

**A G R E E M E N T**

THIS AGREEMENT is made and entered into this 22nd day of June, 2021, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and Hub International Insurance Services, Inc., a California corporation, whose address is 4695 MacArthur Court, Suite 600, Newport Beach, CA 92660, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, the COUNTY has a need for employee health care and benefit plan consulting services to assist the COUNTY in ensuring legal and regulatory compliance and identifying and evaluating all health care and benefit plan alternatives; and

WHEREAS, the COUNTY desires to contract for employee health care and benefit plan consulting services as described in Request for Proposals number 21-033 ("RFP No. 21-033"); and

WHEREAS, CONTRACTOR has demonstrated their ability to provide such consulting services in their response to RFP No. 21-033.

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions herein contained, the parties hereto agree as follows:

1. OBLIGATIONS OF THE CONTRACTOR

CONTRACTOR shall provide the following consulting services, as described in COUNTY's RFP number 21-033 (including Addendum Number One (1)), attached hereto as Exhibit A and incorporated herein by reference, and CONTRACTOR'S Response to RFP number 21-033, attached hereto as Exhibit B and incorporated herein by reference:

- A. Administrative services for health and ancillary/voluntary benefit plans, including
  - 1) Benefit Design Assistance
  - 2) Participant Communications, including annual Open Enrollment materials and assistance with website design
  - 3) Legal & Regulatory Compliance Support;
- B. Vendor relations for health and ancillary/voluntary benefit plans, including
  - 1) RFP/RFQ Development and Administration

1                                   2)     Contract Development

2                                   3)     Vendor Management;

3                           C.     Data analysis and reporting for health benefit plans, including reviewing health  
4 and other benefit rates for accuracy and providing actuarial, underwriting and fiscal support for health  
5 benefit plans;

6                           D.     Assist COUNTY with moving to pre-payment and monthly eligibility for COUNTY's  
7 health and other benefit plans; and

8                           E.     Assist the COUNTY with procuring vendors related to the COUNTY's annual  
9 Health and Benefits Fair

10                   2.     OBLIGATIONS OF THE COUNTY

11                   A.     COUNTY will authorize its health and benefit plan vendors to provide  
12 CONTRACTOR with current health and benefits plan data and necessary information as required for  
13 CONTRACTOR to provide the services described in Section 1 – OBLIGATIONS OF THE CONTRACTOR,  
14 above.

15                   B.     COUNTY will assist CONTRACTOR in preparing the scope of services and any  
16 other content, at COUNTY's discretion, related to health and ancillary/voluntary benefits RFP or request  
17 for quotations ("RFQ") processes. The COUNTY shall provide final approval of any RFP or RFQ before  
18 release to potential vendors.

19                   C.     COUNTY will make CONTRACTOR broker of record on all assignable  
20 ancillary/voluntary benefits currently in place and will direct ancillary/voluntary commissions to  
21 CONTRACTOR. CONTRACTOR shall credit such commissions to COUNTY, pursuant to Section 5 –  
22 COMPENSATION/INVOICING, below.

23                   3.     TERM

24                   The term of this Agreement shall be for a period of three (3) years, commencing on July 12<sup>th</sup>, 2021,  
25 through and including July 11<sup>th</sup>, 2024. This Agreement may be extended for two (2) additional consecutive  
26 twelve (12) month periods upon written approval of both parties no later than ninety (90) days prior to the  
27 first day of the next twelve (12) month extension period. The Director of Human Resources or their  
28 designee is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR'S

1 satisfactory performance.

2 4. TERMINATION

3 A. Non-Allocation of Funds: The terms of this Agreement, and the services to be  
4 provided hereunder, are contingent on the approval of funds by the appropriating government agency.  
5 Should sufficient funds not be allocated, the services provided may be modified, or this Agreement  
6 terminated, at any time by giving the CONTRACTOR thirty (30) days advance written notice.

7 B. Breach of Contract: The COUNTY may immediately suspend or terminate this  
8 Agreement in whole or in part, where in the determination of the COUNTY there is:

- 9 1) An illegal or improper use of funds;
- 10 2) A failure to comply with any term of this Agreement;
- 11 3) A substantially incorrect or incomplete report submitted to the COUNTY;
- 12 4) Improperly performed service.

13 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any breach  
14 of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither shall such  
15 payment impair or prejudice any remedy available to the COUNTY with respect to the breach or default.  
16 The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the COUNTY of any  
17 funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of the COUNTY were  
18 not expended in accordance with the terms of this Agreement. The CONTRACTOR shall promptly refund  
19 any such funds upon demand.

20 C. Without Cause: Under circumstances other than those set forth above, this  
21 Agreement may be terminated by COUNTY upon the giving of ninety (90) days advance written notice of  
22 an intention to terminate to CONTRACTOR.

23 5. COMPENSATION/INVOICING

24 A. Annual Fees

25 COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive  
26 compensation for services rendered pursuant to this agreement as follows:

- 27 1) For the 12-month period beginning July 12, 2021: \$125,000.00
- 28 2) For the 12-month period beginning July 12, 2022: \$128,000.00

- 1                   3)     For the 12-month period beginning July 12, 2023: \$131,000.00
- 2                   4)     For the 12-month period beginning July 12, 2024 (if applicable): \$134,000.00
- 3                   5)     For the 12-month period beginning July 12, 2025 (if applicable):
- 4 \$137,000.00.

5                   Annual Fees shall be paid on a quarterly basis.

6                   In no event shall services performed under this Agreement be in excess of \$655,000.00  
7 during the period July 12, 2021 through July 11, 2026. It is understood that all expenses incidental to  
8 CONTRACTOR'S performance of services under this Agreement shall be borne by CONTRACTOR.

9                   B.     Performance Guarantees and Fees at Risk

10                   1)     Pursuant to Paragraph C of Section 1 - OBLIGATIONS OF THE  
11 CONTRACTOR, above, CONTRACTOR shall ensure that the final rates for the health and other benefit  
12 plans which are approved by the COUNTY Board of Supervisors are correct. CONTRACTOR shall refund  
13 5% of its fees from any contract year in which it fails to ensure the accuracy of the final health and other  
14 benefit rates described in this paragraph, which results in such rates needing to be re-approved by the  
15 COUNTY Board of Supervisors.

16                   2)     Pursuant to Paragraph A.2 of Section 1 - OBLIGATIONS OF THE  
17 CONTRACTOR, above, CONTRACTOR shall provide the final version of electronic Open Enrollment  
18 communications to the COUNTY no later than September 15 of each calendar year (or the closest  
19 business day preceding September 15); provided, that CONTRACTOR has received all  
20 information/approvals from the COUNTY and outside vendors/carriers that would impact Open Enrollment  
21 materials by August 15<sup>th</sup>. Should CONTRACTOR be in receipt of all relevant information, approvals, and  
22 materials by the August 15<sup>th</sup> deadline and fail to produce Open Enrollment materials by September 15<sup>th</sup> of  
23 each year, CONTRACTOR shall refund 5% of its fees from any contract year in which it fails to meet the  
24 deadlines described in this paragraph.

25                   C.     Commissions

26                   CONTRACTOR shall credit the COUNTY with commissions it receives from COUNTY's  
27 health and benefit plan vendors on all assignable ancillary/voluntary benefits from all employer- and  
28 employee-paid benefits on a quarterly basis.



1 D. Invoices

2 CONTRACTOR shall invoice COUNTY quarterly in advance for Annual Fees by the  
3 fifteenth day of the first month of the quarter for which Annual Fees are due. Beginning the  
4 second quarter of the Agreement, the quarterly invoice for Annual Fees shall detail any credit due  
5 to the COUNTY for commissions received by CONTRACTOR during the preceding quarter as well  
6 as refunds due to the COUNTY for performance deficiencies set forth in Section 3.B. above. All  
7 invoices shall be submitted to the County of Fresno Department of Human Resources at the  
8 address listed in the Notices section of this Agreement. Invoices which do not include such  
9 commission detail will not be paid by COUNTY. CONTRACTOR agrees that payment of said  
10 invoice will be made no sooner than forty-five (45) days from the date of receipt of invoice by the  
11 COUNTY.

12 6. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: The parties agree to  
13 comply with the terms of the Business Associate Agreement, attached hereto as Exhibit C and incorporated  
14 herein by this reference.

15 7. INDEPENDENT CONTRACTOR: In performance of the work, duties and obligations  
16 assumed by CONTRACTOR under this Agreement, it is mutually understood and agreed that  
17 CONTRACTOR, including any and all of the CONTRACTOR'S officers, agents, and employees will at all  
18 times be acting and performing as an independent contractor, and shall act in an independent capacity and  
19 not as an officer, agent, servant, employee, joint venturer, partner, or associate of the COUNTY.  
20 Furthermore, COUNTY shall have no right to control or supervise or direct the manner or method by which  
21 CONTRACTOR shall perform its work and function. However, COUNTY shall retain the right to administer  
22 this Agreement so as to verify that CONTRACTOR is performing its obligations in accordance with the  
23 terms and conditions thereof.

24 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and  
25 regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

26 Because of its status as an independent contractor, CONTRACTOR shall have absolutely no right  
27 to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be solely liable  
28 and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In

1 addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all matters relating  
2 to payment of CONTRACTOR'S employees, including compliance with Social Security withholding and all  
3 other regulations governing such matters. It is acknowledged that during the term of this Agreement,  
4 CONTRACTOR may be providing services to others unrelated to the COUNTY or to this Agreement.

5 8. MODIFICATION: Any matters of this Agreement may be modified from time to time by the  
6 written consent of all the parties without, in any way, affecting the remainder.

7 9. NON-ASSIGNMENT: Neither party shall assign, transfer or sub-contract this Agreement nor  
8 their rights or duties under this Agreement without the prior written consent of the other party.

9 10. HOLD HARMLESS: CONTRACTOR agrees to indemnify, save, hold harmless, and at  
10 COUNTY'S request, defend the COUNTY, its officers, agents, and employees from any and all costs and  
11 expenses (including attorney's fees and costs), damages, liabilities, claims, and losses occurring or  
12 resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its  
13 officers, agents, or employees under this Agreement, and from any and all costs and expenses (including  
14 attorney's fees and costs), damages, liabilities, claims, and losses occurring or resulting to any person, firm,  
15 or corporation who may be injured or damaged by the performance, or failure to perform, of  
16 CONTRACTOR, its officers, agents, or employees under this Agreement, except to the extent COUNTY  
17 has caused or significantly contributed to the error or omission.

18 11. INSURANCE

19 Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third  
20 parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the following insurance  
21 policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or  
22 Joint Powers Agreement (JPA) throughout the term of the Agreement:

23 A. Commercial General Liability

24 Commercial General Liability Insurance with limits of not less than Two Million Dollars  
25 (\$2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000.00). This  
26 policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including  
27 completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal  
28 liability or any other liability insurance deemed necessary because of the nature of this contract.

1 B. Automobile Liability

2 Comprehensive Automobile Liability Insurance with limits of not less than One Million  
3 Dollars (\$1,000,000.00) per accident for bodily injury and for property damages. Coverage should include  
4 any auto used in connection with this Agreement.

5 C. Professional Liability

6 If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W.,  
7 M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less than One Million  
8 Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

9 D. Worker's Compensation

10 A policy of Worker's Compensation insurance as may be required by the California Labor  
11 Code.

12 Additional Requirements Relating to Insurance

13 CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming  
14 the County of Fresno, its officers, agents, and employees, individually and collectively, as additional  
15 insured, but only insofar as the operations under this Agreement are concerned. Such coverage for  
16 additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained  
17 by COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance  
18 provided under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without  
19 a minimum of thirty (30) days advance written notice given to COUNTY.

20 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and  
21 employees any amounts paid by the policy of worker's compensation insurance required by this  
22 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be  
23 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under  
24 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

25 Within Thirty (30) days from the date CONTRACTOR signs and executes this Agreement,  
26 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the  
27 foregoing policies, as required herein, to the County of Fresno, Hollis Magill, Director of Human Resources  
28 2220 Tulare Street, 14<sup>th</sup> Floor, Fresno, CA 93721, stating that such insurance coverage have been

1 obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be  
2 responsible for any premiums on the policies; that such Commercial General Liability insurance names the  
3 County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but  
4 only insofar as the operations under this Agreement are concerned; that such coverage for additional  
5 insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by  
6 COUNTY, its officers, agents and employees, shall be excess only and not contributing with insurance  
7 provided under CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed  
8 without a minimum of thirty (30) days advance, written notice given to COUNTY.

9 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein  
10 provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this  
11 Agreement upon the occurrence of such event.

12 All policies shall be issued by admitted insurers licensed to do business in the State of California,  
13 and such insurance shall be purchased from companies possessing a current A.M. Best, Inc. rating of A  
14 FSC VII or better.

15 12. AUDITS AND INSPECTIONS: The CONTRACTOR shall at any time during business hours,  
16 and as often as the COUNTY may deem necessary, make available to the COUNTY for examination all of  
17 its records and data with respect to the matters covered by this Agreement. The CONTRACTOR shall,  
18 upon request by the COUNTY, permit the COUNTY to audit and inspect all of such records and data  
19 necessary to ensure CONTRACTOR'S compliance with the terms of this Agreement.

20 If this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR shall be subject to  
21 the examination and audit of the Auditor General for a period of three (3) years after final payment under  
22 contract (Government Code Section 8546.7).

23 13. NOTICES: The persons and their addresses having authority to give and receive notices  
24 under this Agreement include the following:

25	<u>COUNTY</u>	<u>CONTRACTOR</u>
26	COUNTY OF FRESNO	HUB International
27	Hollis Magill, Director of Human Resources	Shannon Taylor, EVP & Pacific Region President
28	2220 Tulare Street, 14 <sup>th</sup> Floor	9855 Scranton Rd
	Fresno, CA 93721	San Diego, CA 92121

All notices between the COUNTY and CONTRACTOR provided for or permitted under this

1 Agreement must be in writing and delivered either by personal service, by first-class United States mail, by  
2 an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by  
3 personal service is effective upon service to the recipient. A notice delivered by first-class United States  
4 mail is effective three COUNTY business days after deposit in the United States mail, postage prepaid,  
5 addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one  
6 COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid,  
7 with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by  
8 telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is  
9 completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the  
10 next beginning of a COUNTY business day), provided that the sender maintains a machine record of the  
11 completed transmission. For all claims arising out of or related to this Agreement, nothing in this section  
12 establishes, waives, or modifies any claims presentation requirements or procedures provided by law,  
13 including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code,  
14 beginning with section 810).

15 14. GOVERNING LAW: Venue for any action arising out of or related to this Agreement shall  
16 only be in Fresno County, California.

17 The rights and obligations of the parties and all interpretation and performance of this Agreement  
18 shall be governed in all respects by the laws of the State of California.

19 15. DISCLOSURE OF SELF-DEALING TRANSACTIONS

20 This provision is only applicable if the CONTRACTOR is operating as a corporation (a for-profit  
21 or non-profit corporation) or if during the term of the agreement, the CONTRACTOR changes its status  
22 to operate as a corporation.

23 Members of the CONTRACTOR's Board of Directors shall disclose any self-dealing transactions  
24 that they are a party to while CONTRACTOR is providing goods or performing services under this  
25 agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR is a party  
26 and in which one or more of its directors has a material financial interest. Members of the Board of  
27 Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a  
28 Self-Dealing Transaction Disclosure Form, attached hereto as Exhibit D and incorporated herein by

1 reference, and submitting it to the COUNTY prior to commencing with the self-dealing transaction or  
2 immediately thereafter.

3           16.    ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the  
4 CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous  
5 Agreement negotiations, proposals, commitments, writings, advertisements, publications, and  
6 understanding of any nature whatsoever unless expressly included in this Agreement. In the event of any  
7 inconsistency in interpreting the documents which constitute this Agreement, the inconsistency shall be  
8 resolved by giving precedence in the following order of priority: (1) the text of this Agreement (including  
9 Exhibit "C", but excluding Exhibit "A", COUNTY'S Request for Proposal No. 21-033 and Exhibit "B", the  
10 CONTRACTOR'S Proposal in response thereto); (2) Exhibit "A"; and (3) Exhibit "B".

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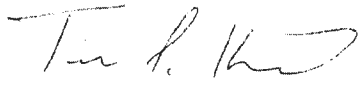
1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year  
2 first hereinabove written.

3  
4 **CONTRACTOR**  
5 HUB International Insurance Services, Inc.

6   
7 \_\_\_\_\_  
(Authorized Signature)

8 **Shannon Taylor**  
9 \_\_\_\_\_  
Print Name

10 **Executive Vice President & Pacific Region**  
11 **President**  
12 \_\_\_\_\_  
Title

13   
14 \_\_\_\_\_  
(Authorized Signature)

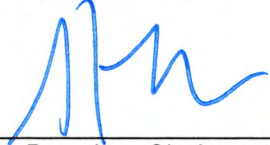
15 **Tim Kennedy**  
16 \_\_\_\_\_  
Print Name

17 **Executive Vice President,**  
18 **Employee Benefits Market Leader**  
19 \_\_\_\_\_  
Title

20 \_\_\_\_\_  
21 Mailing Address

22 FOR ACCOUNTING USE ONLY:  
23 Fund: 1060  
24 Subclass: 10000  
25 ORG: 89250200  
26 Account: 7295  
27  
28

**COUNTY OF FRESNO**



\_\_\_\_\_  
Steve Brandau, Chairman of the Board of  
Supervisors of the County of Fresno

**ATTEST:**  
Bernice E. Seidel  
Clerk of the Board of Supervisors  
County of Fresno, State of California

By:   
\_\_\_\_\_  
Deputy

# **EXHIBIT A**



# COUNTY OF FRESNO



## REQUEST FOR PROPOSAL

**NUMBER: 21-033**

## COUNTY OF FRESNO HEALTH AND BENEFITS CONSULTANT

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**Issue Date: February 23, 2021**

**Closing Date: MARCH 23, 2021 AT 10:00 AM**

All Questions and Responses must be electronically submitted on the Bid Page on Public Purchase.

For assistance, contact Mr. Shannon W. Kirby at Phone (559) 600-7110.

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### BIDDER TO COMPLETE

Undersigned agrees to furnish the commodity or service stipulated in the attached at the prices and terms stated in this RFP.  
Bid must be signed and dated by an authorized officer or employee.

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COMPANY

---

CONTACT PERSON

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

( )

TELEPHONE NUMBER

E-MAIL ADDRESS

---

AUTHORIZED SIGNATURE

---

PRINT NAME

TITLE

# COUNTY OF FRESNO



## ADDENDUM NUMBER: ONE (1)

**RFP NUMBER: 21-033**

## COUNTY OF FRESNO HEALTH AND BENEFITS CONSULTANT

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Issue Date: March 3, 2021

**Closing Date: March 23, 2021 at 10:00 AM**

All Questions and Proposals must be electronically submitted to the Bid Page on Public Purchase.

For assistance, contact Mr. Shannon W. Kirby at (559) 600-7110.

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**NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 21-033 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.**

➤ **Questions and Answers**

### ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 21-033

COMPANY NAME: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_  
(PRINT)

Purchasing Use: SWK:st

ORG/Requisition: 89250200 / 8922100131

## QUESTIONS AND ANSWERS

- Q1. Can you please provide a summary report of your most recent audit results (as described in Section I. Administrative Services, 4.c.)? We would like to understand the depth of the annual audit the County is seeking.**
- A1. *The County expects the consultant to be familiar with our plan documents and policies so that they may suggest changes to those plan documents and policies based on changes in laws/regulations and/or changes to industry best practices. The County expects that such audits would occur as needed, but no less than annually.*
- Q2. III. Vendor Relations, 2.e. indicates meetings/conf calls with vendors are required no less than one time per quarter. Are there standing meetings/calls between the County and it's vendors? If so, are they standing calls with all eight current vendors? On average, how many meetings occur each quarter with all the vendors in which the Consultant will participate?**
- A2. *Currently there are no standing meetings or conference calls with vendors. These are scheduled with individual vendors as needed to receive updates and review plan performance/utilization.*
- Q3. What is the method/process for enrolling employees on the Voya voluntary plans?**
- A3. *The County utilizes MyWorkplace.net for benefits enrollment.*
- Q4. Would the county be interested in rolling out a campaign to encourage enrollment on the Voya voluntary plans? The participation percentage appears to be very low as of right now.**
- A4. *The County would be interested in rolling out a campaign to encourage enrollment on the Voya voluntary plans. Vendors are encouraged to include their detailed strategy to enhance the benefit programs offered by the County, as well as expanding enrollment in these programs.*
- Q5. Please clarify the scope of service for Part A. Is this an RFP for both the consultant for the SJVIA as well as the consultant for the County of Fresno? Or, is this specifically for the County of Fresno and a separate contract with the current broker remains in place for the SJVIA consulting?**
- A5. *This RFP is specifically for the County of Fresno, not the SJVIA.*
- Q6. The \$295,000 that was paid to the current consultant, was that for only the County of Fresno consulting and not their work directly with the SJVIA? Does the \$295,000 annual cap stated in the Keenan agreement include the commissions they received on the ancillary/voluntary products in addition to the flat fee that is paid by the County?**
- A6. *The current agreement between the County of Fresno and Keenan & Associates is not related to the SJVIA. The \$295,000 cap represents the maximum the County of Fresno would pay and would be offset by commissions received by Keenan from voluntary benefits.*

**Q7. Q15 in the Scope of Services requests the number of RFP projects we have conducted in the various categories. As a firm, we do not track this information at this level. Will we be considered non-responsive if we respond with "not available" for this table?**

*A7. Bidders will not be considered non-responsive if they do not complete the table within Q15 of the Scope of Work Proposal Requirements. However, we expect a bidder to provide as much information as possible regarding this question, as it speaks to their level of experience and expertise in administering an RFP process, which is vital to the role of Health and Benefits Consultant.*

**Q8. Does the current consultant directly pay for any services on behalf of the County such as COBRA, Printing, etc? If so, please state which services and the amount of annual commitment for each.**

*A8. The current consultant does not pay for these services on behalf of the County of Fresno.*

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## OVERVIEW

The County of Fresno is requesting proposals from qualified vendors to provide consulting services related to our health and benefits programs (“Health & Benefits Consultation Services”). The County has been in a contract with Keenan & Associates since July of 2016 and at this time is requesting proposals for Health & Benefits Consultation Services consistent with the County’s standard process of periodically re-bidding services.

The County seeks a consultant that is well versed in the health benefits market (including self-funded plans), experienced in advising comparable public agencies, able to provide legislative updates on both proposed and new legislation, and that works well with various levels of labor, staff and management.

While the primary focus of this request for proposals is Health Insurance Consultation Services, the County also requires consulting and broker of record services for Ancillary/Voluntary Benefits (life, disability and voluntary benefits), Flexible Spending Accounts (Health Care, Dependent Care, and Commuter benefits), Wellness Program and the Employee Assistance Program. Proposals that include only health benefit consultation services **will not be considered**. Prospective bidders should familiarize themselves with County-sponsored benefits by visiting our website: <https://www.co.fresno.ca.us/departments/human-resources/employee-benefits>.

## BACKGROUND

The primary focus of Health Consultation Services will be as an advocate for the County in our relationship with the San Joaquin Valley Insurance Authority (the “SJVIA” – review the “County Health and Benefits” section, below, for more information) to ensure that the SJVIA rates are competitive, review rates from an actuarial perspective, the procurement and administration of health benefits to retired employees and compliance with applicable state and federal laws and regulations.

The primary focus of Non-Health Consultation Services will be in the procurement and administration of Life Insurance, Disability Insurance, Voluntary Benefits, Flexible Spending Accounts, and the Employee Assistance Program.

The County anticipates entering into a new agreement with the prospective consultant by July of 2021 and expects said consultant to be prepared to solicit proposals for benefits immediately upon contract execution (please see contract expiration information in the “County Health and Benefits” section, below). The County’s annual Open Enrollment period for 2022 is scheduled to begin in October and the plan year begins December 13, 2021. The County uses MyWorkplace.net for benefit enrollment services.

Plans that expire at the end of 2021 include:

- Retiree health and pharmacy benefits management services for retired employees
- Employer and employee-paid life insurance
- The EAP provider for active employees

The County seeks Health & Benefits Consultation Services provided on a flat fee retainer basis. For reference, the County has paid \$295,000 in consulting fees under our current agreement with Keenan & Associates. The County is asking for bids under two (2) scenarios: 1) The Consultant credits all commissions received back to the County; and 2) The Consultant retains commissions for employee-paid benefits (under both scenarios, the County will retain commissions on County-paid benefits). Full details are available in the Cost Proposal section of this RFP.

**COUNTY HEALTH & BENEFITS PROGRAMS**

Please note that benefit enrollment statistics are provided in Exhibits A & B to this RFP.

Active Employee Health Insurance

On October 6, 2009 the County approved the execution of a Joint Exercise of Powers Agreement creating the San Joaquin Valley Insurance Authority (SJVIA) with the County of Tulare. The purpose of the SJVIA is to negotiate, purchase or otherwise fund health, pharmacy, vision, and dental insurance for employees of both counties at more favorable rates while administering those insurance programs with greater efficiency than could be obtained by their individual efforts. More information may be found on the SJVIA website at sjvia.org.

The County currently utilizes plans/benefits through the SJVIA:

- Health/Mental Health (Anthem Blue Cross EPO, PPO, HDPPO medical plans along with fully insured Kaiser HMO)
- Dental (Delta Dental DPPO and DHMO)
- Vision (VSP)
- PBM services (EmpiRx)
- COBRA administration

Each year, the County signs a one-year participation agreement with the SJVIA for plans and services. The County's consultant would be responsible for evaluating the best health insurance options available to the County. This would include an analysis of the proposed rates and plan design options from the SJVIA and potentially soliciting bids from other carriers outside of the SJVIA.

Retiree Health Insurance and Pharmacy Benefit Management Services

The County unblended the active and pre-65 health insurance rates in 2006 thereby eliminating the GASB 45 liability. The County offers four (4) plans to Pre-65 and Medicare-eligible County retirees which are not through the SJVIA. Pre-65 retirees may utilize the Anthem Blue Cross HDPPO. Medicare-eligible retirees may utilize one of three plans:

- A Medicare Supplemental plan provided by United American/Retiree First with United HealthCare Rx providing the prescription coverage.
- Two Medicare Advantage plans are offered through Kaiser Senior Advantage with a high and low option.

All Retiree benefits will require the solicitation of bids by the consultant for the 2022 plan year.

Ancillary/Voluntary Benefits

The County offers a variety of employer- and employee-paid benefits to its employees, including:

- Employer-paid life and accidental death & dismemberment (AD&D) insurance through Voya/ReliaStar
- Employer-paid long-term disability insurance for unrepresented management employees through Met Life
- Employee-paid life, critical illness, accident, and hospital confinement insurance through Voya

- Employee-paid short-term disability insurance benefits through California SDI (most employees are covered under this policy).
- Employee-paid personal property (e.g., car and/or homeowner) insurance through Liberty Mutual

Please note that the employer- and employee-paid life insurance policies will require solicitation of bids by the consultant for the 2022 plan year.

Personal Property Insurance

The County offers personal property insurance, such as auto and homeowner insurance, from Liberty Mutual. This arrangement is through the California State Association of Counties. Solicitation of bids by the consultant is not immediately required, but may be requested by the County at any point in the future.

Employee Assistance Program

The County's Employee Assistance Program is currently provided by ComPsych Corporation. We utilize a three (3) visit per six (6) month model, with an on-site hour bank of 110 hours. These services are provided under the County's Life Insurance agreement with Voya/ReliaStar. As we are in the final year of our agreement with Voya/ReliaStar, County requires solicitation of bids by the consultant for the 2022 plan year.

Flexible Spending Account Program

The County offers flexible spending accounts pursuant to Section 125 and 132 of the Internal Revenue Code. We offer Health, Dependent Care, Parking and Transit benefits. Our current administrator is Navia Benefit Solutions. We are currently in the fourth year of a five-year agreement; County will require solicitation of bids by the consultant for the 2023 plan year.

Wellness Program

The wellness program strives to promote the health and well-being of County of Fresno employees through health education and wellness program activities with a focus on building a healthy lifestyle through nutrition, fitness, and weight management.

The consultant would be expected to coordinate wellness challenges, advocate for sufficient wellness funding through the SJVIA, act as a liaison between County and the healthcare providers to provide wellness services, such as mammograms and biometric screenings.



## **KEY DATES**

**RFP Issue Date:** February 23, 2021

**Written Questions for RFP Due:** March 2, 2021 at 10:00 AM  
Questions must be submitted on the Bid Page.

**RFP Closing Date:** March 23, 2021 at 10:00 AM  
Proposals must be electronically submitted on the Bid Page.

## GENERAL REQUIREMENTS & CONDITIONS

**TERM:** It is County's intent to contract with the successful bidder for a term of three years with the option to renew for up to two additional one year periods based on mutual written consent.

The County reserves the right to terminate any resulting contract upon written notice.

**AWARD:** The award will be made to the vendor offering the proposal that is deemed the most advantageous to the County. Past performance (County contracts within the past seven years) and references may factor into awarding of a contract. The County will be the sole judge in making such determination. The County reserves the right to reject any and all proposals. Award Notices are tentative. Acceptance of an offer made in response to this RFP shall occur only upon execution of an agreement by both parties or issuance of a valid Purchase Order by Purchasing. After award, all bids shall be open to public inspection. The County assumes no responsibility for the confidentiality of information offered in a bid.

Award may require approval by the County of Fresno – Board of Supervisors.

**PARTICIPATION:** The bidder may agree to extend the terms of the resulting contract to other political subdivisions, municipalities, and tax-supported agencies. Such participating governmental bodies may make purchases in their own name, make payment directly to the bidder, and be liable directly to the bidder, holding the County of Fresno harmless.

**CONFIDENTIALITY:** Services performed by the bidder shall be in strict conformance with all applicable Federal, State of California and/or local laws and regulations relating to confidentiality, including but not limited to, California Civil Code, California Welfare and Institutions Code, Health and Safety Code, California Code of Regulations, Code of Federal Regulations.

The bidder shall submit to County's monitoring of said compliance.

The bidder may be a Business associate of County, as that term is defined in the "Privacy Rule" enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a HIPAA Business Associate, vendor may use or disclose protected health information ("PHI") to perform functions, activities or services for or on behalf of County, as specified by the County, provided that such use or disclosure shall not violate HIPAA and its implementing regulations. The uses and disclosures of PHI may not be more expansive than those applicable to County, as the "Covered Entity" under HIPAA's Privacy Rule, except as authorized for management, administrative or legal responsibilities of the Business Associate.

The bidder shall not use or further disclose PHI other than as permitted or required by the County, or as required by law without written notice to the County. The bidder shall ensure that any agent, including any subcontractor, to which vendor provides PHI received from, or created or received by the vendor on behalf of County, shall comply with the same restrictions and conditions with respect to such information.

**SELF-DEALING TRANSACTION DISCLOSURE:** Contractor agrees that when operating as a corporation (a for-profit or non-profit corporation), or if during the term of the agreement the Contractor changes its status to operate as a corporation, members of the Contractor's Board of Directors shall disclose any self-dealing transactions that they are a party to while Contractor is providing goods or performing services under the agreement with the County. A self-dealing transaction shall mean a transaction to which the Contractor is a party and in which one or more of its directors has a material financial interest. Members of the Board of Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a Fresno County Self-Dealing Transaction Disclosure Form and submitting it to the County prior to commencing with the self-dealing transaction or immediately thereafter.

**LOCAL VENDOR PREFERENCE:** The Local Vendor Preference **does not** apply to this Request for Proposal.

**CONFLICT OF INTEREST:** The County shall not contract with, and shall reject any bid or proposal submitted by the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or public agencies for which the Board of Supervisors is the governing body.
2. Profit-making firms or businesses in which employees described in Subsection (1) serve as officers, principals, partners or major shareholders.
3. Persons who, within the immediately preceding twelve (12) months, came within the provisions of Subsection (1), and who were employees in positions of substantial responsibility in the area of service to be performed by the contract, or participated in any way in developing the contract or its service specifications.
4. Profit-making firms or businesses in which the former employees described in Subsection (3) serve as officers, principals, partners or major shareholders.
5. No County employee, whose position in the County enables him to influence the selection of a contractor for this RFP, or any competing RFP, and no spouse or economic dependent of such employee, shall be employees in any capacity by a bidder, or have any other direct or indirect financial interest in the selection of a contractor.
6. In addition, no County employee will be employed by the selected vendor to fulfill the vendor's contractual obligations to the County.

**DISCLOSURE:** The bidder is required to disclose if, within the three-year period preceding the proposal, their owners, officers, corporate managers and partners have been convicted of, or had a civil judgment rendered against them for:

- fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
- violation of a federal or state antitrust statute;
- embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
- false statements or receipt of stolen property

Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

**ORDINANCE 3.08.130 – POST-SEPARATION EMPLOYMENT PROHIBITED:** No officer or employee of the County who separates from County service shall for a period of one year after separation enter into any employment, contract, or other compensation arrangement with any County consultant, vendor, or other County provider of goods, materials, or services, where the officer or employee participated in any part of the decision making process that led to the County relationship with the consultant, vendor or other County provider of goods, materials or services.

Pursuant to Government Code section 25132(a), a violation of the ordinance may be enjoined by an injunction in a civil lawsuit, or prosecuted as a criminal misdemeanor.

**TIE BIDS:** In the event of a tie score between two or more proposals at the completion of the evaluation process, the evaluation team will break the tie by re-evaluating the proposals and coming to a consensus on which proposal to award. Additional information or interviews may be requested from bidders with the tied proposals.

**DATA SECURITY:** Individuals and/or agencies that enter into a contractual relationship with the County for the purpose of providing services must employ adequate controls and data security measures, both internally and externally to ensure and protect the confidential information and/or data provided to contractor by the County, preventing the potential loss, misappropriation or inadvertent access, viewing, use or disclosure of County data including sensitive or personal client information; abuse of County resources; and/or disruption to County operations.

Individuals and/or agencies may not connect to or use County networks/systems via personally owned mobile, wireless or handheld devices unless authorized by County for telecommuting purposes and provide a secure connection; up to date virus protection and mobile devices must have the remote wipe feature enabled. Computers or computer peripherals including mobile storage devices may not be used (County or Contractor device) or brought in for use into the County's system(s) without prior authorization from County's Chief Information Officer and/or designee(s).

No storage of County's private, confidential or sensitive data on any hard-disk drive, portable storage device or remote storage installation unless encrypted according to advance encryption standards (AES of 128 bit or higher).

The County will immediately be notified of any violations, breaches or potential breaches of security related to County's confidential information, data and/or data processing equipment which stores or processes County data, internally or externally.

County shall provide oversight to Contractor's response to all incidents arising from a possible breach of security related to County's confidential client information. Contractor will be responsible to issue any notification to affected individuals as required by law or as deemed necessary by County in its sole discretion. Contractor will be responsible for all costs incurred as a result of providing the required notification.

**AUDITS & RETENTION:** The Contractor shall maintain in good and legible condition all books, documents, papers, data files and other records related to its performance under this contract. Such records shall be complete and available to Fresno County, the State of California, the federal government or their duly authorized representatives for the purpose of audit, examination, or copying during the term of the contract and for a period of at least three (3) years following the County's final payment under the contract or until conclusion of any pending matter (e.g., litigation or audit), whichever is later. Such records must be retained in the manner described above until all pending matters are closed.

**PAYMENT:** County will make partial payments for all purchases made under the contract and accumulated during the month. Terms of payment will be net forty-five (45) days.

**DISPUTE RESOLUTION:** The ensuing contract shall be governed by the laws of the State of California.

Any claim which cannot be amicably settled without court action will be litigated in the U. S. District Court for the Eastern District of California in Fresno, CA or in a state court for Fresno County.

**ASSIGNMENTS:** The ensuing proposed contract will provide that the vendor may not assign any payment or portions of payments without prior written consent of the County of Fresno.

**ASSURANCES:** Any contract awarded under this RFP must be carried out in full compliance with The Civil Rights Act of 1964, The Americans With Disabilities Act of 1990, their subsequent amendments, and any and all other laws protecting the rights of individuals and agencies. The County of Fresno has a zero tolerance for discrimination, implied or expressed, and wants to ensure that policy continues under this RFP. The contractor must also guarantee that services, or workmanship, provided will be performed in compliance with all applicable local, state, or federal laws and regulations pertinent to the types of services, or project, of the nature required under this RFP. In addition, the contractor may be required to provide evidence substantiating that their employees have the necessary skills and training to perform the required services or work.

**LICENSES AND CERTIFICATIONS:** Any license(s) and/or certification(s) required in this RFP must be obtained by the bidder prior to submitting a proposal and must be active and in good standing. Proposals submitted without the proper license(s) and/or certification(s) will be deemed non-responsive.

**PUBLIC CONTRACT CODE SECTION 7028.15:** Where the State of California requires a Contractor's license; it is a misdemeanor for any person to submit a bid unless specifically exempted.

## INSURANCE REQUIREMENTS

Without limiting the County's right to obtain indemnification from contractor or any third parties, contractor, at its sole expense, shall maintain in full force and effect, the following insurance policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or Joint Powers Agreement (JPA) throughout the term of the Agreement:

- A. Commercial General Liability: Commercial General Liability Insurance with limits of not less than Two Million Dollars (\$2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000.00). This policy shall be issued on a per occurrence basis. County may require specific coverage including completed operations, product liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed necessary because of the nature of the contract.
- B. Automobile Liability: Comprehensive Automobile Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per accident for bodily injury and for property damages. Coverage should include any auto used in connection with this Agreement.
- C. Professional Liability: If Contractor employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.  
  
This coverage shall be issued on a per claim basis. Contractor agrees that it shall maintain, at its sole expense, in full force and effect for a period of three years following the termination of this Agreement, one or more policies of professional liability insurance with limits of coverage as specified herein.
- D. Worker's Compensation: A policy of Worker's Compensation insurance as may be required by the California Labor Code.

### Additional Requirements Relating to Insurance:

Contractor shall obtain endorsements to the Commercial General Liability insurance naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by County, its officers, agents and employees shall be excess only and not contributing with insurance provided under Contractor's policies herein. This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written notice given to County.

Contractor hereby waives its right to recover from County, its officers, agents, and employees any amounts paid by the policy of worker's compensation insurance required by this Agreement. Contractor is solely responsible to obtain any endorsement to such policy that may be necessary to accomplish such waiver of subrogation, but Contractor's waiver of subrogation under this paragraph is effective whether or not Contractor obtains such an endorsement.

Within thirty (30) days from the date Contractor executes this Agreement, Contractor shall provide certificates of insurance and endorsement as stated above for all of the foregoing policies, as required herein, to the **County of Fresno, Human Resources, Attn: David Joseph, 2220 Tulare Street, 14<sup>th</sup> Floor, Fresno, CA 93721**, stating that such insurance coverage have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by County, its officers, agents and employees, shall be excess only and not contributing with insurance provided under Contractor's policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance, written notice given to County.

In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, the County may, in addition to other remedies it may have, suspend or terminate this Agreement upon the occurrence of such event.

All policies shall be with admitted insurers licensed to do business in the State of California. Insurance purchased shall be purchased from companies possessing a current A.M. Best, Inc. rating of A FSC VII or better.

## BID INSTRUCTIONS

- All prices and notations must be typed or written in ink.
- Unless otherwise noted, prices shall remain firm for 180 days after the closing date of the bid.
- Proposals must be electronically submitted on the forms provided in this RFP with all pages numbered.
- Additional material may be submitted with the proposal as attachments. Any additional descriptive material that is used in support of any information in your proposal must be referenced by the appropriate paragraph(s) and page number(s).
- Bidders must electronically submit their proposal in .pdf format, no later than the proposal closing date and time as stated on the front of this document, to the Bid Page on Public Purchase. The County will not be responsible for and will not accept late bids due to slow internet connection or incomplete transmissions.
- County of Fresno will not be held liable for any costs incurred by vendors in responding to this RFP.
- Bidders are instructed not to submit confidential, proprietary and related information within the request for proposal. If you are submitting trade secrets, it must be electronically submitted in a separate PDF file clearly named "TRADE SECRETS" and marked as Confidential, see Trade Secret Acknowledgement section.
- If a bidder finds any discrepancies or has any questions, submit all inquiries to the Bid Page on Public Purchase or contact **Mr. Shannon W. Kirby** at (559) 600-7110. Any change in the RFP will be made only by written addendum issued by the County. The County will not be responsible for any other explanations or interpretations.
- Failure to respond to all questions or to not supply the requested information could result in rejection of your proposal. Merely offering to meet the specifications is insufficient and will not be accepted. Each bidder shall submit a complete proposal with all information requested.
- Proposals received after the closing date and time will NOT be considered.
- Proposals will be evaluated by an evaluation team led by County Purchasing and may consist of County of Fresno department staff, community representatives from advisory boards, and other members as appropriate. If a proposal does not respond adequately to the RFP or the bidder is deemed unsuitable or incapable of delivering services, the proposal may be eliminated from consideration. Upon review and evaluation, the evaluation team will make the final recommendation to the County department.
- Appeals must be submitted in writing within seven (7) working days after notification of proposed recommendations for award. A "Notice of Award" is not an indication of County's acceptance of an offer made in response to this RFP. Appeals shall be submitted to County of Fresno Purchasing, 333 W. Pontiac Way, Clovis, CA 93612 and in Word format to [gcornuelle@FresnoCountyCA.gov](mailto:gcornuelle@FresnoCountyCA.gov). Appeals should address only areas regarding RFP contradictions, procurement errors, proposal rating discrepancies, legality of procurement context, conflict of interest, and inappropriate or unfair competitive procurement grievance regarding the RFP process.

Purchasing will provide a written response to the complainant within seven (7) working days unless the complainant is notified more time is required. If the appealing bidder is not satisfied with the decision of Purchasing, bidder shall have the right to appeal to the County Administrative Office within seven (7) working days after Purchasing's notification; if the appealing bidder is not satisfied with CAO's decision, the final appeal is with the Board of Supervisors. Please contact Purchasing if the appeal will be going to the Board of Supervisors.

- All communication regarding this RFP shall be directed to an authorized representative of County Purchasing. The specific Analyst managing this RFP is identified on the cover page, along with his or her contact information, and he or she should be the primary point of contact for discussions or information pertaining to the RFP. Contact with any other County representative, including elected officials, for the purpose of discussing this RFP, its content, or any other issue concerning it, is prohibited unless authorized by Purchasing. Violation of this clause, by the vendor having unauthorized contact (verbally or in writing) with such other County representatives, may constitute grounds for rejection by Purchasing of the vendor's quotation.

The above stated restriction on vendor contact with County representatives shall apply until the County has awarded a purchase order or contract to a vendor or vendors, except as follows. First, in the event that a vendor initiates a formal appeal against the RFP, such vendor may contact the Purchasing Manager who manages that appeal as outlined in the County's established appeal procedures. All such contact must be in accordance with the sequence set forth under the appeal procedures. Second, in the event a public hearing is scheduled before the Board of Supervisors to hear testimony prior to its approval of a purchase order or contract, any vendor may address the Board at scheduled Board Meeting.



## **SCOPE OF WORK**

The successful vendor will be expected to provide, at a minimum, the services to the County health and benefits programs detailed in this Scope of Work. Prospective bidders will note that while Health Benefits Consultation Services (Part A of this Scope of Work) is the primary focus of this RFP, the County also expects bidders to respond to Part B of this Scope of Work, which details the County’s ancillary/voluntary benefit consulting needs: life, disability and other personal insurance benefits, Flexible Spending Accounts (Health Care, Dependent Care, and Commuter benefits), and Employee Assistance Program. Proposals that do not include provision of services described in Part B **will not be considered.**

Vendor will provide a summary of their understanding of the County’s needs (as detailed in this Scope of Work) and how the vendor plans to meet these needs:

1. The County is seeking a summary that includes the vendor’s broad understanding of the scope of the County’s request and a summary of the vendor’s entire proposal.
2. The summary will also include a statement that the vendor will provide all the services included in this Scope of Work. If the vendor is unable to provide any of the service(s), they will describe which of the service(s) they are unable to provide.

### **PART A – SCOPE OF HEALTH BENEFITS CONSULTATION SERVICES**

#### **I. ADMINISTRATIVE SERVICES:**

##### 1. Benefit Design Assistance

- a. Provide an initial in-depth review of the County’s existing health insurance programs and assist in the development of long-range plans and financial, operational and utilization goals. Provide an annual assessment as to whether long term objectives are being met.
- b. Review and analyze vendor documents, including but not limited to contracts, policies, rate documents and coverage booklets, provide interpretations and recommendations.
- c. Determine methods of reporting plan performance for the purpose of recommending strategies to lower cost and maintain quality.
- d. Recommend wellness and disease management strategy with a focus on measuring the return on investment of such efforts.
- e. Provide general guidance on trends in benefits offered and eligibility requirements.

##### 2. Communications

- a. Provide editorial and compliance review of Open Enrollment and other County-produced benefit communications including memos, materials and presentations for employee meetings.
- b. Coordinate with vendors as necessary; leverage availability of vendor communication materials and resources.
- c. Review vendor’s plan summaries and other materials for benefit accuracy and basic compliance.
- d. Provide assistance in the development and analysis of surveys to acquire employee feedback on the performance of plans.

##### 3. Meeting Attendance & General Availability

- a. Attend quarterly meetings of the Health Benefits Advisory Committee (HBAC) (4 meetings per year). The HBAC consists of one representative from each County bargaining unit, as well as retiree and management members.
- b. Attend meetings of the San Joaquin Valley Insurance Authority (SJVIA) as needed The SJVIA meets 5 – 6 times per year

- c. The consultant shall assist in the preparation of a variety of materials required for labor negotiations including, but not be limited to, cost estimates for new or upgraded benefit programs, rate calculations, and written material such as analyses, summaries, and graphs/spreadsheets.
- d. Participate in conference calls with County staff no less than once per month.
- e. Meet in person twice a year
- f. Provide prompt and effective responses to ad hoc requests from County staff for information or analysis.
- g. Assist County staff with technical issues affecting the administration and processing procedures of the benefit programs as they arise, including plan document interpretation and eligibility determination.

4. Legal & Regulatory Compliance Support and Updates

- a. Provide advice and interpretation on all local, state, and federal benefit regulations impacting the County health plans, including but not limited to:
  - i. Patient Protection and Affordable Care Act (PPACA)
  - ii. Family and Medical Leave Act (FMLA)
  - iii. California Family Rights Act (CFRA)
  - iv. Consolidated Omnibus Budget Reconciliation Act (COBRA)
  - v. Health Insurance Portability and Accountability Act (HIPAA)
  - vi. Americans with Disability Act (ADA)
  - vii. Fair Employment and Housing Act (FEHA)
  - viii. Uniformed Services Employment Reemployment Rights Act (USERRA)
- b. Notify the County of necessary steps towards compliance with new legislation impacting County health plans.
- c. Review plan documents and internal County policies to ensure compliance with appropriate laws and regulations and to ensure that the County is adhering to industry best practices. Make recommendations regarding necessary amendments to plan documents or internal policies and assist in their preparation.
- d. On an annual basis, audit the County's current health insurance administration practices (including, but not limited to, forms and communications to participants) to ensure compliance with applicable laws and regulations, as well as applicable plan documents and internal policies. Make recommendations regarding necessary changes to current practices.
- e. Assist in an advisory capacity in reviewing and ruling on appeals from members covered by the County's Cafeteria Plan (includes Health Insurance and Flexible Spending Accounts).

**II. DATA ANALYSIS AND REPORTING:**

- 1. Monitor, analyze and report monthly claim experience, identifying trends and changes in large claims activity on a monthly basis.
- 2. Monitor, analyze and report claim utilization data in a format that is clear, concise and actionable.

**III. VENDOR RELATIONS:**

- 1. RFP and Contract Development
  - a. Development of requests for proposals (RFP) and submitting RFPs to viable medical (including mental health), dental, vision, and prescription providers.
  - b. Review and evaluate vendor responses to RFP and present a summary of the results to the

County. Schedule and coordinate finalist interviews and communicate results to vendors.

- c. Assist in negotiating fee agreements with selected vendors and provide an executive summary report of results of negotiations and final rates/fees.
- d. Facilitate the transition to new vendor (if necessary).
- e. Please provide sample RFP materials (i.e., any evaluation tools you will use to accomplish the tasks described in paragraphs a – d above, as well as a sample timeline)

2. Vendor Management

- a. Establish appropriate vendor performance guarantees in collaboration with the County.
- b. Ensure that vendors are in compliance with the terms of their agreement, including insurance requirements with the County and monitor performance guarantees.
- c. Upon request of County staff or whenever appropriate, act as a liaison between the County and vendors, including but not limited to, participating in problem resolution and strategic planning.
- d. Conduct annual strategic sessions with vendors to discuss performance, opportunities, and updates.
- e. Attend meetings or conference calls with vendors as requested by the County, but no less than once per quarter.
- f. Monitor insurance companies for financial solvency where applicable.

**IV. ACTUARIAL, UNDERWRITING AND FISCAL SUPPORT:**

- 1. Provide actuarial cost projections for various plan feature changes and improvements.
- 2. Analyze rates developed by the San Joaquin Valley Insurance Authority from an independent actuary perspective.
- 3. Analyze and recommend plan funding alternatives.
- 4. Prepare financial projections from alternative benefit designs and/or employee contributions.

**PART B – SCOPE OF OTHER BENEFIT CONSULTATION SERVICES**

Current benefits covered in this Part B include:

1. Group Insurance Policies and Current Providers

- a. Employer-paid –
  - i. Basic Life and Accidental Death & Dismemberment Insurance (Voya)
  - ii. Long-term Disability Insurance (Met Life, but going through the RFP process)
- b. Employee-paid –
  - i. Accident Insurance (Voya)
  - ii. Critical Illness Insurance (Voya)
  - iii. Hospital Confinement Indemnity Insurance (Voya)
  - iv. Term Life Insurance (Voya)
  - v. Personal Property (i.e., Auto & Homeowner) Insurance (Liberty Mutual, through CSAC-EIA)

2. Benefit Programs and Current Providers

- a. Sections 125 & 132 Flexible Spending Program (Navia Benefit Solutions)
- b. Employee Assistance Program (ComPsych Corporation, as a rider to the life insurance agreement with Voya)
- c. County Wellness Program

**I. ADMINISTRATIVE SERVICES:**

1. Benefit Design Assistance

- a. Provide an initial in-depth review of the County's existing insurance policies and benefit programs and assist in the development of long-range plans and financial, operational and utilization goals. Provide an annual assessment as to whether long term objectives are being met.
- b. Review and analyze vendor documents, including but not limited to contracts, policies and coverage booklets, provide interpretations and recommendations.
- c. Provide general guidance on trends in benefits offered and eligibility requirements.
- d. Act as broker of record for insurance policies as needed.

2. Communications

- a. Assist in coordinating open enrollment efforts for voluntary insurance policies.
- b. Review vendor's plan summaries and other materials for benefit accuracy and basic compliance.
- c. Assist in communicating the resources available through the flexible spending account, wellness, and employee assistance programs, with the goal of expanding the utilization of each program.
- d. Provide assistance in the development and analysis of surveys to acquire employee feedback on the performance of plans.

3. Meeting Attendance & General Availability

- a. Provide prompt and effective responses to ad hoc requests from County staff for information or analysis.
- b. Assist County staff with technical issues affecting the administration and processing procedures of the benefit programs as they arise, including plan document interpretation and eligibility determination.

4. Legal & Regulatory Compliance Support and Updates

- a. Notify the County of necessary steps towards compliance with new legislation impacting County the Section 125 and Section 132 Flexible Spending Programs.
- b. Review plan documents and internal County policies to ensure compliance with appropriate laws and regulations and to ensure that the County is adhering to industry best practices. Make recommendations regarding necessary amendments to plan documents or internal policies and assist in their preparation.
- c. On an annual basis, audit the County's current benefits administration practices (including, but not limited to, forms and communications to participants) to ensure compliance with applicable laws and regulations, as well as applicable plan documents and internal policies. Make recommendations regarding necessary changes to current practices.
- d. Assist in an advisory capacity in reviewing and ruling on appeals from members covered by the County's Cafeteria Plan (includes Health Insurance and Flexible Spending Accounts).

**II. VENDOR RELATIONS:**

1. RFQ/RFP Process

It is expected that the Consultant will provide the following services for all Ancillary/Voluntary Benefits offered by the County, including the Flexible Spending Account administrator and the County's EAP provider. The cost to provide these services should be included in your Cost Proposal.

- a. Develop requests for quotations (RFQ) for Insurance Policies and requests for proposals (RFP) for Program Administrators/Providers in compliance with County purchasing requirements.
- b. Identify and distribute RFP/RFQ to appropriate vendors
- c. Review and evaluate vendor responses to RFP/RFQ and contact vendor references.
- d. Present a summary of the results to the County and make finalist recommendations, if applicable.
- e. Assist in negotiating agreements with selected vendors.
- f. Facilitate the transition to new vendor.

2. Vendor Management

- a. Establish appropriate vendor performance guarantees in collaboration with the County.
- b. Ensure that vendors are in compliance with the terms of their agreement with the County and monitor performance guarantees.
- c. Upon request of County staff or whenever appropriate, act as a liaison between the County and vendors, including but not limited to, participating in problem resolution and strategic planning.
- d. Conduct strategic meetings or conference calls with vendors and County staff to discuss performance, opportunities, and updates, no less than once per quarter.
- e. Monitor insurance companies for financial solvency where applicable.

## SCOPE OF WORK PROPOSAL REQUIREMENTS

Vendor shall provide the following information in a separate section of their proposal entitled "SCOPE OF WORK PROPOSAL REQUIREMENTS". Vendors shall restate each question then provide the vendor response.

1. How long has your firm provided consultant services as described in the Scope of Work? Is your firm qualified and licensed to conduct business in California? Please provide appropriate documentation.
2. Regarding the principal consultant advising the County:
  - a. Please describe their experience and qualifications, including their current number of clients.
  - b. If the principal consultant were to leave your firm, how would service be provided? How soon would a new principal consultant be assigned to the County's account and will you agree to give the County the right of approval of any staff member assigned to this account?
3. What resources does your firm have available in the area of developing employee communications? Provide an example of communication materials developed by your organization for use in a client's health benefit communication campaigns, including Open Enrollment and New Employee Orientation materials.
4. Does your firm publish newsletters and other informative publications that are routinely provided to clients? Have you prepared reviews of topics related to the health, life insurance and actuarial fields that are routinely provided to your clients? Describe your publication and provide sample copies.
5. Provide a description of any electronic or internet-based tools your firm provides to clients.
6. Describe your firm's view of the role wellness programs have on controlling health care costs. What resources and tools do you offer clients around wellness initiatives? What service does your firm provide for developing a Wellness Program?
7. Indicate your firm's ability to meet frequently (at minimum 8-10 times annually) with County of Fresno staff – either face-to-face or virtually at the County's discretion – to discuss industry, regulatory and service issues.
8. How many days of advance notice would your company require in order to attend ad-hoc meetings? Do you have any limitations with attending face to face meetings?
9. What is your firm's policy/standard for returning phone calls and providing responses to emails or written questions?
10. Describe your firm's experience with labor contract negotiations, as well as with a joint labor/management task force or committee.
11. Describe your firm's experience and expertise with the Patient Protection and Affordable Care Act (ACA). How have you provided assistance to your clients in monitoring compliance with the ACA?
12. Detail your ability to monitor regulatory and legislative developments at both the state and federal level as well as how your firm alerts clients of changes and assists in compliance. Describe or provide examples of these communications.
13. Describe your firm's legal research capabilities and ability to provide legal opinions. Does your firm have access to a benefits attorney who could render opinions to the County?
14. Tell us how you monitor and report on provider performance. Provide a sample of provider performance reports your firm has completed for current clients.

15. Discuss your firm’s experience conducting RFP/RFQ processes for health, voluntary/ancillary insurance (life, disability and other benefits, such as critical illness insurance) carriers, as well as employee assistance program (“EAP”) and flexible spending account (“FSA”) administrators. Please provide a sample RFP/RFQ for each benefit type. In the table below, state how many RFP projects for these providers/services your firm completed in 2018, 2019, and 2020.

RFP/RFQ Type	2018	2019	2020
Health Insurance			
Voluntary/Ancillary			
EAP Provider			
FSA Administrator			

16. Does your firm have a conflict of interest policy? If so, please provide a copy. Also, please describe any conflicts that have arisen within the firm and how they were resolved.
17. If your firm proposes to offset its fees through commissions on voluntary insurance products, discuss how your method of compensation will be transparent and reported to the County. How frequently will your firm report its commission-based revenue to the County?
18. By submitting a response, you agree to all of the County specifications in this RFP.

## COST PROPOSAL

The County of Fresno is seeking Cost Proposals under Option 1 and Option 2 below. **While the County prefers Option 1 since it provides maximum transparency and minimizes conflicts of interest,** the County will consider Cost Proposals under Option 2.

Under both options, the County is requesting the prospective bidder to outline performance guarantees and the penalties associated with failure to meet such guarantees.

**Option 1 – Annual Consulting Fees where Commissions from both Ancillary and Voluntary Insurance Products are credited to the County**

Under this Option, any/all commissions on all benefits offered to County employees – whether employer- or employee-paid – will be credited back to the County in order to offset consulting fees.

- A. Provide the annual flat fee retainer to provide consultant services to the County as described in the Scope of Work.
- B. In the table below, provide the annual flat fee to provide the services described in the Scope of Work, for each year of the contract, based on a three (3) year contract term with two one (1) year renewals.

Contract Year:	1	2	3	4	5
Annual Fee:					

- C. If there is an additional fee to administer the RFP/RFQ processes for the County’s Flexible Spending Account Administrator and/or EAP Provider, pursuant to Section II.1 of Part B of the Scope of Work, please state that cost.
- D. Outline any and all performance guarantees and the monetary or other penalties associated with failure to meet such guarantees. In particular, failure to meet deadlines on projects, such as the bid solicitation process, are of significant concern to the County.
- E. List all possible administrative charges that would not be included in the flat rate fee structure.

**Option 2 – Annual Consulting Fees where Commissions from Voluntary Insurance Products are credited to the Consultant; commissions from Ancillary (Employer-paid) benefits are credited to the County**

Under this Option –

- Commissions on **employee-paid benefits** placed by Consultant or for which Consultant is Broker of Record, are credited to Consultant; and
- Commissions on **County-paid benefits** will be credited back to the County in order to offset consulting fees.
- To provide for maximum transparency under this Option 2 –
  - All commissions received by the Consultant must be disclosed to the County; and
  - The County prefers a cap on the amount of annual compensation (County-paid fees + commissions) that the consultant may receive.
- A. Provide the annual flat fee retainer to provide consultant services to the County as described in the Scope of Work.
- B. In the table below, provide the annual flat fee to provide the services described in the Scope of Work, for each year of the contract, based on a three (3) year contract term with two one (1) year renewals.



Contract Year:	1	2	3	4	5
Annual Fee:					

- C. If there is an additional fee to administer the RFP/RFQ processes for the County’s Flexible Spending Account Administrator and/or EAP Provider, pursuant to Part B, Section II.1 of the Scope of Work, please state that cost.
- D. Identify any and all potential commissions associated with the voluntary, employee-paid policies and describe how these commissions will offset your annual fee. For example, what percentage of fees will be offset by commissions?
- E. Outline any and all performance guarantees and the monetary or other penalties associated with failure to meet such guarantees. In particular, failure to meet deadlines on projects, such as the bid solicitation process, are of significant concern to the County.
- F. List all possible administrative charges that would not be included in the flat rate fee structure.
- G. Current annual commissions from employee-paid insurance policies. Please note that there is not enough data on the Accident, Critical Illness, and Hospital Confinement insurance policies to provide meaningful commission information.
  - (a) Term Life (Voya/ReliaStar): Approximately \$40,000 per year.
  - (b) Personal Property Insurance (Liberty Mutual): Approximately \$12,000 per year.
- H. Future commissions from the employee-paid insurance policies may be reassigned as follows:
  - (a) Term Life (Voya/ReliaStar): 10% of premiums paid, calculated monthly
  - (b) Accident (Voya/ReliaStar): 15% of premiums paid, calculated monthly
  - (c) Critical Illness (Voya/ReliaStar): 15% of premiums paid, calculated monthly
  - (d) Hospital Confinement (Voya/ReliaStar): 15% of premiums paid, calculated monthly
  - (e) Personal Property Insurance (Liberty Mutual):
    - i) New Business: 3% for payroll-deducted premiums and 2% for non-payroll-deducted premiums
    - ii) Existing Business: 2% for payroll-deducted premiums and 1% for non-payroll-deducted premiums

## AWARD CRITERIA

Selection of the winning bidder will be based on the following criteria. Please note that the list below is **not** ordered by level of importance; proposals will be judged on how well they meet all of the criteria.

### COST

- A. Cost, as submitted in the Cost Proposal section. Please note that the County intends to award the contract to the proposing firm whose proposal is determined to be most advantageous to the County, taking into account both technical merit and price.

### CAPABILITY AND QUALIFICATIONS

- A. Completeness of Response: Responses to this RFP must be complete and include all proposal content requirements identified within this RFP and subsequent addenda (if applicable).
- B. Proposing firm's inclination and ability to accept the terms and conditions of the model County of Fresno contract.
- C. The vendor has demonstrated that it has the qualifications, including staff, experience and resources to provide the consultation services requested by the County.
- D. The service descriptions address all the areas identified in the RFP, including the services as set forth in the Scope of Work that will fulfill County's consultation service needs.
- E. The vendor has clearly explained its knowledge and understanding of the needs of the County associated with providing the services requested, including:
  - 1. The broad landscape of employee health benefits;
  - 2. Employee Benefits product markets;
  - 3. Applicable laws, regulations, statutes; and
  - 4. Effective operating principles required to provide this consulting service.
- F. The vendor has current relevant experience in a comparable California County or similar public agency.

### MANAGEMENT PLAN

- A. The vendor has demonstrated that its organizational plan and management structure are adequate and appropriate for comprehensive implementation of the requested consultation services.

## PROPOSAL CONTENT REQUIREMENTS

**It is required that the vendor submit his/her proposal in accordance with the format and instructions provided under this section.**

- I. RFP PAGE 1 AND ADDENDUM(S) PAGE 1 (IF APPLICABLE) completed and signed by participating individual or agency.
- II. COVER LETTER: A one-page cover letter and introduction including the company name and address of the bidder and the name, address and telephone number of the person or persons to be used for contact and who will be authorized to make representations for the bidder.
  - A. Whether the bidder is an individual, partnership or corporation shall also be stated. It will be signed by the individual, partner, or an officer or agent of the corporation authorized to bind the corporation, depending upon the legal nature of the bidder. A corporation submitting a proposal may be required before the contract is finally awarded to furnish a certificate as to its corporate existence, and satisfactory evidence as to the officer or officers authorized to execute the contract on behalf of the corporation.
- III. TABLE OF CONTENTS
- IV. CONFLICT OF INTEREST STATEMENT: The Contractor may become involved in situations where conflict of interest could occur due to individual or organizational activities that occur within the County. **The Contractor must provide a statement addressing the potential, if any, for conflict of interest and indicate plans, if applicable, to address potential conflict of interest.** This section will be reviewed by County Counsel for compliance with conflict of interest as part of the review process. The Contractor shall comply with all federal, state and local conflict of interest laws, statutes and regulations.
- V. TRADE SECRET:
  - A. Sign where required.
- VI. CERTIFICATION – DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS
- VII. REFERENCES
- VIII. PARTICIPATION
- IX. EXCEPTIONS: This portion of the proposal will note any exceptions to the requirements and conditions taken by the bidder. If exceptions are not noted, the County will assume that the bidder's proposals meet those requirements. The exceptions shall be noted as follows:
  - A. Exceptions to General Conditions.
  - B. Exceptions to General Requirements.
  - C. Exceptions to Specific Terms and Conditions.
  - D. Exceptions to Scope of Work and/or Scope of Work Proposal Requirements.
  - E. Exceptions to Proposal Content Requirements.
  - F. Exceptions to any other part of this RFP.
- X. VENDOR COMPANY DATA: This section should include:
  - A. A narrative which demonstrates the vendor's basic familiarity or experience with problems associated with this service/project.
  - B. Descriptions of any similar or related contracts under which the bidder has provided services.
  - C. Descriptions of the qualifications of the individual(s) providing the services.

- D. Any material (including letters of support or endorsement) indicative of the bidder's capability.
  - E. A brief description of the bidder's current operations, and ability to provide the services.
  - F. Copies of the audited Financial Statements for the last three (3) years for the agency or program that will be providing the service(s) proposed. If audited statements are not available, compiled or reviewed statements will be accepted with copies of three years of corresponding federal tax returns. This information is to be provided after the RFP closes, if requested. **Do not provide with your proposal.**
  - G. Describe all contracts that have been terminated before completion within the last five (5) years:
    - 1. Agency contract with
    - 2. Date of original contract
    - 3. Reason for termination
    - 4. Contact person and telephone number for agency
  - H. Describe all lawsuit(s) or legal action(s) that are currently pending; and any lawsuit(s) or legal action(s) that have been resolved within the last five (5) years:
    - 1. Location filed, name of court and docket number
    - 2. Nature of the lawsuit or legal action
  - I. Describe any payment problems that you have had with the County within the past three (3) years:
    - 1. Funding source
    - 2. Date(s) and amount(s)
    - 3. Resolution
    - 4. Impact to financial viability of organization.
- XI. SCOPE OF WORK:
- A. Bidders are to use this section to describe the essence of their proposal.
  - B. This section should be formatted as follows:
    - 1. A general discussion of your understanding of the project, the Scope of Work proposed and a summary of the features of your proposal.
    - 2. A detailed description of your proposal as it relates to each item listed under the "Scope of Work Proposal Requirements" section of this RFP. Bidder's response should be stated in the same order as are the "Scope of Work Proposal Requirements" items. Each description should begin with a restatement of the "Scope of Work Proposal Requirements" item that it is addressing. Bidders must explain their approach and method of satisfying each of the listed items.
  - C. When reports or other documentation are to be a part of the proposal a sample of each must be submitted. Reports should be referenced in this section and submitted in a separate section entitled "REPORTS."
  - D. A complete description of any alternative solutions or approaches to accomplishing the desired results.
- XII. COST PROPOSAL: Quotations may be prepared in any manner to best demonstrate the worthiness of your proposal. Include details and rates/fees for all services, materials, equipment, etc. to be provided or optional under the proposal.
- XIII. CHECK LIST

# TRADE SECRET ACKNOWLEDGEMENT

Each proposal submitted is public record under the California Public Records Act (Cal. Gov. Code, secs. 6250 and following) and is therefore open to inspection by the public as required by Section 6253 of the California Government Code. This section generally states that "every person has a right to inspect any public record". The County will not exclude any proposal or portion of a proposal from treatment as a public record except information that it is properly submitted as a "trade secret" (defined below), and determined by the County to be a "trade secret" (if not otherwise subject to disclosure, as stated below). Information submitted as "proprietary", "confidential" or under any other terms that might state or suggest restricted public access will not be excluded from treatment as public record.

"Trade secrets" as defined by Section 6254.7 of the California Government Code are not treated as a public record under that section. This section defines trade secrets as:

*"...Trade secrets," as used in this section, may include, but are not limited to, any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data or compilation of information that is not patented, which is known only to certain individuals within a commercial concern who are using it to fabricate, produce, or compound an article of trade or a service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it."*

Such information must be submitted in a separate PDF file named "Trade Secret" and marked as "Confidential" in the Public Purchase system. Bidders must include a clear and concise statement that sets out the reasons for confidentiality in accordance with the foregoing definition of "trade secret." Examples of information not considered trade secrets are pricing, cover letter, promotional materials, references, and the like.

Information submitted by a bidder as "trade secret" will be reviewed by County of Fresno's Purchasing Division, with the assistance of the County's legal counsel, to determine conformance or non-conformance to the foregoing definition.

Information that is properly identified as "trade secret" and which the County determines to conform to the definition will not become public record (if not otherwise subject to disclosure, as stated below). The County will safeguard this information in an appropriate manner, provided however, in the event of a request, demand, or legal action by any person or entity seeking access to the "trade secret" information, the County will inform the bidder of such request, demand, or legal action, and the bidder shall defend, indemnify, and hold harmless the County, including its officers and employees, against any and all claims, liabilities, damages, or costs or expenses, including attorney's fees and costs, relating to such request, demand or legal action, seeking access to the "trade secret" information.

Information submitted by bidder as trade secret and determined by the County not to be in conformance with the foregoing California Government Code definition shall be excluded from the proposal and deleted by the County.

The County shall not in any way be liable or responsible for the disclosure of any proposals or portions thereof, if (1) they are not electronically submitted in a separate PDF that is marked "Trade Secret" and marked as Confidential in the Public Purchase system; or (2) disclosure thereof is required or allowed under the law or by order of court.

Bidders are advised that the County does not wish to receive trade secrets and that bidders are not to supply trade secrets unless they are absolutely necessary.

I have read and understand, and agree to the above "Trade Secret Acknowledgement."

**BIDDER MUST CHECK ONE OF THE FOLLOWING:**

Has bidder submitted certain bid information that is a "trade secret," as defined by Section 6254.7 of the California Government Code, and in compliance with the requirements of this Trade Secrets Acknowledgement?

By marking "NO", bidder does not claim any confidentiality of any bid information submitted to the County.

YES       NO

**ACKNOWLEDGED AND AGREED BY BIDDER:**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name \_\_\_\_\_  
Title

## **DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS**

In their proposal, the bidder is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as “Bidder”):

1. Within the three-year period preceding the proposal, they have been convicted of, or had a civil judgment rendered against them for:
  - a. fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
  - b. violation of a federal or state antitrust statute;
  - c. embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
  - d. false statements or receipt of stolen property
2. Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

Disclosure of the above information will not automatically eliminate a Bidder from consideration. The information will be considered as part of the determination of whether to award the contract and any additional information or explanation that a Bidder elects to submit with the disclosed information will be considered. If it is later determined that the Bidder failed to disclose required information, any contract awarded to such Bidder may be immediately voided and terminated for material failure to comply with the terms and conditions of the award.

Any Bidder who is awarded a contract must sign an appropriate Certification Regarding Debarment, Suspension, and Other Responsibility Matters. Additionally, the Bidder awarded the contract must immediately advise the County in writing if, during the term of the agreement: (1) Bidder becomes suspended, debarred, excluded or ineligible for participation in federal or state funded programs or from receiving federal funds as listed in the excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to Bidder. The Bidder will indemnify, defend and hold the County harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS**

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

### CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Name of Agency or Company)



# REFERENCE LIST

## VENDOR MUST COMPLETE AND RETURN WITH REQUEST FOR PROPOSAL

Firm: \_\_\_\_\_

Provide a list of at least five (5) customers for whom you have recently provided similar services. If you have held a contract for similar services with the County of Fresno within the past seven (7) years, list the County as one of your customers. Please list the person most familiar with your contract. Be sure to include all requested information.

Reference Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Project Date: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Project Date: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Project Date: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Project Date: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Project Date: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_

**Failure to provide a list of at least five (5) customers may be cause for rejection of this RFP.**

## PARTICIPATION

The County of Fresno is a member of the California Association of Public Procurement Officials (CAPPO) Central Valley Chapter. This group consists of Fresno, Kern, Kings, and Tulare Counties and all governmental, tax supported agencies within these counties.

Whenever possible, these and other tax supported agencies co-op (piggyback) on contracts put in place by one of the other agencies.

Any agency choosing to avail itself of this opportunity, will make purchases in their own name, make payment directly to the contractor, be liable to the contractor and vice versa, per the terms of the original contract, all the while holding the County of Fresno harmless. If awarded this contract, please indicate whether you would extend the same terms and conditions to all tax supported agencies within this group as you are proposing to extend to Fresno County.

**\* Note: This form/information is not rated or ranked for evaluation purposes.**

Yes, we will extend contract terms and conditions to all qualified agencies within the California Association of Public Procurement Officials (CAPPO) Central Valley Chapter and other tax supported agencies.

No, we will not extend contract terms to any agency other than the County of Fresno.

---

(Authorized Signature)

---

Title

## CHECK LIST

This Checklist is provided to assist vendors in the preparation of their RFP response. Included are important requirements the bidder is responsible to submit with the RFP package in order to make the RFP compliant.

Check off each of the following (if applicable):

1. \_\_\_\_\_ Signed cover page of Request for Proposal (RFP).
2. \_\_\_\_\_ Check <http://www.FresnoCountyCA.gov/departments/internal-services/purchasing/bid-opportunities> for any addenda.
3. \_\_\_\_\_ Signed cover page of each Addendum.
4. \_\_\_\_\_ Provide a Conflict of Interest Statement.
5. \_\_\_\_\_ Signed *Trade Secret Form* as provided with this RFP (Trade Secret Information, if provided, must be electronically submitted in a separate PDF file and marked as Confidential).
6. \_\_\_\_\_ Signed *Criminal History Disclosure Form* as provided with this RFP.
7. \_\_\_\_\_ Signed *Participation Form* as provided with this RFP.
8. \_\_\_\_\_ The completed *Reference List* as provided with this RFP.
9. \_\_\_\_\_ Complete 5 year Cost Proposal.
10. \_\_\_\_\_ Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP.

**Return Checklist with your RFP response**

## **EXHIBITS**

- A. Health Plan Enrollment**
- B. Employee Paid Benefits**
- C. Activities**
- D. COBRA Booklet**
- E. Retiree Booklet**
- F. 2021 SJVIA Health Plan Agreement Agenda Item**
- G. Model County Agreement**
- H. Agreement With Keenan and Associates**

**HEALTH PLAN ENROLLMENT (Beginning of Plan Year 2021)**

<b>Active Employees</b>	<b>Active Enrollment</b>	<b>Dependent Enrollment</b>	<b>Total Enrollment</b>
<b>Plan &amp; Enrollment Tier</b>			
<b>Actives SJVIA/Kaiser HMO</b>			
Employee Only	1600		
Employee + Spouse	284		
Employee + Children	824		
Employee + Family	286		
<b>Active Kaiser HMO Subtotal</b>	<b>2994</b>	<b>1599</b>	<b>4593</b>
<b>Actives SJVIA/Anthem EPO</b>			
Employee Only	1476		
Employee + Spouse	128		
Employee + Children	489		
Employee + Family	133		
<b>Active Anthem EPO Subtotal</b>	<b>2226</b>	<b>2966</b>	<b>5192</b>
<b>Actives SJVIA/Anthem PPO \$250</b>			
Employee Only	58		
Employee + Spouse	4		
Employee + Children	3		
Employee + Family	2		
<b>Active Anthem PPO \$250 Subtotal</b>	<b>67</b>	<b>15</b>	<b>82</b>
<b>Actives SJVIA/Anthem PPO \$1000</b>			
Employee Only	32		
Employee + Spouse	3		
Employee + Children	3		
Employee + Family	1		
<b>Active Anthem PPO \$1000 Subtotal</b>	<b>39</b>	<b>11</b>	<b>50</b>
<b>Actives SJVIA/Anthem HDPPPO \$1500</b>			
Employee Only	29		
Employee + Spouse	2		
Employee + Children	1		
Employee + Family	1		
<b>Active Anthem HDPPPO \$1500 Subtotal</b>	<b>33</b>	<b>7</b>	<b>40</b>
<b>Actives SJVIA/Anthem HDPPPO \$3000</b>			
Employee Only	550		
Employee + Spouse	14		
Employee + Children	19		
Employee + Family	7		
<b>Active Anthem HDPPPO \$3000 Subtotal</b>	<b>590</b>	<b>69</b>	<b>659</b>

<b>Retirees</b>	<b>Active Enrollment</b>	<b>Dependent Enrollment</b>	<b>Total Enrollment</b>
<b>Plan &amp; Enrollment Tier</b>			
<b>Retiree Anthem HDPPPO</b>			
Retiree Only	80		
Retiree + Spouse	10		
Retiree + Children	5		
Retiree + Family	5		
<b>Retiree Anthem HDPPPO Subtotal</b>	<b>100</b>	<b>37</b>	<b>137</b>
<b>Retiree Medicare - RetireeFirst</b>			
Retiree Only	349		
Retiree + Spouse	94		
<b>Retiree Medicare - RetireeFirst SubTotal</b>	<b>443</b>	<b>94</b>	<b>537</b>
<b>Retiree Medicare - Kaiser High</b>			
Retiree Only	198		
Retiree + Spouse	63		
<b>Retiree Medicare - Kaiser High Subtotal</b>	<b>261</b>	<b>64</b>	<b>325</b>
<b>Retiree Medicare - Kaiser Low</b>			
Retiree Only	43		
Retiree + Spouse	14		
<b>Retiree Medicare - Kaiser Low Subtotal</b>	<b>57</b>	<b>14</b>	<b>71</b>
<b>Combined Total Enrollment - Active</b>			
	<b>6810</b>	<b>4876</b>	<b>11686</b>

## Employee-paid Benefits

Disability Insurance	Vendor	Enrollment	Annual Premium
Short-term Disability Insurance	EDD	6,392	n/a

Life Insurance	Vendor	Enrollment	Annual Premium
Employee Term Life Insurance	Voya	2070	\$487,767
Spouse Term Life Insurance	Voya	854	\$109,332
Child Term Life Insurance	Voya	1099	\$18,463
	<b>Total Life:</b>	<b>4023</b>	<b>\$615,562</b>

Other Voluntary Insurance	Vendor	Enrollment	Annual Premium
Personal Property Insurance	Liberty Mutual	676	\$1,839,122
Critical Illness Insurance	Voya	318	\$79,426
Accident Insurance	Voya	299	\$41,911
Hospital Confinement Insurance	Voya	183	\$56,238

## Employer-paid Benefits

Disability Insurance	Vendor	Enrollment	Volume
Long-term Disability Insurance	Met Life	627	n/a

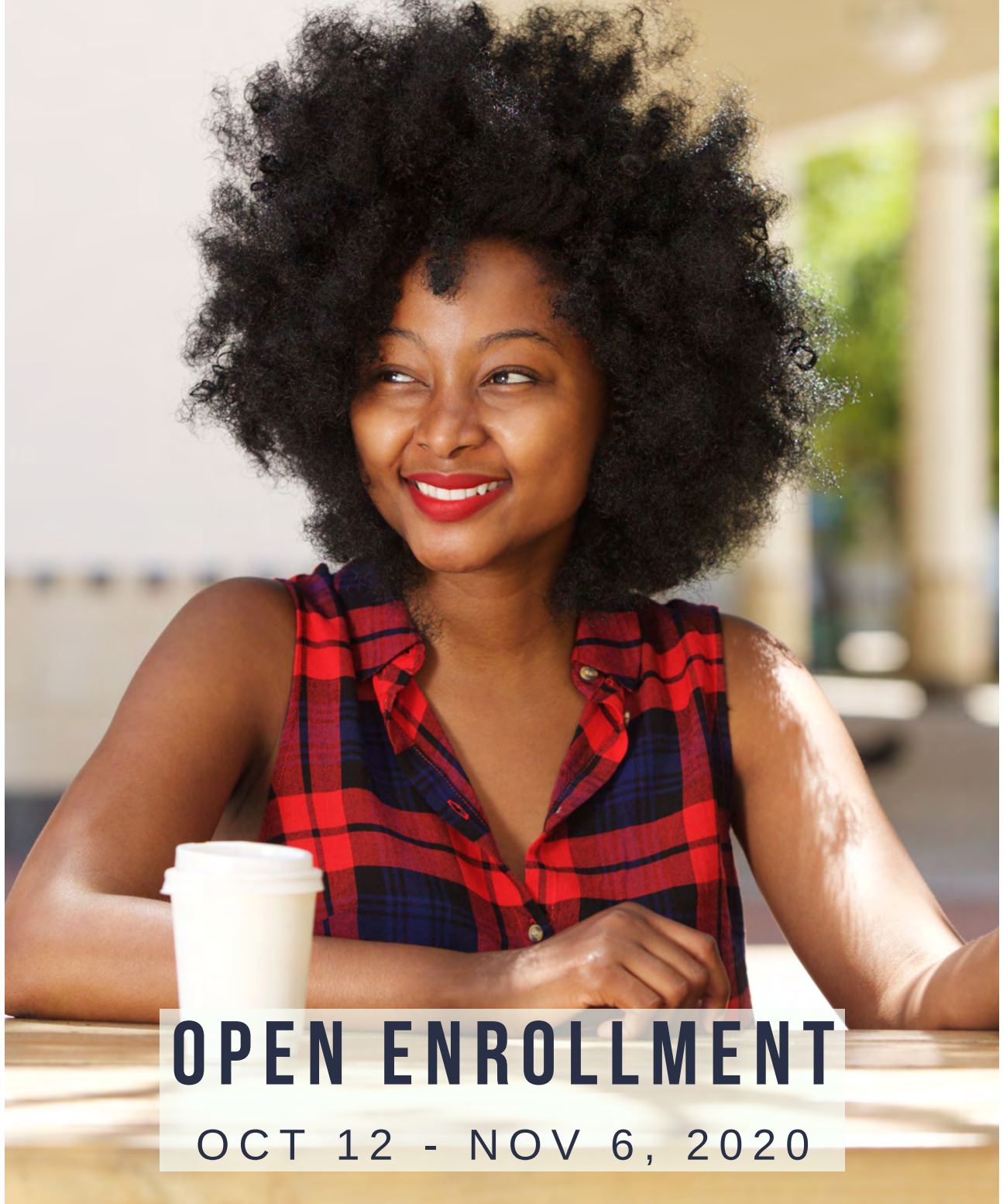
Life and AD&D	Vendor	Enrollment	Volume
Basic Life - Class 1	Voya	5915	\$59,150,000
Basic AD&D - Class 1	Voya	5915	\$59,150,000
Basic Life - Class 2	Voya	295	\$15,045,000
Basic AD&D - Class 2	Voya	295	\$15,045,000
Basic Life - Class 3	Voya	315	\$78,750,000
Basic AD&D - Class 3	Voya	315	\$78,750,000

Flexible Spending Accounts	Vendor	Enrollment	Volume
Health Care FSA	Navia Benefit Solutions	1630	\$2,263,207
Dependent Care FSA	Navia Benefit Solutions	78	\$259,336
Parking/Transit FSA	Navia Benefit Solutions	33	\$57,950
	<b>Total FSA:</b>	<b>1741</b>	<b>\$2,580,493</b>

**RFP 21-033**  
**Exhibit C**

COUNTY OF FRESNO | OPEN ENROLLMENT | PLAN YEAR 2021

# EMPLOYEES



**OPEN ENROLLMENT**

OCT 12 - NOV 6, 2020

HUMAN RESOURCES - EMPLOYEE BENEFITS  
(559) 600-1810 | [HRBENEFITS@FRESNOCOUNTYCA.GOV](mailto:HRBENEFITS@FRESNOCOUNTYCA.GOV)



# CONTENTS



## QUESTIONS?

Please contact Employee Benefits by phone at (559) 600-1810 or by email to [HRBenefits@fresnocountyca.gov](mailto:HRBenefits@fresnocountyca.gov). Additionally, you can visit the Open Enrollment website at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment). The site includes rates, forms, detailed summaries, and much more!

