



CITY OF GAINESVILLE

Broker & Benefits Consulting Services for Health &
Group Life Plans
ITN # RMDX-230059-GD

Due Date: Wednesday, November 1, 2023 at 3:00 p.m.

Proposal Contact: Cindy Thompson, V.P. of Operations
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communities rely on.



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October 31, 2023

City of Gainesville
Procurement
200 E. University Avenue
Gainesville, FL 32601

Re: ITN # RMDX-230059-GD – Broker & Benefits Consulting Services for Health & Group Life Plans

Dear Evaluation Committee Member:

Gehring Group, a Risk Strategies Company (RSC Insurance Brokerage, Inc.) is pleased to provide this proposal in response to the City of Gainesville's ITN # RMDX-230059-GD for Broker and Benefits Consulting Services for Health and Life Group Plans. Through our extensive experience working with government employers over the past 30+ years serving as Benefits Consultant/Broker, we are confident that our firm will offer innovation, efficiencies, value-added services, in-depth industry and employee benefits program knowledge, depth of support and experience, along with an unparalleled level of service to your Leadership, Staff and Members. With team members having an average of 12.2 years and leadership having an average of 17.9 years of industry experience, Gehring Group has grown to become the most respected insurance and risk management consulting agency in the state supporting public entities. Upon becoming a division of RSC Insurance Brokerage, Inc. on January 1, 2022, Gehring Group now has even more to offer within the product and services area of benefits. RSC has over 4,000 valued team members, in-house legal, actuarial and pharmacy specialists, and places employee benefit program premiums in excess of \$2.5 billion per year. We are industry leaders, ranking in the top three in the country in a large number of specialties providing a robust offering in both employee benefits and property and casualty.

As part of the Risk Strategies family, Gehring Group continues our public sector focus, currently serving over 130 Florida public sector entities similar in scope, size, and complexity to the City of Gainesville. Working together, we have successfully implemented leading edge concepts such as Consumer Directed Health Plans, creative Stop Loss programs, Onsite Clinics, and Innovative Wellness and Mental health Programs. Our unique qualifications to be your broker/consultant include but are not limited to:

- 1) **Public sector is our only industry specialty** which allows the City of Gainesville to leverage our large government client base, extensive knowledge and understanding of your unique needs, take advantage of our negotiating leverage with carriers and vendors, and collaboratively work together to manage future costs of providing employee benefits to your employees and retirees. We also recognize that cities are unique amongst other public sector employer groups and are able to quickly identify the City's needs along with achieving the City's specific goals;

- 2) **Our unique non-producer corporate organizational structure** allows us to offer clients a broad depth of value-added services by reinvesting revenue that would typically be paid to a sales representative in the form of commission to enhance the ongoing support we provide year over year to our clients;
- 3) **Our all-inclusive service model** will allow the City of Gainesville the opportunity to utilize our resources without concern for additional costs while providing full transparency, unlimited onsite meetings, customized professional graphics, and communication including print, electronic and video communications, the **CAVU®** benefits benchmarking tool, the **NavMD** claim analytics tool, and the **Mineral** online human resources research and training software; and
- 4) Our consultants have an **unparalleled level of experience**, intricately working with public sector clients throughout the state.

For those on the proposal evaluation committee, we want to again emphasize Gehring Group's focus and expertise regarding public sector employee benefit programs. Gehring Group is unique in that public sector is and has always been our sole focus, and we have a deep bench of experienced and tenured professionals who are experts in all funding arrangements, pharmacy options, plan designs, supplemental offerings, wellness initiatives, employer clinics, mental health services, etc. In addition, we have developed trusted legal and educational resources and strong carrier/professional relationships, allowing us to provide proven results through exceptional insurance consulting services and guidance regarding plan strategy and legislation applying to municipalities in the state of Florida. Throughout this proposal, our team provides a positive commitment to provide the required services as outlined in the City of Gainesville's ITN as well as a commitment to continue to seek innovative solutions to the City's benefits cost goals and challenges.

In summary, Gehring Group meets and exceeds all minimum qualification requirements including licensing, insurance, employee tenure, depth of knowledge and years of experience, and we are confident that we can provide the City of Gainesville additional value along with best-in-class services. Our approach to the business, coupled with our extensive public sector and city experience, familiarity with applicable regulations, market relationships, and enthusiasm make us the broker of choice. We thank the members of the selection committee in advance for the review of our comprehensive response and stand ready to provide any additional clarification upon review of this proposal's contents.

Sincerely,



Kurt N. Gehring
Gehring Group, a Risk Strategies Company
Managing Director & National Practice Leader – Public Entities

The technical proposal is a narrative which addresses the scope of work, the proposed approach to the work, the schedule of the work, and any other information called for by the ITN which the bidder deems relevant.

Gehring Group, a Risk Strategies Company, provides an all-inclusive and comprehensive scope of benefits broker/consulting services enabling our team to engage with our clients throughout the plan year. We are the leading provider of public sector employee benefits consulting services whose success is driven by our proactive approach, knowledge, experience, and integrity as well as the passion of our people and our commitment to remain the consultant of choice amongst our clients.

Gehring Group clients benefit from a team of professionals dedicated to providing technical knowledge as well as numerous value-added resources to serve your needs. Your Gehring Group team takes pride in providing a superior level of service and is dedicated to using their experience to help you continue to meet your benefits and financial objectives. Our goal at Gehring Group is to help your organization and members save money through effective and proactive planning, negotiations, innovative ideas, wellness initiatives, and efficient implementation and management of your benefits programs. We are fully committed to anticipating and fulfilling your needs. Our three main objectives are to control costs, streamline administration, and provide first-class customer service for you and your employees.

We understand that the City of Gainesville desires to offer its employees a competitive benefit package to attract and retain valued employees. Inherent in this process is marketing and renewal analysis, renewal negotiations, the RFP and evaluation process, claims monitoring and data analysis, recommendations to staff, assistance with compliance issues and open enrollment assistance. Our comprehensive level of service includes all services outlined in the RFP scope of services, with no limits on the number of onsite meetings and no travel costs passed through to the City of Gainesville. As part of our continuous service, Gehring Group's staff also conducts detailed reviews, analysis, and projection sessions with decision makers at key points throughout the year for budget and planning purposes. We consistently track claims utilization data using our NavMD Data Analytics platform to more effectively prepare for the renewal process and develop strategies to ensure that the City of Gainesville gets the most value for its health care dollar.

Additional services include oversight of any employee health clinic, benefits communication and graphics services, open enrollment coordination and assistance, assistance with claims and billing issues and legislative compliance with both Federal and State legislation. Our professional in-house graphics department is also available to design and produce various employee education and communication pieces in addition to our annual Employee Benefits Guide and Wellness Program Brochures that are customized according to your needs and benefits options. In addition, your Gehring Group team is available on an ongoing basis for onsite meetings with Staff, health and wellness committees, union groups, City management, or the general employee population.

To further elaborate on the extent of our services, we would like to take this opportunity to address each item in the **Part 2 - Scope of Work** of the City's ITN as follows:

2.2 Scope of Work:

The successful respondent will be contracted to provide insurance broker and consulting services as described below.

Per the City of Gainesville's ITN # RMDX-230059-GD for Broker and Benefits Consulting services for Health and Group Life Plans, Gehring Group understands the scope of services to include, but not be limited to, the following:

a. Control Health and Group Life plan costs for the City.

Gehring Group/Risk Strategies approaches employee benefit program strategy with an eye for cost containment and innovative solutions. We have helped clients implement numerous programs to help control costs and improve their population's overall health and well-being. We provide suggestions for cost savings through plan design, alternative funding arrangements and employee benefits education with the goal of maintaining or increasing employee satisfaction with their benefit options/plans.

Our team considers a number of factors in developing a long-term strategic plan. These include regular meetings with you to understand your organization's goals, budget, organizational considerations, culture, and plan competitiveness compared to benchmark and local entities. Additionally, we look at your organization's loss experience for multiple years and perform analytics on your data utilizing in-house software and technology to develop forecasting scenarios for your current plan design and providing the City of Gainesville with annual budget projections based on actual claims utilization. Our review also considers agreements made through collective bargaining as well as retiree offerings. In our lengthy experience serving the public sector, we have learned that each client's needs are unique; from geographic location and employee demographics to union relations and retiree coverage; therefore, Gehring Group utilizes a customized approach to determining the needs and priorities of each client, focusing on making recommendations that are sustainable and specific to the client and their specific situation. Our goal is to recommend programs to drive long-term cost savings versus merely reducing benefits to the employee population to generate premium savings.

One example of a client's long-term strategy included a three-year path to increasing the aggressiveness of their wellness program with the goal of targeting unhealthy lifestyles – adding incentives for physical activities in the first year; adding wellness health targets verified by physicians in the second year; and finally, a non-smoker incentive in the third year, all while monitoring utilization and making plan changes to curb abuse year over year. Other clients have set goals to transition from a fully insured arrangement to a minimum premium arrangement in order to get more comfortable with the concept of self-funding. Others have implemented such concepts as an onsite employee health center, onsite health coaches and wellness coordinators and incentives for participation in health risk assessments.

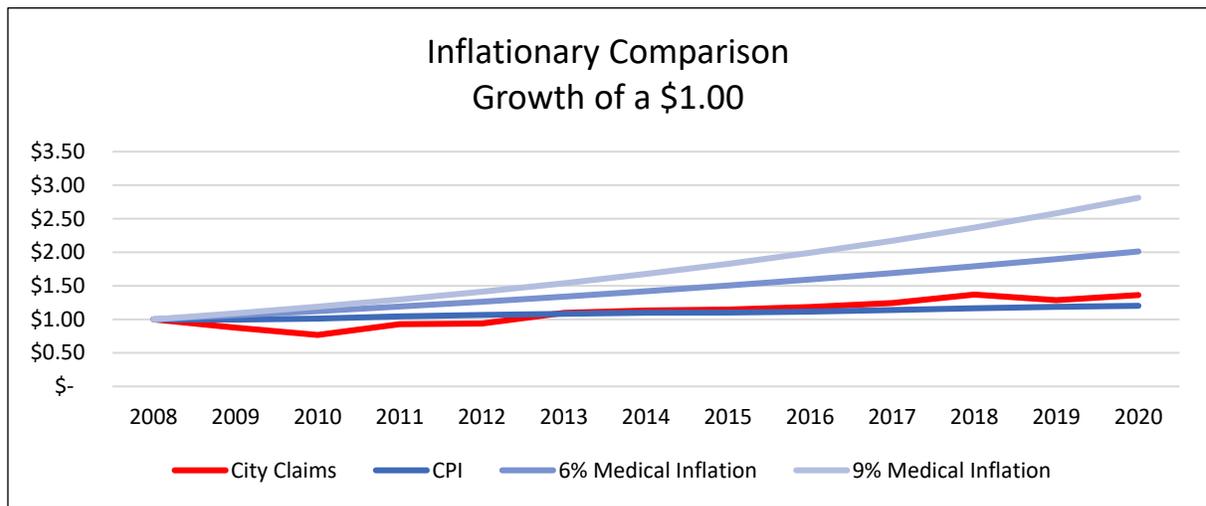
We understand that employee benefits are a very important aspect of an employee's compensation package. Accordingly, we agree that a long-term strategic benefit plan must be put in place to allow both the employer and employee to anticipate and prepare for a stepped change, be it financial or regarding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

The following include additional examples of how Gehring Group/Risk Strategies has helped our clients to achieve savings through proactive planning, innovation, and wellness.

Case Study #1: Municipality (1,800 employees)

Implementation of Onsite Health Center, integrated wellness program and health initiative incentives.

Gehring Group guided this municipality throughout the process of implementing an onsite health center as one variable in its long-term strategy to mitigate consistent health plan cost increases and high trend factors. By shifting costs such as specific prescription drugs and preventive services from the medical plan to the clinic, they have been better able to manage specific areas of claims costs, while providing additional access to medical care to their employees. The ten-year results are as follows:



The City’s claims costs have experienced an average increase of 3.1% over the past 12 plan years since implementing the following:

- Opened Onsite Health Center (2009)
- Began Incentivized Health Assessments (2014)
- Added Onsite Health Coach through Health Center (2018)
- Added Onsite Wellness Coordinator through Medical carrier (2019)
- Added Wellness Incentivized plan design (2020)
 - Preventative Exams
 - Coaching
 - Chronic Condition Management

In addition, the City has achieved the following positive impacts to its benefits program:

- No plan design changes for 7 years,
- Medical claims trend below national medical inflation level for over ten years

Shawn and his team continue to monitor the city’s claims experience, large claims, and claims trends on a monthly basis to identify additional wellness targets, potential benefit overutilization, and prescription drug cost-saving opportunities.

Case Study #2: County (900 employees)

Gehring Group Aggressive Negotiations and Competitive Bid Process

Gehring Group acquired this client in 2021 via the competitive bid process for benefits consultant. Upon selection as the County's Benefits Consultant, our first challenge was to negotiate the medical renewal since there was limited time before open enrollment. In our first year serving this County, we were able to secure a "no increase" for its fully insured, triple plan option medical and pharmacy program, ensuring no cost impact to both the County and its employees for the plan year beginning on October 1, 2021.

Upon entering the new plan year, our team immediately started the strategic planning process with County staff for the upcoming plan year. This began with a thorough benefits and program review, establishing a timeline for quarterly claims review, requesting a non-to-exceed renewal six months prior to renewal, and performing our annual compliance review. When the timing was appropriate, our team released an RFP for all lines of coverage in force at the County. Through the competitive bid process, our team was able to achieve the following:

- An 8.3% premium reduction (approximately \$800,000 in savings)
- No changes or reductions to current plan design benefits
- Negotiated an "off cycle" one-year interim Pro-Share agreement with a minimum guarantee of \$250,000, regardless of claims experience and return to normal two-year cycle for 2022-2024
- Negotiated for the carrier to provide \$175,000 in Wellness and Technology funds for the first year and \$75,000 for the three subsequent years
- Negotiated for the carrier to provide COBRA administration at no cost to the County

The County also plans to implement a formal wellness program, add a health coaching program as well as a digital wellness platform in future years.

In addition, the County implemented the BenteK Online Enrollment and Administration solution allowing them to go completely paperless, reduce manual processes and increase efficiencies in numerous ways including: providing one central place for them to administer all lines of benefits coverage for employees and retirees; allowing automated eligibility transmissions to your carriers; providing a more efficient way to record qualifying events and beneficiary designations, and more.

Case Study #3: Sheriff's Office (1,000 employees)

Mid-Year Bid Process due to Unforeseen Carrier Network Changes

Another example of Gehring Group's ability to negotiate cost savings for our public sector clients involves a Florida Sheriff's Office. Contracted under a fully insured arrangement with a reputable carrier, this employer found themselves in the position of losing access to a major hospital and physician group when network contract negotiations ended unfavorably. Within weeks, our team was able to formulate an RFP for Medical and Pharmacy TPA services for a mid-year renewal, submit to insurance carrier/TPA marketplace and evaluate all proposals received. We were able to present our recommendations to decision makers, outlining the benefits and cost analysis of each option. Our analysis and aggressive negotiations resulted in the group transitioning to a self-insured program with stop loss coverage.

Through the evaluation process, Gehring Group was also able to negotiate the following additional value-added services and funds:

- Technology funds from carrier/TPA to offset the cost of the employer's online benefits administration software;
- Wellness funds to facilitate the employer's continued wellness initiatives;
- The addition of a full-time onsite carrier/TPA service representative;
- Multi year guarantees of TPA fees, including multiline discounts, and pharmacy rebates;
- Transition Funds to cover the cost of claims reporting feeds for seamless claims reporting; and
- Claims Audit Funds to help offset the cost of a third-party claims auditor.

Our team was also able to negotiate an ASO fee guarantee as well as an ASO Fee Holiday of \$150,000 at plan start, and another \$150,000 again at renewal. The contract also included COBRA administration and Retiree Billing valued at \$12,000.

Case Study #4: Municipality (1,000 employees)

Savings through Data Analytics and Wellness

One of the strategic solutions that we have employed is the implementation of a custom designed Wellness and Disease Management program to target chronic condition management. Upon review and analysis of this public sector employer's (1,000 employees) claims data, we were able to identify diabetes as the top "chronic condition by cost" with over 15% of the participants receiving some sort of treatment for pre-diabetes or chronic diabetes. Upon researching various disease management solutions, Gehring Group assisted our client in implementing the Omada Diabetes Prevention Program. The goal of the program is to keep employees engaged in monitoring their health condition, encouraging prescription drug compliance and ultimately diabetes prevention. With the implementation of this program and lowering copays/coinsurance for these diabetes treatment services, over 13% of employees are participating and aware of their additional care options. The City also is on track to achieving a higher percentage of prescription drug adherence, increased treatment frequency, and mitigating the costs associated with treatment of this chronic condition.

b. Consult and recommend multiple options for Health and Group Life plans.

The Gehring Group/Risk Strategies team has extensive experience with reviewing, implementing, and servicing all types of health and life programs that include fully insured and self-insured programs, Health Savings Accounts (HSA), Health Reimbursement Accounts (HRA), Consumer Driven Health Plans (CDHP), and Cafeteria Plans. For some groups we may recommend consolidating the number of plans to better consolidate risk and reduce adverse selection, while for other entities it may mean providing more plan options to better accommodate the needs of various types of employee populations within the entity who may be seeking varying coverage levels or alternatively, more affordable premium costs. Through our knowledge and experience, Gehring Group is able to aid clients in determining which plans represent viable options in order to assist management in making informed decisions regarding new concepts and ascertaining the best interest of their organization. During Gehring Group’s tenured experience, we have assisted our clients through a variety of plan and funding changes such as: changing from fully insured to self-insured and vice versa, switching insurance carriers or TPAs, adding multiple plan options, carving out pharmacy benefits, and implementing health savings vehicles such as HSAs and HRAs.

In addition, Gehring Group also utilizes the NavMD data analytics platform to evaluate claims data and network utilization for plan modeling purposes. The Plan Modeling component is a core feature of the system designed to provide the information necessary to add value to health care planning. Whether you want to employ value-based plan design through employee intervention and wellness programs, or simply better track your high-cost populations in order to contain cost and retain higher cash flow, the Plan Modeling tool is where we capitalize on diligent data analysis. These tools provide comparative analyses on proposed plan strategies using historical claims data by simulating the effect of plan modifications, forecasting and modeling both simple and complex strategy adjustments against actual claims experience in your health plan.

c. Quantify and provide the value of the fully insured, self-insured, and Group life models.

Gehring Group/Risk Strategies will spearhead the process of quantifying and providing the value of any fully insured or self-insured medical/Rx program options under consideration as well as evaluating the cost and benefits of group life and AD&D coverage. Our team will guide the City through the renewal negotiation or market solicitation process and perform a detailed analysis of each program offered based on the evaluation criteria developed with the City’s H.R. Team. We compare all proposals side by side to the in-force program and illustrate the program differences to include the advantages and disadvantages of each. This includes a detailed cost comparison that outlines the total cost of the program in addition to breaking down the costs related to employer and employee contributions and detailing all applicable proposal caveats.

In addition to cost, we will also compare provider networks to determine which proposers may be considered viable options in addition to performing a network disruption analysis and network discount analysis. If resulting from a formal bid process, Gehring Group will meet with City Staff to review our initial findings, and once our analysis has determined which vendors are viable based on cost, schedule of benefits, value-added services, A.M. Best rating, etc., we then attempt to clear up any details that must be clarified prior to making a recommendation. This process is a second level request for clarification and is conducted following the review of submitted proposals. As insurance is one of the few areas in public entity purchasing regulations where simultaneous negotiations can take place, it is always important for the RFP process to include a “best and final” interview process within the RFP timeline, negotiating performance guarantees where applicable. Our team members are active participants in the evaluation

and interview process as needed. Upon determination of the viable offers with collaboration from the City, we will prepare our formal evaluation and recommendation for your review.

d. Ability to market and recommend Tele Mental Health services for the City’s Employee Assistance Program.

Yes, Gehring Group/Risk Strategies can market and make recommendations for all lines of insurance coverage including employee assistance programs that include Tele-mental health services. Our team has much experience in bidding EAP programs and has the knowledge to evaluate all options effectively. The mental health services industry has evolved considerably throughout the progression and near conclusion of the COVID-19 pandemic, seeing significant increases in demand for such services. Providers of these services have realized the value and savings in providing these services on a virtual basis and have expanded the use the telehealth and virtual avenues for treatment. Our team can market, evaluate, and make recommendations to the City of Gainesville regarding all types of EAP programs and services.

e. Provide premium development support.

With the expertise of your Gehring Group team and our actuarial resources, we can collaborate with the City’s actuary, Wakely Consulting, or any selected actuary to make recommendations regarding premium funding and rate setting to ensure premiums are proportionate and appropriate among plans and tiers. We can also work with the City of Gainesville to evaluate fully insured options in comparison to the current self-insured program.

f. Provide ongoing plan performance, monitoring, plan performance forecasting, claims experience analysis, benchmarking, and reporting.

As part of our continuous service, Gehring Group/Risk Strategies conducts detailed reviews, analysis, and projection sessions with decision makers at key points throughout the year. We consistently track claims utilization data of your program throughout the plan year in order to monitor ongoing plan performance and more effectively prepare for the budget planning and renewal process. We review available claims utilization reports to determine whether your programs are running favorably and utilize this claims data to forecast renewal projections and negotiate with vendors.

Claims Monitoring and Reporting

We provide our clients with reporting that is relevant to their funding arrangement on a timely basis, typically monthly or quarterly. We also monitor the group’s “large claims” (i.e., claims approaching or exceeding the specific stop loss deductible or pooling level if fully insured) on a regular basis. We are also able to provide other key indicator reports, typically annually, to assist in identifying additional risks and/or targets for wellness initiatives. Your Gehring Group analytical team obtains all available claims utilization reports regarding medical and pharmacy claims in each of the above requested formats. Our in-house **NavMD Data Analytics** platform will serve as the data warehouse for all medical and pharmacy claims data.

Self-insured programs, such as the City of Gainesville’s, require consistent attention and monitoring; therefore, we perform monthly, quarterly, and annual in-depth analysis of overall plan performance data utilizing Gehring Group’s **NavMD Data Analytics Platform**. Through our in-house NavMD platform, we are able to provide trend analysis, risk segmentation, high claimant stop-loss reimbursement reports, premium and funding assessments, provider network utilization analysis and most recently, COVID-19 utilization summaries. This consistent monitoring and review will help determine whether renewal projections are in line and allow for any adjustments to budget expectations. In addition, our analysts will use such data to prepare financial exhibits that provide the City of Gainesville with the information needed to make informed decisions regarding its benefit plan designs and funding levels. Examples of available reports include:



- Utilization Summary Report
- Top 10 Conditions Benchmark Comparison
- Top 10 Physicians
- Top 10 Facilities
- Top 10 Pharmacies
- Top 10 Pharmacy Claimants
- Formulary vs. Non-Formulary Spend
- COVID Filter Report
- Pharmacy Relationships
- Risk Index by Demographics
- Risk Index Summary
- Risk Index Ranges by Cost
- Cost Sharing Reports including:
 - Member vs. Employer
 - By Participant Division
 - By Plan Option

Gehring Group utilizes the NavMD data analytics platform to evaluate claims data and network utilization for our self-insured clients even further. **NavMD Analytics** is a predictive health analytics and health plan management system. It provides many clinical and risk measures of total populations and subpopulations, integrated with demographic data, compliance averages for Episodic Treatment Groups® of conditions, Episodic Risk Groups®, medical and pharmacy compliance, condition prevalence and slide calculators that automatically calculate Value Based utilization for pharmacy, (medical possession ratio) and outpatient best practice standards of care.

Plan Design Modeling – Plan Design Modeling is supported by the rich Data Analytics & Reporting capabilities, and the Plan Modeling component is a core feature of the system designed to provide the information necessary to add value to health care planning. Whether you want to employ value-based plan design through employee intervention and wellness programs, or simply better track your high-cost populations in order to contain cost and retain higher cash flow, the Plan Modeling tool is where we capitalize on diligent data analysis.

These tools provide comparative analyses on proposed plan strategies using historical claims data by simulating the effect of plan modifications. Forecasting and modeling both simple and complex strategy adjustments against actual claims experience in your health plan supporting creativity in plan design, producing innovative approaches modeled for higher cost savings, increasing cash flow and providing improved plan efficiency. The following includes various dashboard and utilization reports created in Gehring Group’s NavMD Data Analytics platform utilized to conduct various types of analyses for our clients to pinpoint key metrics such as high-cost conditions, potential provider or benefit overutilization,

wellness targets, etc. This tool can also provide high level benchmarking that is real-time and specific to other public sector employers of similar demographics.

SAMPLE Cost Sharing



Plan Start/End: Jan 1, 2021 - Jan 31, 2022
 Incurred Start/End: N/A



Breakout by Plan Summary

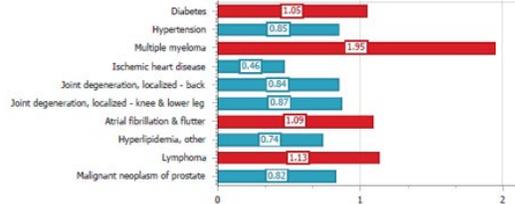
	Member	Employer
Medical	\$2,277,693.39	\$52,214,996.17
Rx	\$1,091,250.31	\$12,547,991.68
Total	\$3,368,943.70	\$64,762,987.85
PMPM	\$707.15	\$522.29
% of Cost	9%	91%

Results

Cost Share - Member	Medical	Rx	Total	% of Total
Copay	\$1,611,622.00	\$886,556.72	\$2,498,178.72	74%
Deductible	\$376,025.94	\$194,693.39	\$570,719.33	17%
Co-insurance	\$205,055.45	\$0.00	\$205,055.45	6%
Cost Share - Employer	Medical	Rx	Total	% of Total
Plan Reserve	\$0.00	\$0.00	\$0.00	0%
Member Subtotal	\$2,277,693.39	\$1,091,250.31	\$3,368,943.70	100%
Total	\$2,277,693.39	\$1,091,250.31	\$3,368,943.70	100%

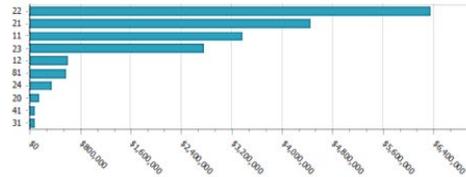
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Top 10 Conditions: Benchmark Comparison



EPISODE	# CLAIMANTS	TOTAL PAID	BENCHMARK SCALE (1 = NORM)	\$ OVER OR UNDER (\$0 = NORM)
Diabetes	398	\$2,282,039.24	1.05	\$96,687.83
Hypertension	1,273	\$1,294,724.10	0.85	(\$225,089.61)
Multiple myeloma	5	\$1,165,318.63	1.95	\$566,837.14
Ischemic heart disease	336	\$872,925.59	0.46	(\$1,024,229.85)
Joint degeneration, localized - back	381	\$841,504.34	0.84	(\$157,960.53)
Joint degeneration, localized - knee & lower leg	238	\$764,791.39	0.87	(\$117,003.76)
Atrial fibrillation & flutter	77	\$518,749.55	1.09	\$41,726.07
Hyperlipidemia, other	825	\$474,148.01	0.74	(\$170,630.24)
Lymphoma	15	\$467,507.79	1.13	\$52,701.73
Malignant neoplasm of prostate	73	\$449,892.18	0.82	(\$96,995.33)
All Others	3,767	\$14,029,338.85	0.67	(\$6,894,310.87)
		\$23,150,939.67	0.74	(\$7,906,257.42)

Top 10 Places of Service



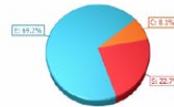
PLACE OF SERVICE CODE	PLACE OF SERVICE	PLAN PAID	# OF CLAIM SERVICE LINES	MEMBER PAID	TOP CONDITION
22	Outpatient Hospital	\$6,340,084.46	36,403	\$327,616.17	Orth Infl non-critl nrv, wo comp, w surg
21	Inpatient Hospital	\$4,424,750.76	19,304	\$208,527.10	Record outside date range
11	Office	\$3,344,930.76	94,605	\$1,080,624.50	Jt degen -knee L/leg, wo comp, wo surg
23	Emergency Room - Hospital	\$2,738,390.80	20,741	\$171,771.93	Brain trauma, wo comp, wo comorb, wo surg
12	Home	\$582,383.90	11,169	\$156,302.55	Minor bact skin infection, wo comp, w comorb
81	Independent Laboratory	\$559,983.40	37,765	\$18,880.90	Mal neo breast, wo comp, w comorb, w surg & skin
24	Ambulatory Surgical Center	\$338,193.74	1,523	\$28,431.20	Orphan record
20	Urgent Care Facility	\$138,728.32	1,879	\$44,317.83	Migraine headache, wo comp, wo comorb
41	Ambulance - Land	\$40,739.83	763	\$36,444.06	Other inflam lung disease, w surg
31	Skilled Nursing Facility	\$26,309.37	350	\$56.50	Cerebral vascular disease, wo comp, wo comorb, wo surg
	Remaining Places of Service	\$163,408.59	5,461	\$50,307.94	

Formulary vs. Non-Formulary



FORMULARY	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	# OF CLAIMANTS	# OF CLAIM SERVICE LINES	PER EMPLOYEE PER MONTH
Non-Formulary	\$3,286,304.43	37.79%	\$167,122.24	1,298	6,487	\$197.85
Formulary	\$8,219,396.37	72.22%	\$783,541.77	3,342	71,665	\$286.50
	\$11,505,700.80		\$950,664.01		78,152	\$386.35

Pharmacy Relationships



RELATIONSHIP	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIMANTS	MEMBER PAID	PER MEMBER PER MONTH
E	\$7,596,300.89	65.19%	3,017	\$674,289.94	\$145.91
S	\$2,418,618.10	20.98%	724	\$218,660.54	\$45.13
C	\$796,954.01	6.83%	629	\$67,713.51	\$10.76
	\$11,505,700.80		3,380	\$960,664.01	\$216.62

Each of the above reports were generated in-house with Gehring Group's NavMD Data Analytics platform.

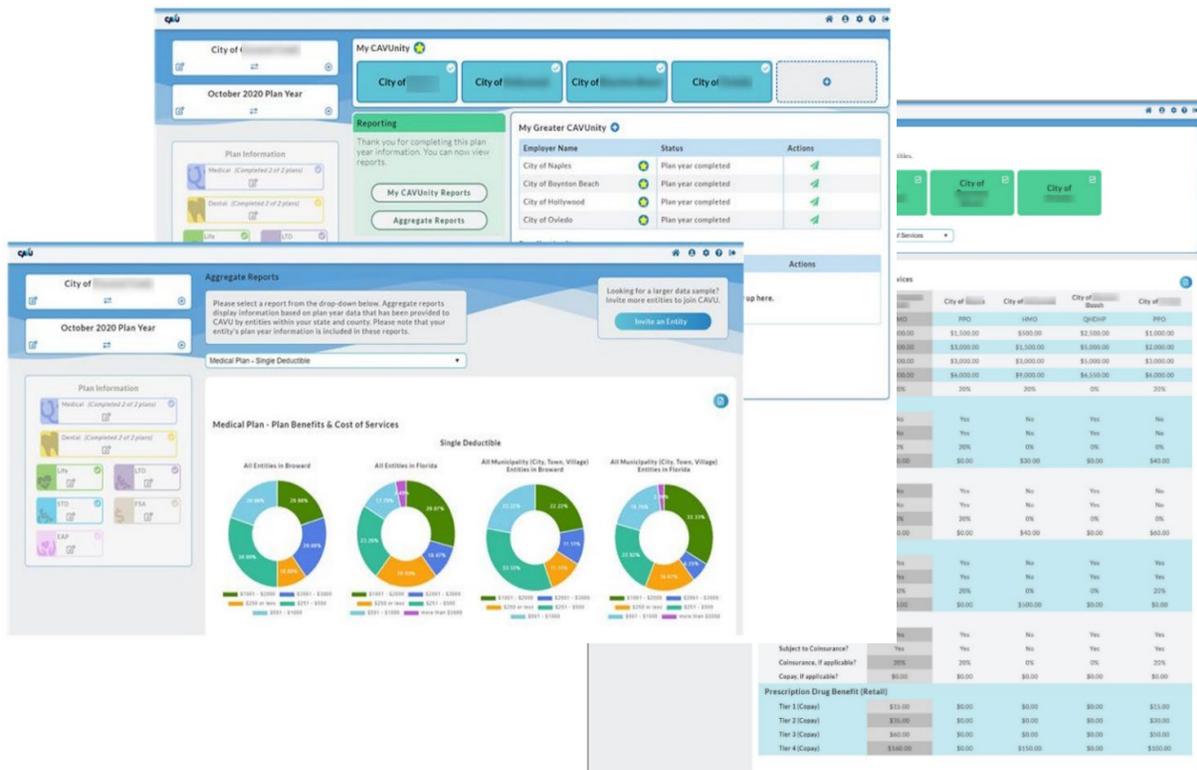
Benchmarking

Gehring Group’s concentration in the public sector enables us to have access to a significant amount of public sector employee benefits benchmark data in-house. This includes statistics on plan benefits, employer contributions, waiting periods, trend factors and other related employee benefits data.

Recognizing the value of a public entity’s benefit program offerings, Gehring Group has most recently developed a new public sector ‘real time’ benchmarking tool. CAVU® is an online employee benefits benchmarking software specifically for public sector employers that went live and online in 2020. With this tool, public sector employers can complete a survey to enter their plan benefits and costs, compare their cost and benefits to other participating employers, and even invite other entities to participate. CAVU provides valuable information on costs and benefit trends to aid public sector employers in making important decisions regarding plan options, schedules of benefits and employer/employee contributions.

Many national broker/consulting firms boast about their benchmarking reports, the results of which include employers from every industry, public and private sectors, and locations across the country. However, we know that insurance is purchased on a local basis and comparing these results to data captured solely from the public sector is like comparing apples to oranges and can skew the output being considered. Depending on the industry there can be considerable employer contribution and schedule of benefit disparities especially when comparing private sector and public sector benefit plans as employee benefits are a key recruiting tool for public sector employers.

Examples of reports and screenshots are included below for your reference.



g. Provide consulting and educational services in the compliance areas relating to Health and Group Life plans.

At Gehring Group, we take the position that we are a resource to our clients and not just a facilitator, so we embrace the learning and dissemination of information. We educate our clients regularly by holding on-site and local client seminars, hosting topic specific compliance webinars, authoring easy to read succinct newsletters and email updates, and coordinating educational workshops. Our experience in this area is recognized within the industry.

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

- **Gehring Group Newsletters**

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

- **Client Seminars/Webinars**

During this time of legislative change, Gehring Group has taken on the role of becoming an educational resource for our clients by hosting several informative seminars on relevant topics. Most recently, Gehring Group hosted a webinar regarding the new legislation surrounding the Consolidated Appropriations Act and new Gag Clause Attestation requirements for health plans. Each year, we also host several client seminars/webinars on various topics, to ensure that our clients have all the information needed to be adequately prepared for new mandates and are comfortable in their understanding of all requirements. (Sample included in **Exhibit D.**) Employers can also take advantage of the educational opportunities available at our annual *Public Sector Summit*, *Mental Health First Aid Workshops* and more.



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

Date	Client Educational Opportunity
January 6, 2021	Webinar – Let’s Talk COVID Vaccines (Expert Panelist: Dr. Pete LoFaso)
January 7, 2021	Webinar – FFCRA, COVID Related Employer/Employee Update (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
March 17, 2021	Webinar – Outbreak, Vaccine Update, and the Considerations of the American Rescue Plan Act (ARPA) on the Public Sector (Expert Panelists: Ben Conley, Ron Kramer of Seyfarth Shaw)
March 18, 2021	Webinar – The ABCD’s of Medicare (Expert Panelist: Michele Malooley, LPRT, CSA)
April 21-22, 2021	Gehring Group Two-Day Public Sector Client Summit
May 26, 2021	Webinar – Calculating the Count & Completing the Form 720 for PCORI Fees

Date	Client Educational Opportunity
July 7, 2021	Webinar – Tax Credits and COBRA Benefits Under the American Rescue Plan
August 25, 2021	Webinar – The Fourth Wave: Updates on Vaccine & Mask Mandates and Emerging Topics
September 23, 2021	Webinar – Don't be "Surprised" by Upcoming Benefits Changes
November 17, 2021	Webinar – COVID In Our Midst: Understanding the Current State of Affairs
January 5, 2022	Webinar – It's 1095 Time!
January 26, 2022	Webinar – The A, B, C, Ds of Medicare Part 2
March 30, 2022	First Responder Focus Group – Police and Fire Mental Health Focus Group
April 20-21, 2022	Public Sector Client Summit – Various Benefits and Risk Management Topics
July 14, 2022	Webinar – Employer Health Plan Considerations in the Wake of Dobbs
July 22, 2022	Webinar – CAVU For You: Benchmarking for the Public Sector
September 20, 2022	Webinar – Legislative Updates: Public Safety Officer Support Act & Inflation Reduction Act.
February 21, 2023	Webinar – The End of the Public Health Emergency
March 16, 2023	Webinar – What SECURE Act 2.0 Means for your Pot of Gold
May 16, 2023	Public Sector Client Summit - Keys to Caregiving for the Sandwich Generation
June 7, 2023	Webinar – The Latest in Legislation: Retiree Updates
June 12, 2023	Webinar – The Long Goodbye: Preparing for the End of the Outbreak Period
June 14, 2023	Webinar – Florida's Latest Health Care-Related Bills
October 24, 2023	Webinar – Gag Clause Prohibition – Guidance for Employers

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



- **Face-to-Face Meetings**

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

- **Compliance Tools and Checklists**

Gehring Group has developed additional tools utilized by our services teams and include various external resources. We also have checklists developed internally to assist with organization and compliance. Some of these checklists include:

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



In addition, Gehring Group’s technology services include several tools to assist our clients with compliance, communication, enrollment, research and many other issues. Such services include *Mineral* and our Client Resources portal.

