



City of Ormond Beach

City Commission Workshop

City Hall Commission Conference Room
22 South Beach St., Ormond Beach FL 32174

March 24, 2026, 5:30 PM

*Jason Leslie, Mayor
Lori Tolland, Zone 1
Travis Sargent, Zone 2
Kristin Deaton, Zone 3
Harold Briley, Zone 4*

Agenda

- 1. CALL TO ORDER**
 - 2. DISCUSSIONS**
 - A. RFP - Employee Benefits Broker of Record
 - 3. ADJOURNMENT**
-

Website Address – www.ormondbeach.org

NOTICE – Pursuant to Section 286.0105 of the Florida Statutes, if any person decides to appeal any decision made by the City Commission with respect to any matter considered at this public meeting, such person will need a record of the proceedings and for such purpose, such person may need to ensure that a verbatim record of the proceedings is made, including the testimony and evidence upon which the appeal is to be based.



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Phone: 386-610-0400



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**City of Ormond Beach
City Commission Agenda
Staff Report**

Agenda Date	March 24, 2026	Item No	2.A.
Section	DISCUSSIONS	Category	City Commission Workshop
Subject	RFP - Employee Benefits Broker of Record		
Recommended Action	Staff is presenting this item for City Commission discussion purposes in preparation for awarding RFP 2026-20, Employee Benefits Broker of Record Services.		
Strategic Goal	Governance - Other		
Department Staff Contact	City Manager Claire Whitley, Assistant City Manager		

Summary

The City utilizes a broker of record to administer and manage employee benefit plans provided by the City on behalf of eligible employees and their families. The broker provides critical services such as marketing, plan design, rate negotiations, claims administration, billing dispute resolution, member support services, annual enrollment, and regulatory compliance and reporting.

In this workshop, the City Commission will review the two qualified proposals submitted in response to RFP 2026-20, Employee Benefits Broker of Record. The qualified bidders, Foundation Risk Partners and The Gehring Group will each be afforded fifteen minutes for a presentation. Additional time will be provided to answer questions from the City Commission.

Based on the City Commission's evaluation of firms and direction to city staff at this workshop, an agreement for employee benefits broker of record will be presented for approval at a subsequent City Commission meeting.



Request for Proposals

2026-20

Employee Benefits Broker of Record

DUE DATE:

March 10, 2026 @ 1:00 P.M.

ORIGINAL

Eric Brewer

Co-Client Executive

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Maitland, FL 32751

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John Kern

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Tab 1
Cover Letter

March 10, 2026
City of Ormond Beach
Rob Hart, Purchasing Coordinator
22 South Beach Street
Ormond Beach, FL 32174



Re: RFP 2026-20 Employee Benefits Broker of Record Services

Dear Mr. Hart and Members of the Evaluation Committee,

On behalf of Foundation Risk Partners Public Entity Services, we would like to thank you for the opportunity to respond to the solicitation "RFP 2026-20 Employee Benefits Broker of Record Services". We look forward to your review of the enclosed response.

Foundation Risk Partners will serve and partner with the City of Ormond Beach ("City") in helping to execute the City's goal of procuring the very best Employee Benefits insurance program now and into the future. Our aim is to develop a trusted partnership that feels like a true extension of staff; a partnership that understands, develops, and provides solutions to your needs. Our team is collaborative, forward thinking, creative, and has the proven technical knowledge and capabilities to deliver best in class services while driving down costs. Foundation Risk Partners will focus on the following key areas of concern:

1. We are committed to the City of Ormond Beach, Volusia County and their community:
 - a. Local office at 780 W. Granada Blvd. Ormond Beach, FL 32174
 - b. Employing 100+ Volusia County tax paying citizens
2. Our **extensive experience working with Florida Health Care Plans (FHCP)**, currently serving **14 clients** enrolled in their plans.
3. Keep the City sunshine & procurement compliant according to FL Statutes 112.08
4. Execute the strategic employee benefits goals of Ms. Shanahan, Ms. Potts, and staff.
5. Engage the members on the City's plan with a multi-channeled education and communication strategy that helps members understand and appreciate the benefit options offered through the City, while also driving improved claim utilization that contains cost year-over-year.
6. Provide extraordinary customer service from a single point of contact, supported by a team that gives the City scalability and responsiveness during peak times of the year like Open Enrollment.
7. Leverage our resources, self-funding, and self-insurance pool expertise to bring new markets, innovation, and insurer competition to the City's benefits program to drive down costs.
8. Deploy senior level specialists to improve and provide alternatives to your program: including commission meeting support, presentations, claims advocacy, stop loss brokerage, pharmacy benefits management (consulting, clinical, & contract review), specialty drug audit spending, wellness, compliance, and employee/retiree education meetings.
9. Deploy our technology specialist resources; benefits administration/onboarding, client portal, claims trend analysis, benchmarking, high-cost claim audit, access to HR Live, and more.

We are committed to perform and exceed the "Scope of Services" outlined in this RFP. We attest, that if selected, Foundation Risk Partners is willing to meet any location, budget, task orders.

Sincerely,

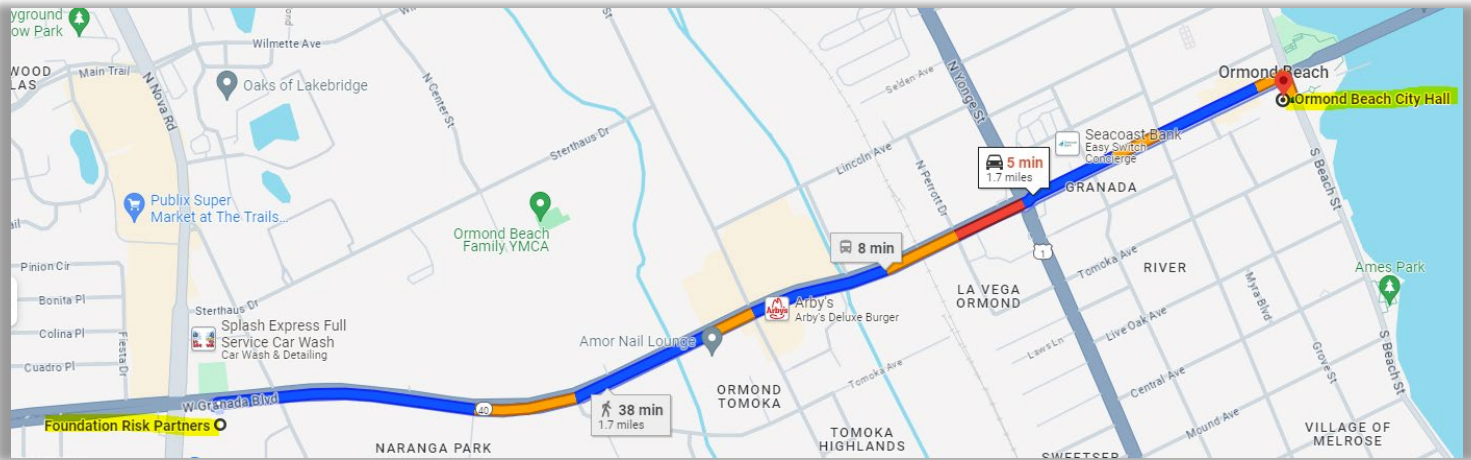
A handwritten signature in blue ink that reads "Eric Brewer".

Eric Brewer, Co-Client Executive

A handwritten signature in blue ink that reads "John Kern".

John Kern, Co-Client Executive

Local Presence – FRP Headquarters Distance to City Hall



Foundation Risk Partners Moves Corporate Headquarters to New 33,000 Sq. Ft. Space

Foundation Risk Partners / September 22, 2023 /



On September 15, 2023, Foundation Risk Partners (FRP) moved the corporate headquarters to a new location: 780 W. Granada Blvd., Ormond Beach, Florida, 32174. Since the next phase of FRP's business requires a space that can accommodate the continued growth, training and development of our insurance brokerage, we have acquired a newly renovated 33,000 square-foot three-story office and event space ... [Read More](#)

FRP - Ormond Beach Community Involvement

FRP CARES

Foundation Risk Partners is dedicated to supporting organizations and families in need through our regional Cares networks of community outreach.

Foundation Risk Partners and its subsidiaries are proud to help lead the way in helping families, individuals and communities in need of help. It not only strengthens our internal corporate culture by way of fellowship but reminds us all why we do what we do - to protect what matters most to you. And for many of our neighbors, close and far, a helping hand, food, shelter and support can make a world of difference. The FRP family is kind and compassionate and prioritizes helping others so that tomorrow will be better than today.

35+

NONPROFITS
SUPPORTED

≈\$75K

AVERAGE DONATED
EACH YEAR

>10K

VOLUNTEER
HOURS PER YEAR

275

SEATS ON
EXECUTIVE BOARDS

ANNUALLY

Please see below a list of some of the various Boards our employees sit on:

- Ormond Beach Historical Society Board
- Ormond Beach Chamber of Commerce Board
- Ormond Beach Main Street Board
- Ormond Beach Rotary
- Boys & Girls Club of Volusia County

Additional Community Involvement:

- Over 20 employees have completed Ormond Beach Leadership Class
- Take Stock in Children
- Women United Volusia
- Early Learning Coalition
- Ormond Beach Memorial Art
- Pace Center for Girls

Tab 2
Minimum Qualifications

1. Have at least five (5) years of experience providing similar employee benefits broker services to municipalities of similar size, in the state of Florida, with a similar scope of services as identified above.

Public Entity Expertise:

Foundation Risk Partners Public Entity Services is a specialty division that exclusively serves Florida’s public entities. We provide cost effective solutions to meet the diverse insurance needs of Florida’s governmental entities, including municipalities, counties, schools, special districts, and authorities. Our leadership has served both in local and State level government and our staff are subject matter experts in public sector insurance. We serve over 80 public entity clients in the State of Florida.

We speak “Public Entity” and draw from our experience from other public agencies to better serve you. We were built from the ground up to exclusively serve Florida public agencies, and our team is dedicated to public sector risk and employee benefits consulting. This focus was by design, as the nuances of local government and the risks/benefits local public agencies face are truly unique to not only government, but Florida government. Our team lives, eats, and sleeps Florida public entity and we love what we do.

Our focus is and always will be putting the needs of our clients first. We are a performance-based company that focuses on *servicing those that serve others* within our areas of expertise. When it comes to public entities, we believe we offer a different approach than our competitors in that we understand not only the nuances of public sector brokerage, but also how to create and optimize insurance programs that drive real results.

Company Timeline

January 26, 2010:

Acentria was organized with an effective date of January 26, 2010 (formerly known as Legends Insurance Solutions, LLC (“LIS”) formed March 9, 2009).

January 31, 2017:

Foundation Risk Partners, Corp. (“FRP”) was organized as a Delaware corporation on January 31, 2017 and authorized to do business in Florida as of February 24, 2017.

November 1, 2017:

On or about November 1, 2017, FRP acquired substantially all the assets of Acentria, Inc., a Florida corporation.

Today:

FRP continues to operate 50+ locations in Florida and the southeastern United States using the dba Acentria and/or Acentria Insurance while maintaining the same or similar business model and leadership since 2010.

How we Differ from our Competitors:

We take pride in being a firm that understands the importance of creativity and continued thought leadership, backed with world-class service and execution. We understand that each client is unique and it's our job as a partner to identify and address the unique challenges and needs for each of our clients. As a privately held company, we have the flexibility of a boutique firm with the reach of a national firm.

We speak Government:

The practice believes in public service and is dedicated to reducing program cost, mitigating risk, and functioning as an extension of your staff. We understand the bid process and public record laws while maintaining familiarity with the constantly changing and complex statutes that apply to governmental organizations. This specialized knowledge is especially vital when negotiating renewal and program changes with insurance carriers and health insurance consortiums.

Our seasoned team members are subject matter experts in their core competencies:

The team identified to serve the City's benefits program includes seasoned professionals that bring collectively more than 100 years of benefits experience to the table along with different perspectives. These varied backgrounds and expertise, coupled with FRP's collegial approach, will enable valuable feedback to the City from all points of view, including finance, associate experience, and ease of administration.

We use resources to deliver data-driven decisions that lead to enhanced long-term strategies that align with your culture and benefit philosophies:

We will draw data from your workforce; this process will help you gain insights that are specific to the City and will provide insightful, targeted, actionable solutions that drive meaningful savings and improved productivity. We will use our data engine to measure the impact of the solutions we implement to drive continuous improvement.

We focus attention on day-to-day client needs:

Unlike consulting firms, we do not work on a per-hour basis. Rather, we are measured on client satisfaction. Our concierge-level of service has and remains a keystone of our company philosophy throughout our history. As our firm grows and evolves, we continue to make investments in our infrastructure, services, and personnel, but our approach to support always remains constant for the client and their member base. Our service is hands-on, continuous, and personal.

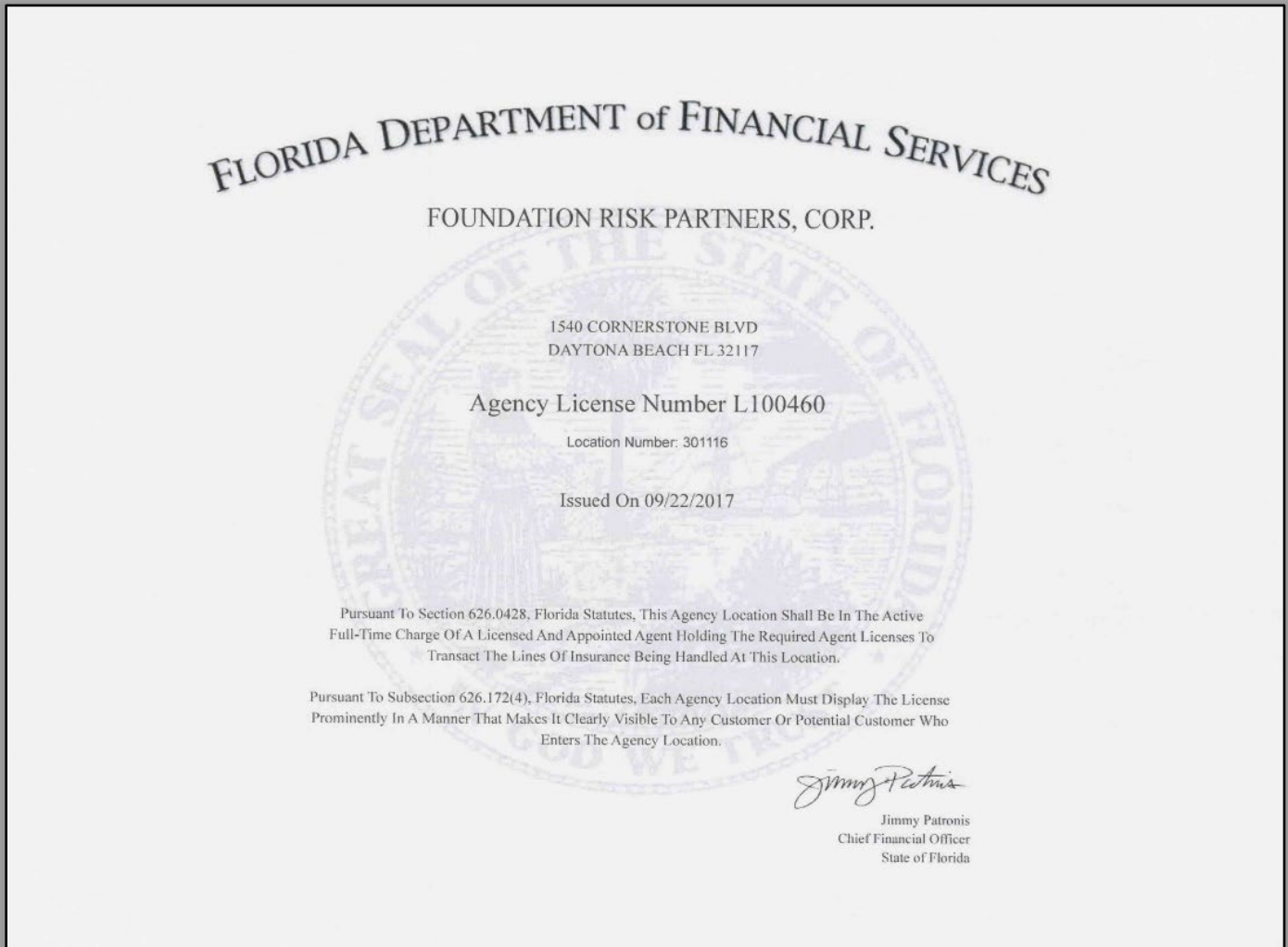
We have unfettered access to enterprise-wide account teams and all levels of senior management:

Our privately held status allows our clients the comfort of knowing they, not shareholders, are our No. 1 priority. Moreover, FRP is a flat organization with limited hierarchical structure. This means our clients have access to not just their account teams, but all levels of senior management and expertise that resides in all parts of our organization, which reinforces the statement that clients are our No. 1 priority.

2. Be licensed to transact insurance brokerage business in the state of Florida.

We affirm that we are duly licensed and in good standing with the State of Florida. Please note we are pending an address change on our corporate insurance license below.

Please see our Certificate of Good Standing on the following page.



State of Florida Department of State

I certify from the records of this office that FOUNDATION RISK PARTNERS, CORP. is a Delaware corporation authorized to transact business in the State of Florida, qualified on February 24, 2017.

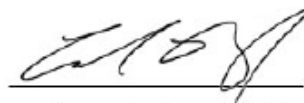
The document number of this corporation is F17000000884.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on February 27, 2025, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Seventeenth day of March,
2025*




Secretary of State

Tracking Number: 1912817774CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

3. Demonstrate the broker has successfully provided employee benefits broker services to at least three other municipalities, in the state of Florida, with a similar scope of services as identified above.

We affirm that we meet this requirement. We serve over 70 public entity clients in the State of Florida. Please see our case studies on pages 22-24 for additional information on how we’ve secured favorable outcomes for our public entity clients.

Client Name	City of Winter Garden
Name of contact	Cheryl Jones
Contact Phone Number	407-656-4111 ext. 2291
Contact Email Address	cjones@cwgdn.com

Client Name	City of North Miami
Name of contact	Laura Woodley
Contact Phone Number	305-895-9862
Contact Email Address	lwoodley@northmiamifl.gov

Client Name	City of Miami Beach
Name of contact	Lorena Bravo
Contact Phone Number	305.673.7524
Contact Email Address	LorenaBravo@miamibeachfl.gov

4. Services must have been provided in the past five years prior to the issuance of this RFP.

We affirm services have been provided in the past five years prior to issuance of this RFP.

5. Demonstrated ability and success in design and implementation of a high-deductible health care plan (HDHP).

We have a proven track record in the successful design, implementation, and ongoing management of High-Deductible Health Plans (HDHPs), tailored to meet the strategic goals of cost control and employee engagement.

Our approach begins with a detailed financial and demographic analysis to determine the feasibility and potential impact of HDHP adoption. We work closely with HR and finance teams to model plan design scenarios, including integration with Health Savings Accounts (HSAs), or Health Reimbursement Accounts (HRA) and benchmark those options against peer organizations and industry standards.

Our team has implemented HDHPs for employer groups ranging in size from 50 to 2,500+ employees, achieving measurable results such as:

- **Cost savings of 8–15%** in the first year of implementation through reduced premiums and more efficient utilization.

- **Increase in employee HSA/HRA participation by 60%** through targeted education and engagement strategies.
- **Customized plan designs** that preserve access to high-value care and reduce disruption, including layered networks and preventive care carve-outs.

We also provide robust employee communication and education strategies to ensure plan understanding and adoption, including on-site meetings, webinars, benefits decision tools, and ongoing support during open enrollment.

Post-implementation, we track performance metrics and conduct annual reviews to refine plan design, maintain compliance, and ensure the plan continues to meet both employer and employee needs.

We serve the following clients that have a high-deductible health plan with a health savings account or a health reimbursement account:

- ***DeSoto County School District – HRA***
- ***Hardee County BOCC - HSA***
- ***Hendry County School District – HRA and HSA***
- ***Hardee County School District – HRA***
- ***Jackson County BOCC - HRA***
- ***North Miami Beach – HSA***
- ***Miami Beach - HSA***
- ***Okaloosa County School District – HRA***
- ***Suwannee County School District – HSA***

6. Demonstrated ability and success implementing various strategies to maintain high quality and cost-effective coverage.

Our agency specializes exclusively in serving Florida public entities, allowing us to implement targeted, data-driven strategies that consistently improve plan quality while reducing overall costs. Through advanced analytics, proactive vendor negotiations, plan optimization, and employee engagement initiatives, we have helped municipalities across the state achieve measurable and sustainable improvements in both benefit value and financial performance.

The examples that follow highlight our success with our clients:

1. Okaloosa County School District (OCSD) – Fully Insured to Self-Funded Insurance Program

Okaloosa County School District (OCSD) partnered with our team to address rising premiums, limited claims visibility, and lack of plan flexibility under a fully insured arrangement. After a detailed actuarial feasibility study and 36-month claims review, we determined the District was a strong candidate for a self-funded model with appropriate stop-loss protection. Our team successfully:

- Conducted financial modeling to compare fully insured vs. self-funded risk.
- Implemented a customized self-funded PPO plan with competitive stop-loss terms.
- Selected a TPA that offered improved network discounts and full claims transparency.

- Delivered a district-wide communications plan with employee education sessions.

Our Results:

- **Significant Year-1 savings** compared to projected fully insured premiums. Saving the District over **\$12M**.
- **Full access to claims data**, enabling better cost-management decisions.
- **No lasers or unexpected stop-loss increases** at renewal due to strong performance.
- **Improved employee understanding** of benefits through structured education.
- Increased preventive care utilization and better oversight of high-cost claimants.

2. Housing Authority of Fort Lauderdale - Strategic Renewal Negotiation & Funding Optimization

We conducted a competitive RFP and deployed actuarial modeling to evaluate funding alternatives during a year of significant projected increases. Through targeted negotiation and plan redesign, we reduced the incumbent's proposed **50% renewal increase** (\$477,000) to **15%** (\$140,000), delivering **\$337,000 in savings**. We subsequently implemented a **level-funded program** to further control claim costs and create long-term financial stability while maintaining benefit quality.

2. City of Deltona - Comprehensive Plan Redesign & Employee Engagement

To address rising healthcare costs, we redesigned the City's medical program and introduced a High-Deductible Health Plan (HDHP) paired with a City-funded Health Savings Account (HSA). Through quarterly claims reviews, targeted wellness strategies, and focused employee education, the City achieved **\$1.4 million in premium savings**. In addition, benefits were enhanced by contributing the **full \$1,700 deductible** to each employee's HSA.

3. City of Miami Beach - Pharmacy & Stop-Loss Optimization

Leveraging detailed pharmacy and stop-loss analysis, we identified pricing inefficiencies and negotiated improved contract terms. These strategies resulted in **\$415,000 in savings** through **Rx optimization and stop-loss repricing**—creating more predictable cost trends without reducing coverage.

Vendor Partner Collaboration & Program Impact:

In addition to the results we deliver directly, our success is amplified through strategic collaboration with a curated network of best-in-class vendor partners. These partnerships allow us to bring innovative, high-value programs to our clients—programs that not only reduce claims spend, but also elevate the quality, accessibility, and experience of employee benefits.

The following examples highlight how our vendor partnerships have enabled municipalities, counties, and school districts to control rising healthcare costs, improve outcomes, and strengthen their benefit offerings—ultimately empowering their employees to access higher-quality care while reducing unnecessary utilization and long-term claims exposure.

1. Cash Pay Solution Options for Employer Health Plans

Cash pay strategies help reduce total plan costs—especially for high-cost outpatient services, imaging, surgeries, and specialty drugs—by bypassing traditional carrier pricing when a direct-pay rate is significantly lower. Here are the leading options and how they benefit your clients.

- **Direct Contracting / Preferred Provider Cash Rates** - Negotiate direct cash-pay agreements with local providers for services such as:
 - MRI/CT imaging
 - Outpatient surgery (orthopedic, GI, ENT)
 - Lab work and diagnostics
 - Urgent care and primary care
- **Primary Care & Direct-to-Employer Clinics** - Cash-pay primary care or direct contracting with:
 - Community PCPs
 - Onsite or near-site clinics
 - Direct primary care (DPC) partners
- **Bundled Surgery Programs** - Partner with organizations that offer **bundled cash rates** for common procedures:
 - Joint replacements
 - Arthroscopies
 - Hernia repairs
 - Gallbladder removal
- **Specialty Medication Cash Pay Channels** - Steer members toward lower-cost pharmacy solutions such as:
 - International pharmacy vendors (when compliant)
 - Direct specialty drug procurement programs
 - Manufacturer direct-pay assistance
 - Alternative funding programs
- **Imaging & Diagnostics Cash-Pay Networks** - Use national or regional partners that offer **pre-negotiated cash rates** for:
 - MRI, CT, PET scans
 - Ultrasound
 - Cardiac testing

2. Benefits Administration, Compliance, and Member Experience Support

We also enhance program quality through:

- Benefits administration technology implementation and optimization
- Member education campaigns to increase utilization of high-value services
- Compliance support including SBCs, 1095s, and SPD updates
- Onsite and near-site clinic integrations to expand access and reduce total cost of care

3. Demonstrated Outcomes

Our public sector clients consistently experience:

- Lower premium trend relative to regional municipal benchmarks
- Improved employee understanding and satisfaction with benefits
- Reduction in high-cost Rx and out-of-network utilization
- Stabilized funding structures supporting multi-year forecasting
- Measurable year-over-year savings without sacrificing coverage quality

Summary: Through a combination of analytics, market leverage, innovative funding strategies, plan redesign, and employee engagement, our agency has a proven record of **delivering high-quality, cost-effective coverage** for Florida municipalities. The examples provided reflect our ability to achieve substantial savings while enhancing a value core expectation of public sector stewardship.

7. Demonstrated experience working with major carriers in the market, in the state of Florida.

Our carrier partners are vetted to assure meeting the AM Best rating of A or better, please see our list below. We place over \$5.5 billion in annual premiums and our consultants have exclusive access to advisory boards of the most dominant carriers in the market.

Our team provides this service through our Tier 1 / Preferred status with most of the major insurers that typically results in a higher level of advocacy from the carrier, including but not limited to:

- Dedicated service teams providing quick resolutions.
- Direct access to underwriters and medical directors.
- Accelerated case implementation.
- New product roll out.
- Enhanced claims reporting at no additional cost.
- Inclusion on the carriers’ Advisory Council.

Preferred List of our Health Insurance Partners		
AvMed	CVS / Aetna	Side Car
BCBS (All Affiliates)	Curative	United Healthcare
Cigna	Florida Blue (Inclusive of Florida HealthCare Plans, Capital Health Plans and Health Options)	(Inclusive of Neighborhood Health Plans, All Savers and UHC HMO)

Alternate Funding Solutions		
Berkley GovCap	ELAP Services	Level360
Cost Plus Advisors	Florida Municipal Insurance Trust (FMIT)	Well-Life
D.W. Van Dyke & Co.	Heritage Consultants	Public Risk Management

ASO / TPA		
Aetna / Meritain	Coresource	UHC / UMR
BCBS of SC (TPA)	GPA TPA Services	
Cigna	Florida Blue	
Continental Benefits	Maestro Health	

Stop Loss		
AIG	HM Insurance	Swiss Re
Arch Insurance	Munich Re	Symetra
Guardian Life & Health	Stealth Partner Group	Voya Financial
HCC Life	Sun Life Financial	XL Benefits

Pharmacy Benefit Management		
CVS Caremark	Megallan Rx	Pro Act, Inc.
Express Scripts	Optum Rx	Rx Benefits
Fairos Rx	Prime Therapeutics	WellDyne Rx

Ancillary Benefits		
Advantica	Guardian Life & Health	Reliance Standard
Aetna	Hartford Life	Standard Insurance
Allstate Financial	Humana	Sun Life Financial
Ameritas	Lincoln Financial	Superior Vision
Cigna	Metropolitan Life	Symetra
Delta Dental	Minnesota Life	Unum
EyeMed	Mutual of Omaha	USABLE
Florida Combined Life	Principal Financial	Vision Service Plan

Supplemental Worksite		
Aflac	Humana	Reliance Standard
AIG	Lincoln Financial	The Standard
Allstate Financial	Metropolitan Life	Sun Life Financial
Colonial Life	Mutual of Omaha	Unum
Guardian Life & Health	Principal Financial	Voya Financial

Medical Group Retiree Programs		
AdventHealth Advantage Plans/Health first	Cigna	Humana
Aetna	Florida Blue Medicare	UHC/AARP
Benistar	Florida HealthCare Plans	

Further, our understanding of **Florida’s regulatory and market landscape** allows us to develop **customized benefits strategies** that reflect the unique needs of employers and employees in the state. We continuously monitor changes in healthcare legislation, regional plan availability, and network access to ensure compliance and cost-effectiveness.

We pride ourselves on our **carrier-neutral approach**, collaborating effectively with all providers to deliver **comprehensive, compliant, and budget-conscious health insurance solutions** throughout Florida.

- 8. The client executive assigned to the account must have a minimum of ten years of experience providing employee benefits broker of record services to municipalities of similar size, in the state of Florida, with a similar scope of service, and must be capable of speaking and making decisions on behalf of the firm. Additional support staff assigned to the city must have a minimum of five years of experience supporting municipalities in benefits administration.**

We affirm that we meet these requirements.



John Kern, Regional Vice President
Account Role: Co-Client Executive

John Kern is an accomplished healthcare executive with experience in all phases of employee benefits consultation. He has earned an industry-wide reputation as a creative developer of benefits solutions. He has deep expertise with short and long-term benefits strategy, healthcare reform/regulatory compliance, funding alternatives, wellness plans, benchmarking, benefits and payroll administration, actuarial services, executive benefits, and private exchanges. He serves as Corporate Synergies’ leader for the Florida Region, where he has overall management responsibility for teams of benefits consultants and account management professionals.

John is an expert on reference-based pricing and benefits cost control. His article, “Here’s Why Reference-based Pricing is Gaining Momentum” was named a top 10 article by popularity by Employee Benefit News. John has more than 25 years of experience in benefits and insurance.



Eric Brewer, Senior Benefits Consultant
Account Role: Co-Client Executive

Eric Brewer is an accomplished healthcare professional with over a decade of experience helping employers navigate the cost pressure, regulatory compliance and administrative challenges that go along with a group benefits program. Eric’s knowledge of self-funding, pharmacy benefit carve-outs, reference-based pricing and population health management help him guide his clients based on each employers’ unique needs and circumstances. Eric takes pride in being innovative and disruptive, with a long-term strategic focus to help his clients’ combat constant market pressures. Throughout Eric’s career, he has managed benefit programs for employer groups ranging from 250 to 25,000 employees. Years of industry experience: 14+.

Tab 3
Background of Firm

- Describe the firm’s experience working with Florida municipalities of similar size, in the State of Florida. Provide specific examples of implementing health care plan design strategies resulting in cost savings and improved health care outcomes. Describe plan features and how they supported the goals identified by the client. Include both financial and claims metrics to illustrate results over multiple years.

FRP has a proven track record of partnering with Florida municipalities to design, implement, and manage health benefit programs that effectively reduce overall costs while maintaining—and often enhance the quality of care provided to employees. Our approach is rooted in data-driven strategies and a deep understanding of public sector needs.

Please see our clients highlighted below, where we have:

- Reduced total health plan spend through **plan architecture** (HDHP/HSA, tiered/co-pay optimized PPO), **PBM contracting**, and **stop-loss** optimization.
- Improved member outcomes through **onsite/near-site primary care, and condition management**, to increase access to care.
- **Institutionalized quarterly claims review** and executive dashboards to maintain momentum and adjust quickly.
- **Comprehensive wellness incentive programs** designed to drive engagement, improve health outcomes, and reduce claims costs.

Relevant Florida Municipal Experience and Outcomes:

- A. **Suwannee County School District: HDHP/HSA Transformation, Onsite Care and Pharmacy Strategy**
Client Goals - Control rising costs, improve employee engagement, expand access to care, and address pharmacy trends while maintaining affordability for school district employees and families.

Plan Design Strategy Implemented:

- **Comprehensive HDHP/HSA implementation** with tailored employer funding strategy
- **Onsite primary care center** to increase same-day access and chronic condition continuity
- **Incentivized wellness program** (PCP visits, biometrics, care gap closures)
- **Reduced-cost prescription program** to address pharmacy affordability and utilization
- **Communications and education strategy** to support adoption across multiple employee groups

Financial & Claims Metrics (Multi-Year Outcomes)

- **Over \$500,000 in savings** through combined HDHP/HSA plan design analysis and implementation, onsite care utilization, and pharmacy cost-reduction measures
- Significant increase in **employee engagement**, including higher preventive care participation and more consistent chronic condition follow-up
- Improved utilization alignment: more primary care, lower non-emergent ER, improved generic utilization through the reduced-cost Rx program

How Features Supported District Goals

- **HDHP/HSA + education** drove consumerism while preserving affordability
- **Onsite clinic** improved access and controlled avoidable ER use
- **Rx program** addressed pharmacy affordability and adherence
- **Wellness incentives** aligned behavior toward preventive and chronic care metrics
- Combined, these levers generated meaningful year-over-year medical and pharmacy cost reductions while supporting long-term employee health

B. City of Miami Beach — Pharmacy & Stop-Loss Optimization

Client Goals: Reduce specialty pharmacy trend and negotiate stop-loss structure.

Plan Design Strategy Implemented:

- PBM contract audit and specialty channel controls
- Stop-loss negotiation and structure alignment

Results:

- **\$316K specialty pharmacy reduction (CY2023)**
- **\$415K in total savings** via stop-loss + Rx strategy

C. City of North Miami — Ancillary Optimization

Client Goals: Lower cost while enhancing benefits.

Plan Design Strategy Implemented:

- Market repricing for dental/vision/life/disability
- Benefit refresh to improve value

Results:

- **13% savings** while **improving benefits**
- Stronger preventive utilization driven by richer plan design

D. City of Miami — Governance & Oversight Improvement

Client Goals: Vendor oversight, claims governance, and benefit administration support.

Plan Design Strategy Implemented:

- Quarterly executive claims reviews
- Benefits administration modernization

Results:

- Reduced admin errors and eligibility defects
- Stabilized trend through targeted clinical interventions

Here are additional specific examples of how we've secured favorable outcomes for our clients:

Case Study 1:

Situation: County with 4,000 enrolled hired FRP in 2018 to help manage rising healthcare costs.

Solution: Upon engagement, our firm conducted several audits and program reviews which produced several strategic opportunities.

We conducted a prescription program analysis and an eligibility audit. We also replaced BCBS with Aetna/Meritain for TPA services. This change allowed us to properly manage out of network repricing from the TPAs. TPAs use multiple network wraps to re-price out of network claims which results in only approximately 25% discounts on billed charges. Our approach achieves over 60% discount for services, which nearly triples the savings out of network.

Result: The prescription analysis projected \$10 million in savings over a 3-year period. The eligibility audit determined more than twenty deceased members remained enrolled on the County's benefits program, which saved the County in continuing unnecessary contributions. We also generated \$8 million in savings in the 1st year with proper management of Out of Network claim repricing.

Case Study 2:

Situation: Client since 2013. 1,000 enrolled City looking to lower claims to control rising healthcare premiums.

Solution: In June of 2016 a key hospital/health system exited the carrier network. This action would have increased the City's budget by over \$5 million.

Result: Our firm effectively negotiated a direct contract between the City and the health system, which resulted in saving the City's budget. The direct contract is fully transparent to the City, without excess and hidden profit to the carrier. We work to achieve the greatest cost savings for the client.

Case Study 3:

Situation: An employee suffered a major heart attack and was rushed to the closest hospital, which was out-of-network. When the employee received an unexpected bill for \$21,000, he called BenefitsVIP for help.

Solution: The BenefitsVIP advocate filed appeals with carrier on behalf of employee and arranged for bills and collection notices to be held until appeal was resolved. The advocate also provided the carrier with information about other insurers' policies of covering emergency care as in-network.

Result: \$19,000 decrease in employee's out-of-pocket expenses when the carrier agreed to cover the admission as in-network. The carrier also revised its policy to cover emergency care at in-network levels, regardless of whether the hospital participates in the network.

Case Study 4:

Situation: A client's adult dependent had hemophilia. This member's factor 7 drug no longer worked and was moved to a rare alternative immunotherapy. Claims went from \$250,000 to \$5 million a year due to immunotherapy. The client couldn't move the full pharmacy benefit because it was under a three-year contract.

Solution: We marketed and negotiated this one class of specialty medication because the client did not wish to disrupt all plan members with a total PBM change. We successfully implemented a specialty pharmacy arrangement for this drug class.

Result: Client saved \$1.2 million annually.

Case Study 5:

Situation: 500 life self-funded employer received a 55% increase on their stop loss renewal due to an influx of large claims, with specialty pharmacy as a major driver. The plan was running \$703k over budget with 3 months remaining in the plan year.

Solution: We were hired a couple of weeks before open enrollment to help drive a solution to the stop loss renewal, which had a \$315,000 premium increase. The client was told alternate carriers would quote based on their participation. We acted immediately and engaged the marketplace and were able to secure proposals. We brought in a transparent PBM with 100% pass through contract. This allowed us to also bring in a partner to mitigate specialty drug spend.

Result: We took an aggressive approach based on the Rx savings anticipated and sold a 2.5% stop loss increase with the same coverage limits, which resulted in \$300,000 in savings. We had a decrease on the table on an alternate option. We were immediately able to shift \$300,000 in specialty Rx costs away from the plan using our strategy. We also reduced fixed cost fees by \$79,000 to avoid paying the TPA for a service our team provides in-house. Combined, our efforts saved over \$870k within a couple of weeks of being hired.

Case Study 6:

Situation: A city in Florida has approximately 350 full-time employees and spends \$3 million per year on healthcare. The city tried participation-based wellness with incentives offered to employees for participation, but healthcare costs continued to escalate year-over-year.

Solution: We deployed an outcome-based wellness program (backed with a technology platform) that financially rewarded preventive care activities and improvements to measurements such as high blood pressure, smoking, cholesterol, and obesity. We also deployed nutritional seminars with metabolic profiling and kinetic testing, yielding 98% participation.

Result: This employer group yielded a 10% immediate ROI, offsetting the cost associated with the wellness platform entirely with a 2:1 return. This group has also had flat renewals for the previous three years on the aforementioned \$3 million spend. The city has successfully created a culture of wellbeing as well that employees now embrace.

Case Study 7:

Situation: A public sector client hired our firm to accomplish two primary goals (1) Mitigate premium spend on healthcare (2) Drive administrative efficiency to support their budget-driven reduction in HR staff. This client spends ~3M in premium per year on health insurance premiums with ~200 active and retiree participants on their plan.

Solution: We helped the client identify the underlying cost drivers of their program with the deployment of a full participation-based wellness program for the previous two years, steps-driven wellness program within which HRA funding occurs based on steps taken each day, along with an annual onsite health fair. We rolled out our SmartBEN Essentials online enrollment technology tool, benefits administration outsourcing support and BenefitsVIP employee advocacy services.

Result: The client has reduced its benefits spend by an average of -5% over the last three renewal cycles with no changes in the benefits offered to employees. We've also taken on all functions associated with benefits administration, becoming an extension of the client's internal benefits staff with direct interaction with employees for anything relating to the benefits program.

Case Study 8:

Situation: One of our public sector clients has a self-funded health plan with approximately 1500 covered employees. They conducted a broker RFP during the spring of 2021 and hired FRP to be their benefits consultant. Our contract began on September 1st, and the City had not yet received their Stop Loss renewal for the plan year beginning on October 1st.

Based on what we learned during the bid process, we identified pharmacy as an area of opportunity to control rising healthcare costs. A review of the current Rx spend and contract language was an immediate priority project for our team.

Solution: FRP immediately secured the initial Stop Loss renewal which had a +19.8% increase. A historical loss ratio and claims review was performed by the FRP team, and we engaged with the marketplace to assess carrier appetite and drive a solution to the increase.

With regard to the pharmacy, we conducted an initial discount analytics assessment using a vendor partner to determine how the current terms align with market norms.

Result: With negotiations, FRP negotiated the Stop Loss renewal to a rate pass with the current carrier, mitigating a \$415,505 premium increase for the City. The new contract also has improved terms, with the addition of a dividend option to return surplus premiums to the City in a favorable claim year.

We proceeded with the pharmacy analytics engagement process and project a savings of 18.78% in the first year, which will result in \$1M in gross savings on pharmacy spend with no impact to plan members.

- Provide a list of all public employee benefit clients for the past three years. Provide contact information for at least three employee benefit municipal clients.

Below is the contact information for three of our employee benefit municipal clients.

Client Name	City of Winter Garden
Name of contact	Cheryl Jones
Contact Phone Number	407-656-4111 ext. 2291
Contact Email Address	cjones@cwgdn.com

Client Name	City of North Miami
Name of contact	Laura Woodley
Contact Phone Number	305-895-9862
Contact Email Address	lwoodley@northmiamifl.gov

Client Name	City of Miami Beach
Name of contact	Lorena Bravo
Contact Phone Number	305.673.7524
Contact Email Address	LorenaBravo@miamibeachfl.gov

Please see the following pages for additional municipal clients.

**Public Entity Clients
Florida**

City/Town/Village:

- Alford, Town of
- Altha, Town of
- Apopka, City of
- Aventura, City of
- Bal Harbour Village
- Chattahoochee, City of
- Deltona, City of
- Destin, City of
- Doral, City of
- Fort Myers, City of
- Havana, Town of
- Hillsboro Beach, Town of
- Lantana, Town of
- Lauderdale by the Sea, Town of
- Mary Esther, City of
- Miami, City of
- Miami Beach, City of
- Miami Gardens, City of
- Miami Shores, Village of
- Niceville, City of
- North Bay Village
- North Miami, City of
- North Miami Beach, City of
- Opa-locka, City of
- Ormond Beach, City of
- Panama City Beach, City of
- Parker, City of
- Port St. Joe, City of
- Quincy, City of
- Sebastian, City of
- Sunrise, City of
- Titusville, City of
- Valparaiso, City of
- Windermere, Town of
- Winter Garden, City of
- Winter Park, City of

School District:

- Calhoun County Public Schools
- Charlotte County Public Schools
- DeSoto County School District

- Gadsden County School District
- Hamilton County School District
- Hardee County School District
- Hendry County School District
- Jackson County School District
- Okaloosa County School District
- Polk County School District
- Suwannee County School District

Other County Clients:

- Calhoun County BOCC
- Franklin County BOCC
- Gadsden County BOCC
- Gulf County BOCC
- Hamilton County BOCC
- Hardee County BOCC
- Jackson County BOCC
- Lafayette County BOCC
- Leon County BOCC
- Taylor County BOCC
- Washington County BOCC

Additional Entities:

- Baker Fire District
- Crestview Housing Authority
- Destin Fire Control District
- Florida Health Care Plans
- Florida Keys Mosquito Control District
- Fort Myers Housing Authority
- Halifax Health
- Lakeland Area Mass Transit District
- New Smyrna Beach Utilities
- North Bay Fire Control District
- Northwest Florida Water Management District
- Ocean City Wright Fire Control District
- Okaloosa Island Fire Control District
- Osceola Clerk of Court
- Panama City Downtown CRA
- Panama City Downtown North CRA
- Panama City Millville CRA
- Panama City St Andrews CRA
- Quincy Gadsden Airport Authority
- South Walton Mosquito Control District
- Suwannee Valley Transit Authority
- Tice Fire Control District

**Public Entity Clients
Outside of Florida**

New Jersey:

- Bayonne Board of Education
- Bayonne, City of
- Brick, Township of
- Hoboken, City of
- Irvington Board of Education
- Irvington, Township of
- Jersey City Board of Education
- Keyport, Borough of
- Livingston, Township of
- Lopatcong, Township of
- Mendham Borough Board of Education
- Morristown, Town of
- Newark Board of Education
- Newark, City of
- North Jersey District Water Commission
- Orange, City of
- Passaic Board of Education
- Passaic Valley High School Board of Education
- Passaic Valley Water Commission
- Passaic, City of
- Passaic, County of
- Red Bank, Borough of
- RWJ Barnabas
- Totowa Board of Education
- Vernon, Township of
- Warren, County of
- West Orange, Township of
- Wood Ridge, Borough of

Indiana:

- City of Crown Point
- City of Muncie
- City of Scottsburg
- Crawford County Schools
- East Washington School Corp
- Floyd County Community Action Agency dba
Floyd County Head Start
- Lake County Convention and Visitors dba
South Shore Convention & Visitors
Authority

North Carolina:

- Chesterfield County and Schools
- Davie County Government
- Durham County Government
- Durham, City of
- Fuquay Varina, Town of
- Garner, Town of
- Henrico County and Schools
- Hope Mills, Town of
- Lillington, Town of
- North Carolina Retirement Systems (NCRS)
- Selma, Town of
- Spring Lake, Town of
- State Employee Association of North Carolina
- Zebulon, Town of

Kentucky:

- Bluegrass Regional Water
- Breathitt County Library
- City of Spring Mill
- Greenup County Health Department
- Harrison County Planning Commission
- Housing Authority of Maysville
- Housing Authority of Vanceburg
- Local Health Department dba Kentucky
Health Depts.
- Louisville & Jefferson County Visitors &
Convention Commission
- Marion County Fiscal Court
- Oldham County Fiscal Court

- Provide examples of informational literature, power points, enrollment and plan summaries, or other client materials the firm created for municipal clients with similar employee benefit programs.

Our firm takes great pride in developing clear, engaging, and comprehensive materials to support municipal clients in communicating their employee benefit programs. Below are examples of the types of materials we have designed and provided for similar clients to ensure successful adoption, understanding, and utilization of benefits such as Open Enrollment announcements, New Medical Plan understanding the differences, High-Deductible Health Plans (HDHPs), wellness incentives, and prescription drug strategies.

OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

Q: WHY ARE THERE PLAN CHANGES?

A: As the cost of health care continues to rise, Sample strives to strike the proper balance between a medical/rx plan that is valued by our employees but also affordable to all. Therefore, in order to minimize the impact to employee contributions, plan design modifications were made. Modifications to the plans include increasing deductibles, out-of-pocket maximums, and copays. The plan changes are shown on the Medical Benefits Comparison chart.

Q: WHAT IF I ELECT THE HSA OR CHOICE PLAN AND HAVE AN EMERGENCY?

A: In the instance of a true emergency, your plan will cover your emergency room claim as in-network. For non emergencies, consider all your options such as urgent care, your primary care physician, or telemedicine.

Q: DID THE PRESCRIPTION CO-PAYS INCREASE?

A: Prescription drugs continue to increase in costs faster than any other part of healthcare. As such, the prescription drug copays on both the Choice and Choice Plus plans were increased to manage overall costs.

Q: HOW DOES THE FAMILY DEDUCTIBLE WORK ON THE HSA PLAN?

A: If you and your covered dependents are covered under the HSA plan, your whole family together must meet the family deductible before the plan shares in the cost of coverage (coinsurance). For example, a family of three must meet the full deductible of \$3,300 together before coinsurance applies.

Q: WHAT HAPPENS TO FUNDS IN MY HSA IF I MOVE TO THE CHOICE OR CHOICE PLUS PLAN?

A: Money in your HSA is always yours. In order to be eligible to receive employer and employee contributions to the account, you must be enrolled in the HSA plan. If you move from the HSA plan to the Choice or Choice Plus plan you can continue to use any money in the account on qualified medical expenses.

Q: HOW DOES THE FAMILY DEDUCTIBLE WORK ON THE CHOICE & CHOICE PLUS PLANS?

A: Under the Choice and Choice Plus plans, each individual of the family must meet their own deductible versus the whole family. Example : Bob and Jane are covered by the Choice plan. When Bob meets his deductible of \$300, coinsurance will apply, even though the family deductible is \$600.

**MEDICAL BENEFITS
COMPARISON**

2020 OPEN ENROLLMENT

Sample cares about the health and well-being of you and your family, and we are dedicated to providing a comprehensive benefits package. Below is a summary of the 2020 medical plan options. Plan changes are highlighted in red with the current, 2019, plan design in parenthesis. At the bottom of each plan are the monthly employee contributions, the current contributions are in parenthesis for you to see how much they are increasing.



MEDICAL BENEFIT	OPT 1 HSA PLAN	OPT 2 CHOICE PLAN	OPT 3 CHOICE PLUS PLAN	
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: \$1,650 (\$1,500) Family: \$3,300[†] (\$3,000) [†]	Individual: \$300 (\$200) Family: \$600 (\$400)	Individual: \$300 (\$200) Family: \$600 (\$400)	Individual: \$500 (\$300) Family: \$1,000 (\$600)
Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$3,000 (\$2,500) Family: \$6,000 (\$5,000)	Individual: \$3,000 (\$2,500) Family: \$6,000 (\$5,000)	Individual: \$3,000 (\$2,500) Family: \$6,000 (\$5,000)
Preventive Care				
Adult Preventive Care	No charge	No charge	No charge	40%*
Adult Annual Physical Exam	No charge	No charge	No charge	40%*
Well-Child Care	No charge	No charge	No charge	40%*
Outpatient Care				
Primary care physician office visits	10%*	\$25 copay	\$25 copay	40%*
Specialist office visits	10%*	\$40 copay (\$35 copay)	\$40 copay (\$35 copay)	40%*
Outpatient facility surgery	10%*	20%* (10%*)	20%*	40%*
Outpatient Lab & X-Ray				
Diagnostic test (x-ray, bloodwork)	10%*	No charge	No charge	40%*
Imaging (CT/PET scans, MRIs)	10%*	20%* (10%*)	20%*	40%*
Emergency Care				
Ambulance when medically necessary	10%*	20%* (10%*)	20%*	40%*
At hospital emergency room	10%*	\$150 copay (\$100 copay)	\$150 copay (\$100 copay)	\$150 copay
Urgent Care	10%*	\$50 copay (\$25 copay)	\$50 copay (\$25 copay)	40%*
Maternity Care				
Prenatal and Post-natal care	No charge*	No charge	No charge	40%*
Hospital services for mother and child	10%*	20%* (10%*)	20%*	40%*
Mental Health				
Inpatient	10%*	20%* (10%*)	20%*	40%*
Outpatient	10%*	\$25 copay	\$25 copay	40%*
Prescription Drug				
Retail Pharmacy (30 day supply)				
Generic/Preferred/Non-Preferred	\$10*/\$30*/\$50*	\$15/\$45/\$80 (\$7/\$30/\$60)	\$15/\$45/\$80 (\$7/\$30/\$60)	
Mail Order (90 day supply)				
Generic/Preferred/Non-Preferred	\$25*/\$75*/\$125*	\$30/\$90/\$160 (\$14/\$60/\$120)	\$30/\$90/\$160 (\$14/\$60/\$120)	
*After deductible				
†No one in the family is eligible for benefits until the family deductible is met				
Monthly Contributions				
Employee Only	\$55.00 (\$54.22)	\$95.00 (\$88.74)	\$120.00 (\$112.18)	
Employee + 1	\$133.00 (\$132.10)	\$210.00 (\$199.56)	\$270.00 (\$261.00)	
Employee + Family	\$240.00 (\$239.60)	\$360.00 (\$341.56)	\$465.00 (\$434.74)	

COMING SOON:
BIOMETRIC SCREENINGS



Get your numbers through your workplace.

Biometric screenings are a quick, convenient, confidential way to get the facts about your health status. And they're coming to **City of Daytona**—all at no cost to you.

Event Details:

When & Where (choose one)

Wednesday, July 6th at 8:00AM
Location: City Hall - Commission Chambers, 1st Floor (main entrance, first door on your right)

Wednesday, July 20th at 8:00AM
Location: Daytona Plaza: 2nd floor break room, call Buffy Osborne when you arrive: 386.376.8962

Please note: if you cannot make either event session, you may visit your local Quest Diagnostics before August 26, 2022.

Types of biometrics

- Blood pressure
- Blood glucose
- Body mass index (BMI)
- Total cholesterol and triglycerides
- A1C

Knowing these numbers can help you and your providers detect potential health issues early and create a plan for achieving your wellness goals.

How do I schedule my appointment?

- **Online:** Visit www.cityofdaytona.com/health and use your login credentials from prior years. If you HAVE NOT registered for a prior event, create an account using the registration key: "Wellness 2022"
- **By Phone:** Contact the Health & Wellness Center at 877.367.7655.

Don't miss out. Schedule your biometric screening today!

Questions? Contact Human Resources

TAKE CHARGE OF YOUR HEALTH

Exercise Your Way to a Healthier Heart

Did you know that exercising regularly can help you fight off chronic conditions like heart disease? According to the American Heart Association, you should incorporate these three exercises into your routine to improve your heart health.



Aerobic activity
Get at least 150 minutes of moderate-intensity aerobic activity (e.g., briskly walking) or 75 minutes of vigorous-intensity aerobic activity (e.g., running) every week.



Muscle strengthening
Incorporate muscle-strengthening exercises of at least two days a week. For the purposes of general training, focus on two to three upper body and lower body exercises. Abdominal exercises are an important part of strength training as well.



Flexibility training
Flexibility training is important too, but it is frequently neglected, resulting in increased tightness as you age and become less active.

This infographic is provided for informational purposes only and does not constitute an offer. Health & Wellness Department is not liable for professional advice. Health & Wellness Department is not liable for professional advice. Health & Wellness Department is not liable for professional advice. © 2022 City of Ormond Beach

2022 WELLNESS: FEBRUARY 14, 2022 • NOVEMBER 18, 2022

Over The Awesome Rainbow

Get ready for the **Over the AWESOME Rainbow** daily nutrition points challenge! **MAY 9, 2022 • JUNE 6, 2022**

This company-wide step and activity challenge is open to eligible employees registered on the EPIC Portal. Through this challenge you can learn how to enjoy the health benefits of eating a variety of fruit and vegetables every day!

JOIN
Go to epicwellsite.com/client, log in/sign up, go to the Challenge page, then click the four buttons below.



POINTS
This challenge allows you to earn up to 30 points per day by eating the 15 servings of fruits and vegetables per day.

- Choose a Color on the color wheel
- Food the Food/Veggie you eat
- Click on the image, then
- Drag and Drop it to the plate

LEFT SIDE: 15 servings = 1 point
RIGHT SIDE: 15 servings = 2 points



REWARDS
Reach the reward milestone (372 points) by June 6, 2022, to earn 30 Points towards your wellness income.

MILESTONES

Milestone 1: 30 points
Milestone 2: 64 points
Milestone 3: 138 points
Reward Milestone: 372 points
Milestone 5: 326 points
Milestone 6: 268 points

epicwellsite.com/client

Program support: epicwellsite@cityofdaytona.com | Phone support: [386.376.8962](tel:3863768962)

MONEY, MONEY, MONEY!

How Pennies Add Up to Quarters



Health Insurance
• Use telemedicine
• Use vendor cost estimator tools

Food/Beverage
• Bring lunch from home
• Buy a mug and brew your coffee at home

At the Doctor
• Use in-network doctors
• Ask your doctor for the generic version of your prescription

Commuting
• Use transit benefit for rail tickets & restaurants

WELLNESS

- Earn your wellness discount

Shopping
• Use coupons/groupage
• Buy store brand/generics

Client Logo

exciting. fresh. original.



INTRODUCING OUR EMPLOYEE EDUCATION AND COMMUNICATION MATERIALS!

Keep your employees engaged in their benefits with inspiring designs for your employee education materials! Choose from nine completely unique looks.

Open Enrollment Is Here!

There are no plan changes to your benefits, please see attached rates and payroll deduction for medical, dental and vision insurance. If you do not have any changes, you do not need to do anything with Employee Navigator except if you plan to elect or renew your Flexible Spending Account.

Pick a Date to Join us for our Benefit's Fair

Tuesday, October 8 from 9:00am – 4:30pm

Wednesday, October 9 from 9:00am – 4:30pm

Thursday, October 10 from 9:00am – 4:30pm

Emergency Room or Urgent Care?

How to choose

More than 10 percent of all emergency room visits could have either been addressed in an urgent care facility or solved in a doctor's office. But how can you determine which is more appropriate for your condition?

