



UPSHUR COUNTY

Request for Proposal 09-19

Health Insurance Consulting
and Brokerage Services

March 28th 2019

ORIGINAL

Proposed By:

Brent Weegar, Senior Vice President
Direct: 214-443-2429

Scott Ward, Senior Vice President
Direct: 903-230-2694

HUB International
10000 North Central Expressway, Ste 1100
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www.hubinternational.com



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Upshur County
Upshur County Judge
P.O. Box 790
Gilmer, Texas 75644

To whom it may concern,

HUB International, would like to thank you for the opportunity to provide Upshur County with a proposal for employee benefit consulting services. Our service team has significant experience working with public sector employers and employees. There are few, if any, other consultants in the state who can match our municipal experience. The local relationships and global resources of HUB International will provide Upshur County with the best in class consulting, market leverage and resources.

It is our belief that employers should treat each benefit dollar spent as an investment rather than an expense. Our value-added services are designed to provide the highest possible return on this investment. We have reviewed the requested Scope of Work and we affirm that we are experienced in each line item and are prepared to exceed your expectations with our performance.

HUB will work with Upshur County team to:

- Review present plan benefit strengths and weaknesses in order to enhance new plan growth and overall success
- Serve as a liaison between carriers and the county to ensure streamlined communication in the bidding process
- Seamlessly execute any plan transitions and provide hands on assistance in the enrollment process
- Maximize the Upshur County's benefits investment and successfully navigate rising healthcare costs

We are committed to being your trusted advisors. Thank you for this opportunity to provide a proposal to serve as your strategic partner.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brent Weegar'.

Brent Weegar
Senior Vice President
10000 North Central Expressway
Dallas, TX 75231
214-443-2429
brent.weegar@hubinternational.com

A handwritten signature in black ink, appearing to read 'Scott Ward'.

Scott Ward
Senior Vice President
1800 NW Loop 281, Suite 302
Longview, TX 75604
903-230-2694
scott.ward@hubinternational.com



Company Information

2. Provide an overview statement of your company, its length in existence, number of employees, summary of annual revenue, its organizational structure, historical background, and philosophy.

HUB International Inc. was born in 1998 with the merger of 11 privately held insurance brokerages. HUB is a global insurance brokerage that puts you at the center of everything we do. Our reach and resources mean you have the insurance you need when you need it – and before you know you need it. HUB International is structured around large regional hubs, with over 450 satellite offices strategically located throughout the U.S. and Canada.

HUB International Inc. Texas is incorporated in Ft. Worth TX and has approximately 230 employees locally serving over 10,000 clients, which encompass our Employee Benefits Practice, Commercial Lines, Private Client, Risk Services, Financial Services, and Transportation Specialty Group. In addition to our national offices in Coppell (Financial Services) and San Antonio (Transportation), HUB Texas has nine locations in Dallas, El Paso, Fort Worth, Houston, Plano, Longview, Tyler and Shreveport (LA).

Your service team will be based out of both our Dallas (10000 North Central Expressway Ste. 1100, Dallas, TX 75231) and Longview Offices (1800 NW Loop 281, Suite 302. Longview TX 75604). Personal service, individual attention, and the ability to respond quickly to changing insurance needs and market influences are just a few of the benefits of our local presence. We service municipal clients across the state of Texas and will not have any issues meeting the required on-site specifications in the Scope of Services. On behalf of HUB Texas, Brent Weegar, (214-443-2429, brent.weegar@hubinternational.com and Scott Ward (903-230-2694, scott.ward@hubinternational.com) will be your project managers.



11,000+ Employees



95% Client Retention



1 Million+ Clients



450+ Locations
In North America



TOP 5 Global Broker
Based on Revenue



\$12 Billion+
In Premium



OUR VISION

To be everywhere risk exists – today and tomorrow. Helping protect what matters most.

OUR CORE VALUES

HUB is an organization built on people, service and results. We are passionate about the work we do, the clients we serve, and the communities where we live and work. We believe each associate is a valuable addition to our family and commit to holding each other accountable to our seven core values, which include:

- **Entrepreneurship** – We encourage innovation and educated risk-taking
- **Balance** – We balance corporate duty with personal growth
- **Integrity** – We do the right thing every time
- **Teamwork** – We work together to maximize results
- **Discipline** – We focus on our goals
- **Accountability** – We measure and take responsibility for outcomes
- **Service** – We serve our customers, communities, and colleagues

OUR MISSION

To create shareholder value and grow profitably by delivering unmatched service, expertise, and insurance solutions to people and businesses, and to empower employees to learn grow and make a difference in their communities.

3. Provide a copy of company's Errors & Omission Coverage

See Appendix for proof of Errors & Omissions insurance.

4. Describe your company's practice and involvement in each of the following areas

a) Health and Welfare

Organizations focused on wellness as a strategic initiative have healthier employees and a more efficient, effective company. HUB has developed strategies and implemented programs for the small-to middle-market employer for more than a decade. Our proven wellness and health management solutions create a shift in corporate culture from managing disease to supporting holistic wellbeing.

HUB is different from other firms who use only a biometric model that narrowly identifies cardiovascular risk factors and attempts to tie those risks to medical costs. We take a broader view to recognize the root cause of poor health and wellbeing. With attention to significant factors like the environment, workplace policies and practices, social norms and other lifestyle aspects, our strategies go beyond impacting just medical costs. By combining research and expertise, we set your program up for success across multiple metrics. The results: increased productivity, improved morale and retention, and a measurable value on investment, often including better control of health insurance trend.

Clients receive tangible value from HUB's Health and Performance team. With competitor



brokers, an account executive may serve a dual role as wellness consultant. In contrast, HUB's 20-plus dedicated full-time H&P specialists are 100% focused on corporate wellness. HUB consultants direct clients through a phased, multi-year roadmap that can advance participants through awareness, to participation and engagement and, eventually, graduate to accountability. In subsequent years, the focus could shift to increased clinical intervention and integrated disease management protocols.

We have an exceptional reputation with wellness vendors and medical carriers, working closely with each to stay on top of the latest trends. We are innovators who constantly work to enhance your overall strategy, year after year. Our consulting and compliance teams ensure that our clients' wellness programs are compliant with ACA, EEOC, ADA, and GINA. HUB understands these regulatory complexities and works closely with our clients to ensure compliance in both program and incentive design.

Our H&P team has been abundantly successful in building wellness programs that garner local and national awards for our clients.

b) Legal Counsel and Compliance

Our compliance team, headed by experienced, in-house ERISA attorneys, helps you establish a compliant platform and ensures your benefit programs are in good standing. On a regular basis, we provide timely, accurate updates on a wide range of legislative and regulatory issues so you can respond quickly to new developments. Your Benefit Consultant meets with your HR team face-to-face to review legislation that affects your health plan. As a HUB client, you are kept well-informed on state, regional and national trends in benefit plan design and administration and can speak directly with our Central Region Chief Compliance Officer, Jack McStravock, at any time. Jack comes to HUB with a Bachelor of Science in Business Administration, a major in Personnel and Labor Relations from LaSalle University, a Master of Science degree in Management from Lesley University, and a Juris Doctorate from the Massachusetts School of Law. He holds membership in several state bar associations.

Compliance in the insurance and financial business arena is challenging because the regulatory requirements are complex and ever changing. At HUB International, we have a dedicated compliance team including an in house industry attorney that we can call on to help Upshur County with complex compliance or regulatory questions. Their expertise includes a wide variety of benefits compliance topics, including PPACA, COBRA, ARRA, HIPAA, USERRA, ERISA, and FMLA. Other compliance support services we offer at no additional charge include but are not limited to:

- **Plan Design:** HUB will assist the County in complying with current and future health care reform requirements established under PPACA. Furthermore, we will assist in cost analysis and feasibility analysis as they are needed.
- **Legislative Updates** are emailed as often as needed, to notify you of timely legislative state and federal updates pertinent to each client.
- **Monthly Webinars and Bi-Annual Seminars** targeting compliance related issues in the Group Benefits industry. These sessions are provided to our clients and staff free of charge and are



facilitated by representatives that are leaders in their field.

- Compliance Manual - HUB will provide Upshur County a comprehensive Compliance audit which will include (not limited to) HIPAA, COBRA, ARRA, USERRA, ERISA (as applicable), Medicare Part D and all insurance contracts. Where Upshur County is deemed out of compliance, HUB International compliance department and attorney will work with you to get you in compliance and provide necessary training where applicable. The Compliance Manual will also highlight group health and pension plan reporting and disclosure responsibilities including:
 - Compliance requirements and timelines
 - Regulation and penalty information

c) Benchmarking

HUB has actuarial experience, expertise, and systems that allow us to provide comprehensive services for self-insured customers. Services included but are not limited to ACA plan valuation, budget projections, plan design pricing options, contribution modeling, subsidy analysis, and other recommendations.

Additionally, HUB will provide Upshur County with utilization statistics. We will sit down at implementation with the appropriate parties to review our standard reporting and adjust as needed to include all data elements needed for appropriate parties. We will be available to review these reports on an as needed basis. We project to be on-site at least twice a year to review utilization reporting and provide analysis / recommendations.

d) Actuarial and Underwriting

HUB International will provide Upshur County comprehensive actuarial services including:

- Partial self-insured and fully insured budget projections for all benefits plans. Process includes historical review of paid claims and fixed costs. Adjustments to historical costs for demographic changes, prior plan design changes, large claims risk, health risk management, ACA fees, and other factors. HUB International projects forward utilizing published regional trend data cutting across multiple years of data to give the County the most accurate projection of future plan costs
- Trend recommendations for claim projections using published trend rates and tables
- Rate making, relativity and subsidy analysis for employee and retiree rates
- Plan modeling, contribution modeling and subsidy benchmarking
- Health fund / reserve analysis, projections and recommendations for IBNR and contingency reserves
- Analysis and recommendations for health and welfare benefits funding models including risk retention levels (Stop Loss)
- Health care reform liability analysis and Cadillac Tax liability assessment
- Health risk management program results and ROI assessment



- GASB 74/75

e) Research and Technical Services

Each client of HUB Texas has access to the following resources at no additional charge.

ThinkHR

Many organizations are facing a growing knowledge gap when it comes to understanding the complexities of federal and state regulations. When a Human Resource question arises, an accurate answer is often needed right away. We are committed to helping you reduce risk and liability as well as save time and resources.

Our partnership with *ThinkHR*, the leader in live HR support, provides you with a comprehensive platform of web-based services, including access to —live! HR consultants (where permitted by state regulations). As a supplement to HUB's in-house compliance resources, ThinkHR provides an expert resource on a wide range of HR issues, including:

- State law issues – typically leave or payroll related employer obligations
- FMLA and other leave of absence questions
- Wage & Hour/Equal Pay Act
- Discrimination – EEO, ADA
- Statutory Compliance
- Workers' Compensation
- Safety
- Policy & Procedure
- Employee behavior and relations

The following services are available:

- National telephone hotline providing immediate, live access to PHR/SPHR certified consultants who will provide answers, advice and second opinions on pressing HR issues and situations. Consultants are available 11 hours every business day and have expertise in all 50 states. All calls are followed up with a written summary.
- Online library with access to thousands of documents, forms, templates, tools and guides that simplify your work day and help you comply with the law. The library is maintained by employment lawyers, accountants, and HR experts.

