The background of the document is a composite image. The top half shows a modern, multi-story building with a textured facade and large windows, set against a blue sky with white clouds. The bottom half shows a park area with a large body of water, a paved walkway, and some trees. The text is overlaid on the top half of the image.

# Invitation to Negotiate RMDX-230059-GD BROKER AND BENEFITS CONSULTING SERVICES FOR HEALTH AND GROUP LIFE PLANS The City of Gainesville

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## Introduction

We appreciate the opportunity to partner with the The City of Gainesville (the City) to manage your benefits plans. We believe there is an exceptionally strong match between the needs identified by the City, our strengths and our experience in successfully providing the services you are seeking. I'm confident that our team's passion, energy, expertise, and oversight will bring a creative and fresh approach from a strategy, resources, and ideation perspective.

Your proposed service team's **sole focus** is the delivery of effective customer service for our **public sector clients** in Florida and Georgia. Our organization is strategically designed to provide a comprehensive and specialized level of support to become a direct extension of your human resources department.

While this RFQ will go into greater detail, I would summarize our competitive advantage in these points:

- **Market Presence** – We are globally positioned with over 2.2B in revenue in 2022.
- **Public Entity Expertise** – Your proposed service team works with over 50 public entity clients. We have a full understanding of your challenges and are uniquely positioned to provide proven solutions.
- **Service Infrastructure** – We are strategically designed to become a direct extension of your HR department as your broker team is supported directly by specialists to address all benefits related issues in an efficient, effective, consistent and dependable manner.
- **Wellness Experience** – Your dedicated wellness consultant will guide our clients through all aspects of wellness program design, marketing, and implementation aimed at improving outcomes to both your medical and workers compensation exposure. Your proposed service team currently oversees 10 onsite clinics and over 30 **comprehensive** wellness programs for our public entity clients.
- **Transparency** – Our team of actuaries will work with your team to analyze, forecast, benchmark and review your data to identify opportunities for improvement and savings for both short and long term goals.
- **Proprietary Solutions** – NFP has developed proprietary solutions for our clients as it pertains to prescription drug management, stop loss management and voluntary benefit offerings, which we believe will grant a huge advantage to the City.
- **Diversity** – We aim to foster diversity, equity, inclusion, and belonging throughout our entire business. We seek out diverse professionals with unique life experiences, knowledge, self-expression, capabilities, and talent that drives innovation. Together, we form a community that celebrates individual differences, shares perspectives, emphasizes belonging so people may be their authentic selves, and acknowledges contributions of all kinds. NFP is committed to respecting every person, and this expectation extends externally to our clients, communities, and suppliers.

By affixing my signature, I attest I am authorized to commit the firm to the terms and conditions of the company's proposal. On behalf of NFP, I would like to thank you for considering us in this process.

Carly Clukey, Vice President



## A) Background and Experience

Located in St. Augustine, Florida, The Bailey Group has been an insurance, benefits and financial strategies cornerstone in Northeast Florida for decades. It was established in 1954 by John D. Bailey, Sr. and, in 1996, evolved to its present structure with Mark Bailey, Sr. as President. The Bailey Group became an NFP firm in 2016 and is currently supported by nearly 70 associates. NFP was established in 1999, a publicly traded company between 2003 and 2013, and is currently majority owned by its employees and private equity firms Madison Dearborn Partners, LLC and HPS Investment Partners, LLC.

Now, as a part of NFP, we are an industry leading insurance broker and benefits consultant that specialize in delivering a comprehensive suite of customer service to mid-market clients across the state of Georgia.

Our local team and service model have now been infused with industry leading resources to provide the best client experience available in this market segment. This enhanced service capacity enables us to efficiently address day-to-day administrative requirements while empowering your dedicated service team to focus more on what is truly important: your employees. We are now able to provide an unmatched level of personalized customer service and successful strategies to our clients.

We successfully provide our clients with customized group benefits and unmatched consultative services, now backed by the breadth and depth of a global company that is dedicated to your success. These additional resources assist with but are not limited to:

- Preferred pricing
- Compliance and regulatory support
- Proprietary Rx Solutions
- Wellness and clinic consulting
- Comprehensive Technology Solutions
- Actuarial Services
- Proprietary Stop Loss Solutions
- HR Consulting

At The Bailey Group, we leverage the power and resources that come with globally ranked organization with the flexibility, service and attention you receive from a locally based family business. From the moment you walk into The Bailey Group's office, you will notice our energy and camaraderie. We are a team of passionate, smart, loyal individuals who strive to be the best in our field while supporting not only each other, but also our clients. We are creating a new type of company in the insurance industry: one that replaces stodginess with warmth, energy and creativity. Our talented teams are helping to change the face of the insurance industry and making a difference in our clients' lives.

Our expertise is matched by our commitment to each client's goals and is enhanced by our investments in innovative technologies in the insurance brokerage and consulting space. Our expansive reach gives us access to highly rated insurers, vendors and financial institutions in the industry, while our locally based employees tailor each solution to meet each client's needs. We have become one of the largest insurance brokerage, consulting and wealth management firms by building enduring relationships with our clients and helping them realize their goals.

Simply put, we have the service infrastructure necessary to provide you with the level of service required to effectively serve a public entity client. Our service infrastructure combined with our position in the global marketplace enable us to provide you with the leverage, resources and strategies available only through globally positioned organizations **while also delivering** the hands-on level of customized services you would expect from a boutique style company.

## B) Consulting Services

In this section, we will describe how we provide scope of service requirements A, B, D, G and H.

### *(b) – Consult and recommend multiple options for Health and Group Life Plans*

Selecting best-in-class benefits program designs and vendors requires an effective game plan, consistent with establishing and understanding the client’s objectives. Utilizing our robust RFP database, we are able to effectively draw from a wide variety of benefit line and carrier-specific questionnaires and scorecards to begin the process. Entirely independent from all insurance carriers, our process includes the following:



- Select benefit line and carrier-specific RFP from our database and customize to meet client needs
- Utilize industry experience and client feedback to determine the list of vendors that will receive the RFP
- Aggressively manage the RFP process and hold carriers to firm deadlines
- Aggregate data and prepare a “scorecard” designed to weigh different elements of the RFP according to the client’s desires and our counsel
- Utilize market leverage, plan, analysis and in-house underwriting to negotiate the most competitive offering
- Perform contract and carrier due diligence (client site meetings and/or carrier site meetings)
- Evaluate and select a provider with client and prepare for implementation

### RFP Scorecard

Utilizing a weighted average scoring system based on client priorities, we present the results of our RFP to our clients in a clear, concise and easy-to-understand manner. This allows us to discuss pros and cons of each alternative with respect to several critical factors:

- |                          |   |
|--------------------------|---|
| • Pricing                | • Implementation considerations                               |
| • Service platform       | • Technology  |
| • Stability and solvency | • Comparable clients  |
| • Performance guarantees | • Investment options (if appropriate)                         |
| • Administration         | • Additional Resources (well-being, disease management, etc.) |
| • Provider access        | • Client compatibility  |
| • Employee disruption    | • Communication   |
| • Discount analysis      |   |

**Plan Design and Benefit Trends**

We also ensure our clients are on the leading edge of tracking benefit trends — what is prevalent, what is changing and how effectively these plans are meeting the needs of sponsoring companies and the participating employees. This includes benchmarking your program against relevant industry competitors.

Part of the selection process includes identifying competitive practices and plan design alternatives. We will list and describe the various features and options available in the marketplace. Each option is reviewed in relation to the plan's objectives, as well as for its up and downside risk. We also utilize our actuarial modeling tools to quantify the impact design alternatives can have on carrier selection.

**Negotiation**

What sets us apart in the market, and the true advantage to the City, are our long-standing, professional and personal relationships with key decision makers and executives within each carrier. We do not simply rely on our block of business as leverage, but instead, we work to earn true partnerships with each carrier to enable industry-leading negotiations, creative plan designs, and ultimate flexibility for our clients.

Once negotiations begin, the extensive financial, analytical and underwriting expertise of our staff enables us to identify opportunities and challenges other brokers and consultants miss. This puts us at a distinct advantage when negotiating with carriers and vendors on your behalf. The Bailey Group has the ability to dive into the financial components driving a rate and intelligently negotiate to the best possible price. We use our knowledge of underwriting methodologies to put logical business cases in front of the carriers and demonstrate proper risk assessment.

The Bailey Group has built a database of all marketing and renewal information. In addition to tracking individual client renewals and carrier rate concessions, we also track performance guarantees, plan design decrements, plan design attributes, associated costs (tied to geographic region and demographics) and carrier data reporting availability. This helps us to negotiate the best possible deal for each of our clients. This data is updated throughout the year as we renew client business.

Our first goal is to always optimize the client's current carrier arrangements; however, obtaining alternative proposals remains an effective strategy during the renewal process. Upon completion of our internal and external analysis and armed with the appropriate level of "intelligence," we will coordinate meetings with the respective carriers.

**Recommendations**

As your consulting brokerage team, it would be unusual for us to recommend a "total overhaul" of your benefits for the first plan year. Because we have a long-term partnership mindset, we will build a strategy to be implemented over a 3 to 5-year timeframe. We will begin to address the primary cost drivers immediately and will phase in other changes over time.

Your Bailey Group team will work with various insurance carriers, TPAs, pharmacy benefit managers and other vendors to create the optimum plan design for the products to be offered to your employees.

There are many viable, A-rated carriers and vendors available in the benefits market. Due to our overall block of business and experience in the insurance marketplace, The Bailey Group has developed "preferred broker relationships" with multiple carriers that have proven themselves to be service-oriented, creative, flexible and consistent. We are able to leverage these relationships to create a competitive situation that ultimately results in **improved pricing, higher guaranteed-issue amounts, and lower participation requirements.**

## City of Gainesville

### Response to Request for Proposal

The Bailey Group doesn't consider any firm to be an exclusive carrier or vendor because we will not limit our flexibility in providing you the best, unbiased, options for your benefits. Our responsibility is to leverage our relationships on your behalf to secure the products and solutions that provide the most value for you and best meet your needs.

