medical RFP Evaluation
Effective Date: October 1, 20XX

Sample Plan Comparison

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

		Current						Option #1 - FMIT				
Schedule of Benefits		**PRM - Florida Blue - Plan 03359**		**PRM - Florida Blue - Plan 05168/9 - HSA**		**PRM - Florida Blue - Plan 05901**		**FMIT - UHC - Plan 14**		**FMIT - UHC - HSA*** **		**FMIT - UHC - Plan 10**
Deductible (DED)		*In Network*	*Out of Network*	*In Network*	*Out of Network*	*In Network*	*Out of Network*	*In Network*	*Out of Network*	*In Network*	*Out of Network*	*In Network Only*
Individual Deductible		$1,000	$1,000	$1,500	$3,000	$2,000	$6,000	$1,000	$1,000	$1,500	$3,000	**$2,500**
Family Deductible		$3,000	$3,000	$3,000	$6,000	N/A*	N/A*	**$2,000**	**$2,000**	$3,000	$6,000	$5,000
Out of Pocket Maximum												
Single		$3,000	$5,000	$1,500	$6,000	$6,350	$12,800	**$4,000**	**$6,000**	$1,500	$6,000	**$6,000**
Family		$6,000	$10,000	$3,000	$12,000	$12,700	$25,600	**$8,000**	**$12,000**	$3,000	$12,000	**$12,000**
Member Coinsurance		20%	40%	0%	20%	50%	50%	20%	**30%**	0%	20%	**20%**
Non-Hospital Services												
Physician Office Visit Copay		$20	40% after DED	DED	20% after DED	$35	50% after DED	**$25**	**30% after DED**	DED	20% after DED	**$20**
Specialist Office Visit Copay		$35	40% after DED	DED	20% after DED	$75	50% after DED	**$50**	**30% after DED**	DED	20% after DED	**$40/$80**
Preventive Services		No charge	40%	No Charge	20%	No Charge	50%	No Charge	**Not Available**	No Charge	20%	No Charge
Independent Clinical Lab		No charge	40% after DED	DED	20% after DED	No Charge	50% after DED	No Charge	**30% after DED**	DED	20% after DED	**20% after Ded**
Advanced Imaging (MRI, PET, CT)		$100	40% after DED	DED	20% after DED	$200	50% after DED	20% after DED	**30% after DED**	DED	20% after DED	**20% after DED**
Urgent Care Center		$35	$35	DED	DED	$75	$75	$35	**30% after DED**	DED	DED	**$80**
Hospital Services												
Inpatient Hospital Services		$750	40% after DED	DED	20% after DED	$2,000	50% after DED	20% after DED	**30% after DED**	DED	20% after DED	20% after DED
Outpatient Hospital Services		$200	40% after DED	DED	20% after DED	$300	50% after DED	20% after DED	**30% after DED**	DED	20% after DED	**20% after DED**
Physician Services at Hospital		20% after DED	20% after DED	DED	INN DED	50% after DED	50% after INN DED	20% after DED	**30% after DED**	DED	INN DED	20% after DED
Emergency Room (Per Visit)		$100	$100	DED	DED	50% after DED	50% after INN DED	**$200**	**$200**	DED	DED	**$250**
Mental Health/Substance Abuse Hospital												
Inpatient Services		$750	40% after DED	DED	20% after DED	$2,000	50%	20% after DED	**30% after DED**	DED	20% after DED	20% after DED
Outpatient Services		$35	40% after DED	DED	20% after DED	$300	50%	**$25**	**30% after DED**	DED	20% after DED	**$20**
Prescription Drugs												Rx Drug DED: $100/$200
Generic Drugs		$10	50%	DED	INN DED + Difference b/w INN cost and OON cost	$10	50%	$10	INN Copays + Difference b/w INN cost and OON cost	DED	INN DED + Difference b/w INN cost and OON cost	$10 after DED
Formulary Drugs		$25		DED		$60		**$35**		DED		$35 after DED
Non-Formulary Drugs		$60		DED		$100		$60		DED		$60 after DED
Mail Order - 90 day supply		2x		DED		3x		**2.5x**		DED		**2.5x**
Rates	**Enrollment****											
Employee Only	225 2 0	$616.67		$640.81		$518.10		$575.00		$571.00		$521.18
Employee + Spouse	20 0 0	$1,033.85		$1,074.33		$868.57		$913.77		$919.04		$833.71
Employee + Child(ren)	13 0 0	$981.67		$1,020.13		$824.76		$856.77		$862.03		$782.21
Employee + Family	11 0 0	$1,294.59		$1,345.32		$1,087.66		$1,141.78		$1,075.00		$1,042.36
Monthly Premium	**269 2 0**	**$186,430**		**$1,282**		**$0**		**$171,348**		**$1,142**		**$0**
Annual Premium		**$2,237,159**		**$15,379**		**$0**		**$2,056,176**		**$13,704**		**$0**
$ Increase/(Decrease)		**N/A**		**N/A**		**N/A**		**-$180,984**		**-$1,675**		**$0**
% Increase/(Decrease)		**N/A**		**N/A**		**N/A**		**-8.1%**		**-10.9%**		**0.0%**

Total Monthly Premium	**271**	**$187,712**	**$172,490**
Total Annual Premium		**$2,252,539**	**$2,069,880**
$ Increase/(Decrease)		**N/A**	**-$182,659**
% Increase/(Decrease)		**N/A**	**-8.1%**

*Family contract members enrolled in the 05901 plan must satisfy a Per Person deductible of $2,000 in network and $6,000 out of network.

***FMIT Stated that the HSA Plan Design will match current plan design.

**Other Florida Blue plans available through PRM's proposal.

**Enrollment includes COBRA and Retiree Participants.

SAMPLE CLIENT

Claims Experience Report - Florida Blue

July 2020 - Current

Sample Fully-Insured Claims Experience

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

HMO	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	**$ 1,071,794**	$ 24,358	$ 184,107	$ 200,078	$ 219,406	$ 140,323	$ 312,761	**$ 1,081,033**	101%	1,312	67	42	275	**1,696**	**$ 637.40**
August-20	**$ 1,247,742**	$ 24,056	$ 267,756	$ 246,567	$ 205,742	$ 126,335	$ 301,410	**$ 1,171,865**	94%	1,301	66	43	277	**1,687**	**$ 694.64**
September-20	**$ 1,170,752**	$ 23,331	$ 269,103	$ 260,336	$ 160,970	$ 122,028	$ 382,579	**$ 1,218,346**	104%	1,218	67	43	258	**1,586**	**$ 768.19**
October-20	**$ 1,198,047**	$ 23,686	$ 82,407	$ 206,873	$ 224,707	$ 119,504	$ 262,968	**$ 920,145**	77%	1,242	69	47	255	**1,613**	**$ 570.46**
November-20	**$ 1,177,794**	$ 23,445	$ 322,740	$ 227,903	$ 208,161	$ 106,915	$ 284,392	**$ 1,173,556**	100%	1,224	69	46	256	**1,595**	**$ 735.77**
December-20	**$ 1,186,536**	$ 23,685	$ 522,862	$ 226,543	$ 199,119	$ 128,232	$ 298,511	**$ 1,398,950**	118%	1,227	69	48	257	**1,601**	**$ 873.80**
January-21	**$ 1,168,353**	$ 23,226	$ 135,643	$ 148,433	$ 148,135	$ 105,117	$ 271,566	**$ 832,120**	71%	1,223	73	50	250	**1,596**	**$ 521.38**
February-21	**$ 1,182,370**	$ 23,709	$ 125,936	$ 148,189	$ 145,837	$ 138,878	$ 271,093	**$ 853,642**	72%	1,213	73	51	249	**1,586**	**$ 538.24**
March-21															
April-21															
May-21															
June-21															
2020-2021	**$ 9,403,389**	**$ 189,496**	**$ 1,910,553**	**$ 1,664,921**	**$ 1,512,077**	**$ 987,332**	**$ 2,385,279**	**$ 8,649,657**	**92%**	**9,960**	**553**	**370**	**2,077**	**12,960**	**$ 667.41**

HDHP	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	**$ 78,352**	$ 120	$ -	$ 27,266	$ 6,770	$ 7,433	$ 28,149	**$ 69,738**	89%	112	10	4	13	**139**	**$ 501.71**
August-20	**$ 91,701**	$ 125	$ -	$ 4,672	$ 33,323	$ 5,011	$ 3,840	**$ 46,971**	51%	114	10	5	13	**142**	**$ 330.78**
September-20	**$ 89,828**	$ 145	$ 10,336	$ 2,931	$ 49,064	$ 5,010	$ 4,443	**$ 71,929**	80%	109	10	6	12	**137**	**$ 525.03**
October-20	**$ 97,209**	$ 149	$ -	$ 10,352	$ 50,921	$ 3,660	$ 9,736	**$ 74,816**	77%	118	11	6	13	**148**	**$ 505.51**
November-20	**$ 97,765**	$ 160	$ -	$ 4,645	$ 36,777	$ 4,829	$ 5,605	**$ 52,016**	53%	119	12	6	13	**150**	**$ 346.77**
December-20	**$ 99,740**	$ 166	$ -	$ 24,334	$ 36,943	$ 8,325	$ 6,587	**$ 76,354**	77%	121	11	6	13	**151**	**$ 505.66**
January-21	**$ 98,597**	$ 166	$ 21,622	$ 4,503	$ 9,910	$ 5,752	$ 7,134	**$ 49,086**	50%	120	11	7	13	**151**	**$ 325.07**
February-21	**$ 97,341**	$ 168	$ -	$ 3,875	$ 30,048	$ 4,366	$ 3,852	**$ 42,309**	43%	121	11	7	12	**151**	**$ 280.20**
March-21															
April-21															
May-21															
June-21															
2020-2021	**$ 750,532**	**$ 1,198**	**$ 31,958**	**$ 82,578**	**$ 253,756**	**$ 44,385**	**$ 69,345**	**$ 483,220**	**64%**	**934**	**86**	**47**	**102**	**1,169**	**$ 413.36**

PPO	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	**$ 175,098**	$ 395	$ 138,527	$ 17,929	$ 53,249	$ 46,632	$ 137,857	**$ 394,590**	225%	207	6	6	28	**247**	**$ 1,597.53**
August-20	**$ 204,731**	$ 375	$ 42,569	$ 29,801	$ 71,078	$ 74,148	$ 116,527	**$ 334,499**	163%	205	6	6	28	**245**	**$ 1,365.30**
September-20	**$ 195,851**	$ 3,134	$ 3,344	$ 22,796	$ 47,110	$ 59,175	$ 135,429	**$ 270,989**	138%	196	6	5	25	**232**	**$ 1,168.06**
October-20	**$ 199,705**	$ 3,144	$ 1,408	$ 29,333	$ 59,370	$ 52,368	$ 92,585	**$ 238,209**	119%	202	7	5	24	**238**	**$ 1,000.88**
November-20	**$ 194,438**	$ 428	$ 12,775	$ 27,933	$ 50,201	$ 20,766	$ 136,324	**$ 248,428**	128%	200	8	7	22	**237**	**$ 1,048.22**
December-20	**$ 193,990**	$ (2,264)	$ 54,480	$ 27,790	$ 43,017	$ 27,508	$ 145,735	**$ 296,267**	153%	198	8	6	22	**234**	**$ 1,266.10**
January-21	**$ 187,723**	$ 410	$ (373,819)	$ 21,121	$ 32,783	$ 22,714	$ 99,047	**$ (197,743)**	-105%	196	11	5	18	**230**	**$ (859.75)**
February-21	**$ 190,080**	$ 423	$ 837,001	$ 41,222	$ 39,784	$ 119,935	$ 88,986	**$ 1,127,350**	593%	196	12	5	18	**231**	**$ 4,880.30**
March-21															
April-21															
May-21															
June-21															
2020-2021	**$ 1,541,616**	**$ 6,046**	**$ 716,286**	**$ 217,926**	**$ 396,594**	**$ 423,247**	**$ 952,490**	**$ 2,712,588**	**176%**	**1,600**	**64**	**45**	**185**	**1,894**	**$ 1,432.20**

SAMPLE CLIENT
Cigna - ASO Only
Plan Year: January 1, 2020 - December 31, 2020

Sample Self-Insured Claims Dashboard

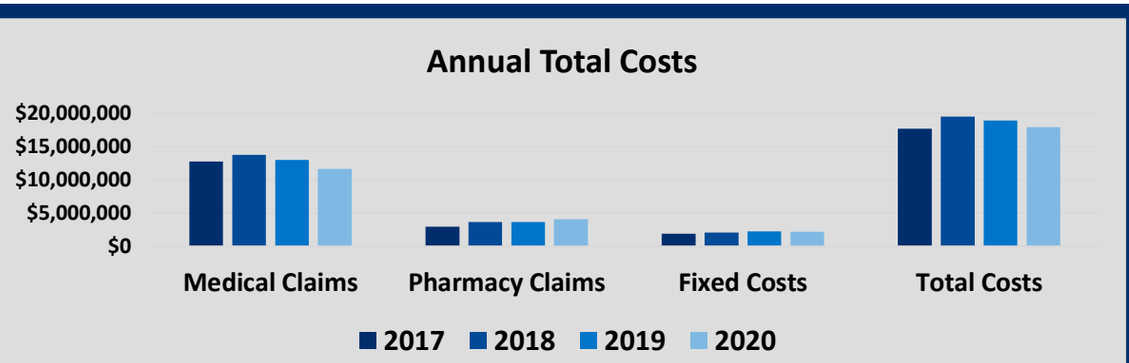
GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

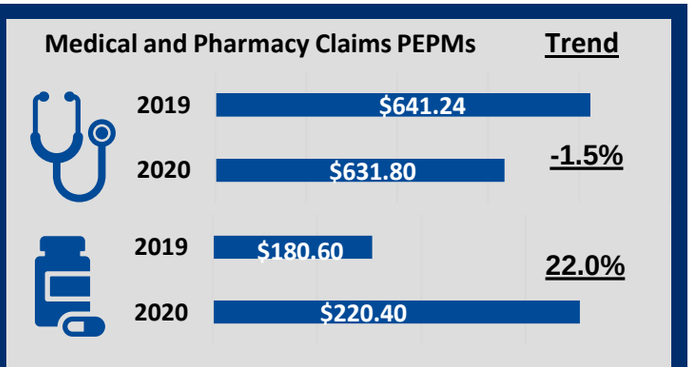
Date	Total Plan Funding	Administration & Network Fees	Stop Loss Fees ($250k/$350k)	Medical Claims	Pharmacy Claims	Actual Paid Claims[1]	Total Plan Cost	Reserve Account	Total EEs	Claims/ EE/ Month
January-20	$ 1,760,891	$ 80,933	$ 119,788	$ 902,528	$ 342,814	$ 1,245,342	$ 1,446,063	$ 314,827	1,696	$ 734.28
February-20	$ 1,752,582	$ 80,599	$ 119,294	$ 1,503,195	$ 253,951	$ 1,757,146	$ 1,957,039	$ (204,458)	1,689	$ 1,040.35
March-20	$ 1,751,034	$ 80,742	$ 119,506	$ 1,208,426	$ 380,649	$ 1,589,074	$ 1,789,323	$ (38,288)	1,692	$ 939.17
April-20	$ 1,756,356	$ 80,838	$ 119,647	$ 627,530	$ 415,574	$ 1,043,104	$ 1,243,589	$ 512,767	1,694	$ 615.76
May-20	$ 1,748,844	$ 80,551	$ 119,223	$ 665,959	$ 342,796	$ 1,008,755	$ 1,208,530	$ 540,314	1,688	$ 597.60
June-20	$ 1,736,761	$ 79,979	$ 118,376	$ 1,053,841	$ 383,094	$ 1,436,936	$ 1,635,290	$ 101,471	1,676	$ 857.36
July-20	$ 1,727,307	$ 79,502	$ 117,670	$ 1,260,804	$ 371,177	$ 1,631,981	$ 1,829,152	$ (101,845)	1,666	$ 979.58
August-20	$ 1,721,881	$ 79,072	$ 117,034	$ 1,167,628	$ 347,532	$ 1,515,160	$ 1,711,266	$ 10,615	1,657	$ 914.40
September-20	$ 1,725,403	$ 79,072	$ 117,034	$ 1,158,853	$ 409,560	$ 1,568,413	$ 1,764,519	$ (39,117)	1,657	$ 946.54
October-20	$ 1,731,447	$ 79,263	$ 117,316	$ 1,166,530	$ 347,207	$ 1,513,737	$ 1,710,317	$ 21,130	1,661	$ 911.34
November-20	$ 1,734,534	$ 79,597	$ 117,811	$ 937,681	$ 470,637	$ 1,408,318	$ 1,605,726	$ 128,808	1,668	$ 844.32
December-20										
							Pharmacy Rebates[2]	$ 900,950		
							Reserve Transfer[3]	$ 92,279		
Annual Total	$ 19,147,040	$ 880,148	$ 1,302,700	$ 11,652,975	$ 4,064,992	$ 15,717,966	$ 17,900,814	$ 2,239,455	18,444	$ 852.20
Rolling 12 Months	$ 20,842,359	$ 960,159	$ 1,412,242	$ 12,840,490	$ 4,407,114	$ 17,247,604	$ 19,620,005	$ 1,222,354	20,150	$ 855.96