Gehring Group has taken a proactive stance and is consistently monitoring the current events taking place amidst the current fast-paced legislative environment. We will provide the City of Gainesville with updates regarding any changes applicable to client benefits programs and assist in planning and preparation to remain in compliance with all legislative requirements.

h. Engage City Staff for feedback to determine expectations of benefits offerings to add value to the program.

As previously stated, your Gehring Group/Risk Strategies will meet with City staff on an ongoing basis to review program strategy, plan performance and City goals. We value your feedback and aim to develop benefit strategies to meet the City’s needs. We are also known for being an innovator in the employee benefits marketplace in evaluating all emerging cost-saving options to determine their viability for our clients. We were the first to implement consumer driven health plans as well as other cost-saving strategies such as onsite clinics in the public sector, and we maintain a strong commitment to remain at the forefront of industry trends, market conditions, innovative concepts and new types of health insurance programs being presented by insurance companies and third-party administrators. Through our knowledge and expertise of all types of plan designs and funding arrangements, our consultants are able to aid our clients in determining which carriers and programs represent viable options in order to assist management in making better-informed decisions regarding the implementation of new concepts and ascertaining whether they are in the best interest of the organization.

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

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

- Value-based plan designs,
- Specialty physician designation cost share differences,
- Plans with “narrow networks”,
- Pharmacy oversight services,
- International prescription sourcing,
- Captive funding arrangements, and more.

We are always looking to collaborate with our clients to seek out options to add value to the employee benefits program.

i. Offer additional discounts for phone, car insurance, travel, etc.

Gehring Group/Risk Strategies will evaluate all programs that offer additional discounts for phone, car insurance, travel, etc.

j. Must consistently maintain and allocate sufficient staffing resources to provide timely service for the City’s Employee Benefits broker/consulting needs.

With Gehring Group/Risk Strategies’ 80+ employees on staff, our staffing levels are sufficient to ensure timely completion of tasks related to servicing the needs of the City’s employee benefits brokerage and consulting needs. Gehring Group employs a team approach to ensure that all clients always have an available resource. Each team includes a Senior Benefits Consultant, a Benefits Consultant, three account managers, two employee benefits analysts, wellness coordinator and various support staff who are expected to handle 15-20 clients, depending on client size, renewal date and program complexity. Your dedicated Consultant and Account Manager are available for all on-site meetings and take an active role in the servicing of all aspects of your group. In addition to your Account Manager, our clients are also assigned an Internal Client Service Specialist who serves as an employee advocate and additional resource for questions and claim issues. These professionals, along with an easily accessed upper management staff and our corporate philosophy regarding our team approach, provides assurance that our clients have access to experienced professionals who are aware of, or can easily access their files, to provide resolution and answers at all times.

Gehring Group’s service team consists of highly qualified personnel whose resumes include years of consulting for and servicing public sector clients as outlined further in **Tab 7: Team Qualifications**.

k. Must maintain staff that are qualified and available to provide specialized technical expertise in various disciplines as necessary.

As stated above, each Gehring Group service team includes a Senior Benefits Consultant, a Benefits Consultant, three account managers, two employee benefits analysts, wellness coordinator and various support staff. In addition to the above service team, the City of Gainesville will also have direct access to additional staff resources with varying specialties and industry specific certifications such as REBC, CEBS, GBA, PHR and SPHR, Certified Self-Funding Specialist, Certified Healthcare Reform Specialist and Voluntary/Worksite Benefits Certification. In addition, Gehring Group also has legal and actuarial resources to accommodate the needs of our clients. Our Executive Team members employ a hands-on approach, offering another integral level of availability and expertise to our clients and serve as a valuable resource to all staff.

Employee Advocacy

Gehring Group's services not only include ongoing benefits administration support, but also assistance to employees and retirees with provider and claim issues. We often meet with employees individually to facilitate a quick resolution to any claim issues they may be experiencing with vendors. In addition to your assigned account manager, Gehring Group also provides in-house Client Service Specialists specifically for this purpose. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider's office to seek resolution. The internal Client Service Specialists can also assist with writing appeal letters in the event a claim has been denied. Our Gehring Group team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

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

1. Assisting an employee in resolving \$19,000 of denied claims: The employee's dependent child had specific surgical procedure and was billed over \$19,000. The claims were denied because the carrier claimed a lack of medical necessity. Our team worked closely with both the provider and the insurance carrier to provide the medical necessity information and documentation in order to have the claims reprocessed and paid, resulting in the employee only owing his \$500 deductible and a \$150 facility copay.
2. The dependent of an employee was in skiing accident and received emergency care out of state. After the surgery, he received a "boot" from an out-of-network durable equipment provider. The carrier denied this claim, stating that it was considered a non-covered service, and the member was then billed \$966. Our team worked with the employee to write an appeal letter on the member's behalf and provided all medical documentation for the carrier to reconsider covering the expense. The appeal was approved and this claim for \$966 was processed and paid in-network at 100%.

Oftentimes, Gehring Group's staff acts as the intermediary between the employee, provider, and insurance carrier, to expedite the process. We can even provide a custom email address to provide to employees for them to reach a member of their service team directly (i.e., gainesville@gehringgroup.com). Consider your Gehring Group team as a true extension of your HR and Benefits staff. Supporting our clients' needs is a fundamental objective at Gehring Group.

i. Consistently maintain and allocate sufficient staffing resources to provide timely service for the City's Employee Benefits broker/consulting service needs.

Duplicate bullet of "j" above. Please refer to response to "j" above.

m. Maintain staff that are qualified and available to provide specialized technical expertise in various disciplines as necessary.

Duplicate bullet of "k" above. Please refer to response to "k" above.

ADDITIONAL VALUE-ADDED SERVICES

The following value-added services are included within the scope and annual fee proposed within this ITN response:

- **Employee Education & Communication**

Gehring Group places a high value on the importance of employee education and clear communication regarding the City's employee benefits offerings. With the aid of our professional in-house Graphics team, we will provide communication and education assistance through the on-going development and preparation of various employee communication materials. Our talented graphics team can assist the City in developing communication materials in the form of educational collateral to target recognized needs including flyers, posters, campaigns, and videos highlighting specific topics. These communication pieces can be customized to be distributed through client intranet services, posters, or other media allowing the City to communicate coverage offerings and educate employees regarding their benefit options and responsibilities. All work products and samples included in **Exhibits A and B** were created and produced in-house.

Gehring Group provides many options to our clients to increase benefits communication and education among employees. From face-to-face interaction at employee meetings to paper communication pieces to educational videos, we realize that employee communication is key to getting the most out of your employee benefits program. These options include:

- ☑ **Employee Benefits Guide**

One of the tools necessary in the enrollment and communication process is the annual employee benefits guide. (Sample included in **Exhibit A**.) At the beginning of each new plan year, we compile all the information regarding your insurance coverages and summarize it in a custom employee friendly benefit booklet. This booklet has proven to be a valuable resource and has allowed members to clearly understand plan options, related costs to make decisions in their best interest each year. We will provide an electronic version of the annual benefit guide for posting on your intranet or applicable location. Paper copies are available upon request. **Click or scan the QR code to the right to review a sample benefits guide.**



- ☑ **Professional Employee Communications**

In addition to the provision of the employee benefits guide, we can also draft and produce employee communication pieces such as department posters, mass employee mailings, Wellness Program brochures, etc. which will allow the City to better communicate its employee benefit offerings, enrollment deadlines, wellness initiatives, and keep your employees well educated regarding their employee benefit options and responsibilities. Gehring Group produces all brochures and other work products in-house at no additional charge. (Samples included in **Exhibit B**.)

- ☑ **Electronic Communication**

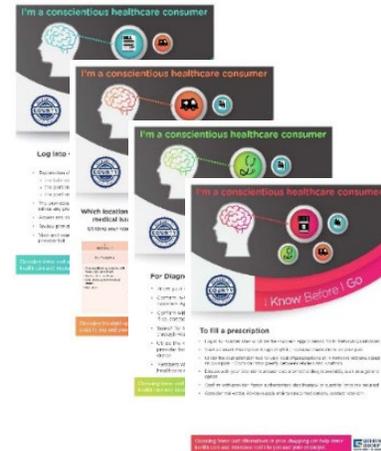
Gehring Group provides electronic and PDF versions of all above-referenced communications which can be emailed as an attachment, posted on your intranet, or posted to the applicable benefits

enrollment system. These communications can include the annual Employee Benefits Handbook, Wellness Program Brochure, Open Enrollment notifications, posters and various other notices and employee communications.

Employee Educational/Wellness Campaigns

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

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



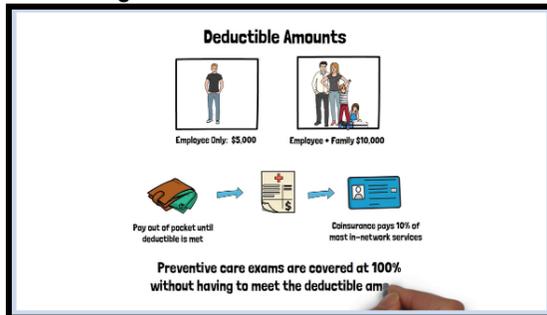
Our team can aid the City in developing a communication strategy and determining a targeted message.

Video Communication

Gehring Group has developed custom whiteboard education/communication videos which provide employees with a concise video utilized to educate them on various benefit options or additional services such as EAP and health center promotion (if applicable) with additional topics coming soon. These videos can be hosted on the City’s intranet or other applicable location. **Click or scan the QR code to the right to review one of our educational videos** regarding High Deductible Health Plans. These videos can be scripted and edited based on the City’s plan benefits.



High Deductible Health Plan:



Employee Assistance Plan:



- **Mineral Online Human Resources Research Tool**



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

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

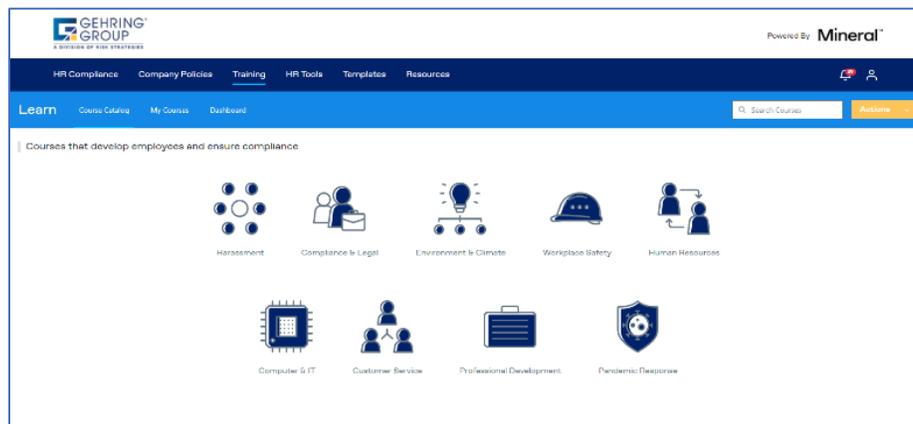
- Phone access to HR advisers anytime Mon-Fri, 9am-8pm EST
- Written/email follow-up on complex issues or researched matters
- National and regional expertise

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

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

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

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



- **Mental Health First Aid Training**

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

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

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



Gehring Group’s most recent focus group and workshop took place in 2022, on the topic of **Police and Fire Mental Health**.

Tab 2:

Price Proposal

The price proposal is a presentation of the bidder's total offering price including the estimated cost for providing each component of the required goods or services.

Please refer to the following page for the completed price proposal form (Required Form E).

Bidders should indicate the dollar amount which will be attributed to each subcontractor, if any.

Not applicable.

If a prescribed format for the price proposal is appended, bidders must use it; otherwise, bidders may use formats of their choice.

Acknowledged.

REQUIRED FORM E - PRICING PAGE

Instructions: Complete the spreadsheet by populating the fields in blue with both the Commission Rate and a Fixed Fee Rate for each line.

Fully Insured Plans		Estimated Premium Volume		Commission Rate	Fixed Fee Option
	Health	\$28,000,000.00/3,584 lives		0.5%	\$140,000.00
	Life	\$346,518.00/3,587 lives		12.0%	\$ 41,582.16
	Stop Loss	\$700,000.00/1,993 lives		n/a	n/a
Voluntary Benefits					
	Dental	\$795,510.60/1,440 lives		0%	\$0
	Voluntary Life	\$492,318.36/1,714 lives		0%	\$0
	Vision	\$150,528.72/1,124 lives		0%	\$0
					\$ 181,582.16
Self-Funded Options					
Administrative Services Only	Fees	(3,584 Lives)	\$1.2 million	\$2.60 PEPM	\$111,820.80
Stop Loss			\$700,000.00	10%	\$ 70,000.00
					\$ 181,820.80-

All Services Single Fee

\$180,000.00

****Compensation outlined above assumes Gehring Group is awarded as broker of record for all lines of the City's employee benefits coverage, whether fully insured or self-insured. As always, Gehring Group remains open to further negotiations and consideration of alternate compensation options.***

NOTE: If travel is involved in the execution of an awarded contract for this solicitation, should any air travel be required the City's travel policy allows for Coach air travel only. All other travel will be billed in accordance with the Federal General Services Administration rates which can be found at:

<https://www.gsa.gov/travel/plan-book/per-diem-rates>

In addition, printing, and other administrative costs may be billed at cost only -no mark-up. Evidence of these expenditures will be submitted when invoicing the City. Travel and administrative costs should be identified in the Price Proposal.

NOTE: The city reserves the right to award this bid on the basis of each line individually, any combination of line items or all line items combined as it determines to be in its best interest. The city reserves the right to not award any line item as it determines to be in its best interest.

NOTE: The city reserves the right to add or delete locations, services, items, or materials from this contract should it be in the best interest of the city. The contract price may be adjusted upon agreement of the contractor and the city's representative and based upon bid prices.



Authorized Signature

Title: Kurt N. Gehring, Managing Director

Name of Company: RSC Insurance Brokerage, Inc. d/b/a Risk Strategies Company

Date: October 27, 2023

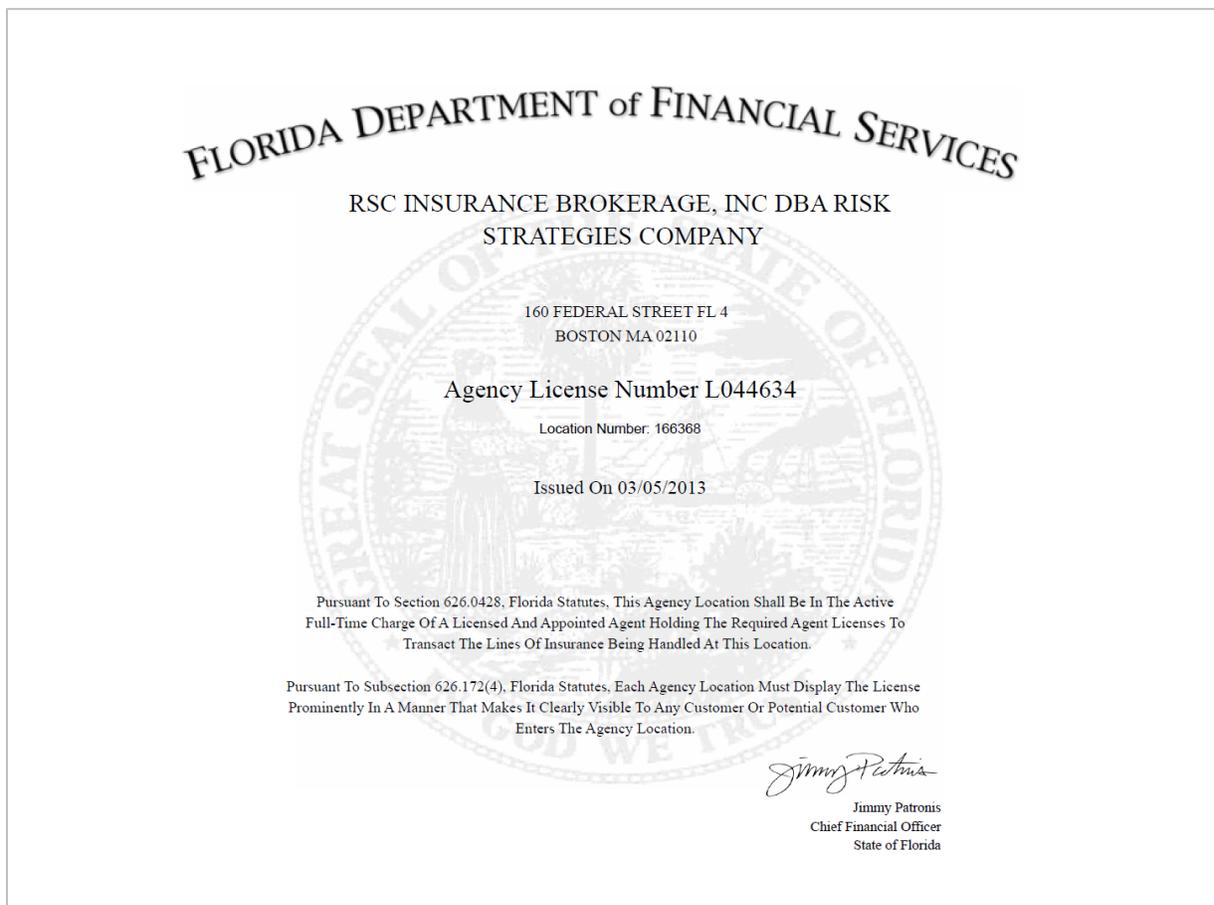
Tab 3: Minimum Qualifications & Licensing

The response to the qualification requirements should address each of the Minimum Qualifications listed below. Bidders must provide documentation which demonstrates their ability to satisfy all the minimum qualification requirements. If a prescribed format or required documentation for the response to qualification requires is stated below, bidders must use said format and supply said documentation.

All Brokerage firms/Agents submitted a bid must:

1. Be licensed to do business in the state of Florida.

Please see a copy of the agency's health insurance license as well as individual health insurance licenses below.



Sunbiz Document number is F08000001322.

2. Demonstrate through their submittal that their company has the expertise, licenses, and resources to provide Employee Benefits Broker/Consulting Services for the City’s current and future operations.

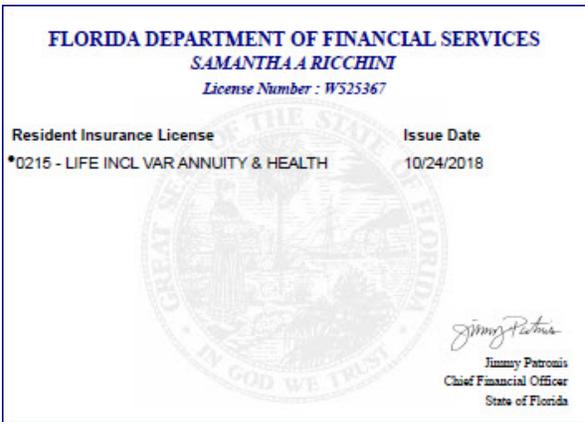
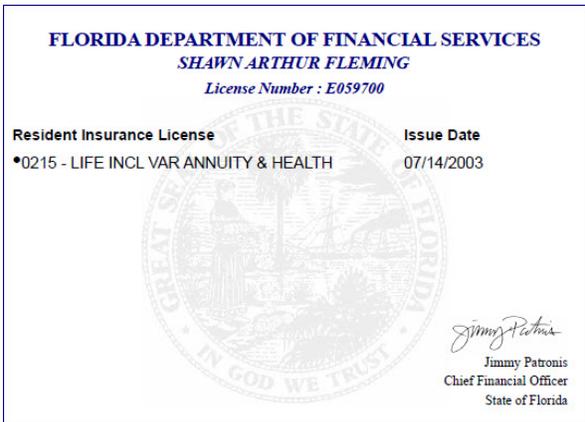
Having served over 130 public sector entities in Florida over the past 30 years, Gehring Group has the expertise, licenses, and resources to service all lines of employee benefits coverage for the City of Gainesville. Public sector is not just a division of our firm – it’s all we do. Our team has a comprehensive level of experience in conducting all phases of the procurement process, analysis, and recommendation process for all lines of employee benefits coverage, whether fully insured or self-insured, and we are confident that acquisition of various competitive options will be accomplished. We are also very experienced in giving recommendation presentations to employee committees, union groups, City/Town Councils and Commissions, and various boards.

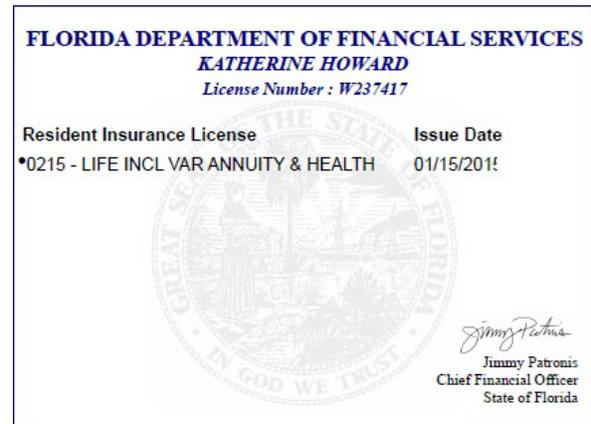
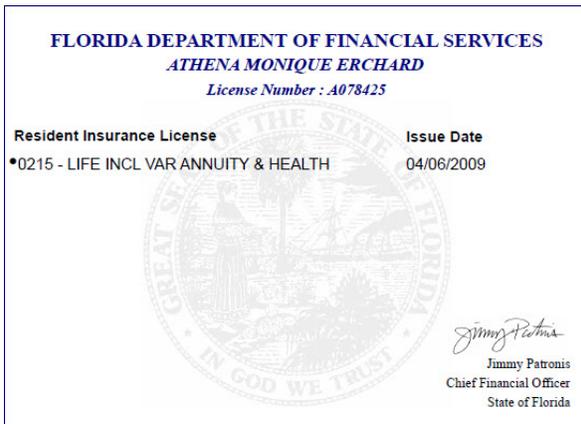
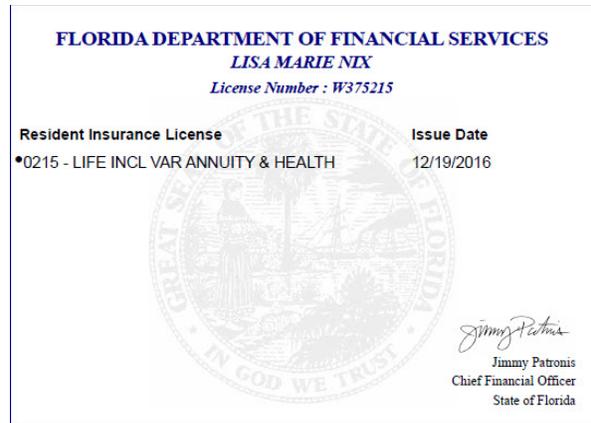
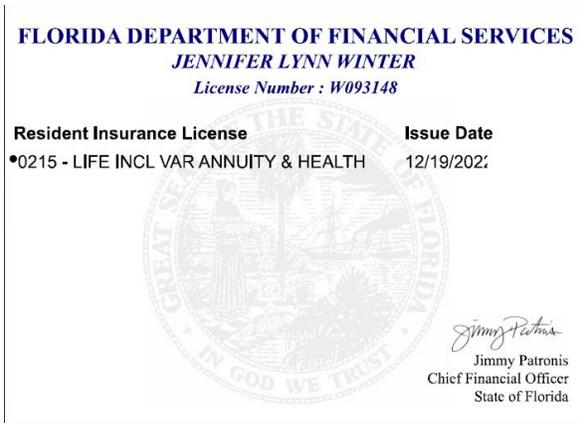
Our staff has extensive experience with reviewing, implementing, and servicing all types of programs that include Health Savings Accounts (HSA), Health Reimbursement Accounts (HRA), Consumer Driven Health Plans (CDHP), Employee Health Centers and Cafeteria Plans. Through our knowledge and expertise, Gehring Group is able to aid clients in determining which plans represent viable options in order to assist management in making informed decisions regarding new concepts and ascertaining benefit programs that are in the best interest of their organization and membership. We will work with the City of Gainesville to ensure that all benefit obligations have been considered throughout the RFP, evaluation, and implementation process, and that the resulting contracts conform with the City’s obligations under any union agreements.

Gehring Group is well respected as a forward-thinking consultant. Not only were we one of the first brokers to implement HRAs and HSAs at a public sector entity; we have substantial onsite clinic experience, independently advising on, and implementing over 20 onsite/near-site health center models. Some of these include the City of Clearwater, City of West Palm Beach, Charlotte County BOCC and the Palm Beach County Sheriff’s Office. We have also assisted numerous public sector clients in evaluating various benefits technology tools such as online open enrollment and benefits eligibility and administration systems.

We also support our clients in our role as advisor in the face of new legislation and routinely guide our clients with compliance and preparing financially in anticipation of legislative regulations. During this time of legislative change, Gehring Group has taken on the role of becoming an educational resource for our clients by consistently hosting informative seminars and webinars on relevant topics.

Our proposed service teams maintains the required Florida Insurance Licenses as follows:





3. Demonstrate through their submittal that their company has experience working with organizations with at least 3,500 employees and 5,000 members.

Gehring Group currently services a number of clients with at least 3,500 to 5,000 members. Some of these clients include:

- City of Fort Lauderdale
- City of Clearwater
- City of Hollywood
- City of Cape Coral
- City of West Palm Beach
- Government of the US Virgin Islands
- Palm Beach County Sheriff’s Office
- Hillsborough County Sheriff’s Office
- Martin County School District
- Pinellas County Sheriff’s Office

Gehring Group’s successful experience with public sector entities is further evidenced by the number of current **Florida** public sector clients provided below:

Gehring Group Public Sector Clients	
Atlantis, City of	Margate, City of
Boca Raton, City of	Martin County BOCC
Boca Raton Housing Authority	Martin County School District

Gehring Group Public Sector Clients

Boynton Beach, City of	Martin County Sheriff's Office
Brooksville, City of	Monroe County BOCC
Broward College	Naples, City of
Cape Coral, City of	North Palm Beach, Village of
Cape Coral Professional Firefighters HIT	North Port, City of
Career Source Palm Beach County	North River Fire District
Charlotte County BOCC	Oakland Park, City of
Children's Services Council of Palm Beach County	Ocean Ridge, Town of
Citrus County BOCC	Okaloosa County BOCC
Clearwater, City of	Oldsmar, City of
Clerk & Comptroller, Palm Beach County	Orange County Tax Collector
Cocoa, City of	Osceola County Sheriff's Office
Cocoa Beach, City of	Oviedo, City of
Coconut Creek, City of	Pahokee, City of
Cooper City, City of	Pahokee Housing Authority
Coral Gables, City of	Palm Bay, City of
Coral Springs, City of	Palm Beach County Sheriff's Office
Dania Beach, City of	Palm Beach, Town of
Davie, Town of	Palm Beach Shores, Town of
Deerfield Beach, City of	Palm Harbor Fire Rescue District
Delray Beach, City of	Palm Springs, Village of
Delray Beach Housing Authority	Parkland, City of
Dunedin, City of	Pasco County Clerk of Circuit Court & Controller
Estero Fire & Rescue District	Pasco County Sheriff's Office
Estero, Village of	Pinellas County Housing Authority
Fellsmere, City of	Pinellas County Sheriff's Office
Flagler County Sheriff's Office	Pinellas Suncoast Fire and Rescue
Florida Keys Aqueduct Authority	Pinellas Suncoast Transit Authority
Florida PACE Funding Agency	Pompano Beach, City of
Florida Sheriff's Association	Port of Palm Beach
Fort Lauderdale, City of	Port St. Lucie, City of
Fort Myers, City of	Riviera Beach, City of
Fort Myers Beach Fire Control District	Rockledge, City of
Greenacres, City of	Royal Palm Beach, Village of
Gulfstream, Town of	Sanibel, City of
Hernando County BOCC	Sarasota County Sheriff's Office
Hernando County School District	Satellite Beach, City of
Highlands County BOCC	Seacoast Utility Authority

Gehring Group Public Sector Clients

Hillsborough County Aviation Authority	Sebastian, City of
Hillsborough County Sheriff's Office	Sebring, City of
Hollywood, City of	Solid Waste Authority of Palm Beach County
Indian Trail Improvement District	South Florida Water Management District
Iona McGregor Fire District	Southern Manatee Fire Rescue District
Islamorada, Village of Islands	Southwest Ranches, Town of
Juno Beach, Town of	Spring Creek Charter School
Jupiter Island, Town of	St. Lucie County Sheriff's Office
Key West Housing Authority	St. Lucie County Fire District Employees HIT
Key West, City of	Stuart, City of
Keys Energy Services	Tampa Bay Water Authority
Lake Park, Town of	Tarpon Springs, City of
Lake Park Community Redevelopment Agency	Tax Collector, Palm Beach County
Lake Worth Beach, City of	Tax Collector, St. Lucie County
Lake Worth Drainage District	Tequesta, Village of
LWB Community Redevelopment Authority	Government of the US Virgin Islands
Lee County Sheriff's Office	Venice, City of
Loxahatchee Groves, Town of	Virgin Islands Water and Power Authority
Loxahatchee River District	Walton County BOCC
Manalapan, Town of	Walton County Sheriff's Office
Mangonia Park, Town of	Wellington, Village of
Marianna, City of	West Manatee Fire Rescue District
Marco Island, City of	West Palm Beach, City of

Demonstrate through their submittal that their company has experience transitioning from self-funded to fully insured health plans *strongly desired*.

Within this proposal, we have included a number of case studies, innovative concepts and strategies geared to generate cost savings, improve plan design, integrate wellness initiatives, and increase benefits administration efficiencies. It is not often that a large employer transitions from self-insured to fully insured; however, sometimes it may be the appropriate solution depending on the situation. The following includes an example of a client that Gehring Group guided through the transition from a self-insured to fully insured medical plan.

Case Study: Educational Institution (1,200 employees – 2,300 members)

Transition from Self-insured to Fully-insured

Gehring Group was appointed as agent of record for this client in 2021 as the result of a formal bid process. At that time, the group had been self-insured for over a decade. Over the years, the medical plan had depleted its surplus after a number of years of higher-than-expected claims. In an effort to impose the least amount of cost impact and disruption to employees, leadership would reconcile and fund what was necessary to offset any deficit and maintain reserve requirements for the required annual 112.08 state filing of actuarial soundness. Gehring Group was able to guide this client in implementing various wellness and cost saving solutions, however, the number of large claims anomalies continued to negate any resulting claims savings. As a result, Gehring Group recommended that the employer consider reviewing a fully insured arrangement to mitigate the unknown throughout the year.

Throughout the 2022 and 2023 plan years, Gehring Group remained engaged in strategic planning sessions with leadership, the governing board, and union representatives to explore all possible solutions. We also worked in collaboration with the group's carriers to provide in-depth analysis of claims activities and cost drivers, and to explore possible plan changes to mitigate costs. We engaged with actuaries to provide cost projections for the next three years as well as explore rate tier ratios and rate development. Also, consideration was given to fully insured options as the group truly wanted to explore all options available to them. As a result, Gehring Group was able to negotiate a fully insured option with minimal changes to the plan design that would cost the College significantly less. By switching from a self-insured to fully insured arrangement, the employer saved approximately **\$4 million** in premium funding. Simultaneously, the group was in the process of collective bargaining with their union during which Gehring Group provided support and education to employees and union representatives on numerous occasions. After several rounds of education and union negotiations, the fully insured proposal was ultimately approved by all.

Our team has assisted a number of other clients through this process over the years and is knowledgeable regarding all funding arrangements. Our goal is to guide our clients to make decisions that best meet their needs and budget goals.

Additional information regarding Gehring Group/Risk Strategies qualifications is included on the following pages.

Firm History & Qualifications

After three decades in the Florida public sector insurance market, Gehring Group became a division of RSC Insurance Brokerage, Inc. (Risk Strategies Company), a privately held corporation, on January 1, 2022, and is pleased to provide this proposal in response to the City of Gainesville's ITN # RMDX-230059-GD for Broker and Benefits Consulting Services for Health and Group Life Plans under our new name, Gehring Group, a Risk Strategies Company. Through our extensive understanding of your unique needs gained over the past 30+ years serving as Benefits Consultant/Broker for over 130 Florida public sector entities, we are confident that our firm will continue to offer efficiencies, value-added services, in-depth public sector knowledge, and an unparalleled service standard with the goal of not merely meeting the City of Gainesville's needs, but exceeding expectations. Offering an all-inclusive and comprehensive scope of services, Gehring Group also provides a proactive approach to managing costs year over year and educational opportunities to our clients. The office serving the City of Gainesville currently employs over 80 full-time staff members at its Palm Beach Gardens location, with remote employees located in Tampa, Sarasota, Bradenton, Orlando, Parrish, Jacksonville, Yulee, and Parkland, Florida.

With in-house legal, actuarial and pharmacy specialists, we are industry leaders, ranking in the top three in the country in various specialties and have a robust offering in both employee benefits and property and casualty. As part of the RSC family, Gehring Group continues our public sector focus, currently serving numerous clients similar in scope and size to the City of Gainesville who have successfully implemented leading edge concepts such as Consumer Directed Health Plans, creative Stop Loss programs, direct network contracting, Onsite Clinics, and Innovative Wellness Programs, including mental health.

Our philosophy is to provide a comprehensive level of superior brokerage and consulting services to each of our clients. We take an innovative, proactive approach to continuously enhance the quality of our performance level beyond industry standards. We are a collaborating partner, helping each client accomplish their desired benefits program goals by developing long term strategies and working diligently to produce positive results through analytics, innovation, and technology. In addition, all service team members have achieved their Florida insurance license and can legally advise employees regarding their benefit options.

Competitive Advantages

Serving Florida public sector entities for over 30 years, our team has accumulated a vast amount of work experience relevant to what is necessary to serve the needs of the City of Gainesville. In addition to our qualifications to perform the requested scope of work, a relationship with Gehring Group also provides the following key differentiators and competitive advantages:

- **Public Sector Focus & Experience**

Since Gehring Group's client base consists of public entities, our firm is uniquely qualified in its understanding of public entity issues. We understand the bid process and public record laws while maintaining familiarity with the constantly changing and complex statutes that apply to governmental organizations. This specialized knowledge is especially vital when negotiating renewals and program changes with insurance carriers and health insurance consortiums. The experience we offer guarantees that no piece of the puzzle will be missing when a benefit change is implemented.

- **100% Licensed Client Service Team**

Unlike many agencies, all Gehring Group team members that interact with our clients and their employees regarding insurance benefits are properly licensed by the State of Florida, not just your Benefits Consultant. This includes Account Managers, Client Service Specialists, and Employee Benefits Analysts. When a member of the Gehring Group team meets with your employees regarding open enrollment or for benefits questions, you can rest assured knowing that the members of our team are licensed and qualified to answer benefits-related questions.

- **Free Compliance & Legislative Education, Training and Networking Opportunities**

Gehring Group offers various educational opportunities geared specifically to the public sector and its benefits personnel. For example, in addition to our newsletters, focus groups, seminars and webinars, each year Gehring Group hosts an annual two-day *Insurance Education, Innovation, and Excellence Summit* specifically for our public sector client organizations. During the summit each year, we provide engaging sessions on Leadership Training, Wellness, Legislative/Compliance Updates, and Innovation and Trends in Employee Benefits and Risk Management. Here, our clients can interact and have roundtable discussions with their public sector peers on topics of their choice. We also host semi-annual two-day *Benefits Administrator Workshops* for our clients' benefits administration staff during which we review such topics as the basics of coverage types, plan year administration, the RFP and purchasing process, notional accounts, best practices, statutes surrounding Sunshine Laws, benefit program reporting, benefits programs and ACA compliance, and many other topics based on our clients' input. Examples of such workshops recently provided include the following:

- *Benefits Administration Workshop*
- *Human Resources Leadership Forum*
- *Firefighter Cancer Bill Workshop*
- *Annual Two-Day Public Sector Summit*
- *Police & Fire Mental Health Workshop*
- *The ABCDE's of Medicare*
- *True Colors*
- *Mental Health Onsite First Aider Training*

- **Professional Memberships**

Gehring Group's expertise is well-known throughout the state as evidenced by the repeated number of requests for our staff members to be featured speakers at various Florida public sector associations and other organizations including:

- FCCMA – Florida City & County Managers Association
- FMIT – Florida League of Cities
- FGFOA – Florida Government Finance Officers Association
- FPHRA – Florida Public Human Resources Association
- FFCA – Florida Fire Chief's Association
- FPELRA – Florida Public Employer Labor Relations Association
- FAC – Florida Association of Counties
- FASD – Florida Association of Special Districts
- FERMA – Florida Educational Risk Management Association
- GFOA – Government Finance Officers Association
- PRIMA – Public Risk Management Association
- RIMS – Risk & Insurance Management Society
- SALGBA – State and Local Government Benefits Association
- SHRM – Society for Human Resource Management

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

- **In-House Professional Graphics Team**

Gehring Group provides exceptional, professionally designed communication collateral, as well as various wellness and benefits education toolkits to assist our clients with employee benefits education, all at no additional cost.

- **No Commissioned Employees**

In addition to our public sector focus, Gehring Group is not organized like a traditional insurance agency. Traditionally, agencies grow by employing a number of producers who sell and manage a “silo” of accounts. Free of this business model, Gehring Group maintains a supportive team environment and culture whereby all employees feel an allegiance and commitment to all of our clients. What this means to you is that all decisions are made based on your best interest.