When to Use the ER: Emergency rooms are equipped to handle life-threatening injuries and illnesses and other serious medical conditions. An emergency is a condition that may cause loss of life or permanent or severe disability if not treated immediately. You should go directly to the nearest emergency room if you experience any of the following:

- Chest pain
- Shortness of breath
- Severe abdominal pain following an injury
- Uncontrollable bleeding
- Confusion or loss of consciousness, especially after a head injury
- Respirating or suspected poisoning
- Severe burns, cuts or infections
- Inability to swallow
- Seizures

Using Urgent Care: Urgent care centers are usually located in stores or hospitals, and, like emergency rooms, they are not equipped to handle life-threatening situations. Rather,

Did you know...? Your out-of-pocket cost for an ER visit is usually much more than an urgent care visit, and a regular doctor's visit costs even less than an urgent care visit. If you have your own primary care center, try to find one that is affiliated with your current health plan to minimize your out-of-pocket costs.

Meet Your Onsite Health Coach

About Paula:

Paula is passionate about promoting health and preventing diseases, she believes in enjoying life and having a balanced lifestyle, working towards achieving a healthy optimal life. Paula has over 8 years of experience in life changing community programs, she is fluent in Spanish and enjoys learning about new cultures. In her free time, she enjoys practicing yoga, cooking and eating chocolate. She looks forward to meeting and learning more about you.

What other services does my health coach offer?

Your onsite Health Coach will plan and implement workplace wellness events and activities such as:

- Increase understanding of modifiable health risks
- Coach employees to develop personal health behavior goals
- Demonstrate how to navigate UnitedHealthcare tools and resources
- Refer employees to appropriate wellness programs and services
- Perform blood pressure/weight/BMI screenings
- Provide health education to groups and individuals
- Promote onsite events such as health fairs, weight, & fitness challenges

Overall, your Health Coach will help inspire and motivate you to achieve optimal health and wellbeing.

How can I reach my health coach?

- Telephone: 651-414-8503
- Email: paula_rojas@uhc.com

Live Well, Work Well

Health and wellness tips for your work, home and life—brought to you by the insurance professionals at Acemira Public Risk

CDC RECOMMENDATIONS FOR COVID-19 VACCINE DISTRIBUTION

Although there are two COVID-19 vaccines authorized for use in the United States, that doesn't necessarily mean you'll be able to get vaccinated right away.

Because the U.S. supply of COVID-19 vaccine is expected to be limited at first, the Centers for Disease Control and Prevention (CDC) is providing recommendations to federal, state and local governments about who should be vaccinated first. The CDC's recommendations are based on those from the [Advisory Committee on COVID-19 Vaccines](https://www.hhs.gov/ashpr/pubs-reports/ashpr-coronavirus-report-0001.html) (ACV) and an independent panel of medical and public health experts.

The recommendations were made with these goals in mind:

- Decrease death and serious disease as much as possible
- Preserve the functioning of society
- Reduce the extra burden COVID-19 is having on people already facing disparities.

While the CDC makes recommendations for who should be offered COVID-19 vaccines first, each state has its own plan for deciding who will be vaccinated first and

Vaccine Distribution Phase 1a
The CDC recommends that initial supplies of COVID-19 vaccine be allocated to health care personnel and long-term care facility residents. Prioritizing the vaccination of these individuals is referred to as Phase 1a. Phase 1a may overlap. The CDC [recommends](https://www.cdc.gov/media/releases/2020/s1102-covid19-vaccine.html) on Dec. 8, 2020.

Vaccine Distribution Phases 1b and 1c
The CDC recommends that in Phase 1b and Phase 1c, which may overlap, vaccination should be offered to people in the groups listed below. The CDC [recommends](https://www.cdc.gov/media/releases/2020/s1102-covid19-vaccine.html) on Dec. 22, 2020.

Phase 1b

- Front-line essential workers. These include fire fighters, police officers, corrections officers, food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers and those who work in the educational sector (e.g., teachers, support staff and day care workers).
- People aged 75 years and older. They are at high risk of hospitalization, illness, and death from COVID-19. People aged 75 years and older who are also residents of long-term

Live Well, Work Well

Health and wellness tips for your work, home and life—brought to you by the insurance professionals at Acemira Public Risk

COVID-19 VACCINATION FAQs

The Centers for Disease Control and Prevention (CDC) has prepared a list of FAQs to help educate the public on various aspects of COVID-19 vaccination. The article features some of these FAQs.

Vaccine Development
How many COVID-19 vaccines are under development? Currently, [ten vaccines](https://www.cdc.gov/media/releases/2020/s1102-covid19-vaccine.html) are authorized and recommended to prevent COVID-19.

- PharmBioTech COVID-19 vaccine
- Moderna's COVID-19 vaccine

Multiple COVID-19 vaccines are also still under development. Large-scale (Phase 3) clinical trials are in progress or being planned for two additional COVID-19 vaccines in the United States.

Has there been a coronavirus vaccine developed before? What's known about it, and can it be helpful today in working toward a COVID-19 vaccine?

When a new flu strain is identified, like H1N1 in 2009, vaccine manufacturers can use the same processes that are used to make the annual seasonal flu vaccine, saving valuable time. Unlike flu vaccines, coronaviruses do not yet have licensed vaccines or processes to build on. In addition, the virus that causes COVID-19 is a new virus, so entirely new vaccines must be developed and tested to

Getting Vaccinated
How many shots of the COVID-19 vaccine will be needed? The two authorized and recommended vaccines to prevent COVID-19 in the United States both need two shots to be effective. There is one COVID-19 vaccine in Phase 3 clinical trials in the United States that uses one shot.

Do I need to wear a mask when I receive a COVID-19 vaccine? Yes. The CDC recommends that, during the pandemic, people [wear a mask](https://www.cdc.gov/media/releases/2020/s1102-covid19-vaccine.html) that covers their nose and mouth when in contact with others outside of their household, when in health care facilities and when receiving any vaccine, including a COVID-19 vaccine. Anyone who has trouble breathing or is unable to remove a mask without assistance should not wear a mask. For more information, visit [considerations for wearing masks](https://www.cdc.gov/media/releases/2020/s1102-covid19-vaccine.html).

Who is paying for the COVID-19 vaccine? Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccination providers will be able to charge an administration fee for giving the shot to someone. Vaccine providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and

HR Insights

Brought to you by the insurance professionals at Acemira Public Risk

Managing the Mental Health of Returning Employees

The coronavirus pandemic has affected nearly every aspect of daily life. Businesses are closed or have reduced capabilities, individuals are worried about their physical and financial safety, and no one knows when circumstances will improve. These and other factors illustrate the burdens individuals must endure during the pandemic, when businesses begin to reopen, employees must keep these factors in mind.

Reopening a business does not erase the hardship endured by its employees during its closure. Employees may still be grappling with mental health issues that can impact their performance when the doors reopen.

This article provides tips and considerations for employers that intend to reopen their businesses after the coronavirus pandemic. This guidance can help manage the mental health of returning employees.

Consider a Slow Open
Many employees had to be laid off or furloughed during the coronavirus pandemic. These individuals may need some time to reacclimate to the work environment. Even remote employees who retained their positions may need time to readjust. Having to

emotional whiplash, since they must now suddenly deal with expectations they haven't faced for weeks.

As such, employers should consider phases to their reopening. These may include bringing employees back in waves and gradually expanding operational hours back to normal. This gradual reopening can give employees the time they need to properly bring their bodies and minds back to work.

Think About Caregivers
The coronavirus pandemic inadvertently turned thousands of employees into full-time caregivers in just a few short weeks, with nursing homes, day care and schools closing down. Many of these employees will retain these caregiving roles even when businesses reopen.

Employees should understand that some employees may have caregiving responsibilities that impact their mental health. Flexible scheduling can be a small perk that makes a big difference. Employers can help relieve some of the caregiving burden by allowing employees to move their schedules around, accomplishing job functions on their own time or during low work hours. This ensures the employee can maintain their personal responsibilities while still getting their professional work done.

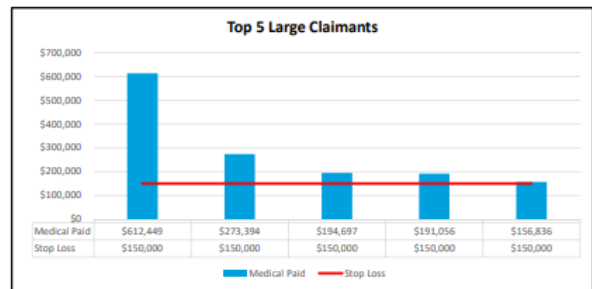
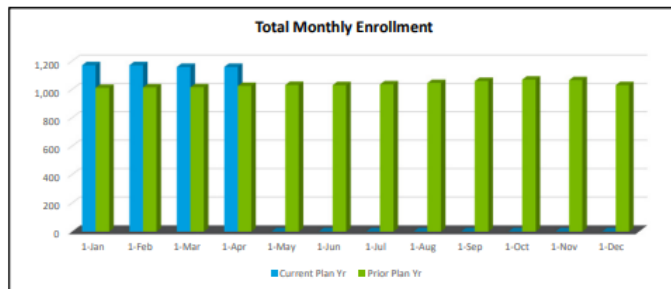
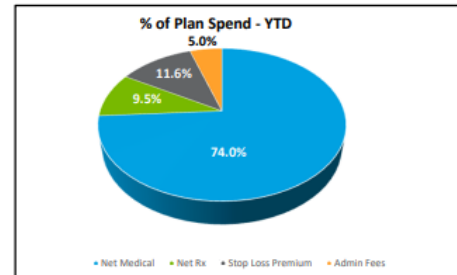
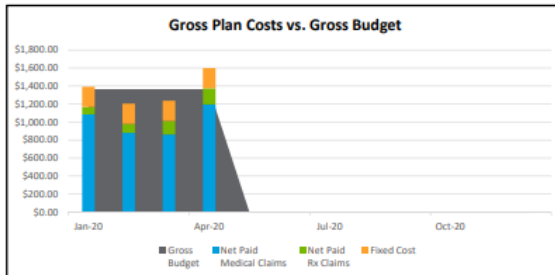
Offering such a perk can also make an employer more attractive to working parents who may prize flexibility over many other workplace incentives.

The City of Ormond Beach Request for Proposals 2026-20 Employee Benefits Broker of Record

- Gross Plan Costs for the Current Period YTD are running at 99.6% of the YTD Current Period's Gross Budget.
- Gross Plan Costs for the Prior Period ran at 93.9% of the Prior Period's Gross Budget.
- Medical net of Stop Loss for the current period was 74.0% of the Current Period's Gross Budget. Rx was 9.5% and Administration and Stop Loss was 16.5% of the Current Period's Gross Budget.
- There are 8 Large Claimants in the Current Period and there were 16 in the Prior Period.
- The Average Employee Enrollment in the Current Period is 1,165 and in the prior period it was 1,036.

Budget Summary	
Current - YTD	
Gross Plan Costs	\$6,336,451
PEPM	\$1,359.49
Gross Budget	
PEPM	\$1,365.24

Actual / Budget - YTD	
Prior Plan Year	94%
Current YTD	100%

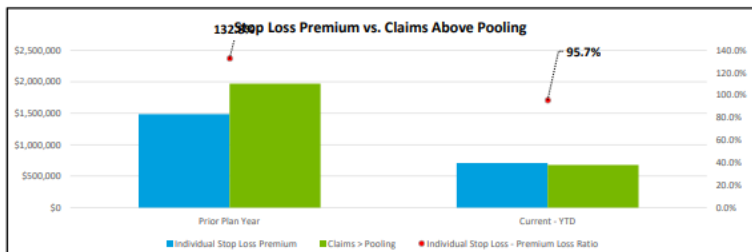
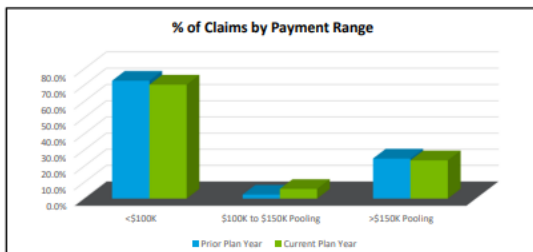
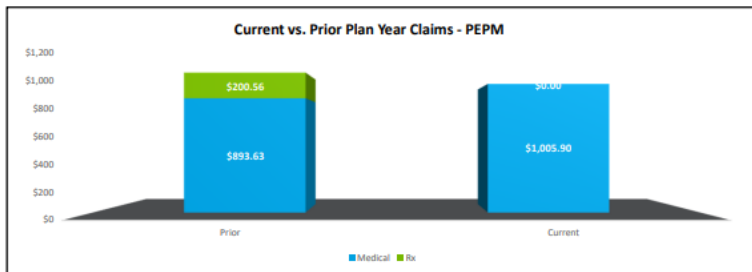


- The YTD Current Period Claim PEPM is: \$1,005.90, compared to Prior Period's \$1,094.18.
- In the Current Period, Rx Claims represent 0.0% of Total Medical and Rx Claims; this is compared to 18.3% in the Prior Period. (Generally, Rx Claims represent 18-25% of Total Medical and Rx Claims).
- In the Prior Period, the Stop Loss Reimbursement was 132.8% of the Paid Stop Loss Premium. In the Current Period, the Stop Loss Reimbursement is 95.7% YTD.
- The expected number of claims over \$100,000 is 16.4, and over the pooling level of \$150,000 is 8.5.*

	Prior Plan Year	Current YTD	% Change
Net Medical	\$893.63	\$1,005.90	12.6%
Net Rx	\$200.56	\$0.00	-100.0%
Total Claims	\$1,094.18	\$1,005.90	-8.1%

Prior Plan Year

Current YTD



	<\$100K	\$100K to \$150K Pooling	>\$150K Pooling
Prior Plan Year	\$11,514,796	\$380,190	\$3,922,200
Current Plan Year	\$4,247,786	\$359,973	\$1,428,433

	Current Plan Year	Prior Plan Year
Individual Stop Loss Premium	\$708,595	\$1,484,652
Claims Above Pooling	\$678,433	\$1,972,200
Loss Ratio	95.7%	132.8%

- Provide resumes for the firm owners, key management personnel, and dedicated account team including account executive, client representatives, and any other administrative support personnel interacting with the city.

FRP'S EXECUTIVE TEAM LEADERSHIP



Charlie Lydecker

Chairman/CEO, Foundation Risk Partners

Led by Charlie Lydecker, the experience of the Executive Leadership Team at Foundation Risk Partners includes publicly traded insurance intermediaries, best-in-class regional brokers and specialty distributors. The collaborative result is a leadership team that is relentlessly focused on continuing to develop a sales organization where everyone can be the most successful while being exceptional at analyzing risk exposure and providing the best solutions for our clients. ♦

John Turner

Chief Operating Officer, Foundation Risk Partners

Chris Bell

Chief Administrative Officer, Foundation Risk Partners

Thomas Tinsley

Co-Founder / Senior Advisor, Foundation Risk Partners

Ben Barbieri

Chief Acquisition Officer, Foundation Risk Partners

Natalie Corbett

Chief Human Resources Officer, FRP

Kevin Mason

President of Southeast Region, Foundation Risk Partners
CEO/Co-Founder, Acentria

Mary Lawless

COO of Southeast Region, Foundation Risk Partners
President, Acentria

Tom Leek

Chief Legal Officer / EVP, Foundation Risk Partners

Jeff Leonard

Chief Financial Officer, Foundation Risk Partners

Alan Florez

Chief Sales Officer / EVP, Foundation Risk Partners

Rich Dinan

Chief Information Officer, Foundation Risk Partners

Mike Lisa

National Benefits Sales Leader, EVP
Co-President/CEO, Corporate Synergies

Andrew Bloom

National Benefits Operations Leader, EVP
Co-President/CEO, Corporate Synergies

Paul LaRubbio

SVP of Finance, Foundation Risk Partners

John Kern

Regional Vice President

407-612-6343
485 N Keller Rd, Suite 100
Maitland, FL 32751



Work Experience

- Foundation Risk Partners
dba Corporate Synergies
Regional Vice President
8/2017- Present
- LassiterWare Insurance
Vice President, Employee
Benefits
8/1999-7/2017

Education

- Bachelor of Science, Florida
State University

John Kern is an accomplished healthcare executive with experience in all phases of employee benefits consultation. He has earned an industry-wide reputation as a creative developer of benefits solutions. He has deep expertise with short- and long-term benefits strategy, healthcare reform/regulatory compliance, funding alternatives, wellness plans, benchmarking, benefits and payroll administration, actuarial services, executive benefits and private exchanges. He serves as Corporate Synergies' leader for the Florida Region, where he has overall management responsibility for a team of benefits consultants and account management professionals while serving as the lead consultant on numerous clients.

Previously, he served for 18 years at Florida-based Lassiter-Ware, a full-service employee benefits and property & casualty insurance broker. As Vice President of the Employee Benefits Division, he and his team provided comprehensive, long-term strategic planning and benefits consultation for a wide range of clients representing numerous industries.

John earned a Bachelor of Science degree from Florida State University.



Eric Brewer

Vice President –Senior Benefits Consultant

772-913-1453
485 N. Keller Road, Suite 101
Maitland, FL 32751



Work Experience

- Foundation Risk Partners
dba Corporate Synergies
Vice President, Senior
Benefits Consultant
11/2013- Present
- Aon
Senior Benefits Service
Manager
4/2011-11/2013
- Connexions Healthcare
Project Manager / Business
Analyst
5/2009-4/2011
- William Blair & Company
Corporate Finance Analyst
1/2008-12/2008

Education

- Bachelor of Arts, Brown
University

Professional Designations

- 0215 - Life, Health &
Variable Contracts
Insurance Agent

Eric Brewer is an accomplished healthcare professional with over a decade of experience helping employers navigate the cost pressure, regulatory compliance and administrative challenges that go along with a group benefits program. Eric's knowledge of self-funding, pharmacy benefit carve-outs, reference-based pricing and population health management help him guide his clients based on each employers' unique needs and circumstances. Eric takes pride in being innovative and disruptive, with a long-term strategic focus to help his clients' combat constant market pressures. Throughout Eric's career, he has managed benefit programs for employer groups ranging from 250 to 25,000 employees.

Out of the office, Eric is a proud husband, and a father of two boys. Eric can often be found fishing or golfing when he's not in the office. Eric earned a bachelor's degree in economics from Brown University, Providence, Rhode Island. Eric served as defensive captain of the Brown Football team and was proudly part of Brown's 2005 Ivy League Championship team. Years of industry experience: 15+.



Paul Schandel

Director of Account Management

386-299-1324
780 W. Granada Blvd.
Ormond Beach, FL 32174



Work Experience

- Foundation Risk Partners
dba Corporate Synergies
Director of Account
Management
4/1/2017- Present
- Reames Employee Benefits
Solutions
Benefits Consultant
3/2007-3/2017
- Florida Health Care Plans
Marketing Coordinator
8/2003-3/2007

Education

- Bachelor of Arts in Business
Administration, University
of Florida

Professional Designations

- CSFS – Certified Self-
Funding Specialist
- REBC – Registered
Employee Benefits
Consultant

Paul has extensive experience with compliance, benefit administration systems, account management, comprehensive benefit plan design, financial analysis, marketing, negotiations, carrier relationships, client retention, cost mitigation, employee advocacy, and wellness.

Current responsibilities at Corporate Synergies include defining client requirements, coordinating internal support, ensuring client satisfaction and retention, implementation of best practices, creating better processes and efficiencies, day to day service and support, benefit meetings, carrier and renewal analysis, and many other responsibilities and duties.

Paul has been an employee benefits consultant since 2007 and worked with a large health carrier prior to assisting employers with designing and implementing dynamic and competitive employee benefit packages. He is a graduate from the University of Florida with a bachelor's degree in business administration and economics, has obtained the Registered Employee Benefits Consultant (REBC) designation from the America College of Financial Services and the Certified Self-Funding Specialist (CSFS) designation from Health Care Administrators Association.

He has a passion for his local community and is on the Board of Directors for Easterseals Northeast Central Florida, Early Learning Coalition of Flagler & Volusia, and Community Partnership for Children. Paul is also highly involved in Rotary with the Rotary club of Daytona Beach.



Robin Riley

Senior Vice President – Director of Client Services

386-281-3767

780 W. Granada Blvd.

Ormond Beach, FL 32174



Work Experience

- Senior Vice President, Benefits Team Leader for Acentria Public Risk from 2018 - 2024
- Senior Vice President, Director of Client Services 2024 to present.
- Brown & Brown - Public Risk Insurance Agency from 2008 - 2018 in the following roles:
 - Account Manager
 - Account Executive
 - Vice President, Benefits Division

Education

- Asheville Buncombe Technical College – 2 years

Professional Designations

- Group Benefits Associate, Certified Employee Benefits Specialist Program through Wharton University of PA.
- Voluntary Benefits Specialist, The Hartford School of Insurance
- Group Benefits Disability Specialist, The Hartford School of Insurance

Association Memberships

- Florida Public Human Resources Association
- Society for Human Resource Management

Robin Riley, Team Leader is an accomplished healthcare professional with 25 years of insurance industry experience. During this time, she has specialized with Florida's public entity health and welfare programs for the past 23 years. Her working history includes experience with a national insurance carrier, Account Management for a third-party administrator, and Account Management advancing to an Account Executive then Vice President for a national brokerage firm.

As a Team Leader for Acentria Public Risk, Robin is responsible for the overseeing all aspects of your program. She has a wealth of knowledge and experience with self-funding, level-funding, public entity pooling, carrier relations, onsite health care centers, wellness programs, claim mitigation and plan analysis. Her expertise in compliance issues, state and federal regulations also make her a valuable asset to our team and our clients.

Robin's responsibilities include analysis of benefit plans and claims utilization, identifying client benefit goals and financial objectives, management of various funding arrangements, managing client's formal bid process and evaluation, liaison with carrier relations, presentations to various committees and boards, coordination of open enrollments, health fairs and work in tandem with team on escalated member issues and billing reconciliation.



Jonathan Jallad

Vice President –Sales Leader

407-775-7350
919 Lake Baldwin Lane, Suite A
Orlando, FL 32814



Work Experience

- Foundation Risk Partners
dba Acentria Insurance
Vice President Sales Leader
6/1/2021- Present
- LSJ Insurance Agency, Inc.
DBA ISU Jallad Insurance
Services
Founder/Owner, Vice
President and Sales
Producer for Public Entity
Insurance
2/2011-6/2022
- Accredited Surety and
Casualty Company, Inc
Assistant Vice President,
Bail Marketing.
8/2007-12/2010

Education

- Bachelor of Arts, University
of Central Florida

Professional Designations

- CLCS – Commercial Lines
Coverage Specialist

In Jonathan’s current role, he is responsible for the growth and operation of FRP Public Entity Services (Employee Benefits) and Acentria Public Risk (Property, Casualty & Risk Management). In addition to the supervision of sales and service, Jonathan assists with carrier relationships, program development, design and placement stewardship and negotiation to all FRP’s public entity clients.

Prior to his role as Vice President, Sales Leader for Acentria Public Risk, Mr. Jallad founded, led, and grew an all-lines general insurance agency, which he sold and merged with Acentria. Within this role he was responsible for all functions of the agency, including but not limited to new sales, agency management, carrier relations, customer experience and acting as resource leader for his colleagues. Jonathan developed and grew the public sector division of the agency to represent cities, schools and special districts located throughout Florida.

His focus was and always will be a client first approach, which was the guiding principle that propelled the growth and ultimate success of the agency. Mr. Jallad still works hand in hand with his public sector clients and looks forward to *servng those that serve others.*





Daniel Kuperstein, ERISA Attorney

Account Role: Benefit Program Compliance Executive Leadership and Client Support

Our skilled internal compliance staff is under the direction of Dan Kuperstein, an ERISA attorney and expert in Healthcare Reform. He has deep expertise in employee benefits, labor, and employment law. He advises clients and ensures compliance related to, the Affordable Care Act, COBRA, HIPAA, ERISA, GINA, and all other government regulations related to employee benefits. Dan is a frequently published author of articles on regulatory compliance; these articles have been published by Employee Benefit News, Philadelphia Business Journal, Fortune, and several other respected media sources. Years of industry experience: 12+.



Gary Cassidy, Director, Employee Education, Communications and Wellness

Account Role: Employee Education, Communications and Wellness Strategist

Gary Cassidy and our internal creative team of writers and designers generate professional, branded communication materials that support the client and engage/educate employees. He manages our internal, award-winning (APEX, iCOMM, and carrier), communications and graphics staff who possess insurance industry and benefits experience. The creative team works with Account Management to develop and implement education and wellness strategies designed to drive positive changes in plan participant benefits understanding and behavior. Gary is a frequently published author of articles on wellness and disease management. Years of industry experience: 25.



Eileen Scoggins, BenefitsVIP

Account Role: On-site Director of Employee Advocacy Center

As Director of BenefitsVIP, our high-touch, first-to-call employee advocacy and service department, Eileen Scoggins instills a consistent focus on urgent and accurate benefits issue resolution. She manages the New Jersey and Florida BenefitsVIP staff, analyzes call/contact types to identify emerging trends or issues, and employs methods to resolve them. Years of industry experience: 21.



Luray Tobar, Client Solutions Director

Account Role: New Client Service Solution Launch Supervision

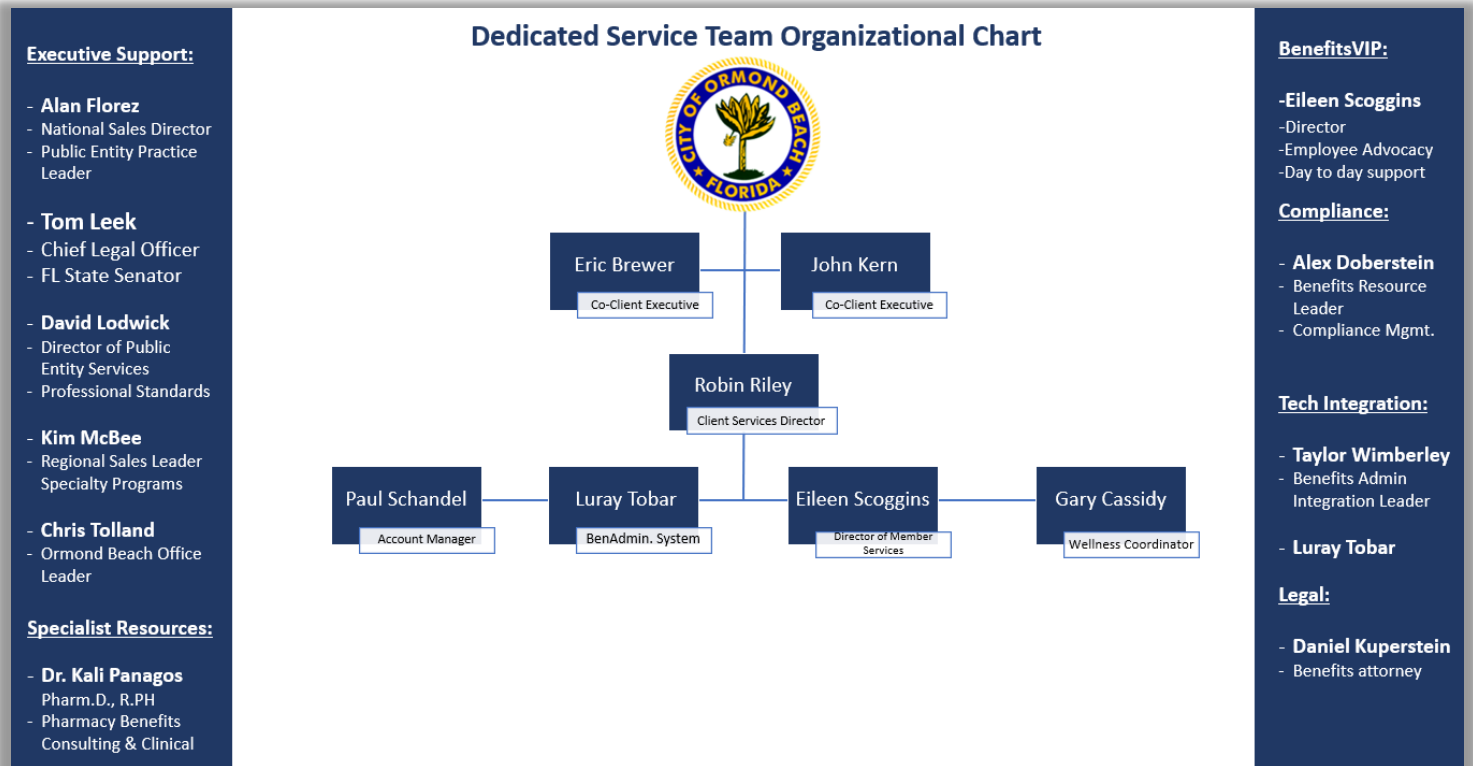
Luray Tobar is the driving force behind new client benefits administration and technology solution service launches. She creates and drives standard processes and coordination of all client solutions-related activities. She oversees the implementation and maintenance of business administration technology and workflow automation. Her team members serve as project managers and facilitators for and between the various internal FRP departments, the client, and third-party vendors. Client solutions manages the complete and timely implementation of the benefit solution, such as BenefitsVIP employee advocacy, COBRA, surveys, total compensation statements, our internal benefits administration technology, as well as fully outsourced benefits administration services. Years of industry experience: 20.

- Identify years of experience for each team member, as required in the minimum qualifications, listing only those years providing employee benefits broker of record services to municipalities of similar size, in the state of Florida, with a similar scope of service.

In addition to the resumes provided on the previous pages, below we have provided the years of experience of each service team member. Minimum of 5 years' experience and an average of over 10 years.

Name:	Account Role:	Experience:
John Kern	Co-Client Executive	25+ Years
Eric Brewer	Co-Client Executive	14+ Years
Paul Schandel	Account Manager	21+ Years
Robin Riley	Client Services Director	25+ Years
Gary Cassidy	Wellness Director	25+ Years
Luray Tobar	Director of BenAdmin	20+ Years
Eileen Scoggins	Director of BenefitsVIP	20+ Years
Dan Kuperstein	Benefits Attorney	12+ Years

- Provide an organizational chart showing reporting structures for all key staff and dedicated team members.



Meet your service team:

Name/Title	Phone	Email	Office Location
John Kern Lead Client Executive	Direct (407) 612-6343	John.Kern@foundationrp.com	485 N. Keller Rd., Suite 101 Maitland, FL 32751
Eric Brewer Co-Client Executive	Direct (407) 612-6355	Eric.Brewer@foundationrp.com	485 N. Keller Rd., Suite 101 Maitland, FL 32751
Paul Schandel Director of Account Management	Direct (386) 299-1324	paul.schandel@foundationrp.net	780 W. Granada Blvd Ormond Beach, FL 32174
Robin Riley Director of Client Services	Direct (386) 281-3767	Robin.Riley@Acentria.com	780 W. Granada Blvd Ormond Beach, FL 32174

- **Include three professional references for the individual designated to serve as the city’s primary point of contact.**

Please see references with contact information below.

Client Name	City of Winter Garden
Name of contact	Cheryl Jones
Contact Phone Number	407-656-4111 est. 2291
Contact Email Address	cjones@cwgdn.com

Client Name	City of North Miami
Name of contact	Laura Woodley
Contact Phone Number	305-895-9862
Contact Email Address	lwoodley@northmiamifl.gov

Client Name	City of Miami Beach
Name of contact	Lorena Bravo
Contact Phone Number	305.673.7524
Contact Email Address	LorenaBravo@miamibeachfl.gov



May 28, 2024

Re: Corporate Synergies Employee Benefits

To Whom It May Concern:

City of Winter Garden

P: 407.656.4111

300 West Plant Street

Winter Garden, FL

34787

wintergarden-fl.gov

I have been requested to write a letter of recommendation for Corporate Synergies. It is my honor to do so. I have had the pleasure of working with professionals from this company for the last twenty (20) years.

Corporate Synergies has exceeded our expectations in many ways. Whether it is taking care of employee claims, explaining EOBs, or answering daily questions that may arise.

If you want a company that becomes an extension of your HR team, to help employees with enrollments, on-site visits and providing great advice on plan design, funding, self-insured or fully funded programs and wellness programs. If you are seeking innovative ways to achieve your employee benefit goals then I suggest you let Corporate Synergies be your partner as they have been our strategic partner for many years.

If you have any questions, please call me at 407.656.4111 ext. 2247 or frank.gilbert@cwgd.com.

Sincerely,

Frank M. Gilbert
Asst. City Manager – Administrative Services

WINTER GARDEN, FLORIDA | A CHARMING LITTLE CITY WITH A JUICY PAST.



June 3, 2024

Re: Recommendation Letter

To Whom It May Concern:

This letter serves as an official recommendation for Corporate Synergies. I have had the privilege of working with Eric Brewer and his team for the past two (2) years in his capacity as Vice President, Senior Benefits Consultant. Eric and his team are dedicated, hardworking, knowledgeable, and do an exceptional job as the City of North Miami's "Record of Agent".

It is truly a pleasure to work with consultants that are not only professional but produce positive results. Therefore, I highly recommend Corporate Synergies along with Eric Brewer and Team without any reservations.

Please do not hesitate to contact me if you need any further assistance or have any questions. I can be reached via email at woodley@northmiamifl.gov or by phone at (305) 895-9862.

Sincerely,

A handwritten signature in black ink, appearing to read "Lura F. Woodley".

Lura F. Woodley
Personnel Director

776 NE 125 Street | North Miami | Florida | 33161 | 305.893.6511

Tab 4
Scope of Services

1. Conduct an annual bidding process, carrier negotiations, and employee benefit plan selection in coordination with City leadership and established goals and objectives, including providing high quality health care, remaining fiscally responsible, minimizing provider disruption, improving employee health outcomes, and delivering excellent customer service.

Our renewal/bidding process begins with a pre-renewal meeting that is 6 months in advance of the renewal. Our in-house underwriters and actuary partners will develop budget and claim projections for the upcoming year. Our team will focus on the following:

Claim reporting, utilization review, employee survey, benchmarking, the state of the carriers, emerging trends, administrative issues or concerns, future budgetary concerns, the development of the renewal timeline and approach.

This information will prepare the City in advance of a bid process or warranted vendor change. We will lay out the pros and cons of the process before a final decision is made, plan designs, provider and facility-specific network comparison reports, pharmacy implications, reporting capabilities, service platforms (online and in-person), wellness capabilities, service guarantees and their specific renewal methodologies. Committee members will have the ability to meet with the potential new vendor(s) prior to making a final decision.

As a hopeful partner with the City, we wish to make it clear that we will work for you, not insurance companies. Our commitment is to, year in and year out, negotiate the optimal carrier contracts available in the marketplace and leverage the breadth and depth of our book of business to do so.

Our team provides this service through our Tier 1 / Preferred status with most of the major insurers that typically results in a higher level of advocacy from the carrier, including but not limited to:

- Dedicated service teams providing quick resolutions.
- Direct access to underwriters and medical directors.
- Accelerated case implementation.
- New products roll out.
- Enhanced claims reporting at no additional cost.
- Inclusion on the carriers' Advisory Council.

Market Solicitation and Renewal Negotiation:

All vendor proposals will be reviewed and evaluated by our team prior to presentation to the County staff. This evaluation and presentation process will be inclusive of the following:

- Keep the City sunshine & procurement compliant according to FL Statutes 112.08
- Provide a detailed carrier analysis of their proposed contract, plans, and cost compared to the in-force program.
- Illustrate the differences to include the advantages and disadvantages.
- Total program cost details.
- Employer and employee contribution modeling.

- All proposal details to include caveats and exclusions.
- Network analysis with reports on provider disruption, discounts, to determine viable options for the County.

Once our analysis is complete, we will meet with Human Resources, Budget, and Finance staff as needed to review all options and recommendations. After our presentation, we will begin the best and final negotiation process, secure any missing information and clarifying details prior to making a final recommendation. We will collaborate with the City’s staff on the best and final process, then we will provide a formal evaluation and recommendation for presentation to the City for approval.

Renewal Process Schedule		
	Work Plan	Time Frame
Establish Objectives	Pre-renewal meeting	180 days prior to renewal
	Develop the renewal strategy with The City's staff/Human Resources	
	Discuss current benefits and carriers	
	Discuss Voluntary Benefits	
Gather Data	Collect information for insurance carrier submissions	150 days prior to renewal
	Analyze employee survey results	
	Prepare RFPs with coordination and approval from HR and Procurement	
Receive Proposals	Procurement post RFP to bid site	120 days prior to renewal
	Receive proposals from insurance carriers responding to the RFP, including current carrier renewal.	
Prepare Marketing Presentation	Prepare marketing presentation and present to the City Manager and HR.	120 days prior to renewal
	The City procurement to request best and final offer from top ranking carriers	
	Present best and final to the City Manager and HRHR Staff	
	Attend the City's Council meeting to present recommendations for approval	
Enrollment Meetings	Coordinate with Human Resources to set up dates, locations and time for open enrollment meetings	90 days prior to renewal
	Create electronic OE Communications and Presentation	
	Provide Human Resources with Open Enrollment Flyers	
	Develop and Deliver Employee Benefit Guides	
	Coordinate and attend all open enrollment meetings	
Manage Eligibility	Submit and confirm eligibility e-files from carriers	60 days prior to renewal
	Dependent Eligibility File Updated	
	Enroll/Communicate changes to COBRA participants	
	Group numbers issued and ID cards ordered	
Finalize & Confirm	ID cards delivered	30 days up to effective date
	Reconcile all carrier invoices	
	Verify accuracy of all policies and contracts	
	Confirm objectives and goals were satisfied	

2. Compile and present plan utilization data to the city on a quarterly basis with appropriate analysis, recommendations, and forecasting.

We will **compile and present comprehensive plan utilization data to the City on a quarterly basis**, ensuring transparency and actionable insights. Each report will include:

- **Detailed utilization metrics** (e.g., claims volume, high-cost claimants, ER usage, preventive care engagement)
- **Trend analysis** comparing current and historical data.
- **Cost drivers identification** and plan performance benchmarks.
- **Strategic recommendations** to enhance plan efficiency, employee engagement, and cost containment.
- **Forecasting models** to anticipate future utilization patterns and inform budgeting and plan design decisions.

Our team will review these findings with City representatives each quarter, offering **data-driven guidance** to support ongoing benefits optimization and long-term planning.

Claims Analysis:

When the claim reporting data is available from the carrier, we can drill down and identify hidden cost drivers in health and welfare benefits plans through our claim analyzer tool, Claros Analytics.

Claros Analytics Support uses real-time and historical data. The program articulates how your healthcare plan design, member demographics, claims experience and utilization will impact premium rates by using the City's profile and claims data to credibly project the future. This high-quality analysis allows our evaluation and recommendation proposals to be presented and communicate the information in a clear and concise manner.

We analyze past plan performance and project future costs. We can illustrate your most recent claims experience into an alternative funding model to show "what if we were self-funded?" scenarios. We then provide cost projections and comparisons between funding alternatives.

ABC Company

Health Plan Cost

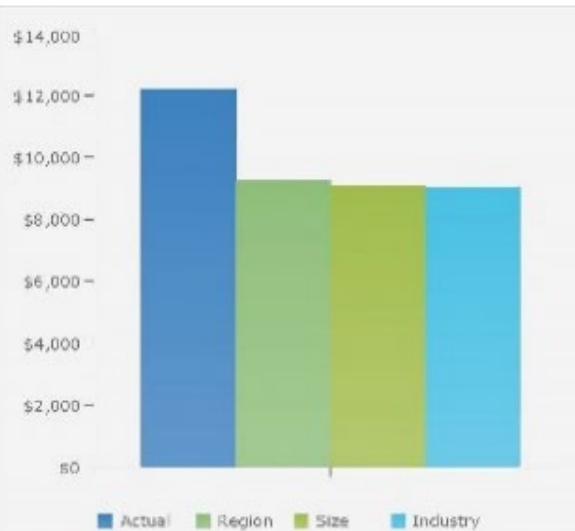
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

- Prescription drug and fixed costs shown are based on values provided.
- Claim amounts represent claims paid during the period; they may not reflect all claims incurred over this period.

Region	Midwest
Industry type	Manufacturing

Points to consider:

- Do you employ the most appropriate funding method for your health plan?
- Is there a need to review contribution levels or implement a spousal carve-out?
- What impact do catastrophic claims have on your costs?
- Is there a noticeable return on investment for managed care or other cost containment programs?
- Would potential cost savings be achieved if services, such as utilization review and disease management, were unbundled?



Total number of employees	912
Actual cost per employee	\$12,204.99
Total health plan cost	\$11,130,947.61
Norm cost per employee (region)	\$9,230.54
Norm total cost (region)	\$8,418,250.00
Norm cost per employee (employer size)	\$9,082.90
Norm total cost (employer size)	\$8,283,601.00
Norm cost per employee (industry type)	\$9,039.73
Norm total cost (industry type)	\$8,244,235.00

Norm source: "Employer Health Benefits Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust

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396970 - January 1, 2018 - December 31, 2018[3]

3. Leverage relationships with carriers to effectively and satisfactorily resolve member issues; communicating directly with members and carriers throughout process with little assistance from City staff.

Our Approach to carrier and product selection:

Our consultants have exclusive access to advisory boards of the most dominant carriers in the market. We represent virtually every carrier nationwide and sit on several national advisory boards: Aetna, Cigna, United HealthCare, Hartford, Lincoln Financial, MetLife and Reliance Standard. We have achieved Preferred status with most of the major insurers. Preferred status typically results in a higher level of advocacy from the carrier, including but not limited to:

- Enhanced claims reporting at no additional cost.
- Dedicated service teams.
- Inclusion on the carriers' Advisory Council.
- Accelerated case implementation.
- Direct access to underwriters and medical directors.
- New product roll out.

We maintain direct access to decision-makers within carrier organizations and can leverage when negotiating with carriers on rates, policy terms, plan design, and escalated issues. Our carrier relationships provide us with leading edge concepts such as alternative funding, consumer driven health plans, onsite clinics, offsite clinics, disease management, innovative plan designs and wellness programs.

Foundation Risk Partners has extensive experience in dealing with all types of funding arrangements, including fully insured, minimum premium, self-funded programs, as well as numerous insurance carriers, third party administrators and stop loss providers. Our proprietary Risk Decision Support Tool uses real-time and historical data to help employers make crucial funding decisions. This high-quality analysis allows our evaluation and recommendation proposals to be presented and communicate the information in a clear and concise manner.

Carrier Tier 1 Status and Broker Advisory Boards:

Foundation Risk Partners maintains Tier 1 status with all major carriers. The criteria and benefits differ depending on the carrier; however, this normally means that Foundation Risk Partners and our clients receive a higher level of advocacy from the carrier, including but not limited to enhanced claims reporting at no additional cost, dedicated service teams, inclusion on the carriers' Advisory Council, accelerated case implementation and direct access to underwriters and medical directors. We maintain direct access to decision-makers within carrier organizations. We leverage this industry clout when negotiating with carriers on rates, policy terms and plan design.

We maintain relationships with and have access to the C-suite and executive management of all major national and regional carriers. Several members of our staff serve on the Broker Advisory Boards of national insurers, including those on the following page:

Preferred Carrier Partners		
Florida's Largest Carriers	Broker Status Tier	Broker Advisory Board Member
Aetna	Platinum (Top)	Yes
Cigna	Platinum (Top)	Yes
Florida Blue	Diamond (Top)	Not Available
Hartford	Preferred	Yes
Humana	Top	Yes
Lincoln Financial	Preferred	Yes
MetLife	Preferred	Yes
Reliance Standard	Preferred	Yes
United Concorida	Preferred	Yes
United HealthCare	Platinum (Top)	Yes

Ancillary / Supplemental Carrier Partners			
Aetna Ancillary	Advantica	Aflac	AllState
Ameritas	Cincinnati Life	Colonial	Delta Dental
EyeMed	Florida Combined Life	Guardian	Hartford
Humana Ancillary	Lincoln	Minnesota Life	Mutual of Omaha
OneAmerica	Principal	Renaissance	Simple Dental
Solstice	Sun Life	The Standard	TransAmerica
United Healthcare Ancillary	United Security	Unum	VSP

4. **Handle all claim inquiries, billing issues, complaints, and all other benefit related issues on behalf of the city with a high level of customer service and efficiency. Identify dedicated staff, with sufficient experience and knowledge, responsible for resolving both routine and complex issues on a daily basis.**

Employee Advocacy:

Through personal and ongoing contact with the City and your employees, our in-house advocacy unit (BenefitsVIP) will identify, track and report benefit inquiries, activities, and issues. We compile this information in a BenefitsVIP Analysis Report, which provides valuable data on emerging service trends, benchmarking, HR/employee usage, productivity savings calculations, and average resolution time. BenefitsVIP advocates stay involved in a claims issue from the first call from an employee through the resolution of the case. As they interact with your employees, they will collect data on these interactions, which are then utilized by Account Management and our benefits consultants to fine-tune benefit programs. An example: if multiple employees report that they don't understand how to use a specific aspect of their plans, this may indicate a need for a targeted education campaign.

The call monitoring system, call tracking and resolution procedures used by your firm.

The team lead is responsible for daily review of open cases. An automated system notifies team leads and the BenefitsVIP director if a case is open longer than expected using type of case as the determining factor. BenefitsVIP representatives handle their case communication whether requesting additional information or providing resolution.

Unlike typical call centers that are measured by average handle times (which translates into moving the employee off the phone call as quickly as possible) the measurement of the BenefitsVIP support center's success is the employee's peace of mind. One of the many attributes of BenefitsVIP is its ability to increase employee satisfaction with their benefits plans. Rather than our advocates being measured by average handle time, they are measured on the timeliness of resolutions, the percentage of resolutions we were able to provide on the first call, along with the percentage of resolutions provided within 24 hours.

Our company-wide average is 91% of calls are resolved within 24 hours with 80% being resolved on the first contact we have with an employee. As an extension of our clients HR team, this ensures a positive and best in class level of support when we interact with our clients' employees.

How is employee satisfaction assessed?

We monitor BenefitsVIP via our quality assurance program to ensure that our advocates are providing good service and accurate information. We can also design a custom survey for your BenefitsVIP team to use to determine satisfaction among your plan participants.

BenefitsVIP
Help starts here.

BenefitsVIP is NOT a Call Center...but rather a **one stop** first-party administrative and advocacy support team providing response and resolution for employees and their dependents.

Your BenefitsVIP team is an extension of your organization and available to employees/dependents in a variety of ways, making it a simple and seamless engagement. **Our team handles ALL your benefits with 1 number to call, no matter the carrier.**



Phone (Vanity Line)

Offered so that your advocacy team is identified in a branded way consistent with other services



Email

Inquiries activated from multiple points available to co-workers such as websites and portals



Fax

Inquiries can be sent via a dedicated line to your BenefitsVIP team

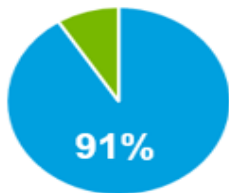


Key Responsibilities

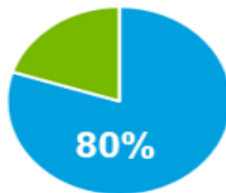
- Respond to Inquiries/Resolve Claims
- Plan Utilization & Trend Reporting
- Research Care Providers/Facilities
- Precertification for procedures/Rx
- Healthcare Coaching
- Verify Dependent Status
- Enrollment Support

Operational Points

- Average 22 Years Industry Experience
- Direct Access to Carriers, Providers & Tools
- Flexible Access to Advocates
- Multi-Lingual
- National Time Zone Coverage
- Counseling Approach



Percent of issues resolved within 24 hours.



Percent of issues resolved in first call.



Average number of seconds to answer call.



Reporting Examples

BenefitsVIP utilizes people and advanced technology to **identify, track, and report** issues and member actions/behaviors/satisfaction on an ongoing basis. This allows the customer service and experience of your employees to be **measured** and in cases, shows us where to improve. **Lastly, the reports serve as stewardship reports for audits/compliance with our scope of services.**

Reports identify:

- Detailed Utilization Information
- Emerging Service Trends
- Average Resolution Time
- HR/Employee Usage
- Productivity Savings Calculations
- Opportunities (e.g. Employee Education)

Upon closing all cases, we can survey co-workers regarding their satisfaction with:

- The outcome of the case
- How BenefitsVIP managed the case



**BenefitsVIP team members are employees of Foundation Risk Partners, located in the US, with avg experience of 20 years.*

Test Client

January 2023 through December 2023

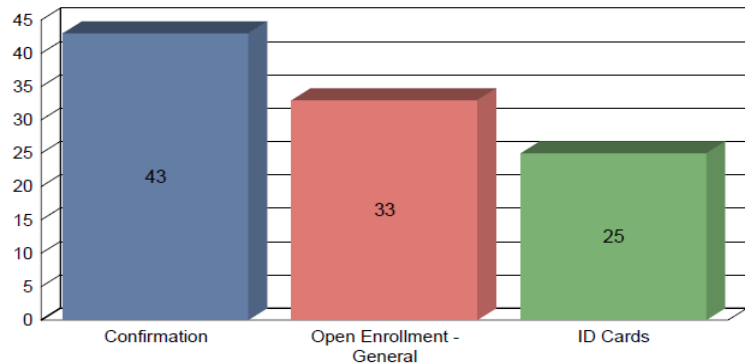


Executive Summary

Below is a quick snapshot of the total case review and top three service types for this reporting period.

Total Case Review

Total number of employees	2,650
Total cases	282
Average resolution time (in days)	0.87
Employer hours saved	36.32
Employee hours saved	333.43
Total Hours saved	369.75



Test Client

January 2023 through December 2023

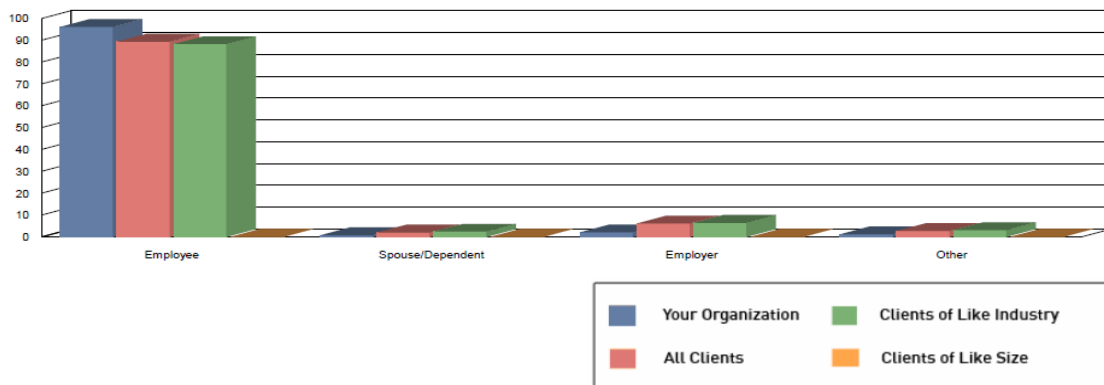


Who's asking?

Listed below are who contacts your BenefitsVIP® team compared to all Corporate Synergies clients, clients of like industry and clients of like size.

Inquirer	Number of Cases	Your Organization	All Clients	Clients Of Like Industry	Clients Of Like Size
Employee	271	96.1%	89.3%	88.2%	0.0%
Spouse/Dependent	2	0.7%	2.0%	2.4%	0.0%
Employer	6	2.1%	6.1%	6.4%	0.0%
Other	3	1.2%	2.7%	3.1%	0.0%

Total: 282



Test Client

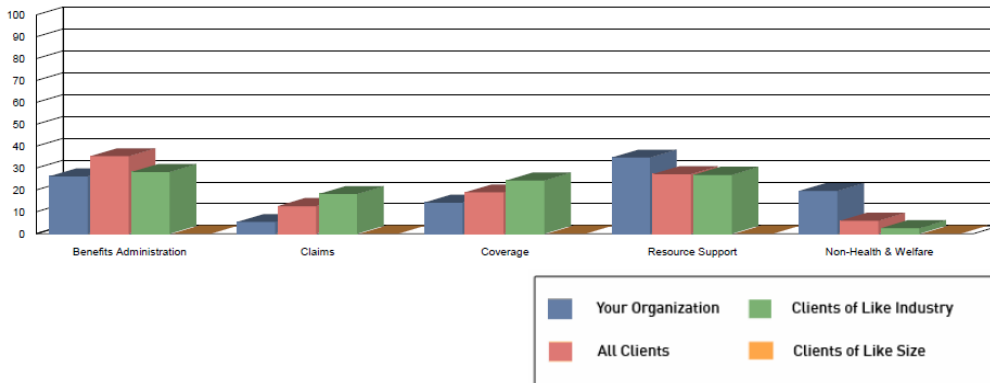
January 2023 through December 2023



For what are we being contacted?

The data below reflects the types of cases being handled for your organization compared to all Corporate Synergies clients, clients of like industry and clients of like size.

Case Type	Number Of Cases	Your Organization	All Clients	Clients Of Like Industry	Clients Of Like Size
Benefits Administration	74	26.2%	35.4%	28.2%	0.0%
Claims	15	5.3%	12.6%	18.1%	0.0%
Coverage	40	14.2%	18.9%	24.3%	0.0%
Resource Support	98	34.8%	27.2%	26.9%	0.0%
Non-Health & Welfare	55	19.5%	5.9%	2.5%	0.0%
Total:		282			



Test Client

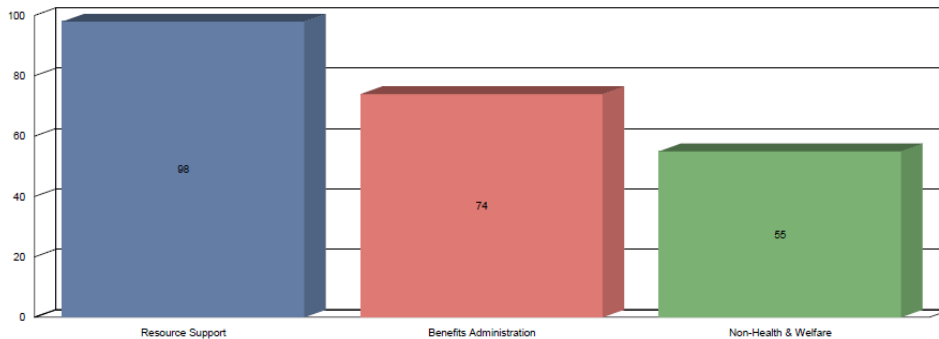
January 2023 through December 2023



Pareto Analysis:

Also referred to as the 80/20 ratio or the Pareto Principle which states that 80% of the volume (cases) comes from 20% of the causes. A Pareto Analysis helps us to quickly identify the "vital few" that we should focus on, as opposed to the "interesting many."

Case Task	Number Of Cases	Pareto
Resource Support	98	35.0%
Benefits Administration	74	61.0%
Non-Health & Welfare	55	80.0%



5. Assign a primary contact who will be reasonably available for meetings and calls, present at City Commission meetings and workshops as needed, and responsive to inquiries the same day, including holidays and weekends.

John Kern will serve as the City's primary point of contact. John, who currently handles public and private sector benefit plans, understands the unique needs associated with this type of organization. He will bring a strong understanding of the factors required to help the City contain cost, remain compliant and drive administrative efficiencies for your staff. With budget being paramount in all public sector organizations, John specializes in long-term strategies to mitigate cost while minimizing the amount of change experienced by employees. He has also deployed robust wellness programs to help mitigate common cost drivers associated with large public entities.

Please see our service team resumes on pages 34-39 for additional information.

6. Coordinate all aspects of the City's annual personal health assessment and health fair for employees to include testing (including weight, BMI, blood pressure, cholesterol, and various other biometric and lifestyle risk factors), producing individual and group reports and analysis, individual employee coaching services, and representation from other benefit programs and educational resources.

Our team brings comprehensive experience in planning and executing health fairs and biometric screening events tailored to the needs of municipal employers. We will coordinate all aspects of the City's annual personal health assessment and health fair, ensuring a seamless, engaging, and impactful experience for employees.

Event Planning & Logistics:

We will serve as the single point of contact for all logistics, including scheduling, venue coordination, vendor management, and employee communications. Our project management approach ensures timely planning, effective promotion, and smooth event execution.

Screenings and Assessments:

We partner with reputable health screening vendors to provide comprehensive testing services, including:

- Weight and BMI
- Blood pressure
- Total cholesterol and lipid panels
- Glucose levels
- Lifestyle risk assessments (e.g., nutrition, physical activity, stress)

All screening vendors are vetted for HIPAA compliance, clinical quality, and data security.