HUB Portal

With both time and resources at a precious premium, it's become increasingly difficult to do your job, let alone manage insurance costs and stay informed on legislative developments. HUB's revolutionary new online tool acts as a springboard from which you can better gather and organize information and data and solve the everyday problems that hamper your ability to work more



efficiently and effectively. The HUB Portal is packed with resources including, but not limited to, the following:

- OSHA Compliance
- Legislation Guides
- Health and Wellness Newsletters
- Benchmark Surveys & Statistics
- Employee Communication Templates, Compliance and Plan Designs
- Human Resource Trends
- COBRA, FMLA, HIPAA, Medicare Part D, and Section 125 Topics
- State Regulations

HR 360

Upshur County administration will have access to HR360 which includes an on-line library of HR/Benefits information, model forms/policies/checklists, Sample employee handbooks, news, links and resources.

f) Benefits Administration

Benefit Connector - Our Benefits & HR Administration Service

Benefit Connector is an electronic system that “communicates” with insurance carriers, vendors, and payroll to keep track of enrollment and eligibility. *A sample of Benefit connector, our benefits administration Service, can be found in the Appendix.* Benefit Connector can help you reduce costly errors, eliminate paperwork and other manual processes, allow your HR staff to be more effective, and give your employees the right tools at the right time to enroll in their benefits in a safe and secure manner. Benefit Connector is **\$4.50 PEPM**. However, commissions on ancillary products could be used to offset the cost. This program includes:

- Year Round On-Line Enrollment
- Connection Feed to Carriers
- Aggregated Billing
- Total Compensation Statements
- Full Service COBRA Administration
- Health Care Reform Tracking

g) Benefits Communication

HUB Communications & Design Team

HUB is in the unique position of having an in-house communications department allowing us to have direct oversight to ensure the quality of all materials created for Upshur County employee benefits. The following are examples of creative solutions developed by HUB to successfully increase the



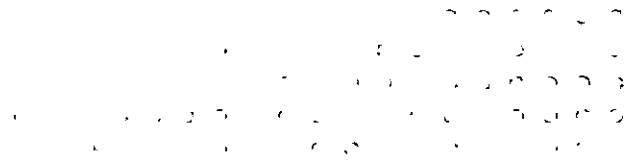
employees understanding and participation in their benefits program. *See appendix and orderhubcd.com for samples.*

Paper/Print Based

- Custom open enrollment guides that provide an easy to use snapshot of benefits
- Posters/flyers promoting open enrollment meetings
- Postcards or payroll stuffers announcing open enrollment
- Benefit articles for the company newsletter

Web/Electronic Based

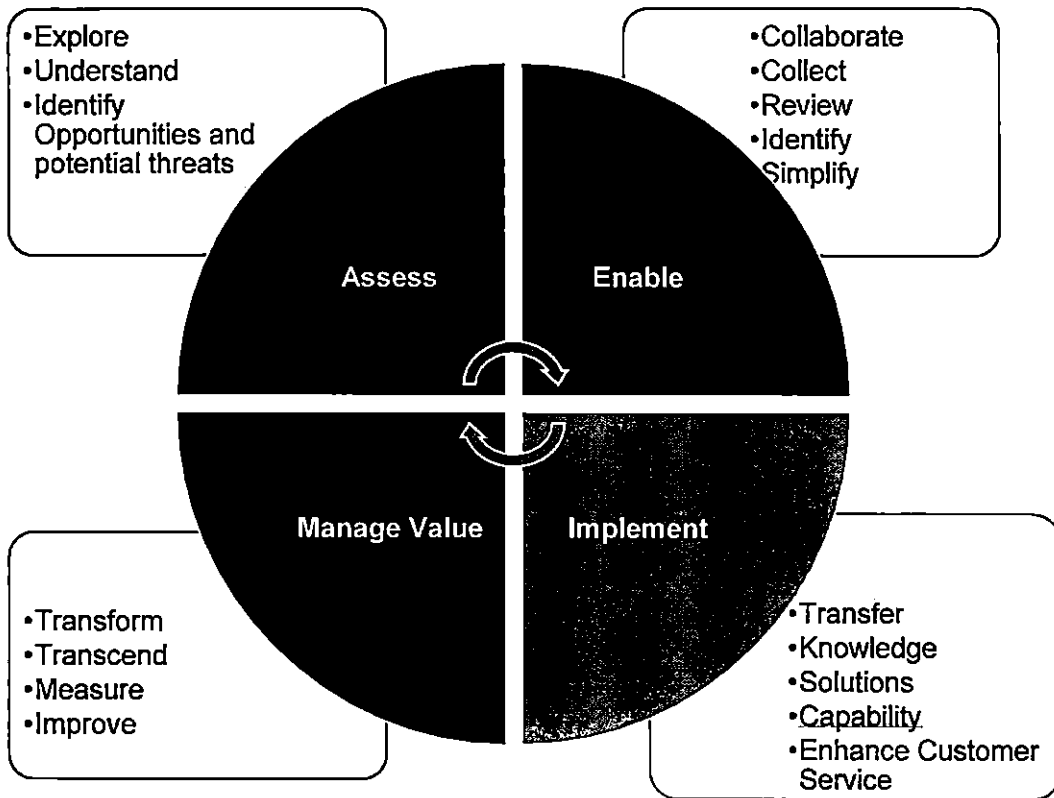
- Interactive online benefit guide
- Conference calls and webinars for employees and/or spouses
- Power Point presentations for open enrollment meetings
- Pre-recorded, web-hosted open enrollment presentations
- E-mail blasts to employees about open enrollment
- Intranet banner ads



5. Describe your company’s management ability in negotiating bids, policy terms, and plan design to select the most appropriate insurance and benefits plan for your client.

Once we have established the type of plans, products, and services that need to be included in your benefits package, we will begin the process of soliciting bids from the appropriate carriers and service vendors.

We will prepare and submit Requests for Proposals and analyze the responses received. Throughout this process, we will also negotiate with carriers and vendors to obtain the most competitive price and performance guarantees available. After securing all of the carrier and vendor proposals, we will present analysis in a format that allows you to easily compare the details of each.





6. Explain your company's value added approaches and services you feel distinguish this company from other companies.

We are often asked what makes HUB different. The simple answer is that we strive to partner with our clients to make a positive impact on their business. We will take the time to thoroughly understand your objectives and culture so that we can build a long-term strategic relationship.

In order to deliver a high-quality experience to Upshur County, we will demonstrate our value by:

- Providing a highly credentialed and experienced account team, who will foster a collaborative and long-term relationship.
- Developing innovative solutions to manage costs in the complex world of health care.
- Improving the health of your employees and their families through our proven wellness approach and infrastructure.
- Acting as an extension of your Human Resources team, so you can focus on supporting your organization.
- Enhancing the employee experience through technology, communication and member support.

Our focus is to be Upshur County's one partner who makes benefits work. To that end, our account team has a passion for exceeding our client's expectations and will work with Upshur County to:

- **Build a Strategic Benefits Plan to Optimize Your Benefits Spend** – Although planning seems to be a very basic cornerstone in every facet of business, most don't do it when it comes to their benefit. We will work with the County to build a multi-year strategic blueprint that clearly defines the strategies that will drive the desired results ensuring that is scalable as you continue to grow domestically and internationally. Our experience in transitioning clients out of a PEO coupled with our leverage and influence in the carrier market place will result in a robust, cost-effective program to attract and retain top talent for Upshur County.
- **Deliver Innovative Technology Solutions** – Our team of Benefits Technology leaders work with you to identify technology solutions that are intelligent, automated and configurable to meet your specific needs.
- **Offload Tactical Administration** – Like most organizations, you are being asked to do more with less. We shift the tactical burden of benefits administration away from your team so they can focus on critical business issues. We accomplish this through implementing our benefits administration system, Benefit Connector, designing and printing engaging communication and educational materials, resolving administrative and claims issues with carriers, and ensuring you stay in legal and regulatory compliance.
- **Create a Culture of Health** – Improving the health of your employees yields results in both cost management and productivity. Most programs fail because employers don't have the resources to dedicate to the Wellness initiative. HUB's 14-person Health & Performance team



is unmatched and allows us to design and implement results-focused programs that are tied to risk reduction goals (and we have the data to prove it).

- **Ensure Compliance** – With today's complex regulatory environment, staying on top of the most recent Health Care Reform requirements and state mandates can be a daunting. Have you done your analysis to ensure your plans meet affordability and minimum value PPACA requirements? How do you stay informed of changing regulations? HUB's dedicated compliance team monitors the latest legislation, interprets its meaning, and most importantly will discuss what it means to you. We help our clients stay in compliance and avoid potential infractions and penalties.



7. Identify a minimum of three (3) other accounts similar in size and scope for which the company presently serves, and agrees to serve as reference to your company; provide contact information.

Reference: City of Longview, TX – 650 Employees
Address: 300 W Cotton St
 Longview, TX 75606
Length of Service: 2017 to Present
Contact: Mary Ann Miller – Director of Administration
 903-237-1014
Email: mmiller@longviewtexas.gov



Reference: City of Texarkana, TX – 650 Employees
Address: 220 Texas Boulevard
 Texarkana, TX 75501
Length of Service: 2012 to Present
Contact: Jim Powell – HR Executive Director
 903-798-3917
Email: jjm.powell@txkusa.org



Reference: M. Roberts Media – 215 Employees
Address: 320 E. Methvin St.
 Longview, TX 75601
Length of Service: 2017 to Present
Contact: Denise Lytle – Chief Financial Officer
 903-757-3311
Email: DLytle@news-journal.com

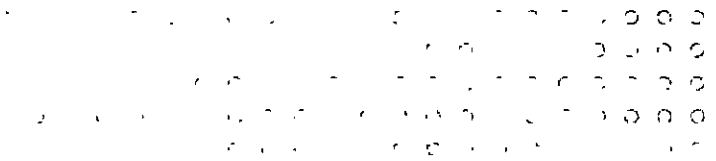


Reference: Brazoria County, TX – 650 Employees
Address: 111 E Locust St
 Angleton, TX 77515
Length of Service: 2017 to Present
Contact: Holly Fox – HR Director
 979-864-1797
Email: hollyf@brazoriacounty.com



Reference: El Paso County – 2,500 Employees
Address: 500 E San Antonio
 El Paso, TX 79901
Length of Service: 2001 to Present
Contact: Sam Trujillo – Risk Manager
 915-546-2218
Email: strujillo@epcounty.com

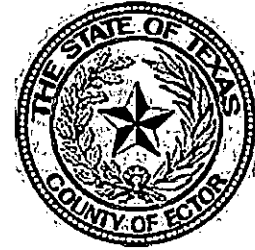


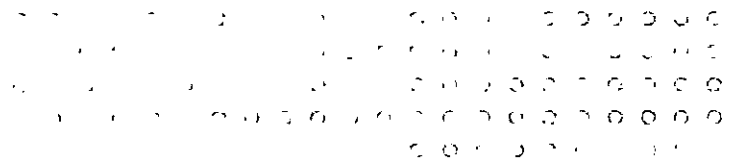


Reference: McLennan County, TX – 800 Employees
Address: 501 Washington Avenue
Waco, TX 76701
Length of Service: 2012 to Present
Contact: Amanda Talbert – HR Director
254-757-5158
Email: Amanda.talbert@co.mclennan.tx.us



Reference: Ector County, TX – 800 Employees
Address: 206 N Main Street
Ector, TX 75439
Length of Service: 2013 to Present
Contact: Patricia Patton – HR Director
432-498-4025
Email: Patricia.patton@ectorcountytx.gov





Staff Experience & Expertise

1. Name of Consultant/Broker, and what differentiates you from other consultants/brokers

On behalf of HUB International Limited, Inc. your service team will be led by Andrew Weegar, Employee Benefit Specialist and Public Entity Specialist. Mr. Weegar will be the main point of contact for Upshur County. He has six years of public entity consulting for HUB International.

HUB International is committed not only to meeting but to exceeding, the service requirements of Upshur County. We welcome the opportunity to contribute to the improvement and expansion of your organization's benefits.

We Understand Your Needs

As a Texas company serving many Texas Public Entities, there are a unique set of objectives, rules and culture that apply to public entities, With that in mind, it's important to partner with a consulting team who has significant experience working with public sector employers and employees. Your service team is rivaled by few, if any, in the state who can match their municipal experience.

The HUB solution Will Deliver the Following Results

- Expert Analysis and strategic planning with proven results
- Guidance on Plan Solvency and Financial Management
- Enhanced data analytics, benchmarking, and plan management capabilities
- Detailed short and long term planning, management and structure of your benefit plans
- Oversight of Plan and Vendor Management and Evaluation
- Seamless extensive and compliant procurement support
-

You can count on your team of specialists for expertise, market knowledge and creativity as well as access to the collective knowledge of thousands of experts across the U.S. and Canada. We are confident that HUB International is uniquely qualified to provide the customized portfolio of top quality consulting services you need to achieve your strategic goals cost-effectively.

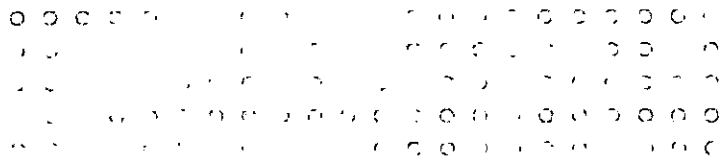
2. Describe your view as the role of consultant/broker, and what differentiates you form other consultants/brokers.

HUB has developed a proprietary process to better understand Upshur County, their employees, and unique needs. This process improves our ability to deliver the best possible solutions for the County and is what sets us apart from our competitors. With this process we are equipped to:

- Help you make educated decisions on how to invest in your benefits program
- Manage implementation as seamlessly as possible
- Provide ongoing support for your HR Department and your employees
- Track and report critical indicators of plan success to make changes where necessary

The process consists of five steps:

1. Discovery



2. Develop Strategy
3. Product Service and Selection
4. Implementation
5. Ongoing Service and Performance Monitoring

DISCOVERY PHASE

We will work with you to understand your philosophy about employee benefits, your history, your current benefits, and your goals. We want to understand your employee population - not just their claims history, but also their needs and wants from a benefits program and their tolerance for change. By gaining an understanding of your competitive position and your benefits philosophy, we can help you set a strategic direction for the future.