- 2 Open Enrollment
- 2 Important Reminders
- 3 Biweekly Premiums
- 4 Dental Coverage
- 4 Vision Coverage
- 5 Medical Coverage
- 5 Prescription Coverage
- 7 Flexible Spending Accounts (FSA)
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- 11 Frequently Asked Questions
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# OPEN ENROLLMENT

October 12 - November 6, 2020

Open Enrollment is the one time during the year that you may make changes to your health insurance coverage, enroll, opt out, remove and enroll dependents without a qualifying event, and enroll in the health and/or dependent care flexible spending account(s) for the 2021 plan year. In addition, employees may enroll in supplemental life insurance, as well as three new voluntary benefits: Accident Insurance, Critical Illness Insurance, and Hospital Confinement Indemnity Insurance.

If you decide to not make any changes or if you are not beginning or maintaining opt out status, then no action is required on your part and you will remain enrolled in your current health plan elections. To review the 2021 rates, please see page 3. The new rates, along with any plan changes you make, are effective December 14, 2020. You will see the first deductions for the 2021 plan year on your January 8, 2021 paycheck.

## IMPORTANT REMINDERS

### How to Enroll/Make Changes

Login to [www.myworkplace.net](http://www.myworkplace.net) on any computer or device using one of the supported browsers. If applicable, submit any required supporting documentation to Employee Benefits.

### Flexible Spending Accounts (FSA)

Navia Benefit Solutions will continue to administer the FSAs for the 2021 plan year. **Please note:** You must re-enroll in health and/or dependent daycare FSA every year if you wish to continue participation in the program. You are not automatically re-enrolled. For additional information, see page 7.

**ATTENTION: Due to COVID-19, the Employee Benefits office is CLOSED to walk-ins.**

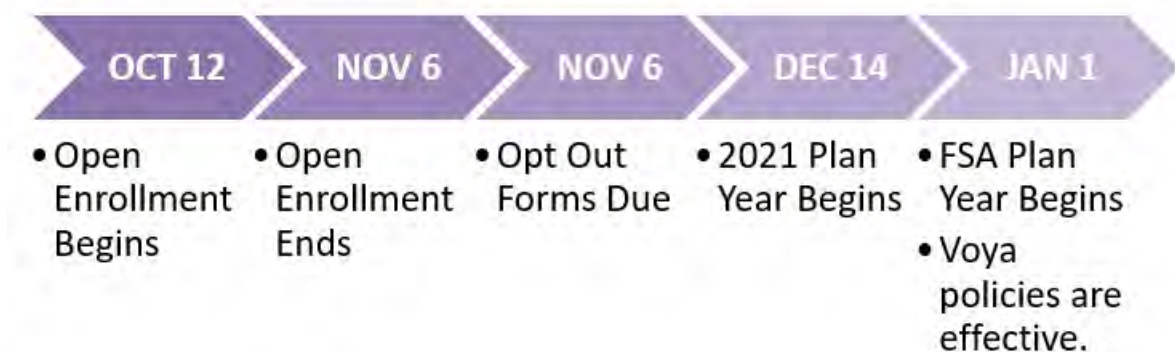
### 2021 Opt Outs

All employees who wish to opt out during the 2021 plan year (including those that are currently opted out), must submit a completed 2021 Opt Out and provide current, written proof of other employer-sponsored group health coverage. Proof submitted must include the employee's name and is subject to approval of Employee Benefits staff.

### Submission

All supporting documents must be received by Employee Benefits or uploaded to [www.myworkplace.net](http://www.myworkplace.net) no later than **5:00pm on Friday, November 6, 2020**. Once Open Enrollment closes, plan changes will only be permitted if you experience a qualifying event as defined by the IRS and detailed in our cafeteria plan document. For more information on qualifying events, please contact Employee Benefits.

## IMPORTANT DATES



# ELIGIBLE DEPENDENTS

Below is a list of eligible dependents and the supporting documents required to enroll them into your health insurance plan. Dependent children are eligible until they reach 26 years of age.

Eligible Dependents	Required Document(s)
Spouse	Certified Marriage Certificate/Abstract
Domestic Partner	Declaration of Domestic Partnership filed with the California Secretary of State
Child	Certified Birth Certificate/Abstract
Adopted Child	Adoption Order or the Certified Birth Certificate/Abstract
Step Child	Certified Birth Certificate/Abstract and a Certified Marriage Certificate/Abstract/Declaration of Domestic Partnership showing your spouse/registered domestic partner as the child's parent
Child of Legal Guardianship	Letters of Guardianship filed with the courts

Please note: the required documents listed above must be submitted each time a dependent is added to your health insurance, regardless if the dependent has been covered under your plan previously.

# BIWEEKLY PREMIUMS

The rates below apply to Bargaining Units 2, 7, 10, 11, 13, 19, 25, 30, 31, 39, 42, 43, as well as UNR, MGT, SMG, HDS, and ELC employees.<sup>1</sup> These rates include the following employer contributions:

- Employee Only: \$368 • Plus Spouse: \$478 • Plus Children: \$478 • Plus Family: \$483

**Employee premium costs for plan year 2021<sup>2</sup>:**

	PLAN 1		PLAN 2		PLAN 3	
Medical/Mental Health	Kaiser Permanente HMO		Anthem Blue Cross EPO		Anthem Blue Cross PPO 250	
Prescription	Kaiser Permanente		EmpiRx		EmpiRx	
Vision	Kaiser Permanente		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO
	EMPLOYEE COST		EMPLOYEE COST		EMPLOYEE COST	
Employee Only	\$72.29	\$61.72	\$72.29	\$61.72	\$213.13	\$202.56
Employee + Spouse	\$312.56	\$297.48	\$312.56	\$297.48	\$724.34	\$709.26
Employee + Child(ren)	\$215.21	\$205.04	\$215.21	\$205.04	\$611.28	\$601.11
Employee + Family	\$554.91	\$539.39	\$554.91	\$539.39	\$1,172.07	\$1,156.55
	PLAN 4		PLAN 5		PLAN 6	
Medical/Mental Health	Anthem Blue Cross PPO 1000		Anthem Blue Cross HDPP0 1500		Anthem Blue Cross HDPP0 3000	
Prescription	EmpiRx		Anthem Blue Cross		Anthem Blue Cross	
Vision	Vision Service Plan (VSP)		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO
	EMPLOYEE COST		EMPLOYEE COST		EMPLOYEE COST	
Employee Only	\$71.93	\$61.36	\$33.88	\$23.31	\$0.00	\$0.00
Employee + Spouse	\$427.95	\$412.87	\$348.06	\$332.98	\$212.15	\$197.07
Employee + Child(ren)	\$342.75	\$332.58	\$270.38	\$260.21	\$141.21	\$131.04
Employee + Family	\$762.59	\$747.07	\$652.23	\$636.71	\$454.71	\$439.19

<sup>1</sup>Bargaining Units 3, 4, 12, 22, and 36 are pending approval. Please contact your bargaining unit representative for additional information.

<sup>2</sup>These rates do not apply to part-time employees who are eligible for health insurance. For a copy of part-time rates, please visit the Open Enrollment website at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment) or call Employee Benefits at (559) 600-1810.

## DENTAL COVERAGE

Good oral hygiene is important to your overall health. The County of Fresno offers two (2) choices in dental plans: Delta Dental DPPO, which is a fee-for-service plan with the best discounts provided within the Delta Dental DPPO network; and DeltaCare USA DHMO which has set copays for services when provided by your primary care dentist.

DENTAL	DELTA DENTAL DPPO	DELTACARE USA DHMO
Annual Deductible	\$50 Per Person / \$150 Per Family (Calendar year)	No Deductible
Maximum Benefits	\$2,500 Per Person Per Year	No Annual Maximum
Preventive Services	0% Coinsurance (In-Network) 10% Coinsurance (Out-of-Network)	\$0 Copay (Most Services)
Basic Services	10% Coinsurance (In-Network) 10% Coinsurance (Out-of-Network)	\$0 Copay (Most Services) Copay may be required for upgraded materials/services
Major Services (Includes Periodontic, Endodontic, and Oral Surgery)	50% Coinsurance (In-Network) 50% Coinsurance (Out-of-Network)	\$0 Copay (Most Services) Copay may be required for upgraded materials/services
Orthodontia Child Adult	\$1,660 Copay \$1,880 Copay Once per lifetime Max 24 months of treatment	\$1,700 Copay \$1,900 Copay Pre- and post-treatment services have additional copayments

## VISION COVERAGE

Eye exams support eye and overall health. It is important to have an exam once a year to ensure that your eyes are healthy. If you are in an Anthem health plan, your vision insurance is through Vision Service Plan (VSP). Kaiser Permanente members have vision coverage through Kaiser directly. Kaiser members must access services at a Kaiser facility, unless otherwise approved by Kaiser.



VISION (IN-NETWORK)	VSP	KAISER
Exam Copay / Frequency	\$10 / Every 12 Months	\$0 / Every 12 Months
Contact Allowance / Frequency	\$150 / Every 12 Months	\$175 Allowance / Every 24 months
Frame Allowance / Frequency	\$150 / Every 24 Months	
Lenses Copay / Frequency		
Single Vision	\$0 / Every 12 Months	
Lined Bifocal	\$0 / Every 12 Months	
Lined Trifocal	\$0 / Every 12 Months	
Standard Progressive	\$55 / Every 12 Months	



# MEDICAL & PRESCRIPTION COVERAGE

Choosing a medical plan that is right for you and your family is an important decision. The County of Fresno offers six (6) different plans to allow you to select the coverage that best meets your needs.

MEDICAL	KAISER PERMANENTE HMO	ANTHEM EPO (IN-NETWORK ONLY)	ANTHEM PPO 250 (IN-NETWORK)
Individual Deductible	\$0	\$0	\$250 / Plan Year
Family Deductible	\$0	\$0	\$500 / Plan Year
Individual Out-of-Pocket Max	\$1,000	\$1,000	\$3,000
Family Out-of-Pocket Max	\$2,000	\$2,000	\$5,000
Preventive Care	\$0	\$0	\$0 <sup>1</sup>
Office Visit Copay	\$15	\$15	\$20 <sup>1</sup>
Emergency Room Visit	\$100	\$100	\$100
Inpatient Hospitalization	\$0	\$0	\$0
Outpatient Surgery	\$15	\$0	\$0
X-ray and Lab (simple, non-diagnostic)	\$0	\$0	\$0
Chiropractic	\$10	\$10	\$0
MENTAL HEALTH	KAISER PERMANENTE	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS
Inpatient	\$0	\$0	\$0
Outpatient	\$15	\$15	\$20 <sup>1</sup>
PHARMACY	KAISER PERMANENTE	EMPIRX	EMPIRX
Generic	\$10	\$10	\$10
Preferred	\$20	\$20	\$20
Non-Preferred	N/A	\$35	\$35

<sup>1</sup>Deductible Waived.

<sup>2</sup>One member may be responsible for up to \$2,800 of the deductible before plan starts contributing for that member. Subsequent members are responsible for remaining \$200 before plan starts contributing.

<sup>3</sup>Does not apply towards the deductible; applies to the out-of-pocket maximum.

## PLAN COMPARISON CHART

	Preferred Provider Organization (PPO)	Exclusive Provider Organization (EPO)	Health Maintenance Organization (HMO)
Primary Care Physician (PCP) required?	✗	✗	✓
Referral required to see a specialist?	✗	✗	✓
"In-network" benefits?	✓	✓	✓
Non-emergency "out-of-network" benefits?	✓	✗	✗
Emergency coverage?	✓	✓	✓

# MEDICAL & PRESCRIPTION COVERAGE (cont.)

This chart is a summary of benefits. Please see the Evidence of Coverage (EOC) for a full description of benefits. If there are any discrepancies between this summary and the EOC, the EOC will prevail.

MEDICAL	ANTHEM PPO 1000 (IN-NETWORK)	ANTHEM HDPPO 1500 (IN-NETWORK)	ANTHEM HDPPO 3000 (IN-NETWORK)
Individual Deductible	\$1,000 / Plan Year	\$1,500 / Calendar Year	\$3,000 / Calendar Year
Family Deductible	\$2,000 / Plan Year	\$3,000 / Calendar Year <sup>2</sup>	\$6,000 / Calendar Year
Individual Out-of-Pocket Max	\$4,000	\$3,000	\$3,000
Family Out-of-Pocket Max	\$8,000	\$5,000	\$6,000
Preventive Care	\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1</sup>
Office Visit Copay	\$45 <sup>1</sup>	20% After Deductible	\$0 After Deductible
Emergency Room Visit	\$100 + 20%	20% After Deductible	\$0 After Deductible
Inpatient Hospitalization	\$1,000/year <sup>3</sup> + 20%	20% After Deductible	\$0 After Deductible
Outpatient Surgery	\$250/surgery + 20%	20% After Deductible	\$0 After Deductible
X-ray and Lab (simple, non-diagnostic)	\$0	20% After Deductible	\$0 After Deductible
Chiropractic	\$25 <sup>1</sup>	20% After Deductible	\$0 After Deductible
MENTAL HEALTH	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS
Inpatient	\$1,000/year <sup>3</sup> + 20%	20% After Deductible	\$0 After Deductible
Outpatient	\$45 <sup>1</sup>	20% After Deductible	\$0 After Deductible
PHARMACY	EMPIRX	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS
Generic	\$10	20% After Deductible	\$0 After Deductible
Preferred	\$20	20% After Deductible	\$0 After Deductible
Non-Preferred	\$35	20% After Deductible	\$0 After Deductible



# FLEXIBLE SPENDING ACCOUNTS (FSA)



FSAs allow you to set aside pretax monies to pay for medical and dependent daycare expenses, as well as transit and parking expenses. IRS limits for 2021 are as follows:

- Health \$2,750 • Dependent Daycare \$5,000 per household
- Transit \$270 per month • Parking \$270 per month.

If you wish to participate in the Health FSA and/or Dependent Daycare FSA, you must enroll during Open Enrollment, beginning Monday, October 12, 2020 through 5:00pm on Friday, November 6, 2020. For information on how to enroll, see page 2, under Important Reminders.

If you wish to participate in commuter benefits, either Transit or Parking FSA, you can enroll anytime throughout the year directly through Navia's website, [www.naviabenefits.com](http://www.naviabenefits.com). For more information please contact Navia Benefit Solutions directly. Contact information is located on the back cover.

## Current Participants

You must re-enroll in health and/or dependent daycare FSA every year if you wish to continue participation in the program. You are not automatically re-enrolled.

As a reminder, the 2020 FSA Plan Year ends on December 31, 2020; however, you will have until March 15, 2021 to use any remaining 2020 funds. Please note: if you do not spend all of your 2020 funds by March 15, 2021 you forfeit the remaining monies in your account. You do have until May 15, 2021 to submit claims for any expenses incurred through March 15, 2021.

## New Participants

### Health Care FSA

The Health Care FSA provides you with an opportunity to use up to \$2,750 per year of pretax dollars to pay for out-of-pocket medical, dental, vision, and hearing expenses for you, your spouse, and any of your dependents (even if they are on a different insurance plan).

### Mass Transit/Van Pooling Account

You can set aside up to \$270 per month of pretax money to pay for work-related commuting expenses for bus or van pooling.

### Parking Account

You can set aside up to \$270 per month of pretax money to pay for parking expenses you incur at or near your work place, or from where you commute.

### Dependent Daycare FSA

The Dependent Daycare FSA is used for work-related child care expenses and to pay for work-related expenses for older tax dependents who are not capable of self-care. You can elect up to \$5,000 per household, per calendar year (\$2,500 if married and filing separate income tax returns).



# SUPPLEMENTAL LIFE INSURANCE



The Open Enrollment period from October 12 – November 6, 2020 is your opportunity to elect a term life insurance coverage for yourself, your spouse, and/or your children, without a qualifying event. The policies offered in the below table are guaranteed issue during the designated Open Enrollment period.<sup>1</sup> If you enroll during this time, the evidence of insurability (EOI) is not required (i.e. no medical questions asked). Policies will be effective January 1, 2021, with the first deduction occurring on your January 8, 2021 paycheck.<sup>2</sup>

## Rate Information

The biweekly rates are in the table below. Rates are based on your age as of the annual renewal date; therefore, your cost will increase when you enter a new age band. Please note that premiums are deducted on an after-tax basis, and in months with three (3) pay dates, the biweekly deduction will only be taken from the first two (2) pay dates.

### Employee Rates Policy: \$100,000

Age	Twice-Monthly
Under 25	\$3.00
25-29	\$3.50
30-34	\$4.00
35-39	\$5.50
40-44	\$8.00
45-49	\$11.50
50-54	\$18.50
55-59	\$30.00
60-64	\$47.00
65-69	See below*
70 and older	See below*

### Spouse Rates Policy: \$50,000

Age	Twice-Monthly
Under 25	\$1.50
25-29	\$1.75
30-34	\$2.00
35-39	\$2.75
40-44	\$4.00
45-49	\$5.75
50-54	\$9.25
55-59	\$15.00
60-64	\$23.50
65-69	See below*
70 and older	See below*

### Child(ren) Rate Policy: \$10,000

Age	Twice-Monthly
0 - 26	\$0.70  (For all children enrolled, regardless of the number.)
27 and older	Do not qualify

\*Monthly cost per \$1,000 of coverage is \$1.76 for ages 65-69, and \$2.85 for ages 70 and older. Benefit amount(s) reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70, to 25% of original coverage at age 75, and to 20% of original coverage at age 80 and after. Your premium payments will be adjusted accordingly.

## How to Enroll

You can enroll online at [www.myworkplace.net](http://www.myworkplace.net). In order to add your spouse and/or child(ren) to the above policies, enrollment in employee coverage is required. Please note, you do not have to be a health insurance participant to enroll, nor is any bargaining unit excluded from coverage. In addition, if you are currently on a leave of absence during the Open Enrollment period, you may enroll within 30 days of returning to work. For additional information, please visit Voya's website, <https://presents.voya.com/EBRC/COF>, or contact Employee Benefits.

<sup>1</sup>If an EOI was submitted to Voya and previously denied, you will not be eligible to enroll with guaranteed issue at this time.

<sup>2</sup>There is a two (2) year contestability period that includes suicide.



# VOLUNTARY BENEFITS



County of Fresno is pleased to offer a range of voluntary insurance coverages that can help relieve some of the financial pressure brought about by the unexpected, including:

- Accident Insurance
- Critical Illness Insurance
- Hospital Confinement Indemnity Insurance

If you wish to enroll into any of these policies, you must enroll online during Open Enrollment, Monday, October 12, 2020 through 5:00pm, Friday, November 6, 2020. For information on how to enroll, see page 2, under Important Reminders.

Please visit the Voya Employee Benefits Resource Center at <https://presents.voya.com/EBRC/COF> for more information about these policies.

## Accident Insurance

Accident Insurance can help relieve the financial stress that comes with an accidental injury. It pays benefits for specific, covered accidents and injuries that happen on or after your coverage effective date. The benefit amount depends on the type of injury you incur, and the treatment you receive.

Accident Insurance includes Accidental Death and Dismemberment coverage, as well as a Sports Accident Benefit.

The biweekly rates are in the table below. Please note that premiums are deducted on an after-tax basis, and in months with three (3) pay dates, the biweekly deduction will only be taken from the first two (2) pay dates.

### Low Plan

Tier	Semi-Monthly Cost
Employee Only	\$2.37
Employee + Spouse	\$4.48
Employee + Child(ren)	\$4.58
Employee + Family	\$6.69

### High Plan

Tier	Semi-Monthly Cost
Employee Only	\$3.58
Employee + Spouse	\$6.45
Employee + Child(ren)	\$7.25
Employee + Family	\$10.12



# VOLUNTARY BENEFITS (cont.)

## Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition that occurs on or after your effective coverage date and is a limited benefit policy.

Critical Illness Insurance includes an annual Wellness Benefit that pays you and everyone covered on your certificate (\$50 for you and your spouse; \$25 for up to four children) by completing an eligible health screening test.

The biweekly rates are in the table below. Rates are based on your age as of the annual renewal date; therefore, your cost will increase when you enter a new age band. Please note that premiums are deducted on an after-tax basis, and in months with three (3) pay dates, the biweekly deduction will only be taken from the first two (2) pay dates.

Employee Rates by Coverage Amount			Spouse Rates by Coverage Amount			Child(ren) Rates by Coverage Amount	
Age	\$10,000	\$20,000	Age	\$5,000	\$10,000	\$5,000	\$10,000
Under 30	\$1.89	\$3.19	Under 30	\$1.24	\$1.89	\$0.70	\$1.40
30-39	\$7.00	\$4.09	30-39	\$1.47	\$2.34		
40-49	\$8.00	\$8.39	40-49	\$2.54	\$4.49		
50-59	\$11.00	\$19.79	50-59	\$5.39	\$10.19		
60-64	\$16.00	\$32.29	60-64	\$8.52	\$16.44		
65-69	\$23.00	\$43.29	65-69	\$11.27	\$21.94		
70+	\$37.00	\$66.39	70+	\$17.04	\$33.49		

## Hospital Confinement Indemnity Insurance

Hospital Indemnity Insurance can help ease the financial burden of a hospital stay. It pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility on or after your coverage effective date.

Hospital Indemnity Insurance includes an Initial Confinement Benefit which provides an additional benefit payment for the first day you spend in a hospital, critical care unit or rehabilitation center.

Hospital Indemnity Insurance also includes an annual Wellness Benefit that pays you and everyone covered on your certificate (\$50 for you and your spouse; \$25 for up to four children) by completing an eligible health screening test.

The biweekly rates are in the table below. Please note that premiums are deducted on an after-tax basis, and in months with three (3) pay dates, the biweekly deduction will only be taken from the first two (2) pay dates.

Daily Benefit: \$100		Daily Benefit: \$200	
Tier	Semi-Monthly Cost	Tier	Semi-Monthly Cost
Employee Only	\$5.23	Employee Only	\$11.70
Employee + Spouse	\$10.35	Employee + Spouse	\$23.17
Employee + Child(ren)	\$8.12	Employee + Child(ren)	\$17.91
Employee + Family	\$13.25	Employee + Family	\$29.38

## FREQUENTLY ASKED QUESTIONS

**What do I need to do if I decide not to change health or dental plans or make any dependent changes?**

No further action is required on your part, unless you wish to continue to opt out of coverage for the 2021 plan year, you would like to enroll/re-enroll in an FSA for the 2021 plan year, or you would like to enroll in one or more of the Voya voluntary benefits.

**Can I change to another health or dental plan and/or make dependent changes after the Open Enrollment period ends?**

No. If changes are not made in [www.myworkplace.net](http://www.myworkplace.net) by 5:00pm on Friday, November 6, 2020, you will not be able to make plan changes until next Open Enrollment, unless you experience a qualifying event.

**If I'm making Open Enrollment changes online, do I still need to turn in supporting documents?**

Yes. Any supporting documents such as certified birth certificates or certified marriage certificates are still required.

**What if I have additional questions that are not listed here?**




You can find additional information about the health plans on our Open Enrollment website, [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment).

For specific questions it is recommended that you contact Employee Benefits directly. Contact information is located on the back cover.

## EMPLOYEE'S GUIDE TO HEALTH PLANS

	Definition
<b>Health Maintenance Organization (HMO)</b>	Covers services performed solely by providers in a network. This tends to be a low cost system, but is more restrictive than other plans. A primary care physician (PCP) coordinates all medical care and must make referrals to specialty providers. Services by out-of-network providers are not typically covered under the plan.
<b>Exclusive Provider Organization (EPO)</b>	EPO plans combine the flexibility of PPO plans with the cost savings of HMO plans. You won't need to choose a primary care physician, and you don't need referrals to see a specialist. Out-of-network providers are not covered.
<b>Preferred Provider Organization (PPO)</b>	Has a network of providers, but also allows use of medical providers outside of the plan's network (typically with higher employee cost). It is more flexible than an HMO, but also more expensive generally. You can go to any health care professional you choose inside your network without a PCP referral.
<b>High Deductible Health Plan (HDHP)</b>	Has a higher deductible than a traditional health insurance plan with typically lower premiums. It is often paired with a tax-advantaged account, such as a Health Savings Account (HSA), to pay for medical expenses.
<b>Deductible</b>	A set dollar amount that a person must pay before insurance coverage for medical expenses can begin.
<b>Out-of-Pocket Maximum (OOPM)</b>	The total amount paid each year by the member for the deductible, coinsurance, copayments and other health care expenses, excluding the premium. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of the year.

## OTHER OPTIONS TO SEEK CARE

Anthem	Kaiser	Deer Oaks
<b>24/7 Nurse Advice Line</b> (800) 368-4424	<b>Nurse Advice Line</b> (559) 324-5100	<b>Helpline number</b> (888) 993-7650
<b>LiveHealth Online</b> Anthem members have access to doctors that are available 24/7 through LiveHealth Online. Download the App on Google Play or the Apple Store. Copays are as follows: <ul style="list-style-type: none"> <li>• EPO: \$15</li> <li>• PPO 250: \$20</li> <li>• PPO 1000: \$45<sup>1</sup></li> <li>• HDPPPO 1500: \$49<sup>1</sup></li> <li>• HDPPPO 3000: \$49<sup>1</sup></li> </ul> 	<b>Telephone and/or Video Appointment<sup>2</sup></b> Kaiser members can schedule a telephone or a video appointment online at <a href="http://www.kp.org">www.kp.org</a> or download the Kaiser App on Google Play or the Apple Store. No copay required. 	<b>Employee Assistance Program (EAP)</b> Employees and their family may access the EAP by calling the Helpline number, or download the iConnectYou App on Google Play or the Apple Store. No copay required. Services include: <ul style="list-style-type: none"> <li>• Counseling<sup>3</sup></li> <li>• Legal Assistance</li> <li>• Work/Life Services</li> <li>• Take the High Road<sup>4</sup></li> </ul> 





<sup>1</sup>Deductible waived.

<sup>2</sup>Video appointments require an iPhone or Android phone, Apple or Android device with wireless connection, or an Apple or PC computer with webcam and high speed internet connection.

<sup>3</sup>Eight (8) sessions per year.

<sup>4</sup>One-time cab reimbursement due to incapacitation, up to \$45

## URGENT CARE VS. EMERGENCY ROOM VISIT

Urgent Care	Emergency Room
Shorter wait time 	Longer wait time 
Lower co-payment 	Higher co-payment 
<b>Less Serious Conditions such as:</b> <ul style="list-style-type: none"> <li>• Cold, flu, or sinus pain</li> <li>• Sprain</li> <li>• Rashes and minor burns</li> <li>• Sore throat</li> <li>• Ear pain</li> <li>• Animal or insect bite</li> <li>• Fever over 101.5</li> </ul>	<b>Life Threatening Emergencies such as:</b> <ul style="list-style-type: none"> <li>• Sudden shortness of breath</li> <li>• Intense chest pain</li> <li>• Severe and sudden stomach pain</li> <li>• Broken bone</li> <li>• Severe burn or bleeding</li> <li>• Crushing intense headache</li> <li>• Open wounds</li> </ul>

Please note: this is for comparison purposes only. If you are having a medical emergency, please go to your nearest hospital or contact 911 immediately.



# HUMAN RESOURCES



## HUMAN RESOURCES

### Employee Benefits Division

#### Address

2220 Tulare Street, 14th Floor  
Fresno, CA 93721

#### Phone

(559) 600-1810

#### Fax

(559) 455-4787

#### Email

HRbenefits@fresnocountyca.gov

#### Stop Mail

Stop #188

## MEDICAL

### Anthem Blue Cross

Phone (800) 967-3015  
[www.anthem.com/ca](http://www.anthem.com/ca)

### Kaiser Permanente

Phone (800) 464-4000  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

## DENTAL

### Delta Dental DPPO

Phone (800) 765-6003  
[www.deltadentalins.com](http://www.deltadentalins.com)

### DeltaCare USA DHMO

Phone (800) 422-4234  
[www.deltadentalins.com](http://www.deltadentalins.com)

## VISION

### Vision Service Plan (VSP)

Phone (800) 877-7195  
[www.vsp.com](http://www.vsp.com)

## PRESCRIPTION

### EmpiRx

Phone (877) 262-7435  
[www.empirxhealth.com](http://www.empirxhealth.com)

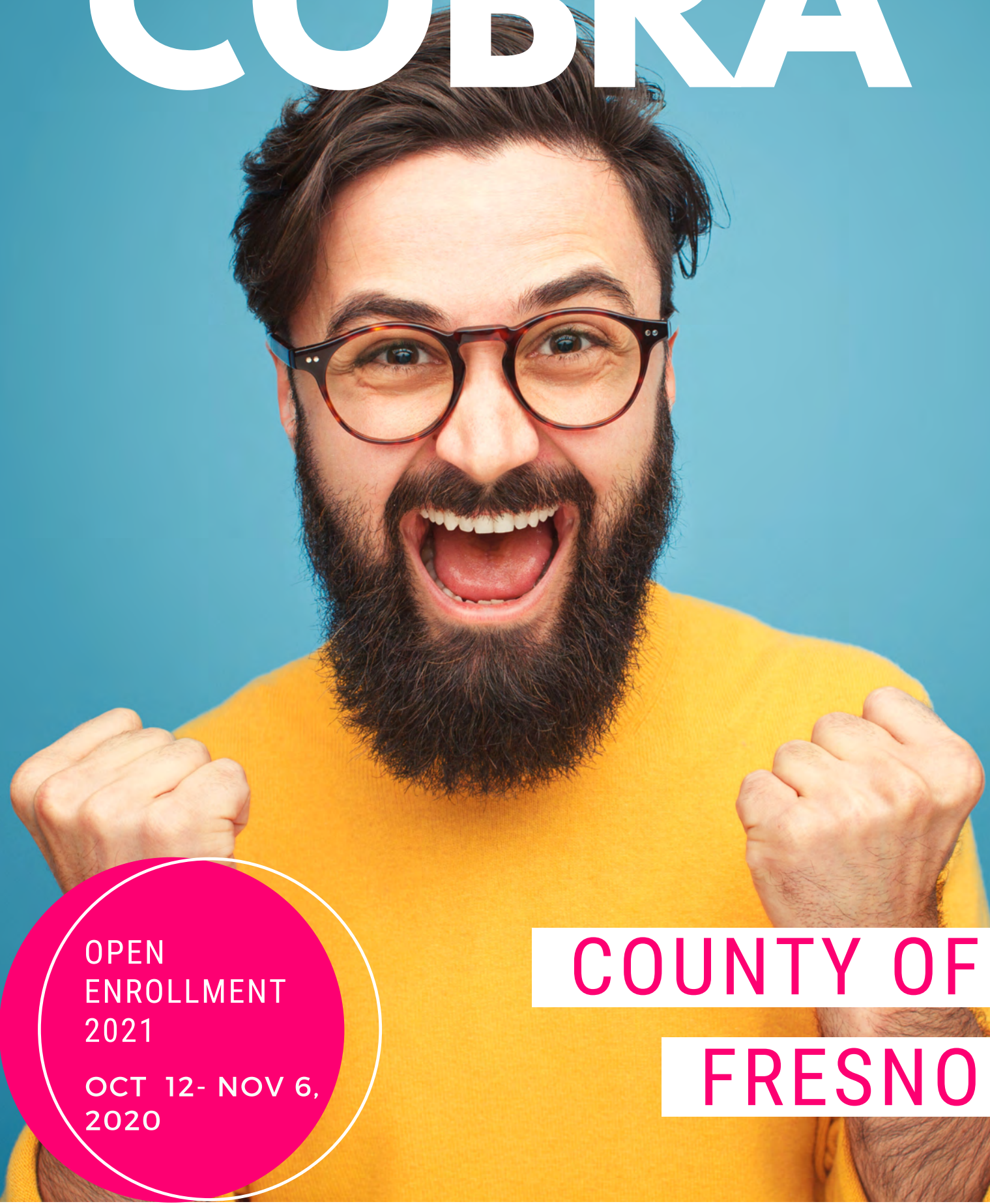
## FLEXIBLE SPENDING ACCOUNT

### Navia Benefit Solutions

Phone (800) 669-3539  
[www.naviabenefits.com](http://www.naviabenefits.com)

**RFP 21-033**  
**Exhibit D**

# COBRA



OPEN  
ENROLLMENT  
2021

OCT 12- NOV 6,  
2020

COUNTY OF

FRESNO



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- 2 Open Enrollment
- 2 FAQs
- 3 Monthly Premiums
- 4 Dental Coverage
- 4 Vision Coverage
- 5 Medical Coverage
- 5 Prescription Coverage

## IMPORTANT DATES



## QUESTIONS?

Please contact Employee Benefits by phone at (559) 600-1810 or by email to [HRBenefits@fresnocountyca.gov](mailto:HRBenefits@fresnocountyca.gov). Additionally, you can visit the Open Enrollment website at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment). The site includes rates, forms, detailed summaries, and much more!



# OPEN ENROLLMENT

October 12 - November 6, 2020

Open Enrollment is the one time during the year that you may make changes to the health insurance plans you are currently enrolled in and enroll dependents without a qualifying event. You may remove dependents any time during the plan year.

If you do not wish to enroll or make any changes to the health insurance plans you are currently enrolled in, no action is required on your part. To review the 2021 rates, please see page 3. The new rates, along with any plan changes you make, are effective January 1, 2021.

## FREQUENTLY ASKED QUESTIONS

### What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the Federal Law that allows you and/or your covered dependent(s) the opportunity to continue your health insurance coverage when you experience a qualifying event resulting in a loss of coverage. Coverage is continued at the same benefit level immediately preceding the qualifying event; however, you and/or your covered dependent(s) assume the full premium cost.

You and/or your covered dependent(s) are eligible for up to thirty-six (36) months of COBRA coverage with the first eighteen (18) months covered under Federal COBRA, and the second eighteen (18) months covered under Cal-COBRA. Cal-COBRA coverage excludes dental and vision coverage.

Federal COBRA and Cal-COBRA coverage can be canceled at any time.

### Can I make changes to my health insurance plan once Open Enrollment is closed?

Once Open Enrollment closes, you will not be permitted to enroll dependents, or make plan changes until the next Open Enrollment period, unless you experience a qualifying event as defined by the IRS (e.g. marriage, becoming Medicare eligible, etc.). If you experience a qualifying event, you must submit the required documentation to Employee Benefits within thirty (30) days of the qualifying event date. You may remove dependents any time during the plan year. For more information on qualifying events, please contact Employee Benefits.

### How do I make changes to my health insurance?

Complete the applicable form and submit to Employee Benefits, along with any required supporting documentation. Forms can be found online at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment) or contact Employee Benefits to obtain the applicable form. Submit completed form and supporting documentation by one of the following ways:

**Fax:** (559) 455-4787

**Email:** [HRbenefits@fresnocountyca.gov](mailto:HRbenefits@fresnocountyca.gov)

**USPS Mail:** 2220 Tulare St., 14th Floor,  
Fresno, CA 93721

**ATTENTION: Due to COVID-19, the Employee Benefits office is CLOSED to walk-ins.**

**Please note:** All forms and supporting documents must be received by Employee Benefits no later than 5:00pm on Friday, November 6, 2020. Employee Benefits is not responsible for forms sent through USPS mail that are lost or delayed and therefore not received by the deadline. It is your responsibility to ensure that all forms and supporting documents, if applicable, are received by the deadline. In order to confirm receipt of forms and/or supporting documents, please contact Employee Benefits by phone at (559) 600-1810 or email to [HRBenefits@fresnocountyca.gov](mailto:HRBenefits@fresnocountyca.gov).

# FEDERAL COBRA PREMIUMS

	PLAN 1		PLAN 2		PLAN 3	
Medical/Mental Health	Kaiser Permanente HMO		Anthem Blue Cross EPO		Anthem Blue Cross PPO 250	
Prescription	Kaiser Permanente		EmpiRx		EmpiRx	
Vision	Kaiser Permanente		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
	EMPLOYEE COST		EMPLOYEE COST		EMPLOYEE COST	
Employee Only	\$967.94	\$944.57	\$967.94	\$944.57	\$1,283.51	\$1,260.14
Employee + Spouse	\$1,736.22	\$1,702.89	\$1,736.22	\$1,702.89	\$2,656.41	\$2,623.07
Employee + Child(ren)	\$1,522.12	\$1,499.62	\$1,522.12	\$1,499.62	\$2,406.54	\$2,384.05
Employee + Family	\$2,278.50	\$2,244.19	\$2,278.50	\$2,244.19	\$3,656.92	\$3,622.62
	PLAN 4		PLAN 5		PLAN 6	
Medical/Mental Health	Anthem Blue Cross PPO 1000		Anthem Blue Cross HDPPPO 1500		Anthem Blue Cross HDPPPO 3000	
Prescription	EmpiRx		Anthem Blue Cross		Anthem Blue Cross	
Vision	Vision Service Plan (VSP)		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO	Delta Dental DPPO	DeltaCare USA DHMO
	EMPLOYEE COST		EMPLOYEE COST		EMPLOYEE COST	
Employee Only	\$971.46	\$948.09	\$887.37	\$864.00	\$738.25	\$714.88
Employee + Spouse	\$2,001.37	\$1,968.04	\$1,824.83	\$1,791.50	\$1,524.47	\$1,491.14
Employee + Child(ren)	\$1,813.08	\$1,790.59	\$1,653.14	\$1,630.65	\$1,367.69	\$1,345.20
Employee + Family	\$2,751.98	\$2,717.68	\$2,508.10	\$2,473.80	\$2,071.58	\$2,037.28

# CAL-COBRA PREMIUMS

	Participant Only	Participant + Spouse	Participant + Child(ren)	Participant + Family
Kaiser Permanente HMO	\$988.54	\$1,784.19	\$1,564.63	\$2,344.36
Anthem Blue Cross EPO	\$979.97	\$1,768.79	\$1,549.53	\$2,322.25
Anthem Blue Cross PPO 250	\$1,320.29	\$2,761.14	\$2,503.31	\$3,808.79
Anthem Blue Cross PPO 1000	\$983.76	\$2,054.73	\$1,863.31	\$2,832.87
Anthem Blue Cross HDPPPO 1500	\$893.08	\$1,864.35	\$1,690.83	\$2,569.86
Anthem Blue Cross HDPPPO 3000	\$732.26	\$1,540.43	\$1,382.99	\$2,099.11

Note: Cal-COBRA coverage excludes dental and vision coverage. The County does not offer separate dental and vision coverage; however, retired employees may contact REFCO by calling (559) 431-5032 or visiting their website, [www.refco1.org](http://www.refco1.org) for information on other plans that may be available.

## DENTAL COVERAGE

Good oral hygiene is important to your overall health. The County of Fresno offers two (2) choices in dental plans: Delta Dental DPPO, which is a fee-for-service plan with the best discounts provided within the Delta Dental DPPO network; and DeltaCare USA DHMO, which has set copays for services when provided by your primary care dentist.

DENTAL	DELTA DENTAL DPPO	DELTACARE USA DHMO
Annual Deductible	\$50 Per Person / \$150 Per Family (Calendar year)	No Deductible
Maximum Benefits	\$2,500 Per Person Per Year	No Annual Maximum
Preventive Services	0% Coinsurance (In-Network) 10% Coinsurance (Out-of-Network)	\$0 Copay (Most Services)
Basic Services	10% Coinsurance (In-Network) 10% Coinsurance (Out-of-Network)	\$0 Copay (Most Services) Copay may be required for upgraded materials/services
Major Services (Includes Periodontic, Endodontic, and Oral Surgery)	50% Coinsurance (In-Network) 50% Coinsurance (Out-of-Network)	\$0 Copay (Most Services) Copay may be required for upgraded materials/services
Orthodontia Child Adult	\$1,660 Copay \$1,880 Copay Once per lifetime Max 24 months of treatment	\$1,700 Copay \$1,900 Copay Pre- and post-treatment services have additional copayments

## VISION COVERAGE

Eye exams support eye and overall health. It is important to have an exam once a year to ensure that your eyes are healthy. If you are in an Anthem health plan, your vision insurance is through Vision Service Plan (VSP). Kaiser Permanente members have vision coverage through Kaiser directly. Kaiser members must access services at a Kaiser facility, unless otherwise approved by Kaiser.



VISION (IN-NETWORK)	VSP	KAISER
Exam Copay / Frequency	\$10 / Every 12 Months	\$0 / Every 12 Months
Contact Allowance / Frequency	\$150 / Every 12 Months	\$175 Allowance / Every 24 months
Frame Allowance / Frequency	\$150 / Every 24 Months	
Lenses Copay / Frequency		
Single Vision	\$0 / Every 12 Months	
Lined Bifocal	\$0 / Every 12 Months	
Lined Trifocal	\$0 / Every 12 Months	
Standard Progressive	\$55 / Every 12 Months	

# MEDICAL & PRESCRIPTION COVERAGE

Choosing a medical plan that is right for you and your family is an important decision. The County of Fresno offers six (6) different plans to allow you to select the coverage that best meets your needs.

MEDICAL	KAISER PERMANENTE HMO	ANTHEM EPO (IN-NETWORK ONLY)	ANTHEM PPO 250 (IN-NETWORK)
Individual Deductible	\$0	\$0	\$250 / Plan Year
Family Deductible	\$0	\$0	\$500 / Plan Year
Individual Out-of-Pocket Max	\$1,000	\$1,000	\$3,000
Family Out-of-Pocket Max	\$2,000	\$2,000	\$5,000
Preventive Care	\$0	\$0	\$0 <sup>1</sup>
Office Visit Copay	\$15	\$15	\$20 <sup>1</sup>
Emergency Room Visit	\$100	\$100	\$100
Inpatient Hospitalization	\$0	\$0	\$0
Outpatient Surgery	\$15	\$0	\$0
X-ray and Lab (simple, non-diagnostic)	\$0	\$0	\$0
Chiropractic	\$10	\$10	\$0
MENTAL HEALTH	KAISER PERMANENTE	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS
Inpatient	\$0	\$0	\$0
Outpatient	\$15	\$15	\$20 <sup>1</sup>
PHARMACY	KAISER PERMANENTE	EMPIRX	EMPIRX
Generic	\$10	\$10	\$10
Preferred	\$20	\$20	\$20
Non-Preferred	N/A	\$35	\$35

<sup>1</sup>Deductible Waived.

<sup>2</sup>One member may be responsible for up to \$2,800 of the deductible before plan starts contributing for that member. Subsequent members are responsible for remaining \$200 before plan starts contributing.

<sup>3</sup>Does not apply towards the deductible; applies to the out-of-pocket maximum.

## PLAN COMPARISON CHART

	Preferred Provider Organization (PPO)	Exclusive Provider Organization (EPO)	Health Maintenance Organization (HMO)
Primary Care Physician (PCP) required?	✗	✗	✓
Referral required to see a specialist?	✗	✗	✓
“In-network” benefits?	✓	✓	✓
Non-emergency “out-of-network” benefits?	✓	✗	✗
Emergency coverage?	✓	✓	✓

## MEDICAL & PRESCRIPTION COVERAGE (cont.)

This chart is a summary of benefits. Please see the Evidence of Coverage (EOC) for a full description of benefits. If there are any discrepancies between this summary and the EOC, the EOC will prevail.

MEDICAL	ANTHEM PPO 1000 (IN-NETWORK)	ANTHEM HDPPO 1500 (IN-NETWORK)	ANTHEM HDPPO 3000 (IN-NETWORK)
Individual Deductible	\$1,000 / Plan Year	\$1,500 / Calendar Year	\$3,000 / Calendar Year
Family Deductible	\$2,000 / Plan Year	\$3,000 / Calendar Year <sup>2</sup>	\$6,000 / Calendar Year
Individual Out-of-Pocket Max	\$4,000	\$3,000	\$3,000
Family Out-of-Pocket Max	\$8,000	\$5,000	\$6,000
Preventive Care	\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1</sup>
Office Visit Copay	\$45 <sup>1</sup>	20% After Deductible	\$0 After Deductible
Emergency Room Visit	\$100 + 20%	20% After Deductible	\$0 After Deductible
Inpatient Hospitalization	\$1,000/year <sup>3</sup> + 20%	20% After Deductible	\$0 After Deductible
Outpatient Surgery	\$250/surgery + 20%	20% After Deductible	\$0 After Deductible
X-ray and Lab (simple, non-diagnostic)	\$0	20% After Deductible	\$0 After Deductible
Chiropractic	\$25 <sup>1</sup>	20% After Deductible	\$0 After Deductible
MENTAL HEALTH	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS
Inpatient	\$1,000/year <sup>3</sup> + 20%	20% After Deductible	\$0 After Deductible
Outpatient	\$45 <sup>1</sup>	20% After Deductible	\$0 After Deductible
PHARMACY	EMPIRX	ANTHEM BLUE CROSS	ANTHEM BLUE CROSS
Generic	\$10	20% After Deductible	\$0 After Deductible
Preferred	\$20	20% After Deductible	\$0 After Deductible
Non-Preferred	\$35	20% After Deductible	\$0 After Deductible





# HUMAN RESOURCES



## HUMAN RESOURCES

### Employee Benefits Division

#### Address

2220 Tulare Street, 14th Floor  
Fresno, CA 93721

#### Phone

(559) 600-1810

#### Fax

(559) 455-4787

#### Email

[HRbenefits@fresnocountyca.gov](mailto:HRbenefits@fresnocountyca.gov)

#### Stop Mail

Stop #188

## MEDICAL

### Anthem Blue Cross

Phone (800) 967-3015  
[www.anthem.com/ca](http://www.anthem.com/ca)

### Kaiser Permanente

Phone (800) 464-4000  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

## DENTAL

### Delta Dental DPPO

Phone (800) 765-6003  
[www.deltadentalins.com](http://www.deltadentalins.com)

### DeltaCare USA DHMO

Phone (800) 422-4234  
[www.deltadentalins.com](http://www.deltadentalins.com)

## VISION

### Vision Service Plan (VSP)

Phone (800) 877-7195  
[www.vsp.com](http://www.vsp.com)

## PRESCRIPTION

### EmpiRx

Phone (877) 262-7435  
[www.empirxhealth.com](http://www.empirxhealth.com)

## THIRD PARTY ADMINISTRATOR Administrative Solutions , Inc. (ASI)

Phone (559) 256-1320  
[www.asibenefits.com](http://www.asibenefits.com)

**RFP 21-033**  
**Exhibit E**

# RETIREES



OPEN ENROLLMENT | PLAN YEAR 2021

COUNTY OF FRESNO

**OPEN ENROLLMENT**

OCT 12 - NOV 6, 2020



# CONTENTS



## QUESTIONS?

Please contact Employee Benefits by phone at (559) 600-1810 or by email to [HRBenefits@fresnocountyca.gov](mailto:HRBenefits@fresnocountyca.gov). Additionally, you can visit the Open Enrollment website at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment). The site includes rates, forms, detailed summaries, and much more!

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# OPEN ENROLLMENT

October 12 - November 6, 2020

Open Enrollment is the one time during the year that you may enroll in one of the County's health plans, make changes to the health insurance plans you are currently enrolled in, and enroll dependents without a qualifying event.

To review the 2021 plan year rates, please see page 4. The new rates, along with any plan changes you make, are effective January 1, 2021 with the first deduction occurring on your December 31, 2020 pension statement.

## IMPORTANT INFORMATION

### Health Plan Changes

There are no health plan changes for the 2021 plan year. If you do not wish to enroll or make any changes to the health insurance plans you are currently enrolled in, **no action is required on your part.**

### How to make Changes/Enroll

Complete the applicable form(s) and submit to Employee Benefits, along with any required supporting documentation. Please visit [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment) or contact Employee Benefits to obtain the applicable form. Submit completed form(s) and supporting documentation by one of the following ways:

**Fax:** (559) 455-4787

**Email:** [HRbenefits@fresnocountyca.gov](mailto:HRbenefits@fresnocountyca.gov)

**USPS Mail:** 2220 Tulare St., 14th Floor,  
Fresno, CA 93721

**ATTENTION: Due to COVID-19,  
the Employee Benefits office  
is CLOSED to walk-ins.**

### Submission

All forms and supporting documents must be **received** by Employee Benefits no later than **5:00pm on Friday, November 6, 2020.** Employee Benefits is not responsible for forms sent through USPS mail that are lost or delayed, and therefore not received by the deadline. It is your responsibility to ensure that all forms and supporting documents, if applicable, are received by the deadline. In order to confirm receipt of forms and/or supporting documents, please contact Employee Benefits.

### Changes After Open Enrollment

Once Open Enrollment is closed, you may terminate coverage and/or remove dependents without a qualifying event at any time during the plan year when a 30 day notice is provided. Once Open Enrollment closes, you will not be permitted to enroll or make changes until the next Open Enrollment period, unless you experience a qualifying event as defined by the IRS (e.g. marriage, becoming Medicare eligible, etc.). If you experience a qualifying event, you must submit the required documentation to Employee Benefits within thirty (30) days of the qualifying event date. Please note, if you become Medicare eligible at any time throughout the year, you will be permitted to enroll in one of the retiree Medicare supplemental or advantage plans. It is recommended that you contact our office as soon as you receive your Medicare card. For more information on qualifying events, please contact Employee Benefits.

# IMPORTANT DATES



- Open Enrollment Begins

- Open Enrollment Ends

- 2021 Plan Year Begins



## ELIGIBLE DEPENDENTS

Below is a list of eligible dependents and the supporting documents required to enroll them into your health insurance plan. Dependent children are eligible until they reach 26 years of age.

Eligible Dependents	Required Document(s)
Spouse	Certified Marriage Certificate/Abstract
Domestic Partner	Declaration of Domestic Partnership filed with the California Secretary of State
Child	Certified Birth Certificate/Abstract
Adopted Child	Adoption Order or the Certified Birth Certificate/Abstract
Step Child	Certified Birth Certificate/Abstract and a Certified Marriage Certificate/Abstract/Declaration of Domestic Partnership showing your spouse/registered domestic partner as the child's parent
Child of Legal Guardianship	Letters of Guardianship filed with the courts

Please note: the required documents listed above must be submitted each time a dependent is added to your health insurance,



# MONTHLY PREMIUMS

	NON-MEDICARE (Under Age 65) PLAN 1		MEDICARE SUPPLEMENTAL (Age 65 and Over) PLAN 2	
Medical/Mental Health	Anthem Blue Cross HDPPO		United American	
Prescription	Anthem Blue Cross		United Healthcare Rx	
Vision	Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	or DeltaCare USA DHMO	Delta Dental DPPO	or DeltaCare USA DHMO
	RETIREE COST		RETIREE COST	
Retiree Only	\$990.59	\$967.68	\$496.52	\$473.61
Retiree + Spouse	\$1,737.36	\$1,704.68	\$954.44	\$921.76
Retiree + Child(ren)	\$1,536.45	\$1,514.40		
Retiree + Family	\$2,279.85	\$2,246.22		

NON-MEDICARE & MEDICARE (Under Age 65 with Anthem + Age 65 and Over with United American/Retireefirst)				
	Delta Dental DPPO	or	DeltaCare USA DHMO	
	RETIREE COST			
Retiree Medicare + Spouse Non-Medicare	\$1,465.14		\$1,432.46	
Retiree Non-Medicare + Spouse Medicare	\$1,465.14		\$1,432.46	

MEDICARE ADVANTAGE PLANS (Age 65 and Over)				
	PLAN 3		PLAN 4	
Medical/Mental Health	Kaiser Senior Advantage High		Kaiser Senior Advantage Low	
Prescription	Kaiser Permanente		Kaiser Permanente	
Vision	Kaiser Permanente		Kaiser Permanente	
Dental Plans	Delta Dental DPPO	or DeltaCare USA DHMO	Delta Dental DPPO	or DeltaCare USA DHMO
	RETIREE COST		RETIREE COST	
Retiree Only	\$396.44	\$373.53	\$322.91	\$300.00
Retiree + Spouse	\$755.57	\$722.89	\$608.51	\$575.83

Not all Retiree rate categories are included in this comparison sheet. Please contact Employee Benefits at (559) 600-1810 or email us at HRBenefits@fresnocountyca.gov if your situation is not identified.



## DENTAL COVERAGE

Good oral hygiene is important to your overall health. The County of Fresno offers two (2) choices in dental plans: Delta Dental DPPO, which is a fee-for-service plan with the best discounts provided within the Delta Dental DPPO network; and DeltaCare USA DHMO which has set copays for services when provided by your primary care dentist.

DENTAL	DELTA DENTAL DPPO	DELTACARE USA DHMO
Annual Deductible	\$50 Per Person / \$150 Per Family (Calendar year)	No Deductible
Maximum Benefits	\$2,500 Per Person Per Year	No Annual Maximum
Preventive Services	0% Coinsurance (In-Network) 10% Coinsurance (Out-of-Network)	\$0 Copay (Most Services)
Basic Services	10% Coinsurance (In-Network) 10% Coinsurance (Out-of-Network)	\$0 Copay (Most Services) Copay may be required for upgraded materials/services
Major Services (Includes Periodontic, Endodontic, and Oral Surgery)	50% Coinsurance (In-Network) 50% Coinsurance (Out-of-Network)	\$0 Copay (Most Services) Copay may be required for upgraded materials/services
Orthodontia    Child Adult	\$1,660 Copay \$1,880 Copay Once per lifetime Max 24 months of treatment	\$1,700 Copay \$1,900 Copay Pre- and post-treatment services have additional copayments

## VISION COVERAGE

Eye exams support eye and overall health. It is important to have an exam once a year to ensure that your eyes are healthy. If you are in an Anthem or United American health plan, your vision insurance is through Vision Service Plan (VSP). Kaiser Permanente members have vision coverage through Kaiser directly. Kaiser members must access services at a Kaiser facility, unless otherwise approved by Kaiser.



VISION (IN-NETWORK)	VSP	KAISER HIGH OPTION	KAISER LOW OPTION
Exam Copay / Frequency	\$10 / Every 12 Months	\$0 / Every 12 Months	\$25 / Every 12 Months
Contact Allowance / Frequency	\$150 / Every 12 Months		
Frame Allowance / Frequency	\$150 / Every 24 Months		
Lenses Copay / Frequency		\$175 Allowance / Every 24 months	\$175 Allowance / Every 24 months
Single Vision	\$0 / Every 12 Months		
Lined Bifocal	\$0 / Every 12 Months		
Lined Trifocal	\$0 / Every 12 Months		
Standard Progressive	\$55 / Every 12 Months		

As a retiree, the health benefits available to you provide important protection for you and your family in case of illness or injury.

The County offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare options.

The SBC is available on the web at [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment).

A paper copy is also available, free of charge, by calling Employee Benefits at (559) 600-1810.



## NON-MEDICARE MEDICAL & PRESCRIPTION COVERAGE

ANTHEM BLUE CROSS HDPPO	IN-NETWORK	OUT-OF-NETWORK
<b>CALENDAR YEAR DEDUCTIBLES</b>		
Individual	\$1,500	\$1,500
Family	\$3,000 <sup>1</sup>	\$3,000 <sup>1</sup>
<b>ANNUAL OUT-OF-POCKET MAX</b>		
Individual	\$3,000	\$10,000
Family	\$5,000	\$15,000
<b>SERVICES</b>		
Preventive Care	\$0 <sup>2</sup>	40% After Deductible
Office Visit Copay	20% After Deductible	40% After Deductible
Emergency Room Visit	20% After Deductible	40% After Deductible
Inpatient Hospitalization	20% After Deductible	40% After Deductible
X-ray and Lab (simple, non-diagnostic)	20% After Deductible	40% After Deductible
Allergy Testing	20% After Deductible	40% After Deductible
Chiropractic	20% After Deductible	40% After Deductible
Hearing Aid (1 Aid Per Ear Every 3 Years)	20% After Deductible	40% After Deductible
<b>MENTAL HEALTH</b>		
Inpatient	20% After Deductible	40% After Deductible
Outpatient	20% After Deductible	40% After Deductible
<b>PRESCRIPTIONS</b>		
Generic	20% After Deductible	40% After Deductible
Preferred	20% After Deductible	40% After Deductible
Non-Preferred	20% After Deductible	40% After Deductible

<sup>1</sup>One member responsible for up to \$2,800 of the deductible before the plan starts contributing for that member. Second member responsible for remaining \$200 before plan starts contributing.

<sup>2</sup>Deductible Waived.

# MEDICARE MEDICAL & PRESCRIPTION COVERAGE

The County of Fresno offers three (3) different Medicare medical plans to allow you to select the coverage that best meets the needs for you and your family. The United American/Retireefirst plan is supplemental to your Medicare coverage and helps pay the Medicare-eligible deductibles, copayments and out-of-pocket medical expenses not fully covered by Medicare. The Kaiser Permanente High and Low Options are Senior Advantage plans that serve as a private insurance alternative to original Medicare and allow you to get all your Part A and Part B benefits through one plan.

**IMPORTANT:** Our Medicare plans require you to have Medicare Parts A and B. The County Medicare plans have prescription drug coverage (Part D) included. Therefore, if you enroll in one of these Medicare plans, do not sign up for another Part D program as this will cancel your coverage through the County of Fresno.

## KAISER PERMANENTE

	KAISER PERMANENTE HIGH OPTION	KAISER PERMANENTE LOW OPTION
<b>SERVICES</b>		
Preventive Care	\$0	\$0
Office Visit Copay	\$15	\$25
Emergency Room Visit	\$50	\$75
Inpatient Hospitalization	\$0	\$250
Outpatient Surgery	\$50	\$25
Physical, Occupational, Speech Therapy	\$15	\$25
X-ray and Lab (simple, non-diagnostic)	\$0	\$0
Chiropractic	\$10	\$20
Hearing Aid (1 Aid Per Ear Every 3 Years)	\$1,000 Allowance Per Ear	\$1,000 Allowance Per Ear
<b>MENTAL HEALTH</b>		
Inpatient	\$0	\$250
Outpatient	\$15	\$25
<b>PRESCRIPTION</b>		
Generic	\$5 for 100 Day Supply	\$10 for 30 Day Supply \$20 for 60 Day Supply \$30 for 100 Day Supply
Preferred	\$20 for 100 Day Supply	\$25 for 30 Day Supply \$50 for 60 Day Supply \$75 for 100 Day Supply
Non-Preferred	N/A	N/A

This chart is only a summary of benefits. Please see the Evidence of Coverage (EOC) for a full description of benefits. If there are any discrepancies between this summary and the EOC, the EOC will prevail.



# UNITED AMERICAN/RETIREEFIRST & UNITED HEALTHCARE RX

## UNITED AMERICAN/ RETIREEFIRST & UNITED HEALTHCARE RX

SERVICES	
Preventive Care	\$0
Office Visit Copay	\$0
Emergency Room Visit	\$0
Inpatient Hospitalization	\$0
Outpatient Surgery	\$0
Physical, Occupational, Speech Therapy	\$0
X-ray and Lab (simple, non-diagnostic)	\$0
Chiropractic	\$0
Hearing Aid	Not Covered
MENTAL HEALTH	
Inpatient	\$0
Outpatient	\$0
PRESCRIPTION	
Generic	\$0
Preferred Brand	\$20
Non-Preferred Brand	\$30
Specialty (30-day retail only)	\$20

**UA** United American  
Insurance Company  
Since 1947

P.O. BOX 8080 MCKINNEY, TX 75070 1-800-730-4648

Certificate Number: 1234567  
Name: John Smith  
Retiree Of: County of Fresno  
Medicare Supplement Plan: F  
Certificate Effective: 1/1/2020

**UnitedHealthcare** Medicare  
Solutions

Issuer (80840): 123456789  
Member ID: 01234568-9

Member: John Smith  
Employer Group Name: County of Fresno

RxBjn: 610097  
RxGrp: PDPIND  
RxPCN: 9999

S5805 PBP# 807 UnitedHealthcare MedicareRx for Groups (PDP)

This chart is only a summary of benefits. Please see the Evidence of Coverage (EOC) for a full description of benefits. If there are any discrepancies between this summary and the EOC, the EOC will prevail.



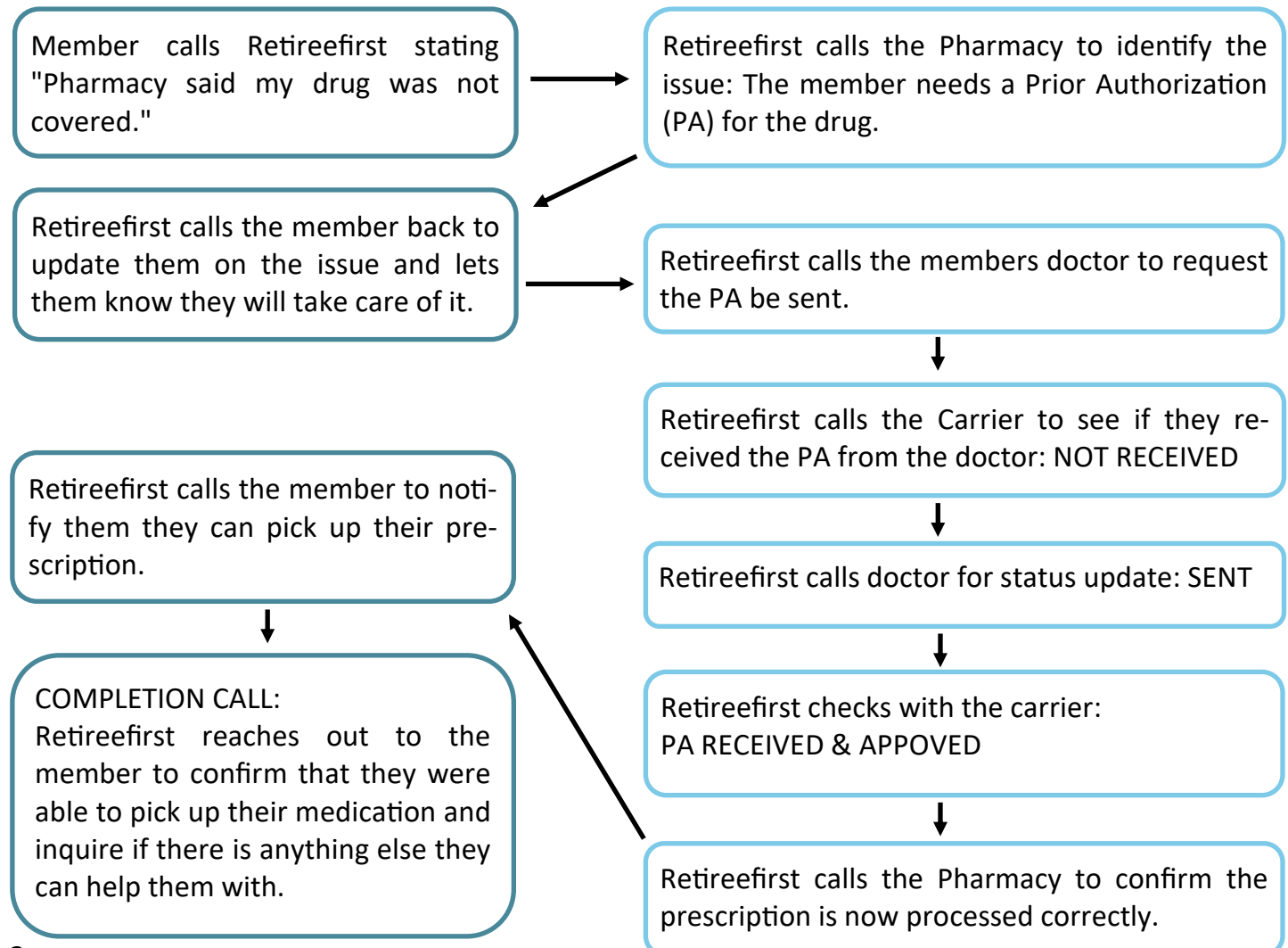


# RETIREEFIRST CONCIERGE SERVICE

What can Retireefirst do for you? Do you have questions on what the plan may or may not cover? What if you have issues accessing services? Retireefirst can help! Retireefirst offers free concierge service:

- **Dedicated Phone Number** - Members will have a County specific local phone number, (559) 588-4422, and a toll-free phone number (833) 236-2092.
- **General Questions** - Plan design, copays, drug look up, provider networks, lost ID cards, etc.
- **Provider & Pharmacy Support** - Real time pharmacy and physician support to members with a member service advocate working directly with the pharmacy and provider staff.
- **SSI & CMS Support** - Retireefirst can communicate directly with Social Security and CMS on the member's behalf for things such as: enrollment in Medicare, help solve insurance related issues, and applying for Low Income Subsidies.

## MEMBER/RETIREEFIRST EXPERIENCE CHART



# FREQUENTLY ASKED QUESTIONS

## When will I see the new premium deductions from my pension?

If applicable, you will see the first deductions on your December 2020 pension statement.

## What do I need to do if I decide not to change health or dental plans or make any dependent changes?

No further action is required on your part.

## If I'm making Open Enrollment changes to add a dependent(s) do I need to turn in supporting documents?

Yes. Any supporting documents such as certified birth certificates or certified marriage certificates are still required.

## Can I change to another health or dental plan and/or make dependent changes after the Open Enrollment period ends?

No. If forms are not received by Employee Benefits by 5:00pm on Friday, November 6, 2020, you will not be able to make plan changes until next Open Enrollment, unless you experience a qualifying event.

## With the change to the United American/Retireefirst Medicare Supplemental plan, can I continue to go to my current providers?

Yes. You can continue to see any provider that accepts Medicare.

## Is there a Mail Order Pharmacy through United Healthcare Rx?

Yes, but you can also use most retail pharmacies for the same 90 Day fill.

## How can I tell if my prescriptions are covered through United Healthcare Rx?

The United Healthcare Rx formulary list is posted on our website, [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment). If you should have any questions, please call Retireefirst at (833) 236-2092.

## What if I have additional questions that are not listed here?

You can find additional information about the health plans on our Open Enrollment website, [www.co.fresno.ca.us/openenrollment](http://www.co.fresno.ca.us/openenrollment). For specific questions, it is recommended that you contact Employee Benefits directly. Contact information is located on the back cover.

## Is the Employee Benefits office open for walk-ins or appointments during Open Enrollment?

No, due to COVID-19, the Employee Benefits office is closed to the public. You will not be able to submit forms or supporting documentation, or pick up forms in person. Options to submit documentation are: fax, email, or USPS mail. If you should have questions on how to submit documentation or how to retrieve applicable forms, please contact Employee Benefits directly. Contact information is located on the back cover.



# HUMAN RESOURCES

## HUMAN RESOURCES Employee Benefits Division

### Address

2220 Tulare Street, 14th Floor  
Fresno, CA 93721

### Phone

(559) 600-1810

### Fax

(559) 455-4787

### Email

[HRbenefits@fresnocountyca.gov](mailto:HRbenefits@fresnocountyca.gov)



## NON-MEDICARE MEDICAL

### Anthem Blue Cross HDPPPO

Phone: (866) 967-3015

[www.anthem.com/ca](http://www.anthem.com/ca)

## MEDICARE MEDICAL

### Retireefirst (United American & United Healthcare)

Phone: (833) 236-2092 or (559) 588-4422

[www.retireefirst.com](http://www.retireefirst.com)

### Kaiser Permanente Senior Advantage High and Low Option

Phone: (800) 464-4000

[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

## DENTAL

### Delta Dental DPPO

Phone (800) 765-6003

[www.deltadentalins.com](http://www.deltadentalins.com)

### DeltaCare USA DHMO

Phone (800) 422-4234

[www.deltadentalins.com](http://www.deltadentalins.com)

## VISION

### Vision Service Plan (VSP)

Phone (800) 877-7195

[www.vsp.com](http://www.vsp.com)





# Board Agenda Item 62

DATE: December 15, 2020

TO: Board of Supervisors

SUBMITTED BY: Paul Nerland, Director of Human Resources

SUBJECT: County Health Plan Agreements for Plan Year 2021

RECOMMENDED ACTION(S):

- 1. Approve and authorize the Chairman to execute Participation Agreement with the San Joaquin Valley Insurance Authority (SJVIA), for the purpose of participating in the SJVIA health insurance (Anthem Blue Cross and Kaiser), pharmacy program (EmpiRx), dental insurance (Delta Dental) and vision insurance (Vision Service Plan) for employees and retirees, effective December 14, 2020 through December 31, 2021.**
- 2. Approve and authorize the Chairman to execute an Agreement with Kaiser Permanente for group medical services for the period January 1, 2021 through December 31, 2021, for retirees.**
- 3. Approve and authorize the Chairman to execute Agreements with MyWorkplace, Inc. and Administrative Solutions - Fresno, LLC, for Medicare retiree eligibility, billing, and accounting services, effective January 1, 2021 through December 31, 2021.**
- 4. Approve and authorize the Director of Human Resources, or designee, to execute related health plan documents, business associate agreements and other agreements, amendments, thereto, subject to review and approval by County Counsel and the Auditor-Controller/Treasurer-Tax Collector.**

Approval of the recommended actions will authorize the Chairman to execute health insurance agreements for Plan Year 2021 for employees, retirees, and their dependents. This item is countywide.

ALTERNATIVE ACTION(S):

Your Board may choose to consider benefit modifications that would affect premiums, copayments or deductibles. However, benefit modifications for plans through the SJVIA would require approval by the SJVIA Board.

SUSPENSION OF COMPETITION/SOLE SOURCE CONTRACT:

On April 28, 2020, your Board made a finding that it was in the best interest of the County to waive the competitive bidding process consistent with Administrative Policy No. 34 under the “unusual or extraordinary circumstances” exception for the solicitation of health benefits plan proposals for Plan Year 2021. This allowed the County the flexibility needed to negotiate directly with health insurance providers and maximize cost effective alternatives that best meet the needs of the County, its active employees, retirees,

and their dependents.

FISCAL IMPACT:

On September 22, 2020, your Board approved the biweekly and monthly health insurance premiums for active employees, retirees, and their dependents for Plan Year 2021. Appropriations and related projected revenue of \$100.1 million has been included in the Risk Management Org 8925 FY 2020-21 Adopted Budget for pass-through health insurance premiums of County employees, retirees, and dependent coverage. Of this amount, approximately \$91.3 million is for active employees and \$8.8 million is for retirees.

DISCUSSION:

The County has traditionally offered multiple plans to allow employees the choice of the doctor, hospital or delivery system that meets their needs. The current plans allow access to all local hospitals depending on the plan selected.

Beginning in 2010, the County began participating in the SJVIA with the County of Tulare to contribute to lower fixed costs and additional value-added services. Additionally, the plans offered through Anthem Blue Cross are self-insured with the SJVIA. Recommended Action No. 1 would execute the County's Participation Agreement with the SJVIA for Plan Year 2021 and allow the County to continue to take part in the plans and services available through the SJVIA.

Below is a summary of the plans and services being offered for Plan Year 2021:

1. Health Plans - Active & Pre-65 Retirees:

a. Anthem Blue Cross (SJVIA):

- An EPO plan that is similar to a traditional HMO plan, but allows access to doctors and hospitals within its PPO network.
- A PPO plan with a \$250 deductible for employee or \$500 deductible for family.
- A PPO plan with a \$1,000 deductible for employee or \$2,000 deductible for family.
- A High Deductible PPO with a \$1,500 deductible for employee or \$3,000 for family.
- A High Deductible PPO with a \$3,000 deductible for employee or \$6,000 deductible for family.
  - Participants in either HDPPPO plan may contribute to a "Health Savings Account" (HSA). HSAs are tax-favored savings accounts that are combined with a qualifying high deductible health insurance plan.

In addition, the SJVIA has entered into an agreement with its pharmacy benefit manager, EmpiRx Health, to provide prescription coverage to participants.

- b. Kaiser (SJVIA): An HMO option through Kaiser is offered as an integrated, pre-paid health delivery system. The entire range of care for members is provided and coordinated through their system, including doctors, hospitals, and pharmacies.
- c. Administrative Services (SJVIA): The SJVIA continues to offer additional services as part of the total rate structure, including Consolidated Omnibus Budget Reconciliation Act (COBRA) administration and billing, Family Medical Leave Act (FMLA) billing and consolidated eligibility/billing services. These services are contracted through the SJVIA with MyWorkplace, Inc. and Administrative Solutions - Fresno, LLC.

Recommended Action No. 3 would execute separate County agreements with MyWorkplace, Inc. and Administrative Solutions - Fresno, LLC to match pricing and services offered through



the SJVIA, ensuring consistency and efficiency in services offered with the health plans.

2. Health Plans - Post-65 / Medicare Retirees:

The County offers two types of plans to Medicare eligible retirees called Medicare Supplemental (United American/UnitedHealthcare) and Medicare Advantage (Kaiser Senior Advantage High/Low). On October 22, 2019, your Board approved an agreement with Retiree First to provide health benefit management and administrative services for the United American/UnitedHealthcare Supplemental plan. The agreement with Retiree First is effective through December 31, 2022.

Recommended Action No. 2 would execute an agreement with Kaiser to provide Medicare plan services for Plan Year 2021.

3. Dental Plans (SJVIA):

The DPPO and DHMO Delta Dental plans are made available to the County through its participation in the SJVIA. The DHMO offers a limited network of providers in exchange for enhanced coverage, whereas the DPPO offers access to an expanded network of providers and specialists in exchange for higher deductibles.

Recommended Action No. 1 would authorize the Chair to execute the Participation Agreement with the SJVIA which would include Delta Dental DPPO and DHMO for Plan Year 2021.

4. Vision Plan (SJVIA):

Employees enrolled in the Anthem Blue Cross EPO, PPO, and HDPPO, pre-65 retirees enrolled in the Anthem Blue Cross HDPPO, and post-65 retirees enrolled in the United American/UnitedHealthcare plan all receive vision coverage through the SJVIA in an agreement with Vision Services Plan (VSP).

Recommended Action No. 1 would authorize the Chair to execute the Participation Agreement with the SJVIA which would include VSP for Plan Year 2021.

OTHER REVIEWING AGENCIES:

Keenan & Associates, the County's Health and Benefits consultant, has reviewed the agreements and is recommending approval of the recommended actions.

REFERENCE MATERIAL:

BAI #49, September 22, 2020  
 BAI #32, April 28, 2020  
 BAI #42, December 10, 2019  
 BAI #32, October 22, 2019  
 BAI #38, July 12, 2016  
 BAI #35, July 9, 2013  
 BAI #9, October 6, 2009

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - SJVIA Participation Agreement  
 On file with Clerk - Kaiser Permanente Agreement  
 On file with Clerk - MyWorkplace, Inc. Agreement  
 On file with Clerk - Administrative Solutions - Fresno, LLC Agreement

CAO ANALYST:

Yussel Zalapa

A G R E E M E N T

THIS AGREEMENT is made and entered into this \_\_\_\_ day of [Month], [Year], by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and [Contractor], a (Type of business) (Note to County staff: Type of business the contractor is; such as a corporation – including the state in which they are incorporated, e.g., a California corporation; a partnership; a private, non-profit corporation; or a sole proprietorship), whose address is "[Contractor's Address]", hereinafter referred to as "CONTRACTOR".