Once we have established the type of plans, products, and services to be included in your benefits package, we begin the process of soliciting bids from the appropriate carriers and service vendors. We prepare and submit Requests for Proposals and analyze the responses to those RFPs. Throughout this process, we also negotiate with carriers and vendors to obtain the most competitive price and performance guarantees available. We gather all the carrier and vendor proposals, then we present their proposals in a format that allows you to easily compare the details of each.

Based on your preferences, past experience and our industry insight, we will select the appropriate products and services and negotiate contracts to meet the needs of the organization and your employees. We will work with each selected carrier to develop an implementation timeline. And to make certain that you continue to have the optimum plan, we can perform marketing efforts and analysis on an annual basis.

It is not our intention to frequently change the carriers or TPAs utilized by your organization. Our preference is to use competitive data from the marketplace to leverage your renewal with the incumbent carriers unless there is an issue with the service provided.

#### *(d) – Ability to market and recommend Tele Mental Health services for the City's EAP Program.*

We have working relationships with the following EAP vendors that offer mental health services both in person and through telehealth: Reach, Ceridian, ComPsych, Concern: EAP, Corp Care, CuraLinc, Espyr, Families First, Health Advocate, Life Speak, Life Works and Optum.

Our team will prepare the RFP on your behalf to identify the most cost-effective EAP solution that best meets the needs of the City and your employees. We typically will bring back a top 3 for the purposes of a recommendation like you see below.

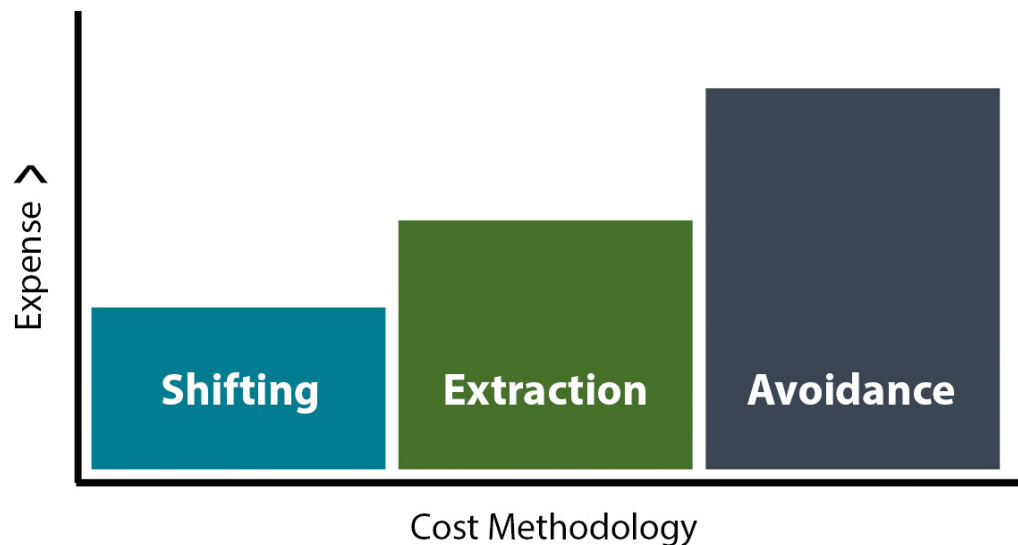
	Standard	CorpCare	CuraLinc	Health Advocate
<b>Clinical Services</b>	<b>(included with LTD)</b>			
Confidential face-to-face counseling with licensed clinician	3 visits	6 visits	6 visits	6 visits
Onsite seminars/training/crisis support	10 hours total included	12 hours total included	Additional cost	2 hours total included
Clinical Manager telephonic crisis support/follow up	Included	Included	Included	Included
24-Hour Crisis Telephone Response	10 hours total included	Included	Included	Included
Additional cost for seminars	\$275 per hour	\$195 per hour	\$245 per hour	\$275 per hour
Travel Costs for Onsite	Additional cost	Additional cost	Included	Additional cost
<b>Work-Life Services</b>				
Legal Assistance	Included	Included	Included	Included
Financial Educations and Consultation	Included	Included	Included	Included
Childcare Assistance	Included	Included	Included	Included
Eldercare Assistance	Included	Included	Included	Included
Adoption Assistance	Included	Included	Included	Included
Academic Resources/College Planning	Included	Included	Included	Included
Pet Care Services	Included	Included	Included	Included
<b>Additional Information</b>				
Counseling Options	In person, phone, video, text, chat	In person, phone, video, chat	In person, phone, video, text, chat	In person, phone, video, text, chat
Mobile App?	Yes	No	Yes	Yes
Number of providers in Georgia	640	300+	711	\$640
Number of providers in ZIP 30458	3	11	14	3
Utilization Reports	pending	Included	Included	Included
Length of Agreement	Included with LTD	3 Years	3 Years	3 Years

In addition to these EAP services, we have experience in provide comprehensive telemedicine benefits packages that can include mental health and other specialty providers without limitations. We have found a high level of success through the implementation of these programs in addition to a robust employer funded EAP program.

*(a) – Control Health and Group life plan costs for the City.*

When it comes to addressing the complex challenges of escalating healthcare costs, there are no “magic wands.” However, The Bailey Group offers an intelligent, methodical, customized approach to stratifying and managing program costs. By analyzing your specific utilization data our internal experts will identify risk management opportunities and develop a multi-faceted strategic approach for PWC to manage healthcare costs.

As illustrated below, The Bailey Group’s cost control strategies can be categorized into three distinct buckets: 1. Shifting, 2. Extraction, and 3. Avoidance.



The following strategies must be pursued if we aim to control the long-term viability of your benefits program:

- 1) Comprehensive wellness to include biometrics and high-risk coaching.
- 2) Rx Review – Are we on the right formulary?
- 3) Network review – Are we getting the best discounts on our claims?
- 4) Funding analysis – Should we be fully insured or partially self-funded?
- 5) HRA Strategy – Have we looked at an HRA or other consumer driven health plans
- 6) Non-Traditional – Are we open to non-traditional options? (Reference based pricing/direct contracting)
  - a. If so, are we prepared for the initial friction that comes with limited networks or no network?



The following is an overview of our “Shift, Extract, Avoid” evaluation and planning process:

ACTION	METHODOLOGY			TIME HORIZON		
	Shifting	Extraction	Avoidance	Short >	Mid >	Long
<b>Financial Management and Claims Analytics</b>						
Strategically Adjust Plan Design						
Strategically Adjust Contributions, Rate Equivalents, Cost Sharing						
Utilize Optimal Funding Arrangement						
Enhance Network Performance Including Discounts, Fees, Etc.						
Enhance PBM Arrangements and Rx Utilization						
Increase Purchasing Efficiency on Commodity Items						
Utilize Predictive Modeling and Claim Analytics Processes						
<b>HR Administration</b>						
Increase HR and Benefit Administration Efficiency						
Manage Risk and Address Compliance						
Strategically Manage and Ensure Accurate Eligibility						
<b>Vendor Management</b>						
Ensure Vendor Accuracy and Performance (Audits)						
Improve Fixed Cost Contractual Provisions						
<b>Health and Wellness</b>						
Promote Consumerism Where Possible						
Utilize Targeted Wellness Strategies When Appropriate						
Bolster Disease and Case Management Where Appropriate						
<b>Communications</b>						
Implement a Comprehensive and/or Targeted Communication Strategy to Address Costly Areas and Overall Utilization Patterns						

The Bailey Group offers a customized approach to stratifying risks and managing program costs. By analyzing your specific utilization data, our team will identify risk management opportunities and develop a multi-faceted strategic approach for you to manage health care costs. We will analyze your data and help you design and implement an effective wellness program targeted at our high risk population and cost drivers.

The Bailey Group believes strongly in the effectiveness of wellness initiatives and their impact on the bottom-line cost of medical coverage. A well-planned and communicated wellness initiative also has the opportunity to have a positive impact on the employee experience and workplace environment in addition to improving the loss ratio.

Your dedicated service team includes an in-house well-being coordinator with significant experience in developing and implementing successful wellness programs for public entities. Our team assists clients in the creation, implementation, and evaluation of evidence-based health management and well-being programs. We strongly believe it is not possible to engage in medical cost containment efforts without considering a well-being initiative.

**PREVENTION** and **Early Detection** are truly the ONLY effective ways to reduce and stabilize the cost of your health care over time.

Our team will thoroughly review the City's claims history to identify the high-cost drivers currently present in your workforce, specifically lifestyle related conditions, to develop a strategy addressing the areas of concern. Our data driven solutions coupled with our hands on approach and communication put our client's wellness programs in a position to succeed. This will be a major part of our discussions if we are to be fortunate enough to be selected as your employee benefits consultant.

We develop realistic budget limitations that include both hard and soft costs and expectations of reasonable returns. We maximize the use of readily available tools, especially those that do not represent incremental cost. Where third-party providers are required, we identify and vet those representing the highest value, reliability, and expected effectiveness for your employees.

We have implemented more than **40** comprehensive wellness programs and **15** on-site employee health and well-being clinics. Our clients have experienced significant incremental savings annually and overall positive employee feedback and results from these clinics. We believe the incremental, long-term impact of these well-being plans will be positive, both for the organizations as well as for the individual employees who take advantage of the education and behavioral change.

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

#### Compliance and Regulatory Support

We have a dedicated compliance team including industry attorneys that we can call on to help with any complex compliance or regulatory questions. Their expertise includes a wide variety of benefits compliance topics, including PPACA, COBRA, HIPAA, ERISA, FMLA, USERRA, ADA and Section 125 administration.