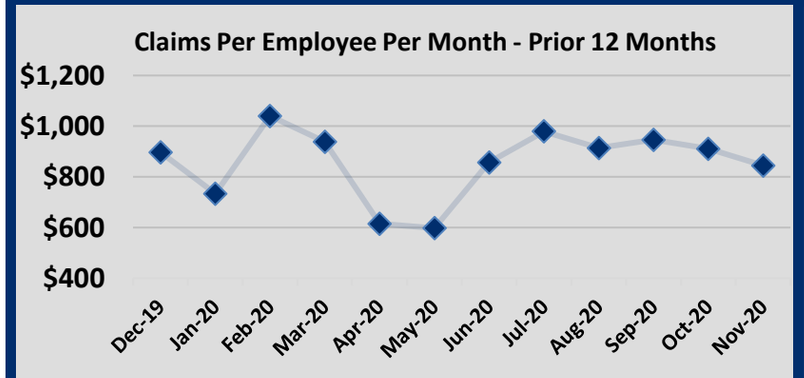
[1] *Actual claims only include claims up to the stop loss limit*
[2] *Pharmacy Rebates paid to xxxxxxxxxxxx in 2020. Rebates are included in Annual Reserve Account Total and excluded from the Rolling 12 Reserve Account Total*
[3] *Reserve Transfer is included in Annual Reserve Account Total and excluded from the Rolling 12 Reserve Account Total*

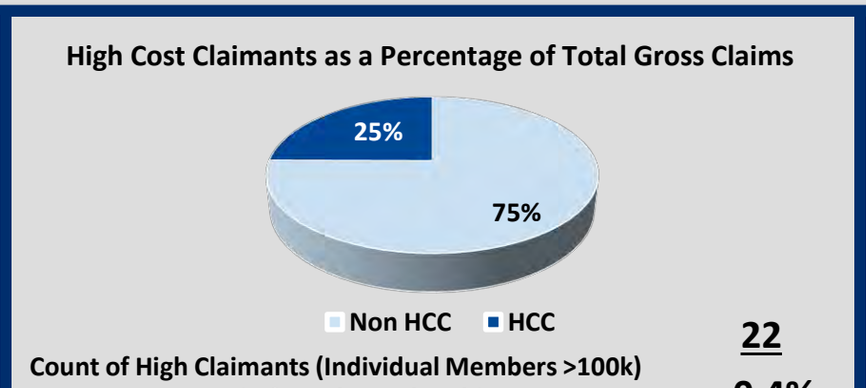
Plan Cost to Funding Ratio

93%









Count of High Claimants (Individual Members >100k) **22**
% of Total Membership **0.4%**

Total Medical/Rx Net Claims PEPM
2019 vs. 2020 Plan Year
3.7% Increase

Average Enrollment Change
-0.9% Decrease

Financial Performance
$2,239,455 Surplus

High Cost Claimant

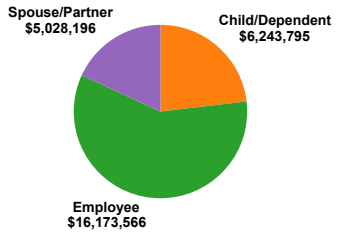
Filters:	Show Only Claimants	Demographic Type	Group Code	Plan Code	Cohort Selection
	Over $100,000	Relationship	All	All	None

SAMPLE CITY - 1,600 Employees

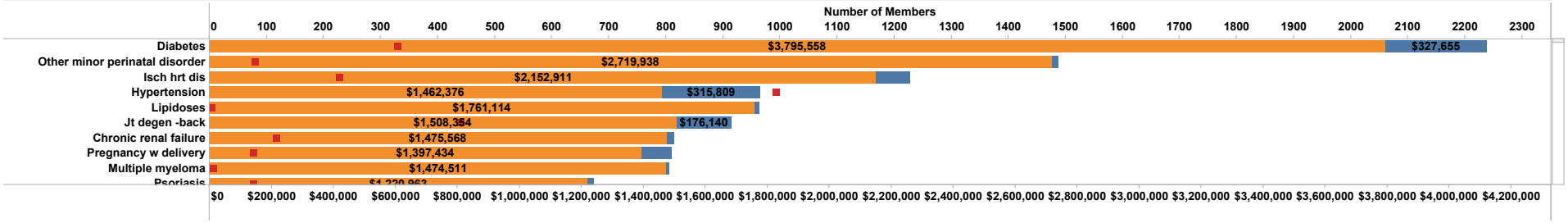
High Cost Member List - *(Only Members Over $100,000) (Red = No Longer Enrolled)*

Member	Gender	Relationshiptype	Currently Enrolled?	Age	Plan Paid	Member Paid	Retrospective Risk	Prospective Risk	Actuarial Risk
Member 1	M	Employee	Yes	54	$1,002,658	$8,640	25	25	25
Member 2	M	Child/Dependent	Yes	0	$960,015	$2,586	25	25	25
Member 3	M	*	No	2	$944,009	$3,800	25	24	23
Member 4	F	Child/Dependent	No	16	$935,639	$7,574	20	20	20
Member 5	F	Child/Dependent	No	18	$843,494	$7,662	20	21	21
Member 6	F	Child/Dependent	No	0	$813,102	$2,500	25	24	24
Member 7	M	Spouse/Partner	Yes	59	$666,604	$5,542	25	25	25
Member 8	M	Employee	Yes	49	$642,602	$3,972	25	24	24
Member 9	M	Employee	Yes	58	$563,855	$11,451	25	24	24
Member 10	F	Employee	No	62	$432,861	$5,712	25	25	25
Member 11	F	Employee	Yes	60	$423,614	$3,251	23	23	22
Member 12	M	Child/Dependent	Yes	20	$378,902	$4,839	21	21	20
Member 13	M	Employee	Yes	43	$376,599	$10,987	25	25	25
Member 14	F	Employee	Yes	57	$340,618	$8,984	22	22	22
Member 15	M	Employee	Yes	69	$323,166	$3,844	19	21	21
Member 16	M	*	No	53	$315,242	$6,591	24	24	24
Member 17	M	Spouse/Partner	Yes	65	$304,930	$6,016	25	25	25

Total Cost by Relationship - *(Only Members Over $100,000)*



Conditions



Incurred Filter On/Off	Incurred Start Date	Incurred End Date	Paid Filter On/Off	Paid Start Date	Paid End Date
On	Jan, 2016	Jan, 2020	Off	Jan, 2016	Mar, 2020

SAMPLE SELF INSURED CLAIMS EXPERIENCE REPORT

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Medical Claims Experience
Report January 1, 20XX - Current

PLAN TOTAL COMBINED	Monthly Funding	In-Network	Out-of-Network	Capitation	Pharmacy	Total Claims	Cigna ASO Payment	Individual Stop Loss Premium	Aggregate Stop Loss Premium	Total Plan Cost	Surplus/ (Deficit)	Loss Ratio	EE	EE+1	EE+F	Total	Claims/EE/ Month
January-XX	**$ 389,889**	$ 353,092	$ 426	$ 13,736	$ 22,352	$ 389,607	$ 22,641	$ 68,602	$ 3,903	$ 484,753	$ (94,864)	99.9%	126	78	136	**340**	$ 1,145.90
February-XX	**$ 389,758**	$ 207,696	$ (1,086)	$ 14,590	$ 40,825	$ 262,025	$ 22,575	$ 68,400	$ 3,892	$ 356,892	$ 32,866	67.2%	126	75	138	**339**	$ 772.94
March-XX	**$ 390,456**	$ 322,718	$ 1,460	$ 14,535	$ 57,956	$ 396,669	$ 22,641	$ 68,602	$ 3,903	$ 491,814	$ (101,358)	101.6%	127	75	138	**340**	$ 1,166.67
April-XX	**$ 386,941**	$ 184,200	$ 2,468	$ 14,644	$ 79,638	$ 280,950	$ 22,441	$ 67,996	$ 3,869	$ 375,256	$ 11,686	72.6%	126	74	137	**337**	$ 833.68
May-XX	**$ 385,266**	$ 248,362	$ 635	$ 14,464	$ 81,035	$ 344,497	$ 22,441	$ 67,996	$ 3,869	$ 438,802	$ (53,536)	89.4%	127	75	135	**337**	$ 1,022.24
June-XX	**$ 390,629**	$ 294,583	$ 1,378	$ 14,742	$ 84,306	$ 395,010	$ 22,705	$ 68,804	$ 3,915	$ 490,434	$ (99,805)	101.1%	126	80	135	**341**	$ 1,158.39
July-XX	**$ 385,612**	$ 173,423	$ 1,245	$ 14,650	$ 90,287	$ 279,604	$ 22,572	$ 68,400	$ 3,892	$ 374,468	$ 11,144	72.5%	127	81	131	**339**	$ 824.79
August-XX	**$ 388,991**	$ 293,427	$ 386	$ 14,292	$ 92,804	$ 400,909	$ 22,772	$ 69,005	$ 3,926	$ 496,612	$ (107,621)	103.1%	129	80	133	**342**	$ 1,172.25
September-XX	**$ 386,752**	$ 176,929	$ (230)	$ 15,291	$ 95,748	$ 287,738	$ 22,639	$ 68,602	$ 3,903	$ 382,881	$ 3,871	74.4%	128	80	132	**340**	$ 846.29
October-XX	**$ 383,810**	$ 290,123	$ 44	$ 15,454	$ 101,483	$ 407,103	$ 22,506	$ 68,198	$ 3,880	$ 501,688	$ (117,878)	106.1%	127	81	130	**338**	$ 1,204.45
November-XX	**$ 388,284**	$ 398,281	$ 695	$ 19,605	$ 81,620	$ 500,202	$ 22,840	$ 69,207	$ 3,938	$ 596,186	$ (207,902)	128.8%	130	82	131	**343**	$ 1,458.31
December-XX	**$ 388,284**	$ 326,466	$ 427	$ 14,483	$ 106,719	$ 448,095	$ 22,840	$ 69,207	$ 3,938	$ 544,080	$ (155,795)	115.4%	130	82	131	**343**	$ 1,306.40
20XX Plan Year	**$ 4,654,674**	**$ 3,269,300**	**$ 7,847**	**$ 180,487**	**$ 934,775**	**$ 4,392,409**	**$ 271,612**	**$ 823,020**	**$ 46,827**	**$ 5,533,867**	**$ (879,193)**	**94.4%**	**1,529**	**943**	**1,607**	**4,079**	**$ 1,076.83**

**Actual claims only include claims up to the Stop Loss limit*

Sample County
Claims Experience Report - Florida Blue
2018 - 2019 Plan Year

SAMPLE MINIMUM PREMIUM CLAIMS EXPERIENCE

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Base BO Plan	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation[1]	EE	EE+F	Total	Claims PEPM
October-18	$ 311,533	$ 80,763	$ 55,012	$ 8,844	$ 42,491	**$ 187,110**	$ 25,620	$ 31,721	$ 244,451	**$ 67,082**	412	76	**488**	$ 383.42
November-18	$ 313,742	$ 56,448	$ 59,599	$ 6,362	$ 44,471	**$ 166,880**	$ 25,778	$ 31,956	$ 224,613	**$ 89,129**	414	77	**491**	$ 339.88
December-18	$ 318,713	$ 37,347	$ 40,577	$ 9,547	$ 31,521	**$ 118,993**	$ 26,198	$ 32,457	$ 177,648	**$ 141,065**	421	78	**499**	$ 238.46
January-19	$ 318,161	$ 23,946	$ 23,108	$ 6,992	$ 50,678	**$ 104,725**	$ 26,198	$ 32,384	$ 163,306	**$ 154,855**	422	77	**499**	$ 209.87
February-19	$ 317,056	$ 20,707	$ 12,321	$ 6,501	$ 37,513	**$ 77,042**	$ 26,093	$ 32,277	$ 135,411	**$ 181,645**	420	77	**497**	$ 155.01
March-19	$ 314,294	$ 26,065	$ 12,924	$ 9,019	$ 34,506	**$ 82,514**	$ 25,830	$ 32,009	$ 140,353	**$ 173,941**	415	77	**492**	$ 167.71
April-19	$ 317,056	$ 21,394	$ 14,910	$ 6,951	$ 35,040	**$ 78,295**	$ 25,988	$ 32,317	$ 136,599	**$ 180,457**	416	79	**495**	$ 158.17
May-19	$ 319,818	$ 49,349	$ 19,849	$ 8,573	$ 53,250	**$ 131,021**	$ 26,145	$ 32,625	$ 189,791	**$ 130,027**	417	81	**498**	$ 263.09
June-19	$ 320,370	$ 139,732	$ 34,314	$ 7,995	$ 22,039	**$ 204,080**	$ 26,198	$ 32,679	$ 262,956	**$ 57,415**	418	81	**499**	$ 408.98
July-19	$ 317,609	$ 76,403	$ 41,630	$ 13,137	$ 41,740	**$ 172,910**	$ 25,988	$ 32,391	$ 231,289	**$ 86,320**	415	80	**495**	$ 349.31
August-19	$ 318,713	$ 33,115	$ 27,590	$ 17,176	$ 38,625	**$ 116,506**	$ 26,093	$ 32,498	$ 175,097	**$ 143,617**	417	80	**497**	$ 234.42
September-19	$ 321,475	$ 113,681	$ 40,507	$ 13,976	$ 29,798	**$ 197,962**	$ 26,355	$ 32,765	$ 257,083	**$ 64,392**	422	80	**502**	$ 394.35
2018-2019	**$ 3,808,541**	**$ 678,950**	**$ 382,343**	**$ 115,073**	**$ 461,672**	**$ 1,638,038**	**$ 312,480**	**$ 388,078**	**$ 2,338,596**	**$ 1,469,945**	**5,009**	**943**	**5,952**	**$ 275.21**
Single	$ 552.36						$ 52.50	$ 53.52						
Family	$ 1,104.74						$ 52.50	$ 127.25						

Buy-Up BO Plan	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation[1]	EE	EE+F	Total	Claims PEPM
October-18	$ 176,817	$ 132,764	$ 29,524	$ 21,769	$ 47,223	**$ 231,279**	$ 12,495	$ 16,645	$ 260,420	**$ (83,602)**	185	53	**238**	$ 971.76
November-18	$ 175,602	$ 90,696	$ 26,973	$ 14,685	$ 46,310	**$ 178,665**	$ 12,443	$ 16,518	$ 207,625	**$ (32,023)**	185	52	**237**	$ 753.86
December-18	$ 175,602	$ 78,279	$ 82,439	$ 8,413	$ 48,595	**$ 217,726**	$ 12,443	$ 16,518	$ 246,686	**$ (71,084)**	185	52	**237**	$ 918.67
January-19	$ 172,564	$ 127,769	$ 33,637	$ 6,426	$ 51,410	**$ 219,242**	$ 12,338	$ 16,190	$ 247,769	**$ (75,205)**	186	49	**235**	$ 932.94
February-19	$ 173,172	$ 27,352	$ 21,495	$ 8,311	$ 45,347	**$ 102,504**	$ 12,443	$ 16,223	$ 131,170	**$ 42,002**	189	48	**237**	$ 432.51
March-19	$ 174,387	$ 124,865	$ 26,370	$ 4,955	$ 34,054	**$ 190,245**	$ 12,495	$ 16,351	$ 219,090	**$ (44,703)**	189	49	**238**	$ 799.35
April-19	$ 177,425	$ 156,462	$ 25,251	$ 3,768	$ 45,920	**$ 231,401**	$ 12,705	$ 16,638	$ 260,744	**$ (83,319)**	192	50	**242**	$ 956.20
May-19	$ 179,856	$ 55,741	$ 29,622	$ 7,399	$ 49,419	**$ 142,181**	$ 12,810	$ 16,893	$ 171,884	**$ 7,972**	192	52	**244**	$ 582.71
June-19	$ 181,678	$ 81,324	$ 66,402	$ 9,477	$ 38,247	**$ 195,450**	$ 12,915	$ 17,074	$ 225,439	**$ (43,760)**	193	53	**246**	$ 794.51
July-19	$ 178,640	$ 80,555	$ 44,881	$ 15,015	$ 34,602	**$ 175,054**	$ 12,653	$ 16,806	$ 204,513	**$ (25,872)**	188	53	**241**	$ 726.37
August-19	$ 179,248	$ 57,458	$ 36,680	$ 15,322	$ 35,000	**$ 144,460**	$ 12,653	$ 16,880	$ 173,992	**$ 5,256**	187	54	**241**	$ 599.42
September-19	$ 178,033	$ 57,699	$ 18,870	$ 8,477	$ 32,425	**$ 117,471**	$ 12,548	$ 16,773	$ 146,791	**$ 31,242**	185	54	**239**	$ 491.51
2018-2019	**$ 2,123,024**	**$ 1,070,965**	**$ 442,142**	**$ 124,018**	**$ 508,552**	**$ 2,145,677**	**$ 150,938**	**$ 199,509**	**$ 2,496,124**	**$ (373,099)**	**2,256**	**619**	**2,875**	**$ 746.32**
Single	$ 607.62						$ 52.50	$ 53.52						
Family	$ 1,215.24						$ 52.50	$ 127.25						