WITNESSETH:

(Add WHEREAS Clauses) (Note to County staff: explains the need/purpose for the contract and the process by which the Contractor was chosen)

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions herein contained, the parties hereto agree as follows:

1. OBLIGATIONS OF THE CONTRACTOR

A.

B. (etc.)

2. OBLIGATIONS OF THE COUNTY

A.

B. (etc.)

3. TERM

The term of this Agreement shall be for a period of three (3) years, commencing on (Effective Date) through and including (Last day of three year period). This Agreement may be extended for two (2) additional consecutive twelve (12) month periods upon written approval of both parties no later than thirty (30) days prior to the first day of the next twelve (12) month extension period. The (Title of department head) or his or her designee is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR'S satisfactory performance.

4. TERMINATION

A. Non-Allocation of Funds - The terms of this Agreement, and the services to

1 be provided hereunder, are contingent on the approval of funds by the appropriating government  
2 agency. Should sufficient funds not be allocated, the services provided may be modified, or this  
3 Agreement terminated, at any time by giving the CONTRACTOR thirty (30) days advance written  
4 notice.

5 B. Breach of Contract - The COUNTY may immediately suspend or terminate this  
6 Agreement in whole or in part, where in the determination of the COUNTY there is:

- 7 1) An illegal or improper use of funds;
- 8 2) A failure to comply with any term of this Agreement;
- 9 3) A substantially incorrect or incomplete report submitted to the COUNTY;
- 10 4) Improperly performed service.

11 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any breach  
12 of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither shall such  
13 payment impair or prejudice any remedy available to the COUNTY with respect to the breach or default.  
14 The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the COUNTY of any  
15 funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of the COUNTY were  
16 not expended in accordance with the terms of this Agreement. The CONTRACTOR shall promptly refund  
17 any such funds upon demand.

18 C. Without Cause - Under circumstances other than those set forth above, this  
19 Agreement may be terminated by COUNTY upon the giving of thirty (30) days advance written notice of an  
20 intention to terminate to CONTRACTOR.

21 5. COMPENSATION/INVOICING: (Note to County staff: If sales tax is applicable and to be  
22 paid to an out-of-state vendor, it must be separated from the total compensation and the vendor must have  
23 a California Sales Tax Permit Number.) COUNTY agrees to pay CONTRACTOR and CONTRACTOR  
24 agrees to receive compensation as follows: "[Enter compensation]". CONTRACTOR shall submit monthly  
25 invoices in triplicate to the County of Fresno "[Enter Department Name]".

26 In no event shall services performed under this Agreement be in excess of  
27 "[Enter maximum contract amount]" during the term of this Agreement. It is understood that all expenses  
28 incidental to CONTRACTOR'S performance of services under this Agreement shall be borne by



1 CONTRACTOR. (Note to County staff: If the number of days within which payment must be made is  
2 specified, this paragraph must provide for payment after a minimum of forty-five (45) days from date of  
3 receipt of invoice by the COUNTY.)

4 6. INDEPENDENT CONTRACTOR: In performance of the work, duties and obligations  
5 assumed by CONTRACTOR under this Agreement, it is mutually understood and agreed that  
6 CONTRACTOR, including any and all of the CONTRACTOR'S officers, agents, and employees will at all  
7 times be acting and performing as an independent contractor, and shall act in an independent capacity and  
8 not as an officer, agent, servant, employee, joint venturer, partner, or associate of the COUNTY.  
9 Furthermore, COUNTY shall have no right to control or supervise or direct the manner or method by which  
10 CONTRACTOR shall perform its work and function. However, COUNTY shall retain the right to administer  
11 this Agreement so as to verify that CONTRACTOR is performing its obligations in accordance with the  
12 terms and conditions thereof.

13 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and  
14 regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

15 Because of its status as an independent contractor, CONTRACTOR shall have absolutely no right  
16 to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be solely liable  
17 and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In  
18 addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all matters relating  
19 to payment of CONTRACTOR'S employees, including compliance with Social Security withholding and all  
20 other regulations governing such matters. It is acknowledged that during the term of this Agreement,  
21 CONTRACTOR may be providing services to others unrelated to the COUNTY or to this Agreement.

22 7. MODIFICATION: Any matters of this Agreement may be modified from time to time by the  
23 written consent of all the parties without, in any way, affecting the remainder.

24 8. NON-ASSIGNMENT: Neither party shall assign, transfer or sub-contract this Agreement  
25 nor their rights or duties under this Agreement without the prior written consent of the other party.

26 9. HOLD HARMLESS: CONTRACTOR agrees to indemnify, save, hold harmless, and at  
27 COUNTY'S request, defend the COUNTY, its officers, agents, and employees from any and all costs and  
28 expenses (including attorney's fees and costs), damages, liabilities, claims, and losses occurring or

1 resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its  
2 officers, agents, or employees under this Agreement, and from any and all costs and expenses (including  
3 attorney's fees and costs), damages, liabilities, claims, and losses occurring or resulting to any person, firm,  
4 or corporation who may be injured or damaged by the performance, or failure to perform, of  
5 CONTRACTOR, its officers, agents, or employees under this Agreement.

6 10. INSURANCE

7 Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third  
8 parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the following insurance  
9 policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or  
10 Joint Powers Agreement (JPA) throughout the term of the Agreement:

11 A. Commercial General Liability

12 Commercial General Liability Insurance with limits of not less than Two Million Dollars  
13 (\$2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000.00). This  
14 policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including  
15 completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal  
16 liability or any other liability insurance deemed necessary because of the nature of this contract.

17 B. Automobile Liability

18 Comprehensive Automobile Liability Insurance with limits of not less than One Million Dollars  
19 (\$1,000,000.00) per accident for bodily injury and for property damages. Coverage should include any auto  
20 used in connection with this Agreement.

21 C. Professional Liability

22 If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in  
23 providing services, Professional Liability Insurance with limits of not less than One Million Dollars  
24 (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

25 D. Worker's Compensation

26 A policy of Worker's Compensation insurance as may be required by the California Labor  
27 Code.

28 E. Molestation

1 [Note to County Staff: Include this paragraph E. only for agreements relating to services to  
2 vulnerable classes of persons (e.g., children, elderly).] Sexual abuse / molestation liability insurance with  
3 limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars  
4 (\$2,000,000.00) annual aggregate. This policy shall be issued on a per occurrence basis.

5 Additional Requirements Relating to Insurance

6 CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming  
7 the County of Fresno, its officers, agents, and employees, individually and collectively, as additional  
8 insured, but only insofar as the operations under this Agreement are concerned. Such coverage for  
9 additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained  
10 by COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance  
11 provided under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without  
12 a minimum of thirty (30) days advance written notice given to COUNTY.

13 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and  
14 employees any amounts paid by the policy of worker's compensation insurance required by this  
15 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be  
16 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under  
17 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

18 Within Thirty (30) days from the date CONTRACTOR signs and executes this Agreement,  
19 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the  
20 foregoing policies, as required herein, to the County of Fresno, (Name and Address of the official who will  
21 administer this contract), stating that such insurance coverage have been obtained and are in full force; that  
22 the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the  
23 policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents  
24 and employees, individually and collectively, as additional insured, but only insofar as the operations under  
25 this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance  
26 and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees,  
27 shall be excess only and not contributing with insurance provided under CONTRACTOR's policies herein;  
28 and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance,

1 written notice given to COUNTY.

2 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein  
3 provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this  
4 Agreement upon the occurrence of such event.

5 All policies shall be issued by admitted insurers licensed to do business in the State of California,  
6 and such insurance shall be purchased from companies possessing a current A.M. Best, Inc. rating of A  
7 FSC VII or better.

8 11. AUDITS AND INSPECTIONS: The CONTRACTOR shall at any time during business  
9 hours, and as often as the COUNTY may deem necessary, make available to the COUNTY for examination  
10 all of its records and data with respect to the matters covered by this Agreement. The CONTRACTOR  
11 shall, upon request by the COUNTY, permit the COUNTY to audit and inspect all of such records and data  
12 necessary to ensure CONTRACTOR'S compliance with the terms of this Agreement.

13 If this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR shall be subject to  
14 the examination and audit of the Auditor General for a period of three (3) years after final payment under  
15 contract (Government Code Section 8546.7).

16 12. NOTICES: The persons and their addresses having authority to give and receive notices  
17 under this Agreement include the following:

<u>COUNTY</u>	<u>CONTRACTOR</u>
COUNTY OF FRESNO	[click here to enter Contractor]
[click here to enter County Address]	[click here to enter Contractor Address]
[click here to enter County Address]	[click here to enter Contractor Address]
[click here to enter County City/State]	[click here to enter Contractor City/State]

21 All notices between the COUNTY and CONTRACTOR provided for or permitted under this  
22 Agreement must be in writing and delivered either by personal service, by first-class United States mail, by  
23 an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by  
24 personal service is effective upon service to the recipient. A notice delivered by first-class United States  
25 mail is effective three COUNTY business days after deposit in the United States mail, postage prepaid,  
26 addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one  
27 COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid,  
28 with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by

1 telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is  
2 completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the  
3 next beginning of a COUNTY business day), provided that the sender maintains a machine record of the  
4 completed transmission. For all claims arising out of or related to this Agreement, nothing in this section  
5 establishes, waives, or modifies any claims presentation requirements or procedures provided by law,  
6 including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code,  
7 beginning with section 810).

8 13. GOVERNING LAW: Venue for any action arising out of or related to this Agreement shall  
9 only be in Fresno County, California.

10 The rights and obligations of the parties and all interpretation and performance of this Agreement  
11 shall be governed in all respects by the laws of the State of California.

12 14. DISCLOSURE OF SELF-DEALING TRANSACTIONS

13 This provision is only applicable if the CONTRACTOR is operating as a corporation (a for-profit  
14 or non-profit corporation) or if during the term of the agreement, the CONTRACTOR changes its status  
15 to operate as a corporation.

16 Members of the CONTRACTOR's Board of Directors shall disclose any self-dealing transactions  
17 that they are a party to while CONTRACTOR is providing goods or performing services under this  
18 agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR is a party  
19 and in which one or more of its directors has a material financial interest. Members of the Board of  
20 Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a  
21 Self-Dealing Transaction Disclosure Form, attached hereto as Exhibit A and incorporated herein by  
22 reference, and submitting it to the COUNTY prior to commencing with the self-dealing transaction or  
23 immediately thereafter.

24 15. ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the  
25 CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous  
26 Agreement negotiations, proposals, commitments, writings, advertisements, publications, and  
27 understanding of any nature whatsoever unless expressly included in this Agreement. **If applicable, add**  
28 **the following:** *In the event of any inconsistency in interpreting the documents which constitute this*

1 Agreement, the inconsistency shall be resolved by giving precedence in the following order of priority: (1)  
2 the text of this Agreement (excluding Attachment "A", the COUNTY'S Request for Quotation/Proposal No.  
3 "[Enter RFQ/RFP No.]" and the CONTRACTOR'S Quote/Proposal in response thereto); (2) Attachment  
4 "A"; (3) the COUNTY'S Request for Quotation/Proposal No. "[Enter RFQ/RFP No.]"; and (4) the  
5 CONTRACTOR'S quotation/proposal made in response to COUNTY'S Request for Quotation/Proposal No.  
6 "[Enter RFQ/RFP No.]"

7 ///

8 ///

9 ///

10 ///

11 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year  
12 first hereinabove written.

13  
14 **CONTRACTOR**

**COUNTY OF FRESNO**

15 \_\_\_\_\_  
16 (Authorized Signature)

\_\_\_\_\_  
[Note: Insert Current Chairman's Name],  
Chairman of the Board of Supervisors of  
the County of Fresno

17 \_\_\_\_\_  
18 Print Name & Title

19 \_\_\_\_\_  
20 Mailing Address

**ATTEST:**  
Bernice E. Seidel  
Clerk of the Board of Supervisors  
County of Fresno, State of California

21  
22  
23  
24  
25 By: \_\_\_\_\_  
Deputy

26 FOR ACCOUNTING USE ONLY:

27 Fund:  
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1 Subclass:

2 ORG:

3 Account:

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**A G R E E M E N T**

THIS AGREEMENT is made and entered into this 12th day of July, 2016, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and Keenan & Associates, a California corporation, whose address is 2355 Crenshaw Blvd., Suite 200, Torrance, CA 90510, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, Federal and State laws and regulations related to employee health care and benefits plans are subject to changes; and

WHEREAS, the employee health care and benefit plan industry is a fluid market with many new alternative products being offered; and

WHEREAS, the COUNTY has a need for employee health care and benefit plan consulting services to assist the COUNTY in ensuring legal and regulatory compliance and identifying and evaluating all health care and benefit plan alternatives; and

WHEREAS, CONTRACTOR has the expertise and resources to provide employee health care and benefit plan consulting services;

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions herein contained, the parties hereto agree as follows:

1. OBLIGATIONS OF THE CONTRACTOR

A. CONTRACTOR shall, under this Agreement, provide COUNTY employee benefit plan consultation services (hereinafter referred to as "Consultation Services") as described in COUNTY's Request for Proposal (RFP) number 964-5439 (including Addendum number 1) attached hereto as Exhibit "A" and incorporated herein by reference, and CONTRACTOR's response to said RFP, excluding those services described in Appendix 2 of the CONTRACTOR's response to said RFP, attached hereto as Exhibit "B" and incorporated by reference, including, but not limited to:

- 1) Administrative Services for Health and Ancillary/Voluntary Benefit



1 Plans

2 a. Benefit Design Assistance

3 b. Participant Communications

4 c. Legal & Regulatory Compliance Support

5 2) Vendor Relations for Health and Ancillary/Voluntary Benefit Plans

6 a. RFP/RFQ Development

7 b. Contract Development

8 c. Vendor Management

9 3) Data Analysis and Reporting for Health Benefit Plans

10 4) Actuarial, Underwriting and Fiscal Support for Health Benefit Plans

11 2. OBLIGATIONS OF THE COUNTY

12 A. COUNTY will authorize its health and benefit plan vendors to provide  
13 CONTRACTOR with current health and benefits plan data and necessary information including,  
14 but not limited to, the following:

15 1) COUNTY will direct CONTRACTOR in preparing the content or  
16 scope of services to be specified in any health and benefits RFP and/or RFP to current insurance  
17 carriers for renewing the provision of benefits each currently provides to active employees and  
18 retiree members (living inside or outside of California) and their dependents. The COUNTY shall  
19 provide final approval of requests for quotations (RFQ) and/or RFP before release to potential  
20 vendors;

21 2) Health and benefit plan contracts, enrollment and relevant reports  
22 and data as required for CONTRACTOR to provide Consultation Services.

23 B. COUNTY will make CONTRACTOR broker of record on all assignable  
24 ancillary/voluntary benefits currently in place and will direct ancillary/voluntary commissions to  
25 CONTRACTOR. CONTRACTOR shall also be assigned broker of record on any new policies  
26 placed by CONTRACTOR and shall receive commissions earned from those policies.

27 3. TERM

28 The term of this Agreement shall be for a period of three (3) years,

1 commencing on July 12<sup>th</sup>, 2016 through and including July 11<sup>th</sup>, 2019. This Agreement may be  
2 extended for two (2) additional consecutive twelve (12) month periods upon written approval of  
3 both parties no later than thirty (30) days prior to the first day of the next twelve (12) month  
4 extension period. The Director of Human Resources or his or her designee is authorized to  
5 execute such written approval on behalf of COUNTY based on CONTRACTOR'S satisfactory  
6 performance.

7 4. TERMINATION

8 A. Non-Allocation of Funds - The terms of this Agreement, and the services to  
9 be provided hereunder, are contingent on the approval of funds by the appropriating government  
10 agency. Should sufficient funds not be allocated, the services provided may be modified, or this  
11 Agreement terminated, at any time by giving the CONTRACTOR thirty (30) days advance written  
12 notice.

13 B. Breach of Contract

14 1) The COUNTY may immediately suspend or terminate this Agreement  
15 in whole or in part, where in the determination of the COUNTY there is an illegal or improper use  
16 of funds.

17 2) Additionally the COUNTY may terminate this Agreement if, after  
18 notice and a thirty (30) day cure period CONTRACTOR fails to correct any of the following:

- 19 a. A failure to comply with any term of this Agreement;  
20 b. A substantially incorrect or incomplete report submitted to the  
21 COUNTY; or  
22 c. Improperly performed service.

23 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY  
24 of any breach of this Agreement or any default which may then exist on the part of the  
25 CONTRACTOR. Neither shall such payment impair or prejudice any remedy available to the  
26 COUNTY with respect to the breach or default. The COUNTY shall have the right to demand of  
27 the CONTRACTOR the repayment to the COUNTY of any funds disbursed to the CONTRACTOR  
28 under this Agreement, which in the judgment of the COUNTY were not expended in accordance

1 with the terms of this Agreement. The CONTRACTOR shall promptly refund any such funds upon  
2 demand.

3 C. Without Cause - Under circumstances other than those set forth above,  
4 this Agreement may be terminated by COUNTY upon the giving of thirty (30) days advance written  
5 notice of an intention to terminate to CONTRACTOR. Under the terms of this paragraph 4.C, the  
6 Director of Human Resources is authorized to terminate this Agreement on behalf of COUNTY.

7 5. COMPENSATION/INVOICING:

8 A. COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to  
9 receive compensation as follows: COUNTY elects the compensation structure under "Option 2"  
10 of CONTRACTOR's Cost Proposal contained in CONTRACTOR's response to COUNTY's RFP  
11 #964-5439, which annual fees are as follows:

- 12 1) \$55,000 in Year 1, beginning July 12, 2016
- 13 2) \$57,500 in Year 2, beginning July 12, 2017
- 14 3) \$60,000 in Year 3, beginning July 12, 2018
- 15 4) \$60,000 in Year 4, beginning July 12, 2019
- 16 5) \$62,500 in Year 5, beginning July 12, 2020

17 CONTRACTOR will receive said compensation every year in which  
18 CONTRACTOR provides Consultation Services as set forth in this Agreement. In no event shall  
19 the total annual fees paid by COUNTY to CONTRACTOR exceed \$295,000.00 during the term of  
20 this Agreement.

21 B. COUNTY will make CONTRACTOR broker of record on all assignable  
22 Ancillary Benefit policies currently in place and any new policies placed by CONTRACTOR with  
23 commissions being directed to CONTRACTOR. CONTRACTOR agrees that COUNTY will  
24 select health and benefit policies that are beneficial to the COUNTY and its employees and that  
25 this Agreement does not obligate the COUNTY to select policies which will pay commissions to  
26 CONTRACTOR. For purposes of this agreement "Ancillary Benefits" are those benefits paid for  
27 by the COUNTY. Commissions received by CONTRACTOR for the Ancillary Benefits  
28 coverages placed by CONTRACTOR under this Agreement will be credited to COUNTY. At the

1 end of each contract year ("Calculation Period"), recognizing that the County shall submit  
2 quarterly payments of CONTRACTOR's annual fee, CONTRACTOR will report all commissions  
3 that have been received by CONTRACTOR from the placement of COUNTY's employer paid  
4 benefits coverages ("Ancillary Commissions") and will forward to COUNTY an amount equal to  
5 the amount reported within sixty (60) days following the end of the contract year.

6 C. COUNTY will make CONTRACTOR broker of record on all assignable  
7 Voluntary Benefit policies currently in place and any new policies placed by CONTRACTOR with  
8 commissions being directed to and retained by CONTRACTOR. The term "Voluntary Benefits"  
9 means those voluntary benefits purchased by employees with their own funds, and "Voluntary  
10 Commissions" means the commissions earned from the sale of Voluntary Benefits. Beginning  
11 with Year 2, and continuing through Year 5 of the Agreement, CONTRACTOR's annual fee will  
12 also be reduced, based upon the Voluntary Commissions received from Voluntary Benefits in the  
13 prior year as follows:

- 14 1) \$5,000.00 reduction, if prior year Voluntary Commissions are  
15 between \$10,000.00 and \$35,000.00
- 16 2) \$10,000.00 reduction, if prior year Voluntary Commissions are  
17 between \$35,000.01 and \$50,000.00
- 18 3) \$15,000.00 reduction, if prior year Voluntary Commissions are  
19 between \$50,000.01 and \$75,000.00
- 20 4) \$15,000.00 reduction plus a reduction equal to 50% of the Voluntary  
21 Commissions in excess of \$75,000.00 until the annual fee is reduced to \$0.

22 CONTRACTOR shall perform a year-end reconciliation of all commissions  
23 received by CONTRACTOR from the placement of COUNTY employee paid Voluntary Benefits  
24 and notify the COUNTY in writing within 60 days of the beginning of Years 2 through 5 whether  
25 there will be a reduction in the annual fee due CONTRACTOR from COUNTY.

26 D. Consistent with industry practices, insurers may also pay insurance  
27 brokers, such as CONTRACTOR, indirect compensation based upon volume efficiencies, client  
28 renewals, marketing services, product development, technology investments and other additional

1 services. The parties agree that CONTRACTOR will not receive any such indirect compensation  
2 related to any COUNTY health or benefit policy, either currently in place or placed by  
3 CONTRACTOR.

4 E. CONTRACTOR shall submit quarterly invoices to the County of Fresno  
5 Department of Human Resources-Employee Benefits, 2220 Tulare Street, 14th Floor, Fresno, CA  
6 93721. Payment will be made within 45 days of receipt of invoice by the COUNTY.

7 F. It is understood that all expenses incidental to CONTRACTOR'S  
8 performance of services under this Agreement shall be borne by CONTRACTOR.

9 6. INDEPENDENT CONTRACTOR: In performance of the work, duties and  
10 obligations assumed by CONTRACTOR under this Agreement, it is mutually understood and  
11 agreed that CONTRACTOR, including any and all of the CONTRACTOR'S officers, agents, and  
12 employees will at all times be acting and performing as an independent contractor, and shall act in  
13 an independent capacity and not as an officer, agent, servant, employee, joint venturer, partner, or  
14 associate of the COUNTY. Furthermore, COUNTY shall have no right to control or supervise or  
15 direct the manner or method by which CONTRACTOR shall perform its work and function.  
16 However, COUNTY shall retain the right to administer this Agreement so as to verify that  
17 CONTRACTOR is performing its obligations in accordance with the terms and conditions thereof.

18 CONTRACTOR and COUNTY shall comply with all applicable provisions of  
19 law and the rules and regulations, if any, of governmental authorities having jurisdiction over  
20 matters the subject thereof.

21 Because of its status as an independent contractor, CONTRACTOR shall have  
22 absolutely no right to employment rights and benefits available to COUNTY employees.  
23 CONTRACTOR shall be solely liable and responsible for providing to, or on behalf of, its  
24 employees all legally-required employee benefits. In addition, CONTRACTOR shall be solely  
25 responsible and save COUNTY harmless from all matters relating to payment of  
26 CONTRACTOR'S employees, including compliance with Social Security withholding and all other  
27 regulations governing such matters. It is acknowledged that during the term of this Agreement,  
28 CONTRACTOR may be providing services to others unrelated to the COUNTY or to this

1 Agreement.

2 7. MODIFICATION: Any matters of this Agreement may be modified from time to  
3 time by the written consent of all the parties without, in any way, affecting the remainder.

4 8. NON-ASSIGNMENT: Neither party shall assign, transfer or sub-contract this  
5 Agreement nor their rights or duties under this Agreement without the prior written consent of the  
6 other party.

7 9. HOLD HARMLESS: CONTRACTOR agrees to indemnify, save, hold  
8 harmless, and at COUNTY'S request, defend the COUNTY, its officers, agents, and employees  
9 from any and all costs and expenses, damages, liabilities, claims, and losses occurring or  
10 resulting to COUNTY in connection with the performance, or failure to perform, by  
11 CONTRACTOR, its officers, agents, or employees under this Agreement, and from any and all  
12 costs and expenses, damages, liabilities, claims, and losses occurring or resulting to any  
13 person, firm, or corporation who may be injured or damaged by the performance, or failure to  
14 perform, of CONTRACTOR, its officers, agents, or employees under this Agreement.

15 10. INSURANCE

16 Without limiting the COUNTY's right to obtain indemnification from  
17 CONTRACTOR or any third parties, CONTRACTOR, at its sole expense, shall maintain in full  
18 force and effect, the following insurance policies or a program of self-insurance, including but not  
19 limited to, an insurance pooling arrangement or Joint Powers Agreement (JPA) throughout the  
20 term of the Agreement:

21 A. Commercial General Liability

22 Commercial General Liability Insurance with limits of not less than One  
23 Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars  
24 (\$2,000,000). This policy shall be issued on a per occurrence basis. COUNTY may require  
25 specific coverages including completed operations, products liability, contractual liability,  
26 Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed  
27 necessary because of the nature of this contract.

28

1                   B. Automobile Liability

2                   Comprehensive Automobile Liability Insurance with limits for bodily injury of  
3 not less than Two Hundred Fifty Thousand Dollars (\$250,000.00) per person, Five Hundred  
4 Thousand Dollars (\$500,000.00) per accident and for property damages of not less than Fifty  
5 Thousand Dollars (\$50,000.00), or such coverage with a combined single limit of Five Hundred  
6 Thousand Dollars (\$500,000.00). Coverage should include owned and non-owned vehicles used  
7 in connection with this Agreement.

8                   C. Professional Liability

9                   If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N.,  
10 L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less  
11 than One Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00)  
12 annual aggregate.

13                   D. Worker's Compensation

14                   A policy of Worker's Compensation insurance as may be required by the  
15 California Labor Code.

16                   CONTRACTOR shall obtain endorsements to the Commercial General Liability  
17 insurance naming the County of Fresno, its officers, agents, and employees, individually and  
18 collectively, as additional insured, but only insofar as the operations under this Agreement are  
19 concerned. Such coverage for additional insured shall apply as primary insurance and any other  
20 insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees shall be  
21 excess only and not contributing with insurance provided under CONTRACTOR's policies herein.  
22 This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance  
23 written notice given to COUNTY.

24                   Within Thirty (30) days from the date CONTRACTOR signs and executes this  
25 Agreement, CONTRACTOR shall provide certificates of insurance and endorsement as stated  
26 above for all of the foregoing policies, as required herein, to the County of Fresno, (Name and  
27 Address of the official who will administer this contract), stating that such insurance coverage have  
28 been obtained and are in full force; that the County of Fresno, its officers, agents and employees

1 will not be responsible for any premiums on the policies; that such Commercial General Liability  
2 insurance names the County of Fresno, its officers, agents and employees, individually and  
3 collectively, as additional insured, but only insofar as the operations under this Agreement are  
4 concerned; that such coverage for additional insured shall apply as primary insurance and any  
5 other insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees,  
6 shall be excess only and not contributing with insurance provided under CONTRACTOR's policies  
7 herein; and that CONTRACTOR shall notify COUNTY within three (3) days following its first notice  
8 or awareness of any actual or proposed termination or cancellation of, or material change in the  
9 required insurance coverage.

10 In the event CONTRACTOR fails to keep in effect at all times insurance  
11 coverage as herein provided, the COUNTY may, in addition to other remedies it may have,  
12 suspend or terminate this Agreement upon the occurrence of such event.

13 All policies shall be issued by admitted insurers licensed to do business in the  
14 State of California, and such insurance shall be purchased from companies possessing a current  
15 A.M. Best, Inc. rating of A FSC VII or better.

16 11. AUDITS AND INSPECTIONS: The CONTRACTOR shall at any time during  
17 business hours, and as often as the COUNTY may deem necessary, make available to the  
18 COUNTY for examination all of its records and data with respect to the matters covered by this  
19 Agreement. The CONTRACTOR shall, upon request by the COUNTY, permit the COUNTY to  
20 audit and inspect all of such records and data necessary to ensure CONTRACTOR'S compliance  
21 with the terms of this Agreement.

22 If this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR  
23 shall be subject to the examination and audit of the Auditor General for a period of three (3) years  
24 after final payment under contract (Government Code Section 8546.7).

25 12. NOTICES: The persons and their addresses having authority to give and  
26 receive notices under this Agreement include the following:

27	<u>COUNTY</u>	<u>CONTRACTOR</u>
28	COUNTY OF FRESNO	Keenan & Associates
	Attention: Employee Benefits	Attention: Steve Gedestad



1 2220 Tulare Street, 14<sup>th</sup> Floor  
2 Fresno, CA 93721

2355 Crenshaw Blvd., #200  
Torrance, CA 90501

3 All notices between the COUNTY and CONTRACTOR provided for or  
4 permitted under this Agreement must be in writing and delivered either by personal service, by  
5 first-class United States mail, by an overnight commercial courier service, or by telephonic  
6 facsimile transmission. A notice delivered by personal service is effective upon service to the  
7 recipient. A notice delivered by first-class United States mail is effective three COUNTY business  
8 days after deposit in the United States mail, postage prepaid, addressed to the recipient. A notice  
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10 deposit with the overnight commercial courier service, delivery fees prepaid, with delivery  
11 instructions given for next day delivery, addressed to the recipient. A notice delivered by  
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13 transmission is completed outside of COUNTY business hours, then such delivery shall be  
14 deemed to be effective at the next beginning of a COUNTY business day), provided that the  
15 sender maintains a machine record of the completed transmission. For all claims arising out of or  
16 related to this Agreement, nothing in this section establishes, waives, or modifies any claims  
17 presentation requirements or procedures provided by law, including but not limited to the  
18 Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section  
19 810).

20 13. GOVERNING LAW: Venue for any action arising out of or related to this  
21 Agreement shall only be in Fresno County, California.

22 The rights and obligations of the parties and all interpretation and  
23 performance of this Agreement shall be governed in all respects by the laws of the State of  
24 California.

25 14. DISCLOSURE OF SELF-DEALING TRANSACTIONS

26 This provision is only applicable if the CONTRACTOR is operating as a  
27 corporation (a for-profit or non-profit corporation) or if during the term of the agreement, the  
28 CONTRACTOR changes its status to operate as a corporation.

1                   Members of the CONTRACTOR’s Board of Directors shall disclose any self-  
2 dealing transactions that they are a party to while CONTRACTOR is providing goods or  
3 performing services under this agreement. A self-dealing transaction shall mean a transaction  
4 to which the CONTRACTOR is a party and in which one or more of its directors has a material  
5 financial interest. Members of the Board of Directors shall disclose any self-dealing  
6 transactions that they are a party to by completing and signing a Self-Dealing Transaction  
7 Disclosure Form, attached hereto as Exhibit C and incorporated herein by reference, and  
8 submitting it to the COUNTY prior to commencing with the self-dealing transaction or  
9 immediately thereafter.

10                   15. ENTIRE AGREEMENT: This Agreement constitutes the entire agreement  
11 between the CONTRACTOR and COUNTY with respect to the subject matter hereof and  
12 supersedes all previous Agreement negotiations, proposals, commitments, writings,  
13 advertisements, publications, and understanding of any nature whatsoever unless expressly  
14 included in this Agreement. In the event of any inconsistency in interpreting the documents which  
15 constitute this Agreement, the inconsistency shall be resolved by giving precedence in the  
16 following order of priority: (1) the text of this Agreement (excluding Exhibit "A", the COUNTY'S  
17 RFP No. 964-5439 and Exhibit "B", the CONTRACTOR'S proposal in response thereto); (2)  
18 Exhibit "A", the COUNTY'S RFP No. 964-5439; and (3) Exhibit "B", the CONTRACTOR'S  
19 proposal made in response to COUNTY'S RFP No. 964.5439.

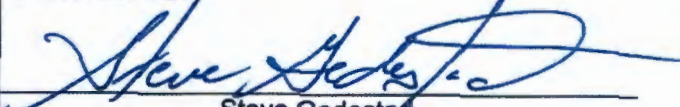
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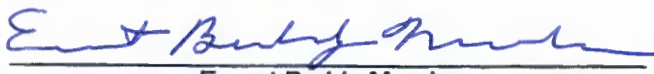
IN WITNESS WHEREOF, the parties hereto have executed this Agreement

as of the day and year first hereinabove written.

CONTRACTOR

COUNTY OF FRESNO





Steve Gedestad  
Municipality Practice Leader, Keenan & Associates

Ernest Buddy Mendes  
Chairman, Board of Supervisors

2355 Crenshaw Blvd., Suite 200  
Torrance, CA 90501

Mailing Address

ATTEST:  
Bernice E. Seidel  
Clerk, Board of Supervisors

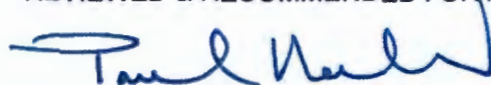
DATE:

6/21/16

BY:

Susan Bishop  
DEPUTY

REVIEWED & RECOMMENDED FOR APPROVAL



Paul Nerland  
Director of Human Resources

APPROVED AS TO LEGAL FORM

APPROVED AS TO ACCOUNTING FORM





Daniel Cederborg  
County Counsel

Vicki Crow  
Auditor-Controller/Treasurer-Tax Collector

# **EXHIBIT B**

## HUB International Insurance Services, Inc.



Response to:  
**COUNTY OF FRESNO**

**Request for Proposal  
Number: 21-033**

## County of Fresno Health and Benefits Consultant



Presented by  
HUB International  
4695 MacArthur Court, Suite #600  
Newport Beach, CA 92660

CA License No. 0757776

March 23, 2021

I. RFP Page 1 and Addendums Page 1

# COUNTY OF FRESNO



## REQUEST FOR PROPOSAL

NUMBER: 21-033

County of Fresno Health & Benefits Consultant

Issue Date: February 23, 2021

**Closing Date: MARCH 23, 2021 AT 10:00 AM**

All Questions and Responses must be electronically submitted on the Bid Page on Public Purchase.

**For assistance, contact Mr. Shannon W. Kirby at Phone (559) 600-7110.**

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**BIDDER TO COMPLETE**

**Undersigned agrees to furnish the commodity or service stipulated in the attached at the prices and terms stated in this RFP. Bid must be signed and dated by an authorized officer or employee.**

HUB International Limited

COMPANY

James "Chip" Stuart

CONTACT PERSON

4695 MacArthur Court, Suite 600

ADDRESS

Newport Beach

CITY

CA

STATE

92660

ZIP CODE

(310) 568-5906

TELEPHONE NUMBER

james.stuart@hubinternational.com

E-MAIL ADDRESS

  
AUTHORIZED SIGNATURE

James Stuart

PRINT NAME

Chief Sales Officer

TITLE

# COUNTY OF FRESNO



ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 21-033

## COUNTY OF FRESNO HEALTH AND BENEFITS CONSULTANT

Issue Date: March 3, 2021

**Closing Date: March 23, 2021 at 10:00 AM**

All Questions and Proposals must be electronically submitted to the Bid Page on Public Purchase.

For assistance, contact Mr. Shannon W. Kirby at (559) 600-7110.

**NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 21-033 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.**

➤ **Questions and Answers**

**ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 21-033**

COMPANY NAME: HUB International Limited

(PRINT)

SIGNATURE:

NAME & TITLE:

James Stuart, Chief Sales Officer

(PRINT)

Purchasing Use: SWK:st

ORG/Requisition: 89250200 / 8922100131



## II. Cover Letter.

Mr. Shannon W. Kirby  
County of Fresno

March 23, 2021

### **Re: Response to Request for Proposal, Number 21-033 County of Fresno Health and Benefits Consultant**

Dear Mr. Kirby:

Following you will find our response to the County of Fresno's Request for Proposal (RFP) for Health and Benefits Consultant Services. On behalf of the staff and partners of HUB International, I thank you for your consideration of our proposal.

We appreciate this opportunity to present our employee benefits management capabilities. We look forward to the prospect of becoming your consultant and broker. In this proposal we have put forth the very best of HUB International's people, resources and services to be selected as your trusted insurance and risk advisor.

As the fourth largest insurance brokerage in the world, HUB prides itself in providing tailored solutions for complex employee benefits and risk management needs. Our scope and size enable us to access a wide range of resources, offer a deep bench of industry experts, and utilize exceptional market buying power on your behalf, all while maintaining the feel of a local benefits firm.

In addition to the Account Team selected to work with the County of Fresno, HUB offers you access to specialists with a wide range of expertise in areas such as group health and wellness, workforce management, income protection, life, disability and all areas of commercial and professional insurance. We also have a complete range of technological resources to help you manage your risk. Our multi-disciplinary approach assures that your core service team can quickly bring in experts to recommend and deliver solutions as special needs arise.

Our response describes our expertise in the key areas that you identified as important criteria in your Health and Benefits Consultant selection process. We are confident that HUB International is uniquely qualified to provide the customized coverage and services you need to achieve your strategic goals.

As the Chief Sales Officer, I am authorized to contractually obligate our company and to negotiate a contract with the County of Fresno.

My contact information is as follows:

Phone: (310) 568-5906

Email: james.stuart@hubinternational.com

Address: 4695 MacArthur Court, Suite 600, Newport Beach, CA 92660

Any questions related to the contents of this proposal should be directed to Lee Exton, Senior Vice President. His contact information is:

Mobile: 310-709-0379

Email: [lee.exton@hubinternational.com](mailto:lee.exton@hubinternational.com)

We look forward to discussing our proposal with you in greater detail.

Sincerely,

A handwritten signature in black ink that reads "James Stuart". The signature is written in a cursive, flowing style.

James Stuart  
Chief Sales Officer

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## **IV. Conflict of Interest Statement**

HUB International's Code of Ethics includes this statement regarding Conflicts of Interest:

### **Required Business Conduct of Directors, Officers and Employees**

Conflicts of Interest. Each director, officer and employee must not engage in any activity that could create a conflict of interest, or the appearance of one, between such director, officer or employee and HUB. A conflict of interest occurs when an individual's private interests interfere in any way, or even appear to interfere, with the interest of HUB. A conflict of interest can arise when a director, officer or employee takes action or has an interest that may make it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when a director, officer, employee or family member is in a position to receive improper personal benefits as a result of his or her relationship with HUB. Each director, officer and employee is expected to avoid any outside activity, financial interest or relationship that may present a possible conflict of interest or the appearance of a conflict. Each director, officer and employee is required to disclose any conflict of interest. These disclosures should be made to such officer's, or employee's, manager or the Legal Department and, in the case of a director, to the Legal Department. While it is not feasible to specify all the activities that may give rise to a conflict of interest, or the appearance of one, the follow are some rules regarding specific areas where such conflict might occur. These rules are not exhaustive and do not limit the generality of the conflict of interest policy.

## V. TRADE SECRET ACKNOWLEDGEMENT

Each proposal submitted is public record under the California Public Records Act (Cal. Gov. Code, secs. 6250 and following) and is therefore open to inspection by the public as required by Section 6253 of the California Government Code. This section generally states that "every person has a right to inspect any public record". The County will not exclude any proposal or portion of a proposal from treatment as a public record except information that it is properly submitted as a "trade secret" (defined below), and determined by the County to be a "trade secret" (if not otherwise subject to disclosure, as stated below). Information submitted as "proprietary", "confidential" or under any other terms that might state or suggest restricted public access will not be excluded from treatment as public record.

"Trade secrets" as defined by Section 6254.7 of the California Government Code are not treated as a public record under that section. This section defines trade secrets as:

*"...Trade secrets," as used in this section, may include, but are not limited to, any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data or compilation of information that is not patented, which is known only to certain individuals within a commercial concern who are using it to fabricate, produce, or compound an article of trade or a service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it."*

Such information must be submitted in a separate PDF file named "Trade Secret" and marked as "Confidential" in the Public Purchase system. Bidders must include a clear and concise statement that sets out the reasons for confidentiality in accordance with the foregoing definition of "trade secret." Examples of information not considered trade secrets are pricing, cover letter, promotional materials, references, and the like.

Information submitted by a bidder as "trade secret" will be reviewed by County of Fresno's Purchasing Division, with the assistance of the County's legal counsel, to determine conformance or non-conformance to the foregoing definition.

Information that is properly identified as "trade secret" and which the County determines to conform to the definition will not become public record (if not otherwise subject to disclosure, as stated below). The County will safeguard this information in an appropriate manner, provided however, in the event of a request, demand, or legal action by any person or entity seeking access to the "trade secret" information, the County will inform the bidder of such request, demand, or legal action, and the bidder shall defend, indemnify, and hold harmless the County, including its officers and employees, against any and all claims, liabilities, damages, or costs or expenses, including attorney's fees and costs, relating to such request, demand or legal action, seeking access to the "trade secret" information.

Information submitted by bidder as trade secret and determined by the County not to be in conformance with the foregoing California Government Code definition shall be excluded from the proposal and deleted by the County.

The County shall not in any way be liable or responsible for the disclosure of any proposals or portions thereof, if (1) they are not electronically submitted in a separate PDF that is marked "Trade Secret" and marked as Confidential in the Public Purchase system; or (2) disclosure thereof is required or allowed under the law or by order of court.

Bidders are advised that the County does not wish to receive trade secrets and that bidders are not to supply trade secrets unless they are absolutely necessary.

I have read and understand, and agree to the above "Trade Secret Acknowledgement."

### **BIDDER MUST CHECK ONE OF THE FOLLOWING:**


Has bidder submitted certain bid information that is a "trade secret," as defined by Section 6254.7 of the California Government Code, and in compliance with the requirements of this Trade Secrets Acknowledgement?

By marking "**NO**", bidder does not claim any confidentiality of any bid information submitted to the County.

YES       NO

### **ACKNOWLEDGED AND AGREED BY BIDDER:**

Signature



03/23/2021

Date

James Stuart

Print Name

Chief Sales Officer

Title

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND  
OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED  
TRANSACTIONS**

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## VI. CERTIFICATION | DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS

### Regarding Debarment, Suspension, And Other Responsibility Matters - Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: James Stuart

Date: 3/23/2021

James Stuart, Chief Sales Officer  
(Printed Name & Title)

HUB International Ltd.  
(Name of Agency or Company)

## VII. REFERENCES

**VENDOR MUST COMPLETE AND RETURN WITH REQUEST FOR PROPOSAL**

**Firm:** HUB International

Provide a list of at least five (5) customers for whom you have recently provided similar services. If you have held a contract for similar services with the County of Fresno within the past seven (7) years, list the County as one of your customers. Please list the person most familiar with your contract. Be sure to include all requested information.

<b>Reference Name</b>	County of Stanislaus	<b>Contact</b>	Paul Loehr		
<b>Address</b>	1010 Tenth Street, Fifth Floor				
<b>City</b>	Modesto	<b>State</b>	CA	<b>Zip</b>	95354
<b>Phone</b>	209-525-5718	<b>Date</b>	2011 through present.		
<b>Service(s) Provided</b>	Comprehensive Employee Benefit Plan Management and Consulting services   All lines of coverage (medical, dental, vision, EAP, life/disability, FSA, COBRA)				
<b>Reference Name</b>	City of National City	<b>Contact</b>	Robert Meteau, Human Resources Director		
<b>Address</b>	140 East 12st Street, Suite A				
<b>City</b>	National City	<b>State</b>	CA	<b>Zip</b>	91950
<b>Phone</b>	619-336-4308	<b>Date</b>	2009 to present		
<b>Service(s) Provided</b>	Comprehensive Employee Benefit Plan Management and Consulting services, Retiree Benefit Plan Management & Consulting services   All lines of coverage (medical, dental, vision, EAP, life/disability, FSA, COBRA)				
<b>Reference Name</b>	City of Escondido	<b>Contact</b>	Patrice Russell, Human Resources Manager Director		
<b>Address</b>	201 North Broadway				
<b>City</b>	Escondido	<b>State</b>	CA	<b>Zip</b>	92025
<b>Phone</b>	619-336-4308	<b>Date</b>	2006 to present		
<b>Service(s) Provided</b>	Comprehensive Employee Benefit Plan Management and Consulting, Retiree Benefit Plan Management & Consulting services   All lines of coverage (medical, dental, vision, EAP, life/disability, FSA, COBRA)				
<b>Reference Name</b>	San Diego County Regional Airport Authority	<b>Contact</b>	Monty Bell, Director, Talent, Culture & Capability		
<b>Address</b>	3225 N. Harbor Drive				
<b>City</b>	San Diego	<b>State</b>	CA	<b>Zip</b>	92101
<b>Phone</b>	619-400-2518	<b>Date</b>	2014 to present		
<b>Service(s) Provided</b>	Comprehensive Employee Benefit Plan Management and Consulting, Retiree Benefit Plan Management & Consulting services   All lines of coverage (medical, dental, vision, EAP, life/disability, FSA, COBRA)				
<b>Reference Name</b>	County of Kern	<b>Contact</b>	Susan Wells		
<b>Address</b>	1115 Truxtun Avenue, 5 <sup>th</sup> Floor				
<b>City</b>	Bakersfield	<b>State</b>	CA	<b>Zip</b>	93301
<b>Phone</b>	(661) 319-0984	<b>Date</b>	2004 - 2013		



**Service(s) Provided** Comprehensive Employee Benefit Plan Management and Consulting, Retiree Benefit Plan Management & Consulting services | All lines of coverage (medical, dental, vision, EAP, life/disability, FSA, COBRA)

<b>Reference Name</b>	Bakersfield Heart Hospital	<b>Contact</b>	Linda Hansen		
<b>Address</b>	3001 Sillect Avenue				
<b>City</b>	Bakersfield	<b>State</b>	CA	<b>Zip</b>	93308
<b>Phone</b>	(661) 808-1006	<b>Date</b>	2009 to present		
<b>Service(s) Provided</b>	Comprehensive Employee Benefit Plan Management and Consulting				

<b>Reference</b>	Optimum	<b>Contact</b>	Kevin Gramian		
<b>Address</b>	2530 Redhill Ave				
<b>City</b>	Santa Ana	<b>State</b>	CA	<b>Zip</b>	92705
<b>Phone</b>	949-650-7800 x201	<b>Date</b>	2011 to present		
<b>Service(s) Provided</b>	Comprehensive Employee Benefit Plan Management and Consulting				

**Failure to provide a list of at least five (5) customers may be cause for rejection of this RFP.**

## VIII. PARTICIPATION

The County of Fresno is a member of the California Association of Public Procurement Officials (CAPPO) Central Valley Chapter. This group consists of Fresno, Kern, Kings, and Tulare Counties and all governmental, tax supported agencies within these counties.

Whenever possible, these and other tax supported agencies co-op (piggyback) on contracts put in place by one of the other agencies.

Any agency choosing to avail itself of this opportunity, will make purchases in their own name, make payment directly to the contractor, be liable to the contractor and vice versa, per the terms of the original contract, all the while holding the County of Fresno harmless. If awarded this contract, please indicate whether you would extend the same terms and conditions to all tax supported agencies within this group as you are proposing to extend to County of Fresno.

**\* Note: This form/information is not rated or ranked for evaluation purposes.**

Yes, we will extend contract terms and conditions to all qualified agencies within the California Association of Public Procurement Officials (CAPPO) Central Valley Chapter and other tax supported agencies.

No, we will not extend contract terms to any agency other than the County of Fresno.



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(Authorized Signature)

James Stuart, Chief Sales Officer

---

Title

## **IX. Exceptions**

In regard to the following:

- A. Exceptions to General Conditions.
- B. Exceptions to General Requirements.
- C. Exceptions to Specific Terms and Conditions.
- D. Exceptions to Scope of Work and/or Scope of Work Proposal Requirements.
- E. Exceptions to Proposal Content Requirements.
- F. Exceptions to any other part of this RFP.

There are no terms, conditions nor stipulations with which we cannot nor will not comply.

## X. Vendor Company Data

A. A narrative which demonstrates the vendor's basic familiarity or experience with problems associated with this service/project.

**Your HUB Team has experience providing consulting services for a third (6) of the 20 California counties that operate under County Employees Retirement Law of 1937 (37 Act).**

Your lead consultant **Lee Exton, CEBS**, was the employee benefits consultant for Fresno County in 2000-2004. He worked closely with management, the labor unions, retirees, and the Board of Supervisors to put in place a competitive program that reflected the expressed needs of each of these stakeholder populations.

Lee spent many hours in on-site meetings educating each of these groups about the current state of the benefit programs while sharing with them options that they could consider. The unions found this helpful because they could take this info back to their membership for further discussion and this brought the employee benefit department and the unions closer together in their ongoing discussions.

Lee has extensive experience working with public sector governmental entities. He has served as lead consultant for Alameda County, ACERA (Alameda County's retirement association), Santa Barbara County, and the State of Ohio. He is a frequent speaker in a number of employee benefit related forums, has been an instructor for the International Foundation for Employee Benefits Plans, and has appeared in numerous journals with commentary on current situations.

Lee has appeared on ABC's Financial Watch and has been featured in the Wall Street Journal with regard to various benefit-related topics. The experience he has had working with public sector labor organizations, has given him a deep understanding of the needs and the operating process that the various public sector unions have. . He also has deep experience working with redesigning and negotiating healthcare programs that meet the specific needs of diverse employee populations. Implementing wellness programs that improve the health of employees and retirees is a deep passion of his. He has sat across from numerous board members and been able to answer their questions to provide them with a better understanding of what decisions need to be made.

## Multi-Year Strategic Plan

Our approach is designed to help you solve immediate, short-term challenges while developing a multi-year strategic plan that is based on the goals and objectives you determine. Throughout the year, we measure results against the goals you set and make adjustments as needed. This systematic process ensures that we are continually working toward achieving your goals and that the solutions we implement are compatible with your work culture and company philosophy.

We use this proprietary planning tool to guide the conversation. The Multi-Year Strategic Plan becomes the roadmap for our future collaboration and success measurement.



### Step 1 – Opportunity Assessment

Our first priority is to get to know you. It is important for your HUB team to understand your business objectives, the recent history of your benefit programs, and what drives your decision-making. Your HUB team will listen first and then work with you to develop solutions. During this process, you will quickly realize that your HUB team has depth of experience and broad perspective on key benefit issues. Additionally, each team member has a solid track record in managing complex projects along with the skill, knowledge, and resources to respond to your needs.

### SAMPLE - MULTI-YEAR STRATEGY

	2021	2022	2023
Overall Program Design	Assess program design and fill in gaps to improve competitive positioning, e.g., add VB products & telemedicine; consider student loan assistance	Move to Care Coordination model with advocacy-type customer service, steerage to COEs/narrow networks, transparency tools, wellbeing tools, etc.	Monitor plan performance and efficiency of benefits administration; survey employees and make adjustments where necessary
Funding Arrangements	Self-funding feasibility analysis, including level-funded options	Move to self-funding or other alternate funding mechanism	Unbundled self-funding analysis for greater savings and program effectiveness
Plan Design & Cost Management	<ul style="list-style-type: none"> <li>Benchmark plans vs industries and companies County of Fresno competes with for talent</li> <li>Make appropriate product, plan design and employee contribution decisions</li> </ul>	<ul style="list-style-type: none"> <li>Persona analysis to better understand FRESNO COUNTY employee cohorts disparate benefits needs</li> <li>Continue to optimize FRESNO COUNTY portfolio of benefit offerings – some can be tied to wellbeing incentives</li> </ul>	<ul style="list-style-type: none"> <li>Maintain plan design compliance; implement new Rx management programs</li> <li>Consider Lifestyle and financial well-being benefit offerings; i.e. Pet insurance, student loan programs</li> <li>Update PTO policies</li> </ul>

	2021	2022	2023
<b>Employee Contributions</b>	<ul style="list-style-type: none"> <li>◦ Benchmark contributions</li> <li>◦ Focus on contribution strategy and competitiveness</li> <li>◦ Evaluate impact of defined contribution strategy</li> </ul>	<ul style="list-style-type: none"> <li>◦ Make data driven decisions, i.e., transition to defined contribution</li> <li>◦ Implement activity-based wellness contributions and spousal surcharge</li> </ul>	<ul style="list-style-type: none"> <li>◦ Full implementation of defined contribution</li> <li>◦ Consider results-based wellness contributions</li> </ul>
<b>Health &amp; Performance</b>	<ul style="list-style-type: none"> <li>◦ Develop custom County of Fresno wellness strategy</li> <li>◦ Create County of Fresno wellness committee and determine executive sponsor(s)</li> <li>◦ Evaluate data and identify needs of employees</li> <li>◦ Decide on initial programs and communication campaign</li> </ul>	<ul style="list-style-type: none"> <li>◦ Expand program per multi-year wellness plan</li> <li>◦ Continue wellness education and program promotion</li> <li>◦ Provide incentives for healthy behaviors; day off for charitable work; challenge programming; promote C-Suite support</li> </ul>	<ul style="list-style-type: none"> <li>◦ Continue to reinforce healthy behavior; encourage work/life balance; provide stress management and resilience tools</li> </ul>
<b>Employee Engagement &amp; Communication</b>	<ul style="list-style-type: none"> <li>◦ Rebrand benefits and wellbeing into a Total Rewards message/educational campaign</li> </ul>	<ul style="list-style-type: none"> <li>◦ Continue robust Total Rewards communication; educate on specific offerings like HDHP/HSA advantages</li> </ul>	<ul style="list-style-type: none"> <li>◦ Continue robust Total Rewards communication; educate on HDHP/HSA advantages; provide more decision support tools</li> </ul>
<b>HR/Benefits Technology Solution</b>	<ul style="list-style-type: none"> <li>◦ Assess current HRIS systems and processes effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>◦ Review alternate technology vendors as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>◦ Transition to new payroll, benefits administration site</li> </ul>
<b>Client (HR) Advocacy</b>	<ul style="list-style-type: none"> <li>◦ Promote HUB's advocacy program in communications throughout year</li> </ul>	<ul style="list-style-type: none"> <li>◦ Explore My Benefits Champion and Health Advocate services</li> </ul>	<ul style="list-style-type: none"> <li>◦ Monitor advocacy effectiveness and adjust as appropriate</li> </ul>
<b>Compliance</b>	<ul style="list-style-type: none"> <li>◦ Compliance Review – identify areas of improvement and risk</li> </ul>	<ul style="list-style-type: none"> <li>◦ Provide additional HIPAA training and support, sick leave policy review with workforce management team</li> </ul>	<ul style="list-style-type: none"> <li>◦ Continued risk assessment</li> </ul>
<b>Employee Contributions</b>	<ul style="list-style-type: none"> <li>◦ Focus on employee; increase family coverage at greater rate</li> <li>◦ Evaluate impact of defined contribution strategy</li> </ul>	<ul style="list-style-type: none"> <li>◦ Start to transition to defined contribution</li> <li>◦ Implement tobacco/non-tobacco rates and spousal surcharge</li> </ul>	<ul style="list-style-type: none"> <li>◦ Full implementation of defined contribution</li> <li>◦ Add surcharge for not meeting/improving biometric factors</li> </ul>

## Step 2 – Analyze and Develop Recommendations

The second step is to research, develop, and analyze specific solutions to support the strategy. The solutions will incorporate your company's short and long-term objectives. During this step we will:

- Analyze data
- Perform benchmarking analysis

- Research alternatives
- Recommend action steps
- Build out the Annual Service Calendar

Our goal, whenever possible, is to utilize a data-driven, fact-based approach that enables you to identify potential costs and proactively develop targeted intervention programs. As part of this step, we will conduct audits to identify gaps in compliance as well as opportunities to enhance employee communication and improve efficiencies with regard to program administration.

### **Step 3 – Deliver Solutions**

HUB will identify the services and tools needed to support your employee benefits strategy. Our recommended plan design and other program recommendations will focus on high-impact areas and the most significant cost-saving opportunities. Following your approval, we will present your program to pre-qualified carriers and administrators.

Once we have completed the marketing and negotiations, the next step is to implement the programs. Proper implementation is critical to the carrier’s ability to administer the program. Attention to detail increases the likelihood of a smooth launch that will ultimately lead to satisfied employees.

### **Step 4 – Robust Communication**

The most comprehensive benefits package will not make an impact if members do not understand or appreciate their value. We will collaborate with your team to develop the right messages and delivery methods to ensure employees understand which benefits are right for them and how to use them effectively. Our communication strategy does not just apply to open enrollment. It encompasses a year-long progression of communication so that new concepts have time to capture attention, and employees have time to plan for changes that impact their planning and their pay.

### **Step 5 – Measure Results**

We will measure performance against goals in several key areas including financial, compliance, wellness, and service. Both carrier/vendor service levels, as well as HUB service to your team, will be measured and reported.

On a quarterly basis, we provide reports on the following:

- High level cost illustration of claims paid versus premium paid
- Cost utilization by service type; identifying areas of potential exposure and providing recommendations to address potential over-utilization
- Pharmacy utilization analysis
- Provider discount analysis – actual vs. promised (when available from carriers)
- Additionally, we will be following the recommended Annual Renewal planning and milestones schedule.

## **Other Considerations**

### **Long COVID aka Longhaulers**

The Center for Disease Control has pronounced that 10% of individuals who have contracted COVID, whether mild to severe, have been experiencing a long-lasting constellation of symptoms. These symptoms range from severe anxiety and depression to vertigo, skin rashes, and hair loss. Many of the individuals have been reporting symptoms eight to ten months after the initial onset. The needs of this

select population need to be addressed in the overall medical plan design to assure they are getting proper treatment. We will work with you to identify the latest available information regarding recommended treatment protocols and the associated networks of specialty long-term COVID facilities.

## Annual Renewals & Yearly Milestones

Each and every one of HUB’s clients have unique objectives, so every year our Employee Benefits teams work with our clients to develop a custom calendar of activities, initiatives, and strategies to meet their specific goals. This allows us to adapt to changing objectives and service needs as a true partner to our clients.

**Annual Renewals are no longer once a year.** Our strategic planning platform allows us to focus on the objectives of your organization. Specific attention is placed on vendor renewal, but the story does not stop there. We do not want to just deliver a number to you. Through our High-Performance Team meetings, we will be sharing and discussing your renewal with you long before the annual renewal cycle begins for carriers. **Six months prior to your carrier renewal date, we will be able to provide you with a projection of expected cost factors, including vendor renewal impact.** (A Sample Annual Project Detail is included in the Appendix.)

### Proposed Annual Renewal Timeline (a typical strategy year)



1\_Sample Annual Renewal Process Timeline

#### B. Descriptions of any similar or related contracts under which the bidder has provided services.

Lee Exton, the lead consultant for this proposal, was Fresno County’s consultant previously and spent a considerable amount of time educating your numerous Certified Employee Organizations, many of whom appear in the following list:



<b>Organization</b>	<b>Unit(s)</b>
<b>Association Of County Engineers</b>	Unit 42 - Engineers
<b>Association Of Engineering Technicians</b>	Unit 25 - Engineering Technicians
<b>California Nurses Association</b>	Unit 7 - Nurses
<b>Fresno County Deputy Probation Officers Association</b>	Unit 11 - Deputy Probation Officers
<b>Fresno County District Attorney Investigators Association</b>	Unit 10 - DA Investigators
<b>Fresno County Prosecutors Association</b>	Unit 30 - Deputy District Attorneys
<b>Fresno County Public Safety Association</b>	Unit 2 - Sheriff's And Probation Personnel
<b>Fresno County Sheriff's Captain Association</b>	Unit 38 - Sheriff's Captains
<b>Fresno Deputy Sheriffs Association</b>	Unit 1 - Law Enforcement Personnel
<b>Fresno Sheriff's Correctional Sergeants Association</b>	Unit 37 - Correctional Sergeants
<b>Fresno Sheriff's Sergeants Assoc.</b>	Unit 14 - Supervisory Peace Officers
<b>Management Unit - Sheriff's Department</b>	Unit 35 - Sheriff's & Correctional Lts.
<b>Professional Association County Employees</b>	Unit 31 - Public Defenders
<b>Professional Association Of Employees</b>	Unit 19 - Professional Employees
<b>SEIU - Local 521 Service Employees International Union</b>	Bargaining Units: 03 - Mental Health Professionals & Social Workers 04 - Eligibility Workers 12 - Clerical, Paramedical, Building & Service Employees 22 - Professional, Para-Professional & Technical Employees 36 - Supervisory Employees

**Following are several case studies describing services that we've provided for similar organizations and the results they've realized.**

### **Case Study A: County of Stanislaus**

The County of Stanislaus had a one-size-fits-all approach to healthcare which they felt didn't address their specific populations. Based on HUB's recommendations, the County implemented a different approach that significantly reduces the influence that health plans have on annual program renewals. Plus, it's given them more influence and control over the management of annual health plan expenditures. Using market-based trend increases and adding the costs associated to PPACA for insured plans and premium taxes, we helped the County of Stanislaus embrace flexibility, engage stakeholders, and save millions of dollars.

### **Case Study B: County of Fresno**

Lee Exton, the lead consultant for this proposal, was the Employee Benefits consultant for Fresno County from 2000-2004. During that time, he identified undisclosed expenses, and assisted with getting the contracts updated to reflect the true financial arrangement. Lee negotiated health plan expenses, worked with the various union groups to help them understand more completely the existing health plan arrangement, and discussed numerous design options for consideration. He participated in discussions with the Board of Supervisors to finalize program changes and orchestrated the implementation process. Lee worked closely with former Fresno County management: Janet Coleman, Cheryl Carlson, Annie Lee, Irene Vazquez and Ralph Jimenez.

### **Case Study C: Large Retail Organization (20,000 employees)**

Lee is an expert in self-funded healthcare programs. He designed and implemented a program for a large retail company with resulted in \$90 million of savings over an eight-year period of time.

Pharmacy benefits were carved out to a more effective platform and alternative medicine benefits were added with a focus on Health and Wellness. The program became a state-of-the-art flagship model for their continued nationwide rollout of stores. Lee worked closely with the owners of the organization to completely redesign their programs from a Total Rewards perspective. To do this he captured demographic data for the entire employee population and created focused benefit options that addressed the unique needs of each employee group.

Feedback from employees was extremely positive regarding the new options that were made available as a result of this benefits program overhaul. Lee created a utilization and experience tracking tool that monitored the monthly emerging claims data so that trends that needed to be addressed could be identified proactively.

### **Case Study D: County of Alameda (8,000 employees, 7,000 retirees)**

Lee assisted the county in negotiating an arrangement between the active employee population and the retiree association. Following a number of well-attended board meetings, we agreed to pass a value of an implicit subsidy that existed and charged the retiree association accordingly. This addressed the difference between true active rates and retiree rates, and the complexity that arises from blending the rates.

### **Case Study E: Hospital System (20,000 employees)**

Lee Exton led the team that developed a custom network with preferred pricing to the health systems narrow network. This program allowed employees to use services in the narrow network and receive the

best level of benefits, while they could also go out of the narrow network to the umbrella PPO network and receive a medium level of benefits, for those who wanted to elect an out-of-network option, made allowances for that as well.

## Case Study F: State of Ohio

Lee led the team that implemented a high deductible health plan (HDHP) program for the state of Ohio. This model has been embraced by hundreds of other organizations since it was implemented, and it laid the foundation for the high deductible HAS plans that are now prevalent across the country.

### C. Descriptions of the qualifications of the individual(s) providing the services.

<b>Proposed Staff: Name/Title/Tenure</b>	<b>Brief Description of Areas of Responsibility</b>	<b>Brief Description of Education, Experience and Professional Qualifications</b>
<b>Executive Sponsors</b>		
Shannon Taylor / President Pacific Region Employee Benefits / HUB Tenure: 8+ Years	Executive Sponsor	<b>Education:</b> Northwestern University, MBA, Strategy, Organization & Leadership, University of Illinois, BS Business; <b>Career Experience:</b> 40+ Years: CIGNA, UnitedHealthcare, Intercare Insurance Solutions; <b>Professional Qualifications:</b> Life & Health License in Multiple States
Mike Der Manouel, CPA / President Central California	Executive Sponsor	<b>Education:</b> California State University, Fresno, B.A., Business Administration, Accounting <b>Career Experience:</b> 24+ years <b>Professional Qualifications:</b> CPA, P&C License

<b>CORE Team</b>		
<b>Proposed Staff: Name/Title/Tenure</b>	<b>Brief Description of Areas of Responsibility</b>	<b>Brief Description of Education, Experience and Professional Qualifications</b>
Lee Exton, CEBS / Sr Vice President, Total Rewards & Employee Benefits / HUB Tenure: 1+ Years	Consulting Team Lead	<b>Education:</b> University of California, Irvine: BS, Biology; BA, Economics / Management Emphasis; Wharton School, Certified Employee Benefits Specialist (CEBS); <b>Career Experience:</b> 30+ Years: Mercer, Keenan, Watson Wyatt, Allergan; Lee has consulted with <b>20+ organizations with 3,000+ employees including:</b> Nordstrom (25K EEs), American Honda (60K), Dignity (CHW) (30K), AHMC (8K), Boeing (90K), Rockwell (20K), Prospect Medical Holdings (20K), Eisenhower Medical Center (4K), Alameda County (8K), ACERA (7K); Instructor for the International Foundation of Employee Benefits Plans (IFEBP); <b>Professional Qualifications:</b> Certified Employee Benefits Specialist (CEBS), Alumni Appointment to UCI Board of Directors, Toastmasters President & Competent Communicator (CC) Designation, Life & Health Licenses in Multiple States

Nicole Floyd, CPA / Regional VP Employee Benefits / HUB Tenure: 5+ Years	Co-Team Lead	<b>Education:</b> University of Washington, BA, Business Administration, Accounting; <b>Career Experience:</b> 20+ Years: Washington Society of Certified Public Accountants (WSCP), DigiDeal Corporation, Emspring Corporation; <b>Professional Qualifications:</b> Certified Association Executive (CAE), Certified Public Accountant (CPA), Sr Professional in Human Resources (SPHR)
Ann Wilson / Employee Benefits Practice Leader / HUB Tenure: 9+ Years	Employee Benefits Practice Leader	<b>Education:</b> UC Irvine, BA, Political Science & Government; <b>Career Experience:</b> 20+ Years: Benefits Resource, Lakeshore Learning Materials; <b>Professional Qualifications:</b> Certificate in Global Benefits Management (GBM)
Peter Meilak / Account Executive, Employee Benefits / HUB Tenure: 5+ Years	Account Executive	<b>Education:</b> California State University, Fullerton, BA, Financial Management; <b>Career Experience:</b> 30+ Years: Crews MacQuarrie, Buck @ Xerox, Sanwa Bank, Rockwell Collins - Boeing <b>Professional Qualifications:</b> Life & Health License in Multiple States, Numerous Microsoft Certifications
Wendy McKinney / Senior Benefits Analyst / HUB Tenure: 9+ Years	Senior Benefits Analyst	<b>Education:</b> University of California, Riverside, MA, Art History; Rutgers, BA, Art History; <b>Career Experience:</b> 20+ Years: Dignity Health, Hexcel; <b>Professional Qualifications:</b> Life & Health License
Michelle Acosta / Account Representative / HUB Tenure: 4+ Years	Account Representative	<b>Education:</b> California State University, Fullerton, BS, Kinesiology; Cal Poly Pomona, Teaching Credential, Adaptive Physical Education; <b>Career Experience:</b> 10+ Years: A Snail's Pace, Placentia Unified School District; <b>Professional Qualifications:</b> Life & Health License, Teaching Credential
Liliana Salazar, JD / Chief Compliance Officer, Pacific Region / HUB Tenure: 4+ Years	Legal & Compliance	<b>Education:</b> Universidad de Los Andes, JD; <b>Career Experience:</b> 20+ Years; <b>Professional Qualifications:</b> Juris Doctor
Chuck Der Manouel, Executive Vice President	Commercial	<b>Education:</b> 1992 BSBA, Management, UNLV <b>Career Experience:</b> 18+ years Insurance Industry; 11+ Retail industry <b>Professional Qualifications:</b> P&C License
Bree Owens, Employee Benefits Department Manager	Client Services	<b>Education:</b> Clovis High School <b>Career Experience:</b> 18+ years Insurance Industry; Customer Service <b>Professional Qualifications:</b> Life and Health License

<b>Proposed Staff: Name/Title/Tenure</b>	<b>Brief Description of Areas of Responsibility</b>	<b>Brief Description of Education, Experience and Professional Qualifications</b>
<b>Specialty Consulting Team</b>		
Mark Guajardo, ASA, MAAA / Consulting Actuary & Director of Analytics / HUB Tenure: 3+ Years	Actuarial Expert	<b>Education:</b> University of Texas, Austin, BS, Mathematics; <b>Career Experience:</b> 25+ Years: Mercer, Milliman, IPS Advisors; <b>Professional Qualifications:</b> ASA, MAAA, Life, General Lines: Accident, Health & HMO License
Dan Openshaw / Director of Analytics / HUB Tenure: 6+ Years	Claims Analytics	<b>Education:</b> Brigham Young University; <b>Career Experience:</b> 20+ Years: Towers Perrin, Intercare Health Insurance; <b>Professional Qualifications:</b> Life & Health License
Barbara Hawes / National Pharmacy Practice Leader / HUB Tenure: 1+ Years	Pharmacy / PBM Expert	<b>Education:</b> DePaul University, MBA; Purdue University, BS, Pharmacy; <b>Career Experience:</b> 25+ Years: Caremark, Towers Perrin, Watson Wyatt, Aon, Lockton; <b>Professional Qualifications:</b> Registered Pharmacist (RPh)
Dan Fisher / Sr VP Strategic Accounts / HUB Tenure: 5+ Years	Self-Funding Strategist	<b>Education:</b> University of Washington, BA, Business; <b>Career Experience:</b> 30+ Years: Direct Administrators, ProSential Group, Emspring Corporation; <b>Professional Qualifications:</b> Board President, Washington Society of CPAs, Chartered Global Management Accountant
Lindsay Steckler / West Region Health & Performance Consultant / HUB Tenure: 6+ Years	Health & Performance (Wellness) Expert	<b>Education:</b> Boston University, BS, Exercise Science; <b>Career Experience:</b> 14+ Years: Health Fitness Corporation, MediFit Corporate Services, Intercare; <b>Professional Qualifications:</b> National Certification from American College of Sports Medicine
Mackenzie Mills / Technology Practice Lead / HUB Tenure: 5+ Years	Human Resources Information Systems (HRIS) Expert	<b>Education:</b> California State University, Sacramento, Political Science & Government; American River College: English Communications & Literature; <b>Career Experience:</b> 10+ Years: State Farm, benefits CONNECT; <b>Professional Qualifications:</b> Numerous Computer System Certifications
Mingee Kim / SVP, National Practice Leader / HUB Tenure: 6+ Years	Workforce Absence Management Expert	<b>Education:</b> University of Illinois, Masters in Health Services Administration (MHSA), University of Illinois, Champaign-Urbana, BS, Molecular & Cellular Biology, Communication; <b>Career Experience:</b> 4+ Years: Laurus Strategies; <b>Professional Qualifications:</b> Certified Leave Management Specialist (CLMS), Certified Professional Disability Management (CPDM)

<p>Meagan Tyson / National Director Employee Communications / HUB Tenure: 6+ Years</p>	<p>Communications Expert</p>	<p><b>Education:</b> San Diego State University, BA, Communications/Public Relations;  <b>Career Experience:</b> 7+ Years: Intercare Health Insurance;  <b>Professional Qualifications:</b> Numerous National Communications Awards</p>
<p>Peter Duncan / Executive Vice President / HUB Tenure: 10+ Years</p>	<p>Professional Employer Organization (PEO) Expert</p>	<p><b>Education:</b> American College, MS, Financial Services;  <b>Career Experience:</b> 40+ Years: Sidles, Duncan &amp; Associates, Blue Shield, Health Net;  <b>Professional Qualifications:</b> Certified Employee Benefits Specialist (CEBS), Certified Life Underwriter (CLU), Chartered Financial Consultant (ChFC), Life &amp; Health License; Board Vice Chair, OneOC</p>
<p>Heather Garbers / Vice President Voluntary Benefits / HUB Tenure: 6+ Years</p>	<p>Voluntary Benefits Expert</p>	<p><b>Education:</b> University of Nebraska, BA, Business Admin with Finance;  <b>Career Experience:</b> 14+ Years: United Professionals Agency, All State Benefits, GBS Benefits;  <b>Professional Qualifications:</b> Science of Wellbeing Certification, Yale University, Women in Leadership, Navigating the Double Bind, Certified Voluntary Benefits Specialist (CVBS), Colorado Long-Term Care, Life &amp; Health License</p>
<p>Eric Barthel / Senior Vice President, Employee Benefits / HUB Tenure: 8+ Years</p>	<p>Custom Narrow Networks Expert</p>	<p><b>Education:</b> Glendale College: Music;  <b>Career Experience:</b> 30+ Years: Aetna, United Healthcare, Creative Benefit Concepts, Sidles Duncan &amp; Associates; <b>Professional Qualifications:</b> Life &amp; Health Licenses in Multiple States</p>
<p>Ashley Thomalla, PhD / Sr. Human Resources Consultant / HUB Tenure: 4+ Years</p>	<p>HR Consulting Expert</p>	<p><b>Education:</b> University of Nebraska, PhD, Industrial / Organizational Psychology, MA, Industrial / Organizational Psychology, BA, Psychology / Sociology;  <b>Career Experience:</b> 15+ Years: SilverStone Group, University of Nebraska, Center for Applied Psychological Services, US Strategic Command's Global Innovation &amp; Strategy Center;  <b>Professional Qualifications:</b> Seven Benchmarks: Advance Certification, WELCOA, Certified Compensation Professional (CCP), WorldatWork, Global Remuneration Professional, WorldatWork</p>

D. Any material (including letters of support or endorsement) indicative of the bidder's capability.

Earlier in the response, we talk about our services for the County of Stanislaus, a 3,500 employee health plan. This case study, and the endorsing quote from their Executive Director, further illustrates the capabilities that HUB International brings to its California Clients.

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“With over \$120 million in savings, a happy board of supervisors, administrators and members, this program demonstrated that the current way of doing business doesn’t work for all employers and with creative solutions and exceptional partners, we can do something very special.”

- Jody Hayes, Chief Executive Officer, County of Stanislaus

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### The Challenge

The County of Stanislaus had a one-size-fits-all approach to healthcare which they felt didn’t address their specific populations. In fact, they felt it missed the unique characteristics of communities within their service areas, leaving the employer with few tools. In spite of HMO success, there were important gaps:

- Transparency
- Provider-specific outcomes data and clinical results
- Health plans did not allow employer to competitively bid for best in market services

### The Solution

Based on HUB’s recommendations, the County implemented a different approach that significantly reduces the influence that health plans have on annual program renewals. Plus it gives them more influence and control over the management of annual health plan expenditures:

- Create a competitive environment between health plans for County enrollment
- Use health plan data to evaluate health plan financial and clinical performance and improve participant health
- Reduce overall County health plan costs

### The Results

Using market-based trend increases and adding the costs associated to PPACA for insured plans and premium taxes, we helped the County of Stanislaus:

- Save over \$120 million dollars (in 72-month period)
- Create complete financial and clinical transparency
- Embrace flexibility – we can rely on the advice and counsel of our consultants and vendors, but we retain ultimate authority on the management of the plan
- Improve clinical outcomes through collaboration with providers
- Provide concierge-level support for members with chronic and complex medical cases
- Engage stakeholders



E. A brief description of the bidder's current operations, and ability to provide the services.

As the world's fourth largest insurance broker/consultant, HUB International LTD (HUB) is extremely familiar with all profiles of purchasers, including the self-funded and alternately funded public sector market.

Public sector purchasers are very unique and require consultants with expertise in these key areas:

- Negotiated benefits
- Collective bargaining relationships
- Product/program procurement
- Legal/policy and regulatory requirements
- Communications
- Managing relationships with parties who may have competing agendas

Both nationally and locally, HUB consistently demonstrates proficiency through effective management of complex, public sector benefit plans.

This is achieved by:

- Comprehensive understanding of the cost and quality of healthcare and knowing how to use the tools to improve the cost and quality of healthcare
- Providing timely and accurate responses to client queries and needs
- Fully understanding all aspects of the Affordable Care Act (the ACA) and all other relevant regulatory and legislative requirements for plan sponsors and guiding purchasers to make informed and compliant decisions
- Development and implementation of a comprehensive strategic plan for our clients and effectively communicating that strategy to all benefit plan stakeholders.

An example of our work with clients similar to County of Fresno can be found in the Case Study: Controlling Health Care Costs – The County of Stanislaus' Transition from Insurance Buyer to Healthcare Purchaser in D, above.

HUB has local expertise with large, self-funded public agencies and an infrastructure that provides tremendous support in these key areas:

- Legal and compliance resources
  - With in-house and available legal counsel
- Employee communications
  - Through our award-winning graphics and communications team
- Technology expertise
  - Healthcare data warehousing
  - Private exchange platforms
  - Implementation of on-line member support systems
- Wellness program development and implementation
  - Data-based analysis of clinical gaps in healthcare to develop programs which have the greatest opportunity for success with specific populations

HUB has local offices in County of Fresno. They are located at 548 West Cromwell, #101, Fresno, CA



93711. Having feet-on-the-ground nearby is an added value that we bring to your organization. The local organization is run by the Der Manouel brothers, who have many clients in the Fresno County area.

F. Copies of the audited Financial Statements for the last three (3) years for the agency or program that will be providing the service(s) proposed. If audited statements are not available, compiled or reviewed statements will be accepted with copies of three years of corresponding federal tax returns. This information is to be provided after the RFP closes, if requested. Do not provide with your proposal.

If awarded the contract, HUB would provide the requested Financial Statements.

G. Describe all contracts that have been terminated before completion within the last five (5) years:

There have been no contracts terminated for members of the proposed Team during the last five years.

1. Agency contract with: N/A
2. Date of original contract: N/A
3. Reason for termination: N/A
4. Contact person and telephone number for agency: N/A

H. Describe all lawsuit(s) or legal action(s) that are currently pending; and any lawsuit(s) or legal action(s) that have been resolved within the last five (5) years:

1. Location filed, name of court and docket number
2. Nature of the lawsuit or legal action

HUB International has pending lawsuits; however, nothing that would be considered unusual for a broker of our size. We are unable to discuss or describe any ongoing investigations being vetted through the proper legal channels.

I. Describe any payment problems that you have had with the County within the past three (3) years:

1. Funding source
2. Date(s) and amount(s)
3. Resolution
4. Impact to financial viability of organization.

None.

## **XI. Scope of Work**

A general discussion of your understanding of the project, the Scope of Work proposed and a summary of the features of your proposal.

The primary focus of Health Consultation Services will be as an advocate for the County in our relationship with the San Joaquin Valley Insurance Authority (the "SJVIA" – review the "County Health and Benefits" section, below, for more information) to ensure that the SJVIA rates are competitive, review rates from an actuarial perspective, the procurement and administration of health benefits to retired employees and compliance with applicable state and federal laws and regulations. The primary focus of Non-Health Consultation Services will be in the procurement and administration of Life Insurance, Disability Insurance, Voluntary Benefits, Flexible Spending Accounts, and the Employee Assistance Program.

1. The County is seeking a summary that includes the vendor's broad understanding of the scope of the County's request and a summary of the vendor's entire proposal.