Reporting & Analytics:

During or following the event, individual confidential reports are delivered directly to employees. We also compile aggregate group reporting for the City, offering insights into population health trends, risk stratification, and opportunities for targeted wellness initiatives. These reports are designed to support your health strategy, measure program impact, and inform future planning.

Coaching & Follow-Up:

Employees identified with elevated risk factors will be offered access to one-on-one health coaching sessions (in-person, virtual, or telephonic). Our coaching partners are certified health professionals who provide personalized guidance on behavior change, chronic condition management, and overall wellness.

Integration with Other Benefits & Educational Resources:

The health fair also includes on-site (or virtual) representation from your other benefit providers, such as:

- Medical, dental, and vision carriers
- EAP providers
- Retirement plan representatives
- Voluntary benefit vendors

Additionally, we coordinate educational sessions and distribute materials on preventive care, mental health, financial wellness, and more ensuring a holistic approach to employee well-being.

Employee Engagement & Communications:

We provide end-to-end support in developing promotional materials and registration tools to maximize participation. This includes email campaigns, flyers, and digital sign-ups, with messaging tailored to different employee demographics and work settings.

Commitment to Results:

Our goal is to not only deliver a successful event but to use it as a strategic tool to improve employee health outcomes, enhance engagement, and reduce long-term benefit costs.

7. Collect and provide employee benefit coverage and cost benchmarking data relative to other municipalities in the area.

Benchmarking: We benchmark programs to compare how the City’s current plan compares to other employer-sponsored government plans in the State and geographical area. This is completed as requested and with our renewal proposal.

We assess your plan designs, identify trends, and monitor plan utilization patterns for opportunities to adjust plan design or to educate consumer behavior. Each of these factors is measured against a national database so we can compare the City’s factors against comparable municipalities.

We utilize our multi-sourced normative benchmarking database that consists of 50,000 unique employer groups. In addition, we use our benchmarking data for opportunities to educate employee consumerism.



Survey Methodology: We utilize proven survey methodologies to ensure data accuracy, consistency, and integrity. These surveys include detailed questionnaires and structured interviews with key industry participants, ensuring that all information gathered is statistically sound and reflective of market trends. Our data validation process involves rigorous checks to maintain the reliability of results.

8. Provide information on health care trends and updates on relevant regulatory changes to ensure compliance.

Our compliance team consistently monitors regulations and guidance related to Federal/State/local laws and provides strategies to mitigate the employer's risk. Our benefit compliance services include continuous monitoring and information sharing regarding laws, regulations and guidance that impact multi-state employers. Monitoring includes but is not limited to the Affordable Care Act (ACA), COBRA, HIPAA, ERISA, USERRA, cafeteria plans, flexible spending accounts, Section 105 medical expense reimbursement programs, Form 5500 annual reporting requirements, etc. This information is distributed through our eAlert program.

We communicate relevant changes through our detailed eAlerts, which we deliver to clients following a government announcement. We also discuss developments in our client-facing webinars, which occur at least quarterly, postings to our HAWC Forum, and in our Compliance MINUTE video series on corpsyn.com. Our compliance team also publishes an annual Compliance Calendar and Compliance Checklist. We host a LinkedIn group, Health & Welfare Compliance Forum (HAWC), with postings on employee benefits compliance, Healthcare Reform alerts, updates, and industry news.

COMPLIANCE ALERT
FOUNDATION RISK PARTNERS

Making Sense of the End-of-Year Benefits Legislation

January 6, 2025

Action Required:

- Ensure your HDHP does not include first-dollar telehealth coverage.
- Change distribution policies to align with the new PBRA rules, including Forms 1095-B/-C to employees when requested.
- Align ACA information reporting & ESR policies to the new ERIA rules.
- Decide if you will send out fixed indemnity notices to employees, which are no longer required.

CARES Act allowed this first-dollar coverage through the end of 2021, which was then renewed in April of 2022 through the Consolidated Appropriations Act of 2022, and was then renewed again with another extension through the Consolidated Appropriations Act of 2023 until January 1st of 2025.

While it was anticipated that Congress would act to extend the relief for another two years as a part of the funding bill to prevent the government shutdown (as discussed in our recent E-Alert [here](#)), the relief did not make it into the final funding bill that was passed and signed into law by President Biden. Since this telehealth relief was not extended, HDHPs must now charge the fair market value for the telehealth services provided beginning January 1, 2025.

ACA Changes

On December 23, 2024, President Biden signed two bills into law overhauling the current process for ACA information reporting and related Employer Shared Responsibility (ESR) requirements: [H.R. 3797](#), the Paperwork

Telehealth Relief for HDHPs Ends

Beginning January 1, 2025, HDHPs will no longer be allowed to offer first-dollar coverage of telehealth services while maintaining their participants' health savings account (HSA) eligibility. As background, Congress passed the CARES Act in March of 2020 during the COVID-19 pandemic, part of which allowed HDHPs to cover 100% of the cost of telehealth services without application of the deductible (first-dollar coverage) and while still permitting the HDHP's participants to remain eligible for their HSAs. The

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COMPLIANCE ALERT
FOUNDATION RISK PARTNERS

Reduction Act (PBRA), and [H.R. 3801](#) the Employer Reporting Improvement Act (ERIA). Both of these new in motion changes to ACA information reporting and ESR standards that ease these requirements on employers and plan sponsors.

Does this Development Change the Law?

In addition to the requirements in place under the ACA for reporting information about employer-sponsored insurance coverage on Forms 1094 and 1095 (the "Forms"), including about whether the coverage is self-insured and meets the standards of minimum essential coverage (MEC) and minimum value (MV).

These new laws, employers with more than 50 full-time employees, including full-time equivalents, were required to provide paper copies of the Forms 1095-B/1095-C to all full-time employees.

Rule Changes:

Under the new laws, employers are now required to provide copies of the Forms 1095-B/1095-C only to employees who request it. If requested by an employee, the applicable Form must be provided by the later of January 31 or 30 days after the date of the request. However, there is one important requirement that must be satisfied first—in order for employers and sponsors to take advantage of this rule change, they must first provide a notice to employees that informs them of their right to ask for a Form.

For more guidance on the requirements for the form and content of these notices, for now, a good starting point to provide such notices will likely be ACA-compliant. This development is much welcomed by employers and sponsors and has the potential for considerable savings in distribution costs.

Other Changes:

Under the current rules, employers are required to use the employee's Tax Identification Number (TIN) in these notices, most commonly the employee's social security number. The ERIA allows the employer to use an employee's TIN in lieu of their TIN when the TIN is not available.

Additionally, the ERIA codifies the IRS' current practice of allowing employers to offer the Forms 1095-B and 1095-C electronically if an individual affirmatively consented to receive forms electronically at any prior time. However, an individual may revoke such prior consent in writing.

The ERIA also implements a six-year statute of limitations that applies to collecting ESR penalty assessments. Previously, the IRS had stated that no statute of limitations applied to collecting ACA ESR penalties. Now, the ERIA states that the six-year period for this statute of limitations will begin to run on the later of the due date for filing the applicable ACA information reporting Form or the actual date that the applicable ACA Form was filed.

Under current rules, if an employer receives an ESR penalty assessment from the IRS (an IRS Letter 226i) and the employee is not being considered MV or affordable, employers must respond to the penalty assessment letter within 90 days. The ERIA provides a longer response time of 90 days to such an ESR penalty assessment letter. The longer time for response to ESR penalty letters should alleviate the need for an extension request, which is a common practice.

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9. Provide Consolidated Omnibus Budget Reconciliation Act (COBRA) administrative services in compliance with federal and state regulations, at no additional cost to the city.

Our firm provides COBRA administration services that integrate with other systems and workflow processes, including:

- Implementation of COBRA services
- Evaluation of current procedures and recommendation of improvements
- Notification of transition to existing participants
- Monthly premium billing and collection of monies
- Dissemination and tracking of COBRA qualifying event notices
- Eligibility (adds, terms and changes) forwarded to carriers/TPAs
- Advanced reporting available through a comprehensive employer website

We deliver COBRA services through our long-term strategic partner and industry best-of-breed third-party administrators. Among them: Medcom, PlanSource, Infinisource, WageWorks and Discovery.

10. Provide professional advice and guidance to ensure continued compliance with the Affordable Care Act (ACA), Health Insurance Portability and Accountability Act (HIPAA), Internal Revenue Service (IRS), and other state and federally mandated benefits and regulations.

Federal and State regulatory compliance is a core competency. Our full service, comprehensive benefits compliance services are provided through our internal Compliance Department under the direction of our head Benefits Attorney, Daniel Kuperstein. Our engagement for the City will begin with a thorough compliance assessment audit and continue for 52 weeks a year.

We will leverage our systematic monitoring and information-sharing platform to educate and inform the City on all Federal and State laws, regulations, and guidance that impact your health and welfare plans.

Monitoring by our internal compliance experts includes but is not limited to the Affordable Care Act, COBRA, HIPAA, ERISA, USERRA, cafeteria plans, flexible spending accounts, Section 105 medical expense reimbursement programs, Form 5500 annual reporting requirements, etc. Our comprehensive suite of compliance services features:

- **Onsite Compliance Assessment/Audit:** A thorough review of the client's current compliance initiatives and a complete report, recommendations, and Service Plan for remediation of all deficiencies and ongoing best practices.
- **Regulatory eAlert Bulletin Services:** The latest information on regulatory changes.
- **Webinars:** Information-sharing and expert analysis on a variety of topics.
- **In-House Compliance Expertise:** Information-sharing and guidance on all health and welfare compliance topics:
 - **Compliance assessments:** Review plans, policies, procedures, and filings for compliance with federal, state, and local laws and regulations.

- **ERISA plan document/SPD amendment:** Draft and amend plan documents and summary plan descriptions.
- **Filing and reporting assistance:** Assist with IRS Form 5500 filings, ACA Information reporting and the delinquent filer Voluntary Compliance program.
- **Healthcare Reform guidance:** Proactive consultation by experts in the ACA and other related laws and regulations.
- **HIPAA training:** Educating privacy officers and PHI handlers on how to protect sensitive employee information and to abide by notification requirements.
- **COBRA compliance review:** Procedure evaluation, premium billing, qualifying events tracking, eligibility, reporting, training and more.
- **Nondiscrimination consulting:** Plan review to determine equal treatment of employees regarding eligibility, contributions, and benefit offerings.
- **Wellness plan review:** Ensure compliance with ACA, HIPAA, GINA, ADA and other laws and regulations.
- **Miscellaneous consultation:** Analysis of regulations specific to COVID-19 (FFCRA), Analysis of USERRA, GINA, cafeteria plans, Section 125, Consumer-Driven Health Plans and more.

Thought Leadership Events - Dan Kuperstein:

We are recognized by SHRM to offer Professional Development Credits (PDCs) for SHRM-CP or SHRM-SCP. Our forums and webinars have also met the HR Certification Institute's criteria to be pre-approved for recertification credit. Our webinars and forums are valid for at least one PDC for SHRM-CP or SHRM-SCP and HRCI credit. ERISA attorney Dan Kuperstein and other internal subject matter experts host quarterly hour-long, deep-dive webinars on a variety of topics.

Our Account Management team regularly researches the industry for methods to improve plan design, employee engagement, wellness strategies, etc., and communicates this information to clients. The City will have a dedicated compliance consultant and have direct access to our full compliance staff via phone or email as part of our concierge approach to client service and peace of mind.

The City is also supported by an actuarial team, in-house underwriters, and other compliance subject matter experts. The healthcare arena is an ever-evolving landscape, and we support our clients as new requirements emerge. For requirements such as the PCORI fee, we will send out an annual notification to remind the City of the annual deadline. We will also provide calculations using the approved methodologies to determine which approach is the best financial option for the City.

Our staff regularly attend national and regional conferences, forums and symposiums sponsored by industry and trade associations, including the National Business Group on Health. We also leverage memberships in the following groups to gain insights into benefits and health and wellness innovations:



Our firm coordinates with the Council of Insurance Agents & Brokers (CIAB), National Business Group on Health (NBGH), National Association of Health Underwriters (NAHU) and other industry associations. These groups provide client-facing and internal trainings on significant regulatory developments.

Our executives have participated in CIAB's Legislative and Working Group Summit to lobby U.S. senators and representatives on benefit issues that are of critical importance to our employers. The Summit brings together Congress and voting partners to listen to the broker community who relays critical benefit issues and challenges experienced by their clients.

Our compliance consultants routinely communicate breaking news that we learn from participation in the Legislative Working Group for the Council of Insurance Agents and Brokers (CIAB) in Washington, D.C. We also monitor legislative sources, including subscription news services through Thomson Reuters Checkpoint and BNA, as well as through the government agencies. We discuss legislative and regulatory developments in our detailed eAlerts, which we deliver to clients following a government announcement.

COMPLIANCE OVERVIEW



Medicare Part D: Disclosure Notice to CMS

Employers with health plans that provide prescription drug coverage to individuals who are eligible for Medicare Part D are subject to certain disclosure requirements. One of these requirements provides that plan sponsors must disclose to the Centers for Medicare and Medicaid Services (CMS) on an annual basis and at other select times, whether the plan's prescription drug coverage is creditable or non-creditable.

This disclosure is required regardless of whether the health plan's coverage is primary or secondary to Medicare. Plan sponsors are required to use the online form on the CMS Creditable Coverage [webpage](#) to make this disclosure.

The plan sponsor must complete the online disclosure within 60 days after the beginning of the plan year. For calendar year health plans, the deadline for the annual online disclosure is March 1 (**Feb. 29 for leap years**).

LINKS AND RESOURCES

Employers that are required to report to CMS should work with their advisors to determine whether their prescription drug coverage is creditable or non-creditable.

For more information, employers should also visit CMS' Creditable Coverage [webpage](#), which includes links to the [online disclosure form](#) and related [instructions](#).

Annual Disclosure

- Each year, employers with health plans that provide prescription drug coverage to Medicare-eligible individuals must disclose to CMS whether that coverage is creditable or non-creditable.
- The annual disclosure must be provided **within 60 days after the start of the plan year**.

Creditable Coverage

- A group health plan's prescription drug coverage is considered creditable if it is at least as generous as Medicare Part D prescription drug coverage.
- There are two permissible methods to determine whether coverage is creditable—a simplified determination method and an actuarial determination method.

11. Continue existing coverage and strategic initiatives with current provider network and level of benefits to avoid disruption in employee healthcare treatments, to the extent possible under financial and regulatory constraints. Provide cost and disruption analysis for any proposed renewal plan change.

FRP is committed to supporting a seamless continuation of your existing employee healthcare coverage, provider network, and strategic benefit initiatives to minimize disruption and preserve the quality of care currently in place with FHCP. Our approach emphasizes stability for employees while aligning with the municipality's financial goals and regulatory requirements.

Continuation of Existing Coverage and Strategic Initiatives:

We recognize the importance of maintaining:

- **The current provider network**, to ensure employees can continue care with their existing physicians and specialists.
- **Active strategic programs**, such as the use of no-cost or low-cost clinics, wellness incentive structures, and preferred prescription drug programs that are already in place and yielding positive results.
- **Established benefit levels**, including deductibles, coinsurance, and out-of-pocket maximums, to avoid confusion and ensure predictability for employees and their families.

To the extent possible, and within available budget parameters, FRP will:

- Conduct a full **renewal analysis** with current carriers and networks to preserve plan design and provider access.
- Collaborate with your HR and finance teams to prioritize **low-disruption solutions**.
- Facilitate employee communication and education to reinforce continuity of care.

Cost and Disruption Analysis for Any Proposed Renewal Plan Changes:

If any changes to the current plan design, carrier, or network are necessary due to financial or regulatory shifts, we will provide a thorough **Cost and Disruption Analysis** that includes:

- **Cost Impact Analysis:**
 - A side-by-side comparison of the **current plan vs. proposed plan** (including premiums, claims projections, employer and employee cost share).
 - Long-term projections showing **5-year trend impact**, including savings from strategic initiatives (e.g., clinic utilization, wellness engagement, PBM carve-outs).
 - Identification of areas where cost shifts can occur without negatively impacting employee care quality.
- **Disruption Analysis:**
 - **Provider disruption reports** to identify any in-network to out-of-network transitions, including primary care providers, specialists, and key facilities.

- **Pharmacy disruption analysis**, showing any formulary changes or availability issues with maintenance or specialty medications.
- Member-level impact data detailing how many employees (and dependents, if applicable) could be affected by any change in network or benefits.
- **Mitigation Strategy:**
 - Tailored **transition of care programs** for members undergoing ongoing treatment.
 - Clear **communication materials and support tools** (FAQs, hotlines, comparison charts) to reduce confusion and anxiety during the transition.
 - Strategic use of **clinic services and telehealth**, when applicable, to offset care gaps and reduce costs.

FRP's renewal and transition strategy prioritizes minimizing disruption, preserving care continuity, and maintaining employee satisfaction. We do not recommend changes that would materially affect employees' ability to access needed care without conducting a full impact assessment and providing clear, actionable mitigation solutions.

We look forward to reviewing your current plan data and developing a renewal roadmap that honors the strategic progress already made while seeking continued savings and improvements.

12. Design customized wellness incentives based on claims utilization data and best practices, and provide follow up metrics, analysis, and recommendations to encourage positive health outcomes.

Our team will work with your health insurance provider and staff to develop and facilitate wellness strategies. We use our health plan analysis that is a core competency for our organization and the foundation for gaining a deeper understanding of our clients' benefit programs.

Our wellness strategies are designed using a comprehensive set of data sources on health plan costs and utilization, as well as complying with Federal and State mandates.

- Negotiate with your health insurance carrier wellness dollars to financially support your health fair, biometric screening event and activities.
- Wellness Committee – At the City's discretion, our team can set up, manage, and attend all wellness committee meetings to share and implement ideas and structure.
- Set up and manage a timeline for all activities, with the City's Wellness committee input.
- We are prepared to assist/manage a biometric screening/health fair event that includes Health Risk Assessments, employee's wellness education and local wellness vendor participation.
- Include wellness incentives for participation.
- Strive for 50% or better participation.
- Review reporting from Health Risk Assessments and claim reporting to analyze top conditions.
- Review EAP utilization and educate employees on using the program.

- Develop and manage custom wellness activities with a focus on the City's Health Risk Assessment reporting throughout the year, such as: walking challenges, weight loss, lunch n' learns, financial fitness campaigns, health workplace initiatives, and promote the City's EAP program.
- Will design and conduct customized assessments and/or employee surveys.

Gary Cassidy, Director of Wellness and Employee Education & Communication leads our wellness division. He will collaborate with the City to develop and implement education and wellness strategies designed to drive positive changes in plan participant benefits understanding and behavior.

Throughout the year, our wellness and account management team will collaborate with the City and the insurance carrier's wellness program to organize seminars and wellness programs centered around the overall health and wellbeing of your employees. Utilizing the wellness funds negotiated into your health insurance contract, we will coordinate with local health, nutrition and preemptive care vendors that will help reinforce the City's overall commitment to wellness.

13. Conduct all aspects of annual open enrollment, to include collating employee benefit enrollment packages, conducting in-person presentations for staff, and processing individual enrollments at various city facilities for a period of two weeks each year.

Open Enrollment Coordination:

We will work with Human Resources and Finance departments to schedule open enrollment and other employee education meetings in a required group format supported/required by City leadership onsite, virtually, or both. Our team will assist in the development and modification of open enrollment materials. During open enrollment, we provide daily reports on enrollment status to help identify employees who have either completed or not completed their enrollments. We can also arrange health fairs or other special events. We provide posters, email communications and/or flyers to promote attendance to scheduled meetings to boost attendance.

Open Enrollment Facilitation:

We create and facilitate open enrollment communications that include on-site and pre-recorded presentations, PowerPoint presentations, webinars, virtual presentations, and supporting printed and online materials. Foundation Risk Partners creates related contracts and/or amendments and assists in the development and modification of open enrollment materials.

*Our optional technology empowers plan participants to properly enroll in and use their benefits. This technology modernizes administration and facilitates participant self-service and communications processes. Our technology employs artificial intelligence designed to help participants with decision-making. Features include paycheck modeling and decision support tools. This best-in-class solution streamlines and automates enrollment and eligibility systems, connects you with your participants, and helps them manage their benefits.

The system eases benefit demands on HR staff. For example, it will notify your participants when they need to enroll and indicate how many days, they have remaining to complete an open enrollment or a new hire enrollment process. The notification tool will help your HR department eliminate manual tracking and communication of benefit eligibility and enrollment windows. Notification can be a scheduled process and requires no action from an HR administrator.

Post-Enrollment Support:

We supervise the following post-enrollment tasks:

- Carrier/vendor deliverables.
- Generation of identification cards.
- Delivery of benefit summaries (reviewed to ensure accuracy).
- Delivery of contracts, amendments, and summary plan descriptions (also reviewed for accuracy).

Approximately one month after open enrollment, we conduct a post-renewal meeting. We review the financial results of the open enrollment, changes in plan enrollment, and the processes of enrollment while looking for areas of improvement. During this meeting we set the agenda for other priorities. We provide a migration report and summary, finalize contributions/cost-share based on final enrollment, and establish an actual-to-expected report once contributions and cost share are determined based on new enrollments.

14. Provide and manage employee benefits enrollment platform and HSA/FSA banking relationship to facilitate benefits administration efforts, at no cost to the city and preferably utilizing current vendors to avoid disruption.

We affirm that we will meet this requirement.

Our firm is committed to delivering streamlined, cost-effective solutions that enhance the City's benefits administration without adding financial or operational burden. We will provide and manage an intuitive, full-service **employee benefits enrollment platform** and oversee the **HSA/FSA banking relationship**—all at **no cost to the City**.

Benefits Enrollment Platform:

We offer access to a user-friendly, web-based benefits administration platform that supports:

- Annual open enrollment
- New hire onboarding
- Qualifying life event changes
- Real-time plan comparisons
- Cost calculators and decision-support tools

The system is mobile-accessible, integrates with most payroll platforms, and includes employee self-service capabilities to reduce administrative workload.

Current Vendor Integration & Minimal Disruption:

We understand the importance of continuity and are committed to **leveraging your existing vendors whenever possible** to avoid unnecessary disruption. Our team will:

- Integrate current medical, dental, vision, and voluntary benefit carriers into the platform.
- Coordinate directly with existing HSA/FSA vendors to ensure seamless data exchange and participant access.
- Perform thorough testing and validation to ensure accuracy and efficiency.

If enhancements or replacements are needed, we will present those options transparently, always prioritizing the City's operational stability and employee experience.

HSA/FSA Banking Relationship Management:

Our role includes overseeing the administration and servicing of HSA and FSA plans, including:

- Supporting account setup and enrollment.
- Ensuring compliance with IRS regulations.
- Facilitating employee education and communication.
- Coordinating with existing or preferred banking partners for smooth fund access and account management.

If the City currently partners with a preferred HSA/FSA vendor, we will maintain that relationship and handle all necessary coordination and support. If no vendor is designated, we can recommend proven providers with robust platforms and competitive fee structures.

Ongoing Support & Compliance:

Our team will provide continuous support to City staff and employees, including:

- Real-time technical support and troubleshooting.
- Timely updates on IRS contribution limits and regulatory changes.
- Customized training sessions and communications for HR and employees.

By managing these systems and maximizing the use of **existing relationships and infrastructure**, we ensure a smooth, efficient, and employee-friendly benefits experience. We are committed to minimizing disruption while enhancing your benefits administration capabilities.

15. Create electronic and printable annual benefit summaries utilizing the city's current design standards, as well as other documents as requested.

Customized Communications:

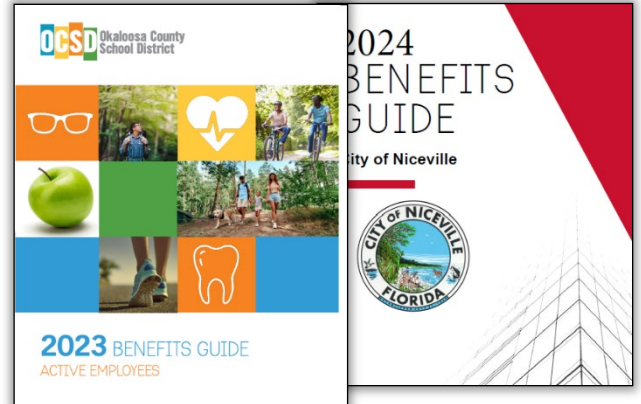
Employee communications are a core competency. We provide in-house *Employee education and communication strategies* that engage and educate plan participants to increase benefit literacy and assist in controlling employer costs. Our campaigns feature targeted messaging to heighten participant awareness and perceived benefit value while promoting consumerism through education and engagement.

Our typical communication deliverables include Open enrollment and new hire employee packets/Benefit Guides, posters, flyers, newsletters, postcards, and PowerPoint presentations. All of these can be electronic and linked to any web-based platform.

Below are examples of what this looks like:

- **A benefits guide** that is updated at renewal, provides all the annual notification requirements associated with the Exchange Notice, Michelle's Law, COBRA, Newborns' and Mother's Health Protection Act, HIPAA, CHIP, WHCRA, MHPAEA, Medicare Part D notices, etc. The guide can exist on your HRIS or intranet allowing easy content updates.

- A traditional benefit summary can be converted into an electronic flip book.
- Custom Videos and multi-media presentations covering a wide range of communications topics.
- Social media can be an important part of a communication strategy. Our award-winning social media solutions have helped clients reach and connect with employees that were previously disengaged.



We have a wide array of tools to effectively engage the City’s workforce on how to best utilize their plans and programs available, with the goal of lowering their out-of-pocket expenses associated with healthcare. We will engage your plan participants and retirees through custom digital communications, built around your unique characteristics and needs. We have a vast library of outreach campaigns for wellness, education, open enrollment support, and more, which can be easily converted to most digital formats. Some sample materials have been included below.



16. Facilitate quarterly in person meetings between insurance carrier’s Chief Medical Officer, pharmacy manager, and other key personnel, and City leadership staff; prepare agendas and objectives for each meeting to review claims data, resolve case management issues, and identify opportunities for improvement; and memorialize and follow up on agreed upon action points.

We affirm to meet this requirement, our team is prepared to participate and meet in person with the insurance carrier’s Chief Medical Officer, pharmacy manager, and other key personnel, and City leadership staff. In addition, we are prepared to meet with all requested committee meetings to include all insurance committee and wellness committee meetings. Since our approach to supporting our client’s benefits program is a year-round engagement, we aim to over-communicate to ensure the congruence of support with the right path toward achieving your long-term strategic goals. Our meeting structure includes, but is not limited to:

- **Ongoing Activity:** We currently hold bi-weekly project plan calls to touch base on all program management activities. During these calls we will discuss the status of each open activity detailed in the Project Plan.
- **Quarterly Strategy:** We conduct quarterly meetings to review claims and financials/budget, address any service and administration issues, review BenefitsVIP reporting, and discuss industry updates on compliance or trends.
- **Mid-Year Pre-Renewal:** 7 months in advance of the renewal our team will review claim reporting and utilization provided by the carrier. Our actuarial team will utilize develop claim projections for the upcoming fiscal/plan year. This information will prepare you well in advance and will allow us to strategize on how to address cost-drivers mid-year while allowing you to budget appropriately.
- **Renewal Review:** Due to the size of your group and your funding status, we can request that the carriers deliver the renewals several months prior to your actual effective date. We will review incumbent carrier renewal numbers along with the marketing approach preferred by procurement.
- **Post-Renewal Strategic Planning Meeting:** This occurs approximately one month after the renewal. We review the financial results of the open enrollment, changes in plan enrollment etc., and the processes of enrollment while looking for areas of improvement. This meeting is also used to set the agenda for other priorities after open enrollment has been completed.

The client relationship is extremely critical to our value. The multiple touch points we offer throughout the relationship will develop a deeper understanding of your needs. We also enhance that perspective with informal get-togethers and discussions. In addition to face-to-face meetings, your team members will be available by phone and email.

Face to Face Service-Participant Level:

We affirm to provide local, face-to-face service for members during open enrollment to meet with our agents or service personnel, in group formats that are sponsored by City leadership. The goal and focus of our group face-to-face meetings are to educate members on their plans, guide them thru the process, conduct open enrollment, benefits fairs, and community events. For example, at Okaloosa

Schools, we mobilized our team to provide in-person group meetings for employees and key department heads including the coordination of multi-campus enrollments.

Face to Face Service-District Level:

We affirm to provide local, face-to-face District level (employer focused) focused Board and Insurance committee meetings at minimum on a quarterly basis, or as desired by the Board/Insurance Committee. These meetings will include wellness, claims reviews, renewal projections, technology solutions, alternative markets for voluntary and supplemental coverage, as well as union questions/concerns, and more.

Industry Leading Member Advocacy Team (BenefitsVIP):

For day-to-day member and HR support, we will provide a **one** stop first party administrative and advocacy support team providing response and resolution for employees and their dependents. The BenefitsVIP team are extensions of your HR staff and will handle **ALL** your benefits needs with 1 number to call, no matter the carrier.

We will provide 6-7 dedicated team members available Monday thru Friday, 8:30am-8:00pm EST. Every call is tracked, recorded, pareto analysis, and stewardship reports developed for board meetings, insurance committee meetings, and scope of services audits. We will provide detailed reporting and audits to HR, Insurance Committee and Board to create a data driven programmatic approach to member engagement and services. BenefitsVIP team are W-2 employees of Foundation Risk Partners, US Citizens, average 22 years of experience, and exclusive to Foundation Risk Partners.

Tab 5
Fees

- Provide the firm’s fee structure.

Summary and Pricing Schedule:

As the appointed Health and Welfare Insurance Broker/Consultant for City of Ormond Beach, Foundation Risk Partners will manage the Health & Welfare Plans as outlined below.

<i>Compensation Summary</i>	<i>Employee Calculation</i>	<i>Fee Type</i>	<i>PEPM</i>	<i>Number of EE's</i>	<i>Annual Fee</i>
Core Brokerage & Consulting / COBRA Administration	Covered	Fee for Service	N/A	N/A	\$85,000

OPTIONAL SERVICES:

Compliance Support (Plan Doc, SPD, SMM's)	All	Fee for Service	N/A	N/A	\$6,500
Benefits Administration Technology <ul style="list-style-type: none"> • O.E. Maintenance/Support (costs may be covered by negotiating tech credits with ancillary carriers) 	Eligible	Fee for Service	\$1.75	362	\$7,602

Commissions: Beyond the fee/commissions received for Core Brokerage, Consulting & Administrative Support services, FRP is eligible to receive 100% of the non-medical ancillary/voluntary/worksites commissions paid by insurance carriers for insurance policies currently in-place and any additional insurance policies implemented by FRP in the future, where FRP is the Client’s appointed Broker of Record. The specific amount of the commissions will vary over time based on lines of coverage offered, number of participants enrolled, premium cost per member, and the commission rates set by the carrier.

Tab 6
Required Forms

Proposer Acknowledgment Form



City of Ormond Beach

22 South Beach Street
Ormond Beach, Florida 32174
Telephone (386) 610-0470

REQUEST FOR PROPOSALS

PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP TITLE: Employee Benefits Broker of Record
RFP NUMBER: 2026-20
RFP OPENING DATE & TIME: March 10, 2026 @ 1:00 PM
RFP OPENING LOCATION: City Hall Training Room at Ormond Beach City Hall
PRE-PROPOSAL MEETING DATE & TIME: None
PRE-SUBMITTAL MEETING: N/A

Submittals Received After The Above Date And Time Will Not Be Accepted.

PROPOSER'S NAME: Foundation Risk Partners Corp. dba Foundation Risk Partners Public Entity Services

PROPOSER'S MAILING ADDRESS: 780 W. Granada Blvd.

CITY-STATE-ZIP: Ormond Beach, FL 32174

F.E.I.N.: 81-5191759

PHONE NUMBER: 386-852-2032

EMAIL: Robin.Riley@Acentria.com

If returning as a "No Submittal", please state reason (s)

I certify that this Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Proposal for the same materials, services, supplies, or equipment, and is in all respects fair and made without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this RFP for the Proposer. In submitting a RFP to the City of Ormond Beach, the Proposer offers and agrees that if the Proposal is accepted, the Proposer will convey, assign or transfer to the City of Ormond Beach all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Antitrust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the City of Ormond Beach. At the City's discretion, such assignment shall be made and become effective at the time the City tenders final payment to the Proposer.

X R Bl
AUTHORIZED SIGNATURE (MANUAL)
Ross Beach
NAME (TYPED)
Director of Risk Management
TITLE
2/25/26
DATED

Verification of Employment Status Using E-Verify System

City of Ormond Beach
Request for Proposals (RFP)
Employee Benefits Broker of Record
(RFP No. 2026-20)

VERIFICATION OF EMPLOYMENT STATUS USING E-VERIFY SYSTEM

1. Undersigned firm warrants it **IS** currently registered with the U.S. Department of Homeland Security's E-Verify system, **and** is compliant with the requirements of Sections 448.09 and 448.095, *Florida Statutes*.
2. Undersigned firm warrants it **has not** had any contracts terminated as a result of violations of Sections 448.09 or 448.095, *Florida Statutes*, that prohibit it from contracting with a public agency.
3. Undersigned firm warrants that if it enters into an agreement with a subcontractor, an express provision shall be included in all of its subcontracts requiring subcontractors, who perform work or provide services pursuant to the contract, to use the E-Verify system to verify employment eligibility of all new employees hired by the subcontractor during the contract term.
4. Undersigned firm understands that any subcontractor must provide the contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien, and the contractor understands it shall maintain any such affidavits for the duration of the contract, and the contract with the subcontractor must be immediately terminated if the City has a good faith belief that the subcontractor knowingly violated Section 448.09 (1), *Florida Statutes*.
5. Undersigned firm understands that in the event the City has a good faith belief that the contractor has knowingly violated Section 448.09 (1), *Florida Statutes*, the City shall terminate the contract, and the contractor may not be awarded a public contract for a period of at least one (1) year after the date of termination. The contractor may be held liable for any additional costs incurred by the City as a result of termination of the contract.

Foundation Risk Partners Corp.,
dba Foundation Risk Partners Public Entity Services

COMPANY NAME

R. B. L.
AUTHORIZED SIGNATURE

Ross Beach

NAME

Director of Risk Management

TITLE

2/25/26

DATE

RFP Response Form

**City of Ormond Beach
Request for Proposals (RFP)
Employee Benefits Broker of Record
(RFP No. 2026-20)**

RFP RESPONSE FORM

THIS RESPONSE IS SUBMITTED TO:

Purchasing Coordinator
City of Ormond Beach
22 S. Beach Street
Ormond Beach, Florida 32174

The undersigned SUBMITTER proposes and agrees, if this Submittal is accepted, to enter into a Contract with the CITY that reflects the items of this Request for Proposal (RFP) and to provide all services, as specified or indicated in the RFP Documents, in full accordance with the terms and conditions set forth in therein.

SUBMITTER accepts all of the terms and conditions of the General Conditions. SUBMITTER will sign the Contract) and submit the Contract security (when applicable) and other documents required by the Contract Documents within ten (10) days after the date of CITY's Notice of Award.

In submitting this information, SUBMITTER represents, as more fully set forth in the Agreement, that:

SUBMITTER has examined copies of all the RFP Documents and of the following Addenda:

Addendum Date
3/2/2026

Addendum Number
No. 1

Receipt of all of which is hereby acknowledged.

This Submittal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; SUBMITTER has not directly or indirectly induced or solicited any other Submitter to submit a false or sham Submittal; SUBMITTER has not solicited or induced any person, firm or a corporation to refrain from bidding; and SUBMITTER has not sought

by collusion to obtain for himself any advantage over any other Bidder or over the CITY.

THIS RESPONSE IS SUBMITTED BY:

COMPANY NAME: Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services

VENDOR/CONTRACTOR LICENSE NUMBER: L100460

ADDRESS: 780 W. Granada Blvd., Ormond Beach, FL 32174

PHONE NO.: 386-852-2032 FAX NO.: 386-777-2819

SUBMITTER'S NAME: Ross Beach
(Typed or Printed in Ink)

TITLE: Director of Risk Management

AUTHORIZED SIGNATURE: I, R. B. E.
hereby

(Original signature required in each document)

declare that I have read and fully understand the RFP Documents and, including the General Conditions and the Scope of Work, and that I am duly authorized to sign and submit this Submittal.

The CITY reserves the right to reject any and all Submittals, to waive informalities, and to accept any Submittal or parts thereof as the CITY, in its sole discretion, determines to be in the best interest of the CITY.

PROPOSER: PLEASE ENSURE THAT YOU HAVE SIGNED THE RFP RESPONSE FORM OF THIS REQUEST FOR PROPOSAL. OMISSION OF A SIGNATURE ON THAT PAGE MAY RESULT IN REJECTION OF YOUR PROPOSAL.

Conflict, Non-Conflict of Interest Statement Litigation Statement

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

City of Ormond Beach
CONFLICT, NON-CONFLICT OF INTEREST STATEMENT
LITIGATION STATEMENT

1.

- To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients or contracts for this project.
- The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients or contracts for this project.

2.

- The undersigned firm has had no litigation on any project in the last five (5) years.
- The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years.

Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services

COMPANY NAME

R Bl

AUTHORIZED SIGNATURE

Ross Beach

SIGNER'S NAME (PRINT OR TYPE)

Director of Risk Management

TITLE

2/25/26

DATE

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

Drug-Free Workplace Certification Form

**City of Ormond Beach
Request for Proposals (RFP)
CITY OF ORMOND BEACH, FLORIDA
DRUG-FREE WORKPLACE CERTIFICATION**

IDENTICAL OR "TIE" SUBMITTALS: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal in respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services

Company Name

R. B. L.

Authorized Signature

Ross Beach

Print Name

Director of Risk Management

Title

Affidavit of Compliance with Section 287.138, Florida Statutes



AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES

**AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES
CONTRACTING WITH FOREIGN ENTITIES OF CONCERN**

The undersigned ("Affiant"), on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

- Affiant is the Director of Risk Management of Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services
(Title) (Business Name)
which does business in the State of Florida, hereinafter called the "Entity".
- Entity is not owned by the government of a foreign country of concern, as defined in Section 287.138 (1) (c), Florida Statutes.
- The government of a foreign country of concern does not have a controlling interest in Entity, as defined in Section 287.138 (1)(a), Florida Statutes.
- Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern.
- Entity is not owned or controlled by the government of a foreign country of concern.
- For purposes of this affidavit, a foreign country of concern means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolas Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern, as defined in Section 287.138(1)(c), Florida Statutes.

The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: Feb 25, 2026 Signed: [Signature]

Entity: Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services Name: Ross Beach

Title: Director of Risk Management

STATE OF: Florida COUNTY OF: Volusia

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 25th day of February, 2026, by Ross Beach and who: is personally known to me; or has produced _____ as identification.

[Signature]
Notary Public, State of Florida at Large: (seal)
Printed Name/Seal of Notary, Commission and Expiration Date:

My commission expires: November 19, 2026



This document must be completed and returned with your Submittal

Human Trafficking Affidavit



HUMAN TRAFFICKING AFFIDAVIT
(SECTION 787.06, FLORIDA STATUTES)

STATE OF FLORIDA §
 §
COUNTY OF VOLUSIA §

The undersigned ("Affiant"), on behalf of the entity listed below ("Entity"), after being duly sworn, hereby attests as follows:

1. My name is Ross Beach, I am over the age of Twenty-one years old. I am the Director of Risk Management of Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services, a non- governmental entity which does (Title) (Business Name) business in the State of Florida, hereinafter called the "Entity."
2. I have personal knowledge of each and every statement of fact contained herein, and each and every statement of fact is true and correct.
3. Entity does not use coercion, as defined in Section 787.06, Florida Statutes, for labor or services.
4. The undersigned is an officer or representative of the entity and is authorized to execute this affidavit on behalf of the Entity.
5. Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated herein are true.

Further Affiant sayeth not.

Date: Feb 25, 2026

Signed: R. Beach
Print Name: Ross Beach
Title: Director of Risk Management

SUBSCRIBED AND SWORN before me by means of physical presence or online notarization on the 25 day of February, 2026 by Ross Beach as Director of Risk Management on behalf of Foundation Risk Partners who is personally known to me or who has produced _____ as identification.

(Notary Seal) Michele C. Gomez
Notary Public, State of Florida
Printed name, commission and expiration of commission term



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

Florida Statutes on Public Entity Crime

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).
FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Ormond Beach

By Ross Beach - Director of Risk Management

(print this individual's name and title)

for Foundation Risk Partners Corp., dba Foundation Risk Partners Public Entity Services
(print name of entity submitting statements)

whose business address is 780 W. Granada Blvd., Ormond Beach, FL 32174

and if applicable whose Federal Employer Identification Number (FEIN) is 81-5191759

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

___ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

___ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

R B R

(Signature)

County of Volusia

STATE OF Florida

Sworn and subscribed before me this 25 day of February, 2026 by

Ross Beach who is Personally known to me _____

Or who produced identification - _____
(Type of Identification)

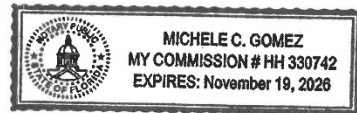
Michele C. Gomez

(Signature) Notary Public—State of Florida

Michele C. Gomez

(Printed, typed or stamped commissioned name of notary public)

My commission expires November 19, 2026 (SEAL)



FRP Certificate of Insurance



FOUNRIS-04

TQUINN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2025

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

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

PRODUCER KMRD Partners Risk and Insurance Solutions - Warrington 2600 Kelly Road, Suite 120 Warrington, PA 18976	CONTACT NAME: PHONE (A/C, No, Ext): (267) 482-8390 FAX (A/C, No): (267) 482-8431 E-MAIL ADDRESS: contactus@kmrpartners.com
INSURED Foundation Risk Partners Public Entity Services 780 W Granada Blvd Ormond Beach, FL 32174	INSURER(S) AFFORDING COVERAGE INSURER A : Federal Insurance Company NAIC # 20281 INSURER B : ACE American Insurance Company 22667 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSD 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		36072109	4/1/2025	4/1/2026	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 POLICY AGGREGAT \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	73626085	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	78195678	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ Aggregate \$ 25,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A	(26)71836285	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured Schedule:
 FRP Investors II, L.P.
 FRP Holdings, Corp.
 FRP Parent II, Corp.
 Foundation Risk Partners, Corp.
 Synetro-CSG Holdings, LLC
 Corporate Synergies Holdings, LLC
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City of Ormond Beach 22 South Beach Street Ormond Beach, FL 32174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: FOUNRIS-04

TQUINN

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY KMRD Partners Risk and Insurance Solutions - Warrington		NAMED INSURED Foundation Risk Partners Public Entity Services 780 W Granada Blvd Ormond Beach, FL 32174	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Corporate Synergies Group, LLC
Foundation Real Estate Purchasing Group, LLC
Harbor Management Group, LLC
Homeland Management, LLC
Millenium Asset Management, Inc.
The L. Warner Companies, Inc.
FRP Insurance Services, LLC

Any Subsidiary of the Named Insured is included as an Insured per the policy terms and conditions.

City of Ormond Beach is included as Additional Insured with respect to the General Liability and Auto Liability when required by written contact. 30 days' notice of cancellation, except for 10 days for non-payment of premium, will be provided to the certificate holder by the carrier with regard to the General Liability when required by written contract.)



CITY ORMOND BEACH, FL

EMPLOYEE BENEFITS BROKER OF RECORD

RFP #2026-20

Due Date: Tuesday, March 10, 2026 at 1:00 p.m.

Proposal Contact: Cindy Thompson, V.P. of Operations
Tel: (800) 244-3696 or (561) 626-6797
Email: cindy.thompson@gehringgroup.com

Supporting the Public Sector our
communities rely on.



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- ✔ Proposer Acknowledgement Form
- ✔ Verification of Employment Status Using E-Verify
- ✔ RFP Response Form
- ✔ Conflict/Non-Conflict of Interest Statement/Litigation Statement
- ✔ Drug-Free Workplace Certification Form
- ✔ Affidavit of Compliance with §287.138, F.S. – Contracting with Foreign Entities of Concern
- ✔ Human Trafficking Affidavit
- ✔ Sworn Statement Pursuant to §287.133(3)(A), F.S. – Public Entity Crime
- ✔ Insurance Certificates (Proof of Insurance)

Tab F: Exhibits..... 67

- Exhibit 1 Sample Employee Benefit Guide
- Exhibit 2 Sample Employee Education & Wellness Communication
- Exhibit 3 Sample Analytical Reports
- Exhibit 4 Sample Webinar
- Exhibit 5 Sample Employee Benefit Newsletters

March 6, 2026

Robert Hart, Purchasing Coordinator
City of Ormond Beach
22 South Beach Street, Room 102
Ormond Beach, Florida 32174

Re: RFP #2026-20 – Employee Benefits Broker of Record

Dear Mr. Hart:

Gehring Group, now proudly part of the Brown & Brown team, is pleased to submit this proposal in response to the City of Ormond Beach’s (“City”) Request for Proposals #2026-20 – *Employee Benefits Broker of Record*. **Gehring Group was acquired by Risk Strategies Company in 2021, and as of August 1, 2025, both organizations joined Brown & Brown.** Through this integration, Gehring Group and Brown & Brown now collectively represent the largest public-sector employee benefits presence in the State of Florida.

For over 17 years, Brown & Brown has proudly served as the City of Ormond Beach’s trusted partner and employee benefits advisor. More than just a vendor, we have become an extension of your team. This longstanding relationship has given us a unique and comprehensive understanding of your organizational culture, employee needs, budget priorities, and strategic goals, allowing us to deliver tailored solutions with precision and purpose. Our deep institutional knowledge means we don’t just respond to your needs; we anticipate them! We streamline implementation, minimize disruption, and ensure every step aligns with your long-term vision. Examples of the numerous successes achieved for the City include:

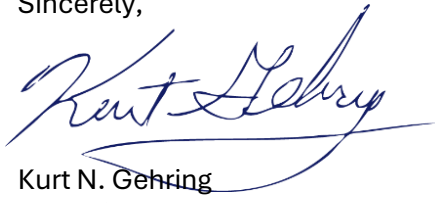
- Successfully negotiated **five renewal decreases** and maintained an exceptionally low **17-year average renewal increase of only 2%**.
- Reduced the City’s loss ratio from an average **108% (pre-HSA)** to **84% (post-HSA)**.
- Designed and implemented the City’s **HSA plan**, resulting in:
 - Loss ratio drop to **72%**
 - 50% reduction in large claims
 - Over 50% reduction in ER visits
 - Significant increases in clinic utilization, screenings, and chronic condition adherence
- Created and led the City’s wellness initiatives, establishing a long-term strategy focused on preventive care, screenings, and chronic disease management.
- Negotiated enhanced clinic services with FHC for **under \$20,000 annually**, saving the City **\$90,000** versus competing proposals.
- Secured substantial savings in high-cost years, including **\$73,000 (2020)** and **\$373,000 (2023)**.

- Implemented ACA reporting capabilities, online enrollment, and data management technology at **no cost** to the City.
- Maintained continuous competitive pressure through aggressive RFP processes and ongoing market evaluation to ensure the City always received the best available options.
- Improved key employee health metrics year over year, including higher compliance with screenings (e.g., **75% breast cancer screening rate**) and significant reductions in high-risk conditions.

With Gehring Group’s public sector specialists and the integration with Brown & Brown’s national team representing more than 20,000 professionals, the City would also benefit from the combined strength of our national scale complemented by deep local public sector knowledge that includes in-house compliance, actuarial, pharmacy, clinic, and wellness experts. The addition of Gehring Group brings teammates with an average of over 12 years of experience working with government entities, and senior leadership averaging more than 18 years. Our knowledge of Florida’s statutory framework and the public sector insurance markets, combined with strong insurer and reinsurer relationships, allows us to design coverage strategies aligned with your risk tolerance, fiscal objectives, and operational priorities. We do not simply market insurance products; we serve as strategic advisors focused on proactive program management, legislative responsiveness, and measurable long-term value.

In summary, Gehring Group, now part of the Brown & Brown team, not only meets but exceeds all minimum qualification requirements, including licensing, insurance, employee tenure, depth of knowledge, and years of experience. In addition, the City’s longstanding relationship with Brown & Brown and Gehring Group represents a powerful alignment of continuity and enhanced experience. Our approach to business combined with extensive experience in the public sector, legislative acuity, strong market relationships, and genuine enthusiasm, positions us as the broker of choice. Thank you for the opportunity to continue supporting the City’s employee benefits program needs. We welcome the opportunity to provide any additional clarification upon your review of this proposal.

Sincerely,



Kurt N. Gehring
Managing Director & National Practice Leader – Public Entities

- Describe the firm’s experience working with Florida municipalities of similar size, in the State of Florida. Provide specific examples of implementing health care plan design strategies resulting in cost savings and improved health care outcomes. Describe plan features and how they supported the goals identified by the client. Include both financial and claims metrics to illustrate results over multiple years.

Firm Background

Gehring Group has provided Florida public entities with employee benefits brokerage and consulting services for more than three decades, partnering with municipalities across a wide range of funding arrangements and benefit program structures. Our licensed insurance professionals collaborate with our customers and major carriers, TPAs, and supplemental benefit providers to design and manage comprehensive programs, including alternative funding strategies, wellness initiatives, and multi-plan offerings tailored to diverse employee populations. We support customers throughout the RFP process, implementation, and ongoing program management to ensure sustained performance and compliance. Building on this strong foundation, Gehring Group joined the Brown & Brown team on August 1, 2025, expanding our ability to deliver enhanced employee benefits, human capital consulting, and risk management solutions. We are pleased to confirm 100 percent employee retention and continued organizational growth throughout this transition, allowing us to bring customers an even broader range of innovative programs, services, and other resources.

Our Public Sector team currently provides employee benefits brokerage and consulting services to over 75 Florida public entities that employ at least 300 employees. A sample list of these customers include but are not limited to:

- City of Cape Coral
- City of Clearwater
- City of Cocoa
- City of Cocoa Beach
- City of Daytona Beach
- City of Deland
- City of Dunedin
- City of Edgewater
- City of Fort Lauderdale
- City of Key West
- City of Naples
- City of New Smyrna Beach
- City of Oviedo
- City of Palm Bay
- City of Palm Beach Gardens
- City of Port Orange
- City of Port St. Lucie
- City of Rockledge
- City of Satellite Beach
- City of Stuart
- City of West Palm Beach
- St. Johns River Water Mgmt. District

This breadth of experience demonstrates our proven ability to successfully support large public employers with complex benefits needs.

Examples of Health Plan Design Strategies & Multi-Year Outcomes

Gehring Group remains on the forefront of the industry, offering creative solutions and innovative strategies that help our customers save money and achieve their goals. Gehring Group has consistently pursued cost-effective benefit programs on behalf of our customers. The following case examples, representing organizations of various sizes, highlight the significant savings achieved through Gehring Group's strategic guidance, skilled negotiations, value-added services, and deep knowledge of available product offerings. There are many specific examples in which Gehring Group has aggressively pursued a cost-effective benefit program for its customers. The following includes specific case samples of Gehring Group customers ranging in size and complexity who have experienced notable savings due to our expert consulting, negotiating experience, value-added services and knowledge of product offerings:

Case Study #1: City (230 employees)

Strategic Plan Redesign, HSA/HRA with HDHP Implementation & Long-Term Cost Stabilization

Challenge:

The City's fully insured medical plans featured \$0 deductibles and low copays, driving high utilization and escalating costs. Over a decade, loss ratios averaged 85%, with frequent double-digit renewal increases that strained long-term sustainability.

Approach:

Brown & Brown conducted financial and plan design analyses and partnered with City leadership to implement a collaborative strategy focused on education, cost control, and benefit redesign. An Insurance Committee was formed to review claims trends, evaluate alternative plans, expand low-cost clinic services, and model HSA and HRA solutions to support deductible-based plans.

Key initiatives included:

- Performed plan design and financial impact analyses to identify sustainable cost-control strategies
- Reviewed claims trends to pinpoint cost drivers and utilization patterns
- Negotiated expanded clinic services and elimination of co-pays to improve access to low-cost care
- Evaluated and implemented alternative plan designs including HSA and HRA solutions
- Modeled contribution strategies to support deductible-based plans without shifting cost burden to employees
- Delivered targeted employee and leadership education to ensure successful adoption

Implementation:

Following two years of planning and stakeholder education, the City executed a redesigned medical program to improve cost control while enhancing employee value.

- Shifted the plan year to align with the calendar year
- Introduced three plan options: HSA, \$250 deductible plan, and \$0 deductible plan
- Eliminated clinic copays and expanded low-cost care services
- Reinvested over \$150,000 in savings to fully fund HSA and HRA deductibles
- Established the HSA plan as the base option for new hires

Results:

The redesigned program delivered immediate savings and long-term financial stability.

- HSA enrollment grew from 20 to 125 employees
- Loss ratio improved from 85% to 71%
- Average renewals negotiated under 3%
- Achieved flat and negative renewals since implementation
- Maintained full employer funding of deductibles year over year

Additional Value:

Beyond cost savings, the City achieved greater employee engagement, expanded access to no-cost care, improved healthcare decision-making, and stronger long-term budget predictability.

Through strategic collaboration, benefit redesign, and focused education, Brown & Brown helped the City transform its medical program into a sustainable, high-value benefits model that continues to deliver measurable financial and employee outcomes.

Case Study #2: Municipality (1,500 employees)

Streamlined benefit offerings, implementation of HDHP Plan and Onsite Health Center including subsequent integrated wellness program and health initiative incentives.

Challenge:

This City faced persistent double-digit medical trend increases under a minimum premium funding arrangement, driven by high utilization and structural inefficiencies across separate employee groups (General, Police, Fire). Budget predictability was further strained by Affordable Care Act-related fees and the financial impact of expanding its onsite employee health center. The existing dual plan offering and fragmented funding approach were not sustainable for long-term cost containment or financial stability.

Approach:

Gehring Group and the City developed a five-year strategic roadmap designed to:

- Streamline benefit offerings across all employee groups
- Expand services at the onsite employee health center
- Improve budget predictability
- Transition from minimum premium funding to a fully self-insured model

The strategy emphasized rate stabilization, benefit redesign, funding optimization, and stakeholder alignment.

Implementation:

Year 1: Rate Stabilization & Plan Anniversary Shift

- Negotiated an 18-month rate guarantee under the fully insured contract.
- Moved the plan anniversary from January 1 to July 1 to improve fiscal alignment and budgeting.
- Offset ACA-related fees and clinic expansion costs.

Year 2: Plan Redesign & Cost Realignment

- Addressed a projected double-digit increase under the minimum premium arrangement.
- Transitioned from a dual plan offering to a single High-Deductible Health Plan (HDHP).
- Implemented employer-funded Health Reimbursement Accounts (HRAs) to preserve first-dollar coverage for employees' out-of-pocket costs.

Year 3: Renewal Optimization

- Leveraged improved claims performance to negotiate a renewal below prior-year cost.

Year 4: Full Self-Insurance & Benefit Consolidation

- Unified General, Police, and Fire under one self-insured medical program.
- Conducted extensive union education and stakeholder meetings to secure alignment.
- Executed a self-funded contract to optimize long-term cost control and transparency.

Results:

The strategic initiatives produced measurable financial and operational improvements. Initial renewal negotiations generated \$640,000 in savings, including \$496,000 in premium reductions for the Police Department. The transition to a single high-deductible health plan with employer-funded HRAs reduced premium equivalent costs by 20%, resulting in approximately \$2.3 million in annual savings to the City. In the following year, improved claims performance enabled a renewal negotiated below prior-year costs. Since transitioning to a fully self-insured model, the plan has generated a \$2.3 million surplus, further strengthening the City's long-term financial position.

Case Study #3: County (1,050 employees)

Implementation of Regenexx Program

Challenge:

The County sought innovative ways to reduce rising orthopedic surgery costs while enhancing employee access to non-invasive treatment options. Traditional surgical procedures were driving up claims costs and contributing to long recovery times and long-term complications.

Approach:

Gehring Group introduced the Regenexx program, an advanced, non-surgical orthopedic treatment option, as a strategic solution. Regenexx uses proprietary, research-based protocols to concentrate and apply a patient's own cells directly to the injured area, offering treatment for conditions such as osteoarthritis, joint injuries, spine pain, and sports-related injuries. Despite Regenexx not being a covered benefit under the carrier's policy, our team facilitated manual claims processing through an ASO override and negotiated with the County's stop-loss carrier to cover any potential complications.