The level of support required in the area of compliance continues to grow and evolve rapidly. This is an area in which we have made a significant investment and have the capability of handling clients with unique ACA challenges. Some of the compliance resources we offer include:

Compliance Team	<b>In-house attorneys who are well-versed in ACA, COBRA, FMLA, etc. They report on current trends and provide timely legislative updates</b>
Compliance Portal	Comprehensive tool that assists with compliance efforts with federal requirements such as the ACA, ERISA, COBRA, HIPAA, FMLA, Non-discrimination, and Section 125
Compliance Checklist	A complete and customizable benefits compliance checklist review
Newsletters	Keep abreast of new legislation and learn about new trends in HR
Seminars and Webinars	Education and clarification regarding complex compliance topics

#### **Compliance Team**

Our dedicated team of in-house compliance specialists aggregate, interpret, disseminate, and provide specific action steps for each piece of legislation. Our compliance team, which works closely with our consulting team,

is well versed in a variety of benefits compliance topics, including ACA, HIPAA, COBRA, etc. Our team is entirely focused on keeping up to speed with the rapidly changing environment and ensuring content is provided to our consultants in a timely manner. We will provide clients with ad-hoc industry update notices when significant events take place.

### **Compliance Portal**

Our Benefits Compliance Portal is a comprehensive tool to assist employer plan sponsors with their compliance efforts with federal requirements such as the ACA, ERISA, COBRA, HIPAA, FMLA, Nondiscrimination, and Section 125. Each requirement is identified on a checklist containing model notices, an employer's obligation, and timeline for compliance and penalties for noncompliance.

Our web-based compliance portal helps you adhere to numerous federal health and welfare plan rules and provides model notices that employers are required to provide.

### **Compliance Checklist Review**

Using the portal, your Account Executive works with you to conduct a complete benefits compliance review that is customized by size and plan type. The compliance checklist review was designed to assist in responding to an actual IRS/DOL audit.

### **Newsletters**

Our regular compliance newsletter, *Compliance Corner*, is distributed on a bi-weekly basis updating clients on changes in the legislative and regulatory environment — at the federal and state levels. While this is not meant to be the sole source of compliance communication to our clients, the email's format was created based on feedback from our clients to ensure we are giving you quick updates of the most noteworthy and timely items.

In addition, *Washington Update* is an ad hoc white paper that is issued promptly after major developments surrounding the ACA or any other legislative changes that may impact the employee benefits and/or Human Resources world.

### **Seminars and Webinars**

Regular seminars and webinars on complex compliance topics help you gain a thorough understanding of legislation. We also provide you with one-on-one compliance training.

### **(h) – Engage City Staff for feedback to determine expectations of benefits offerings to add value to the program.**

The very first part of our approach and implementation process is a discovery meeting with our clients designed to collect information we deem to be vital to our ability to successfully function as your strategic partner. We will work with you to understand your organization's philosophy about employee benefits, your current benefits, and the goals you have for your benefits plan and for your organization. We want to understand your employee population - not just their claims history, but also their needs and expectations from a benefits program and other factors such as their tolerance for change.

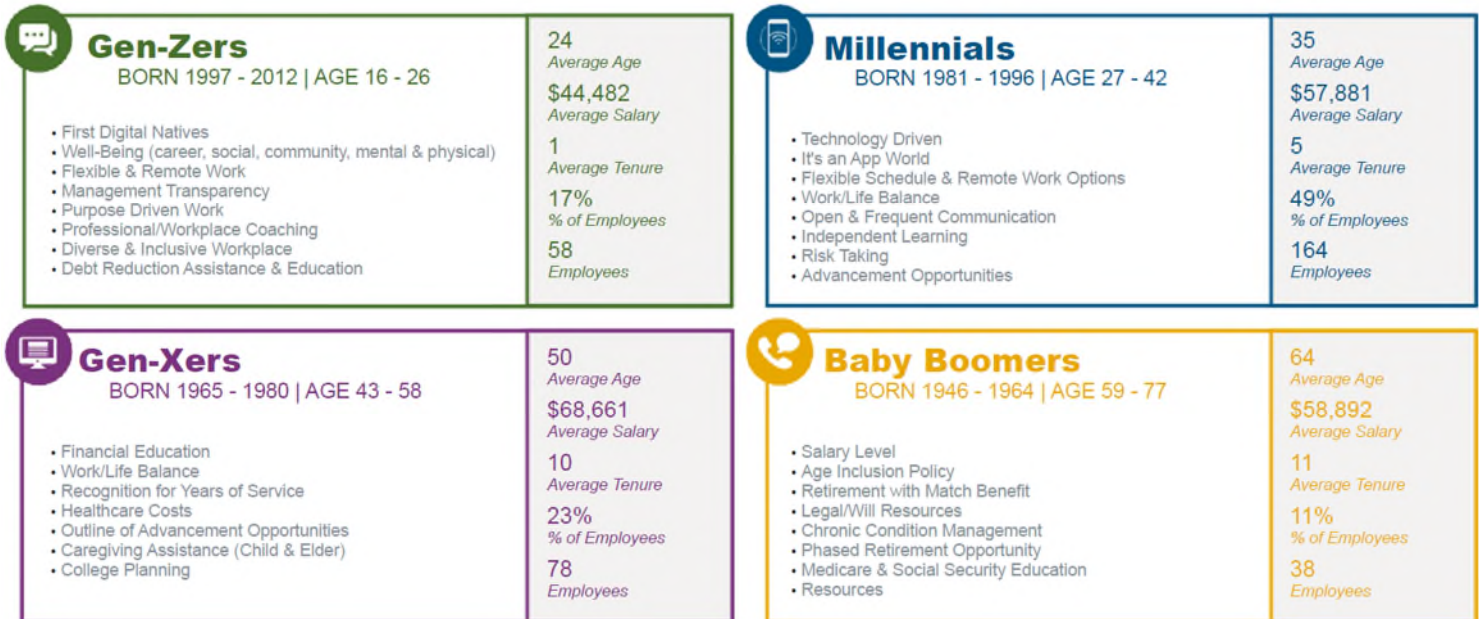
At your discretion, we can also conduct a survey of your employees, in total or by focus groups. The survey allows us to measure employees' attitudes, perceptions, and understanding of their benefits package. If you're uncertain of the specific benefits offered by your employment competition, we can also survey them, or access survey information available in the industry. The results of our surveys are formulated in full color charts and

## City of Gainesville

### Response to Request for Proposal

tables with quantitative data that provides us with an even greater understanding of your employee population or competitors.

After reviewing the necessary information in the Discovery phase, we will conduct an in-depth analysis of your overall benefits package and make recommendations based on our findings during what we refer to as Gap Analysis. As part of this process, we provide detailed and thorough analysis in specific areas, including in-depth claims analysis and predictive modeling, network analysis and benchmarking reports.



## C) Actuarial Services

In this section, we will describe how we provide scope of service requirements C, E and F.

*(c) – Quantify and provide the value of fully insured, self-insured and group life models.*

### Plan Design

The Bailey Group's process of plan consultation and recommendations starts with the most critical element: data. We work with our clients closely to understand how the proposed changes impact the overall benefits strategy and our process includes the following:

- Compare our projections to the carriers' projections
- Establish the pros/cons of each proposed solution from both the employer and employee perspective
- Measure the impact of the change from both a quantitative and qualitative standpoint
- Utilize employee surveys and/or HR feedback to measure employee understanding and satisfaction
- Compare funding models (fully insured v partially self-funded v self-funded)
- Analyze life insurance claims experience to identify most cost-effective amount of coverage.

The Bailey Group quantifies the financial impact of plan changes and funding changes by performing sensitivity analyses to evaluate plan design strategies, comparing your plan's performance to existing benchmarks and developing financial projections.

Below are the key criteria we would analyze to evaluate the City's current plan design for cost effectiveness and possible future plan changes:

- 1) Benchmarking analysis – How do your benefits stack up with the rest of our book.
- 2) Actuarial value – What is the true value of your plan?
- 3) Utilization data – What are your cost drivers? Are they lifestyle related? Are they medical or pharmacy?
- 4) Network discounts – Are we leveraging the most cost-effective network in our area for claims discounts?
- 5) Prescription discounts – Are we leveraging the most cost-effective formulary for our prescriptions?
- 6) Prescription rebate guarantees – Are we leveraging the most cost effective PBM for rebates?

*(e) – Provide premium development support.*

We utilize our internal team of certified actuaries to provide our partially self-funded clients with renewal calculations to be utilized for the purposes of establishing a plans fiscal budget, premium equivalents for each plan/tier, plan modeling to determine the impact of potential plan or deduction adjustments. This is extremely valuable for our clients operating on a July 1 fiscal year and January 1 health insurance renewal as we streamline that process with data driven figures to plan around.

Actuarial services include consultations, analyses, and valuations related to all employee benefit programs and plans. The actuarial staff is committed to assisting in implementing the financing, risk, administration, and marketing of health care arrangements. Our Actuarial Services team provides over 65 combined years of world-class actuarial input and expertise.



Included below is a snapshot of the 15-page report provided the Appendix as Attachment A.

**Plan Year Beginning January 1, 2024**

		Renewal Premium Equivalents Based On:		Rate Change Based On:
	Renewal Count	Expected Claims	COBRA (Includes 2%)	Expected Claims
<b>Value 70 Plan</b>				
Employee Only	292	\$803.12	\$819.18	3.89%
Employee + Spouse	32	\$1,686.51	\$1,720.24	3.89%
Employee + Child(ren)	46	\$1,365.27	\$1,392.58	3.89%
Employee + Family	47	\$2,248.68	\$2,293.66	3.89%
<b>Value 80 Plan</b>				
Employee Only	260	\$859.01	\$876.19	3.89%
Employee + Spouse	60	\$1,803.89	\$1,839.97	3.89%
Employee + Child(ren)	79	\$1,460.31	\$1,489.51	3.89%
Employee + Family	106	\$2,405.20	\$2,453.31	3.89%
<b>Premier 90 Plan</b>				
Employee Only	373	\$973.43	\$992.90	3.89%
Employee + Spouse	119	\$2,044.23	\$2,085.11	3.89%
Employee + Child(ren)	76	\$1,654.85	\$1,687.95	3.89%
Employee + Family	136	\$2,725.64	\$2,780.15	3.89%
<b>Total Annualized Costs</b>		<b>\$27,140,021</b>		
<b>Renewal Employee Count</b>		<b>1626</b>		
<b>Renewal PEPM</b>		<b>\$1,390.94</b>		
<b>Overall Percent Change</b>		<b>3.89%</b>		

*(f) – Provide ongoing plan performance monitoring, plan performance forecasting, claims experience analysis, benchmarking and reporting.*

Your Bailey Group team is experienced and knowledgeable with various funding arrangements and has worked with intricate funding/risk arrangements such as consortiums, healthcare exchanges, captives, minimum funding, level funding, as well as true self-funded plans. Outside of our experience with alternative models, it is our ability to evaluate options thoroughly and maintain a clear advocacy for our client that distinguishes us from the competition.