TOTAL	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation[1]	EE	EE+F	Total	Claims PEPM
October-18	$ 488,350	$ 213,527	$ 84,536	$ 30,613	$ 89,714	**$ 418,389**	$ 38,115	$ 48,367	$ 504,871	**$ (16,521)**	597	129	**726**	$ 576.29
November-18	$ 489,344	$ 147,144	$ 86,572	$ 21,047	$ 90,781	**$ 345,544**	$ 38,220	$ 48,474	$ 432,238	**$ 57,106**	599	129	**728**	$ 474.65
December-18	$ 494,315	$ 115,626	$ 123,016	$ 17,961	$ 80,116	**$ 336,719**	$ 38,640	$ 48,976	$ 424,335	**$ 69,981**	606	130	**736**	$ 457.50
January-19	$ 490,725	$ 151,716	$ 56,745	$ 13,418	$ 102,088	**$ 323,967**	$ 38,535	$ 48,574	$ 411,075	**$ 79,650**	608	126	**734**	$ 441.37
February-19	$ 490,228	$ 48,059	$ 33,816	$ 14,812	$ 82,859	**$ 179,546**	$ 38,535	$ 48,500	$ 266,581	**$ 223,647**	609	125	**734**	$ 244.61
March-19	$ 488,681	$ 150,930	$ 39,294	$ 13,975	$ 68,560	**$ 272,759**	$ 38,325	$ 48,360	$ 359,443	**$ 129,238**	604	126	**730**	$ 373.64
April-19	$ 494,481	$ 177,857	$ 40,161	$ 10,719	$ 80,959	**$ 309,696**	$ 38,693	$ 48,955	$ 397,344	**$ 97,138**	608	129	**737**	$ 420.21
May-19	$ 499,674	$ 105,090	$ 49,471	$ 15,972	$ 102,669	**$ 273,202**	$ 38,955	$ 49,518	$ 361,675	**$ 137,999**	609	133	**742**	$ 368.20
June-19	$ 502,049	$ 221,056	$ 100,715	$ 17,472	$ 60,287	**$ 399,530**	$ 39,113	$ 49,752	$ 488,395	**$ 13,654**	611	134	**745**	$ 536.28
July-19	$ 496,249	$ 156,958	$ 86,511	$ 28,152	$ 76,343	**$ 347,965**	$ 38,640	$ 49,197	$ 435,801	**$ 60,448**	603	133	**736**	$ 472.78
August-19	$ 497,961	$ 90,573	$ 64,270	$ 32,498	$ 73,625	**$ 260,966**	$ 38,745	$ 49,378	$ 349,089	**$ 148,872**	604	134	**738**	$ 353.61
September-19	$ 499,508	$ 171,380	$ 59,377	$ 22,453	$ 62,223	**$ 315,433**	$ 38,903	$ 49,538	$ 403,874	**$ 95,634**	607	134	**741**	$ 425.69
Estimated Stop Loss Reimbursement (Claims Exceeding $200,000)										**$ 35,649**				
2018-2019	**$ 5,931,565**	**$ 1,749,915**	**$ 824,485**	**$ 239,091**	**$ 970,224**	**$ 3,783,715**	**$ 463,418**	**$ 587,587**	**$ 4,834,720**	**$ 1,132,494**	**7,265**	**1,562**	**8,827**	**$ 428.65**

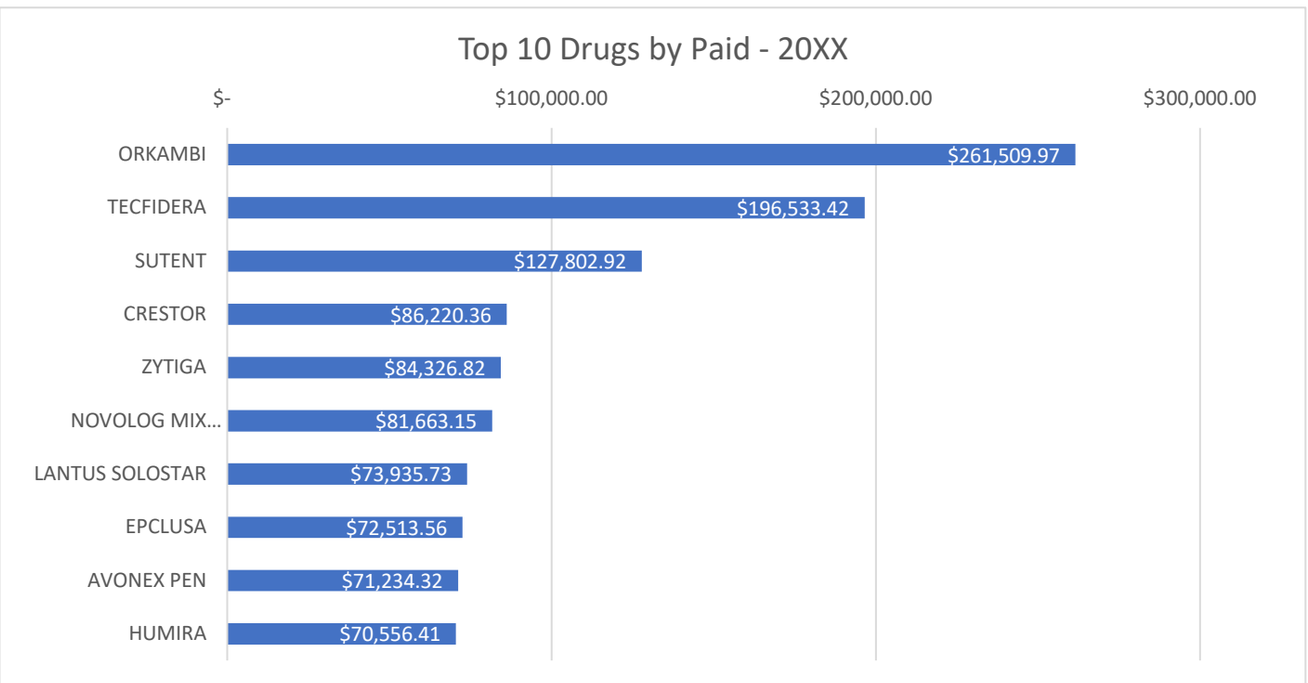
(1) Reserves for Rolling 12 Months excludes Stop Loss Reimbursement.

Sample Client
Claims Experience Detail
Paid Period: January - December 20XX

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Top 10 Drugs - 2016 Calendar Year

Rank By Paid	Name	Plan Paid	Prior	Change	# Rx	# Members	Average Cost/Member	Condition
1	ORKAMBI	$ 261,509.97	$ 121,635.90	115%	13	1	$ 261,509.97	Cystic Fibrosis
2	TECFIDERA	$ 196,533.42	$ 184,304.46	7%	33	3	$ 65,511.14	Multiple Sclerosis
3	SUTENT	$ 127,802.92	$ 69,633.29	84%	9	1	$ 127,802.92	Renal/Gastro/Pancreatic Cancer
4	CRESTOR	$ 86,220.36	$ 96,376.37	-11%	361	77	$ 1,119.74	High Cholesterol
5	ZYTIGA	$ 84,326.82	$ 40,138.74	110%	10	1	$ 84,326.82	Prostate Cancer
6	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	$ 81,663.15	$ 77,917.86	5%	67	14	$ 5,833.08	Diabetes
7	LANTUS SOLOSTAR	$ 73,935.73	$ 84,196.65	-12%	168	28	$ 2,640.56	Diabetes
8	EPCLUSA	$ 72,513.56	$ -	0%	3	1	$ 72,513.56	Hepatitis C
9	AVONEX PEN	$ 71,234.32	$ 58,777.95	21%	13	1	$ 71,234.32	Multiple Sclerosis
10	HUMIRA	$ 70,556.41	$ 69,473.90	2%	9	1	$ 70,556.41	Rheumatoid Arthritis
	Top 10 Drugs	**$ 1,126,296.66**	**$ 802,455.12**					
	All Other	**$ 3,327,155.03**	**$ 3,351,428.42**					
	% of Total Rx Claims	**25%**	**19%**					
	% of Total Claims	**8%**	**5%**					



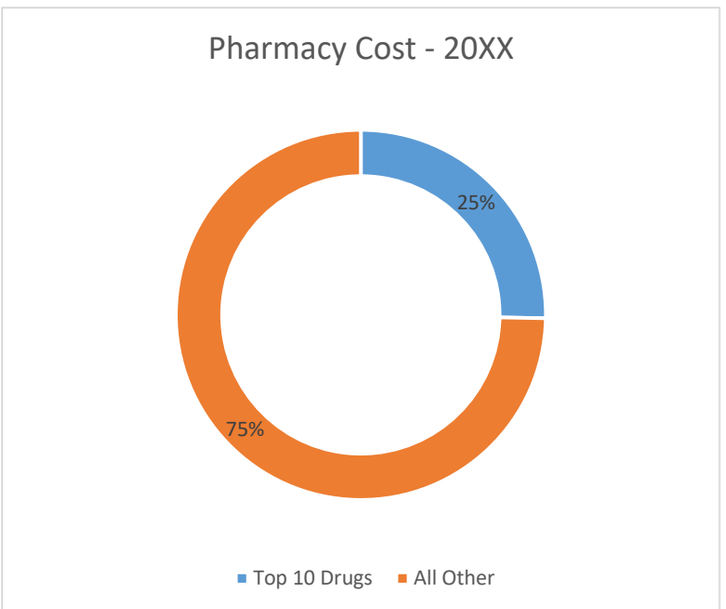


Exhibit G
Sample Client Seminar/Webinar

Outbreak, Vaccine Update, and the Considerations of the American Rescue Plan on Public Sector

Presented by:

Kate Grangard, CFO/COO, Gehring Group

Ben Conley, Partner, Seyfarth Shaw

Ron Kramer, Partner, Seyfarth Shaw

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Outbreak, Vaccine Update, and the Considerations of the American Rescue Plan on Public Sector

Presented by:
Kate Grangard, CFO/COO, Gehring Group
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Agenda

I. Employee Benefits
- Expanded COBRA – Ben Conley
- Dependent Care
- Emergency Paid Sick Leave
- Emergency Family Medical Leave

II. Aid to Individuals

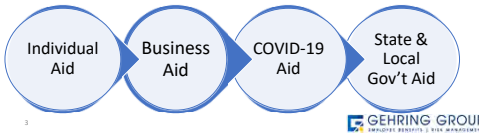
III. Aid to Public Sector
- State & Local Government
- Transportation
- Utilities
- Education

2

2

American Rescue Plan Act (ARPA)

- Reconciliation Act – 628 Pages
  - FEDERAL Minimum Wage provision of $15 removed
  - Passed with Majority on March 11, 2021 – Anniversary of Global Pandemic Declaration
  - $1.9 Trillion
  - Other Major COVID Bills: FFCRA ($192B), CARES Act ($2.2 Trillion), Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) 2021 ($900 Billion)



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The Latest on COVID

- CDC and OSHA Guidance on Vaccination
- Workplace Vaccination Issues
- Benefits Guidance on Testing & Vaccines
- Outbreak Period Update
- American Rescue Plan
- Questions and Answers

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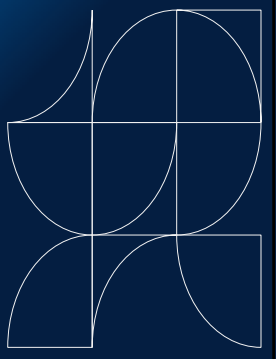
CDC AND OSHA GUIDANCE ON VACCINATIONS



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CDC Guidance on Vaccinations

- Updated March 8, 2021
- People are considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series, or ≥2 weeks after they have received a single-dose vaccine.
- Rationale –
  - Evidence suggests the vaccinated are less likely to be asymptomatic and less likely to be contagious
  - How long protection lasts and how much vaccines protect against COVID variants still under review.

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CDC Guidance on Vaccinations

Fully vaccinated people can:

- Visit with other fully vaccinated people indoors without wearing masks or physical distancing
- Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing
- Refrain from quarantine and testing following a known exposure if asymptomatic

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CDC Guidance on Vaccinations

Fully vaccinated people should continue to:

- Take precautions in public like wearing a mask and physical distancing
- Wear masks, practice physical distancing, and adhere to other prevention measures when visiting with unvaccinated people who are at increased risk for severe COVID disease or who have an unvaccinated household member who is at increased risk for severe COVID-19 disease
- Wear masks, maintain physical distance, and practice other prevention measures when visiting with unvaccinated people from multiple households
- Avoid medium- and large-sized in-person gatherings
- Get tested if experiencing COVID-19 symptoms
- Follow guidance issued by individual employers
- Follow CDC and health department travel requirements and recommendations

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CDC Guidance on Vaccinations

What the CDC Guidance means for work

- Only employee reference is that vaccinated employees who were exposed to the virus need not quarantine, but testing through a workplace screening program is recommended.
- CDC otherwise has not revised or amended its COVID guidance for the workplace.

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OSHA Guidance on Vaccinations

- **OSHA Guidance 1/29/21:**
- Make vaccine available at no cost to employees
- Vaccinated workers must continue to follow protective measures, such as wearing face masks and social distancing, because at this time, there is no evidence that COVID-19 vaccines prevent transmission of the virus from person-to-person.
- Employers should implement COVID-19 Prevention Programs. The most effective programs engage workers and their union or other representatives in the program's development, and include the following: conducting a hazard assessment; identifying a combination of measures that limit the spread of COVID-19; adopting measures to ensure that workers who are infected or potentially infected are separated and sent home; and implementing protections from retaliation for workers who raise COVID-19 related concerns.
- Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace | Occupational Safety and Health Administration (osha.gov)

10

Continue Risk Mitigation Protocols

- Arrival of vaccines does not end the pandemic.
- Employers should maintain COVID-19 mitigation protocols during distribution of the vaccine.
  - These policies may continue for a lengthy period as the vaccine is rolled out to different groups of workers and as employers work through accommodation requests.
- Employers who have operated with, e.g., social distancing, masks, etc., should be able to continue (and may be able to use these procedures as ongoing accommodations for those employees who do not receive a vaccine).

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Workplace Vaccination Issues

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Employer Vaccination Rights

- The EEOC has said all employers can require mandatory vaccines as long the employer:
  i. allows employees to receive the vaccine from a third party that does not have a contract with the employer, and
  ii. follows accommodation requirements under the ADA and Title VII.
- A vaccine is **not** a medical exam and asking employees about whether or not they have been vaccinated is **not** a disability-related inquiry.
  - Note at least one federal court has arguably held to the contrary, holding that inquiring about whether an employee is immune to a disease is a disability-related inquiry.

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Employer Vaccination Rights

- The EEOC identified two scenarios in which an employer can ask pre-screening questions without showing that they are job-related and consistent with business necessity:
  - Voluntary vaccinations: If an employer offers vaccination on a voluntary basis and the decision to answer the pre-screening questions is also voluntary. The employee can choose not to answer, and the only consequence will be that the employee will not receive the vaccine.
  - Mandatory vaccinations: If the employer mandates the COVID vaccine and an employee receives the vaccine from a third party pharmacy or other medical provider with whom the employer does not have a contract.

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EEOC and Vaccinations

Employers must have an accommodation process disability or religious objections

- Potential Accommodations
  - masks, testing, social distancing, working remotely, transfers
  - may be scenarios where accommodation is not possible considering job duties and workplaces
- Undue hardship
  - consider prevalence of employees in workplace who have been vaccinated
  - consider amount of contact person requesting accommodation would have with those whose vaccination status is unknown
- Documentation
  - documentation from medical provider on medical necessity to be excused from vaccine
  - documentation from employee/clergy related to objection to vaccine

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Employer Vaccination Rights

- Mandating vaccinations generally considered a mandatory subject of bargaining for represented employees.
  - PHT of Miami-Dade County, Order Denying Petition, Case No. DS-2016-003 (FPERC 06/28/2016)
- Several states considering bills prohibiting mandatory vaccinations
- Employee morale issues
- Employers generally using information campaigns and in some cases monetary incentives for be vaccinated.

