



## **Insurance Brokerage and Advisory Services**

**RFQ 23-02**



---

**PROTECTING TOMORROW...TODAY.**

Respectfully submitted by Ollis/Akers/Arney

Primary Contact – Ryan Allison

April 21, 2023

Dear City of Republic RFQ Committee,

The team at Ollis/Akers/Arney is truly excited by the opportunity to respond to your REQUEST FOR QUALIFICATIONS: INSURANCE BROKERAGE AND ADVISORY SERVICES (RFQ 23-02).

After reviewing the information sent and building off the responses and concerns conveyed by staff in our RFQ conference, the following are our answers, observations, and initial strategic solutions. In addition, we understand the importance the below Mission, Vision and Values have to the City of Republic and the cultural impact it has on your team. We believe our model and strategic program development is tightly connected to this focus.



We heard from the team the desire to have a partner that:

1. Is creative and uses “out of the box” solutions
2. Provides elite concierge service to staff and employees
3. Communicates and educates your staff and employees on the program and resources, bringing more value to them and their families
4. Makes it easy

Our fit for these needs is showcased in section 4.2. As evidenced in our complete response, we believe our strengths in the values of Regional, Ethical, Professional, Urgent, Bold, Leaders, Insightful, and Caring make us the perfect partner for your employee benefits program.

Sincerely,

Ryan Allison  
Advisor  
Ollis/Akers/Arney

# TABLE OF CONTENTS

- 1. Cover Letter**
- 2. Table of Contents**
- 3. Sections**
  - (1) Introduction and Executed Signature Page**
  - (2) Qualifications of Firm**
  - (3) Qualifications of Staff**
  - (4) References**
  - (5) Technical Approach**
  - (6) Timetable**
  - (7) E-Verify and Other Information**
  - (8) Sample Documents**

# Section 1 – Introduction & Executed Signature Page

- 1.1. The introduction section must contain an overview of the broker, consultant, and/or firm and any sub-consultants.



**RYAN ALLISON**

Title: Advisor

Responsibility: Strategic Planning

Phone: 417-881-8333

Email: [Ryan.Allison@ollisaa.com](mailto:Ryan.Allison@ollisaa.com)



**JOHN AKERS, CIC**

Title: Vice President of Benefits

Responsibility: Strategic Planning

Phone: 417-334-5115 ext. 222

Email: [John.Akers@ollisaa.com](mailto:John.Akers@ollisaa.com)



**Cameron Cummins**

Title: National Partner

Responsibility: Data Analytics

Phone: 269-589-9838

Email: [cam.cummins@transparent-bydesign.com](mailto:cam.cummins@transparent-bydesign.com)



# The Ollis/Akers/Arney Evolution

After becoming a 100% employee owned insurance agency in 2008, Ollis & Company began transforming its traditional transactional insurance agency into a risk management, employee benefits, business consulting company. Initially it was a struggle, coupled with turnover and a change in our belief system, as the company reinvented itself for the next century of service to its clients. The company hired new staff members and added Human Resources and Wellness consulting departments.

Gaining momentum and positioned for growth, in 2015 the Akers & Arney Agency in Branson joined the established employee ownership structure rebranding as Ollis/Akers/Arney Insurance and Business Advisors. In 2018, The Paul Long Agency in Bolivar joined the company, making Ollis/Akers/Arney the region's largest insurance and business advisory agency (2019 SBJ ranking).

2019 would prove to be a watershed year for the company being recognized for assembling the area's most talented consulting team (2019 Insurance Business America's Top Insurance Workplace) and breaking into the very prestigious national top performing insurance firms (2019 IIABA Best Practices).

Beginning from its humble roots in 1885, Ollis/Akers/Arney and its employee owners have evolved into a regional powerhouse that many area businesses rely on for risk management, employee benefits, insurance, wellness and human resources.

Watershed year!  
Recognized nationally for  
innovation and consulting expertise.

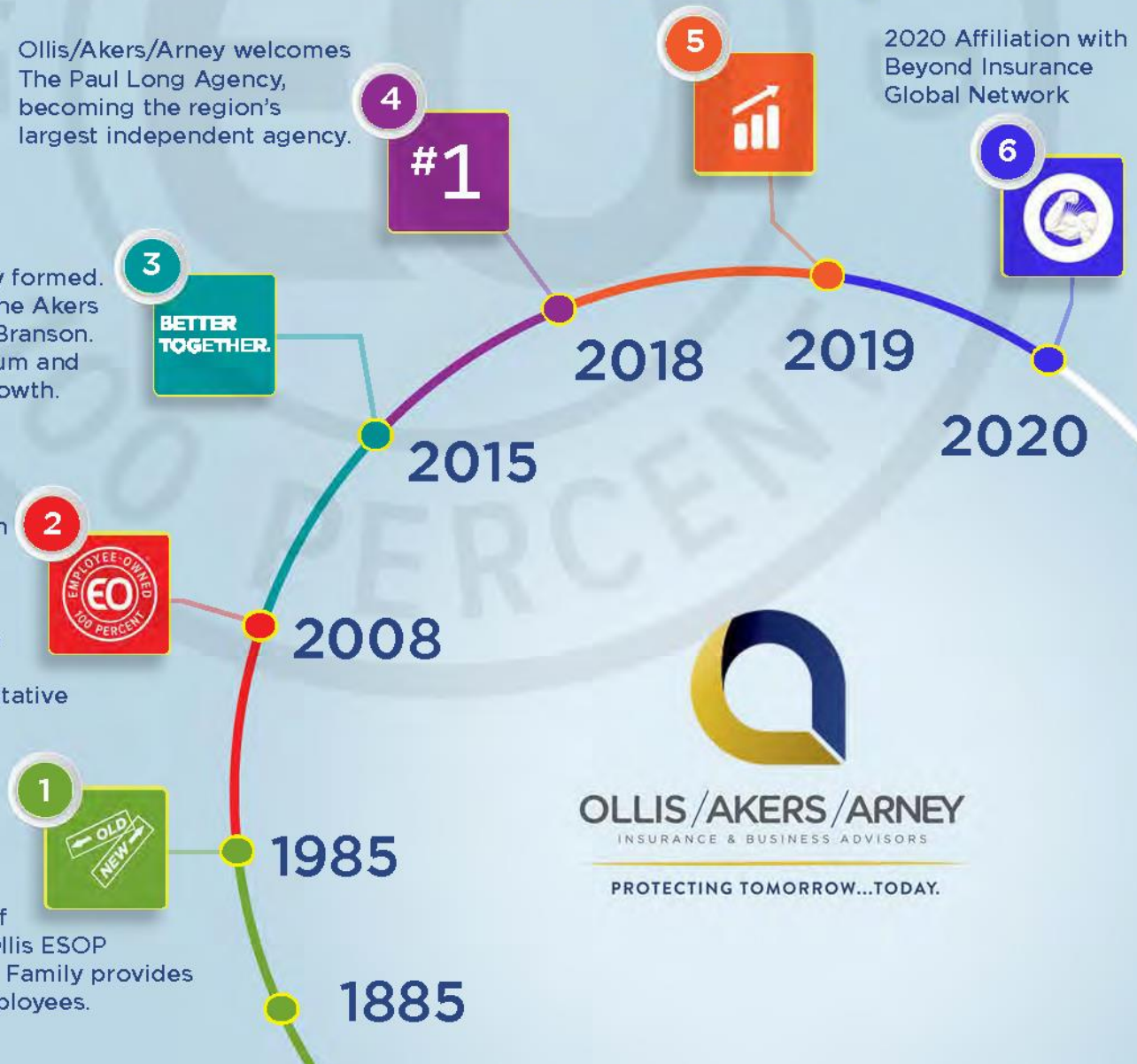
Ollis/Akers/Arney welcomes  
The Paul Long Agency,  
becoming the region's  
largest independent agency.

2020 Affiliation with  
Beyond Insurance  
Global Network

Ollis/Akers/Arney formed.  
Ollis & Co. joins the Akers  
& Arney team in Branson.  
Gaining momentum and  
positioned for growth.

ESOP transformation  
100% Employee  
Owned complete.  
Conversion from  
traditional insurance  
agency to risk  
management/consultative  
firm begins.

After 100 years of  
operations, the Ollis ESOP  
begins. The Ollis Family provides  
ownership to employees.



  
**OLLIS/AKERS/ARNEY**  
INSURANCE & BUSINESS ADVISORS



# INDUSTRY BOARDS & NOTABLE AWARDS

Missouri Hospital Association Patient  
& Family Advisory Council Member



Wellness Council of America  
Board Member

#1

Area's Largest Independent Insurance Agency  
Springfield Business Journal 2019, 2020, 2021

2019, 2020, 2021, 2022 Top Insurance Workplace  
Insurance Business America



2019, 2020, 2021, 2022 U. S. Best Practices Agency  
IIABA and Reagan Consulting



Area's Trusted Advisers Insurance Agent  
Springfield Business Journal 2014, 2016,  
2017, 2018, 2019, 2020, 2021, 2022



Customer Service Representative of the Year  
Missouri Association of Insurance Agents  
2017, 2019, 2020, 2021, 2022

Better Business Bureau 2020 Torch Award  
For Ethics



## LOCAL CONNECTION NATIONAL REACH



Advising many of the 4-State Region's largest  
organizations with locations across the U.S.

## THE OLLIS EDGE



Exclusive model uniquely developed  
for each client with long term  
quantifiable results.

100%

We are a 100% employee owned  
company. Each person you interact  
with is an owner and is focused on  
providing you with 100% satisfaction.

## GROWTH



Invested heavily in cutting-edge  
technology to provide clients  
streamlined DATA analysis,  
benchmarking and communications.



Expanded consulting services to  
include human resources, safety,  
wellness, and training. Providing  
services for over 125 clients.



1 of 282 Best Practices Agencies out  
of 35,000 across the United States.  
(Only one in Missouri)



Industry-leading consulting and risk  
management resource portfolio.

Consistent client relationships and  
communication through highly  
experienced and tenured staff.



**1.2. The introduction must clearly indicate the legal name, address, telephone number, and local contact information (if available) of the submitter.**

Ollis & Company dba Ollis/Akers/Arney  
2274 E. Sunshine St.  
Springfield, MO 65804  
417-881-8333  
Ryan Allison (ext. 102)  
[Ryan.Allison@ollisaa.com](mailto:Ryan.Allison@ollisaa.com)

**1.3. The introduction must indicate whether the submitter is a corporation, general partnership, individual, or other business entity.**

Ollis/Akers/Arney is a corporation and 100% employee owned through an ESOP (Employee Stock Ownership Plan)

**1.4. The introduction must include a statement to the effect that: "The submission of this Statement of Qualifications indicates acceptance by the broker, consultant, and/or firm of the stipulation contained in the Request for Qualifications and the terms and conditions of the Professional Services Agreement included therein."**

Included on signed statement on next page.

**1.5. The statement must be signed above the typed or printed name and title of the signer. The signer must have the authority to bind the broker, consultant, and/or firm to the submitted response.**

Included on signed statement on next page.



City of Republic  
Attn: Melissa Wallen, Benefits & Payroll Specialist  
213 North Main Street Republic, MO 65738

Telephone: 417.732.3133  
Email: mwallen@republicmo.com

## REQUEST FOR QUALIFICATIONS NUMBER RFQ 23-20

Date: 4/4/2023


### INSURANCE BROKERAGE & ADVISORY SERVICES

This document constitutes a request for **SEALED** response from qualified brokers for qualification of Employee Benefits Insurance Brokerage Services for the City of Republic.

**Date and Time Returnable: 3:00 p.m. on Friday, April 21, 2023**

The Submission of this Statement of Qualifications indicates acceptance by the broker, consultant, and/or firm of the stipulations contained in the Request for Qualifications and the terms and conditions of the Professional Services Agreement included therein.

Submitter is ☒ Corporation ☐ General Partnership ☐ Individual ☐ Other

Company Name Ollis & Company dba Ollis/Akers/Arney		Date April 21, 2023	
Mailing Address 2274 E. Sunshine Street		Telephone 417-881-8333	
City Springfield	State MO	Zip Code 65804	Facsimile 417-823-7444
Authorized Signature 			
Printed Name Ryan Allison	Email Ryan.Allison@ollisaa.com	Title Advisor	

## Section 2 – Qualifications of Firm

### 2.1. Provide a description and history of the firm (if applicable).

Established in 1885 to provide much needed fire, property and liability coverage for homeowners, businesses, and farmers, we have continued our tradition as an industry leader in innovative solutions to help our clients reduce risk and control costs long term for **more than 135 years**.

In 2020 we joined the Beyond Insurance Global Network of Independent Agencies (BIGN). The BIGN is a National Network of over 75 Independently Owned insurance, employee benefits, risk consulting agencies with over 1500 employees, over \$2 Billion in written premium and is the 4th largest insurance network in the U.S. This partnership expanded Ollis/Akers/Arney's resources, increased our ability to innovate for our clients and elevated our unique model nationally.

Today, **Ollis/Akers/Arney is headquartered at 2274 E. Sunshine Street Springfield MO**. As a 100% employee-owned company, our 64 employee-owners have a vested interest in our clients' growth and success. Fifty-five of our employees are licensed agents. With over \$124 million in managed premium, our clients range from private enterprises to public entities in the form of small local offices to large national corporations. We've had an emphasis through our public entity department on the challenges and risks facing municipalities, counties, and various other publicly funded organizations for **over 30 years**.

Our philosophy is simple; we strive to understand your business and your team at every level of the organization. This complete understanding allows us to proactively develop customized strategic plans that address current risks, emerging risks and deliver the most of your human capital.

This philosophy and proactive process for our clients has earned us various awards of national recognition as a national leader in the risk and insurance industry. Among those: recognition as a ***Best Practices Agency in the United States*** designation by the Independent Insurance Agents & Brokers of America, Inc. and Reagan Consulting and recognized as a 4-time winner of ***Top Insurance Employer*** by Insurance Business America. For the second year in a row, we have been recognized in the Top 3 of ***Best Places to Work*** by Biz 417 and Best Companies Group.



# The Ollis/Akers/Arney Evolution

After becoming a 100% employee owned insurance agency in 2008, Ollis & Company began transforming its traditional transactional insurance agency into a risk management, employee benefits, business consulting company. Initially it was a struggle, coupled with turnover and a change in our belief system, as the company reinvented itself for the next century of service to its clients. The company hired new staff members and added Human Resources and Wellness consulting departments.

Gaining momentum and positioned for growth, in 2015 the Akers & Arney Agency in Branson joined the established employee ownership structure rebranding as Ollis/Akers/Arney Insurance and Business Advisors. In 2018, The Paul Long Agency in Bolivar joined the company, making Ollis/Akers/Arney the region's largest insurance and business advisory agency (2019 SBJ ranking).

2019 would prove to be a watershed year for the company being recognized for assembling the area's most talented consulting team (2019 Insurance Business America's Top Insurance Workplace) and breaking into the very prestigious national top performing insurance firms (2019 IIABA Best Practices).

Beginning from its humble roots in 1885, Ollis/Akers/Arney and its employee owners have evolved into a regional powerhouse that many area businesses rely on for risk management, employee benefits, insurance, wellness and human resources.

Watershed year!  
Recognized nationally for  
innovation and consulting expertise.

Ollis/Akers/Arney welcomes  
The Paul Long Agency,  
becoming the region's  
largest independent agency.

2020 Affiliation with  
Beyond Insurance  
Global Network

Ollis/Akers/Arney formed.  
Ollis & Co. joins the Akers  
& Arney team in Branson.  
Gaining momentum and  
positioned for growth.

ESOP transformation  
100% Employee  
Owned complete.  
Conversion from  
traditional insurance  
agency to risk  
management/consultative  
firm begins.

After 100 years of  
operations, the Ollis ESOP  
begins. The Ollis Family provides  
ownership to employees.



# Ollis/Akers/Arney Accomplishments & Highlights

## Outstanding CSR of the Year for the State of Missouri by the Missouri Association of Insurance Agents

- 2017 Robin Talty
- 2019 Beth Kensinger
- 2020 Ashlae Cook
- 2021 Megan Owens
- 2022 Pamela Hamilton



## Independent Insurance Agents & Brokers of America Best Practice Agency – 2019, 2020, 2021, 2022

One of Springfield Business Journal's Area's Largest Independent Insurance Agency – 2018, 2019, 2020, 2021, 2022

Better Business Bureau 2020 Torch Award for Ethics



Innovative HR Teams 2022



Richard Ollis serves on Springfield City Council and on the board for Missouri Association of Insurance Agents

## Trusted Advisor - Springfield Business Journal

- 2014 Jeff Eiserman
- 2016 Peggy Gawley
- 2017 Erica Gaynor
- 2018 John Akers
- 2019 Paul Long
- 2020 Jeff Chronister
- 2022 Mindy Pippin



Insurance Business America Top Insurance Workplace – 2019, 2020, 2021, 2022

Awarded as one of the top 20 Best Places to Work by Best Companies Group and Biz 417 Magazine (#3)



Cameron Black awarded Top Wellness Adviser in the U.S. 2020

Jeff Eiserman & Mindy Pippin receive the Accredited Cyber Risk Advisor designation by Beyond Insurance Global Network.



Erica Gaynor achieves her Registered Employee Benefits Consultant (REBC) designation – 2022



OllisAkersArney.com | 417-881-8333

## 2.2. Provide recent experience demonstrating current capacity, familiarity, and expertise in the insurance advisory services as they relate to municipal or local government.

Ollis/Akers/Arney formed a Public Entity Department, which includes over 50% of our staff focusing in this area. The team currently represents numerous public entity clients across the State of Missouri, including 26 local governments.

Ollis/Akers/Arney has multiple team members who are serving or have served on local city councils and school boards throughout Southwest Missouri.

We are active members in the Missouri Municipal League (MML), Missouri Association of Counties (MAC), Missouri Association of School Administrators (MASA), Missouri Rural Health Association (MRHA), and the Missouri Chamber of Commerce. Ollis/Akers/Arney not only sponsors these organizations, but provides educational seminars for their conferences, meetings, and conventions.