- **Experience with Employee, Union/Labor Groups, and Departmental Committees**

We also believe it is especially important as your insurance professional to develop credibility and a strong communication base with the Risk Management, Human Resources, Finance and Administrative Departments as well as other overseeing committees and unions in order to ascertain an impartial and thorough analysis of all proposed options. Members of our team actively participate in many of our clients’ employee benefits and wellness committees in various roles, often as an advisor or facilitator. The participation of all parties involved will serve to make any potential transition as smooth as possible. These meetings will also ensure that any changes or recommendations are communicated back to the employee base in a positive and effective manner.

- **Trade Magazine & Wellness Recognitions**

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



- **Human Resources & Benefit Administrator Experience**

In addition to the high level of insurance expertise of our staff, Gehring Group also employs several staff members with significant human resources experience. Having achieved their PHR, SPHR and/or SHRM-CP designation, these employees often serve as an additional resource to our clients facing general HR questions as they relate to employee benefits. Gehring Group also provides the services of *Mineral*

(formerly ThinkHR), an online and telephonic human resources research and resource tool, to all clients at no additional charge.

- **Benefits Technology Experience**

Our team has over 15 years' experience in implementing and overseeing a number of employee benefits administration technologies and has a preferred relationship with Bentek®. Due to Gehring Group's experience working with various vendors, we are better able to serve in assisting staff and carriers/vendors with implementations, benefit updates and general enrollment questions of any chosen enrollment and administration system.

- **Corporate Values & Culture**

At Gehring Group, we have developed a unique culture that has allowed us to attract and retain the best talent available in the marketplace. We understand that the best way to take care of our clients begins with taking care of our employees. This is the reason why we have so many employees that have been with the firm for over 10 years. Longstanding tenure amongst our employees ensures that our clients receive consistent service that they can count on year to year.

We are proud to announce that Gehring Group was ranked one of the Top 10 Best Places to Work in South Florida by the South Florida Business Journal, as well as one of the Top 30 best companies to work for in Florida, by *Florida Trend* magazine for 2017 - 2021. We are also proud to have earned recognition as one of Florida's Healthiest Employers by the South Florida Business Journal. Being selected as an honoree for these awards is a great tribute to each and every one of our employees, and reflection of our corporate culture; as well as a reflection of the support we receive from our clients.

We strive to create value for our clients in everything we do by aligning our corporate culture and values with the unique needs and goals of our clients. Inherent in our corporate culture, Gehring Group has **30 Keys to Our Collective Success** that focus on:

- ✓ Fanaticism around culture, values, and principles
- ✓ An unfailing commitment to people
- ✓ Rigorous attention to detail and execution, and
- ✓ Flexibility, creativity, and determination to transcend the status quo.

In addition to a superior service standard, supporting our clients' and communities' needs is a fundamental objective and inherent in our culture here at Gehring Group. We take the role of advocacy to heart when representing your employees on claims issues, and we advocate for the organization when negotiating your renewal.

- **Community Commitment & Accolades**

Through the efforts of our *Helping Hands and Healing Hearts* community service committee here at Gehring Group, our staff regularly provides hands on service in the community including assisting programs run by our clients as well as other charitable and community service organizations. Gehring Group's commitment to our local community has also been recognized by the following organizations:

- Business Insurance Magazine – Diversity & Inclusion Initiative of the Year Award 2022
- Awarded the Gender Parity Award by the Women's Chamber of Commerce of Palm Beach County for the opportunities provided to women within the company
- Awarded the Corporate Citizenship Award – Legacy South Florida magazine

- Nominated for the Community Giant Service Award – Inner City Youth Golfers’ Inc.
- Government of the United States Virgin Islands recognition (trophy) for the support and contribution during recovery efforts for Hurricanes Irma and Maria (present on 12/4/17)
- Arc Angels Corporate Leadership Award, presented by Arc of Palm Beach County
- Giraffe Business Award, presented by the Women’s Chamber, Palm Beach County
- Volunteer of the Year, presented by Arc of Palm Beach County

In Summary...Our approach to the scope of services as detailed in this proposal, coupled with our industry and public sector experience, familiarity with applicable regulations, market relationships and enthusiasm, make us the broker/consultant of choice for the City of Gainesville.

Tab 5 includes the following required forms:

- Addendum #1 dated October 20, 2023
- Required Form A - Respondent Verification Form
- Exceptions to Sample Contract
- Required Form B – Drug-Free Workplace Form
- Required Form C – E-Verify Certification Form
- Required Form D – References Form
- Form W-9



City of Gainesville

Financial Services Department
Procurement Division

Addendum Publish Date: October 20, 2023

BROKER AND BENEFITS CONSULTING SERVICES FOR HEALTH & GROUP LIFE PLANS ITN-RMDX-230059-GD ADDENDUM NO. 1

Bid Due Date: November 1, 2023 3:00pm (EDT)

NOTE: The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary.

1. Please find attached:
 - a. A copy of the Cone of Silence period information (Financial Procedures Manual Section 41-424 Prohibition of lobbying in procurement matters) that was discussed.
2. Following are the City's responses to questions received by the deadline, (3:00pm, October 18, 2023):

A. Question:

What is the rationale for pursuing a move from self-funding to fully insured? Have there been specific claims, risk or administrative issues?

Answer:

The City continues to research ways to reduce health insurance costs, yet provide as robust of a plan as we can for our City Employees/Retirees; therefore, our desire is to review all options available to remain as fiscally responsible as we can to our taxpayers. There is also the possibility that offering a multi-plan health benefit option may impact the ability to effectively self-fund the program due to the loss of critical mass necessary for a shared risk approach.

B. Question:

Is it acceptable to complete Required Form E – Pricing Page with only the “All Services Single Fee” block completed?

Answer:

Yes, the City will consider any and all pricing formats.

C. Question:

Although the minimum qualification indicates experience with organizations with at least 3,500 and 5,000 members, can you provide the number of benefits eligible and enrolled employees by line of coverage?

Answer:

Refer to the solicitation, Exhibit 2 page 35.

D. Question:

Is the Pricing Page (Form E) the only requirement for 4.1.c or do you require specific pricing for “each component of the required goods or services”?

Answer:

See #B above



City of Gainesville

Financial Services Department
Procurement Division

Q. Question:

Page 7, 2.2 e – Please provide additional details of what is expected in terms of “premium development support?” Is the City requesting these services be performed by an Actuary?

Answer:

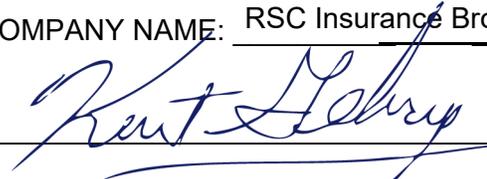
The City is looking at multiple plans and/or modifying the current plan benefit model and will need support determining the change in benefit on premium. The City has engaged or utilized an Actuary in the past to estimate the savings associated with benefit changes but that has been some time ago.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, **and a copy of this Addendum to be returned with proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER COMPANY NAME: RSC Insurance Brokerage, Inc. d/b/a Risk Strategies Company

SIGNATURE: 

LEGIBLY PRINT NAME: Kurt N. Gehring, Managing Director

DATE: October 27, 2023

**REQUIRED FORM A
RESPONDENT VERIFICATION FORM**

**INVITATION TO NEGOTIATE
RMDX-230059-GD
BROKER AND BENEFITS CONSULTING SERVICES
FOR HEALTH AND GROUP LIFE PLANS**

1. RESPONDENT CONTACT INFORMATION

Legal Name of Respondent's Company (as reported to IRS): RSC Insurance Brokerage, Inc.

DBA: Risk Strategies Company

Authorized Representative Name/Title: Kurt N. Gehring, Managing Director

E-mail Address: cindy.thompson@gehringgroup.com

Street Address: 3500 Kyoto Gardens Drive

City, State, Zip: Palm Beach Gardens, Florida 33410

Mailing Address (if different): same

City, State, Zip: same

Telephone: (561) 626-6797 Fax: (561) 626-6970

2. DECLARATIONS OF DEBT AND DEFAULT

a. Respondent is not in arrears to City upon any debt, fee, tax or contract:

Respondent is NOT in arrears

Respondent IS in arrears

b. Respondent is not a defaulter, as surety or otherwise, upon any obligation to City:

Respondent is NOT in default

Respondent IS in default

3. ACKNOWLEDGEMENT OF ADDENDA

Respondents who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting this offer, I have verified that all addenda issued to date are considered as part of my offer.

Addenda received (list all) # Addendum #1 dated October 20, 2023

REQUIRED FORM A

4. LOCAL PREFERENCE (Refer to 8.2 for qualifying information)

Local Preference requested:

YES

NO

A copy of your *Business Tax Receipt* must be included in your submission if you are requesting Local Preference:

5. QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS

(Refer to 8.3 for qualifying information)

a. Is your business qualified, in accordance with the City of Gainesville’s Small Business Procurement Program, as a local Small Business? YES NO

b. Is your business qualified, in accordance with the City of Gainesville’s Small Business Procurement Program, as a local Service-Disabled Veteran Business? YES NO

6. FEDERAL EMPLOYMENT IDENTIFICATION NUMBER

FEIN: 16-1689464

7. REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Respondent registered with Florida Department of State’s, Division of Corporations, to do business in the State of Florida? YES NO (refer to Part 1, 1.6, last paragraph)

If the answer is “YES”, provide a copy of SunBiz registration or SunBiz Document Number (# F08000001322)

If the answer is “NO”, please state reason why: Not Applicable

8. DIVERSITY AND INCLUSION

Does your company have a policy on diversity and inclusion? YES NO *

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City’s consideration of your submittal, but is simply being requested for information gathering purposes.

*Diversity, Equity & Inclusion has long been part of our core values. Throughout the Risk Strategies’ family, we are committed to creating and sustaining an inclusive, productive, and rewarding culture where we focus on collaboration, respect and diversity of perspectives. We work every day to create meaningful solutions for our clients and deliver a workplace where our employees are valued.

By signing this form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein; and,

Proposal is in full compliance with the Specifications.

Proposal is in full compliance with the Specifications except as specifically stated and attached hereto.

*Please see contract exceptions on following page.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

SIGNER’S PRINTED NAME: Kurt N. Gehring, Managing Director

DATE: October 27, 2023

Exceptions to Sample Contract

In the event of award, please note that Gehring Group respectfully requests to collaborate with the City to address the following aspects of the sample contract.

14. INTELLECTUAL PROPERTY AND WORK PRODUCT.

- A. Ownership and Publication of Materials. All reports, information, data, and other materials prepared by the Contractor pursuant to the Contract Documents, except those separately identified in the Scope of Services or in other written agreements between the Parties, are owned by the City. The City has the exclusive and unrestricted authority to release, publish or otherwise use, in whole or in part, information contained therein and relating thereto. No material produced in whole or in part under the Contract Documents may be copyrighted or patented in the United States or in any other country without prior written approval of the City.
- B. Intellectual Property. Contractor warrants that it owns or has rights to use all intellectual property used for the scope of each project, including patent rights, copyrights, or other intellectual property rights, except with respect to designs, processes or products of a particular manufacturer expressly required by the City [or process or product is an infringement of a patent, copyright or other intellectual property, the Contractor shall promptly give City [and Professional if applicable] written notice of the infringement.
-

19. DISPUTE RESOLUTION

Except as otherwise provided in this Contract, any dispute concerning a question of fact or of interpretation of a requirement of the Contract which is not disposed of by mutual consent between the parties shall be decided by the City Manager or designee, who shall reduce the decision to writing and furnish a copy thereof to the parties. In connection with any dispute proceeding under this clause each party shall be afforded an opportunity to be heard and to offer evidence in support of its version of the facts and interpretation of the Contract. The City Manager or designee shall make such explanation as may be necessary to complete, explain or make definite the provisions of this Contract and the findings and conclusions shall be final and binding on both parties. Pending the final decisions of a dispute hereunder, Contractor shall proceed diligently with its performance of the Contract in accordance with the preliminary directions of the City Manager or designee.

Thank you for your consideration.

REQUIRED FORM B DRUG-FREE WORKPLACE

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

RSC Insurance Brokerage, Inc. d/b/a Risk Strategies Company

does:

Name of Respondent

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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



Respondent's Signature
Kurt N. Gehring, Managing Director

October 27, 2023

Date

REQUIRED FORM C E-VERIFY CERTIFICATION FORM

If awarded:

The Contractor shall comply with all applicable requirements of Section 448.095, Florida Statutes, including but not limited to: 1) the Contractor shall register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees of the Contractor during the term of this Agreement; and 2) the Contractor shall expressly require any subcontractors performing work or providing services pursuant to this Agreement to likewise register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees of the subcontractor during the term of this Agreement. Section 448.095, Florida Statutes, states the statute must be construed in a manner that is fully consistent with any applicable federal laws or regulations, and therefore this section does not apply to this Agreement to the extent that this section would be inconsistent with any federal laws or regulations that are applicable to this Agreement.

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

RSC Insurance Brokerage, Inc. d/b/a Risk Strategies Company

Bidder's Name

Kurt N. Gehring, Managing Director

Printed Name/Title of Authorized Representative


Signature of Authorized Representative

October 27, 2023
Date

REQUIRED FORM D - REFERENCES

Name of Respondent: RSC Insurance Brokerage, Inc. d/b/a Risk Strategies Company

Provide information for three (3) references of similar scope performed within the past five (5) years. You may include photos or other pertinent information.

#1 Year(s) services provided (i.e. 1/2015 to 12/2018): 5/1/2001 - present

Company Name: City of Clearwater

Address: 100 South Myrtle Avenue

City, State Zip: Clearwater, Florida 33756

Contact Name: Jill Paul, HR Manager

Phone Number: (727) 444-8114 Fax Number: (727) 562-4877

Email Address: jill.paul@myclearwater.com

#2 Year(s) services provided (i.e. 1/2015 to 12/2018): 11/18/2014 - present

Company Name: City of Hollywood

Address: 2600 Hollywood Boulevard

City, State Zip: Hollywood, Florida 33020

Contact Name: Tammie Hechler, Human Resources Director

Phone Number: (954) 921-3218 Fax Number: none

Email Address: thechler@hollywoodfl.org

#3 Year(s) services provided (i.e. 1/2015 to 12/2018): 7/20/2020 - present

Company Name: Pinellas County Sheriff's Office

Address: 10750 Ulmerton Road

City, State Zip: Largo, Florida 33778

Contact Name: Michelle Posewitz, Human Resources Director

Phone Number: (727) 582-6490 Fax Number: (727) 754-4025

Email Address: mposewitz@pcsonet.com

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. RSC INSURANCE BROKERAGE, INC.	
2 Business name/disregarded entity name, if different from above RISK STRATEGIES COMPANY	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 160 FEDERAL STREET, FLOOR 4	Requester's name and address (optional)
6 City, state, and ZIP code BOSTON, MA 02110	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number													
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Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ _____
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

Tab 6:

Service Team Qualifications

Gehring Group holds a strong commitment to hiring and retaining talented high caliber professionals for our team and remaining on the cutting edge of industry innovation. Such strategic hires include former risk management personnel with public sector experience as well as former insurance carrier personnel with significant client service and underwriting experience. We also have former insurance carrier underwriters who bring their extensive years of experience and expertise into the negotiation of carrier renewals and rates, to the direct benefit of our clients. Our staff members have the required experience in all areas outlined in the RFP. Engaged, personalized account leadership is paramount to effective long-term client relationships. Our staff is readily accessible to the City of Gainesville’s HR personnel and available for onsite meetings, committee meetings, video conferencing, etc. In addition, the City of Gainesville will also have direct access to additional staff resources with varying specialties and industry specific certifications including:

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



Gehring Group employs a team approach to ensure that all clients always have an available resource. Each team includes dedicated personnel including your Senior Benefits Consultant, a backup benefits consultant, three account managers, two employee benefits analysts, access to a wellness coordinator and various other support staff. Your dedicated Senior Benefits Consultant and Senior Account Manager are available for on-site meetings and take an active role in the servicing of all aspects of your group. In addition to your Senior Account Manager, our clients are also assigned an Internal Client Service Specialist who serves as an employee advocate and additional resource for questions and assistance with claim issues. These professionals, along with an easily accessed upper management staff and our corporate philosophy regarding our team approach, provides assurance that our clients have access to experienced professionals who can easily access their files and aid in providing resolution and answers at all times.

Gehring Group’s service team consists of highly qualified personnel whose resumes include years of consulting for and servicing public sector clients. The service team proposed to the City of Gainesville includes the following personnel:

Name	Role	Florida Insurance License #	Years of Industry Experience
Shawn Fleming, CSFS	Senior Benefits Consultant	E059700	19 years
Athena Erchard	Backup Benefits Consultant	A078425	25 years
Samantha Ricchini, REBC	Senior Employee Benefits Analyst	W525367	5 years
Lisa Nix, PHR	Backup Senior Employee Benefits Analyst	W375215	20 years
Jennifer Winter	Account Manager	W093148	35 years
Katherine (Katie) Howard	Account Relations Manager	W237417	9 years

*Licensing can be verified at: <https://licenseearch.fldfs.com/>.

Gehring Group’s proposed service team structure is represented below:



Service Team Roles



Senior Benefits Consultant:
Shawn Fleming, CSFS

Your Senior Benefits Consultant is responsible for spearheading strategic and budget planning, making recommendations as necessary and providing guidance regarding plan design, new products, funding options, compliance, and legislation. Shawn is available as needed for meetings with decision makers and available to make presentations to executive staff, employee committees and the City of Gainesville leaders as required.



Backup Benefits Consultant:
Athena Erchard

Your Backup Consultant supports your Senior Benefits Consultant in meeting the needs of the City of Gainesville regarding all aspects of its employee benefits program. Athena will be available throughout the renewal and/or RFP process as well as serving as an expert resource regarding all employee benefits strategy and plan design within the public sector.



Senior Employee Benefits Analyst:
Samantha Ricchini, REBC

Backup Analyst:
Lisa Nix

Samantha (Sam) Ricchini will work closely with your Senior Benefits Consultant regarding all financial and analytical functions including compiling and issuing RFPs, evaluation of proposals and aggressive renewal negotiations. She is also responsible for monitoring claims utilization and large claims, making recommendations relative to utilization patterns and providing budget and renewal projections.



Account Manager:
Jennifer Winter

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



Account Relations Manager:
Katie Howard

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

Resumes of the proposed team members and qualifications are included in the following pages.

Team Member Resumes

Senior Benefits Consultant: Shawn Fleming, CSFS

Professional Licenses: Life, Health & Variable Annuity

Additional Certifications: NAHU Certified Self-Funding Specialist

Education: University of Missouri

Degree: B.S., Business Administration

Years in Industry: 19 years

Experience & Qualifications

Shawn began his insurance career in 2002 pursuant to earning his Bachelor of Science Degree in Business Administration from the University of Missouri. He has served as a Financial Representative for Northwestern Mutual, and immediately prior to joining Gehring Group in 2007, worked with another large brokerage firm. Shawn's responsibilities included analyzing current benefit plans for partners and employees, developing RFPs, and providing plan analysis to clients. While there, Shawn earned a reputation for using his detailed contract, demographic, and product analysis to ensure proper plan design and selection. Shawn has brought his extensive analytical and presentation skills to his position as Senior Benefits Consultant for the Gehring Group.

Entering his 16th year at Gehring Group, Shawn's focus has remained on serving the public sector. He has provided employee benefits consulting services for groups with 50 to 5,000 employees, implementing various benefits program strategies and steadily refining his level of expertise in all types of insurance programs and funding arrangements. In addition, Shawn also pioneered Gehring Group's efforts with regards to onsite clinic/wellness center consultation, a role in which he spearheaded the process for over a dozen Gehring Group clients throughout the state in the successful implementation of an onsite clinic, even integrating preventive and wellness services through the clinic for seamless claims reporting. As the subject matter expert on these initiatives, his expertise in this area combined with his knowledge of the health insurance market makes Shawn a valuable asset to any employer considering managing a self-insured health plan that integrates wellness services via an onsite clinic.

Shawn is also well respected as an insurance expert among the various carriers and vendors with whom Gehring Group works. He was requested to serve and remains a current member of Cigna's Agent Advisory Committee for the Florida Region which provides him with advanced notice of new product offerings as well as the opportunity to share feedback regarding carrier service issues and make recommendations to improve products and services. He has also built strong relationships with representatives from United Healthcare, Florida Blue, Human and Aetna as well as numerous ancillary and worksite coverage providers.

Public Sector Experience

Shawn's experience includes serving as the Senior Benefits Consultant for such public sector entities as the Hernando County Board of County Commissioners, Charlotte County Board of County Commissioners, Highlands County Board of County Commissioners, City of Clearwater, and Emerald Coast Utilities Authority.

Senior Employee Benefits Analyst: Samantha Ricchini

Professional Licenses: Life, Health & Variable Annuity

Designations: REBC®

Education: University of Florida

Degree: B.A. Political Science

Industry Tenure: 5 years

Experience & Qualifications

Sam joined the Gehring Group team in 2018 with a background in customer service and quality assurance and rapidly proved herself to be a valuable asset to Gehring Group as well as to the clients she serves. Her comprehensive level of client service and benefits program knowledge is evident as she serves in the current role of Senior Employee Benefits Analyst. Due to her strong commitment to her clients, her strategic and critical thinking skills, and her experience in evaluating benefit and funding options, managing the RFP and renewal process, and program implementation, she has gained raving fans with her attention to detail and ability to meet deadlines.

Sam also excels in the areas of project management, possessing the organizational skills that are key in strategic planning, problem solving, and program oversight. She has served as employee benefits analyst and account manager to many private and public entity groups, overseeing various responsibilities such as coordinating the market solicitation process, best and final offer process, and ultimately collaborating with the Senior Benefits Consultant to provide formal recommendations. Her success in this role has earned her the trust and confidence of not only her clients, but senior Gehring Group personnel.

A graduate of the University of Florida, Sam has also achieved her Florida 215 insurance license as well as the Registered Employee Benefits Consultant® designation. As a valued team member, Sam works with other Gehring Group staff members including in-house client services representatives and employee advocates to ensure all client needs are met promptly.

Public Sector Experience

Sam's experience supporting the public sector includes such employers as the City of Clearwater, Highlands County Board of County Commissioners, City of Atlantis, City of Pahokee, City of Deerfield Beach, City of Sebring, Port of Palm Beach, and more.

Backup Senior Employee Benefits Analyst: Lisa Nix, PHR

Professional Licenses: Life, Health & Variable Annuity

Education: Bentley College

Degree: Professional, Human Resources

Years in Industry: 20

Experience & Qualifications

A tenured professional with more than 20 years of experience in both the private and public sector, Lisa brings a vast array of analytical experience to the Gehring Group. Prior to joining the Gehring Group, Lisa served as an Associate Consultant for a compensation consulting firm specializing in public and private sector employers in the development and implementation of compensation programs.

Lisa also served in the role of Benefits Analyst for a pharmaceutical company where she analyzed, evaluated, and administered the corporate benefits program and third-party benefits administrator for over 6,000 union/non-union employees and retirees in multiple locations. Her day-to-day benefits background is vast, and includes coordinating and conducting open enrollments, assisting employees with their benefits needs, ensuring benefits compliance and monitoring the HR budget forecast for all compensation and benefit programs. Her experience includes systems implementation for compensation, benefits, HRIS systems, and interfaces to various benefit vendors.

In her role as Senior Analyst at Gehring Group, Lisa focuses on carrier relations and negotiations; bid development, submission, analytical review, and recommendation formulation; on-going plan review and client reporting; and special projects such as clinic analytical studies, claims analysis and reporting, and due diligence. During the bid and negotiation process, Lisa is the key liaison between the client and the insurance carrier in conjunction with other analytical team members. With a strong analytical background and expertise in health care benefits, Lisa provides her clients with consistent analytical reviews of claims experience, budgeting information and insight into various plan and funding options. Currently serving numerous large group public sector clients, Lisa brings her years of experience and qualifications to provide outstanding service and achieve dollar savings for all Gehring Group clients she serves.

Lisa attended Bentley College where she studied human resources management and achieved her Professional in Human Resources (PHR) Designation.

Public Sector Experience

As a Senior Employee Benefits Analyst here at Gehring Group, Lisa works with numerous public sector fully insured and self-insured programs including the Charlotte County Board of County Commissioners, City of Stuart, and Pinellas Suncoast Transit Authority.

Account Manager: Jennifer Winter

Professional Licenses: Life, Health & Variable Annuity

Education: Hillsborough Community College

Years in Industry: 35 years

Experience & Qualifications

Jennifer joined the Gehring Group team in 2022, bringing with her a great deal of experience in multiple areas of benefits and insurance. She began her career at HealthPlan Services where she gained experience working in tele-sales, followed by 11 years processing medical and dental claims. In her claims examiner role, she became proficient not just in processing, but also worked as a claims trainer and auditor. Jennifer also worked with United HealthCare, both in operations and also as a Service Account Manager. It was in that account management role where she had her first opportunity to work with a public sector client, providing direct assistance to the City of Tampa along with their employees and families to create a personalized service experience and develop relationships that allowed for education on how their benefits would work best on an individual basis. This role led Jennifer to be very interested in onsite health clinics and the cost savings it could provide for clients and for their employees. She accepted a position as a Client Manager at CareATC, a career path which allowed her to continue her work with the City of Tampa, as well as numerous other municipalities throughout the state of Florida.

At Gehring Group, Jennifer plays a pivotal role in building and maintaining strong relationships with clients, and vendors. Her experience in multiple areas enables her to work very effectively and independently with complex employee benefit programs consisting of group medical, dental, life, vision, pharmacy management, disability, and worksite benefits. In this professional position Jennifer works with clients and insurance carriers to implement insurance programs, resolve benefit administration issues, and deliver ongoing superior customer service.

Jennifer understands that navigating benefits can be a stressful, complicated process for many, and takes pride in delivering recommendations and a service experience that will both simplify things and reduce stress for both employees and the employer's HR and Benefits Team.

Public Sector Experience

Jennifer's clients include public sector entities such as City of Brooksville, Hernando County BOCC, Citrus County BOCC, Pasco County Sheriff and other public sector clients located in Florida.

Executive Team & Additional Staff Resources

Kurt Gehring, National Practice Leader – Public Entities

Professional Licenses: Life, Health & Variable Annuity, General Lines Property & Casualty, Surplus Lines

Education: Florida State University

Degree: BA – Marketing

Industry Tenure: 30+ years

Experience & Qualifications

Kurt Gehring is an alumnus of Florida State University and currently serves on FSU's College of Business Board of Governors. His commitment to the local community also shines through his corporate support of various community and charitable organizations such as the Florida Sheriff's Youth Ranches, the Crockett Foundation, as well as his service as a member of the Board of Directors of the Arc of Palm Beach County.

An insurance industry veteran with over 30 years' experience, Kurt is an insurance expert licensed in Health, Life, and Variable Annuities, Property and Casualty Insurance, and Surplus Lines License. Kurt has successfully recommended, implemented, and serviced various types of employee benefit, workers' compensation and property and casualty insurance programs, while specializing in the large group market. Recognized for his extensive knowledge, expertise as well as his excellent communication skills, Kurt has been a featured speaker at various conferences on a variety of insurance topics.

Kurt founded the Gehring Group with the mission of providing our clients the highest level of service exceeding, not only industry standards, but also client expectations. Recognizing the inherent challenges in servicing organizations with a large number of employees, various contracting parties, and insurance obligations, Kurt developed Gehring Group's unique, team-based approach customized to meet the specific needs of each client. Kurt inspires each Gehring Group employee to make an unprecedented effort to address each situation both promptly and effectively. The success of the Gehring Group is a direct result of this promised and delivered, unparalleled service standard.

Under the guidance and visionary leadership of Kurt Gehring, Gehring Group clients have successfully implemented leading edge concepts such as Consumer Directed Health Plans, Onsite Clinics, and Innovative Wellness Programs. In addition, the Gehring Group developed Bentek®, an internet-based employee benefits administration system to meet the growing benefit administration needs of its clients. This system allows clients to conduct internet enrollments, transmit electronic eligibility to insurance carriers, and provides employees with access to an “Employee Benefits Center” help site. The Gehring Group’s growth and success in maintaining long lasting client relationships is a result of its strong commitment to personalized service to its clients as an independent resource, facilitator, advocate, and advisor.

Kate Grangard, CPA, CGMA, Managing Director - National Public Entities Practice

Professional Licenses: Certified Public Accountant, Certified Health Care Reform Specialist

Honors: Board Member – The Lord’s Place; 2016 Class of “Leadership Florida”

Education: Fordham University

Degree: BS – Business Administration, Public Accounting

Industry Tenure: 25+ years

Experience & Qualifications

Kate Grangard graduated with honors from Fordham University in 1987 with a B.S. degree in Business Administration with a concentration in Public Accounting. She is a licensed Certified Public Accountant in Florida and has also held licensure in New York. Kate is a member of the American Institute of Certified Public Accountants, the Florida Institute of Certified Public Accountants, and an associate member of the Association of Certified Fraud Examiners, a member of the Florida Government Finance Officers Association, and the Government Finance Officers Association. Kate began her career in public accounting with the Metropolitan Services Group of Price Waterhouse in Manhattan. As an auditor, she worked on a variety of industry clients including financial institutions, insurance companies, and pension funds. After moving to Florida, she continued her Price Waterhouse career in the West Palm Beach office.

Mrs. Grangard also spent 11 years as Vice President of Finance for a Florida based national restaurant chain. In her position, she developed and managed the accounting, risk management, employee benefits, and information technology departments. In this executive position, she designed and implemented highly successful internal control and risk management programs and formulated and implemented company policies and procedures. In addition, in the finance arena, she successfully obtained senior debt facility commitments and maintained the commercial bank and financing partner relationships. Notably, Kate’s achievements in the risk management area while in this position resulted in substantial savings to the company. In managing this department, she gained experience in the property and casualty, general liability, workers compensation, employee benefits, and umbrella insurance sectors. Her ability to first recognize contributing factors to trends and negative experience, and subsequently effectively negotiate and redesign program parameters resulted in substantial savings to her employer.

Kate brings her extensive management, finance, audit and analytical experience, and customer service commitment to her leadership role with the Gehring Group: and is a cultural zealot. Kate is a legislative compliance lead on the Health Care Reform Acts for our clients and is respected as a highly regarded speaker and educator on health care reform updates for various state and national conferences and groups. Additionally, as COO/CFO of Gehring Group for over 16 years, Kate is responsible for overseeing the growth and development of the Company’s finances, infrastructure, and team members so that Gehring Group is able to meet its commitment to provide the highest level of customer service to its clients.

Kate is a highly respected and requested speaker, including as Keynote, on healthcare legislation at various public sector conferences including GFOA, SALGBA, FPHRA, FGFOA, and FPELRA. She also authors and presents webinars and seminars throughout the year, believing her role to be an educator committed to informing clients regarding compliance and planning. She is a provider for Continuing Education credits for CPAs and human resources professionals; and her sessions are regularly also accepted for credit for payroll professionals and attorneys.

Kate has always had a strong commitment to her community and to the public sector clientele Gehring Group serves. Kate currently serves on the Health Care Reform committee as part of the legal working group of the Council of Insurance Agents & Brokers; as a member of GFOA's CORBA (The Committee on Retirement and Benefits); and on the Employer Working Group of NAHU (National Association of Health Underwriters). Kate loves her South Florida Community and currently serves on the Executive Board of The Lord's Place, an organization in Palm Beach County dedicated to breaking the cycle of homelessness; is a mentor for Women of Tomorrow; and a 20+ year member of the Jupiter-Tequesta Kiwanis Club. She is also a graduate and active lifetime member of Leadership Florida (Class XXXV).

Anna Maria Studley, Director of Client Development

Professional Licenses: Life, Health & Variable Annuity

Certifications: USA Mental Health First Aid Trainer, NAHU Medicare Certification

Education: Suffolk Community College

Degree: Associates – Accounting and Business Administration

Industry Tenure: 40+ years

Experience & Qualifications

A 15-year veteran of serving the public sector here at Gehring Group, Anna Maria Studley is a seasoned professional with over 40 years of experience in the insurance industry and has obtained vast experience undertaking many roles in the insurance sector. Her work history includes owning and operating a General Agency and a Consultant, experience with two national insurance carriers, owning and operating a third-party administration company, and experience as Director of Account Management with a national brokerage firm. During her years as a consultant, she has analyzed benefit plans and claims utilization, overseen the RFP and evaluation process, managed various funding arrangements, coordinated open enrollments and health fairs, and even facilitated escalated member issues and billing reconciliation. Licensed in 26 states, she has also serviced large employers and numerous public entities including municipalities, counties, special districts, sheriff's offices, and fire districts. Her expertise in compliance issues, state and federal regulations also make her a valuable asset the Gehring Group team and the clients she serves.

In addition, Anna Maria brings invaluable insight and experience from her employment experience with two national health insurance carriers. Her years with these carriers enabled her to gain special expertise regarding the inner workings of an insurance carrier and provided the opportunity for the establishment of significant industry relationships. As a resource to your Gehring Group service team, Anna Maria is responsible for overseeing all aspects of client service and technical analysis to ensure delivery of the highest level of service with the ultimate goal of achieving both client and member satisfaction. She is supported by several other Gehring Group staff members including account managers, benefits specialists, and analytical staff. Her passion continues to focus on proactive and innovative solutions for employers, while managing legislative compliance, managing costs, and maintaining the integrity of benefit program development.

Most recently Anna Maria has obtained her certification as a *National Council Mental Health First Aid* instructor who is able to proactively provide solutions when addressing increasing concerns around mental health and substance use disorders. She has also achieved the National Association of Health Care Underwriters' *Medicare Certification* which meets all CMS requirements and complements each plan sponsor's plan-specific training. Recognized for her knowledge and experience working with the Public Sector, she also serves as an educator and subject matter expert, attending and presenting at more than 20 public association events each year.

Anna Maria's experience at Gehring Group includes servicing clients from 50 to 3,500 employees to whom she brings the experience and knowledge to lead each client in its effort of maintaining a cost-effective program.

Danielle Shull, Director of Client Experience

Professional Licenses: Life, Health & Variable Annuity

Education: University of Florida

Degree: B.A., Business Administration

Industry Tenure: 19 years

Experience & Qualifications

As Director of Client Experience, Danielle is a client advocate, responsible for identifying opportunities in which Gehring Group can continue to meet the short and long-term needs of our valued clients. A highly respected and valued member of the Leadership Team, Danielle also sits on the Sales and Marketing Team, assists with team member training, identifies, and promotes process improvement, and provides recommendations that enhance the growing needs of our clients. Prior to her current role, Danielle served Gehring Group as the Manager of Account Management Services and Training and prior, a Senior Account Manager for over 10 years, where she successfully developed long lasting client relationships based on a foundation of trust, integrity, and outstanding performance. As Senior Account Manager at Gehring Group, she assisted in overseeing the account services team and was involved with all aspects of account management including expediting the resolution of contractual, coverage, billing, and claim disputes, planning open enrollments, presenting at employee enrollment meetings, implementing comprehensive wellness programs, as well as organizing seminars and events.

During her tenured career with Gehring Group, Danielle has achieved exceptional client satisfaction. Danielle's extensive experience, high standards, and commitment to both the client and Gehring Group are contributing factors to her success in this position. With the trust of her peers and leadership, Danielle's input and recommendations are highly valued contributions to the ongoing success and growth of the organization.

Danielle is a dedicated leader both inside and outside of the office. Danielle has sat on multiple wellness committees assisting clients with the development of strong worksite wellness programs. She currently serves on the Gehring Group Company Event Planning Committee, assisting with the various events of the Company's Helping Hands and Hearts Committee. Danielle also represents Gehring Group on the Marketing Committee of the Council of Insurance Agents & Brokers in Washington, D.C. and sits on the boards of the Executive Leadership Council of the Leukemia Lymphoma Society of Palm Beach County, and the Executive Board of the Palm Beach County Women's Chamber of Commerce, for whom she chairs the Giraffe Awards, a highly anticipated annual celebration of women leaders in the community.

Dustin Kuehn, REBC, Senior Benefits Consultant

Professional Licenses: Life, Health & Variable Annuity

Additional Certifications: NAHU Registered Employee Benefits Consultant

Education: Florida State University

Degree: B.S. Finance

Industry Tenure: 14 years

Experience & Qualifications

Dustin Kuehn holds a Bachelor of Science Degree in Finance, graduating Magna Cum Laude from Florida State University. After working for a national insurance company for several years, Dustin joined the Gehring Group as a member of the Analytical Services Department in early 2011, where he immediately contributed to the team and earned our clients' confidence, developing strong client and vendor relationships.

During his time in Gehring Group's Analytical Services Department, Dustin focused on public sector benefit programs, working on projects ranging from developing RFPs, compliance during the RFP process, evaluating various funding arrangements and program options, providing detailed analysis of proposal responses, employee benefits surveys and data analytics. He was the key liaison between the Lead Consultant, the client, and the insurance carrier throughout the negotiation process. His industry expertise also includes claims analysis as well as a comprehensive knowledge of the various health plan funding arrangements including fully insured, self-insured and minimum premium programs as well as experience evaluating numerous carrier proposals for all lines of core and ancillary employee benefits coverage.

Serving as a Senior Benefits Consultant for Gehring Group since 2015, Dustin brings a creative approach as well as a comprehensive level of experience working with public sector employee benefits programs. Guiding his clients through the strategic planning process, he has advised numerous large groups, successfully implemented various cost savings strategies such as onsite employee health clinics, various types of wellness initiatives and participates in several client employee benefits committees. Dustin's knowledge and detail-oriented analytical skills have proven to be a valuable asset to our team and the clients he serves. Such clients include the Martin County School District, Orange County Tax Collector, Pasco County Sheriff's Office, St. Lucie County Sheriff's Office, Martin County Sheriff's Office, City of Cape Coral, and St. Lucie Fire Rescue District.