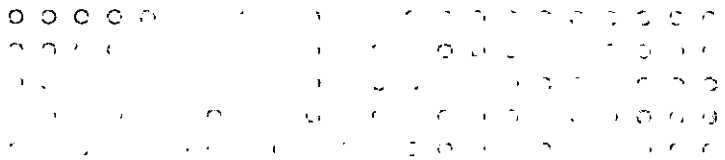
Upon award of representation HUB International will immediately initiate a Strategy meeting with Upshur County to personally introduce your service team, review key contact information, set timelines, prioritize deliverables, and discuss future short and long term goals for the budgeting, growth, and optimization of your benefit plans.

Our team will perform a comprehensive assessment of your current benefits position to include:

- Comprehensive review, benchmarking, and gap analysis of the County's benefit offerings, plan designs, current carriers and service providers, administration, network and funding.
- Thorough financial assessment of your benefits budget, plan costs (historical and forecasted future costs), main cost drivers, opportunities for savings, and employer and employee contributions for your health and welfare plans.
- Analysis of current Health Risk Management Strategies including Wellness Program, Employee Health Clinic and Disease / Case Management.
- Benefits Benchmarking analysis specific to size, industry and region(s).
- Assessment of your communications strategy including online, print and carrier resources for your employees and find ways we may be able to enhance your strategy.
- Employee Benefits Survey to gauge satisfaction, demographics, culture and needs of the employee population and effectiveness of current tactics.
- Compliance audit of the County, which will include (not limited to) PPACA, HIPAA, COBRA, USERRA, ERISA (as applicable), Medicare Part D and all insurance contracts.

DEVELOP STRATEGY

Once we have completed our gap analysis, we will provide you with formal recommendations to help move Upshur County closer to its goals. Considering both the County's financial and cultural objectives, as well as the needs of your employees, we will prepare recommendations to include opportunities for savings, alternate plan design considerations, employee engagement options, and new products or services not currently being offered. Areas we will focus on vary depending on our analysis, but may include the following:



- Plan Performance
- Plan Oversight (Audits / Performance GTs / Reporting)
- Benefits Communication and Resources
- Benefits Administration
- Employee Satisfaction and Benefits Understanding
- Compliance Requirements
- Healthcare Reform Requirement
- Health Risk Management (Wellness)
- Catastrophic Risk Planning
- Ancillary Insurance (Dental / Vision / Worksite)

PRODUCT AND SERVICE SELECTION

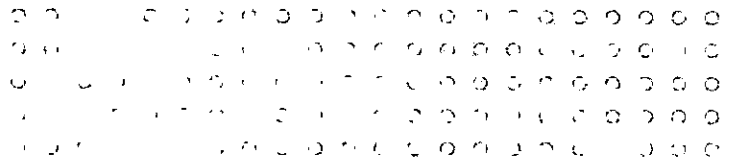
Once we have established the type of plans, products, and services that need to be included in your benefits package, we will begin the process of soliciting bids from the appropriate carriers and service vendors. We will prepare and submit Requests for Proposals and analyze the responses received. Throughout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

IMPLEMENTATION

We understand that our clients are searching for more efficient methods to manage, administer, and ultimately deliver employee benefits to their employees. They are not only looking for cost-effective solutions but also user-friendly tools and resources that heighten the employee experience. Our Benefits & HR Administration technology allows us to deliver a seamless implementation and ongoing administration and communications platform. It consists of two main components: Our Benefits and HR Administration Service, powered by *Benefit Connector™*.

Benefit Connector can help you reduce costly errors, eliminate paperwork and other manual processes, allow your HR staff to be more effective, and give your employees the right tools at the right time to enroll in their benefits in a safe and secure manner. The technology provides you with the tools you need for a smooth implementation and ongoing administration support, including:

- Multiple Enrollment Options: online, HR-administered, call center, and/or worksite
- Flexible Administration Options: employee self-service and/or HR-approved
- Dedicated & Experienced Customer Service: accessible, responsive, and professionally-trained customer service staff

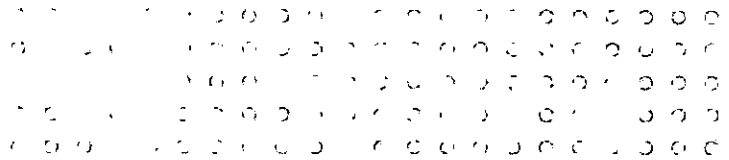


We also realize that communication is of the utmost importance when implementing benefits. We make communicating those benefits clear with the use of our customizable Employee Communication booklet.

ON-GOING SERVICES

At HUB International, we know that our job does not end after your annual open enrollment period. We seek to provide you with unparalleled service by acting as an extension of your HR department, giving you the ongoing support capabilities you need to administer your benefits efficiently and effectively. We will serve as a liaison between you and the various insurance carriers and service vendors, offering assistance as needed with any claims, billing, or general service issues.

- Benchmarking: Industry / Size / Geography Specific
- Monthly Claim Reporting / Quarterly Claim Analysis
- In House COBRA / HIPAA Administration
- In House Benefits Administration Software and On-Line Enrollment Technology
- Dedicated & Experienced Client Advocates – Dedicated Call Center
- Wellness Program Coordination and Consulting
- Health Clinic Monitoring
- Direct Contracting Evaluation
- Benefits Analysis and of the Staff and Experts
- Industry Trends and Emerging Issues
- Compliance Audit, Legislation Updates, Training
- Access to In House Attorneys
- Monthly Webinars and Bi-Annual Seminars
- Ongoing Account Management Services
- Benefit Cloud Communication Tools



3. Provide a summary of your qualifications, anticipated time dedicated to the County, travel availability to County's location; and identify key staff members to assist with the county's benefit services. Please include copies of licenses and certifications obtained relevant to insurance and benefit services.

Please see appendix for licenses.

CONSULTING EXPERTISE

HUB International traditionally provides consulting services in the following areas to our clients and we do not limit the markets we access:

- Group Medical
- Retiree Benefits
- Group Vision
- Consumer Driven Health Plans
- Pharmacy Benefit Management
- Stop Loss Insurance
- Third Party Administration
- Limited Medical
- Flexible Spending Account
- Executive Benefits
- Enrollment Software
- Group Dental
- Life and Disability
- Long Term Care
- Employee Assistance Program
- Wellness Programs
- Worksite Benefits (ex. Aflac)
- Employee Health Clinics
- Benefits Concierge Services
- 457 Plans and 401(a) Plans
- Near-site Health Clinics



Brent Weegar
Senior Vice President
Public Entity Specialist

B.A Baylor University
 MBA - University of Texas at Dallas

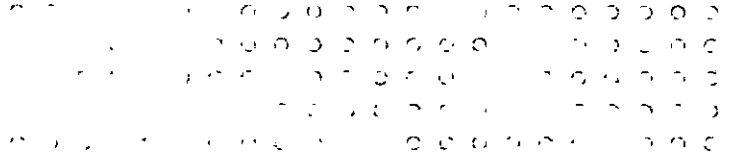
15 years Employee Benefits experience, with specialization in the Insurance Public Sector. Brent became a principal of the firm in 2013 and provides consulting for large corporate clients. Brent is the head of the public entity consulting unit for Texas. Brent, being the Project Manager, will oversee the contract management and oversee the assign team to ensure quality control and needs are being met.



Andrew Weegar
Employee Benefits Specialist
Consultant

B..A Baylor University

Andrew has 6 years of experience and is dedicated to our public sector consulting unit and provides benefit plan analysis, strategy and implementation expertise. He possesses a strong background in communication, organization, and time management skills. Andrew's skill set and level of commitment contributes to his positive and proactive role as an Employee Benefits Specialist. Andrew will serve as Upshur County's main point of contact.



Scott Ward
Senior Vice President

B.A. in Finance - Baylor University

Scott has 33 years of experience as an Employee Benefit Advisor. He has extensive experience in self-funded medical plans for corporate and governmental entities. He currently serves as the advisor for over 175 groups in the East Texas area. Scott's experience and knowledge of the East Texas market and provider networks are valuable assets in the design and service of his client's group health plans. Scott brings creative and proven strategies that manage the increasing costs of healthcare while maintaining special consideration for client culture.

Image not Available

Kathy Vetter
Account Manager
Customer Service

B.A. – LeTourneau University

Kathy joined HUB in 2012 with more than 20 years of Human Resources experience, 12 of those dedicated specifically to benefits administration and compliance. Kathy's experience includes 401k, 403b, 401a, 457b administration, self-insured and fully insured medical and dental plans, and ancillary lines of coverage. She is a Certified Patient Protection and Affordable Care Act Professional and recently completed the Certified Plan Fiduciary Advisor (CPFA) 401k certification through NAHU.



Brooke Spaniol
Marketing Assistant

B.S. – Illinois State University

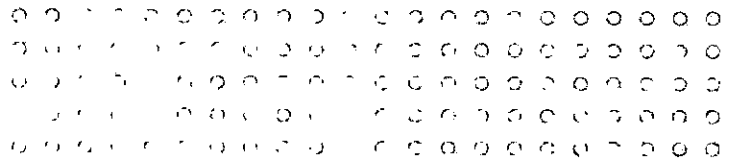
Brooke joined HUB International in 2016 and supports the coordination and management of Request for Proposals for our clients' health and welfare plans. She brings to the position a strong organizational skillset and attention to detail, having gained prior experience at a national carrier and a credit union in the areas of mortgage and consumer loans, accounts receivable, and property and casualty insurance.



Ashley Broadus
Benefits Analyst

B.S. – University of Texas at Dallas

Ashley's mathematical and HR background allows her to efficiently analyze client's needs and implement solutions that closely match both the needs of our clients and their employees. As the benefits analyst, she prepares monthly reporting as well as in-depth data mining and analysis. Ashley assists with actuarial needs and reporting for our clients.



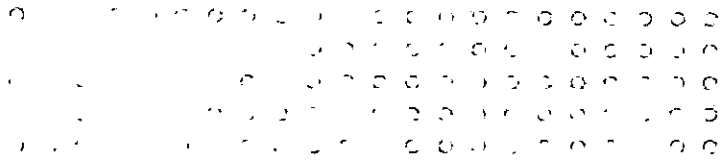
Stacy Shinault
Client Advocate
B.A - The University of Oklahoma

Since 1980, Stacy has worked in the insurance industry in Administration, Marketing, Claims, Service and New Business Processing. Stacy has been working with public sector clients over 20 years. Her broad base of experience is invaluable in meeting our clients' expectations. As a client advocate Stacy will be in charge of back office administration for your benefits program.



Mark Guajardo
Consulting Actuary & Director of Analytics
Bach. Of Science- The University of Texas

Mark serves as HUB's Texas Director of Analytics. As a credentialed actuary Mark has over 20 years of experience consulting clients on their defined benefit pension and retiree welfare plans under the Financial Accounting Standards Board (FASB), Governmental Accounting Standards Board (GASB), and International Accounting Standards (IASB). For Upshur County Mark will oversee IBNR Projections, Detailed Budget Projections, Plan Design Services, Ad-hoc Actuarial Consulting Services and GASB 74/75.



4. Describe any strategies, methods or tools you utilize to manage and forecast insurance and benefits plans for the succeeding years

We conduct a detailed analysis of your annual costs, benefit plan design and plan performance in order to validate that your employee benefits program is consistent with your organization's strategic goals. We will assist you in defining and prioritizing your health and welfare plan objectives. Depending on your needs, our analysis may include the following:

- Forensic claims data analysis to uncover utilization by member class and service type, including in-patient hospital, primary care, specialist, x-ray/lab, and prescription drugs;
- Demographic analysis of your current enrollees and payroll contribution analysis. Evaluate population segments (employee, spouse, children) by region and present the best suitable design alternatives;
- Benchmark your benefits against industry norms, company size, and geographic region;
- Identify cost trends and disease management opportunities through utilization review and clinical data analysis in collaboration with our population health management specialists and consulting physician;
- Perform trend analysis from available diagnostic and normative data to forecast projected benefit costs;
- Analyze network discounts and geographic access;
- Assess current funding arrangements for appropriateness and assist in developing employee contributions levels;
- Conduct detailed plan modeling to gauge the impact of proposed plan changes;
- Review managed care expense and administrative service fees, where applicable;
- Prepare experience report analysis on a monthly and/or quarterly basis;
- Conduct feasibility study for captive insurer arrangements.

5. Describe any strategies, methods or tools you or your company utilizes to offer assistance with investigating and settling claims, or to respond to coverage questions.

We will assist you with employee claim interpretations and adjudication of specific claims when requested, including contacting the carrier and utilizing our leverage to escalate service issues regarding out-of-network providers and maximizing discounts through active involvement in large claims.