As an industry leader in public entity risk management, the Ollis/Akers/Arney Public Entity Department understands the unique risks facing municipal/local governments. Public entities face the struggle of adhering to a strict budget without the ability to easily increase funding. The cost of insuring governmental bodies continues to increase; from health insurance to building replacement. Talent attraction and retention is heavily influenced by the scope of the benefits program as salaries are typically not as competitive as private business.



Ollis/Akers/Arney focuses on providing the most value for the dollars spent on the benefits program. We work to communicate the value to the employees at a higher level, helping them understand the program better and becoming better stewards of the plan.

While most of the examples of expertise provided in this RFQ response center around the employee benefits program, Ollis/Akers/Arney understands that public entities face unique property & casualty risks. The topic of preserving Sovereign Immunity is one that without a complete understanding of the laws, may put the entity at greater risk of waiving their sovereign immunity.

We have invested in tools and resources that can be tailored to the individual needs of the City. From training modules to compliance updates and guidance. We are experts in this field and have chosen to devote our time and resources to improving the Risk Profile of our public entity clients.

Our process is unique in the marketplace and has proven to be a huge benefit to City Managers and Administrators by controlling their cost and budget. It also frees up time they previously spent on risk management tasks, so they can focus on other areas such as economic development and revenue growth!

# PUBLIC ENTITIES

## EMERGING RISKS

Risk Profile Management is crucial in the successful governance of a public entity. Your unique risk profile score and how it is impacted by multiple factors, including the ones above, is the first step in developing the Risk Profile Management Program. The goal of a risk profile is to provide an unbiased understanding of your organization's risk by assigning a score to different types of risks and the danger they pose. Risk Profile Management Program helps control your unique risk profile score through documented and measured strategies vs. comparable benchmarks.

**WHAT IS YOUR SCORE?**

### INTELLIGENCE QUOTIENT FOR RISK MANAGEMENT (IQRM)

- 1. EXAMINE RISK**  
We will investigate your potential risk by asking questions to determine your specific needs.
- 2. DEVELOP STRATEGIES**  
We will design a custom plan to improve your Risk Profile.
- 3. GO PHASE**  
We will work with you to make sure the plan is executed.
- 4. EVALUATE RESULTS**  
Our process continues with accountability and monitoring the measured results of the program.

**IMPROVEMENT**

**OLLIS/AKERS/ARNEY**  
INSURANCE & BUSINESS ADVISORS  
PROTECTING TOMORROW...TODAY.

## INDUSTRY EXPERTISE

### HUMAN RESOURCES

- Resolving Workplace Conflict
- Employee Engagement
- Compensation Strategies
- Leadership Development
- Policy Review including Medical Marijuana and COVID Sick Time
- Talent Attraction and Retention Strategy
- Government Compliance/Documentation
- And More

### INDUSTRY SPECIFIC EXPOSURES

- Law Enforcement Liability
- Partner Selection Process
- Property Valuation Updating
- Employment Practices Liability
- Juggling Shrinking Tax Bases and Swelling Operational Cost
- Cyber and Data Breach Exposure
- Transportation and Fleet Management
- Facilities Assessments and Use Agreements
- Workers' Compensation
- Public Official and Employee Dishonesty
- Disaster Planning

### EMPLOYEE BENEFITS STRATEGY

- Emerging Trends
- Self, Level-Funded and Fully Insured
- Communication, Education and Technology
- Design Options
- Wellness
- Enrollment Options
- Data Benchmark Analysis

### AGENCY EXCLUSIVE RESOURCES

- Ergonomics Review
- Active Shooter Preparedness and Response Planning
- Onsite Training
- Online Client Portal
- Dedicated Claims Management
- Claims Review and Strategy
- Insurance Benchmarking
- Wellness Director/Programs
- Health and Wellness Newsletters
- Multiple Market Insurance Negotiating
- Risk Transfer Review
- Risk Assessment and Recommendation
- EMOD Projection and Analysis
- Safety Resources for Volunteers

OLLISAKERSARNEY.com

## KNOW YOUR SCORE!

Public entities face a unique environment regarding liability. The contrast between evolving exposures, litigation trends and the acute pressure to reduce costs. Aligning budgets to sometimes inadequate public funding creates a complicated web of choices for administrators in the public sector.

*One of the most important factors to consider when managing your property liability coverage for public entities is the true cost of risk, not the price of the premium.*

## SCHEDULE YOUR RISK PROFILE ASSESSMENT



**OLLIS/AKERS/ARNEY**  
INSURANCE & BUSINESS ADVISORS

PROTECTING TOMORROW...TODAY.

OLLISAKERSARNEY.com | 417-881-8333



### 2.3. Specific experience in government regulations and law, including (but not limited to) health care reform, will be considered most valuable.

Ollis/Akers/Arney is committed to keeping our clients updated with changes in federal, state, and local laws that would impact them. This process also includes recommendations on addressing the issue. We use the following methods of communication including, although not limited to email, phone calls, virtual meetings and in-person consultation.

Ollis/Akers/Arney has invested heavily to provide our clients relevant information regarding changes in legal compliance requirements. We have multiple conduits available to provide this information to our clients based on specific needs.

We belong to Missouri Association of Insurance Advisors, as well as the Independent Insurance Agents of America on a national level. We leverage these resources, along with numerous industry newsletters, blogs, breaking news alerts, etc. to stay up to date in the tumultuous health care and insurance marketplace. We pride ourselves on being continual students of the industry to keep our clients up to date on matters that impact their benefits programs.

Karen Shannon (human resources) and Brian Johnston (legal/regulation) are members of local and national organizations in their respective fields. They stay informed on emerging trends through continuing education and provide valuable insight to our staff and clients on legislative developments.



OLLIS/AKERS/ARNEY  
HUMAN RESOURCES  
CONSULTING

PROTECTING TOMORROW...TODAY.



**Karen Shannon** VICE PRESIDENT OF BUSINESS CONSULTING/CHRO

Karen Shannon is the Vice-President of Business Consulting/CHRO for Ollis/Akers/Arney. Karen has served in senior leadership positions in banking and human resources for over 30 years. She and her team provided HR services to 5000 employees across the US, United Kingdom, India and Mexico. Today, she works with clients on key business and HR strategies which have resulted in cost savings upward of \$7 million.

Karen has expertise in all functional areas of Human Resources including administration, compensation and benefits, compliance, employee relations, performance management, organizational development, talent selection and management, training and development and labor relations. Karen's experience includes advanced employee relations issues including managing litigation and discrimination charges, conducting investigations, and working with federal and state commissions and regulatory agencies.

Karen received her MBA and BA in Business Administration and Economics from Drury University. She is a graduate of Leadership Missouri and is a member of the Local Issues Public Task Force for the Springfield Area Chamber of Commerce, as well as serving on the Missouri Bankers Association Board of Trustees for Banking Education. Karen was recognized in 2000 by the Springfield Business Journal in its inaugural class of Most Influential Women in Business and is a regular speaker at national and regional conferences.



**Carolyn O'Kelley** HUMAN RESOURCES CONSULTANT

Carolyn O'Kelley has over 20 years of leadership experience in all aspects of human resources activities including benefits, compensation, training and development, organizational development, talent selection, employee relations and legal compliance. She has worked in a variety of industries for local and national large and mid-size companies in the profit and not-for-profit arenas.

Carolyn graduated with a Bachelor of Science degree in Business Management from Missouri Southern State University and holds two HR professional certifications - Senior Professional in Human Resources (SPHR) from the HR Certification Institute (HRCI) and Senior Certified Professional (SHRM-SCP) from the Society for Human Resource Management (SHRM).

Carolyn is a member of SHRM and has served on the board for the Missouri State Council of SHRM and served in various board positions for the Springfield Chapter of SHRM. In 2016, Carolyn was President of the Springfield Area Human Resources Association (SAHRA) and nominated for the Springfield Business Journal Top Local Human Resources Professional of the Year.



**Kenya Pearman** HUMAN RESOURCES CONSULTANT

Kenya Pearman has over 16 years of Human Resources Director experience including recruiting, onboarding, employee relations, training and development, benefit administration, legal compliance and has developed employee recognition programs in the supply chain/logistics industry. Kenya has a BS in Political Science from Oklahoma State University and is actively involved in the Springfield Area Human Resources Association and the Society for Human Resource Management. Kenya holds the esteemed Senior Professional in Human Resources (SPHR) designation and is a Senior Certified Professional through SHRM.



**Wendy Brown** HUMAN RESOURCES COORDINATOR

Wendy Brown has over 20 years of experience coordinating and project managing in the world of architecture, advertising, accounting, and real estate. Wendy has joined the Human Resources Consulting team as the HR Coordinator and assists with scheduling and project coordination for the division. Wendy is a graduate of Baptist Bible College in Springfield and holds a Business Management degree and her real estate license. She is a member of the Missouri Real Estate Commission and the Greater Springfield Board of Realtors.

- HR.OllisAkersArney.com
- Office: (417) 881-8333
- Help Desk: (800) 256-7310
- 2274 E. Sunshine St., Springfield, MO 65804





**Brian Johnston, Partner, Jackson Lewis**

913-981-1018

[Brian.Johnston@jacksonlewis.com](mailto:Brian.Johnston@jacksonlewis.com)

Brian Johnston leads the Employee Benefits and Executive Compensation practice group for the Jackson Lewis law firm in Kansas City. With more than twenty years of representing public and private businesses, Brian has unique knowledge and experience with the design, implementation, and administration of health plans. In each of these areas, Brian advises clients concerning fiduciary responsibilities in compliance with legal and regulatory requirements applicable to employee benefit plans.

JacksonLewis

Ollis/Akers/Arney has always believed in and provides a documented transparent compensation arrangement where all remuneration is fully disclosed and agreed upon as part of our service agreement.

We are excited to communicate that this transparency is **now a law** for the entire employee benefits insurance industry. **The Consolidated Appropriations Act, 2021 (CAA)** contained many policy provisions, including a transparency provision, that requires brokers and consultants to disclose to their group health clients the compensation they expect to receive and describe the services they provide in return prior to each plan year. This law was effective as of 12/27/2021 and is a requirement.

The introduction of the **Consolidated Appropriations Act of 2021 (CAA)** has requirements that impact you, the City of Republic, as you are the fiduciary of your benefits plan.

With that responsibility, **you must be able to provide evidence of your effort to help improve the cost of health care for your employees. This includes having a copy of the compensation paid to your broker on file.** It also requires your broker and carrier to provide you the compensation they receive for the servicing of your program.

A recent article from BenefitsPro.com states, the CAA will “soon begin holding employers accountable for upholding their fiduciary responsibility and exploring insurance options that lower the cost of the employee health care.”

**Below is a compliance overview of the law and the form we use to communicate our compensation transparency to our clients:**

## COMPLIANCE OVERVIEW

- ☑ A description of all direct compensation, either in the form of a salary or as a commission, that the CSP, or its subcontractor reasonably expects to receive in connection with the services;
- ☑ A description of indirect compensation that the CSP, or its subcontractor reasonably expects to receive in connection with the services;
- ☑ A description of the arrangement between the payer and the CSP, or its subcontractor, pursuant to which such indirect compensation is paid;
- ☑ Identification of the services for which the indirect compensation is paid;
- ☑ Identification of the payer of the indirect compensation;
- ☑ If compensation is set on a transaction basis (such as compensation based on business placed or retained), will be paid and identification of the payers and recipient;
- ☑ A description of any compensation the CSP, or its subcontractor, expects to receive in connection with the termination of the contract and upon termination; and
- ☑ A description of the manner in which the compensation is paid.

According to Field Assistance Bulletin No. 2021-03, the requirement is that the compensation be expressed in such terms, any other reasonable method of compensation may be earned but may not be calculated at the discretion of the CSP, or its subcontractor, but must be expressed in the circumstances under which the additional compensation that explains the methodology and assumptions used to prepare the compensation.

In addition, pending further guidance, the DOL takes the view that, in circumstances when the occurrence of future events may result in the service provider's compensation varying within a range, the DOL cautions that **more speed is preferred** whenever it can be furnished without undue burden.

### Timing Requirements

Disclosure must be made no later than the date that is **reasonable** into, extended or renewed. This may involve disclosures of compensation, if there is any change to the required information, practicable, but generally no later than **60 days** from the date written request of the plan fiduciary, the CSP must disclose in connection with the contract.

### Plan Fiduciary Requirements

If the CSP fails to provide the required information above, the plan fiduciary should terminate the contract.

This Compliance Overview is not intended to be exhaustive nor should it be relied upon as legal advice. Readers should contact legal counsel for legal advice.

## COMPLIANCE OVERVIEW

### Broker Compensation Transparency Requirements

The Employee Retirement Income Security Act of 1974 (ERISA) requires plan fiduciaries to act in the best interests of plan participants and beneficiaries. To meet these obligations, plan fiduciaries must be able to obtain sufficient information to make decisions about the reasonableness of plan service provider arrangements, including the compensation they receive.

A 2012 final rule requires covered service providers (CSPs) to provide plan fiduciaries with information about the reasonableness of total compensation, both direct and indirect, received by the CSP, or its subcontractor. This 2012 rule only applies to ERISA-covered retirement plans and does not apply to group health plans. However, the DOL has stated that CSPs can look to the prior departmental guidance developed in attempting to comply with the new CAA disclosure requirements.

#### New Disclosure Requirements

The CAA creates similar disclosure requirements for CSPs in order for a contract between a plan and a CSP to be considered reasonable. For this purpose, the term “covered service provider” means a CSP that enters into a contract with the plan and reasonably expects \$1,000 or more in compensation (direct or indirect) in connection with providing one or more of the services listed below—regardless of whether the compensation will be received by the CSP, an affiliate or a subcontractor.

Specifically, disclosure is required for:

- **Brokerage services** provided to a covered plan with respect to the selection of insurance services, medical management vendors, benefits administration, stop-loss management services, wellness services, transparency tools and vendors, group purchasing organizations, disease management vendors and products, compliance services, or third-party administration services; and
- **Consulting services** related to the development or implementation of plan design, selection, record-keeping, medical management, benefits administration selection, benefit management services, wellness design and management services, transparency organization agreements and services, participation in and services from management, compliance services, employee assistance programs or third-party administration.

According to Field Assistance Bulletin No. 2021-03, the fact that a service provider does not charge a “consulting” fee does not determine whether the requirements apply. Providers receive indirect compensation from third parties should be prepared to explain how a covered service provider is a reasonable, good faith interpretation of the law.

#### Content Requirements

A CSP must disclose the following to a plan fiduciary in writing:

- ☑ A description of the services to be provided to the plan pursuant to the contract;
- ☑ A statement that the CSP, an affiliate or a subcontractor will or expects to provide contract directly to the plan as a fiduciary, if applicable;

This Compliance Overview is not intended to be exhaustive nor should it be relied upon as legal advice. Readers should contact legal counsel for legal advice. ©2022 Zynewor, Inc. All rights reserved.

## COMPLIANCE OVERVIEW

### Broker Compensation Transparency Requirements

Signed into law in late 2020, the **Consolidated Appropriations Act, 2021 (CAA)** created new requirements for health insurance brokers and consultants to disclose any **direct or indirect compensation** they may receive for referral of services to ERISA-covered group health plan sponsors. Similar disclosure to employees in the individual market or enrollees purchasing short-term limited duration insurance is required for referral of coverage.

These new disclosure requirements began on Dec. 27, 2021, although the U.S. Department of Labor (DOL) has announced a **temporary enforcement policy**. According to the DOL, a person will not be treated as having failed to make required disclosures to a responsible plan fiduciary as long as the person made disclosures in accordance with a good faith, reasonable interpretation of the law.

This Compliance Overview provides a summary of the disclosure requirements, including applicable content and timing requirements, as well as a sample form which requires customization.

#### LINKS AND RESOURCES

- [Legislative text](#) of the Consolidated Appropriations Act, 2021
- [Summary of Appropriations Provisions](#) by the House Appropriations Committee
- DOL [Field Assistance Bulletin No. 2021-03](#), announcing the temporary enforcement policy

#### Covered Plans

For purposes of the new disclosure requirements, covered plans include the following:

- ☑ Insured and self-insured group health plans, including grandfathered plans, regardless of size
- ☑ Dental and vision plans
- ☑ Health reimbursement arrangements (HRAs)
- ☑ Health flexible spending accounts (FSAs)

#### Important Dates

**Dec. 27, 2021**  
The new disclosure requirements generally apply to contracts entered into, extended or renewed on or after Dec. 27, 2021.

**Dec. 30, 2021**  
The date the DOL announced a temporary enforcement policy for the new requirements.

Provided to you by Ollis/Akers/Arney Insurance & Business Advisors

**OLLIS/AKERS/ARNEY**  
INSURANCE & BUSINESS ADVISORS  
PROTECTING TOMORROW... TODAY

## **Ollis/Akers/Arney Insurance & Business Advisors** **Introduction, Background & Transparent** **Communication**

Ollis/Akers/Arney Insurance & Business Advisors is built upon a tradition of integrity, industry leadership and excellence. We are committed to delivering tailored benefit solutions with thoughtful strategic planning, valuable professional expertise and technology-based solutions that result in sustained customer and employee satisfaction. Through initiative and hard work, we help our customers find answers, implement solutions, and anticipate consequences.

Ollis/Akers/Arney Insurance & Business Advisors has assembled the finest staff of benefits professionals whose experience is matched by their intelligence and integrity. We further arm them with continuous education, training, and cutting-edge technical resources. These highly specialized consultants have helped us build our reputation for excellence and financial growth.

Ollis/Akers/Arney has always believed in and provides a documented transparent compensation arrangement. Compensation remuneration is fully disclosed and agreed upon as part of our service agreement.

We are excited to communicate that this transparency is now a law for the entire employee benefits insurance industry. The Consolidated Appropriations Act, 2021 (CAA) contained many policy provisions, including a transparency provision that requires brokers and consultants to disclose to their group health clients the compensation they expect to receive in return for the services they provide in return.