We will provide reports on a monthly and annual basis that will assist us in monitoring the plan's performance and highlight any areas that need to be reviewed in future years. The level of detail included in each of these reports varies depending on the amount of claims experience available, but examples of reports include:

**Monthly Reports**

- Claims analysis by plan
- Budget performance analysis
- Inflationary trend information
- Claim utilization
- Rolling 12 medical and prescription trend
- Stop loss reimbursement tracking
- High cost claimant tracking
- HSA/HRA funding

**Quarterly Reports**

- Prescription utilization drill down including Specialty trends, preventive medication compliance and opportunities for education/saving.
- Well-Being program participation

**Year-End Reports**

- Full financial overview
- Cost comparisons (historical and industry wide)
- Budget and rate update and review
- Financial projections
- Well-Being Program Annual Review

The City would have complete control over the analysis data we present and can customize it so that it's most meaningful to your team.

In addition, access to our full-service actuarial team is included in the core services included in our proposal. Our actuarial services team combines an extensive range of expertise with specialized knowledge of specific risks, allowing us to provide independent, objective advice.

At the onset of our engagement, we will conduct a comprehensive analysis that will examine each aspect of your benefit program. This review of your program will serve as a road map for both your short- and long-term strategic plans. Once this report is complete, we will present it to you, prioritize the findings and create both short- and long-term action plans. On an annual basis, at our mid-year strategic planning meeting, we will establish a game plan for the upcoming renewal based upon your short-term goals and the evolving marketplace and simultaneously update your long-term strategic plan.

To ensure that we maintain focus on the execution of the strategic plan as well as the overall management of your program, The Bailey Group will hold meetings throughout the year.

**Mid-Year Strategic Planning Meeting**

Once we have gathered enough data and information to recognize the trends impacting the current plan year, we hold a Mid- Year Strategic planning meeting. Utilizing this information in conjunction with data specific to plans of your size, we will conduct a detailed analysis of your existing program and may propose program changes and items for consideration. This can include standard areas such as network performance, funding analyses, plan design changes, carve-out strategies and implementation of health management and wellness programs. It can also include innovative strategies such as high- performance networks, value-based plan design, patient-centered medical homes, and accountable care organizations. Once we identify areas for analysis and implementation, we will add these items to the benefit blueprints. Oftentimes, these strategies are multi-year initiatives (for example, moving from a PPO plan to a full-replacement CDHP plan; in that case, we will develop both a first-year and a multi-year calendar).

**Pre-Renewal Meeting**

At the end of the second quarter, armed with six months of performance data, The Bailey Group will conduct a pre-renewal meeting. At this meeting, we will project plan costs for the next year using our internal underwriting models. This will help us determine our plan marketing strategy. We will also be able to project the general impact of any proposed changes to the current plan design, including dynamic contribution and plan design modeling. We will also conduct a full network discount and provider disruption analysis.

**Renewal Meeting**

Approximately six to eight weeks after the pre-renewal meeting, we will conduct a renewal meeting where we will review the marketing results and finalize plan design, contribution strategies and pricing. At this meeting, we would also implement the employee communication plan, outlining any plan design changes as well as an enrollment process for the upcoming plan year. Following the meeting, we will set up and conduct (if desired) employee enrollment meetings, coordinate vendors and prepare employee communications. We will ensure the enrollment process is completed in a timely and accurate manner.

**Post-Renewal Meeting**

Post-renewal, at the start of the following plan year, we will hold a stewardship meeting. At this meeting, your account management team and your HR staff will review plan performance for the recently concluded plan year. We will review the progress and success of enrollment. We will also take this opportunity to review any issues raised during the enrollment meetings and set the agenda for any employee meetings or seminars to be conducted during the current plan year (e.g., educational seminars and/or wellness programs).

At each of these meetings, we will analyze current plan performance, comparing it to prior year and plan projections. In addition to these structured meetings, we will create a comprehensive calendar and timeline that outlines the key planning initiatives, timing to complete those initiatives and responsibility within the team to ensure success.

## D) Service Infrastructure

In this section, we will describe how we provide scope of service requirements J/L and K/M.

*(j and l) – Must consistently maintain and allocate sufficient staffing resources to provide timely service for the City Employee Benefits broker/consulting needs.*

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

Our St. Augustine based team consists of 70 benefits service professionals. Unlike other firms, we are primarily staffed with service personnel to ensure we have the capacity to consistently deliver the personalized level of service you deserve. Our model is designed to cap our account executives case management at 8 clients to ensure our services are delivered consistently year over year. Our client retention rates is almost 97% over the last 10 years.

Your proposed service team is a part of NFP Public Sector Solutions through our Atlantic Region that exclusively serves public sector clients across Florida, Georgia and the Carolinas. As mentioned above, our service model was strategically developed to provide a comprehensive and specialized level of support with the much-needed capacity to effectively grow without sacrificing the quality and/or consistency of our deliverables. Each of these dedicated team members play a specific role and is vital in delivering quality service pertaining to the administration, education, development, service and support of your employee benefits package.

Practice Leader – The practice leader’s responsibility is to ensure the service infrastructure is in place to consistently deliver comprehensive services to our public sector clients while delivering best in class solutions to reduce and stabilize the cost of our public entity clients benefits programs.

Consultants –The consulting broker’s responsibility is to analyze, evaluate and work with each client to ensure measurable solutions are implemented to reduce and stabilize cost while ensuring that a quality benefit plan structure is in place.

Wellness Services - NFP employs a full-time wellness consultant to design and implement worksite wellness programs that are cost effective and provide optimum results. She guides our clients through all aspects of program design, marketing and implementation.

Placement – NFP placement department provides analytical support to our broker consultants. This team specializes in developing RFP’s, marketing products and analyzing results for clients on an annual basis.

Account Management – Your dedicated account executive serves as the primary day-to-day contact for the clients’ administrative staff. Your account manager is responsible for administrative support for your benefits team for billing, audits, eligibility, communications, open enrollment and claims assistance.

Client Support – NFP account managers are supported by client support specialist. They update insurance carrier systems for specified changes, collect and process qualifying event documentation, process new hires and termination data to payroll and carrier systems, process open enrollment documentation, assist in the resolution of claims and provide general support to your service team.

### Corporate Resources

**Compliance and Regulatory Support** - Our dedicated team of in-house compliance professionals aggregate, interpret, disseminate, and provide specific action steps for each piece of legislation. Our compliance team,

which works closely with our consulting team, is well versed in a variety of benefits compliance topics, including ACA, HIPAA, COBRA, etc.

**Technology** - NFP has an internal technology staff that focus solely on our clients' on-line enrollment and data collection systems. These individuals are responsible for building and customizing employee sites, managing electronic data feeds (EDI) with insurance carriers, developing enrollment portals and managing the employee benefit communication center for clients. With this in-house technology team, we can customize your online education and enrollment system much more efficiently than our competition.

**Actuarial Support** – Our internal team of actuaries and support staff who provide actuarial services and financial guidance including consultations, analyses, and valuations related to all employee benefits programs and plans. This is crucial component as you vet the possibility of alternative funding arrangements.

**Human Capital Solutions** – The dedicated team works with clients to assess workforce practices, policies, and technologies while creating solutions to enhance their organizational efficiency and effectiveness. We offer guidance and expertise on a wide variety of HR-related topics, including employee relations, policies/procedures, and audits/compliance.