Implementation:

In the first year, the program aimed to reduce the number of orthopedic surgeries and associated costs. Our team supported the County in launching the program, ensuring seamless integration and employee education. We also worked closely with Regenexx and the County to monitor utilization and outcomes.

Results:

- **29 inpatient hospital procedures were avoided** in the first year, with employees opting for Regenexx treatments instead.
- The total cost for these treatments was \$308,554, paid directly by the County.
- Services included treatments for the spine, elbow, knee, shoulder, and ankle.
- Our ROI analysis, based on cost avoidance and health plan utilization trends, **revealed a savings of over \$200,000** and a **7:1 return on investment** in year one.

Additional Value:

Beyond direct cost savings, the program delivered intangible benefits such as:

- Increased presenteeism due to faster recovery times compared to invasive surgeries.
- Minimized long-term complications, including scar tissue and post-surgical issues.
- Improved employee satisfaction through access to cutting-edge, non-invasive care.

The Regenexx program proved to be a high-impact solution for managing orthopedic claims costs while supporting employee health and productivity. Its success demonstrates the value of innovative benefit strategies and proactive partnership in driving measurable results.

Case Study #4: Municipality (150 employees)

Provider Network Analysis

Challenge:

During a competitive RFP for medical insurance, the City sought to reduce healthcare costs without compromising employee access to care. One carrier proposed a “Narrow Network” plan as an alternative to its standard HMO offering, prompting the need for a detailed provider accessibility analysis.

Approach:

Gehring Group’s analytics team conducted a comprehensive provider network analysis, comparing the carrier’s HMO network to its Narrow Network. The goal was to determine the level of disruption employees might face and assess the financial impact of transitioning to the Narrow Network.

Findings:

- 82% of the City’s currently utilized providers were already part of the Narrow Network.
- The remaining 18% consisted primarily of chiropractors and infrequently used providers, minimizing potential disruption.
- A projected 6.36% reduction in claims costs was identified, making the Narrow Network a financially attractive option.

Solution:

Based on the analysis, the City opted to transition to the Narrow Network. To further enhance provider access and minimize disruption, our team proactively worked with the carrier to recruit several of the City’s most frequently used providers into the Narrow Network.

Implementation:

To support a smooth transition, we developed and delivered a comprehensive Open Enrollment presentation, educating employees on the network changes, benefits continuity, and how to navigate the new plan.

Results:

- The transition was executed seamlessly.
- Employee access to care remained largely uninterrupted.
- The City achieved meaningful cost savings.
- Feedback from both City leadership and employees was overwhelmingly positive.

- **Provide a list of all public employee benefit clients for the past three years. Provide contact information for at least three employee benefit municipal clients.**

Gehring Group and Brown & Brown are proud to provide comprehensive employee benefits broker/consulting service to the following Florida public sector entities:

GEHRING GROUP/BROWN & BROWN PUBLIC ENTITY CLIENTS	
Arcadia, City of	LYNX – Central Florida Regional Trans. Auth.
Atlantis, City of	Madison County BOCC
Belleview, City of	Madison County School Board
Boca Raton Housing Authority	Madison, City of
Boca Raton, City of	Manatee County BOCC
Bonita Springs, City of	Mangonia Park, Town of
Bradenton, City of	Marco Island, City of
Brooksville, City of	Margate, City of
Broward College	Martin County BOCC
Broward County Housing Authority	Martin County School District
Broward MPO	Martin County Sheriff’s Office
Cape Coral, City of	Melbourne, City of
Career Source Palm Beach County	Monticello, City of
Casselberry, City of	Naples, City of
Charlotte County BOCC	New Smyrna Beach, City of
Chattahoochee, City of	New Smyrna Beach, Utilities Commission, City of
Children’s Services Council of PB County	North Palm Beach, Village of
Chipley, City of	North Port, City of
Citrus County BOCC	Oakland Park, City of
City of Holly Hill Employment Corporation	Ocala Housing Authority
City of South Daytona Employment Corp.	Ocala, City of
Clay County Utility Authority	Ocean Ridge, Town of
Clearwater, City of	Okaloosa County BOCC
Clerk & Comptroller, Palm Beach County	Oldsmar, City of
Clerk of Circuit Courts	Orange County Sheriff’s Office
Clewiston, City of	Orange County Tax Collector
Cocoa Beach, City of	Ormond Beach, City of
Cocoa, City of	Osceola County Sheriff’s Office
Coconut Creek, City of	Osceola County Tax Collector
Collier Mosquito Control District	Oviedo, City of
Cooper City, City of	Pahokee Housing Authority

GEHRING GROUP/BROWN & BROWN PUBLIC ENTITY CLIENTS	
Coral Gables, City of	Pahokee, City of
Coral Springs, City of	Palm Bay, City of
Dade City, City of	Palm Beach County Sheriff's Office
Dania Beach, City of	Palm Beach Gardens, City of
Davenport, City of	Palm Beach Shores, Town of
Davie, Town of	Palm Coast, City of
Daytona Beach Shores, City of	Palm Harbor Fire Rescue District
Daytona Beach, City of	Palm Springs, Village of
Deerfield Beach, City of	Parkland, City of
Deland, City of	Parrish Fire District
Delray Beach Housing Authority	Pasco County Clerk of Circuit Court
Delray Beach, City of	Pembroke Park, Town of
DeSoto County BOCC	Pinellas County Housing Authority
Dunedin, City of	Pinellas County Sheriff's Office
Eagle Lake, City of	Pinellas Park Water Management District
Edgewater, City of	Pinellas Suncoast Fire and Rescue
Estero Fire & Rescue District	Pinellas Suncoast Transit Authority
Estero, Village of	Pompano Beach, City of
Fellsmere, City of	Ponce Inlet, Town of
Fernandina Beach, City of	Port of Palm Beach
Flagler Beach, City of	Port Orange, City of
Flagler County School Board	Port Orange, City of
Florida Keys Aqueduct Authority	Port St. Lucie, City of
Florida PACE Funding Agency	Ranger Drainage District
Florida Sheriff's Association	Rockledge, City of
Fort Lauderdale, City of	Royal Palm Beach, Village of
Fort Myers Beach Fire Control District	Sanibel Fire & Rescue District
Fort Myers, City of	Sanibel, City of
Gadsden County BOCC	Sarasota County BOCC
Gainesville, City of	Sarasota County Sheriff's Office
Gilchrist County BOCC	Sarasota, City of
Glades County School District	Satellite Beach, City of
Government of the US Virgin Islands	Seacoast Utility Authority
Greenacres, City of	Sebastian, City of
Groveland, City of	Sebring, City of
Gulfstream, Town of	Seminole, City of
Hernando County BOCC	Solid Waste Authority of Palm Beach County
Highlands County BOCC	South Florida Water Management District
Hillsborough County Aviation Authority	Southern Manatee Fire Rescue District
Hillsborough County Sheriff's Office	Southwest Florida Water Management District
Holly Hill, City of	Southwest Ranches, Town of
Hollywood, City of	Spring Lake Improvement District
Indian Harbour Beach, City of	St. Cloud, City of
Indian River Shores, Town of	St. Johns River Water Management District

GEHRING GROUP/BROWN & BROWN PUBLIC ENTITY CLIENTS	
Indian Trail Improvement District	St. John's River Water Management District
Indiantown, Village of	St. Lucie County Fire District Employees HIT
Iona McGregor Fire District	St. Lucie County Sheriff's Office
Islamorada, Village of Islands	Stuart, City of
James Madison Preparatory High School	Tampa Bay Water Authority
Juno Beach, Town of	Tarpon Springs, City of
Jupiter Island, Town of	Tax Collector, Palm Beach County
Key West Housing Authority	Tax Collector, St. Lucie County
Key West, City of	Tequesta, Village of
Keys Energy Services	Union County BOCC
Lafayette County Clerk's Office	Upper Captiva Fire Rescue
Lake Alfred, City of	Venice, City of
Lake Helen, City of	Virgin Islands Water and Power Authority
Lake Park Community Red. Agency	Volusia County
Lake Park, Town of	Volusia County Clerk of Court
Lake Worth Beach, City of	Volusia County, The School Board of
Lake Worth Drainage District	Volusia County School Board
Lakeland, City of	Wakulla County
Lee County Sheriff's Office	Walton County BOCC
Lehigh Acres Fire & Rescue Control District	Walton County Sheriff's Office
Lighthouse Point, City of	Washington County BOCC
Longwood, City of	Washington County Sheriff's Office
Loxahatchee Groves, Town of	Wellington, Village of
Loxahatchee River District	West Manatee Fire Rescue District
LWB Community Redevelopment Authority	West Palm Beach, City of

CUSTOMER REFERENCES

The following includes Gehring Group and Brown & Brown Florida municipal references for your consideration and verification of services:

Organization:	City of Edgewater
Contact name(s):	Julie A. Christine, PHRP, CPM, Human Resources Director
Address:	104 N. Riverside Drive, Edgewater, FL 32132
Telephone number:	386-424-2400, Ext #1701
Email:	jachristine@cityofedgewater.org
Number of Employees:	230
Customer Since:	2010
Lead Consultant:	Jessica Scott

Organization:	City of Palm Coast
Contact name(s):	Renina Fuller
Address:	160 Lake Ave, Palm Coast, FL 32164
Telephone number:	386-986-3700
Email:	rfuller@palmcoastgov.com
Number of Employees:	450
Customer Since:	2007
Lead Consultant:	Danielle Boyle
Organization:	City of Oviedo
Contact name(s):	Connie Collins, HR Director
Address:	400 Alexandria Boulevard, Oviedo, FL 32765
Telephone number:	407-971-5555
Email:	ccollins@cityofoviedo.net
Number of Employees:	350
Customer Since:	2012
Lead Consultant:	Shawn Fleming
Organization:	City of Cocoa
Contact Name:	Lorne Stinnet, HR Manager
Address:	65 Stone Street, Cocoa, FL 32922
Telephone Number:	321-433-8440
Email:	lstinnet@cocoafl.org
Number of Employees:	500
Customer Since:	2012
Lead Consultant:	Shawn Fleming
Organization:	City of Dunedin
Contact Name:	Theresa E. Smalling, SPHR, Director & H.R. & Risk Management
Address:	737 Loudon Avenue, Dunedin, FL 34698
Telephone Number:	727-298-3042
Email:	Theresa.smalling@dunedin.gov
Number of Employees:	350
Customer Since:	2004
Lead Consultant:	Shawn Fleming
Organization:	City of Palm Bay
Contact Name:	Laura Clawson, Human Resources Director
Address:	120 Malabar Road, Palm Bay, FL 32907
Telephone Number:	321-952-3420
Email:	Laura.clawson@palmbayflorida.org
Number of Employees:	900
Customer Since:	2015
Lead Consultant:	Shawn Fleming

Professional Employee Communications

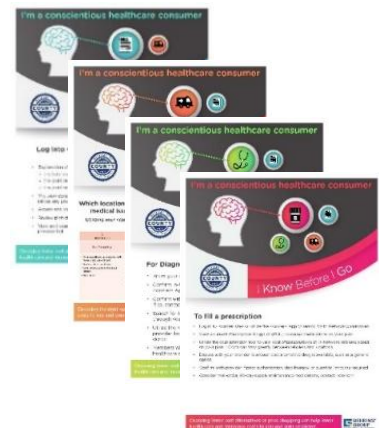
In addition to the employee benefits guide, we can also draft and produce employee communication pieces such as department posters, mass employee mailings, Wellness Program brochures, etc. to better communicate employee benefit offerings, enrollment deadlines, wellness initiatives, and keep your employees well educated regarding their employee benefit options and responsibilities. Gehring Group produces all brochures and other work products in-house at no additional charge. (Samples included in Exhibit 2.)



Employee Benefits Education & Wellness Campaigns

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

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



Our team can assist in developing a benefits education and employee communication strategy to deliver a targeted message.

- **Provide resumes for the firm owners, key management personnel, and dedicated account team including account executive, customer representatives, and any other administrative support personnel interacting with the city.**

Gehring Group’s proposed team brings extensive experience providing employee benefits broker of record and consulting services to Florida municipalities of similar size and scope. In joining Brown & Brown, we are able to propose a service team where each member plays a crucial role in assisting the Lead Consultant in advising public sector customers, providing funding strategy evaluation, RFP and renewal management, and ongoing benefits administration. They are well-versed in all alternative funding arrangements, claims analysis, contract review, budget development, proposal evaluation, and regulatory compliance oversight, including coordination of employee health centers where applicable.

Resumes of the proposed team are included below for your review and consideration:

Service Team Experience & Resumes

Lead Benefits Consultant: Shawn Fleming, CSFS

Professional Licenses: Life, Health & Variable Annuity

Additional Certifications: NAHU Certified Self-Funding Specialist

Education: University of Missouri

Degree: B.S., Business Administration

Years in Industry: 24 years

Experience & Qualifications

Shawn's experience working with large group public sector customers along with his certification in self-funding and serving as the Subject Matter Expert for clinic/health centers makes him a great resource to assist the City of Ormond Beach in meeting its current and future goals.

Shawn began his insurance career in 2002 pursuant to earning his Bachelor of Science Degree in Business Administration from the University of Missouri. He has served as a Financial Representative for Northwestern Mutual and worked with another large brokerage firm immediately prior to joining Gehring Group in 2007.

During his 18 years at Gehring Group, Shawn's focus has remained focused on serving the public sector. He has provided employee benefits consulting services for groups with 50 to 5,000 employees, implementing various benefits program strategies and steadily refining his level of expertise in all types of insurance programs and funding arrangements. In addition, Shawn also pioneered Gehring Group's efforts with regards to onsite clinic/wellness center consultation, a role in which he spearheaded the process for over a dozen Gehring Group customers throughout the state in the successful implementation of a health clinic, with additional customers currently in the evaluation and/or implementation process. As the subject matter expert on these innovative initiatives, his expertise in this area combined with his knowledge of the health insurance market makes Shawn a valuable asset to any employer considering managing a health plan that integrates medical and wellness initiatives.

Shawn is also well respected as an insurance expert among the various carriers and vendors with whom Gehring Group works. He was requested to serve and remains a current member of Cigna's Agent Advisory Committee for the Florida Region which provides him with advanced notice of new product offerings as well as the opportunity to share feedback regarding carrier service issues and make recommendations to improve products and services.

Public Sector Experience

Shawn's experience includes serving as the Senior Benefits Consultant for such public sector entities as the City of Palm Bay, St. Johns River Water Management District, City of Oviedo, City of Cocoa, City of Clearwater, and Orange County Sheriff's Office.

Local Account Executive: Jessica Scott, Senior Vice President

Professional Licenses: Life, Health & Variable Annuity

Certifications: Certified Healthcare Reform Specialist

Carrier Recognitions: Cigna Agent Advisory Council, Florida Blue Agent Advisory Council

Education: Furman University

Degree: B.A., Psychology

Industry Tenure: 20 years

Experience & Qualifications

Jessica has over 20 years of benefits consulting experience with Brown & Brown, in the Account Executive role. Prior to Brown & Brown, Jessica worked for a technology company in sales from the time she graduated college until starting her career at Brown & Brown. Jessica will be responsible for leading the team in all aspects of the health and welfare engagement. She will provide strategic advice and support on all facets of the employee benefit plans, including, but not limited to, plan design strategy, funding alternatives, implementation, administration, Board and committee presentations, resolving escalated service/claim issues and compliance.

Jessica has been working with both local and statewide public entity customers for the duration of her career. Jessica grew up in Ormond Beach and went to college at Furman University in Greenville, South Carolina, where she obtained her Bachelor of Arts degree in Psychology. Jessica holds her Florida Life & Health (2-15) License.

Public Sector Experience

With more than 20 years of experience in the local market, Jessica has served a wide range of public sector customers, including the City of Daytona Beach, the City of Edgewater, City of Port Orange, and the Volusia County School District.

Senior Account Manager: Mary Ellen Morris

Professional Licenses: Life, Health & Variable Annuity

Certifications: Worksite Specialist (NAHU)

Education: University of Windsor Ontario, Canada

Degree: B.A. Communications

Years in Industry: 35 years

Experience & Qualifications

Mary Ellen began her career as an Account Executive for Humana Health Insurance, where she held several professional roles, including Group Medicare Manager for three counties and Account Executive for Palm Beach County. Her career has encompassed a wide range of responsibilities, including insurance product sales, employee benefits brokerage, account management, team management, regulatory compliance, and conducting various types of benefits training and education. As the health insurance environment has evolved, Mary Ellen has gained firsthand experience working with large employers, small businesses, individual customers, Medicare, and ancillary product lines.

At Gehring Group, Mary Ellen plays a pivotal role in building and maintaining strong relationships with customers and insurance carriers. Her extensive expertise, experience, and ability to multitask enable her to manage complex employee benefit programs effectively and independently. These programs include group medical, dental, life, vision, pharmacy management, disability and

worksite benefits. In her professional capacity, Mary Ellen collaborates with customers and insurance carriers to implement insurance programs, resolve benefit administration issues, and deliver ongoing superior customer service.

Mary Ellen is also known for her consultative approach, understanding that navigating benefits can be a stressful and complicated process for many. She takes pride in providing clear, comprehensive guidance to customers and their members, ensuring they feel supported and informed throughout the benefits process. Her dedication to customer education and her ability to simplify complex information make her an invaluable asset to both her customers and her team.

Public Sector Experience

Mary Ellen's customers include such public sector entities as the Okaloosa County BOCC, Walton County BOCC, City of Cocoa Beach, City of Oviedo, City of Marco Island, City of Rockledge, St. Johns River Water District, Orange County Tax Collector, and others.

Senior Employee Benefits Analyst: Joshua Rupp, DHP, HIA, PHIAS

Professional Licenses: Life, Health & Variable Annuity

Designations: AHIP (DHP, HIA, & PHIAS)

Education: University of North Florida

Degree: B.S. Psychology, A.S. Paralegal

Industry Tenure: 9 years

Experience & Qualifications

Joshua recently joined Gehring Group, bringing eight years of insurance industry experience and knowledge to our team of employee benefits analysts. Joshua discovered his interest in data analytics while serving as an undergraduate research and teaching assistant at the University of North Florida. His pursuit of this passion ultimately resulted in the permanent decision to work in the area of benefits consulting.

Prior to joining Gehring Group, Joshua entered the industry as a marketing assistant for a large brokerage firm, quickly moving up to the position of Benefits Marketing Manager and later becoming a Benefits Analyst. During that time, his constant drive for continuing education resulted in becoming the team's subject matter expert in medical stop loss insurance and other alternate funding options. He also served as the team's internal educator/trainer, vendor/carrier liaison, and the benefits marketing/analytics resource.

Joshua's educational background in the areas of law has also contributed to his understanding of and ability to analyze and compare benefits contracts, which improves leverage throughout the carrier negotiation process during customers' annual benefits renewals. Additionally, his experience in analytics has helped to identify and delineate action items for yearly benefits strategy review meetings, providing opportunities for the customer to address the needs of their employees while tackling claims costs. Lastly, his experience in benefits marketing has led to a comprehensive understanding of plan designs and funding arrangements offered by major carriers and TPAs, providing additional cost levers when making changes to plans or carriers/vendors.

Joshua's responsibilities as Senior Employee Benefits Analyst will include (but are not limited to) providing claims analysis over the course of the year, working with the Lead Consultant throughout

the annual renewal process, and providing any ad hoc analyses and benchmarking that could prove helpful to the needs of the customer.

Public Sector Experience

Joshua's experience includes such customers as City of Cocoa, City of Rockledge, St. Johns River Water Management District, City of Cocoa Beach, City of Northport and others.

ADDITIONAL TEAM RESOURCES

Kurt Gehring – National Practice Leader – Public Entities

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

Education: Florida State University

Degree: BA – Marketing

Industry Tenure: 30+ years

Experience & Qualifications

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

Kurt is National Practice Leader of Gehring Group, which is now Brown & Brown's Public Sector division, with the mission of providing customers with the highest level of service exceeding, not only industry standards, but also customer expectations. Recognizing the inherent challenges in servicing organizations with a large number of employees, various contracting parties, and insurance obligations, Kurt developed Gehring Group's unique, team-based approach customized to meet the specific needs of each customer. Kurt inspires each Gehring Group employee to make an unprecedented effort to address each situation both promptly and effectively. Gehring Group's growth and success in maintaining long lasting customer relationships is a result of its strong commitment to personalized service to its customers as an independent resource, facilitator, advocate, and advisor.

Kurt Gehring, an alumnus of Florida State University and a member of its College of Business Board of Governors, is deeply involved in his community through support for organizations like the Florida Sheriff's Youth Ranches and the Arc of Palm Beach County, where he serves as Chair.

John Muller – SPHR, SHRM-SCP – Vice President, Strategy & Growth

Education: University of Miami, Florida Atlantic University

Degree: B.B.A. Business Management/Organizational Development, M.B.A. International Business

Additional Certifications: SPHR, SHRM-CP

Industry Tenure: 20+ years

Experience & Qualifications

John Muller is a Human Resources leader with over 20 years of experience and leads Gehring Group's Human Capital Advisory practice. Having worked in public sector Human Resources at the Federal and local levels, John has a strong background both in Talent Acquisition and Retention as well as in performing the developmental work needed to improve HR programs and personnel policies. This includes staffing analysis, job classification and compensations studies with Federal and local government entities and various trainings. While with U.S. Department of State, he was charged with assessing staffing plans and hiring professionals in diplomatic services, IT, education, finance, and other key civilian advisory roles to work in Afghanistan and Iraq. He was highly successful in accomplishing the goals set for this challenging role and subsequently identified as a strong HR leader to support the US Embassy Baghdad's mission in Iraq. John volunteered to serve in Iraq for the period of one year introducing important and valued improvements to the office of Human Resources at US Embassy Baghdad. John has also worked on job classification and compensation studies with local government entities.

John earned a Bachelor's in Business Administration majoring in Business Management and Organizational Development from the University of Miami and an MBA from Florida Atlantic University. He holds his SPHR and SHRM-SCP as well as becoming a certified Predictive Index Analyst. John is also an active member of SHRM, and its local Chapter (PBC SHRM) as a member of the Board of Directors, as well as serving as Chair of the Council of Insurance Agents and Brokers (CIAB) HR working group as well as a graduate and lifetime member of Leadership Florida (Class XL).

Public Sector Experience

John's extensive experience includes HR leadership, talent acquisition, total rewards, training and development, and HR consulting services for such large public sector employers such as the U.S. Department of State, Palm Beach County Clerk and Comptroller, Adams County WI, City of Palm Bay, City of Cocoa Beach, Sarasota County Sheriff's Office, Martin County School District, Martin County Board of County Commissioners, Keys Energy, Hillsborough County Aviation Authority, and St. Lucie Fire Rescue District. He has worked on compensation and classification projects for more than 10 years.

Erica Honig – J.D., Senior Compliance Director, Employee Benefits

Education: Washington State University in St. Louis; Rutgers University School of Law

Degree: Juris Doctorate

Industry Tenure: 16+ years

Experience & Qualifications

Erica Honig, J.D., is the Senior Compliance Director for the Employee Benefits Practice. Erica provides comprehensive employee benefits compliance consultation, education, and training to internal team members and customers focusing on legislative, regulatory, and judicial developments at the federal, state, and local levels. She also produces compliance intellectual capital for the Employee Benefits Practice.

Additionally, Erica supports team members and customers with state and local paid leave laws, as well as Family Medical Leave Act (FMLA) and the Americans with Disabilities Act (ADA) compliance. Team members and customers appreciate Erica's strong communication skills and knack for simplifying complex benefit and leave compliance requirements into actionable items.

Prior to joining the team, Erica spent over a decade at several prominent international law firms, where she managed employee benefits compliance, strategy, and administration.

Erica started her legal career over 20 years ago in civil litigation and holds a Juris Doctorate from Rutgers University School of Law and a Bachelor of Arts from Washington University in St. Louis. She is licensed to practice law in New York and New Jersey.

Peter F. LoFaso – DO, FACOI, Chief Medical Consultant, Public Sector

Certifications: DO, FACOI

Education: Kansas City University of Medicine and Biosciences, Lehigh University

Degree: Doctor of Osteopathic Medicine

Industry Tenure: 25+ years

Experience & Qualifications

Dr. Peter LoFaso is a board-certified internal medicine physician with over 25 years of clinical experience. He is recognized as a fellow of the American Academy of Osteopathic Internists, as well as a member of the American Osteopathic Association and American College of Osteopathic Internists. Dr. LoFaso has treated patients in the settings of employer sponsored health and wellness clinics, managed care organizations, as well as solo private practice and holds medical licenses in multiple states. He has previously served as a committee member at Wellington Regional Hospital on the Cancer Care Committee, Credentials Committee, Bylaws Committee, Special Care Committee and Medical Education Committee and well as previously serving as the vice chief of the internal medicine department and medical director of the intensive care unit.

In addition to clinical practice, Dr. LoFaso was the founder and chief medical consultant of Amicus Medical Consulting, LLC focusing on customers' needs within the public sector. He understands that organizations in the public sector face unique challenges and having a dedicated physician consultant is paramount to the customer's financial longevity and to achieving employee health and wellness goals. Having Dr. LoFaso's medical experience and input allows customers to leverage the power of having their physician consultant at the table during healthcare related service negotiations. He has provided consulting services in the areas of physician chart review, healthcare data analytics, employer on-site and near-site health clinic creation and expansion, employee health and safety protocol development and review and pre-employment and post-hire employee fitness evaluations.

While not involved in direct patient care, Dr. LoFaso can serve as a valuable point of reference for HR teams and benefits staff, helping to interpret clinical information, clarify coverage concerns, and support informed decision-making. This added layer of support is designed to enhance the overall employee experience and contribute to more efficient management of an employer's health plan.

Dr. LoFaso is proud of his service in the United States Navy, Medical Corps. He stays active by running, playing pickleball, golfing and weight training. Additionally, he enjoys volunteering with his wife at the Treasure Coast Food Bank.

Danielle Shull – Vice President of Customer Experience & Operations

Professional Licenses: Life, Health & Variable Annuity

Education: University of Florida

Degree: B.A., Business Administration

Industry Tenure: 20+ years

Experience & Qualifications

As Vice President of Customer Experience & Operations, Danielle is a customer advocate, responsible for identifying opportunities in which Gehring Group can continue to meet the short and long-term needs of our valued customers. A highly respected and valued member of the Leadership Team, Danielle also sits on the Sales and Marketing Team, assists with team member training, identifies, and promotes process improvement to enhance the growing needs of our customers. Prior to her current role, Danielle served as the Manager of Account Management Services and Training and a Senior Account Manager for over 10 years. She has successfully developed long lasting customer relationships based on a foundation of trust, integrity, and outstanding performance. Her vast industry knowledge includes all aspects of customer service including expediting the resolution of contractual, coverage, billing, and claim disputes, planning open enrollments, open enrollment presentations, implementing comprehensive wellness programs, and organizing various customer events.

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

Danielle is a dedicated leader both inside and outside of the office, representing Gehring Group and now Brown & Brown on the Marketing Committee of the Council of Insurance Agents & Brokers in Washington, D.C., serving on the boards of the Executive Leadership Council of the Leukemia Lymphoma Society of Palm Beach County, the past President of the Women's Red Apple Foundation, and serves as a mentor in the Women of Tomorrow program.

- **Identify years of experience for each team member, as required in the minimum qualifications, listing only those years providing employee benefits broker of record services to municipalities of similar size, in the state of Florida, with a similar scope of service.**

All members of your Gehring Group team have been with the firm for over 10 years, solely focused on servicing the Public Sector throughout their tenure with the firm. These individuals have all served in various roles of benefits administration, from conducting the market solicitation process, conducting open enrollment meetings to resolving claims appeals for members and performing budget projections. As a resource for the entire firm, these personnel have gained an unrivaled wealth of knowledge based on their own individual backgrounds in the employee benefits and consulting field as well as their 10+ years with Gehring Group.

The following table summarizes each assigned team member’s years of experience providing employee benefits broker of record services to Florida municipalities of similar size and scope, in accordance with the minimum qualifications outlined in this RFP:

Role	Name	Florida Ins. License #	Years of Florida Public Sector Industry Experience
Lead Benefits Consultant	Shawn Fleming, CSFS	E059700	24 years
Local Account Executive	Jessica Scott	P076149	20 years
Employee Benefits Analyst	Joshua Rupp	W307652	10 years
Senior Account Manager	Mary Ellen Morris	A184949	36 years
Senior Account Relations Mgr.	Katherine Howard	W237417	12 years

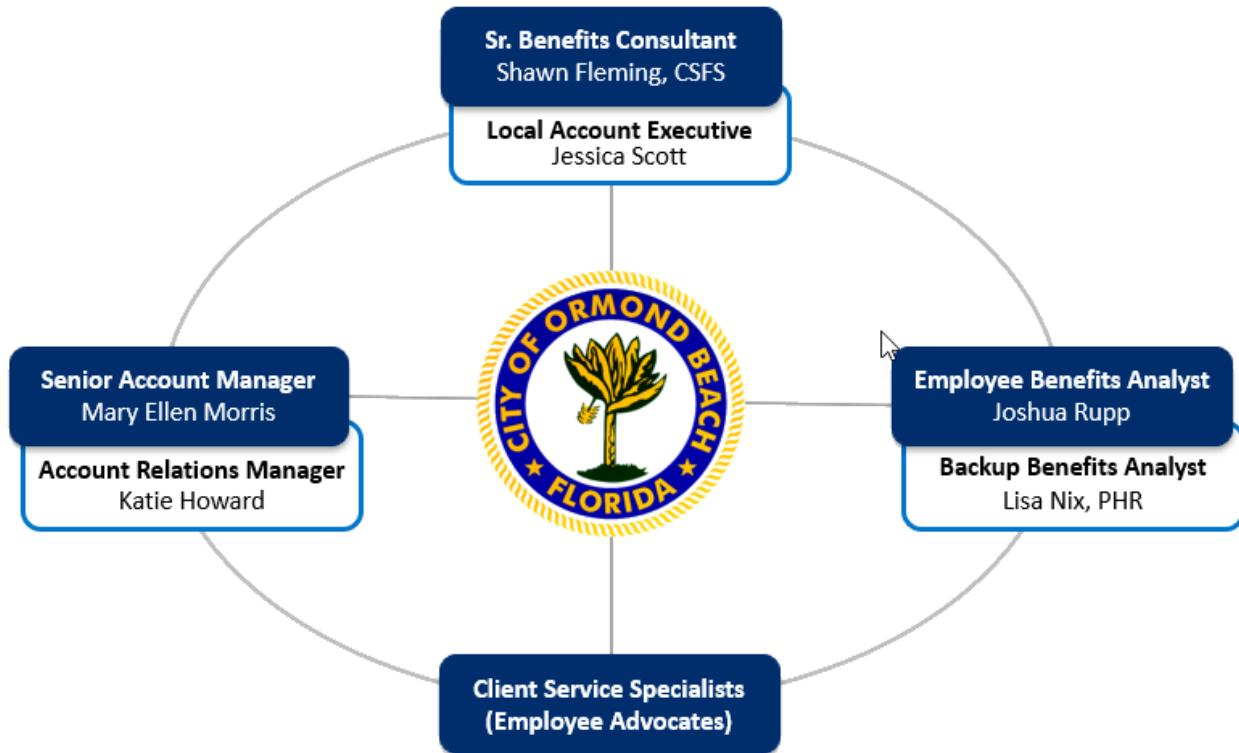
Each of the above-referenced team members are based in Florida, have significant hands-on experience serving our Florida Public Sector customers and are familiar with Florida Statutes and legislation specific to governmental entities.

In summary, our team members bring a wealth of knowledge and a proactive approach, offering guidance and support every step of the way. Together, we strive to create a seamless and positive experience, helping customers achieve their goals with confidence.

- **Provide an organizational chart showing reporting structures for all key staff and dedicated team members.**

With Gehring Group, the City will gain a dedicated benefits service team to provide a comprehensive level of benefits, education, communication, wellness, and professional graphics services. The organizational chart below illustrates the reporting structure and lines of responsibility for all key staff and dedicated team members assigned to the City’s account.

Employee Benefits Service Team



Additional Resources



Service Team Roles



Lead Benefits Consultant: Shawn Fleming, CSFS

Your Senior Benefits Consultant leads strategic and budget planning, offering expert recommendations and guidance on plan design, new products, funding options, compliance, and legislation. Shawn is readily available for meetings with decision-makers and is prepared to present to executive staff, employee committees, and leadership as needed.



Local Account Executive: Jessica Scott

Your Local Account Executive will support your Senior Benefits Consultant in meeting the needs of the City regarding all aspects of its employee benefits program. As a professional contact who is local to the City, Jessica will provide day-to-day support and historical knowledge of the City throughout the renewal and/or RFP process. She will also serve as a resource on employee benefits strategy and plan design.



Employee Benefits Analyst: Joshua Rupp, DHP, HIA, PHIAS

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



Senior Account Manager: Mary Ellen Morris

Mary Ellen will serve as the City's Senior Account Manager, assisting HR staff and employees with day-to-day benefits-related issues. She will serve as a direct contact regarding all service aspects of the benefits program including compliance issues, program implementation, open enrollment coordination and attendance, employee communications, wellness planning, employee advocacy, and various related duties.



Account Relations Manager: Katie Howard

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



Customer Service Specialists/Employee Advocates

The Customer Service Specialists are responsible for the creation of each group's employee benefits handbook as well as assisting employees with claims issues, member appeals, and reconciling customer billing discrepancies. They help ensure a responsive service-oriented benefits experience.

- **Include three professional references for the individual designated to serve as the city’s primary point of contact.**

During his 18 years at Gehring Group (now part of the Brown & Brown team), Shawn Fleming has built and maintained strong, longstanding relationships with his customers. These partnerships often extend well beyond their tenure with a particular employer, reflecting the trust, continuity, and commitment he brings to every engagement. Many of these individuals continue to view Shawn as a valued advisor and professional resource, even as their careers progress. Some of these professional references include:

Professional Reference:	Gretchen Reagan, Human Resources Manager
Present Organization:	Pinellas County Sheriff’s Office
Address:	10750 Ulmerton Road, Largo, FL 33778
Telephone number:	(727) 582-5674
Email:	greagan@pcsonet.com
Former Role:	H.R. & Benefits Manager – City of Dunedin
Professional Reference:	Walt Black, CSP, Corporate Risk Manager
Present Organization:	Alabama Farmers’ Cooperative
Address:	121 Somerville Road, NE, Decatur, AL 35601
Telephone number:	(256) 822-4362
Email:	waltb@alafarm.com
Former Role:	County Administrator – Charlotte County BOCC
Professional Reference:	Dr. Brenda Fettrow, City Manager
Present Organization:	City of Rockledge
Address:	1600 Huntington Lane, Rockledge, FL 32955
Telephone number:	(321) 221-7540
Email:	bfettrow@cityofrockledge.org
Former Role:	City Manager – City of Cocoa

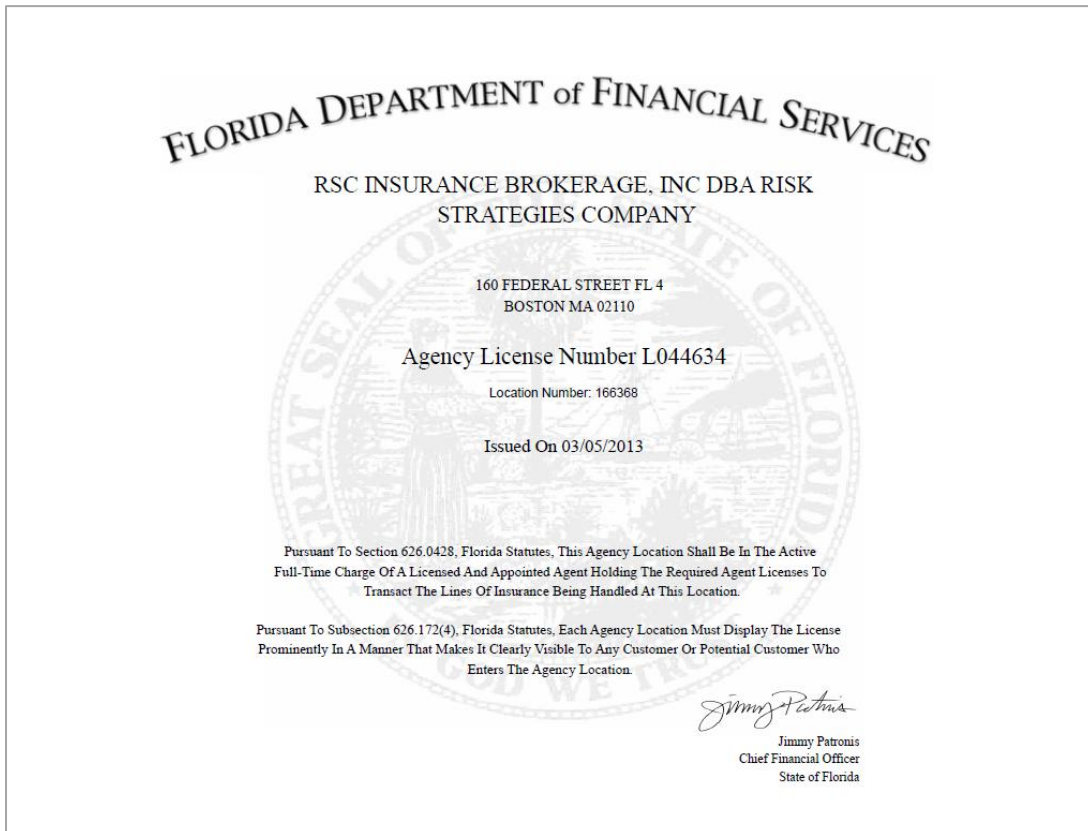
To be considered by the City, proposing firm must:

1. **Have at least five (5) years of experience providing similar employee benefits broker services to municipalities of similar size in the state of Florida, with a similar scope of services as identified above.**

Gehring Group, Brown & Brown’s Public Sector Division brings over three decades of specialized experience in serving the public sector, with a particular focus on local governments, municipalities, counties, and special taxing districts offering a wide range of specialized resources tailored specifically to the needs of the public sector. Our firm stands out due to our comprehensive suite of services, level of technical knowledge, tools, and educational opportunities designed specifically to address the unique needs of public entities

2. **Be licensed to transact insurance brokerage business in the state of Florida.**

Gehring Group, now part of the Brown & Brown Team holds an active business and insurance agency license in Florida as follows. In addition, all customer-facing staff are fully licensed in the state of Florida.



Florida Department of Financial Services

INSURANCE LICENSE
SHAWN ARTHUR FLEMING
 License Number : E059700

Resident Insurance License
 • 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date
 07/14/2003



 CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA

Florida Department of Financial Services

JESSICA SCOTT

BROWN & BROWN OF FLORIDA INC
 300 NORTH BEACH STREET
 DAYTONA BEACH FL 32114
 Is hereby recognised as a

0215 - LIFE, HEALTH & VARIABLE CONTRACTS INSURANCE AGENT

License # P076149 Issued DECEMBER 16, 2006

For having fulfilled the requirements of Florida
 Law regarding this license classification.



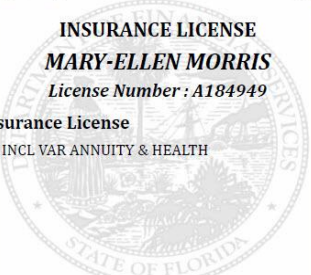
CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA


Florida Department of Financial Services

INSURANCE LICENSE
MARY-ELLEN MORRIS
 License Number : A184949

Resident Insurance License
 • 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date
 06/13/2007




 CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA


Florida Department of Financial Services

INSURANCE LICENSE
JOSHUA RUPP
 License Number : W307652

Resident Insurance License
 • 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date
 02/17/2016




 JIMMY PATRONIS
 CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA

Florida Department of Financial Services

INSURANCE LICENSE
KATHERINE HOWARD
 License Number : W237417

Resident Insurance License
 • 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date
 01/15/2015




 CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

KURT NOEL GEHRING
 License Number : A094973

Resident Insurance License	Issue Date
•0120 - SURPLUS LINES	03/26/2003
•0214 - LIFE INCL VARIABLE ANNUITY	01/21/1999
•0215 - LIFE INCL VAR ANNUITY & HEALTH	01/21/1999
•0256 - LEGAL EXPENSE	04/02/2008
•0218 - LIFE & HEALTH	11/29/1988
•0220 - GENERAL LINES (PROP & CAS)	09/07/1986
•0240 - HEALTH	11/29/1988
•0216 - LIFE	11/29/1988


 Jimmy Patronis
 Chief Financial Officer
 State of Florida

- 3. Demonstrate the broker has successfully provided employee benefits broker services to at least three other municipalities, in the state of Florida, with a similar scope of services as identified above.**

As demonstrated by the list of Florida public sector customers included in **Tab A: Background of Firm**, Gehring Group has successfully provided employee benefits broker of record services to more than three Florida municipalities of similar size and scope, meeting and exceeding the minimum qualification requirement.

- 4. Services must have been provided in the past five years prior to the issuance of this RFP.**

All referenced services have been provided to the public sector entities listed within the past five years or longer, in compliance with the minimum qualification requirement.

- 5. Demonstrated ability and success in design and implementation of a high-deductible health care plan (HDHP).**

Gehring Group has demonstrated successful design and implementation of high-deductible health plans (HDHPs) for Florida municipalities of similar size and scope, including plan modeling, employee education, carrier negotiations, and ongoing performance monitoring to support cost containment and employee engagement. **Tab A: Background of Firm** includes several case studies outlining our successes in designing, implementing and monitoring employee benefit programs that included high-deductible health plans as well as vehicles to complement such programs including Health Reimbursement Accounts (HRAs) and Health Savings Accounts (HSAs).

- 6. Demonstrated ability and success implementing various strategies to maintain high quality and cost-effective coverage.**

Gehring Group has demonstrated successful implementation of multiple cost-containment and quality-focused strategies for Florida municipal customers, including plan design optimization, carrier negotiations, wellness initiatives, pharmacy management strategies, and data-driven utilization review to support sustainable, high-quality coverage. Please refer to the case studies included in Tab A for examples.

- 7. Demonstrated experience working with major carriers in the market, in the state of Florida.**

Gehring Group has gained extensive experience and developed long-term relationships working with all major carriers and TPAs operating in the Florida market. As an independent agent and consultant, we evaluate all products and other offerings not only based on cost, but also on value-added services such as wellness program support, disease management resources, and regulatory assistance, while also considering carrier financial strength. This experience allows the firm to effectively support Florida municipal customers in selecting and managing high-quality, cost-effective employee benefit programs.

8. **The client executive assigned to the account must have a minimum of ten years of experience providing employee benefits broker of record services to municipalities of similar size, in the state of Florida, with a similar scope of service, and must be capable of speaking and making decisions on behalf of the firm. Additional support staff assigned to the city must have a minimum of five years of experience supporting municipalities in benefits administration.**

The Lead Consultant responsible for the City’s account will be **Shawn Fleming, VP-Senior Benefits Consultant**. With 18 years of experience specifically focused on governmental entities in Florida, he brings extensive knowledge across all types of insurance programs, funding arrangements and clinic services. Shawn is supported by a dedicated team of benefits professionals including Account Managers, Data Analysts and Executive resources, ensuring the City of Ormond Beach receives seamless, professional guidance. Shawn has the authority to speak and make decisions on behalf of the firm related to this contract.

Additionally, **Jessica Scott**, the City’s long-term Account Executive, further strengthens this service model with her deep understanding of the City’s culture, employee demographics, and evolving benefits strategy. With Brown & Brown’s acquisition of the Gehring Group, these professionals now operate as a fully integrated team—combining local expertise with the expanded resources, analytics, and market leverage of one of the nation’s largest insurance brokerages. This unified structure enhances our ability to anticipate your needs, streamline implementation, and minimize disruption, ensuring an efficient renewal process and continued alignment with the City’s long-term goals. Our broader service teams also include highly qualified personnel with extensive experience consulting and supporting public sector customers across Florida.

The selected firm must be able to provide the following tasks and services; however, this is not intended to be an exhaustive list:

- 1. Conduct an annual bidding process, carrier negotiations, and employee benefit plan selection in coordination with City leadership and established goals and objectives, including providing high quality health care, remaining fiscally responsible, minimizing provider disruption, improving employee health outcomes, and delivering excellent customer service.**

Confirmed. As independent consultants, our firm is committed to providing comprehensive support in the competitive marketing, negotiation, and placement of your plans. Our mission is to serve as a dedicated resource, ensuring that you receive a thorough evaluation of available products and insurers, guaranteeing the best match for the City's needs. Throughout this journey, our team engages closely with the Procurement Department and HR team to craft RFPs tailored to solicit proposals for specific lines of coverage as directed. We meticulously review all components of the employee benefits program package, determining the optimal lines for bidding.

With a keen eye on the local market and access to in-house benchmark data, we continuously monitor market trends and possess insights into renewal proposals from various other local public entities. Moreover, our exceptional performance has garnered us top-pier producers' status all Florida health carriers. While these accolades are a testament to our premium volume achievements, it's important to note that Gehring Group remains impartial. This independence empowers us to offer diverse options to our customers, ensuring that recommendations are fiscally responsible and solely based on the unique needs and objectives of each customer. Over the years, our firm has facilitated substantial savings in premiums totaling millions of dollars for our customers, while simultaneously enhancing benefits through meticulous program analysis and innovative placement strategies.

We understand that the procurement of employee benefits is a critical function for public sector employers. Our approach to market solicitation and proposal evaluation is designed to ensure transparency, competitiveness, and alignment with your strategic goals. With decades of experience supporting numerous municipalities across Florida, we bring a structured and transparent process that not only identifies the most cost-effective and comprehensive coverage options but also ensures compliance with procurement regulations and maximizes value for both the employer and employees.

The following outlines our process for managing the marketing/RFP process and delivering informed, actionable recommendations.



Planning & Timeline Development – Our first step is to develop a customized procurement timeline that outlines all key milestones, including RFP release, proposal deadlines, evaluation periods, meetings, and final decision dates. This schedule is tailored to accommodate additional onsite meetings, best and final offer (BAFO) procedures, and any other services requested by the City.



RFP Development & Release – We collaborate with the Human Resources and Procurement departments to prepare and release comprehensive Requests for Proposals (RFPs) for all applicable lines of coverage. This includes drafting the RFP documents, defining scope, and scoring criteria, and ensuring alignment with the customer’s goals and compliance requirements.



Market Engagement & Vendor Support – We manage all phases of vendor engagement, including:

- ✓ Exploring feasible plan designs tailored to the customer’s needs.
 - ✓ Developing clear and objective evaluation criteria.
 - ✓ Responding to vendor inquiries throughout the RFP process.
 - ✓ Participating in oral interviews and vendor presentations as needed.
 - ✓ Coordinating best and final offer (BAFO) requests with selected finalists.
-



Proposal Receipt & Comprehensive Proposal Analysis – Upon receipt of proposals, we verify completeness and compliance with RFP requirements and develop a structured side-by-side comparison of all proposals against the current (in-force) program. We conduct a detailed evaluation of each proposal, including:

- ✓ Total program cost analysis, with breakdowns of employer and employee contributions.
 - ✓ Identification of proposal caveats and opportunities for multi-line discounts.
 - ✓ Assessment of plan design, value-added services, and carrier A.M. Best ratings.
-



Benchmarking & Comparison – Using our extensive internal benchmarking database, we validate the reasonableness of proposed pricing and benefit structures. Metrics include plan benefits, employer contributions, waiting periods, and trend factors.



Network & Disruption Analysis – We evaluate provider networks and perform network (provider/facility) disruption analysis, network discount analysis, and prescription drug disruption analysis to ensure that employee access to care is maintained and optimized.



Preliminary Findings Review – Upon review of all proposals or renewal offers, we meet with City Staff to present our initial findings, discuss viable options, and gather feedback. This collaborative step ensures alignment before final recommendations are made.



Clarification & Finalist Negotiations – For vendors deemed viable, we conduct a second-level clarification process to resolve outstanding questions. We also facilitate finalist interviews and negotiate performance guarantees and other contractual terms where applicable.



Final Evaluation & Recommendation – Following finalist negotiations and continued collaboration with staff, we deliver a formal evaluation report and provide a clear, data-driven recommendation that aligns with the customer’s financial goals and employee benefits philosophy.

Throughout this process, we are committed to delivering strategic guidance based on data-driven recommendations that empower our customers to make confident, cost-effective decisions about their employee benefits programs. This may include recommending wellness initiatives based on claims utilization data to identify key areas of focus. We work closely with our internal wellness team and data analysts to propose impactful strategies that achieve measurable outcomes and improve overall employee health.

Our comprehensive approach to market solicitation and proposal evaluation ensures that each step is executed with precision, transparency, and a deep understanding of public sector priorities. We look forward to the opportunity to continue to support the City in optimizing its benefits strategy and achieving long-term value for both the organization and its employees.

2. Compile and present plan utilization data to the city on a quarterly basis with appropriate analysis, recommendations, and forecasting.

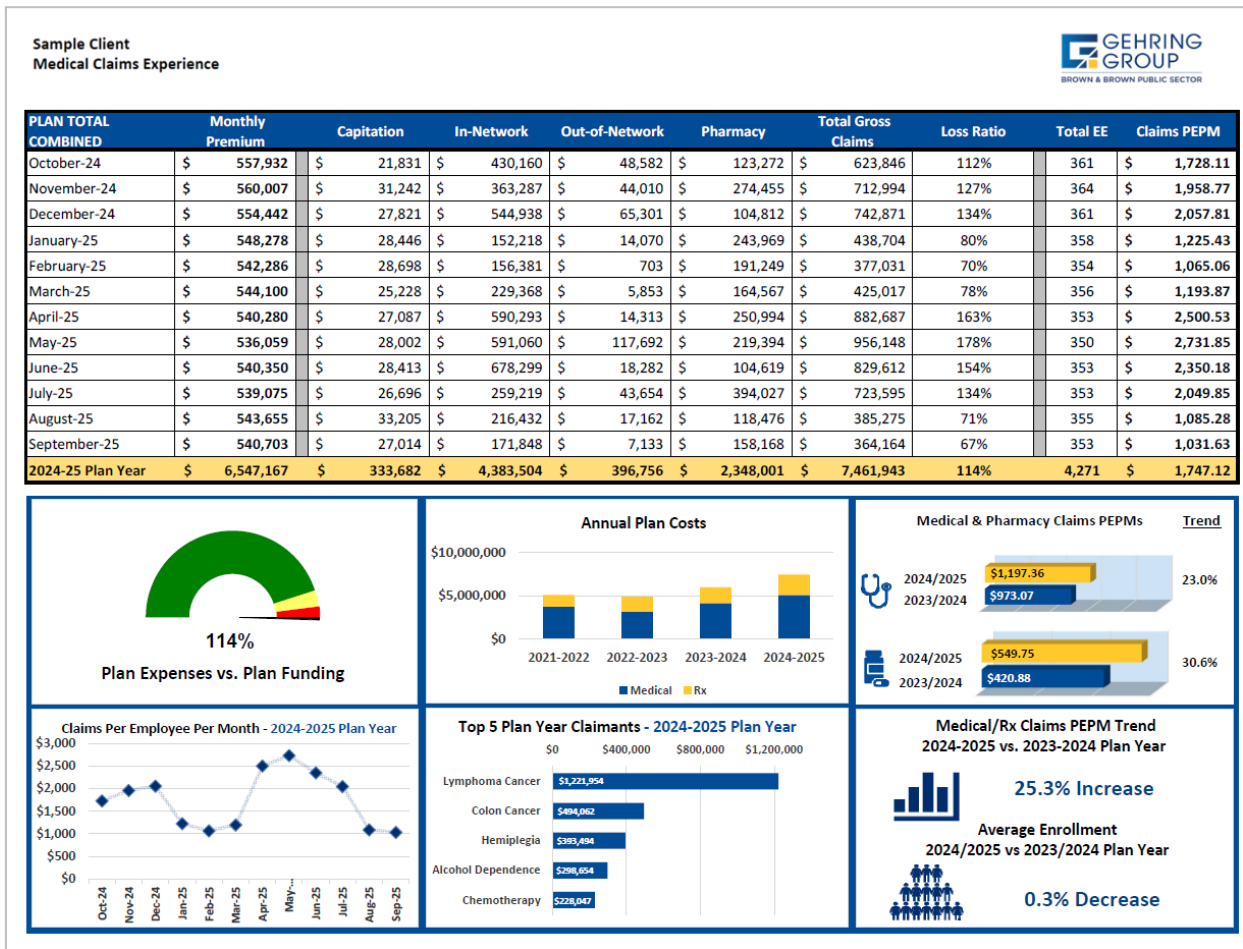
Gehring Group provides timely, relevant reporting of claims utilization data tailored to your funding arrangement, typically on a monthly or quarterly basis, to identify claims trends and anomalies early. Our analysis includes key indicators such as average claims cost per employee, large claims data, top 50 utilized prescription drugs, and the percentage of pharmacy costs relative to total plan spend. This ongoing review helps us track utilization patterns, assess the financial impact of chronic conditions, and develop accurate renewal projections and forecasting. We also closely monitor large claims, i.e. those approaching or exceeding stop-loss thresholds or pooling levels and provide appropriate reporting.

Our year-round service includes in-depth reviews of historical and current claims data, demographic trends, and financial performance to assist the City in proactive budgeting and strategic planning. Our experienced analysts conduct regular evaluations to identify cost drivers, emerging trends, and opportunities for plan optimization or alternative benefit structures, empowering your benefits team and decision-makers with actionable insights. This process includes:

- ✔ **Continual Monitoring:** We continuously monitor claims experience and marketplace trends specific to government employers, enabling effective budget and renewal projections.
- ✔ **Large Claims Monitoring:** We oversee large claims and manage stop-loss reimbursement filings for self-insured plans.
- ✔ **Data Analysis:** Our data analysis identifies cost drivers and determines wellness and education targets.
- ✔ **Claims Utilization Reports:** We review monthly or quarterly claims utilization reports to keep you informed.
- ✔ **Quarterly Meetings:** We hold quarterly meetings with staff to review claims experience reports, large claims data, and provide budget projections.

Additionally, our extensive experience in the Public Sector allows us to offer valuable insights based on real-time industry knowledge, and benchmarking data. We review utilization trends specific to the public sector market, providing actionable recommendations for our customers.

Our standard reporting also includes a monthly claims dashboard as illustrated below which outlines various cost trends and other key indicators:



We provide various reports and recommendations in an easy-to-understand format that will aid you in making decisions regarding the group benefits program (samples included in **Exhibit 3: Sample Analytical Reports**). In addition, our team is well-versed regarding the goals and objectives of public sector entities and offers valuable experience needed to make educated decisions regarding market trends and new insurance programs available in the marketplace.

3. Leverage relationships with carriers to effectively and satisfactorily resolve member issues; communicating directly with members and carriers throughout process with little assistance from City staff.

Our consultants have developed long-term relationships with all major national and regional insurance carriers serving Florida municipalities, including the Florida League of Cities and those outlined in the carrier market list below. These long-standing relationships provide our team with direct access to carrier account executives, service managers, and escalation contacts beyond standard customer service channels.

By leveraging these relationships, our team can efficiently resolve complex claims issues, billing discrepancies, eligibility concerns, and service challenges while minimizing the need for City staff involvement. We serve as the primary liaison between employees and carriers, ensuring consistent follow-up, accountability, and timely resolution of member concerns.