The information contained in the following pages is your record of the compensation Ollis/Akers/Arney will receive in return for the services that will be provided to you in return for this compensation.

2 |

### **Ollis/Akers/Arney Insurance & Business Advisors** **Compensation/Fee Disclosure by Service/Coverage**

The Company *does not* provide the above-referenced services to the Client. The Company is a fiduciary.

The Company reasonably expects to receive direct compensation for the services provided in the form of either a per employee per month ("PEPM") fee or a commission from the vendor, in the amount indicated below.

Direct Compensation			
Service/Coverage Type	Vendor/Carrier	Formula	Estimate
Medical Plans	Anthem	\$26.00 PEP	
Basic Life and AD&D	Anthem	13%	
Supplemental Life and AD&D	Anthem	15%	
Dental Plan	Guardian	5%	
Vision Plan	Guardian	10%	
Accident Plan	Aflac	5%	
Cancer Plan	Aflac	3%	\$84.08
Compliance Services(FSA/ERISA/COBRA)	TASC	5%	\$1,892.31
Total Direct Compensation Estimate			\$95,868.59
Indirect Compensation			
Service/Coverage Type	Vendor/Carrier	Formula	Estimate
Carrier Persistency Bonus	Varies	Annual	Reported Annually following end of year close out. Will provide within 30 days of notification if received.
Total Indirect Compensation Estimate			\$0.00
Fee/Contracted Compensation (Transaction Based Compensation)			
Service/Coverage Type	Vendor/Carrier	Formula	Estimate
Total Fee/Contracted Compensation Estimate			\$0.00
TOTAL COMBINED ESTIMATE			
Combined Total Compensation Estimate			\$95,868.59

\* Termination requires a 30 day written notice. All compensation will end the first of the month following the completion of the 30 day period.

### **NET COMPENSATION**

OLLIS/AKERS/ARNEY NET COMPENSATION	
Total Compensation Estimate	\$95,868.59
Minus 60% Payroll Expense	\$57,521.15
Minus 25% Client Resources, Technology and Overhead	\$23,967.15
15% Net Compensation	\$14,380.29

8 |

Proprietary and Confidential v.11-2021



PLAN EFFECTIVE DATE: Client Sample May 2022

## **EMPLOYEE BENEFITS CONSULTING AND BROKERAGE SERVICES**

Prepared for:  
**Client Sample**

Presented by:

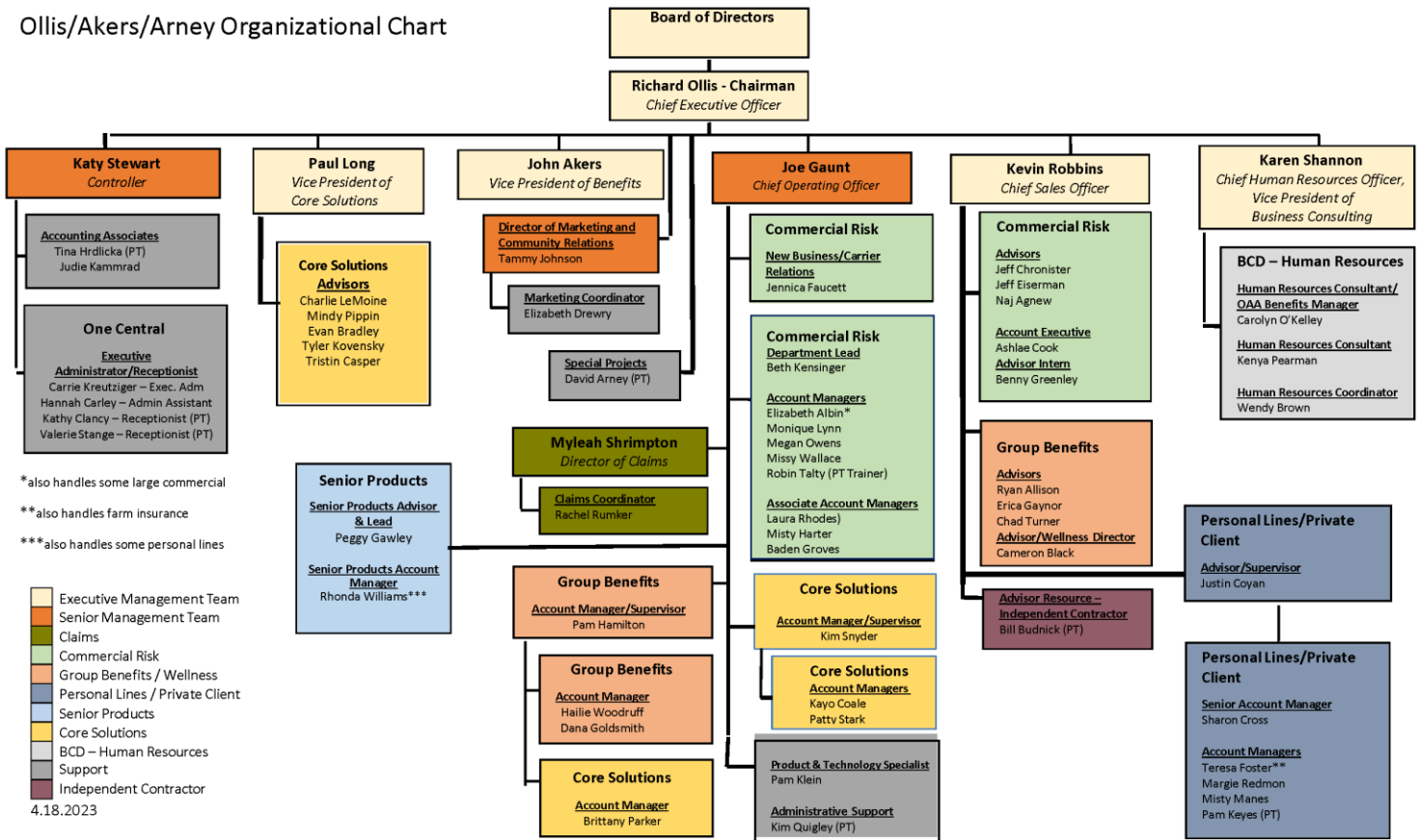
Ollis/Akers/Arney Insurance & Business Advisors

RETAIN FOR AUDIT AND COMPLIANT PURPOSES



## 2.4. Provide an organizational chart and summary of staff qualifications.

Ollis/Akers/Arney Organizational Chart



Summary of staff qualifications on following page.

## Primary Account Team



**Ryan Allison** – Employee Benefits Advisor, Benefit Advisor, Licensed in Life & Health, 3 Years of Employment, 3 Years of Insurance Industry Experience. *Ryan is the Primary Account Advisor responsible for strategic plan design, program measurement/improvements, customer satisfaction, and development of insurance programs.*



**John Akers** – Vice President, Employee Benefits, Benefits & Commercial Advisor, Licensed in Property & Casualty and Life & Health, 31 Years of Employment, 31 Years of Insurance Industry Experience. *John is responsible for strategic planning, DATA analysis of program components, partner/vendor negotiations and development of insurance programs.*



**Erica Gaynor** – Employee Benefits Advisor & Account Executive, Licensed in Life & Health, 17 Years of Employment, 17 Years of Insurance Industry Experience. *Erica is responsible for strategic plan coordination and implementation through the exclusive Ollis Edge 360 process.*



**Pamela Hamilton** – Employee Benefits Account Manager, Licensed in Life & Health and Property & Casualty, 6 Years of Employment, 24 Years Insurance Industry Experience. *Pamela is the Primary Account Manager responsible for the day-to-day implementation and service of the employee benefits program.*



**Myleah Shrimpton** – Director of Claims, Licensed in Property & Casualty and Life & Health, 12 Years of Employment, 19 Years Insurance Industry Experience. *Myleah works closely with clients as a claim arises. The claims are prioritized based on level of severity and complexity.*



## Additional Resource Account Team



**Hailie Woodruff** – Employee Benefits Account Manager, Licensed in Life & Health, 2 Years of Employment, 2 Years Insurance Industry Experience. *Hailie assists Pamela with the responsibility for the day-to-day implementation and service of the employee benefits program.*



**Rachel Rumker** – Claims Coordinator, Licensed in Property & Casualty and Life & Health, 5 Years of Employment, 5 Years Insurance Industry Experience. *Rachel works closely with clients as a claim arises. The claims are prioritized based on level of severity and complexity.*



**Cameron Black** – Wellness Director & Employee Benefits Advisor, Licensed in Life & Health, 13 Years of Employment, 13 Years of Insurance Industry Experience. *Cameron is responsible for strategic planning, development and implementation of wellness programs and the impact on the employee benefits plans.*



**Karen Shannon** – Vice President of Business Consulting/Chief Human Resources Officer, 9 Years of Employment, 30 Years HR Industry Experience. *Karen and her team assist clients with Human Resources and Compliance issues.*



**Peggy Gawley** – Senior Products Advisor, Licensed in Life & Health, 8 Years of Employment, 23 Years of Insurance Industry Experience. *Peggy is an advocate for clients nearing Medicare eligibility age or those currently enrolled who are looking to choose the plan that best meets their current and evolving healthcare needs.*



**Pam Klein** – Product and Client Technology Specialist, Licensed in Property & Casualty, 12 Years of Employment, 32 Years of Insurance Industry Experience. *Pam is committed to providing training, education and troubleshooting responses to all internal and client facing technology offered by Ollis/Akers/Arney.*



**Kevin Robbins** – Chief Sales Officer, Licensed in Property & Casualty, 11 Years of Employment, 11 Years Insurance Industry Experience. *Kevin leads the Ollis/Akers/Arney Advisors in proactively protecting clients' employees, assets, and income through a proven documented approach.*



**Joe Gaunt** – Director of Operations, Licensed in Property & Casualty, 4 Years of Employment, 14 Years Insurance Industry Experience. *Joe's role is to improve the client experience by optimizing internal software, ensuring high quality client service across all departments, and oversees personal and commercial lines support teams.*



**Richard Ollis** – CEO, Commercial & Benefit Advisor, Licensed in Property & Casualty and Life & Health, 38 Years of Employment, 38 Years of Insurance Industry Experience. *Richard is responsible for coordinating the property and casualty program and acting as a liaison for the employee benefits program.*

**2.5. State the number and nature of the staff employed with the firm and the office in which the bulk of work engagements will be performed.**

Today, **Ollis/Akers/Arney** is headquartered at **2274 E. Sunshine Street Springfield MO**. This office location will perform the bulk of work engagements for your account.

As a 100% employee-owned company, our **64 employee-owners** have a vested interest in our clients' growth and success. Fifty-five of our employees are licensed agents. With over \$124 million in managed premium, our clients range from private enterprises to public entities in the form of small local offices to large national corporations. We've had an emphasis through our public entity department on the challenges and risks facing municipalities, counties, and various other publicly funded organizations for over 30 years.

Our philosophy is simple; we strive to understand your business and your team at every level of the organization. This complete understanding allows us to proactively develop customized strategic plans that address current risks, emerging risks and deliver the most of your human capital.

This philosophy and proactive process for our clients has earned us various awards of national recognition as a national leader in the risk and insurance industry. Among those: recognition as a ***Best Practices Agency in the United States*** designation by the Independent Insurance Agents & Brokers of America, Inc. and Reagan Consulting and recognized as a 4-time winner of ***Top Insurance Employer*** by Insurance Business America. For the second year in a row, we have been recognized in the Top 3 of ***Best Places to Work*** by Biz 417 and Best Companies Group.

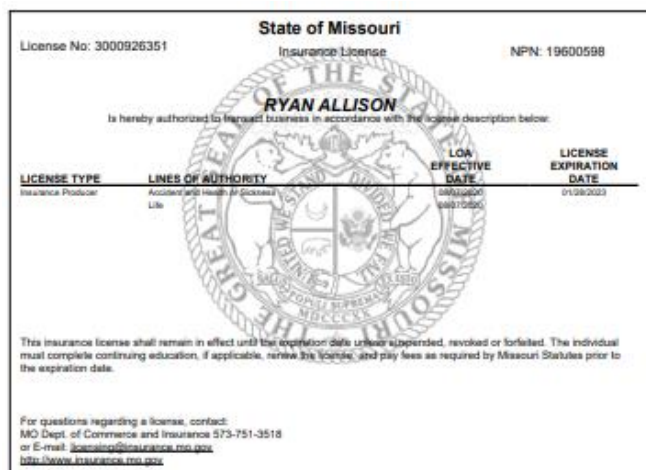
## Section 3 – Qualifications of Staff

**3.1. Provide resumes (or equivalent information) specifying relevant background, education, and experience, for all service staff likely to be utilized in performing the Scope of Services.**



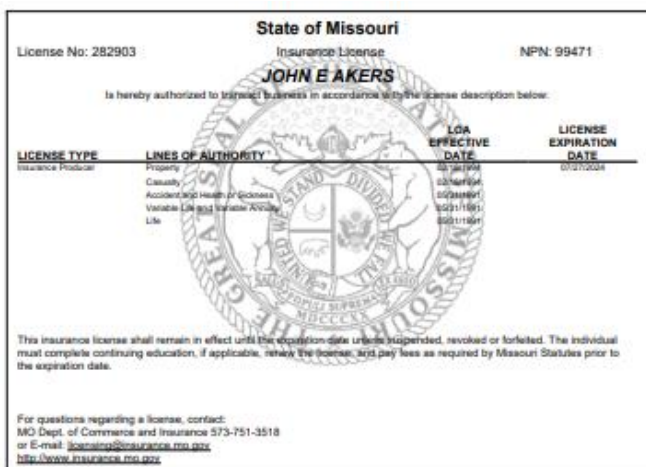
**Ryan Allison: Advisor (Primary Advisor)**  
**2 Years Insurance Industry Experience**  
417.881.8333 | [Ryan.Allison@ollisaa.com](mailto:Ryan.Allison@ollisaa.com)

Ryan joined us in June of 2020 and assists clients as an advisor in our employee benefits department. He is an Advisor licensed in Life and Health. Ryan has served in roles outside the insurance industry specializing in employer health services, business development, and relationship management. Ryan is the original founder of the Springfield Work Comp Task Force formed in 2015, now called the Springfield Work Comp Coalition. Ryan is also an active member of The Network, the young professional division of the Springfield Chamber.



**John E. Akers, CIC: Vice President - Employee Benefits (Secondary Advisor)**  
**31 Years Insurance Industry Experience**  
417.334.5115 | [John.Akers@ollisaa.com](mailto:John.Akers@ollisaa.com)

John Akers received his Business Degree in 1990 from the University of Missouri. John currently leads the Benefits Department for the agency and serves on the Board of Directors. He is an Advisor licensed in Life and Health as well as Property and Casualty and has earned the Certified Insurance Counselor (CIC) designation. John has been voted Outstanding Young Agent of Missouri by the Missouri Association of Independent Agents and was honored as a 2018 Trusted Advisor by the Springfield Business Journal. John uses his vast experience to monitor ongoing claims, plan performance forecasting, claims experience analysis and data mining to benchmark and negotiate the best possible outcome for the client.







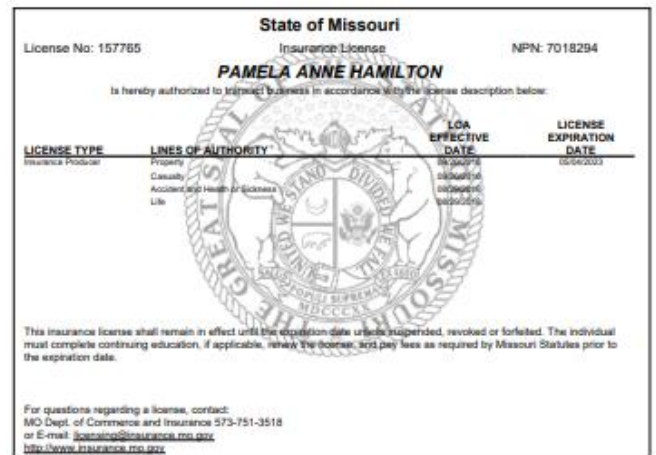
**Erica Gaynor, REBC, CHRS: Advisor/Account Executive (Secondary Advisor)**  
**20 Years Insurance Industry Experience**  
417.881.8333 | [Erica.Gaynor@ollisaa.com](mailto:Erica.Gaynor@ollisaa.com)

Erica has worked in the insurance industry since 2002 and joined the Ollis/Akers/Arney Benefits team in 2005. She holds agent licenses for Life and Health as well as Property and Casualty. She is a member of The National Association of Health Underwriters (NAHU), is a Certified Healthcare Reform Specialist (CHRS) and has received her **Registered Employee Benefits Consultant (REBC)** designation. Erica was honored as a 2017 *Trusted Adviser* by the Springfield Business Journal and chosen as one of Springfield Business Journal's 2020 *40 Under 40* honorees. Erica was chosen as one of twenty women recognized at a national level as the *Top Women in Benefits Advising* for 2020. Erica serves on the Board of Directors for the Victim Center, Developmental Center of the Ozarks and Hamels Foundation and is also a member of Junior League of Springfield. Erica works with employee benefits clients in developing and implementing a customized plan to meet their specific needs. She ensures that all plan components are communicated effectively, measured, and delivered in coordination with the plan timeline.



**Pamela Hamilton: Employee Benefits Supervisor**  
**25 Years Insurance Industry Experience**  
417.881.8333 | [Pamela.Hamilton@ollisaa.com](mailto:Pamela.Hamilton@ollisaa.com)

Pamela joined the Ollis/Akers/Arney team in 2016. Pamela is licensed in Life and Health as well as Property and Casualty. Pamela's experience as a former Group Administrator with a private client and an Account Executive on the carrier side offers a unique skill set to the Account Manager role. Pamela currently serves as the Employee Benefits Supervisor over the Benefits Account Management and Support Staff. Pamela is responsible for the day-to-day implementation and service of the employee benefits program. Pam is the **Missouri Association of Independent Agents Customer Service Representative of the year for 2023**.