Our account management team will provide you the following support:

- Serve as a liaison between the client and all insurance companies/vendors
- Monitor administrative process and assist in the smooth resolution of elevated issues
- Act as an employee/employer advocate in the resolution of ongoing claims issues
- Monitor vendor goals and performance and report findings at quarterly meetings
- Review plan performance as directed
- Review and provide guidance on diagnostic data
- Identify and monitor potential catastrophic claims and review large claims management activity
- Support with ongoing management of COBRA, FSA and HSA administration

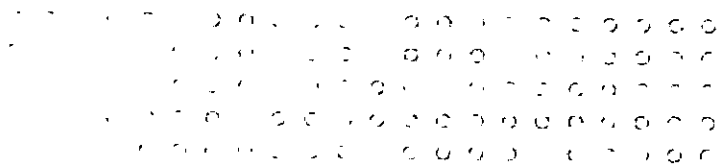
We not only act in a support function, but we proactively reach out to you regularly to ensure that vendors are meeting your needs. HUB will manage and measure each vendor's performance against baseline outcomes and normative-adjusted data. For example, we will measure operational results,



clinical outcomes, financial controls, claims, member services, and quality of services, among other key areas. Some of the measures will come from external sources; however, most can be obtained from your claims data, if available. As part of this process, HUB will perform the following:

- Manage vendor relationships in a manner that promotes a spirit of collaboration and partnership
- Advise and communicate with you on vendor issues
- Negotiate performance guarantees, fees at risk, and performance measurements
- Conduct site visits with vendor finalists, where appropriate
- Provide project management oversight in the implementation of any new programs, systems, vendors, and processes
- Communicate with appropriate parties to ensure that all involved entities are kept fully informed
- Ensure that the exchange of data between the vendors is successfully achieved
- Coordinate with vendors to ensure successful implementation of the annual benefits enrollment project plan and timeline
- Keep you informed of emerging vendor issues
- Coordinate with your legal staff on all contract matters and other issues requiring legal review
- Filter any requests from organizations requesting consideration as a possible vendor

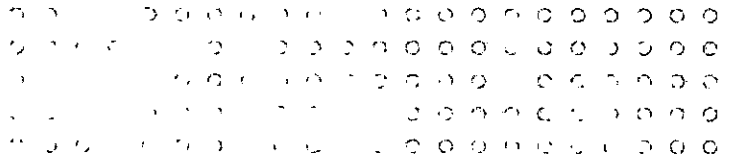
At HUB, pre-renewal/renewal starts right after the last one is completed. Mapping out an annual operating plan, providing claim reports on a monthly basis and other planning activities assures that there are no surprises at renewal.



6. Provide any other information or details that you feel should be brought to our attention and given consideration in evaluating your statement of qualifications.

Your assigned team provides Health and Welfare Consulting and Plan Management services for over 50 public entities across the state including municipalities, counties, and state government agencies. Below is our client list of municipalities across the State of Texas.

Municipal Client	# of Employees	Municipal Client	# of Employees
Brazoria County	1,375	City of League City	535
Canutillo ISD	100	City of Lewisville	682
City of Aledo	24	City of Live Oak	123
City of Allen	475	City of Longview	800
City of Angleton	120	City of Melissa	50
City of Bastrop	112	City of Missouri City	312
City of Bay City	155	City of Nederland	121
City of Bedford	339	City of Paris	300
City of Belton	145	City of Pearland	497
City of Brady	107	City of Plainview	179
City of Burleson	320	City of Port Neches	121
City of Carrollton	750	City of Richardson	1,100
City of Celina	43	City of Rowlett	314
City of Cleburne	369	City of Sachse	122
City of Colleyville	178	City of Santa Fe	65
City of Conroe	800	City of Seabrook	85
City of Coral Springs	800	City of Socorro	2,750
City of Corinth	149	City of Sugar Land	700
City of Corpus Christi	2,775	City of Texarkana	570
City of Dayton	86	City of the Colony	300
City of Duncanville	250	City of Tomball	135
City of Eldorado	26	City of Watauga	165
City of El Paso	6,000	City of West University Place	130
City of Euless	350	City of Wichita Falls	1,333
City of Heath	100	Ector County	800
City of Hewitt	86	El Paso County	2000
City of Hurst	500	Fort Worth Country Day School	272
City of Keene	45	San Elizario ISD	500
City of La Porte	425	Town of Trophy Club	70
City of Lago Vista	102	Tarrant County	-
City of Lancaster	249	Throckmorton County	-



Compensation

Provide a description of the compensation structure proposed by firm/company to include all bases for remuneration such as commission, fees, or other changes that may affect the County.

HUB International proposes a flat fee for service of \$60,000.



Disclosures

1. Disclose any known or prior business relationships (within the last five years) with the County, its officials, or its employees.

HUB International does not have any known or prior business relationships (within the last five years) with the county, its officials, or its employees.

2. Complete and sign the Certification page.

See Executed RFP in Appendix.

3. Complete the RFP Questionnaire page (Exhibit A).

See Executed RFP in Appendix.

4. Complete the Certification regarding Debarment, Suspension, and Other Responsibility Matters (Exhibit B).

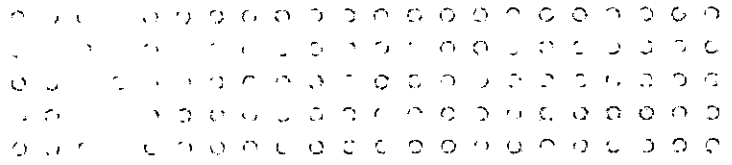
5. Complete Texas Ethics Commission Conflict of Interest Questionnaire *[Note: A vendor is required to file an electronic questionnaire (Form-1295) not later than the seventh business day after the latter of the following: (1) the date the vendor begins discussions or negotiations to enter into a contract or submits an application or response to a bid proposal; or (2) the date the vendor becomes aware of a relationship or gives a gift to an officer or officer's family member.]*

The Texas Ethics Commission is charged with creating the statement and questionnaire forms; instructional videos and a FAQ about how to register and file/acknowledge a Form 1295 are available on the Commission's website: <https://www.ethics.state.tx.us/>.

a. A business entity must use the Commission's online filing application to enter the required information on Form 1295. The business entity must then print a copy of the form, which will contain a unique certification number. 1 T.A.C. § 46.5.

b. The completed Form 1295 must be filed with the County by "the time the business entity submits the signed contract" to the county. TEX. GOV'T CODE § 2252.908(d).

c. The County must use the Commission's online filing application to acknowledge that the County has received the Form 1295 not later than the 30th day after the date the County receives the form. Id. § 2252.908(f); 1 T.A.C. § 46.5(c). The County will not send a copy of the Form 1295 to the Commission.



Appendix

Executed RFP

JANUARY 31, 2019



REQUEST FOR PROPOSALS

UPSHUR COUNTY, TEXAS

**HEALTH INSURANCE
CONSULTING/BROKERAGE SERVICES**

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REQUEST FOR PROPOSALS (RFP)

FOR

INSURANCE CONSULTING/BROKERAGE SERVICES		
RFP Issue Date:	RFP Manager:	
RFP Date Due:	Anticipated Opening Date:	Anticipated Award Date:

RFPs must be received by the submission deadline in a sealed envelope.
RFPs received after the deadline will not be accepted and will be returned unopened.
RFPs submitted by electronic transmission will NOT be accepted.
Respondents accept all risks of late submission delivery regardless of fault.

RESPONSES SHALL BE DELIVERED TO:

Upshur County Judge
"RFP – Insurance Consulting/Brokerage Services"
P.O. Box 790
Gilmer, Texas 75644

Upshur County reserves the right to reject any and all submittals, and to waive any irregularity, informality, technicality, or deficiencies in the submittal and evaluation process. This RFP does not obligate Upshur County to pay any costs incurred by respondents in the preparation or submissions of their proposal. Furthermore, the RFP does not obligate the County to accept or negotiate a contract with any firm or individual for any expressed or implied services.

GENERAL INFORMATION

PURPOSE

The purpose of this Request for Proposal (RFP) is to seek an independent, qualified consultant/broker to assist Upshur County with employee health insurance and benefits management. The awarded Respondent shall introduce the most advantageous insurance coverages and plans to the County and assist with strategically planning, designing, negotiating, implementing and managing the best coverage and cost for selective employee benefit programs to include Health, Dental, Vision, Life and Ancillary/Voluntary Benefits.

THIS IS NOT A REQUEST FOR INSURANCE COVERAGE. This RFP is not an authorization to approach insurance companies or other underwriting sources on behalf of Upshur County. The County specifically requests that no insurance market contact or solicitation be made at this time.

AUTHORITY

County purchasing and contracting authority is controlled by Chapter 262 of the Local Government Code. A county may select an appropriately licensed insurance agent as the sole broker of record to obtain proposals and coverages for insurance that provides necessary coverage and adequate limits of coverage in all areas of risk, including public official liability, property, casualty, workers' compensation, and specific and aggregate stop-loss coverage for self-funded health care.

As outlined in L.G.C § 262.036, the County may retain a broker of record **only** on a fee basis paid by the county. A broker retained in this manner **may not** directly or indirectly receive any other remuneration, compensation, or other form of payment from any other source for the placement of insurance business under the contract.

A retained broker may not submit any insurance carrier proposal to the County or direct any county insurance business to an insurance carrier if the broker has a business relationship or proposed business relationship with the carrier, including an appointment, unless the broker first discloses the nature of that relationship or proposed relationship, in writing, to the County.

STANDARD TERMS AND CONDITIONS

Upshur County is seeking written and sealed competitive proposals from qualified firms for the purpose of entering into an agreement for health insurance consulting and brokerage services. Proposals allow the County to negotiate with each respondent after receipt of offer, therefore, proposals must be good for a period of not less than 120 days. It is the policy of Upshur County to contract for services on the basis of best offer, not low price alone. Price, quality, service, performance, long-term cost, probability of continuous availability and any other relevant factor that a private business entity would consider in selecting a vendor being the controlling factors. It is understood that Upshur County reserves the right to arrive at such determination by whatever means deemed appropriate, and shall be the sole judge in the matter.

No offer can be withdrawn after opening without approval by the Upshur County Commissioners' Court. By returning this RFP with price(s) quoted and forms executed, Respondents certify and agree to the following:

1. **Specifications** - Respondent shall make all inquiries necessary to be thoroughly informed as to the specifications and all other requirements proposed in the RFP. Any apparent omission or silence of detail in the description concerning any point in the specifications shall be interpreted on the basis of best commercial practices, and best commercial practices shall prevail.
2. **Alternate Bids** - Alternate bids will not be considered unless authorized. If there is any question as to the specifications or any part thereof, Respondent may submit a request for clarification to the designated RFP Manager. Such requests must be received a minimum of five (5) days prior to scheduled opening date.
3. **Addendums** - Any interpretations, corrections or changes to this RFP and specifications will be made by addendum, unless otherwise stated. Issuing authority of addendum shall be the Commissioners' Court of Upshur County, Texas. Addendum will be posted on website for download and mailed, emailed, or faxed to all that are known to have received a copy of the RFP. Respondents shall acknowledge receipt of all addenda and include receipt and response to addenda with submission.
4. **Modifications** - Proposals may be withdrawn prior to the official opening. Alterations made before the time of official opening must be initialed by Respondent guaranteeing authenticity. Proposals may not be amended, altered or withdrawn after the official opening, except upon the formal approval of the Commissioners' Court. Awarded agreement can be modified or rescinded only by a written and signed agreement by both of the parties duly authorized agents.
5. **Submission** - Proposals must be submitted on the forms provided. Proposals will not be considered if submitted by telephone, fax or any other means of rapid dispatch, nor will a proposal be considered if submitted to any other person or department other than specifically instructed.
6. **Clarifications** - Upshur County reserves the right to request clarification of information submitted and to request additional information of one or more Respondents.
7. **Qualifications** - The Respondent shall affirmatively demonstrate Respondent's qualifications by meeting or exceeding the following minimum requirements:
 - i. Have adequate financial resources, or the ability to obtain such resources as required.
 - ii. Be able to comply with any required or proposed delivery schedule.
 - iii. Have a satisfactory record of performance.
 - iv. Have a satisfactory record of integrity and ethics.
 - v. Be otherwise qualified and eligible to receive the award.
8. **Preparatory Costs** - Costs of preparation of a response to this RFP are solely those of the Respondent. Upshur County assumes no responsibility for any such costs incurred by the Respondent. The Respondent also agrees that Upshur County assumes no responsibility for any costs associated with any administrative or judicial proceedings resulting from the solicitation process.
9. **Duration** - The contents of each Respondent's proposal, including pricing and specifications shall remain valid for a minimum of 120 calendar days from the RFP due date.
10. **Confidentiality** – Upshur County is subject to the Texas Public Information Act, Chapter 552, Texas Government Code. All documents submitted as part of the Respondent's offering will be deemed confidential during the evaluation process. Proposals submitted in response to this RFP are

subject to release by the County as public information following the award. If the Respondent believes the proposal response, or parts of it, are confidential as propriety information, Respondent must identify proprietary portions and provide detailed justification for the claim of confidentiality. Marking an entire proposal confidential/propriety is not in conformance with the Texas Open Records Act and may render the entire document public information. The County assumes no responsibility for asserting legal arguments on behalf of the Respondent. All proposals or parts of the proposals not marked as confidential will be considered public information following the award.