The following represents a sample list of key carrier partners with whom our team regularly works to support efficient issue resolution on behalf of customers and their employees:

Medical (Includes TPA & Stop Loss Vendors)	
Aetna	HM Insurance Group
AIG	Humana Optum
AvMed	Reliance Standard
BeyondMed	Roundstone Insurance
Capital Health Plan	Sun Life
CIGNA	Symetra
Creative Risk Underwriters	TMS Re
Curative	UnitedHealthcare
Florida Blue	Unum
Florida Health Care Plan	Voya Financial
The Guardian	UMR
HCC Life Insurance Company - Tokio Marine	
Pharmacy Benefit Managers	
American Health Care	Optum Rx
ARMSRx	Pharmavail
BeneCard	Prime Therapeutics
CVS Caremark	ProCare Rx
Envision Pharmaceutical Services	Progressive Medical Inc.
Express Scripts	Rx Savings Solutions
Kroger Prescription Plans	Serve You Custom Prescriptions Mgmt.
LDI Integrated Pharmacy Services	Southern Scripts
PBM Plus	US Script
Magellan Rx Management	WellDyneRx

Dental

Aetna	MetLife
Ameritas Group	Mutual of Omaha
Argus	Principal Financial Group
BrightBenefits	Reliance Standard
CIGNA	Renaissance Family
Delta Dental	Solstice
Florida Blue	The Standard
Florida Dental	Sun Life
Guardian, The	United Concordia
Humana	United HealthCare of Florida (Public)
Liberty Dental Plan	Unum
Lincoln Financial Group	Versant Health

Vision

Aetna	MetLife
Ameritas Group	Mutual of Omaha
AmWins	National Vision Administrators
Argus	Principal Financial Group
Avesis Vision Plans	Reliance Standard
BrightBenefits	Renaissance Family
CIGNA	Solstice
EyeMed	Sun Life
Florida Blue	Superior Vision
The Guardian	United HealthCare of Florida
Humana	United Vision
Liberty Dental Plan	Unum
Lincoln Financial Group	VSP

EAP

Aetna	MetLife
CIGNA	MH NET
Corporate Care Works	Mutual of Omaha
Florida Blue	New Directions
Guardian, The	New Horizons
Humana - RFP Inbox	Optum Health
Integrated Behavioral Health	Solstice
Liberty Mutual Group Benefits	The Standard
Lincoln Financial Group	UnitedHealthcare
Magellan Healthcare	Unum

Life, ADD & Disability

AIG	Principal Financial Group
CIGNA	Prudential
Florida Blue	Reliance Standard
The Guardian	Renaissance Family
Hartford	The Standard
Humana	Sun Life
Liberty Mutual Group Benefits	Symetra
Lincoln Financial Group	Trustmark Insurance
MetLife	UnitedHealthcare
Mutual of Omaha	Unum

Ochs	Voya Financial
Supplemental/Worksite	
Activ4Pets	Lincoln Financial Group
Aetna	Mutual of Omaha
Aflac	Nationwide
AI G	New York Life
Allstate	Ochs
American Fidelity Assurance Company	Optimed
Assurant	Pet Assure
Benistar	Pet Benefit Solutions
Chubb	Preferred Legal
Cigna	Principal Financial Group
Colonial Life	Reliance Standard
Family Life	Sun Life
Florida Combined Life	Symetra
ID theft Watchdog	Transamerica
InfoArmor	Trustmark
Legal Shield	United Healthcare
LegalZoom	Unum
Liberty Mutual Insurance	US Legal
LifeLock	VOYA
MetLife	Washington National Insurance Co

4. Handle all claim inquiries, billing issues, complaints, and all other benefit related issues on behalf of the city with a high level of customer service and efficiency. Identify dedicated staff, with sufficient experience and knowledge, responsible for resolving both routine and complex issues on a daily basis.

Gehring Group will handle all claim inquiries, carrier complaints, and other benefit-related matters on behalf of the City and its employees through a dedicated, highly experienced service team. Our team that is specifically assigned to the City consists of professionals with extensive knowledge of health and welfare benefit administration, claims processes, carrier operations, and municipal plan design. Mary Ellen Morris, Senior Account Manager, brings a wealth of customer service and claims processing experience gained from her years with both a medical insurance carrier and a worksite benefits provider. She, with the help of Gehring Group’s team of Customer Service Specialists, handle everything from routine inquiries to complex escalations. These specialists are available to analyze unresolved claim matters, coordinate directly with carrier claims departments, service representatives, and provider offices. They work diligently to secure timely resolutions. They also play a critical role in managing escalated claims, including assistance with drafting and supporting formal appeal letters in the event a claim has been denied.

This added layer of individualized advocacy reflects the strength of Gehring Group’s Public Sector Center of Excellence and represents a meaningful expansion of the support now available to the City through Gehring Group and Brown & Brown’s combined organizations. This year-round advocacy approach allows City staff to remain focused on core responsibilities while our team manages routine and complex benefit issues directly with members and carriers. Together, we ensure every issue is resolved accurately, efficiently, and promptly, always with a strong commitment to exceptional customer service. Additionally, members of your dedicated service

team are **directly accessible to employees and retirees**, providing hands-on assistance when issues arise.

The following examples demonstrate our team's hands-on advocacy and ability to resolve both routine and complex issues on behalf of employees:

1. We assisted a member who had submitted a reimbursement claim but experienced repeated communication issues and delays from the carrier, including failure to confirm receipt of the claim. Ultimately, due to this lack of communication, the carrier denied the claim as "untimely filed." The member then reached out to our team for support.

Our team conducted a thorough review by requesting and analyzing call transcripts between the member and the carrier, developing a detailed timeline of the member's follow-up attempts, and documenting how the carrier's communication lapses directly contributed to the missed filing deadline. Based on this evidence, we successfully advocated for the member, resulting in the approval of their \$600 reimbursement claim.

This case demonstrates our commitment to strong carrier partnerships, proactive issue resolution, and unwavering advocacy on behalf of our members.

2. A member contacted our team regarding two outstanding medical claims totaling just over \$130,000 that had remained pending for approximately three months. Upon review, we worked directly with the healthcare facility and identified that Medicare had been incorrectly billed as the primary payer, despite the member being an active employee covered under the group health plan. Our team advised the provider regarding the issue, and once the claims were resubmitted correctly, both were processed within three days, resulting in no financial responsibility for the member.
3. A member contacted our team with concerns about a required \$1,441 upfront payment for an upcoming surgery. Upon review, we identified a system configuration issue with the insurance carrier that was incorrectly applying deductible and coinsurance amounts instead of the appropriate copay for facility charges. Our team worked directly with the facility, provided documentation confirming the member's correct benefits, and successfully resolved the discrepancy. As a result, the member's upfront responsibility was reduced to the accurate \$100 copay.

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

5. **Assign a primary contact who will be reasonably available for meetings and calls, present at City Commission meetings and workshops as needed, and responsive to inquiries the same day, including holidays and weekends.**

The dedicated representative responsible for the project will be **Shawn Fleming, Senior Benefits Consultant**. Shawn has over 18 years' experience in serving public entity customers in Florida as well as vast knowledge of the Florida insurance market. Additionally, he has extensive experience

presenting to City Councils, employee and union committees, and various governing boards. Shawn is supported by an entire team of benefits professionals including **Jessica Scott**, the City's long-term Account Executive. This tenured experience further strengthens the team due to her deep understanding of the City's culture, employee demographics, and evolving benefits strategy. With Brown & Brown's acquisition of the Gehring Group, these professionals now operate as a fully integrated team, combining local expertise with the expanded resources and market leverage of one of the nation's largest insurance brokerages.

As stated in **Tab A: Background of Firm** above, responsiveness is at the core of our service commitment. Our standard practice is to promptly return calls, typically within the same day. Moreover, our customers have multiple channels to reach their service team members even when they are out of the office or during non-business hours, whether through cell phones, email, or our administrative staff. Our entire team is equipped with technology tools including laptops, cell phones, and tablets, enabling them to remain responsive.

6. Coordinate all aspects of the City's annual personal health assessment and health fair for employees to include testing (including weight, BMI, blood pressure, cholesterol, and various other biometric and lifestyle risk factors), producing individual and group reports and analysis, individual employee coaching services, and representation from other benefit programs and educational resources.

Your Account Manager will coordinate and support the City's annual health fair to include personal health assessments and additional wellness initiatives. Conducting regular health risk assessments help identify employees' health risks, such as high blood pressure, cholesterol levels, or obesity. Tracking biometric data, such as weight, BMI, blood pressure, and cholesterol levels, allows employers to measure the program's impact on employees' physical health outcomes. Positive changes in biometric markers indicate improvements in health behaviors and risk reduction associated with health plan changes and wellness initiatives. Comparing pre-program and post-program assessment results can reveal improvements in employees' health status, indicating the effectiveness of the wellness interventions.

Our team has extensive experience coordinating these events for a wide range of customers and will collaborate with the City to identify the most effective incentives to boost employee participation. We can coordinate a diverse group of vendors, including but not limited to:

- Current insurance carriers, TPAs, FSAs, worksite benefit providers, and other service partners;
- Onsite medical services such as biometric screenings, mobile mammography units ("mammo vans"), and Angio screenings;
- Financial wellness organizations, including local nonprofits like Debt Management Credit Counseling;
- Fitness centers such as LA Fitness, Planet Fitness, and the YMCA;
- Local retailers and community partners such as Costco, BJ's, and Sam's Club; and more.



We will work closely with the City to identify preferred local vendors and community resources and assist in outreach to establish meaningful partnerships. In many cases, we can leverage existing vendor relationships and regional discounts already secured through our broader customer network. Our extensive experience and connections allow us to bring a wide array of wellness resources to the table, tailored to meet the City’s unique needs.

Examples of vendors we have coordinated for customer health fairs include but are not limited to:

- City’s current Benefits Carriers
- American Heart Association
- AngioScreen/BMI/Biometrics
- Area Agency on Aging
- Employee Clinic (if applicable)
- Fire Department
- Fresh Fruit Delivery
- Pension Administrator
- Health Coaches / Nutritionists
- Homeland Wellness (Chair Massages, Bone Density and Sleep Apnea Screenings)
- Mammovan
- MissionSquare
- National Vision Administrators
- OneBlood donation bus and education
- OnSpot Dermatology screening
- Police Department Safety Education
- InBody Screenings (Recreation)
- Blend Bike
- Richard David Kann Melanoma Foundation
- Various local Hospitals

We are excited to continue expanding the wellness fair offerings, with even more unique vendors and health screenings expected, building on the growing variety and innovation we’ve seen each year in the ever-evolving wellness space.

We are excited about the opportunity to offer expanded wellness fairs for the City by introducing additional vendors and health screenings, drawing on the variety and innovation implemented for other municipal customers.

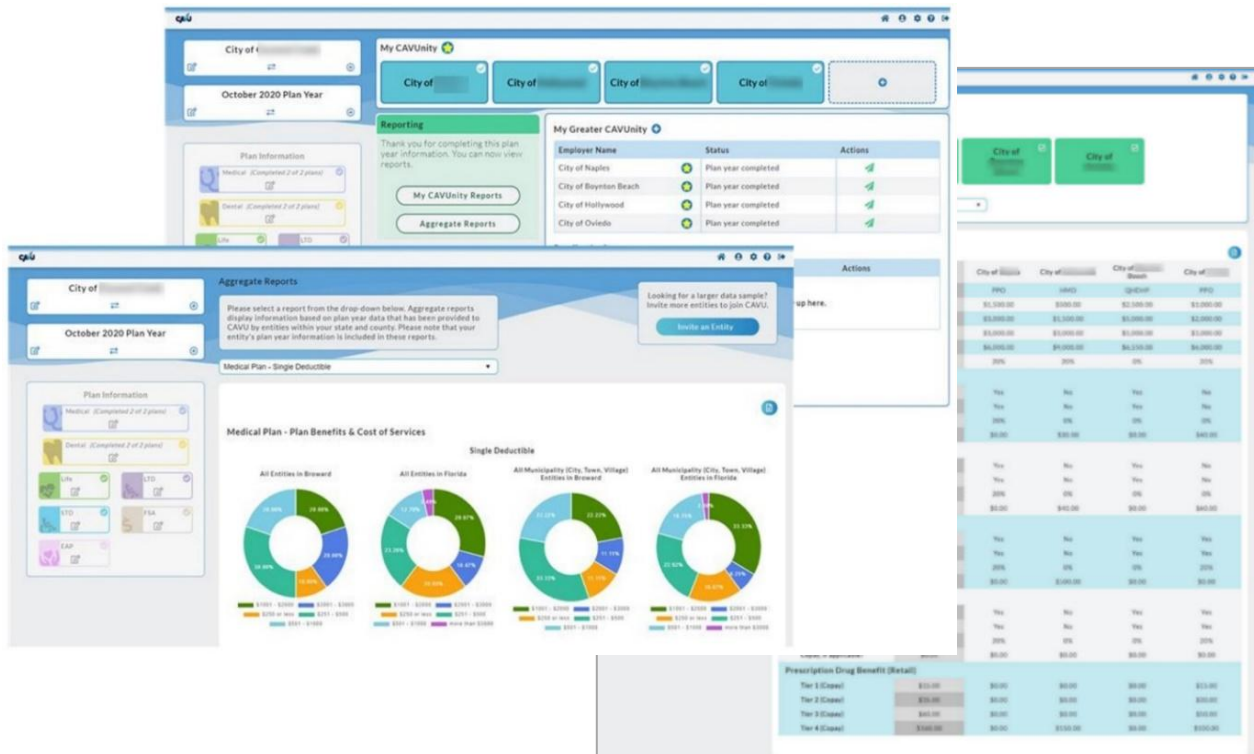
7. Collect and provide employee benefit coverage and cost benchmarking data relative to other municipalities in the area.

Gehring Group’s strong focus on the public sector in combination with Brown & Brown’s existing customers, enables us to house an extensive repository of employee benefits benchmark data. This includes statistics on plan benefits, employer contributions, waiting periods, trend factors, and other relevant metrics. Leveraging our extensive public sector customer base and deep understanding of the local market, we provide customers with timely and relevant benchmark and trend data.

Recognizing the unique value of public entity benefit programs, Gehring Group also developed **CAVU**[®], an online employee benefits benchmarking tool specifically for public sector employers. Launched in 2020, CAVU allows employers to complete a survey detailing their plan’s benefits and costs, compare these to other participating employers, and invite additional entities to join. This tool provides invaluable insights into costs and benefit trends, aiding public sector employers in

making informed decisions regarding plan options, benefit schedules, and employer/employee contributions.

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



8. Provide information on health care trends and updates on relevant regulatory changes to ensure compliance.

Healthcare Trends

Gehring Group is known for being an innovator in the employee benefits marketplace and evaluates all emerging healthcare trends and cost-saving options to determine viability for our customers. We were the first to implement consumer driven health plans as well as other cost-saving strategies such as onsite clinics in the public sector. We maintain a strong commitment to remain at the forefront of industry trends, market conditions, innovative concepts and new types of health insurance programs being presented by insurance companies and third-party administrators. Through our knowledge relating to all types of plan designs and funding arrangements, Gehring Group staff aids our customers in determining which carriers and programs represent viable options in order to assist management in making better-informed decisions regarding the implementation of new concepts and ascertaining whether they are in the best interest of the organization. For some groups this may mean consolidating plans to better consolidate risk and reduce adverse selection, while for other entities it may mean providing more plan options to better accommodate the needs of various types of employee populations within the entity who may be seeking varying coverage levels or alternatively, more affordable premium costs.

Some of the various innovative strategies that we have evaluated for our larger group public sector customers include, but are not limited to:

- **Promotion of Centers of Excellence** – Investigating the implementation of network steering programs to encourage members to utilize “centers of excellence” programs and facilities for specialties such as orthopedic and cardiovascular services, in addition to transplant services.
- **Specialty Pharmacy Programs** – Specialty Pharmacy costs continue to outpace all other medical and prescriptions costs at an extremely rapid pace. Gehring Group continually monitors solutions that are available in the marketplace to help reduce the exposure of these exorbitant cost increases.
- **Price Transparency Tools** – Gehring Group is investigating a number of price transparency tools that can be integrated with our claims analysis process to provide additional cost information that can be used to drive plan change and other program design decisions.
- **Interactive Wellness Programs** – There are a number of interactive wellness and coaching programs that can be implemented to increase employee engagement in the treatment of their own chronic conditions. Some of these options include Omada for Diabetes Prevention and Physera for virtual physical therapy.
- **The implementation of Specialty Management Programs** – We evaluate alternative networks and leading specialty management solutions such as Regenexx, Lantern, BeyondMed, and Omada to help you stay ahead of emerging health trends. By integrating these programs when appropriate, we support early intervention, chronic condition management, mental health access, and musculoskeletal solutions that improve member wellbeing and reduce long-term plan spend.

Utilizing the knowledge gained through extensive data analysis, employee surveys and wellness results, we can work with the City to develop and implement strategies to tackle health costs while improving treatment options.

Updates on Regulatory Compliance

Gehring Group maintains a strong commitment to ensure our customers remain in compliance with state and federal regulations and that all plan offerings and related documents are up to date relating to all regulatory requirements. To ensure our customers remain compliant with ever-evolving employee benefits and insurance regulations, we employ a legislative review strategy including, but not limited to, the following:

1. **Compliance Tools** – We utilize tools such as our Annual Compliance Review and Mineral HR to provide real-time alerts on federal and state legislative changes. These tools also offer compliance calendars, document templates, and HR libraries that we use to update customer policies promptly.
2. **Dedicated Compliance Team** – Our in-house Regulatory Compliance Officer, Erica Honig, leads a team responsible for monitoring and interpreting legislative developments and interprets new laws, assess their impact on customer plans, and coordinates timely updates across departments.

3. **Customer Education & Communication** – We keep customers informed through our compliance newsletters, webinars, and customer face-to face meetings regarding major legislative changes to tailor updates to customer specific needs.
4. **Government and Legal Monitoring** – We actively monitor updates relating to ACA, HIPAA, COBRA, ADA, etc. from the DOL, HHS, IRS, CMS, and state insurance departments. Additionally, we review legal bulletins and partner with law firms for expert interpretations of complex regulations.
5. **Industry Engagement** – Our team actively engages with industry associations such as SHRM, The Council of Insurance Agents and Brokers and the State and Local Governmental Benefits Association, ensuring we receive early insights and expert analysis on upcoming legislative trends and best practices.
6. **Internal Review Cycles** – We conduct compliance audits of customer benefit plans to ensure that documentation procedures and customer-facing materials reflect the latest compliance requirements.

Our commitment to proactive legislative tracking reflects our dedication to protecting our customers and ensuring their benefit programs remain compliant, current, and strategically aligned. By combining advanced tools, expert oversight, and clear customer communication, we provide peace of mind in an ever-changing regulatory landscape.

Strategic Legal Partnership – Seyfarth Shaw

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

9. **Provide Consolidated Omnibus Budget Reconciliation Act (COBRA) administrative services in compliance with federal and state regulations, at no additional cost to the city.**

Yes, Gehring Group will continue to provide COBRA administration services through Wex at no additional cost to the City.

10. **Provide professional advice and guidance to ensure continued compliance with the Affordable Care Act (ACA), Health Insurance Portability and Accountability Act (HIPAA), Internal Revenue Service (IRS), and other state and federally mandated benefits and regulations.**

Your Gehring Group team of experienced benefits and compliance professionals provides ongoing guidance to ensure the City remains fully compliant with all applicable federal, state, and local requirements, including the Affordable Care Act (ACA), the Health Insurance Portability and Accountability Act (HIPAA), Internal Revenue Service (IRS) regulations, and other state and federally mandated benefit standards. We continuously monitor legislative and regulatory updates and proactively communicate required actions, deadlines, and risk areas to City leadership.

Additionally, we take the position that we are a resource to our customers and not just a facilitator; therefore, we are a strong proponent of education and dissemination of information. We have an in-house graphics department to create communication and educational materials for employees, and we also educate our customers regularly by holding on-site and local customer seminars, hosting topic-specific compliance webinars, authoring easy-to-read succinct newsletters, email updates, and coordinating educational workshops.

Gehring Group is revered in the employee benefits field and employs several methods of educating our customers about changes in federal, state, and/or local laws. These include:

- **Gehring Group’s Newsletters**

Gehring Group provides you with updates regarding any changes in applicable laws and how they might affect your benefits program via our Gehring Group newsletters which are distributed via email. (**Exhibit 5**)



- **Customer Seminars/Webinars**

Gehring Group hosts several customer seminars and webinars (**Exhibit 4**) each year on various topics in order to ensure that they have all the information needed to be adequately prepared for any new mandates and are comfortable in their understanding of all requirements. Employers can also take advantage of the educational opportunities available at our annual Public Sector Summit, Mental Health First Aid Workshops, Benefits Administrator Workshops and more. Another example of our continued engagement with our clients on relevant topics includes our Police and Fire Mental Health Focus Group recently held onsite at our Palm Beach Gardens location.



During the past two years, we have hosted and presented during the following educational events for our customers and various associations:

Date	Customer Educational Opportunity
April 24-25, 2024	Public Sector Client Summit – “Leading Through Storytelling: How Stories Shape Us and Connect Us”
June 25, 2024	Webinar – Dueling Mandates – Section 1557 of the ACA
July 17, 2024	Workshop – Benefits Administrator Workshop 2.0
October 1, 2024	Webinar – Understanding Recent Changes Affecting Creditable Coverage
November 14, 2024	Webinar – Transparency in Action: Gag Clause Attestation & the Prescription Drug Reform Act
January 30, 2025	Webinar – Preparing for the Upcoming ACA Reporting Season: What’s New & What to Know

February 12, 2025	Workshop – Benefits Administrator Workshop 1.0
March 5, 2025	Workshop – Benefits Administrator Workshop 2.0
April 23-24, 2025	2025 Public Sector Client Summit – “The Purpose Equation: Carving a Path & Leaving a Legacy”
July 22, 2025	Seminar: Fundamentals of FMLA – CE Opportunity
August 21, 2025	One Big, Beautiful Bill, But What About the Benefits?
January 15, 2026	ACA Reporting Season: Essentials & Must Know Highlights
February 4, 2026	Workshop – Benefits Administrator Workshop 1.0
February 5, 2026	Workshop – Benefits Administrator Workshop 2.0
March 18, 2026	From PBMs to PFML: Key Compliance Developments in 2026
April 22-23, 2026	2026 Public Sector Client Summit – “Seize the Day!”

- **Face-to-Face Meetings**

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

In summary, Gehring Group continuously monitors the rapidly evolving legislative and health care environment. We provide timely updates on regulatory changes and emerging health care trends that may affect the City’s benefits programs and assist with planning, implementation, and ongoing compliance. Our goal is to help customers remain compliant, financially responsible, and strategically positioned in an increasingly complex health care marketplace.

Annual Compliance Review

As part of our compliance support, we also conduct thorough reviews of all plan documents, renewal policies, amendments, Summary Plan Descriptions (SPDs), service agreements, and administrative processes to confirm accuracy, feasibility, and compliance with governing regulations. During each renewal cycle, our team collaborates closely with carriers/vendors to ensure policies, certificates, and billing accurately reflect negotiated plan changes and regulatory requirements.

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

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

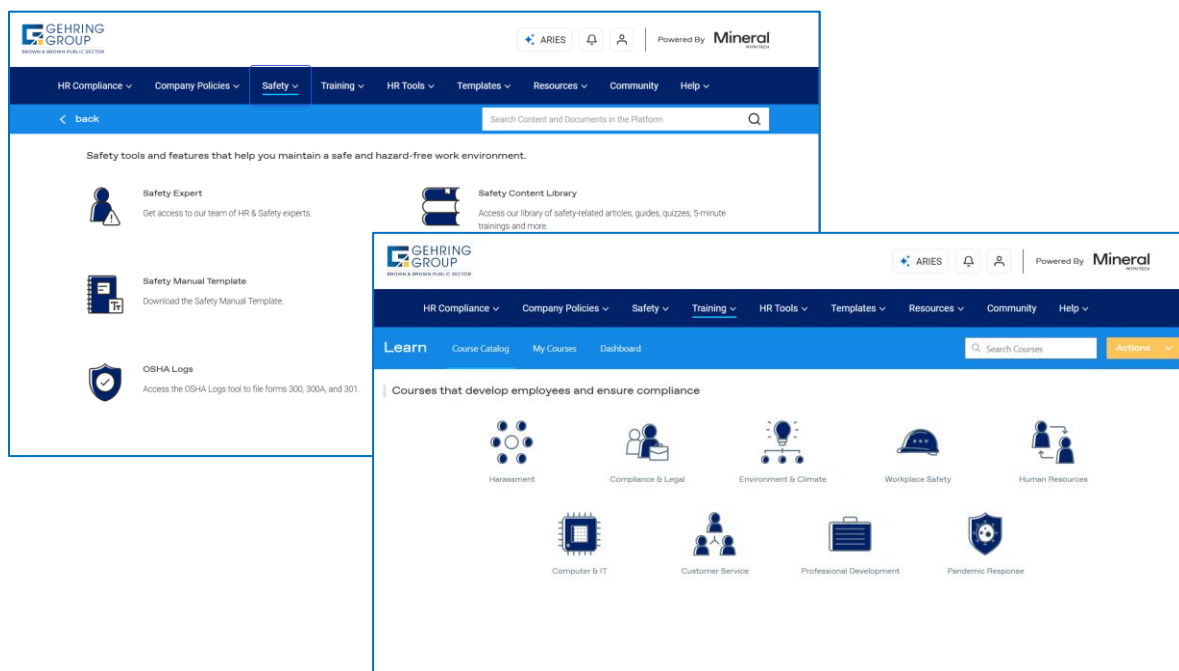


Through this structured and comprehensive approach, we help safeguard your organization against compliance risks and ensure that your benefits program remains compliant and aligned with regulatory and contractual requirements.

Online Human Resources Research Tool

Mineral™

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



Mineral includes:

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

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

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

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

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

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

11. Continue existing coverage and strategic initiatives with current provider network and level of benefits to avoid disruption in employee healthcare treatments, to the extent possible under financial and regulatory constraints. Provide cost and disruption analysis for any proposed renewal plan change.

In evaluating the continuation of existing coverage and strategic initiatives, our goal is to minimize disruption for employees while balancing financial and regulatory considerations. During any market solicitation or renewal negotiation, your Gehring Group team will identify top utilized and key providers and assess provider networks adequacy, performing disruption analyses to ensure employees maintain access to quality care.

As part of this process, our analysts review provider disruption reports from proposing carriers to assess potential member impact, both positive and negative, and to evaluate the severity of potential disruption. Where available, we also analyze prescription drug tier shifting and overall pharmacy impact.

In addition, we work with carriers to address transition considerations such as honoring existing pre-authorization approvals, prescription overrides, and mail-order prescriptions to minimize the need for employees to requalify for services or experience treatment delays.

When evaluating renewal plan changes, our team reviews all proposed modifications for potential member disruption and cost impact. For strategies involving cost containment features or plan design changes, we analyze and present relevant aggregate utilization data to support informed decision-making, allowing the City to weigh financial savings against employee impact prior to implementation.

12. Design customized wellness incentives based on claims utilization data and best practices, and provide follow up metrics, analysis, and recommendations to encourage positive health outcomes.

Gehring Group would be proud to partner with the City in strengthening your employee wellness efforts through a comprehensive, data-driven, and strategically coordinated approach.

Comprehensive Wellness Program Expertise

Gehring Group brings extensive experience in helping customers implement structured wellness programs and incentive strategies that cultivate a strong culture of employee well-being. Our solutions range from simple, cost-effective initiatives to fully integrated programs featuring health risk assessments and biometric screenings for the entire employee population. These comprehensive approaches are particularly valuable in identifying key health risk factors, designing targeted wellness interventions, and measuring their impact on the health plan over multiple plan years.

Data-Driven Insights and Tailored Wellness Strategies

Through an in-depth analysis of the City’s claims data, we identify prevalent health conditions and utilization trends within your workforce. These insights allow us to tailor wellness initiatives that address specific needs and high-risk areas such as chronic disease management, preventive care engagement, and lifestyle-related factors. Incentive programs can be structured to encourage participation in screenings, coaching, and treatment adherence, with ongoing tracking of participation rates, claims impact, and health outcomes. Follow-up reporting and evaluation enable continuous improvement and refinement of your wellness strategy.

Coordinated Health and Wellness Support

Our team is prepared to collaborate with you in developing a clearly defined wellness plan with measurable goals, while coordinating seamlessly between carriers, wellness vendors, and the City. We support the delivery of integrated health management through multiple channels, including onsite or virtual clinics, educational seminars, carrier-based management programs, and wellness challenge platforms. Our Wellness Coordinators are highly knowledgeable about leading wellness vendors and can recommend services best aligned with your goals. Early in the process, we consider all aspects necessary to build a program that delivers meaningful and measurable results.

Budget-Friendly Wellness Solutions

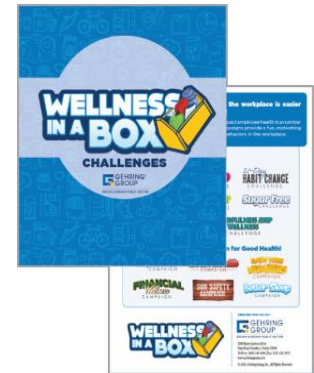
For customers without a dedicated wellness budget, we have successfully negotiated wellness funds from health insurance carriers as part of contract renewals, allowing organizations to implement incentive programs at no additional cost. We can also engage your EAP provider or health insurance carrier to deliver disease management support and educational seminars at no charge.

Commitment to Long-Term Health and Cost Savings

With our experience and resources, Gehring Group is committed to supporting the City in evaluating, enhancing, and sustaining wellness and preventive health initiatives that positively affect both employee well-being and the bottom line. Our approach ensures we effectively target the conditions and behaviors that most influence employee health and health plan utilization.

Employee Engagement Tools and Communication Resources

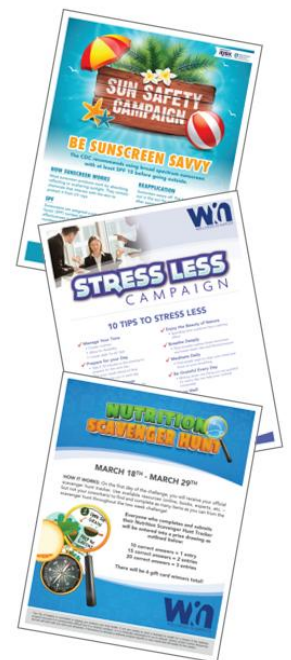
To keep employees engaged, Gehring Group provides a variety of communication tools and materials for ongoing outreach. This includes our annual Wellness Observance Calendar, monthly Guide to a Healthier You newsletter, and quarterly Activities Calendars—all created in-house by our professional team. We also offer our self-serve Wellness in a Box® Toolkit, a collection of customizable, pre-designed campaigns and wellness challenges. With 20 topics—such as Better Sleep, Preventive Care, Stress Less, Digital Detox, Nutrition, and Financial Wellness—the Toolkit makes it easy to deliver fresh, meaningful wellness content throughout the year.



Measuring Success

Measuring the success of an employer's wellness program is also vital for assessing its effectiveness in promoting employee health and well-being and furthering employee engagement. A comprehensive evaluation involves examining various metrics as well as other indicators to gauge the program's impact. When reviewing the positive impact of a client's wellness program, we consider the following:

- **Employee Participation & Engagement:** The first indicator of a wellness program's success is the level of employee engagement. Monitoring participation rates in wellness activities, workshops, seminars, wellness campaigns, and health screenings, provides insights into the program's effectiveness among employees.
- **Health Risk Assessments & Biometrics:** Conducting regular health risk assessments helps identify employees' health risks, such as high blood pressure, cholesterol levels, or obesity. Tracking biometric data, such as weight, BMI, blood pressure, and cholesterol levels, allows employers to measure the program's impact on employees' physical health outcomes. Positive changes in biometric markers indicate improvements in health behaviors and risk reduction associated with the wellness program. Comparing pre-program and post-program assessment results can reveal improvements in employees' health status, indicating the effectiveness of the wellness interventions.
- **Healthcare Cost Reduction:** Analyzing changes in healthcare costs, including monthly claims experience, large claims list diagnoses, chronic conditions, and absenteeism, can indicate the program's impact on reducing healthcare expenditures. A successful wellness program should lead to lower healthcare utilization and associated costs over time.
- **Employee Feedback and Satisfaction Surveys:** Collecting feedback from employees through surveys or focus groups allows employers to understand their perceptions of the wellness program. Assessing satisfaction levels, perceived benefits, and suggestions for improvement provides valuable qualitative data to refine and tailor the program to meet employees' needs effectively.



- **Return on Investment (ROI) Analysis:** Conducting a comprehensive ROI analysis helps evaluate the financial benefits of the wellness program compared to the costs involved in its implementation. Calculating ROI involves comparing the program's savings in healthcare costs, productivity gains, and reduced turnover expenses against the program's investment.
- **Long-Term Health Outcomes:** Evaluating long-term health outcomes, such as sustained behavior change, reduced chronic disease prevalence, and improved overall health and quality of life among employees, provides insights into the program's lasting impact on population health.

Measuring the success of an employer's wellness program requires a multifaceted approach that considers both quantitative and qualitative indicators across various dimensions of employee health, well-being, and organizational performance. By regularly assessing these metrics, employers can gain valuable insights into the program's effectiveness and make data-driven decisions to optimize employee health and productivity.

13. Conduct all aspects of annual open enrollment, to include collating employee benefit enrollment packages, conducting in-person presentations for staff, and processing individual enrollments at various city facilities for a period of two weeks each year.

Our team will attend and assist with the coordination of the Annual Open Enrollment meetings and the Employee Benefits Fair to ensure a smooth and informative experience for all participants. Following the RFP and evaluation process, our team continues to be actively involved, acting as an intermediary between each vendor and our customers to facilitate contract negotiations, program implementation, and open enrollment. We initiate open enrollment planning well in advance of renewal, starting with a detailed renewal timeline that outlines all aspects of the process, working backward from the desired open enrollment period. Your Account Manager will be intricately involved throughout the planning and open enrollment process, helping to coordinate the various steps of the process including but not limited to:

- **Coordinating and Attending Meetings:** Assisting in the coordination and attendance of employee informational and enrollment meetings at all sites as determined by the customer. This includes determining whether these meetings will be mandatory or optional.
- **Determining Meeting Formats:** Deciding on the format for open enrollment meetings, whether it be health fair style, group informational meetings, or one-on-one meetings.
- **Providing Support:** Supplying additional licensed team members to support enrollment meetings across multiple locations and various shifts if needed.
- **Logistics & Coordination:** Organizing meeting locations, times, necessary collateral, and coordinating attendance of vendor representatives if requested.
- **Developing Communication Materials:** Creating communication collateral such as open enrollment announcement posters, PowerPoint presentations, and annual employee benefits guides for employees, retirees, and special districts.

This annual open enrollment process also includes vendor transition services such as:

- **Managing Insurer Changes:** Facilitating the implementation, cancellation, and renewal of the applicable insurers and vendors upon written acceptance.
- **Ensuring Vendor Compliance:** Making sure that applications and contracts for all new vendors are completed accurately and forwarded to the applicable vendors in a timely manner and reviewing all vendor contracts to ensure they align with what was proposed and presented.
- **Contract Review:** Review all vendor contracts to ensure they are in line with applicable legislative requirements.
- **Facilitating Technology Integration:** Working with applicable technology partners to provide plan and cost updates for the enrollment site.

Accomplishing a smooth open enrollment process not only requires proper planning; it also requires establishing and communicating clear expectations. By setting these expectations early and maintaining open lines of communication, we ensure that all parties are aligned and informed throughout the process, facilitating a seamless transition.

14. Provide and manage employee benefits enrollment platform and HSA/FSA banking relationship to facilitate benefits administration efforts, at no cost to the city and preferably utilizing current vendors to avoid disruption.

Gehring Group and Brown & Brown will continue to support the City in the provision and management of an online employee benefits enrollment platform at no additional cost to the City. We can continue with the current PlanSource solution or evaluate alternative solutions such as BSwift, Employee Navigator, Bentek, etc. to determine the most viable solution for the City. Our EBTech division professionals have extensive experience in implementing and managing various solutions. With this expertise, we are confident in our ability to identify and deliver the most effective and sustainable solution for the City.

15. Create electronic and printable annual benefit summaries utilizing the city’s current design standards, as well as other documents as requested.

Your Gehring Group team routinely develops both electronic and printable annual benefits summaries that align with each customer’s established design standards, brand guidelines, and communication preferences. Materials can be customized to reflect the City’s visual identity, formatting requirements, and accessibility considerations to ensure clarity and consistency across all employee communications.

As demonstrated in the examples provided in **Exhibits 1 and 2**, our benefit guides and summaries are designed to present complex plan information in a clear, easy-to-understand format, supporting employee engagement and informed decision-making during open enrollment and throughout the year.

In addition to annual benefit summaries, we create a wide range of customized documents upon request, including plan comparison guides, summary of changes documents, open enrollment communications, payroll deduction summaries, wellness program materials, and ad hoc employee

communications. All materials are available in both digital and print-ready formats to accommodate the City's distribution needs.

16. Facilitate quarterly in person meetings between insurance carrier's Chief Medical Officer, pharmacy manager, and other key personnel, and City leadership staff; prepare agendas and objectives for each meeting to review claims data, resolve case management issues, and identify opportunities for improvement; and memorialize and follow up on agreed upon action points.

Confirmed. Your Gehring Group team will facilitate quarterly in-person meetings between the insurance carrier's key personnel, and the City's leadership staff. This includes:

- Coordinating and attending quarterly on-site meetings with the City and the carrier's clinical and operational leadership.
- Preparing comprehensive agendas and clear meeting objectives tailored to review claims performance, discuss case management matters, and identify actionable opportunities for program improvement.
- Documenting all meeting outcomes, including decisions, agreed-upon action items, and follow-up responsibilities, and ensuring timely tracking and closure of each item.

An additional resource to our team includes Dr. Peter F. LoFaso – DO, FACOI, **Chief Medical Consultant, Public Sector**. He is a board-certified internal medicine physician with over 25 years of clinical experience and numerous recognitions as outlined in his resume included in **Tab A**. Dr. LoFaso can serve as a valuable point of reference for HR teams and benefits staff, helping to interpret clinical information, clarify coverage concerns, and support informed decision-making. This added layer of support is designed to enhance the overall employee experience and contribute to more efficient management of an employer's health plan.

In addition to the required quarterly sessions, our team is available to meet with the City on an as-needed basis, including more frequent check-ins during renewal and planning periods. Due to our close proximity to the City, your Lead Consultant and Local Account Executive are readily available for on-site support with reasonable notice.

Tab D:

Firm's Fee Structure

Fees: Provide the firm's fee structure.

With our focus on working collaboratively throughout the year with our customers and their members and not wanting our customers to hesitate to use us as a resource when needed, we are proposing a comprehensive level of employee benefits consulting services under the requested annual flat fee which may be paid by the City or its medical provider. Compensation would also include commissions received for supplemental/worksite coverage payable by the applicable carriers. The proposed annual fee is outlined below:

Employee Benefits Consulting Services	Annual Fee*
Year 1	\$75,000
Year 2	\$75,000
Year 3	\$75,000
Year 4	\$77,250
Year 5	\$79,500

**Annual fee may be paid by the City or its medical provider. Compensation will also include standard commissions paid on supplemental/worksite products.*

Under the proposed compensation structure, there will be no additional charges to the City of Ormond Beach by Gehring Group for the following:

- Travel costs associated with servicing the City
- Onsite attendance at annual Open Enrollment meetings as needed
- Development of annual employee benefit guide and other employee communications
- ACA advisory and planning services
- Access to Mineral online H.R. research tool
- Additional services outlined within the RFP Scope of Work

Gehring Group does not participate in any provider relationships that would prevent us from acting independently and providing objective advice and guidance and we practice full disclosure relating to compensation. The relationships and recognition we do have with carriers are based on premium volume, providing us with significant negotiating leverage. As one of the top producing brokers/consultants for public sector entities throughout the state, our philosophy has always been to offer complete revenue disclosure upon request which we will continue to practice with the City.

Gehring Group remains open to discussion regarding alternative service and compensation options under consideration by the City.

Submittals should include a copy of firm’s insurance certificate, Conflict, Non-Conflict of Interest Statement/Litigation Statement, Drug Free Workplace Certificate, and E-Verify Statement.

In accordance with the requirements outlined in the RFP, the following completed documents are included in the order presented here for the City’s review and to comply with all submission directives.

This section contains:

- ✓ Proposer Acknowledgement Form
- ✓ Verification of Employment Status Using E-Verify
- ✓ RFP Response Form
- ✓ Conflict/Non-Conflict of Interest Statement/Litigation Statement
- ✓ Drug-Free Workplace Certification Form
- ✓ Affidavit of Compliance with §287.138, F.S. – Contracting with Foreign Entities of Concern
- ✓ Human Trafficking Affidavit
- ✓ Sworn Statement Pursuant to §287.133(3)(A), F.S. – Public Entity Crime
- ✓ Insurance Certificates (Proof of Insurance)



City of Ormond Beach

22 South Beach Street
Ormond Beach, Florida 32174
Telephone (386) 610-0470

REQUEST FOR PROPOSALS PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP TITLE: Employee Benefits Broker of Record
RFP NUMBER: **2026-20**
RFP OPENING DATE & TIME: March 10, 2026 @ 1:00 PM
RFP OPENING LOCATION: **City Hall Training Room at Ormond Beach City Hall**
PRE-PROPOSAL MEETING DATE & TIME: **None**
PRE-SUBMITTAL MEETING: N/A

Submittals Received After The Above Date And Time Will Not Be Accepted.

PROPOSER'S NAME: _____

PROPOSER'S MAILING ADDRESS: _____

CITY-STATE-ZIP: _____

F.E.I.N.: _____

PHONE NUMBER: _____

EMAIL: _____

If returning as a "No Submittal", please state reason (s) _____

I certify that this Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Proposal for the same materials, services, supplies, or equipment, and is in all respects fair and made without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this RFP for the Proposer. In submitting a RFP to the City of Ormond Beach, the Proposer offers and agrees that if the Proposal is accepted, the Proposer will convey, assign or transfer to the City of Ormond Beach all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Antitrust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the City of Ormond Beach. At the City's discretion, such assignment shall be made and become effective at the time the City tenders final payment to the Proposer.

X  _____
AUTHORIZED SIGNATURE (MANUAL)

NAME (TYPED)

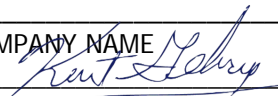
TITLE

DATED

**City of Ormond Beach
Request for Proposals (RFP)
Employee Benefits Broker of Record
(RFP No. 2026-20)**

VERIFICATION OF EMPLOYMENT STATUS USING E-VERIFY SYSTEM

1. Undersigned firm warrants it **IS** currently registered with the U.S. Department of Homeland Security's E-Verify system, **and** is compliant with the requirements of Sections 448.09 and 448.095, *Florida Statutes*.
2. Undersigned firm warrants it **has not** had any contracts terminated as a result of violations of Sections 448.09 or 448.095, *Florida Statutes*, that prohibit it from contracting with a public agency.
3. Undersigned firm warrants that if it enters into an agreement with a subcontractor, an express provision shall be included in all of its subcontracts requiring subcontractors, who perform work or provide services pursuant to the contract, to use the E-Verify system to verify employment eligibility of all new employees hired by the subcontractor during the contract term.
4. Undersigned firm understands that any subcontractor must provide the contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien, and the contractor understands it shall maintain any such affidavits for the duration of the contract, and the contract with the subcontractor must be immediately terminated if the City has a good faith belief that the subcontractor knowingly violated Section 448.09 (1), *Florida Statutes*.
5. Undersigned firm understands that in the event the City has a good faith belief that the contractor has knowingly violated Section 448.09 (1), *Florida Statutes*, the City shall terminate the contract, and the contractor may not be awarded a public contract for a period of at least one (1) year after the date of termination. The contractor may be held liable for any additional costs incurred by the City as a result of termination of the contract.

COMPANY NAME


AUTHORIZED SIGNATURE

NAME

TITLE

DATE

**City of Ormond Beach
Request for Proposals (RFP)
Employee Benefits Broker of Record
(RFP No. 2026-20)**

RFP RESPONSE FORM

THIS RESPONSE IS SUBMITTED TO:

Purchasing Coordinator
City of Ormond Beach
22 S. Beach Street
Ormond Beach, Florida 32174

The undersigned SUBMITTER proposes and agrees, if this Submittal is accepted, to enter into a Contract with the CITY that reflects the items of this Request for Proposal (RFP) and to provide all services, as specified or indicated in the RFP Documents, in full accordance with the terms and conditions set forth in therein.

SUBMITTER accepts all of the terms and conditions of the General Conditions. SUBMITTER will sign the Contract) and submit the Contract security (when applicable) and other documents required by the Contract Documents within ten (10) days after the date of CITY's Notice of Award.

In submitting this information, SUBMITTER represents, as more fully set forth in the Agreement, that:

SUBMITTER has examined copies of all the RFP Documents and of the following Addenda:

Addendum Date

Addendum Number

Receipt of all of which is hereby acknowledged.

This Submittal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; SUBMITTER has not directly or indirectly induced or solicited any other Submitter to submit a false or sham Submittal; SUBMITTER has not solicited or induced any person, firm or a corporation to refrain from bidding; and SUBMITTER has not sought

by collusion to obtain for himself any advantage over any other Bidder or over the CITY.

THIS RESPONSE IS SUBMITTED BY:

COMPANY NAME: _____

VENDOR/CONTRACTOR LICENSE NUMBER: _____


ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

SUBMITTER'S NAME: _____

(Typed or Printed in Ink)

TITLE: _____

AUTHORIZED SIGNATURE: I,  _____
hereby

(Original signature required in each document)

declare that I have read and fully understand the RFP Documents and, including the General Conditions and the Scope of Work, and that I am duly authorized to sign and submit this Submittal.

The CITY reserves the right to reject any and all Submittals, to waive informalities, and to accept any Submittal or parts thereof as the CITY, in its sole discretion, determines to be in the best interest of the CITY.

PROPOSER: PLEASE ENSURE THAT YOU HAVE SIGNED THE RFP RESPONSE FORM OF THIS REQUEST FOR PROPOSAL. OMISSION OF A SIGNATURE ON THAT PAGE MAY RESULT IN REJECTION OF YOUR PROPOSAL.

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

City of Ormond Beach
CONFLICT, NON-CONFLICT OF INTEREST STATEMENT
LITIGATION STATEMENT

1.

[] To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients or contracts for this project.

[] The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients or contracts for this project.


2.

[] The undersigned firm has had no litigation on any project in the last five (5) years.

[] The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years.

RSC Insurance Brokerage, Inc. is subject to litigation in the normal course of its business consistent with its industry which remain confidential. None of the instances of litigation are material to the services outlined in this RFP or to Risk Strategies' ability to perform the services.

COMPANY NAME



AUTHORIZED SIGNATURE

SIGNER'S NAME (PRINT OR TYPE)

TITLE


DATE

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

City of Ormond Beach
Request for Proposals (RFP)
CITY OF ORMOND BEACH, FLORIDA
DRUG-FREE WORKPLACE CERTIFICATION

IDENTICAL OR "TIE" SUBMITTALS: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal in respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

Company Name


Authorized Signature

Print Name

Title



AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES

**AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES
CONTRACTING WITH FOREIGN ENTITIES OF CONCERN**

The undersigned ("Affiant"), on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Affiant is the Managing Dir & Nat'l Prac. Leader of RSC Insurance Brokerage, Inc.
(Title) (Business Name)
which does business in the State of Florida, hereinafter called the "Entity".
2. Entity is not owned by the government of a foreign country of concern, as defined in Section 287.138 (1) (c), Florida Statutes.
3. The government of a foreign country of concern does not have a controlling interest in Entity, as defined in Section 287.138 (1)(a), Florida Statutes.
4. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern.
5. Entity is not owned or controlled by the government of a foreign country of concern.
6. For purposes of this affidavit, a foreign country of concern means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolas Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern, as defined in Section 287.138(1)(c), Florida Statutes.

The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: March 2, 2026, 2026 Signed: Kurt Gehring

Entity: RSC Insurance Brokerage, Inc. Name: Kurt N. Gehring

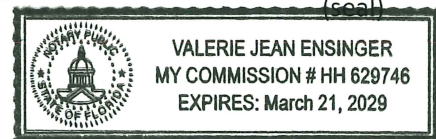
Title: March 2, 2026

STATE OF: Florida COUNTY OF: Palm Beach

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 2nd day of March, 2026, by Kurt N. Gehring and who: Is personally known to me; or has produced personally known as identification.

Valerie Jean Ensinger Valerie Jean Ensinger

Notary Public, State of Florida at Large:
Printed Name/Seal of Notary, Commission and Expiration Date:



My commission expires: March 21, 2029

This document must be completed and returned with your Submittal



HUMAN TRAFFICKING AFFIDAVIT
(SECTION 787.06, FLORIDA STATUTES)

STATE OF FLORIDA §
 §
COUNTY OF VOLUSIA §

The undersigned (“Affiant”), on behalf of the entity listed below (“Entity”), after being duly sworn, hereby attests as follows:

1. My name is Kurt N. Gehring. I am over the age of Twenty-one years old. I am the Managing Director of RSC Insurance Brokerage, Inc., a non- governmental entity which does
(Title) (Business Name)
business in the State of Florida, hereinafter called the “Entity.”
2. I have personal knowledge of each and every statement of fact contained herein, and each and every statement of fact is true and correct.
3. Entity does not use coercion, as defined in Section 787.06, Florida Statutes, for labor or services.
4. The undersigned is an officer or representative of the entity and is authorized to execute this affidavit on behalf of the Entity.
5. Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated herein are true.

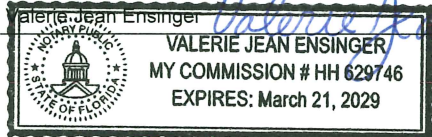
Further Affiant sayeth not.

Date: March 2, 2026, 2026

Signed: *Kurt Gehring*
Print Name: Kurt N. Gehring
Title: March 2, 2026

SUBSCRIBED AND SWORN before me by means of [] physical presence or [] online notarization on the 2nd day of March, 2026 by Kurt N. Gehring as Managing Director on behalf of RSC Insurance Brokerage, Inc. who is personally known to me or who has produced personally known as identification.

(Notary Seal)



Valerie Jean Ensinger
Notary Public, State of Florida
Printed name, commission and expiration of commission term

This document must be completed and returned with your Submittal

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).
FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____

By _____

(print this individual's name and title)

for _____

(print name of entity submitting statements)

whose business address is _____

and if applicable whose Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Kurt Gehring
(Signature)

County of Palm Beach
STATE OF Florida

Sworn and subscribed before me this 2nd day of March, 2026 by

Kurt N. Gehring who is Personally known to me

Or who produced identification - personally known
(Type of Identification)

Valerie Jean Ensinger
(Signature) Notary Public—State of Florida

Valerie Jean Ensinger
(Printed, typed or stamped commissioned name of notary public)



My commission expires March 21, 2029 (SEAL)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2026

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

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

PRODUCER Brown & Brown RS Insurance Services, LLC 6 Concourse Pkwy, Ste 2300 Atlanta, GA 30328 www.bbinsurance.com	CONTACT NAME: Risk Solutions Critical Services PHONE (A/C, No, Ext): (404) 460-1400 x 4 E-MAIL ADDRESS: rscerts@bbrown.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Brown & Brown, Inc. PO 2412 Daytona Beach FL 32115-2412	INSURER A: Travelers Property Casualty Company of America		25674
	INSURER B: Charter Oak Fire Insurance Company		25615
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 89431263

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TC2J-GLSA-9X634492-TIL-26	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 10,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TC2J-CAP-9X634480-TIL-26	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-C2703025-26-NF	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		UB-1R870198-26-51-K (AOS)	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> PER STATUTE	
A		N/A		UB-1R861269-26-51-R (AZ, WI, MA)	1/1/2026	1/1/2027		
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Named Insured includes Risk Strategies, Gehring Group Part of the Brown & Brown Team 160 Federal Street, 4th Floor Boston MA 02110
 Evidence of Insurance

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 **Brown & Brown RS Insurance Services, LLC**

Brown & Brown RS Insurance Services, LLC

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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2026

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

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

PRODUCER Brown & Brown RS Insurance Services, LLC 6 Concourse Pkwy, Ste 2300 Atlanta, GA 30328 www.bbinsurance.com	CONTACT NAME: Risk Solutions Critical Services PHONE (A/C, No, Ext): (404) 460-1400 x 4 E-MAIL ADDRESS: rscerts@bbrown.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: XL Specialty Insurance Company	37885
INSURED Brown & Brown, Inc. PO 2412 Daytona Beach FL 32115-2412	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 88727541

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
	COMMERCIAL GENERAL LIABILITY <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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability / E&O - (Insurance Agents/Brokers)			US00106979EO26A	1/1/2026	1/1/2027	Each Wrongful Act: \$1,000,000 Aggregate: \$1,000,000

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

Named Insured includes RSC Insurance Brokerage, Inc. d/b/a Risk Strategies Company, 3500 Kyoto Gardens Drive Palm Beach Gardens, FL 33410 as of closing date 8/1/2025

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 **Brown & Brown RS Insurance Services, LLC**

Brown & Brown RS Insurance Services, LLC

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Exhibit 1Sample Employee Benefit Guide

Exhibit 2Sample Employee Education & Wellness Communication

Exhibit 3 Sample Analytical Reports

Exhibit 4Sample Webinar

Exhibit 5Sample Employee Benefit Newsletters

Exhibit 1

Sample Employee Benefit Guide

EMPLOYEE BENEFIT HIGHLIGHTS

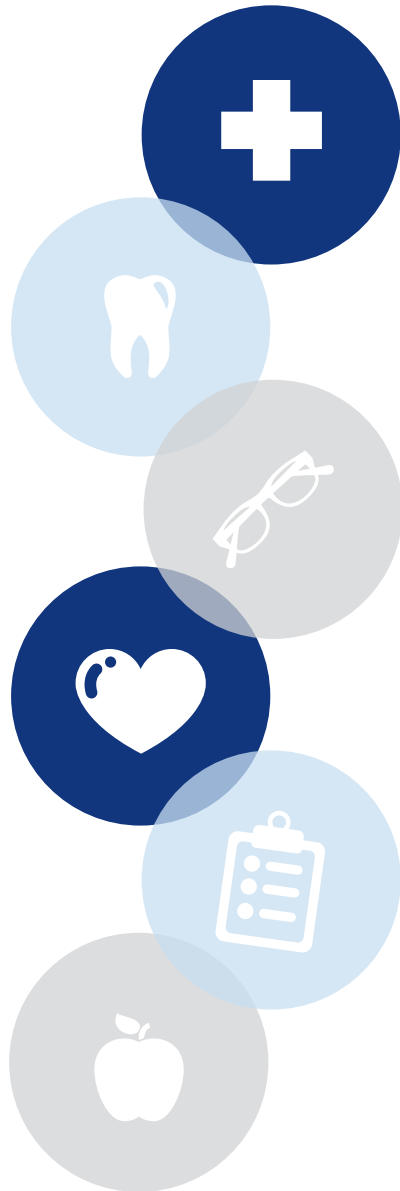
2024

2025





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



Contact Information

	Human Resources	Stephanie Abadie Benefits Analyst	Phone: (407) 971-5524 Email: sabadie@cityofoviedo.net
	Online Benefit Enrollment	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/oviedo
	Medical Insurance	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Prescription Drug Coverage	Prime Therapeutics through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Mail-Order Program	Amazon Pharmacy through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Health Reimbursement Account	P&A Group	Customer Service: (716) 852-2611 www.padmin.com
	Dental Insurance	Humana	Customer Service: (866) 427-7478 www.humana.com
	Employee Health Center	My Health Onsite	Phone: (407) 735-4099 310 Alexandria Blvd, Oviedo, FL 32765
	Vision Insurance	Humana	Customer Service: (877) 398-2980 www.humana.com
	Flexible Spending Account	P&A Group	Customer Service: (716) 852-2611 www.padmin.com
	Basic Life and AD&D Insurance and Voluntary Life Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Short Term Disability Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Long Term Disability Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Employee Assistance Program	Aetna Resources for Living	Customer Service: (800) 272-7252 www.resourcesforliving.com
	Legal Insurance	LegalShield	Customer Service: (800) 654-7757 Agent: Mr. Steve Baker Office: (321) 613-0037 Cell: (310) 663-4735 Email: sb@legalshieldassociate.com
	Supplemental Insurance	Colonial	Customer Service: (800) 325-4368 Agent: Ms. Chris Norwood Office: (407) 748-5900 Cell: (407) 808-8374 Email: chris.norwood@coloniallifesales.com www.coloniallife.com
	Retirement Plan	Mission Square Retirement	Customer Service: (800) 669-7400 Agent: Fausto Andrade Cell: (202) 759-7008 Email: fandrade@missionsq.org www.missionsq.org



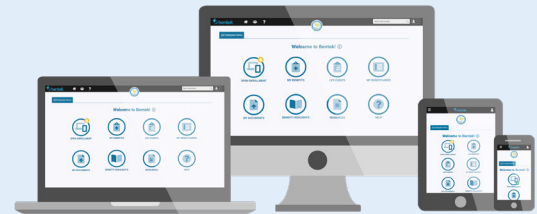
Introduction

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

Online Benefit Enrollment

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

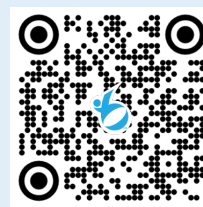
Accessible 24 hours a day, throughout the year, employees may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for themselves and dependent(s). Employees also have access to important forms and carrier links, can report qualifying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



To Access the Employee Benefits Center:

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

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



To access Bentek using a mobile device, scan code.