**Hailie Woodruff: Employee Benefits Account Manager**  
**3 Years Industry Experience**

417.881.8333 | [Hailie.Woodruff@ollisaa.com](mailto:Hailie.Woodruff@ollisaa.com)

Hailie joined the Ollis/Akers/Arney team in 2021 and is a graduate of Missouri State University. Hailie is licensed in Life and Health. Hailie is responsible for supporting the day-to-day implementation and service of the employee benefits program.

State of Missouri  
License No: 8441431 Insurance License NPN: 18803436  
**HAILIE M WOODRUFF**  
Is hereby authorized to transact business in accordance with the license description below:

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Life Accident and Health or Sickness	06/01/2021	11/02/2024

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date.

For questions regarding a license, contact:  
MO Dept. of Commerce and Insurance 573-751-3518  
or E-mail: [doacinfo@insurance.mo.gov](mailto:doacinfo@insurance.mo.gov)  
<http://www.insurance.mo.gov>



**Myleah Shrimpton, AIC: Director of Claims**  
**19 Years Insurance Industry Experience**

417.881.8333 | [Myleah.Shrimpton@ollisaa.com](mailto:Myleah.Shrimpton@ollisaa.com)

Myleah is the Director of Claims for Ollis/Akers/Arney. She entered the insurance industry in 2003 and is a graduate of Drury University. Myleah holds licenses in Life, Health, Property & Casualty Insurance and joined Ollis/Akers/Arney in 2010. As a former underwriter she is dedicated to working with clients to help ensure proper mitigation, management, and resolution of claims. Myleah served on the Missouri Hospital Association Statewide Patient and Family Advisory Council. Her influence and knowledge of regional health systems, carriers and her interaction with clients was key in this appointment. Myleah works closely with clients as a claim arises. The claims are prioritized based on level of severity and complexity.

State of Missouri  
License No: 425633 Insurance License NPN: 11761001  
**MYLEAH M SHRIMPTON**  
Is hereby authorized to transact business in accordance with the license description below:

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Life Accident and Health or Sickness Casualty Property	06/01/2019 06/01/2019 06/01/2019 06/01/2019	10/14/2022

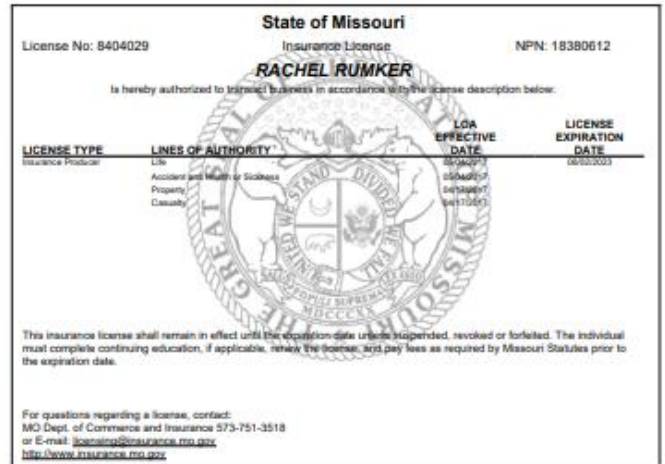
This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date.

For questions regarding a license, contact:  
MO Dept. of Commerce and Insurance 573-751-3518  
or E-mail: [doacinfo@insurance.mo.gov](mailto:doacinfo@insurance.mo.gov)  
<http://www.insurance.mo.gov>



**Rachel Rumker: *Claims Coordinator***  
**6 Years Insurance Industry Experience**  
**All Lines**  
 417.881.8333 | [Rachel.Rumker@ollisaa.com](mailto:Rachel.Rumker@ollisaa.com)

Rachel joined Ollis/Akers/Arney in an administrative position, moved to the role of Personal Lines Account Manager and was then promoted to Claims Coordinator. Rachel is licensed in Property and Casualty as well as Life and Health. She has 6 years of experience in the insurance field. She graduated from Southwest Baptist University in 2012 with a bachelor's degree in psychology and sociology and earned her Property and Casualty and Life and Health Insurance licenses in 2017.



**Peggy Gawley: *Advisor – Senior Products***  
**24 Years Insurance Industry Experience**  
 417.881.8333 | [Peggy.Gawley@ollisaa.com](mailto:Peggy.Gawley@ollisaa.com)

Peggy Gawley joined Ollis/Akers/Arney in 2014 as an Advisor focusing on Medicare and Long-Term Care. She has more than 24 years of experience in the healthcare industry and has enrolled more than 5,000 Medicare members in southwest Missouri and northern Arkansas. Peggy is an advocate for clients who are looking to choose the plan that best meets their current and evolving healthcare needs. Peggy is licensed in Life and Health and certified in Long Term Care, Medicare Part D, AHIP, Healthcare Marketplace, Medicare Fraud, Waste and Abuse programs. She advises her clients on all Medicare plan types including Long-Term Care plans. Peggy was named 2016 Trusted Adviser for Insurance in the Springfield Business Journal and was a guest speaker at the 2016 National Medicare Summit in Kansas City.





**Pam Klein, CISR-Elite: *Product and Client Technology Specialist***

**32 Years Insurance Industry Experience**

417.881.8333 | [Pam.Klein@ollisaa.com](mailto:Pam.Klein@ollisaa.com)

Pam joined Ollis/Akers/Arney in September of 2010 as an Account Manager in our Property & Casualty Department. Pam is licensed in Property and Casualty and holds a CISR-Elite designation and comes to our company with more than two decades of insurance experience. Pam now holds a role as an internal resource specialist for IT, product, and client technology. Pam is committed to providing training, education and troubleshooting responses to all internal and client facing technology offered by Ollis/Akers/Arney.

State of Missouri			
Insurance License			
License No: 288954	NPN: 5044122		
<b>PAMELA ANN KLEIN</b>			
Is hereby authorized to transact business in accordance with the license description below:			
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Property Casualty	08/26/2016	12/31/2022
<p>This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date.</p> <p>For questions regarding a license, contact: MO Dept. of Commerce and Insurance 573-751-3518 or E-mail: <a href="mailto:licensing@insurance.mo.gov">licensing@insurance.mo.gov</a> <a href="http://www.insurance.mo.gov">http://www.insurance.mo.gov</a></p>			



**Kevin Robbins: *Chief Sales Officer***

**11 Years Insurance Industry Experience**

417.881.8333 | [Kevin.Robbins@ollisaa.com](mailto:Kevin.Robbins@ollisaa.com)

Kevin Robbins serves as the Chief Sales Officer for Ollis/Akers/Arney. He graduated Magna Cum Laude with a Business Administration degree from AIU and is licensed in Property & Casualty, Life and Health. With over twenty years in business consulting and strategic resource development, Kevin works with clients to provide simple solutions to complex business challenges. He leads the Ollis/Akers/Arney Advisors in proactively protecting clients' employees, assets and income through a proven documented approach.

State of Missouri			
Insurance License			
License No: 8069076	NPN: 16181835		
<b>KEVIN ROBBINS</b>			
Is hereby authorized to transact business in accordance with the license description below:			
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident and Health of Insureds Life Property Casualty	08/26/2016 08/26/2016 08/26/2016 08/26/2016	12/31/2022
<p>This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date.</p> <p>For questions regarding a license, contact: MO Dept. of Commerce and Insurance 573-751-3518 or E-mail: <a href="mailto:licensing@insurance.mo.gov">licensing@insurance.mo.gov</a> <a href="http://www.insurance.mo.gov">http://www.insurance.mo.gov</a></p>			



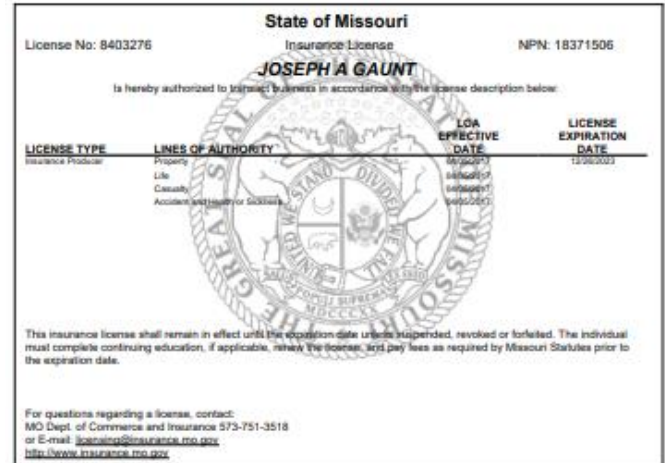


**Joe Gaunt: Chief Operating Officer**

**16 Years Insurance Industry Experience / partners with account managers on all clients**

417.881.8333 | [Joe.Gaunt@ollisaa.com](mailto:Joe.Gaunt@ollisaa.com)

Joe joined Ollis/Akers/Arney in 2017 as the Client Service Specialist and is now the Director of Operations. Joe is licensed in Property and Casualty as well as Life and Health. He graduated from Missouri State University with a bachelor's degree in administrative management. Previously an employee of ANPAC and Philadelphia Insurance Company, Joe brings with him over ten years of experience as an underwriting supervisor and 16 years in the insurance industry as a whole. In Joe's current role, he improves the client experience by optimizing internal software, ensuring high quality client service across all departments, and oversees benefits, commercial and private client support teams.



As a Human Resource specialist and is not an insurance advisor, Karen is not required to obtain a Missouri license.



**Karen Shannon: Vice President of Business Consulting / CHRO**

**30 Years HR Industry Experience**

417.881.8333 | [Karen.Shannon@ollisaa.com](mailto:Karen.Shannon@ollisaa.com)

Karen received her MBA and BA in Business Administration and Economics from Drury University. She is a graduate of Leadership Missouri, past president of the Junior League, and is a member of the Local Issues Public Policy Task Force for the Springfield Area Chamber of Commerce. She has served on the Board of Directors for numerous organizations and is a regular presenter at national and regional conferences. Karen was recognized in 2000 by the Springfield Business Journal in its inaugural class of the Most Influential Women in Business.

**3.2. Include years of experience with the firm (if applicable), years of experience as a licensed insurance broker/consultant in Missouri, number of municipal/government clients represented, and expertise or specialty training in insurance platforms.**

Operating within a High-Performing Team environment, our Advisors typically manage around 40 accounts each.



**Ryan Allison: *Advisor (Primary Advisor)***  
**Years of Experience with Firm: 3 years**  
**Years Licensed in Missouri: 3 years**  
**Number of municipal/government clients: 5**



**John E. Akers, CIC: *Vice President - Employee Benefits (Secondary Advisor)***  
**Years of Experience with Firm: 31 years**  
**Years Licensed in Missouri: 31 years**  
**Number of municipal/government clients: 3**  
**Specialty training/Expertise: CIC (Certified Insurance Counselor), SBJ 2018 Trusted Adviser**



**Erica Gaynor, REBC, CHRS: *Advisor/Account Executive (Secondary Advisor)***  
**Years of Experience with Firm: 17 years**  
**Years Licensed in Missouri: 20 years**  
**Number of municipal/government clients: 2**  
**Specialty training/Expertise: CHRS (Certified Healthcare Reform Specialist), REBC (Registered Employee Benefits Consultant), SBJ 2017 Trusted Adviser, National top 20 Top Women in Benefits Advising for 2020, Member of NAHU (The National Association of Health Underwriters)**



**Pamela Hamilton: *Employee Benefits Supervisor***  
**Years of Experience with Firm: 6 years**  
**Years Licensed in Missouri: 6 years**  
**Number of municipal/government clients: 13**  
**Specialty training/Expertise: Missouri Association of Independent Agents Customer Service Representative of the year for 2023**

**3.3. Include notice of any investigations or disciplinary action taken or pending by national or state regulatory bodies against the firm or individuals employed by the firm.**

There are no investigations or disciplinary actions being taken or pending by national or state regulatory bodies against Ollis/Akers/Arney or any individual employed by Ollis/Akers/Arney.

## Section 4 – Familiarity/History within the Service Limits

**4.1. Provide a list of all relevant engagements the broker, consultant, and/or firm completed for local government entities within the last ten (10) years.**

Ollis/Akers/Arney's Public Entity Department develops innovative programs and provides guidance for municipalities and counties, many of which are the size of the City of Republic. Our municipality client's range in residence sizes from 2,000 to well over 100,000.

We work with multiple public entities throughout the State of Missouri. As an industry leader in public entity risk management, the Ollis/Akers/Arney Public Entity Department will develop a targeted plan specific to your unique risk.

Risk management for public entities is unique as they have multiple exposures within the confines of their organization. Whereas private businesses usually have one or two specific risks they must oversee, cities often have various and complicated risks to consider and manage.

We have invested in tools and resources that can be tailored to the individual needs of the city. From training modules to compliance updates and guidance. We are experts in this field and have chosen to devote our time and resources to improving the Risk Profile of our clients.

Our process is unique in the marketplace and has proven to be a huge benefit to City Managers and Administrators by controlling their cost and budget. It also frees up time they previously spent on risk management tasks, so they can focus on other areas such as economic development and revenue growth!

We are active members in the Missouri Municipal League (MML) and Missouri Association of Counties (MAC). Ollis/Akers/Arney not only sponsors these organizations but provides educational seminars for their conference meetings and conventions.



**A list of our unique and creative engagements with Public Entities over the past 10 years is on the next page:**

Due to our primary focus of Public Entity risk, providing all relevant engagements in the last ten years would be extensive. In order to assist with evidence of our expertise and value in this area we have provided the below list of relevant engagements we have completed for local government entities. Additional information can be provided upon request.

**1. Strategic Program structure and timeliness** – An area city government was experiencing the traditional insurance model; misaligned renewal dates, late renewals, no long-term strategy, and late/sometimes non-existent communications. Through our discovery phase it was evident that there was a need for structure, pre-planned meetings and calendar coordination. The Ollis EDGE 360 model is documented and calendared well in advance eliminating last-minute meetings and mitigating the stress of the renewal/open enrollment window. We worked closely with them to develop a strategic plan that included a story to the insurance marketplace and a communication plan to improve the education of the employees around the benefits program.

The Ollis EDGE 360 model is unique in our industry and exclusively offered to our clients. This model has documented accountability measurements in place to ensure structure is at the front of each partnership. The Ollis Edge 360 Model does three main things to ensure structure and timeliness:

1. As We Agreed (AWA) – an email follow up after each meeting for to ensure clarity in the partnership
2. Preferred Client Agreement (PCA) – the annual calendared timeline
3. Risk Profile Assessment (RPA) – the long-term measurement of improvement towards the Risk Profile

We follow up every meeting with a letter (The As We Agreed Letter “AWA”), identifying key areas discussed and next steps (Actions Items) with who is responsible for completing specific items and by when. These letters serve as proof of our accountability to our clients, agreed upon activities to be completed by the client and a work order for both of us to follow to improve outcomes.

The Preferred Client Agreement (PCA) is updated annually. This document is a mutually agreed upon calendar that assists us in the implementation of these strategies in a documented timeline. The structured process to our annual plan provides our clients and our team with expected implementation dates, resources, and analysis months in advance to eliminate the guess work or last-minute rush that many business leaders face today.

## PREFERRED CLIENT AGREEMENT

This schedule of activities demonstrates the on-going plan of risk management and loss control we will provide to your firm. The plan will provide both of us with an established schedule of dates for updating your TCOR Index, reviewing your insurance coverage, monitoring your exposures, & general handling of on-going support & services.

DATE DUE	SERVICE	TEAM MEMBER RESPONSIBLE
2/16/16	<ul style="list-style-type: none"> <li>Medical review with Anthem Medical Director, Cox Health Network Partner, &amp; Ollis/Alers/Arney wellness and primary advisors</li> <li>Online H.R. Administration and Benefits Enrollment technology (Maxwell Health) initial meeting and implementation Calendar scheduling</li> <li>ACA Compliance reporting program implementation and Zywave Implementation and Training Schedule</li> <li>Wellness Program Timeline and Addition to P.C.A.</li> </ul>	
3/15/16	Employee Survey & Planning Session Meeting	
4/4/16 – 4/8/16	Employee Survey	
4/11/16 – 4/15/16	Employee Meetings	
5/9/16	Employee Survey / Meeting Results with H.R. Department	
5/13/16	<ul style="list-style-type: none"> <li>H.R. Committee Meeting</li> <li>Claims &amp; Plan Performance</li> <li>Employee Survey / Meeting results</li> <li>Plan Design &amp; Funding options</li> </ul>	
7/1/16	Online Technology Beta (Live for H.R. Department review and use)	
8/1/16	Receive preliminary projections and accompanying reports	
8/15/16	Receive full renewal proposal and accompanying reports	
8/18/16	Meeting with City Administrator and H.R. to review final Anthem offer	
8/18/16	H.R. Committee Meeting to determine Bid/No Bid (Note: This is the 3 <sup>rd</sup> Friday of the month as opposed to the normal 2 <sup>nd</sup> Friday)	
9/15/16	Meeting with City Administrator & H.R. department to review insurance bids	
9/16/16	H.R. Committee meeting to finalize recommendation to Board of Alderman	
10/1/16	Maxwell Health training for employees	
10/19/16 – 10/23/16	<ul style="list-style-type: none"> <li>Open Enrollment begins</li> <li>Employee Benefits Education meetings with additional assistance for online enrollment</li> </ul>	
11/7/16	End of Open Enrollment	



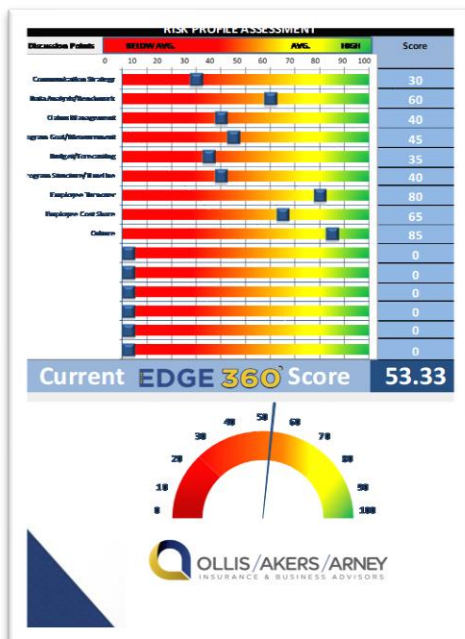
Risk Advisor

Client

Date

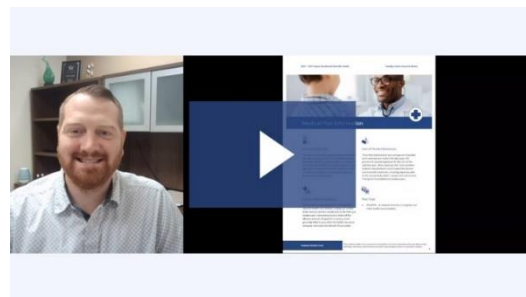
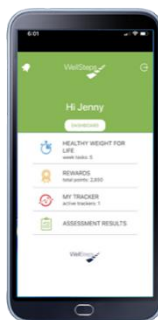
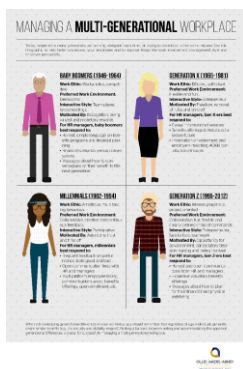


The Risk Profile Assessment provides an overview of key drivers of exposure to your organization, risk management strategies we have addressed together, along with plan performance and data analysis reviews. We update the identified areas of focus to measure success and use the assessment (below) as a continuously evolving document over time.