11. **Taxes and Fees** - Upshur County is exempt from sales taxes, ad valorem taxes and personal property taxes; therefore, tax must not be included in proposal tendered. Proposals offered must be complete and all inclusive. Upshur County will not pay additional taxes, surcharges or other fees not included in proposal prices.
12. **Equal Opportunity** - Upshur County is wholly committed to developing, establishing, maintaining, and enhancing minority business involvement in the total procurement process. The County, its contractors, their suppliers and sub-contractors, vendors of goods, equipment, services, and professional services, shall not discriminate on the basis of race, color, religion, national origin, age, handicap, or sex in the award and/or performance of contracts. However, competition and quality of work remain the ultimate standards in contractor, subcontractor, vendor service, professional service, and supplier utilization. All vendors, suppliers, professionals and contractors doing business or anticipating doing business with Upshur County shall support, encourage and implement steps toward our common goal of establishing equal opportunity for all citizens of Upshur County.
13. **Award** - Respondent understands and agrees that in returning a response to this RFP that it is neither an "offer" nor an "acceptance" until such time a formal award is authorized by the Upshur County Commissioners' Court. Upshur County reserves the right to accept or reject any or all proposals, with or without cause, to waive any minor informality, technicality, or irregularity in a proposer's response if deemed in the best interests of the County or to accept the proposal which, in its sole judgment, best serves the interest of the County, or to award a contract to the next most qualified Respondent if a successful Respondent does not commence services within 30 business days after approval of the selection by the Upshur County Commissioners' Court. Upshur County reserves the right to award multiple contracts as necessary and in the best interest of the County. Award of a contract (if any) resulting from this RFP will be made only by written authorization from Upshur County Commissioners' Court.
14. **Agreement/Contract** - Only the Commissioners' Court of Upshur County, acting as a body, may enter into any type of agreement or contract on behalf of Upshur County. Other elected officials, appointed officials, department heads, and employees are not authorized to enter into any type of agreement or contract on behalf of Upshur County, or to agree to any type of supplemental agreements or contracts for goods or services. Contracts are subject to review by the County's attorney prior to signature by the authorized County official.
15. **Precedence** - This agreement embodies the complete agreement of the parties hereto, superseding all oral or written previous and contemporary agreements between the parties and relating to matters herein, and except as otherwise provided herein cannot be modified without written agreement of the parties. A contract may be executed after determination of the award.
16. **Employment Status** - The awarded Respondent shall be considered an independent contractor and not an agent, servant, employee or representative of the County in the performance of the

work. No term or provision, hereof, or act of the Respondent shall be construed as changing that status.

17. **Non-Performance/Non-Compliance** - Non-performance or non-compliance of the Standard Terms and Conditions, or non-performance or non-compliance with the Scope of Services shall be basis for termination by Upshur County of the final executed agreement. Termination in whole, or in part, by the County may be made solely at the County's option and without prejudice to any other remedy to which Upshur County may be entitled by law or in equity, or elsewhere under this proposal or the agreement, by giving thirty (30) days written notice to the vendor with the understanding that all work being performed under this agreement shall cease upon the date specified in such notice. Upshur County shall not pay for work, equipment, services or supplies, which are unsatisfactory. The Respondent may be given reasonable opportunity prior to termination to correct any deficiency. This however shall in no way be construed as negating the basis for termination for non-performance or non-compliance.
18. **Invoices/Payment** - Invoices shall be sent to the Upshur County Auditor. Invoices must detail the services provided and will be processed after the Auditor's Office has verified that the services have been performed. Normal payment terms are thirty (30) calendar days and payments are made only after approval at a regularly scheduled meeting of the Upshur County Commissioners' Court. Neither a signed receipt nor payments shall be construed an acceptance of any defective work, improper materials, or release of any claim for damage.
19. **Indemnification** - The Respondent shall defend, indemnify, and shall save whole and harmless the County and all its officers, agents, employees from and against all suits, actions, or claims of the character, name and description brought for or on account of any injuries or damages (including but not restricted to death) received or sustained by any person(s) or property on account of, arising out of, or in connection with the performance of the services, including without limiting the generality of the foregoing, any negligent act or omission of the Respondent on the execution or performance of the Contract.
20. **Compliance** - The Respondent agrees, during the performance of the work, to comply with all applicable codes and ordinances of Upshur County, State of Texas, or United States of America as they may apply, as these laws may now read or as they may hereafter be changed or amended.
21. **Assignment** - The Respondent shall not sell, assign, transfer or convey the agreement in whole or in part, without the prior written consent of the County.
22. **Venue** - The parties herein agree that the agreement shall be enforceable in Upshur County, Texas, and if legal action is necessary to enforce it, exclusive venue shall lie in Upshur County, Texas.
23. **Applicability** - The agreement shall be governed by, and construed in accordance with, the Laws of the State of Texas and all applicable Federal Laws.
24. **Funding Clause** - Payments required to be made by Upshur County under the terms of the agreement shall be contingent upon and subject to the initial and continuing appropriation of funding for the agreement by and through the Commissioners' Court of Upshur County, Texas. In the event appropriations for funding of the agreement are not approved by and through the Commissioners' Court, the contract shall terminate. Upshur County shall submit written notice to Respondent thirty (30) days prior to such termination. Upon notice of termination, as provided in this paragraph, the Respondent may submit a final invoice to the County. Payment for final invoice will be subject to verification and approval by the Auditor. Thereupon, Upshur County will be released from its obligation to make further payments.

25. **Unenforceability** - In case any one or more of the provisions contained in the agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and the agreement shall be considered as if such had never been contained herein.
26. **Insurability** - At all times during the course of this Agreement, Respondent shall keep in full force and effect professional liability insurance coverage in the amount not less than \$1,000,000 per occurrence. Respondent must provide a certificate of insurance conforming to the above listed requirements or a statement of Respondent's insurance carrier certifying that the required coverage shall be obtained by Respondent within ten (10) days of formal award. In the case where a certification letter from an insurance carrier is attached to the proposal in lieu of an insurance certificate, any formal award of a contract shall be contingent upon required coverage being put into force prior to any performance required by subject agreement.
27. **Termination** - Upshur County reserves the right to terminate the agreement/contract at any time, without cause, upon thirty (30) days written notice to Respondent. Upon termination, Upshur County shall pay Respondent for those costs directly attributable to work done or supplies obtained in preparation for completion or compliance with the Contract, except no payment shall be made for costs recoverable by Respondent in the normal course of doing business or which can be mitigated through the sale of supplies or materials obtained for use under this Contract. It is further agreed by Respondent that Upshur County shall not be liable for loss or reduction in any anticipated profit.
28. **Bonds** - Additional or alternate bonds may be required in accordance with Texas statutes as outlined in the specifications.
29. **Documentation** - The Respondent shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least two (2) years after completion of the agreement resulting from this request for proposal. Upshur County shall have access to all records, documents and information collected and/or maintained by others in the course of the administration of this agreement.
30. **Gratuities** - Upshur County may, by written notice to the Respondent, cancel this agreement without liability to Respondent if it is determined by Upshur County that gratuities, in the form of entertainment, gifts, or otherwise, were offered or given by the Respondent, or any agent or representative of the Respondent, to any officer or employee of Upshur County with a view toward securing a contract or securing favorable treatment with respect to the awarding or amending, or the making of any determinations with respect to the performing of such agreement. In the event the agreement is canceled by Upshur County pursuant to this provision, Upshur County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.
31. **Force Majeure** - If, by reason of Force Majeure, either party hereto shall be rendered unable wholly or in part to carry out its obligations under the agreement then such party shall give notice and full particulars of such Force Majeure in writing to the other party within a reasonable time after occurrence of the event or cause relied upon, and the obligation of the party giving such notice, so far as it is affected by such Force Majeure, shall be suspended during the continuance of the inability then claimed, except as hereinafter provided, but for no longer period, and such party shall endeavor to remove or overcome such inability with all reasonable dispatch. The term Force Majeure as employed herein, shall mean acts of God, strikes, lockouts, or other industrial disturbances, act of public enemies, orders of any kind of government of the United States or the

State of Texas or any civil or military authority, insurrections, riots, epidemics, landslides, lightning, earthquake, fires, hurricanes, storms, floods, washouts, droughts, arrests, restraint of government and people, civil disturbances, explosions, breakage or accidents to machinery, pipelines or canals or other causes not reasonably within the control of the party claiming such inability. It is understood and agreed that the settlement of strikes and lockouts shall be entirely within the discretion of the party having the difficulty, and that the above requirement that any Force Majeure shall be remedied with all reasonable dispatch shall not require the settlement of strikes and lockouts by acceding to the demands of the opposing party or parties when such settlement is unfavorable in the judgment of the party having the difficulty.

32. **Waivers** - No claim or right arising out of a breach of the agreement can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party.
33. **Right to Assurance** - Whenever one party to the agreement in good faith has reason to question the other party's intent to perform, they may demand that the other party give written assurance of their intent to perform. In the event a demand is made and no assurance is given within five (5) days, the demanding party may treat this failure as an anticipatory repudiation of the agreement.
34. **Oral Agreements** - No negotiations, decisions, or actions shall be executed by the Respondent as a result of any discussions with any public service official, employee and/or consultant. Only those transactions provided in written form may be considered binding.
35. **Subcontracting** - The Respondent must function as the single point of responsibility for the Agency.
36. **Conflict of Interest** - No public official shall have interest in the agreement except in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.
 - i. The Proposer shall not offer or accept gifts or anything of value nor enter into any business arrangement with any employee, official or agent of Upshur County. By signing and executing this Proposal, the Proposer certifies and represents to the County that the Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantage, information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this Proposal.
 - ii. Proposers, their employees or representatives, are prohibited from contacting any official or employee of Upshur County, except the designated RFP Manager, in regard to this RFP from the issuing date of the RFP until the date the Upshur County Commissioners' Court meets to consider award of the Proposal. Any such contact will be grounds for rejection of the proposal.

No member, officer or employee of the Recipient, or its designees, or agents, no consultant and no other public official of the Recipient, who exercises or has exercised any functions or responsibilities with respect to the Project during his or her tenure, shall have any interest, direct or indirect, in any contract or subcontract, or the proceeds thereof, for work to be performed in connection with the Project or in any activity, or benefit therefrom, which is part of this Project.

37. **Disclosure of Interested Parties** - In compliance with House Bill 1295, the successful proposer will be required to file a **Disclosure of Interested Parties** form on the Texas Ethics Commission website and file the original with Upshur County prior to the contract being awarded by Commissioners'

Court. You can find the form and more information on completing the form at https://ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

38. **Patents/Copyrights** - The successful vendor agrees to protect Upshur County from claims involving infringements of patents and/or copyrights.
39. **RFP Manager** - The RFP Manager will serve as sole liaison between the Upshur County Commissioners' Court and affected Upshur County departments and the successful Respondent. Unless directly outlined in this specification the Respondent shall consider no one but the RFP Manager authorized to communicate, by any means, information or suggestions regarding or resembling this RFP throughout the RFP process. The RFP Manager has been designated the responsibility to ensure compliance with agreement requirements, such as but not limited to, acceptance, inspection and delivery. The County will not pay for services, equipment or supplies, which it deems unsatisfactory. Respondents will be given a reasonable opportunity to correct deficiencies before termination. This however, shall in no way be construed as negating the basis for termination for non-performance.
40. **Warranty** - Successful Respondent shall warrant that all services shall conform to the proposed specifications and/or all warranties stated in the Uniform Commercial Code and be free from all defects in material, workmanship and title.
41. **Remedies** - The successful vendor and Upshur County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

SCOPE OF SERVICES

The intent of the County is to obtain professional services from a qualified firm for providing group benefits consulting and brokerage services. The selected broker will be expected to perform services related to the design, procurement, and administration of medical, dental, life, disability, compliance, voluntary benefits and other related services.

It is not the intent of the County to solicit proposals for a fixed set of services to be provided, but instead allow the respondents to propose services that they can provide of benefit to the County. However, at minimum, the awarded Respondent of the proposed agreement will be expected to provide the following services:

1. Determine and recommend the most economical funding methods for the benefit program.
2. Represent Upshur County in all negotiations with providers on all issues including those related to premiums, benefit levels, plan design and special terms and conditions.
3. Meet with and provide reports to Upshur County representatives quarterly as it relates to plan performance, updates and other information pertinent to their benefits offering.
4. Research and inform Upshur County on any new developments in relevant law and employee benefit programs on an ongoing basis and ensuring the county remains in compliance with these new laws.
5. As requested by Upshur County, prepare bid specifications and solicit proposals from insurance markets, which specialize in group insurance plans as needed. Evaluate bids and bidders including administration, claim payment procedures, customer service, network, reserve establishment policies, financial soundness. Providing a comparison of the bids

- received, identify the most cost-beneficial package from various bidders and recommend which plans overall fit with Upshur County's employee benefits desires and budget requirements.
6. Provide ongoing service and support of all benefit programs selected, including but not limited to enrollment support, installation, claim dispute resolution, and various day-to-day requests.
 7. Review coverage documents for all benefit plans, as applicable.
 8. Review and be responsible for the accuracy and correctness, prior to delivery, of excess/reinsurance coverage documents and/or pricing policies, including all changes and endorsements.
 9. Advise Upshur County regarding "gaps" in coverage and/or inadequate coverage.
 10. Review optional services such as compliance (administration of Section 125 Regulations, COBRA/HIPAA administration, HIPAA Privacy and Security), wellness, communication, technology, and educational services.
 11. At least quarterly, present educational seminars to employees on health insurance benefits and related topics of interest.