Group Insurance Eligibility



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

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are in a full/part time budgeted position, working 30 hours or more per week. Employees, working a minimum schedule of 25 hours or more per week, are eligible to purchase voluntary benefit products only. Coverage will be effective the first day of the month following 30 days of employment. For example, if an employee is hired on April 11, effective date of coverage will be June 1.

Separation of Employment

If an employee separates from employment with the City, insurance will continue through the end of month in which separation has occurred. COBRA continuation of coverage may be available as applicable by law. Notification of COBRA rights will be communicated by the City's COBRA Administrator.

Dependent Eligibility

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

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

Dependent Age Requirements

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

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

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

Disabled Dependents

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

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

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



Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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

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

Examples of Qualifying Events:

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



IMPORTANT

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

Summary of Benefits and Coverage

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

From: Human Resources
Address: 400 Alexandria Blvd.
 Oviedo, FL 32765
Phone: (407) 971-5524
Email: sabadie@cityofoviedo.net
Intranet: City of Oviedo SharePoint Intranet
Website URL: www.mybentek.com/oviedo

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by visiting the City of Oviedo SharePoint Intranet or by logging on Bentek at the following web address: www.mybentek.com/oviedo.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (407) 971-5524.



Medical Insurance

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

Medical Insurance – BlueChoice PPO HRA Plan With Tobacco Affidavit

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employer Cost with Affidavit	Employee Cost with Affidavit
Employee Only	\$610.84	\$0.00
Employee + Spouse	\$885.13	\$231.75
Employee + Child(ren)	\$856.47	\$207.52
Employee + Family	\$1,113.63	\$424.98

Please Note: Employees who complete an affidavit attesting to their tobacco free status, will receive a \$50.00 premium credit (towards each tier).

Medical Insurance – BlueChoice PPO HRA Plan Without Affidavit

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employer Cost without Affidavit	Employee Cost without Affidavit
Employee Only	\$560.84	\$50.00
Employee + Spouse	\$835.13	\$281.75
Employee + Child(ren)	\$806.47	\$257.52
Employee + Family	\$1,063.63	\$474.98

Tobacco Surcharge

Employees will have an opportunity to eliminate the tobacco surcharge by:

- Completing a tobacco cessation program and a negative nicotine test.
- Completing a negative nicotine test two times in 60 days.

For more information on the free Tobacco Cessation courses, offered by the City to employees and dependents, please contact Human Resources.

Florida Blue | Customer Service: (800) 352-2583 | www.floridablue.com

Medical Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Florida Blue's customer service at (800) 352-2583, or visit www.floridablue.com.

The Florida Blue Mobile App

Florida Blue's mobile website can be accessed from any smartphone or download the app from the iPhone® or Android™ with just a tap! Visit the smartphone's app store and search for Florida Blue or visit www.floridablue.com

Blue365

Blue365 is provided automatically at no additional cost and offers access to discounted products and services at participating providers. Members may log on to www.floridablue.com to learn more about these programs or call (800) 345-3885.

- ✓ Fitness Club Memberships, Exercise Footwear and Apparel
- ✓ Vision Care, Glasses, and Contact Lenses
- ✓ Hearing Care and Aids
- ✓ Alternative Medicine
- ✓ Elder Care Advisory Services
- ✓ Hotel Rooms and Travel Information
- ✓ Weight Loss Management

ElectRx

The City offers group health plan employees, dependents and retirees an alternative pharmacy benefit for select name brand drugs. Prescriptions can be filled through My Health Onsite or any other physician without a copay.



Florida Blue - BlueChoice PPO HRA Plan At-A-Glance

Network	BlueChoice	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance		
Member Responsibility	20%	30%
Plan Year Out-of-Pocket Limit		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$40 Copay	30% After PYD
Specialist Office Visit	\$60 Copay	30% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	20% Coinsurance (Deductible Waived)	30% Coinsurance (Deductible Waived)
X-rays	\$60 Copay	30% After PYD
Advanced Imaging (MRI, PET, CT)	\$150 Copay	30% After PYD
Outpatient Surgery at Surgical Center	20% After PYD	30% After PYD
Physician Services at Surgical Center	20% After PYD	30% After PYD
Urgent Care (Per Visit)	\$60 Copay	\$60 Copay After PYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After PYD	\$300 PAD + 30% After PYD
Outpatient Hospital (Per Visit)	20% After PYD	30% After PYD
Physician Services at Hospital	20% After PYD	20% After In-Network PYD
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization (Per Admission)	No Charge	30% Coinsurance (Deductible Waived)
Outpatient Services (Per Visit)	No Charge	
Outpatient Office Visit	No Charge	
Prescription Drugs (Rx)***		
Generic	\$15 Copay	50% Coinsurance
Preferred Brand Name	\$30 Copay	50% Coinsurance
Non-Preferred Brand Name	\$50 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	2x Retail Copay	Not Covered



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueChoice** network.



Plan References

***Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers for services rendered, please refer to the plan's Summary of Benefits and Coverage (SBC) document.

****Quest Diagnostics is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueChoice network prior to receiving services.**

*****Specialty Pharmacy Benefits:**

Members are responsible for 20% of the allowed amount for specialty pharmacy benefits. The coinsurance maximum is \$100 per month and costs are allocated towards the plan year out-of-pocket limit.



Health Reimbursement Account

The City provides employees, who enroll in the City of Oviedo’s medical plan, a Health Reimbursement Account (HRA) administered by P&A Group. HRA monies are funded by the City, not taxable, and can be used for any qualified medical expenses used toward in-network or out-of-network deductible (i.e. physician services, and hospital services). The Health Reimbursement monies provide tax-free funds to help cover expenses incurred under the medical plan.

Wellness Incentive Program

1. Health Reimbursement

Eligible employee covered on the City's medical plan will receive funding into an employee HRA account ONLY after completing a personal Vital Health Profile (VHP) AND follow-up visit through the My Health Onsite Wellness Center between July 1, 2024 and June 30, 2025. If all requirements are met, the City will fund the HRA account as follows:

- Employee Only: Up to \$750 if a non-tobacco user affidavit is signed or up to \$500 for tobacco users.
- Employee + Family: Up to \$1,500 if a non-tobacco user affidavit is signed or up to \$1,000 for tobacco users.
- Vital Health Profile Bonus: Employees will receive a \$50 gift card upon completion of a personal Vital Health Profile.

Please Note: Unused funds DO NOT rollover year to year.

2. Wellness Target Bonus

Employees who achieve the Wellness Targets below are eligible to receive Part II of the incentive program.

Wellness Targets:

- BMI 28 or Less or Men < 40" / Women < 35" Waist
- Blood Pressure 130/90 or Less
- Cholesterol is 200 or Less or Total Cholesterol/HDL Ratio of 4 or Less
- Fasting Blood Glucose Less than 100 or HgA1C < 5.7

Alternatives are available to those who participate in certain health-related activities:

- A City Sponsored Wellness Challenge or MHO 12-week Weight Loss Challenge
- Complete Two (2) Races, a Minimum of 5K in Length, or
- Complete a "Plan of Care" Through My Health Onsite Online or with a My Health Onsite Coach.

A Wellness Day and a second \$50.00 gift card will be awarded following the completion of the Program (Parts I and II) on June 30, 2025. The Wellness Day will be available for use in August 2025 and must be utilized by June 30, 2026. The Wellness Day is not eligible for pay out upon separation and cannot be carried over. If the Wellness Day is not used by June 30, 2026, it will be automatically deactivated and removed.

Expenses Eligible for Reimbursement

Employees may request reimbursement of expenses for themselves or covered dependent(s). Eligible deductible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement checks will be issued to the employee throughout the year for incurred expenses up to the maximum annual benefit amount. If the medical deductible expenses are paid with FSA funds, they are not eligible for HRA reimbursement. For more information regarding eligible expenses, visit P&A group online at www.padmin.com

Filing a Claim

Employee may submit claim forms to P&A Group and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical services received. Claim forms can be submitted online at P&A's website, via P&A's mobile app or via fax to (877) 855-7105, which is indicated on the claims form.

Claims Mailing Address
6400 Main St, Suite 210 Williamsville, NY 14221
Fax: (877) 855-7105

P&A Group | Customer Service: (716) 852-2611 | www.padmin.com

All claims must be filed within 90 days after the plan year, or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.



Employee Health Center

City of Oviedo Employee Health & Wellness Center

My Health Onsite, manages the City's on-site Health & Wellness Center for benefit-eligible employees and dependent(s) (age 10 and above). Services received at the Health & Wellness Center are completely voluntary and confidential. Medical information will not be shared with the City unless it is documentation related to worker's compensation.

My Health Onsite provides short wait times to be seen by the doctor, no copays or deductibles, and several other ways to help lower out-of-pocket costs and improve health; including over 150 medications dispensed at no charge.

Employees on the group medical plan who are referred to SimonMed, for imaging, such as an MRI or CAT Scan, will have no co-pay or out-of-pocket expense

Benefit-eligible employees may elect to receive My Health Onsite & Wellness services, free of charge, without being a group health insurance participant. Proof of other insurance must be provided.

Additional benefits of using the Employee Health & Wellness Center include:

1. **Vital Health Profile:** Employee may participate in an Vital Health Profile and receive a personalized health analysis with lab result interpretations and trends.
 - After an employee has an Vital Health Profile completed at the Health Center, the employee will automatically be assigned to a Health Coach who will be available to answer questions or offer individualized consultation on personal health goals.
 - ✓ Registered Nurse
 - ✓ Registered Dietitian
 - ✓ Tobacco Cessation Coach
 - ✓ Exercise Coach
2. **Employee Education:** The latest in scientific-based medicine is provided online.
3. **Reporting & Other Benefits:** Have access to a detailed set of reports and other benefits.

City of Oviedo Health Center Hours of Operation

Monday	8:00 a.m. – 6:00 p.m.
Tuesday	8:00 a.m. – 12:00 p.m.
Wednesday	8:00 a.m. – 6:00 p.m.
Thursday	8:00 a.m. – 12:00 p.m.
Friday	8:00 a.m. – 12:00 p.m.

Please Note: After the first incident, a surcharge of \$25 will be assessed if an employee or eligible dependent(s):

- Does not show for a scheduled appointment
- Cancels visit after 8:00 am on the day of scheduled appointment
- Arrives more than 10-minutes late for a scheduled appointment

Additionally; a surcharge of \$50 will be assessed for any subsequent incidents throughout the plan year.

My Health Onsite

Phone: (407) 735-4099 | 310 Alexandria Blvd., Oviedo, FL 32765



Dental Insurance

Humana DMO Plan

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

Dental Insurance – Humana DMO Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$7.43
Employee + One	\$14.71
Employee + Family	\$26.15

In-Network Benefits

The DMO dental plan is an in-network only plan that requires all services to be provided by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Humana Dental DHMO HS190 network to receive covered services. There is no coverage for services received out-of-network.

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

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Benefit Maximum

There is no benefit maximum.

The MyHumana Mobile App

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- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs

Store and organize all important contact info for doctors, hospitals, and pharmacies



IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply
- Implant benefits are also covered. Please refer to the carrier's benefit summary for additional information.
- A fee may be charged to a member for a missed or cancelled appointment.

The summary on the following page has been provided as a convenient reference. For a full listing of covered services, please see the plan's Schedule of Benefits or contact Humana's customer service.

Humana | Customer Service: (866) 427-7478 | www.humana.com



Humana DMO Plan At-A-Glance

Network		Humana Dental DHMO HS190	
Plan Year Deductible (PYD)		In-Network Only	
Per Member		Does Not Apply	
Per Family			
Plan Year Maximum			
Class I Services: Diagnostic & Preventive Care		Code	In-Network
Routine Oral Exam (2 Per Year)		0120/0150	\$0
Routine Cleanings (2 Per Year)		1110/20	\$0
Bitewing X-rays (2 Per Year)		0272	\$0
Complete X-rays (1 Set Every 3 Years)		0210	\$0
Fluoride Treatments		1208	\$0
Sealants (Per Tooth, to Age 16)		1351	\$0
Emergency Treatment to Relieve Pain (During Regular Hours)		9999	\$20
Class II Services: Basic Restorative Care			
Fillings (Amalgam — 3 Surfaces)		2160	\$0
Fillings (Composite — 3 Surfaces, Anterior)		2332	\$0
Fillings (Composite — 3 Surfaces, Posterior)		2393	\$65
Simple Extractions (Erupted Tooth or Exposed Root)		7140	\$15
Surgical Removal of Tooth (Erupted/Impacted)		7210/40	\$30/\$80
Endodontics (Root Canal Therapy)*		3330	\$190
Periodontal Scaling (Per Quadrant)		4341/42	\$30/\$38
Deep Cleaning		4355	\$50
General Anesthesia (First 15 Minutes)		9222	\$75
Class III Services: Major Restorative Care			
Crowns (Porcelain Fused to Metal)*		6750	\$180
Bridges (Porcelain Fused to High Noble Metal)*		6241	\$180
Dentures		5110/20	\$205
Class IV Services: Orthodontia (Lifetime Maximums)			
Benefit — Child (up to age 19)/Adult		8080/90	\$1,650
Retention		8680	\$300



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select **Humana Dental DHMO HS190**.



Plan References

*Excluding final restoration



Dental Insurance

Humana Dental PPO Low Plan

The City offers two (2) dental PPO options through Humana to benefit-eligible employees. The costs per pay period for coverage for the Humana Dental PPO Low Plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana PPO Low Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$12.31
Employee + One	\$27.21
Employee + Family	\$44.98

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

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

Plan Year Benefit Maximum

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

Extended Annual Maximum

Extended Annual Maximum offers additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia).

The MyHumana Mobile App

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- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs

Store and organize all important contact info for doctors, hospitals, and pharmacies

Humana | Customer Service: (866) 427-7478 | www.humana.com



Humana Dental PPO Low Plan At-A-Glance

Network	PPO/Traditional Preferred	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	Yes
Plan Year Benefit Maximum**		
Per Member (Includes Class I Services)	\$1,500	\$1,500
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (3 Per Plan Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Plan Year)		
Bitewing X-rays (2 Set Per Plan Year)		
Complete X-rays (1 Every 5 Years)		
Deep Cleanings		
Class II Services: Basic Restorative Care		
Fillings (Amalgam or Composite)	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
Periodontal Services		
General Anesthesia (Limitations May Apply)		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)
Bridges		
Dentures		
Implants (1 Per Tooth Every 5 Years)		
Class IV Services: Orthodontia		
Lifetime Maximum	\$1,000	
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50% (No Deductible)	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select PPO/Traditional Preferred network.



Plan References

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

****Extended Annual Maximum offers additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia).**



Important Notes

- Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive care benefit.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limits may apply.
- Benefit frequency limitations may apply to certain services.
- Members are responsible for determining if their provider participates in the PPO/Traditional Preferred network.



Dental Insurance

Humana Dental PPO High Plan

The City offers two (2) dental PPO options through Humana to benefit-eligible employees. The costs per pay period for coverage for the Humana Dental PPO High Plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana PPO High Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$16.00
Employee + One	\$35.49
Employee + Family	\$57.54

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

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

Plan Year Benefit Maximum

There is no benefit maximum. Excludes orthodontia services.

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- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs

Store and organize all important contact info for doctors, hospitals, and pharmacies

Humana | Customer Service: (866) 427-7478 | www.humana.com



Humana Dental PPO High Plan At-A-Glance

Network	PPO/Traditional Preferred	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	Yes
Plan Year Benefit Maximum**		
Per Member (Includes Class I Services)	Does not Apply	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (3 Per Plan Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Plan Year)		
Bitewing X-rays (2 Set Per Plan Year)		
Complete X-rays (1 Every 5 Years)		
Deep Cleanings		
Class II Services: Basic Restorative Care		
Fillings (Amalgam or Composite)	Plan Pays: 90% After PYD	Plan Pays: 80% After PYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
Periodontal Services		
General Anesthesia (Limitations May Apply)		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)
Bridges		
Dentures		
Implants (1 Per Tooth Every 5 Years)		
Class IV Services: Orthodontia		
Lifetime Maximum	\$1,000	
Benefit (Children/Adult)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select PPO/Traditional Preferred network.



Plan References

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

**Excludes orthodontia services.



Important Notes

- Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive care benefit.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limits may apply.
- Benefit frequency limitations may apply to certain services.
- Members are responsible for determining if their provider participates in the PPO/Traditional Preferred network.



Vision Insurance

Humana Vision 130 Plan

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

Vision Insurance – Humana Vision 130 Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$2.59
Employee + Spouse	\$4.94
Employee + Child(ren)	\$5.19
Employee + Family	\$7.62

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

The MyHumana Mobile App

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- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Store and organize all important contact info for doctors, hospitals, and pharmacies

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



Humana Vision 130 Plan At-A-Glance

Network		Humana Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Contact Lens Fit & Follow-Up	Standard Lens	Up to \$40 Allowance	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered
Frequency of Services Per Plan Year			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		\$15 Copay	Up to \$25 Reimbursement
Bifocal		\$15 Copay	Up to \$40 Reimbursement
Trifocal		\$15 Copay	Up to \$60 Reimbursement
Frames			
Allowance		\$130 Retail Allowance; Then 20% Off Balance Over \$130	Up to \$65 Reimbursement
Contact Lenses*			
Non-Elective <i>(Medically Necessary; Prior Auth. Required)</i>		No Charge	Up to \$200 Reimbursement
Elective <i>(Lenses)</i>	Conventional	\$130 Allowance; Then 15% Off Balance Over \$130	Up to \$104 Reimbursement
	Disposable	\$130 Allowance	Up to \$104 Reimbursement



Locate a Provider

To search for a participating provider, contact Humana's customer service visit to www.humana.com. When completing the necessary search criteria, select **Humana Insight** network.



Plan References

**Contact lenses are in lieu of spectacle lenses.*



Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

This benefits summary has been provided as a convenient reference. For details regarding all the plan's coverages, exclusions, and stipulations, contact customer service (877) 398-2980.



Vision Insurance

Humana Vision 150 Plan

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

Vision Insurance – Humana Vision 150 Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$3.64
Employee + Spouse	\$6.91
Employee + Child(ren)	\$7.27
Employee + Family	\$10.67

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

The MyHumana Mobile App

The MyHumana mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM. With the MyHumana mobile app, members can:

- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Store and organize all important contact info for doctors, hospitals, and pharmacies

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



Humana Vision 150 Plan At-A-Glance

Network		Humana Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Contact Lens Fit & Follow-Up	Standard Lens	Up to \$40 Allowance	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered
Frequency of Services Per Plan Year			
Examination		12 Months	
Lenses		12 Months	
Frames		12 Months	
Contact Lenses		12 Months	
Lenses			
Single		\$10 Copay	Up to \$25 Reimbursement
Bifocal		\$10 Copay	Up to \$40 Reimbursement
Trifocal		\$10 Copay	Up to \$60 Reimbursement
Frames			
Allowance		\$150 Retail Allowance; Then 20% Off Balance Over \$150	Up to \$80 Reimbursement
Contact Lenses*			
Non-Elective <i>(Medically Necessary; Prior Auth. Required)</i>		No Charge	Up to \$210 Reimbursement
Elective <i>(Lenses)</i>	Conventional	\$150 Allowance; Then 15% Off Balance Over \$150	Up to \$128 Reimbursement
	Disposable	\$150 Allowance	Up to \$128 Reimbursement



Locate a Provider

To search for a participating provider, contact Humana's customer service visit to www.humana.com. When completing the necessary search criteria, select **Humana Insight** network.



Plan References

**Contact lenses are in lieu of spectacle lenses.*



Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

This benefits summary has been provided as a convenient reference. For details regarding all the plan's coverages, exclusions, and stipulations, contact customer service (877) 398-2980.



Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through P&A Group. The FSA plan year is from October 1 through September 30.

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

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,200. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

Dependent Care FSA

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

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

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

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

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

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

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



Flexible Spending Accounts *(Continued)*

FSA Guidelines

- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 through September 30).
- When a plan year ends and all claims have been filed, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form, along with a copy of the receipt as proof of the expense can be submitted via mail, online, mobile app or by fax at (877) 855-7105. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Claims Mailing Address

6400 Main St, Suite 210 Williamsville, NY 14221
Fax: (877) 855-7105

P&A Group | Customer Service: (716) 852-2611 | www.padmin.com

HERE'S HOW IT WORKS!



An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$9,628	-\$9,825
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$39,372	\$39,175
Tax Savings	\$197	

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



Basic Life and AD&D Insurance

Basic Term Life

The City provides a Basic Term Life insurance for all eligible employees through New York Life. Eligible employees will receive a benefit amount of one (1) time their annual earnings rounded to the next higher \$1,000 not to exceed \$200,000.

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Life insurance benefit in excess of \$50,000 must be included in income and is subject to Federal, Social Security and Medicare taxes.

Accidental Death & Dismemberment

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

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 40% of the benefit amount at age 70
- › Reduces to 25% of the benefit amount at age 75

Retirees

Eligible Retirees may elect to purchase Life insurance coverage at the time of their retirement in the amount of \$10,000. Benefit amount is not subject to any age reduction schedules.

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

New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | www.mynylgbs.com

Voluntary Life Insurance

Voluntary Employee Life Insurance

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

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$150,000.

- Employee can elect up to five (5) times their basic annual earnings (BAE); up to \$200,000 maximum rounded to the higher \$1,000.
- Benefit amounts are subject to the following age reduction schedule:
 - › Reduces to 65% of the benefit amount at age 65
 - › Reduces to 40% of the benefit amount at age 70
 - › Reduces to 25% of the benefit amount at age 75
- Benefits terminate at retirement.

2024-2025 Open Enrollment: Eligible employees have the opportunity to purchase or increase Voluntary Employee Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$150,000.

Monthly Voluntary Life Rate Table

Rate Per \$1,000 of Benefit

Age Bracket <i>(Based On Employee Age)</i>	Voluntary Life Rate
Under Age 30	\$0.07
30-34	\$0.10
35-39	\$0.12
40-44	\$0.145
45-49	\$0.225
50-54	\$0.369
55-59	\$0.639
60-64	\$0.99
65-69	\$1.45
70 +	\$1.93

New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | www.mynylgbs.com



Voluntary Life Insurance *(Continued)*

Voluntary Spouse and/or Dependent Child(ren) Life Insurance

- Voluntary Dependent Life insurance coverage cannot be purchased separately, only as a family unit.
- A flat \$10,000 benefit is offered for Voluntary Spouse coverage.
- A flat \$5,000 benefit is offered for eligible unmarried child(ren) from six (6) months to age 26.
- A flat \$500 benefit is offered for eligible child(ren) from birth to six (6) months.
- Spouse/Dependent Life Insurance coverage is a flat \$1.27 per 24 payroll deductions, whether just spouse or dependent(s) are covered together or separately.
- Spouse coverage terminates at age 70.

Voluntary Short Term Disability

The City offers Voluntary Short Term Disability (STD) coverage through New York Life, to all eligible, full-time employees working a minimum of 40 hours per week and active part-time employees regularly working a minimum of 25 hours per week. The STD benefit pays the employee a percentage of weekly earnings if the employee becomes disabled due to an illness or non-work related injury.

Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of an employee's weekly earnings with a benefit maximum of \$1,000 per week.
- An Employee must be disabled due to an illness for seven (7) consecutive days prior to becoming eligible for benefits (known as the elimination period).
- If the disability is due to a non-work related injury, the member may be eligible for benefits immediately.
- The maximum benefit period is 13 weeks.
- If the employee is unable to return to work after the 13 week STD maximum benefit has been exhausted, the employee will automatically be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income including sick time.

2024-2025 Open Enrollment: Eligible employees have the opportunity to newly purchase Short Term Disability insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI).

Long Term Disability

The City provides Long Term Disability (LTD) insurance, through New York Life, at no cost to all eligible employees. The LTD benefit pays a percentage of gross monthly earnings if employee becomes disabled due to a injury or illness.

Long Term Disability (LTD) Benefits

- The LTD benefit pays 66.67% of monthly earnings up to a benefit maximum of \$7,500 per month.
- An Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- If the employee returns to work on a part-time basis, the employee may continue to be eligible for partial benefits.
- Periodic evaluations may occur at the discretion of New York Life.
- If the employee is unable to return to their own occupation then the employee will continue to receive benefits for a maximum of 24 months.
- The benefit period maximum will be determined by the employee's age at the time the disabling event occurs.
- After 24 months, if the employee can return to any occupation in which they are suitably trained, educated, and/or capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).
- Long Term Disability benefits are taxable.

New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | www.mynylgbs.com

New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | www.mynylgbs.com



Employee Assistance Program

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

What is an Employee Assistance Program (EAP)?

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

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

Are Services Confidential?

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

Aetna Resources for Living

Customer Service: (800) 272-7252 | www.resourcesforliving.com
Username: COO | Password: COO

Supplemental Insurance

Colonial Life offers a variety of supplemental insurance plans that may be purchased separately, on a voluntary basis, and premiums paid by payroll deduction on an after-tax basis. Children may be included in some plans up to age 26. To learn more about these Colonial Life plans and/or to schedule a personal appointment, contact the local Colonial Life agent. Details regarding available Colonial plans and services are also available online at www.coloniallife.com

Available plans include:

- ✓ Accident Insurance
- ✓ Cancer Insurance
- ✓ Disability Insurance*
- ✓ Critical Illness Insurance*
- ✓ Hospital Confinement Indemnity Insurance*

Please Note: All Colonial supplement plans are purchased independently and do not coordinate benefits through the City. The independent supplement plans and City do not coordinate or accept pay back of accrued time off.

*New Enhanced Plan Available

**Guarantee Issue for New Hires (hired within the last 12 months) are available on some plans.

Colonial Life | Customer Service: (800) 325-4368 | www.coloniallife.com
Agent: Ms. Chris Norwood | Office: (407) 748-5900 | Cell: (407) 808-8374
Email: chris.norwood@coloniallifesales.com



Legal and Identity Protection Plan

LegalShield

The City offers employees the opportunity to enroll in a voluntary pre-paid legal program provided by LegalShield. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance for a variety of situations that include:

- ✓ Dedicated Law Firm
- ✓ Legal Advice/ Consultation
- ✓ Letters/Calls Made on Your Behalf
- ✓ Contracts/Document Review
- ✓ Residential Loan Document Assistance
- ✓ Will Preparation
- ✓ Speeding Ticket Assistance
- ✓ IRS Audit Assistance
- ✓ Trial Defense
- ✓ 25% Preferred* Member Discount
- ✓ 24/7 Emergency Access For Covered Situations

Please Note: 25% discount only applies to: Criminal, Contested Divorce, Contested Child Custody, Immigration

IDShield

The City offers employees the opportunity to enroll in a voluntary identity theft protection/credit monitoring service through IDShield. By enrolling in this plan as an add-on benefit to the LegalShield plan a participant will have access to the following benefits:

- ✓ Bureau Credit Monitoring
- ✓ High Risk Application and Transaction Monitoring
- ✓ Social Media Monitoring
- ✓ Credit Inquiry Alerts
- ✓ Consultations on Cyber Security Questions
- ✓ Identity Restoration
- ✓ 24/7 Emergency Access In The Event of Identity Theft

There are two (2) levels of coverage that may be purchased. Employee can purchase LegalShield for \$7.98 per pay period or LegalShield with Identity Theft for \$12.95 per pay period. This includes coverage for the entire household including spouse and dependent child(ren) up to the age of 18 regardless of the number of eligible dependents enrolled in the plan.

LegalShield | Customer Service: (800) 654-7757

www.legalshieldassociate.com/hub/sb

Agent: Steve Baker | Office: (321) 613-0037 | Mobile: (310) 663-4735

Email: sb@legalshieldassociate.com

Retirement Information

401(a)

All regular status employees working 32 hours or more per week (except certified firefighters and sworn police officers) are enrolled in the 401(a) Defined Contribution Plan effective within 15 days of employment. Employees must make an irrevocable election to contribute between 1% - 10% (pre-tax) of their annual salary. The City will match 100% of the first 5% of the employee's contributions. The plan is a defined contribution with a 5-year incremental vesting schedule. Mission Square Retirement offers employees a number of investment options to make the most out of employee's retirement account. The City's Mission Square Retirement representative, Fausto Andrade, may assist in planning retirement and investment goals.

457

A voluntary 457 deferred compensation plan is available for all full-time and budgeted part-time employees. Employees can contribute pre-tax dollars to this optional account. Contributions to this account can be stopped or changed at any time without penalty. Like the 401(a), the 457 offers a number of investment options to make the most out of employee's retirement account. The City's Mission Square Retirement representative, Fausto Andrade, may assist in planning retirement and investment goals.

Roth IRA

A voluntary Roth IRA plan is available for all employees. An employee can elect to contribute after-tax dollars to this retirement account. The minimum contribution to the account is \$10 per pay period and, like the 457, contributions can be stopped or changed at any time. The Roth IRA remains tax free on investment earnings while remaining in the account. In addition, employee will be free of any taxes or penalties when employee withdraws earnings from the Roth IRA as long as employee's account has met certain five (5) year aging requirements and employee has a qualifying event or reaches retirement age. Principal contributions to the account can be withdrawn at anytime, without penalty and are tax free.

Public Safety Pensions

Oviedo Police Officers and Firefighters each have a separate Pension Trust Fund. These pensions are designed to help the employee meet financial needs at retirement, or in the event of disability or death. These retirement plans are governed by Florida Statutes Chapter 175 and 185 for certified fire and sworn law enforcement employees respectively and Chapter 112 of the Internal Revenue Code. Employee member contributions are a percentage of compensation as defined in each retirement program's Summary Plan Document. Eligibility for benefits are in accordance with age and service requirements outlined in the program ordinances, Florida Statutes and Summary Plan Documents. For more information regarding the fund, please contact any member on the Board of Trustees.

Mission Square Retirement

Customer Service: (800) 669-7400 | Agent: Fausto Andrade

Cell: (202) 759-7008 | Email: fandrade@missionsq.org | www.missionsq.org



Retiree Medical Benefits

Medical Insurance – BlueChoice PPO HRA Plan

Retiree Rates

Monthly Rates

Tier of Coverage	Retiree Monthly Cost	Total Monthly Cost
Retiree Only	\$1,221.68	\$1,221.68
Retiree + Spouse	\$2,233.76	\$2,233.76
Retiree + Child(ren)	\$2,127.98	\$2,127.98
Retiree + Family	\$3,077.22	\$3,077.22

Group Retiree Health Plan

The City's Group Retiree Health Plan will be provided by the insurance carrier(s) in force at the time of retirement and is subject to change if the City changes carriers, benefits or rates. All of the following requirements must be met in order for a City employee to be eligible for retiree medical insurance benefits.

Employees covered by Defined Benefit Plans must adhere to the Plan requirement defining retirement. Those covered by a Defined Contribution Plan (401(a)), must complete 25 years of service or be age 62 with at least ten (10) years of service with the City.

Retirees/dependents, age sixty-five (65) and older who are not enrolled in Medicare Part A & B, this plan applies benefits as if Medicare Part B is Primary and Florida Blue coverage is secondary paying only 20% and applicable benefits will apply. The remaining 80% is non-covered member cost share. If a member is not eligible for Medicare the member should contact their HR Department

Please Note: Retiree benefits are offered under a separate medical plan for the purpose of the Affordable Care Act.

Holiday Schedule

The 2024-2025 Holiday Schedules for full-time regular and non-bargaining unit employees are listed below:

2024	Date	4/10s	5/8s
New Year's Day	—	—	—
M.L.K. Day	—	—	—
Memorial Day	—	—	—
Independence Day	—	—	—
Labor Day	Monday, 9/2	Monday, 9/2	Monday, 9/2
Veterans Day	Monday, 11/11	Monday, 11/11	Monday, 11/11
Thanksgiving Day	Thursday, 11/28	Wednesday, 11/27	Thursday, 11/28
Day after Thanksgiving	Friday, 11/29	Thursday, 11/28	Friday, 11/29
Christmas Holiday	Tuesday, 12/24	Tuesday, 12/24	Tuesday, 12/24
Christmas Holiday	Wednesday, 12/25	Wednesday, 12/25	Wednesday, 12/25
Floating Holiday	Use on or before September 14, 2024		

2025	Date	4/10s	5/8s
New Year's Day	Wednesday, 1/1	Wednesday, 1/1	Wednesday, 1/1
M.L.K. Day	Monday, 1/20	Monday, 1/20	Monday, 1/20
Memorial Day	Monday, 5/26	Monday, 5/26	Monday, 5/26
Independence Day	Friday, 7/4	Thursday, 7/3	Friday, 7/4
Labor Day	Monday, 9/1	Monday, 9/1	Monday, 9/1
Veterans Day	Tuesday, 11/11	Tuesday, 11/11	Tuesday, 11/11
Thanksgiving Day	Thursday, 11/27	Wednesday, 11/26	Thursday, 11/27
Day after Thanksgiving	Friday, 11/28	Thursday, 11/27	Friday, 11/28
Christmas Holiday	Wednesday, 12/24	Wednesday, 12/24	Thursday, 12/25
Christmas Holiday	Thursday, 12/25	Thursday, 12/25	Friday, 12/26
Floating Holiday	Use on or before September 13, 2025		

In order to be eligible for holiday pay, an employee must be in an active pay status, receiving pay for the scheduled workday before and after the holiday; i.e., worked the regular day or on approved leave with pay. Non-union shift employees observe the actual holiday (ex: Independence Day – July 4th) as the holiday for premium holiday pay purposes. Temporary, seasonal, and non-budgeted part-time employee may have the day off according to their schedule but are not eligible for holiday pay. Temporary, seasonal, and budgeted part-time employees are not eligible for the floating holiday.

Full-time regular status employees must have completed the initial (new hire) six-month probationary period or six (6) consecutive months' of employment in order to use their floating holiday.

For further details, non-union employees may refer to Personnel Procedures and Rules Manual, Chapter XIII. Union employees should refer to their respective bargaining agreement for rules pertaining to holidays.



BROWN & BROWN PUBLIC SECTOR

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

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Exhibit 2

Sample Employee Education & Wellness Communication

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

EMPLOYEE BENEFITS OPEN ENROLLMENT 2024 2025

Employees will have until **5:00 pm on August 23rd** to complete Enrollment for the **2024-2025 Plan year, starting October 1, 2024.**

Employees can attend any session. Spouses are welcome to attend.

Attendance is not mandatory; however, it is strongly recommended. Representatives will be available to answer your questions.



Wednesday, August 7

Presentations:
City Hall - Council Chambers
8:30am, 10:30am, 2:00pm

Enrollments:
1st Floor Conference Room
9:30am - Noon
3:00pm - 5:00pm

Thursday, August 8

Presentations:
City Hall - Council Chambers
8:30am, 10:30am

Enrollments:
1st Floor Conference Room
9:30am - Noon

Enroll on site through the Bentek system and meet with the Colonial Life Enrollers

All employees are required to log into Bentek during the Open Enrollment period to confirm their benefit elections and beneficiary designations for the 2024-2025 Plan Year.

ONLINE ENROLLMENT THROUGH BENTEK IS OPEN FROM Wednesday, August 7th until 5:00 pm on Friday, August 23rd

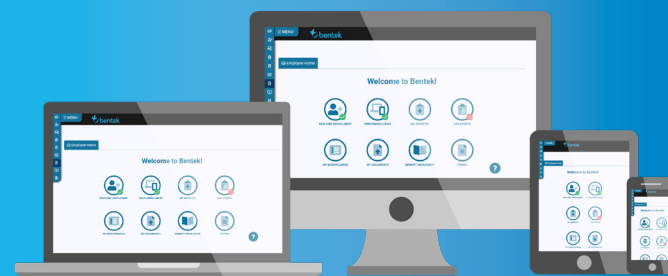
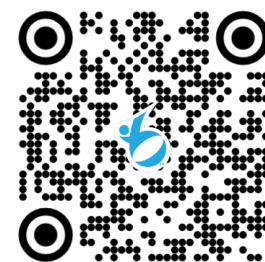
Open Enrollment is online! Bentek is our internet-based benefits-enrollment system, allowing you to do the following 24 hours-a-day/7 days-a-week during the Open Enrollment period:

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

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

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

To access Bentek using a mobile device, scan code:



If you have any questions regarding Open Enrollment, please contact **Stephanie Abadie at (407) 971-5224 or sabadie@cityofoviedo.net.**



2024-2025 OPEN ENROLLMENT AUGUST 6TH - AUGUST 27TH

Open Enrollment is MANDATORY for employees this year.

Orange County Sheriff's Office Group Insurance Plan Year Begins October 1, 2024.

Open Enrollment is the time of year when you can make changes to your benefits, add or drop dependents, change plans, enroll into coverage or drop coverage. All new elections and changes made during Open Enrollment will be effective on October 1, 2024.

All elections must be completed in the Lawson system by **5:00pm on August 27th, 2024.**

All Open Enrollment elections must be submitted on Lawson between August 6th and August 27th, 2024.



Onsite Open Enrollment Presentations with Gehring Group, Cigna, Humana and New York Life

DATE	TIME	LOCATION
August 8th	12:00pm – 1:00pm	OPS
August 9th	9:30am – 10:30am	OPS
August 15th	5:30pm – 6:30pm	OPS
August 16th	9:30am – 10:30am	OPS
	12:00pm – 1:00pm	
August 21st	6:00pm – 7:00pm (open to spouses)	OPS

Virtual Presentations with Gehring Group, Cigna, Humana and New York Life

August 7th	2:00pm – 3:00pm	Virtual Meeting via Teams		
	5:00pm – 6:00pm			
August 14th	2:00pm – 3:00pm	Virtual Meeting via Teams		
	5:00pm – 6:00pm			
August 23th	2:00pm – 3:00pm	Virtual Meeting via Teams		

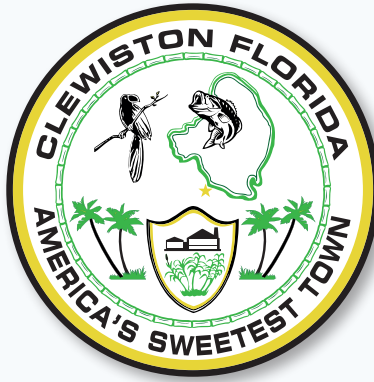
Q&A/One on One sessions with Gehring Group, Cigna, Humana and New York Life

August 8th	1:00pm – 3:00pm	OPS
	4:00pm – 7:00pm	Comm Center
August 9th	11:00am – 2:00pm	Courthouse
	4:00pm – 7:00pm	Comm Center

Computer Lab Hours

Benefits Team will be available to assist employees with online enrollment

August 6th	1:00pm – 5:00pm	Lab
August 7th	9:00am – 12:00pm	Lab
August 13th	1:00pm – 6:00pm	Lab
August 14th	9:00am – 12:00pm	Lab
August 20th	1:00pm – 6:00pm	Lab



2025-2026

OPEN ENROLLMENT IS HERE!

City of Clewiston Group Insurance Plan Year Begins October 1, 2025!

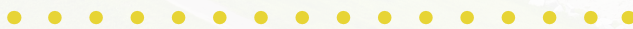
Open Enrollment is the time of year that you can make changes to your benefits, add or drop dependents, change plans, enroll into coverage or drop coverage. All new elections and changes made during Open Enrollment will be effective on October 1, 2025. The Open Enrollment period begins on August 27th and ends on September 3rd.

What's New: We are excited to announce we will begin using Employee Navigator for our online benefits enrollment platform. www.employeenavigator.com

What's Changing: We're pleased to announce that the City will be adding a new Employer-Paid Short Term Disability (STD) Plan through Mutual of Omaha this plan year! New Aflac Group GI offerings Accident (24 HR), Hospitalization, Critical Illness with Cancer. No Medical Underwriting required!

Enrollment Assistance: Enrollment Counselors will be on-site during Open Enrollment to assist with all plan offerings and help with enrolling in Employee Navigator.

Open Enrollment Informational meetings will be in-person and a representative from the Risk Strategies/Gehring Group team will be presenting plan updates and available to answer any questions.

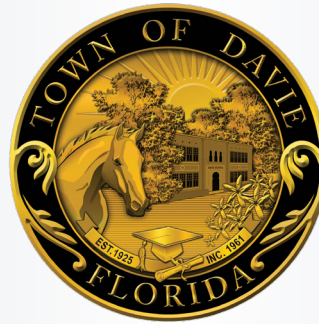


ENROLLMENT MEETINGS

Wednesday, August 27th

8:00am and 1:00pm

Location: Clewiston Youth Center



ONLINE EDUCATIONAL SESSION

Tired of Just Managing Your Type 2 Diabetes?

Discover how Level2[®] Specialty Care — included at no extra cost with select UnitedHealthcare[®] health plans — offers a new way to understand and take control of your glucose levels.

What You'll Learn in This Session:

- How Level2 works to help improve Type 2 diabetes
- What the Level2 Method and Care Team can do for you
- How continuous glucose monitors (CGMs) provide real-time insights — without daily finger sticks
- Who qualifies, how to enroll, and what to expect

Insights + Action = Progress

With a support team of providers, coaches, and dietitians, you'll move through guided phases to better understand and manage glucose levels — all tailored to your needs.

ONLINE SESSION

Date: Tuesday, June 3

Time: 10:00am - 11:00am

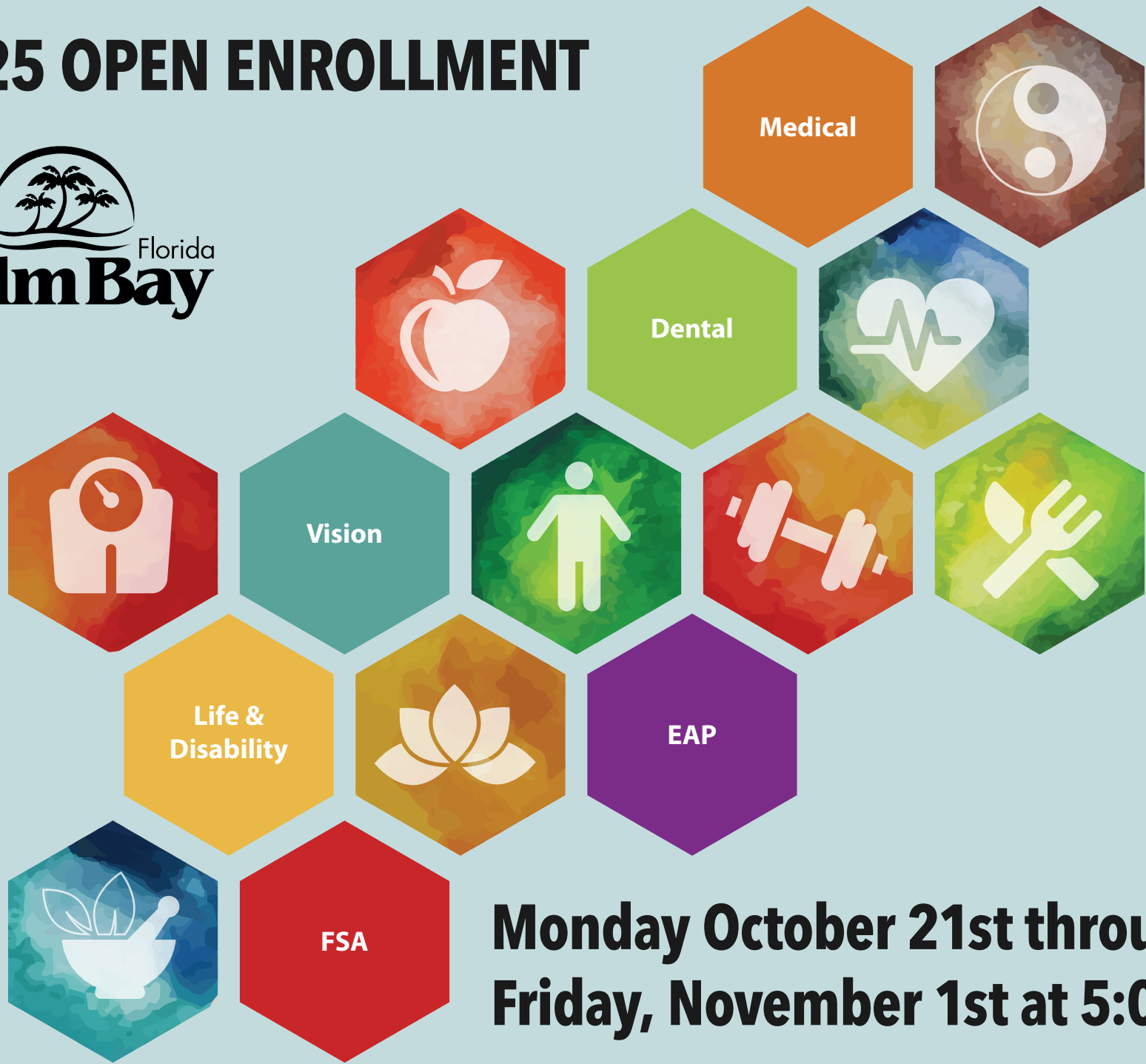
Click link below to join Online Session:

[Join Meeting Now](#)



Questions? Call Jessica Ginter at (954) 797-1110

2025 OPEN ENROLLMENT



Monday October 21st through Friday, November 1st at 5:00pm

Open Enrollment is the time of year when benefit eligible employees can make new benefit elections, or changes to their current elections, for the upcoming 2025 plan year.

The only carrier changes this year will be to Life and Disability. The Standard will be the new Life & Disability carrier and this year during Open Enrollment employees will have the option to newly elect or increase Voluntary Life coverage without having to complete Evidence of Insurability (EOI). Employees can newly elect or increase coverage up to the GI of \$250,000 for Voluntary Employee Life coverage and \$50,000 for Voluntary Spouse coverage. Employees will also have the option to newly enroll in Short Term Disability without EOI. It is important that everyone logs into Bentek to review their benefits and make any plan changes. If you do not login to Bentek, your current elected coverages will roll over with the exception of the FSA.

Reminder: If you are in the FSA plan, you must re-enroll each year. Please attend one of the meetings to learn more information.

JOIN US FOR A IN PERSON PRESENTATION		
DATE	Time	Location
Monday, October 21st	8:00am	Public Works-Operations-Bldg G, 1050 Malabar Road SW
	1:00pm	City Hall, Community Room, Bldg A, 120 Malabar Road SW

A recorded presentation will be available for those who cannot attend. Computer access will be available following the presentations.

ONLINE ENROLLMENT THROUGH BENTEK

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

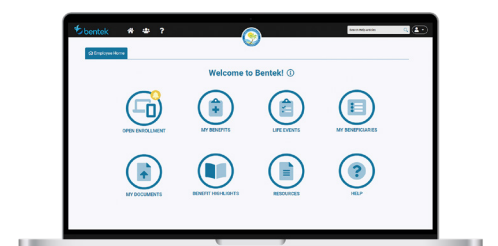
- View all benefit elections and payroll deductions
- Make new elections or changes online
- View plan summaries and link to provider websites
- Designate life insurance beneficiaries

To access the site go to: app.mybentek.com/palmbayflorida

Bentek Site will be open from Monday October 21st through Friday, November 1st at 5:00pm.

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

Questions or concerns? Please contact the Human Resources Department at 321-952-3421 or Human.Resources@pbfl.org



To access Bentek using a mobile device, scan code.



2024



2025

EMPLOYEE BENEFIT OPEN ENROLLMENT



Open Enrollment will be available via Bentek 24/7 starting Wednesday June 26th through Wednesday July 17th at 5:00pm.

• ONLINE ENROLLMENT VIA BENTEK IS MANDATORY FOR ALL EMPLOYEES •

Meeting attendance is optional.

****Dependent social security numbers and proof of dependent eligibility is required in order to enroll****

Health Insurance representatives will also be available to answer any questions regarding your benefits.

Benefit Meetings Schedule

Wednesday, June 26th	
Dyal Plant <i>(Training Room)</i>	
Presentations: 7:30 am - 8:30 am	Enrollments: 8:30 am - 10:00 am
Public Works & Fleet <i>(Lunchroom)</i>	
Presentations: 12:30 pm - 1:30 pm	Enrollments: 1:30 pm - 2:30 pm
City Hall (Council Chambers)	
Presentations: 3:00 pm - 4:00 pm	Enrollments: 4:00 pm - 5:00 pm

Thursday, June 27th	
City Hall <i>(Council Chambers)</i>	
Presentations: 11:00 am - 12:00 pm	Enrollments: 12:00 pm - 12:30 pm
Utilities <i>(2nd Floor Conference Rm)</i>	
Presentations: 1:00 pm - 2:00 pm	Enrollments: 2:00 pm - 3:30 pm

Please contact the Human Resources Division at (321) 433-8440 if you have any questions regarding Open Enrollment.

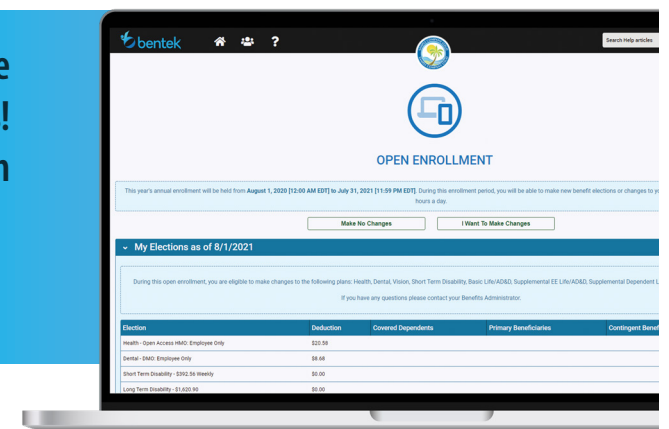
To access Bentek using a mobile device, scan code.



ONLINE ENROLLMENT THROUGH BENTEK

The City of Cocoa will continue to use Bentek as our online enrollment system. Open Enrollment is the time to make changes to benefits, add or drop dependents, and update life insurance beneficiaries! Any changes made will be effective October 1, 2024. Bentek support is available Monday through Friday, 8:30 am - 5:00pm. Bentek Support Line: (888) 5-Bentek (523-6835)

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



SERVING OUR COMMUNITY WITH P.R.I.D.E!



SUPPORTING YOUR WELL-BEING

An Overview of our Employee Assistance Program (EAP)
Lunch ‘n Learn and Ask Cigna Sessions

February 27, 2025

Want to know more about your EAP and its benefits? Join us and meet Dr. Leo Mesa to find out how it can make life easier for you and your household members. The EAP can help with a wide range of work/life concerns – from life stressors to relationship issues to dealing with finances and much more.

Following the presentation, we will have our Ask Cigna Session where you can speak one on one with a Cigna claims expert to better understand how claims are processed. If you have any specific claims related questions or concerns, please schedule some time by clicking the “Ask Cigna Sessions” link below.

Employee Assistance Program (EAP) Lunch ‘n Learn

Date: Thursday, February 27, 2025

Time: 12:00pm - 1:00pm

Location: Community Center, ABC Auditorium
(1100 Lyons Road, Coconut Creek, FL 33066)

RSVP by Wednesday, February 19, 2025 to reserve your spot and FREE lunch from Panera Bread

This event has a maximum capacity of 40 people.

Please click on the link below to sign up for this event.

[Lunch ‘n Learn Sign-up](#)

Ask Cigna Sessions

Date: Thursday, February 27, 2025

Time: 2:00pm- 6:00pm

Location: HR Meeting Room

Please click on the link below to sign up for this event.

[Ask Cigna Session Sign-up](#)



Maintain, Don't Gain Challenge



Join us for this *voluntary* challenge to maintain your weight through the Holidays!

Challenge Dates: November 13 – January 5

For all participants that do not increase their weight by more than 2 pounds (or lose weight) over the holiday season, **you will earn a completion prize and an entry to win 2 grand prize drawings!**

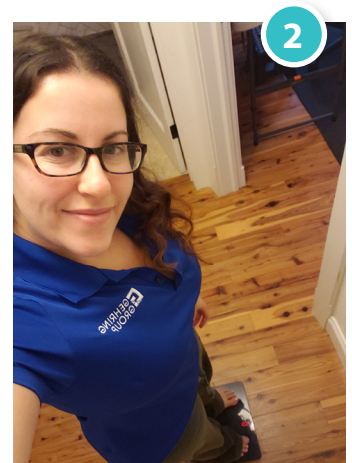
To participate and opt-in, you may visit the Employee Health & Wellness Center starting Monday, 11/13 through Friday, 11/17 as a walk-in.

If you are unavailable to visit the health center during any of the above times, it will be the responsibility of the employee to submit a before picture, no later than **Friday, November 17th at 5pm.**

Initial Weigh-Ins DUE by **November 17**
Final Weigh-Ins DUE by **January 5**

For those completing virtually and not visiting the health center for a physical weigh-in, **two pictures must be submitted for both weigh-ins, see sample photos below.** First picture of your feet on the scale with the number easy to read. Second picture of a selfie of you on the scale (with the weight still in the photo).

All photos to be emailed to:
wellness@myhealthonsite.com



First Responders are there to help everyone, WE ARE HERE TO HELP YOU!

Many of us are facing daily challenges that can be stressful, overwhelming and emotional to ourselves and those around us. Understanding your mental health is important and influences your well-being. Normalizing your feelings of distress, despair and trauma can help you cope. Reaching out for support is an important step in healing.

Are you having difficulty with any of the following?

- Alcohol & Substance use
- Chronic illness
- Trouble sleeping
- Relationships
- Mental health
- Personal finances, etc...



TOOLS TO HELP

**EMPLOYEE
ASSISTANCE**
publicsafetyeap.com
(888) 327-4555



**BLUELINE
SUPPORT**
bluelinesupport-bls.org



**SHATTERPROOF AT
FHE HEALTH**
fhrehab.com/services/
_first-responders



If you have any questions please contact:
Human Resources at (239) 574-0526

ATTENTION EMPLOYEES NEW HRA FUNDING AMOUNTS FOR 2025

Tier of Coverage	2024 HRA Funding <i>(With No Incentives)</i>	Biometric Screening Completion	Health Assessment Completion	Signed Non-Tobacco User Affidavit <i>(Or Cessation Program)</i>	Total 2024 HRA Funding <i>(With All Incentives Completed)</i>
Employee Only	\$1,200	\$100	\$100	\$100	\$1,500
Employee + Child(ren)	\$2,700	\$100	\$100	\$100	\$3,000
Employee + Spouse	\$2,700	\$100	\$100	\$100	\$3,000
Employee + Family	\$2,700	\$100	\$100	\$100	\$3,000

1. Complete an annual Biometric Screening at an onsite event during work hours, or by visiting a Quest Lab (more info to come on how to register for an appointment).

2. Complete an annual online Health Assessment through www.mycigna.com

3. Sign off on a non-tobacco user affidavit

» If you are a tobacco user, you must complete a tobacco cessation program and/or submit a certificate of completion for an equivalent program by September 30, 2024 to qualify for the non-tobacco incentive.

Once you have completed the wellness incentives by September 30, 2024, the Village of Wellington will deposit up to \$300 in your 2025 HRA.

Please Note: Employees who do not participate in some or all of the required wellness activities will not receive their full annual HRA balance as stated above.

**COMPLETE 1-3 ABOVE AND YOU WILL RECEIVE UP TO THE FULL AMOUNT OF YOUR HRA FUNDING IN YOUR HEALTH REIMBURSEMENT ACCOUNT ON JANUARY 1, 2025.
ALL ACTIVITIES MUST BE COMPLETED BY SEPTEMBER 30, 2024 FOR YOUR 2025 FUNDS!**

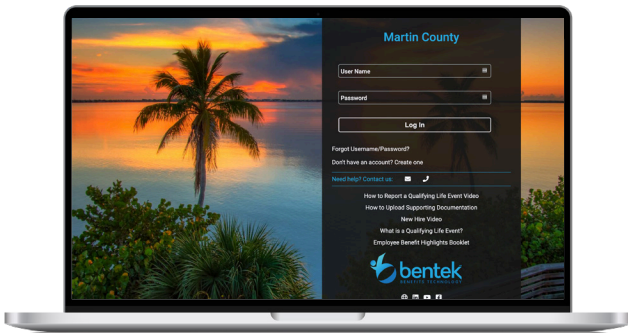
If you have any questions, please contact Lynette Levy at (561) 753-2585 or llevy@wellingtonfl.gov



Do You Need to Report a Name Change?