### **Executive Summary**

Based on our past interactions with County of Fresno, we have a general understanding of how the organization is structured and the unique needs of the local community. We will discuss with your benefits team the changes they would like to see made.

We will work to guide and consult you in your interaction with the San Joaquin Valley Insurance Authority.

### **Overview**

Lee Exton and his team are the most qualified health and benefits consultant for the County of Fresno. We are experienced with advising California Counties regarding

Health Insurance Broker and Consultation Services, and Ancillary Benefits including life, disability, Employee Assistance Plan (EAPs), Flexible Spending Accounts (FSAs), Pharmacy Benefit Management (PBM), Wellness and individual voluntary benefits.

### **What Makes Our Team the Most Qualified to Be Your Consultant**

Below is a description of how your team lead, Lee Exton, more than satisfies your stated requirements.

#### **Well-versed in the health benefits market**

Lee Exton has over 25 years consulting on employee benefits. He has advised over 20 employers that have over 3,000 employees including counties, cities, states and other municipal organizations. He helped develop a purchasing coalition for an alliance of three counties and is well versed in what can be achieved through combining membership for greater leverage in negotiation.

#### **Self-funded plans**

Lee has consulted on over 30 self-funded programs ranging from a few hundred employees to over 60,000. He is familiar with the broad array of Point solutions that can enhance the results of self funded programs (e.g. Livongo, Carrot, Hinge). Self-funded program success requires coordination with stoploss partners, and Lee has negotiated a wide variety of stop loss arrangements. Lee is also very familiar with navigation platforms provided by Quantum and Accolade that significantly improve the Net Promoter Score (NPS) of health care programs.

#### **Experienced in advising comparable public agencies**

Lee has advised Fresno County, Santa Barbara County, Alameda County, Tulare Regional Medical Center, and the State of Ohio, all of which have thousands of covered members. Lee is familiar with the unique needs of 37 Act counties.

### **Purchasing Alliance Experience**

Having constructed a purchasing alliance for other California counties, Lee has added insight to advocate for the County in our relationship with the San Joaquin Valley Insurance Authority (SJVIA) to ensure your rates are competitive, review costs from an actuarial perspective, procure and administer health benefits, and provide guidance regarding applicable state and federal regulations. HUB has broad experience working with a large number of purchasing alliances and can provide clear guidance in this area.

### **Wellness Consulting Expertise**

HUB has a Health and Wellness practice that provides state of the art advice in this area. Lee Exton has designed award winning, state of the art wellness programs.

### **Systems Consulting Expertise**

We have a specialized Technology practice that is available to help with two of the systems you have in place:

- PeopleSoft Human Resource Management System
- MyWorkplace.net

### **Able to Provide Legislative Updates on Both Proposed and New Legislation**

HUB has an internal legislative analysis department that provides commentary on proposed and new legislation.

### **Supporting Labor**

Lee has worked with probably all of the labor organizations that currently represent the Fresno County employees and retirees.

### **Supporting Staff**

Lee worked to provide appropriate support for the Human Resources team at Fresno County, and has worked closely with many other HR teams.

### **Supporting Management**

Lee has worked with the management teams of many organizations, both public and private. When Lee was the consultant for Fresno County, he worked with Janet Coleman, Cheryl Carlson, Annie Lee, Irene Vazquez and Ralph Jimenez. Cheryl Carlson would be happy to describe the working relationship I had with her team. She can be reached at: [cac3645@gmail.com](mailto:cac3645@gmail.com), 559-259-2772.

Lee has extensive experience meeting with Boards of Supervisors and addressing their questions.

## **Importance of Transparency**

We believe it was not fully appreciated how much the consultant you selected in 2016 would be receiving from a combination of consulting fees and commissions. We applaud your effort to achieve complete transparency regarding fees and commissions. HUB is committed to being fully transparent regarding all fees and commissions we receive.

Your RFP states: “there is not enough data on the Accident, Critical Illness, and Hospital Confinement insurance policies to provide meaningful commission information.”

We utilized the information provided in Exhibit B, statistics from various sources including the Employee

Benefits Research Institute (EBRI) combined with available pricing of similar programs available on the internet. Our “Best Guess” Estimate is that additional commissions were in the range of \$90,000 to \$150,000 annually. These are in addition to consulting fees.

### HUB’s Proposals

- Option 1 - \$125,000 per year adjusted for inflation.  
HUB credits all commissions received back to the County.
- Option 2 - \$125,000 per year adjusted for inflation offset by commissions HUB receives.  
HUB retains commissions for employee-paid benefits. These commissions will be used to offset fees or pay for other services.  
County will retain commissions on County-paid benefits.

### A New Need for You to Consider: COVID-19 Longhaulers

The news is reporting long-term effects of COVID. The CDC reports that at least 10% of individuals who have had COVID, regardless of whether the case was mild to severe, are experiencing a constellation of long-term symptoms. We believe that standard health plan benefits may be insufficient to address the unique needs of this group of survivors, and that supplemental programs may need to be provided. To date there have been over 30,500,000 COVID cases in the US. Based on CDC estimates, this means over 3,500,000 Americans will be dealing with long term COVID symptoms, some of which are lasting months. The magnitude of this impact is just starting to be appreciated.

The list of over 100 long term post COVID symptoms being experienced include: Anxiety, Depression, Hair Loss, Debilitating Pain, Breathing Issues, Loss of Taste & Smell, and Sleep Problems.

### HUB Is Ready to Hit the Ground Running

We understand that you expect us to be prepared to solicit proposals for benefits immediately upon contract execution in July. To this end we have developed a detailed calendar of scheduled activities, along with deliverables, and responsible parties. This Proposed TimeLine is in the Appendix.

Our experience working with other Counties and Government Entities, including Fresno County gives us a running start. Our involvement working with large 37 Act California counties, across the various stakeholder groups: Labor, Management, Retirees, Actives, Board of Supervisors provides us a solid foundation upon which we will consult with Fresno County going forward.

As you know, there are a lot of moving parts during the review of proposals, selection of finalists, further negotiation, selection of the new program, and approval from the Board of Supervisors. Communicating the benefits of the program that is ultimately selected to the various stakeholders in the County is critical to ongoing success and appreciation of what is being provided.

### Additional References

The following references don’t fit within the RFP format, but they are all benefit managers with whom Lee Exton personally consulted at other California Counties and Government Agencies prior to HUB. They are available to tell you what it was like to work with him.

Cheryl Carlson	Fresno County - Former Benefits Manager	559-259-2772	cac3645@gmail.com
Sharen Stanek	Alameda County & Alameda County Retiree Association (ACERA) – Former Benefits Manager	415-977-7967	sstanek@delta.org

Brooke Brown	Tulare Regional Medical Center – Former Benefits Manager	559-901-6803	sbkkbrwn@gmail.com
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## Timeline

- Open Enrollment period for 2022 begins in October.
- Plan year begins December 13, 2021.

## Additional Benefits Topics You May Want to Investigate

There are a number of benefits related topics that you may want us to explore with you including:

- Long COVID
- Narrow Networks
- Navigators: Quantum / Accolade
- Point Solutions: Livongo, Carrot & Hinge
- Self-Funding and other Alternative Funding
- Dependent Eligibility Audit
- Wellness: Biometric Screening
- Long Term Care
- Cancer Coverage
- Financial Wellness
- Student Loan Payoff
- Identity Theft Protection
- Legal Services
- Pet Insurance

## HUB's Expansive Scope of Consulting Support

HUB has an expansive panel of consultants to assist the County across many different areas.

- HRIS
- HR Consulting
- Compensation
- Property & Casualty
- Workers Compensation

## What Fresno County Needs

We are prepared to assist you with the following plans expiring at the end of 2021:

- Retiree health
- Pharmacy benefits management services for retired employees
- Employer and employee-paid life insurance
- EAP provider for active employees

## Fresno County Benefit Program

We understand that the County currently utilizes the following plans/benefits through the SJVIA. We have the experience working with other purchasing programs, to guide the analysis of your existing arrangement.

- Health/Mental Health
- Anthem Blue Cross
- EPO
- PPO
- HDPPPO
- Kaiser HMO
- Dental
- Delta Dental DPPO
- DHMO
- Vision (VSP)
- PBM services (EmpiRx)
- COBRA administration

## HUB's Role

*We are prepared to assist you with the one-year participation agreement with the SJVIA for plans and services. We will help you evaluating the best health insurance options available to the County, including consideration of a narrow network option similar to the program we developed for Stanislaus County.*

*We are ready to analyze the proposed rates and plan design options from the SJVIA and to solicit bids from other carriers outside of the SJVIA at your direction.*

## Retiree Health Insurance and Pharmacy Benefit Management Services

The County offers four plans to Pre-65 and Medicare-eligible County retirees which are not through the SJVIA.

### Pre-65 Retirees

Pre-65 retirees may utilize the Anthem Blue Cross HDPPPO.

### Medicare Programs

Medicare-eligible retirees may utilize one of three plans:

- A Medicare Supplemental plan provided by United American/Retiree First with United HealthCare Rx providing the prescription coverage.
- Two Medicare Advantage plans through Kaiser Senior Advantage with a high and low option.

## HUB's Role

*All Retiree benefits will require the solicitation of bids by the consultant for the 2022 plan year.*

### Ancillary/Voluntary Benefits

- Employer-paid life and accidental death & dismemberment (AD&D) insurance through Voya/ReliaStar
- Employer-paid long-term disability insurance for unrepresented management employees through Met Life
- Employee-paid life, critical illness, accident, hospital confinement through Voya
- Employee-paid short-term disability insurance benefits through California SDI (most employees are covered under this policy)

- Employee-paid personal property (e.g., car and/or homeowner) insurance through Liberty Mutual

## HUB's Role

*For employer- and employee-paid life insurance policies solicit bids for the 2022 plan year.*

### Personal Property Insurance

The County offers personal property insurance, such as auto and homeowner insurance, from Liberty Mutual.

This arrangement is through the California State Association of Counties. Solicitation of bids by the consultant is not immediately required but may be requested by the County at any point in the future.

### Employee Assistance Program

The EAP is provided by ComPsych Corporation. The County utilizes a three (3) visit per six (6) month model, with an on-site hour bank of 110 hours. These services are provided under the County's Life Insurance agreement with Voya/ReliaStar. As we are in the final year of our agreement with Voya/ReliaStar...

## HUB's Role

*County requires solicitation of bids by the consultant for the 2022 plan year.*

### Flexible Spending Account Program

- Health
- Dependent Care
- Parking and Transit

Current administrator is Navia Benefit Solutions. The County is currently in the fourth year of a five-year agreement.

## HUB's Role

*HUB will solicit bids the 2023 plan year.*

### Wellness Program

With a focus on building a healthy lifestyle through nutrition, fitness, and weight management.

## HUB's Role

*We will:*

- *coordinate wellness challenges,*
- *advocate for sufficient wellness funding through the SJVIA,*
- *act as a liaison between County and the healthcare providers to provide wellness services, such as mammograms and biometric screenings.*

## Scope of Work Summary

2. The summary will also include a statement that the vendor will provide all the services included in this Scope of Work. If the vendor is unable to provide any of the service(s), they will describe which of the service(s) they are unable to provide.

**HUB International would provide all services to the County of Fresno as detailed in this Scope of Work.**

HUB International is uniquely qualified to perform the services outlined in the Scope of Services referenced in the County's RFP. Specifically, we will include the following services in our contract with the County should HUB International be awarded with the contract:

### **Thorough analysis of the following**

- Existing lines of coverage
  - Financial
  - Clinical
  - Administrative
- County plan-participant demographics and any other related data
- County healthcare delivery
  - Utilized hospitals, healthcare providers and ancillary care providers
  - Hospital quality
  - Medical group quality
  - Community healthcare adequacy of services
  - Tertiary care provided outside the community
  - Pharmacy providers and local trends
- Most recent renewal exhibits

### **Development of alternative healthcare program viability study**

- Establish benchmarks for self-funded plan benefit costs
  - Healthcare costs
  - Administrative costs
  - PPACA cost implications

### **Development of the Strategic Plan for County Health Benefits**

#### **Meet with County benefits teams and other stakeholders as identified by the County**

- Establish 1 year, 3 year and 5-year targets and objectives

#### **Bid all lines of coverage based on plan analysis and County direction**

#### **Audit County plan documents, process and notices for compliance:**

- Contracts
- Summary Plan Descriptions (SPDs) and Evidence of Coverage documents
- Wrap SPD



- Employee notices
- Medicare Part D and other IRS/DOL reports
- Plan design
- Affordable Care Act (ACA) compliance
  - Contributions
  - Plan designs
  - Appeals

#### **Administrative performance**

- Analysis and recommendations
- On-line and other technology plan benefit solutions

#### **Attend meetings with County staff/executives, employees/plan participants, collective bargaining groups, retirees and County elected officials**

#### **Ongoing reporting of plan performance**

- Financial
- Clinical
- Administrative

#### **Develop recommendations and proposals for County consideration**

#### **Actuarial analysis, as necessary**

- Determination of GASB liability for retiree coverage

#### **Assess and develop benefit plan communication strategy**

- Member communication
- Provider communications
- Collective bargaining communication

Your HUB team has excelled in existing engagements with purchasers similar to the County that reflect and focus on:

#### **Strategic planning – some of the questions we seek answers to include:**

- What are the County's financial, clinical and administrative objectives?
- What are the key business and clinical issues impacting healthcare of County plan participants?
- What is the County's *mission* for employee healthcare?
- What are the gaps preventing the County from achieving its mission?
- Engage collective bargaining units, as appropriate

#### **Innovative approach to benefit design and management**

- Thorough analysis of plan-sponsor's benefit plan data demographics, healthcare delivery models and local healthcare delivery systems

#### **Proven track record**

- Our team achieved **\$30 million in savings for Stanislaus County's health benefit plan** while maintaining benefit levels (i.e., no increase in member cost-sharing), representing approximately a 17% savings over their fully insured plans

## **Innovative program design**

- Establish viability of High-Deductible Health Plans and Health Savings Account Arrangements
- Development of proprietary network strategy
  - Implementation
  - Management
- Implementation of plan-specific care-management models
- Pharmacy care management

## **Underwriting expertise**

- Can provide cost estimates and financial modeling for a variety of alternative plan financial and plan-design structures

## **Benefit plan management**

- Plan financial management
  - Regularly meet with County benefits team to review plan performance and to ensure strategic planning objectives are met
  - Assist with the development of projected plan pricing in support of the County's budgeting process
  - Plan cost relative to "plan"
  - Plan financial and clinical performance relative to local and other benchmarks
  - Review of financial trends
  - Corrective action, as needed, based on emerging plan data
  - Provide meaningful, data-based recommendations, based on the County's objectives
- RFPs for all lines of coverage
  - Carrier/vendor negotiations for all dimensions of performance and cost
- Implementation of new programs and vendors
- Employee communications
  - Employee newsletters
  - Open enrollment benefit guides
  - Retiree newsletter
- Compliance
  - PPACA/HIPAA/COBRA/State regulations and mandates
    - County staff training and education
    - Process and documentation
    - Plan design
    - Assist with IRS/DOL filings
    - Cadillac Tax implications and financial modeling
    - Identify services that can be transitioned to outside vendors, evaluate viability

- Develop process and/or identify tools to assist County implement dependent eligibility audits
  - Vendor contract adherence
- Support for plan participants:
  - Open enrollment and employee communications, including the development of benefit guides and other benefit-related documents
  - Ongoing meetings with plan participants, local providers and plan vendors in support of member health and education
  - Assist with vendor disputes
  - Ensure vendor compliance with all plan requirements pertaining to participant rights
  - Support the appeals process with legal and clinical support, as needed

#### **Plan administrative management**

- Manage vendor performance
- Measure and monitor plan administrative activity
  - Contractual obligations/performance guarantees
  - Industry standard plan activity
    - Claim and Member Service results
- Examine what technologies exist to meet the County's objectives for plan management

# Scope of Work Proposal Requirements

1. How long has your firm provided consultant services as described in the Scope of Work? Is your firm qualified and licensed to conduct business in California? Please provide appropriate documentation.

HUB International incorporated in 1999 in the US and has provided health and benefits brokerage and consulting services since then. We are a licensed broker in California. An image of our California license follows.



2. Regarding the principal consultant advising the County:
  - a. Please describe their experience and qualifications, including their current number of clients.

As mentioned in **A** under **X. Vendor Company Data**, Lee Exton will be the principal consultant advising the County. Lee has been an employee benefits consultant for over 25 years. He has extensive experience advising cities, counties, states and other municipalities. Lee Exton served as County of Fresno’s consultant from 2000 to 2004 working closely with the prior director, Janet Coleman, and the employee benefits manager, Cheryl Carlson. Lee gave presentations to County of Fresno union organizations, County Management, the Board of Supervisors and the Retirees. He currently works with seven employee benefits clients ranging in size from 100 to 14,000 employees.

Over his career, Lee has been employed by the following insurance organizations as a consultant prior to joining HUB International: Mercer, Towers Watson, Keenan & Associates, and the Segal Company.

Other counties that your HUB team has advised include: Fresno, Alameda, Stanislaus, Santa Barbara, Kern, and Tulare.

### **Case Study Synopsis**

When the State of Ohio wanted to implement a high deductible health plan, they reached out to Lee because of his unique expertise in the area. The program Lee and his team developed for the State has served as a model for numerous other public entities. In their first year, they migrated approximately 10% of the employee population into this plan.

Lee's complete bio is included in the Appendix.

- b. If the principal consultant were to leave your firm, how would service be provided? How soon would a new principal consultant be assigned to the County's account and will you agree to give the County the right of approval of any staff member assigned to this account?

If the principal consultant were to leave HUB, the service would be provided by one of HUB's other experts in public sector programs. We will provide the County with an opportunity to meet and approve other staff members that are assigned to the account. It is important that you feel comfortable with all of your consulting team.

3. What resources does your firm have available in the area of developing employee communications? Provide an example of communication materials developed by your organization for use in a client's health benefit communication campaigns, including Open Enrollment and New Employee Orientation materials.

In the area of communication and design (C&D), HUB helps organizations build communication strategies to drive employee engagement. Our Communication and Design practice – an innovative, highly creative, results-driven team, is focused solely on creating bright, engaging experiences that make employees stand up and take notice.

We are different from other firms whose account managers and benefits staff also are responsible for developing communications. In contrast, HUB has a cohesive team of 20 across the country: strategists, writers, graphic designers, consultants, project managers and video developers. All day long our team creates campaigns that reflect your culture and brand – and we deliver measurable results!

The proof is in the prize – in 2014, 2015, 2016, 2017, 2018, and 2019, HUB won multiple Platinum and Gold MarCom Awards for client communications campaigns. MarCom Awards recognizes outstanding creative achievement by marketing and communication professionals. The Awards are an international creative competition for companies involved in the concept, writing and design of print, visual, audio and web materials and programs. A few examples of employee communication pieces are included in the Appendix and we invite the County to visit our company's C&D website for more: [hubinternationalcd.com](http://hubinternationalcd.com).

### **Communications**

Because HUB is in the unique position of having an in-house communications department, we have direct oversight to ensure the quality of all materials created for your employee benefits. Should the County have a preferred group that produces employee communications, HUB's team can work with them to assure that the "look and feel" of your message and branding is carried through. The following are examples of creative solutions developed by HUB to successfully increase the employees understanding and participation in their benefits program. Samples are included in the Appendix.

HUB's in-house Communications and Design (C&D) practice are skilled strategists, writers, graphic designers and consultants who build communications strategies that drive employee engagement. This practice uses a 12/12 approach to campaigns to ensure County employees are educated 12 months prior to open enrollment with consistent, engaging follow-up all the way through post open enrollment. Whether a company seeks print, digital or mobile, the C&D practice brings your culture, brand and message into a single strategy that empowers employees and strengthens their relationship with County of Fresno.



With the cost of providing benefits to employees averaging upwards of \$11,000 per employee per year, investing in communications is vital to ensure that employees appreciate the benefits their employer offers. After years of building and executing communication campaigns, we've found it's not the dollar amount that employers spend on benefits that matters but rather, how well employees are engaged about the benefits being offered. Adhering to this belief, we've fine-tuned our process, offering two approaches to address your distinct needs: Our Core services are included in our fee, while our Custom work will be scoped on a per project basis.

We understand the importance of an educated workforce and the value of a proactive and consistent employee communication process. Helping employees understand and appreciate their benefits is a critical first step toward empowering them to make cost-effective decisions and, later, embrace employer initiatives when benefits change. **This includes assuring communications are made available in the languages needed.**

Before we address our Enrollment and Communication approach, we want to understand more about your employee population. **We do this through the use of our proprietary tool, Persona Analysis.**



## Persona Analysis

Our proprietary employee demographic evaluation tool, Persona Analysis, translates your employee census into actionable data around plan preferences, communication styles, and what matters most to your employees. This then becomes part of our three-year strategic plan, as it also anticipates changes in your employee population's needs as it changes and grows. The analysis goes beyond just generational segments. It gives you a multi-dimensional understanding of your employees.

Give us a standard census, plus six additional pieces of data about your workforce and we'll give you a custom report that identifies the following:

- Key personas within your workforce
- Benefit gaps that put your employees at risk
- Recommendations on how to align benefits, communication and wellness strategies to have the greatest and most meaningful impact
- Insights into what is driving your costs, your turnover and how attractive your benefits offering is to recruit potential and new employees

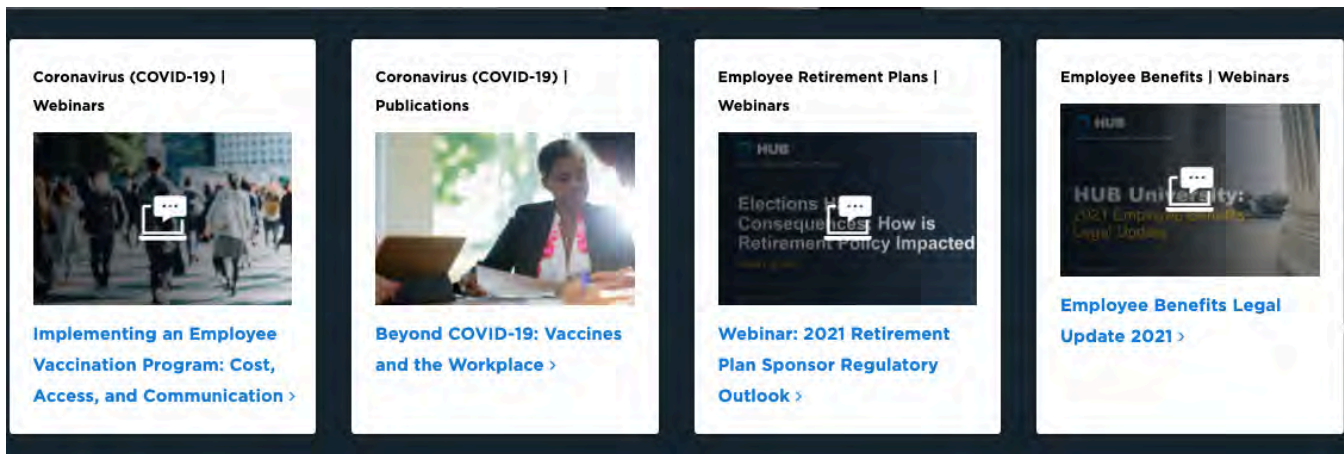


## Employee Focus Groups

After completing our Persona Demographic Analysis, we recommend having HUB conduct Focus Groups with employees from each of the demographic categories. Through this process we often uncover previously unvoiced issues that typically impact certain employee segments. It really adds depth to Human Resources' appreciation of what employees are experiencing. When we know what concerns employees are having, we are equipped to work with your vendors, communications team and others to address them.

4. Does your firm publish newsletters and other informative publications that are routinely provided to clients? Have you prepared reviews of topics related to the health, life insurance and actuarial fields that are routinely provided to your clients? Describe your publication and provide sample copies.

HUB is actively engaged with you from day one, providing industry and service-relevant communiques direct to your Inbox as well as posting regular [blog articles](#) on a variety of topics like risk, cost management, directors and officers, business insurance insights, workers' compensation, compliance and voluntary benefits. Subscribe or simply visit our blog to search for articles by industry, keyword or topic. Following is a screenshot of the types of items you'll find on our website, including links to on-demand webinars and downloadable ebooks.



As mentioned in our answer about Compliance services and support, we communicate legislative information to clients through a variety of channels. Our **HUB Bulletins** are regularly sent to your Human Resources team via email. Releases will contain Department of Labor Technical Releases, EEOC Publications, HHS Guidance and PPACA Final Rules and Amendments. Our client updates will include citations of the Federal or State agency that issued the guidance. The timely legal compliance updates inform clients, prospects, and our internal HUB specialists, while providing specific action steps, sample forms, suggested plan language, and other tools.

Types of compliance communications you can expect from HUB International (Samples of communications sent to your Inbox have been included in the Appendix).

**HUBInternational.com** - HUB’s website is updated regularly with the latest information, webinars on demand, and a library [of compliance bulletins](#).

**Client email alerts** - As important developments arise, HUB sends e-mail alerts to keep your staff well-informed of current events in the employee benefits industry.

**Webinars** – examples of webinar topics include:

- Beyond COVID-19: Vaccines and the Workplace - Evolving Risks and Lessons Learned
- State Family Leave Laws
- HUB HR Anti-Harassment Training
- Implementing an Employee Vaccination Program: Cost, Access, and Communication

5. [Provide a description of any electronic or internet-based tools your firm provides to clients.](#)

HUB’s dedicated Employee Benefits Technology Practice recognizes that there is no effective “one size fits all” solution, so our strategy considers your budget, goals, and timeline. As a result of the changing times, technology has drastically transformed today’s businesses, from productivity to organizational changes to a changing workforce demanding remote and mobile job opportunities, and HR has had to adjust swiftly.

**Leverage HUB’s  
Technology Practice for simple or  
complex benefits, HRIS, compliance  
and  
payroll solutions.**

Our Technology Practice will perform an evaluation of the County of Fresno’s existing technology solutions, environment and practices, and begin to formulate alternatives that will help you communicate more efficiently and effectively with your employees. We will recommend a solution that is tailored to your business’ need. It could be as simple as a **BenefitHUB** site (no additional cost) where all benefits and compliance information can be housed and quickly accessed by a mobile phone. Or perhaps you need a system overhaul to include benefits administration, human resource



information system, human capital management (HCM), compliance tracking and payroll.

**Technology Assessments** – if a client is interested in looking at a new payroll and/or HRIS system, Mackenzie will work through a discovery process, vet the vendors that are most appropriate and prepare a side-by-side analysis of the services and support provided. He will also schedule the demos and negotiate pricing on behalf of the employer.

In addition to the HUB Technology Practice, HUB partners with a variety of third-party vendors to provide HR Resources to our clients.

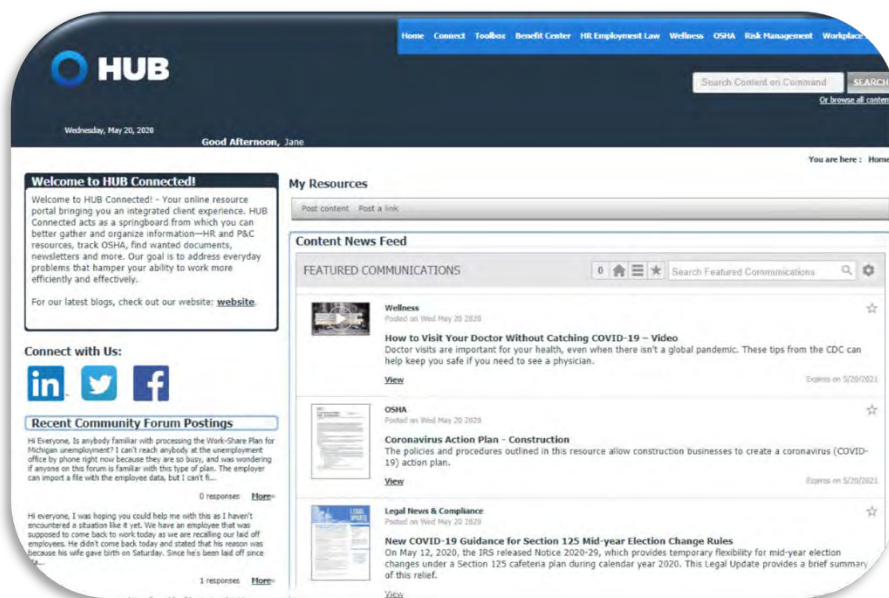
## Coronavirus Resource Center

In 2020, HUB developed the Coronavirus Resource Center (visit it here: <https://bit.ly/HUBCoronaResource>) to assist our clients and partners in the quickly changing developments of COVID-19. This ever-evolving resource center has information on:

- Business Continuity & Claims
- Employee Relations & Benefits
- Legal & Regulatory Considerations
- Retirement Plans and Market Outlook
- Personal Risk & Wealth Management
- Webcasts & Virtual Events
- Government & Other Resources

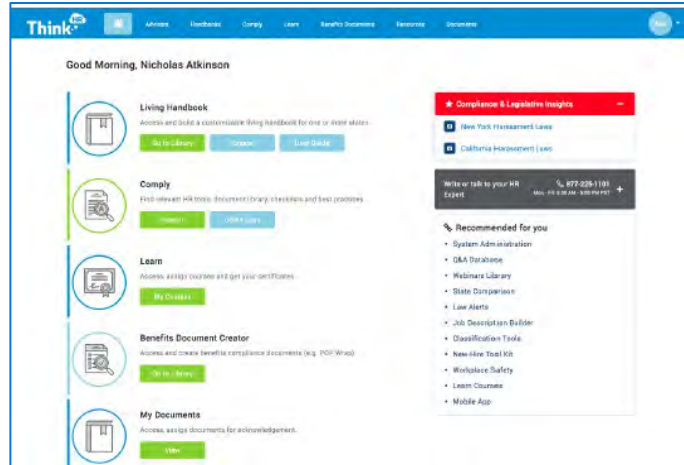
## HUB Connected Portal

HUB Connected is a value-added service HUB provides to clients as a self-serve or assisted-serve Risk Management and Human Resources library with a variety of topics at your fingertips. With thousands of easily searchable materials, HUB Connected is your one-stop resource on topics including compliance, safety, risk management and employee newsletters. Plus, access an online OSHA log to simplify OSHA recordkeeping compliance.



## ThinkHR

ThinkHR is the leader in Live HR advice. In addition to live support, ThinkHR also provides access to: Over 200 on-demand training courses, online HR library which includes thousands of templates, forms, guides, Employee Handbook builder. The system allows for tracking by management to ensure the appropriate staff members have completed their training modules.



## HUB University

The HUB University series provides complimentary, valuable, up-to-date information that helps to develop your business, improve processes and policies, and reduce your risk. These professionally facilitated workshops are offered on a variety of subjects including:

- Contractual Liability
- ACA and Compliance
- Harassment
- Cyber Breach
- Employment Law
- Workers' Compensation

## Guardian HR Platinum – Law and Human Resource

*\*Additional fee.*

Guardian HR helps businesses navigate the complexities of employment law and human resource regulations. Each client is assigned a dedicated consultant. Platinum services include:

- Unlimited access via telephone and email to HR professionals and **attorneys**
- Employee Handbook – updating/review or creation
- 24/7 access to online forms library at [www.guardian-hr.com](http://www.guardian-hr.com)
- Access to various HR webinars with accompanying PowerPoints
- Annual In-depth HR Audit – with your HR Consultant
- Email HR Law Alerts – keeps you apprised of changes in employment legislation and HR practices

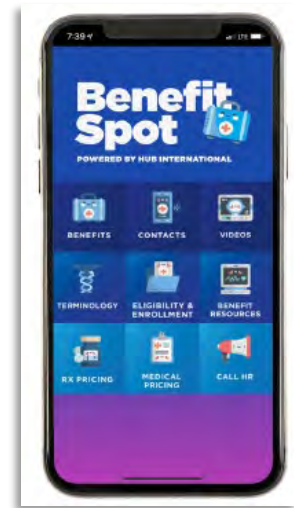
## Online Employee Communication Options

### Benefit Spot

HUB's Benefit Spot is our turnkey mobile benefits solution. With it, employees have easy access to their benefits information with just a tap of an app.

Features include:

- Up to nine home page buttons
- "Tap to call" function
- Unique company code employees can enter when opening the app, to access your company's benefits information
- Links to benefit resources, including Benefits Guide and plan documents
- Links to cost comparison tools and carrier contact information
- Compatible with Apple and Android devices



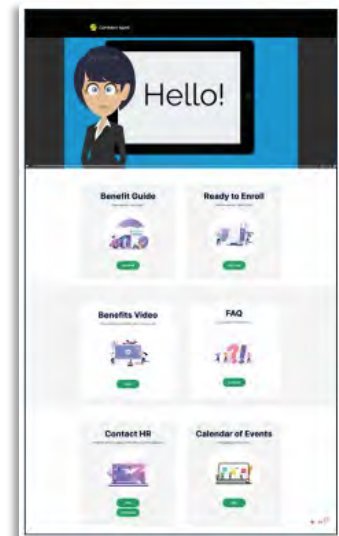
### Virtual Open Enrollment

This Open Enrollment (OE) tool allows you to host all your OE benefits resources and information in one spot. With eight different web page sections, you can link your employees to whichever resources you decide are most important from the Benefits Guide to Videos.

This tool allows you to host all your Open Enrollment benefits resources and information in one spot. With eight different web page sections, you can link your employees to whichever resources you decide are most important, including:

- Benefits Guide
- FAQs
- Videos
- Calendar of events
- One-click contact to HR
- And more!

Your site can also host an Open Enrollment webinar or video, so your employees can attend a meeting—even if they are working from home. In addition to setting up your web page, we offer site notifications, analytics and one-touch Spanish translation to keep it all running smoothly. Whether your employees have questions about their benefit plans or want to contact their health insurance directly, you can point them to one resource that will address all their Open Enrollment needs.



### Ask Alex (Jelly Vision)

*\*Additional fees may apply.*

What is Ask Alex? Ask Alex or Jelly Vision is a platform of interactive SaaS employee communication software that walks employees through big life challenges like selecting a health insurance plan, saving for retirement, managing finances, and managing a leave of absence—helping them make smarter decisions while saving HR leaders time, money and headaches.

HUB partners closely with Ask Alex to provide our clients access to this fun, interactive, decision support tool that helps employees choose the best plan for them based on information personalized to County of Fresno's plan. Employees answer a series of questions about their family status and typical medical needs and Ask Alex quickly and easily provides a cost analysis, taking the uncertainty and fear out of the open enrollment process.

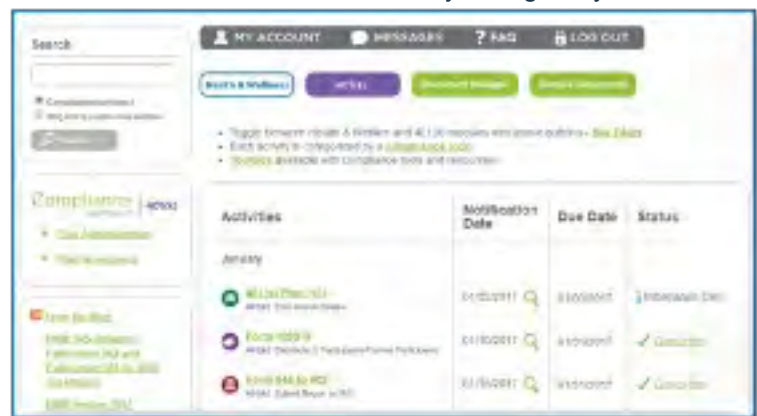
Ask Alex was designed by a company that used to design video games. Using this background, the designers have created a fun, gamified experience for employees of all ages and levels of comfort with benefits and technology. You can visit this link to view a brief video about Jelly Vision: <https://youtu.be/zGuv50Pzxr4>.

## Compliancedashboard®

*\*Additional fees may apply.*

An online compliance solution designed to help employers understand the compliance obligations associated with their benefit plans and support their actions to minimize risk. This customized system gives you the information you need, when you need it. Compliance Dashboard offers employers the necessary automated tools to easily identify compliance obligations, track progress, and document activity.

Your compliance obligations are at your fingertips, organized in a single calendar, customized to your plan. Using time-sensitive email reminders direct to your Inbox, your compliance activities are broken down into easy-to-understand tasks.



Plus, you can pull reports on-demand to demonstrate compliance activities to internal management or auditors.

6. Describe your firm's view of the role wellness programs have on controlling health care costs. What resources and tools do you offer clients around wellness initiatives? What service does your firm provide for developing a Wellness Program?

We believe organizations focused on health as a strategic initiative lead to the improved health of their employees and a more efficient and effective company. Guided by this principle, we develop strategies and implement programs that complement our clients' goals and create environments where positive mental and physical health can thrive. HUB has successfully created a paradigm shift in corporate culture for our clients from managing disease to supporting holistic wellbeing led by a strategic framework. The results: increased productivity, increased morale and retention, and a measurable value on investment including reductions in health insurance trend.

Employee benefits and wellbeing / wellness thrive together and should be integrated into a single solution to deliver the optimal results. With this in mind, we have significantly invested in HUB's solutions over the last ten years to include one of the most experienced and robust Health & Performance consulting practices in the industry. We collaborate with our clients to design benefits and incentives that engage and encourage employees to lead healthier lifestyles to align with a culture of wellness.

HUB's experienced Health & Performance team is comprised of 18 dedicated full-time employees each with a minimum of 4 years in the benefits and corporate wellness industry. Our clients have received local and national awards for their accomplishments in wellbeing and wellness. Additionally, we are a known leader in the wellness industry by the medical carriers. HUB works closely with each of the major carriers and vendors, staying on top of the latest trends, and in many cases are the innovators of new solutions and designs which

we can leverage and integrate into our clients' overall strategy.

Most importantly, we ensure compliance with regulations on the programs and strategies we implement. ACA, EEOC, ADA, and GINA each have very specific stipulations and notifications that must be implemented. HUB understands these complexities and works closely with our clients to ensure compliance.

HUB's Health and Performance practice was built on research that supports this premise: **Employee health and company performance are inextricably linked.** Organizations that approach employee health and wellbeing as a business imperative, rather than a tactical action item, experience positive impact to organizational performance.

Instead of taking a one-size-fits-all approach, our HUB Health and Performance model is rooted in a sound understanding of our client's culture, business goals and desired outcomes.

HUB's Health & Performance **Service Model** consists of three distinct pillars:



**HUB's Health & Performance Service Model consists of three distinct pillars:**

**Core Consulting** – Using deep industry knowledge, our H&P Consultants will work with your company to develop a goal-specific annual roadmap and multi-year strategy to deliver the best results for your unique organization.

**Programs and Solutions** - Based on your organizational goals and strategy, our Consultants will work with you to identify the most effective solutions given your internal and external resource allocation. We pay special attention to your workplace culture, budget and demographics.

**Value Added Resources** - As a client of HUB, you will have complimentary access to our proprietary resource portal, **ChooseWell Online**, in addition to a library of other resources curated by our Health & Performance Consultants specifically for client use.

**ChooseWell Online** delivers the information and resources HR needs to implement a broad range of wellness strategies and programs. ChooseWell Online is 100% free to our clients and provides turn-key resources in the following areas:

- Getting Started with Wellness includes an annual planning calendar, gaining leadership support, and a guide on starting a wellness committee
- Data Collection and Evaluation includes sample surveys, environmental assessments, and case studies
- Over 30 turn-key Awareness Campaigns and easy-to-administer Wellness Challenges
- Program Planning Tools and Guidance including sample program policies, a wellness program and compliance checklist, incentive designs and budgeting calculators, guides on how to deploy a successful health fair or flu shot event, and more
- Employee Communication Pieces including unique monthly newsletters, tip sheets, posters and flyers
- Many clients have benefitted by using ChooseWell Online to both design their own wellness programming (for example, through a wellness committee) and supplement their partnership with a wellness vendor (for example, conducting an environmental assessment).

With a deep understanding of our clients' business and culture, we provide the strategy, solutions, and expertise to accomplish your employee health and performance goals.

**Our Process encompasses a successful wellness methodology which directs our clients through a phased, multi-year path.**



HUB partners with our clients and utilizes a variety of potential metrics to measure the effectiveness of a wellness program and strategy. As part of the initial discovery process, we will work with you to identify program goals and desired outcomes, required resources, and establish potential program investment. We will then identify and establish the metrics required to track our progress towards the desired outcomes.

EAP utilization, preventive care compliance, retention rates, and employee surveys can all be utilized to evaluate current state or present indicators. In addition, we can use historical medical claims, Rx utilization, and worker's compensation claims (lagging indicators) to determine those areas that present the most risk on a plan design level that require focus and attention.

When data analytics tools are in place, or HUB's Data Analytics team is engaged, unique population groups can be measured to assess the impact of wellness programs over time. High-risk members can easily be identified and tracked over time using claims information, biometric screening data and, (if applicable) clinic participation. Health and performance is a key component of HUB's value proposition and multi-year strategy.



**Strategic Consultation** – When partnering with HUB, you'll be guided by a **Health & Performance industry expert** as we work toward your specific Health & Performance targets. Should you engage our team, the process will include the following key steps and deliverables:

- Annual Strategy and Program Plan
- Wellness Compliance Expertise
- Wellness Funding and Budget Guidance
- Incentive & Contribution Calculations
- Facilitate Vendor Proposal Process
- Guidance and Education on Carrier Tools & Resources

At our disposal we can track health improvement progress on a year-over-year basis by utilizing leading indicators collected from biometric screening events and health risk assessments. Leading indicators include comparative analysis on participation, identified risk factors, modifiable risks, and lifestyle behaviors.

**Organizational Culture & Employee Performance** – HUB recognizes that every dimension of an employee's

performance and productivity is interconnected, and we work with clients to broaden the focus from individual wellbeing to an organizational culture of health. Our approach is to identify the key success metrics that influence a person's overall health and productivity, and then develop a comprehensive strategy for your workforce to thrive as it achieves each of these success metrics.

**Incentive & Compliance** – We know that customized incentives are critical to creating engagement in a wellbeing initiative. Our job is to help you create the right blend of motivators based on our knowledge of your workplace culture and workforce demographics. During this process, our Health & Performance consultants work closely with our HUB compliance attorneys to ensure the final incentive design complies with all state and federal regulations.

**Resources & Programs** - During this action phase, HUB will work with you to identify and assist in the deployment of the most effective resources and/or programs to carry out your strategy.

**Annual Review & Evaluation** - During our strategic planning review process, we'll evaluate progress toward performance targets and verify that the go-forward strategy aligns with organizational, human capital and benefit design goals. We'll then make ongoing adjustments to ensure continued success.

We develop strategies and implement programs that complement our clients' goals and create environments where positive mental and physical health can thrive. HUB has successfully created a paradigm shift in corporate culture for our clients from managing disease to supporting holistic wellbeing led by a strategic framework. Our Health & Performance Team has designed a myriad of resources that can be utilized by our clients at no cost and based on your over-arching wellness initiatives and appetite. The results: increased productivity, increased morale and retention, and a measurable value on investment including reductions in health insurance trend.

7. Indicate your firm's ability to meet frequently (at minimum 8-10 times annually) with County of Fresno staff – either face-to-face or virtually at the County's discretion – to discuss industry, regulatory and service issues.

Your principal consultant and other team members will be available to meet as outlined in the question. As HUB currently provides health benefit consulting services to many large, Central Valley employers (public and private), we are able to provide regular and consistent on-site visits with the County as described above. In addition, as mentioned above, Lee Exton has worked with the County of Fresno as a consultant previously and understands the importance of monthly meetings.

We have become experts at leading meetings in today's virtual environment and will be available for in person meetings when the situation permits.

8. How many days of advance notice would your company require in order to attend ad-hoc meetings? Do you have any limitations with attending face to face meetings?

This will vary based on individual schedules and staff commitments. Under most circumstances, members of your HUB management team can be available with three-days' notice. When necessary, we will do our best to be there as soon as possible.

9. What is your firm's policy/standard for returning phone calls and providing responses to emails or written questions?

We make every effort to return calls as soon as possible, within minutes is ideal. The longest it should ever take our consultants to get back to you is 24 hours.

HUB International is dedicated to maintaining and upholding the highest standards of ethical conduct and integrity in all of our dealings with you, our client. We want to be your trusted risk advisor, and as such, we need to earn your confidence. So, we are making a promise. We call it The HUB Advantage. Our mission is to make the advantage yours – and this is our commitment. We take our responsibility to our customers very seriously. As part of this commitment, we pay attention to the day-to-day details, always available and you

stay informed. If at any time you feel that we are not fulfilling your expectations – that we are not meeting our Client Commitment – please contact your account executive or call our toll-free client hotline at 1-866-857-4073, and your concerns will be addressed as soon as possible.

10. Describe your firm’s experience with labor contract negotiations, as well as with a joint labor/management task force or committee.

Lee Exton has extensive experience working with labor contract negotiations of other organizations. In fact, when he worked on the County of Fresno account, he encouraged open communication and education with the labor groups (such as SEIU). Helping labor groups understand existing challenges faced by healthcare and other benefit programs can lead to a stronger working relationship between management and the unions.

The team assigned to the County has extensive experience in supporting public agencies’ labor negotiations and labor/management benefit committees.

As a specific example, with the **County of Kern** we collaborated with labor representatives to develop alternatives to the benefit plan structure to provide more affordable options while maintaining the financial viability of the plan.

Additionally, with the assistance of a clinical pharmacist, the labor representatives supported changes to the County’s prescription drug formulary that **resulted in plan savings of approximately \$1,000,000**.

For the **County of Stanislaus**, we were instrumental in ongoing engagement with County labor groups in the transition from an insured program to a self-funded plan. These changes are outlined in detail in the attached case study.

In all cases, we have provided actuarial and underwriting support and legal guidance to both labor and management regarding plan changes under negotiation.

11. Describe your firm’s experience and expertise with the Patient Protection and Affordable Care Act (ACA). How have you provided assistance to your clients in monitoring compliance with the ACA?

When at a prior firm, Lee was appointed by senior management to develop the ACA pricing tool that came to be used across the organization. Lee has a strong programming background and understands the many intricacies of the ACA requirements. He has also developed compliance calendars and tools for his clients to keep them abreast of the many requirements and emerging legislation.

Regulations like the Affordable Care Act have an outsize impact on organizations. HUB’s account teams are keenly aware of the risks of not being compliant and provide education around remaining fully compliant with current benefit laws. Beginning in the Strategic Planning phase, our Compliance Team will engage in a review to identify potential gaps in your current plan compliance as well as compliance issues that are important to you.

Our compliance team is experienced with the implications of the Affordable Care Act and regularly consults with employers on these matters including employee classification under the ACA; measurement, administrative and stability periods; offers of coverage; changes in employee status; and ACA reporting. We recognize that every employer has a unique population and thus faces unique issues related to ACA compliance. Our goal is to help formulate a tailored solution that is the best fit for your population and needs of your business. HUB’s Compliance Team also provides blog posts, webinars, and to-your-inbox bulletins that address any ACA legislation changes.

When it comes to **Health Plan Compliance and Regulatory Expertise**, included on your core account team is HUB’s Chief Compliance Officer, Pacific Region, Liliana Salazar, JD. Liliana has more than 20 years of experience in addressing the compliance and regulatory needs of employers as well as their group health plans. She has counseled our clients on the benefits and challenges that the ACA and other benefits compliance presents.



She has actively worked with carriers and clients in ensuring their compliance with the HIPAA Privacy, Security, and HITECH Act rules, GASB 45 obligations, and the Patient Protection and Affordable Care Act (PPACA or ACA). She is also a regular speaker at national and state conferences. Liliana is available to consult directly with County of Fresno to address a variety of compliance needs. Her services include:

- ACA Consulting
- ERISA Consulting
- HIPAA Consulting
- FMLA Consulting
- Compliance Audits
- Best-in-Class Briefs and Tools
- Annual Legal Update Workshop

Additionally, because HUB places a heavy focus on compliance, with a team of 10 in-house ERISA and compliance attorneys, we will guide County of Fresno in all compliance related matters.

## A Note on HIPAA

As it relates to the Broker responsibilities, HUB International is steadfast with respect to HIPAA compliance including a safe, secure physical environment for client files, commitment to a “clean desk policy,” and locking file cabinets for storing physical documents. All electronic communication and documents are sent securely. Files are audited on a regular basis to assure our procedures are followed appropriately. All staff members receive annual HIPAA training, and each HUB office has an appointed HIPAA Compliance Officer on site.

We also require each of our clients to enter into a Business Associates Agreement at the beginning of our relationship to ensure that we are properly afforded authority to handle personal health information (PHI) on behalf of their health plans and members. The stipulations in this agreement hold our firm to the utmost liability to ensure that all PHI is guarded and that HIPAA regulations are followed. In the event of a breach, this document protects your team against any potential liability.

12. Detail your ability to monitor regulatory and legislative developments at both the state and federal level as well as how your firm alerts clients of changes and assists in compliance. Describe or provide examples of these communications.

HUB clients are regularly updated on legislative and regulatory developments through a robust offering of in person seminars, webinars and written communications. HUB services teams and our Regional Chief Compliance Officer are available to discuss compliance concerns as they relate to your internal processes and procedures as well as how impending changes could impact your organization. Our Regional Chief Compliance Officer is available via email or phone to consult on compliance matters. Below please find links to recent written communications that have been included in our monthly In Compliance newsletter.

<https://www.hubinternational.com/products/employee-benefits/compliance-bulletins/2020/03/coronavirus-testing-coverage/>

<https://www.hubinternational.com/products/employee-benefits/compliance-bulletins/2020/03/texas-v-california-challenging-aca/>

<https://www.hubinternational.com/products/employee-benefits/compliance-bulletins/2020/04/medicare-part-d-creditable-coverage-2021/>

HUB will conduct a compliance audit with your team and advise you on updates, changes and where there may be gaps in plan or communication compliance. On a regular basis, we provide timely, accurate updates on a wide range of legislative and regulatory issues so you can respond quickly to new developments. Your

Benefit Consultant will meet with your HR team face-to-face to review legislation that affects your health plan. As a HUB client, you will be kept well-informed on state, regional and national trends in benefit plan design and administration.

13. Describe your firm's legal research capabilities and ability to provide legal opinions. Does your firm have access to a benefits attorney who could render opinions to the County?

HUB International is not licensed to practice law. We are, however, able to provide guidance based on our reading of rules and regulations. In the large majority of cases, engaging outside legal counsel is not necessary. From time-to-time, we obtain opinions from outside legal counsel. They would bill the County directly for such services. We have access to legal counsel outside of our firm to which we could refer the County.

Additionally, HUB's internal compliance team is headed by experienced, in-house ERISA attorneys, and provides you with education around establishing a compliant platform as well as maintaining the good standing of your employee benefit programs.

Your **HUB Chief Compliance Officer** will be assigned to work with County of Fresno, and the following services will be available to you:

- One-on-one consultation
- Seminars and webinars
- Proprietary HUB Compliance Navigator tool provides you a comprehensive reference guide with annual timelines tailored to your specific plan
- Online COVID-19 Resource Center which includes a library of guidance on COVID-19 available 24/7. Get access to the latest updates and information whenever you need
- Timely, accurate updates on a wide range of legislative and regulatory issues including but not limited to PPACA, ERISA, COBRA, HIPAA, FLMA, CFRA, ADA, Medicare, and IRS rules. As a client, you will be automatically subscribed to our email
- External compliance resources to supplement state compliance issues
- Legal review (and update if necessary) of legally mandated plan documents and materials
- Compliance audit of Regulations imposed by DOL, ERISA, HHS, IRS, among others
- Review of employee manual to ensure all policies and procedures are in compliance
- Review contracts, employee policies, administration and communications of compliance practices
- A review of plan operations to ensure compliance with plan documents and applicable employee benefits regulations such as Section 125 and ERISA

14. Tell us how you monitor and report on provider performance. Provide a sample of provider performance reports your firm has completed for current clients.

This question could be answered in a couple of ways. **The first**, the utilization of services the provider is offering. We summarize utilization and claim reports so that the information is easy to understand and provides guidance for future decision-making. **The second** is through **performance guarantees**.

In addition to utilization reporting, we believe it's important to maintain performance guarantees with each of the vendors. Under the performance guarantee – is to hold an annual vendor performance summit. This could be conducted virtually. During this discussion, key objectives regarding the performance of customer service will be highlighted, and expectations made very clear to all participants. On a quarterly basis, we review each vendor's performance against mutually agreed upon measurements. Falling short of established targets ideally results in a performance guarantee payment back to you, the plan sponsor. *(Please see our Reporting*

*sample(s) in the Appendix.)*

Throughout the year, our team keeps a close watch on your claims data, ensuring that your leadership and human resources teams are consistently informed on the current utilization of your employees. During our monthly touchpoint meetings and at our strategic planning meeting, we review with your team potential opportunities for employee education and improvement on overall utilization including midyear telehealth promotional materials, wellness campaigns, reminders about urgent care centers and generic alternatives, etc. We provide client-tailored reporting packages on a monthly basis that would include the following:

- High level cost illustration of claims paid versus premium paid
- Monitoring of HUB's recommended accrual/funding rates for self-insured plans
- Cost utilization by service type; identifying areas of potential exposure and providing recommendations to address potential over-utilization
- Pharmacy utilization analysis
- Provider discount analysis – actual vs. promised

Additionally, we will assist you with employee claim interpretations and adjudication of specific claims when requested, including contacting the carrier and utilizing our leverage to escalate service issues regarding out-of-network providers and maximizing discounts through active involvement in large claims.

Our account management team will provide you the following support:

- Serve as a liaison between the client and all insurance companies/vendors
- Monitor administrative process and assist in the smooth resolution of elevated issues
- Act as an employee/employer advocate in the resolution of ongoing claims issues
- Monitor vendor goals and performance and report findings at quarterly meetings
- Review plan performance as directed
- Review and provide guidance on diagnostic data
- Identify and monitor potential catastrophic claims and review large claims management activity
- Support with ongoing management of COBRA, FSA and HSA administration

We not only act in a support function, but we proactively reach out to you regularly to ensure that vendors are meeting your needs. HUB will manage and measure each vendor's performance against baseline outcomes and normative-adjusted data. For example, we will measure operational results, clinical outcomes, financial controls, claims, member services, and quality of services, among other key areas. Some of the measures will come from external sources; however, most can be obtained from your claims data, if available. As part of this process, HUB will perform the following:

- Manage vendor relationships in a manner that promotes a spirit of collaboration and partnership
- Advise and communicate with you on vendor issues
- Negotiate performance guarantees, fees at risk, and performance measurements
- Conduct site visits with vendor finalists, where appropriate
- Provide project management oversight in the implementation of any new programs, systems, vendors, and processes
- Communicate with appropriate parties to ensure that all involved entities are kept fully informed.

15. Discuss your firm's experience conducting RFP/RFQ processes for health, voluntary/ancillary insurance (life, disability and other benefits, such as critical illness insurance) carriers, as well as

employee assistance program (“EAP”) and flexible spending account (“FSA”) administrators. Please provide a sample RFP/RFQ for each benefit type. In the table below, state how many RFP projects for these providers/services your firm completed in 2018, 2019, and 2020.

Given the size of HUB International, our total number of RFPs and RFQs performed are in the tens of thousands, so the below table is an estimate of company-wide RFP/RFQ activity.

RFP/RFQ Type	2018	2019	2020
Health Insurance	25,000+	25,000+	25,000+
Voluntary/Ancillary	5,000+	5,000+	5,000+
EAP Provider	5,000+	5,000+	5,000+
FSA Administrator	5,000+	5,000+	5,000+

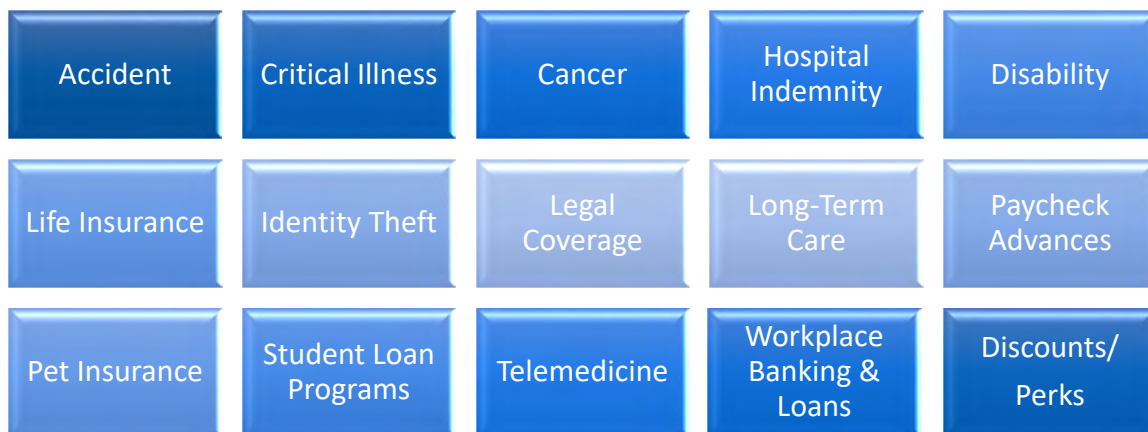
We send out 300+ RFPs for Voluntary Benefits for clients/prospects **in the state of California** every year. We are carrier agnostic and tailor our requests to vendors that would provide

- a) the client with a smooth implementation process, are compatible with existing technology and leverage discounting where applicable, and
- b) provide the member with the most competitive plans considering benefits, pricing, and tools/resources to simplify the claims process.

A sample of our vendor RFQ/RFP template used in these cases is included in the Appendix.

HUB will assist you in leveraging voluntary benefits to enhance employee wellbeing and meet your benefits objectives with offerings that support the full spectrum of an employee’s financial, physical and mental needs.

Your Account Team includes **Heather Garbers, a Certified Voluntary Benefit Specialist (CVBS)** and an Executive Member of the National Advisory Board for the Voluntary Benefits Association. Her carrier agnostic strategy allows us to truly partner clients with the best fit for their and their employees’ needs.



16. Does your firm have a conflict-of-interest policy? If so, please provide a copy. Also, please describe any conflicts that have arisen within the firm and how they were resolved.

As stated in **Section IV**, the following is our HUB Conflict of Interest Statement, as HUB International's Code of Ethics includes this statement regarding Conflicts of Interest.

## Required Business Conduct of Directors, Officers and Employees

Conflicts of Interest. Each director, officer and employee must not engage in any activity that could create a conflict of interest, or the appearance of one, between such director, officer or employee and HUB. A conflict of interest occurs when an individual's private interests interfere in any way, or even appear to interfere, with the interest of HUB. A conflict of interest can arise when a director, officer or employee takes action or has an interest that may make it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when a director, officer, employee or family member is in a position to receive improper personal benefits as a result of his or her relationship with HUB. Each director, officer and employee are expected to avoid any outside activity, financial interest or relationship that may present a possible conflict of interest or the appearance of a conflict. Each director, officer and employee are required to disclose any conflict of interest. These disclosures should be made to such officer's, or employee's, manager or the Legal Department and, in the case of a director, to the Legal Department. While it is not feasible to specify all the activities that may give rise to a conflict of interest, or the appearance of one, the follow are some rules regarding specific areas where such conflict might occur. These rules are not exhaustive and do not limit the generality of the conflict-of-interest policy.

17. If your firm proposes to offset its fees through commissions on voluntary insurance products, discuss how your method of compensation will be transparent and reported to the County. How frequently will your firm report its commission-based revenue to the County?

HUB International is happy to report any commissions to the County in any way satisfactory to the County. We recommend that we report that information from all lines of coverage on a quarterly basis. We have provided approaches for your Fee Options 1 and 2 which provide transparency regarding commission received.

18. By submitting a response, you agree to all of the County specifications in this RFP.

HUB International fully agrees with all of the County specifications in this RFP.

## XII. COST PROPOSAL

The County of Fresno is seeking Cost Proposals under Option 1 and Option 2 below. While the County prefers Option 1 since it provides maximum transparency and minimizes conflicts of interest, the County will consider Cost Proposals under Option 2.

Under both options, the County is requesting the prospective bidder to outline performance guarantees and the penalties associated with failure to meet such guarantees.

HUB is agreeable to using Option 1 or Option 2.

Please note that in Section G, we provide our analysis-based estimate for how the Voluntary products commissions may currently be paid.

### Option 1 – Annual Consulting Fees where Commissions from both Ancillary and Voluntary Insurance Products are credited to the County.

Under this Option, any/all commissions on all benefits offered to County employees – whether employer- or employee-paid – will be credited back to the County in order to offset consulting fees.

- A. Provide the annual flat fee retainer to provide consultant services to the County as described in the Scope of Work.

This flat fee is outlined in the table in B, below.

- B. In the table below, provide the annual flat fee to provide the services described in the Scope of Work, for each year of the contract, based on a three (3) year contract term with two one (1) year renewals.

Contract Year:	1	2	3	4	5
Annual Fee:	\$125,000	\$128,000	\$131,000	\$134,000	\$137,000

- C. If there is an additional fee to administer the RFP/RFQ processes for the County’s Flexible Spending Account Administrator and/or EAP Provider, pursuant to Section II.1 of Part B of the Scope of Work, please state that cost.

The administration of the RFP/RFQ processes is included. There is no additional fee.

- D. Outline any and all performance guarantees and the monetary or other penalties associated with failure to meet such guarantees. In particular, failure to meet deadlines on projects, such as the bid solicitation process, are of significant concern to the County.

We are willing to discuss establishing mutually agreed upon performance guarantees tied to those factors which are most important to the County.

- E. List all possible administrative charges that would not be included in the flat rate fee structure.

It is our intent for the services that we provide to be as comprehensive as possible. If there are additional services outside of the scope of our proposal that could possibly incur an additional cost, we would discuss what that might be with you. In our experience, we rarely need to assess a charge above the fees that we charge. Our clients like to say it’s a one stop shopping experience.

### Option 2 – Annual Consulting Fees where Commissions from Voluntary Insurance Products are credited to the Consultant; commissions from Ancillary (Employer-paid) benefits are credited to the County.

Under this Option –

- Commissions on employee-paid benefits placed by Consultant or for which Consultant is Broker of Record, are credited to Consultant; and
  - Commissions on County-paid benefits will be credited back to the County in order to offset consulting fees.
  - To provide for maximum transparency under this Option 2 –
    - All commissions received by the Consultant must be disclosed to the County; and
    - The County prefers a cap on the amount of annual compensation (County-paid fees + commissions) that the consultant may receive.
- A. Provide the annual flat fee retainer to provide consultant services to the County as described in the Scope of Work.
- B. In the table below, provide the annual flat fee to provide the services described in the Scope of Work, for each year of the contract, based on a three (3) year contract term with two one (1) year renewals.

Contract Year:	1	2	3	4	5
Annual Fee:	\$125,000 Less any commissions received by HUB	\$128,000 Less any commissions received by HUB	\$131,000 Less any commissions received by HUB	\$134,000 Less any commissions received by HUB	\$137,000 Less any commissions received by HUB

If the commissions we receive exceed our fees, we can refund the difference to the County, or you can use those fees to pay for additional vendor services. Sometimes fees like these are used to pay for compensation consulting from our Total Rewards Practice, enhanced Wellness Benefits, and even offering additional benefit coverage through the plan.

- C. If there is an additional fee to administer the RFP/RFQ processes for the County’s Flexible Spending Account Administrator and/or EAP Provider, pursuant to Part B, Section II.1 of the Scope of Work, please state that cost.

The administration of the RFP/RFQ processes is included. There is no additional fee.

- D. Identify any and all potential commissions associated with the voluntary, employee-paid policies and describe how these commissions will offset your annual fee. For example, what percentage of fees will be offset by commissions?

Any and all commissions associated with the voluntary and employee-paid policies will directly offset the annual fee on a dollar-for-dollar basis. It’s possible that commissions generated from these lines of coverage could offset 100% of the fees.

- E. Outline any and all performance guarantees and the monetary or other penalties associated with failure to meet such guarantees. In particular, failure to meet deadlines on projects, such as the bid solicitation process, are of significant concern to the County.

We are willing to discuss establishing mutually agreed upon performance guarantees tied to those factors which are most important to the County. Including failure to meet deadlines on projects. For instance, we may be willing to put 10% of our fees at risk in a performance guarantee situation.

- F. List all possible administrative charges that would not be included in the flat rate fee structure.

It is our intent for the services that we provide to be as comprehensive as possible. If there are additional services outside of the scope of our proposal that could possibly incur an additional cost, we would discuss



what that might be with you. In our experience, we rarely need to assess a charge above the fees that we charge. Our clients like to say it's a one stop shopping experience.

G. Current annual commissions from employee-paid insurance policies. Please note that there is not enough data on the Accident, Critical Illness, and Hospital Confinement insurance policies to provide meaningful commission information.

(a) Term Life (Voya/ReliaStar): Approximately \$40,000 per year.

(b) Personal Property Insurance (Liberty Mutual): Approximately \$12,000 per year.

H. Future commissions from the employee-paid insurance policies may be reassigned as follows:

(a) Term Life (Voya/ReliaStar): 10% of premiums paid, calculated monthly

(b) Accident (Voya/ReliaStar): 15% of premiums paid, calculated monthly

(c) Critical Illness (Voya/ReliaStar): 15% of premiums paid, calculated monthly

(d) Hospital Confinement (Voya/ReliaStar): 15% of premiums paid, calculated monthly

(e) Personal Property Insurance (Liberty Mutual):

i) New Business: 3% for payroll-deducted premiums and 2% for non-payroll-deducted premiums

ii) Existing Business: 2% for payroll-deducted premiums and 1% for non-payroll-deducted premiums

We used statistical information from various sources including the **Employee Benefits Research Institute** to estimate the commission dollars being paid for each of your Voluntary lines of coverage. Below is a table depicting our analysis results.

	Enrolled(1)	% of Pop(1)	EBRI % of Pop Benchmark	% Below Benchmark(2)	Annual Premium (1)	Commission %	Est Annual Commission	Range Vs Projection
<b>Term Life - Employee</b>	2,070	32%	71%	-54%	\$ 487,767	10%	\$ 48,777	
<b>Term Life - Spouse</b>	854	13%			\$ 109,332	10%	\$ 10,933	
<b>Term Life - Child</b>	1,099	17%			\$ 18,463	10%	\$ 1,846	
<b>Accident</b>	299	5%	41%	-89%	\$ 41,911	15%	\$ 6,287	
<b>Critical Illness</b>	318	5%	28%	-82%	\$ 79,426	15%	\$ 11,914	
<b>Hospital Confinement</b>	183	3%	20%	-86%	\$ 56,238	15%	\$ 8,436	
<b>Personal Property</b>	676	11%			\$ 1,839,122	2.5%	\$ 45,978	
<b>A) Estimated Total Voluntary Benefits Annual Commissions</b>							<b>\$ 134,171</b>	
<b>B) Annual Consulting Fees</b>							<b>\$ 59,000</b>	
<b>A + B) Estimated Combined Annual Voluntary Benefit Commissions and Consulting Fees</b>							<b>\$ 193,171</b>	
<b>ESTIMATED ANNUAL CONSULTING FEES PLUS COMMISSIONS RANGE</b>						<b>LOW</b>	<b>\$ 155,000</b>	<b>-20%</b>
						<b>HIGH</b>	<b>\$ 212,000</b>	<b>10%</b>

(2) Based on EBRI Statistics enrollment in these products is significantly below benchmark. We can help you increase enrollment.

HUB Proposal vs. estimate of current fees + commission	HUB 1st Year	Current Fees + Commission Estimate	Difference
Consulting Fee	\$125,000	\$ 59,000	
Retained Commission Estimate	\$0	\$ 134,171	
<b>Combined</b>	<b>\$125,000</b>	<b>\$ 193,171</b>	<b>(\$68,171)</b>

(1) From RFP Exhibit B Enrollment & Premium summary



### XIII. CHECK LIST

This Checklist is provided to assist vendors in the preparation of their RFP response. Included are important requirements the bidder is responsible to submit with the RFP package in order to make the RFP compliant.

Check off each of the following (if applicable):

1.   X   Signed *cover page* of Request for Proposal (RFP).
2.   X   Check <http://www.FresnoCountyCA.gov/departments/internal-services/purchasing/bid-opportunities> for any addenda.
3.   X   Signed cover page of each *Addendum*.
4.   X   Provide a Conflict-of-Interest Statement.
5.   X   Signed *Trade Secret Form* as provided with this RFP (Trade Secret Information, if provided, must be electronically submitted in a separate PDF file and marked as Confidential).
6.   X   Signed *Criminal History Disclosure Form* as provided with this RFP.
7.   X   Signed *Participation Form* as provided with this RFP.
8.   X   The completed *Reference List* as provided with this RFP.
9.   X   Complete 5-year Cost Proposal.
10.   X   Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP.

**Return Checklist with your RFP response**



# Business License & Certificates of Insurance Coverage

Per II. A. Page 4

# California Department of Insurance

## HUB INTERNATIONAL INSURANCE SERVICES INC

License# 0757776

- |  |  |
|--|--|
| <p>OBA: ALGENTIS INSURANCE SERVICES</p> <p>OBA: AXEUA INSURANCE SERVICES</p> <p>OBA: BYARS PERSONAL SERVICES</p> <p>OBA: CCI FINANCIAL &amp; INSURANCE SOLUTIONS</p> <p>OBA: CXCJ TOF INSURANCE ASSOCIATES</p> <p>OBA: &amp; ASSOCIATES INSURANCE AGENCY</p> <p>OBA: DER MANOUEL INSURANCE &amp; FINANCIAL SERVICES</p> <p>OBA: DIVERSIFIED RISK INSURANCE BROKERS</p> <p>OBA: EMPLOYERS RESOURCES GROUP FINANCIAL &amp; INSURANCE SERVICES</p> <p>OBA: FAS-EBA INSURANCE SERVICES</p> <p>OBA: FOSTER &amp; PARKER INSURANCE AGENCY</p> <p>OBA: G.P. BARICHINSKY</p> <p>DBA: HEALTH CARE CONFIDENTIAL INSURANCE SERVICES</p> <p>OBA: HUB INTERNATIONAL INSURANCE SERVICES</p> <p>OBA: NIANO SECURITY SOLUTIONS &amp; INSURANCE SERVICES</p> <p>OBA: JOHN O. BRONSON CO, INC.</p> <p>OBA: KUPEMAN INSURANCE SERVICES</p> <p>OBA: LAWSON-HAWKS INSURANCE AGENCY</p> <p>OBA: USSC FINANCIAL SERVICES</p> <p>OBA: MARRS MADDOCKS &amp; ASSOCIATES INSURANCE SERVICES</p> <p>OBA: MONTEREY INSURANCE AGENCIES</p> <p>OBA: PATRIOT INSURANCE SERVICES, INC.</p> <p>OBA: PICTURES, ASSOCIATES INSURANCE AGENCY</p> <p>OBA: RIVIERA INSURANCE SERVICES</p> <p>OBA: SEE GAT BENEFITS &amp; INSURANCE SERVICES</p> <p>OBA: SIX FIRST INSURANCE SERVICES</p> <p>OBA: SNEET &amp; SAXER INSURANCE SERVICES</p> <p>OBA: TEVIS INSURANCE SOLUTIONS</p> <p>OBA: WHORTON KILIPERMAN INSURANCE SERVICES</p> | <p>OBA: AARON INSURANCE SERVICES</p> <p>OBA: 81 AFFILIATE INSURANCE AGENCY</p> <p>OBA: CALIFORNIA COASTAL INSURANCE</p> <p>OBA: CITY INSURANCE SERVICES</p> <p>OBA: COSTA BROTHERS &amp; SONS INSURANCE BROKERS</p> <p>OBA: DAVIS &amp; GINSBERG ANCE SERVICES</p> <p>OBA: DESERT EMPIRE INSURANCE SERVICES</p> <p>OBA: ELKINS-JONES INSURANCE AGENCY</p> <p>OBA: EQUITABLE RISK PARTNERS SERVICES</p> <p>OBA: FORT PONT INSURANCE SERVICES</p> <p>OBA: FRAMBERGER EMPLOYEE BENEFITS AND INSURANCE SERVICES</p> <p>OBA: GUNWATER EVERGREEN INSURANCE SERVICES</p> <p>OBA: HUB INSURANCE SERVICES</p> <p>DBA: HUB INTERNATIONAL INSURANCE SERVICES</p> <p>OBA: INTERSTATE INSURANCE SOLUTIONS</p> <p>OBA: JOHNSON &amp; VICO INSURANCE SERVICES</p> <p>OBA: LAURENCE INSURANCE SERVICES</p> <p>OBA: LAWSON-KAUFMAN INSURANCE ASSOCIATES</p> <p>OBA: MARK D. FREDRICKSON INSURANCE SERVICES</p> <p>OBA: MOFFATT, NEW INSURANCE SERVICES</p> <p>OBA: MORENO VUEY INSURANCE</p> <p>DBA: PETERSON, MANEY INSURANCE SERVICES, INC.</p> <p>OBA: RAHRENS INSURANCE</p> <p>OBA: SANJER A. KESSLER &amp; ASSOCIATES INC.</p> <p>OBA: SIXES DUNCAN &amp; ASSOCIATES INSURANCE SERVICES, INC.</p> <p>OBA: SPECTRA MANAGEMENT INSURANCE SERVICES</p> <p>OBA: TECIS INSURANCE SERVICES</p> <p>DBA: VICENC &amp; BUCKLEY INSURANCE SERVICES</p> |
|--|--|

In accordance to the requirements of the State of California Insurance Code,  
**HUB INTERNATIONAL INSURANCE SERVICES INC.** is authorized to act in the following capacity:

**License**  
**Resident Insurance Producer**  
**Qualifications**  
 Rica, [Signature] / [Address]

**Effective Date**  
 01/03/1989  
  
 01/03/1989



**Expiration Date**  
 01/31/2028





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2021

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

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

<b>PRODUCER</b> Hub International Northeast Limited -NY 1065 Avenue of the Americas/ 5 Bryant Park New York NY 10018	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 212-338-2000		<b>FAX (A/C. No.):</b> 212-338-2100
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Zurich American Insurance Company			16535
<b>INSURER B:</b> Fireman's Fund Insurance Company			21873
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 1355048266

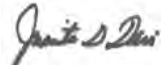
REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLO5472010-08	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Host Liquor Liab. \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP5472012-08	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USL00670220U	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2020

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

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

<b>PRODUCER</b> HUB International Midwest Limited 55 East Jackson Boulevard Chicago IL 60604	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 312-922-5000	<b>FAX (A/C, No):</b> 866-748-9821
	<b>E-MAIL ADDRESS:</b> CSUChicago@hubinternational.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Indian Harbor Insurance Company		36940
<b>INSURED</b> Hub International Limited 300 N. LaSalle St 17th Floor Chicago IL 60654	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1624772175

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber Liability-Primary			MTP9034206 04	11/15/2020	11/15/2021	\$10,000,000 \$100,000 Retention

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

Coverage: Excess Cyber Liability  
 Insurer: Liberty Surplus Insurance  
 NAIC: 10725  
 Policy No: EO5CHABWUDH002  
 Policy Term: 11/15/20 to 11/15/21  
 Limit: \$10,000,000 excess of \$10,000,000

Coverage: Excess Cyber Liability  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance

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

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY HUB International Midwest Limited		NAMED INSURED Hub International Limited 300 N. LaSalle St 17th Floor Chicago IL 60654	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Insurer: Endurance American  
NAIC: 10641  
Policy No. PRX10010198404  
Policy Term: 11/15/20 to 11/15/21  
Limit: \$10,000,000 excess \$20,000,000

Coverage: Excess Cyber Liability  
Insurer: Berkley Assurance Co.  
NAIC: 39462  
Policy No. BCRS2-2000119-01  
Policy Term: 11/15/20 to 11/15/21  
Limit: \$10,000,000 excess \$30,000,000

Coverage: Excess Cyber Liability  
Insurer: Scottsdale Insurance Company  
NAIC: 41297  
Policy No. XMS2001452  
Policy Term: 11/15/20 to 11/15/21  
Limit: \$10,000,000 excess \$40,000,000





# Annual Renewal Project Timeline Detail

Per X. Vendor Company Data, A., Page 19

<b>Client:</b>	Fresno County	Current Date:			3/22/21
<b>Employee Benefits - Proposed Project Timeline</b>		<b>Start Date</b>	<b>Target End Date</b>	<b>Completion Date</b>	<b>Responsibility - FRESNO / HUB</b>
<b>1 Planning Phase</b>					
<input type="checkbox"/>	Submit Proposal	3/23/21	3/23/21		HUB
<input type="checkbox"/>	Notification that HUB is selected as finalist	April	April		FRESNO
<input type="checkbox"/>	Proposal Final Presentation	April	April		HUB/FRESNO
<input type="checkbox"/>	Notification that HUB is selected	June	July		HUB
<input type="checkbox"/>	Introduce Team Members	April	April		HUB/FRESNO
<input type="checkbox"/>	Release Broker of Record Letter to all Parties	July	July		HUB
<input type="checkbox"/>	Share Organization Contacts	April	July		HUB/FRESNO
<input type="checkbox"/>	Furnish List of all Coverage Lines & Vendors	March	March		FRESNO
<input type="checkbox"/>	Determine Strategic Objectives	April	June		HUB/FRESNO
<input type="checkbox"/>	Benefit Administration Platform - Implementation Timeline	April	June		FRESNO
<input type="checkbox"/>	Annual Meeting Schedule	April	July		HUB/FRESNO
<input type="checkbox"/>	Finalize Plan Timetable	June	July		HUB/FRESNO
<b>2 Information Gathering</b>					
<input type="checkbox"/>	Review Historical Information	March	June		HUB
<input type="checkbox"/>	Request Missing Information	June	June		HUB
<input type="checkbox"/>	- Historical claims data	June	June		HUB
<input type="checkbox"/>	- Summary Plan Descriptions	June	June		HUB
<input type="checkbox"/>	- Master Plan Document and Amendments	June	June		HUB
<input type="checkbox"/>	- Rate, benefit and financial history	June	June		HUB
<input type="checkbox"/>	Census Data: Employees & Retirees	June	July		HUB
<input type="checkbox"/>	Request Updated Claims, Contracts, Rates From Carriers	June	July		HUB
<b>3 Discuss Potential Plan Design Changes</b>					
<input type="checkbox"/>	Conduct Claims & Utilization Analysis	June	June		HUB
<input type="checkbox"/>	Evaluate Analysis Findings	June	July		HUB
<input type="checkbox"/>	Evaluate Current Plan Design Offerings	June	July		HUB
<input type="checkbox"/>	Discuss Potential Changes	June	July		HUB/FRESNO
<input type="checkbox"/>	- Pharmacy Benefit Administration	June	July		HUB/FRESNO
<input type="checkbox"/>	- Centers of Excellence	June	July		HUB/FRESNO
<input type="checkbox"/>	- Examine Cost-Cutting Measures	June	July		HUB/FRESNO
<input type="checkbox"/>	- Discuss Employee & Employer Contributions	June	July		HUB/FRESNO
<input type="checkbox"/>	- Voluntary Benefits	June	July		HUB/FRESNO
<input type="checkbox"/>	- Wellness	June	July		HUB/FRESNO
<input type="checkbox"/>	Final Decision on Plan Designs	August	August		FRESNO
<input type="checkbox"/>	Update Relevant Plan Documents	August	September		HUB
<b>4 Develop Vendor Bid Specifications</b>					
<input type="checkbox"/>	Inventory Current Services Provided	March	June		HUB
<input type="checkbox"/>	Review Contractual Obligations of Current Vendors	March	June		HUB
<input type="checkbox"/>	Discuss Desired Vendor Services and Create List	March	June		HUB
<input type="checkbox"/>	- Life/AD&D	March	June		HUB
<input type="checkbox"/>	- Disability	March	June		HUB
<input type="checkbox"/>	- Medical	March	June		HUB
<input type="checkbox"/>	- Dental	March	June		HUB
<input type="checkbox"/>	- Vision	March	June		HUB
<input type="checkbox"/>	- Prescription Drug	March	June		HUB
<input type="checkbox"/>	- Critical Illness, Hospital & Accident	March	June		HUB
<input type="checkbox"/>	Prepare final specifications & Select Vendors	June	July		HUB
<b>5 Request for Proposal (RFP)</b>					
<input type="checkbox"/>	Send RFP	7/5/21	7/5/21		HUB
<input type="checkbox"/>	Healthcare Organizations as Alternative to SJVIA	July	July		HUB
<input type="checkbox"/>	Retiree Benefits: Anthem HDHP, United American, Kaiser High & Low	July	July		HUB
<input type="checkbox"/>	Employer & Employee Paid Life	July	July		HUB
<input type="checkbox"/>	Employee Assistance Program	July	July		HUB

<b>Client:</b>	Fresno County	Current Date:			3/22/21
Employee Benefits - Proposed Project Timeline		Start Date	Target End Date	Completion Date	Responsibility - FRESNO / HUB
<input type="checkbox"/>	Request SJVIA Renewal	July	July		HUB
<input type="checkbox"/>	Wellness Plan Components	July	July		HUB
<input type="checkbox"/>	Answer Vendor Questions	7/12/21	7/12/21		HUB
<input type="checkbox"/>	Receive Proposals	7/26/21	7/26/21		VENDORS
<b>6</b>	<b>Vendor Selection</b>				
<input type="checkbox"/>	Conduct Review of SJVIA Renewal: Rates & Plan Design	July/August	July/August		HUB
<input type="checkbox"/>	Request Updated Firm Proposals	8/5/21	8/12/21		HUB
<input type="checkbox"/>	Conduct Reference Checks	8/12/21	8/12/21		HUB
<input type="checkbox"/>	Evaluate Final Proposals	8/12/21	8/19/21		HUB
<input type="checkbox"/>	Develop Report & Recommendations Regarding Finalists	8/19/21	8/21/21		HUB
<input type="checkbox"/>	Conduct Rate Negotiations	August	August		HUB
<input type="checkbox"/>	Review contracts of finalists	August	August		HUB
<input type="checkbox"/>	Negotiate Contractual Provisions / Performance Guarantees	August	August		HUB
<input type="checkbox"/>	Select Successful Bidders	8/26/21	8/26/21		FRESNO
<b>7</b>	<b>Open Enrollment</b>				
<input type="checkbox"/>	Evaluate Past Open Enrollments; Identify Areas to Improve	July	August		HUB/FRESNO
<input type="checkbox"/>	Discuss Ideas to Improve Enrollment Process: Both HR & Employees	July	August		HUB/FRESNO
<input type="checkbox"/>	Develop Enrollment Plan and Timeline	July	August		HUB/FRESNO
<input type="checkbox"/>	Plan Employee Communications	July	August		HUB/FRESNO
<input type="checkbox"/>	- Benefits meeting(s)	July	August		HUB/FRESNO
<input type="checkbox"/>	- Communication Strategies for Employees Prior To and During OE	July	August		HUB/FRESNO
<input type="checkbox"/>	- Provide Plan Documents and Benefits Summaries to Employees	July	August		HUB/FRESNO
<input type="checkbox"/>	Conduct Open Enrollment (2 Weeks)	10/18/21	10/18/21		FRESNO
<b>8</b>	<b>Employee Communications</b>				
<input type="checkbox"/>	Review Prior/Current Communications	March	July		HUB
<input type="checkbox"/>	Discuss Where Communication is Lacking	April	July		HUB/FRESNO
<input type="checkbox"/>	If Necessary Develop New Communication Plan - To Include:	July	August		HUB
<input type="checkbox"/>	- Health and wellness materials	July	August		HUB
<input type="checkbox"/>	- Benefits education	July	August		HUB
<input type="checkbox"/>	- Health care consumerism education	July	August		HUB
<input type="checkbox"/>	Review Communications	July	August		FRESNO
<input type="checkbox"/>	Sign Off on Communications	July	August		FRESNO
<b>9</b>	<b>Compliance</b>				
<input type="checkbox"/>	Discuss Any Hurdles or Concerns With Compliance	July	August		HUB/FRESNO
<input type="checkbox"/>	- Employee Benefits Regulations and Laws	July	August		HUB/FRESNO
<input type="checkbox"/>	- Employment Laws	July	August		HUB/FRESNO
<input type="checkbox"/>	- Health Care Reform	July	August		HUB/FRESNO
<input type="checkbox"/>	- Retirement Benefits	July	August		HUB/FRESNO
<input type="checkbox"/>	- Wellness Plan	July	August		HUB/FRESNO
<input type="checkbox"/>	- State-Specific Compliance	July	August		HUB/FRESNO
<input type="checkbox"/>	Create a plan for addressing these compliance challenges	July	August		HUB
<b>10</b>	<b>Reporting</b>				
<input type="checkbox"/>	Discuss Reporting Needs	April	July		HUB/FRESNO
<input type="checkbox"/>	- Changes / Enhancements	April	July		HUB/FRESNO
<input type="checkbox"/>	- Timing	April	July		HUB/FRESNO
<b>11</b>	<b>Wellness</b>				
<input type="checkbox"/>	Coordinate Wellness Challenges	Year Round	Year Round		HUB/FRESNO
<input type="checkbox"/>	Advocate for sufficient funding through SJVIA	July	August		HUB/FRESNO
<input type="checkbox"/>	Liaison for wellness services: mammograms and biometric screenings	Year Round	Year Round		HUB/FRESNO
<b>12</b>	<b>Plan Year</b>				
<input type="checkbox"/>	Plan Year Begins	12/13/21	12/13/21		FRESNO
<input type="checkbox"/>	ID Card Distribution	12/1/21	12/1/21		VENDORS
<input type="checkbox"/>	Verification of programs being effective	12/1/21	12/1/21		HUB
<input type="checkbox"/>	Review Process and Suggest Improvements	1/15/22	1/15/22		HUB/FRESNO
<input type="checkbox"/>	HUB Performance Review	Quarterly	Quarterly		HUB/FRESNO



# Account Team Bios

Per X. Vendor Company Data, C. Page 22

# Shannon Taylor

President, Pacific Region | Employee Benefits



Shannon Taylor is HUB International's Pacific Region President of Employee Benefits. With over 30 years of experience in employee benefits, Shannon oversees strategic planning, organizational design and resource allocation for HUB's Pacific region employee benefits team. He brings to this role a strong background in leadership, employee benefits strategy and a track record of delivering exceptional sales and client results. Shannon is a member of Hub International's Executive Committee (ECM).