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COVID Passports

- A method to track and verify a person's COVID-related metrics.
  - Can be paper or electronic
- Could be used to confirm contractors, business partners or even customers (e.g. air travel) are vaccinated or COVID-free
- Could be used to assure constituents that your employees are vaccinated
- Could be used to enforce a mandatory employee vaccination requirement, or to verify which employees have been vaccinated to the extent protocols change for vaccinated versus unvaccinated

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COVID Passports

Issues

- Purpose and Intent
- Technology and Data Privacy
- Equity and Accommodation Issues
- Liability and Risk Issues

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Mandatory v. Permissive

- Mandatory versus Voluntary – Pros and Cons of Mandatory Vaccines in the Workplace

Pros -

1. More people will be vaccinated – at least in theory
2. Increased morale for pro-vaccine employees
3. Tell clients and customers you require the vaccine
4. Demonstrates reasonable care

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Mandatory v. Permissive

- Mandatory versus Voluntary – Pros and Cons of Mandatory Vaccines in the Workplace

Cons

1. Unlikely you will have 100% vaccinated workforce
2. Decreased morale for anti-vaccine employees
3. Increased risk of litigation
4. Administering accommodation process
5. Potential workers compensation liability
6. Likely need to pay for time spent being vaccinated and any attendant costs
7. EEOC blesses mandate, but will the states in light of state law.
8. Possible bargaining obligations
9. Need to discipline/terminate otherwise good employees who do not want to be vaccinated.

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Mandatory v. Permissive

- Key Questions

1. Will significantly more employees will be vaccinated if you mandate the vaccine?
2. Are there better ways to encourage vaccination?
3. Is it worth waiting for one or more of the vaccines to be fully approved by the FDA (as opposed to authorized under EUA status) before deciding about a mandate?
4. Does it make sense to see what rules are established for partially vaccinated workplaces?

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Vaccination Issues – Benefits Concerns

22

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Vaccine Rules for Health Plan Participants

- Health plans must cover vaccines *at no cost* for all plan participants.
  - Includes associated costs (injection fee/administration charge)
- During Public Health Emergency, plans must also cover non-network vaccinations with no cost-sharing (priced at reasonable amount based on prevailing market rates)
- Mandate *does not apply to retiree-only plans.* (It does apply to retiree plans bundled with active plans)

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Vaccine Rules for Non-Health Plan Participants

- Voluntary vaccination program for non-health plan participants could create ACA issues (no issue for mandatory programs)
- Solution:
  - Bundle with EAP or onsite clinic
  - Consider HIPAA privacy concerns (still considered subject to HIPAA privacy)

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Incentivizing Vaccines

- ADA Wellness Rules only apply if incentive is limited to persons receiving vaccine through employer (directly or via onsite clinic). (Even if ADA wellness rules do not apply, reasonable accommodation required)
- If ADA applies:
  - Vaccination must be "voluntary"
    - *De minimis?*
    - 30% of cost?
  - ADA notice requirement
  - Reasonable alternative

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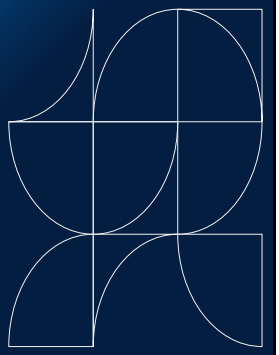
Outbreak Period Update



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Outbreak Period - Refresher

- *What is it?*
  - Due to COVID Outbreak, Agencies created "disregard" period, tolling the following deadlines occurring on or after March 1, 2020:
    - HIPAA Special Enrollment
    - COBRA Election Deadline
    - COBRA Payment Deadline
    - Claim, Appeal, External Review Filing Deadline (including health FSA claim submission deadline)
- *How Long is it?*
  - Shorter of:
    - One Year
    - Declared Public Health Emergency + 60 days

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Outbreak Period – Refresher

- Does the Outbreak Period apply to Public Sector Employers?
  - "CMS will . . . extend similar time frames otherwise applicable to non-Federal governmental group health plans, and their participants and beneficiaries
  - "CMS encourages (but will not require) sponsors of non-Federal governmental plans to provide relief to participants and beneficiaries"
  - "The relief provided by this Bulletin does not apply to health insurance issuers offering individual health insurance coverage."

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Outbreak Period – New Guidance

- Disregard period applies on a person-by-person basis
- *Start date:* Any election "permitted or required" on or after March 1, 2020
- *End date:*
  - Earlier of
    - One year after start *or*
    - Public Health Emergency + 60 days
- Plans should "consider" sending a notice informing of the end of the extension
  - Notice should inform participants of other enrollment options

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Outbreak Period - Examples

- *Polly Pfizer terminates employment on January 29, 2020. Original COBRA election deadline would have been March 30, 2020. What is Polly's new deadline*
- *New Deadline:*
  - *March 30, 2021*
- *The Math:*
  - *Original deadline (March 30, 2020) + Earlier of (1 Year or Public Health Emergency + 60 days)*
- *When is Polly's coverage effective?*
  - *January 29, 2020 (but, consider impact of ARPA)*

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Outbreak Period - Examples

- *Molly Moderna"s employer sponsors a health FSA with a run-out period deadline of March 31 following the year in which the expenses were incurred. Molly has 2019 healthcare expenses. What is her deadline to submit?*
- *New Deadline:*
  - *March 31, 2021*
- *The Math:*
  - *Original deadline (March 31, 2020) + Earlier of (1 Year or Public Health Emergency + 60 days)*

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Outbreak Period - Examples

- *Johnnie Johnson has a baby on June 1, 2021. Johnny doesn't enroll his baby within 30 days, by July 1 (as required by plan). Assume Public Health Emergency expires on March 1, 2022.*
- *New Deadline:*
  - *May 30, 2022*
- *The Math:*
  - *Original deadline + Earlier of (1 Year or Public Health Emergency + 60 days)*

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Outbreak Period – Unanswered Questions

- Does the guidance require continued coverage (subject to retro term if non-payment) *or* termination of coverage (subject to retro reinstatement if election/payment made)
  - Answer may depend on vendor administrative capabilities.
  - Guidance does not directly bind insurance carriers

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American Rescue Plan Act – COBRA Subsidy

34

COBRA Subsidy – Your Questions Answered

- *What is it?*
  - 100% government subsidy of cost of COBRA (102% of actuarial value of coverage)
  - Covers period from April 1, 2021 – September 30, 2021
- *What type of coverage is eligible for subsidy?*
  - Definitely medical
  - Definitely *not* health FSA
  - In 2009, the subsidy also extended to dental & vision – unclear if it will under American Rescue Plan

35

COBRA Subsidy – Your Questions Answered

- *Who is Eligible?*
  - **Timeframe:** Any person still within 18-month COBRA window at any point between April 1, 2021 and September 30, 2021
    - Potentially includes anyone experiencing qualifying event retro to October 2019.
  - **Scope of Qualifying Event:** Only includes employees losing coverage due to involuntary termination (including loss of coverage due to involuntary reduction in hours) + dependents covered at time coverage was lost
  - **Offer of Other Coverage Cuts off Eligibility:** Person who have an open, active offer between April 1 and September 30 lose eligibility for subsidy

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COBRA Subsidy – Your Questions Answered

- *What are the Notice Obligations?*
  - Plan administrator (employer or its delegate) is *required* to send:
    1. Notice of enrollment right
       - New 60 day election window. Extends election right to persons:
         - Whose COBRA election window lapsed or
         - Who previously had coverage but coverage ceased due to nonpayment of premium
         - Coverage would be prospective
    2. Notice when subsidy will terminate (between 45 and 15 days prior to term)
  - Plan administrator *may* send:
    - Notice of special 90 day election window
    - Participants may switch to any other coverage option, excluding:
      - Coverage that is more expensive
      - QSEHRA or Excepted Benefit (e.g., dental or vision)
  - Government will issue model notices no later than March 11

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COBRA Subsidy – Your Questions Answered

- *Where does the Subsidy Come From?*
  - Plan does not collect COBRA premium.
  - Plan can then claim advanced payroll tax credit equal to the full amount of the subsidy.
- *Who Can Claim the Credit?*
  - Fully-insured plans:
    - Carrier claims the credit
  - Self-insured plans:
    - Employer claims the credit

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COBRA Subsidy – Your Questions Answered

- *Do Public Sector Employers Qualify?*
  - Yes
- *How Do (Self-Funded) Public Sector Employers Claim the Tax Credit?*
  - To be determined
  - In 2009, credit was claimed on Form 941
- *Does the COBRA premium subsidy provision apply to employers in Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Commonwealth of the Northern Mariana Islands?*
  - Unclear, but in 2009, yes

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COBRA Subsidy – Your Questions Answered

- *What About the Outbreak Period?*
  - Unclear how the two laws will interact.
  - Will 60 day election window extend to the earlier of 1 year later or end of PHE + 60 days?
  - Will participants be given the option of either electing retro coverage (at their cost) or prospective coverage (subsidized)?
  - Can notices be combined?

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American Rescue Plan Act – Dependent Care Tax Exclusion Increase

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Dependent Care Exclusion More than Doubled

- Typical DCAP Limits:
  - $5,000 (married filing jointly)
  - $2,500 (single, married filing separately)
- 2021 DCAP Limits under ARPA:
  - $10,500 (married filing jointly)
  - $5,250 (single, married filing separately)
- Plan must be amended by end of 2021
- But….Beware the Ides of March
  - Employers that typically fail dependent care FSA testing may just fail by more

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Employee Benefits: EFML

- Extends from March 31, 2021 expiration to September 30, 2021 –
- **EMPLOYER OPT IN IS OPTIONAL**
- Increase amount of max Employee Wages on which Employer can claim a credit - $12k/Employee (from 10k)
  - Increases credit by Employer share of social security & medicare taxes (7.65%)
  - Refundable against Medicare portion of tax due only eff 4/1
- EFML can now be claimed for all reasons previously under EPSL PLUS to receive vaccine or recover from vaccine
- Contiguous 12 weeks – not replenished, only extended

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Employee Benefits: EPSL

- Extends from March 31, 2021 expiration to September 30, 2021 –
- **EMPLOYER OPT IN IS OPTIONAL**
- Max credit for PSL still capped at $511/day for EE own diagnosis, isolation, or quarantine; $200 take care of other
  - Increases credit by Employer share of social security & medicare taxes (7.65%)
  - Refundable against Medicare portion of tax due only eff 4/1
  - Gross up for health plan expenses – not part of cap
- Two weeks EPSL resets – April 1, 2021
- BOTH LEAVES – CANNOT DISCRIMINATE

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Q&A

Questions on COBRA, Dependent Care, EFML, EPSL?

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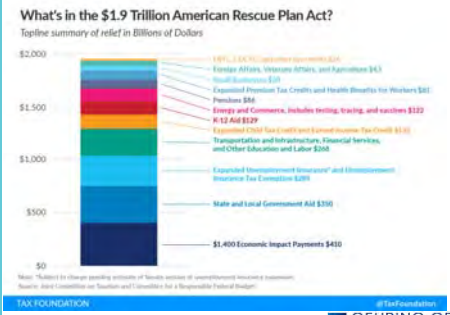
The American Rescue Plan



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Aid to Businesses, Public Health, Safety Net

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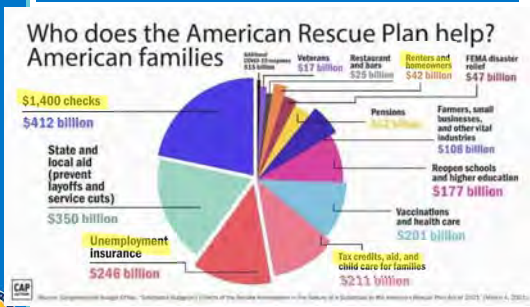
Aid to Individuals: Summary



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Aid to Individuals: Stimulus Payments

- Individual Stimulus Checks
  - $1400 Individual
  - $2800 Married Filing Joint
  - $1400 Per Dependent
- Eligibility:
  - Single: Full Amount - Income to $75,000; phases out $80K
  - Married: Full Amount - Income to $150,000; phases out $160K
- AGI – 2019 or 2020 if filed
- EFT or check: Get my payment tool
  - https://www.irs.gov/coronavirus/get-my-payment
  - https://www.irs.gov/newsroom/recovery-rebate-credit

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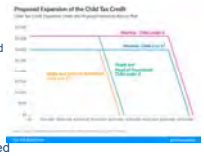
Aid to Individuals: Child Credit



- Eligibility: Full Amount 2021
  - 2020 credit: $2000 per child<17yo
  - Phase-out above 200k Single or Head of Household
  - Phase out above 400k Married Filing Joint
- Child Tax Credit Expansion - 2021
  - $3600 Child Under Age 6
  - $3000 Child Age 6-17
  - Payable in advance vs Tax Refund: ½ required up front by IRS – est July
- Eligibility: Full Amount 2021
  - Single - Income to $75,000
  - Head of Household – Income to $112,500
  - Married: Full Amount - Income to $150,000; phases out $160K
- Calculator Tool: https://www.kiplinger.com/taxes/602334/2021-child-tax-credit-calculator

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Aid to Individuals: Unemployment

- Continues additional Federal Benefit
  - $300 per week
  - March 14 – September 6, 2021
- 2020 up to $10,200 Unemployment Income Tax Free
  - $150,000 Phase-out Household Income
  - Non-stacked
  - Filed 2020 return – don't amend until IRS issues guidance

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Aid to Individuals: Marketplace Subsidies

- 100% subsidy below 133% FPL
- 100% subsidy – Unemployment income in 2021
- 8.5% max based on household income regardless of income amount

Household income (expressed as a percent of the FPL)	The American Rescue Plan's initial premium percentage is—	Current law's initial premium percentage is—	The American Rescue Plan's final premium percentage is—	Current law's final premium percentage is—
Up to 133%	--	2.0%	--	2.0%
133% up to 150%	--	3.0%	--	4.0%
Up to 150%	0.0%	--	0.0%	--
150% up to 200%	0.0%	4.0%	2.0%	6.3%
200% up to 250%	2.0%	6.3%	4.0%	8.05%
250% up to 300%	4.0%	8.05%	6.0%	9.5%
300% up to 400%	6.0%	9.5%	8.5%	9.5%
400% and higher	8.5%	N/A	8.5%	N/A

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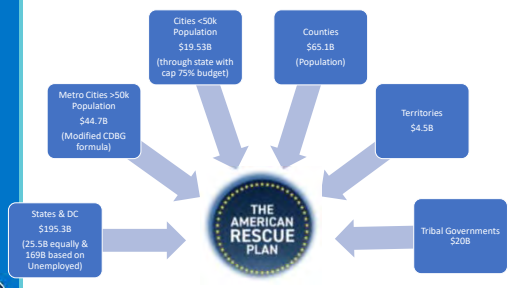
Aid to Government: Summary



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Aid to Government: State & Local

State Revenues and State and Local Aid Under the Proposed American Rescue Plan Act

Change in State Revenue in Calendar Year 2020 vs. 2019, with Proposed Federal Aid Allocations

		American Relief Act Aid Allocations			Federal Aid Calculations	
State	Revenue Change	State Aid	Local Aid	Total Aid	% of Loss	Per Capita
Alabama	$563,716,794	$2,088,109,980	$1,890,457,564	$3,978,567,544	--	$811
Alaska	($423,777,385)	$1,250,000,000	$257,269,324	$1,507,269,324	295%	$2,060
Arizona	$359,373,486	$4,727,380,641	$2,545,326,640	$7,272,707,281	--	$999
Arkansas	($19,800,000)	$1,625,508,134	$1,198,939,470	$2,824,447,604	8210%	$936
California	$6,167,098,000	$25,672,242,592	$14,943,211,818	$40,615,454,409	--	$1,028
Colorado	$853,587,000	$3,894,086,649	$1,879,159,818	$5,773,246,467	--	$1,003
Connecticut	($242,259,847)	$2,607,685,594	$1,640,619,508	$4,248,305,102	1076%	$1,192
Delaware	($263,695,643)	$1,250,000,000	$305,135,704	$1,555,135,704	474%	$1,597
District of Columbia	($434,620,000)	$1,712,325,487	$493,410,164	$2,205,735,651	508%	$2,075
Florida	($2,634,900,000)	$10,077,563,954	$6,047,585,455	$16,125,149,409	382%	$751
Georgia	$598,533,000	$4,584,350,259	$3,565,534,086	$8,149,884,345	--	$768