SUBMISSION OF PROPOSALS

All responses to this RFP shall be submitted in a sealed envelope clearly marked with the phrase "RFP – Insurance Consulting/Brokerage Services". One (1) signed original marked "ORIGINAL", four (4) identical sets marked "COPY 1", "COPY 2", etc. and (1) CD/DVD or USB media of the response is to be submitted complete with all supporting documentation.

The proposal must be signed and dated by a representative of the firm with authority to bind the firm in a contract. The proposal submitted by the Respondent shall become an integral part of the agreement between the Respondent and the representatives, covenants, and conditions therein contained shall be binding upon the person, firm, or corporation executing the same. It should be sealed and received by Upshur County by the closing date and time specified. A facsimile transmission is not an acceptable response to this RFP.

Proposals will be accepted in person, by United States Mail, or by private courier service. Responses WILL NOT be accepted via oral communication, telephone, electronic mail, telegraphic transmission, or facsimile transmission.

Submittal of a response to this RFP constitutes an offer by the respondent. Once submitted, the proposal becomes the property of Upshur County and as such the County reserves the right to use any ideas contained in any response regardless of whether that respondent/firm is selected. Submission of a proposal in response to this solicitation, by any respondent, shall indicate that the respondent(s) has accepted the conditions contained in the RFP, unless clearly and specifically noted in the proposal submitted and ultimately confirmed in the agreement between the County and the successful respondent. Proposals which do not comply with these requirements may be rejected at the option of the County.

All questions/checklists/blanks must be included in your response on the forms provided. Failure to include any of the requested information within your proposal may result in rejection or disqualification.

Proposals will be received and publicly acknowledged at a regular meeting of the Upshur County Commissioners' Court. Respondents, their representatives, and interested persons may be present. All submitted proposals will be deemed confidential during the evaluation process. The award, if any, will be made at a subsequent regular meeting of the Upshur County Commissioners' Court. Following the award, all submissions shall be open for public inspection except for trade secrets, financial information, and other confidential information contained in the proposal and identified as such by vendor.

It is the respondent's sole responsibility to print and review all pages of the RFP document, attachments, questions and their answers, addenda and special notices. Failure to provide signatures on forms could render proposal non-responsive.

Any proposal received after the date and/or hour set for opening will not be accepted.

PROPOSAL REQUIREMENTS

The response to this RFP shall be submitted in the manner described in this section and must clearly provide responses to the information requested.

Company Information

1. Cover Page. Provide Company Name, Physical and Mailing Address, Business Phone and Website, include preparer name, title and direct contact information.
2. Provide an overview statement of your company, its length in existence, number of employees, summary of annual revenue, its organizational structure, historical background, and philosophy.
3. Provide a copy of company's Certificate of Errors & Omission Coverage.
4. Describe your company's practice and involvement in each of the following areas:
 - i. Health and Welfare
 - ii. Legal Counsel and Compliance
 - iii. Benchmarking
 - iv. Actuarial and Underwriting
 - v. Research and Technical Services
 - vi. Benefits Administration
 - vii. Benefits Communication
5. Describe your company's management ability in negotiating bids, policy terms and plan design to select the most appropriate insurance and benefits plan for your client.
6. Explain your company's value added approaches and services you feel distinguish this company from other companies.

7. Identify a minimum of three (3) other accounts similar in size and scope for which the company presently serves, and agrees to serve as reference to your company; provide contact information.

Staff Experience & Expertise

1. Name of Consultant/Broker submitting proposal, include contact information.
2. Describe your view as the role of Consultant/Broker, and what differentiates you from other consultants/brokers.
3. Provide a summary of your qualifications, anticipated time dedicated to the County, travel availability to County's location; and identify key staff members to assist with the County's benefit services. Please include copies of licenses and certifications obtained relevant to insurance and benefit services.
4. Describe any strategies, methods or tools you utilize to manage and forecast insurance and benefits plans for the succeeding year(s).
5. Describe any strategies, methods or tools you or your company utilizes to offer assistance with investigating and settling claims, or to respond to coverage questions.
6. Provide any other information or details that you feel should be brought to our attention and given consideration in evaluating your statement of qualifications.

Compensation

Provide a description of the compensation structure proposed by firm/company; to include all bases for remuneration such as commission, fees, or other charges that may affect the County.

Disclosures

1. Disclose any known or prior business relationships (within the last five years) with the County, its officials, or its employees.
2. Complete and sign the Certification page.
3. Complete the RFP Questionnaire page (Exhibit A).
4. Complete the Certification regarding Debarment, Suspension, and Other Responsibility Matters (Exhibit B).
5. Complete Texas Ethics Commission Conflict of Interest Questionnaire *[Note: A vendor is required to file an electronic questionnaire (Form-1295) not later than the seventh business day after the latter of the following: (1) the date the vendor begins discussions or negotiations to enter into a contract or submits an application or response to a bid proposal; or (2) the date the vendor becomes aware of a relationship or gives a gift to an officer or officer's family member.]*

The Texas Ethics Commission is charged with creating the statement and questionnaire forms; instructional videos and a FAQ about how to register and file/acknowledge a Form 1295 are available on the Commission's website: <https://www.ethics.state.tx.us/>.

- a. A business entity must use the Commission's online filing application to enter the required information on Form 1295. The business entity must then print a copy of the form, which will contain a unique certification number. 1 T.A.C. § 46.5.
- b. The completed Form 1295 must be filed with the County by "the time the business entity submits the signed contract" to the county. TEX. GOV'T CODE § 2252.908(d).

- c. The County must use the Commission’s online filing application to acknowledge that the County has received the Form 1295 not later than the 30th day after the date the County receives the form. Id. § 2252.908(f); 1 T.A.C. § 46.5(c). The County will not send a copy of the Form 1295 to the Commission.

EVALUATION AND PROPOSAL SELECTION

Submitted responses to this RFP will be forwarded to the Evaluation Committee for review. All proposals will be evaluated for compliance with specifications before acceptance. Accepted proposals will then be evaluated using the criteria standards listed below. The total possible points a proposal may receive is 100 points:

- i. Experience, Qualifications, and Resources (40 points)
- ii. Scope of Proposed Services (35 points)
- iii. Price or costs (25 points)

The County prefers a flat rate fee for proposed services and separate rates or costs for other additional consulting services requested, but not included in your base proposal. In addition, please include the hourly rates for all work to be required. **The consultant shall not accept commissions, overrides or any form of remuneration from the County’s insurers and/or service providers in connection with services/products purchased by the County.**

CONTRACT PERIOD

The Request for Proposal is for Insurance Consulting/Brokerage Services for a one (1) year period. The County will have an option to renew the contract by mutual agreement for three (3) additional one-year terms for a total of four (4) years. Award or renewal of the contract shall be authorized by the Upshur County Commissioners’ Court. Appropriations for such contract or renewal expenditures shall be authorized by the Commissioners’ Court during the budget process.

TERMINATION

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party of its intention to terminate as of the date specified in the notice.

REVISIONS

The County reserves the right to cancel, in part or in its entirety, the RFP including but not limited to: submittal date and submittal requirements. If the County cancels or revises the RFP, all known proposers will be notified in writing by the County and any addendum to the RFP will also be posted on the County’s website.

RESERVATIONS

The County reserves the right to reject any or all proposals. Those submitting a proposal for this project are responsible for any and all costs associated with the preparation and submissions of a proposal in response to this RFP.

All proposals submitted will be deemed confidential during the evaluation process. During the evaluation process, proposals will not be available for review by anyone other than County personnel and/or authorized agents unless otherwise directed by law, including the Public Information Act. All materials submitted to the County become public property and are subject to the Texas Public Information Act. If a proposer does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at the time of the submittal. The County will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General.

ASSIGNMENT

The potential agreement with the proposer resulting from this RFP is a contract for the service of the firm and firm's interest in such agreement; duties thereunder and/or fees due thereunder may not be assigned or delegated to a third party. The benefits and burdens of this agreement are, however, assignable by the County.

GOVERNING LAW/VENUE

The RFP and any subsequent RFP, and resulting agreement or purchase order, shall be construed and governed by the laws of the State of Texas, except conflict of law provisions, and no lawsuit shall be prosecuted on contract except in a court to competent jurisdiction located in Upshur County, Texas.


CERTIFICATION

The undersigned proposer, by signing and executing this proposal, certifies and represents to the County that proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by 36.02 of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the proposer also certifies and represents that the proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal; the proposer certifies and represents that proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the County concerning this proposal on the basis of any consideration not authorized by law; the proposer also certifies and represents that proposer has not received any information not available to other proposers so as to give the undersigned a preferential advantage with respect to this proposal; the proposer further certifies and represents that proposer has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that proposer will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the County in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the County in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

THE PROPOSER SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS UPSHUR COUNTY, ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDING, COSTS, DAMAGES, AND LIABILITIES, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY ACTS OR OMISSIONS OF CONTRACTOR OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF CONTRACTOR IN THE EXECUTION OR PERFORMANCE OF THIS RFP.

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications. Furthermore, I certify that I am authorized by the Company proposed to offer this proposal:

HUB International Limited
Company Submitting Proposal



Senior Vice President

Authorized Signature and Title

EXHIBIT A

QUESTIONNAIRE

GENERAL INFORMATION	Please respond briefly in the spaces provided
<p>Provide the history of your firm, particularly your employee benefits division.</p>	<p>HUB International Inc. was born in 1998 with the merger of 11 privately held insurance brokerages. In 2019 Hub is ranked the largest privately held brokerage firm in the world. HUB International is structured around large regional hubs, with over 450 satellite offices strategically located throughout the U.S. and Canada. IPS Advisors entered a strategic partnership with HUB in 2017 and in 2018 HUB announced its acquisition of the benefits firm.</p>
<p>Who would be working directly with our company on administrative issues, questions, or problem solving? Please provide the roles and qualifications of each person. Also, include the number of clients each person is expected to handle and categorize these clients by large (500 or more), medium (100-500), or small (less than 100) group.</p>	<p>On behalf of HUB International Limited, Inc. your service team will be led by Andrew Weegar (22 Mid-Large Accounts), Employee Benefit Specialist and Public Entity Specialist. Mr. Weegar will be the main point of contact for Upshur County. He has six years of public entity consulting for HUB International. Your account manager will be Kathy Vetter, out of Longview Texas, who comes with over 17 years of Account Management experience and works on mid to large clients as well. Stacy Shinault, your proposed client advocate comes with over 20 years of experience working with public sector clients and currently works on seven mid to large sized clients.</p>
<p>How many of your clients do you currently work with on a broker basis? How many of your clients do you currently work with on a consultant basis?</p>	<p>HUB International Texas acts as a Consultant for all of our clients. We welcome the opportunity to contribute to the improvement and expansion of your benefits provided to your organization. You can count on your team of HUB specialists for expertise, market knowledge and creativity as well as access to the collective knowledge of thousands of HUB experts across the U.S. and Canada. As the 10th largest and fastest-growing broker in the U.S., we'll leverage our relationships to reduce your short-term costs. As aggressive consultants, we'll make those gains sustainable over time.</p>

REQUEST FOR PROPOSALS – Insurance Consulting/Brokerage Services

ACCOUNT MANAGEMENT	Please respond briefly in the spaces provided
Describe your account management department.	Our Account Management team has an average 24+ years of experience in the Insurance Industry. Account managers have an average of 14 clients and all Account Managers have college degrees and have their Group I insurance license.
What is your process for ensuring customer satisfaction?	We survey our clients on an annual basis and are proud that 98% of our clients are “pleased to very pleased” with our services and would “recommend or highly recommend” HUB to a colleague. Please see our response to Question two of the Staff and Experience section for more information on our strategic process to ensure client satisfaction.
What is the turnover rate of the employees that perform the bulk of the problem-solving administration within your organization?	At HUB International, we strive to keep staff continuity for our clients and understand the importance of having a team familiar with your organization. Over the last three years there has been no turnover on our team.
What kind of training (industry, internal, computer, other) does your firm expect or require your staff receive?	We require our account executives to be licensed in Life, Accident & Health insurance. We provide a variety of seminars, webinars and carrier education meetings to position our associates on the cutting edge of today’s dynamic insurance market, and our corporate training department offers a rich curriculum to sharpen technical skill, promote personal growth, and ensure compliance.
Do you provide employee communication services for your client’s employees? If so, please provide a general description of your capabilities.	HUB is in the unique position of having an in-house communications department allowing us to have direct oversight to ensure the quality of all materials created for Upshur County employee benefits. HUB's Communication services include: Web/Electronic based, Paper/Print based, and custom enrollment communications and meetings.
How can you assist in facilitating employee meetings?	We will review your current employee communication processes and materials and recommend improvements. Our annual communication plan is designed to support open enrollment, your company’s wellness initiatives and provide ongoing education about benefits in order to steer employees toward more effective and cost- efficient utilization of medical care.
How do you help facilitate annual open enrollments? Include technology-based approaches and identify any additional costs.	You’ll have access to HUB’s expertise, tools, and resources to develop strategies and materials. We can assist you in the development of the following services: <ul style="list-style-type: none"> •Coordinate open enrollment meetings with vendors, and participate in or lead employee meetings •Customize enrollment forms and online enrollment processes •Develop employee surveys and benefit statements