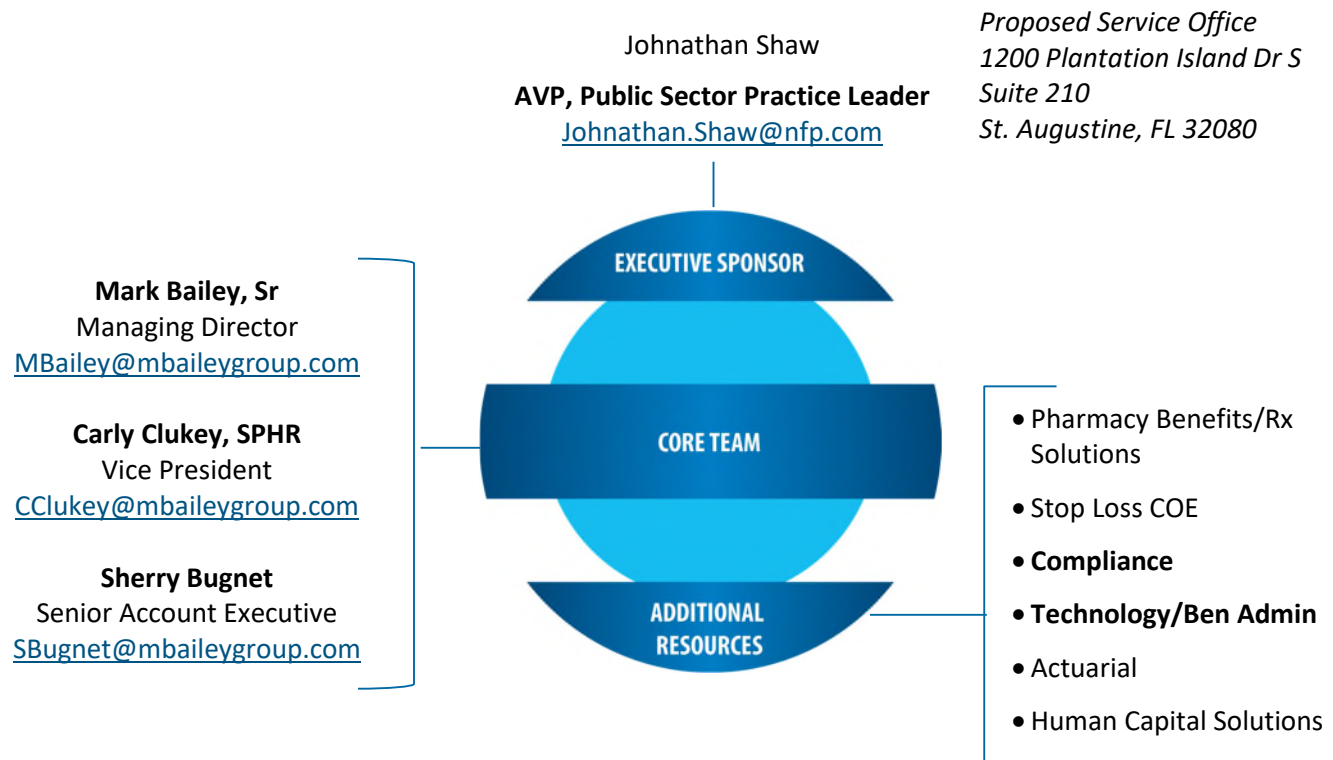
**Stop Loss Center of Excellence** - The NFP Stop-Loss COE is an in-house resource dedicated to providing self-insured clients with the best stop-loss insurance options and services. The NFP Stop-Loss COE offers a streamlined process and a dedicated claims and service team that will alleviate the complexities associated with a third-party stop-loss vendor.

**Rx Solutions** - Our team of pharmacists, managed care veterans, and data analysts will assist the your team by developing ideas and recommendations to manage expenses and utilization through vendor selection, pharmacy plan audits, clinical management, plan design, and sophisticated analytics.



• **Your proposed service team.**

Below, you have provided you with some information on our proposed service team. We are strategically designed to provide a comprehensive and specialized level of support with the much-needed capacity to effectively grow without sacrificing the quality and/or consistency of our deliverables. We believe in equitable compensation to the service team that has led to a high level of retention and recruitment of talent. Our stability is a major factor in our growth and continued success in this market.



**Johnathan Shaw, GBDS – AVP, Public Sector Practice Leader**



Johnathan earned a degree in Marketing with an emphasis in sales and sales management from Georgia Southern University in 2007. As team captain of the men's golf team, he earned Academic All-American status in 2006 while graduating Magna Cum Laude. Johnathan oversees the public sector client service team to ensure quality service is consistently delivered to all NFP public sector clients. His team puts an emphasis on employee services to include effective communication, one-on-one assistance, and long-term strategy development.

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## City of Gainesville

### Response to Request for Proposal

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#### **Mark Bailey, Sr – Managing Director**



A graduate of Vanderbilt University, Mark Bailey has worked in the insurance industry for over 35 years. As President of The Bailey Group, established in 1996, Mark built upon the foundation of a trusted local insurance agency and has developed the company into a nationally competitive firm, formally joining NFP in 2016. Mark is heavily involved in leadership roles and service projects with various organizations including Community Hospice & Palliative Care Foundation, Flagler Healthcare Foundation, St. Augustine Foundation, Flagler College, Ameris Bank Advisory Board, YMCA of Florida's First Coast,

Lightner Museum, and St. Augustine Rotary Club, as well as RESET St. Augustine and ALS Association Florida Chapter. In 2016, the Association of Fundraising Professionals (AFP) Florida First Coast Chapter awarded Mark and his wife, Alecia, as the Outstanding Small Business. Their honored efforts included leadership to raise \$5 million to build a hospice and palliative-inpatient center in St. Johns County, and a half percent sales tax increase that directly supports the infrastructure of St. Johns County schools. Mark is also a past recipient of the prestigious Gus Craig Award for his philanthropic work in the community.

#### **Carly Clukey, SPHR – Vice President**



Carly joined The Bailey Group in 2007 after graduating Magna Cum Laude from the University of Florida with a major in Business Administration and minor in Mass Communication. Carly is a leader in the employee benefits field, compassionately crafting benefit packages to synchronize with organizational goals, balance with company culture and align with employee demographics. Carly excels in budget preparation and analysis as well as financial reporting and would serve as the local lead for the City of Gainesville. Carly

has invested much time throughout her career to community involvement, assuming leadership roles in many charitable causes and proudly serves on the board for the Youth Crisis Center, Safe Families for Children of Northeast Florida and the North / Central Florida American Cancer Society.

#### **Sherry Bugnet – Senior Account Executive**



Sherry has been an integral member of The Bailey Group team since 2004. Now serving as a Senior Account Executive, Sherry works with larger and more complex clients, including public entities. Sherry's responsibilities will include review of all contracts for compliance, consultation of compliance issues, development and negotiation of contracts, oversee implementation and termination of contracts, develop and oversee benefits communication, analyze financial and claims data, and analyze budget, funding (employer

and employee), and contract provisions.

**Pete Panno, SVP, ASA, MAAA and Geoff Seibel, SVP, ASA, MAAA** – Pete and Geoff co-lead the team of actuaries and support staff who provide actuarial services and financial guidance including consultations, analyses, and valuations related to all employee benefits programs and plans.

**Suzanne Spradley, SVP, Chief Compliance Officer, Associate General Counsel, Legal & Compliance** – Suzanne oversees the Benefits Compliance Department, which provides consulting services on all aspects of employee benefits compliance.

**Maria Trapanasso, SVP, Human Capital Solutions** – Maria works with clients to assess workforce practices, policies, and technologies while creating solutions to enhance their organizational efficiency and effectiveness. She is an expert on a wide variety of HR-related topics, including employee relations, policies/procedures, and audits/compliance. Her focus is on helping clients clarify objectives, becoming more strategic in their approach to HR solutions and employee engagement, and investing in the necessary HR infrastructure.

**Heidi Cottle, SVP, Cost Containment Strategies** – Heidi brings specialized insights on medical/Rx cost containment and emerging trends in traditional and non-traditional strategies. She also has expertise in risk mitigation solutions, advanced primary care, disease management, direct to provider/surgical/hospital solutions, as well as care access and quality enhancements.

In addition to your core service team, we have 5 specialized teams that perform services as it pertains to your technology, actuarial support, compliance support, HR Support and prescription benefit management that make our core team much more efficient at performing their core responsibilities.

Your core service team will be supported through the following specialized service teams:

- Technology department with over **22** W2 full-time employees.
- Compliance team with **9** W2 full-time employees.
- Actuarial team with **6** W2 full-time employees.
- Human capital solutions team with over **65** W2 full-time employees.
- RX solutions team with over **40** full-time employees.

## E) Value Added Services

In this section, we will describe how we provide scope of service requirement i.

*(i) – Offer additional discounts phone, car insurance, travel, etc.*

Through NFP's **InsurChoice** program, all employees both part and full-time are eligible to access a wide range of insurance products and services. What makes the **InsurChoice** program through NFP even better is the fact that none of the products are set for payroll deductions, so it doesn't carry an administrative burden to your HR or benefits team. Key benefits include competitive pricing from multiple carriers, customizable coverage options with the stability expect from A+ rated insurance partners.

### Your Menu

Pick and choose the products that fit your needs for a custom experience.



QR Code listed provide a test experience  
(It will not provide quotes)

Insurance services provided by NFP Property & Casualty Services, Inc. (NFP P&C), a subsidiary of NFP Corp. In California, NFP P&C does business as NFP Property & Casualty Insurance Services, Inc. License # 0R15715, 08/22 (1/1 FCI-PGL NFP 0402) Copyright © 2023 NFP. All rights reserved.

**InsurChoice**  
powered by **NFP**



# Appendix





# Renewal Analysis

*For Plan Year Beginning  
January 1, 2023*



*Developed with Data Through  
September 30, 2022*



**Prepared by:**

**Pete J. Panno**

*Vice President, Actuarial Services*

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# DISCLAIMER

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*This report is for the benefit of NFP and Macon Water Authority and should only be utilized by someone with the technical competence to understand the implications of the assumptions. This report should only be read or distributed in its entirety.*

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www.nfp.com

October 20, 2022

Ms. Joy Crump  
Sr. Underwriter  
ShawHankins

Re: Macon Water Authority Health Plan

Dear Ms. Crump:

Attached, please find a Statement of Actuarial Opinion and a Statement of Actuarial Assumptions regarding an analysis of the Macon Water Authority health plan.

Claims paid from 10/1/2020 through 9/30/2022 were used for this analysis.

The purpose of the analysis was to estimate and recommend the Macon Water Authority rates for medical and prescription drugs for plan year beginning 1/1/2023.

In my opinion, the analysis fairly represents the Macon Water Authority health plan. Based upon this analysis, an increase of 5.43% from the current rates would be sufficient for the renewal plan year.

If you have any questions, please feel free to contact me.