Athena Erchard, Benefits Consultant

Professional Licenses: Life, Health & Variable Annuity

Education: Palm Beach Atlantic University

Degree: B.A., Marketing & Psychology

Years in Industry: 25

Experience & Qualifications

Athena Erchard is an experienced employee benefits professional with 25 years of experience in the industry including time at a public sector employer as well as an international brokerage and consulting firm. During the course of her career, she has worked in multiple roles allowing her the unique opportunity to gain an understanding of the client's perspective from different vantage points. Athena has spent over 10 years working specifically in the public sector large group space analyzing benefit plans, funding arrangements and insurance carrier data, researching and developing employer tools for comparing programs and managing

open enrollments, benefit fairs and wellness programs. She has significant experience in bidding for all lines of coverage including medical, stop loss coverage, dental, vision, life, disability and more.

Her work history is rich, working with all major carriers and large group employers, assisting through the navigation of healthcare reform and the options afforded in this cycle of the benefits arena. Athena has worked as a Senior Marketing Analyst, Account Executive and as an Employee Benefits division manager which provides her clients with an in-depth understanding through organizing and analyzing data to best fit the needs of an employer group. Her communication skills and industry knowledge foster a dynamic relationship with both clients and carriers. Her collaborative spirit helps maintain interpersonal relationships between brokers, clients, and employees. She has been instrumental in developing strategies that include various funding arrangements based on client objectives with consideration of the insurance marketplace, budget objectives, benchmarking, and legislative compliance.

Public Sector Experience

Athena is a member of the National Association of Health Underwriters, Florida Association of Health Underwriters and Tampa Bay Underwriters organizations. Her current clients include the Highlands County Board of County Commissioners, Tampa Bay Water Authority, City of Venice, West Manatee Fire District and City of Marco Island.

Kimberly Hall, Analytics Team Supervisor

Professional Licenses: Life, Health & Variable Annuity

Education: Immaculata College

Degree: B.S., Mathematics/Computer Science/Physics

Industry Tenure: 30+ years

Experience & Qualifications

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

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

Kimberly Hall earned her Bachelor of Science Degree in Mathematics/Computer Science/Physics graduating Sigma Zeta Math/Science Honor Society from Immaculata College, Pennsylvania. Upon her move to Florida,

Kim joined the Gehring Group team in early 2015. Having worked with Local and National governmental accounts, her level of expertise has proven and invaluable resource to our team.

Wellness Coordinator: Joelle Kantor

Professional Designations: MCHES, CCWS, USA Mental Health First Aid Trainer

Education: University of North Florida

Degree: B.S.H., Community Health, Minor Health Education

Years with Gehring Group: 6 years

Industry Tenure: 9 years

Experience & Qualifications

A skilled professional with her focus in corporate wellness program implementation, Joelle has valuable experience in designing and implementing wellness, fitness, and health improvement programs and promotions. Joelle’s experience involves working with both large and small employee populations, and she is focused on long-term participation and results.

As Wellness Coordinator at Gehring Group, Joelle employs a combination of experience, knowledge, enthusiasm, coordination, and empathy to deliver cost saving, achievable, proven, and innovative programs to our clients. During her years working in this specialized field, Joelle has worked in both the private and public sectors and has achieved a reputable resume which includes the planning and coordination of aggressive wellness program initiatives, wellness fairs and biometric screenings for populations of 50 to over 2,000 employees.

In addition to these accomplishments, Joelle holds a Bachelor’s degree in Health Science from the University of North Florida, with a Minor in Health Education, and has also achieved the *Masters in Certified Health Education Specialist* and *Certified Corporate Wellness Specialist* health and wellness related credentials including mental health and PTSD.

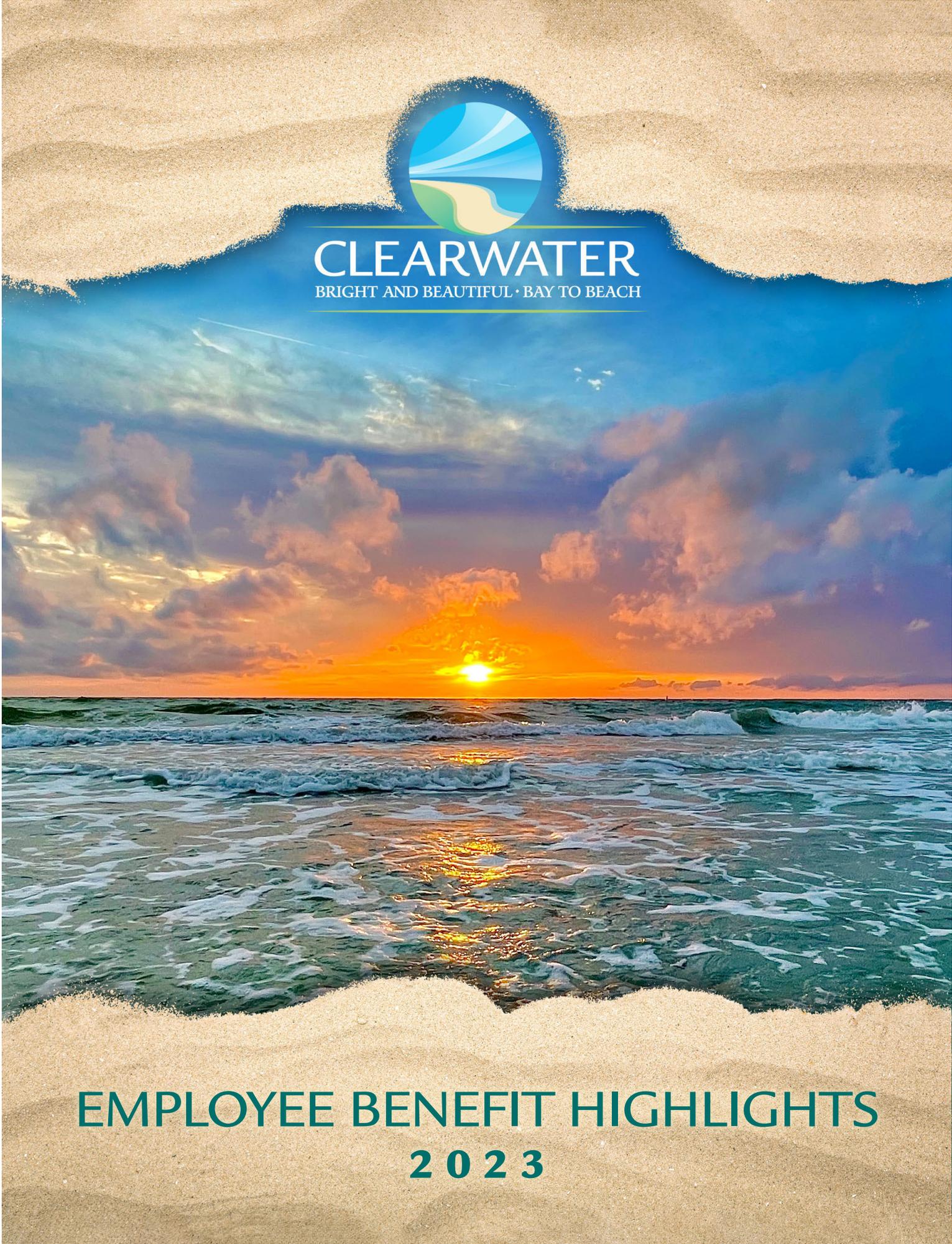
Exhibit A Sample Employee Benefit Guide
Exhibit B Sample Employee Communications
Exhibit C Sample Analytical Reports
Exhibit D Sample Client Educational Webinar
Exhibit E Sample Employee Benefit Newsletters
Exhibit F Letters of Recommendation

Exhibit A

Sample Employee Benefit Guide



CLEARWATER
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EMPLOYEE BENEFIT HIGHLIGHTS

2023

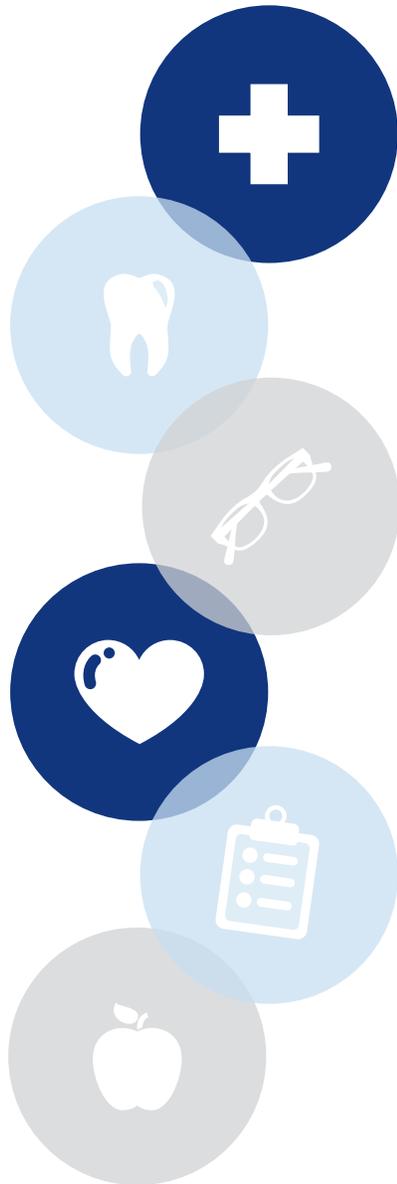


Contact Information

Benefits Staff Human Resources Department	Jessica Harmeson Leah Murray Laura Love	Phone: (727) 562-4870 Email: jessica.harmeson@myclearwater.com Email: leah.murray@myclearwater.com Email: laura.love@myclearwater.com
Pension Finance Department	Alyssa Gagliardi, Senior Pension Payroll Analyst	Phone: (727) 562-4523 Email: alyssa.gagliardi@myclearwater.com
Wellness	Kayla Dyer, Cigna On-Site Wellbeing Coordinator	Phone: (727) 603-0071 Email: Kayla.Dyer@CignaHealthcare.com
 Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@myBentek.com www.mybentek.com/clearwater
 Employee Health Center	Evernorth Direct Health	Phone: (727) 298-1788 https://mychart.my-wellnesscenter.com/MyChart/
 Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
 Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
 Dental Insurance	Sun Life	Customer Service: (800) 442-7742 www.sunlifedentalbenefits.com
	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
 Vision Insurance	Humana	Customer Service: (877) 398-2980 www.humana.com
 Employee Assistance Program	Cigna Behavioral Health	Customer Service: (877) 622-4327 www.mycigna.com
 Life Insurance	Human Resources	Phone: (727) 562-4870
 Supplemental Insurance	Aflac	Customer Service: (800) 992-3522 Agent: Frank D'Ascoli Phone: (727) 514-7977 Email: frank.dascoli@verizon.net
 Flexible Spending Accounts	HealthEquity/Aflac	HealthEquity Customer Service: (877) 924-3967 www.healthequity.com/wageworks Aflac Agent: Frank D'Ascoli Phone: (727) 514-7977 Email: frank.dascoli@verizon.net
 Claim, Billing & Benefit Assistance	Gehring Group	Phone: (800) 244-3696 Email: cityofclearwater@gehringgroup.com



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



Introduction

The City of Clearwater's Employee Benefit Highlights booklet provides summaries of the City's group insurance offerings for all benefit-eligible employees. This information is provided to new hires and during the City's annual Open Enrollment. It is important that employees make knowledgeable decisions when it comes to electing benefits. Please refer to each plan's Summary Plan Description to learn about any enrollment conditions or coverage stipulations. If employees have any questions regarding the contents of this booklet, please contact Human Resources at (727) 562-4870.

Online Benefit Enrollment

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

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



To Access the Employee Benefits Center:

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

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



To access Bentek using a mobile device, scan code.



Group Insurance Eligibility



The City's group insurance plan year is January 1 through December 31.

Employee Eligibility

Eligible employees working a minimum of 37.5 hours per week will be eligible to participate in all City insurance plans.

Eligible employees working an average of 30 to 37.5 hours per week will be eligible to participate in the City's medical, dental, vision, FSA and Aflac insurance plans only, excluding Life insurance and retirement benefit offerings.

Coverage will be effective on the first day of the month following the date of hire. For example, if employee is hired on April 11, then the effective date of coverage will be May 1.

Separation of Employment

If employee separates employment from the City, insurance will continue through the end of the month in which the separation occurred (except for Life insurance, Health Care FSA and Dependent Care FSA which terminates coverage on the date in which separation occurs). COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

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

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

Dependent Age Requirements

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

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

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

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

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

Disabled Dependents

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

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

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



Group Insurance Eligibility *(Continued)*

Taxable Dependents

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

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

Domestic Partner

A Domestic Partner and any eligible dependent(s) will be provided the same benefits afforded to all employees and eligible dependents excluding American Family Life Assurance Company of Columbus (Aflac), Family Medical Leave Act (FMLA), and Flexible Spending Accounts (FSA). A Domestic Partner is defined as a person of the same or opposite sex with whom employee or retiree has established a domestic partnership in accordance with the Policy, rules, and procedures determined by the City and will be required to complete an Affidavit of Domestic Partnership. IRS guidelines state that employee may not receive a tax advantage on any portion of premium paid related to domestic partner coverage. Employee insuring Domestic Partner and/or child dependent(s) of a Domestic Partner will see the insurance premium deductions on a post-tax basis and any amount subsidized by the employer will be reported as "imputed income" to the employee.

A Domestic Partnership will be required to meet all of the following eligibility requirements:

1. Both individuals are at least eighteen (18) years old and mentally competent to consent to a contract.
2. Both are each other's sole domestic partner and intend to remain so indefinitely.
3. Both have common residence and, at the time of submitting an affidavit, have resided together on a continuous basis for the preceding six (6) months intending to continue the arrangement.
4. Both are not married under Florida law nor are domestic partners with anyone else and have not been so during the preceding six (6) months.
5. Both are not related by blood in any way that would prohibit legal marriage in the State of Florida.
6. Both share responsibility for a significant measure of each other's common welfare and financial obligations.

Contact Human Resources for further details and rates if covering a Domestic Partner at any time during the upcoming plan year.



Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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

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

Examples of Qualifying Events:

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



IMPORTANT NOTES

The City operates under strict IRS Guidelines, therefore employee who experiences a Qualifying Event, **must contact Human Resources within 30 days of the Qualifying Event.** Beyond 30 days, requests will be denied and the employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the employee or dependent who continues to be enrolled but no longer meets eligibility requirements. The change is effective either the date employee notified Human Resources or the first of the following month. In the event of death, coverage will terminate the date following the death. Employee will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

Summary of Benefits and Coverage

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

From: City of Clearwater
Human Resources

Address: 100 South Myrtle Avenue, Clearwater, FL 33756

Phone: (727) 562-4870

At Website URL: www.myclearwater.com

At Bentek URL: www.mybentek.com/clearwater

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and/or obtained by contacting Human Resources or at the following web address: www.mybentek.com/clearwater.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (727) 562-4870.



Employee Health Center

City of Clearwater Employee Health Center

The Employee Health Center is available to employees, retirees, and eligible dependents enrolled in the City's medical insurance plan. The EHC provides the care employees and dependents need for **all** non-emergency illnesses. Schedule an appointment with the medical staff to learn more about the Employee Health Center or refer to the Summary of Benefits and Coverage (SBC).

The EHC is administered by Evernorth Direct Health, a third-party vendor. Utilization is entirely voluntary. **All visits with Employee Health Center staff are completely confidential and no personal information is shared with the employer.**

Why choose the Employee Health Center?

- Full range of primary care services available for no charge
- Dedicated appointment times
- No charge for prescriptions dispensed at the EHC (a list of available Rx's can be found on the Launchpad)
- 100% confidential and HIPAA compliant
- Extra programs for no charge:
 - › Skin Screenings
 - › Biometrics
 - › Flu Shots
 - › Shingles Vaccine
 - › Covid-19 Vaccine

To schedule an appointment at the Employee Health Center, contact Evernorth Direct Health by calling (727) 298-1788.

Hours of operation are 7:00 a.m. to 5:00 p.m., Monday through Friday. Appointments are required; however, walk-ins may be accommodated based on availability and/or the severity of the issue.

Please Note: Employees will be allowed up to one (1) hour during the work day, with no charge to employee's sick leave, to attend a scheduled appointment at the Employee Health Center.

Employee Health Center Powell Professional Center

401 Corbett Street, Suite 400
Clearwater, FL 33756
Phone: (727) 298-1788

Email: clearwateremployeehealthcenter@evernorth.com

To schedule an appointment please visit:
<https://mychart.my-wellnesscenter.com/MyChart/>

The Health Center will be closed New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving & day after, and Christmas Day.





MotivateMe

The City and Cigna care about the health of employees and retirees and want to help them get healthy and stay healthy. This incentive plan was created to encourage employees and retirees to participate in annual wellness screenings, preventative care visits, online health assessments, annual physicals and health coaching. The program is available to all employees and retirees that are covered under the City’s 2023 medical insurance plan. MotivateMe is administered through Cigna and employees and retirees may earn up to \$200 in rewards. Register online at myCigna.com or through the myCigna app and click on the “Wellness” tab and look for “Incentive Awards.” Please contact the Human Resources Department with any questions regarding the incentive program or for more information.

Please Note: Employees who are covered as the dependent spouse of another employee should contact Human Resources to access their reward.

MotivateMe Incentives

Item	Criteria	Frequency	Reward	Notes
Wellness Screening	Performed at clinic – immediate results reviewed with patient by clinic staff	1/Year	\$50	Gatekeeper – this must be completed to be eligible for all other events
Online Health Assessment	Complete Online Assessment			
Complete Annual Physical	Available through medical plan or clinic	1/Year	\$75	
Preventative Screenings	Colon Cancer Cervical Cancer Breast Cancer Prostate Cancer Skin Screening	2/Year	\$75/Screening	
Chronic Coaching	Telephonic or Online	Up to 2/Year	\$25/Coaching	
			\$200 Annual Maximum	

Should you separate from employment, if you have not redeemed your incentive within 90 days, the incentive rewards are will not be available for redemption.

Omada

This personalized program is designed to help employee reach health goals, from managing Type 1 and Type 2 Diabetes and/or high blood pressure to losing weight and improving overall health. This program is available at no cost to active Clearwater employees living with Type 1 and Type 2 Diabetes and/or high blood pressure and are covered under any of the city medical insurance plans. Employees who complete 16 sessions of this program may qualify for a \$100 incentive reward. This is separate from the MotivateMe program incentives. For more information, please contact the Human Resources Department.

What you’ll get with Omada:

- ✓ A plan built around you
- ✓ Dedicated health coach
- ✓ Wireless smart scale
- ✓ Interactive weekly lessons

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.



Medical Insurance

The City offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for employee & retiree coverage are listed in the premium tables below. For more detailed information about the medical plan, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Open Access Plus (OAP) Plan

Employee Semi-Monthly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + One Dependent	\$176.66
Employee + Family	\$371.03
Dual Coverage	\$0.00

Medical Insurance – Cigna Open Access Plus (OAP) Plan

Retiree/COBRA* Monthly Premium Rates

Tier of Coverage	Retiree Cost	COBRA Cost*
Retiree/COBRA Member	\$875.85	\$893.37
Retiree/COBRA Member + One Dependent	\$1,500.74	\$1,530.75
Retiree/COBRA Member + Family	\$2,462.50	\$2,511.75

*A 2% administrative charge has been added to the monthly rate for COBRA.

How the Deductible and Co-Insurance Works

- For services requiring a co-payment, members pay only the co-payment amount each time services are received.
- For services requiring co-insurance, members pay the full cost of services up to the deductible amount, and pay a percentage (co-insurance) of the remaining cost of services up to the plan's out-of-pocket limit.
- Once employee reaches the out-of-pocket limit, the plan pays the full cost of any covered services (including prescriptions).
- Only services requiring co-insurance go toward satisfying the deductible. All services, including deductible, co-insurance and co payments towards office visits and prescription drugs, will go toward satisfying the out-of-pocket limit.
- **There is no cross accumulation between in-network and out-of-network deductible or out-of-pocket maximum. The amount employee pays for in-network covered expenses only counts toward employee's in-network deductible and in-network out-of-pocket maximum. The amount employee pays for out-of-network covered expenses only count toward employee's out-of-network deductible and out-of-pocket maximum.**

Other Available Plan Resources

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

Healthy Rewards

Cigna's Healthy Rewards is provided to members automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to www.mycigna.com and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ LASIK Vision Correction services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care
- ✓ Tobacco Cessation
- ✓ Alternative Medicine

Cigna | Customer Service: (800) 244-6224 | www.mycigna.com
24-Hour Health Information Line: (800) 564-9286

Telehealth

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

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

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

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

Cigna

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



Cigna Open Access Plus (OAP) Plan At-A-Glance

Network	Open Access Plus (OAP)	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single	\$2,000	\$2,000
Family	\$4,000	\$4,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Maximum		
Single	\$3,500	\$3,500
Family	\$7,000	\$7,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$20 Copay	30% After CYD
Specialist Office Visit	\$40 Copay	30% After CYD
Telehealth Services	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	No Charge	30% After CYD
X-rays/Advanced Imaging (MRI, PET, CT) (i.e. Akumin)	No Charge	30% After CYD
Outpatient Surgery in Surgical Center (Per Visit)	10% After CYD	\$300 Copay + 30% After CYD
Outpatient Physician Services	10% After CYD	30% After CYD
Urgent Care Center (Per Visit; Waived if Admitted)	\$75 Copay	\$75 Copay
Hospital Services		
Hospital Pre-Admission Requirement	Yes, or you pay 100%	Yes, or you pay 100%
Inpatient (Per Admission)	10% After CYD	\$500 PAD + 30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Ambulance (Emergency Services Only)	10% After CYD	10% After CYD
Outpatient Rehabilitation		
Facility Charge (60 Visits Annual Maximum)	\$40 Per Visit	30% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient (Prior Authorization is Required)	No Charge	30% Coinsurance
Outpatient Facility (Prior Authorization is Required)	\$10 Copay Per Visit	30% Coinsurance
Prescription Drugs (Retail 30-Day Supply)		
Generic	\$10 Copay	30% Coinsurance
Preferred Brand Name	\$30 Copay	30% Coinsurance
Non-Preferred Brand Name	\$50 Copay	30% Coinsurance
Mail-Order Drug (90-Day Supply)	2x Retail Copay	Not Covered



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select **Open Access Plus** network.



Plan References

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

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



Important Notes

- Please remember that out-of-network providers may balance bill for charges that exceed the allowed billed amount, even once the out-of-pocket limit has been reached.
- Specialty medications can be filled the first time through the pharmacy, but subsequent fills need to be done through the mail order pharmacy.



Dental Insurance

Sun Life and Cigna Plans

The City offers a variety of dental insurance options to eligible employees through Sun Life and Cigna Employee Benefits. Dental insurance is 100% employee paid and semi-monthly premiums are payroll deducted 24 times a year. The employee costs are shown on the premium table below. A brief description of the dental plan options and a summary of the benefits are shown below and on the following page. For detailed coverages, exclusions, and stipulations, please refer to the carrier's benefit summary or contact the carrier's customer service number.

The Prepaid Dental DHMO Plans: Sun Life Low Option, Cigna P5X00, Cigna F1-09

If a member enrolls in a prepaid dental plan, they must choose a dentist from a list of participating providers and make copays for member's general dental needs. If a specialist is required, member must select a specialist from a list of participating specialists. The member can either pay the appropriate copays from the provider's Schedule of Benefits and Subscriber copays or pay at discounted prices. Covered member must be treated by in-network dentists or specialists. Prepaid dental plan highlights include the following:

- NO deductibles or claim forms
- NO pre-existing condition limitation
- NO maximum benefit level
- NO benefit waiting period for any service

Pediatric Dental benefits are available for children up to age 17 through the Cigna DHMO plan. Child(ren) age 17 or older must be seen by a general dentist.

The PPO/Traditional (Indemnity) Dental Insurance Plan: Cigna DPPO

Cigna provides a PPO/Traditional (indemnity) dental plan that gives the member freedom of choice when selecting dental care providers. The member pays the cost of dental care at the time services are received and files a claim form. After satisfying a deductible, the member will be responsible for the applicable coinsurance level depending on the type of dental service performed. Highlights of the PPO/Traditional (Indemnity) Plan include the following:

- Freedom to visit a dentist of choice at any time
- Claims must be filed
- Reduced out-of-pocket expenses when visiting participating PPO dentist
- Annual Deductible - \$50 per participant for basic, major, and orthodontic services - maximum of three (3) deductibles assessed per family - \$150
- Annual benefit maximum - \$1,100 per person
- Orthodontics - \$1,000 lifetime maximum
- No benefit waiting period for preventive, basic and major services.
- A missing tooth limitation does apply for the first 12 months of continuing coverage.

Dental Insurance – Active Employees 2023 Semi-Monthly Pay Period Premium Deductions

Tier of Coverage	Sun Life Low Option	Cigna P5X00	Cigna F1-09	Cigna DPPO
Employee Only	\$3.25	\$8.18	\$10.23	\$18.84
Employee + One Dependent	\$5.50	\$15.21	\$19.04	\$38.18
Employee + Family	\$8.67	\$19.80	\$24.79	\$56.28

Dental Insurance – Retirees 2023 Monthly Premium Rates

Tier of Coverage	Sun Life Low Option	Cigna P5X00	Cigna F1-09	Cigna DPPO
Retiree Only	\$6.50	\$16.35	\$20.45	\$37.68
Retiree + One Dependent	\$10.99	\$30.42	\$38.08	\$76.35
Retiree + Family	\$17.34	\$39.59	\$49.57	\$112.56

Sun Life | Customer Service: (800) 442-7742

www.sunlifedentalbenefits.com

Sun Life Dental Directory: <https://www.slserviceresources.com>.

Choose Find A Dentist, DHMO or Prepaid Dental Plan, Florida, Heritage Series.

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

Cigna Dental Directory: <https://hcpdirectory.cigna.com/web/public/providers>.

For Cigna P5X00 or Cigna F1-09, choose HMO plans.

For Cigna DPPO, choose PPO plans.



Sun Life and Cigna Dental Plans At-A-Glance

Prepaid Dental DHMO Summary of Benefits		Sun Life Low Option Plan*	Cigna P5X00*	Cigna F1-09*	Aflac
Codes	Sample Procedures	Copay / Fee Schedule			Aflac Pays
Examinations					
9430	Consultation/Office Visit	\$10	\$5	\$0	\$45
0120	Periodic Oral Exam & Diagnosis	\$0	\$0	\$0	\$45
X-Rays					
0272	Bitewings 2 Films	\$0	\$0	\$0	\$25
0210	Complete Series	\$0	\$0	\$0	\$25
Preventative Care					
1110	Complete Prophylaxis (Adult)	\$0	\$0	\$0	\$45
1510	Space Maintainer	\$60 + Lab	\$25 + Lab	\$0	\$145
Restorative					
2330	Resin-One Surface, Anterior	\$35	\$0	\$0	\$75
2391	Resin-One Surface, Posterior (Adult)	\$60	\$55	\$47	\$75
Endodontics					
3310	Anterior Tooth (Excludes Final Restoration)	\$135	\$80	\$12	\$265
3330	Molar Tooth	\$245	\$250	\$280	\$440
Periodontics					
4210	Gingivectomy/Gingivoplasty (Per Quadrant)	\$120	\$130	\$220	\$225
4260	Osseous Surgery (Per Quadrant)	\$350	\$295	\$465	\$440
Prosthetics					
5110	Complete Upper Denture	\$295 + Lab	\$150***	\$500	\$605
5120	Complete Lower Denture	\$375 + Lab	\$150***	\$500	\$605
Fixed Crown & Bridge					
6240	Bridge Pontic-Porcelain Fused to High Noble Metal/Unit	\$265 + Lab	\$185***	\$380	\$440
6750	Crown-Porcelain Fused to High Noble Metal/Unit	\$265 + Lab	\$185***	\$390	\$440
Oral Surgery					
7111	Extraction Single Tooth	\$20	\$5	\$12	\$70
7220	Extraction-Soft Tissue Impaction	\$65	\$50	\$21	\$150
7240	Extraction-Full Bony Impaction	\$100	\$90	\$120	\$225
Orthodontics****					
Child	Orthodontics 8660/70/80, 8080, 8999	25% discount	\$2,414	\$3,307	
Adult	Orthodontics 8660/70/80, 8090, 8999	25% discount	\$3,014	\$4,027	

PPO / Traditional Summary of Benefits	Cigna DPPO	
Benefit Schedule	In Network	Out of Network**
Annual Deductible		
Per Person	\$50	\$50
Family Maximum	\$150	\$150
Waived for Preventative?	Yes	Yes
Benefit Level		
Preventative	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontics - Child (24 Months)	50%	50%
Maximum Benefit		
Annual Benefit Maximum	\$1,100	\$1,100
Orthodontia Annual Maximum	\$500	\$500
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Out-of-Network Benefits		
Payable Level	N/A	70th Percentile
Major Services	12 months	
Benefit Classification:		
Endodontics	Basic	Basic
Periodontics	Basic	Basic

*Member must select a participating dentist from the provider listing and notify the carrier of member's selection in order for benefits to be payable.

**Out-of-network balance billing is the difference between the "allowed amount" an insurance company will pay to an in-network provider and the higher amount that an out-of-network provider charges members. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility and may be the responsibility of the employee.

***Copays for these services do not include the additional cost of noble metal alloys, high noble metal alloys, titanium or titanium alloys. The additional cost of precious metal shall not exceed \$150 per unit and \$75 per unit for porcelain fused to metal (only molars) Porcelain/ceramic substrate crowns on molars are not covered.

****Codes represent a typical orthodontia treatment plan. Actual costs may vary for an individual's plan. Treatment extending over 24 months is not covered and will be charged at the provider's reasonable and customary rates.



Vision Insurance

Humana Vision Care Plan

The City offers vision insurance through Humana to benefit-eligible employees. A brief description of the Humana Vision Care plan and summary of benefits is provided below. Vision insurance is 100% employee paid and semi-monthly premiums are deducted from employee's paycheck 24 times a year. The employee costs per pay period are shown on the premium table below. For detailed coverages, exclusions and stipulations, please refer to the Humana's benefit summary or contact Humana's customer service.

Vision Insurance – Humana Vision Care Plan

Employee Semi-Monthly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$2.56
Employee + One Dependent	\$5.12
Employee + Family	\$6.85

Vision Insurance – Humana Vision Care Plan

Retiree/COBRA* Monthly Premium Rates

Tier of Coverage	Retiree Cost
Retiree Only	\$5.12
Retiree + One Dependent	\$10.24
Retiree + Family	\$13.69

*A 2% administrative charge will be added to the monthly rate for COBRA.

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any optometrist or ophthalmologist that participates in the Humana Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and optional upgrades are available at an additional discount. There is no calendar year deductible or out-of-pocket maximum, however, there are benefit reimbursement maximums for certain services.

How to Locate a Provider

To search for a participating provider:

1. Go to Humana.com and click "Find a Doctor"
2. Select Vision and click "Go"
3. Select the Humana Vision (Humana Insight Network)
4. A page will pop up where search criteria can be added

Services	In Network
Eye Exam	\$10 copay (once every 12 months)
Lenses (single, bifocal, trifocal)	\$15 copay (once every 12 months)
Frames	Up to \$130 Allowance plus an additional 20% discount above \$130 (once every 24 months)
Contact Lenses Non-elective (Medically Necessary)*	100% (once every 12 months)
Contact Lenses Elective (Fitting, Follow-up & Lenses)*	Up to \$130 Allowance plus an additional 15% discount above \$130 (once every 12 months)
Diabetic Eye Care (Includes Care and Testing)	No Charge

Contact Humana's customer service for an out-of-network reimbursement schedule.

*Contact lenses are in lieu of lenses/frames. Medically necessary contact lenses require prior authorization.

Please Note: Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount. Please refer to Humana's benefit summary or contact Humana's customer service for additional information.

Humana | Customer Service: (877) 398-2980 | www.humana.com



Employee Assistance Program

The City provides at no cost to employees, a comprehensive Employee Assistance Program (EAP), which is available to employees and each household family member. The EAP offers unlimited telephonic counseling and up to five (5) face-to-face sessions, per person, per issue, with a licensed professional through a confidential program that is protected by State and Federal laws. The EAP program is available to help individuals gain a better understanding of problems that affect them, locate the best professional help for the particular problem, and decide upon a plan of action. All EAP counselors are professionally trained, certified, and licensed in their fields.

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and each household family member free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect well-being such as:

- ✓ Anxiety
- ✓ Stress
- ✓ Depression
- ✓ Life Improvement
- ✓ Family and/or Marriage Problems
- ✓ Grief and Bereavement
- ✓ Substance Abuse
- ✓ Gambling and Other Addictions
- ✓ Legal and Financial Concerns

Are Services Confidential?

Yes. Voluntary participation in EAP services is completely confidential. However, if participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), permission to communicate certain aspects of employee's care (attendance at sessions, adherence to treatment plans, etc.) to referring Human Resources may be requested or required. Human Resources will not receive specific information regarding referred employee's care, they will only receive reports on whether referred employee is complying with attendance and prescribed treatment plan.

To Access Services

Employee and family member(s) may register and create a user ID on www.mycigna.com to access EAP services.

Please Note: *Mental Health and Substance Abuse is a covered medical benefit under the City's group medical insurance plans with Cigna. However, there is still some assistance available through the City's EAP program that may be beneficial for acute situations, such as face-to-face or telephonic counseling sessions. For more information regarding the EAP offerings for these conditions, please contact customer service or log onto the myCigna.com site.*

Cigna Behavioral Health | Customer Service: (877) 622-4327
www.mycigna.com

Life Insurance

The City provides each benefit-eligible employee with Life insurance in the following amounts, at no cost to the employee:

- CWA – One and one-half times employee's annual base salary up to a maximum of a \$50,000 benefit
- FOP and IAFF – \$2,500 benefit
- SAMP – \$2,500 benefit plus one times employee annual base salary
 - › SAMP employees also have the ability to purchase additional coverage in increments of \$50,000 up to a maximum of five (5) times annual salary or \$500,000. Newly hired or newly eligible SAMP employees can elect up to \$150,000 coverage without submission of Evidence of Insurability for up to 31 days following initial date of eligibility. Any election of life insurance more than 31 days after the date of initial eligibility and/or the election of any amount exceeding \$150,000 will require the submission of Evidence of Insurability and approval by the carrier.

SAMP employees can contact Human Resources for plan details and premium rates, changes can only be made during New Hire Enrollment and Open Enrollment.

Human Resources | Phone: (727) 562-4870



Voluntary Supplemental Insurance: Aflac Individual Plans

The City offers a variety of supplemental insurance plans through Aflac. Aflac plans may be purchased separately on a voluntary basis and premiums payroll deducted. Aflac pays money directly to the members, regardless of what other insurance plans they may have.

A description of each available plan and bi-weekly premium rates have been provided below. To learn more about these Aflac plans and/or schedule a personal appointment, contact the City's Aflac Agent, Frank D'Ascoli, at (727) 514-7977.

Aflac Accident Advantage Plan

Covers on-the-job and off-the-job injuries due to accidents for employee and covered family member(s).

Employee	\$9.30	One Parent Family	\$16.58
Employee & Spouse	\$15.21	Two Parent Family	\$23.40

Hospital Choice Plan

Aflac will pay a hospital confinement benefit of \$2,000 once per calendar year when covered person is confined for 23 hours or more. No Lifetime Maximum. Benefits also include \$25 physician visit reimbursements, diagnostic imaging, in-patient and out-patient surgery and daily hospital confinement. See policy brochure for details.

18-49	Base Plan	Base + EB Rider	Base + HSSC Rider	Base + HSSC Rider
Individual	\$25.55	\$31.40	\$34.78	\$40.63
One Parent Family	\$31.46	\$43.10	\$44.20	\$55.84
Employee & Spouse	\$38.09	\$50.38	\$54.99	\$67.28
Two Parent Family	\$38.29	\$53.18	\$55.45	\$70.34

50-59	Base Plan	Base + EB Rider	Base + HSSC Rider	Base + HSSC Rider
Individual	\$25.81	\$32.44	\$37.64	\$44.27
One Parent Family	\$31.66	\$43.56	\$46.16	\$58.06
Employee & Spouse	\$40.17	\$53.95	\$63.64	\$77.42
Two Parent Family	\$40.50	\$55.65	\$64.75	\$79.90

60-75	Base Plan	Base + EB Rider	Base + HSSC Rider	Base + HSSC Rider
Individual	\$27.30	\$34.00	\$42.71	\$49.41
One Parent Family	\$31.92	\$44.08	\$50.97	\$63.13
Employee & Spouse	\$44.14	\$58.05	\$73.52	\$87.43
Two Parent Family	\$44.40	\$60.20	\$75.80	\$91.60

- **Base Plan** pays **\$2,000** upon 24 hr Confinement which covers the Cigna deductible. It also pays for ER, short stays and rehab services.
- **Extended Benefits (EB) Rider** pays Dr visits, imaging, lab tests, ambulance, etc.
- **Hospital Stay & Surgical Care (HSSC) Rider** pays initial assistance benefits, surgery, invasive diagnostic exams, daily confinement, and more.



Voluntary Supplemental Insurance: Aflac Individual Plans *(Continued)*

Cancer Protection Plan

Although medical insurance is usually adequate for most illnesses, it cannot always withstand the financial burden cancer can impose on employee and family.

Individual: \$22.47

One Parent Family: \$22.47

Employee & Spouse: \$40.42

Two Parent Family: \$40.42

Critical Care Protection Plan

Level I with \$500 Annual Building Benefit Rider - Medical science and early, fast detection have increased survival rates for many serious medical conditions. Aflac provides the financial assistance to help employees get back on their feet if employee is faced with expensive treatment and loss of income for any of the specified health events listed.