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Aid to Government: State & Local

Eligible Use of Funds (page 603)

1. COVID-19 response or negative economic impacts of it (assistance to households, small businesses, nonprofits, aid to impacted industries)
2. Provide premium pay to essential employees or grants to their employers. Premium pay couldn't exceed $13 per hour or $25,000 per worker.
3. For the provision of government services to the extent of the reduction in revenue from COVID-19
4. Investments in water, sewer or broadband infrastructure

Also: (Can transfer to private nonprofit organization, public benefit corporation involved in the transport of passengers/cargo, special purpose units of SLG (page 604))

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Aid to Government: State & Local

Disallowed Use of Funds
- Cannot spend on pensions. (page 604)
- Cannot offset revenue resulting from tax cut enacted since 3/3/2021

Establishes 10B for a Coronavirus Capital Projects Fund (Page 607)

Certifications made by governments directly to Treasury are not very specific at all, just that the jurisdiction will use the funds on eligible expenditures. (page 586)

Incentive for Non-Medicaid Expansion States to Expand Medicaid – 90%

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Additional Assistance

Emergency Rental Assistance

-$21.5B to Dept of Treas for emergency assistance grants through 09/2027

-18.36B to treasury to SLG & Territories for rental & util assistance

-9.96B to states, territories & tribes for homeowners - mortgage, prop taxes, insurance, util for homeowners

Also, $10B to HUD for homeless assistance & emergency housing

Transportation & Infrastructure

-$50B to FEMA – Vaccine efforts/assistance, PPE for public sector; disinfect schools & public facilities

-$3B Economic Development Administration

-$30B Transit: Oper costs incl PPE & PR

Airports: $8B incl $800 M for concessionaires

$3B for Aerospace manuf

Low-Income Water & Energy Assistance

-$4.5B to HHS for Low-income energy assistance program

-$500M to HHS for financial assistance for consumers financially affected by COVID for payments for water & wastewater

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Aid to Schools

Background
- ACRONYMS: institutions of higher education (IHEs); the Elementary and Secondary School Emergency Relief (ESSER) Fund, the Emergency Assistance to Non-Public Schools (EANS) program, and the Higher Education Emergency Relief Fund (HEERF)
- CARES Act allowed HEERF and ESSER authorization under the Education Stabilization Fund (ESF) – recertified under CRRSAA
- EANS program authorized under Governors Emergency Education Relief Fund (GEER) authorized by CRRSAA

Education Stabilization Fund

Table 1. Appropriations for Programs Included in the Education Stabilization Fund As Would Be Provided by the Senate Substitute to H.R. 1319

(Dollars in thousands)

Program	Appropriation
Elementary and Secondary School Emergency Relief Fund	$122,774,800
Reservation of funds by the Secretary of Education for homeless children and youth	$800,000
Emergency Assistance to Non-Public Schools	$1,750,000
Higher Education Emergency Relief Fund	$39,584,570
Total appropriation	$165,109,370

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Aid to Schools: Elementary & Secondary

Table 2. Summary of State Educational Agency (SEA) Grant Reservation Requirements Proposed Under the Elementary and Secondary School Emergency Relief (ESSER) Fund Included in the Senate Substitute to H.R. 1319

SEA Reservations and Allocations	Percent to Be Reserved or Allocated by the SEA of Total SEA Grant Award
Reservation of funds for activities to address learning loss	At least 5.0%
Reservation of funds for summer enrichment activities	At least 1.0%
Reservation of funds for afterschool programs	At least 1.0%
Reservation of funds for other state activities	At most 2.5%

SEA Reservations and Allocations	Percent to Be Reserved or Allocated by the SEA of Total SEA Grant Award
Allocation of funds for grants to local educational agencies (LEAs)	At least 90.0%
Total	100.0%

Source: Prepared by CRS based on CRS analysis of the Senate amendment to H.R. 1319 passed by the Senate and prepared pursuant to the reconciliation directives included in S.Con.Res. 5.

Notes: LEAs would be required to reserve at least 20.0% of the funds received to address learning loss.

Table 3 presents estimated FY2021 state grant amounts under the ESSER Fund at the appropriations level of $121,974,800,000 specified in the Senate substitute. The table includes estimated state grants.

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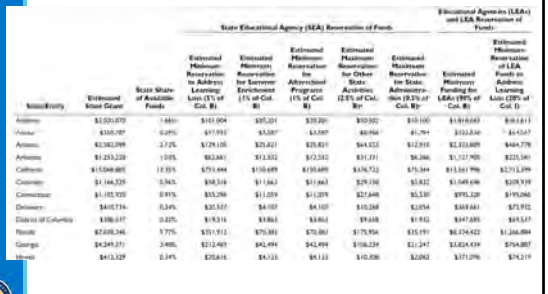
Aid to Schools: Elementary & Secondary



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Aid to Schools: Non-Public Schools

Table 4. Estimated FY2021 State Grants Under the Emergency Assistance to Non-Public Schools (EANS) Program Included in the Senate Substitute to H.R. 1319

(Dollars in thousands)

A	B	C
State	Estimated State Grant	State Share of Available Funds
Alabama	$42,310	1.54%
Alaska	$6,799	0.21%
Arizona	$59,235	2.15%
Arkansas	$24,807	0.90%
California	$174,539	6.33%
Colorado	$38,475	1.40%
Connecticut	$15,371	0.56%
Delaware	$2,361	0.08%
District of Columbia	$2,371	0.09%
Florida	$161,220	5.81%
Georgia	$61,585	2.18%

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Aid to Schools: Higher Education

Table 5. Required Reservations of Funds Under the Higher Education Emergency Relief Fund (HEERF) Included in the Senate Substitute to H.R. 1319

(Dollars in thousands)

Program	Funding
Direct Grants to Institutions of Higher Education: public and private nonprofit IHEs and postsecondary vocational institutions	$36,021,959
Direct Grants to Institutions of Higher Education: proprietary IHEs	$395,846
Subtotal for Direct Grants to Institutions of Higher Education	$36,417,804
Programs for Minority Serving Institutions	$2,963,843
Fund for the Improvement of Postsecondary Education	$197,923
Total Funding	$39,584,570

Source: Congressional Research Service (CRS) analysis of the Senate amendment to H.R. 1319 as passed by the Senate and prepared pursuant to the reconciliation directives included in S.Con.Res. 5.

Note: Details may not add to totals due to rounding.

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Aid to Schools: Higher Education

Table 6. Estimated FY2021 HEERF Allocations to IHEs Aggregated at the Sector Level Based on the Senate Substitute to H.R. 1319

(Dollars in Thousands)

Sector	Estimated Sector Amount	Percentage Share of Total Funds Available for Sector
Public, 4-year	$18,608,901	47.01%
Public, 2-year	$10,107,667	25.53%
Public, less than 2-year	$132,684	0.34%
Private nonprofit, 4-year	$7,015,869	17.72%
Private nonprofit, 2-year	$123,376	0.31%
Private nonprofit, less than 2-year	$33,462	0.08%
Proprietary, 4-year	$151,963	0.38%
Proprietary, 2-year	$133,418	0.34%
Proprietary, less than 2-year	$110,463	0.28%
Subtotal	$36,417,804	92.00%
MSI and FIPSE Funding	$3,166,766	8.00%
Total	$39,584,570	100.00%

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Other Education Related & Other

Other Relief for Higher Education Students

- Temporary student loan relief – payments deferred through Sept 30th
- Work Study Funds – unused funds can be turned into grants and continue to be aid when school suspended
- Student loan debt forgiven between 1/1/21 and 12/31/25 will be tax free
- $1.25B Shuttered venue operations – (SBA) – movie theaters, museums, performance venues of live events

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Summit Sign-Ups Open!

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Additional Resources

American Rescue Plan Act (ARPA) text
https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-117HR1319EAS.pdf
ARP Title-By-Title Summary [LINK]
ARP Summary of Modifications to the House Bill [LINK]

Joint Committee on Taxation staff revenue estimates
https://www.jct.gov/CMSPages/GetFile.aspx?guid=52961732-5521-49ea-8443-59a539b71b62

Congressional Research Memo dated 03/09/2020 – Revised Estimate 2021 Grants to States and Institutions of Higher Education under the Education Stabilization Fund
https://gfoaorg.cdn.prismic.io/gfoaorg/54dda435-e60e-47dc-94d7-ef72c8222f3e_Revised+CD+memo_ESSER_EANS_HEERF_Senate+passed+sub+to+HR1319_3-9-21.pdf

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Additional Resources

State and Local Fiscal Relief [LINK]
Enhanced Federal Unemployment Insurance [LINK]
Expanded Earned Income Tax Credit and Child Tax Credit [LINK]
Additional Round of Direct Payments [LINK]
Education Relief Funding [LINK]
Emergency Rental Assistance [LINK]
FEMA Disaster Relief Fund Estimates [LINK]
Child Care and CCDBG [LINK]
Head Start [LINK]
Transit Relief for Urbanized Areas [LINK]
Rural Transit [LINK]
Paratransit [LINK]
Enhanced and Expanded ACA subsidies [LINK] [LINK]
Extension of ACA Premium Subsidies to UI Recipients [LINK]
Incentives for Non-Expansion States to Expand Medicaid [LINK to Increased FMAP] [LINK to Increased Coverage]

(Hover over Blue Link, Hold Ctrl button, and Click on LINK to access)

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Q&A

QUESTIONS???

…There's More Guidance Coming!

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Thank you

"For…..
Sticking Your Neck Out"

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Exhibit H
Sample Employee Benefit Newsletters

GEHRING GROUP
A DIVISION OF RISK STRATEGIES

February 25, 2022

COMPLIANCE UPDATE

Reminder: Medicare Part D Disclosures due by March 1, 2022 for Calendar Year Plans

Group health plan sponsors are required to complete an online disclosure form with the Centers for Medicare & Medicaid Services (CMS) on an annual basis and at other select times, indicating whether the plan's prescription drug coverage is creditable or non-creditable.

This disclosure requirement applies when an employer-sponsored group health plan provides prescription drug coverage to individuals who are eligible for coverage under Medicare Part D.

The plan sponsor must complete the online disclosure **within 60 days after the beginning of the plan year**. For calendar year health plans, the deadline for the annual online disclosure is **March 1, 2022**.

Action Steps

To determine whether the CMS reporting requirement applies, employers should verify whether their group health plans cover any Medicare-eligible individuals (including active employees, disabled employees, COBRA participants, retirees, and their covered spouses and dependents) at the start of each plan year.

Employers that are required to report to CMS should work with their advisors to determine whether their prescription drug coverage is creditable or non-creditable. They should also visit CMS' creditable coverage website, which includes links to the online disclosure form and related instructions.

Important Dates

March 1, 2022
Deadline for sponsors of calendar year plans to complete an online disclosure form with CMS.

October 14, 2022
Deadline for group health plan sponsors to provide creditable coverage disclosures to Medicare-eligible individuals.

Each year, employers whose health plans provide prescription drug coverage to Medicare-eligible individuals must disclose to CMS whether that coverage is creditable or non-creditable.

Agencies Issue Guidance on Coverage of OTC COVID-19 Tests

On Jan. 10, 2022, the Depts. of Labor, Health and Human Services (HHS), and the Treasury issued FAQ guidance regarding the requirements for group health plans and health insurance issuers to cover over-the-counter (OTC) COVID-19 diagnostic tests.

Legal Requirements

Plans and issuers must cover the costs of COVID-19 tests during the COVID-19 public health emergency without imposing any cost-sharing requirements, prior authorization, or other medical management requirements.

Under guidance issued in June 2020, at-home COVID-19 tests had to be covered only if they were ordered by a health care provider who determined that the test was medically appropriate for the individual. At that time, the FDA had not yet authorized any at-home COVID-19 diagnostic tests. Since then, several types of OTC at-home tests have been approved.

As of Jan. 15, 2022, the cost of these tests must be covered, even if they are obtained without the involvement of a health care provider. However, the FAQs do not require tests to be covered if they are not for individualized diagnosis (such as tests for employment purposes).

Plan Options

Plans and insurance issuers may place some limits on coverage, such as:

- Requiring individuals to purchase a test and submit a claim for reimbursement, rather than providing direct coverage to sellers.
- Providing direct coverage though pharmacy networks or direct-to-consumer shipping programs and limiting reimbursements to other sources (the actual cost of the test, or $12, whichever is lower).
- Setting limits on the number or frequency of OTC COVID-19 tests that are covered (no less than 8 tests per month or 30-day period).
- Taking steps to prevent, detect and address fraud and abuse.

Important Dates

Dec. 2, 2021
President Biden announced that guidance would be issued clarifying coverage of OTC COVID-19 tests.

Jan. 10, 2022
Federal agencies issued the guidance implementing the requirements for coverage of OTC COVID-19 tests.

Jan. 15, 2022
Deadline for plans and issuers to provide coverage for OTC COVID-19 tests available without a health care provider order or assessment.

At-home COVID-19 tests must be covered even if they are obtained without the involvement of a health care provider.

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Proposed Rule Extends ACA Reporting Furnishing Deadlines

On Nov. 22, 2021, the IRS released a proposed rule that extends the annual furnishing deadlines for Sections 6055 and 6056 reporting under the Affordable Care Act (ACA). This proposed rule essentially makes permanent the furnishing deadline extension that has been provided for each prior year of ACA reporting. Specifically, the proposed rule:

- **Extends the due date for furnishing statements to individuals** under Sections 6055 and 6056 by **30 days** from Jan. 31 each year; and
- **Provides additional penalty relief related to furnishing statements to individuals under Section 6055** for every year in which the individual mandate penalty is zero. Under this relief, employers generally will only have to provide Form 1095-B to covered individuals upon request.

The proposed rule also provides that minimum essential coverage (MEC) does not include Medicaid coverage that is limited to COVID-19 testing and diagnostic services provided under the Families First Coronavirus Response Act (FFCRA).

Under the proposed rule, the due date for filing forms with the IRS under Sections 6055 and 6056 remains unchanged. This means that forms must generally be filed with the IRS by **Feb. 28** of the year following the calendar year to which the statement relates (or **March 31**, if filing electronically).

Action Steps

This rule is in proposed form and has not been finalized. **However, the proposed rule provides that taxpayers may rely on the guidance in the rule beginning with the 2021 calendar year, even before the rule is finalized.**

Highlights

- The proposed rule provides an automatic 30-day extension of the annual deadline to furnish individual statements under Sections 6055 and 6056.
- The proposed rule also provides an alternative method for furnishing statements to individuals under Section 6055 for every year that the individual mandate penalty is zero.
- The annual deadline for filing returns with the IRS is not affected.

Important Dates

30 Days from January 31

Individual statements are due 30 days after Jan. 31 of the year following the calendar year to which the statement relates

February 28

Annual deadline for filing with the IRS on paper

March 31

Annual deadline for filing with the IRS electronically

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Proposed Rule Extends ACA Reporting Furnishing Deadlines

Sections 6055 and 6056 Reporting

Sections 6055 and 6056 were added to the Internal Revenue Code (Code) by the ACA.

- Section 6055 applies to providers of MEC, such as health insurance issuers and employers with self-insured health plans. These entities will generally use Forms 1094-B and 1095-B to report information about the coverage they provided during the previous year.
- Section 6056 applies to applicable large employers (ALEs)—generally, those employers with 50 or more full-time employees (including full-time equivalents) in the previous year. ALEs will use Forms 1094-C and 1095-C to report information relating to the health coverage that they offer (or do not offer) to their full-time employees.

Individual statements (Forms 1095-B and 1095-C) are generally required to be furnished by **Jan. 31** each year. Forms are generally required to be filed with the IRS by **Feb. 28** annually (or by **March 31** annually, if filing electronically).

Extended Furnishing Deadlines

The proposed rule provides an **automatic extension of 30 days** to furnish statements (Forms 1095-B and 1095-C) to individuals under Sections 6055 and 6056. Because the extension is automatic, reporting entities would not need to formally request an extension from the IRS.

Under the proposed rule, statements furnished to individuals will be timely if furnished **no later than 30 days after Jan. 31** of the calendar year following the calendar year to which the statement relates. If the extended furnishing date falls on a weekend day or legal holiday, statements will be timely if furnished on the next business day.

This rule is in proposed form and has not been finalized. **However, the proposed rule provides that taxpayers may rely on the guidance in the rule beginning with the 2021 calendar year, even before the rule is finalized.**

Impact on Filing Deadline

The proposed rule does not extend the due date for filing Forms 1094-B, 1095-B, 1094-C or 1095-C with the IRS. This due date remains **Feb. 28**, if filing on paper, or **March 31**, if filing electronically. Because the due dates are unchanged, potential automatic extensions of time for filing information returns are still available under the normal rules by submitting Form 8809. Additional extensions of time to file may also be available under certain hardship conditions.