Prior to joining HUB International, Shannon served as Vice President of Sales at UnitedHealthcare where he led the company's Southern California sales team. Prior to UnitedHealthcare, he held sales positions with Cigna Healthcare and Metropolitan Life Insurance Company.

## Education

Northwestern University, J.L. Kellogg Graduate School of Management  
MBA, Strategy & Organization, Leadership  
University of Illinois  
BS, Business Marketing

**9855 Scranton Road  
San Diego, CA 92121**

**Direct – (858) 373-6911**

**Mobile – (714) 519-4971**

**[Shannon.Taylor@hubinternational.com](mailto:Shannon.Taylor@hubinternational.com)**

Connect with us on



# Michael Der Manouel, Jr.

President, HUB Central California



Michael Der Manouel, Jr. leads the Central California Region of HUB International. In addition to managing a large book of business, Mike specializes in Property and Casualty and Workers' Compensation Insurance.

Mike is a 1985 graduate of California State University, Fresno with a degree in Business Administration, Accounting. He obtained his CPA designation in the State of Indiana in 1991.

Mike is passionate about the company's purpose - to mobilize HUB's resources to help each and every client become the best in their respective industries.

Mike is very active and visible in the Fresno County area and is involved with numerous Boards and Charities. He resides in Fresno with his wife, Melissa. The Der Manouel's have two children; Grant, a 2019 graduate of Columbia University who currently resides in New York City, and Evie, a rising junior at the University of Southern California, class of 2023.

#### Certifications/Licenses

Property and Casualty Insurance License #0A92543

#### Education

BA, Business Administration, Accounting

**548 W. Cromwell Ave., Suite 101  
Fresno, CA 93711**

**Direct – (559) 375 – 3712**

**Mobile – (559) 906 - 4374**

**[Mike.Dermanouel@hubinternational.com](mailto:Mike.Dermanouel@hubinternational.com)**

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# Lee Exton, CEBS

Senior Vice President | Employee Benefits



Lee Exton is a Senior Vice President, Employee Benefits, and a proven thought leader at HUB International. His clients include those in the technology, financial, healthcare, retail, and automotive space.

Lee helps organizations look at their employee benefit offerings from a Total Rewards perspective, evaluating employee value against delivery cost. He developed one of the first consumer-driven health plans in the country and an early high deductible plan that's served as a model for other companies.

His funding approaches include the design of fully insured as well as self-funded programs. His self-funded benefit design methods are leading edge, often including specialized vendors to address specific population needs, or strongly incentivized wellness components. Ultimately, clients benefit from Lee's focus on making best practice, data driven recommendations.

Exercising a true consultative partner attitude, he's helped organizations find exceptional HR talent and assisted in potential acquisitions, providing due diligence reports. Lee is also a sought-after presenter/educator in Benefits, having served as an instructor for the International Foundation of Employee Benefit plans, helping many students obtain CEBS certification.

#### **Certifications/Licenses**

Certified Employee Benefits Specialist (CEBS)

#### **Education**

University of California, Irvine  
BS, Economics and Biology

**4695 Mac Arthur Court Suite 600  
Newport Beach, CA 92660**

**Mobile – (310) 709-0379**

**[Lee.Exton@hubinternational.com](mailto:Lee.Exton@hubinternational.com)**

Connect with us on  
**LinkedIn**



# Ann Wilson, GBM

Employee Benefits Practice Leader



Ann Wilson leads the employee benefits practices for **HUB's Los Angeles and Orange County regions**. She provides overall management and stewardship for the employee benefits team, as well as mentoring and leadership for the service personnel who work with HUB's clients.

With more than 16 years of experience in the insurance industry, Ann brings a broad depth of knowledge to her employee benefits consulting. Aside from her practice leader role, she is also a senior account executive for key accounts within the region, consulting on clients ranging from 1,000 to 8,000 employees with national and international presence. She is well-versed in self-funding and alternate funding programs.

Before joining HUB, Ann worked at Benefits Resource (Digital Benefit Advisors), where she built and managed the COBRA and Leave of Absence outsourcing team for the organization. She transitioned into an account management role, where she led a consulting team for clients ranging from 50 to 2,000 employees. Prior to working in the insurance industry, Ann was a special projects manager for Lakeshore Learning Materials, in a role that supported the project management of major company initiatives as well as in negotiating key vendor agreements.

#### **Certifications/Licenses**

Global Benefits Management (GBM) Certification, International Foundation of Employee Benefits Plans  
CA Life and Health License

#### **Education**

University of California, Irvine  
Bachelor of Arts, Political Science, Cum Laude

**4695 MacArthur Court, Suite 600  
Newport Beach, CA 92660**

**Direct – (949) 208-9593  
Ann.Wilson@hubinternational.com**

Connect with us on  
**LinkedIn**





# Nicole Floyd, CPA, SPHR

Regional Vice President, Sales | Employee Benefits



Nicole Floyd's 20+ years of experience in insurance, financial management, human resources, sales and international business make her a highly effective employee benefits consultant. Prior to her tenure with HUB Northwest, she provided HR consulting and strategy advice to broker-of-record clients for a leading Washington State employee benefits brokerage. Nicole has also held executive roles at the corporate and association levels, including CFO of Digideal Corporation and Director of Finance & Administration for the Washington Society of CPAs. Her unique background that combines financial expertise and human resource experience and creativity enables her to identify with clients in a very unique way. She has a passion for strategy and employee engagement while keeping a focus on managing the financial aspect of health plans.

As Regional Vice President of Employee Benefits for HUB Northwest, Nicole also has oversight for the region's sales personnel, working with regional leadership. In addition, she leads the effort to vet and fully integrate the company's service and technology solutions, providing direct consultation to key clients and prospects. Nicole is an active member of SHRM, the AICPA, and serves as the Chair of Numerica Credit Union's Audit Committee.

## Certifications/Licenses

Certified Public Accountant (CPA)  
Senior Professional in Human Resources Management (SPHR)  
Certified Association Executive (CAE)  
Licensed Insurance Broker—Washington, Oregon, Alaska, California

## Education

Michael G. Foster School of Business, University of Washington  
BA, Business Administration

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# Peter Meilak, GBDS

Account Executive



As an Account Executive with more than 20 years of experience in group benefits, Peter leads the planning, development, and implementation of his clients' employee benefits strategies. Working closely with clients at both the HR Manager/Director and the C-Suite level, he also partners with HUB's Senior Vice Presidents to help his clients achieve their goals.

Peter develops and maintains professional collaborative relationships with insurance carriers, business partners, and HUB colleagues as well as his clients. He advises clients of new offerings and solicits feedback on HUB's performance. He quarterbackes each client's account team on all projects and deliverables, and he prepares and conducts financial, technical, and product presentations and demonstrations for his clients.

Peter's deep industry knowledge and experience helps him guide clients to the decisions that benefit them the most. Prior to joining HUB, he held a senior benefit consulting position for 12 years at Crews MacQuarrie & Associates. There he worked with self-funded clients ranging in size from 1,000 to 125,000 lives and with annual Health and Welfare expenses up to \$500 million. He's also served as a Health and Welfare Benefits Consultant with Buck Consultants and has been a senior compensation analyst and retirement plan analyst. Peter is also proficient in extensive hardware, software and front office applications.

#### Certifications/Licenses

CA Life and Health License  
Group Benefits Disability Specialist (GBDS) Designation

#### Education

California State University  
Bachelor of Arts in Financial Management

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# Wendy McKinney

Senior Benefits Analyst  
Regional Analyst Practice Leader



Wendy McKinney has been a Senior Benefit Analyst with HUB International for over four years. As a Senior Benefit Analyst, she leads the marketing and data analytics for her clients' benefit plans, works with underwriting to develop premium equivalents and IBNR reports, prepares bid specifications, provides spreadsheet analysis of marketing results and provides training and development leadership for other analysts.

Prior to HUB, Wendy worked at Dignity Health, a nonprofit hospital provider with 50,000 employees in California, Nevada and Arizona. As a Benefit Analyst, Wendy was in charge of data analytics, pricing for union and non-union plans, and all self-funded analysis. She has a strong knowledge of HIPAA and COBRA compliance rules and standards. Prior to that, Wendy worked at Hexcel in a Benefit Analyst role on the HR team.

## Education

University of California, Riverside  
MA, Art History  
BA, Rutgers University

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# Michelle Acosta

Account Representative



Michelle is part of the Newport Beach, California Employee Benefits Team. She is focused on assisting clients meet compliance requirements, develop effective plan documentation and vendor management.

As an Account Representative, Michelle collaborates with senior account management to design and administer health and welfare programs for her clients. Michelle provides support for day-to-day client management administration, vendor management, benefit communication materials and compliance for her clients. In addition, Michelle shares responsibility for maintaining the internal online account management system, as well as facilitating new product and service implementation with her clients.

Michelle brings to her position 4 years of experience in employee benefits. She partners with her clients in health care plan design, setup structure/analysis, vendor implementation and plan documentation compliance with her extensive systems knowledge.

## Certifications/Licenses

CA Life and Health License

## Education

California State University, Fullerton  
Bachelor of Science in Kinesiology | Clinical Exercise Science  
California Polytechnic University, Pomona  
Physical Education Credential | Adapted Physical Education Specialist

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# Liliana Salazar, Esq.

Chief Compliance Officer, Pacific Region  
Employee Benefits



**HUB**



As Chief Compliance Officer for the Pacific Region for HUB International Limited, Liliana is responsible for addressing public and private employers' health and welfare responsibilities under federal and state laws and city ordinances. She works closely with HUB's service teams and clients to develop short- and long-term strategies that will allow clients to remain in compliance while addressing clients' financial and human capital needs.

Liliana interacts with regulatory agencies such as the Department of Labor, the Internal Revenue Service, the U.S. Treasury Department, the Centers of Medicare and Medicaid Services, the Department of Health and Human Services, the Equal Employment Opportunity Commission and state insurance departments to discuss the applicability of laws and regulations to group health plans.

Liliana possesses 22 years of experience in addressing the compliance and regulatory needs of employers and their group health plans. She actively worked with carriers and clients in ensuring their compliance with the HIPAA Privacy, Security, and HITECH Act rules, GASB 45 obligations, and more recently the Patient Protection and Affordable Care Act (PPACA or ACA). Prior to joining HUB, Liliana was National Practice Leader for the Employee Benefits Compliance Practice of Wells Fargo Insurance Services, and Vice President of Compliance for ABD Insurance Services.

Liliana is a regular speaker at national and state conferences sponsored by private and public employers, employee benefit chapters and HR associations, including ISCEBS, SHRM, CALPELRA, PELRA, NAFOA and others and is also a regular contributor to national and regional employee benefit publications.

Due to her contributions to employee benefits and the insurance industry in general, Liliana was the recipient of the 2013 Women to Watch Award from Business Insurance.

Juris Doctor - Universidad de Los Andes, Colombia  
Member of the American Bar Association - Health Law and Joint Committee on Employee Benefits  
Member of the California Bar Association - Health Law Chapter  
Principal at the National Association of Health Underwriters (NAHU)

Interests: Reading, hiking, travel and volunteer work

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# Mark Guajardo, ASA, FCA, MAAA

Consulting Actuary | Director of Analytics



Mark Guajardo is a consulting actuary who leads the Analytics group within the Texas Employee Benefits region. Mark is instrumental in driving thought leadership and content for key client engagements, with an emphasis on targeting bottom line impact of healthcare arrangements by wasteful spend.

Mark has over 25 years of experience working in the defined benefit actuarial space, with expertise in accounting / funding valuations for retiree welfare plans under the Financial Account Standards Board (FASB), Governmental Accounting Standards Board (GASB), and International Accounting Standards Board (IASB).

Prior to joining HUB International (IPS Advisors), Mark led efforts at Milliman and at Mercer within their respective Dallas offices to manage internal and external relationships in the retiree welfare benefit plan arena.

## Certifications/Licenses

Life & Health License  
Associate, Society of Actuaries

## Education

University of Texas, Austin  
BS, Mathematics

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# Dan Openshaw

Director of Analytics | Employee Benefits  
Pacific Region



Dan Openshaw currently serves as HUB's Pacific Region Director of Analytics. He leads a team of financial consultants responsible for the development and analysis of multi-year client strategies. He has a passion for the details and is integral in the development of many proprietary models. He continues to develop tools for our Analytics, Underwriting, Compliance, Voluntary, and Health and Performance teams as well as continuing enhancement of our core employee benefits offerings from financial and analytical perspectives on a regional and national basis.

Prior joining HUB, he began his Employee Benefits consulting career with Towers Perrin in Connecticut and then transferred his family to sunny Southern California. He continued his consulting career with Towers as a Health & Welfare Consultant working with employers across the West region playing a key role in the analysis and implementation of new strategies such as, consumer driven approach, care management, and wellness initiatives.

Years later he made the strategic move to California-based Intercare Insurance Solutions as Vice President. Dan's self-funded experience is robust managing multi-site self-funded companies ranging in size from 500 to 45,000 employees. He has been integral in the analysis of funding options, recommending fully insured to self-funding where appropriate, evaluating self-funded plan designs, unique network options, and implementing creative designs to meet client goals.

#### Certifications/Licenses

CA Life and Health License

#### Education

Brigham Young University  
BA, European Studies & International Relations

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# Barbara Hawes, R.Ph., MBA

National Pharmacy Practice Leader



Barbara is the National Pharmacy Practice Leader for HUB International. She is an accomplished industry leader with over 25 years of experience in the Pharmaceutical /Employee Benefit Consulting business. During her tenure, she has held a variety of senior management roles with Pharmacy Benefit Managers and nationally recognized consulting firms. In addition to business acumen, Barbara has deep technical and clinical expertise related to prescription drug impact on health, wellness and program cost and clear understanding of the complex prescription drug delivery system.

At HUB, Barbara directs all aspects of pharmacy benefit management consulting activities including developing and managing key strategic relationships, tools and services to delivering value added solutions directly to clients.

Barbara earned her BS in Pharmacy from Purdue University and her MBA at DePaul University.

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# Daniel W. Fisher, CPA, CGMA

Senior Vice President, Strategic Accounts



**HUB**



Dan Fisher provides large employer groups with consultative benefits and cost management strategies, backed by more than 20 years of experience in the employee benefits field, financial and cost analysis expertise, pension and self-funded healthcare plans for employers, and TPA operational knowledge.

Dan was the founder of EmSpring (acquired in 2015 by HUB International) and its predecessor, FCG Benefits, both intensely focused on the needs of larger, self-funded health plan sponsors, not-for-profits, local government and healthcare organizations. As CEO at EmSpring, he provided cost effective solutions to clients small and large, for-profit and not-for-profit, private and governmental, with self-funded and fully insured benefit plans.

A past president of the Washington Society of CPAs, Fisher is a frequent presenter at association meetings, and heavily involved in Financial Literacy programs with Junior Achievement of Washington and the AICPA.

### Topics of Expertise

- Health Care Reform
- Benefits Strategies
- Self Funding (Self Insured Plans)
- Employee Benefits & Compensation
- Regulatory Compliance

### Certifications/Licenses

Life & Health Licenses in WA, OR, ID  
Certified Public Accountant - Inactive  
Chartered Global Management Accountant

### Education

University of Washington, Business Administration, Economics, Literature

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# Lindsay Steckler

Health & Performance Manager, West Region



With over 10 years of experience in the wellness industry, Lindsay has a proven track record in strategic planning, program development and vendor management. In her role with HUB International, Lindsay consults with a wide variety of organizations, ranging in size from 50-15,000 employees, to deliver results oriented wellbeing strategies. Lindsay assists clients in data analytics, business planning, incentive design and program evaluation. Additionally, she contributes to the identification, creation and development of new health and performance solutions for all HUB International West Region clients.

Before joining HUB International, Lindsay worked for both HealthFitness and MediFit where she was part of an on-site team responsible for the planning, implementation, and evaluation of internal wellness programs for several fortune 100 companies.

Lindsay received her Bachelor of Science degree in Exercise Science from Boston University. Lindsay also holds a national certification through the American College of Sports Medicine.

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# Mackenzie Mills

Technology Practice Leader, West



**HUB**



Mackenzie Mills is the Technology Practice Lead for the Western Region. In this role, she consults with Hub clients to deliver solutions for their internal Human Resources teams. She can assist with analyzing the client's current software systems and work flows, then match their needs with software vendors that can help increase operational efficiencies.

Mackenzie has more than eleven years of experience in the Insurance Industry, specializing in the technology associated with the industry. She has demonstrated success in leading, managing and delivering technology solutions. Mackenzie started her career on the broker side, as an Account Manager, working closely with the Human Resource teams to solve their benefit needs. From there she moved into Property and Casualty, managing an office and its operations in the Sacramento area. Prior to her current role as Regional Practice Lead, Mackenzie spent three years working directly for a Benefits Administration software platform, where she led the platform implementation team and was the Corporate Trainer for both internal and external clients. Mackenzie launched the first training department for both the platforms employees and clients, for which she established processes, material, and conducted all employee and client trainings. Mackenzie built strong partnerships with her clients, becoming a vital resource for their questions and benefits administration needs.

With more than eleven years of experience with HR, software and benefit broker development, Mackenzie has a comprehensive view of the many facets and needs of the benefits industry. Making her an excellent guide for Hub and its clients through the complexities of Human Resource technology.

Mackenzie attended Sacramento State University and American River College with degrees in Social Sciences and English Communications. She has three children, two are off in college, with the last one in high school. In her spare time, she is an avid reader, wine lover, and self-proclaimed "foodie".

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# Mingee Kim, MHA, CPDM, CLMS

Senior Vice President, National Practice Leader  
Workforce Absence Management, Risk Services Division



Mingee Kim serves as the national practice leader for HUB's Workforce Absence Management practice, which focuses on absence management. She has ten years of experience in integrated absence management and process improvement. She has worked with a wide range of customers both in size and industry, including manufacturing, food and beverage distribution, educational services and health care. Mingee has worked with these organizations to address the linkage between individual health, program/process design and workforce productivity. Mingee analyzes Disability, Leave, Workers' Compensation, Paid Time Off (PTO) and Medical programs to identify commonalities across these programs and how these benefits are perceived and utilized. She develops and implements evidence-based, data-driven strategic solutions to improve employee experience and contain costs.

From 2011 to 2013, Mingee pioneered a new role and service at Laurus Strategies as a leave management consultant. She served as an employer and employee advocate to facilitate return to work for Workers' Compensation, Family Medical Leave and Disability claimants. The role required large process improvement initiatives and considerable education to internal employer stakeholders that resulted in significant success in aggregate loss reduction and cost savings. Specifically, she was able to reduce the employer's Workers' Compensation loss ratio from 125 percent to 30 percent in two and a half years. As a result, Mingee developed extensive knowledge about the employer's experience when employees are absent from work and equally important, the role of work to the individual employee.

#### Certifications/Licenses

Certified Professional Disability Management (CPDM)  
Certified Leave Management Specialist (CLMS)  
Life and Health Producers License, State of IL

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# Meagan Tyson

West Region Director, Client Communications



As the West Region Director of Client Communications for HUB International, Meagan Tyson is responsible for leading and developing a team of strategists, designers and writers that creates dynamic and effective employee communication campaigns. The team works closely with organizations of all sizes to create communication plans that engage and educate all employee groups. Under Meagan's leadership, the HUB Communications Team has been the proud recipient of the highly coveted national MarCom Awards for 8 years in a row, including 2016.

Prior to her career at HUB, Meagan worked as a Communications Director for Intercare, a Southern California brokerage firm. Meagan worked closely with clients and account teams to create customized, client specific employee benefit communications. She was also responsible for developing marketing and prospect communication materials to support the sales and client service teams with their design and product execution needs.

Meagan received her Bachelor of Art degree in Communications with an emphasis in Public Relations from San Diego State University.

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# Peter Duncan

Professional Employer Organizations  
Executive Vice President



Peter Duncan has over 40 years of industry experience, with specific expertise in Professional Employer Organizations (PEO). In addition to his time with HUB International, he's been a partner with Sidles, Duncan & Associates. Peter has also held executive positions with BlueShield and HealthNet.

#### **Certifications/Licenses**

Certified Employee Benefits Specialist (CEBS)  
Certified Life Underwriter (CLU)  
Chartered Financial Consultant (ChFC)  
Life & Health License  
Board Vice Chair, OneOC

#### **Education**

American College  
MS, Financial Services

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# Heather Garbers

Vice President - Voluntary Benefits



**HUB**



Heather Garbers is responsible for driving Voluntary Benefit strategy and solutions at HUB International. In this capacity, she partners with the HUB team and clients to put together strategies to engage employees in benefits with custom benefit, enrollment, and communication solutions. Her carrier agnostic strategy allows us to truly partner clients with the best fit for their and their employees' needs. She is very passionate about the Voluntary Benefits industry and its ability to allow employees to personalize benefits to their unique needs, by providing financial wellness solutions to protect themselves and their loved ones.

Heather is a Certified Voluntary Benefit Specialist (CVBS) and an Executive Member of the National Advisory Board for the Voluntary Benefits Association. She has also been recognized as a leader in the industry including recipient of Employee Benefit News 2015 Voluntary Advisor of the Year Award and was named one of the "15 Women in Insurance You Need to Know" by LifeHealthPro in March 2016

Prior to joining HUB International, Heather was a Voluntary Sales Executive with a Regional Brokerage and Regional Sales Manager and Training Specialist with a Carrier. Overall, her insurance industry experience spans 14+ years.

Heather earned a Bachelor's of Science degree in Business Administration from the University of Nebraska-Lincoln.

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# Eric Barthel

Senior Vice President, Employee Benefits  
Narrow Networks Expert



Eric Bartel brings over 30 years of employee benefits experience to his clients. His focus is on finding ways to improve the cost and quality of healthcare for employers, public entities and healthcare providers. Eric employs a variety of tools and services to analyze dimensions of healthcare performance with a view of optimizing the cost, delivery and quality of care to consumers and payors.

Thorough thoughtful analysis, learning consumer/payor needs and developing effective strategies and partnerships, Eric and his team have been able to demonstrate significant improvement in healthcare.

Prior to HUB International, Eric was a partner at Sidles Duncan & Associates, where he was a health benefits consultant to large self-funded employers, with a focus on disease management and health improvement initiatives. His experience includes operating his own firm, Creative Benefit Concepts, as well as executive roles at Aetna and United Healthcare.

#### Certifications/Licenses

Life & Health Licenses, Multiple States

#### Education

Glendale College  
Music

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# Ashley Thomalla, PhD, CCP, GRP

Sr. Human Resources Consultant



As a Senior HR Consultant, Ashley Thomalla applies over 15 years of industry expertise combined with a deep background in industrial / organizational psychology to help clients see the big picture in their organization. Her commonsense approach and ability to balance science and practice prove to be crucial to her consulting role.

Ashley brings an outside perspective to clients in financial services, healthcare, non-profits and utilities. Her education and experience in employee compensation and rewards help clients focus on and develop rewards strategies. She routinely provides clients with compensation recommendations to help them attract, motivate and retain qualified employees.

Ashley encourages a pay for performance culture and has designed market-competitive, pay for performance plans to motivate desired employee behaviors that lead to positive organizational outcomes.

Ashley's background includes senior HR consulting and Human Capital consulting roles with the SilverStone Group, as well as working with the University of Nebraska, the Center for Applied Psychological Services, and at US Strategic Command's Global Innovation & Strategy Center.

## Certifications/Licenses

Seven Benchmarks, Advance Certification, WELCOA, Certified Compensation Professional (CCP), WorldatWork Global Remuneration Professional (GRP), WorldatWork

## Education

University of Nebraska  
PhD, Industrial / Organizational Psychology  
MA, Industrial / Organizational Psychology  
BA, Psychology / Sociology

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# Employee Communications Samples

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LOGO PLACEMENT

# Your 201X Benefits Enrollment eGuide

January 1 - December 31, 201X



Your Health • Your Family • Your Life

# WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP) or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Required Information

At enrollment you are required to enter the Social Security Number for all covered dependents. Healthcare Reform law requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

## When Coverage Begins

**You must complete the enrollment process within 30 days of your date of hire.** If you enroll on time, coverage is effective on the first day of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for Company-paid benefits). Changes made during Open Enrollment are effective at the start of the plan year.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- To make changes to your benefit elections, you MUST contact Human Resources within 30 days of the Qualifying Event**
- Marriage or divorce
  - Birth or adoption of a child
  - Child reaching the maximum age limit
  - Death of a spouse, Registered Domestic Partner (RDP), or child
  - Change in child custody
  - Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
  - You lose coverage under your spouse's/RDP's plan

**(including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Inside

Medical Plans

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Disability Insurance

Employee Assistance Program (EAP)

Voluntary Benefits

Valuable Extras

Contact Information

## How to Enroll

To enroll for benefits go to [www.websiteaddress.com](http://www.websiteaddress.com).

There you will find detailed information about the plans available to you, and instructions for enrolling.





# Medical Plans

ABC Company is proud to offer you a choice between three different medical plans through (carrier name). Coverage under all plans includes comprehensive medical care and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## HMO Plan

With the HMO plan, you select a Primary Care Physician (PCP) from the participating network of providers who will coordinate your healthcare needs including referrals to specialists and approving further medical treatment. Services received outside of the HMO are not covered, except in the case of emergency medical care.

## PPO Plan

The PPO plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the (carrier name/network name) network. The calendar year deductible must be met before certain services are covered.

SAMPLE



# Medical Plans (Cont'd)

The chart below provides a high-level overview of your medical plan options.

Key Medical Benefits	(Carrier)	(Carrier)		(Carrier)	
	Plan name 1	Plan name 2		Plan name 3	
	In-Network Only	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)					
Individual / Family					
<b>Out-of-Pocket Maximum</b> (per calendar year)					
Individual / Family					
<b>Company Contribution to Your Health Savings Account (HSA)</b>					
Individual / Family					
<b>Covered Services</b>					
<b>Office Visits</b> (physician/specialist)					
<b>Routine Preventive Care</b>					
<b>Outpatient Diagnostic Lab &amp; X-ray</b>					
<b>Complex Imaging</b>					
<b>Chiropractic</b>					
<b>Ambulance</b>					
<b>Emergency Room</b>					
<b>Urgent Care Facility</b>					
<b>Inpatient Hospital Stay</b>					
<b>Outpatient Surgery</b>					
<b>Prescription Drugs</b> (Tier 1/Tier 2/Tier3)					
<b>Retail Pharmacy</b> (30-day supply)					
<b>Mail Order</b> (90-day supply)					

Coinurance percentages and copay amounts shown in the above chart represent the percentages that the member is responsible for paying.

\* Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# Dental Plans

**ABC Company is proud to offer you a choice between two different dental plans through (carrier name).**

**HMO Plan** – With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

**PPO Plan** – This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the (carrier name/network name) network.

The chart below provides a high-level overview of your dental plan options.

Key Dental Benefits	(Carrier)	
	Plan name 1	Plan name 2
	In-Network Only	In-Network / Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family		
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual		
<b>Covered Services</b>		
<b>Preventive Services</b>		
<b>Basic Services</b>		
<b>Major Services</b>		
<b>Orthodontia</b>		

Coinurance percentages and copay amounts shown in the above chart represent the percentages that the member is responsible for paying.

\* Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision Plan

**You have an opportunity to enroll in the (carrier name) vision plan.** This plan offers you the freedom and flexibility to use the vision provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the (carrier name/network name) network. The chart below provides a high-level overview of the vision plan.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)		
<b>Materials Copay</b>		
<b>Lenses</b> (once every 12 months)		
Single Vision		
Bifocal		
Trifocal		
<b>Frames</b> (once every 24 months)		
<b>Contact Lenses</b> (once every 12 months; in lieu of prescription glasses)		





## Life/AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

### Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through (carrier).

#### Benefit Amount

### Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the Company-paid Basic Life/AD&D coverage, you may purchase additional coverage for yourself and your eligible family members.

Benefit Option	Guarantee Issue*
Employee	
Spouse/RDP	
Child(ren)	

\*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.



# Disability Insurance

You are provided with Short-Term and Long-Term Disability Insurance at **NO COST** to you through (carrier). Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

	Short-Term Disability	Long-Term Disability
<b>Benefit Percentage</b>		
<b>Weekly Benefit Maximum</b>		
<b>When Benefits Begin</b>		
<b>Maximum Benefit Duration</b>		

# Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult. ABC Company is proud to provide a **confidential** program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through (administrator) and can help with the following issues, among others:

- Stress, anxiety or depression
- Relationships
- Problems with your children
- Substance abuse
- Grief and loss
- Marital conflicts
- Empty-nesting
- Workplace conflict
- Legal issues
- Mental health

### EAP Services

- Assistance for you or a household family member
- Up to three (3) in-person sessions with a counselor, per year, per individual
- Unlimited toll-free phone access 24/7
- Online resources 24/7
- Work/life services for assistance with child care, elder care, financial issues, plus much more

# Voluntary Benefits

During an annual Open Enrollment period, you will have an opportunity to purchase voluntary benefits through (carrier name) at affordable group rates. This coverage complements your medical plan by providing cash benefits that can be used to help pay for the out-of-pocket expenses your plan may not cover such as deductibles, coinsurance, and copays. Benefits are paid directly to you — not to a doctor or healthcare provider.

### Hospital Indemnity Insurance

Would a trip to the hospital leave your finances in serious condition? Hospital Indemnity Insurance can help. This coverage pays you a lump-sum cash benefit, directly to you, when you are admitted to the hospital for a covered hospital stay.

### Accident Insurance

If you have an accident, will it hurt your bank account too? Accident Insurance gives you something to fall back on. Accident Insurance pays you a lump-sum cash benefit, directly to you, for specific injuries you receive and the treatment you need, including hospitalization.

# Valuable Extras

ABC Company also offers the following additional benefits:

- 401(k) Retirement Plan
- Travel Assistance (Company-paid)
- Group Legal Plan
- Home and Auto Group Insurance
- Pet Insurance



# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate insert rate sheet for your contributions.**

## Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical			
Dental			
Vision			
Life/AD&D			
Flexible Spending Accounts (FSA)			
Disability			
Employee Assistance Program (EAP)			
Voluntary Benefits			

### Benefits Website

Our benefits website, [www.websiteaddress.com](http://www.websiteaddress.com), can be accessed anytime you want additional information on our benefits programs.

### Questions?

If you have additional questions, you may also contact: (first last name) at (phone number) / [name@company.com](mailto:name@company.com)

**Important Note:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.





# Are You Communicating to Your Employees at Their Point of Need?

## Millennials are 154 percent more likely to want to receive benefits-related information texted to their mobile device.<sup>1</sup>

Text messaging allows you to send important reminders to your employees instantaneously and keep them engaged in their benefits throughout the year. Text messaging is the most pervasive form of communication; in fact, 8.6 billion texts are sent per day in the U.S.<sup>2</sup> and text messages have a 98 percent open rate.<sup>2</sup> That is why HUB International has identified a preferred vendor to offer you a quick, convenient and cost-efficient text message communication platform.

Our team can assist you with any or all of the following steps to make your text messaging campaign a success:

- Initial account creation
- Materials to promote company text messages to employees
- Drafting and scheduling of all benefits-related messages

### Text Messaging Costs

With the Pay & Go service, you can select a custom keyword for only \$25 per month! Then, each message you send costs only \$0.05 per contact.

For example, if you send one text message per month to 1,000 employees your cost would be:  $\$25 + \$50 (1,000 \times \$0.05) = \$75/\text{month}$ .

Employees opt in to receive updates by texting your custom keyword to 313131. Those who do opt in will give you a better idea of how many of your employees prefer to receive communications by phone.

1. "Employees Speak Up About Benefits Communications". GuideSpark. April 2014 Survey Report. 2. "Communicate Like a Marketer for a Successful Open Enrollment". PlanSource. September 2016 Webinar.

# Wellness Program



LOGO PLACEMENT

At ABC Company we care about the health and well-being of our employees and want to provide you with the knowledge, tools and motivation you need to improve your health. Whether you'd like to lose weight, become more active, improve your diet or simply maintain a healthy lifestyle, the wellness program offers a pathway to help you reach your wellness goals. It also helps you identify preventive measures to avoid the onset or worsening of an illness or disease.

## GET REWARDED — Save Money on Your Medical Contributions!

To encourage you to live a healthy lifestyle, ABC Company will discount the employee contributions to the medical plan by **\$50 a month (up to \$600/year)** to all medical plan members who qualify.

To qualify for a discount on your medical plan contributions, you must complete all of the following three steps by the stated deadline.

### STEP 1: Health Screening

Our wellness program starts with an annual health screening event. Health screenings are available through an on-site event sponsored by ABC Company, through Labcorp, or your personal physician. A health screening is a brief health exam that includes a blood draw and a height, weight, and blood pressure evaluation to help determine your risk for common diseases like diabetes, heart disease and other medical conditions. Screening includes comprehensive blood testing: Cholesterol panel, Chemistry panel, and a complete Blood Count (CBC).

**Health Screening must be completed by MM/DD/YY.**

### STEP 2: Health Assessment

Completing the online health assessment helps you evaluate your current health habits and determine potential areas for improvement. Before you take the health assessment, you should have your health screening information handy. To take the health assessment, do the following:

- 1.
- 2.
- 3.

**Health Assessment must be completed by MM/DD/YY.**

### STEP 3: 200 Wellness Points

You must earn 200 wellness points by completing positive lifestyle activities and behaviors. (Most of the activities you are doing already earn you points.) See reverse side for point values of activities.

**200 Wellness Points must be earned by MM/DD/YY.**





# Wellness Points

You earn wellness points by engaging in any of the following prevention, education, fitness and healthy living activities. **Proof of completion will need to be submitted to Human Resources.**

Required Steps	Frequency	Verified as Completed Via	Points
Health Screening	Annual	Receipt	50
Health Assessment	Annual	Computer generated receipt	50
Preventive Exams	Frequency	Verified as Completed Via	Points
Pneumonia Vaccine	Recommended Every 10 Years	Evidence of Benefits (EOB)	25
Influenza Vaccine	Recommended Yearly	Evidence of Benefits (EOB)	25
Vitamin B12 Vaccine	Recommended once per year	Evidence of Benefits (EOB)	25
Dental Checkup	Recommended Twice a Year	Evidence of Benefits (EOB)	25
Vision Exam	Recommended Once a Year	Evidence of Benefits (EOB)	25
Child Immunizations	Based on doctor recommended advice	Evidence of Benefits (EOB)	25
Dermatology Screening	Recommended once per year	Evidence of Benefits (EOB)	25
Colon Cancer Screening	Based on doctor recommended advice	Evidence of Benefits (EOB)	25
Breast Screening	Based on doctor recommended advice	Evidence of Benefits (EOB)	25
Osteoporosis Screening	Recommended for Women Over 65	Evidence of Benefits (EOB)	25
Prostate Screening (PSA)	Based on doctor recommended advice	Evidence of Benefits (EOB)	25
Activity Participation	Frequency	Verified as Completed Via	Points
Participate in a sports league	Participate in Up to 2 Leagues Per Year	Show paid registration form	25
Local Walk or Run (i.e. 5k/10k event)	Participate in Up to 2 Events Per Year	Show bib issued by the event	25
Complete a Half Marathon	Participate in Up to 2 Events Per Year	Show bib issued by the event	25
Complete a Full Marathon	Participate in Up to 2 Events Per Year	Show bib issued by the event	25
Complete a Triathlon	Participate in Up to 2 Events Per Year	Show bib issued by the event	25
Complete a Biking Race	Participate in Up to 2 Events Per Year	Show bib issued by the event	25
Additional Wellness Points	Frequency	Verified as Completed Via	Points
Attend Lunch-n-Learn	To be held quarterly	Sign in and out	10
Donate Blood	Participate in Up to 1 Event Per Year	Sticker saying you've donated!	10

**All wellness program information can be found at:  
[www.WellnessWebsite.com](http://www.WellnessWebsite.com)**







# YOUR NEW HSA HEALTH PLAN

Selecting a health plan for yourself and your family is one of the most important decisions you make. A new Health Savings Account (HSA) health plan option will be introduced during open enrollment and we want you to be informed about how this new plan works. Over the next several weeks we'll be sending out a series of newsletters to help you learn about the HSA plan and how it works.

## WHAT IS AN HSA PLAN?

An HSA plan pairs a high-deductible PPO health plan with a health savings account (HSA). An HSA is designed to empower you to take control of the money you spend on your health care and allows you to save money for future health care expenses. The account is controlled by you and if the funds are not used, the money will continue to grow over time. You and The Company can put money in the HSA anytime, up to an IRS yearly maximum. The 2015 annual IRS contribution limits are **\$3,350 for individual coverage** and **\$6,650 for family coverage**. Individuals age 55 and older can contribute an additional \$1,000 per year.

## HOW THE HSA PLAN WORKS

- 1** You and The Company put money into your health savings account (HSA)
- 2** You seek medical services
- 3** The deductible and coinsurance are paid out-of-pocket or with money in your HSA
- 4** Once the deductible is met, the plan pays for a certain % of services
- 5** Unused money in your account rolls over every year to be used for future medical expenses

# 201X RATE SHEET



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

## Medical

Coverage Tier	(Monthly / Semi-Monthly / Bi-Weekly) Employee Contributions		
	Plan 1	Plan 2	Plan 3
Employee Only	\$115.01	\$129.55	\$33.47
Employee + Spouse/RDP	\$241.52	\$272.05	\$70.28
Employee + Child(ren)	\$218.52	\$246.15	\$63.59
Employee + Family	\$345.03	\$388.65	\$100.40

## Dental

Coverage Tier	(Monthly / Semi-Monthly / Bi-Weekly) Employee Contributions	
	Plan 1	Plan 2
Employee Only	\$1.18	\$3.78
Employee + Spouse/RDP	\$2.40	\$7.73
Employee + Child(ren)	\$2.40	\$7.73
Employee + Family	\$3.77	\$12.13

## Vision

Coverage Tier	(Monthly / Semi-Monthly / Bi-Weekly) Employee Contributions
	Plan
Employee Only	\$0.00
Employee + Spouse/RDP	\$2.71
Employee + Child(ren)	\$2.84
Employee + Family	\$6.91

**Registered Domestic Partner (RDP) Contributions:** Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

## Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available online during enrollment.

YOUR HEALTH YOUR FAMILY YOUR LIFE

# BENEFITS

## 201X Open Enrollment



This is your once-a-year opportunity to make changes to your benefits, without a Qualifying Event. During Open Enrollment you can:

- ✓ Add, cancel, or change your coverage
- ✓ Add or remove eligible family members
- ✓ Enroll or re-enroll in the Health Care and/or Dependent Care Flexible Spending Accounts



LOGO PLACEMENT

Open Enrollment is **MANDATORY** this year, even if you are not making any changes. To learn more and make your benefit elections, log in to: [www.BenefitsWebsite.com](http://www.BenefitsWebsite.com)

WHAT'S HAPPENING	KEY DATES
Open Enrollment Dates	November 1 - November 15, 201X
Deadline to Enroll	Friday, November 15, 201X
Benefit Elections Effective	January 1, 201X

YOUR HEALTH YOUR FAMILY

YOUR LIFE

# BENEFITS

## 201X Open Enrollment



LOGO PLACEMENT



YOUR HEALTH YOUR FAMILY YOUR LIFE



LOGO PLACEMENT

# BENEFITS

## 201X Open Enrollment



## NOV. 1 - NOV. 15

This is your once-a-year opportunity to make changes to your benefits, without a Qualifying Event. During Open Enrollment you can:

- ✓ Add, cancel, or change your coverage
- ✓ Add or remove eligible family members
- ✓ Enroll or re-enroll in the Health Care and/or Dependent Care Flexible Spending Accounts

Open Enrollment is **MANDATORY** this year, even if you are not making any changes. To learn more and make your benefit elections, log in to: [www.BenefitsWebsite.com](http://www.BenefitsWebsite.com)

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# Newsletter Samples

Per Scope of Work Proposal Requirements  
4., Page 42

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Risk & Insurance | Employee Benefits | Retirement & Private Wealth



## Compliance Alert

### Disaster Relief or Relief Disaster? Every COBRA, Special Enrollment, or Claims Event Gets Its Own COVID-Extended Deadline

The agencies have now extended the Outbreak Period “pause” for COBRA, special enrollment rights, and claims deadlines. The “pause” will now apply separately to each event.

[Read Now](#)

## Summary

- Previously, the Outbreak Period “pause” was supposed to end on February 28 for everyone.
- The agencies now say it will apply to each event separately.
- Employers will need to communicate this change and consider a robust ongoing communication plan.
- Employers will also need to coordinate with their insurance carriers and administrators to make sure the “pause” is applied properly.

[Read the complete Compliance Alert here.](#)

Click [here](#) to unsubscribe or to change your **Subscription Preferences**.

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Risk & Insurance | Employee Benefits | Retirement & Private Wealth



## Here's What We're Tracking This Month To Keep You In The Know

- [Employee Benefits Predictions for a Biden Presidency, Redux](#)
- [Employer Reporting for State Individual Mandates \(and Other Deadlines\)](#)
- [Fiduciary Duties Regarding Participant Funds – Traps for the Unwary](#)
- [ERISA Does Not Preempt Arkansas PBM Statute. What's Next?](#)
- [Grandfathered Plans Get \(a Little\) More Flexible](#)

### [Employee Benefits Predictions for a Biden Presidency, Redux](#)

What could employers expect from a Biden presidency? Now that the two Senate runoffs in Georgia have both been called for the Democratic challengers, it is time to revisit our earlier thoughts.

[> Read More](#)

### [Employer Reporting for State Individual Mandates \(and Other Deadlines\)](#)

While multi-state employers tend to focus (appropriately) on federal requirements, the past few years have seen a proliferation of additional state and local obligations.

[> Read More](#)

### [Fiduciary Duties Regarding Participant Funds – Traps for the Unwary](#)

A late 2020 court decision, *Hammer v. Johnson Senior Ctr.*, stresses the importance of protecting ERISA plan participant funds while also identifying health and welfare plan fiduciaries and their responsibilities.

[> Read More](#)

### **ERISA Does Not Preempt Arkansas PBM Statute. What's Next?**

Late last year the U.S. Supreme Court ruled ERISA did not preempt an Arkansas statute regulating the prices that pharmacy benefit managers pay to pharmacies.

[> Read More](#)

### **Grandfathered Plans Get (a Little) More Flexible**

On December 15, 2020, the Departments of Treasury, Labor, and Health and Human Services released changes to the grandfathered plan rules under the ACA.

[> Read More](#)

## **Don't Forget These Deadlines**

### **February 1**

Provide Forms W-2, which may include the following: (1) the cost of group health coverage (for employers that were required to issue 250 or more W-2s last year); (2) imputed income arising from excess group term life insurance, some LTD programs, and domestic partner coverage; and (3) HSA contributions.

### **March 1**

IRS Form 1094/95 – B & C filing due (if filing on paper). Every employer that offers, and every person that provides, minimum essential coverage to an individual during a calendar year must file an information return reporting the coverage. If filing Form 8809, deadline for filing with the IRS extends out 30 days. Only employers furnishing fewer than 250 of these forms are permitted to file by paper; all others must file electronically. The deadline is Sunday, February 28. By law, the deadline moves to Monday, March 1.

### **March 1**

For calendar year plans, deadline to submit Annual Notice of Medicare Part D Creditable Coverage to CMS.

### **March 2 (UPDATED)**

Provide Forms 1095-C and 1095-B (if applicable) to employees. This applies to employers who are self-funded and/or subject to the ACA employer mandate. The original deadline was January 31.

*For deadlines based on the timing of your plan year, contact your HUB account manager or refer to the HUB Compliance Calendar.*

## **From the Archives**

## Congress Passes COVID-19 Relief With Additional Benefits Provisions

At the end of last year Congress passed the COVID-19 relief bill which included several provisions of interest to health plan sponsors that require prompt attention in 2021.

[> Learn More](#)

### Upcoming Webinar

#### Implementing an Employee Vaccination Program: Cost, Access, and Communication

Tuesday, February 2nd, 2021 | 12:00 PM CT / 1:00 PM ET

As the COVID-19 vaccine becomes more widely available, employers who have established their workplace policy, need to turn their attention to program implementation. Successful vaccination programs require careful planning and communication on the potential risks and benefits of vaccines to properly address employee fears and concerns.

[> Register Today!](#)

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# American Rescue Plan Brings More Benefits Changes

MARCH 12, 2021 |    

By: HUB's EB Compliance Team

Among the many parts of the \$1.9 trillion **American Rescue Plan** (the "Act") are a few benefits-related items that employers will need to address.

## ***Dulling COBRA's Bite***

The Act provides a 100% subsidy for COBRA and continuation coverage under state mini-COBRA laws beginning with April 1, 2021 going through September 30. (For simplicity, we will refer only to COBRA, although the rules apply to both.)

This is only available to:

- employees or dependents who became COBRA-eligible due to the employee's termination of employment or reduction in hours,
- BUT NOT if the employee voluntarily resigned.

In other words, these COBRA-covered individuals will not have to pay any part of the premium. If the COBRA-covered individual pays the premium, the insurer or employer, as applicable, is required to refund it within 60 days.

Ending Early. The premium assistance can end before September 30 if the individual is eligible for other major medical coverage or Medicare (not including excepted benefits, health FSAs, or qualified small employer health reimbursement arrangements). Individuals are required to give notice of other coverage or face a \$250 penalty (or more if the failure to notify is intentional).

Chance to Re-up. Individuals who do not have a current COBRA election in effect or who had COBRA, but then dropped it before April 1 will have a new 60-day election period to take COBRA. However, this does not extend the maximum COBRA coverage period they would have had based on their original qualifying event. It's unclear how this new election period dovetails with the "pause" on COBRA deadlines announced by the DOL and IRS that we discussed [here](#).

Optional Election Window. The Act also allows (but does not require) employers to offer a 90-day window following when they become eligible for the subsidy for the individual to elect less expensive major medical coverage available to active employees. The other coverage cannot be only excepted benefits, a health FSA, or a qualified small employer health reimbursement arrangement.

Notices. Perhaps most importantly, COBRA notices must be revised to include a discussion of premium assistance and the 90-day election window (if it is offered). The Act contains specific requirements that must be included and directs the applicable agencies to develop a model notice within thirty (30) days of enactment. This additional information can be included in a separate document. Employers should work with their COBRA administrators to make sure they are updating their notices appropriately.

The Act also requires that individuals be given notice when their premium assistance is about to end. Specifically, no more than 45 days, and no less than 15 days before the subsidy expiration date, plan administrators must provide notice to subsidy recipients informing them that their subsidy will expire. Model notices will be issued for this too.

Paying for This. The COBRA subsidy is paid for by a credit against the hospital insurance (or "HI") tax. This is the 1.45% tax on payroll intended to help fund Medicare. It is not subject to a wage cap. For fully-insured plans not subject to federal COBRA (*i.e.*, those subject only to state mini-COBRA laws), the credit belongs to the carrier; for fully-insured plans subject to federal COBRA and all self-funded plans, the credit belongs to the employer. If the HI tax liability is not enough to cover the cost of the COBRA subsidy, the excess is treated as a tax overpayment which will be refunded by the IRS (including in advance).

### ***Increased Exclusion for Employer-Provided Dependent Care Assistance***

The Act also increases, just for taxable years beginning in 2021 (calendar year 2021, for nearly all dependent care plans), the dependent care maximum amount from \$5,000 to \$10,500 (or half that amount for married individuals filing separately).

Plans have until the end of the 2021 plan year to amend to add this, contrary to the standard rule that cafeteria plans cannot be amended retroactively. Employers wanting to adopt this increased limit will need to amend their plans by this deadline and operate their plans accordingly.

### ***Premium Tax Credit Changes***

The Act also makes several changes related to premium tax credit subsidies that help individuals buy individual health coverage on the Affordable Care Act (“ACA”) exchanges/marketplaces. These changes have implications for employers subject to the ACA employer mandate since an employee receiving a tax credit is one of the requirements to trigger an employer mandate penalty (more information on the mandate is available [here](#)). Specifically:

- The Act increases the size of the subsidies. For 2021 and 2022, the Act reduces the maximum amount an individual has to pay for individual coverage from 9.5% of income (as adjusted annually) to 8.5% of income. Importantly, this does not flow through to the ACA employer mandate. This means the affordability percentage for the ACA employer mandate will remain at 9.83%. If affordable coverage (using 9.83%) is offered by the employer, the individual will not be eligible for a premium tax credit.
- The Act increases the group of individuals eligible for subsidies. For 2021 and 2022, the Act removes the income cap on affordability for premium tax credit purposes. Prior to the Act, only those making under 400% of the federal poverty line (for 2021, \$51,520 for an individual; \$106,000 for a family of four) could receive these subsidies. Now, as a result of the Act, anyone, regardless of income, can receive subsidized individual health coverage on the ACA exchanges/marketplaces for 2021 and 2022. This could increase exposure to employers subject to the ACA employer mandate since now any employee not offered affordable, minimum value coverage by an employer subject to the mandate could trigger a penalty.



- The Act gives larger subsidies to people who received unemployment compensation. Individuals who received unemployment compensation in 2021 are treated as having income of 133% of the federal poverty line for the entire year. This means they will be entitled to the maximum available subsidy for individual coverage (which, under the Act, could cover the individual's entire premium). As a result, an employer hiring someone who received unemployment assistance may find that this person will not want to enroll in the employer's coverage in 2021.

## **Next Steps**

Employers should work with their COBRA vendors and, if subject to federal COBRA, their payroll tax providers to address the implementation issues around the COBRA subsidy. Specifically:

1. Making sure notices are updated with language about the subsidies; and
2. Addressing how the HI tax credit will be claimed.

Additionally, employers looking to expand their dependent care assistance programs should notify their administrators promptly if they are choosing to increase the maximum level of reimbursement for 2021. They should then amend their plans accordingly.

Finally, employers subject to the ACA employer mandate, but not currently offering affordable, minimum value coverage should consider whether to start offering it (or increasing their contributions to their current coverage to make it affordable). The increased availability of premium tax credits could lead to increased exposure to potential penalties.

For the latest information on COVID-19 and the vaccines, please keep visiting HUB's **Coronavirus and Vaccine Resource Center**. If you have any questions, please contact your **HUB Advisor**. You can also view more compliance articles in our **Compliance Directory**.

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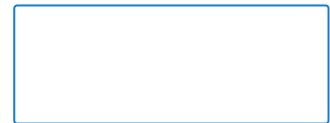
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# Wellness ebook

Per Scope of Proposal Requirements  
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# Workplace Wellness Trends Shaping Today's Workforce

What are the top trends affecting the health and productivity of your workforce — and what can you do to help?



# Contents

<b>Chapter 1: Financial Wellness</b>	3
Financial stress impacts employee productivity and wellbeing. Learn how to develop a holistic financial wellbeing strategy that helps your employees become financially secure.	
<b>Chapter 2: Humanizing Your Workplace</b>	5
Employers who want to maximize performance need to look after their employees as more than just task performers. Learn how to engage your employees with strategies that boost energy, foster creativity and enhance communication.	
<b>Chapter 3: Mental Health</b>	7
Poor mental health has a greater impact on the workplace than poor physical health. Learn how to take a preventive approach to avoid lost productivity, reduce stigma, and increase access to care.	
<b>Chapter 4: Intrinsic Motivators</b>	9
Extrinsic motivators like financial incentives often yield short-term benefits. Learn how to achieve long-term benefits through intrinsic motivators that inspire and drive employee engagement.	

## Executive Summary

While economic expansion has created a shortage of skilled workers, new developments in behavioral science continue to push back against the traditional biometric-based wellness programming model. Employers have responded by shifting their focus away from just disease management to a more holistic approach to total wellbeing.

This year's Workplace Wellness Trends from HUB International highlight an emphasis on influencing culture and offering initiatives to improve the employee experience, while continuing to reinforce the impact of mental health and financial stress on employee wellbeing.





## Chapter 1: Financial Wellness

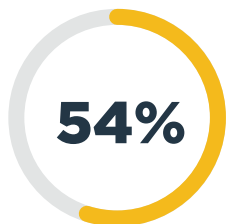
When an employee is stressed financially, their physical, mental, and emotional health suffers. Employees are happier and healthier when they have a sense of financial well-being, and their performance is better as well.

Close the gaps in your financial wellness program so you can offer your employees the resources they need to manage their finances more effectively. Some of these benefits and tools include:

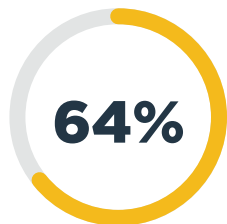
- Medical, Rx, long-term and short-term disability plans
- Voluntary benefits to cover unexpected expenses (critical illness, accident)
- Student loan resources & assistance (tuition reimbursement, repayment options)
- College savings plans
- Retirement savings matching, automatic contribution increases, and education
- HSA/HRA contributions
- Discounts and deals sites
- Short-term loans, daily access to paycheck funds, automatic savings programs
- Health plan transparency tools
- Financial Wellness behavior change programs and online educational websites

### FINANCIAL STRESS SOURCES, BY THE NUMBERS

Where does employees' financial stress come from? Let's break it down.



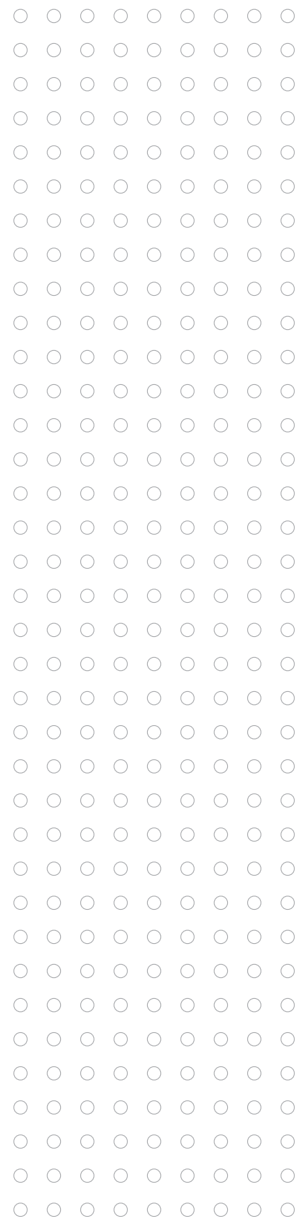
Of employees are stressed about their finances

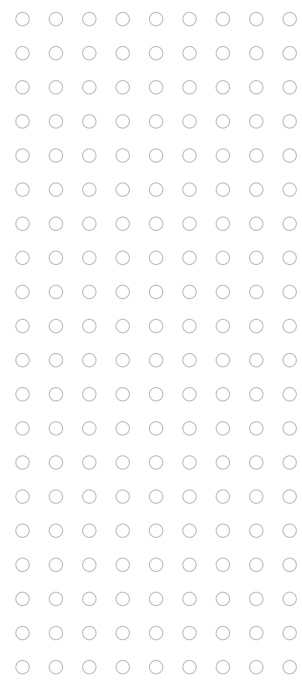


Of employees are impacted by student loans



Of employees say access to unbiased financial wellness counselors would be the most desired employer benefit that they don't already have





## WHAT CAN YOU DO?

### Three ways to start addressing the impact of financial stress:

- 1** Survey your employees to learn more about which financial issues keep them up at night, and how prepared they currently are to address them.
- 2** Evaluate your current benefits and financial wellness programs to identify where gaps exist.
- 3** Connect with a HUB advisor to develop a formal Financial Wellness program to enable and engage employees to earn, save, protect, invest, and manage money effectively.



## Chapter 2: Humanizing Your Workers

With the pressure to exceed company goals and continually innovate, it's not uncommon for businesses to lose sight of the fact that employees are real people with real feelings, struggles and needs inside and outside of work. When employees don't feel like their needs and feelings are being addressed, they tend to disengage in their work and have lower job satisfaction overall.

When you humanize your workplace, you:

- Build happiness, boost employee energy, and increase retention
- Engage employees and allow them to create a sense of achievement
- Give employees flexibility in their workplace and choice in their career path
- Encourage social interactions and individuality

### HOW TO CREATE A HUMANIZED WORKPLACE

The following ideas can help employees feel valued and engaged.



#### RECOGNITION

Show your employees that you care about their personal success, value their efforts, and appreciate their loyalty.



#### ENVIRONMENT

Purposeful workplace design is one of the easiest ways to ignite employees' senses and enhance their creativity.



#### REMOVE BARRIERS

Make your wellness initiatives more accessible to employees.



#### SOCIAL COMMUNITY

Your well-being programs should reflect the digital age we live in — embrace technology, social networks, and actively engage in online communities.



#### CHOICE

Stop doing wellness "to" employees, and partner "with" employees to offer well-being solutions on their terms.



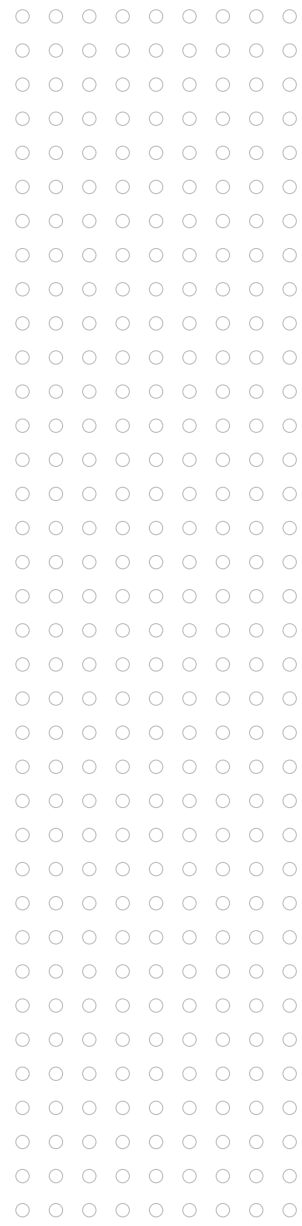
#### PURPOSE

Put "purpose" at the center of your well-being programs. Individuals with a defined purpose in life have fewer health risk factors and, reduced incidence of chronic disease.

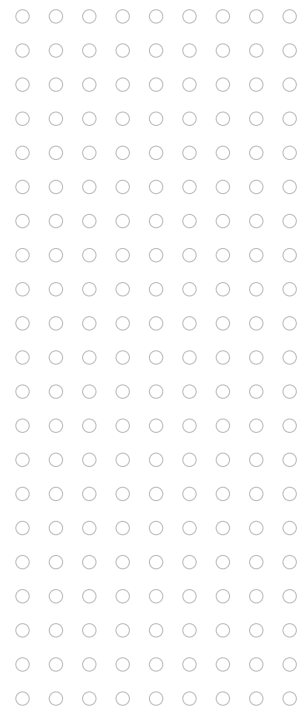


#### BALANCE

Make sure employees feel that they can manage both their jobs and their personal lives without having to give up one for the other.







## WHAT CAN YOU DO?

### Three ways you can work to humanize your workplace:

- 1** Consider a vendor or partner who can add tools for recognition and engagement.
- 2** Rework elements of your physical workplace to be more accommodating to social interaction and individuality.
- 3** Provide choice in benefits, career paths, and working hours, to enable employees to align careers with their life purposes.

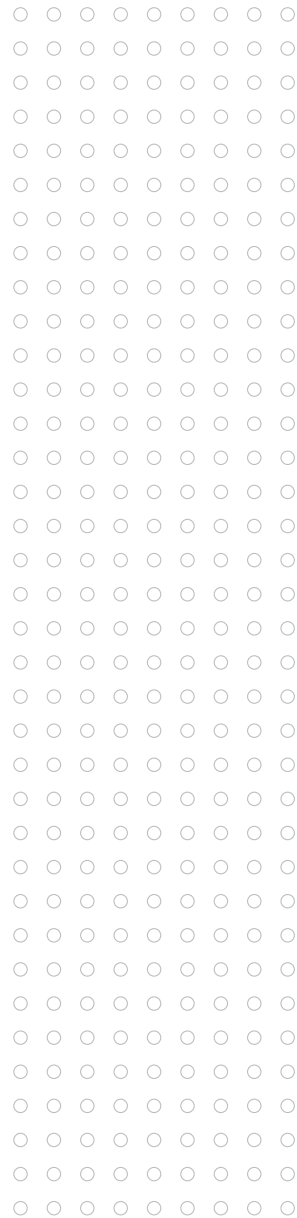
Sources: Consumer Health Mindset Survey; Virgin Pulse (2015), "4 Simple Ways to Help Employees Beat Burnout"



## Chapter 3: Mental Health

The impact poor mental health has on the workplace is greater than that of poor physical health. In fact, more workers are absent due to mental health issues than physical illness or injuries. By taking a preventative vs. reactive approach to psychological health, employers can:

- Create a culture of acceptance, free from the stigma of seeking out mental health help
- Avoid lost productivity due to mental health absences or lack of engagement
- Improve employee satisfaction



### MENTAL HEALTH BY THE NUMBERS



**1 IN 5 WORKING ADULTS** experience a diagnosable mental illness each year



Mental illnesses are the leading cause of disability worldwide

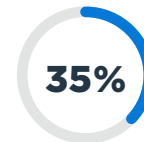


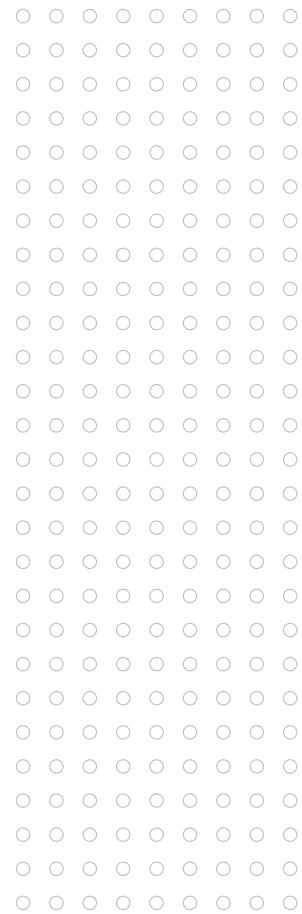
**1 IN 10 FULL-TIME EMPLOYEES** has an addiction



Of employees with a mental illness **take time off** because of it — **up to 10 days** a year

More than 35% of managers feel they **receive no formal support or resources** to help employees





## WHAT CAN YOU DO?

### Three ways to take a preventative stance on mental health:

- 1** Address stigma and create a culture of acceptance. Methods could include conducting in-house campaigns or bringing employee assistance program (EAP) staff and mental health care providers onsite to decrease stigma and increase care.
- 2** Create alternative strategies for expanding access to mental care services. Promote telehealth services and include access to complementary and alternative medicine services like acupuncture and chiropractic care.
- 3** Digital health tools have the potential to dramatically increase the ability to address several conditions, and they are often low-cost or even no-cost. HUB offers a wide range of online resources for clients.

Sources: <https://www.inc.com/matthew-jones/how-mental-health-can-save-businesses-225-billion-each-year.html>  
National Business Group on Health (<https://www.businessgrouphealth.org/>)



## Chapter 4: Intrinsic Motivators

The key to employee engagement is targeted, effective communication and the right incentives. There are two kinds of incentives, extrinsic and intrinsic. Extrinsic incentives like cash are transactional and their impact is often short-term. On the other hand, intrinsic incentives can:

- Inspire and motivate employees in the moment and throughout the year
- Encourage employees to make their own decisions and actions to reach a personal or professional goal
- Increase employee engagement and happiness

### EXTRINSIC VS. INTRINSIC INCENTIVES



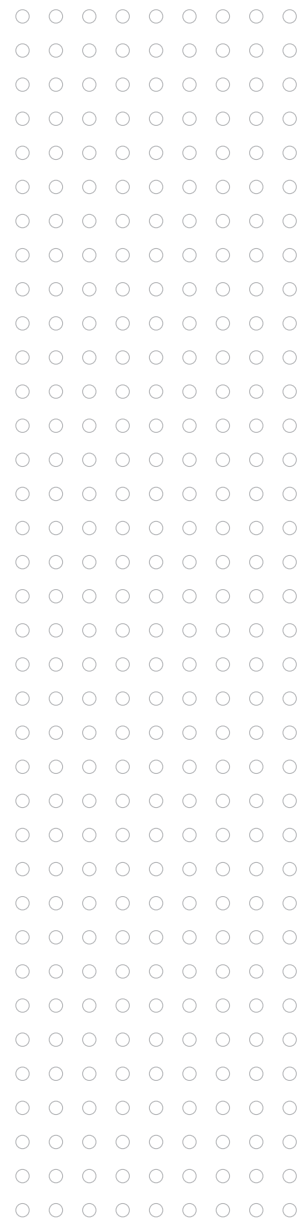
**EXTRINSIC  
INCENTIVES**

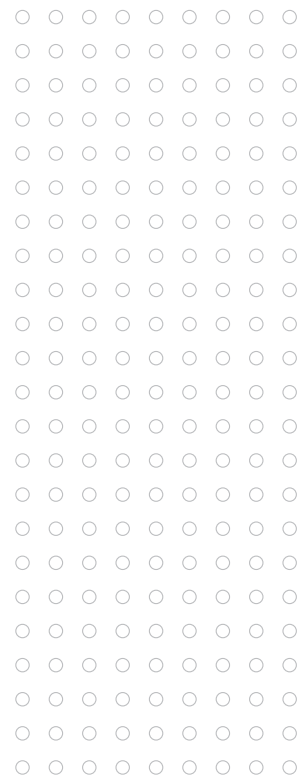
- Cash
- Premium incentives
- Gift cards
- Prizes
- Time off



**INTRINSIC  
INCENTIVES**

- Recognition
- Personal fulfillment/values
- Social connection
- Happiness
- Trust/responsibility





## WHAT CAN YOU DO?

Three ways to encourage the behavior you'd like to see in your employees:

- 1** Field a custom Health Culture Survey to better understand what will motivate your workforce to be more engaged and take actions that incorporate that input.
- 2** Reduce extrinsic/external incentive values and shift the focus and resources into employee recognition and building culture.
- 3** Provide a focused, but broader range of health and wellbeing programs and services that will allow participants to choose how they want to engage in their personal journey toward health improvement.



# Tailored support that puts you in control

We can advise you on how to confidently navigate change, and help develop a strategy to support and engage your people by promoting a culture of health and high performance.

Contact a HUB advisor today at:

[hubemployeebenefits.com](https://hubemployeebenefits.com)

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## Ready for tomorrow.

Risk & Insurance | Employee Benefits | Retirement Private Wealth





# Reports

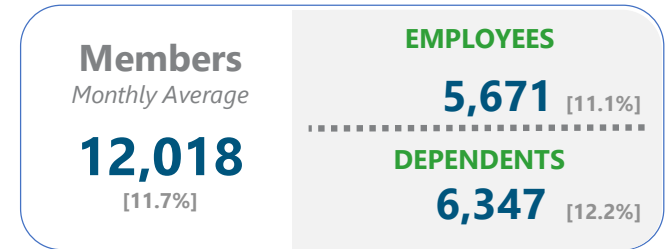
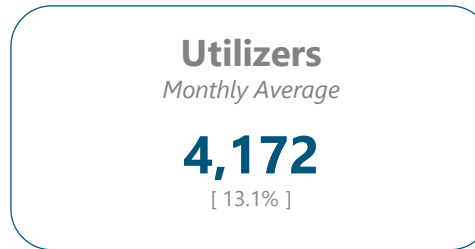
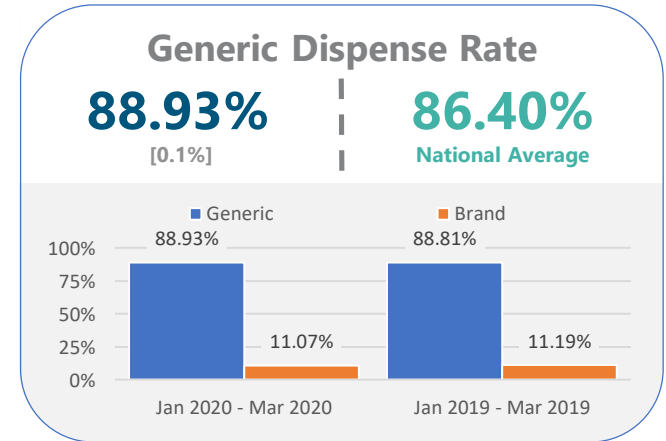
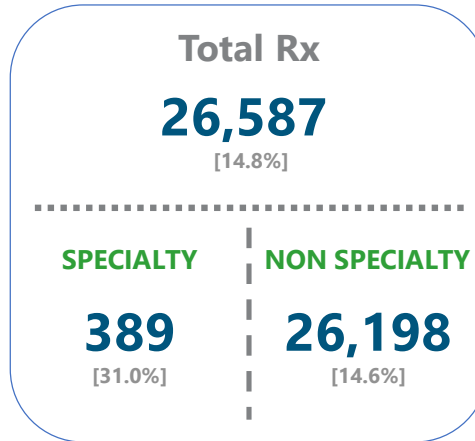
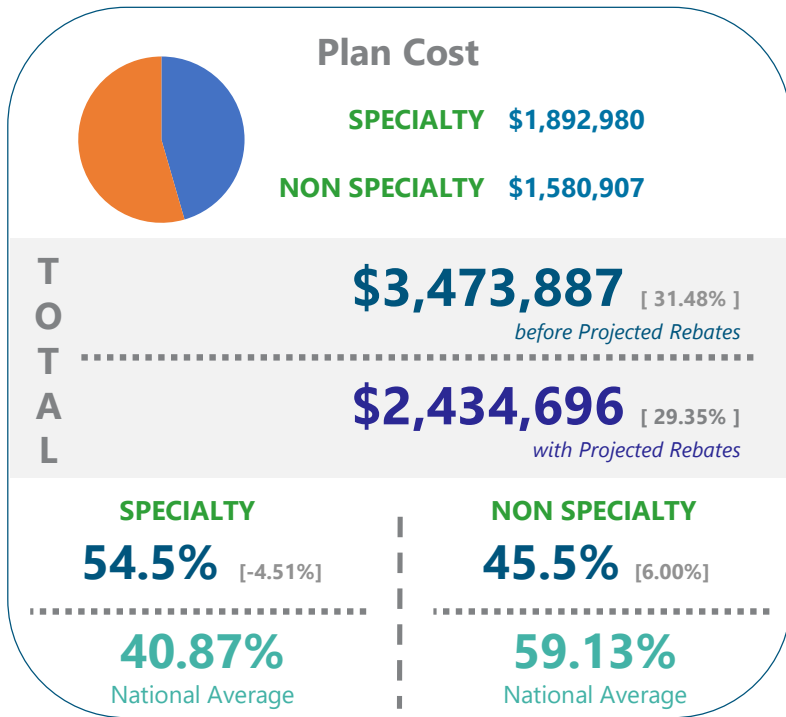
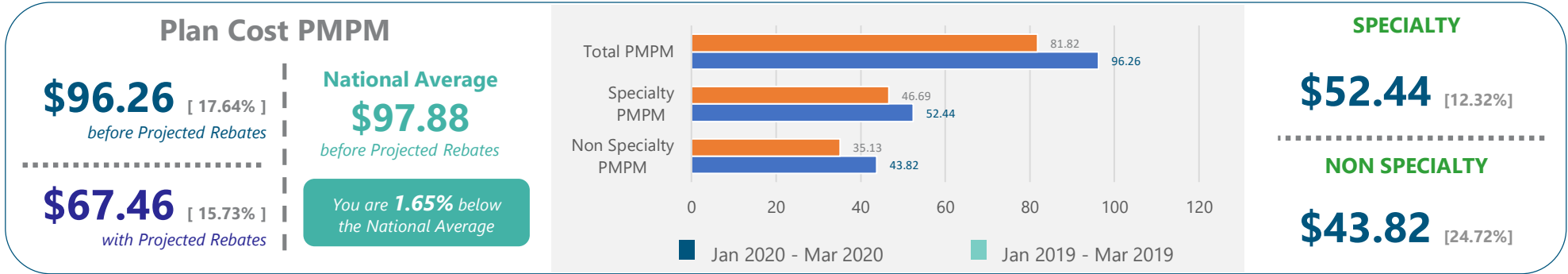
Per Scope of Work Proposal Requirements  
14., Page 53



# Trend & Plan Cost Dashboard: Your Performance

Report Date: Jan 2020 - Mar 2020

Sample Client



- Variances are rate of increase/decrease from Jan 2020 - Mar 2020 to Jan 2019 - Mar 2019. Which is noted in parentheses [ ##.##% ]
- All calculations do not take into account any rebates estimated or received unless otherwise noted.