Ages	Individual	One Parent Family	Employee + Spouse	Two Parent Family
18 - 35	\$5.53	\$6.11	\$8.58	\$9.62
36 - 45	\$8.91	\$9.30	\$14.69	\$15.99
46 - 55	\$12.03	\$12.42	\$20.74	\$22.17
56 - 70	\$15.67	\$16.06	\$28.67	\$30.42

Short Term Disability

Guaranteed Issue Benefits. Provides coverage for disabilities resulting from a covered sickness or off-the-job injury. 3-month Disability Benefit Period. 7-day Elimination Period. Benefits payable when policyholder's earnings are less than 80% of pre-disability salary.

Annual Income	\$19,000	\$24,000	\$27,000	\$32,000	\$36,000	\$39,000	\$43,000	\$47,000	\$50,000	\$55,000	\$58,000	
Monthly Benefit	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000	\$2,200	\$2,400	\$2,600	\$2,800	\$3,000	
Age	18-64	\$11.05	\$13.26	\$15.47	\$17.68	\$19.89	\$22.10	\$24.31	\$26.52	\$28.73	\$30.94	\$33.15
	65-74	\$13.65	\$16.38	\$19.11	\$21.84	\$24.57	\$27.30	\$30.03	\$32.76	\$35.49	\$38.22	\$40.95

Annual Income	\$63,000	\$69,000	\$72,000	\$78,000	\$88,000	\$93,000	\$102,000	\$116,000	\$120,000	\$125,000	
Monthly Benefit	\$3,200	\$3,400	\$3,600	\$3,800	\$4,000	\$4,200	\$4,400	\$4,600	\$4,800	\$5,000	
Age	18-64	\$35.36	\$37.57	\$39.78	\$41.99	\$44.20	\$46.41	\$48.62	\$50.83	\$53.04	\$55.25
	65-74	\$43.68	\$46.41	\$49.14	\$51.87	\$54.60	\$57.33	\$60.06	\$62.79	\$65.52	\$68.25

Aflac Dental Plan

Aflac's dental plan supplements a member's current dental plan by providing cash benefits directly to members for dental services. There is no network however; waiting periods may apply depending on services needed. Policy annual maximum \$2,100 per covered person for the first year. Increases of \$150 per year for the first five years.

Individual: \$11.64

One Parent Family: \$20.35

Employee & Spouse: \$20.48

Two Parent Family: \$29.32

Aflac | Customer Service: (800) 992-3522 | Agent: Frank D'Ascoli | Phone: (727) 514-7977 | Email: Frank.DAscoli@verizon.net | Fax: (877) 442-3522



Flexible Spending Accounts

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

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

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,050. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic). Examples of common expenses that qualify for reimbursement are listed below.

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

Dependent Care FSA

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

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

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

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

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

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

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



Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee must re-elect the dollar amount they wish to contribute to FSAs in BenteK each year.
- Employee may carry over up to \$610 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. Dependent Care funds CANNOT be carried over.
- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (January 1 - December 31).
- When a plan year ends and all claims have been filed with the exception of the \$610 rollover for the Health Care FSA, all unused funds will be forfeited and NOT returned. To check rollover balance, please call HealthEquity/Aflac at (866) 242-3458.
- If employee separates employment from the City, their FSA card is immediately turned off. Outstanding claims must be submitted within 30 days via fax or online in order to be paid. Claims incurred after the date of termination will not be paid. In some circumstances an FSA may be continued through COBRA.
- Employee can enroll in either or both FSAs during Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services they have not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependents.
- **Irrevocable Election Rule:** IRS rules prohibit the modification and/or revocation of elections before the beginning of the next plan year unless there is a qualifying change in status (i.e., change in marital status, employment status, work schedule, number of tax dependents, dependents' eligibility or worksite, or as otherwise defined by the IRS). The change must be a result of and correspond with the change in status (as determined by the employer/plan administrator).

Filing a Claim

Claim Form

Some service providers may not have the ability to accept a debit card, so employee may want to confirm with provider beforehand. If a service provider does not accept the debit card, employee may pay for the services and submit a claim for reimbursement to HealthEquity, administrator of the FSA benefits on behalf of Aflac. Claims may be submitted through employee's personal online account or by utilizing the mobile app. If an employee wishes to mail or fax a claim, employee would access a claim form from their personal online account. Employee may also view the status of employee's account at any time. Documentation may also be required for some claims. Please maintain all receipts for FSA related services for the entire plan year.

Debit Card

Employees will receive a new debit card pre-loaded with their elections selected for the 2023 plan year. The debit card can be used for payment of eligible expenses. Most eligible services or items are automatically tabulated as FSA qualified when employee uses the debit card. As a reminder, over-the-counter items are no longer considered a qualified expense, unless prescribed by a physician. Employee may find a list of qualified and non-qualified expenses at <http://irs.gov/publications/p502/index.html>.

HERE'S HOW IT WORKS!



Employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving employee a tax savings of \$197.

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

Please Note: Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds which remain in an FSA after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year, with the exception of the \$610 carry over that may be allowed for the Healthcare Reimbursement FSA. **This is known as the "USE-IT OR LOSE-IT" rule.**

HealthEquity/Aflac | Agent: Frank D'Ascoli | Phone: (727) 514-7977
 Fax: (877) 353-9256 | www.healthequity.com/wageworks



Retirement Benefit Summary

The City allows employee, upon retirement, to continue most benefits. Retirees who elect to continue City benefits will have premiums paid as an after-tax deduction from retiree's pension benefit. Retirees will be responsible for the full monthly premium cost for each benefit chosen (the City does not subsidize any portion of benefits for retirees). Upon retiring, if the retiree opts-out of coverage, retiree will no longer be eligible to participate in the City's plans.

Retirees will not be able to continue Flexible Spending Accounts (which may be continued through COBRA) and the Life insurance (which may be continued through direct payment to the provider).

Disability Retirement Benefit

The City allows retirees to apply for non-work related disability benefit. This benefit matches the active employee disability benefit but is only available upon retirement if employee has completed at least 10 years of pensionable service.

Retirees also may apply for work related disability benefit. This benefit will either match the active employee disability benefit or a minimum percentage of the final monthly compensation (42% for Non-Hazardous Duty or 66 2/3% for Grandfathered and Hazardous Duty participants) whichever is greater, as long as they are participating in the plan.

Pension Benefits

The City Employees' Pension Plan is an IRS-qualified, defined benefit plan, self-administered by the City and created for the sole purpose of providing retirement benefits to its participants. The contribution and benefit will depend on employee's job classification and participation date, prior to retiring.

Please Note: The reference "Grandfathered" is defined as an employee who was eligible for normal retirement and contributing to the pension prior to the ordinance changes on 1/1/13.

How much does employee contribute to the pension?

- **Grandfathered** - Participants contribute 8% of pensionable earnings, including special pays and overtime.
- **Non-Hazardous Duty** - Participants contribute 8% of base compensation.
- **Hazardous Duty** - Participants contribute 10% of pensionable earnings, including special pays and overtime (up to 300 hours per calendar year).

The City contributes an amount determined annually by the plan actuary based on the plan's performance, (not less than 7% of basic compensation for all employees participating). All deductions are on a pre-tax basis. Employees participating in the pension plan do not contribute to Social Security (OASDI) during that time; although most do have Medicare (HI) taxes deducted.



Pension Benefits *(Continued)*

Participants may opt to elect other forms of retirement, each of which will be calculated at the actuarial equivalent of the normal form based on the biographical data of the participant and the beneficiary.

- **Joint and Survivor Annuity** - An annuity paid monthly for the life of the participant. Upon death, 100% paid to the surviving spouse, and if none, the surviving children under the age of 18, for a period of five (5) years, after which time the benefit is reduced by 50% for the life of the beneficiary or until the spouse remarries or the child reaches the age of 18, whichever comes first. (Non-Hazardous Duty employees, if employee is not Grandfathered, this option is not available).
- **Single Life Annuity** - An annuity paid monthly for the life of the participant.
- **10-Year Certain and Life Annuity** - An annuity paid monthly for the life of the participant with 120 payments guaranteed.
- **50, 75, 100 or 66 2/3% Joint and Survivor Annuity** - An annuity paid monthly for the life of the participant. Upon death, 50%, 75%, 100% or 66 2/3% is paid to the surviving beneficiary for life.

In addition to the above options, a Partial Lump Sum option is available. This allows retirees to receive 10%, 20% or 30% of their normal retirement benefit as a one-time lump sum payment received in the first pension benefit payment, with the monthly benefits reduced accordingly thereafter. This lump sum amount is eligible for rollover.

When can Employee retire on pension?

- **Grandfathered and Non-Hazardous Duty** (*hired before 1/1/13*) – Participants must either complete 30 years of pensionable service, 20 years of service and be at least age 55 or 10 years of service and be at least age 65.
- **Non-Hazardous Duty** (*hired after 1/1/13*) – Participants must either complete 25 years of pensionable service and be at least age 60 or complete 10 years of pensionable service and be at least age 65.
- **Hazardous Duty** – Participants must either complete 20 years of pensionable service or complete ten years of pensionable service and be at least age 55. (There is an early retirement option for Hazardous Duty participants, which pays as early as age 50 after ten years of pensionable service, with a 3% reduction for each year below the age of 55).

How is retirement benefit calculated?

- For **Grandfathered, all Hazardous Duty and Non-Hazardous Duty** (*hired before 1/1/13*) participants, the normal monthly benefit formula is: 2.75% multiplied by the number of years of credited service multiplied by final monthly average compensation.

Example:	
Final Avg. Compensation	\$43,200
X Pension Factor	0.0275
X Credited Service	25
Annual benefit	\$29,700
Monthly Benefit	\$2,475

- For Non-Hazardous Duty (*hired after 1/1/13*) participants, the normal monthly benefit formula is: 2% multiplier for years of credited service up to 10/1/2022 and 2.5% multiplier for years of credited service after 10/1/2022 multiplied by final average compensation.
- For Non-Hazardous Duty (*hired after 10/1/2022*) participants, the normal monthly benefit formula is: 2.5% multiplied by number of years of credited service multiplied by final average compensation

Example:	
Final Avg. Compensation	\$43,200
X Pension Factor	0.025
X Credited Service	25
Annual benefit	\$27,000
Monthly Benefit	\$2,250



Pension Benefits *(Continued)*

What if a Hazardous Duty Employee leaves the City before employee is eligible to retire?

- If employee has completed at least ten years of pensionable service, employee may vest interest in the plan and begin to collect a retirement benefit when employee would otherwise have been eligible, while working for the City.
- If employee has less than ten years of pensionable service or does not wish to vest, employee may elect to receive a refund of employee's contributions to the plan plus 5% simple interest.

What if a Non-Hazardous Employee leaves the City before employee is eligible to retire?

- If employee has completed at least 5 years of pensionable service, employee may vest interest in the plan and begin to collect a retirement benefit when employee would otherwise have been eligible, while working for the City.
- If employee has less than 5 years of pensionable service or does not wish to vest, employee may elect to receive a refund of employee's contributions to the plan plus 5% simple interest.

What if employee passes away as an active employee?

- If employee has a named beneficiary on file, that person will be able to select either a refund of employee contributions or a monthly retirement benefit, depending on employee's preference and whether or not employee completed at least ten years pensionable service.
- If there is no beneficiary on file, a refund of contributions will be paid to employee's estate unless married or have minor children at the time of death, in which case they may receive a limited benefit.

What are the rules regarding a beneficiary to employee's pension benefit?

- Participants are encouraged to elect a beneficiary to be kept on file in the event of pre-retirement death. Until retirement, participants may elect to change the beneficiary at any time.
- After retirement, the beneficiary may be changed twice, depending on the option selected, which will result in a recalculation of the monthly benefit amount.
- Only one (1) beneficiary may be named at a time.

For more information regarding retirement benefits and options available, employee may visit the Launchpad and view the City Code of Ordinances which describes, in detail, the provisions of the retirement plans. Employee may also contact Alyssa Gagliardi, the Senior Pension Payroll Analyst, at (727) 562-4523 or Alyssa.Gagliardi@MyClearwater.com with additional questions, request an estimate or to make an appointment to complete retirement paperwork.

Retirement Savings Plans

457 Deferred Compensation Plan

The Deferred Compensation Plan administered by MissionSquare Retirement provides unique advantages over regular savings plans. Employee's Deferred Compensation deposits can grow faster than regular savings because their growth is deferred. That is, an employee does not pay any taxes on either the money saved or the earnings until retirement and funds are withdrawn. These tax advantages make Deferred Compensation an ideal additional retirement savings plan, supplementing the City's Plan(s).

Full and part-time employees are eligible to participate in the 457 plan with salary deferrals, immediately upon being hired. Employee may enroll anytime during the year; they do not need to wait upon open enrollment. Salary deferrals are allowed to the annual maximum limits imposed by the IRS.

- Employee may select investments or contributions will be allocated to appropriate Vanguard Target Retirement Fund
- Employee may elect to contribute a dollar amount or percentage of biweekly pay
- Contributions to plan are 100% vested

To enroll and set up and/or modify your deferral elections, or for additional information, please contact MissionSquare Retirement at (800) 669-7400, or visit <https://www.missionsq.org>

MissionSquare Retirement

Customer Service: (800) 669-7400 | www.missionsq.org
Representative: Sharyn Hyla (202) 759-7219 | shyla@missionsq.org



Retirement Savings Plans *(continued)*

401(a) Money Purchase Plan

Supervisory, Administrative, Managerial, or Professional employees (SAMP), not eligible for pension benefits, are eligible to participate in the 401(a) Money Purchase Plan. The 401(a) Money Purchase Plan administered by MissionSquare Retirement provides opportunity to build retirement savings. Enrollment is required at hire date. The city will contribute, on employees behalf, 8% into the 401(a) Plan and employee is 100% vested in all plan contributions.

- Employee may select investments or contributions will be allocated to appropriate Vanguard Target Retirement Fund
- After separation of employment, employee is eligible to withdraw money at any time,
- Age 59 ½ in-service withdrawals are allowed
- Withdrawals are not required at age 72
- Employee may borrow money from account while employed, (Max loan amount is 50% of vested amount or \$50,000, whichever is less)

For additional information, please contact MissionSquare Retirement at (800) 669-7400

MissionSquare Retirement

Customer Service: (800) 669-7400 | www.missionsq.org

Representative: Sharyn Hyla (202) 759-7219 | shyla@missionsq.org

Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all full time SAMP employees precluded from City Pension Plan. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

- Effective 90 days after date of hire
- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$5,000 per month.



Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Gehring Group Service Team works directly with City of Clearwater and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to Human Resources and is not replacing assistance employee may need from Human Resources.

Employee may contact a claims specialist by:

1. Email: cityofclearwater@gehringgroup.com

Please include your name, contact information and a brief description of the issue. A Gehring Group Claims Specialist will respond via email or phone call to gather additional information.

OR

2. Call: (800) 244-3696

When calling, please identify yourself as an employee of the City of Clearwater and ask to speak to a Claims Specialist or another member of the City of Clearwater's designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30am – 5:00pm. If calling after office hours, please leave a message indicating you are a City of Clearwater employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

At the Gehring Group, our goal is to be your advocate and ensure issues are resolved as quickly as possible.



CLEARWATER

BRIGHT AND BEAUTIFUL • BAY TO BEACH



A RISK STRATEGIES COMPANY

3500 Kyoto Gardens Drive
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970
www.gehringgroup.com

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Exhibit B

Sample Employee Communications

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



2023 OPEN ENROLLMENT

Thursday, September 22nd - Friday, October 14th

Open Enrollment is the time of year when benefit eligible employees can make new benefit elections, or changes to their current elections, for the upcoming 2023 plan year.

There are no carrier changes this year, but it is important that everyone logs into Bentek to review their benefits and make any plan changes. Reminder: If you are in the FSA plan, you must re-enroll each year.

ONLINE ENROLLMENT THROUGH BENTEK

Open Enrollment is online! Bentek is our internet-based benefits-enrollment system, allowing you to do the following 24 hours-a-day/7 days-a-week during the Open Enrollment period:

- View all benefit elections and payroll deductions
- Make new elections or changes online
- View plan summaries and link to provider websites
- Designate life insurance beneficiaries



To access the site go to: **www.mybentek.com/clearwater**

Bentek Site will be open from Thursday, September 22nd - Friday, October 14th at 5:00pm.

If you have trouble accessing Bentek, please contact the Bentek Support Line at: support@mybentek.com, or: (888) 5-Bentek (523-6835) Monday - Friday 8:30am - 5:00pm EST

Questions or concerns? Please contact Human Resources at (727) 562-4870

To access Bentek using a mobile device, scan code.





DUNEDIN

Home of Honeymoon Island

OPEN ENROLLMENT IS COMING!

Open Enrollment is the time of year that you can make changes to your benefits, add or drop dependents, change plans, enroll into coverage, or drop coverage.

Open Enrollment informational sessions will be held to review available benefit options and premium information. You will also be able to meet with benefits representatives and ask questions.

See your supervisor to coordinate which session you will attend. Plan on spending an hour to an hour and half at your designated session.

August 30th | August 31st | September 1st

Daily Sessions: 8:15am, 10:15am, 1:00pm

Location: Public Library; 223 Douglas Ave., Dunedin, FL 34698

Laptops will be available for employees to enroll on Bentek.

ONLINE ENROLLMENT THROUGH BENTEK IS OPEN FROM AUGUST 30, 2022 (8:00am) – SEPTEMBER 12, 2022 (5:00pm)

Open Enrollment is online! Bentek is our internet-based benefits-enrollment system, allowing you to do the following 24 hours-a-day/7 days-a-week during the Open Enrollment period:

- View all benefit elections and payroll deductions
- Make new elections or changes online
- View plan summaries and link to provider websites
- Designate life insurance beneficiaries

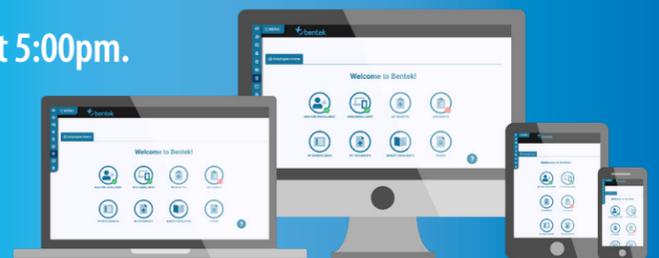
To access the site go to: www.mybentek.com/dunedin

Bentek Site will be open from Tuesday, August 30th through Monday, September 12th at 5:00pm.

If you have trouble accessing Bentek, please contact the Bentek Support Line at: support@mybentek.com, or: (888) 5-Bentek (523-6835)

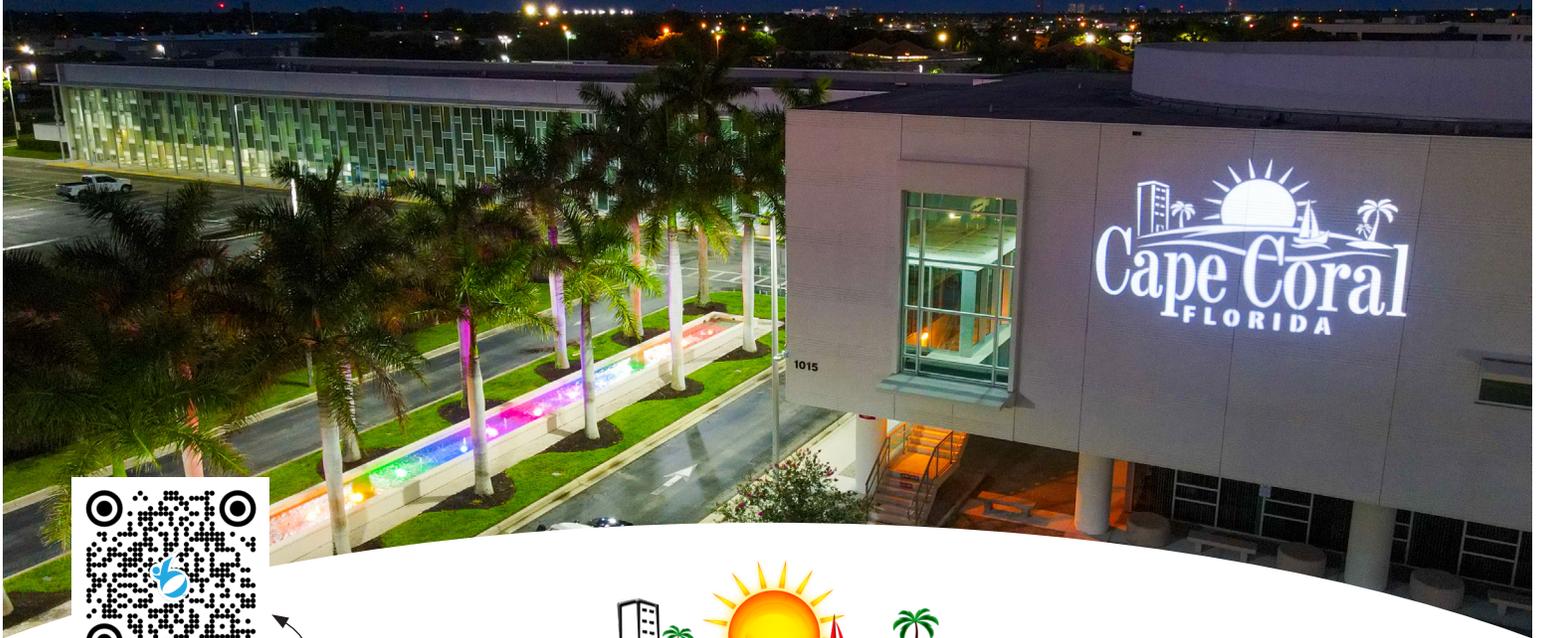
Monday – Friday 8:30am – 5:00pm EST

To access Bentek using a mobile device, scan code:



2023 OPEN ENROLLMENT!

November 9th through December 1st



To access Bentek using a mobile device, scan code.



The City of Cape Coral Group Insurance Plan Year Begins January 1, 2023.

Open Enrollment is the time of year that you can make changes to your benefits, add or drop dependents, change plans, enroll into coverage or drop coverage. All new elections and changes made during Open Enrollment will be effective on January 1, 2023. Please attend an Open Enrollment informational session to learn more about your benefits.

Online Enrollment Through Bentek

Bentek Site will be open from November 9th through December 1st

What's Happening for 2023?

- No Carrier Changes to Medical, Dental, Vision, Life or Disability
- Changes to Medical and Dental Rates
- Increase to Medical FSA Contribution Limit to \$3,050
- **ALL NEW** Aflac Group Plans
 - » Guaranteed Issue
 - » Meet with onsite enrollers to learn more
 - » Enroll in Bentek for all your benefits
- Enhanced Legal Shield Plans

To access the site go to: www.mybentek.com/cityofcapecoral

Hernando County



2021 | 2022

EMPLOYEE BENEFIT ON-LINE OPEN ENROLLMENT

BEGINS MONDAY, JULY 19 - ENDS FRIDAY, AUGUST 6

Keep a lookout for an upcoming Open Enrollment video to watch!

Open Enrollment One-On-One Service Date Schedule

Mon. 07/19	Tues. 07/20	Wed. 07/21	Thurs. 07/22	Fri. 07/23
		Main Landfill 8 AM - 12 PM 14450 Landfill Rd. Brooksville, FL 34614	HCUD Wiscon 7:30 AM – 12 PM 15400 Wiscon Rd. Brooksville, FL 34601	Spring Hill Library 8 AM – 12 PM 9220 Spring Hill Dr Spring Hill, FL 34608
	Animal Services 1 PM – 3 PM 19450 Oliver St. Brooksville, FL 34601	Planning Dept. 1:30 PM – 3:30 PM Admin. Conf. Rm. 20 N. Main St. Brooksville, FL	HCUD Admin/CS 1 PM – 4 PM 1st Floor Conf Rm 15365 Cortez Blvd Brooksville, FL 34613	
Mon. 07/26	Tues. 07/27	Wed. 07/28	Thurs. 07/29	Fri. 07/30
BOCC Admin Office (for HCFES Dept.) 8 AM – 12 PM 15470 Flight Path Dr Brooksville, FL 34604	BOCC Admin Office (for HCFES Dept.) 8 AM – 12 PM 15470 Flight Path Dr Brooksville, FL 34604	BOCC Admin Office (for HCFES Dept.) 8 AM – 12 PM 15470 Flight Path Dr Brooksville, FL 34604	HCUD Admin/CS 1st Floor Conf Rm 9 AM – 3 PM 15365 Cortez Blvd Brooksville, FL 34613	DPW Crew Room – B 7 AM – 3:30 PM 1525 E. Jefferson St. Brooksville, FL 34601
		1 PM – 3 PM HCFES New Employee Benefits Orientation		
Mon. 08/02	Tues. 08/03	Wed. 08/04	Thurs. 08/05	Fri. 08/06
	DPW Crew Room – B 7 AM – 3:30 PM 1525 E. Jefferson St. Brooksville, FL 34601	Building Division Training Room 9 AM – 3 PM 789 Providence Blvd Brooksville, FL 34601	Library - West Hernando Branch 10 AM – 12 PM 6335 Blackbird Rd. Weeki Wachee, FL 34606	BOCC Admin Office 8 AM – 4 PM 15470 Flight Path Dr Brooksville, FL 34604 (Last Day of OE)
			BOCC Admin Office 1 PM – 4 PM 15470 Flight Path Dr Brooksville, FL 34604	



IMPORTANT REMINDERS

- Log on to Bentek to review, change, or make elections
- Add or remove dependents in Bentek
- Review and update beneficiaries for life insurance in Bentek
- Elect Healthcare or Dependent Care Flexible spending Account(s) in Bentek
- Submit elections by August 6



www.mybentek.com/hernandocounty

Bentek Support Line: (888) 5-Bentek (523-6835)

OPEN ENROLLMENT 2023 -2024

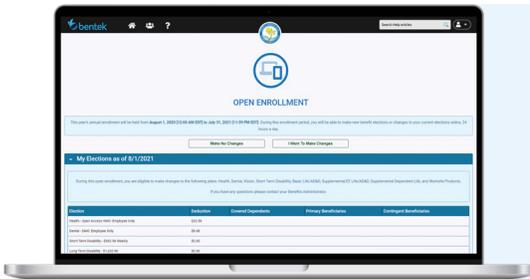


Open Enrollment is the time of year when you can make changes to your benefits; such as drop or add dependents, drop coverage, or enroll into coverage. All new elections and changes made during Open Enrollment will be effective October 1, 2023. The Open Enrollment period this year begins August 15th and ends on September 8th at 9:00pm.

Walton County will be hosting Open Enrollment Meetings and Bentek Enrollment Assistance for all employees on the schedule listed. Please attend to learn more about your benefits. Representatives from the Gehring Group will be available to answer your questions and assist with Bentek online enrollment.

INTRODUCING... ONLINE ENROLLMENT THROUGH BENTEK!
This year we are excited to announce a new online benefits enrollment system,
Bentek! Available 24 hours a day, 7 days a week.

***IMPORTANT* All Employees must login to Bentek to enroll and confirm their benefits for the 2022-2023 plan year.**



EMPLOYEES MAY:

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

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

All employees MUST log on to Bentek during the Open Enrollment period (August 15th - September 8th) to verify coverage and update beneficiaries for the 2023-2024 Plan Year. Bentek Online Assistance will also be available during the dates and times listed.

To access Bentek
using a mobile
device, scan code.



OPEN ENROLLMENT MEETINGS & BENTEK ASSISTANCE

Meetings will be held each hour and laptops with onsite Bentek assistance will be available.

DATE	TIME	LOCATION
Tuesday, August 15th	8:00am - 3:00pm	South Walton Annex 31 Coastal Centre Blvd, Santa Rosa Beach
Wednesday, August 16th	8:00am - 3:00pm	DeFuniak Springs Court House 571 East Nelson Avenue, DeFuniak Springs, FL 32433
Thursday, August 17th	8:00am - 3:00pm	DeFuniak Springs Community Center 361 North 10th Street, DeFuniak Springs, FL 32433
Tuesday, August 29th	8:00am - 3:00pm	DeFuniak Springs Courthouse 571 East Nelson Avenue, DeFuniak Springs, FL 32433
Wednesday, August 30th	8:00am - 3:00pm	South Walton Annex 371 Coastal Centre Blvd, Santa Rosa Beach, FL
Thursday, August 31st	8:00am - 3:00pm	DFS Community Center 361 North 10th Street, DeFuniak Springs, FL

Questions? Contact Jody at Human Resources at (850) 892-8586



I NEED TO CHANGE MY BENEFITS

DID YOU KNOW...

There are only certain times when you can enroll and/or make changes to your benefits.

- When you are 1st hired
- Once a year during open enrollment
- When you experience a qualifying life event

WHAT EXACTLY IS A QUALIFYING LIFE EVENT?

Certain changes in your personal life qualify as an official change in status according to the IRS which means you can modify your benefit elections outside of New Hire or Open Enrollment. Examples of qualifying life events are:

- Marriage
- Divorce
- Having a baby, adoption, change in child custody
- Death of a dependent
- Other examples include:
 - ✓ A change in employment status such as a termination of employment or change in employment status from part time to full time or vice versa (*assuming the change in status affects your ability to participate in the benefits plan*)
 - ✓ Spouse or dependent loses a job, starts a new job, loses full time status
 - ✓ Spouse or dependent goes through open enrollment at their work

IMPORTANT:

You only have 30 days from the date of the event to report it to Risk Management or request the change on Bentek at www.mybentek.com/charlottecounty. Requests for changes outside of the 30 days will not be approved, and you will have to wait until the next open enrollment period to change your benefits.

QUESTIONS?

Please contact Janine Hewitt in Risk Management at 941.743.1244 or Janine.Hewitt@charlottecountyfl.gov



We are here to **help you**

Do you have a question about your insurance benefits?
Are you receiving bills from your provider and not understanding why?

Citrus County is working with the Gehring Group Team to provide you with a solution to your questions!

We are excited to announce that the Gehring Group has a team of claim specialists to assist you with your questions. We encourage you to email the Gehring Group at:

Email: citrus@gehringgroup.com
Toll Free: (800) 244-3696

Please include the following information with your email:

- First & Last Name
- Brief Description of your question
- Your contact information

For your privacy please **do not** include in your initial email:

- Social Security Number
- Date of Birth
- Member ID

A Gehring Group claim specialist will contact you via a secure email or telephone call to gather additional information that may be necessary to further assist you.

Our goal is to ensure that these items are resolved as quickly as possible.



FIT FOR DUTY



Did You Know?

All of the below are offered to you as part of the Sheriff's Office Wellness Initiatives!

October 1, 2022 through September 30, 2023

- **Premium Reduction: \$32 (Employee only) or \$64 (Employee + Spouse) per pay**
 - > Completion of at least 3 preventive exams or screenings – Colonoscopy, Mammogram, Routine pap smear, Dental preventive visit, Routine eye or hearing exam, Prostate test, flu shot, well-woman, Biometric screening and/or Annual physical
 - > All tracked through claims with the exception of vision exams which require an EOB to be submitted to Kari Legg in HR.
- **Gift Cards: Earn up to \$200, www.aetna.com → 'Health & Wellness' Tab → 'Stay Healthy'**
 - Completion of Aetna's online Health Assessment = \$50
 - > Completion of up to (3) Aetna online Journeys by enrolling in health coaching = \$50 each
 - > Completion of your annual skin screening = \$50 (earned through claims)
 - > Participation in any Balance Clinic, Postural Assessment and/or Financial or Educational classes offered through Human Resources = \$25 each



Available year-round to all SCSO employees regardless of medical plan enrollment. Dependents 18+ must be enrolled in medical plan

- **Omada: Online coaching program focusing on Diabetes prevention, Diabetes, Hypertension and Musculoskeletal Health**
 - > Complete your assessment to see if you qualify: <https://go.omadahealth.com/sarasotasheriff>
 - > Personalized dashboard 24/7, access to a dedicated health coach and online community
 - > Depending on program enrollment, may receive a digital smart scale, glucose meter and/or blood pressure monitor



Available to all SCSO employees & dependents age 18+ enrolled in the Aetna medical plan

- **Attain: Achieve your wellness goals and earn an Apple Watch or gift cards through your activity level (valued up to \$300)!**
 - > Download the Attain app, or text AttainApp to 37046 to get started (available for Apple or Android)!
 - > Earn an Apple Watch or pair your own. Or, pair your Fitbit to your Android.



Available year-round to all employees

- > Quarterly Challenges & Wellness Campaigns
- > More information to come closer to each launch!



WORKING

Our Way To

WELLNESS

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

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

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

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



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



Essential Resources in Challenging Times

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

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

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

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

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

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

- Coping with Stress and COVID-19

[CDC Website Stress and Coping](#)

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

- Coping with Grief and COVID-19

[APA Coping with Grief during COVID-19](#)

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

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

[SAMHSA Helpline](#)



NATIONAL DOMESTIC VIOLENCE HOTLINE (800) 799-7233

- Provides immediate support to empower victims
- [Domestic Violence Hotline](#)

VICTIM CONNECT RESOURCE CENTER (855) 484-2846

- National Hotlines for Domestic Violence
- [Victim Connect Resource](#)

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- Protecting Your Mental Health during COVID-19
- [American Foundation for Suicide Prevention](#)

NATIONAL SUICIDE PREVENTION HOTLINE (800) 273-8255

NATIONAL CRISIS TEXT LINE: Text HOME to 741741

Important Change to FSA, HSA and HRA* Eligible Expenses

The “Coronavirus Aid, Relief, and Economic Security Act” (the CARES Act) was signed and passed on March 27, 2020.

One aspect of the Act repeals the rule enacted in the Affordable Care Act that prohibited over-the-counter medicines (i.e., non-prescribed) other than insulin from being “qualified medical expenses.”

NEWLY DEFINED ELIGIBLE EXPENSES

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

**Please Note: HRA monies are funded by your employer. Some funding arrangements may only allow monies to be used for expenses, such as copayments, deductibles, and coinsurance. Please contact HRA administrator for more details.*

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

Retailers systems may not recognize this newly passed legislation or instantaneously accept an FSA debit card. Cards issued by FSA administrators are controlled by various systems to confirm the cards are only used for eligible expenses. Retailers such as CVS, Walgreens, Wal-Mart, Publix, as well as smaller stores use IIAS (Inventory Information Approval Systems) Merchant Certification along with their own inventory and point-of-sale systems to verify that the merchandise being purchased with a FSA card is an eligible medical expense.

The ability to use an FSA card for these newly defined OTC items at all retailers may not come online at the same time. The larger retailers will likely come on first, and the smaller ones may not be “live” for months.

Questions About Eligible Expenses?