Alternative Method of Furnishing under Section 6055

The individual mandate penalty has been reduced to zero, beginning in 2019. As a result, an individual does not need the information on Form 1095-B in order to calculate the individual's federal tax liability or file a federal income tax return. However, reporting entities required to furnish Form 1095-B to individuals must continue to expend resources to do so.

For all years that the individual mandate penalty is zero, the proposed rule provides an **alternative manner for a reporting entity to furnish statements to individuals under Section 6055**. Under this alternative manner of furnishing, the reporting entity must post a clear and conspicuous notice on its website stating that responsible

individuals may receive a copy of their statement upon request. The notice must include an email address, a physical address to which a request may be sent and a telephone number to contact the reporting entity with any questions. Reporting entities must generally retain the website notice until Oct. 15 of the year following the calendar year to which the statement relates.

ALEs that offer self-insured health plans are generally required to use Form 1095-C, Part III, to meet the Section 6055 reporting requirements, instead of Form 1095-B. Self-insured ALEs may use this relief for employees who are enrolled in the ALE's self-insured plan and who are not full-time employees of the ALE, as well as for non-employees (such as former employees) who are enrolled in the self-insured plan. **However, ALEs may not use the alternative method of furnishing for full-time employees who are enrolled in the self-insured plan.**

If, in the future, the individual mandate penalty is not zero, the IRS anticipates that reporting entities will need adequate time to develop or restart processes for preparing and mailing paper statements to responsible individuals. If the individual mandate penalty is modified in the future, the IRS anticipates providing guidance, if necessary, to allow sufficient time for reporting entities to restart the reporting process.

Elimination of Good Faith Transition Relief from Penalties

For each prior year of reporting, the IRS has provided transitional good-faith penalty relief for reporting entities that could show that they made good faith efforts to comply with the information reporting requirements. However, **the transitional good-faith relief from penalties for the reporting of incorrect or incomplete information on information returns or statements is not available for reporting for tax year 2021 and subsequent years**.

This good-faith relief was intended to be transitional to accommodate public concerns with implementing new reporting requirements under the ACA. These reporting requirements have now been in place for six years, and the IRS has determined that transitional relief is no longer appropriate. Therefore, the IRS has discontinued the transitional good-faith relief after tax year 2020.

Medicaid Coverage of COVID-19 Testing and Diagnostic Services

Prior guidance as a result of the COVID-19 pandemic has provided that Medicaid coverage that is limited to COVID-19 testing and diagnostic services under the FFCRA is not MEC under a government-sponsored program. As a result, an individual's eligibility for this type of coverage does not prevent the individual's eligibility for a premium tax credit.

The proposed rule adds Medicaid coverage for COVID-19 testing and diagnostic services to the health coverages listed in regulations that do not qualify as MEC under a government-sponsored program.

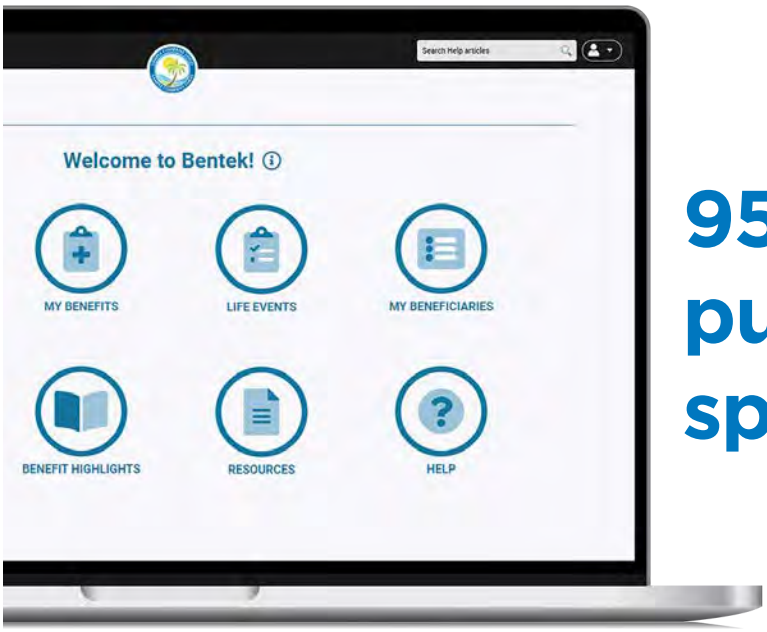
Exhibit I
Bentek® Overview

bentek℠
BENEFITS TECHNOLOGY

CLIENT INSPIRED **BENEFITS TECHNOLOGY**

mybentek.com

Client Inspired Benefits Technology



95% of our clients are public sector. Do you speak public sector?

▶ **We Customize!** Bentek's customization capabilities are limitless, with over **4,500 business rules**. We can offer our clients a custom solution that meets their needs, because no client is cookie-cutter.

▶ **Open Enrollment is Simple!** We believe that open enrollment should be simple and easy. Bentek's 6 STEP enrollment process uses progressive screens and makes enrollment take less than **5 minutes!** We support passive enrollment too, which employees can complete in as little as 2 steps.

▶ **Unlimited Support is Included!** Bentek's dedicated client services team provides every client year-round open enrollment implementation and support at no additional cost.

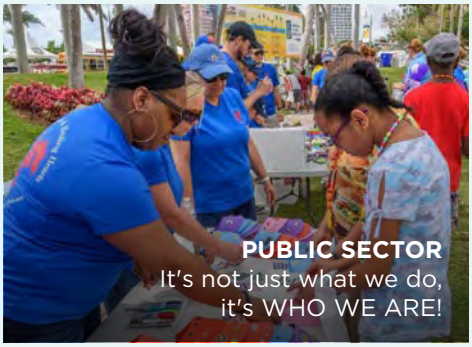
▶ **No Downtime During Open Enrollment!** Downtime should be reserved for vacation. Bentek manages your open enrollment simultaneously with year-round administrative functions so administrators don't miss a beat during this busy time.

▶ **Employee Benefit Center!** Employee self-service enables employees to upload documents, confirm status, access forms, update beneficiaries, and receive notifications and communications from the administrator.

▶ **Report and Eligibility Automation!** With our schedulers, administrators can automate the generation and transmission of reports and eligibility files.

▶ **Engaged & Informed!** We **rely on client feedback and insight** to help us define product features and determine prioritization. We publish our product roadmap in the Bentek application, so clients remained informed of upcoming enhancements.

Our Story. Our People.



We're a Company with a BIG HEART, citizens who are engaging, serving, and supporting the homeless, the disabled, the survivors, and the needy through our Helping Hands and Healing Hearts Committee. And it's those same dedicated hands and hearts that serve our public sector clients generously and enthusiastically, ensuring long term success and client retention.

We believe in providing hassle free, all-inclusive services to the public sector, so that public sector employers and employees can serve their communities.

Client Inspired Benefits Technology

100% Implementation Success

- 5 Phase Consultative Approach
- Dedicated Implementation Team
- Regular Scheduled Implementation Calls
- Business Process Review
- Benefit Discovery and Analysis
- Initial Data Audit (Payroll/HRIS/Carriers)
- Case Building & Configuration
- EDI Specialist
- User Acceptance Testing
- Unlimited Administrator Training

Client Retention

98.5%

Unlimited Service & Support

- Dedicated Client Success Team
- Regular Scheduled Status Calls
- Best Practices Consulting
- Case Building
- 1-1 Regulatory/ACA Compliance Assistance
- Unlimited Technical Support
- Unlimited Admin Support
- Renewal Management & Site Updates
- Unlimited Educational Support (Webinars, Trainings, Annual Summit)

Benefits Administration

- Admin Dashboards
- Admin Configuration Tools
- Announcements Center
- Document Center
- Automated Eligibility Files
- File & Report Scheduling
- Dependent Verification
- ACA Reporting/Compliance
- Carrier Self-Billing
- Standard Reporting
- Report Building Tool
- System Notifications
- Transaction History
- Wellness Programs
- Retiree & Cobra
- HR/Payroll Integration
- Trusts, Pools, & Multiple Employers

The Employee Experience

- Single Sign-On | Multi-Factor Authentication
- Logic Based Enrollment
- Personalized Content
- Benefit Shopping
- 6-Step Progressive Enrollment Process
- Passive Enrollment Support
- Easy Access to Benefits Enrollment and History
- Access to Dependent Information
- Upload Supporting Documents
- Group Benefit Highlights & Plan Details
- Resources Center
- Benefits Shopping Cart
- Beneficiary Designation
- Electronic Acknowledgments
- Web & Mobile Enabled Access
- Worksite Benefit Enrollment and Integration
- Decision Support Tools

adminsights

Administrators have access to useful data and helpful system activities at their fingertips – including pending qualifying events, enrollment submissions, and plan statistics.

benchek

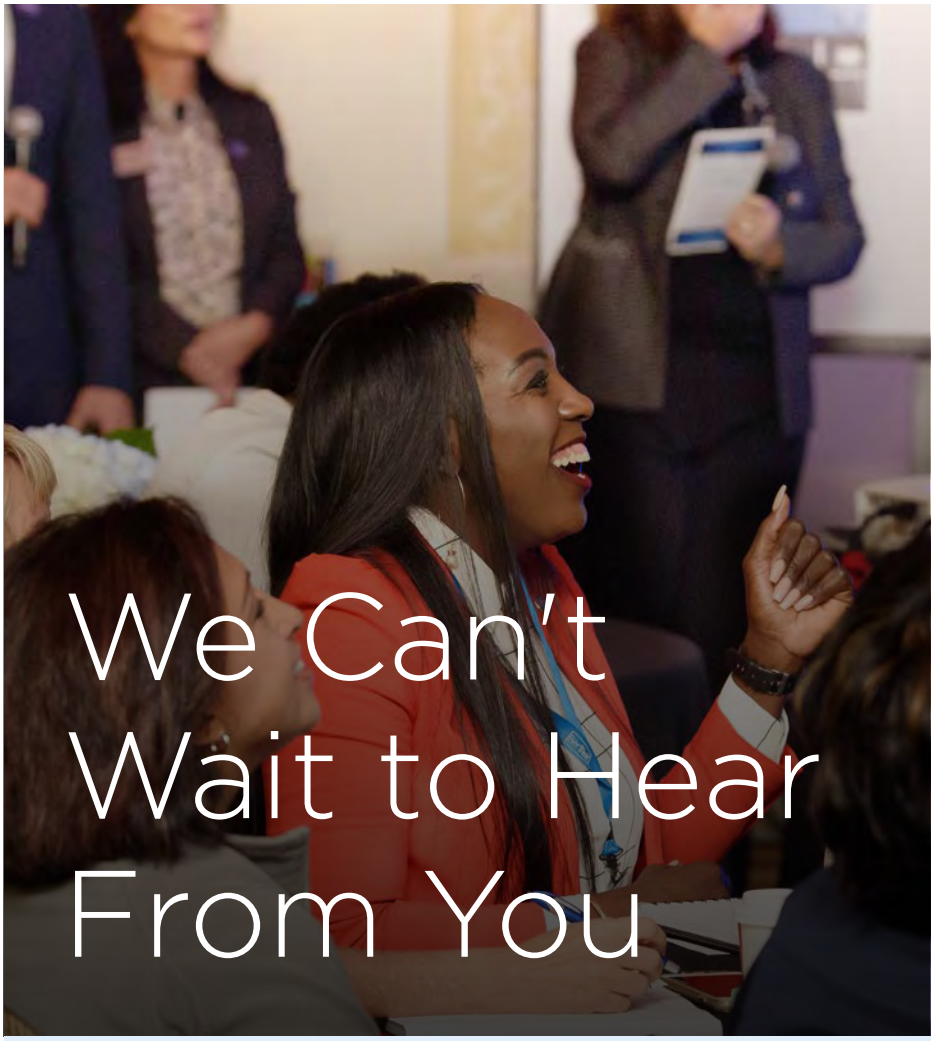
Bentek offers a unique set of features that automate the life cycle of benefits for clients. Benchek allows clients to view real-time comparisons of personnel data, eligibility and benefit deductions from their HRIS/Payroll systems continuously. Bentek serves as a single system of record for benefits administration with checks and balances that clients can trust.

The Value of Benchek:

- Payroll Auditing Tool
- Automated Personnel Data Import
- Payroll/HRIS Integration
- Payroll Deduction Export
- Payroll Adjustments
- Electronic Data Interchange

retiresweet

Administrators can streamline the management of retirees with Bentek. Bentek's retiresweet is packed with features to help Administrators manage retiree eligibility and enrollment, calculate subsidies, track pension information, generate premium invoicing and track payments.



We Can't Wait to Hear From You

Phone: 877.523.6835
Email: sales@mybentek.com

bentek
BENEFITS TECHNOLOGY

OUR CLIENTS HAVE SPOKEN!

"We are thankful to the management and staff at Bentek for your professionalism, attention to detail, and your steadfast commitment to the Group Health Insurance staff and the employees of the Government of the United States Virgin Islands. Thank you for giving us the tool to do what we do more efficiently."

Government of the U.S. Virgin Islands

"The Bentek team is extremely knowledgeable and helpful. Customer service is top priority. Their dedicated team has been there every step of the way from implementation to training to daily support. With the help of Bentek we have streamlined our benefit enrollment and benefit administration process."

City of Naples, Florida

"Thank you to Bentek listening to customers to always make enhancements to the system to benefit our use of the system!"

City of Greenville, South Carolina

RFP 2022-03 - Insurance Agent Broker Services

Opening Date: March 16, 2022 5:00 PM

Closing Date: April 19, 2022 2:00 PM

Vendor Details

Company Name:	RSC Insurance Brokerage, Inc.
Does your company conduct business under any other name? If yes, please state:	Gehring Gehring, a Risk Strategies Company
Address:	3500 Kyoto Gardens Drive Palm Beach Gardens, FL 33410
Contact:	Cindy Thompson
Email:	cindy.thompson@gehringgroup.com
Phone:	561-626-6797
Fax:	561-626-6970
HST#:	16-1689464

Submission Details

Created On:	Monday April 18, 2022 11:21:27
Submitted On:	Tuesday April 19, 2022 12:48:46
Submitted By:	Cindy Thompson
Email:	cindy.thompson@gehringgroup.com
Transaction #:	282cf393-4624-434b-97e5-6d9562e48010
Submitter's IP Address:	170.55.66.178

Schedule of Prices

The Bidder hereby Bids and offers to enter into the Contract referred to and to supply and do all or any part of the Work which is set out or called for in this Bid, at the unit prices, and/or lump sums, hereinafter stated.

*Denotes a "**MANDATORY**" field

Do not enter $0.00 dollars unless you are providing the line item at zero dollars to the City (unless otherwise specified).

If the line item and/or table is "**NON-MANDATORY**" and you are not bidding on it, leave the table and/or line item blank.Do not enter a $0.00 dollar value.

Exhibit A - Fee Proposal (30 Points)

The omission of reference to any item in this worksheet shall not, however, alter the intent of the bid form or relieve the Contractor of the necessity of furnishing all the required services that is required by this Contract.

Provide a description of the compensation structure proposed by the brokerage firm. The description shall include all bases for remuneration proposed by the firm, i.e., commission, fee, other. Broker shall complete Exhibit A- Fee Proposal, providing all rates, commissions, fees, other expenses, and all other elements of compensation for a total compensation proposal.

Describe all available fee structures offered by your firm; including travel charges and any other cost that may be passed on to the City of Parkland.

Fee/Pricing information is not to be included in any other area of the response. Only in this section.

COVERAGE	COMMISSION RATE	Percent Spelled Out
Medical	$5.0000	Five percent
Dental	$10.0000	Ten percent
Vision	$5.0000	Five percent
Life and AD&D	$5.0000	Five percent
Long Term Disability	$5.0000	Five percent
Employee Assistance Plan	$10.0000	Ten percent
Pet Insurance	$10.0000	Ten percent
Supplemental	$15.0000	Fifteen percent or carrier default

Firm Qualifications (20 Points)

This section of the proposal should establish the ability of Proposer to satisfactorily perform the required work by reasons of: experience in performing work of a similar nature; demonstrated competence in the services to be provided; strength and stability of the firm; staffing capability; work load; record of meeting schedules on similar projects; and supportive client references.