**2. Employee Value Perception and Education** – A public entity client was having issues engaging their employees on the value of their benefits program. The employees did not understand the full value the employer was paying for on their behalf. Part of the issue was the lack of education on how the program worked and what resources were being offered.

We provided custom communication materials that helped staff and the employees better understand the plan and how to utilize it. Their current workforce is full of experienced workers along with workers new to the workforce. We came alongside the staff to help them better understand this unique age and experience gap, which leads to improved work environment and a better understanding of the benefits program. By utilizing multiple mediums, we helped employees gain understanding by viewing it in the way they prefer. We pushed out information via email, video, posting on the intranet and payroll portal, as well as traditional methods like print and in-person meetings. Other options available we didn't implement were text and direct mail.



**3. Concierge customer service** – Our model provides each client with a dedicated account manager and access to our in-house claims department to make sure our clients and their employees experience with the health plan leaves them with as little inconvenience as possible. One city government client was facing issues where their employees were being told they needed to provide upfront payment for COVID-19 testing kits at the pharmacy. Their medical carrier was set up to reimburse these costs, however, this was a negative impact to their team and caused out of pocket expenses that did not need to occur.

Our team worked directly with the carrier to build an option and an educational flyer to provide employees with information on how to access free kits through the carrier's mobile application.

**4. Creativity, negotiation, plan design expertise** – Building unique strategies and plan designs are key areas of focus within the Ollis EDGE 360 model. While our aim for innovation is important, we understand making the plan simple and straightforward alleviates confusion and stress. Each client faces distinct challenges and risks, making our approach tailored. Simply put – a “cookie cutter” mindset is not effective.

A. One municipality we work with has one of the most unique and robust programs due to their willingness to think outside of the box. Their program also allows them to plan for long-term success. The captive model granted them complete control over all aspects of their medical plan. They are paired with a transparent third-party administrator who works to provide simple and concise data. We utilize the data to make changes and provide education to employees on high-risk areas of the plan. Their pharmacy benefit manager program is carved out to allow for more transparency. There is also another cost savings program that is attached to the pharmacy benefit manager to assist with manufacturers assistance program and international sourcing lowering the cost of specialty medications for the employees. Finally, their plan includes a direct contract with a local healthcare organization; creating more savings when employees utilize these services.

B. Putting in a direct primary care strategy allowed us to impact a public entity client in multiple ways. They hired a physician to be on-site, dedicated to serving their employees. This model allowed them to control the smaller claims that would typically hit the plan while also serving as a method to screen for larger claim issues. The ease of access for the employees and their families helped improve presenteeism and by having an internal system to improve members health, we were able to use the data to negotiate rates with the medical carrier that lowered the premium due to this resource.

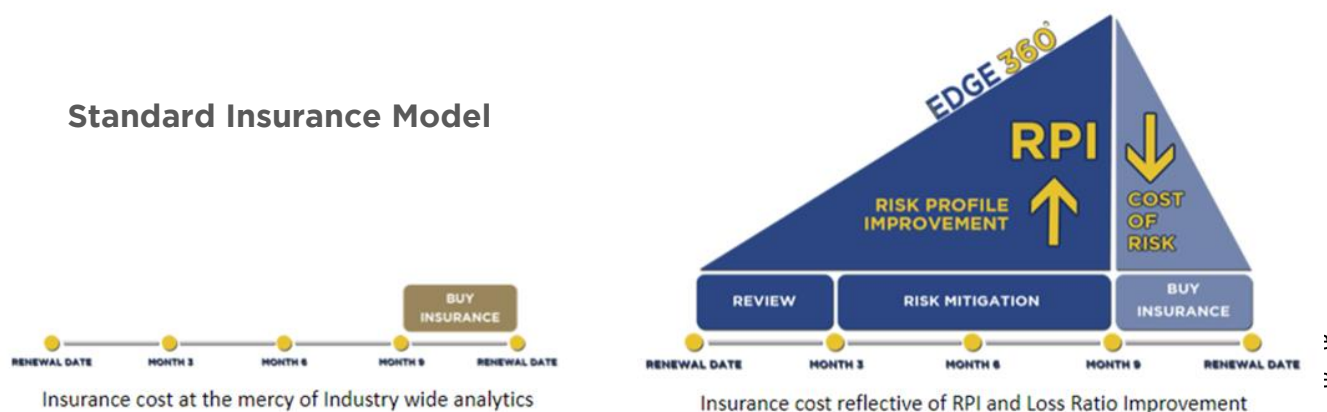
#### 4.2. Illustrate how previous experience within the area may be of benefit in the execution of the present Scope of Services.

**The C in REPUBLIC stands for Caring.** Your VALUES are key to the success of the City and the people you lead and serve. As stated, “People are your greatest asset”.

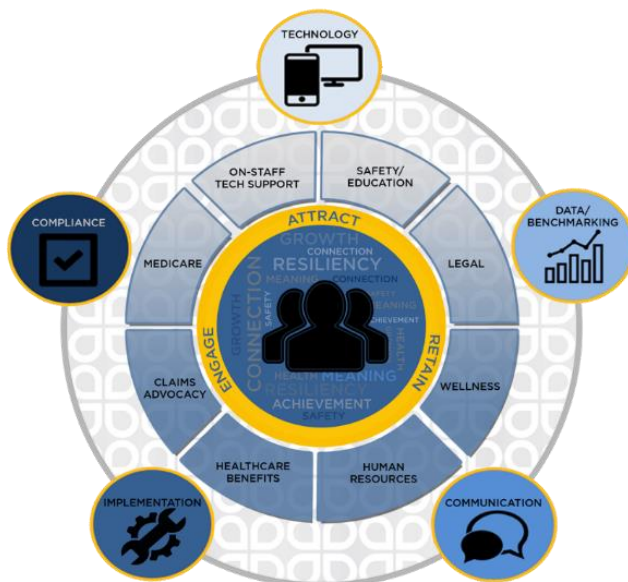
We heard from key members of the City that they want to live out the values of the City. Implementing creative and innovative solutions focused on the positive impact to your employees is extremely important. Utilizing the Ollis/Akers/Arney EDGE 360 unique process, we are able to discover how best to address the needs of the City in a tailored, documented program.

To fully understand our philosophy around employee benefits risk and evidence of our consulting expertise, it is important to understand Ollis/Akers/Arney’s exclusive and proprietary process, The Ollis Edge 360™.

This process follows a four-step approach where we examine, design, go (implement), and evaluate plan performance. This model documents the areas of focused improvement and provides evidence of results through measured outcomes. The diagram below shows the impact of the Ollis Edge 360 on an annual basis.



Ollis/Akers/Arney employs our unique process surrounding each area to maximize the measured results for our client’s employee benefits program.



Based on our brief discovery meeting with the City of Republic team, we identified the initial areas to focus on.

You are looking for a partner that:

1. Is creative and uses “out of the box” solutions
2. Provides elite concierge service to staff and employees
3. Communicates and educates your staff and employees on the program and resources, bringing more value to them
4. Makes it easy

**Out of the Box Solutions:** As mentioned in Section 4.1, our creativity around tailored plan designs includes multiple approaches. We help our clients look at alternative funding options for their health plan. We use a walk, crawl, run approach from moving a client from fully insured to self-insured. We have coordinated and negotiated a direct primary care option to allow for more control over claims while providing employees with free visits and access to free prescription drugs. These types of solutions showcase that fiscal responsibility and employees are your central focus.

**Concierge Customer Service:** Our rounded team model includes a dedicated account manager to assist the City’s staff and employees. The City of Republic would work directly with Pamela Hamilton. As our top Employee Benefits Team account manager, she is prepared to help when the “U” (Urgent) issues arise. Pam was named Outstanding Customer Service Representative of the Year for the State of Missouri in 2022. This award was presented by the Missouri Association of Insurance Agents. She is recognized for her personal connection and attention to follow through with client employees, carriers, pharmacies, and more to ensure everyone is treated as a top client.

**Communication and Education:** Many employees don’t take full advantage of their benefits because they don’t understand them. We must educate employees about your benefits and how to best use their plan with a range of materials. Plus, we provide communications that can help employees understand how various laws impact them and their families, such as health care reform, COBRA and FMLA.

**Know Your Benefits**  
10 Easy Ways to Stretch Your Health Care Dollars

1. Understand how your health plan works. This is the first and most important step. You need to know what is a deductible, co-insurance, and what you need to follow to ensure your claims are paid, and what providers and facilities are in the network, and what you need to do to get the most out of your plan. Know the deductibles, co-payments and other out-of-pocket costs you are responsible for, and how you can use medical products or services or get a prescription filled.

2. Use in-network providers. Participating providers (physicians, hospitals, and others in your plan's network) generally charge discounted rates for your members. When you go to a non-participating provider, you will likely pay a higher co-insurance percentage (for example, 20% out-of-pocket versus 10% in-network), and you will likely have to pay the difference in price between the participating provider's charges and the non-participating provider's "usual and customary" fee.

3. Look into freestanding surgical and diagnostic centers. If you need surgery, you may save money by having it performed at an ambulatory surgical center (ASC) rather than a hospital. These centers often charge less than hospitals or other traditional surgical centers. Freestanding diagnostic centers are also available and tend to charge less for certain tests (like MRIs, CT scans, X-rays, and bone density tests). Subscribers always make sure the facility is in your plan's network and that your plan's benefits cover the service. As always, it is your doctor's best advice on when to go to a hospital or an ASC.

4. Ask your doctor about home testing and monitoring devices. Home tests for blood pressure, diabetes and other conditions can help you and your doctor. Your doctor's orders and that professional instructions are working. These tests will allow you to stay at home and avoid the need to go to your doctor for the test. In-home tests can also help you report your results regularly and call your doctor if you see any early signs of a problem.

5. Only go to the hospital emergency room for true emergencies. If you need medical care when your regular doctor is not available, then about going to an urgent care center rather than a hospital emergency room. If you can often use a urgent care (UC) but avoiding the ER will probably save you money for your reasons. (1) The emergency room is usually used for a central visit or emergency care, and (2) your insurer might make you pay for the full cost of care. If you use an emergency room for a non-emergency, the ER will care about an urgent care center will likely be faster than at the ER. Call your plan's health hotline. If you are able to get advice on how, where and where to seek care in a non-emergency situation.

**Well, Work Well**

• Look for the best time to get your doctor's appointment. Many doctors have a "flexible" schedule that allows you to see them at a time that works best for you. This can help you avoid the stress of a long wait and the cost of a missed workday.

• If you need to see your doctor, call ahead to see if you can get an appointment. If you can't get an appointment, call your doctor's office to see if you can get a referral to a specialist or a nurse practitioner. If you can't get a referral, call your doctor's office to see if you can get a referral to a specialist or a nurse practitioner.

• Use your plan's network of providers. Your plan's network of providers is a list of doctors, hospitals, and other health care providers that your plan covers. Using a provider in the network can help you save money on your health care costs.

• Don't take on more than you can handle. If you are feeling overwhelmed, talk to your doctor or a counselor. They can help you figure out how to manage your stress and get back on track.

**Health Care Reform**

• The Affordable Care Act (ACA) has made significant changes to the way we pay for health care. These changes include the creation of the individual mandate, the expansion of Medicaid, and the creation of the Health Insurance Marketplace.

• The ACA has also made it easier for people to get health insurance. This is because the ACA has created the Health Insurance Marketplace, which allows people to compare different health insurance plans and choose the one that best fits their needs and budget.

• The ACA has also made it easier for people to get health insurance. This is because the ACA has created the Health Insurance Marketplace, which allows people to compare different health insurance plans and choose the one that best fits their needs and budget.

**OLLIS/AKERS/ARNEY**  
INSURANCE & FINANCIAL SERVICES  
PROTECTING TOMORROW... TODAY

**Employee Engagement:** Engaging with employees shows them you care, and you have their best interest at heart. An example of a cohesive engagement strategy comes from a client that has employees in multiple locations. They were struggling with consistency in communication and employee concerns at remote locations. The employees at these locations have an increased need for assistance, repeated questions and communicated frustrations with the plan that did not match those of the main office. The main office often had in-person meetings and there was no current strategy in place to engage with the employees outside of the manager at the location communicating and emailed details from the main office.

We developed a strategy to use their payroll and benefits enrollment system, which had the ability to add the electronic files of the employee benefits guide. This included communication through plan component video clips that educated on the different parts of the plan (i.e., medical, dental, vision, life, etc.), electronic delivery of specific flyers (timed and targeted) throughout the year and a mobile app option for easy access to their selected plan components.

This use of technology improved remote employee satisfaction and decreased the time commitment impact on the HR team for repetitive questions.

**The Ollis Edge 360 model** makes managing the employee benefits program easy. Providing documented accountability measurements, it ensures customer satisfaction and ease of implementation. The Ollis Edge 360 Model does four main things to ensure customer satisfaction:

1. We follow up every meeting with a letter (The As We Agreed Letter “AWA”), identifying key areas discussed and next steps (Actions Items) with who is responsible for completing specific items and by when. These letters serve as proof of our accountability to our clients, agreed upon activities to be completed by the client and a work order for both of us to follow to improve outcomes.
2. The Preferred Client Agreement (PCA) is updated annually. This document is a mutually agreed upon calendar that assists us in the implementation of these risk management strategies. The structured process to our annual plan provides our clients and our team with expected implementation dates, resources, and analysis months in advance to eliminate the guess work.
3. Annual Strategic Assessment Review and Plan Improvement Meetings. These meetings provide an overview of key drivers of exposure to your organization, risk management strategies we have addressed together, along with plan performance and data analysis reviews. We update the identified areas of focus to measure success and use the assessment (below) as a continuously evolving document over time.

These three items culminate to our Ollis Edge 360 Plan™ stewardship report. This record serves as the documentation of improvement long term. It includes services implemented, enhancements to the plan and the impact they had year over year on the program. The stewardship report provides proof of our overall strategy, success against our measurements and reducing risk/controlling costs.

## Section 5 – References

**5.1. Provide at least five (5) references for which the broker, consultant, and/or firm has performed services within the past two (2) years that are similar to the requirements in the Scope of Services.**

**5.1.1. At least three of the references should be from government entities for work performed that is similar to that specified in this RFQ.**

1. City of Lebanon
2. City of Cassville
3. City of Bolivar
4. Taney County
5. Branson R-IV School District

**5.2. Provide the reference contact name, address, e-mail address, telephone numbers, and a summary and date of the services provided.**

**City of Lebanon**

401 S. Jefferson Ave.  
Lebanon, MO 65536  
Michael Schumacher  
[mschumacher@lebanonmo.org](mailto:mschumacher@lebanonmo.org)  
417-532-2156

*Services Provided:*

*Employee Benefits: 2023 to present*

**City of Cassville**

300 Main St  
Cassville MO 65625  
Steve Walensky  
[swalensky@cityofcassville.com](mailto:swalensky@cityofcassville.com)  
417-847-4441

*Services Provided:*

*Employee Benefits: 2017 to present*

*Property & Casualty: 2022 to present*

**City of Bolivar**

PO Box 9  
Bolivar, MO 65613  
Tracy Slagle  
[cityadmin@bolivar.mo.us](mailto:cityadmin@bolivar.mo.us)  
417-777-7943

*Services Provided:*

*Employee Benefits: 2019 to present*

*Property & Casualty: 2015 to present*

**Taney County**

PO Box 703  
Forsyth, MO 65653  
Dawn Muller  
[dawn.muller@taneycountymo.gov](mailto:dawn.muller@taneycountymo.gov)  
417-546-7285

*Services Provided:*

*Employee Benefits: 2016 to present*

*Property & Casualty: 2016 to present*

**Branson R-IV School District**

1756 Bee Creek Road  
Branson, MO 65616  
Dr. Nathan Moore  
[mooren@branson.k12.mo.us](mailto:mooren@branson.k12.mo.us)

417-334-6541 Ext. 9003

*Services Provided:*

*Employee Benefits: 2003 to present*

*Property & Casualty: 2003 to present*

*\*Relationship exceeds records*

## Section 6 – Technical Approach

We believe an employee benefits program is a continuous long-term plan that has great impact on the success of an organization. From the initial renewal period, through the effective date of the new plan year and most importantly the time between those to dates, a measured plan with effective, targeted communication is the link to connect the employees to the plan long term.