Sincerely,



**Pete J. Panno, ASA, MAAA**  
Vice President, Actuarial Services  
*Corporate Benefits*  
*NFP Insurance Services, Inc.*

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# CURRENT PREMIUM EQUIVALENTS

Effective January 1, 2022

	Count	Current Premium Equivalents
<b>MWA Medical Plan</b>		
Employee Only	120	\$775.85
Employee + Spouse	34	\$1,664.76
Employee + Child(ren)	38	\$1,405.38
Employee + Family	46	\$2,400.54
<b>Total Annualized Costs</b>		<b>\$3,762,397</b>
<b>Current Employee Count</b>		<b>238</b>
<b>Current PEPM</b>		<b>\$1,317.37</b>



# MEDICAL RENEWAL DEVELOPMENT

Renewal Date 1/1/2023

	Start End Midpoint	Experience Period 2 10/1/2020 9/30/2021 4/1/2021	Experience Period 1 10/1/2021 9/30/2022 4/1/2022
(1) Total Medical Claims (Page 12)		\$2,496,774	\$2,223,840
(2) Remove Large Claims (Page 13)		\$1,036,071	\$173,545
(3) Total Completed Claims ( (3) = (1) - (2) )		\$1,460,703	\$2,050,295
(4) Annual Trend Factor (Page 14)		6.2%	6.1%
(5) Months to Midpoint		27	15
(6) Total Medical Trend Factor ( (6) = [1 + (4)] ^ [(5) / 12] )		14.6%	7.7%
(7) Plan Change / Demographic Change Factor		-1.5%	-0.2%
(8) Trended Medical Claims ( (8) = (3) * [1 + (6)] * [1 + (7)] )		\$1,648,068	\$2,204,360
(9) Number of Large Claimants (Page 13)		8.00	1.00
(10) Large Claims Not Subject to Reimbursement ( (10) = (9) * \$100,000 + (\$75,000) )		\$1,002,197	\$173,545
(11) Total Projected Claims ( (11) = (8) + (10) )		\$2,650,265	\$2,377,905
(12) Employee Months (Page 12)*		2,718	2,836
(13) PEPM ( (13) = (11) / (12) )		\$975.08	\$838.47
(14) Period Weights		30%	70%
(15) Total Projected Renewal Year Medical Claims (PEPM)			\$879.45

\* Enrollment setback 2 months

# Rx RENEWAL DEVELOPMENT

Renewal Date 1/1/2023

	Experience Period 2	Experience Period 1
Start	10/1/2020	10/1/2021
End	9/30/2021	9/30/2022
Midpoint	4/1/2021	4/1/2022

(1) Total Rx Claims (Page 12)	\$756,294	\$725,679
(2) Annual Trend Factor (Page 14)	10.5%	11.1%
(3) Months to Midpoint	27	15
(4) Total Rx Trend Factor ( (4) = [1 + (2)] ^ [(3) / 12] )	25.3%	14.1%
(5) Plan Change / Demographic Change Factor	-1.5%	-0.2%
(6) Trended Rx Claims ( (6) = (1) * [1 + (4)] * [1 + (5)] )	\$932,938	\$826,435
(7) Employee Months (Page 12)*	2,743	2,835
(8) PEPM ( (8) = (6) / (7) )	\$340.12	\$291.51
(9) Period Weights	30%	70%
(10) Total Projected Renewal Year Rx Claims (PEPM)	\$306.09	

\* Enrollment setback 1 month

# TOTAL RENEWAL DEVELOPMENT

Renewal Date 1/1/2023

Current Employee Count 238

Claims	Renewal Year Expected Costs		
	PEPM	Annualized	
(1) Total Medical Claims (Line 15 Page 6)	\$879.45	\$2,511,709	
(2) Total Rx Claims (Line 10 Page 7)	\$306.09	\$874,193	
(3) Total Expected Renewal Year Claims ( (3) = (1) + (2) )	\$1,185.54	\$3,385,902	
<b>Fixed Fees</b>			
(4) Administrative Fees	\$36.97	\$105,586	
(5) Specific Stop Loss Fees	\$173.01	\$494,123	
(6) Aggregate Stop Loss Fees	\$7.29	\$20,820	
(7) Rx Rebates	-\$70.90	-\$202,490	
(8) Consulting Fees	\$22.00	\$62,832	
(9) Wellness Program (CHP)	\$35.01	\$100,000	
(10) Total Fixed Fees (Sum of (4) through (9) )	\$203.39	\$580,871	
<b>Renewal Summary</b>			<b>Percent Change from Current</b>
(11) Current Expected Costs (Page 5)	\$1,317.37	\$3,762,397	
(12) Renewal Expected Costs ( (12) = (3) + (10) )	\$1,388.93	\$3,966,773	5.43%

# RENEWAL PREMIUM EQUIVALENTS

Plan Year Beginning January 1, 2023

	Renewal Premium Equivalents Based On:			Rate Change Based On:
	Renewal Count	Expected Claims	COBRA (Includes 2%)	Expected Claims
MWA Medical Plan				
Employee Only	120	\$817.99	\$834.35	5.43%
Employee + Spouse	34	\$1,755.19	\$1,790.29	5.43%
Employee + Child(ren)	38	\$1,481.72	\$1,511.36	5.43%
Employee + Family	46	\$2,530.94	\$2,581.56	5.43%
Total Annualized Costs		\$3,966,773		
Renewal Employee Count		238		
Renewal PEPM		\$1,388.93		
Overall Percent Change		5.43%		

# STATEMENT OF ACTUARIAL OPINION

I, Pete J. Panno, am Vice President, Actuarial Services, NFP Insurance Services, Inc. I am a member of the American Academy of Actuaries.

I have been asked for an analysis of the Macon Water Authority health plan renewal premium increase as of 1/1/2023.

I have examined the claims, premiums and enrollment history for the Macon Water Authority health plan paid from 10/1/2020 through 9/30/2022. I relied upon underlying records and/or summaries prepared by the responsible officers or employees of the Client and/or Anthem. In other respects, my estimations included such underlying assumptions and methods as I considered necessary and appropriate.

In my opinion, the analysis fairly represents the Macon Water Authority health plan. Based upon this analysis, an increase of 5.43% from the current rates would be sufficient for the renewal plan year.

I confirm the information I have provided in this report represents an independent, professional assessment of the above noted plan renewal and related accounts as of measurement date. I do not have a relationship with Macon Water Authority that would hinder my independence related to the information I have provided Macon Water Authority.

The attached analysis is an estimate; the exact amount cannot be determined since various assumptions were made. Also, the more recent claims during the period of analysis are not fully mature yet.

Actuarial methods, considerations and analysis used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis for this statement of opinion.



Pete J. Panno  
Member, American Academy of Actuaries  
October 20, 2022



# STATEMENT OF ACTUARIAL ASSUMPTIONS

I, Pete J. Panno, am Vice President, Actuarial Services, NFP Insurance Services, Inc. I am a member of the American Academy of Actuaries.

I have been asked for an analysis of the Macon Water Authority health plan renewal premium increase as of 1/1/2023.

I have given an Actuarial Opinion regarding the Client's Health Plan. I relied upon underlying records and/or summaries prepared by the responsible officers or employees of the Client and/or Anthem. In other respects, my estimations included such underlying assumptions and methods as I considered necessary and appropriate.

Actuarial methods, considerations and analysis used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis for this statement of opinion.

## Assumptions and methods:

- 1) Census as of 5/5/2022 was used; assumed no population growth after 5/5/2022.
- 2) Historical equivalent premiums and claims were used unadjusted from the administrator - Anthem. Claims were adjusted, as necessary, to remove the estimated effect of COVID-19 from the experience.
- 3) No discounting or accruing of any values (i.e. no present value calculations).
- 4) Data was checked for reasonableness but not fully audited.
- 5) Claims rate was based on 100% experience and 0% manual claims rate.
- 6) Medical trends were based on a 0% weighting of plan experience and 100% national surveys and Rx trends were based on a 0% weighting of plan experience and 100% national surveys.
- 7) Claims used were on a paid basis. Enrollment setback 2 months in the medical development and 1 month in the Rx development.
- 8) HealthMaps was used to determine applicable plan and demographic mix changes.
- 9) Medical and Rx administrative fees of \$36.97 PEPM for the renewal plan year.
- 10) Specific stop loss premium of \$173.01 PEPM for the renewal plan year.
- 11) Aggregate stop loss premium of \$7.29 PEPM for the renewal plan year.
- 12) Historical large claims not subject to reimbursement have been based on the renewal plan year stop loss coverage levels of a \$100,000 specific stop loss deductible and an aggregating specific deductible of \$75,000. Note that this includes 3 lasered claimants.
- 13) Rx rebates of \$70.90 PEPM.
- 14) Consulting Fees of \$22.00 PEPM.
- 15) Wellness Program (CHP) of \$35.01 PEPM.
- 16) Other assumptions as shown in the workpapers attached.



Pete J. Panno  
Member, American Academy of Actuaries  
October 20, 2022

# EXPERIENCE HISTORY

## Macon Water Authority Medical and Rx Experience

Paid Month	Subscriber Months	Gross Paid Medical Claims	Gross Paid Rx Claims	Total Gross Paid Medical + Rx
Aug-20	219			
Sep-20	220			
Oct-20	215	55,419	98,941	154,360
Nov-20	210	132,395	91,790	224,185
Dec-20	211	292,735	90,486	383,221
Jan-21	219	89,624	59,004	148,627
Feb-21	231	164,928	40,171	205,099
Mar-21	232	264,492	52,080	316,572
Apr-21	238	101,387	38,921	140,308
May-21	239	185,945	46,982	232,926
Jun-21	240	202,900	52,055	254,955
Jul-21	244	274,172	55,275	329,447
Aug-21	244	293,260	66,103	359,363
Sep-21	246	439,518	64,487	504,005
Oct-21	228	0	73,744	73,744
Nov-21	229	0	64,982	64,982
Dec-21	229	501,393	80,342	581,735
Jan-22	234	326,880	53,797	380,678
Feb-22	236	99,623	47,444	147,067
Mar-22	240	97,598	63,965	161,563
Apr-22	237	164,813	50,499	215,312
May-22	239	128,734	57,379	186,113
Jun-22	236	181,799	61,424	243,223
Jul-22	238	322,769	56,490	379,259
Aug-22	243	158,728	55,277	214,005
Sep-22	242	241,502	60,337	301,840
<b>Totals</b>				
<b>10-1-20 to 9-30-21</b>	2,769	\$2,496,774	\$756,294	\$3,253,068
<b>10-1-21 to 9-30-22</b>	2,831	\$2,223,840	\$725,679	\$2,949,520