If issues arise with using your debit card for newly allowable expenses, you may:

1. Check with larger retailers first as it is expected their systems will recognize the newly allowable expenses sooner.
2. Pay at “point of sale” and submit documentation for reimbursement to your FSA administrator. For additional information on your FSA administrator and contact information please refer to your Employee Benefit Highlights booklet or contact:

Chard Snyder | Customer Service: (800) 982-7715; (833) 212-1988 | www.chard-snyder.com

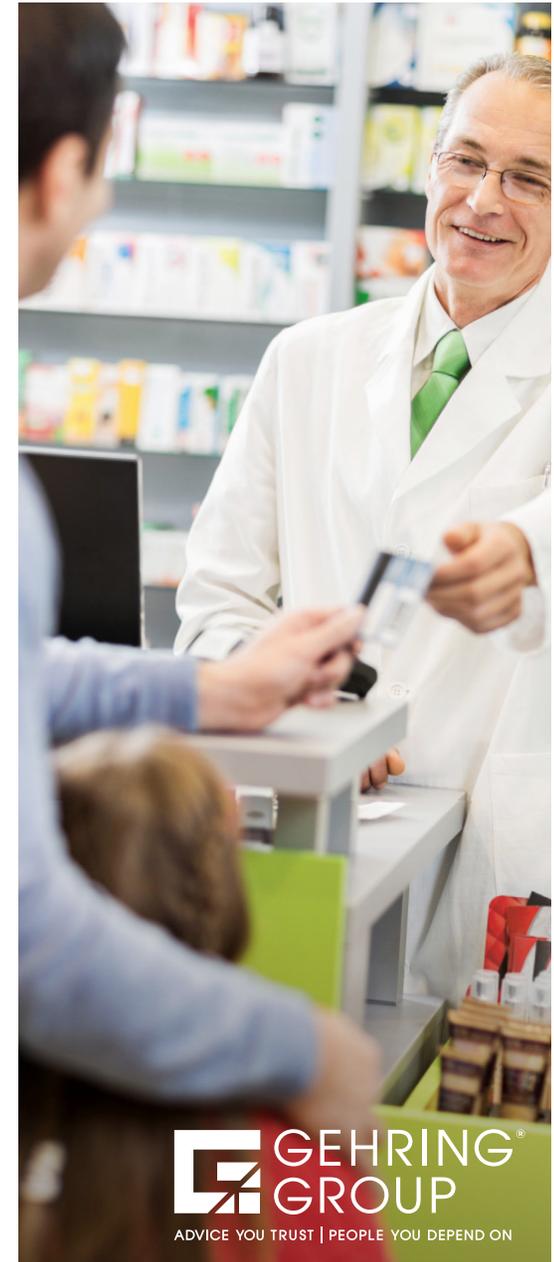


Exhibit C

Sample Analytical Reports

Gehring Group Analytics Sample Work

Palm Beach Gardens, Florida 33410

(561) 626-6797

(800) 244-3696 / (561) 626-6970 – Fax

www.gehringgroup.com



Sample Plan Comparison

Schedule of Benefits	Current						Option #1				
	Plan 1		Plan		Plan		Plan 1		Plan		Plan
Deductible (DED)	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network Only
Individual Deductible	\$1,000	\$1,000	\$1,500	\$3,000	\$2,000	\$6,000	\$1,000	\$1,000	\$1,350	\$2,500	\$2,500
Family Deductible	\$3,000	\$3,000	\$3,000	\$6,000	N/A*	N/A*	\$2,000	\$2,000	\$2,700	\$5,000	\$5,000
Out of Pocket Maximum											
Single	\$3,000	\$5,000	\$1,500	\$6,000	\$6,350	\$12,800	\$4,000	\$6,000	\$3,750	\$7,500	\$6,000
Family	\$6,000	\$10,000	\$3,000	\$12,000	\$12,700	\$25,600	\$8,000	\$12,000	\$7,500	\$15,000	\$12,000
Member Coinsurance	20%	40%	0%	20%	50%	50%	20%	30%	10%	30%	20%
Non-Hospital Services											
Physician Office Visit Copay	\$20	40% after DED	DED	20% after DED	\$35	50% after DED	\$25	30% after DED	10% after DED	30% after DED	\$20
Specialist Office Visit Copay	\$35	40% after DED	DED	20% after DED	\$75	50% after DED	\$50	30% after DED	10% after DED	30% after DED	\$40/\$80
Preventive Services	No charge	40%	No Charge	20%	No Charge	50%	No Charge	Not Available	No Charge	Not Covered	No Charge
Independent Clinical Lab	No charge	40% after DED	DED	20% after DED	No Charge	50% after DED	No Charge	30% after DED	10% after DED	30% after DED	20% after Ded
Advanced Imaging (MRI, PET, CT)	\$100	40% after DED	DED	20% after DED	\$200	50% after DED	20% after DED	30% after DED	10% after DED	30% after DED	20% after DED
Urgent Care Center	\$35	\$35	DED	DED	\$75	\$75	\$35	30% after DED	10% after DED	30% after DED	\$80
Hospital Services											
Inpatient Hospital Services	\$750	40% after DED	DED	20% after DED	\$2,000	50% after DED	20% after DED	30% after DED	10% after DED	30% after DED	20% after DED
Outpatient Hospital Services	\$200	40% after DED	DED	20% after DED	\$300	50% after DED	20% after DED	30% after DED	10% after DED	30% after DED	20% after DED
Physician Services at Hospital	20% after DED	20% after DED	DED	INN DED	50% after DED	50% after INN DED	20% after DED	30% after DED	10% after DED	30% after DED	20% after DED
Emergency Room (Per Visit)	\$100	\$100	DED	DED	50% after DED	50% after INN DED	\$200	\$200	10% after DED	10% after INN DED	\$250
Mental Health/Substance Abuse Hospital											
Inpatient Services	\$750	40% after DED	DED	20% after DED	\$2,000	50%	20% after DED	30% after DED	10% after DED	30% after DED	20% after DED
Outpatient Services	\$35	40% after DED	DED	20% after DED	\$300	50%	\$25	30% after DED	10% after DED	30% after DED	\$20
Prescription Drugs											Rx Drug DED: \$100/\$200
Generic Drugs	\$10		DED	INN DED +	\$10		\$10	INN Copays +	\$10	Difference b/w	\$10 after DED
Formulary Drugs	\$25	50%	DED	Difference b/w	\$60	50%	\$35	Difference b/w	\$35	INN cost and	\$35 after DED
Non-Formulary Drugs	\$60		DED	INN cost and	\$100		\$60	INN cost and	\$60	OON cost	\$60 after DED
Mail Order - 90 day supply	2x		DED	OON cost	3x		2.5x	OON cost	2.5x		2.5x
Rates	Enrollment**										
Employee Only	225 2 0	\$616.67	\$640.81	\$518.10	\$575.00	\$571.00	\$521.18				
Employee + Spouse	20 0 0	\$1,033.85	\$1,074.33	\$868.57	\$913.77	\$919.04	\$833.71				
Employee + Child(ren)	13 0 0	\$981.67	\$1,020.13	\$824.76	\$856.77	\$862.03	\$782.21				
Employee + Family	11 0 0	\$1,294.59	\$1,345.32	\$1,087.66	\$1,141.78	\$1,075.00	\$1,042.36				
Monthly Premium	269 2 0	\$186,430	\$1,282	\$0	\$171,348	\$1,142	\$0				
Annual Premium		\$2,237,159	\$15,379	\$0	\$2,056,176	\$13,704	\$0				
\$ Increase/(Decrease)		N/A	N/A	N/A	-\$180,984	-\$1,675	\$0				
% Increase/(Decrease)		N/A	N/A	N/A	-8.1%	-10.9%	0.0%				
Total Monthly Premium	271	\$187,712				\$172,490					
Total Annual Premium		\$2,252,539				\$2,069,880					
\$ Increase/(Decrease)		N/A				-\$182,659					
% Increase/(Decrease)		N/A				-8.1%					

*Family contract members enrolled in the 05901 plan must satisfy a Per Person deductible of \$2,000 in network and \$6,000 out of network.

SAMPLE CLIENT

Claims Experience Report - Florida Blue

Sample Fully-Insured Claims Experience



July 2020 - Current

HMO	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	\$ 1,071,794	\$ 24,358	\$ 184,107	\$ 200,078	\$ 219,406	\$ 140,323	\$ 312,761	\$ 1,081,033	101%	1,312	67	42	275	1,696	\$ 637.40
August-20	\$ 1,247,742	\$ 24,056	\$ 267,756	\$ 246,567	\$ 205,742	\$ 126,335	\$ 301,410	\$ 1,171,865	94%	1,301	66	43	277	1,687	\$ 694.64
September-20	\$ 1,170,752	\$ 23,331	\$ 269,103	\$ 260,336	\$ 160,970	\$ 122,028	\$ 382,579	\$ 1,218,346	104%	1,218	67	43	258	1,586	\$ 768.19
October-20	\$ 1,198,047	\$ 23,686	\$ 82,407	\$ 206,873	\$ 224,707	\$ 119,504	\$ 262,968	\$ 920,145	77%	1,242	69	47	255	1,613	\$ 570.46
November-20	\$ 1,177,794	\$ 23,445	\$ 322,740	\$ 227,903	\$ 208,161	\$ 106,915	\$ 284,392	\$ 1,173,556	100%	1,224	69	46	256	1,595	\$ 735.77
December-20	\$ 1,186,536	\$ 23,685	\$ 522,862	\$ 226,543	\$ 199,119	\$ 128,232	\$ 298,511	\$ 1,398,950	118%	1,227	69	48	257	1,601	\$ 873.80
January-21	\$ 1,168,353	\$ 23,226	\$ 135,643	\$ 148,433	\$ 148,135	\$ 105,117	\$ 271,566	\$ 832,120	71%	1,223	73	50	250	1,596	\$ 521.38
February-21	\$ 1,182,370	\$ 23,709	\$ 125,936	\$ 148,189	\$ 145,837	\$ 138,878	\$ 271,093	\$ 853,642	72%	1,213	73	51	249	1,586	\$ 538.24
March-21															
April-21															
May-21															
June-21															
2020-2021	\$ 9,403,389	\$ 189,496	\$ 1,910,553	\$ 1,664,921	\$ 1,512,077	\$ 987,332	\$ 2,385,279	\$ 8,649,657	92%	9,960	553	370	2,077	12,960	\$ 667.41
HDHP	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	\$ 78,352	\$ 120	\$ -	\$ 27,266	\$ 6,770	\$ 7,433	\$ 28,149	\$ 69,738	89%	112	10	4	13	139	\$ 501.71
August-20	\$ 91,701	\$ 125	\$ -	\$ 4,672	\$ 33,323	\$ 5,011	\$ 3,840	\$ 46,971	51%	114	10	5	13	142	\$ 330.78
September-20	\$ 89,828	\$ 145	\$ 10,336	\$ 2,931	\$ 49,064	\$ 5,010	\$ 4,443	\$ 71,929	80%	109	10	6	12	137	\$ 525.03
October-20	\$ 97,209	\$ 149	\$ -	\$ 10,352	\$ 50,921	\$ 3,660	\$ 9,736	\$ 74,816	77%	118	11	6	13	148	\$ 505.51
November-20	\$ 97,765	\$ 160	\$ -	\$ 4,645	\$ 36,777	\$ 4,829	\$ 5,605	\$ 52,016	53%	119	12	6	13	150	\$ 346.77
December-20	\$ 99,740	\$ 166	\$ -	\$ 24,334	\$ 36,943	\$ 8,325	\$ 6,587	\$ 76,354	77%	121	11	6	13	151	\$ 505.66
January-21	\$ 98,597	\$ 166	\$ 21,622	\$ 4,503	\$ 9,910	\$ 5,752	\$ 7,134	\$ 49,086	50%	120	11	7	13	151	\$ 325.07
February-21	\$ 97,341	\$ 168	\$ -	\$ 3,875	\$ 30,048	\$ 4,366	\$ 3,852	\$ 42,309	43%	121	11	7	12	151	\$ 280.20
March-21															
April-21															
May-21															
June-21															
2020-2021	\$ 750,532	\$ 1,198	\$ 31,958	\$ 82,578	\$ 253,756	\$ 44,385	\$ 69,345	\$ 483,220	64%	934	86	47	102	1,169	\$ 413.36
PPO	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	\$ 175,098	\$ 395	\$ 138,527	\$ 17,929	\$ 53,249	\$ 46,632	\$ 137,857	\$ 394,590	225%	207	6	6	28	247	\$ 1,597.53
August-20	\$ 204,731	\$ 375	\$ 42,569	\$ 29,801	\$ 71,078	\$ 74,148	\$ 116,527	\$ 334,499	163%	205	6	6	28	245	\$ 1,365.30
September-20	\$ 195,851	\$ 3,134	\$ 3,344	\$ 22,796	\$ 47,110	\$ 59,175	\$ 135,429	\$ 270,989	138%	196	6	5	25	232	\$ 1,168.06
October-20	\$ 199,705	\$ 3,144	\$ 1,408	\$ 29,333	\$ 59,370	\$ 52,368	\$ 92,585	\$ 238,209	119%	202	7	5	24	238	\$ 1,000.88
November-20	\$ 194,438	\$ 428	\$ 12,775	\$ 27,933	\$ 50,201	\$ 20,766	\$ 136,324	\$ 248,428	128%	200	8	7	22	237	\$ 1,048.22
December-20	\$ 193,990	\$ (2,264)	\$ 54,480	\$ 27,790	\$ 43,017	\$ 27,508	\$ 145,735	\$ 296,267	153%	198	8	6	22	234	\$ 1,266.10
January-21	\$ 187,723	\$ 410	\$ (373,819)	\$ 21,121	\$ 32,783	\$ 22,714	\$ 99,047	\$ (197,743)	-105%	196	11	5	18	230	\$ (859.75)
February-21	\$ 190,080	\$ 423	\$ 837,001	\$ 41,222	\$ 39,784	\$ 119,935	\$ 88,986	\$ 1,127,350	593%	196	12	5	18	231	\$ 4,880.30
March-21															
April-21															
May-21															
June-21															
2020-2021	\$ 1,541,616	\$ 6,046	\$ 716,286	\$ 217,926	\$ 396,594	\$ 423,247	\$ 952,490	\$ 2,712,588	176%	1,600	64	45	185	1,894	\$ 1,432.20

Plan Year: January 1, 2020 - December 31, 2020

Date	Total Plan Funding	Administration & Network Fees	Stop Loss Fees (\$250k/\$350k)	Medical Claims	Pharmacy Claims	Actual Paid Claims ¹	Total Plan Cost	Reserve Account	Total EEs	Claims/EE/ Month
January-20	\$ 1,760,891	\$ 80,933	\$ 119,788	\$ 902,528	\$ 342,814	\$ 1,245,342	\$ 1,446,063	\$ 314,827	1,696	\$ 734.28
February-20	\$ 1,752,582	\$ 80,599	\$ 119,294	\$ 1,503,195	\$ 253,951	\$ 1,757,146	\$ 1,957,039	\$ (204,458)	1,689	\$ 1,040.35
March-20	\$ 1,751,034	\$ 80,742	\$ 119,506	\$ 1,208,426	\$ 380,649	\$ 1,589,074	\$ 1,789,323	\$ (38,288)	1,692	\$ 939.17
April-20	\$ 1,756,356	\$ 80,838	\$ 119,647	\$ 627,530	\$ 415,574	\$ 1,043,104	\$ 1,243,589	\$ 512,767	1,694	\$ 615.76
May-20	\$ 1,748,844	\$ 80,551	\$ 119,223	\$ 665,959	\$ 342,796	\$ 1,008,755	\$ 1,208,530	\$ 540,314	1,688	\$ 597.60
June-20	\$ 1,736,761	\$ 79,979	\$ 118,376	\$ 1,053,841	\$ 383,094	\$ 1,436,936	\$ 1,635,290	\$ 101,471	1,676	\$ 857.36
July-20	\$ 1,727,307	\$ 79,502	\$ 117,670	\$ 1,260,804	\$ 371,177	\$ 1,631,981	\$ 1,829,152	\$ (101,845)	1,666	\$ 979.58
August-20	\$ 1,721,881	\$ 79,072	\$ 117,034	\$ 1,167,628	\$ 347,532	\$ 1,515,160	\$ 1,711,266	\$ 10,615	1,657	\$ 914.40
September-20	\$ 1,725,403	\$ 79,072	\$ 117,034	\$ 1,158,853	\$ 409,560	\$ 1,568,413	\$ 1,764,519	\$ (39,117)	1,657	\$ 946.54
October-20	\$ 1,731,447	\$ 79,263	\$ 117,316	\$ 1,166,530	\$ 347,207	\$ 1,513,737	\$ 1,710,317	\$ 21,130	1,661	\$ 911.34
November-20	\$ 1,734,534	\$ 79,597	\$ 117,811	\$ 937,681	\$ 470,637	\$ 1,408,318	\$ 1,605,726	\$ 128,808	1,668	\$ 844.32
December-20										
Pharmacy Rebates ²								\$ 900,950		
Reserve Transfer ³								\$ 92,279		
Annual Total	\$ 19,147,040	\$ 880,148	\$ 1,302,700	\$ 11,652,975	\$ 4,064,992	\$ 15,717,966	\$ 17,900,814	\$ 2,239,455	18,444	\$ 852.20
Rolling 12 Months	\$ 20,842,359	\$ 960,159	\$ 1,412,242	\$ 12,840,490	\$ 4,407,114	\$ 17,247,604	\$ 19,620,005	\$ 1,222,354	20,150	\$ 855.96

¹ Actual claims only include claims up to the stop loss limit

² Pharmacy Rebates paid to xxxxxxxxxxxx in 2020. Rebates are included in Annual Reserve Account Total and excluded from the Rolling 12 Reserve Account Total

³ Reserve Transfer is included in Annual Reserve Account Total and excluded from the Rolling 12 Reserve Account Total

Plan Cost to Funding Ratio
93%

Annual Total Costs

Medical and Pharmacy Claims PEPMs

Year	Medical PEPM	Pharmacy PEPM	Trend
2019	\$641.24	\$180.60	
2020	\$631.80	\$220.40	-1.5% / 22.0%

Claims Per Employee Per Month - Prior 12 Months

High Cost Claimants as a Percentage of Total Gross Claims

Count of High Claimants (Individual Members >100k)
% of Total Membership: **22** / **0.4%**

Total Medical/Rx Net Claims PEPM 2019 vs. 2020 Plan Year
3.7% Increase

Average Enrollment Change
-0.9% Decrease

Financial Performance
\$2,239,455 Surplus

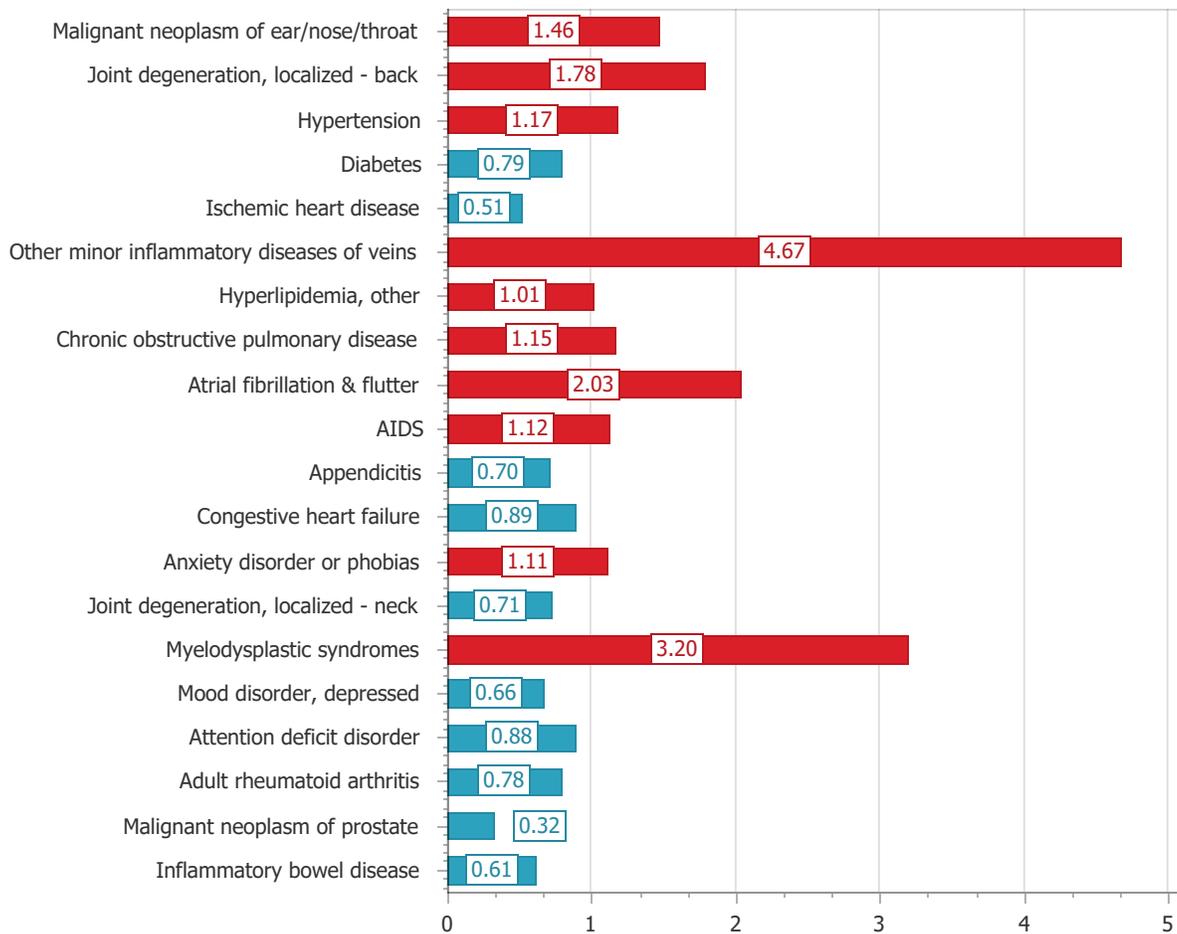
City of Example
High Cost Claimant Summary - Monitoring Claims over \$100,000
Tiered Stop Loss Deductible - \$250,000/\$350,000 (50% Cost Share)
Claims Paid January 1, 2020 through December 31, 2020



Claimant #	Relationship	Jan-20	Jan-Feb-20	Jan-Mar-20	Jan-Apr-20	Jan-May-20	Jan-Jun-20	Jan-Jul-20	Jan-Aug-20	Jan-Sep-20	Jan-Oct-20	Jan-Nov-20	Jan-Dec-20	Increase (Prior Month)
1	EMPLOYEE	\$ -	\$ 147,838	\$ 150,927	\$ 152,004	\$ 152,073	\$ 152,091	\$ 152,573	\$ 152,901	\$ 152,974	\$ 154,380	\$ 154,702	\$ 154,792	\$ 90
2	CHILD	\$ -	\$ 108,356	\$ 109,041	\$ 109,324	\$ 109,719	\$ 109,856	\$ 109,867	\$ 109,948	\$ 110,023	\$ 110,023	\$ 110,023	\$ 110,023	\$ -
3	SPOUSE	\$ -	\$ 102,642	\$ 208,254	\$ 232,743	\$ 241,080	\$ 247,242	\$ 251,263	\$ 261,263	\$ 298,685	\$ 320,746	\$ 340,173	\$ 414,729	\$ 74,557
4	CHILD	\$ -	\$ 118,866	\$ 118,494	\$ 133,894	\$ 249,661	\$ 263,558	\$ 276,719	\$ 282,692	\$ 300,135	\$ 322,381	\$ 334,684	\$ 372,884	\$ 38,200
5	EMPLOYEE	\$ -	\$ -	\$ 125,636	\$ 125,774	\$ 130,520	\$ 132,583	\$ 133,631	\$ 135,323	\$ 137,297	\$ 140,251	\$ 140,969	\$ 142,859	\$ 1,890
6	EMPLOYEE	\$ -	\$ -	\$ -	\$ 107,959	\$ 119,924	\$ 199,082	\$ 204,366	\$ 208,432	\$ 213,005	\$ 213,060	\$ 217,929	\$ 219,029	\$ 1,100
7	CHILD	\$ -	\$ -	\$ -	\$ -	\$ 103,204	\$ 117,262	\$ 134,473	\$ 156,525	\$ 197,049	\$ 217,332	\$ 237,948	\$ 255,813	\$ 17,865
8	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ 101,782	\$ 107,444	\$ 120,567	\$ 126,860	\$ 133,190	\$ 150,915	\$ 156,258	\$ 165,767	\$ 9,509
9	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,528	\$ 100,779	\$ 100,779	\$ 100,989	\$ 104,810	\$ 104,810	\$ 105,587	\$ 777
10	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 144,178	\$ 197,464	\$ 218,161	\$ 263,987	\$ 303,523	\$ 359,792	\$ 383,223	\$ 23,431
11	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 141,002	\$ 154,136	\$ 157,757	\$ 157,921	\$ 158,372	\$ 161,491	\$ 3,119
12	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 102,943	\$ 118,764	\$ 132,201	\$ 136,294	\$ 155,878	\$ 192,219	\$ 36,341
13	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 115,742	\$ 126,728	\$ 212,709	\$ 258,310	\$ 260,404	\$ 2,094
14	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 113,858	\$ 128,949	\$ 133,081	\$ 133,081	\$ 136,042	\$ 2,961
15	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,909	\$ 173,710	\$ 173,710	\$ 222,406	\$ 246,902	\$ 24,497
16	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 157,296	\$ 157,975	\$ 160,254	\$ 160,780	\$ 526
17	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 129,971	\$ 137,268	\$ 143,913	\$ 162,343	\$ 18,430
18	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 104,228	\$ 115,801	\$ 127,374	\$ 138,947	\$ 11,573
19	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 115,066	\$ 119,177	\$ 124,768	\$ 5,591
20	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 105,951	\$ 106,980	\$ 131,510	\$ 24,531
21	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 107,150	\$ 107,859	\$ 709
22	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,095	\$ 119,217	\$ 18,123
23	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 107,546	\$ 107,546
24	SPOUSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 102,138	\$ 102,138
25	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 119,659	\$ 119,659
26	CHILD	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 104,463	\$ 104,463
27	EMPLOYEE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 121,392	\$ 121,392
Monthly Total		\$ -	\$ 477,703	\$ 712,351	\$ 861,698	\$ 1,207,963	\$ 1,573,825	\$ 1,925,647	\$ 2,380,293	\$ 3,018,174	\$ 3,483,196	\$ 3,951,276	\$ 4,822,386	\$ 871,110
Estimated Stop Loss		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,779	\$ 13,991	\$ 21,977	\$ 56,403	\$ 98,325	\$ 151,375	\$ 278,944	

*Paid Claims totals are shown cumulative from January, 2020. Note: This report contains Proprietary and Confidential Information.
 Actual Stop Loss Reimbursements may slightly vary from estimated amounts shown.*

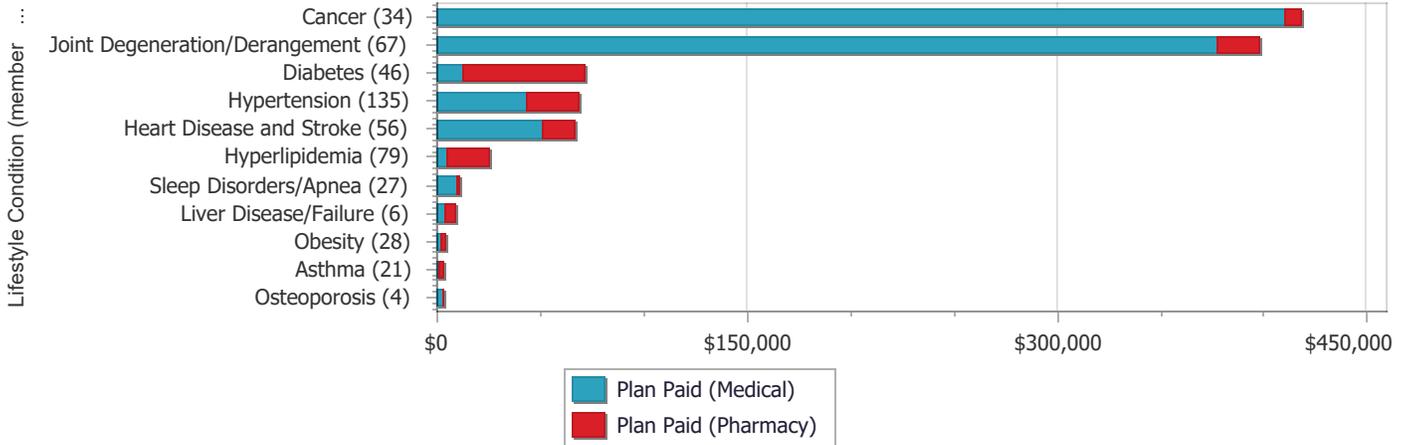
Top 20 Conditions: Benchmark Comparison



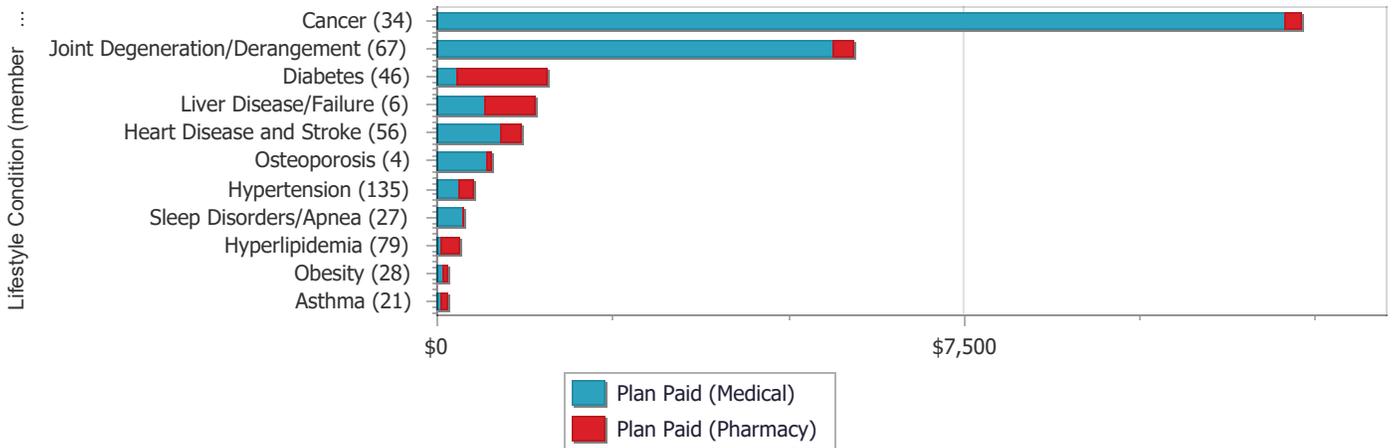
EPISODE	# CLAIMANTS	TOTAL PAID	BENCHMARK SCALE (1 = NORM)	\$ OVER OR UNDER (\$0 = NORM)
Malignant neoplasm of ear/nose/throat	2	\$124,155.24	1.46	\$39,322.18
Joint degeneration, localized - back	24	\$108,194.73	1.78	\$47,561.99
Hypertension	125	\$98,969.96	1.17	\$14,362.72
Diabetes	30	\$81,787.77	0.79	(\$22,144.53)
Ischemic heart disease	30	\$54,851.24	0.51	(\$52,529.86)
Other minor inflammatory diseases of veins	1	\$34,248.47	4.67	\$26,915.11
Hyperlipidemia, other	68	\$33,010.79	1.01	\$217.79
Chronic obstructive pulmonary disease	12	\$28,997.34	1.15	\$3,853.79
Atrial fibrillation & flutter	10	\$28,239.77	2.03	\$14,356.36
AIDS	1	\$24,737.57	1.12	\$2,720.83
Appendicitis	2	\$23,226.21	0.70	(\$9,740.69)
Congestive heart failure	10	\$23,122.82	0.89	(\$2,845.58)
		\$1,189,664.72	0.87	(\$271,810.00)

Paid: 10/1/2020 to 5/31/2021

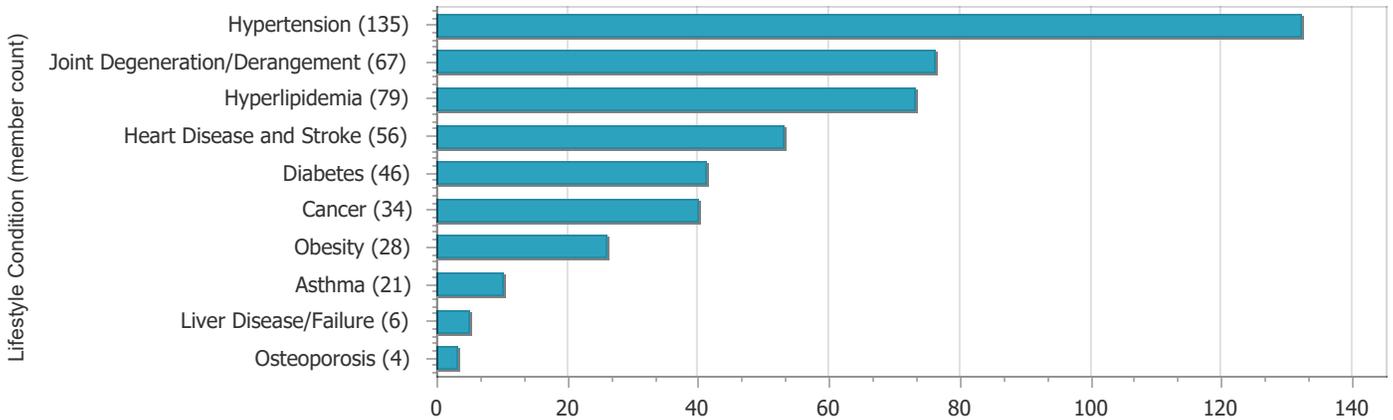
Lifestyle Conditions by Total Paid



Lifestyle Conditions by Average Plan Paid Per Member



Lifestyle Conditions by Prevalence*



*prevalence(n): the total number of episodes of care in a given population.

High Cost Claimant

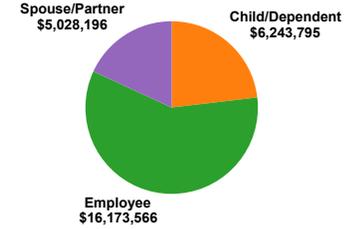
Filters:	Show Only Claimants	Demographic Type	Group Code	Plan Code	Cohort Selection
	Over \$100,000	Relationship	All	All	None

SAMPLE CITY - 1,600 Employees

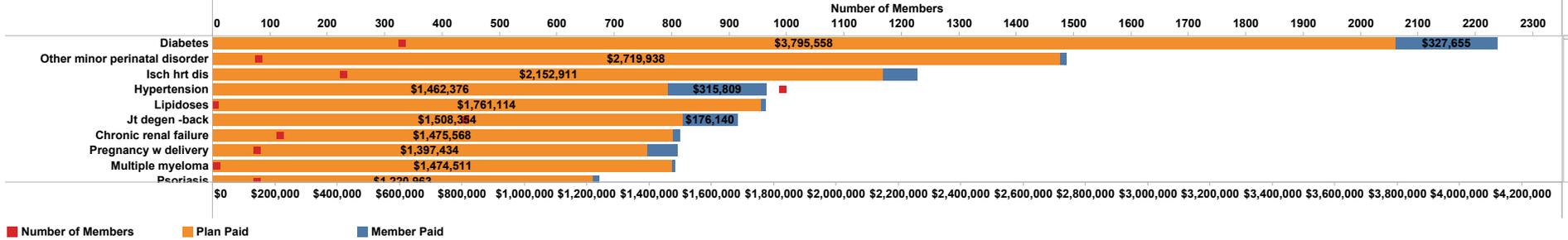
High Cost Member List - (Only Members Over \$100,000) (Red = No Longer Enrolled)

Member	Gender	Relationshiptype	Currently Enrolled?	Age	Plan Paid	Member Paid	Retrospective Risk	Prospective Risk	Actuarial Risk
Member 1	M	Employee	Yes	54	\$1,002,658	\$8,640	25	25	25
Member 2	M	Child/Dependent	Yes	0	\$960,015	\$2,586	25	25	25
Member 3	M	*	No	2	\$944,009	\$3,800	25	24	23
Member 4	F	Child/Dependent	No	16	\$935,639	\$7,574	20	20	20
Member 5	F	Child/Dependent	No	18	\$843,494	\$7,662	20	21	21
Member 6	F	Child/Dependent	No	0	\$813,102	\$2,500	25	24	24
Member 7	M	Spouse/Partner	Yes	59	\$666,604	\$5,542	25	25	25
Member 8	M	Employee	Yes	49	\$642,602	\$3,972	25	24	24
Member 9	M	Employee	Yes	58	\$563,855	\$11,451	25	24	24
Member 10	F	Employee	No	62	\$432,861	\$5,712	25	25	25
Member 11	F	Employee	Yes	60	\$423,614	\$3,251	23	23	22
Member 12	M	Child/Dependent	Yes	20	\$378,902	\$4,839	21	21	20
Member 13	M	Employee	Yes	43	\$376,599	\$10,987	25	25	25
Member 14	F	Employee	Yes	57	\$340,618	\$8,984	22	22	22
Member 15	M	Employee	Yes	69	\$323,166	\$3,844	19	21	21
Member 16	M	*	No	53	\$315,242	\$6,591	24	24	24
Member 17	M	Spouse/Partner	Yes	65	\$304,930	\$6,016	25	25	25

Total Cost by Relationship - (Only Members Over \$100,000)



Conditions



Incurred Filter On/Off	Incurred Start Date	Incurred End Date	Paid Filter On/Off	Paid Start Date	Paid End Date
On	Jan, 2016	Jan, 2020	Off	Jan, 2016	Mar, 2020

SAMPLE SELF INSURED CLAIMS EXPERIENCE REPORT



**Medical Claims Experience
Report January 1, 20XX - Current**

PLAN TOTAL COMBINED	Monthly Funding	In-Network	Out-of-Network	Capitation	Pharmacy	Total Claims	Cigna ASO Payment	Individual Stop Loss Premium	Aggregate Stop Loss Premium	Total Plan Cost	Surplus/ (Deficit)	Loss Ratio	EE	EE+1	EE+F	Total	Claims/EE/ Month
January-XX	\$ 389,889	\$ 353,092	\$ 426	\$ 13,736	\$ 22,352	\$ 389,607	\$ 22,641	\$ 68,602	\$ 3,903	\$ 484,753	\$ (94,864)	99.9%	126	78	136	340	\$ 1,145.90
February-XX	\$ 389,758	\$ 207,696	\$ (1,086)	\$ 14,590	\$ 40,825	\$ 262,025	\$ 22,575	\$ 68,400	\$ 3,892	\$ 356,892	\$ 32,866	67.2%	126	75	138	339	\$ 772.94
March-XX	\$ 390,456	\$ 322,718	\$ 1,460	\$ 14,535	\$ 57,956	\$ 396,669	\$ 22,641	\$ 68,602	\$ 3,903	\$ 491,814	\$ (101,358)	101.6%	127	75	138	340	\$ 1,166.67
April-XX	\$ 386,941	\$ 184,200	\$ 2,468	\$ 14,644	\$ 79,638	\$ 280,950	\$ 22,441	\$ 67,996	\$ 3,869	\$ 375,256	\$ 11,686	72.6%	126	74	137	337	\$ 833.68
May-XX	\$ 385,266	\$ 248,362	\$ 635	\$ 14,464	\$ 81,035	\$ 344,497	\$ 22,441	\$ 67,996	\$ 3,869	\$ 438,802	\$ (53,536)	89.4%	127	75	135	337	\$ 1,022.24
June-XX	\$ 390,629	\$ 294,583	\$ 1,378	\$ 14,742	\$ 84,306	\$ 395,010	\$ 22,705	\$ 68,804	\$ 3,915	\$ 490,434	\$ (99,805)	101.1%	126	80	135	341	\$ 1,158.39
July-XX	\$ 385,612	\$ 173,423	\$ 1,245	\$ 14,650	\$ 90,287	\$ 279,604	\$ 22,572	\$ 68,400	\$ 3,892	\$ 374,468	\$ 11,144	72.5%	127	81	131	339	\$ 824.79
August-XX	\$ 388,991	\$ 293,427	\$ 386	\$ 14,292	\$ 92,804	\$ 400,909	\$ 22,772	\$ 69,005	\$ 3,926	\$ 496,612	\$ (107,621)	103.1%	129	80	133	342	\$ 1,172.25
September-XX	\$ 386,752	\$ 176,929	\$ (230)	\$ 15,291	\$ 95,748	\$ 287,738	\$ 22,639	\$ 68,602	\$ 3,903	\$ 382,881	\$ 3,871	74.4%	128	80	132	340	\$ 846.29
October-XX	\$ 383,810	\$ 290,123	\$ 44	\$ 15,454	\$ 101,483	\$ 407,103	\$ 22,506	\$ 68,198	\$ 3,880	\$ 501,688	\$ (117,878)	106.1%	127	81	130	338	\$ 1,204.45
November-XX	\$ 388,284	\$ 398,281	\$ 695	\$ 19,605	\$ 81,620	\$ 500,202	\$ 22,840	\$ 69,207	\$ 3,938	\$ 596,186	\$ (207,902)	128.8%	130	82	131	343	\$ 1,458.31
December-XX	\$ 388,284	\$ 326,466	\$ 427	\$ 14,483	\$ 106,719	\$ 448,095	\$ 22,840	\$ 69,207	\$ 3,938	\$ 544,080	\$ (155,795)	115.4%	130	82	131	343	\$ 1,306.40
20XX Plan Year	\$ 4,654,674	\$ 3,269,300	\$ 7,847	\$ 180,487	\$ 934,775	\$ 4,392,409	\$ 271,612	\$ 823,020	\$ 46,827	\$ 5,533,867	\$ (879,193)	94.4%	1,529	943	1,607	4,079	\$ 1,076.83