REQUEST FOR PROPOSALS – Insurance Consulting/Brokerage Services

DATA ANALYSIS	Please respond briefly in the spaces provided
<p>What resources do you use to analyze medical and pharmacy claims?</p>	<p>HUB has actuarial experience, expertise, and systems that allow us to provide comprehensive services for self-insured customers. Services included but are not limited to ACA plan valuation, budget projections, plan design pricing options, contribution modeling, subsidy analysis, and other recommendations. Additionally, HUB will provide Upshur County with utilization statistics. We will sit down at implementation with the appropriate parties to review our standard reporting and adjust as needed to include all data elements needed for appropriate parties. We will be available to review these reports on an as needed basis.</p>
<p>Will your organization provide a wellness and preventive health analysis of our employees and claims experience?</p>	<p>HUB is different from other firms who use only a biometric model that narrowly identifies cardiovascular risk factors and attempts to tie those risks to medical costs. We take a broader view to recognize the root cause of poor health and wellbeing. With attention to significant factors like the environment, workplace policies and practices, social norms and other lifestyle aspects, our strategies go beyond impacting just medical costs. By combining research and expertise, we set your program up for success across multiple metrics. The results: increased productivity, improved morale and retention, and a measurable value on investment, often including better control of health insurance trend.</p>
<p>For any of the above questions that you answered yes, please provide us a sample report that you have prepared for another client.</p>	<p>Please see Appendix for work samples.</p>
<p>What is the average cost of customization of ad hoc reports?</p>	<p>There will be no additional cost for customization or ad hoc reports. Our goal, whenever possible, is to utilize a data-driven, fact-based approach that enables you to identify potential costs and proactively develop targeted intervention programs. If customization or ad hoc reports are needed, we will deliver.</p>

REQUEST FOR PROPOSALS – Insurance Consulting/Brokerage Services

STRATEGIC PLANNING	Please respond briefly in the spaces provided
<p>What resources do you have available to help us manage our benefits and outline a benefits strategy consistent with current and future business plans?</p>	<p>HUB has developed a proprietary process to better understand Upshur County, their employees, and unique needs. This five step process improves our ability to deliver the best possible solutions for the County and is what sets us apart from our competitors.</p> <ol style="list-style-type: none"> 1. Discovery 2. Develop Strategy 3. Product Service and Selection 4. Implementation 5. Ongoing Service and Performance Monitoring
<p>How will you assist us with the competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewal?</p>	<p>Once we have established the type of plans, products, and services that need to be included in your benefits package, we will begin the process of soliciting bids from the appropriate carriers and service vendors. We will prepare and submit Requests for Proposals and analyze the responses received. Throughout this process, we will also negotiate with carriers and vendors to obtain the most competitive price and performance guarantees available. After securing all of the carrier and vendor proposals, we will present analysis in a format that allows you to easily compare the details of each.</p> <p>Since our inception, HUB has been one of the fastest growing Employee Benefits brokerage and consulting firms in the West. We continue to enhance our market leverage, as HUB is the 6th largest global broker with over \$14 billion in premium volume.</p> <p>The carriers recognize that HUB clients are a better risk which is attributable to our multi-year Benefit and Wellness strategies. The strategies provide a definitive roadmap with measurable milestones and aggregated data outlining the health risks of Upshur employees.</p> <p>HUB has access to virtually all major insurance carriers and has effective working relationships with over 650 insurers. The volume of business we represent for these insurers further enhances the knowledge and experience we bring to the marketing effort. Where needed, we have access to their top management and home-office decision makers.</p> <p>As a result, we have effectively negotiated programs of coverage for even the most difficult risks.</p>
<p>How are plan design changes proposed and handled?</p>	<p>Plan design changes are part of a longer-term strategy to accomplish specific objectives. In the event we propose plan design changes, we would: review for compliance, model financial impact of the change, facilitate changes with the carriers and vendors, develop employee communications, audit contracts for accuracy and revise wrap document if necessary.</p>
<p>How will you save our county money?</p>	<p>We have a process in place to aggressively attack cost and trend using proven strategies for our clients. This process includes the following: Analyze the data, Address personal accountability & consumerism, Implement the appropriate and targeted wellness programs, & Implement disease management programs and clinical intervention</p>
<p>How will you demonstrate the savings?</p>	<p>We have proven success in developing and implementing strategy to lower healthcare costs. Our analyst team closely tracks costs and savings year over year to demonstrate the financial impact HUB has being your broker.</p>

PROJECTIONS/REVIEWS	Please respond briefly in the spaces provided
<p>How can you help us develop cost projections tied to our fiscal year goals?</p>	<p>HUB International provides in house benchmarking, analytics and actuarial services.</p> <ul style="list-style-type: none"> - Partial self-insured and fully insured budget projections for all benefits plans. Process includes historical review of paid claims and fixed costs. HUB International projects forward utilizing published regional trend data cutting across multiple years of data to give the County the most accurate projection of future plan costs. - Trend recommendations for claim projections using published trend rates and tables <p>Plan modeling, contribution modeling and subsidy benchmarking</p> <ul style="list-style-type: none"> - Health fund / reserve analysis, projections and recommendations for IBNR and contingency reserves
<p>How will you help with the management of insurance, including supervision and/or preparation of claims activity reports from carriers, executive summary reports, underwriting analysis for annual renewals, financial projections for budgeting, and alternative funding analyses?</p>	<p>We conduct a detailed analysis of your annual costs, benefit plan design and plan performance in order to validate that your employee benefits program is consistent with your organization's strategic goals. We will assist you in defining and prioritizing your health and welfare plan objectives. Depending on your needs, our analysis may include the following:</p> <ul style="list-style-type: none"> • Forensic claims data analysis to uncover utilization by member class and service type, including in-patient hospital, primary care, specialist, x-ray/lab, and prescription drugs; • Demographic analysis of your current enrollees and payroll contribution analysis. Evaluate population segments (employee, spouse, children) by region and present the best suitable design alternatives; • Benchmark your benefits against industry norms, company size, and geographic region; • Identify cost trends and disease management opportunities through utilization review and clinical data analysis in collaboration with our population health management specialists and consulting physician; • Perform trend analysis from available diagnostic and normative data to forecast projected benefit costs; • Analyze network discounts and geographic access; • Assess current funding arrangements for appropriateness and assist in developing employee contributions levels; • Conduct detailed plan modeling to gauge the impact of proposed plan changes; • Review managed care expense and administrative service fees, where applicable; • Prepare experience report analysis on a monthly and/or quarterly basis; • Conduct feasibility study for captive insurer arrangements.

REQUEST FOR PROPOSALS – Insurance Consulting/Brokerage Services

LEGISLATIVE COMPLIANCE	Please respond briefly in the spaces provided
Do you have an in-house benefits attorney? Do you use an external benefits attorney and which firm do you use?	Our compliance team, headed by experienced, in-house ERISA attorneys, helps you establish a compliant platform and ensures your benefit programs are in good standing. As a HUB client, you can speak directly with our Central Region Chief Compliance Officer, Jack McStravock, at any time.
How does your firm stay current with state regulations that impact governmental employers?	We believe it is our responsibility to read, interpret and analyze regulatory changes to determine their impact on a client-by-client basis. In addition to our in-house health care reform and legal specialists.
How will your firm notify us of changes in federal and/or local laws that would affect us?	On a regular basis, we provide timely, accurate updates on a wide range of legislative and regulatory issues so you can respond quickly to new developments. Your Benefit Consultant meets with your HR team face-to-face to review legislation that affects your health plan.
What specific services, resources, and healthcare legislation?	Updates and Education include: Seminars, Webinars, Client bulletins, Roundtables, & News bulletins. Consultative Services Include: Real-time access, Conference calls, Answers to everyday issues, & Office visits Tools and Resources Include: Compliance Navigator, ACA Employer Workbook, Sample documents. Healthcare reform timelines & Checklist.

FEES	Please respond briefly in the spaces provided
Describe your proposed form of compensation (e.g., commission, annual retainer, or fee-for-service). If you are proposing a fee service, please include your fee schedule and/or hourly rates. Please disclose your client policy on carrier bonus payments.	HUB International proposes a flat fee for service of \$60,000.
If you charge fees for consulting and employee communication, please indicate the basis of your charges (hourly, by project, etc.) and what typical charges might be.	N/A

REFERENCES / OTHER	Please respond briefly in the spaces provided
<p>How many clients of similar size have you lost in the last three (3) years? Explain why. Provide at least one as a reference including: name, address, phone number, and length of time associated with your organization.</p>	<p>HUB International Texas has not lost any clients of similar size in the last three years .</p>
<p>Describe any other facets of your organization and your firm’s experience that are relevant to this proposal that have not been previously described and that you feel warrant consideration.</p>	<p>Workforce Productivity: consulting that manages risks associated with illness and injury; improves workforce health and productivity; and, reduces the risks and costs associated with employee absenteeism by developing and implementing an integrated absence management program using an employee life cycle approach.</p> <p>Pharmacy:</p> <ul style="list-style-type: none"> • 340B analysis and savings projection • Analysis of your current contract and assistance in conducting an RFP • Model plan costs • Access to national networks and significant discounts

EXHIBIT B

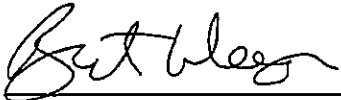
**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

Name of Entity: HUB International Limited

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing (Federal, State, or local) a transaction or contract; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses identified in section (b) of this certification; and
- d) Have not within a three year period preceding this application/proposal had one or more illegal transactions (Federal, State, or Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine or imprisonment for up to five (5) years, or both.

<u>Brent Weegar</u>	<u>Senior Vice President</u>
Printed Name	Title of Authorized Representative
	<u>3/21/2019</u>
Signature of Authorized Representative	Date

I am unable to certify to the above statements. My explanation is attached.



Appendix

Licenses



General Lines Agent
 Life, Accident, Health and HMO

ANDREW CARL WEEGAR
 3118 OAKVIEW DRIVE
 HURST, TX 76054


is authorized to transact business as described above

License No: 1951621

Issue Date: 10-18-2014

Expiration Date: 05-31-2021

Generated by Sircon 186440135

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>ANDREW CARL WEEGAR 3118 OAKVIEW DRIVE, HURST, TX 76054</p> <p>LICENSE NUMBER: 1951621</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 10-18-2014 Expiration Date: 05-31-2021</p> <p>Generated by Sircon 186440135</p>
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General Lines Agent
 Life, Accident, Health and HMO

ASHLEY DANIELLE BROADUS
 11159 E LAKE HIGHLANDS DRIVE NO 155
 DALLAS, TX 75218-1135


is authorized to transact business as described above

License No: 2372705

Issue Date: 01-17-2019

Expiration Date: 06-30-2021

Generated by Sircon 183364767

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>ASHLEY DANIELLE BROADUS 11159 E LAKE HIGHLANDS DRIVE NO 155, DALLAS, TX 75218-1135</p> <p>LICENSE NUMBER: 2372705</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 01-17-2019 Expiration Date: 06-30-2021</p> <p>Generated by Sircon 183364767</p>
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General Lines Agent
Life, Accident, Health and HMO

BRENT ALLAN WEEGAR
10000 N CENTRAL EXPY STE 1100
DALLAS, TX 75231-2313


is authorized to transact business as described above

License No: 1283105

Issue Date: 07-14-2004

Expiration Date: 09-30-2020

Generated by: Sircon 174440719

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>BRENT ALLAN WEEGAR 10000 N CENTRAL EXPY STE 1100, DALLAS, TX 75231-2313</p> <p>LICENSE NUMBER: 1283105</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 07-14-2004 Expiration Date: 09-30-2020</p> <p>Generated by: Sircon 174440719</p>
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General Lines Agent
 Life, Accident, Health and HMO

BROOKE A SPANIOL
 1018 EMBARACADERO DR
 ROCKWALL, TX 75087-6652


is authorized to transact business as described above

License No: 2144039

Issue Date: 11-21-2016

Expiration Date: 06-30-2020

Generated by Sircon 168510249

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>BROOKE A SPANIOL 1018 EMBARACADERO DR, ROCKWALL, TX 75087-6652</p> <p>LICENSE NUMBER: 2144039</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 11-21-2016 Expiration Date: 06-30-2020</p> <p>Generated by Sircon 168510249</p>
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General Lines Agent
 Life, Accident, Health and HMO