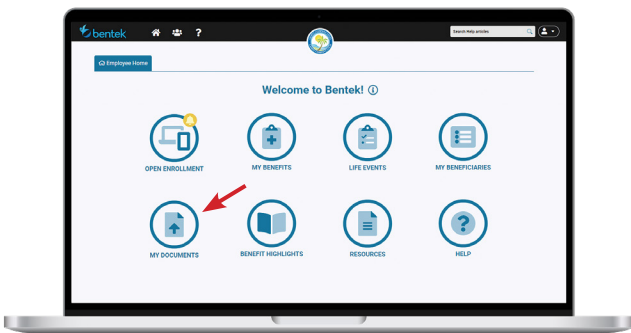
Do You Need to Change Your Name?

► **IMPORTANT!** Have you or one of your dependents changed your name? Please upload a copy of your new social security card in Bentek, under “my documents”.



How Do I Access Bentek?

1. Log on to: www.mybentek.com/martincounty
2. Sign in using your previously created username and password
3. If you forgot your username and/or password Click on “Forgot Username/Password” and follow the instructions
4. Don't have an account? Create One
 - Follow the directions to create your Username and Password



How Do I Report Name Change?

Once logged in to Bentek, you can access the module by clicking on “My Documents.” Please upload a copy of your new social security card.

Questions? Contact Brandie LaFave | blafave@martin.fl.us | 772.320.3029



We are here to **help you**

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

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

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

Email: client@gehringgroup.com

Toll Free: (800) 244-3696

Please include the following information with your email:

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

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

- ☐ Social Security Number
- ☐ Date of Birth
- ☐ Member ID

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

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

Exhibit 3

Sample Analytical Reports

Gehring Group Sample Work Product

Palm Beach Gardens, Florida 33410

(561) 626-6797

(800) 244-3696 / (561) 626-6970 – Fax

www.gehringgroup.com



BROWN & BROWN PUBLIC SECTOR

Sample Plan Comparison

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

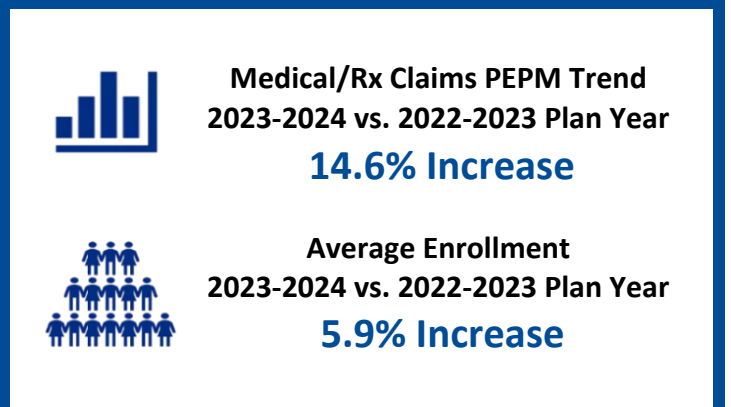
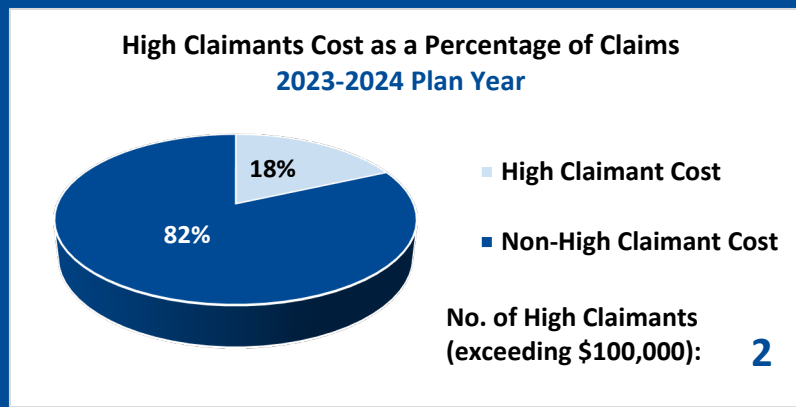
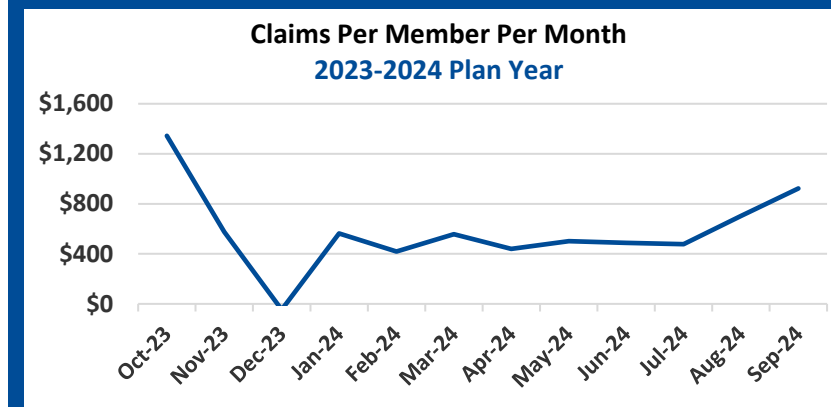
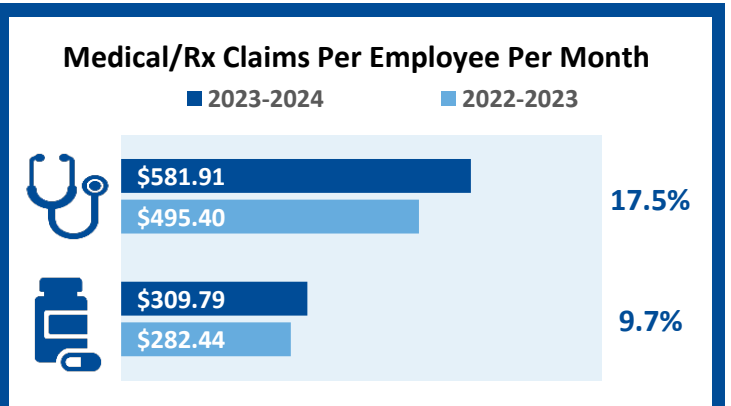
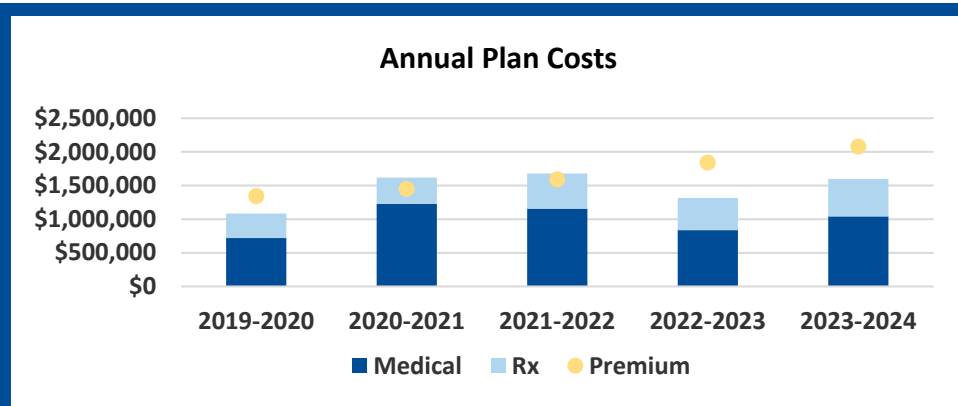
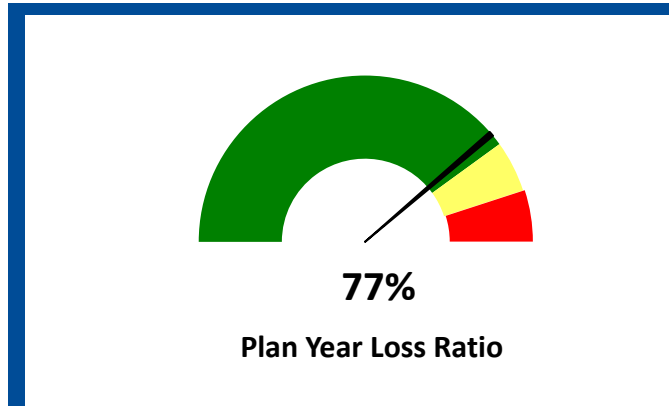
*Family contract members enrolled in the 05901 plan must satisfy a Per Person deductible of \$2,000 in network and \$6,000 out of network.

Sample Client
Medical Claims Report - Fully Insured
Effective Date: October 1, 2023

SAMPLE FULLY INSURED CLAIMS EXPERIENCE DASHBOARD

PLAN & CLAIM SUMMARY							
Cigna - Open Access Plus	Monthly Premium	Capitation	In - Network	Out-of-Network	Pharmacy	Total Claims	Loss Ratio
October-23	\$ 161,804	\$ 1,476	\$ 217,016	\$ -	\$ 58,273	\$ 276,765	171%
November-23	\$ 165,374	\$ 1,530	\$ 85,635	\$ 437	\$ 32,522	\$ 120,124	73%
December-23	\$ 168,107	\$ 1,574	\$ (38,732)	\$ -	\$ 27,342	\$ (9,816)	-6%
January-24	\$ 176,731	\$ 1,540	\$ 100,416	\$ -	\$ 30,246	\$ 132,202	75%
February-24	\$ 174,931	\$ 1,590	\$ 43,478	\$ 2,997	\$ 49,349	\$ 97,414	56%
March-24	\$ 176,879	\$ 991	\$ 92,248	\$ -	\$ 38,291	\$ 131,530	74%
April-24	\$ 176,952	\$ 2,574	\$ 59,705	\$ -	\$ 41,420	\$ 103,699	59%
May-24	\$ 177,003	\$ 2,624	\$ 62,807	\$ -	\$ 53,309	\$ 118,740	67%
June-24	\$ 176,547	\$ 1,856	\$ 62,915	\$ 78	\$ 52,241	\$ 117,090	66%
July-24	\$ 173,127	\$ 1,998	\$ 69,919	\$ 47	\$ 43,510	\$ 115,475	67%
August-24	\$ 174,936	\$ 1,083	\$ 116,561	\$ (225)	\$ 54,001	\$ 171,420	98%
September-24	\$ 177,193	\$ 1,823	\$ 146,892	\$ (73)	\$ 74,646	\$ 223,287	126%
2023-2024 TOTAL	\$ 2,079,585	\$ 20,659	\$ 1,018,861	\$ 3,261	\$ 555,151	\$ 1,597,931	77%

ENROLLMENT SUMMARY							
EE	EE + SP	EE + CH	EE + FAM	Total	Claims PEPM	Mbrs	Claims PMPM
112	12	7	12	143	\$ 1,935.42	206	\$ 1,343.52
113	13	7	12	145	\$ 828.44	209	\$ 574.76
116	13	7	12	148	\$ (66.32)	212	\$ (46.30)
115	13	8	16	152	\$ 869.75	235	\$ 562.56
113	13	8	16	150	\$ 649.43	233	\$ 418.09
113	13	8	17	151	\$ 871.06	236	\$ 557.33
113	13	8	17	151	\$ 686.75	236	\$ 439.40
110	13	10	17	150	\$ 791.60	237	\$ 501.01
108	13	11	17	149	\$ 785.84	240	\$ 487.88
109	13	11	17	150	\$ 769.83	242	\$ 477.17
111	13	11	17	152	\$ 1,127.76	244	\$ 702.54
111	12	12	16	151	\$ 1,478.72	242	\$ 922.67
1,344	154	108	186	1,792	\$ 891.70	2,772	\$ 576.45

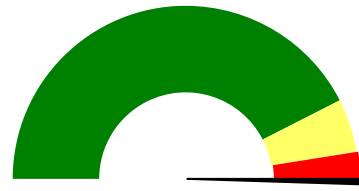


Sample Client
Medical Claims Experience Report - Self-Insured
Paid Basis: October 1, 2022 to September 30, 2023

SAMPLE SELF-INSURED CLAIMS EXPERIENCE DASHBOARD

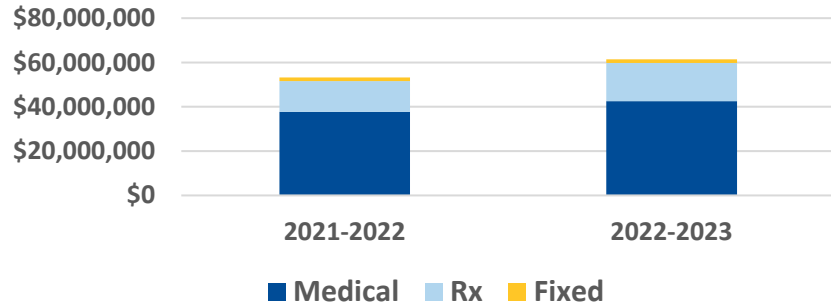
2022-2023 Total Plan	Total Funding	Medical Claims	Pharmacy Claims	Total Medical & Rx Claims	Medical Admin Fee	Total Plan Cost	Reserve Accumulation	EE	EE+F	Total	Member	Claims PEPM
October-22	\$ 4,225,607	\$ 3,232,911	\$ 1,223,779	\$ 4,456,690	\$ 138,383	\$ 4,595,073	\$ (369,466)	1,265	1,969	3,234	7,739	\$ 1,378.07
November-22	\$ 4,235,765	\$ 3,432,756	\$ 1,299,230	\$ 4,731,986	\$ 138,725	\$ 4,870,711	\$ (634,946)	1,268	1,974	3,242	7,751	\$ 1,459.59
December-22	\$ 4,245,487	\$ 3,036,250	\$ 1,432,202	\$ 4,468,452	\$ 139,153	\$ 4,607,605	\$ (362,118)	1,277	1,975	3,252	7,749	\$ 1,374.06
January-23	\$ 4,265,216	\$ 2,916,198	\$ 1,238,368	\$ 4,154,566	\$ 139,752	\$ 4,294,318	\$ (29,102)	1,279	1,987	3,266	7,783	\$ 1,272.07
February-23	\$ 4,268,435	\$ 3,869,018	\$ 1,267,817	\$ 5,136,835	\$ 139,966	\$ 5,276,801	\$ (1,008,366)	1,284	1,987	3,271	7,786	\$ 1,570.42
March-23	\$ 4,255,732	\$ 2,939,315	\$ 1,516,242	\$ 4,455,557	\$ 139,453	\$ 4,595,010	\$ (339,278)	1,275	1,984	3,259	7,768	\$ 1,367.15
April-23	\$ 4,267,486	\$ 4,362,918	\$ 1,392,871	\$ 5,755,789	\$ 140,009	\$ 5,895,798	\$ (1,628,312)	1,289	1,983	3,272	7,776	\$ 1,759.10
May-23	\$ 4,268,076	\$ 3,791,413	\$ 1,524,546	\$ 5,315,959	\$ 140,180	\$ 5,456,139	\$ (1,188,063)	1,297	1,979	3,276	7,778	\$ 1,622.70
June-23	\$ 4,258,913	\$ 2,541,868	\$ 1,623,390	\$ 4,165,258	\$ 139,881	\$ 4,305,139	\$ (46,226)	1,294	1,975	3,269	7,760	\$ 1,274.17
July-23	\$ 4,279,141	\$ 4,424,297	\$ 1,472,802	\$ 5,897,099	\$ 140,736	\$ 6,037,835	\$ (1,758,694)	1,311	1,978	3,289	7,798	\$ 1,792.98
August-23	\$ 4,204,984	\$ 4,005,693	\$ 1,693,488	\$ 5,699,181	\$ 137,955	\$ 5,837,136	\$ (1,632,152)	1,269	1,955	3,224	7,673	\$ 1,767.74
September-23	\$ 4,196,809	\$ 4,022,777	\$ 1,489,139	\$ 5,511,916	\$ 137,698	\$ 5,649,614	\$ (1,452,805)	1,267	1,951	3,218	7,671	\$ 1,712.84
Wellness Surcharge	\$ 463,210											
Pharmacy Rebates							\$ 3,195,948					
Total	\$ 51,434,861	\$ 42,575,414	\$ 17,173,874	\$ 59,749,288	\$ 1,671,891	\$ 61,421,179	\$ (6,790,370)	15,375	23,697	39,072	93,032	\$ 1,529.21

Amounts listed on this report may vary from HCSO's financials and are subject to change

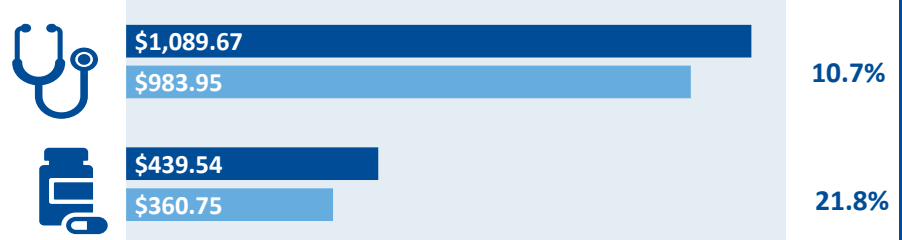


119%
Plan Expenses vs. Plan Funding

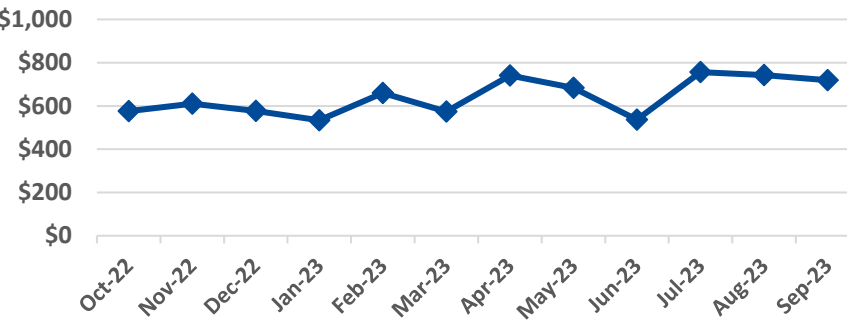
Annual Plan Costs



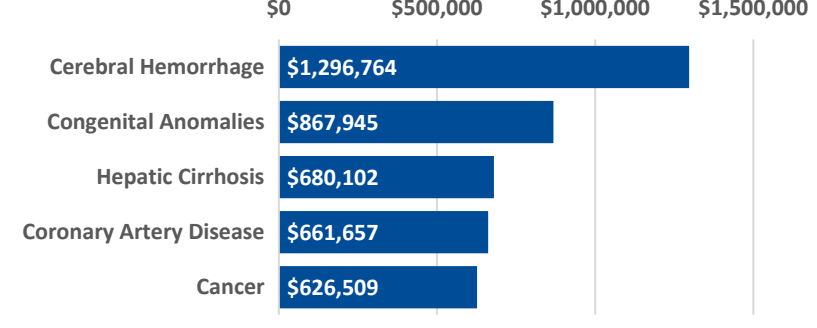
Medical and Pharmacy Claims Per Employee Per Month



Claims Per Member Per Month - 2022/2023 Plan Year



Top Five Catastrophic Claimants - 2022/2023 Plan Year



Medical/Rx Claims PEPM Trend 2022-23 vs. 2021-22 Plan Year

13.7% Increase

Pharmacy Rebates

\$3,195,948

Average Enrollment 2022-23 vs. 2021-22 Plan Year

1.8% Increase

Plan Year Financial Performance (includes Pharmacy Rebates)

\$6,790,370 Deficit

Sample Client
Claims Experience Report - Cigna Graded Funded
2023-2024 Plan Year

SAMPLE GRADED-FUNDED CLAIMS EXPERIENCE DASHBOARD

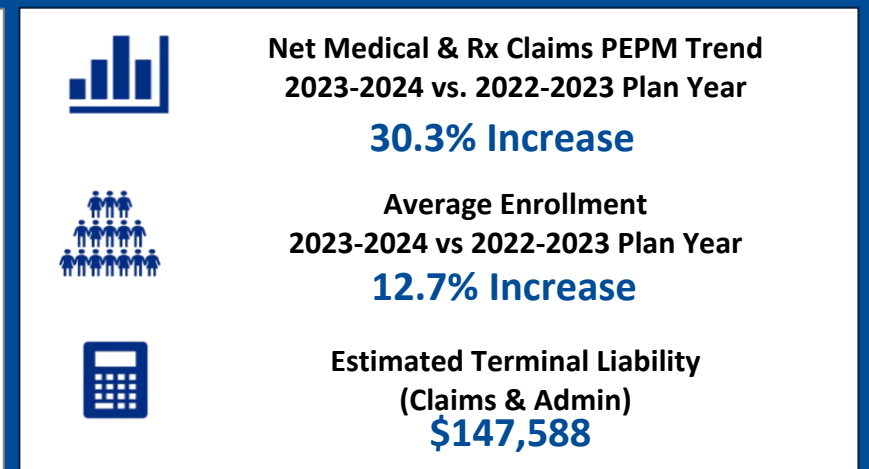
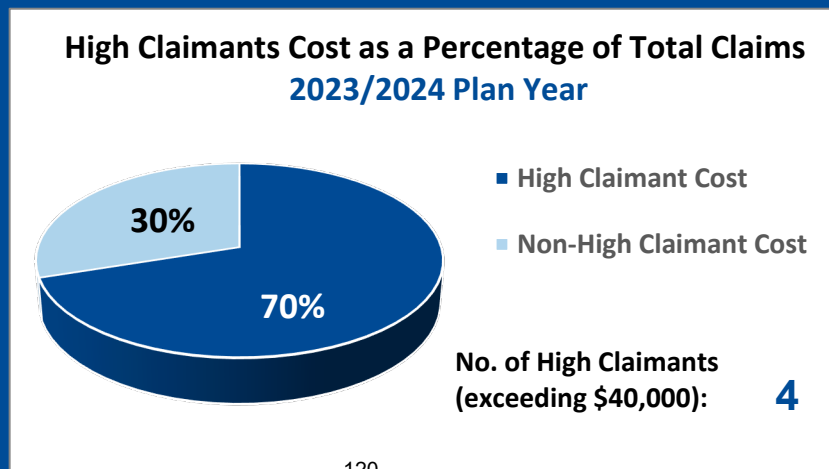
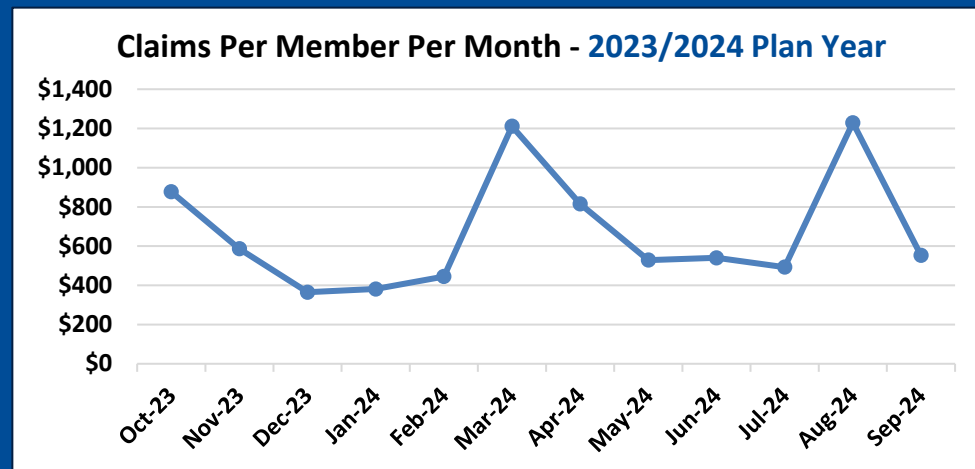
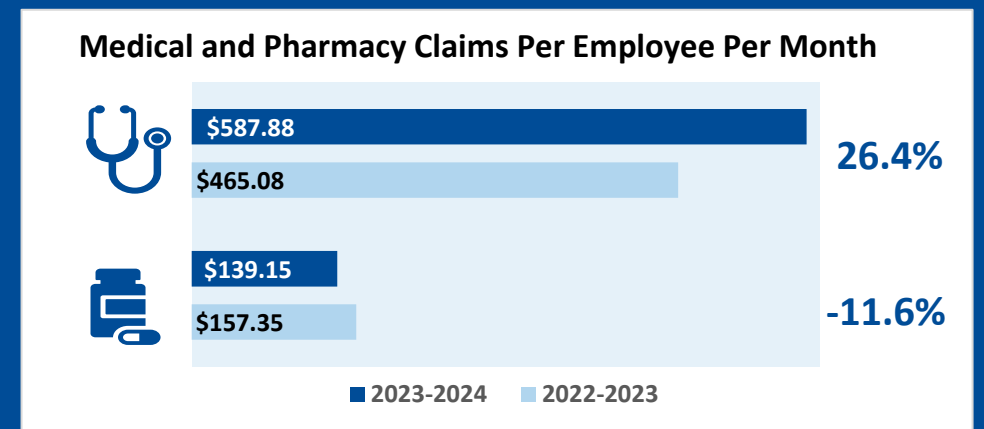
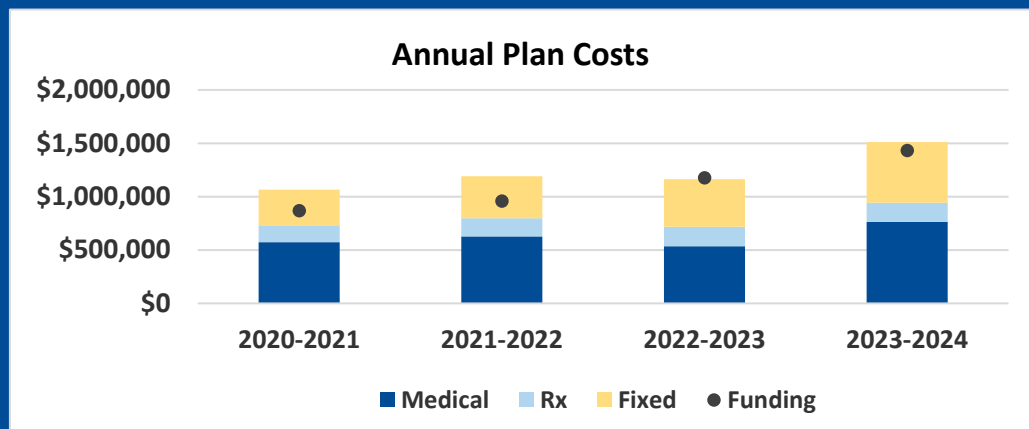
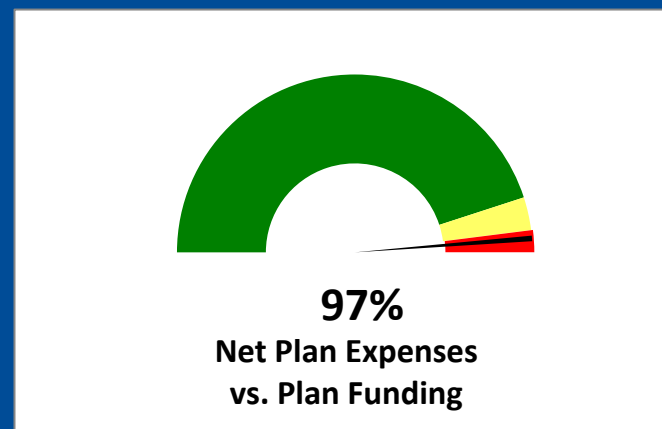
PLAN FUNDING						
Plan Totals	Plan Funding	Administration Fees	Stop Loss Fees	Total Paid Claims ¹	Total Plan Cost	Reserve Accumulation
October-23	\$117,341	\$5,823	\$40,645	\$100,008	\$146,476	(\$29,134)
November-23	\$115,565	\$5,735	\$40,030	\$65,676	\$111,441	\$4,125
December-23	\$114,508	\$5,683	\$39,664	\$40,517	\$85,863	\$28,645
January-24	\$122,458	\$6,077	\$42,417	\$45,748	\$94,243	\$28,215
February-24	\$127,405	\$6,323	\$44,131	\$56,049	\$106,503	\$20,903
March-24	\$124,234	\$6,165	\$43,032	\$89,798	\$138,995	(\$14,761)
April-24	\$121,232	\$6,016	\$41,992	\$86,241	\$134,250	(\$13,018)
May-24	\$119,117	\$5,911	\$41,260	\$60,427	\$107,598	\$11,519
June-24	\$115,946	\$5,754	\$40,162	\$31,876	\$77,792	\$38,155
July-24	\$118,060	\$5,859	\$40,894	\$47,441	\$94,194	\$23,867
August-24	\$119,117	\$5,911	\$41,260	\$137,400	\$184,572	(\$65,454)
September-24	\$118,060	\$5,859	\$40,894	\$59,455	\$106,208	\$11,852
Annual Total	\$1,433,045	\$71,116	\$496,380	\$820,637	\$1,388,133	\$44,912
PCORI Fee (\$3.22 PMPY)						(\$377)
Reserve Accumulation						\$44,535

ENROLLMENT					
EE Only	EE + Sp	EE + Ch(n)	EE + Fam	Total EE's	Claims / EE / Month
105	1	2	0	108	\$ 926.00
101	2	2	0	105	\$ 625.49
100	2	2	0	104	\$ 389.59
102	2	5	0	109	\$ 419.71
109	1	5	0	115	\$ 487.39
106	1	5	0	112	\$ 801.77
105	1	4	0	110	\$ 784.01
103	1	4	0	108	\$ 559.51
100	1	4	0	105	\$ 303.58
102	1	4	0	107	\$ 443.37
103	1	4	0	108	\$ 1,272.22
102	1	4	0	107	\$ 555.66
1,238	15	45	0	1,298	\$ 632.23

¹ Total Paid Claims only include claims up to the stop loss limit.

Chart data based on gross claims unless noted

Amounts listed on this report may vary from City's financials and are subject to change



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

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

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

Sample Client
Medical Insurance Renewal Projection
Plan Effective Date: October 1, 2024



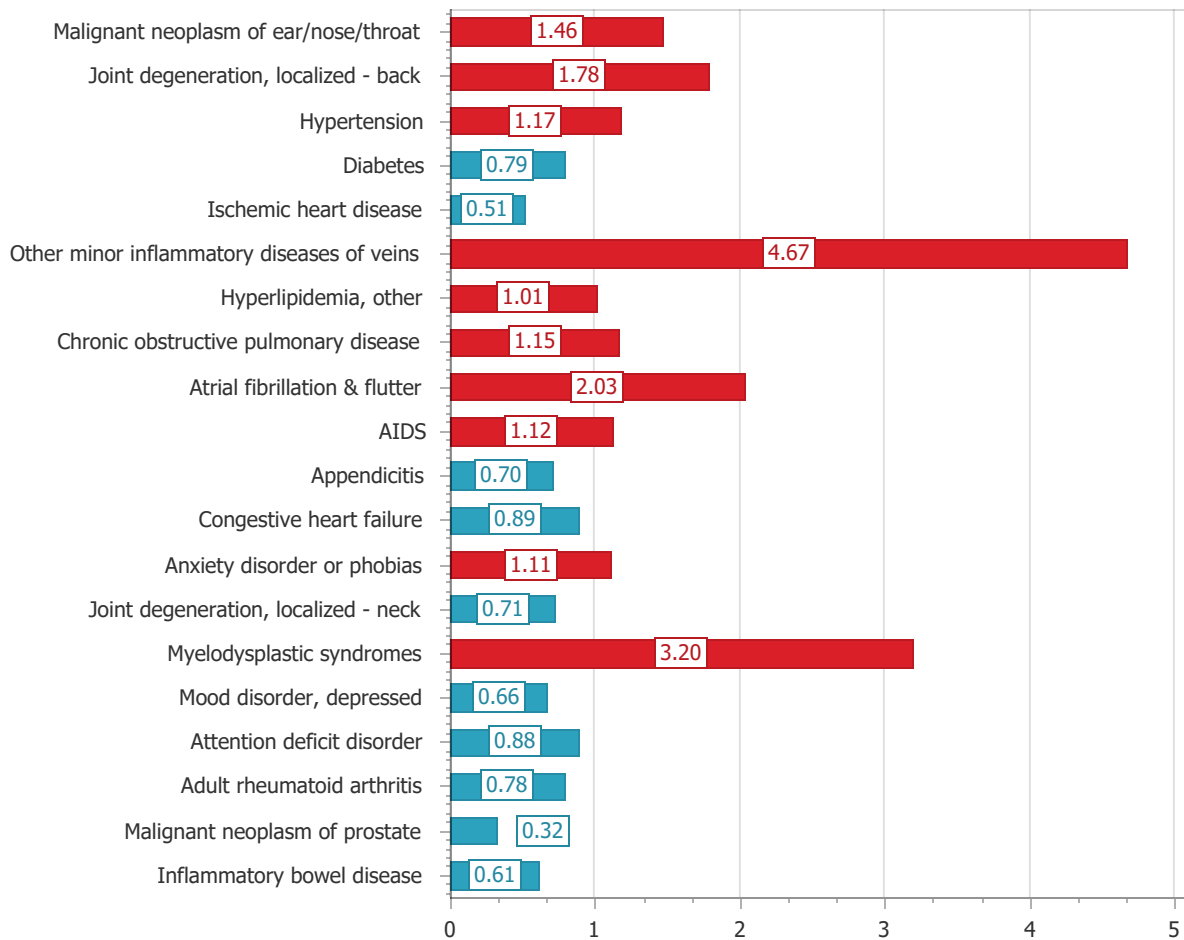
Claims Period: February 2023 - January 2024

20 Months Trend

Medical		Standard Underwriting
Total Gross Paid Claims	= \$	2,369,730
Less Large Claims (2 claimants exceeding \$100,000)	+ \$	(940,253)
Net Medical Claims	= \$	1,429,477
Maturation Factor (0%)	x	1.0000
Estimated Paid Claims	= \$	1,429,477
Trend @ 8.5% / Year Projected for 20 Months	x \$	1.1456
Trended Claims	= \$	1,637,671
Plus Large Claims (1 claimant exceeding \$100,000)	+ \$	100,000
Plus Pooling Premium (Estimated)	+ \$	702,714
Total Trended & Pooled Claims	= \$	2,440,385
Average Setback Lives	/	171
Average Paid Claims Per Employee Per Year	= \$	14,250
Current In Force - January 2024	x	176
Adjusted Projected Annual Claims	= \$	2,508,075
Credit for Plan Changes (0.01%) - HDHP CYD Increase	x	0.9999
Expected Medical Claims	= \$	2,507,714
Desired Loss Ratio (85%)	/ \$	0.8500
Projected Premium for Claims, Administration & Other Fixed Costs	= \$	2,950,251
PPACA - Comparative Effectiveness Research Fee (\$3.38 PMPY) ⁽¹⁾	+ \$	1,142
Projected Premium Needed for 2024/2025 Plan Year	= \$	2,951,394
Current Annual Premium (Annualized 2023/2024 Plan Year)	= \$	2,845,797
Estimated Increase/(Decrease) Needed for 2024/2025 Plan Year	= \$	105,597
Estimated Percentage Increase/(Decrease) for 2024/2025 Plan Year	=	3.7%

⁽¹⁾ PPACA – Comparative Effectiveness Research Fee is estimated for 2024-2025. Based on current membership of 338. This projection is for illustrative purposes only. Increased plan utilization and/or catastrophic events could affect overall plan performance.

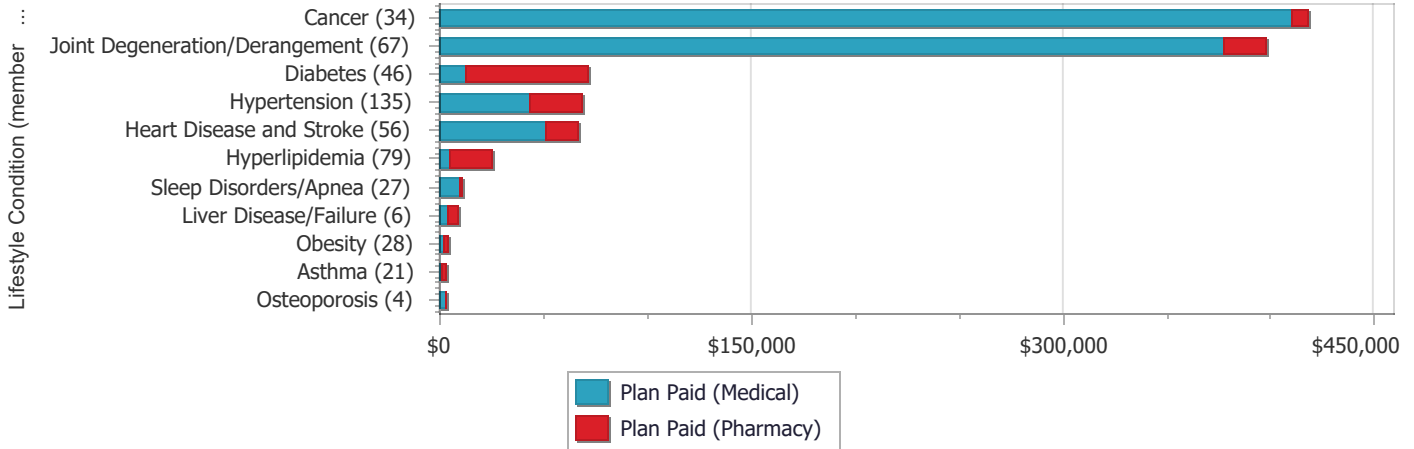
Top 20 Conditions: Benchmark Comparison



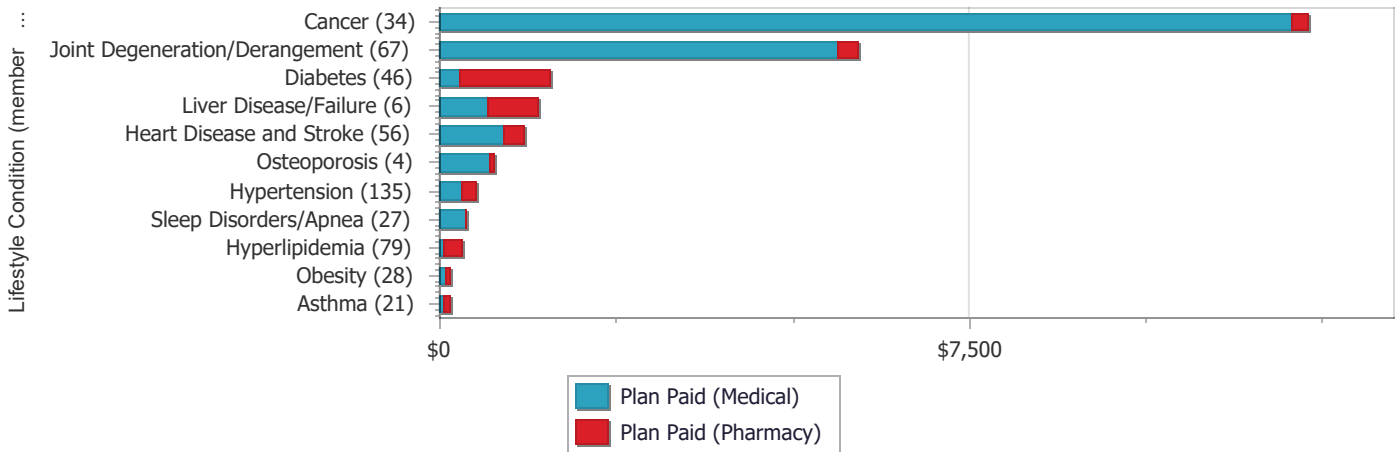
EPISODE	# CLAIMANTS	TOTAL PAID	BENCHMARK SCALE (1 = NORM)	\$ OVER OR UNDER (\$0 = NORM)
Malignant neoplasm of ear/nose/throat	2	\$124,155.24	1.46	\$39,322.18
Joint degeneration, localized - back	24	\$108,194.73	1.78	\$47,561.99
Hypertension	125	\$98,969.96	1.17	\$14,362.72
Diabetes	30	\$81,787.77	0.79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

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

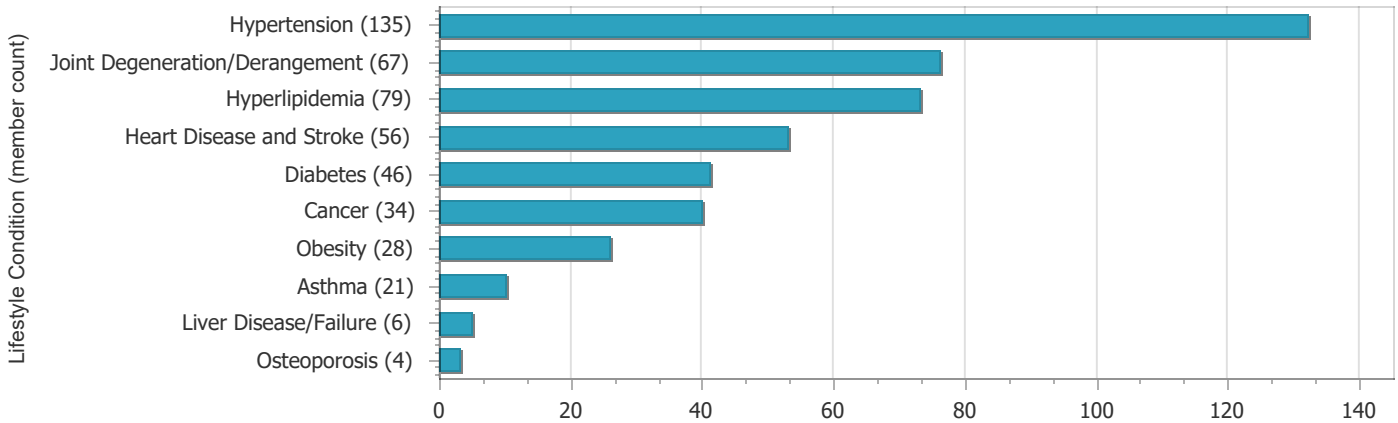
Lifestyle Conditions by Total Paid



Lifestyle Conditions by Average Plan Paid Per Member



Lifestyle Conditions by Prevalence*



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

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

SAMPLE MINIMUM PREMIUM CLAIMS EXPERIENCE



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

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

TOTAL	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation ⁽¹⁾	EE	EE+F	Total	Claims PEPM
October-18	\$ 488,350	\$ 213,527	\$ 84,536	\$ 30,613	\$ 89,714	\$ 418,389	\$ 38,115	\$ 48,367	\$ 504,871	\$ (16,521)	597	129	726	\$ 576.29
November-18	\$ 489,344	\$ 147,144	\$ 86,572	\$ 21,047	\$ 90,781	\$ 345,544	\$ 38,220	\$ 48,474	\$ 432,238	\$ 57,106	599	129	728	\$ 474.65
December-18	\$ 494,315	\$ 115,626	\$ 123,016	\$ 17,961	\$ 80,116	\$ 336,719	\$ 38,640	\$ 48,976	\$ 424,335	\$ 69,981	606	130	736	\$ 457.50
January-19	\$ 490,725	\$ 151,716	\$ 56,745	\$ 13,418	\$ 102,088	\$ 323,967	\$ 38,535	\$ 48,574	\$ 411,075	\$ 79,650	608	126	734	\$ 441.37
February-19	\$ 490,228	\$ 48,059	\$ 33,816	\$ 14,812	\$ 82,859	\$ 179,546	\$ 38,535	\$ 48,500	\$ 266,581	\$ 223,647	609	125	734	\$ 244.61
March-19	\$ 488,681	\$ 150,930	\$ 39,294	\$ 13,975	\$ 68,560	\$ 272,759	\$ 38,325	\$ 48,360	\$ 359,443	\$ 129,238	604	126	730	\$ 373.64
April-19	\$ 494,481	\$ 177,857	\$ 40,161	\$ 10,719	\$ 80,959	\$ 309,696	\$ 38,693	\$ 48,955	\$ 397,344	\$ 97,138	608	129	737	\$ 420.21
May-19	\$ 499,674	\$ 105,090	\$ 49,471	\$ 15,972	\$ 102,669	\$ 273,202	\$ 38,955	\$ 49,518	\$ 361,675	\$ 137,999	609	133	742	\$ 368.20
June-19	\$ 502,049	\$ 221,056	\$ 100,715	\$ 17,472	\$ 60,287	\$ 399,530	\$ 39,113	\$ 49,752	\$ 488,395	\$ 13,654	611	134	745	\$ 536.28
July-19	\$ 496,249	\$ 156,958	\$ 86,511	\$ 28,152	\$ 76,343	\$ 347,965	\$ 38,640	\$ 49,197	\$ 435,801	\$ 60,448	603	133	736	\$ 472.78
August-19	\$ 497,961	\$ 90,573	\$ 64,270	\$ 32,498	\$ 73,625	\$ 260,966	\$ 38,745	\$ 49,378	\$ 349,089	\$ 148,872	604	134	738	\$ 353.61
September-19	\$ 499,508	\$ 171,380	\$ 59,377	\$ 22,453	\$ 62,223	\$ 315,433	\$ 38,903	\$ 49,538	\$ 403,874	\$ 95,634	607	134	741	\$ 425.69
Estimated Stop Loss Reimbursement (Claims Exceeding \$200,000)										\$ 35,649				
2018-2019	\$ 5,931,565	\$ 1,749,915	\$ 824,485	\$ 239,091	\$ 970,224	\$ 3,783,713	\$ 463,418	\$ 587,587	\$ 4,834,720	\$ 1,132,494	7,265	1,562	8,827	\$ 428.65

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

Exhibit 4

Sample Webinar



BROWN & BROWN PUBLIC SECTOR


GAG CLAUSE PROHIBITION ATTESTATION GUIDE

for Employers

Presented by:

Kate Grangard, CPA, CGMA
Gehring Group/Risk Strategies
Ben Conley, Partner
Seyfarth Shaw

Date: November 14, 2024



GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

GAG CLAUSE PROHIBITION ATTESTATION GUIDE


for Employers

Presented by:
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Date: November 14, 2024

1

Agenda

- Brief Background – What is a “Gag Clause” and Why are They Prominent?
- Regulatory Guidance – Light on Details
- What Are We Seeing?
- Detailed Process Overview
- SB 1550 – Prescription Drug Attestation



2

Background – Why Are We Here?

	Health systems leverage the status of their “must-have” providers and require plans to contract with all providers in the system or none of them. This forces insurers to face a difficult choice – include all of the system’s providers (even if they are low-value or high-cost) or lose them all.
	Dominant systems may require a health plan to place all physicians, hospitals, and other facilities associated with a hospital system in the most favorable tier of providers (i.e., anti-steering) or at the lowest co-insurance rate to avoid steering patients away from that network (i.e., anti-discriminating). These clauses undercut a plan’s ability to direct patients to high-value providers.
	Typically used by a dominant insurer in combination with a dominant health system, MFN clauses are contractual agreements in which a health system agrees not to offer lower prices to any other insurer. For a dominant insurer, this ensures they are getting the best price and that no rival insurer can negotiate to offer a novel product at lower rates. MFNs may also allow insurers and providers to collude to raise prices.
	Gag clauses may prevent either party in a contract from disclosing terms of that agreement, including prices, to a third party. The lack of transparency from gag clauses and the mistaken notion that prices are trade secrets undermines price transparency tools for consumers and decreases plan sponsors’ ability to push back on rising prices.


Source: NASHP.org



3

Background – Why Are We Here?


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



4

CAA Prohibits Gag Clauses


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



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CAA Prohibits Gag Clauses

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



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CAA Prohibits Gag Clauses

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



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Who is Responsible to File the Attestation

- **Plans** (plan sponsors) and Issuers (ex: carriers, TPA's) are responsible for filing
- **Fully Insured Plan** – If an issuer submits on their own behalf, and on behalf of the plan, it is considered (by the applicable depts) to have satisfied the attestation requirement for both
- **Self-funded and partially self-funded plans** – plan may enter into written agreement with service provider such as TPA or PBM to file on the plans behalf – however if the service provider FAILS to submit the plans attestation, the plan is in violation
- **Deadline for filing** – December 31, 2024 and by December 31 for each year thereafter.



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Who is Required to File the Attestation

- **Responsible Entity*** is an **issuer or a plan**, (all kinds, no one exempted – includes ERISA, Church, & state and local government plans) that has entered into an agreement - generally through TPA, Pharmacy Benefit Managers (BPM), Independent Practice Assns (IPA) or Behavioral Health Managers (BHM) - with health care providers, networks, TPA, or others offering access to a network of providers.
- **Responsible Entity** is responsible for **attesting annually** (unless another party attests on your behalf such as TPA), that reporting entity **complies with prohibition on gag clauses**. **Note: The responsible Entity is the PLAN not the EMPLOYER.**
- ***changed from “Reporting Entity” in 2023**



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Regulatory Guidance

Entities Required to Attest (Reporting Entities)	Entities Not Required to Attest
<ul style="list-style-type: none"> • Issuers offering individual health insurance coverage, including: <ul style="list-style-type: none"> ◦ Student health insurance plans ◦ Grandfathered¹ and grandmothered² plans ◦ Policies sold on or off Exchanges ◦ Policies sold through an association • Issuers offering group health insurance coverage, including: <ul style="list-style-type: none"> ◦ Grandfathered and grandmothered plans ◦ Policies sold on or off Exchanges ◦ All other group health insurance plans • Group health plans, including the following to the extent they are considered group health plans: <ul style="list-style-type: none"> ◦ ERISA plans³ (or sponsors of ERISA) ◦ Non-Federal governmental plans,⁴ such as plans sponsored by state or local governments ◦ Church plans⁵ ◦ Grandfathered group health plans 	<ul style="list-style-type: none"> • Account-based plans, such as health reimbursement arrangements (HRAs), including individual coverage HRAs⁶ • Issuers and group health plans that offer only excepted benefits⁷ coverage, including, but not limited to: <ul style="list-style-type: none"> ◦ Hospital indemnity or other fixed indemnity insurance ◦ Disease-specific insurance ◦ Dental, vision and long-term care ◦ Accident-only, disability and workers' compensation • Issuers that offer only short-term, limited-duration insurance • Medicare and Medicaid plans • State children's health insurance



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What Are We Seeing?

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



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

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



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Question 2: Will TPA Provide Assurances?

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



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Question 3: Review Contract

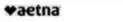
- Remember that prohibition extends to provider contracts that you may not have access to.
- Instead, try “override” language:
 - “No Gag Clauses. TPA represents and warrants that nothing in the parties’ Agreement (including any subcontracts or provider agreements thereunder) would constitute a “gag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



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Carrier Updates – Who’s Filing for Whom AETNA – updated for 2024



Dear Valued Client,

We are pleased to announce that Aetna has been selected as the preferred provider for the following group health plans for 2024:

• **Administrative Services Only (ASO) Medical**

• **Administrative Services Only (ASO) Prescription Drug**

• **Administrative Services Only (ASO) Dental**

• **Administrative Services Only (ASO) Vision**

• **Administrative Services Only (ASO) Behavioral Health**

• **Administrative Services Only (ASO) Life and Accidental Death and Dismemberment (AD&D)**

• **Administrative Services Only (ASO) Short-Term Disability**

• **Administrative Services Only (ASO) Long-Term Disability**

• **Administrative Services Only (ASO) Health and Welfare Plan**

• **Administrative Services Only (ASO) Flexible Spending Account (FSA)**

• **Administrative Services Only (ASO) Health Savings Account (HSA)**

• **Administrative Services Only (ASO) Voluntary Employee Beneficiary Association (VEBA)**

• **Administrative Services Only (ASO) Pension Plan**

• **Administrative Services Only (ASO) Profit Sharing Plan**

• **Administrative Services Only (ASO) 401(k) Plan**

• **Administrative Services Only (ASO) 403(b) Plan**

• **Administrative Services Only (ASO) 529 Plan**

• **Administrative Services Only (ASO) 529 College Savings Plan**

• **Administrative Services Only (ASO) 529 Education Savings Incentive Plan**

• **Administrative Services Only (ASO) 529 Prepaid Tuition Plan**

• **Administrative Services Only (ASO) 529 Coverdell Education Savings Account**

• **Administrative Services Only (ASO) 529 College Expense Plan**

• **Administrative Services Only (ASO) 529 Education Savings Plan**

• **Administrative Services Only (ASO) 529 College Savings Plan**

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• **Administrative Services Only (ASO) 529 Education Savings Plan**

• **Administrative Services Only (ASO) 529 College Savings Plan**

• **Administrative Services Only (ASO) 529 Education Savings Plan**

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

See: Thursday, August 29, 2024 5:39 PM

To: Quinn Koehn <quinn.koehn@gehring.com>

CC: Sherry Frick, Account Manager <sherry.frick@gehring.com>

Subject: RE: Gag Clause Attestation

Caution - This email originated from outside of our organization. Please do not click any attachments or click on any links from unknown sources or compromised email.

Hi Dawn,

Happy to hear that Aetna will file on behalf of all self-funded plans across that had active coverage in 2024.

This is being done following the successful submission on behalf of our insured and Aetna Funding Advantage plan sponsors in 2023.

However, if you file as option planer let know so I can request an attestation form.

Thank you,

Sherry Frick, MBA

Account Manager | 1st Public & Labor



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Carrier Updates – Who’s Filing for Whom CIGNA – updated for 2024



Consolidated Appropriations Act (CAA) – updates through 2024

Cigna HealthcareSM has an ongoing commitment to comply with the Transparency in Coverage rule and the Consolidated Appropriations Act, 2021 (CAA). This communication is being sent to all Cigna Healthcare self-insured, Administrative Services Only (ASO) medical clients. Below are key dates and other information related to Gag Clause Prohibition Compliance Attestation (CAA section 201) and Prescription Drug and Health Care Spend reporting (CAA section 204).

Gag Clause Prohibition Compliance Attestation

- Consistent with our process last year, Cigna Healthcare does not intend to attest on behalf of ASO clients. You must provide your own submission by 12/31/24, through the portal set up by the Departments of Health and Human Services, Labor, and the Treasury (collectively, the Departments), attesting to the compliance of your ASO agreements with all providers (e.g., Cigna Healthcare and any other providers used for clinical services).
- To support clients, we have attached a letter from Cigna Healthcare that states Cigna Healthcare agreements are in compliance with the Gag Clause prohibition and that Cigna Healthcare intends to attest as such to the Departments.

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

For fully insured clients:

- As an employer, and as an issuer, Cigna Healthcare will be attesting for itself and for its fully insured business.
- Previous regulatory guidance assumed that, with submission of an attestation by Cigna Healthcare, the Departments of Health and Human Services, Labor, and the Treasury (collectively, the Departments) will accept CIGNA as the fully insured plan (issuer) and the issuer (Cigna Healthcare) to have satisfied the attestation submission requirement.
- Therefore, fully insured clients may choose to rely on the Cigna Healthcare attestation. No action is necessary on the part of your fully insured clients. The Cigna Healthcare confirmation of compliance letter (CIGNA compliance confirmation) is included in the communication to these clients.

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

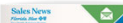
Cigna Healthcare will file a compliance attestation of compliance on behalf of all fully insured, level funded, and graded fund group plans. The letter to the right is evidence of compliance for self-insured plans who must attest on their own.