*Actual claims only include claims up to the Stop Loss limit

Sample County
Claims Experience Report - Florida Blue
2018 - 2019 Plan Year

SAMPLE MINIMUM PREMIUM CLAIMS EXPERIENCE



Base BO Plan	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation ⁽¹⁾	EE	EE+F	Total	Claims PEPM
October-18	\$ 311,533	\$ 80,763	\$ 55,012	\$ 8,844	\$ 42,491	\$ 187,110	\$ 25,620	\$ 31,721	\$ 244,451	\$ 67,082	412	76	488	\$ 383.42
November-18	\$ 313,742	\$ 56,448	\$ 59,599	\$ 6,362	\$ 44,471	\$ 166,880	\$ 25,778	\$ 31,956	\$ 224,613	\$ 89,129	414	77	491	\$ 339.88
December-18	\$ 318,713	\$ 37,347	\$ 40,577	\$ 9,547	\$ 31,521	\$ 118,993	\$ 26,198	\$ 32,457	\$ 177,648	\$ 141,065	421	78	499	\$ 238.46
January-19	\$ 318,161	\$ 23,946	\$ 23,108	\$ 6,992	\$ 50,678	\$ 104,725	\$ 26,198	\$ 32,384	\$ 163,306	\$ 154,855	422	77	499	\$ 209.87
February-19	\$ 317,056	\$ 20,707	\$ 12,321	\$ 6,501	\$ 37,513	\$ 77,042	\$ 26,093	\$ 32,277	\$ 135,411	\$ 181,645	420	77	497	\$ 155.01
March-19	\$ 314,294	\$ 26,065	\$ 12,924	\$ 9,019	\$ 34,506	\$ 82,514	\$ 25,830	\$ 32,009	\$ 140,353	\$ 173,941	415	77	492	\$ 167.71
April-19	\$ 317,056	\$ 21,394	\$ 14,910	\$ 6,951	\$ 35,040	\$ 78,295	\$ 25,988	\$ 32,317	\$ 136,599	\$ 180,457	416	79	495	\$ 158.17
May-19	\$ 319,818	\$ 49,349	\$ 19,849	\$ 8,573	\$ 53,250	\$ 131,021	\$ 26,145	\$ 32,625	\$ 189,791	\$ 130,027	417	81	498	\$ 263.09
June-19	\$ 320,370	\$ 139,732	\$ 34,314	\$ 7,995	\$ 22,039	\$ 204,080	\$ 26,198	\$ 32,679	\$ 262,956	\$ 57,415	418	81	499	\$ 408.98
July-19	\$ 317,609	\$ 76,403	\$ 41,630	\$ 13,137	\$ 41,740	\$ 172,910	\$ 25,988	\$ 32,391	\$ 231,289	\$ 86,320	415	80	495	\$ 349.31
August-19	\$ 318,713	\$ 33,115	\$ 27,590	\$ 17,176	\$ 38,625	\$ 116,506	\$ 26,093	\$ 32,498	\$ 175,097	\$ 143,617	417	80	497	\$ 234.42
September-19	\$ 321,475	\$ 113,681	\$ 40,507	\$ 13,976	\$ 29,798	\$ 197,962	\$ 26,355	\$ 32,765	\$ 257,083	\$ 64,392	422	80	502	\$ 394.35
2018-2019	\$ 3,808,541	\$ 678,950	\$ 382,343	\$ 115,073	\$ 461,672	\$ 1,638,038	\$ 312,480	\$ 388,078	\$ 2,338,596	\$ 1,469,945	5,009	943	5,952	\$ 275.21
Single	\$ 552.36						\$ 52.50	\$ 53.52						
Family	\$ 1,104.74						\$ 52.50	\$ 127.25						

Buy-Up BO Plan	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation ⁽¹⁾	EE	EE+F	Total	Claims PEPM
October-18	\$ 176,817	\$ 132,764	\$ 29,524	\$ 21,769	\$ 47,223	\$ 231,279	\$ 12,495	\$ 16,645	\$ 260,420	\$ (83,602)	185	53	238	\$ 971.76
November-18	\$ 175,602	\$ 90,696	\$ 26,973	\$ 14,685	\$ 46,310	\$ 178,665	\$ 12,443	\$ 16,518	\$ 207,625	\$ (32,023)	185	52	237	\$ 753.86
December-18	\$ 175,602	\$ 78,279	\$ 82,439	\$ 8,413	\$ 48,595	\$ 217,726	\$ 12,443	\$ 16,518	\$ 246,686	\$ (71,084)	185	52	237	\$ 918.67
January-19	\$ 172,564	\$ 127,769	\$ 33,637	\$ 6,426	\$ 51,410	\$ 219,242	\$ 12,338	\$ 16,190	\$ 247,769	\$ (75,205)	186	49	235	\$ 932.94
February-19	\$ 173,172	\$ 27,352	\$ 21,495	\$ 8,311	\$ 45,347	\$ 102,504	\$ 12,443	\$ 16,223	\$ 131,170	\$ 42,002	189	48	237	\$ 432.51
March-19	\$ 174,387	\$ 124,865	\$ 26,370	\$ 4,955	\$ 34,054	\$ 190,245	\$ 12,495	\$ 16,351	\$ 219,090	\$ (44,703)	189	49	238	\$ 799.35
April-19	\$ 177,425	\$ 156,462	\$ 25,251	\$ 3,768	\$ 45,920	\$ 231,401	\$ 12,705	\$ 16,638	\$ 260,744	\$ (83,319)	192	50	242	\$ 956.20
May-19	\$ 179,856	\$ 55,741	\$ 29,622	\$ 7,399	\$ 49,419	\$ 142,181	\$ 12,810	\$ 16,893	\$ 171,884	\$ 7,972	192	52	244	\$ 582.71
June-19	\$ 181,678	\$ 81,324	\$ 66,402	\$ 9,477	\$ 38,247	\$ 195,450	\$ 12,915	\$ 17,074	\$ 225,439	\$ (43,760)	193	53	246	\$ 794.51
July-19	\$ 178,640	\$ 80,555	\$ 44,881	\$ 15,015	\$ 34,602	\$ 175,054	\$ 12,653	\$ 16,806	\$ 204,513	\$ (25,872)	188	53	241	\$ 726.37
August-19	\$ 179,248	\$ 57,458	\$ 36,680	\$ 15,322	\$ 35,000	\$ 144,460	\$ 12,653	\$ 16,880	\$ 173,992	\$ 5,256	187	54	241	\$ 599.42
September-19	\$ 178,033	\$ 57,699	\$ 18,870	\$ 8,477	\$ 32,425	\$ 117,471	\$ 12,548	\$ 16,773	\$ 146,791	\$ 31,242	185	54	239	\$ 491.51
2018-2019	\$ 2,123,024	\$ 1,070,965	\$ 442,142	\$ 124,018	\$ 508,552	\$ 2,145,677	\$ 150,938	\$ 199,509	\$ 2,496,124	\$ (373,099)	2,256	619	2,875	\$ 746.32
Single	\$ 607.62						\$ 52.50	\$ 53.52						
Family	\$ 1,215.24						\$ 52.50	\$ 127.25						

TOTAL	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation ⁽¹⁾	EE	EE+F	Total	Claims PEPM
October-18	\$ 488,350	\$ 213,527	\$ 84,536	\$ 30,613	\$ 89,714	\$ 418,389	\$ 38,115	\$ 48,367	\$ 504,871	\$ (16,521)	597	129	726	\$ 576.29
November-18	\$ 489,344	\$ 147,144	\$ 86,572	\$ 21,047	\$ 90,781	\$ 345,544	\$ 38,220	\$ 48,474	\$ 432,238	\$ 57,106	599	129	728	\$ 474.65
December-18	\$ 494,315	\$ 115,626	\$ 123,016	\$ 17,961	\$ 80,116	\$ 336,719	\$ 38,640	\$ 48,976	\$ 424,335	\$ 69,981	606	130	736	\$ 457.50
January-19	\$ 490,725	\$ 151,716	\$ 56,745	\$ 13,418	\$ 102,088	\$ 323,967	\$ 38,535	\$ 48,574	\$ 411,075	\$ 79,650	608	126	734	\$ 441.37
February-19	\$ 490,228	\$ 48,059	\$ 33,816	\$ 14,812	\$ 82,859	\$ 179,546	\$ 38,535	\$ 48,500	\$ 266,581	\$ 223,647	609	125	734	\$ 244.61
March-19	\$ 488,681	\$ 150,930	\$ 39,294	\$ 13,975	\$ 68,560	\$ 272,759	\$ 38,325	\$ 48,360	\$ 359,443	\$ 129,238	604	126	730	\$ 373.64
April-19	\$ 494,481	\$ 177,857	\$ 40,161	\$ 10,719	\$ 80,959	\$ 309,696	\$ 38,693	\$ 48,955	\$ 397,344	\$ 97,138	608	129	737	\$ 420.21
May-19	\$ 499,674	\$ 105,090	\$ 49,471	\$ 15,972	\$ 102,669	\$ 273,202	\$ 38,955	\$ 49,518	\$ 361,675	\$ 137,999	609	133	742	\$ 368.20
June-19	\$ 502,049	\$ 221,056	\$ 100,715	\$ 17,472	\$ 60,287	\$ 399,530	\$ 39,113	\$ 49,752	\$ 488,395	\$ 13,654	611	134	745	\$ 536.28
July-19	\$ 496,249	\$ 156,958	\$ 86,511	\$ 28,152	\$ 76,343	\$ 347,965	\$ 38,640	\$ 49,197	\$ 435,801	\$ 60,448	603	133	736	\$ 472.78
August-19	\$ 497,961	\$ 90,573	\$ 64,270	\$ 32,498	\$ 73,625	\$ 260,966	\$ 38,745	\$ 49,378	\$ 349,089	\$ 148,872	604	134	738	\$ 353.61
September-19	\$ 499,508	\$ 171,380	\$ 59,377	\$ 22,453	\$ 62,223	\$ 315,433	\$ 38,903	\$ 49,538	\$ 403,874	\$ 95,634	607	134	741	\$ 425.69
Estimated Stop Loss Reimbursement (Claims Exceeding \$200,000)										\$ 35,649				
2018-2019	\$ 5,931,565	\$ 1,749,915	\$ 824,485	\$ 239,091	\$ 970,224	\$ 3,783,715	\$ 463,418	\$ 587,587	\$ 4,834,720	\$ 1,132,494	7,265	1,562	8,827	\$ 428.65

(1) Reserves for Rolling 12 Months excludes Stop Loss Reimbursement.

Sample Client

Claims Experience Detail

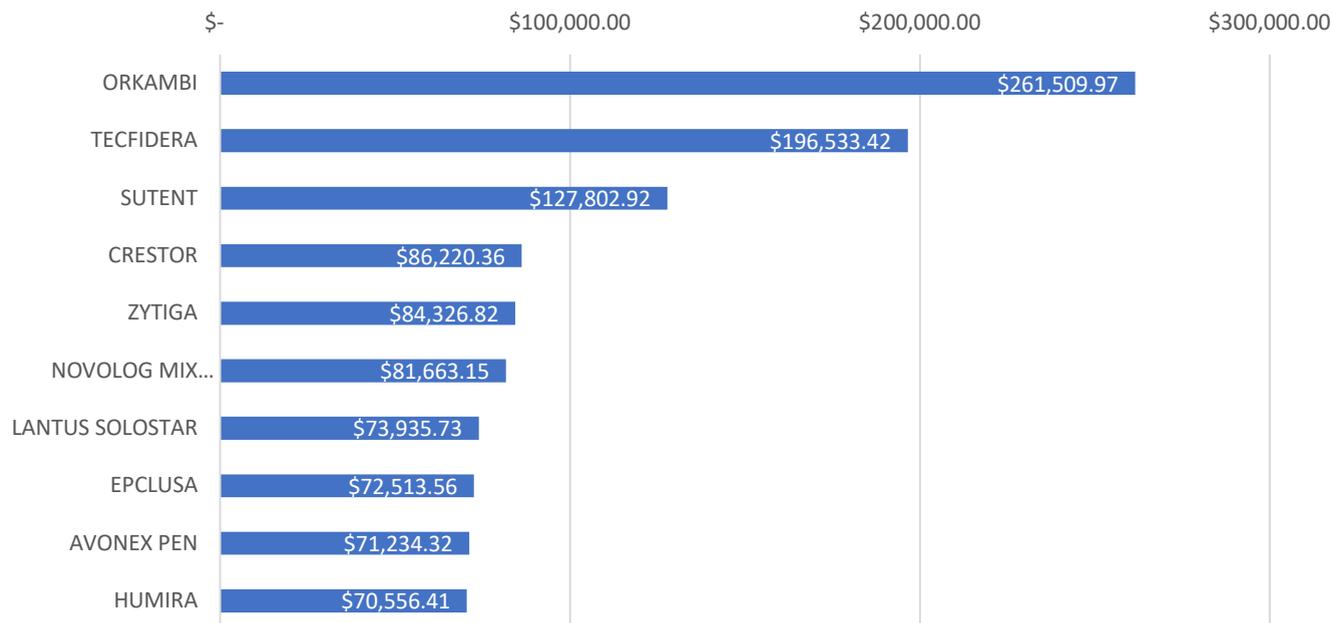
Paid Period: January - December 20XX



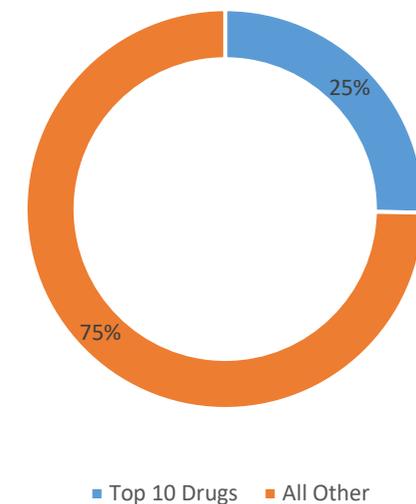
Top 10 Drugs - 20XX Calendar Year

Rank By Paid	Name	Plan Paid	Prior	Change	# Rx	# Members	Average Cost/Member	Condition
1	ORKAMBI	\$ 261,509.97	\$ 121,635.90	115%	13	1	\$ 261,509.97	Cystic Fibrosis
2	TECFIDERA	\$ 196,533.42	\$ 184,304.46	7%	33	3	\$ 65,511.14	Multiple Sclerosis
3	SUTENT	\$ 127,802.92	\$ 69,633.29	84%	9	1	\$ 127,802.92	Renal/Gastro/Pancreatic Cancer
4	CRESTOR	\$ 86,220.36	\$ 96,376.37	-11%	361	77	\$ 1,119.74	High Cholesterol
5	ZYTIGA	\$ 84,326.82	\$ 40,138.74	110%	10	1	\$ 84,326.82	Prostate Cancer
6	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	\$ 81,663.15	\$ 77,917.86	5%	67	14	\$ 5,833.08	Diabetes
7	LANTUS SOLOSTAR	\$ 73,935.73	\$ 84,196.65	-12%	168	28	\$ 2,640.56	Diabetes
8	EPCLUSA	\$ 72,513.56	\$ -	0%	3	1	\$ 72,513.56	Hepatitis C
9	AVONEX PEN	\$ 71,234.32	\$ 58,777.95	21%	13	1	\$ 71,234.32	Multiple Sclerosis
10	HUMIRA	\$ 70,556.41	\$ 69,473.90	2%	9	1	\$ 70,556.41	Rheumatoid Arthritis
Top 10 Drugs		\$ 1,126,296.66	\$ 802,455.12					
All Other		\$ 3,327,155.03	\$ 3,351,428.42					
% of Total Rx Claims		25%	19%					
% of Total Claims		8%	5%					

Top 10 Drugs by Paid - 20XX



Pharmacy Cost - 20XX



Run Date: October 25, 2023

SAMPLE SHERIFF Monthly Claims Supplement

Controls & Filters Company contains SampleSheriffsOffice
Date Paid is between October 1, 2022 and September 30, 2023

Relationship & Demographics

Claimants

7,634

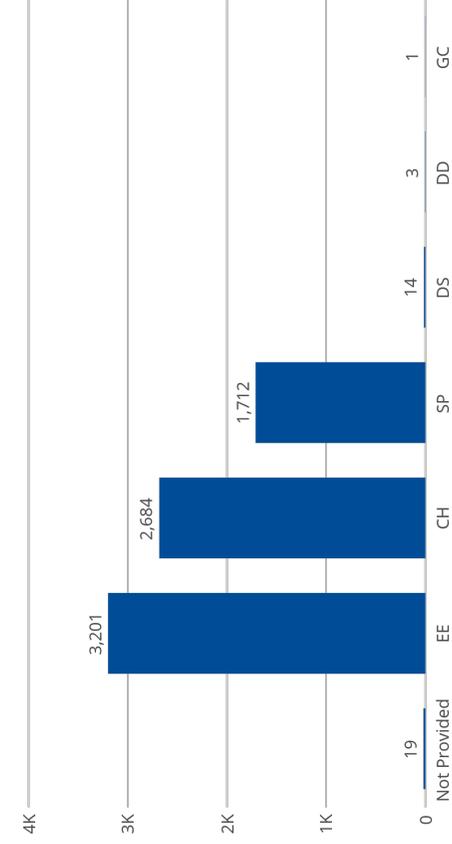
Employees

3.2K

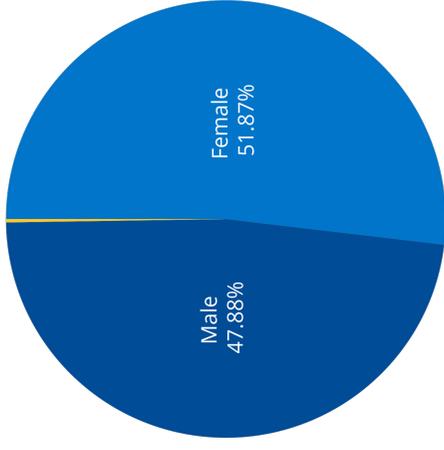
Dependents

4.41K

Members by Relation



Members by Gender



Demographics Matrix

Age Group	Gender		PMPM Calc	Claimant Count	PMPM Calc	CLAIMANT COUNT TOTAL	PMPM CALC TOTAL
	Male	Female					
0-9	512	516	\$204.84	516	\$200.71	1,028	\$189.65
10-19	543	539	\$165.90	539	\$95.75	1,082	\$116.30
20-29	474	631	\$73.94	631	\$101.00	1,105	\$74.81
30-39	583	694	\$124.40	694	\$191.48	1,277	\$140.65
40-49	554	599	\$170.84	599	\$287.80	1,153	\$206.15
50-59	617	607	\$320.01	607	\$340.70	1,224	\$300.15
60-64	210	240	\$575.95	240	\$498.73	450	\$451.83
65+	162	134	\$431.02	134	\$413.18	296	\$379.95

Member Cost Distribution

Top 10 % Member

Current

834

Change

↘ **\$1.38M**

Top 10 % Medical Cost

Current

\$26.98M

Change

↗ **\$1.38M**

Top 10 % Rx Cost

Current

\$13.64M

Change

↗ **\$2.79M**

Top 10 % Total Cost

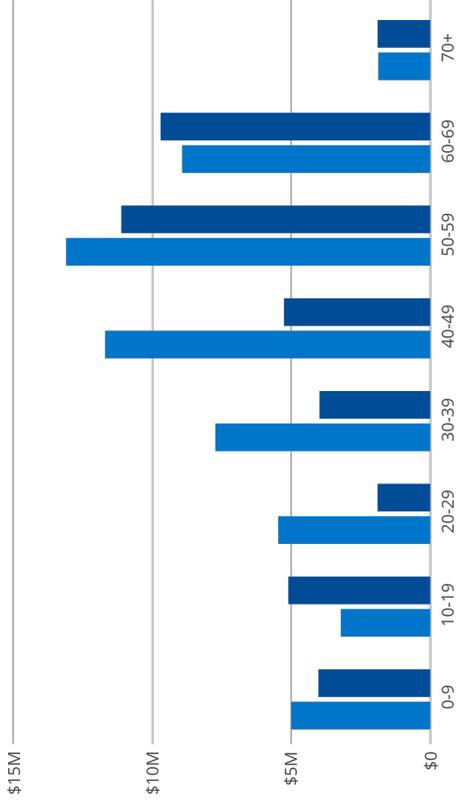
Current

\$40.62M

Change

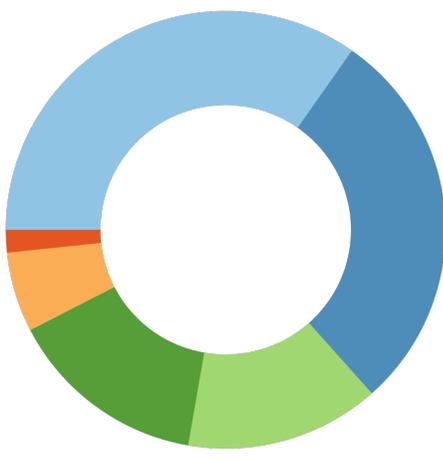
↗ **\$4.17M**

Age and Gender Distribution



Total Paid by Cost Bracket

Cost Bracket	Total Paid
Top 1%	\$18,146,925
1-5%	\$15,000,161
5-10%	\$7,470,997
10-25%	\$7,673,817
25-50%	\$3,082,724
50-100%	\$875,642



Cost Bracket Comparison

Member Cost Bracket	Prior 12 Months			Current 12 Months			
	Members	Medical Paid	Rx Paid	Members	Medical Paid	Rx Paid	Total Paid
Top 1%	84	\$10,741,344	\$4,081,403	83	\$12,543,992	\$5,602,933	\$18,146,925
1-5%	338	\$9,643,638	\$4,859,394	334	\$9,290,898	\$5,709,263	\$15,000,161
5-10%	422	\$5,214,855	\$1,912,007	417	\$5,144,288	\$2,326,709	\$7,470,997
10-25%	1,266	\$5,240,492	\$2,007,524	1,253	\$5,417,027	\$2,256,790	\$7,673,817
25-50%	2,111	\$2,556,100	\$536,381	2,087	\$2,542,971	\$539,754	\$3,082,724
50-100%	3,182	\$810,184	\$131,793	2,903	\$776,745	\$98,897	\$875,642

High Cost Claimants

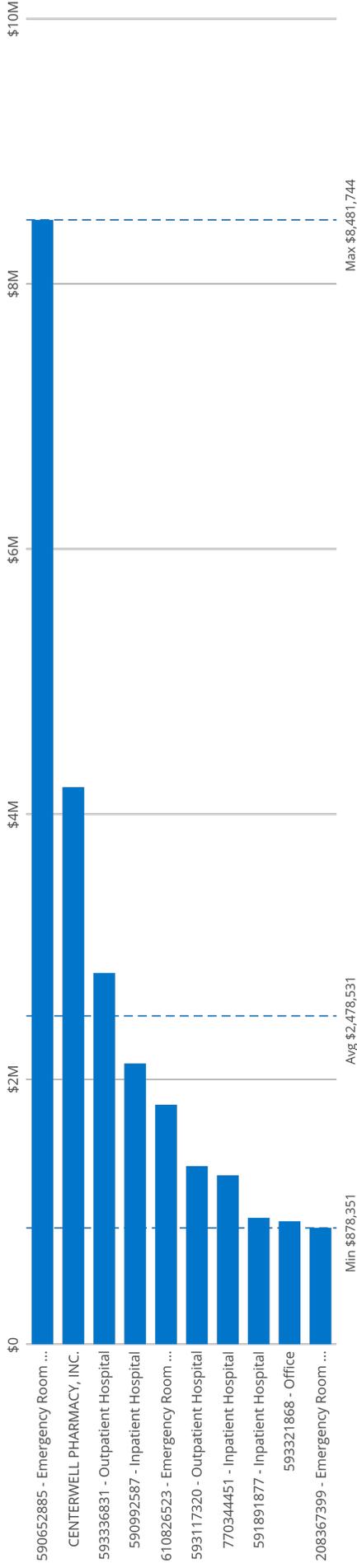
Top Claimants

Member ID	Top Condition	Gender	Age Group	Medical Paid	RxPaid	Plan paid
Br3j3knkjcaY4rK/dZj48Q==	Cerebral vascular disease	Female	40-49	\$1,296,114	\$139	\$1,296,254
ZJoQP9DSzFo55l6elZHENw==	Cardiac congenital disorder	Male	10-19	\$863,633	\$4,313	\$867,945
P5MOiAFwimOQDQT1CO03rw==	Cirrhosis	Male	60-64	\$602,455	\$77,537	\$679,992
nK6V9V2mXCDB8GfBxbkVw==	Hyperlipidemia, other	Female	50-59	\$111,624	\$550,026	\$661,649
itT9xRLKO+J2xg8snssCTw==	Malignant neoplasm of pancreatic gland	Male	60-64	\$626,419	\$90	\$626,509
PN9RXOI3v1Cl6w4ePdYNrA==	Hyper-functioning thyroid gland	Female	40-49	\$597,664	\$175	\$597,839
ZqbCLErKz8mDZwXFRJZMGA==	Other neonatal disorders, perinatal origin	Male	0-9	\$542,666		\$542,666
3XW9nvGkjQjx9Q0An8L3g==	Other neonatal disorders, perinatal origin	Female	0-9	\$479,408		\$479,408
AgrZ0pZjwPW7Sjnr6lu8JA==	Multiple myeloma	Female	60-64	\$180,976	\$254,201	\$435,177
1jP1lbdqB3zPX38OcMhcVg==	Invalid diagnosis code	Male	0-9	\$429,704		\$429,704
+A79B5LnnAlciM/18jnCMQ==	Malignant neoplasm of prostate	Male	60-64	\$404,243	\$95	\$404,338
craNjijQs12E6JPndpCMYg==	Trauma of intestines & abdomen	Male	10-19	\$395,582	\$4,948	\$400,530
dNjrjFLhUBf+1WXgUeBvw==	Orphan record	Female	0-9	\$394,814	\$1,146	\$395,959
ri+YRiXiyVjTe9cacbgy9g==	Joint degeneration, localized - back	Female	50-59	\$349,101	\$1,642	\$350,743
mek0Rg8DUarokH0OCiZ3Rg==	Gout	Male	50-59	\$322,084	\$567	\$322,651
fok3vDaHtg13ygg8bcRbKQ==	Other neonatal disorders, perinatal origin	Male	0-9	\$314,346	\$90	\$314,436
RSIH52oiBp5Asf6jUCpatQ==	Inflammatory bowel disease	Male	10-19	\$304,888	\$8,094	\$312,983

Top Providers & Claims by Place of Service

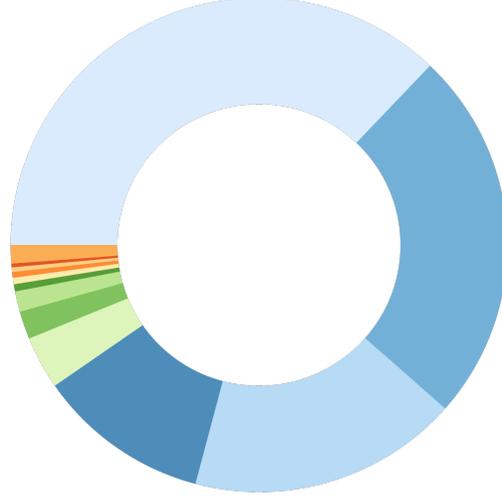
Top 10 Providers

\$59,219,387 Total Plan Paid



Medical Claims by Place of Service

Inpatient Hospital	\$15,646,120
Outpatient Hospital	\$10,306,561
Office	\$7,426,455
Emergency Room - Hospital	\$4,741,484
Ambulatory Surgical Center	\$1,460,761
Home	\$772,337
Independent Laboratory	\$562,543
Telehealth Provided Other than in Patient...	\$199,507
Telehealth Provided in Patients Home	\$176,858
Urgent Care Facility	\$162,398
Comprehensive Inpatient Rehabilitation F...	\$123,688
Ambulance - Land	\$104,484
Other	\$505,581



Total
\$42,188,777

Utilization

ER Visits	Inpatient	Hospital Admits	MRI & CT	Rx
Current	Current	Current	6K Occurrence Count	Current
2.14K	449	183	1.9K	96.43K
Change	Change	Change	Change	Change
↗ 85	↗ 28	↗ 17	↗ 11	↗ 610

Occurrence Period Comparison

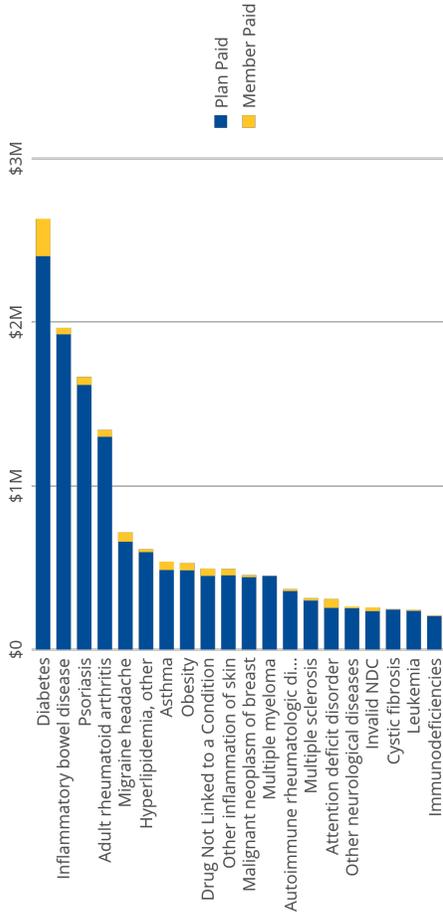
441K Occurrence Count

Occurrence Type	Period		Current 12 Months		Plan Paid	Occurrence Per 1000 2	Plan Paid	Occurrence Per 1000 2
	Prior 12 Months	Occurrence Count	Occurrence Per 1000 2	Occurrence Count				
Inpatient		421	49.9	440	\$11,901,947	52.1	\$13,712,016	52.1
ER Visits		2,051	243.0	1,976	\$5,531,411	234.1	\$4,315,432	234.1
Office Visits		29,697	3,517.8	28,380	\$2,034,127	3,361.8	\$2,032,266	3,361.8
Ambulatory Surgery		539	63.8	548	\$1,400,456	64.9	\$1,276,537	64.9
Inpatient Re-Admission		18	2.1	28	\$634,616	3.3	\$855,549	3.3
ER Visits Resulting in an Admission		166	19.7	172	\$93,927	20.4	\$96,246	20.4
Chiropractic Visits		2,176	257.8	1,930		228.6		228.6
MRI		716	84.8	690		81.7		81.7
Hospital Admissions		166	19.7	172		20.4		20.4
Physical Therapy Visits		1,349	159.8	1,088		128.9		128.9
Preventative Office Visits		4,693	555.9	4,802		568.8		568.8
Delivery Visits		93	11.0	110		13.0		13.0
CTScan		1,175	139.2	1,301		154.1		154.1
Behavioral Office Visits		3,876	459.1	4,405		521.8		521.8
Dialysis Visits		18	2.1	32		3.8		3.8
Rx Generic		77,188	9,143.3	77,440		9,173.2		9,173.2
Rx Mail Order		1,084	128.4	1,271		150.6		150.6
Rx Scripts		95,818	11,350.2	95,065		11,261.0		11,261.0

Pharmacy Dashboard

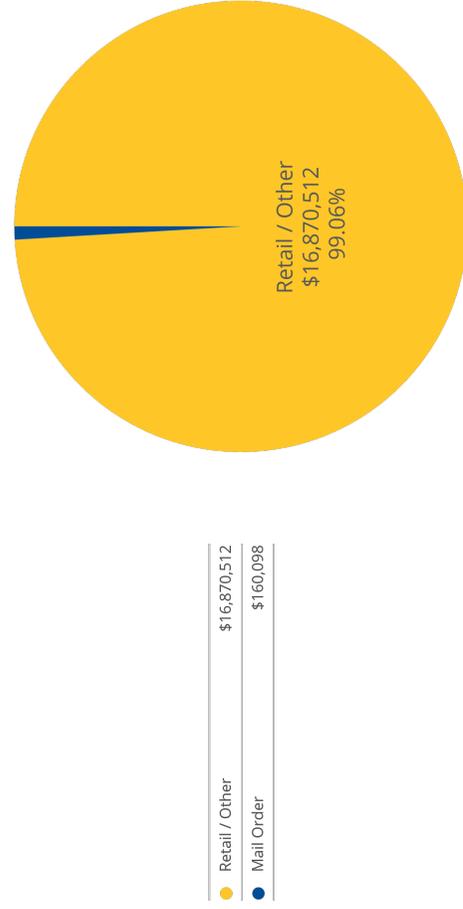
Top 20 Rx Conditions

\$17,030,610 Total Plan Paid



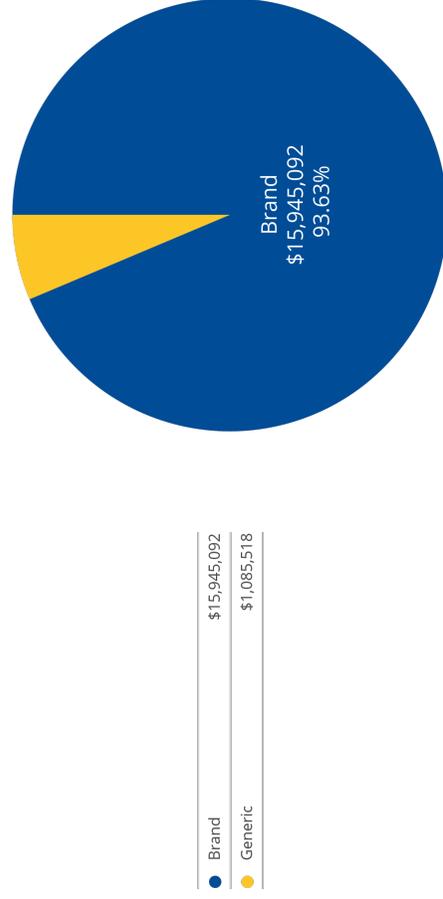
Retail vs. Mail Order Rx

\$17,030,610 Total Plan Paid



Brand vs. Generic Rx

\$17,030,610 Total Plan Paid



Top Rx

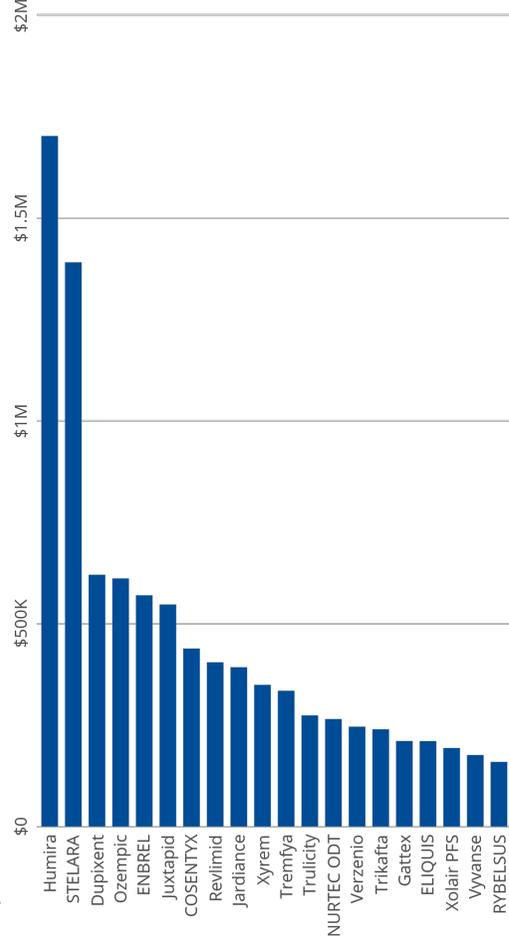


Exhibit D

Sample Client Educational/Webinar



GAG CLAUSE PROHIBITION ATTESTATION GUIDE

for Employers

Presented by:

Kate Grangard, CPA, CGMA

Gehring Group/Risk Strategies

Ben Conley, Partner

Seyfarth Shaw

Date: October 24, 2023

Agenda

- Background – What is a “Gag Clause” and Why are They Prominent?
- Sea Change – Consolidated Appropriations Act
- Regulatory Guidance – Light on Details
- What Are We Seeing?
- Detailed Process Overview



2

Background – Why Are We Here?

- Historically, employers engage third-party administrators/carriers to:
 - adjudicate claims for benefits, and
 - establish a provider network
- Network contracts with providers treated with highest level of confidence
- No ability to access data on:
 - Provider-specific cost
 - Quality of care



3

Background – Why Are We Here?