# Trend & Plan Cost Analysis: Navigating Your Monthly Claims

Report Date: Jan 2020 - Mar 2020

Sample Client

Monthly Exposure	EE Count	Member Count	Utilizers	Gross Cost	Plan Cost	Member Cost	Gross Cost PMPM	Plan Cost PMPM	Specialty Plan Cost PMPM	Non Specialty Plan Cost PMPM	Scripts PMPM	Generic Dispense Rate ( % )	Mail Rate ( % )
<b>Variance</b>													
<b>Trend Variance</b>	<b>11.12%</b>	11.71%	13.14%	26.93%	31.48%	12.75%	13.58%	17.64%	12.32%	24.72%	2.73%	0.1%	-10.89%
<i>Trend Variance after rebates</i>				24.19%	29.35%		11.14%	15.73%	14.22%	19.00%			
<b>Jan 2019 - Mar 2019</b>													
<b>Jan 2019 - Mar 2019</b>	<b>5,104</b>	10,758	3,688	\$3,489,683	\$2,642,051	\$847,632	\$108.09	\$81.82	\$46.69	\$35.13	0.72	88.81%	11.76%
<i>Rebates</i>				\$759,764	\$759,764								
<i>Totals after Rebates</i>				<b>\$2,729,919</b>	<b>\$1,882,287</b>		<b>\$84.56</b>	<b>\$58.29</b>	<b>\$39.83</b>	<b>\$18.46</b>			
<b>Jan 2020 - Mar 2020</b>													
<b>1/1/2020</b>	<b>5,649</b>	11,989	4,190	\$1,179,504	\$834,873	\$344,630	\$98.38	\$69.64	\$30.47	\$39.17	0.74	89.98%	10.85%
<b>2/1/2020</b>	<b>5,638</b>	11,961	4,052	\$1,451,500	\$1,131,093	\$320,407	\$121.35	\$94.57	\$54.27	\$40.30	0.70	88.93%	9.27%
<b>3/1/2020</b>	<b>5,727</b>	12,104	4,275	\$1,798,572	\$1,507,920	\$290,652	\$148.59	\$124.58	\$72.59	\$51.99	0.78	87.96%	11.20%
<b>Totals</b>	<b>5,671</b>	<b>12,018</b>	<b>4,172</b>	<b>\$4,429,576</b>	<b>\$3,473,887</b>	<b>\$955,689</b>	<b>\$122.78</b>	<b>\$96.26</b>	<b>\$52.44</b>	<b>\$43.82</b>	<b>0.74</b>	<b>88.93%</b>	<b>10.48%</b>
<i>Rebates</i>				\$1,039,191	\$1,039,191								
<i>Totals after rebates</i>				<b>\$3,390,385</b>	<b>\$2,434,696</b>		<b>\$93.97</b>	<b>\$67.46</b>	<b>\$45.49</b>	<b>\$21.96</b>			

## Plan Cost (before projected rebates) without Hemlibra

\$ 3,299,110      \$91.50 PMPM

## Plan Cost (after projected rebates) without Hemlibra

\$ 2,359,919      \$65.45 PMPM

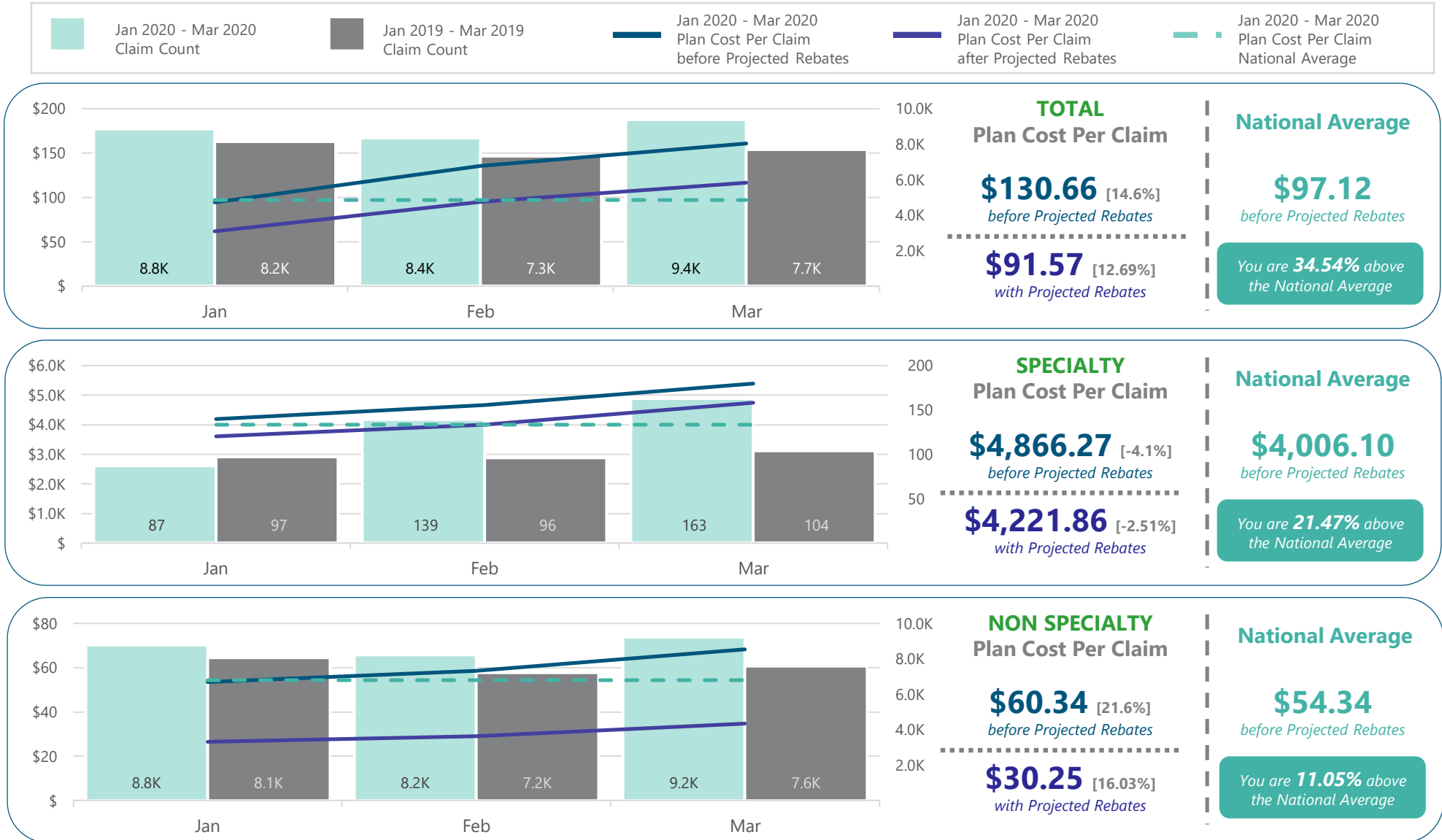
- Paid claims PMPM are up 17.64% over previous reporting period. The numbers above do not include rebates estimated or received unless otherwise noted.
- Specialty cost are up on a PMPM basis, however, accounts for 54.5% of Sample Client's total net cost.
- The GDR did increase to 88.93% which is higher than the national trend of 86.40%
- All calculations do not take into account any rebates estimated or received unless otherwise noted. Rebates outlined in this report are based on projected rebates.

# Trend & Plan Cost Analysis: Measuring Claims Utilization

Overall, Specialty, Non Specialty

Report Date: Jan 2020 - Mar 2020

Sample Client



- Variances are rate of increase/decrease from Jan 2020 - Mar 2020 to Jan 2019 - Mar 2019. Which is noted in parentheses [ ##.##% ]
- All calculations do not take into account any rebates estimated or received unless otherwise noted.

# Trend & Plan Cost Analysis: Measuring PMPM Plan Cost Impact

Overall, Specialty, Non Specialty

Report Date: Jan 2020 - Mar 2020

Sample Client



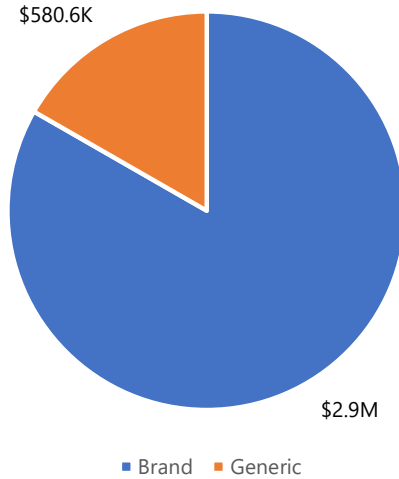
- Variances are rate of increase/decrease from Jan 2020 - Mar 2020 to Jan 2019 - Mar 2019. Which is noted in parentheses [ ##.##% ]
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# Trend & Plan Cost Analysis: Understanding Brand/Generic Influence

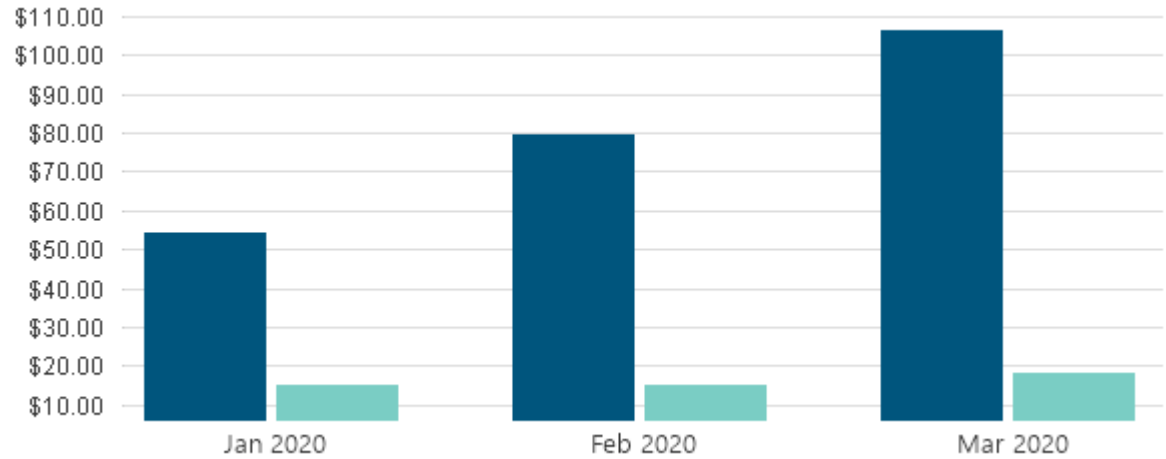
Report Date: Jan 2020 - Mar 2020

Sample Client

Plan Cost



Plan Cost PMPM by Drug Type



Drug Type	Jan 2020 - Mar 2020					Jan 2019 - Mar 2019		Variance	
	Plan Cost	Plan Cost %	Plan Cost PMPM	% of Claims	# of Claims	Plan Cost*	Plan Cost PMPM*	Plan Cost Variance %	Ingredient Cost Variance %
Brand	\$2,893,303	83.29%	\$80.16	11.07%	2,942	\$2,266,325	\$70.19	27.66%	24.29%
Generic	\$580,583	16.71%	\$16.10	88.93%	23,645	\$375,726	\$11.64	54.52%	40.46%

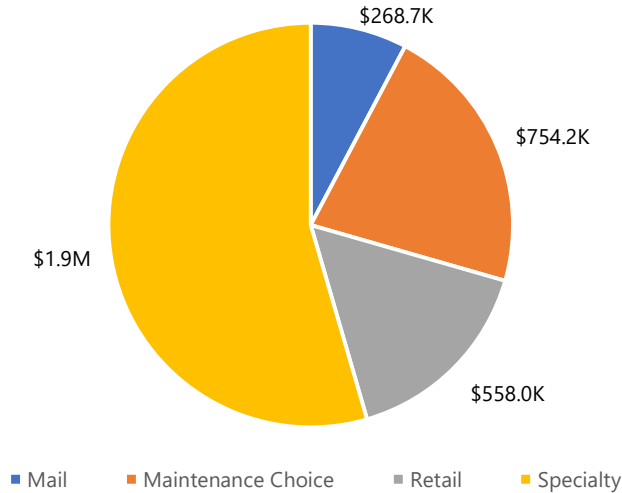
- PMPM is based on the average monthly member count (12,018)
- Variances are rate of increase/decrease from Jan 2019 - Mar 2019 to Jan 2020 - Mar 2020
- All calculations do not take into account any rebates estimated or received.
- \* Denotes Jan 2019 - Mar 2019 data

# Trend & Plan Cost Analysis: Understanding Channel Influence

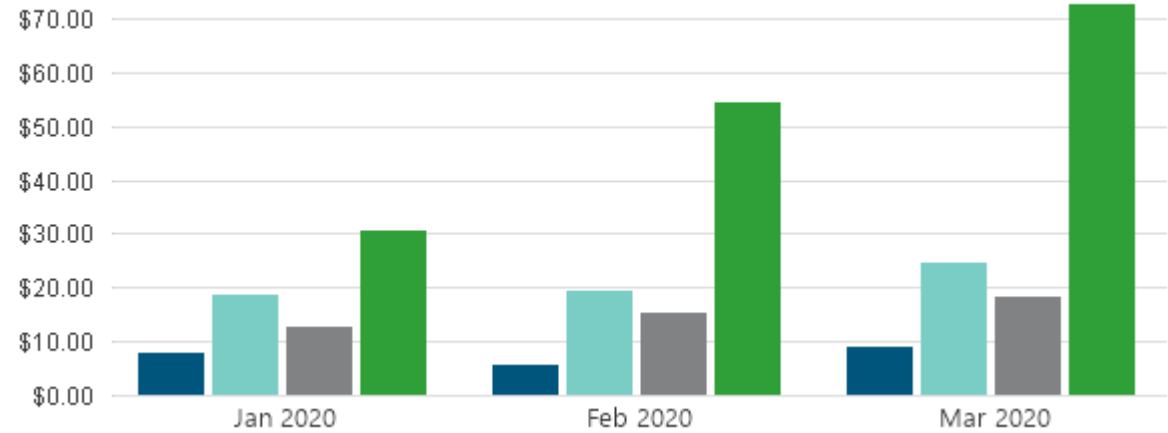
Report Date: Jan 2020 - Mar 2020

Sample Client

Plan Cost



Plan Cost PMPM by Channel



Channel	Jan 2020 - Mar 2020					Jan 2019 - Mar 2019		Variance	
	Plan Cost	Plan Cost %	Plan Cost PMPM	% of Claims	# of Claims	Plan Cost*	Plan Cost PMPM*	Plan Cost Variance %	Ingredient Cost Variance %
Mail	\$268,692	7.73%	\$7.45	10.48%	2,786	\$228,651	\$7.08	17.51%	10.40%
Maintenance Choice	\$754,225	21.71%	\$20.91	26.71%	7,101	\$556,580	\$17.24	35.51%	40.40%
Retail	\$557,991	16.06%	\$15.47	61.35%	16,311	\$349,102	\$10.81	59.84%	37.96%
Specialty	\$1,892,980	54.49%	\$52.44	1.46%	389	\$1,507,718	\$46.69	25.55%	20.77%

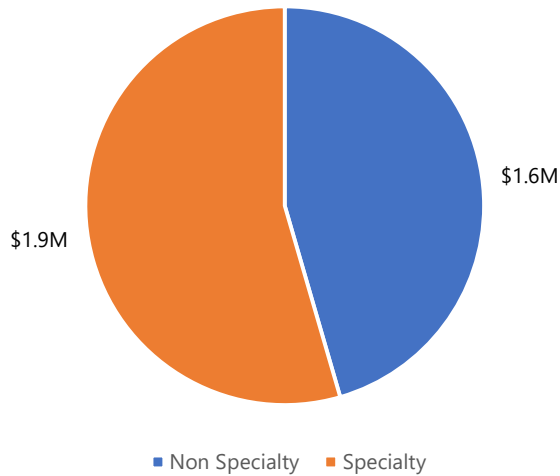
- PMPM is based on the average monthly member count (12,018)
- Variances are rate of increase/decrease from Jan 2019 - Mar 2019 to Jan 2020 - Mar 2020
- All calculations do not take into account any rebates estimated or received.
- \* Denotes Jan 2019 - Mar 2019 data

# Trend & Plan Cost Analysis: Understanding Specialty Influence

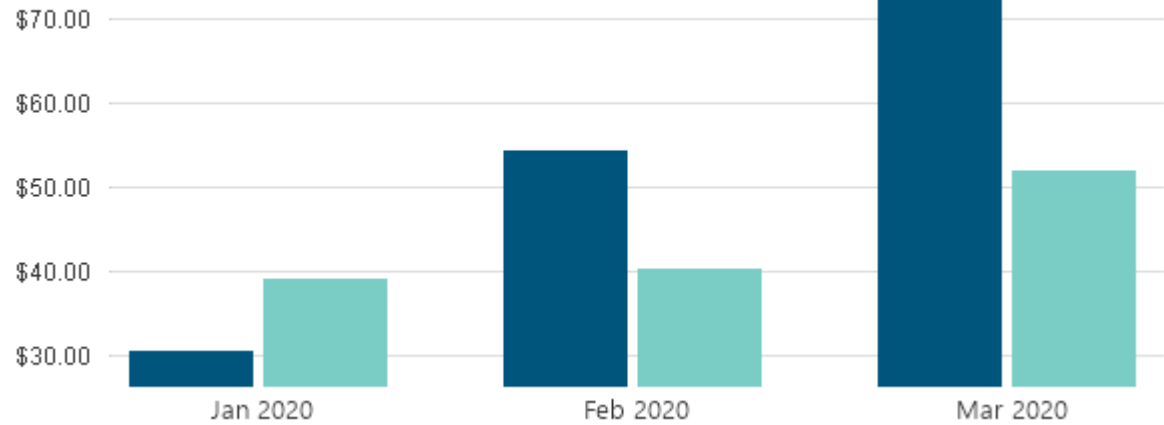
Report Date: Jan 2020 - Mar 2020

Sample Client

Plan Cost



Plan Cost PMPM



Specialty	Jan 2020 - Mar 2020							Jan 2019 - Mar 2019				Variance	
	Plan Cost	Plan Cost %	Plan Cost PMPM	% of Claims	# of Claims	Utilization	Utilization %	Plan Cost*	Plan Cost PMPM*	Utilization*	Utilization %*	Plan Cost Variance %	Ingredient Cost Variance %
Non Specialty	\$1,580,907	45.51%	\$43.82	98.54%	26,198	7,158	57.63%	\$1,134,333	\$35.13	6,365	57.10%	39.37%	33.96%
Specialty	\$1,892,980	54.49%	\$52.44	1.46%	389	159	1.28%	\$1,507,718	\$46.69	133	1.19%	25.55%	20.77%

- PMPM is based on the average monthly member count (12,018)
- Variances are rate of increase/decrease from Jan 2019 - Mar 2019 to Jan 2020 - Mar 2020
- All calculations do not take into account any rebates estimated or received.
- \* Denotes Jan 2019 - Mar 2019 data

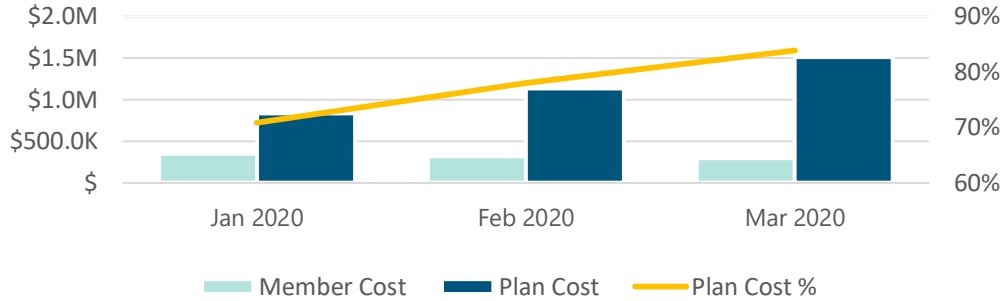


# Trend & Plan Cost Analysis: Understanding Your High Cost Utilizers

Report Date: Jan 2020 - Mar 2020

Sample Client

## Cost Breakdown



	Dependent	Employee	Total
<b>Members <sup>1</sup></b>	6,554	5,866	<b>12,420</b>
<b>Utilizers <sup>1</sup></b>	3,125	3,789	<b>6,914</b>
<b>% Utilizers</b>	47.7%	64.6%	<b>55.7%</b>
<b>Plan Cost</b>	\$1,490,328	\$1,983,559	<b>\$3,473,887</b>
<b>Member Cost</b>	\$482,274	\$473,416	<b>\$955,689</b>

## High Cost Utilizers

Utilizers Plan Cost	Jan 2020 - Mar 2020				Jan 2019 - Mar 2019				Variance	
	Utilizers	Plan Paid Per Utilizers	% Utilizers	% Paid	Utilizers	Plan Paid Per Utilizers	% Utilizers	% Paid	Plan Cost	Plan Paid Per Utilizers
All Utilizers	6,914	\$502.44	100.00%	100.00%	6,177	\$427.72	100.00%	100.00%	31.48%	17.47%
Utilizers Plan Cost > \$5,000	123	\$17,345.89	1.78%	61.42%	93	\$16,811.23	1.51%	59.18%	36.46%	3.18%
\$ 0 - \$ 5,000	6,791	\$197.37	98.22%	38.58%	6,084	\$177.29	98.49%	40.82%	24.27%	11.33%
\$ 5,001 - \$ 10,000	56	\$6,806.21	0.81%	10.97%	47	\$7,038.50	0.76%	12.52%	15.22%	-3.30%
\$ 10,001 - \$ 20,000	36	\$13,845.05	0.52%	14.35%	26	\$14,506.09	0.42%	14.28%	32.15%	-4.56%
\$ 20,001 - \$ 50,000	27	\$30,416.91	0.39%	23.64%	16	\$26,686.63	0.26%	16.16%	92.34%	13.98%
\$ 50,001 - \$ 75,000	1	\$63,565.12	0.01%	1.83%	2	\$58,271.99	0.03%	4.41%	-45.46%	9.08%
\$ 75,001 - \$ 100,000	2	\$79,692.05	0.03%	4.59%	1	\$75,443.81	0.02%	2.86%	111.26%	5.63%
> \$100,000	1	\$209,768.62	0.01%	6.04%	1	\$236,502.94	0.02%	8.95%	-11.30%	-11.30%

- <sup>1</sup>Utilizers & Member counts are total over the reporting period and not monthly averages.
- Variances are rate of increase/decrease from Jan 2019 - Mar 2019 to Jan 2020 - Mar 2020
- All calculations do not take into account any rebates estimated or received.

# Sample Client

## **Accruals & Employee Contributions Report**

Current Plan Year: January 20xx through December 20xx

Projection Plan Year: January 20xx through December 20xx

# Sample Client



## 2021 Self-Funded Accruals Analysis

<b>(A) Enrollment</b>			
A1.	PPO Plan		419
A2.	HSA Plan		124
A3.	Other Plan #1		n/a
A4.	Other Plan #2		n/a
A5.	Other Plan #3		n/a
<b>A6.</b>	<b>Total Employee Enrollment</b>		<b>543</b>
A7.	Total Member Enrollment		820
<b>(B) Current Liabilities</b>			
B1.	2020 Fully Insured Premium - Annualized		\$4,255,200
B2.	2020 HRA Utilization - Annualized		\$145,100
<b>B3.</b>	<b>2020 Total Liability</b>		<b>\$4,400,300</b>
B4.	2021 Fully Insured Premium Renewal - Annualized		\$4,660,800
B5.	2021 HRA Utilization - Assumed Same As 2020		\$145,100
<b>B6.</b>	<b>2021 Total Liability</b>		<b>\$4,805,900</b>
<b>(C) Fixed Costs</b>		<b>PEPM</b>	<b>Annualized</b>
C1.	HMA Administration	\$31.30	\$204,000
C2.	Sun Life Individual Stop Loss Premium	\$63.00	\$410,500
C3.	Sun Life Aggregate Stop Loss Premium	\$4.22	\$27,500
C4.	Fees (can be built in if desired) HSA	\$0.00	\$0
C5.	Funding (can be built in if desired) Other	\$0.00	\$0
C6.	Fixed Costs #1	\$0.00	\$0
<b>C7.</b>	<b>Total Fixed Costs for 2021 Accruals</b>	<b>\$98.52</b>	<b>\$642,000</b>
<b>(D) Variable Costs</b>		<b>PEPM</b>	<b>Annualized</b>
D1.	Sun Life Expected Claims	\$498.47	\$3,248,000
D2.	Sun Life Maximum Claims	\$623.09	\$4,060,100
D3.	2021 HRA Utilization - Removed for 2021	\$0.00	\$0
D4.	Other Variable Costs #1	\$0.00	\$0
D5.	Other Variable Costs #2	\$0.00	\$0
<b>D6.</b>	<b>Recommended Claims for Accruals (Target 18% Year-End Claims Reserve)</b>	<b>\$591.94</b>	<b>\$3,857,100</b>

# Sample Client



## 2021 Self-Funded Accruals Analysis

(E) Total Annual Projection for Accrual Rates		PEPM	Annualized
E1.	Fixed Costs	\$98.52	\$642,000
E2.	Claims	\$591.94	\$3,857,100
<b>E3.</b>	<b>Total Annual Projection for Accrual Rates</b>	<b>\$690.46</b>	<b>\$4,499,100</b>
(F) Accrual Relativities & Tier Ratios			
F1.	PPO Plan		1.000
F2.	HSA Plan		0.897
F3.	Other Plan #1		n/a
F4.	Other Plan #2		n/a
F5.	Other Plan #3		n/a
F6.	Employee Only		1.00
F7.	Employee Plus Spouse		2.10
F8.	Employee Plus Child(ren)		1.85
F9.	Employee Plus Family		2.95
(G) 2021 Accrual Rates		Enrolled	2021 Monthly Accruals
<b>G1.</b>	<b>HSA Plan</b>		
	EE Only	91	\$483.00
	EE + SP	11	\$1,014.00
	EE + CH(N)	9	\$894.00
	FAM	13	\$1,425.00
	<b>Total Monthly</b>	<b>124</b>	<b>\$81,700</b>
	<b>Total Annual</b>		<b>\$980,400</b>
<b>G2.</b>	<b>PPO Plan</b>		
	EE Only	311	\$538.00
	EE + SP	17	\$1,130.00
	EE + CH(N)	64	\$995.00
	FAM	27	\$1,587.00
	<b>Total Monthly</b>	<b>419</b>	<b>\$293,100</b>
	<b>Total Annual</b>		<b>\$3,517,200</b>
<b>G3.</b>	<b>Total Monthly</b>	<b>543</b>	<b>\$374,800</b>
	<b>Total Annual (Difference from E3 Due to Rounding)</b>		<b>\$4,497,600</b>
(H) 2021 Year-End Expectations			
H1.	Total Accruals (G3)		\$4,497,600
H2.	Expected Costs (C7 + D1 +D3)		\$3,890,000
<b>H3.</b>	<b>2021 Year-End Expected Surplus</b>		<b>\$607,600</b>
H4.	Expected Surplus % of Expected Claims		18.7%

## 2021 Employee Contributions Analysis

### (I) 2021 Savings Expectations

I1.	2021 Fully Insured Premium Renewal + HRA (B6)	\$4,805,900
I2.	<u>2021 Total Accruals (H1)</u>	<u>\$4,497,600</u>
<b>I3.</b>	<b>2021 Booked Savings Estimate</b>	<b>\$308,300</b>
I4.	2021 Fully Insured Premium Renewal + HRA (B6)	\$4,805,900
I5.	<u>2021 Total Expected Costs (H2)</u>	<u>\$3,890,000</u>
<b>I6.</b>	<b>2021 Expected Savings Estimate</b>	<b>\$915,900</b>
I7.	2021 Fully Insured Premium Renewal + HRA (B6)	\$4,805,900
I8.	<u>2021 Total Maximum Costs (C7 + D2)</u>	<u>\$4,702,100</u>
<b>I9.</b>	<b>2021 Minimum Savings Estimate</b>	<b>\$103,800</b>

### (J) Employee Contributions - Scenario Descriptions

J1.	<b>Scenario 1:</b>	Round per pay period payroll deductions down to the nearest \$10 increment (for optics)
J2.	<b>Scenario 2:</b>	Lower PPO deductions to share in savings
J3.	<b>Scenario 3:</b>	Scenario 2, plus add \$10 per pay period deduction to PPO Employee Only coverage tier
J4.	<b>Scenario 4:</b>	Scenario 3, plus add \$30 per pay period HSA seed to non-single coverage tiers

### (K) Employee Contributions - All Amounts Are Per Pay Period

K1. <b>PPO Plan</b>	<b>Current Enrolled</b>	<b>2020</b>	<b>2021 - Scenario 1</b>	<b>2021 - Scenario 2</b>	<b>2021 - Scenario 3</b>	<b>2021 - Scenario 4</b>
Employee Only	311	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
Employee Plus Spouse	17	\$239.52	\$230.00	\$180.00	\$180.00	\$180.00
Employee Plus Child(ren)	64	\$150.43	\$150.00	\$120.00	\$120.00	\$120.00
Employee Plus Family	27	<u>\$389.95</u>	<u>\$380.00</u>	<u>\$300.00</u>	<u>\$300.00</u>	<u>\$300.00</u>
<b>Total Annual</b>	<b>419</b>	<b>\$629,900</b>	<b>\$618,000</b>	<b>\$489,800</b>	<b>\$570,700</b>	<b>\$570,700</b>
K2. <b>HSA Plan</b>	<b>Current Enrolled</b>	<b>2020</b>	<b>2021 - Scenario 1</b>	<b>2021 - Scenario 2</b>	<b>2021 - Scenario 3</b>	<b>2021 - Scenario 4</b>
Employee Only	91	-\$30.00	-\$30.00	-\$30.00	-\$30.00	-\$30.00
Employee Plus Spouse	11	\$138.46	\$130.00	\$130.00	\$130.00	\$100.00
Employee Plus Child(ren)	9	\$92.31	\$90.00	\$90.00	\$90.00	\$60.00
Employee Plus Family	13	<u>\$230.77</u>	<u>\$230.00</u>	<u>\$230.00</u>	<u>\$230.00</u>	<u>\$200.00</u>
<b>Total Annual</b>	<b>124</b>	<b>\$68,200</b>	<b>\$65,000</b>	<b>\$65,000</b>	<b>\$65,000</b>	<b>\$39,300</b>
<b>K3. Total Annual Employee Contributions</b>	<b>543</b>	<b>\$698,100</b>	<b>\$683,000</b>	<b>\$554,800</b>	<b>\$635,700</b>	<b>\$610,000</b>
<b>2021 - \$ Change</b>			<b>-\$15,100</b>	<b>-\$143,300</b>	<b>-\$62,400</b>	<b>-\$88,100</b>
<b>2021 - % Change</b>			<b>-2.2%</b>	<b>-20.5%</b>	<b>-8.9%</b>	<b>-12.6%</b>

### (L) Benchmarks - Adjusted to 26 Pay Periods

	<b>Annual Median Deductible / HSA Seed</b>	<b>2020 Payroll Deductions</b>	<b>10-499 Employees Payroll Deductions</b>	<b>500-999 Employees Payroll Deductions</b>	<b>West Payroll Deductions</b>	<b>Financial Services Payroll Deductions</b>
L1. PPO   Employee Only	\$750 / None	\$0.00	\$108.46	\$78.46	\$69.69	\$75.23
L2. PPO   Composite Family	\$1,500 / None	\$224.33	\$311.08	\$296.31	\$269.54	\$276.46
L3. HSA   Employee Only	\$2,000 / \$500	\$0 (no HSA)	\$60.00	\$40.15	\$37.38	\$41.08
L4. HSA   Composite Family	\$4,000 / \$1,000	\$162.24	\$270.00	\$175.85	\$149.54	\$186.92

## Assumptions & Caveats

Item	Description
1	All fixed cost information provided by HMA and Sun Life
2	Maximum and expected claims expectations provided by Sun Life
3	HMA's fees include claims administration, network access, care management, Rx carve-out fees, fiduciary services, nurseline, and MDLive (full suite)
4	Benchmarks based on 2019 National Survey

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# Executive Affordability Scorecard

Prior Period: 9/1/20xx - 8/31/20xx

Current Period: 9/1/20xx - 8/31/20xx

Current Period Claims processed through 9/30/20xx

UnitedHealthcare Norm



# Executive Affordability Scorecard

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- Contents
  - Demographic Summary
  - Claim Cost Sharing
  - High Cost Claimants
  - Cost Savings Overview
  - Claim Costs by Category
  - Network Utilization Overview
  - Managed Pharmacy
  - Glossary

# Executive Affordability Scorecard

## Demographics, Cost Sharing and High Cost Claimants

Demographic Summary					
	Prior Period	Current Period	Change	UnitedHealthcare Norm	Variance
Subscribers	643	739	15.0%	N/A	N/A
Members	1,182	1,313	11.1%	N/A	N/A
Contract Size	1.84	1.78	-3.4%	1.83	-2.9%
Unique Claimants	1,184	1,275	7.7%	N/A	N/A
% of Members Utilizing the Plan	100.1%	97.1%	-3.0%	97.5%	-0.4%
Average Family Size	3.3	3.2	-3.0%	3.2	0.0%
Demographic Factor	0.967	0.978	1.1%	1.074	-9.0%

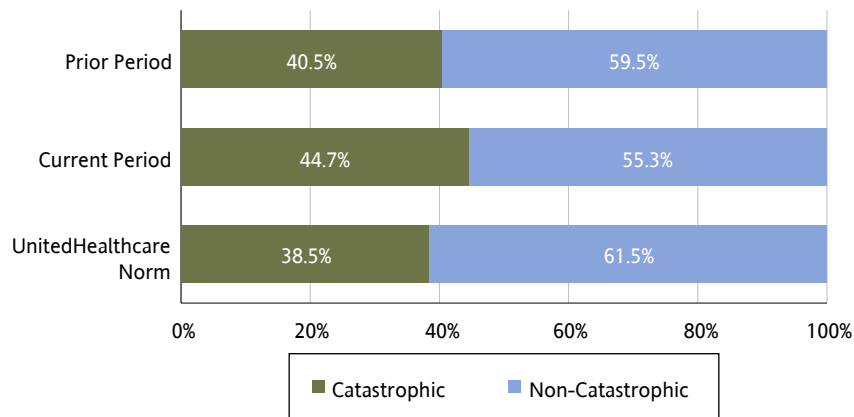
  

Claim Cost Sharing					
	Prior Period	Current Period	Change	UnitedHealthcare Norm	Variance
Employer Cost	\$3,932,386	\$4,463,268	13.5%	N/A	N/A
Employee Cost	\$888,443	\$1,032,402	16.2%	N/A	N/A
Employer Cost Sharing	81.6%	81.2%	-0.4%	84.2%	-3.0%

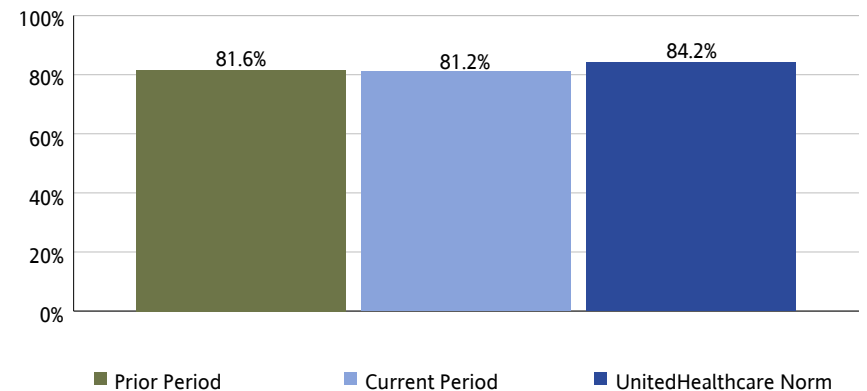
  

High Cost Claimants (>=\$50K)					
	Prior Period	Current Period	Change	UnitedHealthcare Norm	Variance
Number of Claimants	9	12	33.3%	N/A	N/A
Net Paid Per Claimant	\$177,161	\$166,356	-6.1%	\$122,900	35.4%
Net Paid PMPM	\$112.37	\$126.68	12.7%	\$113.37	11.7%
% of Total Net Paid	40.5%	44.7%	4.2%	38.5%	6.2%

Impact of High Cost Cases



Employer Cost Sharing



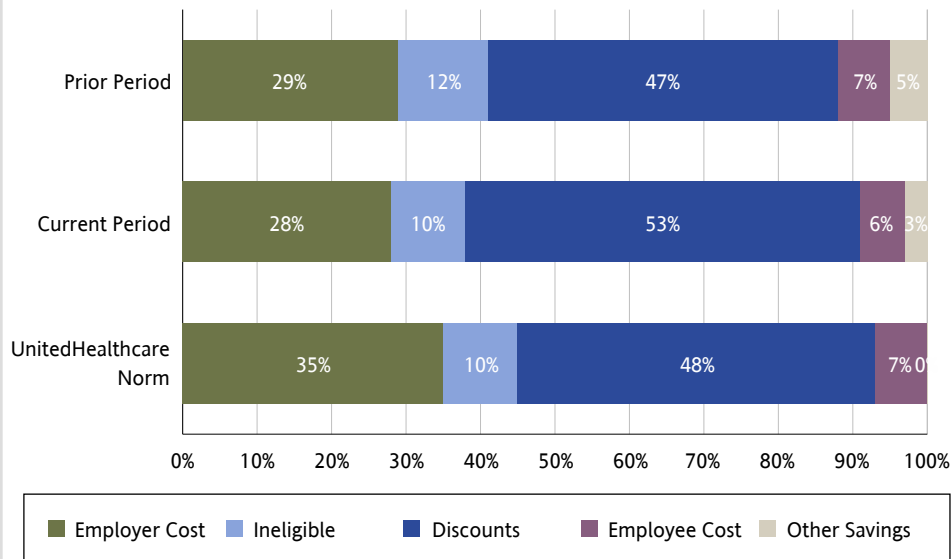
# Executive Affordability Scorecard

## Cost Management Overview

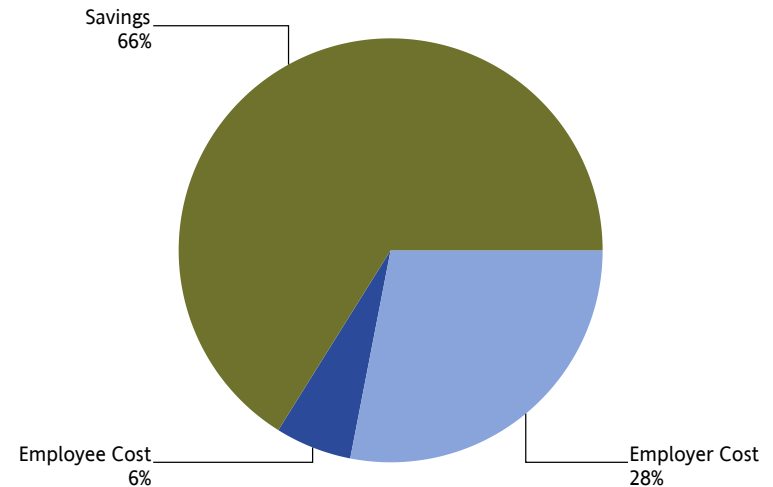
### Cost Savings Overview

	Totals			Totals Per Claimant				
	Prior Period	Current Period	Change	Prior Period	Current Period	Change	UnitedHealthcare Norm	Variance
Submitted Charges	\$13,451,485	\$16,041,741	19.3%	\$10,900.72	\$12,143.63	11.4%	\$10,026.94	21.1%
Savings Due to Ineligible Charges	\$1,628,527	\$1,668,606	2.5%	\$1,319.71	\$1,263.14	-4.3%	\$1,041.00	21.3%
Eligible Charges	\$11,822,958	\$14,373,135	21.6%	\$9,581.00	\$10,880.50	13.6%	\$8,985.94	21.1%
Savings Due to Discounts	\$6,284,760	\$8,535,657	35.8%	\$5,093.00	\$6,461.51	26.9%	\$4,781.59	35.1%
Covered Amount	\$5,538,198	\$5,837,478	5.4%	\$4,488.00	\$4,418.98	-1.5%	\$4,200.93	5.2%
Savings due to Deductibles	\$443,913	\$625,630	40.9%	\$359.74	\$473.60	31.7%	\$362.82	30.5%
Savings due to Coinsurance	\$250,893	\$183,848	-26.7%	\$203.32	\$139.17	-31.5%	\$180.12	-22.7%
Savings due to Copays	\$193,637	\$222,924	15.1%	\$156.92	\$168.75	7.5%	\$109.17	54.6%
Gross Payable	\$4,649,755	\$4,805,076	3.3%	\$3,768.03	\$3,637.45	-3.5%	\$3,547.97	2.5%
Other Savings	\$717,369	\$341,808	-52.4%	\$581.34	\$258.75	-55.5%	\$80.15	222.8%
<b>Net Paid</b>	<b>\$3,932,386</b>	<b>\$4,463,268</b>	<b>13.5%</b>	<b>\$3,186.70</b>	<b>\$3,378.70</b>	<b>6.0%</b>	<b>\$3,467.83</b>	<b>-2.6%</b>
<b>Net Paid PMPM</b>	<b>\$277.14</b>	<b>\$283.24</b>	<b>2.2%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Distribution of Charges



Distribution of Charges - Current Period



# Executive Affordability Scorecard

## Costs By Category, Network Utilization

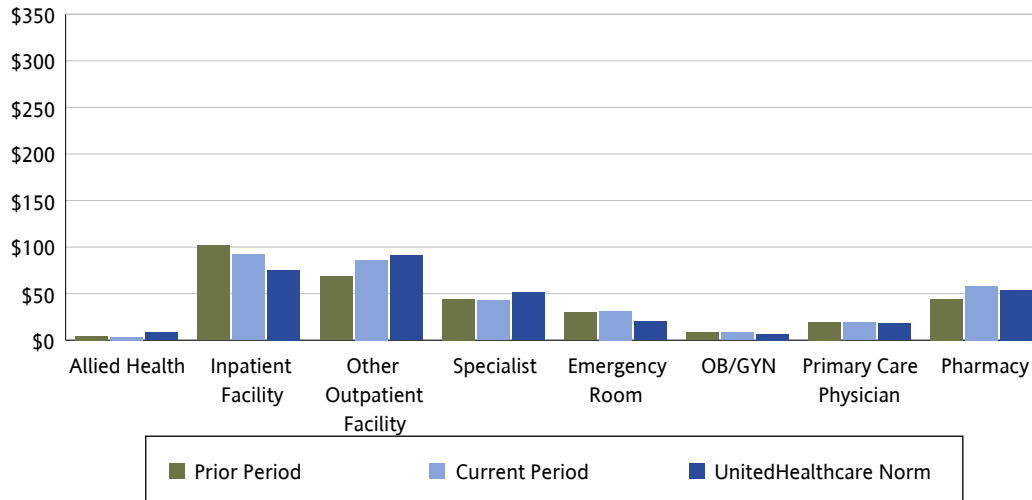
### Claim Costs by Category

	Prior Period		Current Period		Change PMPM	UnitedHealthcare Norm PMPM	Variance PMPM
	Net Paid	PMPM	Net Paid	PMPM			
Inpatient Facility	\$1,439,269	\$101.44	\$1,454,798	\$92.32	-9.0%	\$75.51	22.3%
Emergency Room	\$426,165	\$30.03	\$493,757	\$31.33	4.3%	\$20.08	56.0%
Other Outpatient Facility	\$974,474	\$68.68	\$1,354,375	\$85.95	25.1%	\$91.17	-5.7%
Primary Care Physician	\$275,948	\$19.45	\$296,147	\$18.79	-3.4%	\$18.04	4.2%
OB/GYN	\$119,877	\$8.45	\$133,771	\$8.49	0.5%	\$6.78	25.3%
Specialist	\$629,770	\$44.38	\$673,849	\$42.76	-3.7%	\$51.28	-16.6%
Allied Health	\$66,200	\$4.67	\$55,541	\$3.52	-24.5%	\$8.52	-58.6%
Pharmacy	\$628,377	\$44.29	\$919,675	\$58.36	31.8%	\$53.73	8.6%

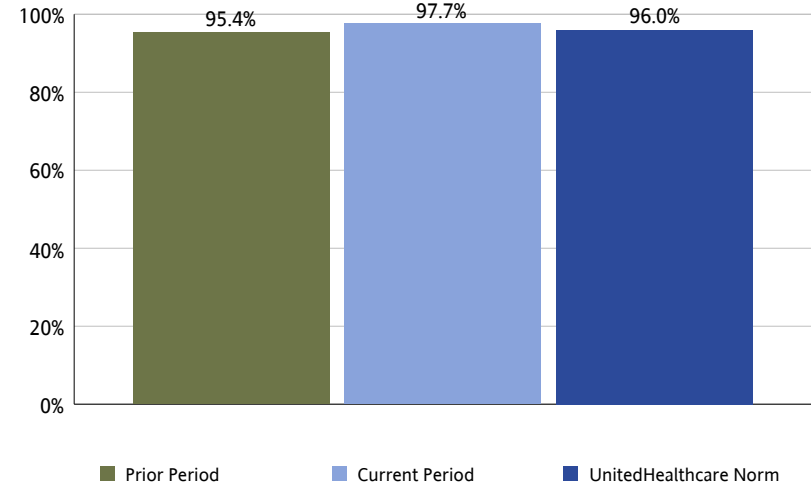
### Network Utilization Overview

	Prior Period	Current Period	Change	UnitedHealthcare Norm	Variance
Eligible Facility Expenses Paid In-Network	95.7%	98.4%	2.7%	96.8%	1.6%
Eligible Physician Expenses Paid In-Network	96.8%	96.2%	-0.7%	95.0%	1.2%
Average UHC Network Provider Discount	57.5%	60.5%	3.0%	55.1%	5.4%
Total Discount PMPM	\$442.93	\$541.67	22.3%	\$405.69	33.5%

Net Paid PMPM by Category



Total Expenses Paid In-Network



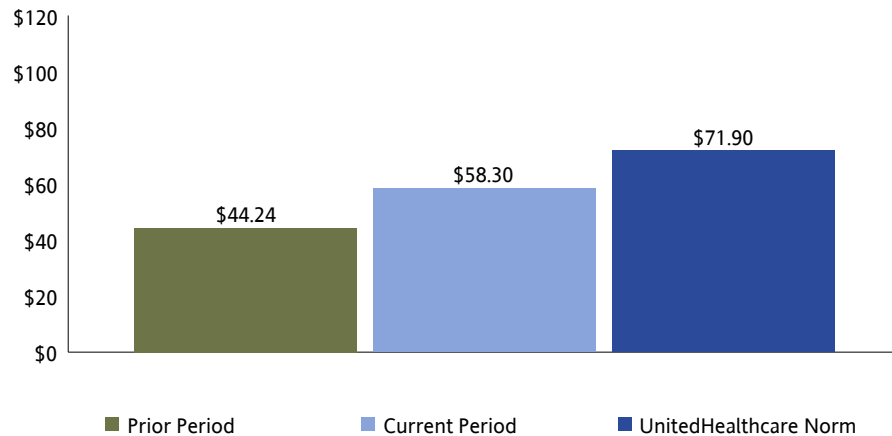
# Executive Affordability Scorecard

## Managed Pharmacy

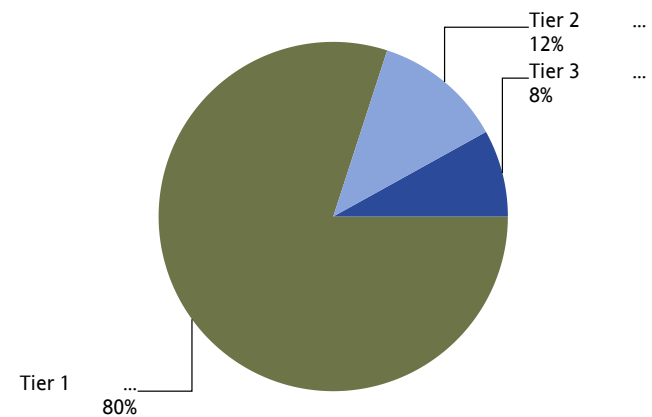
Managed Pharmacy Overview					
	Prior Period	Current Period	Change	UnitedHealthcare Norm	Variance
Number of Claimants	988	1,047	6.0%	N/A	N/A
Number of Prescriptions	9,604	10,787	12.3%	N/A	N/A
Prescriptions per Claimant	9.72	10.30	6.0%	11.14	-7.5%
Net Paid Per Claimant	\$635.32	\$877.41	38.1%	\$1,033.70	-15.1%
Prescriptions PMPY	8.12	8.21	1.1%	9.30	-11.6%
Net Paid PMPM	\$44.24	\$58.30	31.8%	\$71.90	-18.9%
Net Paid Per Prescription	\$65.36	\$85.16	30.3%	\$92.82	-8.3%
Average Copay Per Prescription	\$15.61	\$11.03	-29.3%	\$12.95	-14.9%

Managed Pharmacy by Delivery Method and Tier - Current Period									
	Retail				Home Delivery				Retail and Home
	Tier One	Tier Two	Tier Three	Total	Tier One	Tier Two	Tier Three	Total	Combined Total
Number of Prescriptions	8,548	1,319	790	10,657	105	10	15	130	10,787
Prescriptions PMPY	6.51	1.00	0.60	8.12	0.08	0.01	0.01	0.10	8.21
Average Net Paid Per Prescription	\$10.68	\$397.33	\$369.72	\$85.15	\$11.19	\$116.72	\$591.44	\$86.26	\$85.16
Average Net Paid PMPM	\$5.79	\$33.26	\$18.54	\$57.59	\$0.07	\$0.07	\$0.56	\$0.71	\$58.30

Net Paid PMPM



Prescriptions By Tier-Current Period



# Executive Affordability Scorecard

## Glossary

Allied Health	non-physician health care practitioners such as dentists, optometrists, chiropractors, podiatrists, mental health professionals, and nurses. Equivalent to Allied Health in Health Care Cost Category Detail.
Average Family Size	the estimated number of people covered by any one subscriber with dependent coverage. The calculation is: $[\text{Number of Subscribers with Dependents} + \text{Number of Dependents}] \div \text{Number of Subscribers with Dependents}$ .
Average UHC Network Provider Discount Category (Claim Costs)	discounts as a percent of the eligible amount for Contracted, National PPO and National Ancillary providers. method of segregating claim costs based on Health Care Cost Category and Service Type Summary.
Catastrophic	high cost claims, e.g. claims greater than or equal to \$50,000.
Contract Size	the number of members divided by the number of subscribers.
Demographic Factor	a ratio that illustrates the degree of variance from the mean (1.0) in regards to the impact that the age and gender distribution of the selected population is likely to have on overall health care expenses paid by the plan.
Eligible Facility Expenses Paid In-Network	the amount remaining from a submitted charge for facility services (equivalent to Facility in Provider Type Category) covered at a network benefit level equal to UHG Network + Customer Network + Neutral after all expenses not covered by the health plan have been removed.
Eligible Physician Expenses Paid In-Network	the amount remaining from a submitted charge for physician services (equivalent to Professional in Provider Type Category) covered at a network benefit level equal to UHG Network + Customer Network + Neutral after all expenses not covered by the health plan have been removed.
Employee Cost	the total expenses (i.e. deductibles, coinsurance, and copay) subscribers pay toward health care claims.
Employer Cost	the number of dollars paid by the plan after excluding any plan provisions (i.e., discounts, employee cost, and other savings), i.e. Net Paid.
Employer Cost Sharing	proportion of the dollars paid by the plan after excluding any plan provisions in relation to the sum of Employee Cost and Employer Cost.
Home Delivery	pharmaceutical orders filled via fax, mail or the Internet and delivered via a postal carrier (usually for maintenance drugs).
Managed Pharmacy	coverage for pharmaceuticals under a UnitedHealthcare plan of benefits that channels utilization to types of drugs and submission methods that are designed to be cost effective.
Medical Pharmacy	a medical benefit for pharmaceuticals purchased under the medical plan (e.g., medications given during an inpatient hospitalization).
Non-Catastrophic	non-high cost claims, e.g. claims less than \$50,000.
Other Outpatient Facility	a building or place where health care services are provided (excluding emergency room) that does not require admission. Equivalent to Facility Outpatient in Health Care Cost Category Detail minus Emergency Room in Service Type Summary.
Other Savings	costs paid by another insurance carrier, according to a coordination of benefits (COB) arrangement. Also included in this category are provider sanctions, claims withholding and identified overpayments.
Pharmacy	coverage for pharmaceuticals, includes both Medical Pharmacy and Managed Pharmacy. Equivalent to Medical Pharmacy plus Managed Pharmacy in Health Care Cost Category Detail.
Prescription Tier	indicates if a pharmaceutical order was filled with a drug on the prescription drug list. Consists of 4 Tiers, see eCR glossary for further details.
Primary Care Physician	a physician providing basic or general care. Includes family practitioners, pediatricians, and internal medicine practitioners. Equivalent to Primary Care in Health Care Cost Category Detail.
Retail	a pharmaceutical order (i.e. prescription) presented for fulfillment at a local pharmacy establishment.
Specialist	a physician providing care in a distinct branch of medicine, e.g. Cardiology, Orthopedics, etc. Equivalent to Specialty in Health Care Cost Category Detail.
Unique Claimants	number of unique members who submitted at least one eligible claim during the reporting period.
UnitedHealthcare Norm	aggregated values based on UnitedHealthcare's book of business that are used to provide a comparison.

# ABC Company

## Health Plan Budget Monitoring Report

2020 Plan Year | Data Through February 2020



# Executive Summary

## Highlights of this report:

This executive summary focuses on the medical/Rx plans only; additional detail for other self-funded plans is included in this report

The 2019 year-end loss ratio was **82.8%**, resulting in a surplus of approximately **\$2.4M**

In 2019, no claimants that have exceeded the **\$250,000 specific stop loss deductible**

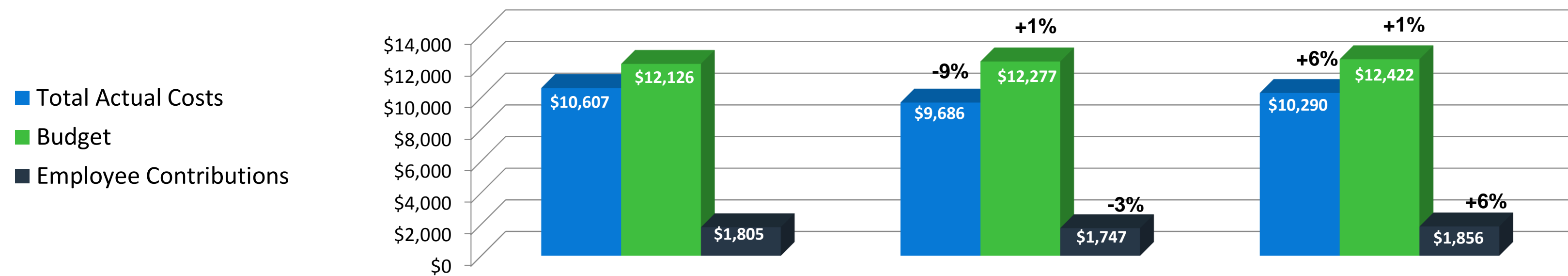
In 2020, the stop loss deductible increased to **\$300,000 per individual**

The **2020 plan year is immature for the merging population**; as such, we expect a surplus in the first few months of the plan year

The **loss ratio in the medical plan for January/February 2020 was 74.7%**, reflecting the immature experience versus our mature funding rates

Dental, vision, short term disability, and other utilization information is provided in the body of this report

## Your per employee per year (PEPY) costs over time:



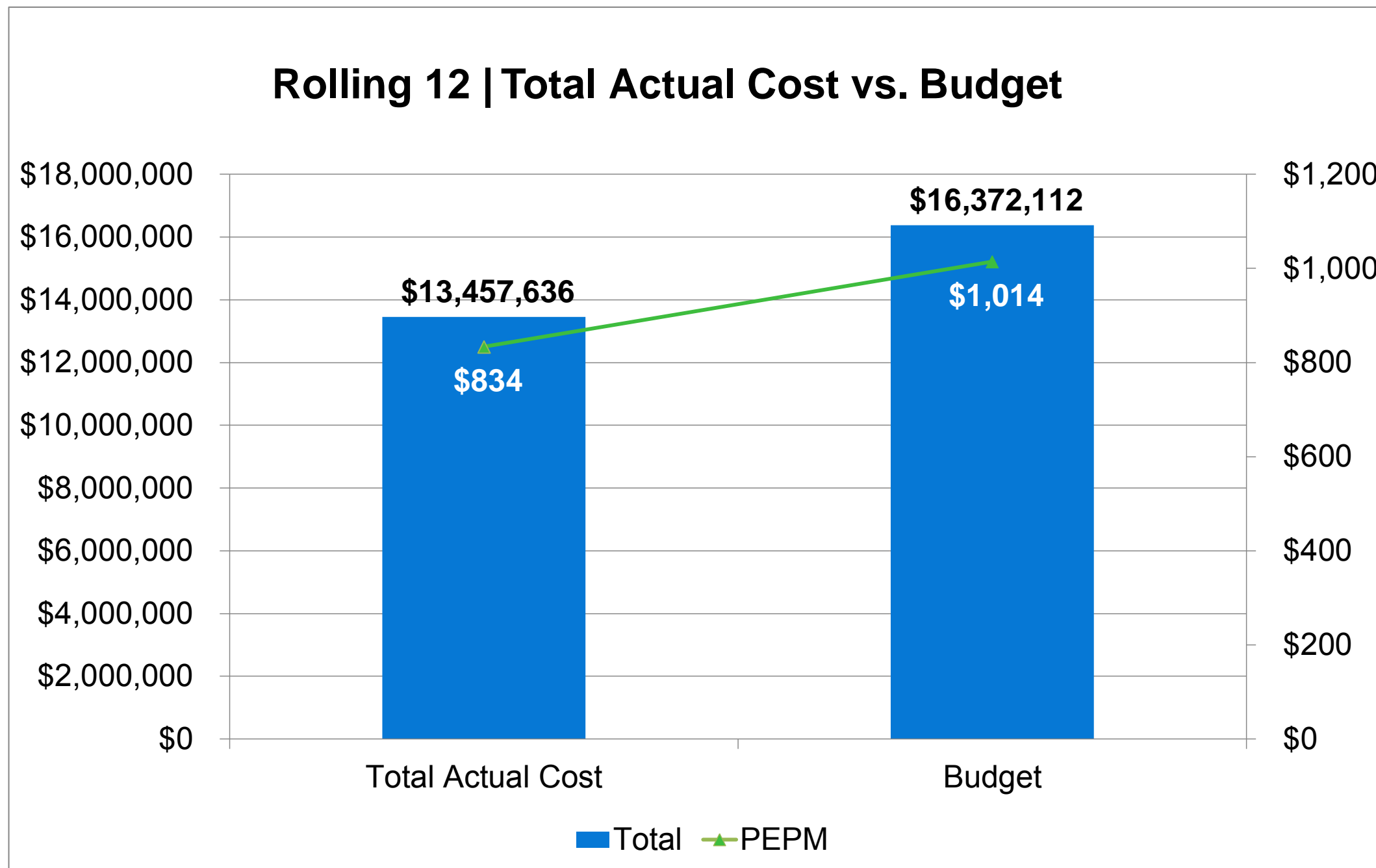
		2017 Actual	2018 Actual	2019 Actual
Aggregate	Total Actual Costs	\$9,993,220	\$9,703,094	\$11,516,965
	Budget	\$11,424,643	\$12,298,528	\$13,903,727
	<b>Loss Ratio</b>	<b>87.5%</b>	<b>78.9%</b>	<b>82.8%</b>
	Employee Contributions	\$1,700,455	\$1,750,309	\$2,077,448
	<i>Enrolled Employees</i>	<i>942</i>	<i>1,002</i>	<i>1,119</i>
PEPY (for graph)	Total Actual Costs	\$10,607	\$9,686	\$10,290
	Budget	\$12,126	\$12,277	\$12,422
	Employee Contributions	\$1,805	\$1,747	\$1,856

\* Actual costs are net of Rx rebates and stop loss reimbursements, and include employer HSA funding

# Medical Plans

**Summary Includes: All Business Units, All Plan Designs**

## Total Actual Cost vs. Budget Comparison



**82.2% Loss Ratio**

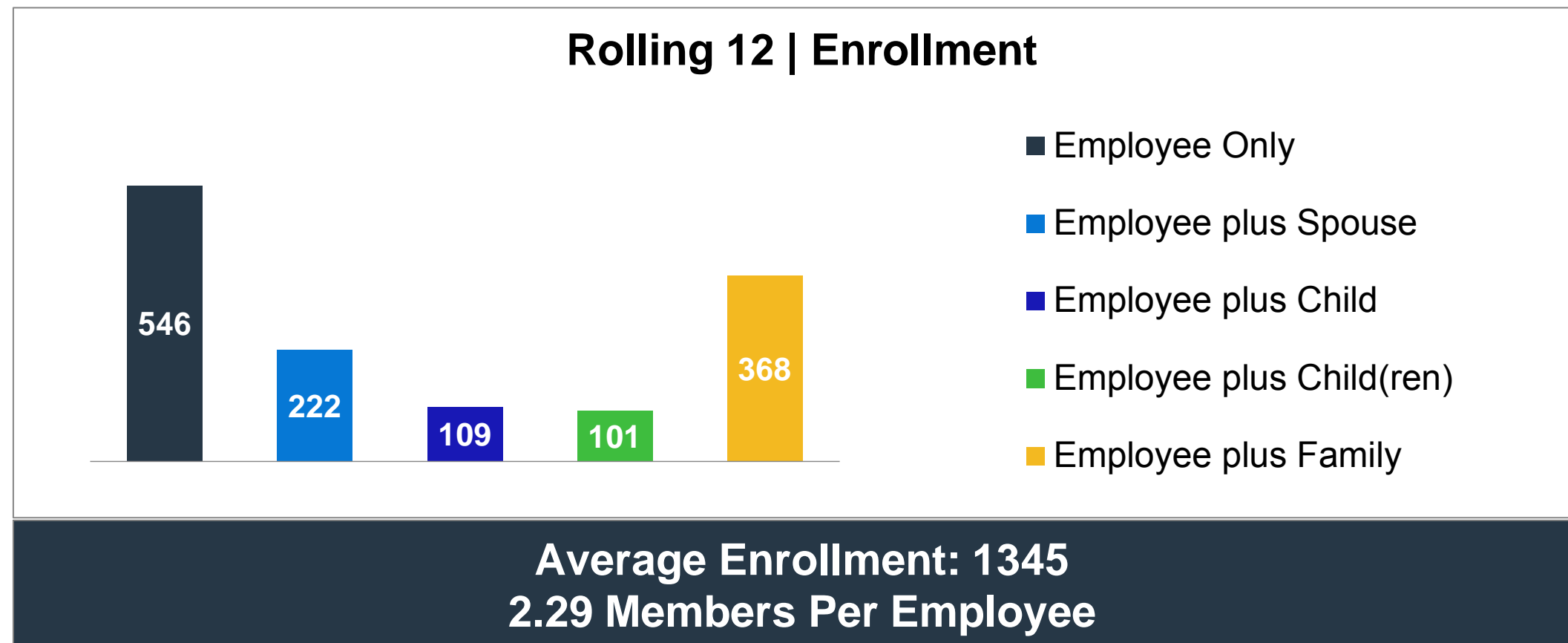
(\$2,914,476 surplus)

### Note on Loss Ratios:

- ✓ **Actual costs** include all costs associated with the self-funded plans:
  - Medical/Rx claims
  - Administration
  - Individual stop loss premium
  - HSA Funding
- ✓ **Budgeted costs** are calculated off of HUB's recommended funding rates, which are shown in the back of this report

## Employee Plan Participation

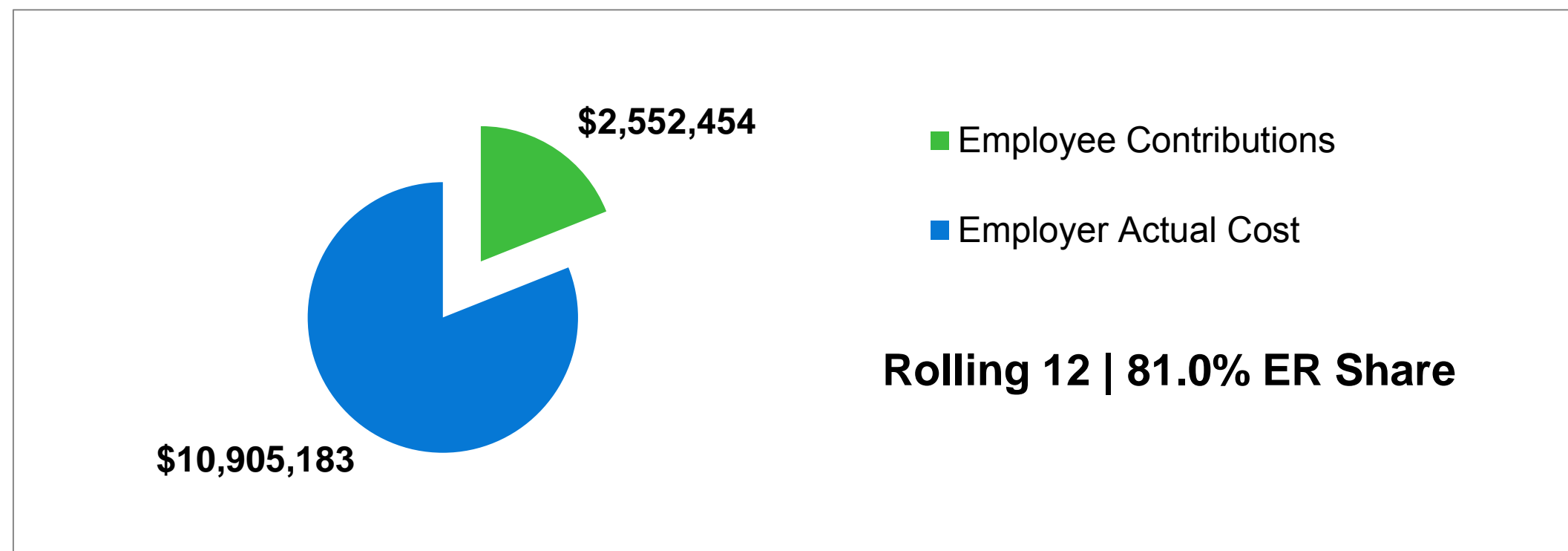
### Enrollment



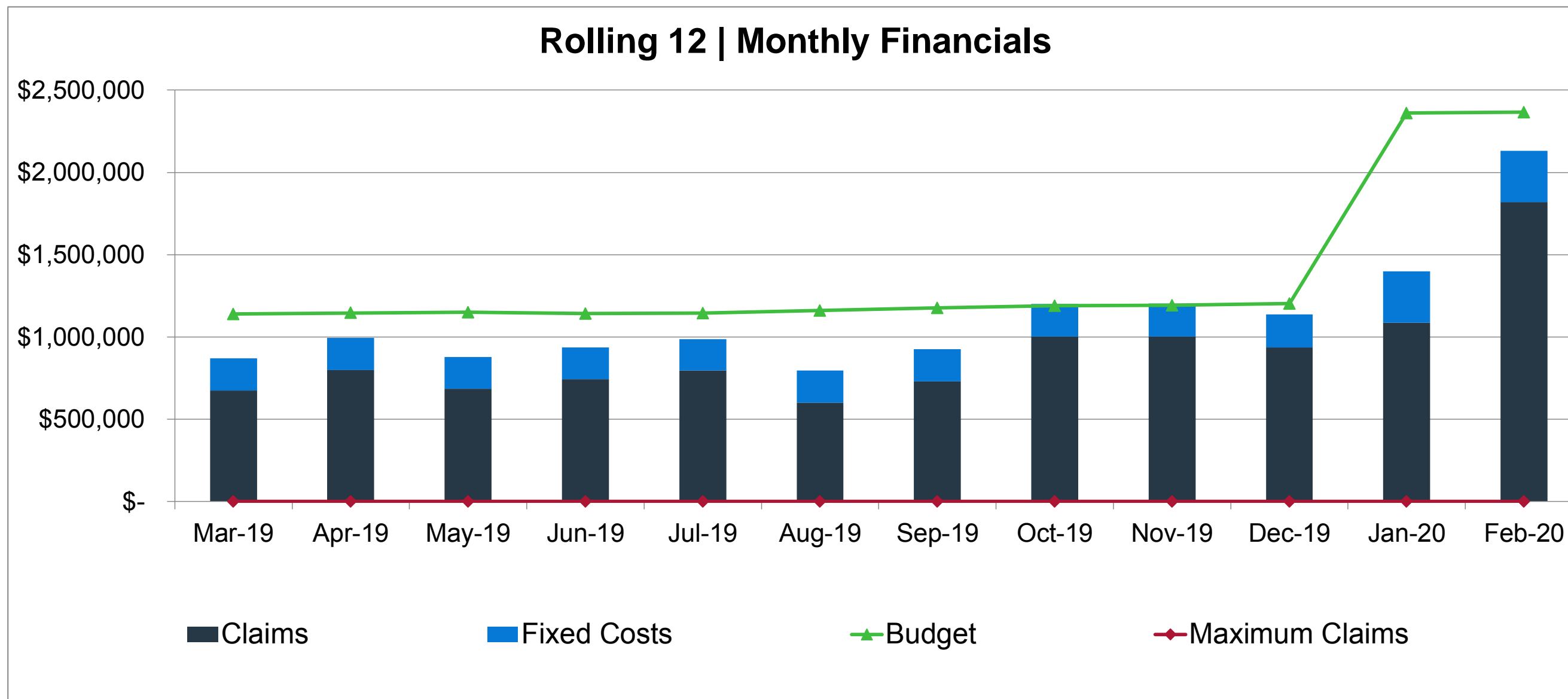
### Notes and Observations:

- ✓ Employees have shared in approximately 19% of actual costs
- ✓ The average family size is approximately 2.29 members

### Cost Sharing

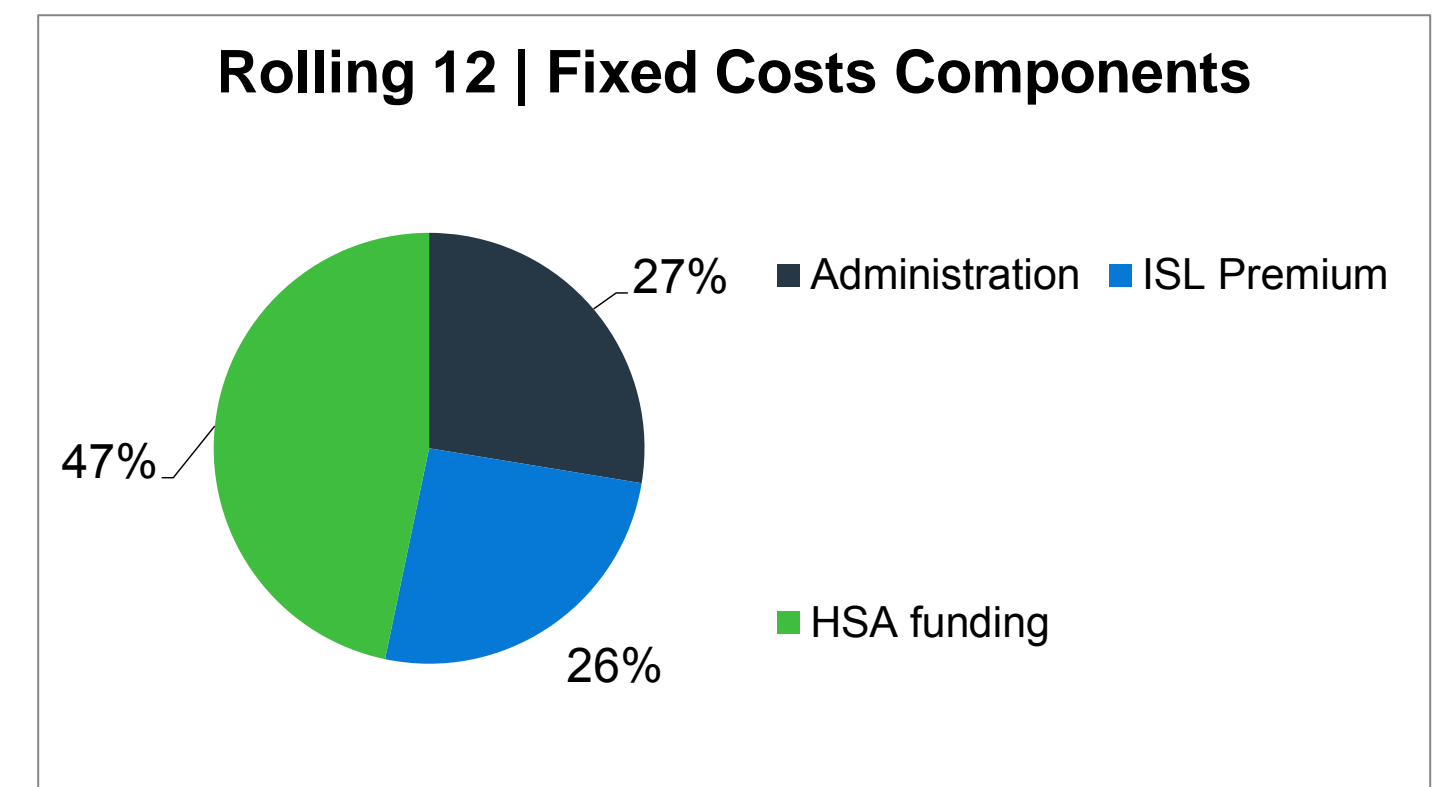
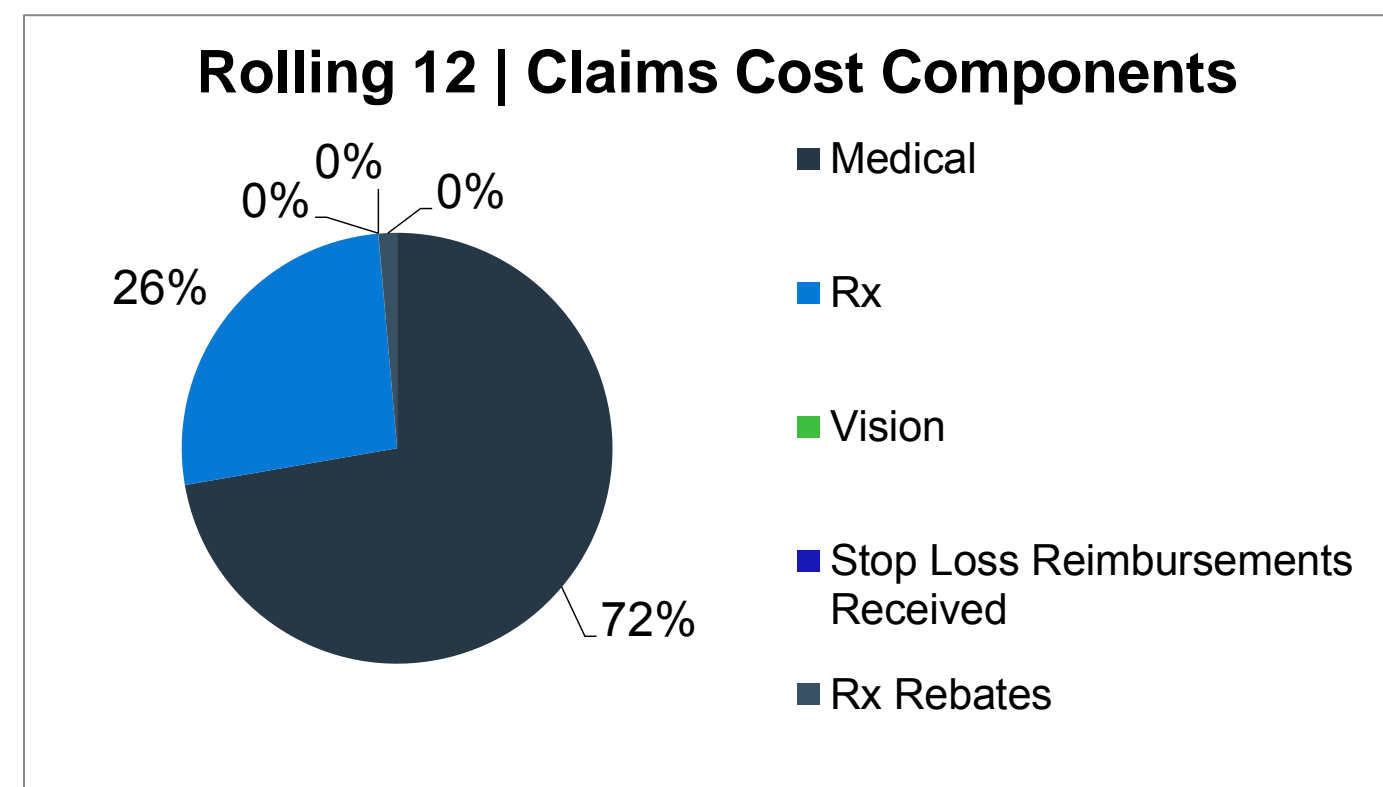
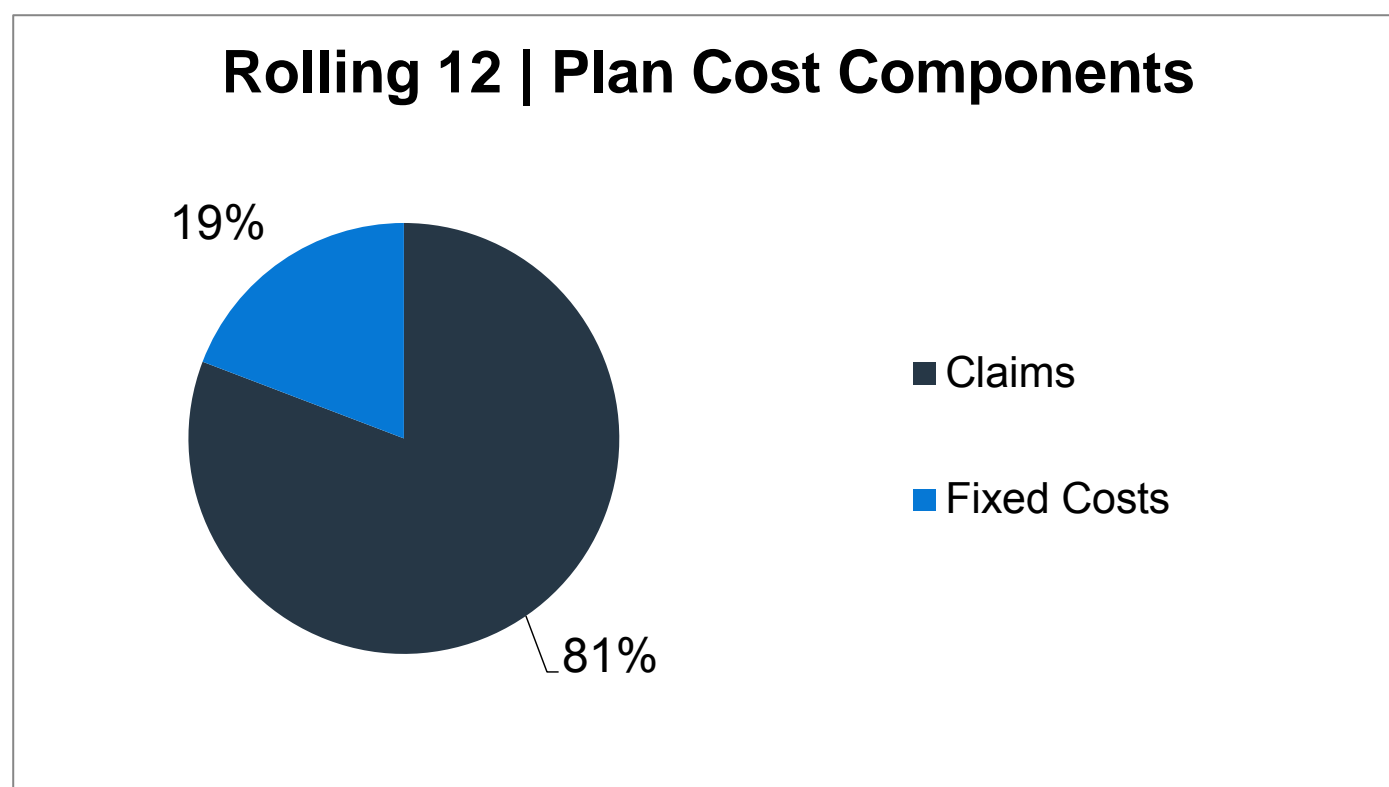