### Enrollment Setback Totals

2-Month Setback	Medical
8-1-20 to 7-31-21	2,718
8-1-21 to 7-31-22	2,836

1-Month Setback	Rx
9-1-20 to 8-31-21	2,743
9-1-21 to 8-31-22	2,835

# LARGE CLAIMS EXPERIENCE

## (1) Reconcile Large Claim Reporting Periods with Experience Periods

Large Claim Reporting Period	Start Date	End Date	Experience Period 2	Experience Period 1
A	10/1/2020	9/30/2021	100.0%	0.0%
B	10/1/2021	9/30/2022	0.0%	100.0%

## (2) Assign Claims Exceeding Spec to Experience Period (Amounts)

Large Claim Reporting Period	Claimant	Total Claims Paid	Experience Period 2	Experience Period 1	Lasered Amount
A	1	\$194,854	\$194,854	\$0	300,000
A	2	\$133,919	\$133,919	\$0	
A	3	\$133,189	\$133,189	\$0	
A	4	\$132,343	\$132,343	\$0	275,000
A	5	\$117,708	\$117,708	\$0	
A	6	\$112,733	\$112,733	\$0	
A	7	\$109,979	\$109,979	\$0	
A	8	\$101,345	\$101,345	\$0	
B	1	\$173,545	\$0	\$173,545	350,000

## (3) Assign Claims Exceeding Spec to Experience Period (Counts)

Large Claim Reporting Period	# of Claimants	Experience Period 2	Experience Period 1
A	8	8.00	0.00
B	1	0.00	1.00

	Experience Period 2	Experience Period 1
(4) Total Claim Amount ( Sum of (2) )	\$1,036,071	\$173,545
(5) Count of Claims Exceeding Spec ( Sum of (3) )	8.00	1.00
(6) Amounts Below Spec ( (5) * \$100,000 + \$75,000 )	\$1,002,197	\$173,545
(7) Implied Recovery ( (4) - (6) )	\$33,874	\$0

## Future Trend Rates

	Medical	Rx	Med/Rx
Aon Consulting's 2022 Health Trend Survey	5.2%	11.1%	6.5%
2022 PWC's- Behind the Numbers	5.2%	11.1%	6.5%
2022 Segal Health Plan Cost Trend Survey	7.3%	11.1%	8.1%
2021 Willis Towers Watson Survey	6.5%	11.1%	7.6%
<b>National Health Care Trend Survey Averages</b>	<b>6.1%</b>	<b>11.1%</b>	<b>7.2%</b>

## Historical Trend Rates

	Medical	Rx	Med/Rx
2022	6.1%	11.1%	7.2%
2021	6.5%	9.4%	7.1%

## Fraction of Each Trend Year in Each Renewal Period

	Period 3 (Not Used)	Period 2	Period 1
2023	50.0%	50.0%	50.0%
2022	100.0%	100.0%	75.0%
2021	100.0%	75.0%	0.0%



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## Statement of Qualifications

The Bailey Group has had the privilege of working with a diverse range of clients, each with unique needs and preferences when it comes to their employee benefits programs. Reviewing health insurance funding models and educating clients on the pros and cons of each is truly at the cornerstone of what we do.

We have significant experience in transitioning groups from fully insured arrangements to level-funded or self-funded programs. However, to be fully transparent, once self-funded, we have not found that many employers want to transition back to the fully insured arrangement, due largely to the savings afforded from our proprietary PBM contracts and competitive stop loss negotiations. Additionally, our custom monthly reporting empowers our clients with detailed insights into claims data, allowing for proactive decision-making and the identification of cost-saving opportunities.

Above all else, we understand that each organization's circumstances are unique and that transitions between funding arrangements may make sense for a multitude of reasons. We are fully committed to providing the guidance and support necessary to ensure that the funding model and plan design features align with the City of Gainesville's goals and objectives.

Our team is excited about the opportunity to explore options for the City to ensure you are achieving the most cost-effective and competitive health insurance and life insurance solutions for your employees. As you work through the RFP process and review the responses, please keep in mind we are always available to discuss any questions you have about compensation and the services we can offer the City. We look forward to building a relationship with the City and are committed to investing our valuable resources to be your strategic partner. On behalf of The Bailey Group, I would like to thank you for considering us in this process.

**Carly Clukey, SPHR**

*Vice President*

The Bailey Group, an NFP Company

[Cclukey@mbaileygroup.com](mailto:Cclukey@mbaileygroup.com)

904-461-2107



## 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): MFB Financial, Inc.

DBA: The Bailey Group - an NFP company

Authorized Representative Name/Title: Mark Bailey, Managing Director

E-mail Address: mbailey@mbaileygroup.com

Street Address: 1200 Plantation Island Drive South, Suite 210

City, State, Zip: St. Augustine, FL 32080

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: St. Augustine, FL 32080

Telephone: (904) 461-1801 Fax: (904) 461-1775

#### 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

## 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: 59-3391619

### 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 (# P96000061146)

If the answer is "NO", please state reason why: \_\_\_\_\_

### 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.*

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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

SIGNER'S PRINTED NAME: Mark Bailey

DATE: 11/1/2023

## REQUIRED FORM B DRUG-FREE WORKPLACE

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

MFB Financial, Inc. dba The Bailey Group - an NFP 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

11/1/2023

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.

MFB Financial, Inc. dba The Bailey Group - an NFP company

Bidder's Name

Mark Bailey/Managing Director

Printed Name/Title of Authorized Representative

  
Signature of Authorized Representative

11/1/2023

Date

## REQUIRED FORM D - REFERENCES

Name of Respondent: The Bailey Group, an NFP 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): 07/2012 to Current

Company Name: Brooks Rehabilitation

Address: 3599 University Blvd S

City, State Zip: Jacksonville, FL 32216

Contact Name: Lisa Kempf, VP HR & Learning

Phone Number: 904.345.7471 Fax Number: N/A

Email Address: Lisa.Kempf@BrooksRehab.org

---

#2 Year(s) services provided (i.e. 1/2015 to 12/2018): 10/2012 to Current

Company Name: Alachua County Public Schools

Address: 620 E University Ave

City, State Zip: Gainesville, FL 32601

Contact Name: Keith Birkett, Chief-Finance

Phone Number: 352.955.7559 Fax Number: N/A

Email Address: birkettkf@gm.sbac.edu

---

#3 Year(s) services provided (i.e. 1/2015 to 12/2018): 03/2019 to Current

Company Name: Jacksonville Police Officers and Fire Fighters Health Insurance Trust (JPOFFHIT)

Address: 625 Stockton Street

City, State Zip: Jacksonville, FL 32204

Contact Name: Randy Wyse

Phone Number: N/A Fax Number: N/A

Email Address: rwyse@jpoffhit.org

## 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	-	\$75,000
	Life	\$346,518.00/3,587 lives	-	-
	Stop Loss	\$700,000.00/1,993 lives	-	-
Voluntary Benefits	Dental	\$795,510.60/1,440 lives	-	-
	Voluntary Life	\$492,318.36/1,714 lives	-	-
	Vision	\$150,528.72/1,124 lives	-	-
				\$ -
<b>Self-Funded Options</b>				
Administrative Services Only	Fees	\$1.2 million		\$75,000
Stop Loss		\$700,000.00	-	-
				\$ -
All Services Single Fee				\$75,000

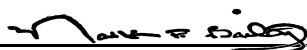
NOTE: If travel is involved in the execution of an awarded contract for this solicitation, should any air travel be required the City's travel policy allows for Coach air travel only. All other travel will be billed in accordance with the Federal General Services Administration rates which can be found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

Name of Company: MFB Financial, Inc. dba The Bailey Group - an NFP company

Date: 11/1/2023





# DEIB Policy Statement

NFP / About NFP / Diversity, Equity, Inclusion, Belonging / DEIB Policy Statement

## Diversity, Equity, Inclusion & Belonging

NFP seeks to cultivate an enterprise-wide DEIB strategy that is aligned with business objectives and creates systems and cultures of diversity, equity, inclusion and belonging, permeates every aspect of the business, and empowers all employees and stakeholders, both internally and externally, to succeed.

NFP is committed to DEIB because we know that a company is only as great as its employees. We continually seek out professionals with diverse characteristics and unique life experiences, knowledge, self-expression, capabilities and talent. Together we form a community that celebrates individual differences, shares perspectives and emphasizes belonging so people can be their authentic selves. Our community acknowledges contributions from everyone, no matter their education, opinions, culture, ethnicity, race, sex, gender identity and expression, nation of origin, age, generation, languages spoken, veteran's status, color, religion, disability, sexual orientation and beliefs.

Our CEO and senior executives are committed to these initiatives, setting the tone for the entire organization. The NFP DEIB Advisory Board, composed of employees at all levels of the organization, spearheads initiatives that encourage a better, more inclusive work environment; promote opportunities for NFP to achieve workplace diversity, inclusivity and cultural competency; and align DEIB strategies with organizational goals and objectives to enhance the business of NFP. Likewise, our Business Resource Groups for Women, Black Professionals, LGBTQ+, Military & Veterans, Asian, Latine, Disabled and Families form a collaborative, supportive community where both members and their allies join with the community at large to advance the members' development and NFP as a business.

We drive our vision internally and externally through four pillars: Employee, Client, Community and Supplier.

**Employee:** This group is focused on diversifying our workforce through internal processes and opportunities that will support attraction and retention and grow talent, innovation and a sense of belonging for all.

**Community:** This group is focused on diversifying our charitable activities and involvement with programs that reflect historically underrepresented populations and align with NFP's goals and values.

**Client:** This group will focus on enriching NFP's client relationships by illustrating our D&I practices, as well as develop offerings relevant to all organizations that have D&I priorities.

**Supplier:** This group is focused on tying into and strengthening inclusive vendor relationships. We'll examine internal processes and determine how to better diversify and enhance vendor partnerships.