**To ensure account support and administrative services are continuous and at the forefront of our plan, we have implemented Agency Wide Standards to focus on concierge response.**

A few core Items included in our standards are:

1. Calls and emails answered as received is the priority. Our goal is to make sure that if an administrator or employee contacts our office, we answer the call or acknowledge receipt of the email when received.
2. There are instances where our team members are in trainings or other meetings and in those times where the call or email is unable to be addressed at the time of receipt, we have a maximum response time of 2 hours following the receipt of the request.
3. When in trainings/meetings, on PTO or out sick, all email and voicemail will include the name and contact information of the backup person to contact and our claims department as well.

In addition to these standards, it is important to note that Ollis/Akers/Arney is 100% employee owned. Everyone you or your employees will interact with is an employee owner. Our culture is focused on the responsibility as an owner to ensure our customers are addressed in a way that demonstrates our urgency for their situation, our personal responsibility for their financial impact/situation and provide professional communication.

**Below are components of our account services and administrative support:**

### **Claims Management**

Ollis/Akers/Arney is unique in our marketplace in that we have an on-staff designated claims team to help with employer and employee claims resolution. This added level of service allows for specialization and efficiency in the often confusing and time-consuming process of working through claims, procedure approvals and billing concerns.

### **Network and Partner Analysis/Situation Analysis**

You face many employee benefit challenges, including internal resources, time management, employee education, compliance with federal and state legislation, trend increases, pharmacy costs and increased litigation activity. This demanding environment dictates a change in the way you purchase and manage your insurance programs. In order to compete in your marketplace, you must adopt a total-cost-of-employee-benefits management philosophy based on data-driven decisions and globally positioned communications. We specialize in evaluating, negotiating with, and recommending insurers and providers to our clients, and we employ rigorous selection criteria and performance objectives when considering a vendor.

### **Plan Implementation**

Securing the best insurance package for your business begins with planning. Analyzing all your risks is critical to the successful implementation of your employer group benefits. Ollis/Akers/Arney will partner with you by providing ongoing assistance, consultation and service that will help you control your insurance expenses, choose the best plan to fit your company's needs and promote health care consumerism.

## **Data Analysis**

Data analysis allows you to manage and reduce your claims activity. By analyzing your losses with a sophisticated data analysis tool, we can help you develop cost containment strategies and employee communication campaigns that will target areas with the highest potential to reduce high dollar claims and high utilization.

## **Communications**

Understanding the increased complexity of employee benefits is a challenge. Staying abreast of the issues you face and developing strategies to meet the constant demands of business can give you a competitive edge. Ollis/Akers/Arney's communication programs will help you stay on top of the changes affecting the employee benefits industry.

## **Compliance Resources**

Do you find it difficult to keep up with legislation affecting insurance, your industry, and your business? Ollis/Akers/Arney can provide *Legislative Brief* educational articles to help you understand important regulations and stay in compliance. Our materials cover health care reform, COBRA, HIPAA, FMLA, Medicare Part D, ADA, state-specific legislation and more.

## **Employee Satisfaction**

Employee satisfaction is paramount to retaining top employees. Ollis/Akers/Arney can help you measure employee satisfaction and engagement, plus develop strategies to improve these areas. In addition, you'll have access to fully customizable benefits statements to educate employees on the full value of their benefits and increase employee appreciation of their total compensation.

## **Enrollment Tools**

Open enrollment is an overwhelming time for HR departments and employees alike. Our educational materials, online enrollment tools and communications can help streamline and simplify the process for your company and employees.

## **Employee Benefit Communications**

Many employees don't take full advantage of their benefits because they don't understand them. Educate employees about your benefits and how to best use their plan with a range of materials from Ollis/Akers/Arney. Plus, our communications can help employees understand how various laws impact them and their families, such as health care reform, COBRA and FMLA.

## **Managing Health Care Costs**

We all know that health care costs continue to be a serious problem; Ollis/Akers/Arney can help. If you have or plan to implement an HSA or HRA plan, we have the resources to support you every step of the way, from design to implementation to employee education. Plus, we offer materials to help employees become smarter health care consumers and to help promote consumerism strategies that can drive costs down.

## **Plan Design Resources**

Choosing the right plan design is vital, both in terms of cost and in order to stay competitive with your recruiting and retention efforts. We offer a series of educational articles covering various plan design types and topics, including voluntary benefits. In addition, you'll have access to valuable benchmarking information, so you can see how your plan offerings compare to other employers.

## **Education & Training**

We provide exceptional service through our education and training opportunities. Our employee seminars are designed to help educate employees, promote health care consumerism and reduce high claim utilization and high dollar claim expenses. They also provide an atmosphere for team building. Together, we can determine the



topics that best suit your needs. We also will provide you with educational articles and newsletters to keep you informed of hot benefits and HR-related topics.

### Ollis/Akers/Arney EDGE™ Client Portal

We offer our clients “EDGE”, a Web-based client portal that allows you to access information and resources from our agency online, participate in Employee Benefit surveys to find out how you compare to others from round the country, and easily access informative print ready electronic material. These fliers/newsletters cover many different areas of employee benefits from compliance to wellness education. Some Examples are shown below:

#### Legislative Briefs

#### Employee Benefit Compliance Chart: Notice and Disclosure Rules

## LEGISLATIVE BRIEF

Employee Benefit Compliance

### Employee Benefit Compliance: New Notice and Disclosure Rules

Under the new Employee Benefit Compliance Notice and Disclosure Rules, employers must provide notice of the terms and conditions of their employee benefit plans to their employees. This notice must be provided in a clear and concise manner, and must include information about the plan's features, benefits, and costs. The new rules also require employers to provide a summary of the plan's terms and conditions to their employees. This summary must be provided in a clear and concise manner, and must include information about the plan's features, benefits, and costs.

Plan Type	ERISA Section 504(c)(9)	ERISA Section 504(c)(10)	ERISA Section 504(c)(11)	ERISA Section 504(c)(12)	ERISA Section 504(c)(13)	ERISA Section 504(c)(14)	ERISA Section 504(c)(15)	ERISA Section 504(c)(16)	ERISA Section 504(c)(17)	ERISA Section 504(c)(18)	ERISA Section 504(c)(19)	ERISA Section 504(c)(20)	ERISA Section 504(c)(21)	ERISA Section 504(c)(22)	ERISA Section 504(c)(23)	ERISA Section 504(c)(24)	ERISA Section 504(c)(25)	ERISA Section 504(c)(26)	ERISA Section 504(c)(27)	ERISA Section 504(c)(28)	ERISA Section 504(c)(29)	ERISA Section 504(c)(30)	ERISA Section 504(c)(31)	ERISA Section 504(c)(32)	ERISA Section 504(c)(33)	ERISA Section 504(c)(34)	ERISA Section 504(c)(35)	ERISA Section 504(c)(36)	ERISA Section 504(c)(37)	ERISA Section 504(c)(38)	ERISA Section 504(c)(39)	ERISA Section 504(c)(40)	ERISA Section 504(c)(41)	ERISA Section 504(c)(42)	ERISA Section 504(c)(43)	ERISA Section 504(c)(44)	ERISA Section 504(c)(45)	ERISA Section 504(c)(46)	ERISA Section 504(c)(47)	ERISA Section 504(c)(48)	ERISA Section 504(c)(49)	ERISA Section 504(c)(50)	ERISA Section 504(c)(51)	ERISA Section 504(c)(52)	ERISA Section 504(c)(53)	ERISA Section 504(c)(54)	ERISA Section 504(c)(55)	ERISA Section 504(c)(56)	ERISA Section 504(c)(57)	ERISA Section 504(c)(58)	ERISA Section 504(c)(59)	ERISA Section 504(c)(60)	ERISA Section 504(c)(61)	ERISA Section 504(c)(62)	ERISA Section 504(c)(63)	ERISA Section 504(c)(64)	ERISA Section 504(c)(65)	ERISA Section 504(c)(66)	ERISA Section 504(c)(67)	ERISA Section 504(c)(68)	ERISA Section 504(c)(69)	ERISA Section 504(c)(70)	ERISA Section 504(c)(71)	ERISA Section 504(c)(72)	ERISA Section 504(c)(73)	ERISA Section 504(c)(74)	ERISA Section 504(c)(75)	ERISA Section 504(c)(76)	ERISA Section 504(c)(77)	ERISA Section 504(c)(78)	ERISA Section 504(c)(79)	ERISA Section 504(c)(80)	ERISA Section 504(c)(81)	ERISA Section 504(c)(82)	ERISA Section 504(c)(83)	ERISA Section 504(c)(84)	ERISA Section 504(c)(85)	ERISA Section 504(c)(86)	ERISA Section 504(c)(87)	ERISA Section 504(c)(88)	ERISA Section 504(c)(89)	ERISA Section 504(c)(90)	ERISA Section 504(c)(91)	ERISA Section 504(c)(92)	ERISA Section 504(c)(93)	ERISA Section 504(c)(94)	ERISA Section 504(c)(95)	ERISA Section 504(c)(96)	ERISA Section 504(c)(97)	ERISA Section 504(c)(98)	ERISA Section 504(c)(99)	ERISA Section 504(c)(100)
ERISA Section 504(c)(9)	ERISA Section 504(c)(10)	ERISA Section 504(c)(11)	ERISA Section 504(c)(12)	ERISA Section 504(c)(13)	ERISA Section 504(c)(14)	ERISA Section 504(c)(15)	ERISA Section 504(c)(16)	ERISA Section 504(c)(17)	ERISA Section 504(c)(18)	ERISA Section 504(c)(19)	ERISA Section 504(c)(20)	ERISA Section 504(c)(21)	ERISA Section 504(c)(22)	ERISA Section 504(c)(23)	ERISA Section 504(c)(24)	ERISA Section 504(c)(25)	ERISA Section 504(c)(26)	ERISA Section 504(c)(27)	ERISA Section 504(c)(28)	ERISA Section 504(c)(29)	ERISA Section 504(c)(30)	ERISA Section 504(c)(31)	ERISA Section 504(c)(32)	ERISA Section 504(c)(33)	ERISA Section 504(c)(34)	ERISA Section 504(c)(35)	ERISA Section 504(c)(36)	ERISA Section 504(c)(37)	ERISA Section 504(c)(38)	ERISA Section 504(c)(39)	ERISA Section 504(c)(40)	ERISA Section 504(c)(41)	ERISA Section 504(c)(42)	ERISA Section 504(c)(43)	ERISA Section 504(c)(44)	ERISA Section 504(c)(45)	ERISA Section 504(c)(46)	ERISA Section 504(c)(47)	ERISA Section 504(c)(48)	ERISA Section 504(c)(49)	ERISA Section 504(c)(50)	ERISA Section 504(c)(51)	ERISA Section 504(c)(52)	ERISA Section 504(c)(53)	ERISA Section 504(c)(54)	ERISA Section 504(c)(55)	ERISA Section 504(c)(56)	ERISA Section 504(c)(57)	ERISA Section 504(c)(58)	ERISA Section 504(c)(59)	ERISA Section 504(c)(60)	ERISA Section 504(c)(61)	ERISA Section 504(c)(62)	ERISA Section 504(c)(63)	ERISA Section 504(c)(64)	ERISA Section 504(c)(65)	ERISA Section 504(c)(66)	ERISA Section 504(c)(67)	ERISA Section 504(c)(68)	ERISA Section 504(c)(69)	ERISA Section 504(c)(70)	ERISA Section 504(c)(71)	ERISA Section 504(c)(72)	ERISA Section 504(c)(73)	ERISA Section 504(c)(74)	ERISA Section 504(c)(75)	ERISA Section 504(c)(76)	ERISA Section 504(c)(77)	ERISA Section 504(c)(78)	ERISA Section 504(c)(79)	ERISA Section 504(c)(80)	ERISA Section 504(c)(81)	ERISA Section 504(c)(82)	ERISA Section 504(c)(83)	ERISA Section 504(c)(84)	ERISA Section 504(c)(85)	ERISA Section 504(c)(86)	ERISA Section 504(c)(87)	ERISA Section 504(c)(88)	ERISA Section 504(c)(89)	ERISA Section 504(c)(90)	ERISA Section 504(c)(91)	ERISA Section 504(c)(92)	ERISA Section 504(c)(93)	ERISA Section 504(c)(94)	ERISA Section 504(c)(95)	ERISA Section 504(c)(96)	ERISA Section 504(c)(97)	ERISA Section 504(c)(98)	ERISA Section 504(c)(99)	ERISA Section 504(c)(100)	

#### HR Tools

#### HR Toolkit - Interviewing



#### Know Your Employee Benefits

#### Is Your Drug Plan Hard to Swallow?



#### Handbook & Policies Employee Handbook



#### Employer Education Articles & Newsletters Benefits Bulletin



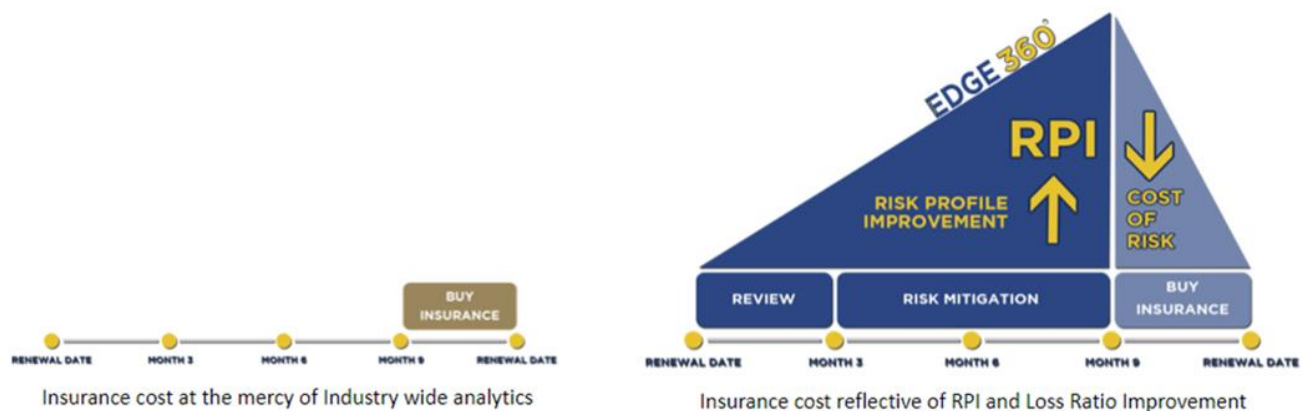
#### Live Well, Work Well Healthy Portion Sizes



**6.2. Include, for example, an explanation of the submitter's process of presenting the City's insurance needs to the open market.**

As described in section 4.2, the Ollis EDGE 360 is a documented and measured program to improve your risk profile. This information compiles a "STORY" for the City of Republic to be told to the insurance marketplace.

As shown below, we work with you throughout the year to improve your program. We then compile the results of your program and craft your "STORY" between 90 to 120 days prior to renewal. This information allows for additional considerations, improves the underwriter's knowledge of your organization and creates "out of the box" concepts to improve the overall options available for your organization.



Focusing on topics and programs outside of the traditional model has provided our client partners with documented results in improving employee value perception around the program, identifying, and reducing controllable claims through education and innovative plan designs, and attraction, retention, and engagement of employees.

Ollis/Akers/Arney's Employee Benefits Department is sought out by the top industry carriers due to this philosophy and approach to benefits. We have developed and negotiated program design and pricing improvements for the betterment of our community and business leaders.

- a. Negotiated the first rate cap lock with Cox Health Plans
- b. Selected by Anthem as one of only 11 agencies across the State for the initial Multi-Employer Welfare Arrangement offering
- c. Negotiated an Exclusive program for employers with more than 100 employee that provides budget stability through a multi-year rate guaranty with Mercy.
- d. Unique data analysis on cost of service vs. quality of care by Doctor, facility and health systems
- e. RX and Medical cost and reimbursement analysis with ability to provide budgetary impact recommendations
- f. Incorporated a direct primary care option into the fully insured carrier offering for additional discounts to provide a unique employee experience.

Securing the best insurance package for your business begins with planning. Analyzing all your risks is critical to the successful implementation of your employer group benefits. Ollis/Akers/Arney will partner with you by providing ongoing assistance, consultation and service that will help you control your insurance expenses, choose the best plan to fit your company's needs and promote health care consumerism.

At each renewal, our marketing efforts are included on the renewal proposal. Along with the pricing and terms, the renewal proposal includes an analysis of carrier options, and a recommendation of carrier based on the coverage needs of the City.