	Response: *

Provide a brief profile of the firm, including the types of services offered; the year founded; form of the organization (corporation, partnership, sole proprietorship); number, size and location of offices; and number of employees.	The Gehring Group, Inc. was incorporated in 1992 as a Florida S-Corp and headquartered in Palm Beach Gardens, Florida. Gehring Group became a division of RSC Insurance Brokerage, Inc. on December 31, 2021, and is pleased to provide this proposal in response to the City of Parkland's RFP for Insurance Agent Broker Services under our new name. Through our extensive experience over the past 29 years serving as Benefits Consultant/Broker for over 120 Florida public sector entities, we are confident that our firm will offer efficiencies, value added services, in-depth public sector experience, and an unparalleled service standard with the goal of not merely meeting the City's needs, but exceeding expectations. Local team members have an average of 12.2 years and leadership having an average of 17.9 years of industry experience. Our team meets all years of service, licensing and technical requirements outlined in the RFP and is known for its innovative approach to employee benefits. Offering the most comprehensive scope of services, our team provides the highest level of benefits expertise and educational opportunities. Gehring Group currently employs over 70 full-time staff members at its Palm Beach Gardens location, with remote employees located in Tampa, Sarasota, Bradenton, Orlando, Parrish, and Parkland, Florida. Upon becoming a division of RSC Insurance on January 1, 2022, Gehring Group now has even more to offer. RSC was founded in 2008 and has $900 million in annualized revenue, over 3,000 valued team members and places employee benefit program premiums in excess of $2.5 billion per year. We are industry leaders, ranking in the top three in the country in various specialties and have a robust offering in both employee benefits and property & casualty. As part of the RSC family, Gehring Group continues our public sector focus, currently serving numerous clients similar in scope and size to the City who have successfully implemented leading edge concepts such as Consumer Directed Health Plans, creative Stop Loss programs, Onsite Clinics, and Innovative Wellness Programs. In addition to expert level benefits consulting services, we are also known for the value-added services that we provide to our clients including: Legislative Updates & Planning Employee Advocacy Services Actuarial Services & Data Analytics Custom Graphics and Communications Wellness Program Consulting Employee Health Center (Clinic) Consulting Human Resources and Compliance Resources Educational & Networking Opportunities We hold a strong commitment to hiring talented high caliber professionals for our team and remaining on the cutting edge of industry innovation. Such strategic hires include former risk management personnel with public sector experience as well as former insurance carrier personnel with significant client service and underwriting experience. In addition, our team also includes additional staff resources with varying specialties and industry-specific certifications including but not limited to CEBS, REBC, SPHR, and various specialty designations including Certified Self-Funding Specialist (CSFS), Certified Healthcare Reform Specialist (CHRS), Voluntary/Worksite Benefits Certification, Benefits Technology Certification, USA Mental health First Aid – National Certification and Medicare Certification from NAHU. Our philosophy is to provide a comprehensive level of superior brokerage and consulting services to each of our clients. We take an innovative, proactive approach to continuously enhance the quality of our performance level beyond industry standards. We are a collaborating partner, helping each client accomplish their desired benefits program goals by developing long term strategies and working diligently to produce positive results through analytics, innovation, and technology. In addition, all service team members have achieved their Florida insurance license and can legally advise employees regarding their benefit options.
Provide a general description of the firm's financial condition and identify any conditions (e.g., bankruptcy, pending litigation, planned office closures, impending merger) that may impede Proposer's ability to complete the project.	RSC Insurance Brokerage, Inc., a privately held corporation, employs a conservative fiscal approach and prudent decision making. The predominant portion of RSC's revenue is received from insurance brokerage and consulting fees, and RSC has enjoyed continuous, year-to-year operating income. There are no foreseen conditions that may impede our ability to complete the project.

Describe the firm's experience in performing work of a similar nature to that solicited in this competitive solicitation, and highlight the participation in such work by the key personnel proposed for assignment to this project.	Having served over 120 public sector entities in Florida, Gehring Group has significant expertise in servicing all lines of employee benefits coverage and providing similar services for local governmental entities in Florida. Specifically, the proposed Lead Consultant, Marc Rodriguez' experience includes, but is not limited to, providing employee benefits broker and consulting services to each of the following public entities similar in size and complexity to the City of Parkland: 1. City of Coconut Creek 2. CareerSource Palm Beach County 3. City of Cooper City 4. City of Lighthouse Point 5. Loxahatchee River District 6. City of Marco Island 7. Village of Royal Palm Beach 8. City of Sanibel 9. City of Sebastian 10. City of Coral Gables Public sector is not just a division of our firm – it's all we do. Our team has a comprehensive level of experience in conducting all phases of the procurement process, analysis, and recommendation process for all lines of employee benefits coverage, whether fully insured or self-insured. Our involvement will be comprehensive as we compile the RFP data for submission to the insurance market and work with the procurement division to maintain integrity with the bid process. Our team has vast experience in the solicitation of all types of insurance, and we are confident that the acquisition of various competitive options will be accomplished. We are also very experienced in giving recommendation presentations to employee committees, union groups, Boards of Directors, City/Town Councils and County Commissioners. Our staff also has extensive experience with reviewing, implementing, and servicing all types of programs that include Health Savings Accounts (HSA), Health Reimbursement Accounts (HRA), Consumer Driven Health Plans (CDHP), and Cafeteria Plans. Through our knowledge and expertise, Gehring Group is able to aid clients in determining which plans represent viable options in order to assist management in making informed decisions regarding new concepts and ascertaining benefit programs that are in the best interest of their organization and membership. We work with the City to ensure that all benefit obligations have been considered throughout the RFP, evaluation, and implementation process, and that the resulting contracts conform with the City's obligations under any union agreements. With our extensive public sector client base, our team also has access to a significant amount of in-house benchmark information including premium rates, employee/employer contributions, benefits data, carrier trend factors, ASO fees, reinsurance premiums and other comparative data. With our carrier leverage, access to information, and our familiarity with the public sector market as a whole, our team can negotiate more effectively on behalf of our clients. We also support our clients in our role as advisor in the face of the Affordable Care Act and the recent legislation issued by the new administration. We have assisted and continue to assist our clients through the compliance steps mandated by ACA, FFCRA, the CARES Act, the America Rescue Plan Act, etc., and routinely guide our clients with compliance and preparing financially in anticipation of legislative regulations. During this time of legislative change, Gehring Group has taken on the role of becoming and educational resource for our clients by consistently hosting informative seminars and webinars on relevant topics. Gehring Group has also proven to be invaluable in assisting clients to control spiraling benefit costs. We continually ensure clients are up to date and informed on the latest market trends and cost saving options. We recommend that our clients make employee benefits management a strategic initiative by defining objectives and developing an action plan based on meeting those objectives and ensuring an organized, complete approach to fulfilling our clients' benefits needs.

Management, Supervisory and Staff Experience (15 points)

This section of the proposal should establish the method that will be used by the Proposer to manage the Scope of Work as well as identify key personnel assigned to the Scope of Work.

Proposer should:

- Complete Management, Supervisory and Staff Experience parts 1 - 3 in the Document Upload area titled: Team Staffing
- Complete Management, Supervisory and Staff Experience part 4 in the Document Upload area titled: Organization Chart
- Complete Management, Supervisory and Staff Experience part 5 in the blank area below.

	Response: *
Include a statement that key personnel will be available to the extent proposed for the duration of the project acknowledging that no person designated as "key" to the project shall be removed or replaced without the prior written concurrence of City of Parkland.	This statement is to acknowledge that key personnel will be available to the extent proposed for the duration of the project and no person designated as "key" to the project shall be removed or replaced without the prior written concurrence of the City of Parkland.
List the members of the project team including subcontractors. Provide a brief resume for each team member for this project. Provide any other documentation that may be of importance to this project and the project team.	The proposed project team includes the following individuals. Resumes for each are included in the "Team Staffing" section of the Documents Upload area. Lead Benefits Consultant/Project Manager - Marc Rodriguez, REBC Backup Benefits Consultant - Rommi Mitchell Employee Benefits Analyst - Christie Jensen Senior Account Manager - Shauna Whittingham Account Relations Manager - Pamela Cruz

Methodology including Technical Approach and Understanding of the Scope of Services (30 points)

Proposer shall provide a narrative, which addresses the Scope of Work and shows Proposer's understanding of City of Parkland's needs and requirements.

	Response: *
Describe the approach to completing the tasks specified in the Scope of Services.	Please see Exhibit A - Scope of Services in the Documents Upload section.
Include an implementation schedule on how the Proposer plans on meeting the required report deadlines.	Please see Exhibit B - Implementation Timeline in the Documents Upload section.
Provide a narrative which addresses the Scope of Work and shows Proposer's understanding of the City of Parkland's needs and requirements.	At Gehring Group, we're approaching three decades invested in believing that insurance is about advisory services, not just the placement and sale of a product. On December 31, 2021, Gehring Group became a Division of RSC Insurance Brokerage, Inc. and now has even more to offer. Gehring Group continues to provide sophisticated insurance programs, solutions and related resources that best meet each public sector client's individual needs. We employ an atmosphere of collaboration, a culture of teamwork, provide value-added resources, and design and implement innovative and progressive solutions. With our extensive experience servicing numerous large group public sector clients, this level of sophistication has encouraged innovation, a national outreach and perspective; attracted and developed outstanding professionals, resources, and partner access; and given us top tier recognition with insurance carriers. Upon review of the City of Parkland's RFP # 2022-03 for Insurance Agent Broker Services, it is evident that the City desires to maintain a competitive yet cost effective employee benefits and program and is seeking an experienced insurance professional to provide comprehensive year-round services in order to accomplish this goal. These services would include expert knowledge of self-insured programs, network discounts, all available programs and funding options, consistent monitoring of the program claims experience, review of contract language, and the provision of budgetary projections and funding recommendations as well as knowledge of the insurance industry as a whole. Inherent in this process would be marketing and renewal analysis, the RFP and evaluation process, recommendations to staff, monitoring of legislative updates, and assistance with compliance issues. Based on our 29-year history servicing the public sector market, we are confident that we can assist the City of Parkland in meeting its employee benefits objectives while remaining conscious of budgetary requirements or limitations. Gehring Group's strategy and service philosophy center around remaining involved with our clients on a year-round basis providing recommendations, legislative guidance, and employee benefits plan assistance. Our team employs a number of strategies in helping our clients achieve their benefit program and budget goals. Our approach begins with regular meetings with you to understand your organization's goals, budget, organizational considerations (such as unions, hiring/layoffs), culture, and plan competitiveness compared to benchmark and local entities. Additionally, we will review claim loss ratios along with assessment of trends over multiple years. Additionally, we keep our clients informed regarding requirements associated with the Affordable Care Act as well as recent legislation including the Firefighter Cancer Bill, FFCRA, CARES Act and the American Rescue Plan Act. Gehring Group's goal is to maintain long-term client relationships and assist our clients in developing long range strategies to conform to their overall financial goals. It is also important to note that since over 90% of the Gehring Group's client base is public sector, our firm is uniquely qualified in its understanding of public entity issues. We understand the bid process, public record laws and union obligations while maintaining familiarity with the constantly changing and complex Statutes that apply to governmental organizations. This specialized knowledge is especially vital when negotiating renewals and program changes with insurance carriers and health insurance consortiums. The experience we offer guarantees that no piece of the puzzle will be missing when a benefit change is implemented. Gehring Group's comprehensive level of service includes all services outlined in the RFP scope of services, with no limits on the number of meetings and no travel or printing costs passed through to the City of Parkland. Our approach to employee benefits advisory services is based upon sophisticated analysis of data, awareness of local and regional options, and the strategic focus to help our clients chart a course for both the short and long term. Our strategic approach starts with being innovative and proactive, thinking "over the horizon" and planning today's actions regarding health care and employee benefits based on tomorrow's needs. We understand that employee benefits are a very important aspect of an employee's compensation package. As an independent consultant, our goal is to ascertain that all available products and insurers are considered to ensure that the City of Parkland finds the best match for its needs.

Qualification Statement Part 1

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Profile	Response *
Name of Company	RSC INSURANCE BROKERAGE INC
Address	3500 Kyoto Gardens Dr.
City	Palm Beach Gardens
State	FL
Zip	33410
Telephone Number	561-626-6797 or 800-244-3696
Fax Number	561-626-6970
How many years has your organization been in business under its present name?	14 Years
Under what former name(s) has your business operated?	Gehring Group, Inc. (October 12, 1992, until its acquisition by RSC Insurance Brokerage, Inc. on December 31, 2021)
At what address was that/those business(es) located?	3500 Kyoto Gardens Dr. Palm Beach Gardens, FL 33410
Are you a: sales representative, distributor, broker, or manufacturer, of the commodities/services bid upon?	Insurance broker and/or consultant

Qualification Statement Part 2

Note: if you are providing the Local Vendor Preference Form, you can do so through the Document Upload area under the "Local Vendor Preference Form" upload area. All Certifications can be uploaded to the "Certification for Qualification" area.

	Response *	Additional Information, if required
Are you operating under Fictitious Name ("dba")? If Yes, submit evidence of compliance with Florida Fictitious Name Statute.	○ Yes ◉ No	
Are you Certified? If Yes, ATTACH A COPY OF CERTIFICATION	◉ Yes ○ No	
Are you Licensed? If Yes, ATTACH A COPY OF LICENSE	◉ Yes ○ No	
Are you claiming Minority Participation, as per Section 2.26? (If yes, please attach supporting documentation)	○ Yes ◉ No	
Are you claiming Local Preference, as per Section 2.34? (If yes, please complete Local Vendor Preference Form)	○ Yes ◉ No	
Do you have the required insurance coverage's set forth in the competitive solicitation? If Yes, ATTACH A COPY OF INSURANCE CERTIFICATES.	◉ Yes ○ No	
Has your company or you personally ever declared bankruptcy? If Yes, explain:	○ Yes ◉ No	
Have you ever received a contract or a purchase order from the City of Parkland or other governmental entity? If yes, explain (date, service/project, bid title, etc.):	◉ Yes ○ No	Gehring Group's current contract with the City is for the period of 8/17/2017 through 9/30/2022
Have you ever received a complaint on a contract or bid awarded to you by any governmental entity? If yes, explain:	○ Yes ◉ No	
Have you ever been debarred or suspended from doing business with any governmental entity? If yes, explain:	○ Yes ◉ No	
Do you affirm that you serve as a consultant or broker, independently, and are not affiliated with an insurance company, third party administrative agency or provider network.	◉ Yes ○ No	
Does your firm have any existing or potential relationships with insurance carriers or vendors who may be considered a conflict of interest to the City of Parkland. If yes, explain:	○ Yes ◉ No	

Minimum Experience Requirements

In order to be considered, Proposers must provide evidence that they are qualified to satisfactorily perform the specified services. Evidence shall include all information necessary to certify that the Proposer has provided services of a type similar to the services sought in this competitive solicitation. The evidence will consist of listing contracts for similar services that have been provided to public and/or private-sector clients, within a minimum of the last five years.

IN THE SPACE BELOW, Proposer must provide details fulfilling above minimum experience requirements. It is mandatory that proposers use this form in order to indicate that the minimum experience requirement is met. No exceptions will be made.

	Project #1 *	**Project #2** *	**Project #3** *
Project Name/Location:	Village of Royal Palm Beach	City of Coconut Creek	CareerSource Palm Beach County
Owner Name:	Marc Rodriguez, REBC	Marc Rodriguez, REBC	Marc Rodriguez, REBC
Contact Person:	Monika Bowles, Human Resources Director	Tim McPherson, Human Resources Director	Lisa Galan, Human Resources Specialist
Contact Telephone No.	(561) 790-5116	(954) 973-6715	(561) 340-1060 ext. 2203
Email Address:	mbowles@royalpalmbeach.com	tmcpherson@coconutcreek.net	lgalan@careersourcepbc.com
Yearly Budget/Cost:	Benefits Plan Cost: $1.7 million	Benefits Plan Cost: $5.7 million	Benefits Plan Cost: $1.4 million
Date of Contract, From:	11/11/1993	6/1/2010	10/1/2007
Date of Contract, To:	contract ongoing	contract ongoing	contract ongoing

Mandatory Forms Checklist

Please review and be sure the mandatory forms are included in your submission.

Form	**Yes - No** *
Authority to Execute Proposal and Contract	(•) Yes ( ) No
Background Check and Employment Verification Affidavit	(•) Yes ( ) No
Certification and Acknowledgement of Business Type	(•) Yes ( ) No
Drug Free Workplace Form	(•) Yes ( ) No
Foreign (Non-Florida) Corporate Statement	(•) Yes ( ) No
Non-Collusive Affidavit	(•) Yes ( ) No
Proof of Insurance	(•) Yes ( ) No
Public Entity Crime Statement	(•) Yes ( ) No
Scrutinized Vendor Certification	(•) Yes ( ) No
W-9	(•) Yes ( ) No

All references stated shall be for the same or similar scope as the one described in this Bid.