As part of this work, we collaborate and partner with other like-valued organizations to effectuate change and positively impact our communities: supporting initiatives and organizations dedicated to building a more diverse, equitable, inclusive community and industry. In addition, NFP has created a Supplier Diversity Program (SDP) to develop, promote, improve, and increase diverse supplier partnerships and spend within the corporate supply chain. The SDP serves to prioritize our DEIB philosophy in the broader market by proactively establishing and strengthening relationships with diverse suppliers. By maximizing procurement opportunities, NFP can actively commit to achieving equal business opportunities and leverage business expansion in underrepresented communities and markets.

The more diverse and inclusive we are, the better we can serve our clients, the more effectively we can innovate and grow our business, the more we can positively impact our communities around the world, and the more successfully we can establish a legacy to be proud of. NFP is committed to respecting every person, and this expectation extends externally to our clients, communities and suppliers.





Diversity  
Equity  
Inclusion +  
Belonging

Resource Groups

# NFP Business Resource Groups

## Women's Resource Group

This group empowers NFP women and their allies to come together. We're focused on empowering women employees in their personal and professional growth, expanding their networks within the company and building their leadership skills to further their career advancement. This group will work to connect with, mentor and empower young women in our local communities, building a pipeline of future NFP employees and leaders. Engage with this group to access and share information on webinars, articles, career guidance and activities happening globally and locally to support healthy female leadership.

**Chair:** Spencer Dickman

**Co-Chair:** Gale Hamilton

**Contact:** [womenbrg@nfp.com](mailto:womenbrg@nfp.com)

## Military and Veterans Resource Group

The Military and Veterans Business Resource Group (MVBRG) is an opportunity to establish a community devoted to promoting success and diversity amongst NFP's current and former military members, their families and allies. The group looks to utilize the unique skills and perspectives of military veterans, such as team building, resiliency, cross-cultural fluency and leadership. The MVBRG was formed to generate conversations and actions surrounding NFP's support of military members, military families, and veterans' transition to a corporate environment. Recruitment and community giveback will also be important aspects of our effort.

**Chair:** Justin Goldstein

**Co-Chair:** Kadedra Warren-Jones

**Contact:** [mil-vetbrg@nfp.com](mailto:mil-vetbrg@nfp.com)

**Our respect for every person is vital to everything we do as a company.**

Employees are encouraged to get involved in our resource groups both as members and allies.

## Black Professionals Resource Group

The Black Professional BRG is an employee-led group that seeks to create community, provide networking opportunities, and promote leadership development through advocacy, outreach and mentorship for Black employees. Our aim is to encourage the growth, success and retention of Black employees across all job functions. Our goal is to foster an inclusive and celebrative workplace, while increasing awareness of the unique challenges facing Black professionals. Everyone who would like to participate as a member or stay connected as an ally is welcome to join this group.

**Chair:** Elzia Sekou

**Co-Chair:** Elizabeth Allen

**Contact:** blackprofessionalbrg@nfp.com

## D-IS-Ability Resource Group

This group was formed to showcase the extraordinary capabilities of the disabled community not only in the NFP workforce but also in the mainstream business environment. We hope to improve the visibility of those with disabilities in NFP by increasing the recruitment of these individuals and highlighting abilities rather than focusing on their disabilities. Everyone who would like to raise awareness and learn how to better treat those with disabilities in a manner of equality and respect is welcome to participate.

**Chair:** Jason Carr

**Co-Chair:** John Stewart

**Contact:** d-is-abilitybrg@nfp.com

## PRIDE+ Resource Group

To promote diversity, inclusion, and understanding of sexual orientation and gender expression in the workplace, the PRIDE+ Resource Group seeks to connect members and allies of the LGBTQ+ community and promote opportunities for growth and leadership. We will provide a forum for awareness and education that enables all of NFP to be their authentic selves in the workplace.

**Chair:** Dana Leamaster

**Co-Chair:** Nicole Hatcher

**Contact:** pride+brg@nfp.com

## Latine Resource Group

The Latine BRG is a strong employee-centered foundation grounded in Latin and Hispanic culture. This group is designed to provide a safe space where members feel like they truly belong. Through cultural appreciation, the Latine BRG hopes to provide access to valuable tools for the development of its people and the support of its community. Members will gather, share and celebrate culture with the goal of inclusion and opportunity.

**Chair:** Monica Jimenez

**Co-Chair:** Isabel Velasquez

**Contact:** latinebrg@nfp.com

## Asian Resource Group

This group was formed to promote the open expression and empowerment of all Asian members of the workforce. We aim to ensure everyone has the resources they need while promoting a diverse culture of inclusivity in the group and across NFP. We look to provide support to Asian employees in their professional growth through mentorship and promoting leadership skills.

**Chair:** Patrick Diep

**Co-Chair:** Alma Ko

**Contact:** asianbrg@nfp.com

## Family Resource Group

The Family Resource Group was formed to provide resources and guidance from experts and working parents on parent-focused topics. We focus on several areas such as financial education, technology tools and safety tips and information about our family-friendly benefits and policies. Over time, the group has expanded to support our employees with different family needs beyond raising children. We aim to provide space for one-on-one and small group mentoring so our members can be successful at work and balance family needs and obligations at home.

**Chair:** Paul Ashley

**Co-Chair:** Nicole Juracek

**Contact:** familybrg@nfp.com

---

For your business.

For your people.

For your life.

NFP.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](http://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.

MFB Financial, Inc.

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

The Bailey Group

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

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

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

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

☐ Other (see instructions) ►

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

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) \_\_\_\_\_

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

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

1200 Plantation Island Dr. S., Ste. 210

6 City, state, and ZIP code

St. Augustine, FL 32080

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

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

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

5 9 - 3 3 9 1 6 1 9

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

*Mark S. Bailey*

Date ►

10/17/2022

### 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](http://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.



# **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

E. Question:

Do you have a separate actuarial contract?

Answer:

Yes

F. Question:

Which actuarial firm currently performs the City's annual 112.08 filing of actuarial soundness with the State of Florida for the City's self-funded health plan?

Answer:

Wakely and Associates conducts this work.

G. Existing company questions

a. Q. Who is the incumbent consultant and can you provide their compensation/contract?

A. There is no incumbent; the City has selected an Administrator via direct solicitations in accordance with City procurement policies.

b. Q. Does the City currently work with a consultant and/or broker? If yes, please provide a copy of the current contract including scope of services and current compensation structure.

A. See above

c. Q. If compensation is paid via flat fee, what is annual compensation amount? If compensation is set by line of coverage, please provide by line including stop loss.

A. N/A

d. Q. If compensation is commission based, please provide the percentage of commission by line of coverage and estimated annual premium for each line including stop loss.

A. Not applicable, see above

H. Question:

Does the City have a benefits committee for which we will provide regular reports/content and/or be required to attend meetings on a regular basis?

Answer:

There is not a formal Committee, but the successful bidder should expect to have periodic meetings with City Staff.

I. Question:

Are City Council or administrative meetings (outside regular open items and strategy meetings) required? If so, is there a regular cadence?

Answer:

There will be at least the probability of attendance of at least one Commission meeting annually to discuss options and/outcomes. The City Commission meets twice a month on the first and third Thursday of the respective month.

J. Question:

Although not outlined in the Scope of Work, is employee communication required?

Answer:

Yes, the City would like the successful vendor to help with Employee engagement as part of the assessing options part of the process.



# **City of Gainesville**

Financial Services Department  
Procurement Division

K. Question:

What is the City's Benefits Administration platform? Is support or RFP development required for Benefits Administration?

Answer:

The City expects the vendor to solicit options from the market and provide those options to the City for consideration, including self-funded administrative services options.

L. Question:

If no formal agreement, please state who receives commissions on the City's various lines of coverage.

Answer:

The City does not pay commissions to agents on any of our products; however, they may receive commissions for the companies they are contracted with.

M. Question:

Are there any services or vendor/subcontracted services paid for by the current broker/consultant? If so, please describe the service and provide the annual cost by identified service

Answer:

No

N. Question:

Does the City offer any additional coverage options for medical to retirees other than the group plan offered to active employees? If so, please advise which.

Answer:

Yes, the City has Medicare Supplement options for retirees who are Medicare Eligible. That program is not part of this solicitation.

O. Question:

Which vendor currently administers the City's *Employee Health Services* center and provides the nurse practitioner? Are these services available to both retirees and employees? Please provide additional details.

Answer:

Employee Health Services staffed and managed by City Staff. Yes, services are available to both Active and Retired employees. The services offered are varied and range from preventative to convenient care level interventions.

P. Question:

Scope of work – page 5, section 2.2 a specifically states “Control health and group life plan costs for the City” as part of the Scope of Work – will the awarded proposer also assist the City with oversight of all other benefits (i.e. Vision, Dental, FSA, Voluntary life, STD and legal shield)?

Answer:

That is to be determined, in the initial year the focus will be on the Health Benefit offering and options.



# 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: MFB Financial, Inc. dba The Bailey Group - an NFP company

SIGNATURE: 

LEGIBLY PRINT NAME: Mark F. Bailey

DATE: 11/1/2023



# **City of Gainesville**

Financial Services Department  
Procurement Division

## **CITY OF GAINESVILLE FINANCIAL SERVICES PROCEDURES MANUAL**

### **41-524 Prohibition of Lobbying In Procurement Matters**

Except as expressly set forth in Resolution 170116, Section 9, during the Cone of Silence as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees, except the Procurement Division or the procurement designated staff contact person. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Cone of Silence period means the period between the issue date which allows for immediate submittals to the City of Gainesville Procurement Division in response to an invitation to bid, or a request for proposal, or qualifications, or information, or an invitation to negotiate, as applicable, and the time that City Officials or the Procurement Division, or City Department awards the contract.

Lobbying means when a person seeks to influence or attempt to influence City Officials or employees with respect to a decision of the City, except as authorized by procurement procedures.