SAMPLE

Taney County Medical Coverage/Rate Comparison											
		Current Renewal		Option 2		Option 3		Option 4			
		Cox Health Plans		Cox Health Plans		Cox Health Plans		Cox Health Plans		Cox Health Plans	
		Base Plan: Partners 70 1000 Ded	Buy-Up Plan: Partners 70 500 Ded	Base Plan: Partners 70 1000 Ded	Buy-Up Plan: Partners 70 500 Ded	Base Plan: Partners 70 1000 Ded	Buy-Up Plan: Partners 70 500 Ded	Base Plan: Partners 70 1500 Ded	Buy-Up Plan: Partners 70 1000 Ded	Base Plan: Partners 70 3500 Ded	Buy-Up Plan: Partners 70 2500 Ded
Medical Coverage:											
Individual Deductible		\$1,000	\$500	\$1,000	\$500	\$1,000	\$500	\$1,500	\$1,000	\$3,500	\$2,500
Family Deductible		\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$4,500	\$3,000	\$10,500	\$7,500
Pocket		\$3,500	\$3,000	\$3,500	\$3,000	\$4,000	\$4,000	\$5,000	\$4,500	\$5,100	\$5,600
Pocket		\$8,000	\$6,500	\$8,000	\$6,500	\$10,000	\$8,500	\$11,500	\$10,000	\$13,700	\$13,700
Out of Pocket includes Deductible		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Coinsurance %		30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Physician's Co-Pay		\$30	\$20	\$30	\$20	\$40	\$30	\$30	\$20	\$40	\$30
Specialists Co-Pay		\$30	\$20	\$30	\$20	\$40	\$30	\$30	\$20	\$40	\$30
Inpatient Hospital		30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded
Outpatient Hospital		30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded
Urgent Care		\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Emergency Room		\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay
Rx Deductible		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rx Copays tier 1/tier 2/tier		\$10/25/50/100	\$10/25/50/100	\$10/25/50/100	\$10/25/50/100	\$10/35/75/100	\$10/35/75/100	\$10/35/75/100	\$10/35/75/100	\$10/35/75/100	\$10/35/75/100
Copays included in Out of Pocket		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preferred Network		Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems	Cox Health Systems
Rates:											
Employee	159	\$502.00	\$536.00	\$557.00	\$598.00	\$534.00	\$573.00	\$520.00	\$539.00	\$447.00	\$472.00
Employee/Spouse	27	\$1030.00	\$1098.00	\$1143.00	\$1220.00	\$1095.00	\$1174.00	\$1067.00	\$1105.00	\$916.00	\$967.00
Employee/Children	56	\$954.00	\$911.00	\$948.00	\$1012.00	\$908.00	\$973.00	\$885.00	\$918.00	\$760.00	\$802.00
Family	7	\$1457.00	\$1554.00	\$1636.00	\$1726.00	\$1543.00	\$1661.00	\$1509.00	\$1563.00	\$1236.00	\$1368.00
Monthly Medical Premium:		\$165,651.00	\$176,764.00	\$183,958.00	\$198,266.00	\$176,159.00	\$188,873.00	\$171,648.00	\$177,818.00	\$147,410.00	\$155,644.00
Percentage Increase:		\$342,416.00		\$380,124.00		\$355,032.00		\$349,466.00		\$383,054.00	
				11.0%		6.6%		2.06%		-11.58%	

THIS IS ONLY A SUMMARY OF COVERAGES.

While every effort has been made to ensure the accuracy of the information provided, in rare occasions errors in the transfer of information may occur.

Out of Network benefits are available, for details please refer to the Summary of Coverage.

Other Carriers Quoted: Anthem, Aetna, UHC

SAMPLE

SAMPLE

# Taney County Vision Coverage/Rate Comparison

	Current & Renewal	Current & Renewal	Current & Renewal	Current & Renewal	Option 2	Option 3
	VCD	VCD	VCD	VCD	MetLife	MetLife
Vision Coverage:	Exam Only	Gold Materials Only 130 PK Plus	Gold Exam + Materials 130 PK Plus	Silver Exam + Materials 130 PK Plus	Option 1 Exam & Materials	Option 2 Exam & Materials
Frequency	12 months	N/A	12 months	12 months	12 months	12 months
Exams	12 months	N/A	12 months	12 months	12 months	12 months
Lenses	N/A	12 months	12 months	12 months	12 months	12 months
Frames	N/A	12 months	12 months	12 months	12 months	12 months
Contact Lenses	N/A	12 months	12 months	12 months	12 months	12 months
Copay:						
Exams	\$15	N/A	\$15	\$15	\$15	\$15
Materials	N/A	\$15	\$15	\$15	\$15	\$15
Allowance						
Well Vision Exam	\$15	Copay	\$15	Copay	\$15	Copay
Lenses	N/A	Copay	\$15	Copay	\$15	Copay
Frames	N/A	Copay	\$15	Copay	\$15	Copay
Contact Lenses	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance
Frames	N/A	Allowance	\$15	Allowance	\$15	Allowance

## Carrier Analysis/Situation Effective Market Place and Program Analysis

You face many employee benefit challenges, including internal resources, time management, employee education, compliance with federal and state legislation, trend increases, pharmacy costs and increased litigation activity. This demanding environment dictates a change in the way you purchase and manage your insurance programs.

To compete in your marketplace, you must adopt a total-cost-of-employee-benefits management philosophy based on data-driven decisions and globally positioned communications. We specialize in evaluating, negotiating with, and recommending insurers and providers to our clients, and we employ rigorous selection criteria and performance objectives when considering a vendor.

After each meeting, written correspondence is provided to recap the meeting objectives and outline any changes that will be implemented.

As part of our review process, we analyze the ongoing plan performance and forecast plan impacts based on claims experience and benchmarking data. Ollis/Aker/Arney supplies the client with a summary of the information and our analysis of the plan as part of this reporting within our exclusive program.

In addition to standard carrier reporting and analysis, Ollis/Akers/Arney has access to proprietary analysis tools to perform predictive population management, prescription management, risk management, non-network management, platform quality review, and centers of excellence and national network management including smart interventions. This reporting provides an overview of specific data points that are tracked and measured over time and further compared to standard benchmarks to assess your unique risk profile compared to industry averages.

Understanding your current plans performance and the value it is providing to your organization, as well as your staff, is critical to the success of the program. Ollis/Akers/Arney has an in-depth reporting analysis designed exclusively for our clients. This report provides valuable analysis of the performance of the program and identifies areas for improvement and employee education.

Example pages from the reports are below:



### 6.3. Describe the submitter's capabilities and the ability to comply with deadlines and timelines identified in the Scope of Services.

The Ollis Edge 360 model is unique in our industry and exclusively offered to our clients. This model has documented accountability measurements in place to ensure customer satisfaction is at the front of each partnership and that deadlines/timelines are met.

The Ollis Edge 360 Model does four main things to ensure customer satisfaction:

1. We follow up every meeting with a letter (The As We Agreed Letter "AWA"), identifying key areas discussed and next steps (Actions Items) with who is responsible for completing specific items and by when. These letters serve as proof of our accountability to our clients, agreed upon activities to be completed by the client and a work order for both of us to follow to improve outcomes.
2. The Preferred Client Agreement (PCA) is updated annually. This document is a mutually agreed upon calendar that assists us in the implementation of these risk management strategies in a documented timeline. The structured process to our annual plan provides our clients and our team with expected implementation dates, resources, and analysis months in advance to eliminate the guess work or last-minute rush that many business leaders face today.

## PREFERRED CLIENT AGREEMENT

This schedule of activities demonstrates the on-going plan of risk management and loss control we will provide to your firm. The plan will provide both of us with an established schedule of dates for updating your TCOR Index, reviewing your insurance coverage, monitoring your exposures, & general handling of on-going support & services.

DATE DUE	SERVICE	TEAM MEMBER RESPONSIBLE
2/16/16	<ul style="list-style-type: none"> <li>Medical review with Anthem Medical Director, Cox Health Network Partner, &amp; Ollis/Akers/Arney wellness and primary advisors</li> <li>Online H.R. Administration and Benefits Enrollment technology (Maxwell Health) Initial Meeting and Implementation Calendar scheduling</li> <li>ACA Compliance reporting program implementation and Zywave Implementation and Training Schedule</li> <li>Wellness Program Timeline and Addition to P.C.A.</li> </ul>	
3/15/16	Employee Survey & Planning Session Meeting	
4/4/16 – 4/8/16	Employee Survey	
4/11/16 – 4/15/16	Employee Meetings	
5/3/16	Employee Survey / Meeting Results with H.R. Department	
5/13/16	H.R. Committee Meeting <ul style="list-style-type: none"> <li>Claims &amp; Plan Performance</li> <li>Employee Survey / Meeting results</li> <li>Plan Design &amp; Funding options</li> </ul>	
7/1/16	Online Technology Beta (Live for H.R. Department review and use)	
8/1/16	Receive preliminary projections and accompanying reports	
8/15/16	Receive full renewal proposal and accompanying reports	
8/18/16	Meeting with City Administrator and H.R. to review final Anthem offer	
8/19/16	H.R. Committee Meeting to determine Bid/No Bid (Note: This is the 3 <sup>rd</sup> Friday of the month as opposed to the normal 2 <sup>nd</sup> Friday)	
9/15/16	Meeting with City Administrator & H.R. department to review insurance bids	
9/16/16	H.R. Committee meeting to finalize recommendation to Board of Alderman	
10/1/16	Maxwell Health training for employees	
10/19/16 – 10/23/16	<ul style="list-style-type: none"> <li>Open Enrollment begins</li> <li>Employee Benefits Education meetings with additional assistance for online enrollment</li> </ul>	
11/7/16	End of Open Enrollment	

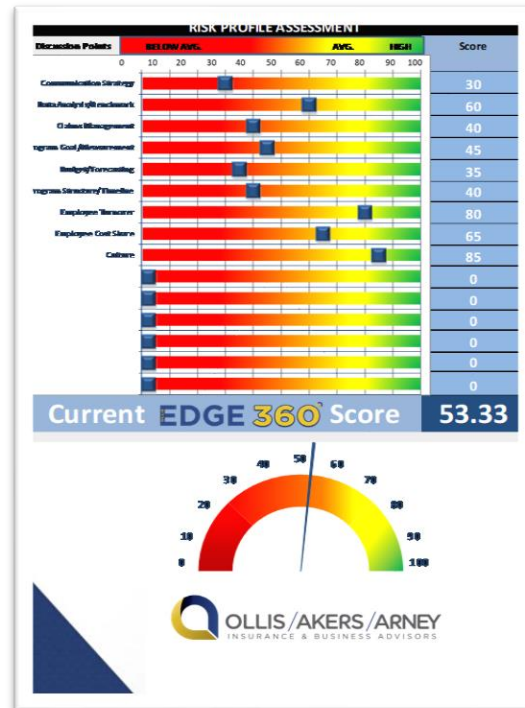


Risk Adviser

Client

Date

3. The Risk Profile Assessment is an annual strategic assessment review and plan improvement measurement. This document provides an overview of key drivers of exposure to your organization and employee engagement strategies, along with plan performance and data analysis reviews. We update the identified areas of focus to measure success and use the assessment (below) as a continuously evolving document over time.



4. These three items culminate to our Ollis Edge 360 Plan™ stewardship report. This record serves as documentation of improvement long term. It includes services implemented, enhancements to the plan and the impact they had year over year on the program. The stewardship report provides proof of our overall strategy, success against our measurements and reducing risk/controlling costs for your organization long term.



## **Section 7 – E-Verify & Other Information**

**7.1. For any contract for services greater than \$5,000, the successful bidder shall comply with § 285.530, RSMo, as amended, and:**

**7.1.1. Provide by sworn affidavit affirmation that it does not knowingly employ any person which is an unauthorized alien and**

**7.1.2. Provide documentation affirming its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this contract.**

**7.2. The required documentation affirming enrollment must be from the federal work authorization program provider.**

**7.3. Responses must include the signed and notarized Work Authorization Affidavit and the electronic signature page from the E-Verify program. A letter from the bidder or respondent reciting compliance is not sufficient.**

Affidavit and complete documentation of enrollment/participation in the federal work authorization program on the following pages.

City of Republic  
213 North Main Street  
Republic, MO 65738

## Attachment 1

### E-VERIFY AFFIDAVIT

Project Name: City of Republic  
Republic, Missouri

Contractor  
Richard Ollis, being  
first duly sworn, deposes and says that he/she  
is Chief Executive Officer  
of Ollis/Akers/Arney (sole owner, a partner, president, secretary, etc..) the party  
making the foregoing Bid is a participating Employer in the Department of Homeland Security (DHS) E-  
Verify program for Employment Verification. The Bidder has full understanding of the requirements set  
forth in the E-Verify Memorandum of Understanding (MOU), and the Bidder does not knowingly employ  
illegal aliens. Upon award of Bid and at the Contract Execution, the successful Bidder shall provide  
City of Republic with the following documentation:

1. E-Verify Memorandum of Understanding (MOU)
2. E-Verify Company Profile Page

Signed:



Contractor

Chief Executive Officer  
Title

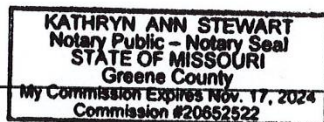
2274 East Sunshine St.  
Springfield, MO 65804  
Address

173938  
Company ID Number

State of  
County of

On this 18th day of April in the year 2023, before me, the undersigned notary public,  
personally appeared Richard Ollis, known to me to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged that he/she/they executed the same for the  
purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Seal of Notary:



Kathryn  
Notary Public



Company ID Number: 173938

**THE E-VERIFY  
MEMORANDUM OF UNDERSTANDING  
FOR EMPLOYERS**

**ARTICLE I  
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and Ollis and Company (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II  
RESPONSIBILITIES**

**A. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
  - a. Notice of E-Verify Participation
  - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.



Company ID Number: 173938

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
  5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.
    - a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.
  6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
    - a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
    - b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.
- Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.
7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.
  8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.
    - a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly





Company ID Number: 173938

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status



Company ID Number: 173938

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov). Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon





Company ID Number: 173938

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

## **B. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.



Company ID Number: 173938

- b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.
- c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.
- d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
  - i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
  - ii. The employee's work authorization has not expired, and
  - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
  - i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
  - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
  - iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with





Company ID Number: 173938

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

#### **C. RESPONSIBILITIES OF SSA**

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

#### **D. RESPONSIBILITIES OF DHS**

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and



Company ID Number: 173938

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO SSA AND DHS**

##### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify





Company ID Number: 173938

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the





Company ID Number: 173938

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

#### **ARTICLE IV SERVICE PROVISIONS**

##### **A. NO SERVICE FEES**

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

#### **ARTICLE V MODIFICATION AND TERMINATION**

##### **A. MODIFICATION**

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.



Company ID Number: 173938

## **B. TERMINATION**

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

## **ARTICLE VI**

### **PARTIES**

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,



Company ID Number: 173938

Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

**To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.**



Company ID Number: 173938

Approved by:

<b>Employer</b> Ollis and Company	
Name (Please Type or Print) Richard Pogue	Title
Signature Electronically Signed	Date 12/26/2008
<b>Department of Homeland Security – Verification Division</b>	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/26/2008



Company ID Number: 173938

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Ollis and Company
Company Facility Address	2274 E. Sunshine Springfield, MO 65804
Company Alternate Address	PO Box 10346 Springfield, MO 65808
County or Parish	GREENE
Employer Identification Number	440600671
North American Industry Classification Systems Code	524
Parent Company	N/A
Number of Employees	20 to 99
Number of Sites Verified for	1 site(s)





Company ID Number: 173938

**Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:**

MO

1



Company ID Number: 173938

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name Chervl Maher  
Phone Number 4178818333  
Fax  
Email chervl.maher@ollisco.com

Name Richard Poque  
Phone Number 4178818333  
Fax  
Email dick.poque@ollisco.com

Name Valerie Adams  
Phone Number 4178818339108  
Fax  
Email valerie.adams@ollisco.com



Company ID Number: 173938

This list represents the first 20 Program Administrators listed for this company.

## Section 8 – Sample Documents

**8.1. The Broker, Consultant, and/or Firm are encouraged to provide examples of documents, reports, reviews, correspondence, or other records used for similar engagements with other municipal/government agencies.**

Our communication is purposeful and is designed to coordinate and educate with clarity. The Ollis Edge 360 model is exclusively offered to our clients. This model has documented accountability measurements in place to ensure customer satisfaction is at the front of each partnership and that deadlines/timelines are met.

As mentioned earlier in this RFQ, we have several proprietary documents for clarity within the partnership.

These include:

The follow up after every meeting with a letter (The As We Agreed Letter “AWA”), identifying key areas discussed and next steps (Actions Items) with who is responsible for completing specific items and by when. These letters serve as proof of our accountability to our clients, agreed upon activities to be completed by the client and a work order for both of us to follow to improve outcomes.

The Preferred Client Agreement (PCA) is updated annually. This document is a mutually agreed upon calendar that assists us in the implementation of these risk management strategies in a documented timeline.

### PREFERRED CLIENT AGREEMENT

This schedule of activities demonstrates the on-going plan of risk management and loss control we will provide to your firm. The plan will provide both of us with an established schedule of dates for updating your TCOR Index, reviewing your insurance coverage, monitoring your exposures, & general handling of on-going support & services.

DATE DUE	SERVICE	TEAM MEMBER RESPONSIBLE
2/16/16	<ul style="list-style-type: none"><li>Medical review with Anthem Medical Director, Cox Health Network Partner, &amp; Ollis/Akers/Arney wellness and primary advisors</li><li>Online H.R. Administration and Benefits Enrollment technology (Maxwell Health) Initial Meeting and implementation Calendar scheduling</li><li>ACA Compliance reporting program implementation and Zywave Implementation and Training Schedule</li><li>Wellness Program Timeline and Addition to P.C.A.</li></ul>	
3/15/16	Employee Survey & Planning Session Meeting	
4/4/16 – 4/8/16	Employee Survey	
4/11/16 – 4/15/16	Employee Meetings	
5/3/16	Employee Survey / Meeting Results with H.R. Department	
5/13/16	<ul style="list-style-type: none"><li>H.R. Committee Meeting</li><li>Claims &amp; Plan Performance</li><li>Employee Survey / Meeting results</li><li>Plan Design &amp; Funding options</li></ul>	
7/1/16	Online Technology Beta (Live for H.R. Department review and use)	
8/1/16	Receive preliminary projections and accompanying reports	
8/15/16	Receive full renewal proposal and accompanying reports	
8/18/16	Meeting with City Administrator and H.R. to review final Anthem offer	
8/19/16	H.R. Committee Meeting to determine Bid/No Bid (Note: This is the 3 <sup>rd</sup> Friday of the month as opposed to the normal 2 <sup>nd</sup> Friday)	
9/15/16	Meeting with City Administrator & H.R. department to review insurance bids	
9/16/16	H.R. Committee meeting to finalize recommendation to Board of Alderman	
10/1/16	Maxwell Health training for employees	
10/19/16 – 10/23/16	<ul style="list-style-type: none"><li>Open Enrollment begins</li><li>Employee Benefits Education meetings with additional assistance for online enrollment</li></ul>	
11/7/16	End of Open Enrollment	

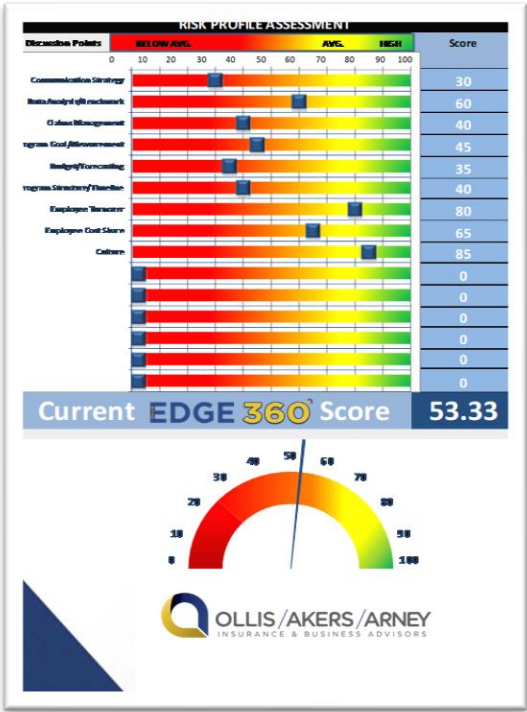


Risk Advisor

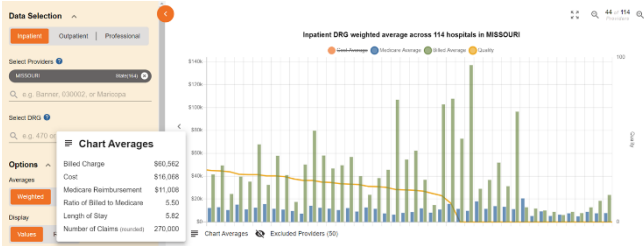
Client

Date

The Risk Profile Assessment is an annual strategic assessment review and plan improvement measurement. This document provides an overview of key drivers of exposure to your organization and employee engagement strategies, along with plan performance and data analysis reviews. We update the identified areas of focus to measure success and use the assessment (below) as a continuously evolving document over time.