References

Provide specific references for at least four customers (preferably public entities), including customers served by the firm's nearest office to the City. They should be of similar size, complexity and magnitude to the City. **Please do not include the City of Parkland or City of Parkland employees as references.** Additional references may be provided by attachment.

Description	Reference #1 *	Reference #2 *	Reference #3 *	Reference #4 *	Reference #5
Organization:	City of Coconut Creek	City of Dania Beach	City of Lighthouse Point	Village of Royal Palm Beach	City of Margate
Address:	4800 West Copans Road Coconut Creek, Florida 33063	100 W Dania Beach Blvd Dania Beach, Florida 33004	2200 Northeast 38th Street Lighthouse Point, Florida 33064	1050 Royal Palm Beach Boulevard Royal Palm Beach, Florida 33411	5790 Margate Boulevard Margate, Florida 33063
Contact:	Tim McPherson, Human Resources Manager	Linda Gonzalez, Human Resources Director/Risk Manager	Kathryn Sims, City Clerk	Monica Bowles, Human Resources Director	Laurie Meyer, Human Resources Director
Phone Number:	(954) 973-6715	(954) 924-6810 x3608	(954) 943-6500	(561) 790-5116	(954) 935-5342
Email address:	tmcpherson@coconutcreek.net	lgonzalez@daniabeachfl.gov	ksims@lighthousepoint.com	mbowles@royalpalmbeach.com	lmeyer@margatefl.com
Services provided:	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage, Bentek online enrollment system, RFP & evaluation process, open enrollment coordination and attendance, provision of Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, employee advocacy and claims resolution, and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage, Bentek online enrollment system, RFP & evaluation process, open enrollment coordination and attendance, provision of Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, employee advocacy and claims resolution, and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage, Bentek online enrollment system, RFP & evaluation process, open enrollment coordination and attendance, provision of Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, employee advocacy and claims resolution, and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage, Bentek online enrollment system, RFP & evaluation process, open enrollment coordination and attendance, provision of Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, employee advocacy and claims resolution, and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage, Bentek online enrollment system, RFP & evaluation process, open enrollment coordination and attendance, provision of Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, employee advocacy and claims resolution, and additional services as needed.
Years of Service:	12 years Client since 6/1/2010	9 years Client since 5/30/2013	11 years Client since 5/11/2011	29 years Client since 11/11/1993	10 years Client since 9/19/2012

Subcontractors

The Bidder shall state all Subcontractor(s) and type of Work proposed to be used for this project. Bidders shall not indicate "TBD" (To Be Determined) or "TBA" (To Be Announced) or similar wording and shall not indicate multiple choices of Subcontractor names for any Subcontractor category in their list of Subcontractors.

Subcontractors

Please complete the attached form if you plan on using subcontractor(s).

☐ By clicking here I confirm that there are no Subcontractor(s) and the Bidder shall perform the project with their "**OWN FORCES**".

Company Name	Address	Speciality/Contracted Work
Bentek, Inc. 3500 Kyoto Gardens Dr. Palm Beach Gardens, FL 33410 Specialty: Online Enrollment Software		

Documents

It is your responsibility to make sure the uploaded file(s) is/are not defective or corrupted and are able to be opened and viewed.

If the attached file(s) cannot be opened or viewed, your Solicitation may be rejected.

This section is for the Proposer to upload the required documents. If uploading additional documents, please do not exceed 50 pages.

- Cover Letter - RSC_GehringGroup_Cover_Letter.pdf - Monday April 18, 2022 16:21:10
- Team Staffing/Resumes - RSC_GehringGroup_Team_Resumes.pdf - Monday April 18, 2022 16:17:55
- Organizational Chart - RSC_GehringGroup_Organizational_Chart & Additional Qualifications.pdf - Tuesday April 19, 2022 11:10:55
- Mandatory Forms Upload Area - 1 - Parkland - Employee Benefits Consulting RFP 2022-03 - REQUIRED FORMS.pdf - Tuesday April 19, 2022 12:39:37
- Proof of Insurance (COI) - Gehring - Evidence of Coverage Certificate.pdf - Tuesday April 19, 2022 11:47:57
- Non-Mandatory Forms (Local Vendor Preference, Disadvantage Business Enterprise - if qualified) (optional)
- Additional Document - EXHIBITS SECTION.pdf - Tuesday April 19, 2022 12:20:31

Addenda, Terms and Conditions

It is understood and agreed by Proposer that the City reserves the right to reject any and all proposals, to make awards on all items or any items according to the best interest of the City, and to waive any irregularities in the proposal or in the proposals received as a result of the competitive solicitation. It is also understood and agreed by the Proposer that by submitting a proposal, Proposer shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.

☑ I/We have the authority to bind the Company and submit this Bid on behalf of the Bidder. - Cindy Thompson, VP - Operations, RSC Insurance Brokerage, Inc.
The bidder shall declare any potential or actual conflict of interest that could arise from Bidding on this Bid. Do you have a conflict of interest?

○ **Yes** ◉ **No**

The Bidder acknowledges and agrees that the addendum/addenda below form part of the Bid Document

Please check the box in the column "**I have reviewed this addendum"** below to acknowledge each of the addenda.

File Name	I have reviewed the below addendum and attachments (if applicable)	Pages
RFP 2022-03 Insurance Agent Broker Services-Addendum 1 Tue April 5 2022 03:06 PM	☑	58

Exhibit A - Fee Proposal (30 Points)

COVERAGE	COMMISSION RATE	Percent Spelled Out
Medical	$ 5.0000	Five percent
Dental	$ 10.0000	Ten percent
Vision	$ 5.0000	Five percent
Life and AD&D	$ 5.0000	Five percent
Long Term Disability	$ 5.0000	Five percent
Employee Assistance Plan	$ 10.0000	Ten percent
Pet Insurance	$ 10.0000	Ten percent
Supplemental	$ 15.0000	Fifteen percent or carrier default

Firm Qualifications (20 Points)

Provide a brief profile of the firm including the types of services offered; the year founded; form of the organization (corporation partnership sole proprietorship); number size and location of offices; and number of
employees.

Provide a general description of the firm's financial condition and identify any conditions (e.g. bankruptcy pending litigation planned office closures impending merger) that may impede Proposer's ability to complete the project.

Describe the firm's experience in performing work of a similar nature to that solicited in this competitive solicitation and highlight the participation in such work by the key personnel proposed for assignment to this project.

Management, Supervisory and Staff Experience (15 points)

Include a statement that key personnel will be available to the extent proposed for the duration of the project acknowledging that no person designated as "key" to the project shall be removed or replaced without the prior written concurrence of City of Parkland.

List the members of the project team including subcontractors. Provide a brief resume for each team member for this project. Provide any other documentation that may be of importance to this project and the project team.

Response:

This statement is to acknowledge that
key personnel will be available to the extent proposed for the duration of the project and no person designated as "key" to the project shall be removed or replaced without the prior written concurrence of the City of Parkland.
The proposed project team includes the following individuals. Resumes for each are included in the "Team Staffing" section of the Documents Upload area.

Lead Benefits Consultant/Project Manager - Marc Rodriguez REBC
Backup Benefits Consultant - Rommi Mitchell
Employee Benefits Analyst - Christie Jensen
Senior Account Manager - Shauna Whittingham
Account Relations Manager - Pamela Cruz

Methodology including Technical Approach and Understanding of the Scope of Services (30 points)

Describe the approach to completing the tasks specified in the Scope of Services.
Include an implementation schedule on how the Proposer plans on meeting the required report deadlines.
Provide a narrative which addresses the Scope of Work and shows Proposer's understanding of the City of Parkland's needs and requirements.

Response:

Please see Exhibit A - Scope of Services in the Documents Upload section.
Please see Exhibit B - Implementation Timeline in the Documents Upload section.
At Gehring Group we're approaching three decades invested in believing that insurance is about advisory services not just the placement and sale of a product. On December 31 2021 Gehrin Group became a Division of RSC Insurance Brokerage Inc. and now has even more to offer. Gehring Group continues to provide sophisticated insurance programs solutions and related resou that best meet each public sector client's individual needs. We employ an atmosphere of collaboration a culture of teamwork provide value-added resources and design and implement innovative and progressive solutions. With our extensive experience servicing numerous large group public sector clients this level of sophistication has encouraged innovation a national outreach and perspective; attracted and developed outstanding professionals resources and partner access; and given us top tier recognition with insurance carriers.

Upon review of the City of Parkland's RFP # 2022-03 for Insurance Agent Broker Services it is evident that the City desires to maintain a competitive yet cost effective employee benefits and program and is seeking an experienced insurance professional to provide comprehensive year-round services in order to accomplish this goal. These services would include expert knowledg self-insured programs network discounts all available programs and funding options consistent monitoring of the program claims experience review of contract language and the provision o budgetary projections and funding recommendations as well as knowledge of the insurance industry as a whole. Inherent in this process would be marketing and renewal analysis the RFP ar evaluation process recommendations to staff monitoring of legislative updates and assistance with compliance issues. Based on our 29-year history servicing the public sector market we are confident that we can assist the City of Parkland in meeting its employee benefits objectives while remaining conscious of budgetary requirements or limitations.

Gehring Group's strategy and service philosophy center around remaining involved with our clients on a year-round basis providing recommendations legislative guidance and employee ben plan assistance. Our team employs a number of strategies in helping our clients achieve their benefit program and budget goals. Our approach begins with regular meetings with you to understand your organization's goals budget organizational considerations (such as unions hiring/layoffs) culture and plan competitiveness compared to benchmark and local entities. Additi we will review claim loss ratios along with assessment of trends over multiple years. Additionally we keep our clients informed regarding requirements associated with the Affordable Care A well as recent legislation including the Firefighter Cancer Bill FFCRA CARES Act and the American Rescue Plan Act. Gehring Group's goal is to maintain long-term client relationships and assis clients in developing long range strategies to conform to their overall financial goals.

It is also important to note that since over 90% of the Gehring Group's client base is public sector our firm is uniquely qualified in its understanding of public entity issues. We understand th process public record laws and union obligations while maintaining familiarity with the constantly changing and complex Statutes that apply to governmental organizations. This specialized knowledge is especially vital when negotiating renewals and program changes with insurance carriers and health insurance consortiums. The experience we offer guarantees that no piece o puzzle will be missing when a benefit change is implemented.

Gehring Group's comprehensive level of service includes all services outlined in the RFP scope of services with no limits on the number of meetings and no travel or printing costs passed thr to the City of Parkland. Our approach to employee benefits advisory services is based upon sophisticated analysis of data awareness of local and regional options and the strategic focus to h

Qualification Statement Part 1

Company Profile	Response
Name of Company	RSC INSURANCE BROKERAGE INC
Address	3500 Kyoto Gardens Dr.
City	Palm Beach Gardens
State	FL
Zip	33410
Telephone Number	561-626-6797 or 800-244-3696
Fax Number	561-626-6970
How many years has your organization been in business under its present name?	14 Years
Under what former name(s) has your business operated?	Gehring Group Inc. (October 12 1992 until its acquisition by RSC Insurance Brokerage Inc. on December 31 2021)
At what address was that/those business(es) located?	3500 Kyoto Gardens Dr. Palm Beach Gardens FL 33410
Are you a: sales representative distributor broker or manufacturer of the commodities/services bid upon?	Insurance broker and/or consultant

Qualification Statement Part 2

	Response	Additional Information, if required
Are you operating under Fictitious Name ("dba")? If Yes submit evidence of compliance with Florida Fictitious Name Statute.	No	
Are you Certified? If Yes ATTACH A COPY OF CERTIFICATION	Yes	
Are you Licensed? If Yes ATTACH A COPY OF LICENSE	Yes	
Are you claiming Minority Participation as per Section 2.26? (If yes please attach supporting documentation)	No	
Are you claiming Local Preference as per Section 2.34? (If yes please complete Local Vendor Preference Form)	No	
Do you have the required insurance coverage's set forth in the competitive solicitation? If Yes ATTACH A COPY OF INSURANCE CERTIFICATES.	Yes	
Has your company or you personally ever declared bankruptcy? If Yes explain:	No	
Have you ever received a contract or a purchase order from the City of Parkland or other governmental entity? If yes explain (date service/project bid title etc.):	Yes	Gehring Group's current contract with the City is for the period of 8/17/2017 through 9/30/2022
Have you ever received a complaint on a contract or bid awarded to you by any governmental entity? If yes explain:	No	
Have you ever been debarred or suspended from doing business with any governmental entity? If yes explain:	No	
Do you affirm that you serve as a consultant or broker independently and are not affiliated with an insurance company third party administrative agency or provider network.	Yes	
Does your firm have any existing or potential relationships with insurance carriers or vendors who may be considered a conflict of interest to the City of Parkland. If yes explain:	No	

Minimum Experience Requirements

	Project #1	Project #2	Project #3
Project Name/Location:	Village of Royal Palm Beach	City of Coconut Creek	CareerSource Palm Beach County
Owner Name:	Marc Rodriguez REBC	Marc Rodriguez REBC	Marc Rodriguez REBC
Contact Person:	Monika Bowles Human Resources Director	Tim McPherson Human Resources Director	Lisa Galan Human Resources Specialist
Contact Telephone No.	(561) 790-5116	(954) 973-6715	(561) 340-1060 ext. 2203
Email Address:	mbowles@royalpalmbeach.com	tmcpherson@coconutcreek.net	lgalan@careersourcepbc.com
Yearly Budget/Cost:	Benefits Plan Cost: 1.7 million	Benefits Plan Cost: 5.7 million	Benefits Plan Cost: 1.4 million
Date of Contract From:	11/11/1993	6/1/2010	10/1/2007
Date of Contract To:	contract ongoing	contract ongoing	contract ongoing

Mandatory Forms Checklist

Form	Yes - No
Authority to Execute Proposal and Contract	Yes
Background Check and Employment Verification Affidavit	Yes
Certification and Acknowledgement of Business Type	Yes
Drug Free Workplace Form	Yes
Foreign (Non-Florida) Corporate Statement	Yes
Non-Collusive Affidavit	Yes
Proof of Insurance	Yes
Public Entity Crime Statement	Yes
Scrutinized Vendor Certification	Yes
W-9	Yes

References

Description	Reference #1	Reference #2	Reference #3	Reference #4	Reference #5
Organization:	City of Coconut Creek	City of Dania Beach	City of Lighthouse Point	Village of Royal Palm Beach	City of Margate
Address:	4800 West Copans Road Coconut Creek Florida 33063	100 W Dania Beach Blvd Dania Beach Florida 33004	2200 Northeast 38th Street Lighthouse Point Florida 33064	1050 Royal Palm Beach Boulevard Royal Palm Beach Florida 33411	5790 Margate Boulevard Margate Florida 33063
Contact:	Tim McPherson Human Resources Manager	Linda Gonzalez Human Resources Director/Risk Manager	Kathryn Sims City Clerk	Monica Bowles Human Resources Director	Laurie Meyer Human Resources Director
Phone Number:	(954) 973-6715	(954) 924-6810 x3608	(954) 943-6500	(561) 790-5116	(954) 935-5342
Email address:	tmcpherson@coconutcreek.net	lgonzalez@daniabeachfl.gov	ksims@lighthousepoint.com	mbowles@royalpalmbeach.com	lmeyer@margatefl.com
Services provided:	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage Bentek online enrollment system RFP & evaluation process open enrollment coordination and attendance provision of Online Enrollment System creation and printing of annual employee benefits highlights and other communications wellness program consulting employee advocacy and claims resolution and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage Bentek online enrollment system RFP & evaluation process open enrollment coordination and attendance provision of Online Enrollment System creation and printing of annual employee benefits highlights and other communications wellness program consulting employee advocacy and claims resolution and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage Bentek online enrollment system RFP & evaluation process open enrollment coordination and attendance provision of Online Enrollment System creation and printing of annual employee benefits highlights and other communications wellness program consulting employee advocacy and claims resolution and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage Bentek online enrollment system RFP & evaluation process open enrollment coordination and attendance provision of Online Enrollment System creation and printing of annual employee benefits highlights and other communications wellness program consulting employee advocacy and claims resolution and additional services as needed.	Comprehensive employee benefits consulting services including monitoring the group fully insured medical/Rx program and all other employee benefits insurance coverage Bentek online enrollment system RFP & evaluation process open enrollment coordination and attendance provision of Online Enrollment System creation and printing of annual employee benefits highlights and other communications wellness program consulting employee advocacy and claims resolution and additional services as needed.
Years of Service:	12 years Client since 6/1/2010	9 years Client since 5/30/2013	11 years Client since 5/11/2011	29 years Client since 11/11/1993	10 years Client since 9/19/2012

Subcontractors

Company Name	Address	Speciality/Contracted Work
Bentek Inc. 3500 Kyoto Gardens Dr. Palm Beach Gardens FL 33410 Specialty: Online Enrollment Software		