## Cost Summary



### Notes and Observations:

- ✓ Fixed costs amount to 19% of actual costs
- ✓ Typically Rx accounts for approximately 15-25% of claims
- ✓ Claims volatility is inherent in healthcare, particularly with large medical claimants
- ✓ The individual stop loss deductible is \$300,000 per member in 2020
- ✓ **The 2020 plan year is immature for the merging population**





# Medical Plans



Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change	
<b>Enrollment</b>																
Employee Only	420	424	436	432	426	439	448	452	461	473	1,074	1,067	546	407	34.1%	
Employee plus Spouse	181	184	182	183	189	190	190	192	192	190	393	394	222	158	40.4%	
Employee plus Child	92	93	90	89	92	93	92	94	92	92	193	195	109	86	27.1%	
Employee plus Child(ren)	82	84	82	82	84	85	89	91	92	93	171	172	101	73	38.4%	
Employee plus Family	324	323	325	321	318	322	326	329	328	331	584	588	368	301	22.3%	
<b>Total Enrollment Members</b>	<b>1,099</b>	<b>1,108</b>	<b>1,115</b>	<b>1,107</b>	<b>1,109</b>	<b>1,129</b>	<b>1,145</b>	<b>1,158</b>	<b>1,165</b>	<b>1,179</b>	<b>2,415</b>	<b>2,416</b>	<b>1,345</b>	<b>1,025</b>	<b>31.3%</b>	
	<b>2,590</b>	<b>2,600</b>	<b>2,602</b>	<b>2,580</b>	<b>2,595</b>	<b>2,629</b>	<b>2,667</b>	<b>2,704</b>	<b>2,708</b>	<b>2,729</b>	<b>5,308</b>	<b>5,325</b>	<b>3,086</b>	<b>2,396</b>	<b>28.8%</b>	
<b>Claims</b>																
Medical	\$ 506,947	\$ 603,319	\$ 481,067	\$ 504,746	\$ 590,303	\$ 365,814	\$ 474,413	\$ 741,894	\$ 793,388	\$ 680,627	\$ 839,254	\$ 1,500,151	\$ 8,081,924	\$ 5,572,881	45.0%	
Rx	\$ 178,817	\$ 206,177	\$ 214,007	\$ 250,368	\$ 217,227	\$ 246,439	\$ 271,238	\$ 275,347	\$ 221,687	\$ 270,830	\$ 261,230	\$ 331,953	\$ 2,945,321	\$ 2,248,382	31.0%	
Vision	\$ 170		\$ 177			\$ 89	\$ 94	\$ 162		\$ 113	\$ 100	\$ 144	\$ 1,050	\$ 609	72.4%	
Stop Loss Reimbursements Received													\$ -	\$ (31,585)	-100.0%	
Rx Rebates	\$ (10,205)	\$ (11,200)	\$ (11,500)	\$ (12,250)	\$ (11,975)	\$ (12,650)	\$ (15,780)	\$ (14,965)	\$ (12,160)	\$ (14,930)	\$ (13,743)	\$ (14,038)	\$ (155,396)	\$ (131,630)	18.1%	
<b>Claims</b>	<b>\$ 675,730</b>	<b>\$ 798,296</b>	<b>\$ 683,752</b>	<b>\$ 742,864</b>	<b>\$ 795,556</b>	<b>\$ 599,692</b>	<b>\$ 729,965</b>	<b>\$ 1,002,437</b>	<b>\$ 1,002,915</b>	<b>\$ 936,640</b>	<b>\$ 1,086,841</b>	<b>\$ 1,818,211</b>	<b>\$ 10,872,898</b>	<b>\$ 7,658,658</b>	<b>42.0%</b>	
PEPM	\$ 615	\$ 720	\$ 613	\$ 671	\$ 717	\$ 531	\$ 638	\$ 866	\$ 861	\$ 794	\$ 450	\$ 753	\$ 673	\$ 623	8.1%	
PMPM	\$ 261	\$ 307	\$ 263	\$ 288	\$ 307	\$ 228	\$ 274	\$ 371	\$ 370	\$ 343	\$ 205	\$ 341	\$ 294	\$ 266	10.2%	
<b>Maximum Claims</b>															n/a	
PEPM															n/a	
PMPM															n/a	
<b>Fixed Costs</b>																
Administration	\$ 48,081	\$ 48,475	\$ 48,781	\$ 48,431	\$ 48,519	\$ 49,394	\$ 50,094	\$ 50,663	\$ 50,969	\$ 51,581	\$ 109,134	\$ 109,179	\$ 713,300	\$ 518,640	37.5%	
ISL Premium	\$ 50,565	\$ 50,979	\$ 51,301	\$ 50,933	\$ 51,025	\$ 51,945	\$ 52,681	\$ 53,280	\$ 53,602	\$ 54,246	\$ 71,605	\$ 71,634	\$ 663,796	\$ 709,308	-6.4%	
HSA funding	\$ 95,708	\$ 95,533	\$ 94,017	\$ 93,050	\$ 92,467	\$ 93,825	\$ 94,067	\$ 94,792	\$ 94,692	\$ 94,617	\$ 132,108	\$ 132,767	\$ 1,207,642	\$ 1,110,733	8.7%	
<b>Fixed Costs</b>	<b>\$ 194,355</b>	<b>\$ 194,987</b>	<b>\$ 194,099</b>	<b>\$ 192,414</b>	<b>\$ 192,011</b>	<b>\$ 195,164</b>	<b>\$ 196,842</b>	<b>\$ 198,734</b>	<b>\$ 199,262</b>	<b>\$ 200,444</b>	<b>\$ 312,847</b>	<b>\$ 313,580</b>	<b>\$ 2,584,738</b>	<b>\$ 2,338,682</b>	<b>10.5%</b>	
PEPM	\$ 177	\$ 176	\$ 174	\$ 174	\$ 173	\$ 173	\$ 172	\$ 172	\$ 171	\$ 170	\$ 130	\$ 130	\$ 160	\$ 190	-15.8%	
PMPM	\$ 75	\$ 75	\$ 75	\$ 75	\$ 74	\$ 74	\$ 74	\$ 73	\$ 74	\$ 73	\$ 59	\$ 59	\$ 70	\$ 81	-14.2%	
<b>Totals</b>																
<b>Total Actual Cost</b>	<b>\$ 870,084</b>	<b>\$ 993,283</b>	<b>\$ 877,851</b>	<b>\$ 935,278</b>	<b>\$ 987,566</b>	<b>\$ 794,857</b>	<b>\$ 926,806</b>	<b>\$ 1,201,171</b>	<b>\$ 1,202,177</b>	<b>\$ 1,137,084</b>	<b>\$ 1,399,688</b>	<b>\$ 2,131,791</b>	<b>\$ 13,457,636</b>	<b>\$ 9,997,340</b>	<b>34.6%</b>	
PEPM	\$ 792	\$ 896	\$ 787	\$ 845	\$ 891	\$ 704	\$ 809	\$ 1,037	\$ 1,032	\$ 964	\$ 580	\$ 882	\$ 834	\$ 813	2.5%	
PMPM	\$ 336	\$ 382	\$ 337	\$ 363	\$ 381	\$ 302	\$ 348	\$ 444	\$ 444	\$ 417	\$ 264	\$ 400	\$ 363	\$ 348	4.5%	
<b>Budget</b>	<b>\$ 1,139,747</b>	<b>\$ 1,146,237</b>	<b>\$ 1,149,759</b>	<b>\$ 1,141,696</b>	<b>\$ 1,144,869</b>	<b>\$ 1,161,707</b>	<b>\$ 1,176,760</b>	<b>\$ 1,189,616</b>	<b>\$ 1,192,209</b>	<b>\$ 1,202,495</b>	<b>\$ 2,360,133</b>	<b>\$ 2,366,884</b>	<b>\$ 16,372,112</b>	<b>\$ 12,620,672</b>	<b>29.7%</b>	
PEPM	\$ 1,037	\$ 1,035	\$ 1,031	\$ 1,031	\$ 1,032	\$ 1,029	\$ 1,028	\$ 1,027	\$ 1,023	\$ 1,020	\$ 977	\$ 980	\$ 1,014	\$ 1,027	-1.2%	
PMPM	\$ 440	\$ 441	\$ 442	\$ 443	\$ 441	\$ 442	\$ 441	\$ 440	\$ 440	\$ 441	\$ 445	\$ 444	\$ 442	\$ 439	0.7%	
<b>Loss Ratio</b>	<b>76.3%</b>	<b>86.7%</b>	<b>76.4%</b>	<b>81.9%</b>	<b>86.3%</b>	<b>68.4%</b>	<b>78.8%</b>	<b>101.0%</b>	<b>100.8%</b>	<b>94.6%</b>	<b>59.3%</b>	<b>90.1%</b>	<b>82.2%</b>	<b>79.2%</b>		
<b>Employee Contributions</b>	<b>\$ 169,164</b>	<b>\$ 170,633</b>	<b>\$ 171,737</b>	<b>\$ 170,833</b>	<b>\$ 172,566</b>	<b>\$ 174,472</b>	<b>\$ 177,247</b>	<b>\$ 179,361</b>	<b>\$ 178,912</b>	<b>\$ 181,175</b>	<b>\$ 402,595</b>	<b>\$ 403,759</b>	<b>\$ 2,552,454</b>	<b>\$ 1,808,652</b>	<b>41.1%</b>	
PEPM	\$ 154	\$ 154	\$ 154	\$ 154	\$ 156	\$ 155	\$ 155	\$ 155	\$ 154	\$ 154	\$ 167	\$ 167	\$ 158	\$ 147	7.5%	
PMPM	\$ 65	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 76	\$ 76	\$ 69	\$ 63	9.6%	
<b>Employer Actual Cost</b>	<b>\$ 700,920</b>	<b>\$ 822,651</b>	<b>\$ 706,113</b>	<b>\$ 764,445</b>	<b>\$ 815,000</b>	<b>\$ 620,384</b>	<b>\$ 749,560</b>	<b>\$ 1,021,810</b>	<b>\$ 1,023,265</b>	<b>\$ 955,909</b>	<b>\$ 997,093</b>	<b>\$ 1,728,032</b>	<b>\$ 10,905,183</b>	<b>\$ 8,188,688</b>	<b>33.2%</b>	
PEPM	\$ 638	\$ 742	\$ 633	\$ 691	\$ 735	\$ 549	\$ 655	\$ 882	\$ 878	\$ 811	\$ 413	\$ 715	\$ 675	\$ 666	1.4%	
PMPM	\$ 271	\$ 316	\$ 271	\$ 296	\$ 314	\$ 236	\$ 281	\$ 378	\$ 378	\$ 350	\$ 188	\$ 325	\$ 294	\$ 285	3.4%	

# \$500 Deductible Plan



Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	78	78	80	77	74	77	82	88	91	97	345	341	126	70	79.3%
Employee plus Spouse	25	27	28	29	31	30	30	29	28	28	83	84	38	22	73.2%
Employee plus Child	21	22	20	18	18	17	17	17	17	18	67	68	27	16	69.3%
Employee plus Children	10	10	10	10	12	13	14	14	14	15	24	24	14	5	198.2%
Employee plus Family	24	24	24	24	24	23	23	24	22	24	58	58	29	21	41.9%
<b>Total Enrollment</b>	<b>158</b>	<b>161</b>	<b>162</b>	<b>158</b>	<b>159</b>	<b>160</b>	<b>166</b>	<b>172</b>	<b>172</b>	<b>182</b>	<b>577</b>	<b>575</b>	<b>234</b>	<b>133</b>	<b>75.6%</b>
<b>Members</b>	<b>311</b>	<b>317</b>	<b>318</b>	<b>311</b>	<b>318</b>	<b>317</b>	<b>324</b>	<b>333</b>	<b>328</b>	<b>346</b>	<b>993</b>	<b>993</b>	<b>434</b>	<b>256</b>	<b>69.8%</b>
<b>Claims</b>															
Medical	\$ 140,093	\$ 308,711	\$ 96,931	\$ 64,038	\$ 197,941	\$ 75,004	\$ 125,256	\$ 95,690	\$ 116,735	\$ 57,297	\$ 199,817	\$ 444,750	\$ 1,922,263	\$ 903,948	112.7%
Rx	\$ 33,730	\$ 41,432	\$ 62,258	\$ 52,997	\$ 44,992	\$ 44,732	\$ 46,917	\$ 69,663	\$ 47,484	\$ 70,700	\$ 76,223	\$ 90,054	\$ 681,183	\$ 733,212	-7.1%
Vision	\$ 53		\$ 53					\$ 162			\$ 100		\$ 368	\$ -	n/a
Stop Loss Reimbursements Received													\$ -	\$ -	n/a
Rx Rebates													\$ -	\$ -	n/a
<b>Claims</b>	<b>\$ 173,875</b>	<b>\$ 350,143</b>	<b>\$ 159,242</b>	<b>\$ 117,035</b>	<b>\$ 242,933</b>	<b>\$ 119,736</b>	<b>\$ 172,173</b>	<b>\$ 165,515</b>	<b>\$ 164,219</b>	<b>\$ 127,996</b>	<b>\$ 276,141</b>	<b>\$ 534,805</b>	<b>\$ 2,603,814</b>	<b>\$ 1,637,160</b>	<b>59.0%</b>
PEPM	\$ 1,100	\$ 2,175	\$ 983	\$ 741	\$ 1,528	\$ 748	\$ 1,037	\$ 962	\$ 955	\$ 703	\$ 479	\$ 930	\$ 929	\$ 1,026	-9.4%
PMPM	\$ 559	\$ 1,105	\$ 501	\$ 376	\$ 764	\$ 378	\$ 531	\$ 497	\$ 501	\$ 370	\$ 278	\$ 539	\$ 500	\$ 534	-6.4%
<b>Maximum Claims</b>															n/a
PEPM															n/a
PMPM															n/a
<b>Fixed Costs</b>															
Administration	\$ 6,913	\$ 7,044	\$ 7,088	\$ 6,913	\$ 6,956	\$ 7,000	\$ 7,263	\$ 7,525	\$ 7,525	\$ 7,963	\$ 26,075	\$ 25,984	\$ 124,246	\$ 67,359	84.5%
ISL Premium	\$ 7,270	\$ 7,408	\$ 7,454	\$ 7,270	\$ 7,316	\$ 7,362	\$ 7,638	\$ 7,914	\$ 7,914	\$ 8,374	\$ 17,108	\$ 17,049	\$ 110,073	\$ 91,864	19.8%
<b>Fixed Costs</b>	<b>\$ 14,182</b>	<b>\$ 14,451</b>	<b>\$ 14,541</b>	<b>\$ 14,182</b>	<b>\$ 14,272</b>	<b>\$ 14,362</b>	<b>\$ 14,900</b>	<b>\$ 15,439</b>	<b>\$ 15,439</b>	<b>\$ 16,336</b>	<b>\$ 43,183</b>	<b>\$ 43,033</b>	<b>\$ 234,320</b>	<b>\$ 159,222</b>	<b>47.2%</b>
PEPM	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 75	\$ 75	\$ 84	\$ 100	-16.2%
PMPM	\$ 46	\$ 46	\$ 46	\$ 46	\$ 45	\$ 45	\$ 46	\$ 46	\$ 47	\$ 47	\$ 43	\$ 43	\$ 45	\$ 52	-13.4%
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 188,057</b>	<b>\$ 364,595</b>	<b>\$ 173,783</b>	<b>\$ 131,218</b>	<b>\$ 257,205</b>	<b>\$ 134,098</b>	<b>\$ 187,073</b>	<b>\$ 180,954</b>	<b>\$ 179,658</b>	<b>\$ 144,333</b>	<b>\$ 319,323</b>	<b>\$ 577,838</b>	<b>\$ 2,838,133</b>	<b>\$ 1,796,383</b>	<b>58.0%</b>
PEPM	\$ 1,190	\$ 2,265	\$ 1,073	\$ 830	\$ 1,618	\$ 838	\$ 1,127	\$ 1,052	\$ 1,045	\$ 793	\$ 553	\$ 1,005	\$ 1,013	\$ 1,126	-10.0%
PMPM	\$ 605	\$ 1,150	\$ 546	\$ 422	\$ 809	\$ 423	\$ 577	\$ 543	\$ 548	\$ 417	\$ 322	\$ 582	\$ 545	\$ 586	-7.0%
<b>Budget</b>	<b>\$ 142,550</b>	<b>\$ 145,736</b>	<b>\$ 146,630</b>	<b>\$ 144,730</b>	<b>\$ 147,524</b>	<b>\$ 146,462</b>	<b>\$ 150,262</b>	<b>\$ 154,173</b>	<b>\$ 151,044</b>	<b>\$ 159,705</b>	<b>\$ 471,349</b>	<b>\$ 471,070</b>	<b>\$ 2,431,234</b>	<b>\$ 1,428,912</b>	<b>70.1%</b>
PEPM	\$ 902	\$ 905	\$ 905	\$ 916	\$ 928	\$ 915	\$ 905	\$ 896	\$ 878	\$ 878	\$ 817	\$ 819	\$ 868	\$ 895	-3.1%
PMPM	\$ 458	\$ 460	\$ 461	\$ 465	\$ 464	\$ 462	\$ 464	\$ 463	\$ 461	\$ 462	\$ 475	\$ 474	\$ 467	\$ 466	0.2%
<b>Loss Ratio</b>	<b>131.9%</b>	<b>250.2%</b>	<b>118.5%</b>	<b>90.7%</b>	<b>174.3%</b>	<b>91.6%</b>	<b>124.5%</b>	<b>117.4%</b>	<b>118.9%</b>	<b>90.4%</b>	<b>67.7%</b>	<b>122.7%</b>	<b>116.7%</b>	<b>125.7%</b>	
<b>Employee Contributions</b>	<b>\$ 38,909</b>	<b>\$ 39,860</b>	<b>\$ 40,177</b>	<b>\$ 39,924</b>	<b>\$ 41,016</b>	<b>\$ 40,554</b>	<b>\$ 41,442</b>	<b>\$ 42,295</b>	<b>\$ 41,100</b>	<b>\$ 43,393</b>	<b>\$ 135,887</b>	<b>\$ 135,994</b>	<b>\$ 680,552</b>	<b>\$ 372,885</b>	<b>82.5%</b>
PEPM	\$ 246	\$ 248	\$ 248	\$ 253	\$ 258	\$ 253	\$ 250	\$ 246	\$ 239	\$ 238	\$ 236	\$ 237	\$ 243	\$ 234	4.0%
PMPM	\$ 125	\$ 126	\$ 126	\$ 128	\$ 129	\$ 128	\$ 128	\$ 127	\$ 125	\$ 125	\$ 137	\$ 137	\$ 131	\$ 122	7.5%
<b>Employer Actual Cost</b>	<b>\$ 149,148</b>	<b>\$ 324,734</b>	<b>\$ 133,606</b>	<b>\$ 91,293</b>	<b>\$ 216,189</b>	<b>\$ 93,543</b>	<b>\$ 145,632</b>	<b>\$ 138,659</b>	<b>\$ 138,557</b>	<b>\$ 100,939</b>	<b>\$ 183,436</b>	<b>\$ 441,844</b>	<b>\$ 2,157,581</b>	<b>\$ 1,423,498</b>	<b>51.6%</b>
PEPM	\$ 944	\$ 2,017	\$ 825	\$ 578	\$ 1,360	\$ 585	\$ 877	\$ 806	\$ 806	\$ 555	\$ 318	\$ 768	\$ 770	\$ 892	-13.7%
PMPM	\$ 480	\$ 1,024	\$ 420	\$ 294	\$ 680	\$ 295	\$ 449	\$ 416	\$ 422	\$ 292	\$ 185	\$ 445	\$ 414	\$ 464	-10.8%



# \$1200 Deductible Plan



Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	100	100	106	109	107	114	119	118	123	128	355	354	153	91	67.6%
Employee plus Spouse	68	68	66	66	69	70	69	70	71	70	175	175	86	58	48.8%
Employee plus Child	17	18	19	22	23	24	23	25	27	26	59	60	29	15	90.6%
Employee plus Children	15	16	16	15	16	16	18	19	20	19	74	76	27	15	82.9%
Employee plus Family	119	121	127	126	128	130	134	134	132	133	291	290	155	105	47.4%
<b>Total Enrollment</b>	<b>319</b>	<b>323</b>	<b>334</b>	<b>338</b>	<b>343</b>	<b>354</b>	<b>363</b>	<b>366</b>	<b>373</b>	<b>376</b>	<b>954</b>	<b>955</b>	<b>450</b>	<b>284</b>	<b>58.3%</b>
<b>Members</b>	<b>793</b>	<b>809</b>	<b>838</b>	<b>843</b>	<b>862</b>	<b>883</b>	<b>910</b>	<b>920</b>	<b>925</b>	<b>926</b>	<b>2,306</b>	<b>2,310</b>	<b>1,110</b>	<b>698</b>	<b>59.0%</b>
<b>Claims</b>															
Medical	\$ 121,799	\$ 110,829	\$ 192,354	\$ 131,232	\$ 162,831	\$ 164,564	\$ 213,017	\$ 244,166	\$ 232,938	\$ 330,707	\$ 442,964	\$ 714,930	\$ 3,062,329	\$ 1,988,715	54.0%
Rx	\$ 99,230	\$ 116,426	\$ 108,164	\$ 135,474	\$ 123,801	\$ 140,457	\$ 145,769	\$ 117,539	\$ 112,103	\$ 123,608	\$ 149,279	\$ 193,838	\$ 1,565,688	\$ 1,156,001	35.4%
Vision			\$ 124			\$ 89	\$ 94			\$ 113		\$ 144	\$ 565	\$ 609	-7.3%
Stop Loss Reimbursements Received													\$ -	\$ -	n/a
Rx Rebates													\$ -	\$ -	n/a
<b>Claims</b>	<b>\$ 221,028</b>	<b>\$ 227,254</b>	<b>\$ 300,642</b>	<b>\$ 266,706</b>	<b>\$ 286,632</b>	<b>\$ 305,110</b>	<b>\$ 358,880</b>	<b>\$ 361,705</b>	<b>\$ 345,041</b>	<b>\$ 454,427</b>	<b>\$ 592,243</b>	<b>\$ 908,912</b>	<b>\$ 4,628,581</b>	<b>\$ 3,145,326</b>	<b>47.2%</b>
PEPM	\$ 693	\$ 704	\$ 900	\$ 789	\$ 836	\$ 862	\$ 989	\$ 988	\$ 925	\$ 1,209	\$ 621	\$ 952	\$ 857	\$ 922	-7.0%
PMPM	\$ 279	\$ 281	\$ 359	\$ 316	\$ 333	\$ 346	\$ 394	\$ 393	\$ 373	\$ 491	\$ 257	\$ 393	\$ 347	\$ 375	-7.5%
<b>Maximum Claims</b>															n/a
PEPM															n/a
PMPM															n/a
<b>Fixed Costs</b>															
Administration	\$ 13,956	\$ 14,131	\$ 14,613	\$ 14,788	\$ 15,006	\$ 15,488	\$ 15,881	\$ 16,013	\$ 16,319	\$ 16,450	\$ 43,111	\$ 43,156	\$ 238,911	\$ 143,942	66.0%
ISL Premium	\$ 14,677	\$ 14,861	\$ 15,367	\$ 15,551	\$ 15,781	\$ 16,288	\$ 16,702	\$ 16,840	\$ 17,162	\$ 17,300	\$ 28,286	\$ 28,316	\$ 217,131	\$ 196,473	10.5%
<b>Fixed Costs</b>	<b>\$ 28,633</b>	<b>\$ 28,992</b>	<b>\$ 29,980</b>	<b>\$ 30,339</b>	<b>\$ 30,788</b>	<b>\$ 31,775</b>	<b>\$ 32,583</b>	<b>\$ 32,852</b>	<b>\$ 33,480</b>	<b>\$ 33,750</b>	<b>\$ 71,397</b>	<b>\$ 71,472</b>	<b>\$ 456,042</b>	<b>\$ 340,415</b>	<b>34.0%</b>
PEPM	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 75	\$ 75	\$ 84	\$ 100	-15.3%
PMPM	\$ 36	\$ 36	\$ 36	\$ 36	\$ 36	\$ 36	\$ 36	\$ 36	\$ 36	\$ 36	\$ 31	\$ 31	\$ 34	\$ 41	-15.8%
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 249,662</b>	<b>\$ 256,247</b>	<b>\$ 330,622</b>	<b>\$ 297,045</b>	<b>\$ 317,420</b>	<b>\$ 336,885</b>	<b>\$ 391,463</b>	<b>\$ 394,557</b>	<b>\$ 378,521</b>	<b>\$ 488,177</b>	<b>\$ 663,640</b>	<b>\$ 980,384</b>	<b>\$ 5,084,624</b>	<b>\$ 3,485,741</b>	<b>45.9%</b>
PEPM	\$ 783	\$ 793	\$ 990	\$ 879	\$ 925	\$ 952	\$ 1,078	\$ 1,078	\$ 1,015	\$ 1,298	\$ 696	\$ 1,027	\$ 942	\$ 1,022	-7.8%
PMPM	\$ 315	\$ 317	\$ 395	\$ 352	\$ 368	\$ 382	\$ 430	\$ 429	\$ 409	\$ 527	\$ 288	\$ 424	\$ 382	\$ 416	-8.3%
<b>Budget</b>	<b>\$ 369,968</b>	<b>\$ 375,140</b>	<b>\$ 387,173</b>	<b>\$ 388,207</b>	<b>\$ 395,885</b>	<b>\$ 405,086</b>	<b>\$ 414,832</b>	<b>\$ 417,881</b>	<b>\$ 420,712</b>	<b>\$ 422,291</b>	<b>\$ 1,024,203</b>	<b>\$ 1,024,584</b>	<b>\$ 6,045,963</b>	<b>\$ 3,933,473</b>	<b>53.7%</b>
PEPM	\$ 1,160	\$ 1,161	\$ 1,159	\$ 1,149	\$ 1,154	\$ 1,144	\$ 1,143	\$ 1,142	\$ 1,128	\$ 1,123	\$ 1,074	\$ 1,073	\$ 1,120	\$ 1,153	-2.9%
PMPM	\$ 467	\$ 464	\$ 462	\$ 461	\$ 459	\$ 459	\$ 456	\$ 454	\$ 455	\$ 456	\$ 444	\$ 444	\$ 454	\$ 469	-3.3%
<b>Loss Ratio</b>	<b>67.5%</b>	<b>68.3%</b>	<b>85.4%</b>	<b>76.5%</b>	<b>80.2%</b>	<b>83.2%</b>	<b>94.4%</b>	<b>94.4%</b>	<b>90.0%</b>	<b>115.6%</b>	<b>64.8%</b>	<b>95.7%</b>	<b>84.1%</b>	<b>88.6%</b>	
<b>Employee Contributions</b>	<b>\$ 66,797</b>	<b>\$ 67,757</b>	<b>\$ 69,772</b>	<b>\$ 69,713</b>	<b>\$ 71,260</b>	<b>\$ 72,692</b>	<b>\$ 74,393</b>	<b>\$ 74,948</b>	<b>\$ 75,190</b>	<b>\$ 75,312</b>	<b>\$ 180,799</b>	<b>\$ 180,873</b>	<b>\$ 1,079,505</b>	<b>\$ 708,700</b>	<b>52.3%</b>
PEPM	\$ 209	\$ 210	\$ 209	\$ 206	\$ 208	\$ 205	\$ 205	\$ 205	\$ 202	\$ 200	\$ 190	\$ 189	\$ 200	\$ 208	-3.7%
PMPM	\$ 84	\$ 84	\$ 83	\$ 83	\$ 83	\$ 82	\$ 82	\$ 81	\$ 81	\$ 81	\$ 78	\$ 78	\$ 81	\$ 85	-4.2%
<b>Employer Actual Cost</b>	<b>\$ 182,865</b>	<b>\$ 188,490</b>	<b>\$ 260,850</b>	<b>\$ 227,332</b>	<b>\$ 246,160</b>	<b>\$ 264,193</b>	<b>\$ 317,070</b>	<b>\$ 319,610</b>	<b>\$ 303,331</b>	<b>\$ 412,865</b>	<b>\$ 482,841</b>	<b>\$ 799,512</b>	<b>\$ 4,005,119</b>	<b>\$ 2,777,040</b>	<b>44.2%</b>
PEPM	\$ 573	\$ 584	\$ 781	\$ 673	\$ 718	\$ 746	\$ 873	\$ 873	\$ 813	\$ 1,098	\$ 506	\$ 837	\$ 742	\$ 814	-8.9%
PMPM	\$ 231	\$ 233	\$ 311	\$ 270	\$ 286	\$ 299	\$ 348	\$ 347	\$ 328	\$ 446	\$ 209	\$ 346	\$ 301	\$ 331	-9.3%

# \$2850 Deductible Plan



Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	209	212	214	212	213	219	217	215	216	216	325	322	233	216	7.8%
Employee plus Spouse	82	82	81	81	82	82	83	84	84	83	123	124	89	72	24.8%
Employee plus Child	50	49	47	45	47	48	48	48	44	44	61	61	49	51	-3.4%
Employee plus Children	55	56	54	55	54	54	55	56	56	56	71	70	58	52	11.8%
Employee plus Family	171	168	164	162	157	160	160	162	165	165	217	222	173	165	4.4%
<b>Total Enrollment</b>	<b>567</b>	<b>567</b>	<b>560</b>	<b>555</b>	<b>553</b>	<b>563</b>	<b>563</b>	<b>565</b>	<b>565</b>	<b>564</b>	<b>797</b>	<b>799</b>	<b>602</b>	<b>555</b>	<b>8.3%</b>
<b>Members</b>	<b>1,383</b>	<b>1,368</b>	<b>1,338</b>	<b>1,323</b>	<b>1,314</b>	<b>1,329</b>	<b>1,332</b>	<b>1,347</b>	<b>1,351</b>	<b>1,349</b>	<b>1,837</b>	<b>1,851</b>	<b>1,427</b>	<b>1,340</b>	<b>6.5%</b>
<b>Claims</b>															
Medical	\$ 240,766	\$ 181,401	\$ 189,403	\$ 308,291	\$ 228,326	\$ 118,654	\$ 131,464	\$ 396,756	\$ 271,748	\$ 289,815	\$ 186,568	\$ 313,616	\$ 2,856,808	\$ 2,586,870	10.4%
Rx	\$ 44,907	\$ 47,732	\$ 42,996	\$ 60,750	\$ 47,661	\$ 59,727	\$ 77,992	\$ 85,869	\$ 60,664	\$ 74,098	\$ 34,872	\$ 46,624	\$ 683,891	\$ 353,566	93.4%
Vision	\$ 118												\$ 118	\$ -	n/a
Stop Loss Reimbursements Received													\$ -	\$ -	n/a
Rx Rebates													\$ -	\$ -	n/a
<b>Claims</b>	<b>\$ 285,790</b>	<b>\$ 229,133</b>	<b>\$ 232,399</b>	<b>\$ 369,041</b>	<b>\$ 275,987</b>	<b>\$ 178,380</b>	<b>\$ 209,456</b>	<b>\$ 482,625</b>	<b>\$ 332,412</b>	<b>\$ 363,912</b>	<b>\$ 221,440</b>	<b>\$ 360,240</b>	<b>\$ 3,540,816</b>	<b>\$ 2,940,436</b>	<b>20.4%</b>
PEPM	\$ 504	\$ 404	\$ 415	\$ 665	\$ 499	\$ 317	\$ 372	\$ 854	\$ 588	\$ 645	\$ 278	\$ 451	\$ 491	\$ 441	11.2%
PMPM	\$ 207	\$ 167	\$ 174	\$ 279	\$ 210	\$ 134	\$ 157	\$ 358	\$ 246	\$ 270	\$ 121	\$ 195	\$ 207	\$ 183	13.1%
<b>Maximum Claims</b>															n/a
PEPM															n/a
PMPM															n/a
<b>Fixed Costs</b>															
Administration	\$ 24,806	\$ 24,806	\$ 24,500	\$ 24,281	\$ 24,194	\$ 24,631	\$ 24,631	\$ 24,719	\$ 24,719	\$ 24,675	\$ 36,016	\$ 36,107	\$ 318,086	\$ 281,062	13.2%
ISL Premium	\$ 26,088	\$ 26,088	\$ 25,766	\$ 25,536	\$ 25,444	\$ 25,904	\$ 25,904	\$ 25,996	\$ 25,996	\$ 25,950	\$ 23,631	\$ 23,690	\$ 305,990	\$ 384,995	-20.5%
HSA funding	\$ 92,500	\$ 92,200	\$ 90,600	\$ 89,800	\$ 89,300	\$ 90,700	\$ 90,900	\$ 91,500	\$ 91,400	\$ 91,200	\$ 126,900	\$ 127,600	\$ 1,164,600	\$ 1,073,900	8.4%
<b>Fixed Costs</b>	<b>\$ 143,394</b>	<b>\$ 143,094</b>	<b>\$ 140,866</b>	<b>\$ 139,617</b>	<b>\$ 138,937</b>	<b>\$ 141,235</b>	<b>\$ 141,435</b>	<b>\$ 142,214</b>	<b>\$ 142,114</b>	<b>\$ 141,825</b>	<b>\$ 186,547</b>	<b>\$ 187,397</b>	<b>\$ 1,788,675</b>	<b>\$ 1,739,957</b>	<b>2.8%</b>
PEPM	\$ 253	\$ 252	\$ 252	\$ 252	\$ 251	\$ 251	\$ 251	\$ 252	\$ 252	\$ 251	\$ 234	\$ 235	\$ 248	\$ 261	-5.1%
PMPM	\$ 104	\$ 105	\$ 105	\$ 106	\$ 106	\$ 106	\$ 106	\$ 106	\$ 105	\$ 105	\$ 102	\$ 101	\$ 104	\$ 108	-3.4%
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 429,184</b>	<b>\$ 372,227</b>	<b>\$ 373,264</b>	<b>\$ 508,658</b>	<b>\$ 414,924</b>	<b>\$ 319,615</b>	<b>\$ 350,891</b>	<b>\$ 624,840</b>	<b>\$ 474,526</b>	<b>\$ 505,737</b>	<b>\$ 407,988</b>	<b>\$ 547,637</b>	<b>\$ 5,329,492</b>	<b>\$ 4,680,393</b>	<b>13.9%</b>
PEPM	\$ 757	\$ 656	\$ 667	\$ 917	\$ 750	\$ 568	\$ 623	\$ 1,106	\$ 840	\$ 897	\$ 512	\$ 685	\$ 738	\$ 702	5.1%
PMPM	\$ 310	\$ 272	\$ 279	\$ 384	\$ 316	\$ 240	\$ 263	\$ 464	\$ 351	\$ 375	\$ 222	\$ 296	\$ 311	\$ 291	7.0%
<b>Budget</b>	<b>\$ 589,208</b>	<b>\$ 585,943</b>	<b>\$ 575,664</b>	<b>\$ 570,739</b>	<b>\$ 564,315</b>	<b>\$ 573,362</b>	<b>\$ 574,433</b>	<b>\$ 578,930</b>	<b>\$ 581,821</b>	<b>\$ 580,643</b>	<b>\$ 801,476</b>	<b>\$ 808,649</b>	<b>\$ 7,385,182</b>	<b>\$ 6,820,224</b>	<b>8.3%</b>
PEPM	\$ 1,039	\$ 1,033	\$ 1,028	\$ 1,028	\$ 1,020	\$ 1,018	\$ 1,020	\$ 1,025	\$ 1,030	\$ 1,030	\$ 1,006	\$ 1,012	\$ 1,023	\$ 1,023	0.0%
PMPM	\$ 426	\$ 428	\$ 430	\$ 431	\$ 429	\$ 431	\$ 431	\$ 430	\$ 431	\$ 430	\$ 436	\$ 437	\$ 431	\$ 424	1.7%
<b>Loss Ratio</b>	<b>72.8%</b>	<b>63.5%</b>	<b>64.8%</b>	<b>89.1%</b>	<b>73.5%</b>	<b>55.7%</b>	<b>61.1%</b>	<b>107.9%</b>	<b>81.6%</b>	<b>87.1%</b>	<b>50.9%</b>	<b>67.7%</b>	<b>72.2%</b>	<b>68.6%</b>	
<b>Employee Contributions</b>	<b>\$ 61,854</b>	<b>\$ 61,326</b>	<b>\$ 60,099</b>	<b>\$ 59,614</b>	<b>\$ 58,708</b>	<b>\$ 59,558</b>	<b>\$ 59,744</b>	<b>\$ 60,364</b>	<b>\$ 60,866</b>	<b>\$ 60,715</b>	<b>\$ 82,919</b>	<b>\$ 83,989</b>	<b>\$ 769,756</b>	<b>\$ 707,741</b>	<b>8.8%</b>
PEPM	\$ 109	\$ 108	\$ 107	\$ 107	\$ 106	\$ 106	\$ 106	\$ 107	\$ 108	\$ 108	\$ 104	\$ 105	\$ 107	\$ 106	0.4%
PMPM	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 44	2.2%
<b>Employer Actual Cost</b>	<b>\$ 367,330</b>	<b>\$ 310,901</b>	<b>\$ 313,165</b>	<b>\$ 449,044</b>	<b>\$ 356,216</b>	<b>\$ 260,058</b>	<b>\$ 291,147</b>	<b>\$ 564,476</b>	<b>\$ 413,660</b>	<b>\$ 445,022</b>	<b>\$ 325,069</b>	<b>\$ 463,648</b>	<b>\$ 4,559,736</b>	<b>\$ 3,972,652</b>	<b>14.8%</b>
PEPM	\$ 648	\$ 548	\$ 559	\$ 809	\$ 644	\$ 462	\$ 517	\$ 999	\$ 732	\$ 789	\$ 408	\$ 580	\$ 632	\$ 596	6.0%
PMPM	\$ 266	\$ 227	\$ 234	\$ 339	\$ 271	\$ 196	\$ 219	\$ 419	\$ 306	\$ 330	\$ 177	\$ 250	\$ 266	\$ 247	7.8%

# \$6550 Deductible Plan



Rolling 12 | March 2019 through February 2020

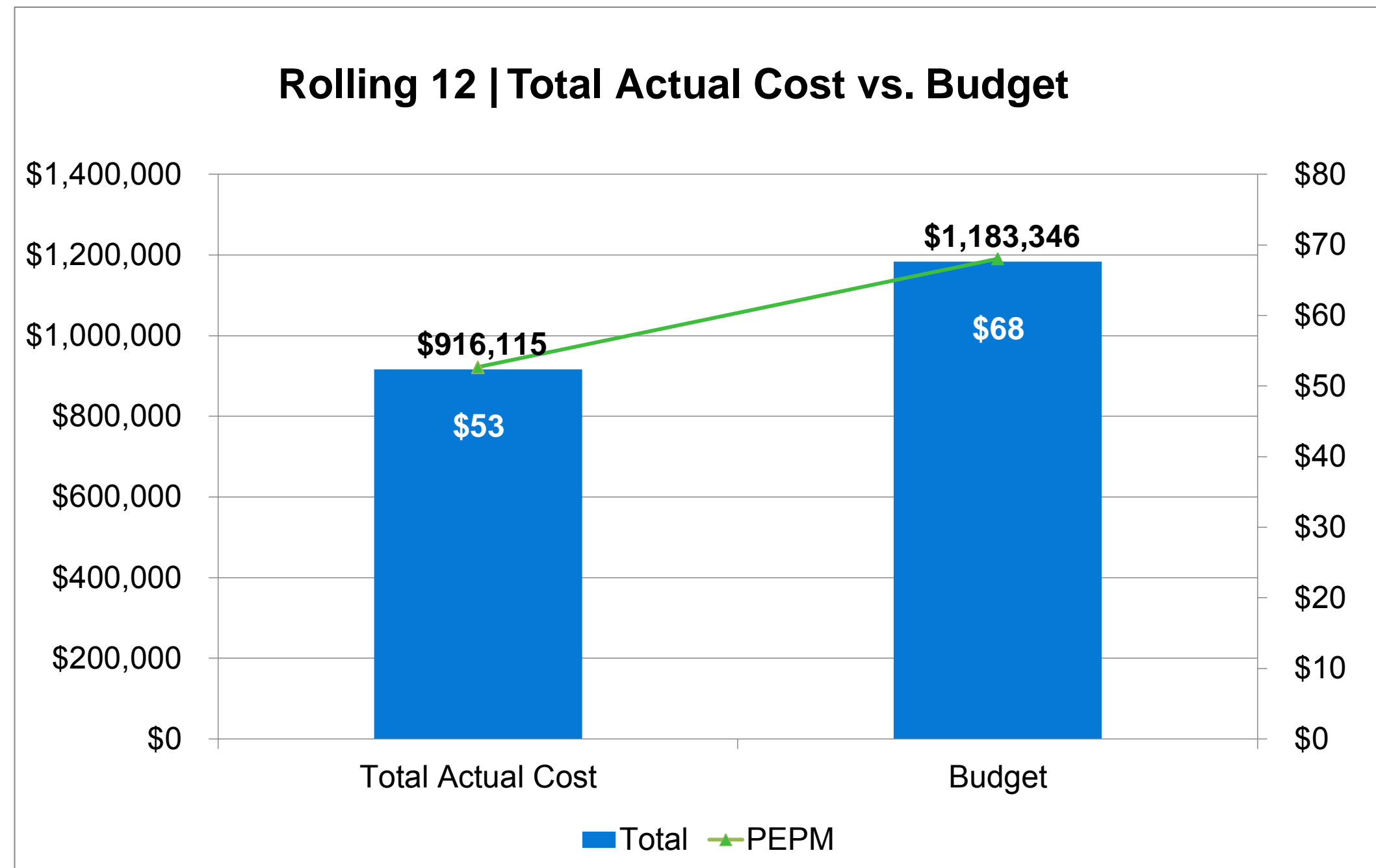
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change	
<b>Enrollment</b>																
Employee Only	33	34	36	34	32	29	30	31	31	32	49	50	35	30	16.3%	
Employee plus Spouse	6	7	7	7	7	8	8	9	9	9	12	11	8	7	28.2%	
Employee plus Child	4	4	4	4	4	4	4	4	4	4	6	6	4	4	13.0%	
Employee plus Children	2	2	2	2	2	2	2	2	2	3	2	2	2	2	19.0%	
Employee plus Family	10	10	10	9	9	9	9	9	9	9	18	18	11	10	11.2%	
<b>Total Enrollment</b>	<b>55</b>	<b>57</b>	<b>59</b>	<b>56</b>	<b>54</b>	<b>52</b>	<b>53</b>	<b>55</b>	<b>55</b>	<b>57</b>	<b>87</b>	<b>87</b>	<b>61</b>	<b>52</b>	<b>16.7%</b>	
<b>Members</b>	<b>103</b>	<b>106</b>	<b>108</b>	<b>103</b>	<b>101</b>	<b>100</b>	<b>101</b>	<b>104</b>	<b>104</b>	<b>108</b>	<b>172</b>	<b>171</b>	<b>115</b>	<b>102</b>	<b>13.0%</b>	
<b>Claims</b>																
Medical	\$ 4,289	\$ 2,379	\$ 2,379	\$ 1,185	\$ 1,206	\$ 7,593	\$ 4,676	\$ 5,282	\$ 171,967	\$ 2,809	\$ 9,905	\$ 26,855	\$ 240,525	\$ 93,347	157.7%	
Rx	\$ 951	\$ 587	\$ 591	\$ 1,146	\$ 773	\$ 1,523	\$ 560	\$ 2,275	\$ 1,436	\$ 2,425	\$ 856	\$ 1,437	\$ 14,559	\$ 5,603	159.8%	
Vision													\$ -	\$ -	n/a	
Stop Loss Reimbursements Received													\$ -	\$ -	n/a	
Rx Rebates													\$ -	\$ -	n/a	
<b>Claims</b>	<b>\$ 5,241</b>	<b>\$ 2,965</b>	<b>\$ 2,969</b>	<b>\$ 2,331</b>	<b>\$ 1,979</b>	<b>\$ 9,116</b>	<b>\$ 5,235</b>	<b>\$ 7,557</b>	<b>\$ 173,403</b>	<b>\$ 5,234</b>	<b>\$ 10,761</b>	<b>\$ 28,292</b>	<b>\$ 255,083</b>	<b>\$ 98,951</b>	<b>157.8%</b>	
PEPM	\$ 95	\$ 52	\$ 50	\$ 42	\$ 37	\$ 175	\$ 99	\$ 137	\$ 3,153	\$ 92	\$ 124	\$ 325	\$ 351	\$ 159	120.9%	
PMPM	\$ 51	\$ 28	\$ 27	\$ 23	\$ 20	\$ 91	\$ 52	\$ 73	\$ 1,667	\$ 48	\$ 63	\$ 165	\$ 185	\$ 81	128.1%	
<b>Maximum Claims</b>															n/a	
PEPM															n/a	
PMPM															n/a	
<b>Fixed Costs</b>																
Administration	\$ 2,406	\$ 2,494	\$ 2,581	\$ 2,450	\$ 2,363	\$ 2,275	\$ 2,319	\$ 2,406	\$ 2,406	\$ 2,494	\$ 3,932	\$ 3,932	\$ 32,057	\$ 26,278	22.0%	
ISL Premium	\$ 2,531	\$ 2,623	\$ 2,715	\$ 2,577	\$ 2,485	\$ 2,393	\$ 2,439	\$ 2,531	\$ 2,531	\$ 2,623	\$ 2,580	\$ 2,580	\$ 30,603	\$ 35,977	-14.9%	
HSA funding	\$ 3,208	\$ 3,333	\$ 3,417	\$ 3,250	\$ 3,167	\$ 3,125	\$ 3,167	\$ 3,292	\$ 3,292	\$ 3,417	\$ 5,208	\$ 5,167	\$ 43,042	\$ 36,833	16.9%	
<b>Fixed Costs</b>	<b>\$ 8,145</b>	<b>\$ 8,450</b>	<b>\$ 8,713</b>	<b>\$ 8,277</b>	<b>\$ 8,014</b>	<b>\$ 7,793</b>	<b>\$ 7,924</b>	<b>\$ 8,228</b>	<b>\$ 8,228</b>	<b>\$ 8,533</b>	<b>\$ 11,719</b>	<b>\$ 11,678</b>	<b>\$ 105,701</b>	<b>\$ 99,088</b>	<b>6.7%</b>	
PEPM	\$ 148	\$ 148	\$ 148	\$ 148	\$ 148	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 135	\$ 134	\$ 145	\$ 159	-8.6%	
PMPM	\$ 79	\$ 80	\$ 81	\$ 80	\$ 79	\$ 78	\$ 78	\$ 79	\$ 79	\$ 79	\$ 68	\$ 68	\$ 77	\$ 81	-5.6%	
<b>Totals</b>																
<b>Total Actual Cost</b>	<b>\$ 13,386</b>	<b>\$ 11,415</b>	<b>\$ 11,682</b>	<b>\$ 10,608</b>	<b>\$ 9,992</b>	<b>\$ 16,909</b>	<b>\$ 13,159</b>	<b>\$ 15,785</b>	<b>\$ 181,631</b>	<b>\$ 13,767</b>	<b>\$ 22,480</b>	<b>\$ 39,970</b>	<b>\$ 360,784</b>	<b>\$ 198,039</b>	<b>82.2%</b>	
PEPM	\$ 243	\$ 200	\$ 198	\$ 189	\$ 185	\$ 325	\$ 248	\$ 287	\$ 3,302	\$ 242	\$ 258	\$ 459	\$ 496	\$ 318	56.1%	
PMPM	\$ 130	\$ 108	\$ 108	\$ 103	\$ 99	\$ 169	\$ 130	\$ 152	\$ 1,746	\$ 127	\$ 131	\$ 234	\$ 261	\$ 162	61.2%	
<b>Budget</b>	<b>\$ 38,020</b>	<b>\$ 39,419</b>	<b>\$ 40,293</b>	<b>\$ 38,020</b>	<b>\$ 37,146</b>	<b>\$ 36,797</b>	<b>\$ 37,234</b>	<b>\$ 38,632</b>	<b>\$ 38,632</b>	<b>\$ 39,856</b>	<b>\$ 63,105</b>	<b>\$ 62,580</b>	<b>\$ 509,734</b>	<b>\$ 438,063</b>	<b>16.4%</b>	
PEPM	\$ 691	\$ 692	\$ 683	\$ 679	\$ 688	\$ 708	\$ 703	\$ 702	\$ 702	\$ 699	\$ 725	\$ 719	\$ 701	\$ 703	-0.3%	
PMPM	\$ 369	\$ 372	\$ 373	\$ 369	\$ 368	\$ 368	\$ 369	\$ 371	\$ 371	\$ 369	\$ 367	\$ 366	\$ 369	\$ 358	3.0%	
<b>Loss Ratio</b>	<b>35.2%</b>	<b>29.0%</b>	<b>29.0%</b>	<b>27.9%</b>	<b>26.9%</b>	<b>46.0%</b>	<b>35.3%</b>	<b>40.9%</b>	<b>470.2%</b>	<b>34.5%</b>	<b>35.6%</b>	<b>63.9%</b>	<b>70.8%</b>	<b>45.2%</b>		
<b>Employee Contributions</b>	<b>\$ 1,603</b>	<b>\$ 1,690</b>	<b>\$ 1,690</b>	<b>\$ 1,582</b>	<b>\$ 1,582</b>	<b>\$ 1,668</b>	<b>\$ 1,668</b>	<b>\$ 1,755</b>	<b>\$ 1,755</b>	<b>\$ 1,755</b>	<b>\$ 2,990</b>	<b>\$ 2,903</b>	<b>\$ 22,642</b>	<b>\$ 19,327</b>	<b>17.2%</b>	
PEPM	\$ 29	\$ 30	\$ 29	\$ 28	\$ 29	\$ 32	\$ 31	\$ 32	\$ 32	\$ 31	\$ 34	\$ 33	\$ 31	\$ 31	0.4%	
PMPM	\$ 16	\$ 16	\$ 16	\$ 15	\$ 16	\$ 17	\$ 17	\$ 17	\$ 17	\$ 16	\$ 17	\$ 17	\$ 16	\$ 16	3.7%	
<b>Employer Actual Cost</b>	<b>\$ 11,782</b>	<b>\$ 9,725</b>	<b>\$ 9,992</b>	<b>\$ 9,026</b>	<b>\$ 8,411</b>	<b>\$ 15,240</b>	<b>\$ 11,491</b>	<b>\$ 14,030</b>	<b>\$ 179,876</b>	<b>\$ 12,012</b>	<b>\$ 19,490</b>	<b>\$ 37,066</b>	<b>\$ 338,143</b>	<b>\$ 178,712</b>	<b>89.2%</b>	
PEPM	\$ 214	\$ 171	\$ 169	\$ 161	\$ 156	\$ 293	\$ 217	\$ 255	\$ 3,270	\$ 211	\$ 224	\$ 426	\$ 465	\$ 287	62.1%	
PMPM	\$ 114	\$ 92	\$ 93	\$ 88	\$ 83	\$ 152	\$ 114	\$ 135	\$ 1,730	\$ 111	\$ 113	\$ 217	\$ 245	\$ 146	67.4%	

# Dental Plans

**Summary Includes: All Business Units, All Plan Designs**



## Total Actual Cost vs. Budget Comparison



**77.4% Loss Ratio**

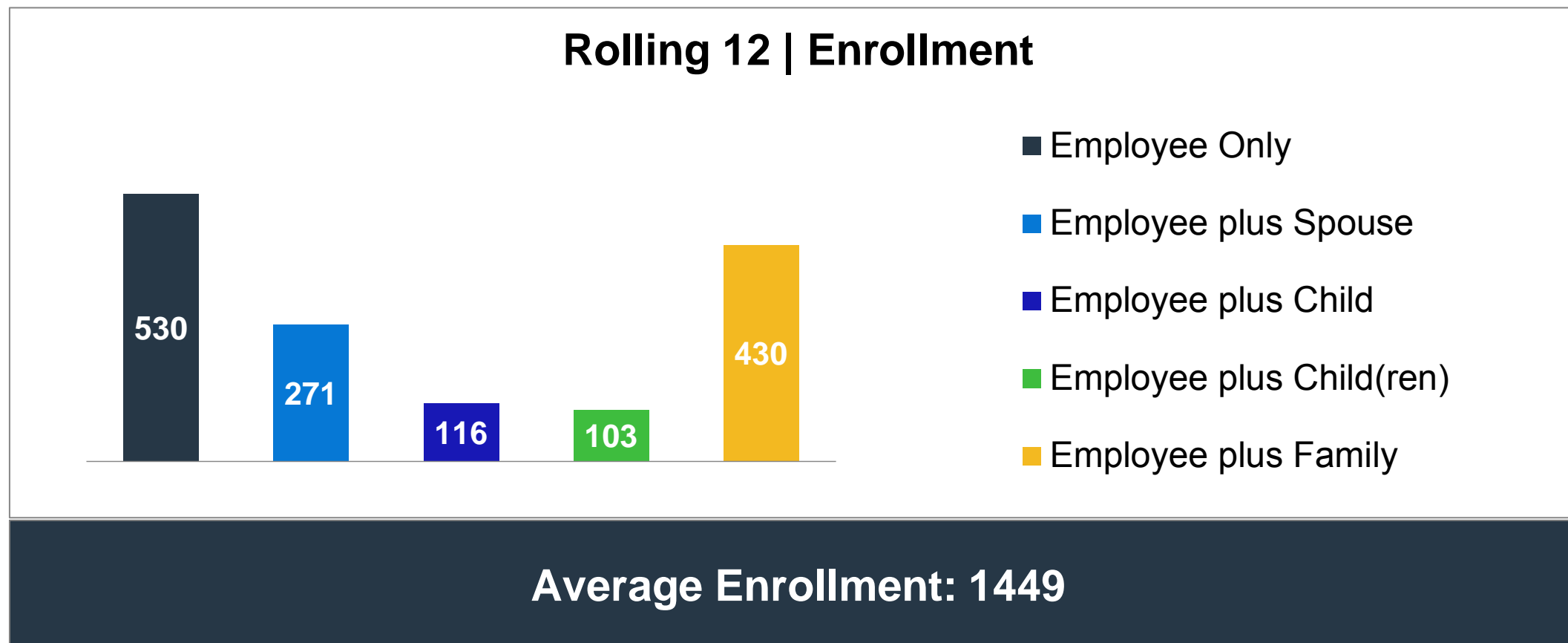
(\$267,231 surplus)

### Note on Loss Ratios:

- ✓ **Actual costs** include all costs associated with the self-funded plans:
  - Dental claims
  - Administration
- ✓ **Budgeted costs** are calculated off of HUB's recommended funding rates

## Employee Plan Participation

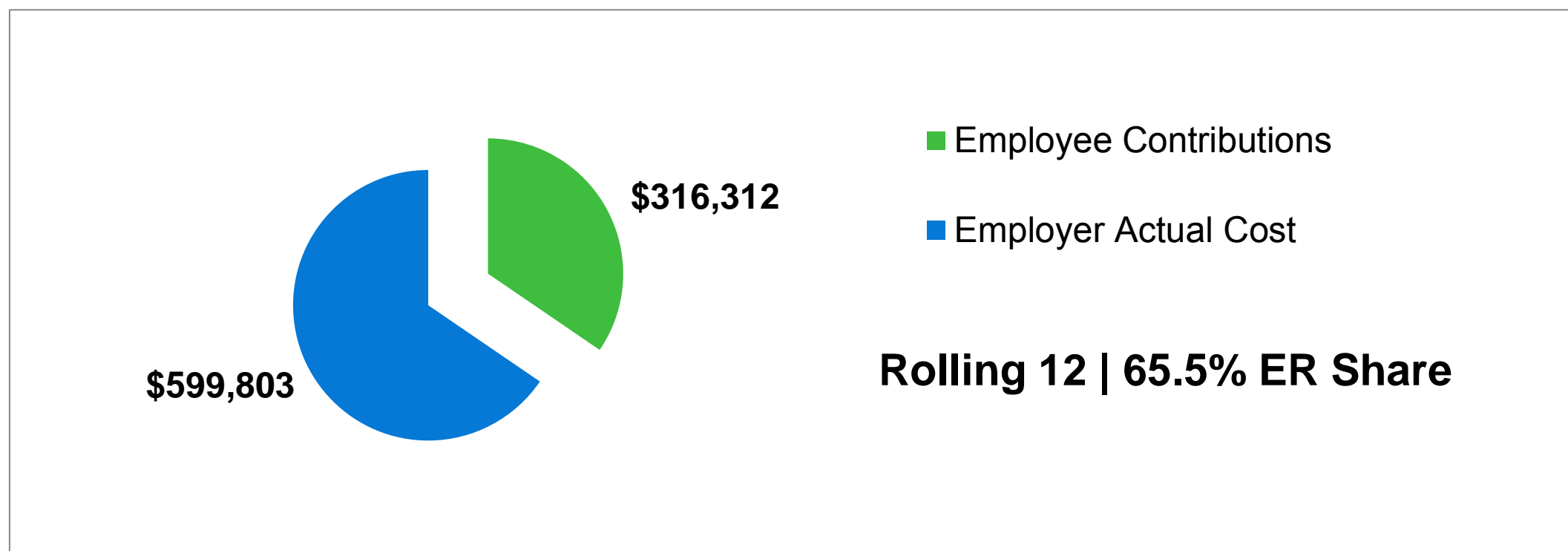
### Enrollment



### Notes and Observations:

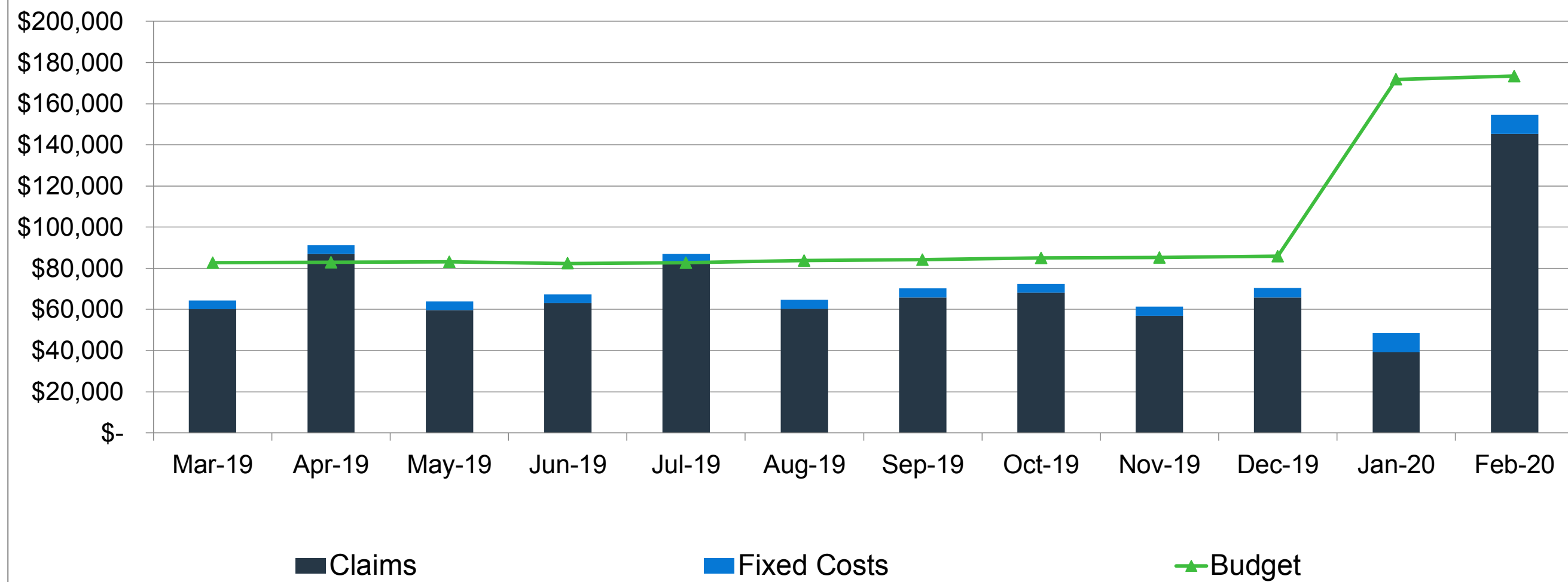
- ✓ Employees have shared in approximately 35% of actual costs thus far in the plan year

### Cost Sharing



## Cost Summary

Rolling 12 | Monthly Financials



### Notes and Observations:

- ✓ Fixed costs amount to 9% of actual costs
- ✓ Dental claims have less volatility than medical/Rx claims
- ✓ **The 2020 plan year is immature for the merging population**

Rolling 12 | Plan Cost Components





# Dental Plans



Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	399	400	412	411	409	423	432	438	448	458	1,050	1,074	530	384	37.9%
Employee plus Spouse	228	232	229	228	232	232	230	233	233	233	470	477	271	202	34.4%
Employee plus Child	97	99	96	94	95	98	97	100	97	98	207	209	116	84	38.3%
Employee plus Child(ren)	86	87	84	84	86	87	87	87	88	89	187	187	103	75	37.5%
Employee plus Family	378	376	379	374	374	377	378	381	381	382	687	688	430	344	24.9%
<b>Total Enrollment</b>	<b>1,188</b>	<b>1,194</b>	<b>1,200</b>	<b>1,191</b>	<b>1,196</b>	<b>1,217</b>	<b>1,224</b>	<b>1,239</b>	<b>1,247</b>	<b>1,260</b>	<b>2,601</b>	<b>2,635</b>	<b>1,449</b>	<b>1,089</b>	<b>33.1%</b>
<b>Claims</b>															
Dental	\$ 60,118	\$ 86,891	\$ 59,704	\$ 63,120	\$ 82,716	\$ 60,369	\$ 65,834	\$ 68,017	\$ 56,911	\$ 65,883	\$ 39,240	\$ 145,224	\$ 854,026	\$ 629,727	35.6%
<b>Claims</b>	<b>\$ 60,118</b>	<b>\$ 86,891</b>	<b>\$ 59,704</b>	<b>\$ 63,120</b>	<b>\$ 82,716</b>	<b>\$ 60,369</b>	<b>\$ 65,834</b>	<b>\$ 68,017</b>	<b>\$ 56,911</b>	<b>\$ 65,883</b>	<b>\$ 39,240</b>	<b>\$ 145,224</b>	<b>\$ 854,026</b>	<b>\$ 629,727</b>	<b>35.6%</b>
<b>PEPM</b>	<b>\$ 51</b>	<b>\$ 73</b>	<b>\$ 50</b>	<b>\$ 53</b>	<b>\$ 69</b>	<b>\$ 50</b>	<b>\$ 54</b>	<b>\$ 55</b>	<b>\$ 46</b>	<b>\$ 52</b>	<b>\$ 15</b>	<b>\$ 55</b>	<b>\$ 49</b>	<b>\$ 48</b>	<b>1.9%</b>
<b>Fixed Costs</b>															
Administration	\$ 4,241	\$ 4,263	\$ 4,284	\$ 4,252	\$ 4,270	\$ 4,345	\$ 4,370	\$ 4,423	\$ 4,452	\$ 4,498	\$ 9,286	\$ 9,407	\$ 62,089	\$ 46,631	33.1%
<b>Fixed Costs</b>	<b>\$ 4,241</b>	<b>\$ 4,263</b>	<b>\$ 4,284</b>	<b>\$ 4,252</b>	<b>\$ 4,270</b>	<b>\$ 4,345</b>	<b>\$ 4,370</b>	<b>\$ 4,423</b>	<b>\$ 4,452</b>	<b>\$ 4,498</b>	<b>\$ 9,286</b>	<b>\$ 9,407</b>	<b>\$ 62,089</b>	<b>\$ 46,631</b>	<b>33.1%</b>
<b>PEPM</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>0.0%</b>
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 64,359</b>	<b>\$ 91,154</b>	<b>\$ 63,988</b>	<b>\$ 67,372</b>	<b>\$ 86,985</b>	<b>\$ 64,713</b>	<b>\$ 70,203</b>	<b>\$ 72,440</b>	<b>\$ 61,363</b>	<b>\$ 70,382</b>	<b>\$ 48,526</b>	<b>\$ 154,631</b>	<b>\$ 916,115</b>	<b>\$ 676,358</b>	<b>35.4%</b>
<b>PEPM</b>	<b>\$ 54</b>	<b>\$ 76</b>	<b>\$ 53</b>	<b>\$ 57</b>	<b>\$ 73</b>	<b>\$ 53</b>	<b>\$ 57</b>	<b>\$ 58</b>	<b>\$ 49</b>	<b>\$ 56</b>	<b>\$ 19</b>	<b>\$ 59</b>	<b>\$ 53</b>	<b>\$ 52</b>	<b>1.7%</b>
<b>Budget</b>	<b>\$ 82,669</b>	<b>\$ 82,962</b>	<b>\$ 83,142</b>	<b>\$ 82,375</b>	<b>\$ 82,763</b>	<b>\$ 83,842</b>	<b>\$ 84,089</b>	<b>\$ 85,021</b>	<b>\$ 85,300</b>	<b>\$ 85,914</b>	<b>\$ 171,830</b>	<b>\$ 173,438</b>	<b>\$ 1,183,346</b>	<b>\$ 898,914</b>	<b>31.6%</b>
<b>PEPM</b>	<b>\$ 70</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 68</b>	<b>\$ 68</b>	<b>\$ 66</b>	<b>\$ 66</b>	<b>\$ 68</b>	<b>\$ 69</b>	<b>-1.1%</b>
<b>Loss Ratio</b>	<b>77.9%</b>	<b>109.9%</b>	<b>77.0%</b>	<b>81.8%</b>	<b>105.1%</b>	<b>77.2%</b>	<b>83.5%</b>	<b>85.2%</b>	<b>71.9%</b>	<b>81.9%</b>	<b>28.2%</b>	<b>89.2%</b>	<b>77.4%</b>	<b>75.2%</b>	
<b>Employee Contributions</b>	<b>\$ 21,622</b>	<b>\$ 21,713</b>	<b>\$ 21,735</b>	<b>\$ 21,520</b>	<b>\$ 21,626</b>	<b>\$ 21,832</b>	<b>\$ 21,854</b>	<b>\$ 22,136</b>	<b>\$ 22,196</b>	<b>\$ 22,380</b>	<b>\$ 48,638</b>	<b>\$ 49,060</b>	<b>\$ 316,312</b>	<b>\$ 227,669</b>	<b>38.9%</b>
<b>PEPM</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 18</b>	<b>\$ 19</b>	<b>\$ 19</b>	<b>\$ 18</b>	<b>\$ 17</b>	<b>4.3%</b>
<b>Employer Actual Cost</b>	<b>\$ 42,737</b>	<b>\$ 69,441</b>	<b>\$ 42,253</b>	<b>\$ 45,852</b>	<b>\$ 65,359</b>	<b>\$ 42,881</b>	<b>\$ 48,349</b>	<b>\$ 50,304</b>	<b>\$ 39,166</b>	<b>\$ 48,001</b>	<b>\$ (112)</b>	<b>\$ 105,570</b>	<b>\$ 599,803</b>	<b>\$ 448,689</b>	<b>33.7%</b>
<b>PEPM</b>	<b>\$ 36</b>	<b>\$ 58</b>	<b>\$ 35</b>	<b>\$ 38</b>	<b>\$ 55</b>	<b>\$ 35</b>	<b>\$ 40</b>	<b>\$ 41</b>	<b>\$ 31</b>	<b>\$ 38</b>	<b>\$ (0)</b>	<b>\$ 40</b>	<b>\$ 34</b>	<b>\$ 34</b>	<b>0.4%</b>

# Base Dental



Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	237	240	250	247	246	258	266	267	272	273	522	538	301	240	25.8%
Employee plus Spouse	102	101	98	98	102	99	97	100	100	101	155	156	109	91	20.3%
Employee plus Child	52	53	51	49	49	51	52	53	52	52	85	86	57	51	12.3%
Employee plus Children	24	25	23	24	24	25	24	24	25	25	50	50	29	24	18.7%
Employee plus Family	163	161	163	162	162	163	163	163	162	163	220	218	172	156	10.4%
<b>Total Enrollment</b>	<b>578</b>	<b>580</b>	<b>585</b>	<b>580</b>	<b>583</b>	<b>596</b>	<b>602</b>	<b>607</b>	<b>611</b>	<b>614</b>	<b>1,032</b>	<b>1,048</b>	<b>668</b>	<b>561</b>	<b>19.1%</b>
<b>Claims</b>															
Dental	\$ 21,485	\$ 27,867	\$ 18,108	\$ 13,986	\$ 28,872	\$ 16,724	\$ 22,672	\$ 24,276	\$ 14,169	\$ 19,348	\$ 7,005	\$ 44,590	\$ 259,102	\$ 238,178	8.8%
<b>Claims</b>	<b>\$ 21,485</b>	<b>\$ 27,867</b>	<b>\$ 18,108</b>	<b>\$ 13,986</b>	<b>\$ 28,872</b>	<b>\$ 16,724</b>	<b>\$ 22,672</b>	<b>\$ 24,276</b>	<b>\$ 14,169</b>	<b>\$ 19,348</b>	<b>\$ 7,005</b>	<b>\$ 44,590</b>	<b>\$ 259,102</b>	<b>\$ 238,178</b>	<b>8.8%</b>
<i>PEPM</i>	<i>\$ 37</i>	<i>\$ 48</i>	<i>\$ 31</i>	<i>\$ 24</i>	<i>\$ 50</i>	<i>\$ 28</i>	<i>\$ 38</i>	<i>\$ 40</i>	<i>\$ 23</i>	<i>\$ 32</i>	<i>\$ 7</i>	<i>\$ 43</i>	<i>\$ 32</i>	<i>\$ 35</i>	<b>-8.7%</b>
<b>Fixed Costs</b>															
Administration	\$ 2,063	\$ 2,071	\$ 2,088	\$ 2,071	\$ 2,081	\$ 2,128	\$ 2,149	\$ 2,167	\$ 2,181	\$ 2,192	\$ 3,684	\$ 3,741	\$ 28,617	\$ 24,026	19.1%
<b>Fixed Costs</b>	<b>\$ 2,063</b>	<b>\$ 2,071</b>	<b>\$ 2,088</b>	<b>\$ 2,071</b>	<b>\$ 2,081</b>	<b>\$ 2,128</b>	<b>\$ 2,149</b>	<b>\$ 2,167</b>	<b>\$ 2,181</b>	<b>\$ 2,192</b>	<b>\$ 3,684</b>	<b>\$ 3,741</b>	<b>\$ 28,617</b>	<b>\$ 24,026</b>	<b>19.1%</b>
<i>PEPM</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 4</i>	<b>0.0%</b>
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 23,548</b>	<b>\$ 29,938</b>	<b>\$ 20,196</b>	<b>\$ 16,057</b>	<b>\$ 30,953</b>	<b>\$ 18,852</b>	<b>\$ 24,822</b>	<b>\$ 26,443</b>	<b>\$ 16,350</b>	<b>\$ 21,540</b>	<b>\$ 10,689</b>	<b>\$ 48,332</b>	<b>\$ 287,719</b>	<b>\$ 262,204</b>	<b>9.7%</b>
<i>PEPM</i>	<i>\$ 41</i>	<i>\$ 52</i>	<i>\$ 35</i>	<i>\$ 28</i>	<i>\$ 53</i>	<i>\$ 32</i>	<i>\$ 41</i>	<i>\$ 44</i>	<i>\$ 27</i>	<i>\$ 35</i>	<i>\$ 10</i>	<i>\$ 46</i>	<i>\$ 36</i>	<i>\$ 39</i>	<b>-7.9%</b>
<b>Budget</b>	<b>\$ 35,531</b>	<b>\$ 35,488</b>	<b>\$ 35,611</b>	<b>\$ 35,368</b>	<b>\$ 35,586</b>	<b>\$ 36,086</b>	<b>\$ 36,222</b>	<b>\$ 36,499</b>	<b>\$ 36,586</b>	<b>\$ 36,785</b>	<b>\$ 58,024</b>	<b>\$ 58,492</b>	<b>\$ 476,279</b>	<b>\$ 409,265</b>	<b>16.4%</b>
<i>PEPM</i>	<i>\$ 61</i>	<i>\$ 61</i>	<i>\$ 61</i>	<i>\$ 61</i>	<i>\$ 61</i>	<i>\$ 61</i>	<i>\$ 60</i>	<i>\$ 60</i>	<i>\$ 60</i>	<i>\$ 60</i>	<i>\$ 56</i>	<i>\$ 56</i>	<i>\$ 59</i>	<i>\$ 61</i>	<b>-2.3%</b>
<b>Loss Ratio</b>	<b>66.3%</b>	<b>84.4%</b>	<b>56.7%</b>	<b>45.4%</b>	<b>87.0%</b>	<b>52.2%</b>	<b>68.5%</b>	<b>72.4%</b>	<b>44.7%</b>	<b>58.6%</b>	<b>18.4%</b>	<b>82.6%</b>	<b>60.4%</b>	<b>64.1%</b>	
<b>Employee Contributions</b>	<b>\$ 3,577</b>	<b>\$ 3,536</b>	<b>\$ 3,534</b>	<b>\$ 3,519</b>	<b>\$ 3,562</b>	<b>\$ 3,545</b>	<b>\$ 3,523</b>	<b>\$ 3,556</b>	<b>\$ 3,541</b>	<b>\$ 3,567</b>	<b>\$ 5,016</b>	<b>\$ 4,997</b>	<b>\$ 45,472</b>	<b>\$ 40,121</b>	<b>13.3%</b>
<i>PEPM</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 6</i>	<i>\$ 5</i>	<i>\$ 5</i>	<i>\$ 6</i>	<i>\$ 6</i>	<b>-4.8%</b>
<b>Employer Actual Cost</b>	<b>\$ 19,971</b>	<b>\$ 26,401</b>	<b>\$ 16,662</b>	<b>\$ 12,538</b>	<b>\$ 27,391</b>	<b>\$ 15,307</b>	<b>\$ 21,298</b>	<b>\$ 22,887</b>	<b>\$ 12,809</b>	<b>\$ 17,973</b>	<b>\$ 5,673</b>	<b>\$ 43,335</b>	<b>\$ 242,247</b>	<b>\$ 222,084</b>	<b>9.1%</b>
<i>PEPM</i>	<i>\$ 35</i>	<i>\$ 46</i>	<i>\$ 28</i>	<i>\$ 22</i>	<i>\$ 47</i>	<i>\$ 26</i>	<i>\$ 35</i>	<i>\$ 38</i>	<i>\$ 21</i>	<i>\$ 29</i>	<i>\$ 5</i>	<i>\$ 41</i>	<i>\$ 30</i>	<i>\$ 33</i>	<b>-8.4%</b>