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Carrier Updates – Who’s Filing for Whom FLORIDA BLUE



Dear Valued Client,

We are pleased to announce that Florida Blue has been selected as the preferred provider for the following group health plans for 2024:

• **Administrative Services Only (ASO) Medical**

• **Administrative Services Only (ASO) Prescription Drug**

• **Administrative Services Only (ASO) Dental**

• **Administrative Services Only (ASO) Vision**

• **Administrative Services Only (ASO) Behavioral Health**

• **Administrative Services Only (ASO) Life and Accidental Death and Dismemberment (AD&D)**

• **Administrative Services Only (ASO) Short-Term Disability**

• **Administrative Services Only (ASO) Long-Term Disability**

• **Administrative Services Only (ASO) Health and Welfare Plan**

• **Administrative Services Only (ASO) Flexible Spending Account (FSA)**

• **Administrative Services Only (ASO) Health Savings Account (HSA)**

• **Administrative Services Only (ASO) Voluntary Employee Beneficiary Association (VEBA)**

• **Administrative Services Only (ASO) Pension Plan**

• **Administrative Services Only (ASO) Profit Sharing Plan**

• **Administrative Services Only (ASO) 401(k) Plan**

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• **Administrative Services Only (ASO) 529 Prepaid Tuition Plan**

• **Administrative Services Only (ASO) 529 Coverdell Education Savings Account**

• **Administrative Services Only (ASO) 529 College Expense Plan**

• **Administrative Services Only (ASO) 529 Education Savings Plan**



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Carrier Updates – Who’s Filing for Whom UNITED HEALTH CARE-updated for 2024



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

Confirmation of Compliance

UnitedHealthcare Health Plans has been selected as the preferred provider for the following group health plans for 2024:

• **Administrative Services Only (ASO) Medical**

• **Administrative Services Only (ASO) Prescription Drug**

• **Administrative Services Only (ASO) Dental**

• **Administrative Services Only (ASO) Vision**

• **Administrative Services Only (ASO) Behavioral Health**

• **Administrative Services Only (ASO) Life and Accidental Death and Dismemberment (AD&D)**

• **Administrative Services Only (ASO) Short-Term Disability**

• **Administrative Services Only (ASO) Long-Term Disability**

• **Administrative Services Only (ASO) Health and Welfare Plan**

• **Administrative Services Only (ASO) Flexible Spending Account (FSA)**

• **Administrative Services Only (ASO) Health Savings Account (HSA)**

• **Administrative Services Only (ASO) Voluntary Employee Beneficiary Association (VEBA)**

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• **Administrative Services Only (ASO) 529 Coverdell Education Savings Account**

• **Administrative Services Only (ASO) 529 College Expense Plan**

• **Administrative Services Only (ASO) 529 Education Savings Plan**



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

Plan Issuer Carrier/ASO	Who Attests when Plan is Fully-Insured	Who Attests when Plan is Self-Insured
Aetna	Aetna	Plan Sponsor
Cigna	Cigna	Cigna – Level and Graded Funded Plan Sponsor – Self-Insured
Florida Blue	Florida Blue	Florida Blue
FMIT	Expect FMIT – League of Cities will file for all plan sponsors	
Humana	Plan Sponsor	Plan Sponsor
United Health Care	United Health Care	Plan Sponsor

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

If your carrier is not listed above, please check your e-mail for Confirmation of Compliance from your medical and PBM carrier (if not integrated). Please reach out to your consultant for assistance as needed.



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Gag Clause Prohibition Attestation Guide

Completing & Submitting the Attestation Webform



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2024 Updates

- Added webform selection for the “attestation year.” Attestations made in 2024, for example, have an attestation year of 2024 even though the attestation period spans from the end date of the 2023 attestation to the attestation date in 2024.
- Added webform and template fields for the “attestation period,” or the date range that the attestation covers.
- Employer plan types in Step 1 expanded to include 3 categories of group health plans (GHP)
 - ERISA group health plan (GHP) or sponsor of ERISA plan,* including a plan sponsored or established by a union
 - (Non-Federal) governmental group health plan
 - Church plan
- “Reporting Entity” changed to “Responsible Entity.”



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2024 Updates

- Step 3, Responsible Entity types expanded in the instructions to clarify that ERISA group health plan (GHP), or sponsor of ERISA plan, includes a plan sponsored or established by a union. Responsible entities also modified to clarify terms:
 - Third-party administrator (TPA)
 - Pharmacy benefit manager (PBM)
 - Behavioral health network manager (BHN)
 - Other third-party service provider, such as an agent.
- Step 3, clarified labels in webform and template regarding types of provider agreements:
 - Medical network
 - Pharmacy benefit manager network
 - Behavioral health network
 - Other
- Text box added in webform to allow submitter to enter “Other Limitations.”
- Modified attestation language to remove forward-looking agreement actions.



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2024 Updates

- Added Definitions in the appendix, Section 4.2.
- Modified attestation language to accommodate date range and information provided through the submission process.



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Attestation Webform Resources

- Gag Clause Prohibition Compliance Attestation Home Page (where you go to start your attestation <https://hios.cms.gov/HIOS-GCPCA-UI>)
- Health & Human Services (HHS) Gag Clause Prohibition Compliance Attestation (GCPCA) webpage: <https://www.cms.gov/marketplace/about/oversight/other-insurance-protections/gag-clause-prohibition-compliance-attestation>
 - On this page are links for:
 - Frequently Asked Questions - https://regtap.cms.gov/reg_library.php?i=5482
 - Instructions for submitting the GCPCA - https://regtap.cms.gov/reg_library.php?i=5481
 - User Manual for submitting the GFPEA - https://regtap.cms.gov/reg_library.php?i=5479 (note this includes step by step instructions with screen shots)
 - GCPCA Reporting Entity Excel Template - https://regtap.cms.gov/reg_library.php?i=5480



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Attestation Terms to Know

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



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Info Needed to Complete the Attestation

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

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



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Info Needed to Complete the Attestation

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

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



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Filing the Attestation - Resources

Gag Clause Prohibition Compliance Attestation (GPCPA) User Manual



Center for Consumer Information & Insurance Oversight (CCIO) Version 07.30.20 August 2024

Attestation Step by Step Guide Book – User Manual https://regtap.cms.gov/reg_library.php?i=5479

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

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

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

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



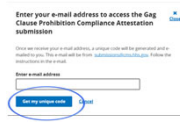
28

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Filing the Attestation – Registering

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

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



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



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Filing the Attestation - Registering

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

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



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



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



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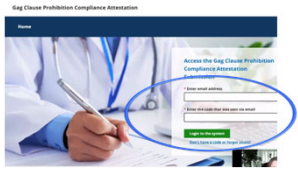
Filing the Attestation – Starting!

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

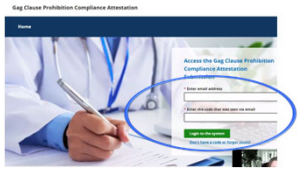
Step 2: Return to Home page and login with email address and unique code

Attestation year
Select the year for which you're submitting; this is the ending year of the GPCCA cycle (multiple years)

Select your attestation year
2021-2023
2024



Step 3: You should now be at your Dashboard. If you submitted last year for 2023, it will show your prior submission.

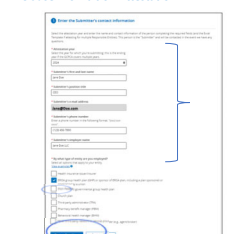


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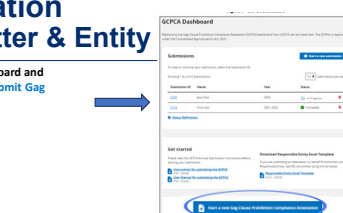
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Filing the Attestation Identifying Submitter & Entity

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



Step 5: Complete Enter the Submitter's Contact info. Scroll down - Where it asks "By what type of entity are you employed?" select (non-Federal) government group health plan (3rd box down). (Only the non government plans are ERISA.) Click **Save and Continue**.



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Filing the Attestation – Identifying Attestor

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

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

OR

If the Attestor is a different individual – do NOT check the box, complete the requested information, press **Save and Continue**

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

Enter the attester's contact information

Are you submitting on behalf of more than one plan or issuer?

Attestor's name

Attestor's email address

Attestor's phone number

Attestor's address

Attestor's role

Attestor's title

Attestor's organization

Attestor's email address

Attestor's phone number

Attestor's address

Attestor's role

Attestor's title

Attestor's organization

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Filing the Attestation – Reporting Entity Details

Step 7: Complete the Reporting Entity (Plan) Details

A. Complete (Bracketed) Entity Info

Choose applicable type of plan:

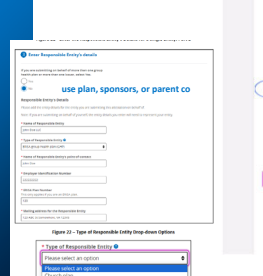
- Non-federal government Plan (state and local govt entities; special taxing districts; constitutional officers, etc)
- ERISA Plan – For profit & not for profit * ERISA PLANS ONLY – ENTER THE PLAN NUMBER (Don't enter - FOUND ON FORM 5500)
 - Church Plan

Do NOT choose health insurance issuer

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

C. Select the provider agreements for which you have on your plan - Generally medical and pharmacy.

D. press Save and Continue



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Filing the Attestation Single vs Multiple Plans

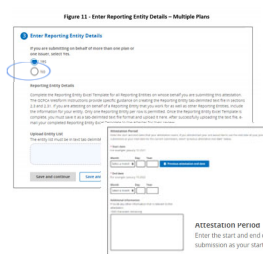
Figure 11: Enter Reporting Entity Details - Multiple Plans

Step : 8 Complete Reporting Entity Details

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

Complete attestation period.

Attestation Period
Enter the start and end dates that your attestation covers. If you attested last year and would like to use the end date of your previous submission as your start date for the current submission, select "previous attestation end date"



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Filing the Attestation – Attester Hand Off

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

Only appears when the Attester is DIFFERENT than the Submitter

- Verify address is entered correct
- Press **Send email**

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

Let's confirm the Attester's e-mail address.

Verify that the Attester's e-mail is correct. If not please enter the correct e-mail address. Once verified, an access code will be generated from your submission and emailed to your chosen Attester.

Attester's e-mail address

Send Email Cancel

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SB 1550 – Deep Dive

• Who is Being Regulated?

- Applies to commercial health plans, self-insured plans, governmental plans (as well as PBMs, manufacturers and pharmacies)
- Vests Office of Insurance Regulation (OIR) with significant oversight authority over PBMs



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SB 1550 – Deep Dive

• What's in the Bill?

- PBMs required to obtain certificate of authority under insurance code
- Transparency standards:
 - Requires PBM disclosure of affiliation with pharmacies, insurance companies
 - Requires manufacturer reporting of increase in wholesale acquisition costs of Rx



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SB 1550 – Deep Dive

• What's in the Bill?

- Regulates contracts between PBMs and benefit plans:
 - Requires pass-through pricing
 - "Spread" pricing prohibited unless any difference passed through to plan
 - Requires 100% of rebates to be passed through to plan for purpose of offsetting cost-sharing/premiums (if contract delegates rebate negotiations to PBM)
- Regulates PBM contracts with pharmacies
 - Prohibits financial clawbacks
 - Requires PBM to offer appeal right to pharmacies



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SB 1550 – Deep Dive

• What's in the Bill?

- Prohibits various practices:
 - PBM cannot penalize pharmacies for disclosing information to patients regarding nature of treatment, risks, availability of alternatives, or disclosures to OIR
 - PBM cannot exclude pharmacies from networks based on standards more stringent than state/federal guidelines
 - Bans steering
 - Prohibits data sharing without participant consent
- Requires annual attestation from health plan affirming compliance



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SB 1550 – Deep Dive

• What's in the Bill?

- Provisions potentially impacting plan design
 - Prohibits "affiliate-only" networks
 - Bans mail-order-only mandates (optional mail-order programs still permitted, and mail-order still allowed if drug is unavailable at pharmacies)
 - Prohibits "fail-first" or "step therapy" requirements
 - Requires 60 day continuity of care period for certain formulary changes



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SB-204 Federal Prescription Drug Reporting

• What's in the Bill?

- Provisions potentially impacting plan design
 - Prohibits "affiliate-only" networks
 - Bans mail-order-only mandates (optional mail-order programs still permitted, and mail-order still allowed if drug is unavailable at pharmacies)
 - Prohibits "fail-first" or "step therapy" requirements
 - Requires 60 day continuity of care period for certain formulary changes
 - Expect email from carrier asking for your contribution and premium costs and TIN to be submitted



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Next Steps for Employers

- *How are Employers Responding?*
 - Confirm compliance with plan vendors
 - Submit attestation to Florida Office of Insurance Regulation (see sample provided) at PBMrpting@flor.com



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Questions?

[Kate_grangard@gehringgroup.com](mailto:kate_grangard@gehringgroup.com)
[Kate_grangard@mybentek.com](mailto:kate_grangard@mybentek.com)
Direct Phone: (561) 629-2001



gratitude

(gɹɑː-ˈtɪ-tʊd) noun
the positive state of being grateful; an understanding, feeling of appreciation and thankfulness, and the desire to reciprocate to others



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Exhibit 5

Sample Employee Benefit Newsletters

November 6, 2025



Legal Update

2025 ACA Reporting Forms & Instructions Finalized

On Nov. 5, 2025, the Internal Revenue Service (IRS) issued final instructions for Affordable Care Act (ACA) reporting under Internal Revenue Code Sections 6055 and 6056. The release follows the IRS' earlier publication of the final reporting forms and draft instructions for the 2025 calendar year.

- The **2025 Forms [1094-B](#) and [1095-B](#) (and [related instructions](#))** will be used by providers of minimum essential coverage—including self-insured plan sponsors that are not applicable large employers (ALEs)—to report under Section 6055.
- The **2025 Forms [1094-C](#) and [1095-C](#) (and [related instructions](#))** will be used by ALEs to report under Section 6056 as well as for combined Section 6055 and 6056 reporting by ALEs that sponsor self-insured plans.

No major changes were made to the final forms or instructions for 2025 reporting.

Final Instructions Highlight Alternative Furnishing Method

Both sets of instructions clarify that reporting entities are no longer required to automatically furnish Forms 1095-B and 1095-C to individuals (as required under the original reporting rules). Instead, reporting entities may post a notice on their websites informing individuals that they can request a copy of the statement. The requirement to provide the statement is met if the notice is:

- Clear, conspicuous and reasonably accessible to all covered individuals;
- Timely posted, which for calendar year 2025 is by **March 2, 2026**;
- Retained on the website until **Oct. 15, 2026**; and
- Furnished to any requesting individual **by the later of Jan. 31, 2026, or 30 days after the date of the request.**

The instructions also outline the required content for the website notice, which remains unchanged from the prior reporting year.

Action Steps

Employers should become familiar with the forms and instructions for 2025 calendar year reporting and begin to explore options for filing ACA reporting returns electronically (e.g., they may be able to work with a third-party vendor to complete the electronic filing).

Reporting entities that may be in a position to perform their own electronic reporting can review the IRS' [ACA Information Returns \(AIR\) Program webpage](#).

Additional IRS Resources

The IRS provides the following resources for reporting entities:

- [Information Reporting by Providers of Minimum Essential Coverage](#)
- [Q&As: Information Reporting by Health Coverage Providers \(Section 6055\)](#)
- [Information Reporting by Applicable Large Employers](#)
- [Q&As: Employer Information Reporting on Form 1094-C and 1095-C](#)
- [Q&As: Reporting of Offers of Health Insurance Coverage by Employers \(Section 6056\)](#)

KEY DATES:

ACA reporting for the 2025 calendar year is due in early 2026:

March 2, 2026

- Reporting entities must post a clear, conspicuous and accessible notice on their websites by this date, informing individuals that they may request a copy of Forms 1095-B or 1095-C.
- Alternatively, if a reporting entity chooses not to post the notice online, it may instead provide Forms 1095-B or 1095-C directly to individuals by this date.
- Reporting entities should continue to comply with applicable state reporting requirements, which may differ from federal obligations.

March 31, 2026

- Electronic IRS returns for 2025 must be filed by this date. Reporting entities that file at least 10 returns during the calendar year must file electronically.

Questions?

If you have any questions regarding this notice, please contact your Gehring Group/Risk Strategies Benefits Consultant.

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Our mailing address is:
Gehring Group, A Risk Strategies Company
3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410

[unsubscribe from all emails](#) [update subscription preferences](#)



City of Ormond Beach

22 South Beach Street
Ormond Beach, Florida 32174
Telephone (386) 610-0470

REQUEST FOR PROPOSALS

PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP TITLE: Employee Benefits Broker of Record

RFP NUMBER: **2026-20**

RFP OPENING DATE & TIME: March 10, 2026 @ 1:00 PM

RFP OPENING LOCATION: **City Hall Training Room at Ormond Beach City Hall**

PRE-PROPOSAL MEETING DATE & TIME: **None**

PRE-SUBMITTAL MEETING: **N/A**

Submittals Received After The Above Date And Time Will Not Be Accepted.

PROPOSER'S NAME: _____

PROPOSER'S MAILING ADDRESS: _____

CITY-STATE-ZIP: _____

F.E.I.N.: _____

PHONE NUMBER: _____

EMAIL: _____

If returning as a "No Submittal", please state reason (s) _____

I certify that this Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Proposal for the same materials, services, supplies, or equipment, and is in all respects fair and made without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this RFP for the Proposer. In submitting a RFP to the City of Ormond Beach, the Proposer offers and agrees that if the Proposal is accepted, the Proposer will convey, assign or transfer to the City of Ormond Beach all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Antitrust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the City of Ormond Beach. At the City's discretion, such assignment shall be made and become effective at the time the City tenders final payment to the Proposer.

X _____
AUTHORIZED SIGNATURE (MANUAL)

NAME (TYPED)

TITLE

DATED

GENERAL CONDITIONS

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

DISCRIMINATION: Pursuant to Section 287.134(2)(a), Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid or proposal on a contract to provide any goods or services to a public entity, may not submit a bid or proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit bid or proposal on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity.

PUBLIC RECORDS/NON-CONFIDENTIALITY OF BIDS AND/OR PROPOSALS. The City of Ormond Beach cannot and does not warrant the confidentiality of any information submitted in response to this solicitation. Florida law provides that municipal records shall at all times be open for personal inspection by any person, Section 119.01, F.S., The Public Records Law. Information and materials received by the City of Ormond Beach in connection with all Proposers' response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or 30 days after bid opening, whichever occurs first. Section 119.071, F.S.

DISTRIBUTION OF BIDS AND RFP'S: The City uses the services of DemandStar (www.demandstar.com) to distribute its bids and RFP's on-line on the Internet. If you have received a copy of this RFP from any source other than DemandStar, please be aware that you may not have received the latest version of the RFP or any related addendums.

SUBMISSION OF RESPONSES: All Submittals shall be delivered in a sealed envelope. The Request for Proposals (RFP) number, title, and opening date shall be clearly displayed on the outside of the sealed envelope (and on the outside of any express shipping package). The delivery of said submittal to the Purchasing Office on or before the specified opening date and time is solely and strictly the responsibility of the Submitter. Any submittal received by the Purchasing Office after the specified date and time will not be accepted. Submittals must be presented on forms provided by the City. No other forms will be accepted. Responses submitted by telephone, fax or email will not be considered. No Submittal may be modified after opening. No Submittal may be withdrawn after opening for a period of ninety (90) days unless otherwise specified.

EXECUTION OF SUBMITTAL: Submittals must contain a manual signature of authorized representative in the space(s) provided. Submittals must be typed or printed in ink. Use of erasable ink is not permitted. All corrections made by Submitter to any Submittal entry must be initialed. The company name and Federal Employer Identification Number (F.E.I.N.) number shall appear in the space(s) provided.

RFP OPENING: Submittals shall be opened and the name of the submitters shall be read publicly. No discussion of the Submittals will occur at this time.

SUBMITTAL TABULATION: The RFP Tabulation will be posted on Demandstar (www.demandstar.com). Any submitter wishing to receive a paper copy of the tabulation is required to enclose a stamped, self-addressed envelope with their Submittal response.

CLARIFICATION/CORRECTION OF RFP ENTRY: The City of Ormond Beach reserves the right to allow for the clarification of questionable entries and for the correction of obvious mistakes.

INTERPRETATION: Any questions concerning conditions and specifications shall be directed to the Purchasing Coordinator procurement@ormondbeach.org. Those interpretations which may affect the eventual outcome of this Submittal will be furnished in writing to all prospective Submitters. No interpretation shall be considered binding unless provided in writing by the City of Ormond Beach.

PROCUREMENT COMMUNICATION PROTOCOL: To protect the integrity of the procurement process, respondents, suppliers, contractors, sub-contractors or person acting on behalf of any of the above are prohibited from all communications regarding the solicitation with City staff, City consultants, City legal counsel, City agents, or elected officials unless such communication is specifically authorized in the City's solicitation or addenda. Violation of this provision may be grounds for rejecting a response.

MINORITY POLICIES: The City of Ormond Beach, Florida, encourages the full participation of Disadvantaged and Women Business Enterprises (D&WBE) in the provision of goods and services.

RESPONSIBILITY DETERMINATION: Pursuant to the provisions of Florida Statutes Chapter 287.05701, the City does not request or consider a vendor's social, political, or ideological interests in making a responsibility determination.

LICENSES AND PERMITS: The Vendor/Contractor is responsible for obtaining all necessary permits and licenses to comply with all Federal, State, local laws, rules and regulations required to perform work in accordance with the specifications.

ADDITIONAL TERMS AND CONDITIONS: The City of Ormond Beach reserves the right to reject Submittals containing any additional terms or conditions not specifically requested in the original conditions and specifications.

TAXES: The City of Ormond Beach is exempt from Federal Excise Taxes and all sales taxes.

SILENCE OF SPECIFICATIONS: The apparent silence of any specification and any supplemental specifications as to any details or the omission from same of any detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail and that only materials of first quality and correct type, size, and design are to be used. All workmanship is to be first quality. All interpretations of the specifications shall be made upon the basis of this statement.

ASSIGNMENT: Any purchase order or contract issued pursuant to a Submittal and the monies which may become due hereunder are not assignable except with the prior written approval of the City Manager or City Commissioner, whichever authorized the purchase or Agreement.

LIABILITY: The Contractor shall hold and save the City of Ormond Beach, its officers, agents, and employees harmless against claims by third parties resulting from the Contractor's or supplier's breach of contract or negligence, including all attorney's fees and costs, and shall pay any and all damages, fees, and costs assessed on behalf of the City. The City expressly reserves all rights, privileges and benefits of sovereign immunity.

PATENTS AND ROYALTIES: The Contractor, without exception, shall indemnify and save harmless the City of Ormond Beach and its employees from liability of any kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of the contract, including its use by the City of Ormond Beach. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the Submittal prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

NON-APPROPRIATION OF FUNDS: In the event sufficient budget funds are not available for a new fiscal period, the CITY shall notify the VENDOR/CONTRACTOR of such occurrence and the contract shall terminate on the last day of the current fiscal period, without any penalty or expense to the CITY of any kind whatsoever.

AWARDS: The CITY reserves the right, in its sole discretion, as the best interest of the CITY may require, to make award(s) by individual item, group of items, all or none, or a combination thereof; on a geographical basis and/or with one or more vendors, contractors, consultants or specialists; or to reject any and all Submittals or waive any minor irregularity or technicality in the Submittals received.

TERMINATION OF AGREEMENT:

- A. The City Manager shall have the right to terminate the Agreement for a material breach of this agreement that remains uncured for at least thirty days after prior written receipt of a notice of violation of same.
- B. The City Manager shall have the right to terminate this Agreement for the City's convenience if she determines in her sole discretion that it is in the best interests of the City. In that event,

the City shall only be obligated to Contractor to pay for any unpaid work already satisfactorily performed prior to the notice of termination.

C. This Agreement may not be terminated by the Contractor.

OTHER AGENCIES: All Bidder(s) awarded contracts from this bid or proposal may, permit any municipality or other government agency to participate in the contract under the same prices, terms, and conditions, if agreed to by both parties.

It is understood that at no time will any city, municipality, or other agency be obligated for placing an order for any other city, municipality, or agency: nor will any city, municipality, or agency be obligated for any bills incurred by any other city, municipality, or agency. Further, it is understood that each agency will issue its own purchase orders to the awarded bidder(s).

COMPLIANCE WITH FLORIDA PUBLIC RECORDS LAW:

Contractor expressly agrees that it shall comply with the public records law provided in Florida Statutes, Chapter 119, and specifically to:

- (a) Keep and maintain public records required by the City to perform the contracted service.
- (b) Upon request from the City Clerk, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the City.
- (d) Upon completion of the contract, transfer at no cost, to the City all public records in possession of the contractor or keep and maintain public records required by the City to perform the service. If the contractor transfers all public records to the City upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon the completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City Clerk, in a format that is compatible with the information technology systems of the City.
- (e) Failure of the Contractor to comply with Public Records Law as provided by Florida Statutes, Chapter 119, shall subject the Contractor to penalties under Chapter 119.10 and subject this Agreement to termination for cause by the City.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

**CITY CLERK
22 SOUTH BEACH STREET
ORMOND BEACH, FLORIDA 32174
(386)610-0400
CITYCLERK@ORMONDBEACH.ORG
or online at
<https://www.ormondbeach.org/prr>**

Ref: Fla. Stat. §119.0701(2016)

THE CITY OF ORMOND BEACH RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS, AND TO WAIVE INFORMALITIES AS MAY BE DEEMED TO BE IN THE BEST INTEREST OF THE CITY.

TERMS AND CONDITIONS

- A. The City of Ormond Beach reserves the right without prejudice to reject any or all proposals, to request clarification of information submitted, and to request additional information of one or more proposers.
- B. The City reserves the right to award the contract to the next most qualified firm if the successful firm fails to execute a contract within two weeks after the award of the contract by the City Commission.
- C. In accordance with federal, State, and local regulations, the firm shall not discriminate under the contract against any person.
- D. The firm shall not assign or transfer any interest in the contract without prior approval of the City Commission.
- E. The City reserves the right to terminate the contract at any time due to the vendor's default under terms of agreement.
- F. Submission of a proposal indicates acceptance by the firm of the conditions contained in this Request for Proposals unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the City of Ormond Beach and the firm selected.
- G. Submittals should include a copy of firm's insurance certificate, Conflict, Non-Conflict of Interest Statement/Litigation Statement, Drug Free Workplace Certificate and E-Verify Statement.

I. OBJECTIVE OF THE REQUEST FOR PROPOSALS

The City of Ormond Beach, located in Volusia County, Florida, is comprised of approximately 33 square miles, with a population of 43,000 and 349 full-time employees. The city is seeking proposals from qualified firms to provide employee benefits broker of record services for all employee health, dental, vision, life, disability, and other related employee benefit programs.

All full-time employees are eligible to enroll in the city's medical, dental, and vision plans. The city pays 100% of the premium for employee coverage, and employees may enroll dependents and pay the associated premium. Qualified retirees and their dependents are also eligible to remain on the city's medical, dental, and vision plans at full cost to the retiree, as are terminated employees enrolled in COBRA coverage. In total, there are currently 362 individuals enrolled in the city's health insurance plan, 431 enrolled in dental, and 432 enrolled in vision. The city also provides life and AD&D insurance and long-term disability coverage for employees at the city's expense. Employees may elect and purchase additional life insurance, short term disability, and a variety of other supplemental coverages.

II. SCOPE OF SERVICES

The selected firm must be able to provide the following tasks and services, however, this is not intended to be an exhaustive list:

1. Conduct an annual bidding process, carrier negotiations, and employee benefit plan selection in coordination with City leadership and established goals and objectives, including providing high quality health care, remaining fiscally responsible, minimizing provider disruption, improving employee health outcomes, and delivering excellent customer service.
2. Compile and present plan utilization data to the city on a quarterly basis with appropriate analysis, recommendations, and forecasting.
3. Leverage relationships with carriers to effectively and satisfactorily resolve member issues; communicating directly with members and carriers throughout process with little assistance from City staff.
4. Handle all claim inquiries, billing issues, complaints, and all other benefit related issues on behalf of the city with a high level of customer service and efficiency. Identify dedicated staff, with sufficient experience and knowledge, responsible for resolving both routine and complex issues on a daily basis.
5. Assign a primary contact who will be reasonably available for meetings and calls, present at City Commission meetings and workshops as needed, and responsive to inquiries the same day, including holidays and weekends.
6. Coordinate all aspects of the City's annual personal health assessment and health fair for employees to include testing (including weight, BMI, blood pressure, cholesterol, and various other biometric and lifestyle risk factors), producing individual and group reports and analysis, individual employee coaching services, and representation from other benefit programs and educational resources.
7. Collect and provide employee benefit coverage and cost benchmarking data relative to other municipalities in the area.

8. Provide information on health care trends and updates on relevant regulatory changes to ensure compliance.
9. Provide Consolidated Omnibus Budget Reconciliation Act (COBRA) administrative services in compliance with federal and state regulations, at no additional cost to the city.
10. Provide professional advice and guidance to ensure continued compliance with the Affordable Care Act (ACA), Health Insurance Portability and Accountability Act (HIPPA), Internal Revenue Service (IRS), and other state and federally mandated benefits and regulations.
11. Continue existing coverage and strategic initiatives with current provider network and level of benefits to avoid disruption in employee healthcare treatments, to the extent possible under financial and regulatory constraints. Provide cost and disruption analysis for any proposed renewal plan change.
12. Design customized wellness incentives based on claims utilization data and best practices, and provide follow up metrics, analysis, and recommendations to encourage positive health outcomes.
13. Conduct all aspects of annual open enrollment, to include collating employee benefit enrollment packages, conducting in-person presentations for staff, and processing individual enrollments at various city facilities for a period of two weeks each year.
14. Provide and manage employee benefits enrollment platform and HSA/FSA banking relationship to facilitate benefits administration efforts, at no cost to the city and preferably utilizing current vendors to avoid disruption.
15. Create electronic and printable annual benefit summaries utilizing the city's current design standards, as well as other documents as requested.
16. Facilitate quarterly in person meetings between insurance carrier's Chief Medical Officer, pharmacy manager, and other key personnel, and City leadership staff; prepare agendas and objectives for each meeting to review claims data, resolve case management issues, and identify opportunities for improvement; and memorialize and follow up on agreed upon action points.

III. TERM OF AGREEMENT

The initial term of this agreement shall be for a period of three (3) years and will be automatically renewed for two (2) additional one-year periods thereafter unless either party provides at least ninety (90) days prior written notice to the other party of their intent not to renew the agreement.

IV. MINIMUM QUALIFICATIONS

To be considered by the City, proposing firm must:

1. Have at least five (5) years of experience providing similar employee benefits broker services to municipalities of similar size, in the state of Florida, with a similar scope of services as identified above.
2. Be licensed to transact insurance brokerage business in the state of Florida.
3. Demonstrate the broker has successfully provided employee benefits broker services to at least three other municipalities, in the state of Florida, with a similar scope of services as identified above.

4. Services must have been provided in the past five years prior to the issuance of this RFP.
5. Demonstrated ability and success in design and implementation of a high deductible health care plan (HDHP).
6. Demonstrated ability and success implementing various strategies to maintain high quality and cost-effective coverage.
7. Demonstrated experience working with major carriers in the market, in the state of Florida.
8. The client executive assigned to the account must have a minimum of ten years of experience providing employee benefits broker of record services to municipalities of similar size, in the state of Florida, with a similar scope of service, and must be capable of speaking and making decisions on behalf of the firm. Additional support staff assigned to the city must have a minimum of five years of experience supporting municipalities in benefits administration.

V. PROPOSAL PROCESS

The firm or individual(s) interested in this contract should include a response to each of the following items in their written proposal:

A. Background of firm:

Describe the firm's experience working with Florida municipalities of similar size, in the State of Florida. Provide specific examples of implementing health care plan design strategies resulting in cost savings and improved health care outcomes. Describe plan features and how they supported the goals identified by the client. Include both financial and claims metrics to illustrate results over multiple years.

Provide a list of all public employee benefit clients for the past three years. Provide contact information for at least three employee benefit municipal clients.

Provide examples of informational literature, power points, enrollment and plan summaries, or other client materials the firm created for municipal clients with similar employee benefit programs.

Provide resumes for the firm owners, key management personnel, and dedicated account team including account executive, client representatives, and any other administrative support personnel interacting with the city.

Identify years of experience for each team member, as required in the minimum qualifications, listing only those years providing employee benefits broker of record services to municipalities of similar size, in the state of Florida, with a similar scope of service.

Provide an organizational chart showing reporting structures for all key staff and dedicated team members.

Include three professional references for the individual designated to serve as the city's primary point of contact.

B. Fees: Provide the firm's fee structure.

VI. PROPOSAL SUBMITTAL

Please check the contents of your RFP package carefully to ensure that you have in your possession all the necessary documents, as referenced within this RFP, including any addenda. If you are missing any items, please contact the City's Purchasing Coordinator at 386-610-0470, or by e-mail at: procurement@ormondbeach.org.

Submission of a proposal pursuant to this RFP shall constitute acknowledgement and acceptance of the terms and conditions set forth herein. Portions of this RFP and the contents of the proposal submitted by the successful proposer may become contractual obligations if an Agreement is awarded. Failure of the successful proposer to accept these obligations may result in cancellation of the award of contract.

The City reserves the right to withdraw this RFP at any time without prior notice. All proposals submitted in response to this RFP become the property of the City of Ormond Beach.

Deadline for Submission: To be considered, proposals must be received no later than 1:00 p.m., March 10, 2026.

Inquiries: Technical questions may arise as firms are preparing their proposals. The City will accept written inquiries until February 27, 2026 at 4:00 PM. Questions received after that time will not be responded to. Answers to questions that warrant attention of all the potential proposers will be distributed in the form of an addendum. Please direct written inquiries to:

Purchasing Coordinator
City of Ormond Beach
22 South Beach Street, Room 102
Ormond Beach, Florida 32174
Telephone: (386) 610-0470
procurement@ormondbeach.org

Signature Requirements: Proposals must be signed by a duly authorized official(s) of the proposing firm. Consortiums, joint ventures, or teams submitting proposals, although permitted and encouraged, will not be considered responsive unless it is established that all contractual responsibility rests solely with one firm or legal entity which shall not be a subsidiary or affiliate with limited resources. Each proposal shall indicate the entity responsible for execution on behalf of the proposal team.

Proposal Delivery: You must submit one (1) unbound original plus one (1) electronic copy on compact disk (CD) or flash drive of the proposal no later than the date and time specified above. Submit proposals to: Purchasing Coordinator, at City Hall downstairs in Room 102, 22 South Beach Street, Ormond Beach, FL 32174. The RFP title and number shall be plainly marked on the outside of the delivery envelope or package. It is solely the responsibility of the submitter to ensure that the Proposal is delivered on or before the specified date and time. Late proposals will not be accepted.

Addenda and Supplements to the Request for Proposals (RFP): In the event that it becomes necessary to revise any part of this RFP, or if additional information is necessary to enable the proposing firm to make an adequate interpretation of the provisions of this RFP, a supplement to the RFP will be provided to each firm that has requested a copy of this document.

Rejection Rights: The City of Ormond Beach reserves the right, at any time, to modify, waive or otherwise vary the terms and conditions of this RFP including, but not limited to, the deadlines for submission and submission requirements. The City further reserves the right to reject any or all submittals, to cancel or withdraw this RFP at any time and to negotiate with any party prior to or after submittal of proposals. Selection is also dependent upon the negotiation of a mutually acceptable contract with the successful proposers.

Cost of Proposal Preparation: No reimbursement will be made by the City of Ormond Beach for any costs incurred in the preparation of the proposal or presentation.

Proposals to be in Effect: Each proposal shall state that it is valid for a period of not less than 90 days from date of receipt.

VII. EVALUATION PROCESS AND CRITERIA

The City of Ormond Beach will conduct an evaluation of all proposals, submitted by the deadline, to determine compliance with proposal requirements and mandatory document submissions. The staff evaluation committee will review proposals to ensure they meet the minimum requirements set forth in the RFP. Those meeting the minimum requirements will be provided to the City Commission for further review and final selection. An evaluation meeting is scheduled for March 12, 2026 at 2:00 PM to review the proposals in the Training Room (breezeway) at City Hall.

The City reserves the following rights:

- Modify, extend, or cancel this RFP at any time to obtain additional proposals or for any other reason the City determines to be in its best interest;
- Issue a new RFP with terms and conditions that are the same, similar or substantially different as those set forth in this or a previous RFP in order to obtain additional proposals or for any other reason the City determines to be in its best interest;

- Conduct pre-award discussion and/or pre-award negotiations with any or all responsive and responsible proposer(s) who submit proposals determined to be reasonably acceptable of being selected for award; and, conduct personal interviews or require presentations of any or all proposer(s) prior to selection.
- Request that proposer(s) furnish additional information as the City may reasonably require.
- Accept or reject qualifications or proposals in part or whole, and/or waive any defect or deficiency in any proposal, if in the City's sole judgment, the defect or deficiency is not material in response to this RFP;
- Limit and/or determine the actual contract services to be included in a contract.
- Engage outside experts to assist staff in evaluating the merits and viability of each proposer.
- Obtain information for use in evaluating submittals from any source.
- Verify the information received in the proposal. If a proposer knowingly and willfully submits false information or data, the City of Ormond Beach reserves the right to reject that proposal. If it is determined that an Agreement was awarded as a result of false statements or other data submitted in response to this RFP, the City of Ormond Beach reserves the right to terminate the Agreement.

The City shall be the sole judge of the proposer's qualifications.

Evaluation Criteria:

For the purposes of further evaluation, the responsive proposals will be evaluated on, but shall not be limited to, consideration of the following criteria:

Background/experience of the firm and fee structure as described in the Proposal Process.

EXHIBIT A

REGISTRATION AND INSURANCE REQUIREMENTS FOR VENDOR/CONTRACTOR WORKING ON CITY PROJECTS

Registration Requirements

VENDORS doing business within the City Limits must be registered with the City.

Requirements for registering a business are as follows:

Copy of City Business Tax Receipt (where your business is located).

Certificate of Insurance showing General Liability and Workers' Comp (or State Workers' Comp Exemption form).

Application Fee: \$25.00 For more information, contact the City's Business Tax Receipt official at 386-610-0540 or btonline@ormondbeach.org You can apply online here: <https://ormondbeachfl-energovweb.tylerhost.net/apps/selfservice#/home>

State Certified/Registered Contractors

All registered State contractors must be registered with Volusia County. Volusia County Contractor Licensing, 123 W. Indiana Ave., Rm 203, Deland, FL 32720 (386) 736-5957 contractorlicensing@volusia.org

<https://connectlivepermits.org/citizenportal/app/landing>

State certified contractors have the option of registering with Volusia County, or providing information directly to the business tax receipt official, to include copy of State license, certificate of insurance and copy of local business tax receipt. This information is provided with the permit application.

If you have any questions regarding the above requirements, please contact the business tax receipt official at (386) 610-0540 or btonline@ormondbeach.org

Risk Management and Insurance Requirements

A. Payment and Performance Bonds

1. Except as otherwise provided herein, the Contractor shall, prior to beginning performance, deliver to the City, and the City shall record in the public records of Volusia County, Florida, the Contractor's Payment and Performance Bond in an amount equal to the full amount of the Contract.

2.
 - (a) Payment and Performance Bonds shall not be required for any contract except those which are for the construction of a public building, for the prosecution and completion of a public work (as described in Section 180.06, **Florida Statutes**, as amended from time to time) or for repairs upon a public building or public work (as described in Section 180.06, **Florida Statutes**, as amended from time to time).
 - (b) With respect to those Contracts for which Payment and Performance Bonds are otherwise required:
 - i. Unless the City Manager, or his designee, determines such Bond to be necessary to protect the interests of the City, no Contractor shall be required to provide a Payment and Performance Bond for any Contract which is for \$25,000.00 or less.
 - ii. Upon the request of the contractor, good cause shown by the Contractor, and a determination that the public health, safety and welfare will be sufficiently protected, the City Commission may exempt the contractor from the requirement of providing a Payment and Performance Bond for any Contract which is for more than \$25,000.00 but is less than \$200,000.00.
3. The Payment and Performance Bond shall list the Contractor as Principal and be issued by a surety insurer authorized to do business in Florida as a surety and listed as an acceptable surety in the Federal Register.
4. The Payment and Performance Bond shall be executed pursuant to Section 255.05, **Florida Statutes**, and be in a form substantially similar to the form set forth in Section 255.05(3), **Florida Statutes**.
5. The Payment and Performance Bond shall specifically provide coverage for delay damages due to a default by the Contractor.
6. The Payment and Performance Bond shall not make the Contract part of the Bond agreement.
7. In lieu of the Payment and Performance Bond, the Contractor may file with the Finance Director of the City, in an amount equal to the full amount of the Contract, cash, a money order, a certified check, a cashier's check, an irrevocable letter of credit, or a security of a type listed in Part II, Chapter 625, **Florida Statutes**.
8. In the event the surety on any Payment and Performance Bond furnished by the Contractor is declared bankrupt or becomes insolvent, or its right to do business in the State of Florida is terminated, the Contractor shall, within

five (5) working days thereafter, substitute another Payment and Performance Bond and surety acceptable to the City.

9. The Contractor is totally and solely responsible for keeping its surety informed as to the Base Contract Price as bid, significant changes in the Project Scope, and the overall progress and completion of the Project for the entire life of the Contract.
10. The payment and performance bond requirements stated herein above shall not be applicable to service-related contracts unless otherwise determined by the City Manager in order to protect the health, safety and welfare of the general public.

B. Contractual Provisions Relative to Risk Management

All contracts for any public works to be performed, and service-related contracts, for or on behalf of the City shall include at a minimum, the following, or substantially similar, provisions:

1. Hold Harmless and Indemnity

The Contractor agrees to assume liability for and indemnify, hold harmless, and defend the City, its commissioners, mayor, officers, employees, agents, and attorneys of, from, and against all liability and expense, including reasonable attorney's fees, in connection with any and all claims, demands, damages, actions, causes of action, and suits in equity of whatever kind or nature, including claims for personal injury, property damage, equitable relief, or loss of use, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the Contractor, its agents, officers, contractors, subcontractors, employees, or anyone else employed or utilized by the Contractor in the performance of this Contract. The Contractor's liability hereunder shall include all attorney's fees and costs incurred by the City in the enforcement of this provision.

2. Payment on Behalf of City

The Contractor shall pay all costs of the City's legal defense, as may be selected by the City, for all claims described in the Hold Harmless paragraph. Such payment on behalf of the City shall be in addition to any and all other legal remedies available to the City and shall not be considered to be the City's exclusive remedy.

3. Loss Control/Safety

Precaution shall be exercised at all times by the Contractor for the protection of all persons, including employees and property. The Contractor shall comply with all applicable laws, regulations and ordinances related to safety and health, shall make special efforts to detect hazardous conditions, and shall take prompt action when loss control/safety measures are

reasonably necessary. The City may order work to be stopped if conditions exist that present an immediate danger to persons or property. The Contractor acknowledges that such work stoppage will not shift responsibility for any damages from the Contractor to the City.

4. Service Bond

For Service-related contracts only, the City may require the Contractor to secure a service bond with a minimum \$25,000 coverage limit for the period of the service agreement. The service bond covers dishonest acts of the contractor's employees against the City. A copy of the bond shall be provided to the City when the agreement commences. Service-related contracts include and are not limited to businesses providing janitorial, pest control, general repair, security, carpet cleaning, locksmith, temporary employment, painting, moving services or other contracts as determined in the discretion of the Risk Manager as necessary to minimize loss.

C. Contractor's Insurance

1. General

The Contractor, including service-related contractors, shall purchase and maintain for the entire life of the Project, including any and all approved time extensions, until its final acceptance by the City, such insurance as will protect the Contractor from claims under Workers' Compensation, disability benefit laws or other similar employee benefit laws; from claims for damages because of bodily injury, occupational sickness or disease, or death of Contractor's employees; from claims insured by usual or unusual injury liability coverage; from claims or injury to or destruction of tangible property and from claims insured by usual Commercial General Liability coverage. This includes loss of use resulting therefrom, any or all of which may arise out of the Contractor's operations under the Contract Documents, whether such operations be by the Contractor, by any Subcontractor, or by anyone directly or indirectly employed by any of them or for whose acts any of them may be legally liable. The Contractor's deductibles/self-insured retentions shall be disclosed to the City and may be disapproved by the City, and may be reduced or eliminated at the sole discretion of the City. The Contractor is responsible for the amount of any deductible or self-insured retention.

2. Types of Insurance and Limits of Liability

The insurance required herein shall be written for not less than any limits of liability specified and incorporated as part of the Contract Documents or as required by law, whichever is greater, and shall include and not limited to the following:

- (a)** Workers' Compensation Insurance in statutory limits for the State of Florida with Coverage B - Employer's Liability limits of not less than:

\$100,000 Each Accident Bodily Injury by Accident
\$100,000 Each Employee Bodily Injury by Disease
\$500,000 Policy Limit Bodily Injury by Disease

Certificate of Exemptions. If the contractor has a State-issued Certificate of Exemption, the contractor may provide a copy in place of the requirement for coverage. However, if the contractor subcontracts or retains any other person or entity to perform under the contract, that person or entity must provide proof of workers' compensation insurance as required by law or provide a Certificate of Exemption.

It is the intent of the City that any individual who either contracts directly with the city or performs any work on behalf of any such contractor be covered by workers' compensation insurance or have a valid exemption from said coverage.

(If applicable to the Project, the policy must include benefits under the United States Longshoremen's and Harbor Workers' Act and the Jones Act coverage--all maritime coverage.)

(b) Commercial General Liability Insurance shall be written on a coverage form as broad as Insurance Services Office (ISO) Form CG 00 01 11 85, or its successor form, including but not limited to the following coverage (any deviation shall be noted on the Certificates of Insurance):

- a. Premises, Operations, Products and Completed Operations
- b. Owners' & Contractors' Protective
- c. Products & Completed Operation
- d. Explosion, Collapse & Underground Conditions
- e. Blanket Contractual Liability
- f. Personal Injury Liability
- g. Broad Form Property Damage Endorsement, including Completed Operations
- h. Independent Contractors
- i. Watercraft--Owned and Non-Owned (if applicable, endorsement must be included in General Liability policy or a separate Protection & Indemnity Policy must be written)
- j. Pollution Liability (if applicable)
- k. Asbestos Abatement (if applicable)
- l. Fire Damage Liability

Certain coverage outlined above may not be required if they do not relate to the Project, as may be determined at the sole discretion of the City.

Commercial General Liability Coverage shall be written on an occurrence basis and the limits shall be no less and not limited to the following amounts:

Limits (not less than)

\$1 Million Each Occurrence

\$2 Million General Aggregate

\$1 Million Aggregate Products & Completed Operations

NOTE: Commercial General Liability Coverage must be purchased on either a project basis (separate policy per contract) or an endorsement allocating an aggregate limit per location or specified project.

- (c) Automobile Liability Insurance is required if an Automobile(s) is used in the performance of the contract. ISO Symbol 1 (Any Auto), or alternatively a combination of Symbol 2 (Owned Autos), Symbol 8 (Hired Autos), and Symbol 9 (Non-Owned Autos), and limits shall be no less than:

\$1 Million

Combined Single Limit for Bodily Injury and Property Damage

- (d) Excess Liability

For contracts \$250,000 or greater an Excess Liability Policy of at least but not limited to \$1,000,000 in addition to the scheduled underlying policies for Commercial General Liability, Automobile Liability and Employers' Liability, the Contractor shall also provide an Excess Liability Policy with a maximum self-insured retention not to exceed \$25,0000 per occurrence.

- (e) Builder's Risk

Contractor shall purchase Builder's Risk Insurance for any contracts that are deemed to be vertical construction on an All-Risk policy, and shall also include coverage for wind, hail, and named storm. Limits of coverage shall be at least and not limited to the value of the project.

- (f) Professional Liability, Malpractice and/or Errors and Omissions

The Contractor shall purchase and maintain professional liability, malpractice, or errors or omissions insurance with minimum limits of \$1,000,000 per occurrence. If a claims made form of coverage is provided, the retroactive date of coverage shall be no later than the inception date of claims made coverage, unless the prior policy was extended indefinitely to cover prior acts. Coverage shall be extended

beyond the policy year either by a supplemental extended reporting period (ERP) of as great a duration as is available, and with no less coverage and with reinstated aggregate limits, or by requiring that any new policy provides a retroactive date no later than the inception date of claims made coverage.

D. Requirements for Certificates of Insurance

1. With the execution of the Contract Documents, the Contractor, including service related contractors, shall provide certificates of such insurance acceptable to the City. These certificates and insurance policies shall contain an endorsement that the coverage under the policies will not be canceled, non-renewed or materially changed until at least thirty (30) days' prior written notice of such cancellation, non-renewal or change (except for nonpayment of premium, which shall be ten (10) days) and a copy of the cancellation endorsement signed by an authorized representative of the insurer, be given to the City. The contractor shall be required to replace any expired or canceled policies in like amount and coverage to the satisfaction of the City. The Certificate of Insurance shall be the ACORD FORM 25-S (7/90), or its successor form, and shall be made a part of the Contract Documents.
2. New certificates of insurance shall be provided to the City at least fifteen (15) days prior to coverage renewals.
3. If requested by the City, the contractor shall immediately furnish complete copies of the Contractor's insurance policies, forms and endorsements.
4. For Commercial General Liability coverage the Contractor shall, at the option of the City, provide an indication of the amount of claims payments or reserves chargeable to the aggregate amount of liability coverage. If the Commercial General Liability form of coverage includes an annual aggregate limitation on the amount of insurance provided, a separate project aggregate limit may be required by the City for the given contract.
5. If the Contractor fails to obtain and maintain for the life of the Project the insurance required hereby or to replace any such expired or canceled policy, the City may obtain and maintain such insurance with such company as it deems satisfactory. Any amounts expended by the City in payment of premiums for such insurance shall be deducted by the City from the amount due the Contractor for the work covered by the Contract.

E. Policies of Insurance

1. Except as otherwise provided in this Exhibit, all insurance policies shall be issued by insurers licensed to do business in the State of Florida on an admitted basis or which is an eligible surplus lines insurer in the State of Florida, and any such insuring company is required to have a minimum financial rating of (A-), in the latest edition of "Best's Key Rating Guide",

published by A. M. Best Co., Inc., or some similarly nationally recognized rating authority, including Standard and Poors and Demotech.

2. For Workers' Compensation coverage only, self-insurance programs are acceptable with a minimum A- rated reinsurance carrier; written confirmation is required.
3. All policies of insurance or certificates thereof referred to in this Exhibit shall be deposited with the City Clerk.
4. The City shall be named an Additional Insured on General Liability including products and completed operations and Automobile Liability policies of insurance and certificates thereof.

**City of Ormond Beach
Request for Proposals (RFP)
Employee Benefits Broker of Record
(RFP No. 2026-20)**

VERIFICATION OF EMPLOYMENT STATUS USING E-VERIFY SYSTEM

1. Undersigned firm warrants it **IS** currently registered with the U.S. Department of Homeland Security's E-Verify system, **and** is compliant with the requirements of Sections 448.09 and 448.095, *Florida Statutes*.

2. Undersigned firm warrants it **has not** had any contracts terminated as a result of violations of Sections 448.09 or 448.095, *Florida Statutes*, that prohibit it from contracting with a public agency.

3. Undersigned firm warrants that if it enters into an agreement with a subcontractor, an express provision shall be included in all of its subcontracts requiring subcontractors, who perform work or provide services pursuant to the contract, to use the E-Verify system to verify employment eligibility of all new employees hired by the subcontractor during the contract term.

4. Undersigned firm understands that any subcontractor must provide the contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien, and the contractor understands it shall maintain any such affidavits for the duration of the contract, and the contract with the subcontractor must be immediately terminated if the City has a good faith belief that the subcontractor knowingly violated Section 448.09 (1), *Florida Statutes*.

5. Undersigned firm understands that in the event the City has a good faith belief that the contractor has knowingly violated Section 448.09 (1), *Florida Statutes*, the City shall terminate the contract, and the contractor may not be awarded a public contract for a period of at least one (1) year after the date of termination. The contractor may be held liable for any additional costs incurred by the City as a result of termination of the contract.

COMPANY NAME

AUTHORIZED SIGNATURE

NAME

TITLE

DATE

**City of Ormond Beach
Request for Proposals (RFP)
Employee Benefits Broker of Record
(RFP No. 2026-20)**

RFP RESPONSE FORM

THIS RESPONSE IS SUBMITTED TO:

Purchasing Coordinator
City of Ormond Beach
22 S. Beach Street
Ormond Beach, Florida 32174

The undersigned SUBMITTER proposes and agrees, if this Submittal is accepted, to enter into a Contract with the CITY that reflects the items of this Request for Proposal (RFP) and to provide all services, as specified or indicated in the RFP Documents, in full accordance with the terms and conditions set forth in therein.

SUBMITTER accepts all of the terms and conditions of the General Conditions. SUBMITTER will sign the Contract) and submit the Contract security (when applicable) and other documents required by the Contract Documents within ten (10) days after the date of CITY's Notice of Award.

In submitting this information, SUBMITTER represents, as more fully set forth in the Agreement, that:

SUBMITTER has examined copies of all the RFP Documents and of the following Addenda:

<u>Addendum Date</u>	<u>Addendum Number</u>
_____	_____
_____	_____
_____	_____

Receipt of all of which is hereby acknowledged.

This Submittal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; SUBMITTER has not directly or indirectly induced or solicited any other Submitter to submit a false or sham Submittal; SUBMITTER has not solicited or induced any person, firm or a corporation to refrain from bidding; and SUBMITTER has not sought

by collusion to obtain for himself any advantage over any other Bidder or over the CITY.

THIS RESPONSE IS SUBMITTED BY:

COMPANY NAME: _____

VENDOR/CONTRACTOR LICENSE NUMBER: _____

ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

SUBMITTER'S NAME: _____

(Typed or Printed in Ink)

TITLE: _____

AUTHORIZED SIGNATURE: I, _____

hereby

(Original signature required in each document)

declare that I have read and fully understand the RFP Documents and, including the General Conditions and the Scope of Work, and that I am duly authorized to sign and submit this Submittal.

The CITY reserves the right to reject any and all Submittals, to waive informalities, and to accept any Submittal or parts thereof as the CITY, in its sole discretion, determines to be in the best interest of the CITY.

PROPOSER: PLEASE ENSURE THAT YOU HAVE SIGNED THE RFP RESPONSE FORM OF THIS REQUEST FOR PROPOSAL. OMISSION OF A SIGNATURE ON THAT PAGE MAY RESULT IN REJECTION OF YOUR PROPOSAL.

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

City of Ormond Beach
CONFLICT, NON-CONFLICT OF INTEREST STATEMENT
LITIGATION STATEMENT

1.

[] To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients or contracts for this project.

[] The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients or contracts for this project.

2.

[] The undersigned firm has had no litigation on any project in the last five (5) years.

[] The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years.

COMPANY NAME

AUTHORIZED SIGNATURE

SIGNER'S NAME (PRINT OR TYPE)

TITLE

DATE

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

City of Ormond Beach
Request for Proposals (RFP)
CITY OF ORMOND BEACH, FLORIDA
DRUG-FREE WORKPLACE CERTIFICATION

IDENTICAL OR "TIE" SUBMITTALS: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal in respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

Company Name

Authorized Signature

Print Name

Title



AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES

**AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES
CONTRACTING WITH FOREIGN ENTITIES OF CONCERN**

The undersigned ("Affiant"), on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Affiant is the _____ of _____
(Title) (Business Name)
which does business in the State of Florida, hereinafter called the "Entity".
2. Entity is not owned by the government of a foreign country of concern, as defined in Section 287.138 (1) (c), Florida Statutes.
3. The government of a foreign country of concern does not have a controlling interest in Entity, as defined in Section 287.138 (1)(a), Florida Statutes.
4. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern.
5. Entity is not owned or controlled by the government of a foreign country of concern.
6. For purposes of this affidavit, a foreign country of concern means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolas Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern, as defined in Section 287.138(1)(c), Florida Statutes.

The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: _____, 20____ Signed: _____

Entity: _____ Name: _____

Title: _____

STATE OF: _____ COUNTY OF: _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ and who: Is personally known to me; or has produced _____ as identification.

Notary Public, State of Florida at Large: (seal)
Printed Name/Seal of Notary, Commission and Expiration Date:

My commission expires: _____

This document must be completed and returned with your Submittal

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).
FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____

By _____

(print this individual's name and title)

for _____

(print name of entity submitting statements)

whose business address is _____

and if applicable whose Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

County of _____

STATE OF _____

Sworn and subscribed before me this _____ day of _____, 20__ by

_____ who is Personally known to me _____

Or who produced identification - _____
(Type of Identification)

(Signature) Notary Public—State of Florida

(Printed, typed or stamped commissioned name of notary public)

My commission expires _____ (SEAL)



RFP Evaluation Summary

Project: Employee Benefits Broker of Record

RFP Number: 2026-20

Date & Time: March 12, 2026 2:00 PM

	Firms	
	Foundation Risk Partners	Gehring Group
Claire Whitley	Qualified	Qualified
Shawn Finley	Qualified	Qualified
Samantha Potts	Qualified	Qualified

Kelly McGuire
Finance Director

Claire Whitley
Asst. City Manager