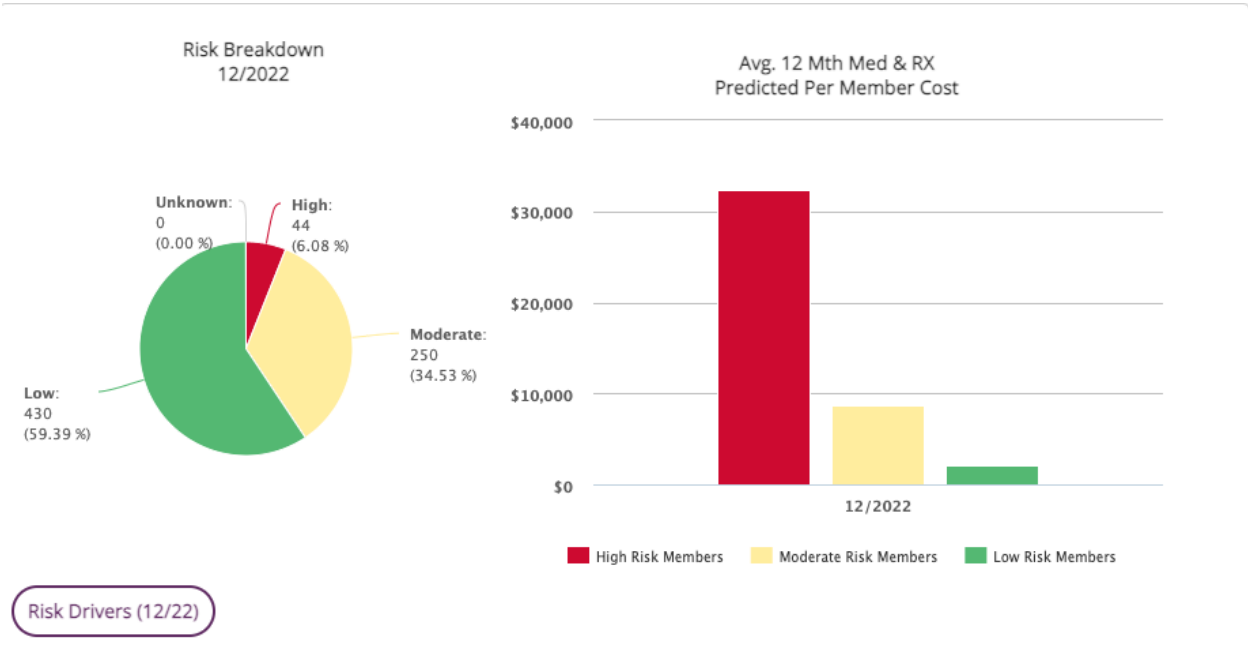


We also provide options for quality and cost of care purposes with unique program designs. This changes the game of health care from in-network/out of network to quality and cost of service.





Focusing on High-Risk Members and Implementing Proactive Cost-Containment Strategies



High:  
44  
(6.08%)

High Risk Members

Risk is calculated based on members with Active enrollment as of the last day of the selected month.

	Members (12/22)	% of Total Members (12/22)	Avg Risk Score (12/22)	Average Member Cost 12 Mth Prediction Medical & Pharmacy (12/22)	Total Group Cost 12 Mth Prediction Medical & Pharmacy (12/22)
Predicted Risk Levels					
High Risk Members	44	6.08%	31.40	\$32,375.36	\$1,424,516.04
Moderate Risk Members	250	34.53%	17.75	\$8,743.06	\$2,185,765.53
Low Risk Members	430	59.39%	2.49	\$2,116.95	\$910,290.36
Unknown Risk (Less than 30 Days Enrollment) Members	0	0.00%	0.00	\$0.00	\$0.00
All Members	724	100.00%	9.53	\$6,243.88	\$4,520,571.93

Predicted Events					
Hospital Admission in the Next 6 Months (>20% Likelihood)	<u>3</u>	0.41%	20.49	\$16,467.17	\$49,401.50
Hospital Admission in the Next 12 Months (>20% Likelihood)	<u>9</u>	1.24%	27.95	\$35,904.99	\$323,144.89
Hospital Re-Admission in the Next 30 Days (>20% Likelihood)	0	0.00%	0.00	\$0.00	\$0.00
Hospital Re-Admission in the Next 60 Days (>20% Likelihood)	0	0.00%	0.00	\$0.00	\$0.00
Hospital Admission >= 3 Day Length of Stay	<u>7</u>	0.97%	32.14	\$45,071.91	\$315,503.38
Emergency Room Visit (>20% Likelihood)	<u>140</u>	19.34%	16.01	\$12,297.54	\$1,721,655.36
Myocardial Infarction (>20% Likelihood)	<u>1</u>	0.14%	32.46	\$17,801.53	\$17,801.53
Stroke (>20% Likelihood)	<u>5</u>	0.69%	32.41	\$23,843.08	\$119,215.41
Bone Fracture (>20% Likelihood)	<u>1</u>	0.14%	32.25	\$15,630.40	\$15,630.40
Diabetes (>20% Likelihood)	0	0.00%	0.00	\$0.00	\$0.00
End Stage Renal Disease (>20% Likelihood)	0	0.00%	0.00	\$0.00	\$0.00
Hepatitis C (>20% Likelihood)	0	0.00%	0.00	\$0.00	\$0.00
Cancer in the Next 12 Months (>20% Likelihood)	0	0.00%	0.00	\$0.00	\$0.00
Cancer in the Next 10 Years (>20% Likelihood)	<u>130</u>	17.96%	22.93	\$13,455.71	\$1,749,241.85
Members Predicted to spend >= \$5,000 (Pharmacy)	<u>62</u>	8.56%	27.03	\$35,435.73	\$2,197,015.35
Members Predicted to spend >= \$10,000 (Medical)	<u>21</u>	2.90%	29.81	\$37,559.18	\$788,742.80
Members Predicted to spend >= \$50,000 (Medical & Pharmacy)	<u>8</u>	1.10%	35.32	\$64,409.14	\$515,273.14

## Using Data Analytics to Identify Care Gaps in Treating Costly Conditions: Chronic Kidney Disease

Note: Every selected rule will be exported as a clustered column chart in excel.										
	Category	% Compliant (T1)	Care Gaps Met (T1)	Care Gaps Not Met (T1)	Total (T1)	% Compliant (T2)	Care Gaps Met (T2)	Care Gaps Not Met (T2)	Total (T2)	% Compliant Change
	Asthma	0.00%	0	0	0	100.00%	14	0	14	0.00%
	Chronic Kidney Disease	0.00%	0	0	0	100.00%	19	0	19	0.00%
4	<input type="checkbox"/> Rule	% Compliant (T1)	Care Gaps Met (T1)	Care Gaps Not Met (T1)	Total (T1)	% Compliant (T2)	Care Gaps Met (T2)	Care Gaps Not Met (T2)	Total (T2)	% Compliant Change
	<input type="checkbox"/> CKD: One Office Visit within the previous 12 Months for Members with Diagnosis of Chronic Kidney Disease	0.00%	0	0	0	100.00%	2	0	2	0.00%
	<input type="checkbox"/> CKD: One Office Visit within the Previous 12 Months for Members with a Diagnosis of Chronic Kidney Disease Stage 1, Stage 2, or Undefined	0.00%	0	0	0	100.00%	2	0	2	0.00%
	<input type="checkbox"/> CKD: One Office Visit within the Previous 12 Months for Members with a Diagnosis of Chronic Kidney Disease Stage 3	0.00%	0	0	0	100.00%	5	0	5	0.00%
	<input type="checkbox"/> CKD: One Office Visit within the Previous 12 Months for Members with a Diagnosis of Chronic Kidney Disease Stage 4	0.00%	0	0	0	0.00%	0	0	0	0.00%
	<input type="checkbox"/> CKD: One Office Visit within the Previous 12 Months for Members with a Diagnosis of Chronic Kidney Disease Stage 5 or ESRD	0.00%	0	0	0	0.00%	0	0	0	0.00%
	<input type="checkbox"/> CKD: One Nephrology Office Visit within the Previous 12 Months for Members with Diagnosis of Kidney Transplant	0.00%	0	0	0	0.00%	0	0	0	0.00%

## Using Data Analytics to Identify Care Gaps in Treating Costly Conditions: Diabetes

Note: Every selected rule will be exported as a clustered column chart in excel.

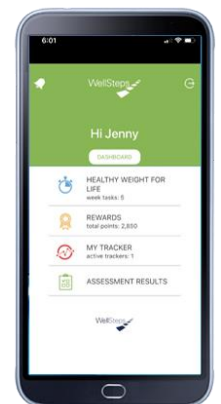
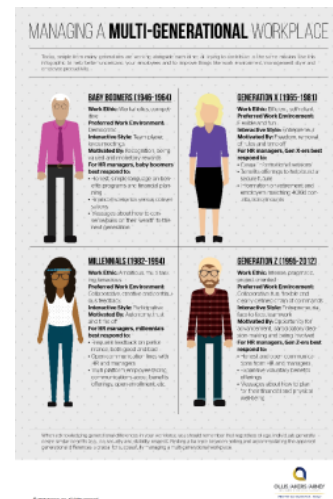
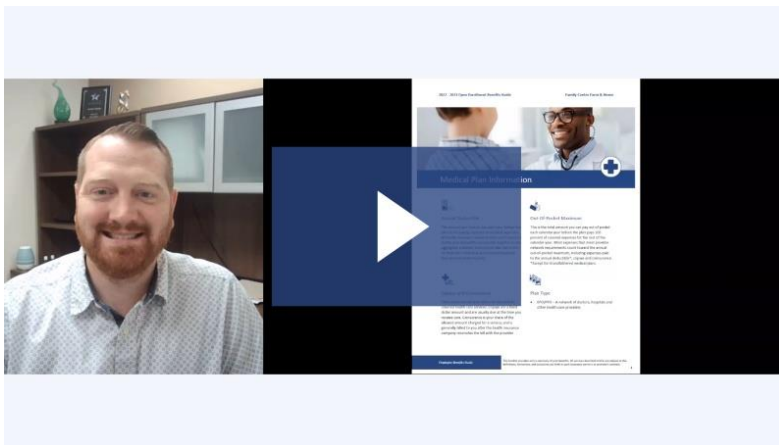
Category	% Compliant (T1)	Care Gaps Met (T1)	Care Gaps Not Met (T1)	Total (T1)	% Compliant (T2)	Care Gaps Met (T2)	Care Gaps Not Met (T2)	Total (T2)	% Compliant Change
Asthma	0.00%	0	0	0	100.00%	14	0	14	0.00%
Chronic Kidney Disease	0.00%	0	0	0	100.00%	19	0	19	0.00%
Coronary Artery Disease	0.00%	0	0	0	86.36%	19	3	22	0.00%
Diabetes	0.00%	0	0	0	61.94%	262	161	423	0.00%

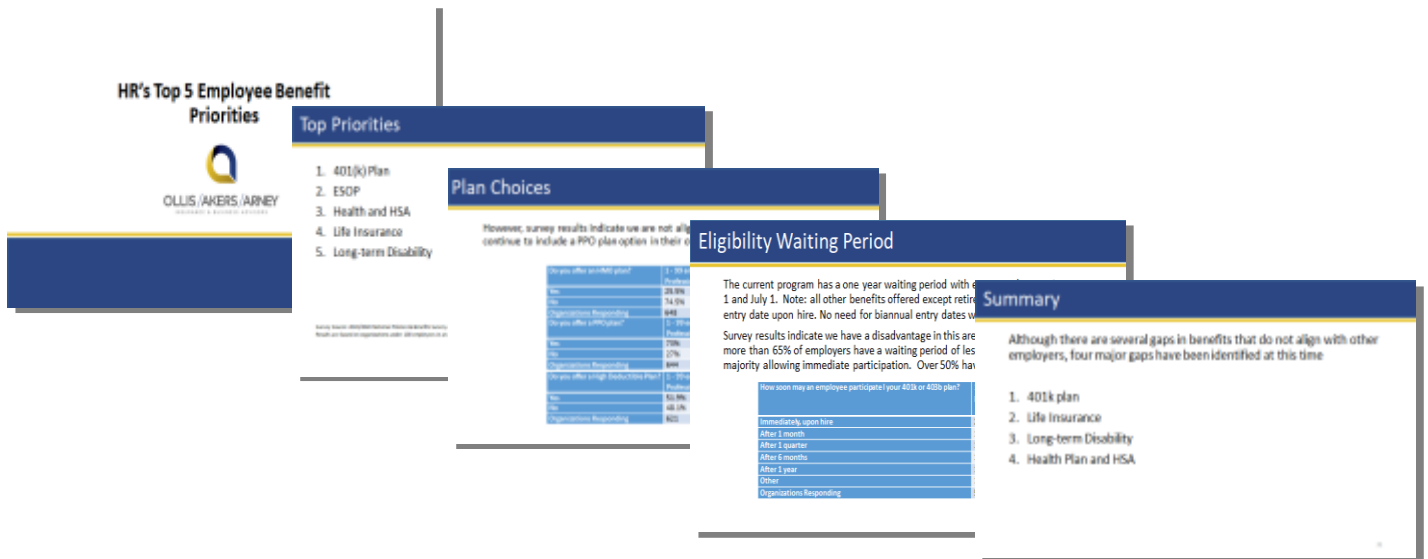
Rule	% Compliant (T1)	Care Gaps Met (T1)	Care Gaps Not Met (T1)	Total (T1)	% Compliant (T2)	Care Gaps Met (T2)	Care Gaps Not Met (T2)	Total (T2)	% Compliant Change
<input type="checkbox"/> DIA: One Office Visit within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	100.00%	47	0	47	0.00%
<input type="checkbox"/> DIA: Two Office Visits within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	100.00%	47	0	47	0.00%
<input type="checkbox"/> DIA: One HbA1c Screening Test within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	100.00%	47	0	47	0.00%
<input type="checkbox"/> DIA: Two HbA1c Screening Tests within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	82.98%	39	8	47	0.00%
<input type="checkbox"/> DIA: Most Recent HbA1c Test Result <7.0% within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	0.00%	0	47	47	0.00%
<input type="checkbox"/> DIA: Most Recent HbA1c Test Result <8.0% within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	0.00%	0	47	47	0.00%
<input type="checkbox"/> DIA: One LDL Test within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	76.60%	36	11	47	0.00%
<input type="checkbox"/> DIA: One Diabetic Retinal Eye Exam within the Previous 24 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	0.00%	0	47	47	0.00%
<input type="checkbox"/> DIA: Screening for Kidney Disorders within the Previous 12 Months for Members with Diagnosis of Diabetes	0.00%	0	0	0	97.87%	46	1	47	0.00%

**Tailored Communications** - The Ollis/Akers/Arney team helps you tackle employee communication challenges. With strategic planning and a thorough understanding of your communication objectives, we provide custom communication materials that will help both you and your employees understand your plans and the issues influencing your benefits decisions. Due to the vast depth of knowledge, expertise, and experience present within our advisory and support team, we are able to put together a comprehensive yet simplistic communication strategy for your employees.

We understand employees best receive information in a variety of ways. The current workforce is full of experienced workers along with workers new to the workforce. Our team works alongside your staff to help you better understand this unique age and experience gap, which leads to improved work environment and a better understanding of the benefits program.



**Benchmark detail** - Another example of the use of benchmarking and analysis to elevate a client's employee benefits program is with a complete review of their program including Medical, Dental, Vision, Retirement, Paid Time Off (PTO), Long-Term Disability (LTD), Short-Term Disability (STD), Life, and emerging trends in benefits, etc. Using the Ollis/Akers/Arney exclusive model and a combination of current industry reports, we identified for the client, program advantages and disadvantages to attracting and retaining employees. The analysis reviewed the types of benefits offered, eligibility, vesting, accruals, plan limits and more. A sample of the report is below with the positioning of their program against the competition and recommendations for improvement.







# OLLIS / AKERS / ARNEY

INSURANCE & BUSINESS ADVISORS

PROTECTING TOMORROW...TODAY.



**2020 WINNER**  
**BBB TORCH Award**  
*Celebrating Exceptional  
Ethics and Service*  
BBB Serving Eastern & Southwest Missouri &  
Southern Illinois