All-or-nothing contracting	Health systems leverage the status of their “must-have” providers and require plans to contract with all providers in the system or none of them. This forces insurers to face a difficult choice – include all of the system’s providers (even if they are low-value or high-cost) or lose them all.
Anti-Steering or Anti-Discounting Clauses	Dominant systems may require a health plan to place all physicians, hospitals, and other facilities associated with a hospital system in the most favorable tier of providers (i.e., anti-steering) or at the lowest co-insurance rate to avoid steering patients away from that network (i.e., anti-steering). These clauses undercut a plan’s ability to direct patients to high-value providers.
Most-Favorable-Costion (MFC) clauses	Typically used by a dominant insurer in combination with a dominant health system, MFC clauses are contractual agreements in which a health system agrees not to offer lower prices to any other insurer. For a dominant insurer, this ensures they are getting the best price and that no rival insurer can negotiate to offer a novel product at lower rates. MFCs may also allow insurers and providers to collude to raise prices.
Gag clauses	Gag clauses may prevent either party in a contract from disclosing terms of that agreement, including price, to a third party. The lack of transparency from gag clauses and the mistaken notion that prices are trade secrets undermines price transparency tools for consumers and decreases plan sponsors’ ability to push back on rising prices.

Source: NASHP.org



4

Background – Why Are We Here?

- Case Study: Sutter Health Network
 - Antitrust action brought against dominant Northern California provider network
 - Costs of anti-competitive contracts:
 - o 70% higher inpatient prices
 - o 15-55% higher outpatient prices
 - o 35% higher insurance premiums

Source: NASHP.org



5

Background – Why Are We Here?

- Examples of gag clauses:
 - “Do NOT discuss proposed treatments with [health plan] members prior to receiving authorization. Do NOT discuss the [utilization oversight] process with members. Do NOT give out [plan’s oversight] phone number to members.”
 - “[Plan sponsor] understands and accepts that [TPA]’s provider allowances and negotiated prices are confidential trade secret information which will not be released.”



6

CAA Prohibits Gag Clauses

- *Effective Date:* 12/27/2020
- *Who is subject to rule?*
 - Prohibits “group health plans” and “health insurance issuers” from entering into an agreement with:
 - o health care provider
 - o network or association of providers
 - o third-party administrator
 - o other service providers offering access to provider network
- *What is prohibited?*
 - Entering into a contract that would directly or indirectly contain a “gag clause”



7

CAA Prohibits Gag Clauses

- **Gag Clause Defined:**
 - Restrictions on disclosure of provider-specific cost or quality of care information through consumer engagement tool (e.g., cost estimator), or to provider, plan sponsor, participants or eligible employees
 - Restrictions on electronic access to de-identified claims/encounter data (e.g., financial info, provider info, service codes, or other data elements)
 - Restrictions on sharing the above information with a business associate for a permitted purpose under HIPAA



8

CAA Prohibits Gag Clauses

- **What's not covered?**
 - Provider/network administrator may impose “reasonable restrictions” on public disclosure of info
 - Not required to disclose full provider contract



9

Who is Responsible to File the Attestation

- **Plans** (plan sponsors) and **Issuers** (ex: carriers, TPA's) are responsible for filing
- **Fully Insured Plan** – If an issuer submits on their own behalf, and on behalf of the plan, it is considered (by the applicable depts) to have satisfied the attestation requirement for both
- **Self-funded and partially self-funded plans** – plan may enter into written agreement with service provider such as TPA or PBM to file on the plans behalf – however if the service provider FAILS to submit the plans attestation, the plan is in violation
- **Deadline for filing** – December 31, 2023 and by December 31 for each year thereafter.
 - Note: For the first period, you Reporting Entity is filing for the period December 27, 2020 – Date of Filing



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Who is Required to File the Attestation

- **Reporting Entity** is an **issuer or a plan**, (all kinds, no one exempted – includes ERISA, Church, & state and local government plans) that has entered into an agreement - generally through TPA, Pharmacy Benefit Managers (BPM), Independent Practice Assns (IPA) or Behavioral Health Managers (BHM) - with health care providers, networks, TPA, or others offering access to a network of providers.
- **Reporting Entity** is responsible for **attesting annually** (unless another party attests on your behalf such as TPA), that reporting entity **complies with prohibition on gag clauses**. **Note: The Reporting Entity is the PLAN not the EMPLOYER.**



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Regulatory Guidance

Entities Required to Attest (Reporting Entities)	Entities Not Required to Attest
<ul style="list-style-type: none"> • Issuers offering individual health insurance coverage, including: <ul style="list-style-type: none"> ○ Student health insurance plans ○ Grandfathered² and grandmothered² plans ○ Policies sold on or off Exchanges ○ Policies sold through an association • Issuers offering group health insurance coverage, including: <ul style="list-style-type: none"> ○ Grandfathered and grandmothered plans ○ Policies sold on or off Exchanges ○ All other group health insurance plans • Group health plans, including the following to the extent they are considered group health plans: <ul style="list-style-type: none"> ○ ERISA plans³ (or sponsors of ERISA) ○ Non-Federal governmental plans,⁴ such as plans sponsored by state or local governments ○ Church plans⁵ ○ Grandfathered group health plans 	<ul style="list-style-type: none"> • Account based plans, such as health reimbursement arrangements (HRAs), including individual coverage HRAs⁶ • Issuers and group health plans that offer only excepted benefits⁷ coverage, including, but not limited to: <ul style="list-style-type: none"> ○ Hospital indemnity or other fixed indemnity insurance ○ Disease-specific insurance ○ Dental, vision and long-term care ○ Accident-only, disability and workers' compensation • Issuers that offer only short-term, limited-duration insurance • Medicare and Medicaid plans • State children's health insurance



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Regulatory Guidance

- **Unaddressed questions:**
 - **Terminated Plans** (that existed after 12/27/2020)?
 - Per CMS: “As you likely know, the statute does not address the attesting obligation of a plan that terminated in 2023. As you also likely know, the Departments have not addressed this question in regulation or guidance either, but we will not take enforcement action against the plan sponsor of a terminated plan that does not submit an attestation of compliance.
 - **Retiree Only Plans?**
 - No written guidance – however noted in CMS webinar **NOT REQUIRED**



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What Are We Seeing?

- **Question 1:**
 - Will TPA/Carrier attest on your behalf?
- **If no, Question 2:**
 - Will TPA provide assurances of no gag clauses?
- **If no, Question 3:**
 - Review contract (and sub-contracts) to confirm no gag clauses or amend contract with “override” language.



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Question 1: Will TPA/Carrier Attest on your Behalf?

- Initial hesitance among TPAs to assume reporting obligation
- Sample contract language:
 - **Gag Clause Attestation.** Claim Administrator will perform, on behalf of Employer, any annual required attestation verifying that the Claim Administrator’s contract (and any subcontracts impacting the services thereunder) contains no “gag clauses” as defined under Section 201 of the Consolidated Appropriations Act, 2021, 42 U.S. Code § 300gg-119(a)(1)
- Some TPAs have now agreed (see slides that follow)*
 - *Even if your TPA is on this list, you should confirm the TPA will report (in writing)



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Carrier Updates – Who’s Filing for Whom AETNA

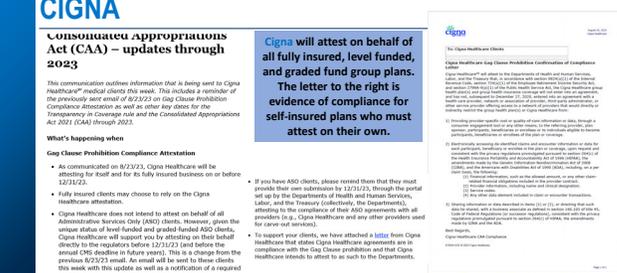


Aetna will attest on behalf of all fully-insured group plans but self-insured plans must attest on their own. Compliance attestation to left, noing update to file for fully-insured. Look for individual email of attestation from Aetna.



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Carrier Updates – Who’s Filing for Whom CIGNA



Cigna will attest on behalf of all fully-insured, level funded, and graded fund group plans. The letter to the right is evidence of compliance for self-insured plans who must attest on their own.



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Carrier Updates – Who’s Filing for Whom CIGNA

Self-Insured Client E-Mail Communication Excerpt

Level/Graded Funded Client E-Mail Communication Excerpt

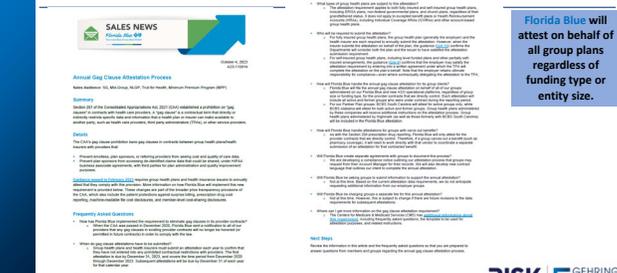
Fully-Insured Client E-Mail Communication Excerpt

Cigna will attest on behalf of all fully-insured, level funded, and graded fund group plans. The letter to the right is evidence of compliance for self-insured plans who must attest on their own.



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Carrier Updates – Who’s Filing for Whom FLORIDA BLUE



Florida Blue will attest on behalf of all group plans regardless of funding type or entity size.



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Carrier Updates – Who’s Filing for Whom HUMANA and UNITED HEALTH CARE

Humana will not attest on behalf of any group plans regardless of funding type or entity size. All plans must attest on their own. Letter of compliance on left.

United Health Care will attest on behalf of all fully-insured group plans but self-insured plans must attest on their own. See the UHC letter of compliance above.

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Carrier Updates – Who’s Filing for Whom Carrier Summary: Snapshot as of Today

Plan Issuer Carrier/ASO	Who Attests when Plan is Fully-Insured	Who Attests when Plan is Self-insured
Aetna	Aetna	Plan Sponsor
Cigna	Cigna	Cigna – Level and Graded Funded Plan Sponsor – Self-Insured
Florida Blue	Florida Blue	Florida Blue
FMIT	Verbal from the League that they will file for all plan sponsors	
Humana	Plan Sponsor	Plan Sponsor
United Health Care	United Health Care	Plan Sponsor

It is strongly recommended that you keep the confirmation letter you received if a carrier/TPA/PBM has confirmed they will attest on the plan's behalf.

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Question 2: Will TPA Provide Assurances?

- Beware of representations that stop short of full assurance:
 - “Both parties will comply with applicable law”
 - “Not aware of any contracts” with prohibited language
 - Statements covering current-year only

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Question 3: Review Contract

- Remember that prohibition extends to provider contracts that you may not have access to.
- Instead, try “override” language:
 - “No Gag Clauses. TPA represents and warrants that nothing in the parties’ Agreement (including any subcontracts or provider agreements thereunder) would constitute a “gag clause” as defined under Section 201 of the Consolidated Appropriations Act, 2021, 42 U.S. Code § 300gg-119(a)(1).”

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Gag Clause Prohibition Attestation Guide

Completing & Submitting the Attestation Webform

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Attestation Webform Resources

- Gag Clause Prohibition Compliance Attestation Home Page (where you go to start your attestation):** <https://hios.cms.gov/HIOS-GCPCA-UJ>
- Health & Human Services (HHS) Gag Clause Prohibition Compliance Attestation (GCPCA) webpage:** <https://www.cms.gov/marketplace/about/oversight/other-insurance-protections/gag-clause-prohibition-compliance-attestation>
 - On this page are links for:
 - Frequently Asked Questions - <https://www.cms.gov/files/document/aca-part-57.pdf>
 - Instructions for submitting the GCPCA - <https://www.cms.gov/files/document/gag-clause-prohibition-compliance-attestation-instructions.pdf>
 - User Manual for submitting the GPCPA - https://www.cms.gov/files/document/hios-gcpc-a-usermanual-03_00_00_062823.pdf (note this includes step by step instructions with screen shots)
 - GCPCA Reporting Entity Excel Template - <https://www.cms.gov/files/document/gcpc-a-reporting-entity-template-download-061423.xlsx>

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Attestation Terms to Know

- **Attesting Entity** – the reporting entity, such as the plan, issuer, or contracted reporting entity (ex: TPA) that attests on behalf of the reporting entity.
- **Attester** – individual with legal authority to sign the GPCPA on behalf of the plan
- **Submitter** – the individual who completes the required fields on the webform and prepares the excel spreadsheet (if needed) on the Attester's behalf, subject to Attester's review and signature
 - The submitter and attester can be the same individual.
 - Only use excel spreadsheet if submitting for more than one reporting entity (ex: FMIT or TPA would use this sheet)



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Info Needed to Complete the Attestation

- **Submitter** - first name, last name, position title, e-mail address, phone number and employer name
- **Attester** (if different indiv) - first name, last name, position title, e-mail address, phone number and employer name
- **Reporting Entity's Info** - 9 Digit EIN (use EIN for the group health plan. If none, use EIN for plan sponsor)
- **Type of Plan:**
 - ERISA (private and not-for profit)
 - Non-Federal governmental
 - Church

NOTE: AN EMPLOYER PLAN, EVEN IF SELF-INSURED IS NOT AN ISSUER FOR PURPOSES OF THIS ATTESTATION.



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Info Needed to Complete the Attestation

- **Point of Contact info** – person who can respond to questions from the Departments - first name, last name, e-mail address, phone number
- **The types of provider agreements** you will be attesting for (all that apply):
 - Medical
 - Pharmacy Benefit Manager
 - Behavioral Health (when not part of the medical – when a separate not excepted benefit plan)

Note: For non-integrated PBM's – be sure you have verification from each provider that they have complied with the Gag Clause.



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Filing the Attestation - Resources



Attestation Step by Step Guide Book – User Manual
https://www.cms.gov/files/document/hios-gcpca-usermanual-03_00_00_062823.pdf

Prep Step 1: Collect Info Needed to Complete Attestation for your Plan - see Prior Slides

Prep Step 2: Have this Guidebook Handy in the event of Questions

Note: You are a reporting entity, reporting as a group health plan.

Filing Step 1: BEGIN: <https://hios.cms.gov/HIOS-GPCPA-UI>



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Filing the Attestation – Registering

BEGIN: <https://hios.cms.gov/HIOS-GPCPA-UI>

- Step 1: Receive login credentials**
- Click **Don't have a code or forgot yours?** to receive a Unique Code to Login
 - Enter your email address and press **Get my unique code**



Code will be emailed to you within 10 minutes from submissions@cms.hhs.gov



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Filing the Attestation - Registering

BEGIN: <https://hios.cms.gov/HIOS-GPCPA-UI>

- Step 1: Receive login credentials - continued**
- While waiting for unique code - this screen will appear. (note this can also be used to access a 1st time or forgotten code)



Your unique code will be received from HIOS in an Email like this from cms.hhs.gov



- Code is good for 14 days
- Check Spam if not received in 10 min
- Do not request another code until after 10 min
- Code can not be transferred to others – unique to you



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Filing the Attestation – Starting!

BEGIN: <https://hios.cms.gov/HIOS-GPCCA-UI>

Step 2: Return to Home page and login with email address and unique code

Step 3: You should now be at your Dashboard. As this is first time filing - it should show no prior submissions. (Note the elements of this Dashboard including submission status and trash can (to right of status) Click Start a New Submission

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Filing the Attestation Identifying Submitter & Entity

Step 4: Scroll down on the GPCCA Dashboard and Start the Attestation process by Clicking Submit Gag Clause Prohibition Attestation

Step 5: Complete Enter the Submitter's Contact info. Scroll down - Where it asks "By what type of entity are you employed?" select GHP (Group Health Plan) Click Save and Continue.

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Filing the Attestation – Identifying Attestor

Figure 7 - Step 2 - Enter the Attestor's Contact Information

Step 6: Complete Enter the Attestor's Contact info.

If Submitter and Attestor are the same individual – click the box and press **Save and Continue**

OR

If the Attestor is a different individual – **do NOT check the box**; complete the requested information

press **Save and Continue**

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Filing the Attestation – Reporting Entity Details

Step 7: Complete the Reporting Entity (Plan) Details

A. Complete (Bracketed) Entity Info

- 1. Non-federal government Plan (state and local gov entities; special taxing districts, constitutional officers, etc)
- 2. ERISA Plan – For profit & not for profit * ERISA PLANS ONLY – ENTER THE PLAN NUMBER (last efforts - FOUND ON FORM 5500)
 - If workgroup – enter 000*
 - 1. Church Plan

Do NOT choose health insurance issuer

B. Select "NO" for Are you attesting for all provider agreements?

C. Select the provider agreements for which you are attesting. All benefits you have on your plan - Generally medical and pharmacy. D. press Save and Continue

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Filing the Attestation – Single vs Multiple Plans

Figure 11 - Enter Reporting Entity Details – Multiple Plans

Step : 8 Complete Reporting Entity Details

- Respond **NO** that you are not submitting on behalf of more than one plan or issuer (multiple plan types under one issuer are generally a single submission)
- Note: Only Multiple entity submissions require the upload of the excel spreadsheet. This is not multiple entities on a plan, but rather multiple different plan sponsors (ex: TPA's, PBM's, and insurance Carriers)***
- select **Save and Continue**

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Filing the Attestation – Attester Hand Off

Let's confirm the Attester's email address.

Step 9 – (If applicable) -Confirm the Attester's email address

Only appears when the Attester is DIFFERENT than the Submitter

- Verify address is entered correct
- Press **Send email**
- Attester receives a **unique code** (within 10 minutes) to login, attest, and complete the filing.

* Note: When Submitter and Attester are the same individual, Step 9 will be skipped entirely, and Submitter will be taken directly from Step 8 to Step 10 *

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Filing the Attestation – Review Submission



Step: 10 – Review Submission & Attest

- Review all information entered is correct
- Update as needed by pressing the Edit link to right of applicable section
- Click Save and Continue once confirmed info is correct

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Filing the Attestation – Attesting for the Entity



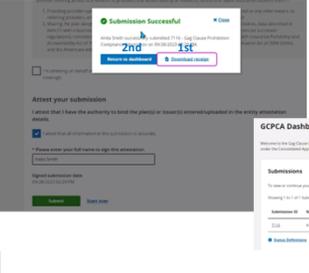
Step: 11 – Verify entity type and attest

- Select box that reads "I am attesting on behalf of a group health plan, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage".
- Attest your submission by clicking attestation box (authority to bind) and typing signature (enter name exactly the same as the first and last name you registered)
- Click **SUBMIT** (Green Button)

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Filing the Attestation – Attesting for the Entity



Step: 12 – Download Receipt

- Press **Download Receipt** button and save proof of filing for your records.
 - You will receive a PDF
 - If can't download pdf – take screenshot
- Press **Return to Dashboard**
- Confirm that the submission shows **COMPLETE**

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Filing the Attestation – Tips & Tricks

• Tips & Tricks

- You can hit Save and Exit throughout filling out the Web Form and your form will show "In Progress" on your Dashboard. You can delete or edit prior to submission
- It is imperative that signatures and emails be entered consistently for both the submitter and attester as applicable.
- If you open a submission from the dashboard – must resubmit, Save and continue won't do anything (will show pending)
- Reporting generally covers period of prior attestation to next attestation date: but **need a report by 12/31 of each year**.
- Initial reporting period is 3 years. If the submission is only for part of this period, note in the "Other" space – slide 35

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Filing the Attestation – Tips & Tricks

• Tips & Tricks

- Retiree only plans – no attestation requirement (per webinar moderator)
- May see future regulations excepting HRA's from this attestation requirement – no concern – They are in non-enforcement pending this future clarifying regulations.
- Help Desk: 1-855-267-1515
- Help email: CMS_FEPS@cms.hhs.gov – enter GCPCA in Subject line (Email is recommended over phone)
- Answers to Questions not answered today will be send out to attendees and loaded on portal.

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Filing the Gag Clause Attestation



Questions?

Kate.granard@gehringgroup.com
Kate.granard@mnbentek.com
 Direct Phone: (561) 629-2001

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Exhibit E

Sample Employee Benefit Newsletters



Summary:

The Affordable Care Act (ACA) created reporting requirements under Internal Revenue Code (Code) Sections 6055 and 6056. Under these rules, certain employers must provide information to the IRS about the health plan coverage they offer (or do not offer) to their employees. This information is provided by Applicable Large Employers (ALE) to their employees annually on Form 1095-C. Additionally, issuers including self-insured employers, provide plan participants a report of coverage on Form 1095-B or Form 1095-C, as applicable. These Forms are filed with the federal government, with a copy to the individual taxpayer each year, for the prior calendar year.

Electronic Reporting Requirement

Since inception, any reporting entity required to file at least 250 individual Form 1095 statements has been required to file electronically to avoid penalty. However, on Feb. 23, 2023, the IRS released a *final rule* implementing a law (Taxpayer First Act of 2019), which **lowers the 250-return threshold for mandatory electronic reporting to 10 individual information returns. To calculate if employers must file electronically, employers must aggregate all their informational returns to be filed, including not only Forms 1094 and 1095, but also Forms W-2, and 1099's for example; and file electronically if the total of all information returns is more than 10.** Due to the lowered threshold, only the smallest employers will be permitted to file using paper returns. This new requirement starts with the filing of the 2023 informational returns which will be filed in 2024. Accordingly, many employers who were able to file paper Form 1094/1095 returns in prior years, will now be required to complete their ACA reporting electronically starting in 2024.

Affected employers have two new considerations going forward regarding the filing of 1095 forms due to this new requirement:

Important Dates:

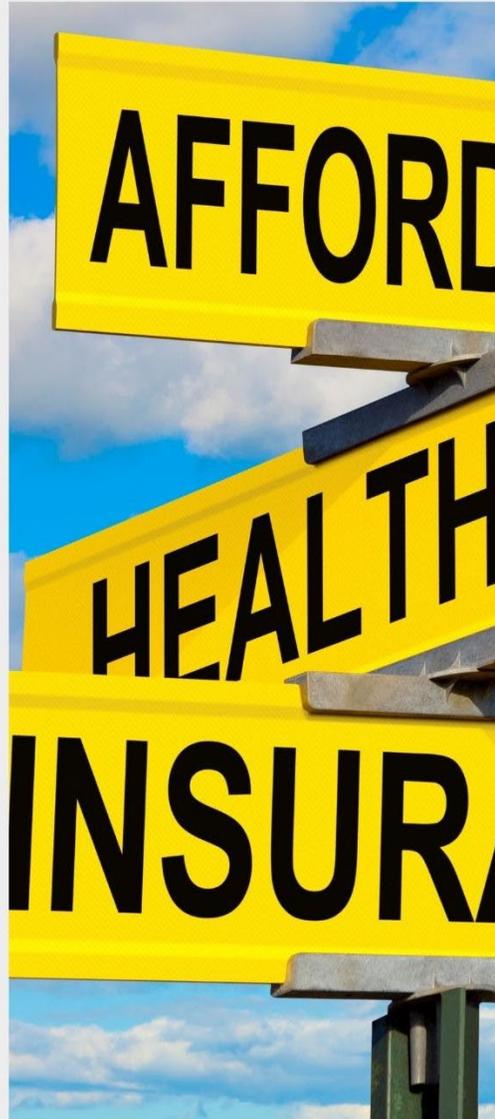
- Furnish Form 1095-C to your employees by **March 04, 2024.**
- File Forms 1094-C and 1095-C with the IRS by **February 28th, 2024** if filed by *paper*.
- File Forms 1094-C and 1095-C with the IRS by **April 1st, 2024** if filed *electronically*.

- This may affect the filing deadline for remitting the plans annual 1095 Forms. Please take note of this new requirement and respective deadlines and update your reminder calendars accordingly
- An electronic filing method/vendor should be selected in advance of the 2023 year-end to facilitate the required electronic filing requirement in early 2024.

Issuers, employers and other reporting entities generally use a third-party vendor to file electronically with the IRS on their behalf. As a result, these entities will not directly use the federally established reporting resource, the [AIR Program](#), themselves. However, if you have filed your ACA forms (1094/1095) on paper in the past and would like information regarding a reliable third-party vendor to perform your 2024 filing (for calendar year 2023) electronically, please contact Cindy Thompson at cindy.thompson@gehringgroup.com for partner and discounted pricing information. Please note that your current payroll vendor or ERP System may also provide this service, some of whom may require you to register with the AIR System. Please be sure to ask this question when vetting your vendor.

Waiver From Electronic Filing Requirement

A hardship waiver may be requested from the electronic filing requirement by submitting Form 8508, Application for Waiver from Electronic Filing of Information Returns, to the IRS. Reporting entities are encouraged to submit Form 8508 **at least 45 days before the due date of the returns, but no later than the due date of the returns**. The IRS does not process waiver requests until Jan. 1 of the calendar year the returns are due. Without an approved waiver, a reporting entity that is required to file electronically but fails to do so may be subject to a penalty of up to **\$290** per return (as adjusted annually) unless it can establish reasonable cause.



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On May 16, 2023, the IRS released [Revenue Procedure 2023-23](#) to provide the inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs) for 2024. The IRS is required to publish these limits by June 1 of each year.

These limits include:

- The maximum HSA contribution limit;
- The minimum deductible amount for HDHPs; and
- The maximum out-of-pocket expense limit for HDHPs.

These limits vary based on whether an individual has self-only or family coverage under an HDHP.

Eligible individuals with self-only HDHP coverage will be able to contribute **\$4,150** to their HSAs for 2024, up from \$3,850 for 2023. Eligible individuals with family HDHP coverage will be able to contribute **\$8,300** to their HSAs for 2024, up from \$7,750 for 2023. Individuals age 55 or older may make an additional \$1,000 “catch-up” contribution to their HSAs.

The minimum deductible amount for HDHPs increases to **\$1,600** for self-only coverage and **\$3,200** for family coverage for 2024 (up from \$1,500 for self-only coverage and \$3,000 for family coverage for 2023). The HDHP maximum out-of-pocket expense limit increases to **\$8,050** for self-only coverage and **\$16,100** for family coverage for 2024 (up from \$7,500 for self-only coverage and \$15,000 for family coverage for 2023).

Action Steps

Employers that sponsor HDHPs should review their plan’s cost-sharing limits (minimum deductibles and maximum out-of-pocket expense limit) when preparing for the plan year beginning in 2024. Also, employers that allow employees to make pre-tax HSA contributions should update their plan communications for the increased contribution limits.

January 1, 2024

The new contribution limits for HSAs become effective.

2024 Plan Years

The HDHP cost-sharing limits for 2024 apply for plan years beginning on or after Jan. 1, 2024.

HSA/HDHP Limits

The following chart shows the HSA and HDHP limits for 2024 as compared to 2023. It also includes the catch-up contribution limit that applies to HSA-eligible individuals who are age 55 or older, which is not adjusted for inflation and stays the same from year to year.

Type of Limit		2024	2023	Change
HSA Contribution Limit	Self-only	\$4,150	\$3,850	Up \$300
	Family	\$8,300	\$7,750	Up \$550
HSA Catch-up Contributions <i>(not subject to adjustment for inflation)</i>	Age 55 or older	\$1,000	\$1,000	No change
HDHP Minimum Deductible	Self-only	\$1,600	\$1,500	Up \$100
	Family	\$3,200	\$3,000	Up \$200
HDHP Maximum Out-of-pocket Expense Limit <i>(deductibles, copayments and other amounts, but not premiums)</i>	Self-only	\$8,050	\$7,500	Up \$550
	Family	\$16,100	\$15,000	Up \$1,100

Gehring Group, a Division of Risk Strategies | 3500 Kyoto Gardens Dr. | Palm Beach Gardens, FL 33410 | 800.244.3696 | gehringgroup.com





FINAL FORMS FOR 2022 ACA REPORTING RELEASED

The IRS released the final 2022 forms for reporting under Internal Revenue Code (Code) Sections 6055 and 6056.

- **2022 Forms [1094-B](#) and [1095-B](#)** are the forms that will be used by providers of minimum essential coverage (MEC), including self-insured plan sponsors that are not applicable large employers (ALEs), to report under Section 6055.
- **2022 Forms [1094-C](#) and [1095-C](#)** are the forms that will be used by ALEs to report under Section 6056, as well as for combined Section 6055 and 6056 reporting by ALEs who sponsor self-insured plans.

The IRS revised Form 1095-B to remove references to the individual mandate penalty in the “Instructions for Recipients” section. No other substantive changes were made to the final forms for 2022 reporting. Final instructions have not been released yet. However, draft instructions (for [Forms 1094-B and 1095-B](#), as well as for [Forms 1094-C and 1095-C](#)) are available, which include updated penalty maximums for 2022.

Furnishing Deadline Extension

A [proposed rule](#) issued in late 2021 extended the annual furnishing deadlines under Sections 6055 and 6056 for an additional 30 days. Reporting entities may rely on this proposed rule even though it has not been finalized. Due to this extension, **individual statements for 2022 must be furnished by March 2, 2023**. Reporting entities are encouraged to furnish statements to individuals as soon as they are able.

Important Dates

Feb. 28, 2023 – Paper IRS returns for 2022 must be filed by this date.

March 2, 2023 – Individual statements for 2022 must be furnished by this date.

March 31, 2023 – Electronic IRS returns for 2022 must be filed by this date.

No major substantive changes were made to the forms for 2022 reporting.



PCORI Fees Due August 1, 2022

The Internal Revenue Service (IRS) has issued [Notice 2022-04](#) to increase the Patient-Centered Outcomes Research Institute (PCORI) fee amount for plan years ending on or after Oct. 1, 2021, and before Oct. 1, 2022. The updated PCORI fee amount is **\$2.79** multiplied by the average number of lives covered under the plan. The [IRS chart](#) of filing due dates and applicable rates for the upcoming filing deadline is as follows:

Policy or Plan Ending Date in month of:	File return no later than:	Applicable rate:
January 2021	July 31, 2022	\$2.66
February 2021	July 31, 2022	\$2.66
March 2021	July 31, 2022	\$2.66
April 2021	July 31, 2022	\$2.66
May 2021	July 31, 2022	\$2.66
June 2021	July 31, 2022	\$2.66
July 2021	July 31, 2022	\$2.66
August 2021	July 31, 2022	\$2.66
September 2021	July 31, 2022	\$2.66
October 2021	July 31, 2022	\$2.79
November 2021	July 31, 2022	\$2.79
December 2021	July 31, 2022	\$2.79

PCORI Fees Background

The PCORI fee was created by the Affordable Care Act (ACA) and first applied for plan years or policy years ending after Sept. 30, 2012. The fee is imposed on health insurance issuers and self-insured plan sponsors to fund comparative effectiveness research.

These fees were originally scheduled to expire for plan or policy years ending on or after Oct. 1, 2019. However, a federal [spending bill](#) enacted at the end of 2019 extended the PCORI fees for an additional 10 years. As a result, the PCORI fee will apply through the plan or policy year ending before Oct. 1, 2029.

Payment Deadline

PCORI fees are reported and paid annually on IRS [Form 720](#) (Quarterly Federal Excise Tax Return). These fees are due each year by July 31 of the year following the last day of the plan year. For plans ending in 2021, the next PCORI fee payment will be due **Aug. 1, 2022**, since July 31, 2022, is a Sunday. Covered employers should have reported and paid PCORI fees for 2020 by Aug. 2, 2021 (since July 31, 2021, was a Saturday).

Calculating the PCORI Fee

The PCORI fees are calculated based on the average number of covered lives under the plan or policy. This generally includes employees and their enrolled spouses and dependents, unless the plan is an HRA or FSA. [Final rules](#) outline a number of alternatives for issuers and plan sponsors to determine the average number of covered lives.

Highlights

Covered Plans

The PCORI fees generally apply to insurance policies providing accident and health coverage and self-insured group health plans including HRAs.

IRS Form 720

Issuers and plan sponsors must report and pay the PCORI fees annually on IRS Form 720 (Quarterly Federal Excise Tax Return).

Issuers or plan sponsors that file Form 720 only to report the PCORI fee do not need to file Form 720 for the first, third or fourth quarter of the year.

Payment Deadline

PCORI fees are due for plan or policy years ending in 2021 on **Aug. 1, 2022**.

Exhibit F

Letters of Recommendation



WEST PALM BEACH

Human Resources

August 25, 2023

Kurt Gehring
The Gehring Group
3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410

Dear Kurt,

It is with great pleasure that I have the opportunity to recommend the Gehring Group for all services related to support of a self-funded Employee Health Benefits Plan. During the City's long relationship with the Gehring Group, they have provided a superior level of employee benefit consulting expertise with a high priority on satisfaction, cost reduction and customer service. g

As part of the City of West Palm Beach's employee benefits cost saving strategy, the Gehring Group has guided the City through the RFP design, evaluation, selection and implementation of our health plan and our onsite health clinic. Our Gehring Group team facilitates annual meetings with our insurance providers and TPAs, monitors trends and provides cost savings recommendations. The addition of an employee clinic has proven to be an asset in attracting talented employees, cost savings to the employees and retirees, and it provides a great return on investment for the City.

The City has always had great confidence with the Gehring Group and their ability to problem solve and bring forth ideas that help the City to be a top choice for employees due the benefits it offers.

I am pleased to recommend the Gehring Group to any organization for employee benefits and onsite clinic consulting services. If you have any questions, please feel free to contact me at (561) 494-1021.

Best regards,

Sylvia C. Gregory, PHR
Assistant Chief Human Resources Officer



August 30, 2023

Kurt Gehring
The Gehring Group
3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410

Dear Kurt,

I am pleased to provide a recommendation letter for the Gehring Group for all you have done and continue to do in support of our self-funded Employee Health Benefits and our Property and Casualty Plans. The County has enjoyed the long-standing relationship and outstanding support of our Employee Health Plan and our two Employee Health Clinics. Charlotte County regards your company as an extension of our staff and our success is a direct reflection of you and your entire team.

As part of Charlotte County's employee benefits program your team has helped us to control costs, perform RFP design, evaluation, and implementation, coordinated insurance committee meetings, provided us with the knowledge and expertise to open two employee health clinics. The first clinic opened in 2009 has provided us with excellent care for our plan members and proven to be an integral part of our cost savings strategy.

The Property and Casualty Self Insured program partnership first was solidified by the guidance provided navigating through the Hurricane Charley response, recovery and again with Hurricane Ian, and worked directly with our carriers to maximize their financial involvement. Your staff's technical and institutional knowledge in this arena continue to this day.

I am pleased to provide the County's recommendation letter in support of the Gehring Group for employee benefits and onsite clinic support in addition to our Self-Insured Property and Casualty program.

If you have any questions, I can be reached at 941.743.1244.

Sincerely,

Jennifer Bullistron

Jennifer Bullistron
Risk/Benefits Coordinator

THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA

1939 SE Federal Highway • Stuart, Florida 34994 • Telephone (772) 219-1200 Ext: 30100 • Facsimile: (772) 219-1230



JULIE SESSA, ARM, SHRM-SCP, Assistant Superintendent of Human Resources

SHANNON ARMSTRONG, Director of Talent Acquisition

MAURICE G. BONNER, Director of Human Resources

DON CALDERONE, ARM, Director of Risk Management & Employee Benefits

August 21, 2023

RE: Recommendation for Gehring Group Insurance Brokers & Consultants

To Whom It May Concern:

Please accept this letter of reference as a formal recommendation in support of the Gehring Group. The Martin County School Board has contracted with the Gehring Group for more than 20 years to assist in obtaining, maintaining, and administering a wide range of employee benefits, most notably our medical insurance.

The Martin County School Board currently has a fully insured program, including medical, dental, vision, and life insurance as well as long-term and short-term disability insurance, an employee assistance program, flexible spending accounts, and other supplemental insurance. The Gehring Group has provided us with skilled, accurate and timely benefit analysis, wellness program support, suggested benefit design changes, and consultant with us on numerous regulatory and administrative matters.

It is my profound pleasure to work with both Mr. Dustin Kuehn, a senior benefits consultant with the firm, and his account service team. Their dedication to our school district is strong, the relationships are sincere, and the technical support is outstanding.

Contact me anytime if I can be of further assistance to you.

Sincerely,

A handwritten signature in cursive script that reads "Julie L. Sessa".

Julie L. Sessa, ARM, SPHR, SHRM-CP
Assistant Superintendent of Human Resources

Michael Maine, Superintendent

School Board Members • Michael DiTerlizzi • Marsha Powers • Amy Pritchett • Christia Li Roberts • Jennifer Russell
"Educate all Students for Success"



SARASOTA COUNTY SHERIFF'S OFFICE

FAIRNESS - INTEGRITY - RESPECT - SERVICE



SHERIFF KURT A. HOFFMAN
COLONEL BRIAN WOODRING, CHIEF DEPUTY

June 20, 2022

Mr. Kurt Gehring
Gehring Group
3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410

Dear Mr. Gehring:

We have partnered with the Gehring Group for over twelve years and would like you to know the services you and your staff have provided, specifically over the last three years have been invaluable. The decision we made three years ago to manage our own program was not made lightly. We were faced with multiple decisions outside of our comfort zone and the expertise and guidance we received from the Gehring Group equipped us for such an undertaking.

On several occasions, your team have dropped everything and come to our offices, answered calls and emails and helped us navigate the tasks at hand. Your staff was able to ask the right questions, examine complex data, and provide us with clear and concise information that vitally impacted our organization and employees. I am confident that we would not have been as successful procuring and creating our own program if we had not engaged your firm. This could not have been accomplished without the consult we received from your dedicated and knowledgeable staff.

If you have any current projects that you wish to list the Sarasota County Sheriff's Office as a reference, you have my express permission to do so. Please accept this letter with my appreciation for what you and your staff did for us. We look forward to continued collaboration with you for the betterment of our employees and agency.

Respectfully,

Kurt A. Hoffman, Sheriff
Sarasota County, Florida



PALM BEACH COUNTY
SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



October 9, 2018

Ladies & Gentlemen:

The Palm Beach County Sheriff's Office has enjoyed a long relationship with the Gehring Group, as they have been our Agent of Record for Employee Benefits for over 20 years. During this extensive period of service, Gehring Group has provided outstanding service to our organization. They are highly regarded by me and my staff and have been a source of unqualified support and expertise to us throughout the years.

It is with pleasure that I recommend Gehring Group to other organizations. Please do not hesitate to call for further information.

Sincerely,

A handwritten signature in blue ink, appearing to be "R. Bradshaw".

Ric L. Bradshaw
Sheriff