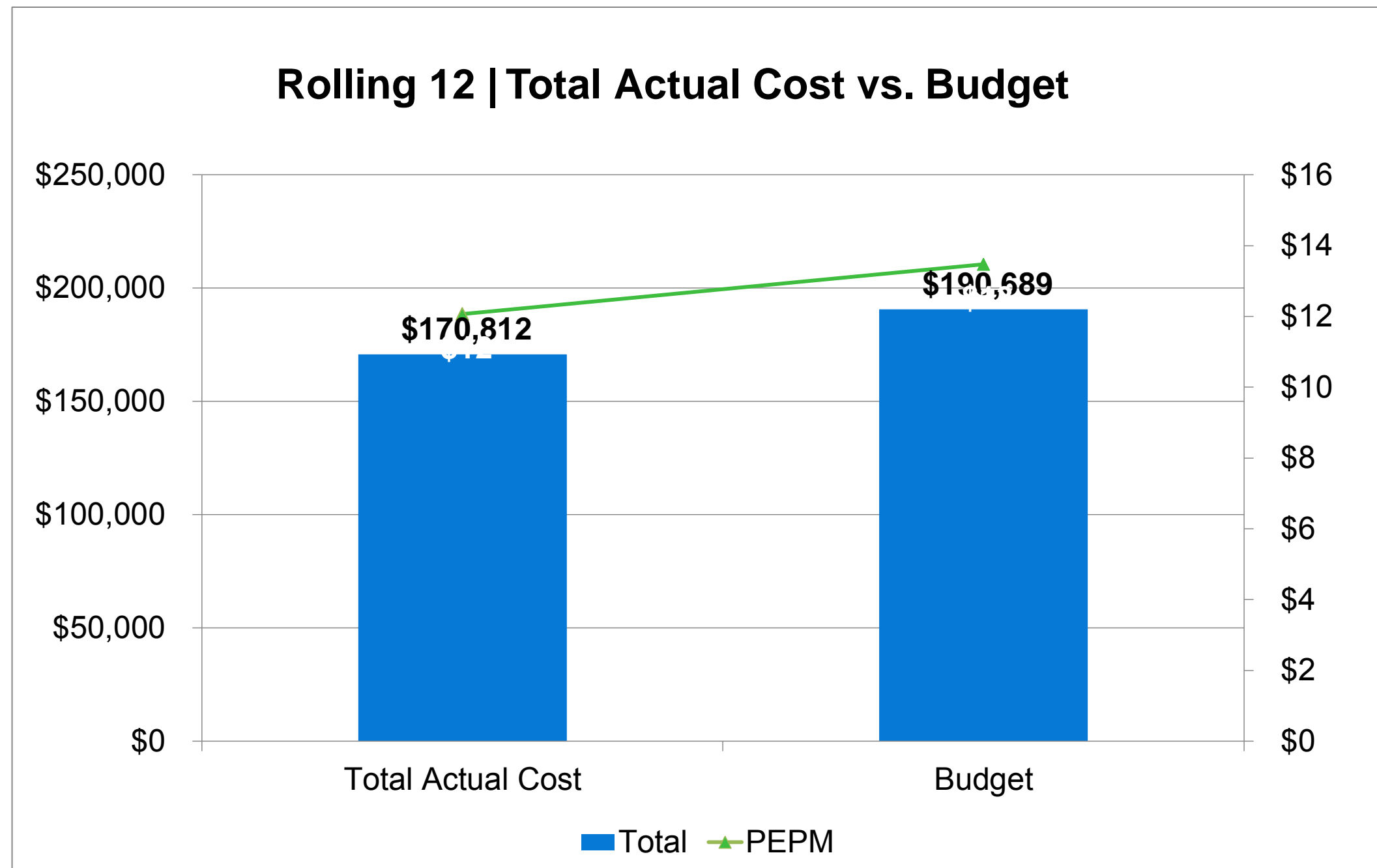
Rolling 12 | March 2019 through February 2020

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	162	160	162	164	163	165	166	171	176	185	528	536	228	144	58.1%
Employee plus Spouse	126	131	131	130	130	133	133	133	133	132	315	321	162	111	45.8%
Employee plus Child	45	46	45	45	46	47	45	47	45	46	122	123	59	33	78.6%
Employee plus Children	62	62	61	60	62	62	63	63	63	64	137	137	75	51	46.4%
Employee plus Family	215	215	216	212	212	214	215	218	219	219	467	470	258	188	36.9%
<b>Total Enrollment</b>	<b>610</b>	<b>614</b>	<b>615</b>	<b>611</b>	<b>613</b>	<b>621</b>	<b>622</b>	<b>632</b>	<b>636</b>	<b>646</b>	<b>1,569</b>	<b>1,587</b>	<b>781</b>	<b>528</b>	<b>48.1%</b>
<b>Claims</b>															
Dental	\$ 38,633	\$ 59,024	\$ 41,596	\$ 49,134	\$ 53,844	\$ 43,645	\$ 43,161	\$ 43,741	\$ 42,742	\$ 46,535	\$ 32,236	\$ 100,633	\$ 594,924	\$ 391,549	51.9%
<b>Claims</b>	<b>\$ 38,633</b>	<b>\$ 59,024</b>	<b>\$ 41,596</b>	<b>\$ 49,134</b>	<b>\$ 53,844</b>	<b>\$ 43,645</b>	<b>\$ 43,161</b>	<b>\$ 43,741</b>	<b>\$ 42,742</b>	<b>\$ 46,535</b>	<b>\$ 32,236</b>	<b>\$ 100,633</b>	<b>\$ 594,924</b>	<b>\$ 391,549</b>	<b>51.9%</b>
<b>PEPM</b>	<b>\$ 63</b>	<b>\$ 96</b>	<b>\$ 68</b>	<b>\$ 80</b>	<b>\$ 88</b>	<b>\$ 70</b>	<b>\$ 69</b>	<b>\$ 69</b>	<b>\$ 67</b>	<b>\$ 72</b>	<b>\$ 21</b>	<b>\$ 63</b>	<b>\$ 63</b>	<b>\$ 62</b>	<b>2.6%</b>
<b>Fixed Costs</b>															
Administration	\$ 2,178	\$ 2,192	\$ 2,196	\$ 2,181	\$ 2,188	\$ 2,217	\$ 2,221	\$ 2,256	\$ 2,271	\$ 2,306	\$ 5,601	\$ 5,666	\$ 33,472	\$ 22,605	48.1%
<b>Fixed Costs</b>	<b>\$ 2,178</b>	<b>\$ 2,192</b>	<b>\$ 2,196</b>	<b>\$ 2,181</b>	<b>\$ 2,188</b>	<b>\$ 2,217</b>	<b>\$ 2,221</b>	<b>\$ 2,256</b>	<b>\$ 2,271</b>	<b>\$ 2,306</b>	<b>\$ 5,601</b>	<b>\$ 5,666</b>	<b>\$ 33,472</b>	<b>\$ 22,605</b>	<b>48.1%</b>
<b>PEPM</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>0.0%</b>
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 40,811</b>	<b>\$ 61,216</b>	<b>\$ 43,792</b>	<b>\$ 51,315</b>	<b>\$ 56,032</b>	<b>\$ 45,862</b>	<b>\$ 45,382</b>	<b>\$ 45,997</b>	<b>\$ 45,012</b>	<b>\$ 48,842</b>	<b>\$ 37,837</b>	<b>\$ 106,299</b>	<b>\$ 628,396</b>	<b>\$ 414,154</b>	<b>51.7%</b>
<b>PEPM</b>	<b>\$ 67</b>	<b>\$ 100</b>	<b>\$ 71</b>	<b>\$ 84</b>	<b>\$ 91</b>	<b>\$ 74</b>	<b>\$ 73</b>	<b>\$ 73</b>	<b>\$ 71</b>	<b>\$ 76</b>	<b>\$ 24</b>	<b>\$ 67</b>	<b>\$ 67</b>	<b>\$ 65</b>	<b>2.5%</b>
<b>Budget</b>	<b>\$ 47,138</b>	<b>\$ 47,474</b>	<b>\$ 47,532</b>	<b>\$ 47,007</b>	<b>\$ 47,177</b>	<b>\$ 47,756</b>	<b>\$ 47,867</b>	<b>\$ 48,522</b>	<b>\$ 48,714</b>	<b>\$ 49,129</b>	<b>\$ 113,806</b>	<b>\$ 114,946</b>	<b>\$ 707,068</b>	<b>\$ 489,649</b>	<b>44.4%</b>
<b>PEPM</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 77</b>	<b>\$ 76</b>	<b>\$ 73</b>	<b>\$ 72</b>	<b>\$ 75</b>	<b>\$ 77</b>	<b>-2.5%</b>
<b>Loss Ratio</b>	<b>86.6%</b>	<b>128.9%</b>	<b>92.1%</b>	<b>109.2%</b>	<b>118.8%</b>	<b>96.0%</b>	<b>94.8%</b>	<b>94.8%</b>	<b>92.4%</b>	<b>99.4%</b>	<b>33.2%</b>	<b>92.5%</b>	<b>88.9%</b>	<b>84.6%</b>	
<b>Employee Contributions</b>	<b>\$ 18,045</b>	<b>\$ 18,177</b>	<b>\$ 18,201</b>	<b>\$ 18,001</b>	<b>\$ 18,064</b>	<b>\$ 18,287</b>	<b>\$ 18,331</b>	<b>\$ 18,580</b>	<b>\$ 18,656</b>	<b>\$ 18,814</b>	<b>\$ 43,621</b>	<b>\$ 44,063</b>	<b>\$ 270,840</b>	<b>\$ 187,548</b>	<b>44.4%</b>
<b>PEPM</b>	<b>\$ 30</b>	<b>\$ 30</b>	<b>\$ 30</b>	<b>\$ 29</b>	<b>\$ 29</b>	<b>\$ 29</b>	<b>\$ 29</b>	<b>\$ 29</b>	<b>\$ 29</b>	<b>\$ 29</b>	<b>\$ 28</b>	<b>\$ 28</b>	<b>\$ 29</b>	<b>\$ 30</b>	<b>-2.5%</b>
<b>Employer Actual Cost</b>	<b>\$ 22,766</b>	<b>\$ 43,039</b>	<b>\$ 25,591</b>	<b>\$ 33,314</b>	<b>\$ 37,968</b>	<b>\$ 27,574</b>	<b>\$ 27,051</b>	<b>\$ 27,417</b>	<b>\$ 26,357</b>	<b>\$ 30,028</b>	<b>\$ (5,784)</b>	<b>\$ 62,236</b>	<b>\$ 357,557</b>	<b>\$ 226,606</b>	<b>57.8%</b>
<b>PEPM</b>	<b>\$ 37</b>	<b>\$ 70</b>	<b>\$ 42</b>	<b>\$ 55</b>	<b>\$ 62</b>	<b>\$ 44</b>	<b>\$ 43</b>	<b>\$ 43</b>	<b>\$ 41</b>	<b>\$ 46</b>	<b>\$ (4)</b>	<b>\$ 39</b>	<b>\$ 38</b>	<b>\$ 36</b>	<b>6.6%</b>

# Vision Plans

**Summary Includes: All Business Units, All Plan Designs**

## Total Actual Cost vs. Budget Comparison



**89.6% Loss Ratio**

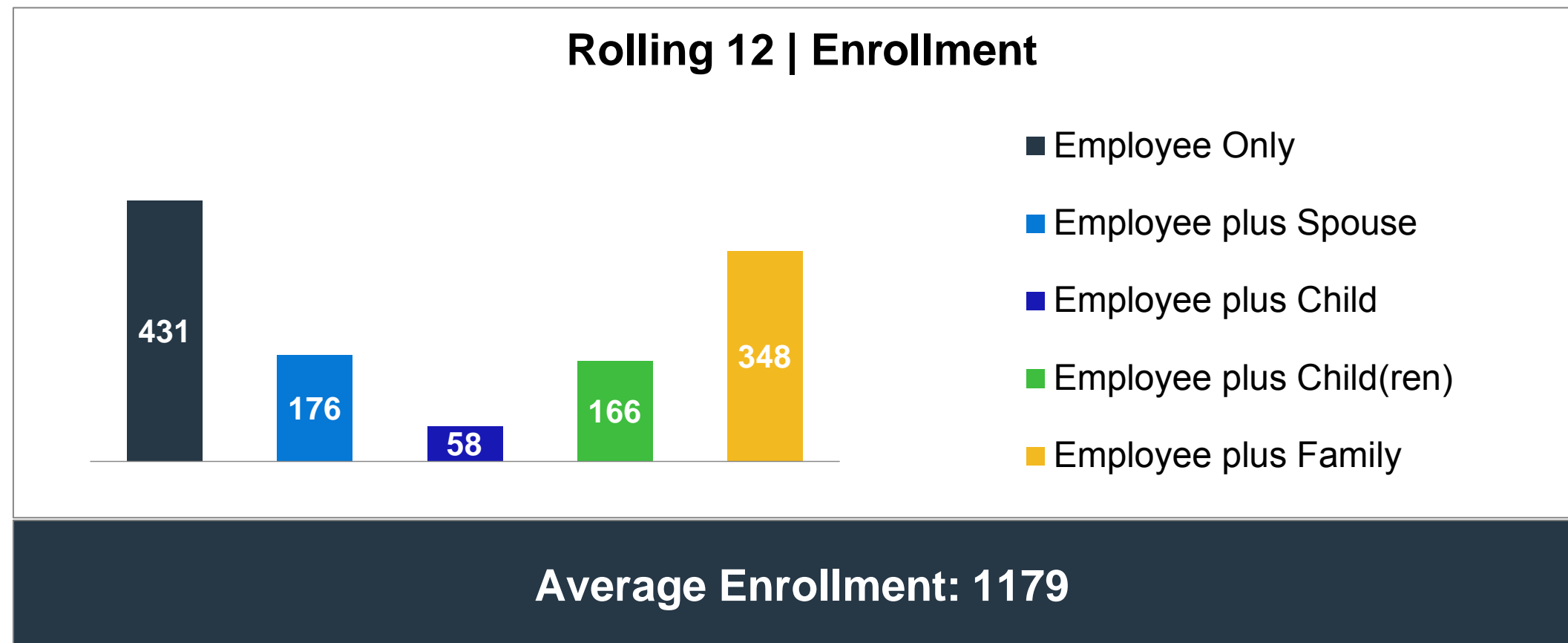
(\$19,877 surplus)

### Note on Loss Ratios:

- ✓ **Actual costs** include all costs associated with the self-funded plans:
  - Vision claims
  - Administration
- ✓ **Budgeted costs** are calculated off of HUB's recommended funding rates

## Employee Plan Participation

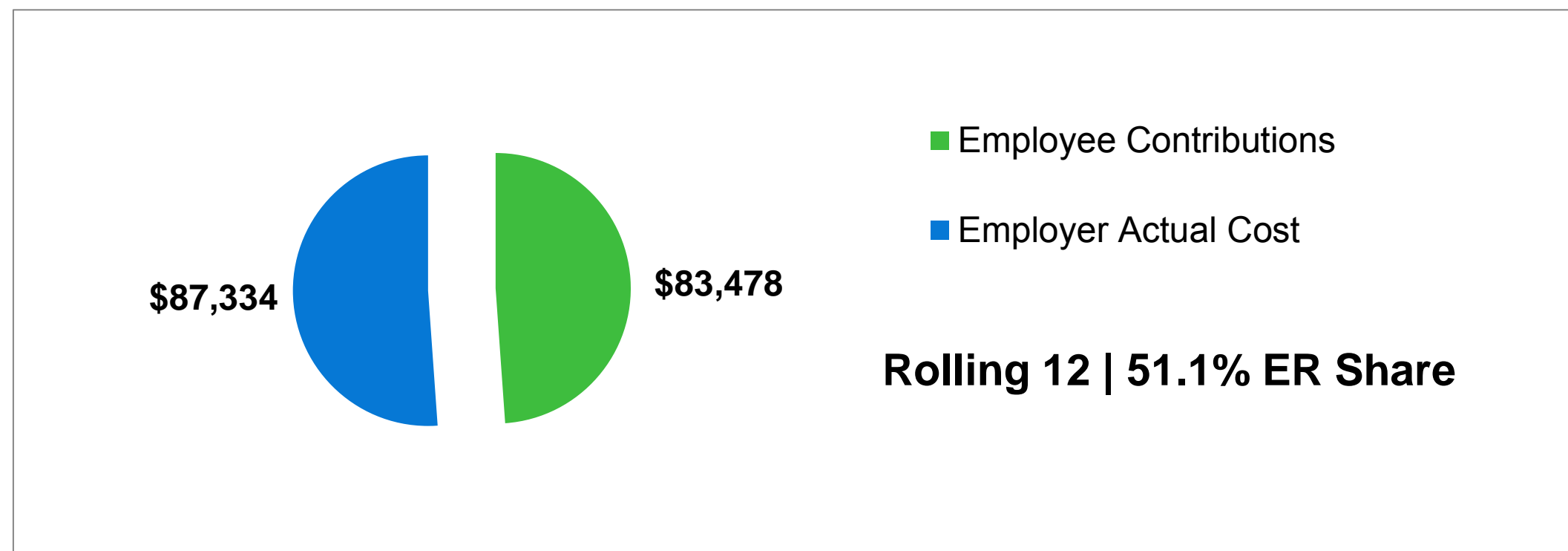
### Enrollment



### Notes and Observations:

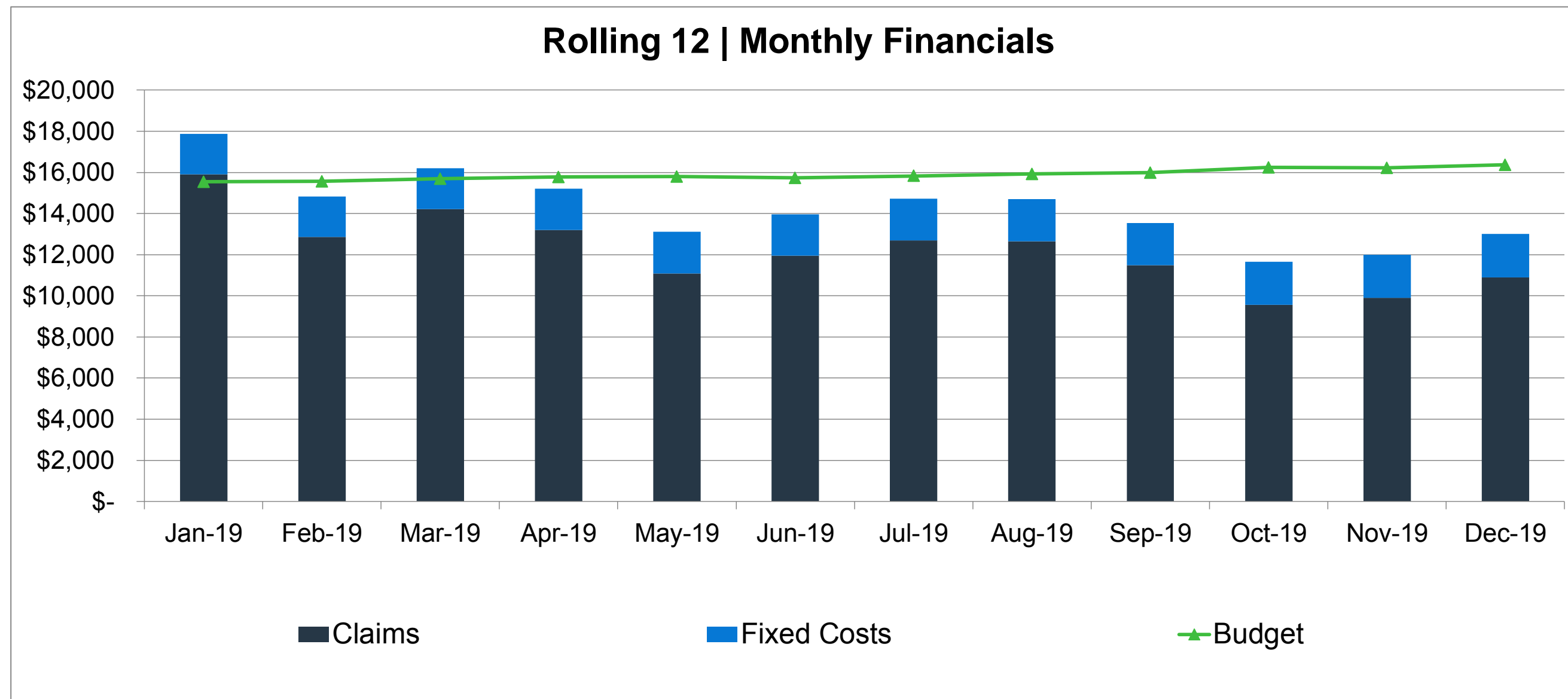
- ✓ Employees have shared in approximately 49% of actual costs

### Cost Sharing



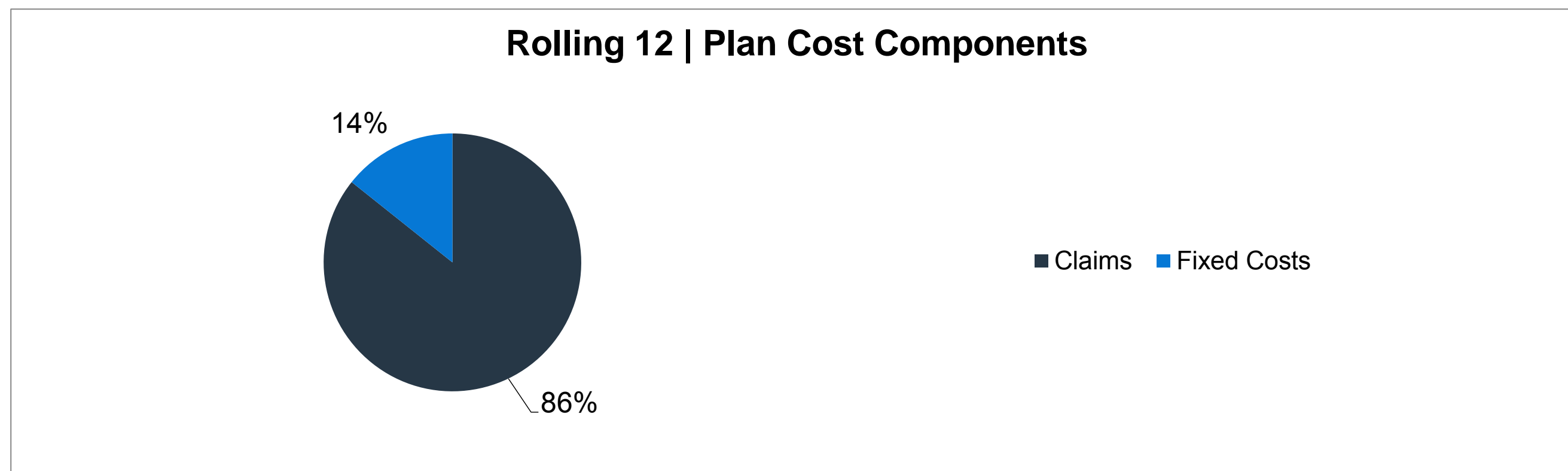


## Cost Summary



### Notes and Observations:

- ✓ Fixed costs amount to 14% of actual costs
- ✓ Claims volatility is inherent in healthcare, particularly with large medical claimants
- ✓ **The 2020 plan year is immature for the merging population**





# Vision Plans



Rolling 12 | January 2019 through December 2019

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	410	409	413	416	425	426	422	430	442	452	456	471	431	391	10.4%
Employee plus Spouse	167	171	173	174	174	173	180	182	179	182	181	179	176	150	17.4%
Employee plus Child	55	57	57	57	58	58	59	60	60	60	60	59	58	49	18.0%
Employee plus Child(ren)	164	163	162	166	163	161	163	166	169	170	171	172	166	144	15.3%
Employee plus Family	349	347	351	350	350	348	346	344	344	349	347	350	348	315	10.6%
<b>Total Enrollment</b>	<b>1,145</b>	<b>1,147</b>	<b>1,156</b>	<b>1,163</b>	<b>1,170</b>	<b>1,166</b>	<b>1,170</b>	<b>1,182</b>	<b>1,194</b>	<b>1,213</b>	<b>1,215</b>	<b>1,231</b>	<b>1,179</b>	<b>1,048</b>	<b>12.5%</b>
<b>Claims</b>															
Vision	\$ 15,904	\$ 12,850	\$ 14,216	\$ 13,200	\$ 11,090	\$ 11,949	\$ 12,690	\$ 12,658	\$ 11,482	\$ 9,564	\$ 9,900	\$ 10,884	\$ 146,387	\$ 128,309	14.1%
<b>Claims</b>	<b>\$ 15,904</b>	<b>\$ 12,850</b>	<b>\$ 14,216</b>	<b>\$ 13,200</b>	<b>\$ 11,090</b>	<b>\$ 11,949</b>	<b>\$ 12,690</b>	<b>\$ 12,658</b>	<b>\$ 11,482</b>	<b>\$ 9,564</b>	<b>\$ 9,900</b>	<b>\$ 10,884</b>	<b>\$ 146,387</b>	<b>\$ 128,309</b>	<b>14.1%</b>
<b>PEPM</b>	<b>\$ 14</b>	<b>\$ 11</b>	<b>\$ 12</b>	<b>\$ 11</b>	<b>\$ 9</b>	<b>\$ 10</b>	<b>\$ 11</b>	<b>\$ 11</b>	<b>\$ 10</b>	<b>\$ 8</b>	<b>\$ 8</b>	<b>\$ 9</b>	<b>\$ 10</b>	<b>\$ 10</b>	<b>1.4%</b>
<b>Fixed Costs</b>															
Administration	\$ 1,974	\$ 1,978	\$ 1,992	\$ 2,006	\$ 2,018	\$ 2,012	\$ 2,022	\$ 2,042	\$ 2,059	\$ 2,094	\$ 2,099	\$ 2,129	\$ 24,425	\$ 21,720	12.5%
<b>Fixed Costs</b>	<b>\$ 1,974</b>	<b>\$ 1,978</b>	<b>\$ 1,992</b>	<b>\$ 2,006</b>	<b>\$ 2,018</b>	<b>\$ 2,012</b>	<b>\$ 2,022</b>	<b>\$ 2,042</b>	<b>\$ 2,059</b>	<b>\$ 2,094</b>	<b>\$ 2,099</b>	<b>\$ 2,129</b>	<b>\$ 24,425</b>	<b>\$ 21,720</b>	<b>12.5%</b>
<b>PEPM</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>\$ 2</b>	<b>0.0%</b>
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 17,878</b>	<b>\$ 14,828</b>	<b>\$ 16,208</b>	<b>\$ 15,206</b>	<b>\$ 13,108</b>	<b>\$ 13,961</b>	<b>\$ 14,712</b>	<b>\$ 14,700</b>	<b>\$ 13,541</b>	<b>\$ 11,658</b>	<b>\$ 11,999</b>	<b>\$ 13,013</b>	<b>\$ 170,812</b>	<b>\$ 150,029</b>	<b>13.9%</b>
<b>PEPM</b>	<b>\$ 16</b>	<b>\$ 13</b>	<b>\$ 14</b>	<b>\$ 13</b>	<b>\$ 11</b>	<b>\$ 12</b>	<b>\$ 13</b>	<b>\$ 12</b>	<b>\$ 11</b>	<b>\$ 10</b>	<b>\$ 10</b>	<b>\$ 11</b>	<b>\$ 12</b>	<b>\$ 12</b>	<b>1.2%</b>
<b>Budget</b>	<b>\$ 15,544</b>	<b>\$ 15,574</b>	<b>\$ 15,699</b>	<b>\$ 15,772</b>	<b>\$ 15,805</b>	<b>\$ 15,729</b>	<b>\$ 15,830</b>	<b>\$ 15,924</b>	<b>\$ 15,982</b>	<b>\$ 16,234</b>	<b>\$ 16,227</b>	<b>\$ 16,370</b>	<b>\$ 190,689</b>	<b>\$ 169,281</b>	<b>12.6%</b>
<b>PEPM</b>	<b>\$ 14</b>	<b>\$ 14</b>	<b>\$ 14</b>	<b>\$ 14</b>	<b>\$ 14</b>	<b>\$ 13</b>	<b>\$ 14</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>0.1%</b>
<b>Loss Ratio</b>	<b>115.0%</b>	<b>95.2%</b>	<b>103.2%</b>	<b>96.4%</b>	<b>82.9%</b>	<b>88.8%</b>	<b>92.9%</b>	<b>92.3%</b>	<b>84.7%</b>	<b>71.8%</b>	<b>73.9%</b>	<b>79.5%</b>	<b>89.6%</b>	<b>88.6%</b>	
<b>Employee Contributions</b>	<b>\$ 6,800</b>	<b>\$ 6,817</b>	<b>\$ 6,882</b>	<b>\$ 6,904</b>	<b>\$ 6,928</b>	<b>\$ 6,891</b>	<b>\$ 6,943</b>	<b>\$ 6,971</b>	<b>\$ 6,976</b>	<b>\$ 7,099</b>	<b>\$ 7,097</b>	<b>\$ 7,168</b>	<b>\$ 83,478</b>	<b>\$ 74,336</b>	<b>12.3%</b>
<b>PEPM</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>-0.2%</b>
<b>Employer Actual Cost</b>	<b>\$ 11,078</b>	<b>\$ 8,010</b>	<b>\$ 9,326</b>	<b>\$ 8,302</b>	<b>\$ 6,180</b>	<b>\$ 7,070</b>	<b>\$ 7,769</b>	<b>\$ 7,729</b>	<b>\$ 6,565</b>	<b>\$ 4,559</b>	<b>\$ 4,902</b>	<b>\$ 5,845</b>	<b>\$ 87,334</b>	<b>\$ 75,693</b>	<b>15.4%</b>
<b>PEPM</b>	<b>\$ 10</b>	<b>\$ 7</b>	<b>\$ 8</b>	<b>\$ 7</b>	<b>\$ 5</b>	<b>\$ 6</b>	<b>\$ 7</b>	<b>\$ 7</b>	<b>\$ 5</b>	<b>\$ 4</b>	<b>\$ 4</b>	<b>\$ 5</b>	<b>\$ 6</b>	<b>\$ 6</b>	<b>2.6%</b>

# Base Vision



Rolling 12 | January 2019 through December 2019

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	204	205	208	208	211	208	208	212	220	224	225	225	213	191	11.8%
Employee plus Spouse	37	38	39	38	37	37	37	37	36	37	38	38	37	32	17.8%
Employee plus Child	18	19	19	19	19	19	19	19	19	19	19	19	19	16	18.2%
Employee plus Children	65	63	61	64	62	64	63	65	66	64	63	64	64	53	20.1%
Employee plus Family	57	56	58	57	59	58	56	55	56	56	54	55	56	54	3.8%
<b>Total Enrollment</b>	<b>381</b>	<b>381</b>	<b>385</b>	<b>386</b>	<b>388</b>	<b>386</b>	<b>383</b>	<b>388</b>	<b>397</b>	<b>400</b>	<b>399</b>	<b>401</b>	<b>390</b>	<b>346</b>	<b>12.7%</b>
<b>Claims</b>															
Vision	\$ 2,639	\$ 1,855	\$ 1,015	\$ 1,661	\$ 2,423	\$ 1,807	\$ 2,050	\$ 1,508	\$ 1,676	\$ 1,657	\$ 2,214	\$ 1,951	\$ 22,456	\$ 18,939	18.6%
<b>Claims</b>	<b>\$ 2,639</b>	<b>\$ 1,855</b>	<b>\$ 1,015</b>	<b>\$ 1,661</b>	<b>\$ 2,423</b>	<b>\$ 1,807</b>	<b>\$ 2,050</b>	<b>\$ 1,508</b>	<b>\$ 1,676</b>	<b>\$ 1,657</b>	<b>\$ 2,214</b>	<b>\$ 1,951</b>	<b>\$ 22,456</b>	<b>\$ 18,939</b>	<b>18.6%</b>
<i>PEPM</i>	\$ 7	\$ 5	\$ 3	\$ 4	\$ 6	\$ 5	\$ 5	\$ 4	\$ 4	\$ 4	\$ 6	\$ 5	\$ 5	\$ 5	5.2%
<b>Fixed Costs</b>															
Administration	\$ 438	\$ 438	\$ 443	\$ 444	\$ 446	\$ 444	\$ 440	\$ 446	\$ 457	\$ 460	\$ 459	\$ 461	\$ 5,376	\$ 4,771	12.7%
<b>Fixed Costs</b>	<b>\$ 438</b>	<b>\$ 438</b>	<b>\$ 443</b>	<b>\$ 444</b>	<b>\$ 446</b>	<b>\$ 444</b>	<b>\$ 440</b>	<b>\$ 446</b>	<b>\$ 457</b>	<b>\$ 460</b>	<b>\$ 459</b>	<b>\$ 461</b>	<b>\$ 5,376</b>	<b>\$ 4,771</b>	<b>12.7%</b>
<i>PEPM</i>	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	0.0%
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 3,077</b>	<b>\$ 2,293</b>	<b>\$ 1,458</b>	<b>\$ 2,105</b>	<b>\$ 2,869</b>	<b>\$ 2,251</b>	<b>\$ 2,490</b>	<b>\$ 1,954</b>	<b>\$ 2,133</b>	<b>\$ 2,117</b>	<b>\$ 2,673</b>	<b>\$ 2,412</b>	<b>\$ 27,832</b>	<b>\$ 23,710</b>	<b>17.4%</b>
<i>PEPM</i>	\$ 8	\$ 6	\$ 4	\$ 5	\$ 7	\$ 6	\$ 7	\$ 5	\$ 5	\$ 5	\$ 7	\$ 6	\$ 6	\$ 6	4.2%
<b>Budget</b>	<b>\$ 3,210</b>	<b>\$ 3,200</b>	<b>\$ 3,241</b>	<b>\$ 3,242</b>	<b>\$ 3,259</b>	<b>\$ 3,246</b>	<b>\$ 3,205</b>	<b>\$ 3,230</b>	<b>\$ 3,286</b>	<b>\$ 3,301</b>	<b>\$ 3,277</b>	<b>\$ 3,303</b>	<b>\$ 38,999</b>	<b>\$ 34,830</b>	<b>12.0%</b>
<i>PEPM</i>	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	-0.6%
<b>Loss Ratio</b>	<b>95.9%</b>	<b>71.7%</b>	<b>45.0%</b>	<b>64.9%</b>	<b>88.0%</b>	<b>69.3%</b>	<b>77.7%</b>	<b>60.5%</b>	<b>64.9%</b>	<b>64.1%</b>	<b>81.6%</b>	<b>73.0%</b>	<b>71.4%</b>	<b>68.1%</b>	
<b>Employee Contributions</b>	<b>\$ 735</b>	<b>\$ 733</b>	<b>\$ 756</b>	<b>\$ 741</b>	<b>\$ 752</b>	<b>\$ 743</b>	<b>\$ 726</b>	<b>\$ 717</b>	<b>\$ 720</b>	<b>\$ 726</b>	<b>\$ 715</b>	<b>\$ 724</b>	<b>\$ 8,788</b>	<b>\$ 8,129</b>	<b>8.1%</b>
<i>PEPM</i>	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	-4.1%
<b>Employer Actual Cost</b>	<b>\$ 2,342</b>	<b>\$ 1,561</b>	<b>\$ 701</b>	<b>\$ 1,364</b>	<b>\$ 2,117</b>	<b>\$ 1,508</b>	<b>\$ 1,764</b>	<b>\$ 1,237</b>	<b>\$ 1,413</b>	<b>\$ 1,391</b>	<b>\$ 1,958</b>	<b>\$ 1,688</b>	<b>\$ 19,044</b>	<b>\$ 15,581</b>	<b>22.2%</b>
<i>PEPM</i>	\$ 6	\$ 4	\$ 2	\$ 4	\$ 5	\$ 4	\$ 5	\$ 3	\$ 4	\$ 3	\$ 5	\$ 4	\$ 4	\$ 4	8.5%

Rolling 12 | January 2019 through December 2019

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Rolling 12	Prior Rolling 12	% Change
<b>Enrollment</b>															
Employee Only	206	204	205	208	214	218	214	218	222	228	231	246	218	200	9.0%
Employee plus Spouse	130	133	134	136	137	136	143	145	143	145	143	141	139	118	17.2%
Employee plus Child	37	38	38	38	39	39	40	41	41	41	41	40	39	33	18.0%
Employee plus Children	99	100	101	102	101	97	100	101	103	106	108	108	102	91	12.5%
Employee plus Family	292	291	293	293	291	290	290	289	288	293	293	295	292	260	12.0%
<b>Total Enrollment</b>	<b>764</b>	<b>766</b>	<b>771</b>	<b>777</b>	<b>782</b>	<b>780</b>	<b>787</b>	<b>794</b>	<b>797</b>	<b>813</b>	<b>816</b>	<b>830</b>	<b>790</b>	<b>703</b>	<b>12.4%</b>
<b>Claims</b>															
Vision	\$ 13,265	\$ 10,995	\$ 13,201	\$ 11,539	\$ 8,667	\$ 10,142	\$ 10,640	\$ 11,150	\$ 9,806	\$ 7,907	\$ 7,686	\$ 8,933	\$ 123,931	\$ 109,370	13.3%
<b>Claims</b>	<b>\$ 13,265</b>	<b>\$ 10,995</b>	<b>\$ 13,201</b>	<b>\$ 11,539</b>	<b>\$ 8,667</b>	<b>\$ 10,142</b>	<b>\$ 10,640</b>	<b>\$ 11,150</b>	<b>\$ 9,806</b>	<b>\$ 7,907</b>	<b>\$ 7,686</b>	<b>\$ 8,933</b>	<b>\$ 123,931</b>	<b>\$ 109,370</b>	<b>13.3%</b>
<i>PEPM</i>	<i>\$ 17</i>	<i>\$ 14</i>	<i>\$ 17</i>	<i>\$ 15</i>	<i>\$ 11</i>	<i>\$ 13</i>	<i>\$ 14</i>	<i>\$ 14</i>	<i>\$ 12</i>	<i>\$ 10</i>	<i>\$ 9</i>	<i>\$ 11</i>	<i>\$ 13</i>	<i>\$ 13</i>	<i>0.8%</i>
<b>Fixed Costs</b>															
Administration	\$ 1,536	\$ 1,540	\$ 1,550	\$ 1,562	\$ 1,572	\$ 1,568	\$ 1,582	\$ 1,596	\$ 1,602	\$ 1,634	\$ 1,640	\$ 1,668	\$ 19,049	\$ 16,948	12.4%
<b>Fixed Costs</b>	<b>\$ 1,536</b>	<b>\$ 1,540</b>	<b>\$ 1,550</b>	<b>\$ 1,562</b>	<b>\$ 1,572</b>	<b>\$ 1,568</b>	<b>\$ 1,582</b>	<b>\$ 1,596</b>	<b>\$ 1,602</b>	<b>\$ 1,634</b>	<b>\$ 1,640</b>	<b>\$ 1,668</b>	<b>\$ 19,049</b>	<b>\$ 16,948</b>	<b>12.4%</b>
<i>PEPM</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>\$ 2</i>	<i>0.0%</i>
<b>Totals</b>															
<b>Total Actual Cost</b>	<b>\$ 14,801</b>	<b>\$ 12,535</b>	<b>\$ 14,751</b>	<b>\$ 13,101</b>	<b>\$ 10,239</b>	<b>\$ 11,710</b>	<b>\$ 12,222</b>	<b>\$ 12,746</b>	<b>\$ 11,408</b>	<b>\$ 9,541</b>	<b>\$ 9,326</b>	<b>\$ 10,601</b>	<b>\$ 142,980</b>	<b>\$ 126,318</b>	<b>13.2%</b>
<i>PEPM</i>	<i>\$ 19</i>	<i>\$ 16</i>	<i>\$ 19</i>	<i>\$ 17</i>	<i>\$ 13</i>	<i>\$ 15</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 14</i>	<i>\$ 12</i>	<i>\$ 11</i>	<i>\$ 13</i>	<i>\$ 15</i>	<i>\$ 15</i>	<i>0.7%</i>
<b>Budget</b>	<b>\$ 12,335</b>	<b>\$ 12,373</b>	<b>\$ 12,458</b>	<b>\$ 12,530</b>	<b>\$ 12,547</b>	<b>\$ 12,483</b>	<b>\$ 12,625</b>	<b>\$ 12,694</b>	<b>\$ 12,696</b>	<b>\$ 12,933</b>	<b>\$ 12,950</b>	<b>\$ 13,067</b>	<b>\$ 151,690</b>	<b>\$ 134,451</b>	<b>12.8%</b>
<i>PEPM</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>\$ 16</i>	<i>0.4%</i>
<b>Loss Ratio</b>	<b>120.0%</b>	<b>101.3%</b>	<b>118.4%</b>	<b>104.6%</b>	<b>81.6%</b>	<b>93.8%</b>	<b>96.8%</b>	<b>100.4%</b>	<b>89.9%</b>	<b>73.8%</b>	<b>72.0%</b>	<b>81.1%</b>	<b>94.3%</b>	<b>94.0%</b>	
<b>Employee Contributions</b>	<b>\$ 6,065</b>	<b>\$ 6,085</b>	<b>\$ 6,126</b>	<b>\$ 6,163</b>	<b>\$ 6,176</b>	<b>\$ 6,148</b>	<b>\$ 6,217</b>	<b>\$ 6,254</b>	<b>\$ 6,256</b>	<b>\$ 6,373</b>	<b>\$ 6,382</b>	<b>\$ 6,445</b>	<b>\$ 74,690</b>	<b>\$ 66,206</b>	<b>12.8%</b>
<i>PEPM</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>0.4%</i>
<b>Employer Actual Cost</b>	<b>\$ 8,735</b>	<b>\$ 6,450</b>	<b>\$ 8,625</b>	<b>\$ 6,938</b>	<b>\$ 4,063</b>	<b>\$ 5,562</b>	<b>\$ 6,005</b>	<b>\$ 6,492</b>	<b>\$ 5,152</b>	<b>\$ 3,168</b>	<b>\$ 2,944</b>	<b>\$ 4,157</b>	<b>\$ 68,290</b>	<b>\$ 60,112</b>	<b>13.6%</b>
<i>PEPM</i>	<i>\$ 11</i>	<i>\$ 8</i>	<i>\$ 11</i>	<i>\$ 9</i>	<i>\$ 5</i>	<i>\$ 7</i>	<i>\$ 8</i>	<i>\$ 8</i>	<i>\$ 6</i>	<i>\$ 4</i>	<i>\$ 4</i>	<i>\$ 5</i>	<i>\$ 7</i>	<i>\$ 7</i>	<i>1.1%</i>

# Supplemental Exhibits

## Plan YTD | January 2020 through February 2020

Claimant	Diagnosis	Prospective Risk	Relationship	Total Medical Paid	Amount Over Specific Deductible
1	Not Available	No Longer Enrolled	Subscriber	\$219,491	\$0
2	Injury and poisoning	Low Risk	Spouse	\$148,224	\$0
3	Diseases of the circulatory system	Low Risk	Subscriber	\$106,823	\$0
4	Certain conditions originating in the perinatal period	Low Risk	Dependent	\$74,741	\$0
5	Neoplasms	High Risk	Subscriber	\$62,275	\$0
6	Not Available	Medium Risk	Spouse	\$58,131	\$0
<b>Total</b>				<b>\$669,685</b>	<b>\$0</b>

**Notes:**

- 1) The exhibit above shows claimants with over \$50,000 in claims
- 2) The total amount over the specific deductible represents the expected stop loss reimbursements per the 2020 contract with Medical Carrier
- 3) The 2020 specific deductible is \$300,000 per individual

Time Period | January 2019 through December 2019

Plan	Employee	Spouse	Dependent	Total
\$500 Deductible	\$498	\$1,582	\$204	\$575
\$1,200 Deductible	\$353	\$558	\$197	\$342
\$2,850 Deductible	\$207	\$407	\$121	\$209
\$6,550 Deductible	\$293	\$91	\$24	\$178
<b>Total</b>	<b>\$298</b>	<b>\$571</b>	<b>\$151</b>	<b>\$295</b>

**Notes:**

- 1) The chart above shows costs per member per month (e.g. spouses cost roughly \$571 per spouse per month)
- 2) Current funding rates and employee contributions are designed to reflect the difference in costs by member type



## Plan YTD | January 2020 through February 2020

Rank	Drug Name	Utilizers	Prescriptions	Paid	Paid per Script
1	TECFIDERA	4	8	\$66,729	\$8,341
2	HUMIRA PEN	4	5	\$27,258	\$5,452
3	TRULICITY	15	23	\$21,660	\$942
4	JARDIANCE	17	23	\$17,817	\$775
5	LANTUS SOLOSTAR	13	20	\$12,495	\$625
6	STELARA	1	1	\$11,945	\$11,945
7	HUMIRA(CF) PEN	1	1	\$11,053	\$11,053
8	HUMIRA(CF)	1	2	\$10,903	\$5,451
9	ADDERALL XR	31	49	\$10,835	\$221
10	OZEMPIC	6	8	\$10,445	\$1,306
<b>Total</b>		<b>93</b>	<b>140</b>	<b>\$201,139</b>	<b>\$1,437</b>

**Notes:**

1) In the past 12 months, there have been approximately \$2.6M in Rx claims paid; therefore, the top 10 drugs account for nearly one-third of all claims



## Rolling 12 | March 2019 through February 2020

Month	Covered Employees	# of Claims	ASO Fees	ASO Fees Per Claim	Paid Claims	Total Paid Per Covered Employee
Mar-19	1,147	10	\$2,294	\$229	\$18,364	\$1,836
Apr-19	1,145	11	\$2,290	\$208	\$19,564	\$1,779
May-19	1,150	13	\$2,300	\$177	\$23,113	\$1,778
Jun-19	1,145	13	\$2,290	\$176	\$23,455	\$1,804
Jul-19	1,157	15	\$2,314	\$154	\$23,978	\$1,599
Aug-19	1,158	8	\$2,316	\$290	\$13,989	\$1,749
Sep-19	1,179	9	\$2,358	\$262	\$17,564	\$1,952
Oct-19	1,184	13	\$2,368	\$182	\$11,942	\$919
Nov-19	1,197	27	\$2,394	\$89	\$23,513	\$871
Dec-19	1,199	50	\$2,398	\$48	\$37,453	\$749
Jan-20	2,381	42	\$4,762	\$113	\$31,000	\$738
Feb-20	2,391	37	\$4,782	\$129	\$25,544	\$690
<b>Total</b>	<b>16,433</b>	<b>248</b>	<b>\$32,866</b>	<b>\$133</b>	<b>\$269,479</b>	<b>\$1,087</b>

**Notes:**

- 1) Paid claims include all applicable taxes and fees
- 2) The 2019 ASO fee is \$2.00 per covered employee per month

## Plan Year | January 2020 through December 2020

Plan	Coverage Tier	Administration*	Individual Stop Loss Premium	Aggregate Stop Loss Premium	Aggregate Stop Loss Factors
<b>Medical Plans</b>	Employee Only	\$45.19	\$29.65	not purchased	not purchased
	Employee + Spouse	\$45.19	\$29.65	not purchased	not purchased
	Employee + Child	\$45.19	\$29.65	not purchased	not purchased
	Employee + Children	\$45.19	\$29.65	not purchased	not purchased
	Family	\$45.19	\$29.65	not purchased	not purchased
<b>Dental Plans</b>	Employee Only	\$3.57	n/a	n/a	n/a
	Employee + Spouse	\$3.57	n/a	n/a	n/a
	Employee + Child	\$3.57	n/a	n/a	n/a
	Employee + Children	\$3.57	n/a	n/a	n/a
	Family	\$3.57	n/a	n/a	n/a
<b>Vision Base Plan</b>	Employee Only	\$0.52	n/a	n/a	n/a
	Employee + Spouse	\$1.04	n/a	n/a	n/a
	Employee + Child	\$1.04	n/a	n/a	n/a
	Employee + Children	\$1.12	n/a	n/a	n/a
	Family	\$1.79	n/a	n/a	n/a
<b>Vision Plus Plan</b>	Employee Only	\$0.90	n/a	n/a	n/a
	Employee + Spouse	\$1.80	n/a	n/a	n/a
	Employee + Child	\$1.80	n/a	n/a	n/a
	Employee + Children	\$1.92	n/a	n/a	n/a
	Family	\$3.07	n/a	n/a	n/a

\* Medical administrative costs include claims administration and telehealth

## Plan Year | January 2020 through December 2020

Plan	Coverage Tier	Monthly Funding Rate	Monthly Employee Contributions	Monthly Employer Portion	Monthly COBRA Rates	Bi-Weekly Employee Contributions
<b>Medical Plans</b>						
<b>\$500 Deductible</b>	Employee Only	\$558.80	\$125.66	\$433.14	\$569.98	\$58.00
	Employee + Spouse	\$1,229.36	\$437.66	\$791.70	\$1,253.95	\$202.00
	Employee + Child	\$726.45	\$171.16	\$555.29	\$740.98	\$79.00
	Employee + Children	\$1,005.84	\$351.00	\$654.84	\$1,025.96	\$162.00
	Family	\$1,788.17	\$626.16	\$1,162.01	\$1,823.93	\$289.00
<b>\$1,200 Deductible</b>	Employee Only	\$544.47	\$60.67	\$483.80	\$555.36	\$28.00
	Employee + Spouse	\$1,197.83	\$236.17	\$961.66	\$1,221.79	\$109.00
	Employee + Child	\$707.81	\$95.33	\$612.48	\$721.97	\$44.00
	Employee + Children	\$980.04	\$188.50	\$791.54	\$999.64	\$87.00
	Family	\$1,742.31	\$338.00	\$1,404.31	\$1,777.16	\$156.00
<b>\$2,850 Deductible</b> (Includes HSA Funding)	Employee Only	\$535.35	\$26.00	\$509.35	\$444.06	\$12.00
	Employee + Spouse	\$1,177.78	\$151.67	\$1,026.11	\$997.34	\$70.00
	Employee + Child	\$695.95	\$43.33	\$652.62	\$505.87	\$20.00
	Employee + Children	\$963.63	\$86.66	\$876.97	\$778.90	\$40.00
	Family	\$1,713.13	\$216.67	\$1,496.46	\$1,543.39	\$100.00
<b>\$6,550 Deductible</b> (Includes HSA Funding)	Employee Only	\$437.01	\$0.00	\$437.01	\$403.25	\$0.00
	Employee + Spouse	\$961.44	\$86.67	\$874.77	\$895.67	\$40.00
	Employee + Child	\$568.13	\$0.00	\$568.13	\$494.49	\$0.00
	Employee + Children	\$786.63	\$0.00	\$786.63	\$717.36	\$0.00
	Family	\$1,398.45	\$108.33	\$1,290.12	\$1,341.42	\$50.00
<b>Dental Plans</b>						
<b>Dental Base</b>	Employee Only	\$34.73	\$0.00	\$34.73	\$35.42	\$0.00
	Employee + Spouse	\$63.22	\$10.83	\$52.39	\$64.48	\$5.00
	Employee + Child	\$52.11	\$0.00	\$52.11	\$53.15	\$0.00
	Employee + Children	\$67.04	\$0.00	\$67.04	\$68.38	\$0.00
	Family	\$101.43	\$15.17	\$86.26	\$103.46	\$7.00
<b>Dental Plus</b>	Employee Only	\$39.08	\$15.17	\$23.91	\$39.86	\$7.00
	Employee + Spouse	\$71.12	\$28.17	\$42.95	\$72.54	\$13.00
	Employee + Child	\$58.62	\$21.67	\$36.95	\$59.79	\$10.00
	Employee + Children	\$75.42	\$28.17	\$47.25	\$76.93	\$13.00
	Family	\$114.10	\$43.33	\$70.77	\$116.38	\$20.00
<b>Vision Plans</b>						
<b>Vision Base</b>	Employee Only	\$5.43	\$0.00	\$5.43	\$5.54	\$0.00
	Employee + Spouse	\$11.89	\$6.50	\$5.39	\$12.13	\$3.00
	Employee + Child	\$8.15	\$0.00	\$8.15	\$8.31	\$0.00
	Employee + Children	\$9.50	\$0.00	\$9.50	\$9.69	\$0.00
	Family	\$15.75	\$8.67	\$7.08	\$16.07	\$4.00
<b>Vision Plus</b>	Employee Only	\$7.87	\$4.33	\$3.54	\$8.03	\$2.00
	Employee + Spouse	\$17.25	\$8.67	\$8.58	\$17.60	\$4.00
	Employee + Child	\$11.82	\$6.50	\$5.32	\$12.06	\$3.00
	Employee + Children	\$13.78	\$6.50	\$7.28	\$14.06	\$3.00
	Family	\$22.84	\$10.83	\$12.01	\$23.30	\$5.00

Assumptions & Caveats

Item	Description
1	Medical/Rx claims and enrollment provided by Medical Carrier
2	Fixed costs (administration and stop loss) provided by Medical Carrier
3	Budget rates and employee contributions provided by ABC Company
4	HSA funding provided by ABC Company
5	Dental claims and enrollment provided by Dental Carrier
6	Vision claims and enrollment provided by Vision Carrier; enrollment in the child(ren) tiers are split according to historical distributions
7	STD claims and enrollment provided by STD Carrier



# Voluntary Benefits RFP & RFQ Samples

Per Scope of Work Proposal  
Requirements 15., Page 55



March 23, 2021

**Re: Request for Proposal (RFP) Medical, Dental, Vision, Wellness**

Our firm is seeking information from qualified organizations that provide healthcare and healthcare plan management services to employees covered by employee benefit plans located in Bakersfield, California and the surrounding community.

The objective of this RFP is to determine current best practices consistent with the objectives stated herein and to make recommendations of services and programs to our client, The County of ABC.

Inquiries and responses concerning this RFP should be directed to:

Lee Exton, CEBS Senior Vice President, Benefits & Total Rewards  
HUB International  
4695 MacArthur Court, Suite 600  
Newport Beach, CA 92660  
Phone  
Lee.Exton@hubinternational.com

Interested responders should deliver response to:

All responses must be received by 5:00 p.m., March 30, 2021 via Email at [Lee.Exton@HUBInternational.com](mailto:Lee.Exton@HUBInternational.com). Responders are solely responsible for ensuring timely receipt of their proposals and responses received after the above time will not be considered. Any changes to this Request for Proposal should be in writing.

At our sole discretion, we may request selected responders attend a finalist interview. We reserve the right to enter into discussions with any responding organizations and/or to offer, and/or reject, any and all proposals which may result from this RFP process.

**RFP Objectives**

The purpose of this RFP is to seek information from qualified organizations that can provide access to a network of healthcare providers and/or healthcare plan services which offer the following characteristics:

- Comprehensive access to healthcare providers and services in Bakersfield and the surrounding community
- Comprehensive referral access to healthcare providers and services outside of Bakersfield and the surrounding community

- Demonstrated and documented quality of healthcare services
- Competitive first year unit costs for both healthcare and administrative services
- Structural stability in healthcare unit costs, administrative costs, and/or global cost structure over multiple years
- Demonstrated clinical and financial transparency of healthcare and administrative services
- Demonstrated ability to understand unique population needs and implement specific programs to address those needs within a strategic organizational framework
- Demonstrated ability to provide services to manage utilization of healthcare (medical) and pharmacy (drug) services
- Demonstrated ability to monitor and manage unit cost of all healthcare services and supplies
- Organizational culture of collaboration to develop, implement and manage population health improvement strategies.

The focus of this RFP is on the delivery of healthcare and management services within an employee benefit plan environment. If your organization provides administrative services (including claims administration, disease management and other care management functions) and/or pharmacy benefits that are integrated within your healthcare delivery model, you should include pricing for such services to ensure full consideration.

We will be pleased to meet with you and your proposal response team to discuss this RFP in greater detail and to answer any questions. We are interested in reviewing any and all approaches that meet the objectives stated herein and are not committed to any one specific approach.

#### Timeline

RFP Release	March 21, 2021
Vendor Questions Due	March 29, 2021
Response Due	April 25, 2021
Interviews (if requested)	Week of May 5, 2021

#### Attachments

To assist with the preparation of your proposal, we are attaching:



- A) Month by Month Enrollment by Plan for the past three years
- B) Paid Claims by Plan for the past three years

C) Census Data including:

EEID

Date of Birth

Date of Hire

Gender

Family Status

Current Plan Election (including waive status)

Current Plan Family Coverage Category

Organization Division Code

Residential Zipcode

Coverage Status: Active, COBRA Leave of Absence

Payroll deduction Semi-Monthly

- D) Plan Utilization Statistics
- E) Primary Care Physician Election
- F) Current Hospital Usage Report
- G) Large Claims including Diagnosis and Prognosis
- H) Claims Triangle Report indicating duration of current pay lag
- I) Plan Document
- J) Summary of Plan Design
- K) List of Plan Design Changes to Be Priced in your proposal
- L) Plan Design changes implemented over the past 3 years

**Questions**

- 1) Can you provide renewal 6 months in advance of the effective date
- 2) Please summarize projected trend

- 3) Are you agreeable to placing 10% of fees at risk tied to factors mutually agreed upon with our client. Will you provide reports tracking this data on a quarterly basis.
- 4) What additional Value Added programs are available through your organization that our client should consider?
- 5) Can you provide a dedicated service team?
- 6) Your rates should allow for a change in enrollment of 15% up or down without requiring rerating?
- 7) Are you agreeable to allowing the Pharmacy benefit to be carved out to another PBM?
- 8) If we utilize your organization for the Pharmacy benefit, will all rebates be forwarded to our client?
- 9) If the organization increases in size by 50%, how will you adjust your rates?
- 10) What additional funding or programs can you provide to enhance the client's existing wellness programs?
- 11) Are you agreeable to paying for a focus group evaluation prior to and a year following plan design implementation?
- 12) How long does it take you to distribute ID cards from the date you receive the enrollment data?
- 13) What programs do you have that focus on Condition Management?
- 14) What tech tools do you employ to enhance employee engagement?
- 15) Are you agreeable to having the customer service front end of your program replaced by a Health Plan navigator like Quantum or Accolade?
- 16) What care directing services can you provide through your existing platform to identify patient needs and direct them to the most appropriate level of care?
- 17) What special reporting can you provide that will help us evaluate the ongoing effectiveness of your program?
- 18) What redundancy is built into your in house data platform to keep services operating in the event of an emergency?
- 19) What additional ideas do you have that we should discuss with our client?
- 20) What steps have you taken as an organization to ensure data is protected?
- 21) What initiatives have you put in place to overcome racial stereotyping and to encourage inclusivity?
- 22) What programs do you provide to the local community to promote healthcare overall
- 23) Please provide a disruption analysis of your proposed network(s) to the current Primary Care Physician List and the list of Currently Used Hospitals
- 24) Provide a GeoAccess analysis of:
  - a. 2 Primary Care Physicians within 8 miles
  - b. 1 Hospital within 15 miles

Thank you for your interest in this RFP.

Feel free to contact me at <Phone> or at [Lee.Exton@hubinternational.com](mailto:Lee.Exton@hubinternational.com) if you have any questions or need additional information.

Sincerely,

Sample

## RFQ for Voluntary Benefits

HUB Office:

Group Name:

Situs State of Group:

Number of Eligible Employees: ## - census attached, password to follow

Requested Effective Date:

Existing VB Carrier (if applicable):

**Products:** Show Monthly rates on all product proposals

- **Accident:** Off-Job coverage and include AD&D, and \$50 Wellness benefits
  - o Include portability and remove age based reductions in benefit
  - o **Commissions:** Level 20%
- **Hospital Indemnity:** include \$\$ Admission Benefit, \$100 Daily Confinement Benefit, \$100 ICU benefit, \$50 Wellness – also include confinement benefits for mental and substance abuse disorders – *composite rates with pre-ex waived*
  - o Include portability and remove age based reductions in benefit
  - o **Commissions:** Level 20%
- **Critical Illness:** show rates for a \$10k benefit (please show all increments available up to the max guarantee issue limit of coverage), include Cancer benefits and \$50 Wellness – *unitobacco, attained age rates (please show the rate per \$1,000)*
  - o Include portability and remove age based reductions in benefit
  - o **Commissions:** Level 20%
- **Vol Short Term Disability:** non-integrated
  - o **Elimination Period:**
  - o **Benefit Period:**
  - o **Include:** Portability, “Or” and “Own Job” definitions of disability, Partial Disability and Return to Work provisions
  - o Please confirm if you can grandfather existing coverage.
  - o Please confirm if EOI is waived during initial eligibility only, or annually open enrollment for all employees.
  - o **Commissions:** Level 15%
- **Vol Long Term Disability:**
  - o **Elimination Period:**
  - o **Benefit Period:** SSNRA
  - o **Include:** Partial Disability and Return to Work provisions
  - o Please confirm if you can grandfather existing coverage.
  - o Please confirm if EOI is waived during initial eligibility only, or annually open enrollment for all employees.
  - o **Commissions:** Level 15%
- **Vol Term Life + AD&D:**
  - o Please confirm if you can grandfather existing coverage.
  - o Please confirm if EOI is waived during initial eligibility only, or annually open enrollment for all employees.
    - If EOI is required for late entrants – please describe the process of capturing this.
  - o Include portability, conversion, and waiver of premium due to disability
  - o **Commissions:** Level 15%
- **Permanent Life Insurance:** show rates for a \$50,000 base benefit
  - o Include waiver of premium, accelerated death benefit, and long term care provisions

- ID Theft
- Legal
- Pet Insurance
- Student Loan Services

**Enrollment Method:**

**If you are in-force with this client for other lines, or are bidding on other lines for this client, please include any concessions that you can offer on those lines if they add VB in your proposal response.**

**Due Date:**

**Commission Information required in your response:**

- Confirmation of 1st year and renewal commissions for all plans quoted
- Confirmation of vesting for all plans quoted
- Rate Guarantees for all products

**THIS RFP IS CONFIDENTIAL AND ALL QUESTIONS/DISCUSSIONS SHOULD BE DIRECTED TOWARDS TREVOR GARBERS OR MYSELF. INCOMPLETE/INCORRECT PROPOSALS NOT ADDRESSING ALL ITEMS REQUESTED WILL NOT BE ACCEPTED OR PRESENTED TO THE CLIENT. PLEASE REVIEW YOUR PROPOSAL FOR ACCURACY PRIOR TO SUBMITTING. INABILITY TO ABIDE BY THESE GUIDELINES WILL RESULT IN YOUR DISQUALIFICATION FROM QUOTING THIS GROUP AND OTHERS IN THE FUTURE.**

# Voluntary Benefits

Give your employees the power of choice



## How do you make a good voluntary benefits plan great?

You're working hard to manage rising health care costs, and that means making some difficult choices. At the same time, high deductible health plans and higher out-of-pocket costs are creating coverage gaps for many of your employees. Show your employees that you care by offering a voluntary benefits program with the meaningful choices they're looking for.

We'll work with you to create a program tailored for your organization, featuring a well-planned roll-out, personalized communications and managed enrollment.

**75%**

**of employees say being able to customize benefits to their personal needs would increase their loyalty to their employer**

Supplemental Health Care	Financial Wellness	Lifestyle and Personal
Supplemental Health Care	Life Insurance with Long-Term Care	Group Auto and Homeowners
Hospital Indemnity	Identity Theft	Pet Insurance
Accident Insurance	Short and Long-Term Disability	Travel Insurance
Critical Illness/Cancer	Pre-Paid Legal	International Medical
Dental Care	Accounting Services	Discount Programs
Vision Care	Personal Financial Planning	
Telemedicine		
Long-Term Care		
Worksite Wellness		

## What's different about our approach?

Today's diverse workplace spans multiple generations. To attract, motivate, and retain employees, your benefits should adapt to each employee's personal situation. HUB will help you position your voluntary benefits portfolio to do just that.

- **Strategic Approach** — Traditional voluntary programs market to the masses as separate add-on products. HUB takes a more strategic approach. We work with you to discover the best product combination, and integrate them into your benefits strategy.
- **Blended Portfolio** — HUB introduces creative ideas for blending your core and voluntary benefits in both strategy and administration. We'll work with your current enrollment vendor (or can recommend a new one) to ensure easy access and the capturing of invaluable benefits data.
- **One Dedicated Service Team** — Wouldn't benefits planning be easier if you worked with the same trusted team? That's what HUB delivers. One point of contact. One premier service team.
- **Non-Traditional Solutions** — An employee just entering the workforce has a different benefits focus than an employee nearing retirement. Today, non-traditional products, such as financial wellness, student loan assistance, and pet insurance are popular younger workers.
- **Long-Term Strategy** — Traditional voluntary benefits programs rarely look past the first year. We continuously study claims utilization and demographic differences so you can adjust long-term strategy to changes in your business or workforce.

### VOLUNTARY BENEFITS SUCCESS STORIES

**33% increase in participation in high-deductible health plan and health savings account** — achieved by integrating the right product and buy-up incentive with a strong employee education campaign

**No additional cost for transition from paper to online enrollment** — A carrier to subsidize an online enrollment platform in exchange for voluntary products in exchange for offering voluntary benefits

**45% increase in voluntary benefits enrollment** — HUB's simplification of a multi-product program, along with a three-year strategy and ongoing employee communication, resulted in 60% enrollment (up from 15%)

## We're HUB

When you partner with us, you're at the center of a vast network of advisors who will help you reach your goals. With HUB, you have peace of mind that what matters most to you will be protected – through unrelenting advocacy and tailored solutions that put you in control.

**4<sup>th</sup>**  
largest insurance  
broker in the world

**1M+**  
clients around  
the globe

**475+**  
offices across  
North America

**13,000+**  
employees throughout  
North America

Together we can design a voluntary benefits program that fits what you and your employees need — now and in the future. **Contact a HUB advisor today to learn more.**



# **EXHIBIT C**

## Business Associate Agreement

**THIS BUSINESS ASSOCIATE AGREEMENT** (this “BAA”), dated as of the \_\_\_\_\_ day of \_\_\_\_\_, 2021, is entered into by Hub International Insurance Services Inc. (“Business Associate”) and those Employee Welfare Benefit Plans (as defined in the Employee Retirement Income Security Act of 1974) of County of Fresno, a Political Subdivision of the State of California (“Plan Sponsor”) that are subject to 45 CFR Parts 160 and 164, Subparts A and E and 45 CFR Parts 160 and 164, Subpart C (each a “Covered Entity”) and on whose behalf this BAA has been executed and delivered. Business Associate and Covered Entity are referred to herein from time to time each individually as a “Party” and collectively as the “Parties.” Capitalized terms used herein but not otherwise defined in this BAA will have the same meaning as the meaning ascribed to such terms in the HIPAA Rules (as defined below).

**WHEREAS**, pursuant to certain services agreements (the “Agreements”), Business Associate provides services to Covered Entity that may involve the use, disclosure, transmission, maintenance and/or creation of Protected Health Information; and

**WHEREAS**, Business Associate and Covered Entity are committed to compliance with the Privacy, Security, Breach Notification and Enforcement Rules of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) at 45 CFR Parts 160 and 164 and any current and future regulations promulgated thereunder (collectively, the “HIPAA Rules”);

**NOW, THEREFORE**, in consideration of the mutual covenants and agreements herein, and for other good and valuable consideration, the Parties agree as follows:

### **I. DEFINITIONS**

For purposes of this BAA, the following terms shall have the meanings ascribed to them below:

- A. *Breach*. “Breach” shall have the same meaning as the term “breach” in 45 CFR §164.402, subject to all exclusions under 45 CFR §§164.402(1)(i), (ii) and (iii).
- B. *Electronic Protected Health Information*. “Electronic Protected Health Information” or “ePHI” shall have the same meaning as the term “electronic protected health information” in 45 CFR §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- C. *Electronic Transactions Rule*. “Electronic Transactions Rule” shall mean the final regulations issued by HHS concerning standard transactions and code sets under 45 CFR Parts 160 and 162.
- D. *HHS*. “HHS” shall mean the U.S. Department of Health and Human Services.
- E. *Individual*. “Individual” shall have the same meaning as the term “individual” in 45 CFR § 160.103.

- F. *Protected Health Information.* “Protected Health Information” or “PHI” shall have the same meaning as the term “protected health information” in 45 CFR §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity, including but not limited to Electronic Protected Health Information.
- G. *Required By Law.* “Required by Law” shall have the same meaning as the term “required by law” at 45 CFR §164.103 and the standards imposed at 45 CFR §164.512(a).
- H. *Secretary.* “Secretary” shall mean the Secretary of HHS.
- I. *Security Incident.* “Security Incident” shall have the same meaning as the term “security incident” in 45 CFR §164.304.
- J. *Transaction.* “Transaction” shall have the meaning as the term “transaction” in 45 CFR §160.103.
- K. *Unsecured Protected Health Information.* “Unsecured protected health information” shall have the meaning as the term “unsecured protected health information” in 45 CFR §164.402.

## **II. OBLIGATIONS OF BUSINESS ASSOCIATE**

Business Associate agrees:

- A. Not to use or disclose Protected Health Information other than (i) as permitted or required by this BAA, (ii) as permitted or required to perform its obligations pursuant to the Agreements, or (iii) as Required by Law.
- B. To use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent the use or disclosure of PHI other than as provided for by this BAA.
- C. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this BAA.
- D. To report to the appropriate Covered Entity any use or disclosure of PHI not provided for by this BAA of which it becomes aware and any Successful Security Incident of which Business Associate becomes aware. For purposes of this BAA, a “Successful Security Incident” is any Security Incident that results in unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information of Covered Entity. The parties further stipulate and agree that this paragraph constitutes notice by Business Associate to Covered Entity with respect to any “Unsuccessful Security Incident,” which is defined for purposes of this BAA as any Security Incident that is not a Successful Security Incident. Covered Entity and Business Associate agree that reporting of

Unsuccessful Security Incidents are too numerous to be meaningful or helpful and therefore this BAA constitutes the report from Business Associate that these incidents occur.

- E. In accordance with 45 CFR §§164.502(e)(1)(ii) and 164.308(b)(2), if applicable, to ensure that any subcontractor that creates, receives, maintains or transmits Protected Health Information on behalf of Business Associate agrees to the same restrictions and conditions that apply through this BAA to Business Associate with respect to such PHI. If Business Associate becomes aware of a pattern or practice by the subcontractor that violates such agreement, Business Associate shall take steps to cure the breach or end the violation. If efforts to cure the breach or end the violation are not successful, Business Associate shall terminate its arrangement with the subcontractor, if feasible. If not feasible, Business Associate shall notify Covered Entity of the breach or violation.
- F. To make available, at the request of Covered Entity, and in the form and format designated by such Covered Entity, PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to the requesting Individual or such Individual's designee, within the time period necessary to meet the requirements under 45 CFR § 164.524; provided, however, that this Section II.F is applicable only to the extent Business Associate is required to maintain a Designated Record Set for the particular Covered Entity pursuant to the terms of the Agreements.
- G. To make any amendment(s) to PHI in a Designated Record Set as directed or agreed to by Covered Entity pursuant to 45 CFR § 164.526, or to take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR § 164.526; provided, however, that this Section II.G is applicable only to the extent Business Associate is required to maintain a Designated Record Set for the particular Covered Entity pursuant to the terms of the Agreements.
- H. To make applicable internal practices, books and records available to the Secretary or his designee for purposes of the Secretary's determining Business Associate's compliance with the HIPAA Rules.
- I. To maintain and make available upon request by Covered Entity the information required to provide an accounting of disclosures as necessary to satisfy Covered Entity's obligations under 45 CFR § 164.528.
- J. Without unreasonable delay and in no case later than sixty (60) days following discovery by Business Associate (except as otherwise required under 45 CFR §164.412), Business Associate will notify Covered Entity in writing of any Breach of Unsecured Protected Health Information. Business Associate shall provide Covered Entity, to the extent known, the identity of each Individual whose Unsecured Protected Health Information has, or is reasonably believed by Business Associate, to have been affected by the Breach. In addition, Business Associate shall provide to Covered Entity, either at the time it provides notice to Covered Entity of the Breach or promptly thereafter as information becomes

available, any other information that Covered Entity is required to include in its notification to an Individual under 45 CFR §164.404(c).

- K. In the event Business Associate transmits or receives a Transaction on behalf of Covered Entity, it shall comply with all provisions of the Electronic Transactions Rule to the extent applicable.
- L. To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).
- M. In its performance of the functions, activities, services, and operations for Covered Entity, Business Associate agrees to make only the minimum necessary uses and disclosures and requests for Protected Health Information.
- N. Business Associate shall not engage in the Sale of Protected Health Information or otherwise directly or indirectly receive direct or indirect remuneration in exchange for the disclosure of Protected Health Information of an Individual, unless Covered Entity or Business Associate has obtained a valid authorization from the Individual, consistent with the requirements under 45 CFR §164.508.

### **III. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE**

Except as otherwise limited in this BAA, Business Associate may:

- A. *Use or disclose* PHI for purposes of performing the functions, activities or services for, or on behalf of, each Covered Entity as specified in the Agreements, provided that such use or disclosure would not violate Subpart E of 45 CFR Part 164 if done by Covered Entity or is permitted under paragraphs B and C below.
- B. *Use* PHI for all appropriate management and administrative functions of Business Associate, or as needed to carry out the legal responsibilities of Business Associate.
- C. *Disclose* PHI for all appropriate management and administrative functions of Business Associate, or as needed to carry out the legal responsibilities of Business Associate, provided that such disclosures are either Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

### **IV. OBLIGATIONS OF COVERED ENTITY**

Each Covered Entity shall:

- A. Provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 CFR § 164.520, as well as any changes to such notice.
- B. Provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures.
- C. Notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- D. Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Subpart E of 45 CFR Part 164 if done by Covered Entity, except as set forth in Sections III.B and C.
- E. Disclose only the minimum necessary Protected Health Information to Business Associate as may be required for Business Associate to perform its services to Covered Entity, except that Covered Entity will not be obligated to comply with this minimum necessary limitation if neither Business Associate nor Covered Entity is required to limit its use, disclosure or request to the minimum necessary.

## V. TERM AND TERMINATION

- A. **Term.** As to each Covered Entity, the term of this BAA shall be effective as of the date set forth above in the first paragraph. This BAA shall terminate on the date Business Associate ceases to be obligated to perform functions, activities or services for Covered Entity under the Agreements. However, Business Associate's obligations under Articles II, III and V shall survive the termination of this BAA with respect to any PHI so long as it remains in the possession of Business Associate.
- B. **Termination for Cause.** Without limiting the rights of the Parties respecting termination under the Parties' Agreements:
  - 1. **By Covered Entity.** Upon Covered Entity's knowledge of a pattern of an activity or practice of Business Associate that constitutes a material breach or violation of this BAA by Business Associate with respect to PHI maintained for that Covered Entity, such Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. Covered Entity shall terminate this BAA and the Agreements if Business Associate does not cure the breach or end the violation within such reasonable time as is specified by Covered Entity, or immediately terminate this BAA and the Agreements if Business Associate has breached or violated a material term of this BAA and cure is not possible. However, Business Associate's Agreement(s) and the terms of this BAA with respect to any other Covered Entity shall continue to remain in effect until otherwise terminated.

2. **By Business Associate.** Upon Business Associate's knowledge of a pattern of an activity or practice of Covered Entity that constitutes a material breach or violation of this BAA by such Covered Entity, Business Associate shall provide an opportunity for Covered Entity to cure the breach or end the violation. Business Associate shall terminate this BAA and the Agreements with respect to that Covered Entity if Covered Entity does not cure the breach or end the violation within such reasonable time as is specified by Business Associate, or immediately terminate this BAA and the Agreements with respect to that Covered Entity if Covered Entity has breached or violated a material term of this BAA and cure is not possible. However, Business Associate's Agreement(s) and the terms of this BAA with respect to any other Covered Entity shall continue to remain in effect until otherwise terminated.
- C. **Effect of Termination.** Upon termination of this BAA for any reason, Business Associate, with respect to Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:
1. Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
  2. Return to Covered Entity or destroy the remaining PHI that Business Associate still maintains in any form;
  3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information to prevent use or disclosure of the PHI, other than as provided for in this Section V.C, for as long as Business Associate retains the PHI;
  4. Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out under Sections III.B and III.C which applied prior to termination; and
  5. Return to Covered Entity or destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

## VI. MISCELLANEOUS PROVISIONS

- A. **Regulatory References.** A reference in this BAA to a section in the HIPAA Rules means the section as in effect or as amended, and for which compliance is required at the time of the use or disclosure in question. In case a specific regulatory reference used in this BAA changes, as may occur when an enforcement body moves or otherwise changes its numbering system, this BAA shall remain in place and the Parties subject to the BAA shall use all reasonable efforts to discern the



correct and applicable reference currently in effect in order to optimally satisfy compliance obligations as set forth under governing law.

- B. **Amendment.** The Parties agree to take appropriate action as necessary to amend this BAA from time to time in order for Covered Entity and Business Associate to comply with the HIPAA Rules. Moreover, to the extent permitted by applicable law, upon the compliance date of any final regulation, or amendment to final regulation promulgated by HHS that affects Business Associate or Covered Entity's obligations under this BAA, this BAA will automatically amend such that the obligations imposed on Business Associate or Covered Entity remain in compliance with the final regulation or amendment to final regulation.
- C. **Survival.** The respective rights and obligations of the Parties to this BAA shall survive the termination of this BAA.
- D. **Governing Law.** This BAA shall be governed by the laws of the State of California.
- E. **Notices.** All notices hereunder shall be in writing and delivered by hand, by certified mail, return receipt requested or by overnight delivery. Notices shall be directed to the Parties at their respective addresses set forth below their signature, as appropriate, or at such other addresses as the Parties may from time to time designate in writing.
- F. **Entire Agreement; Modification.** This BAA represents the entire agreement between Business Associate and each Covered Entity relating to the subject matter hereof and supersedes all prior oral and written agreements relating to the subject matter hereof. No provision of this BAA may be modified, except in writing, signed by the Parties.
- G. **No Third Party Beneficiaries.** There shall be no third party beneficiaries to this BAA, and no individual (including an Individual) or entity who is not a party to this BAA shall have any rights in connection with a breach or violation of this BAA.
- H. **Binding Effect.** This BAA shall be binding upon the Parties hereto and their successors and assigns.
- I. **Counterparts and Signature.** This BAA may be executed in any number of counterparts, which, when taken together, shall constitute one original. This BAA may be executed by an electronic or facsimile signature of an authorized representative of the Parties, and any such signature shall be deemed to be an original signature and shall be binding on the Parties to the same extent as if such electronic or facsimile signature were an original signature.
- J. **Interpretation of this Agreement.** Any ambiguity in this BAA shall be resolved in favor of a meaning that permits the Parties to comply with applicable law.

**IN WITNESS WHEREOF**, the Parties hereto have caused this BAA to be executed as of the date first above written.

**BUSINESS ASSOCIATE:** Hub International Insurance Services Inc.

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address of Business Associate:**

Hub International Insurance Services, Inc.  
4695 MacArthur Court, Suite 600  
Newport Beach, CA 92660

**For Notices, a copy (which will not constitute notice) shall be sent to:**

Hub International Limited  
c/o Legal Department  
300 N. LaSalle St., 17<sup>th</sup> Floor  
Chicago, IL 60654

**PLAN SPONSOR:** County of Fresno  
**on behalf of its group health plan as Covered Entity**

**By:** \_\_\_\_\_

**Name:** Steve Brandau

**Title:** Chairman of the Board of Supervisors of the County of Fresno

**Address of Plan Sponsor:**

County of Fresno Department of Human Resources  
2220 Tulare Street, 14<sup>th</sup> Floor  
Fresno, CA 93721

# **EXHIBIT D**

## SELF-DEALING TRANSACTION DISCLOSURE FORM

In order to conduct business with the County of Fresno (hereinafter referred to as "County"), members of a contractor's board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the County. A self-dealing transaction is defined below:

*"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest"*

The definition above will be utilized for purposes of completing this disclosure form.

### INSTRUCTIONS

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the County. At a minimum, include a description of the following:
  - a. The name of the agency/company with which the corporation has the transaction; and
  - b. The nature of the material financial interest in the Corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.
- (5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

**(1) Company Board Member Information:**

<b>Name:</b>		<b>Date:</b>	
<b>Job Title:</b>			

**(2) Company/Agency Name and Address:**

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**(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to):**

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**(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a):**

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**(5) Authorized Signature**

<b>Signature:</b>		<b>Date:</b>	
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