KATHERINE VETTER
 304 HORTON ST
 KILGORE, TX 75662


is authorized to transact business as described above

License No: 2332907

Issue Date: 09-04-2018

Expiration Date: 07-31-2020

Generated by Sircon 174533038

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>KATHERINE VETTER 304 HORTON ST, KILGORE, TX 75662</p> <p>LICENSE NUMBER: 2332907</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 09-04-2018 Expiration Date: 07-31-2020</p> <p>Generated by Sircon 174533038</p>
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General Lines Agent
Life, Accident, Health and HMO

RANDALL SCOTT WARD
THE WARD AGENCY
1800 W LOOP 281 STE 302
LONGVIEW, TX 75604-2516


is authorized to transact business as described above

License No: 640424

Issue Date: 05-19-1986

Expiration Date: 04-30-2021

Generated by Sircon 184178091

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>RANDALL SCOTT WARD THE WARD AGENCY, 1800 W LOOP 281 STE 302, LONGVIEW, TX 75604-2516</p> <p>LICENSE NUMBER: 640424</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 05-19-1986 Expiration Date: 04-30-2021</p> <p>Generated by Sircon 184178091</p>
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General Lines Agent
 Life, Accident, Health and HMO

STACY LYNN SHINAULT
 1608 CORNWALL LN
 SACHSE, TX 75048-3646

is authorized to transact business as described above

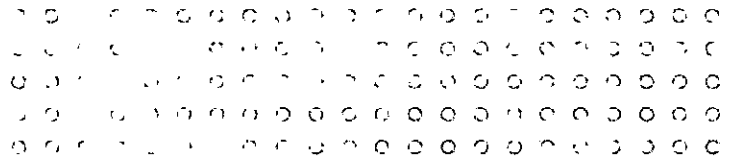
License No: 1429612

Issue Date: 01-29-2007

Expiration Date: 12-19-2019

Generated by Sircon 159126613

<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>STACY LYNN SHINAULT 1608 CORNWALL LN, SACHSE, TX 75048-3646</p> <p>LICENSE NUMBER: 1429612</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 01-29-2007 Expiration Date: 12-19-2019</p> <p>Generated by Sircon 159126613</p>
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Appendix

E&O Certificate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/18

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 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 HUB International Midwest Limited Professional Liability Department 55 East Jackson Blvd Chicago, IL 60604	CONTACT NAME: PHONE (A/C, No, Ext): 312-922-5000	FAX (A/C, No): 866 748-9821
	E-MAIL ADDRESS:	
INSURED Hub International Limited 300 North LaSalle St., 17th Floor Chicago, IL 60654	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Allied World Insurance Company	NAIC # 22730
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

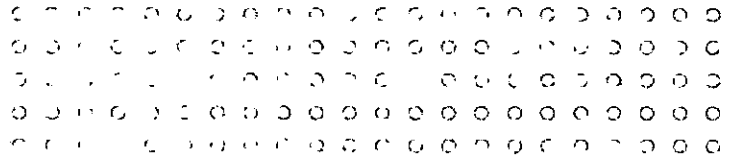
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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					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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Ins Agents E&O		0304-2450	11/15/2018	11/15/2019	\$10,000,000/\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required):

This coverage applies to all U.S. operations of Hub International Limited. HUB International Texas, Inc., is an insured under Hub International Limited's master contract, dba Hub International Insurance Services, Hub International Personal Insurance, Wm. Rigg Co., Hub International Rigg, Benefit Concepts, Administration and Benefits Consultants, Benefit Administration Systems, Troy Davis Insurance, John D. Williams, JDW Insurance, El Paso Insurance Agency, Risk & Insurance Management Consultants, The Rigg Group, Hub International Rigg, Hub International Texas Limited, Roeder & Moon The Roy Agency, Rigg Life Agency, Hub International Rigg, Benefits, Rigg Benefits & Financial Services and Concord Premium Finance, Tri-Star Insurance Professionals, Inc., IPS Advisors, LLP, IPS Management, LLC, The Ward Agency

CERTIFICATE HOLDER	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



Appendix

Benefit Connector

Benefits and HR Administration Service



Our Benefits and HR Administration Service, powered by Benefit Connector™, helps reduce costly errors, eliminates paperwork and other manual processes, empowering your HR staff to be more effective. Likewise, it gives your employees the right tools at the right time to enroll in their benefits in a safe and secure manner.



***All processes
monitored and
administered by
HUB's fully
dedicated Client
Advocates.***

Maintain Health and Welfare Plan Eligibility Data

- Demographics
- Employment Data – hire dates, status, location
- Insurance Data – plan eligibility, elected coverage, beneficiaries
- ACA-related eligibility – part-time hours tracking, status change rules
- Electronically submit plan elections to carriers

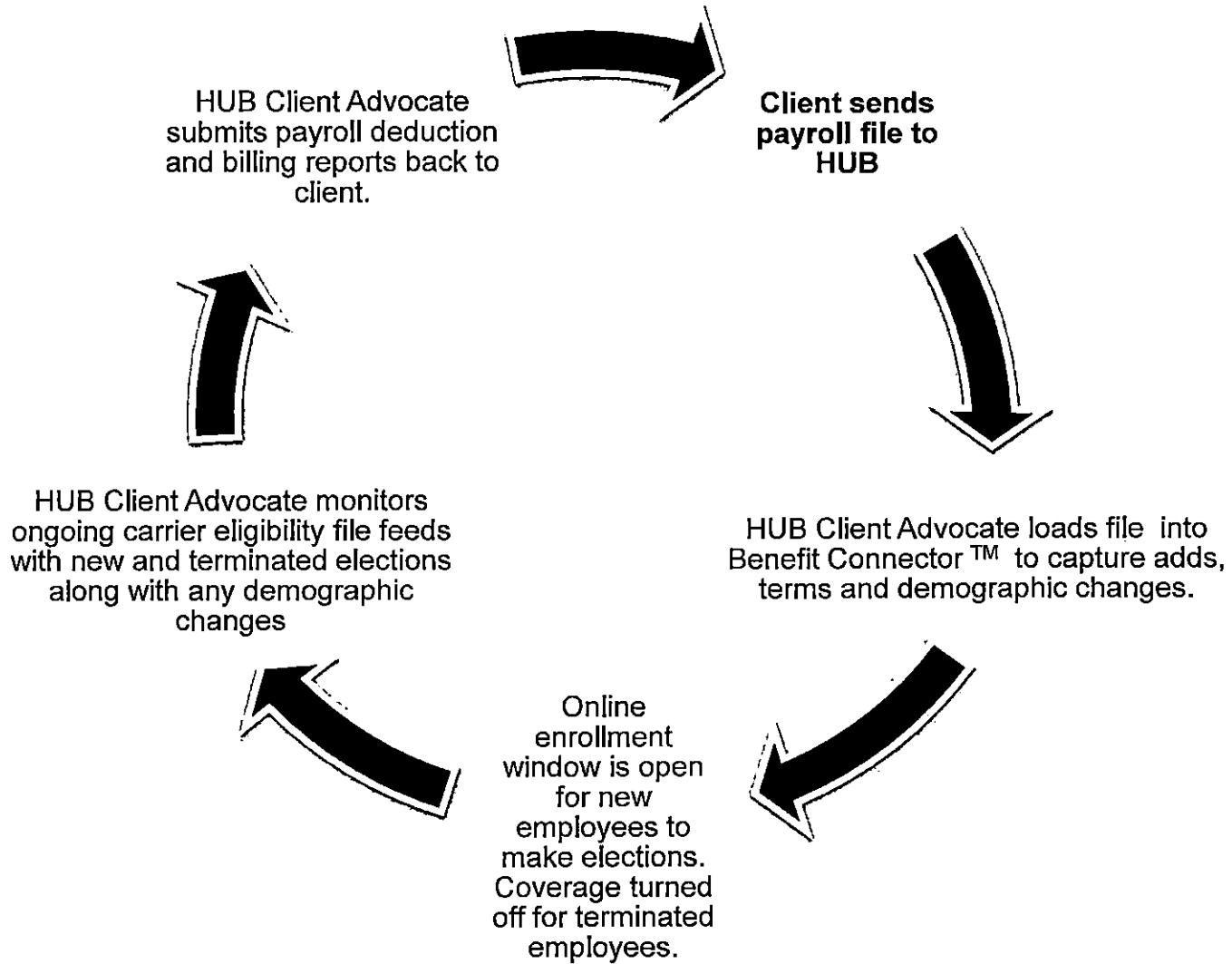
Multiple Enrollment Capabilities

- Employee self-service capability
- Customized paper enrollment form option
- Easy to read confirmation statements
- 24/7 client access to employee data

Tools to Support Additional Client Processes

- Ongoing deduction reporting allows for easy payroll updates
- Monthly billing report package (supports self-bill and internal reconciliations)
- Data provided to support ACA-mandated W-2 information
- ACA Section 6055/6056 reporting (form completion, e-filing and fulfillment)

Information Flow



Benefits & HR Administration Service Reports



Reporting package – sent monthly

Billing:

- Monthly List Bill
- Charge Summary by Carrier
- Extended Billing Summary

Eligibility:

- Coverage Start Report
- Coverage Termination Report
- Pay or Play – Part-Time Employee Tracking

Payroll:

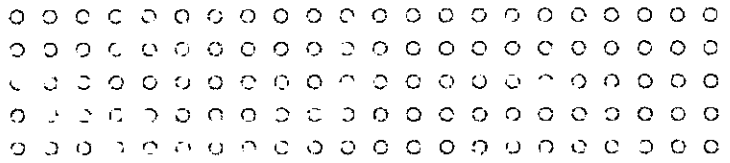
- Complete Payroll Export File
- Payroll Deduction Change File

Optional Reports:

- Dependent Aging Out Report
- Pending Life Report

Eligibility Reports/Forms – frequency determined as-needed

- Customized Enrollment / Change Form
- Customized Benefit Confirmation Statement



Appendix

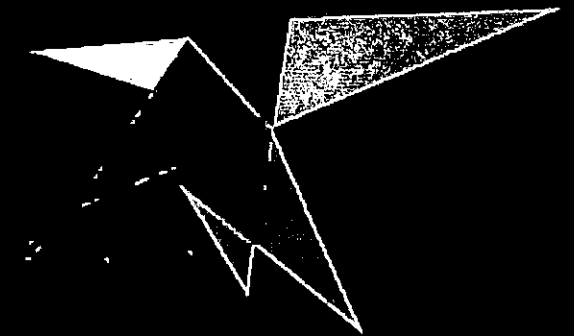
Plan Performance

Analysis

HUB

Advocacy. Tailored Insurance Solutions. Peace of Mind

Sample Star Company Plan Performance Review



January 31, 2019

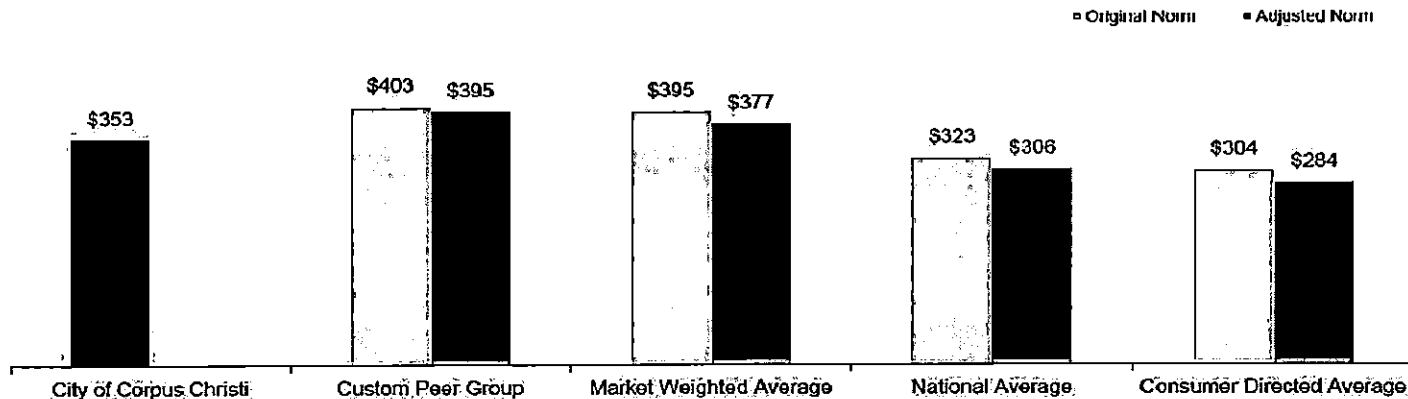
I. Plan Utilization Review- Medical



Health Plan Enrollment

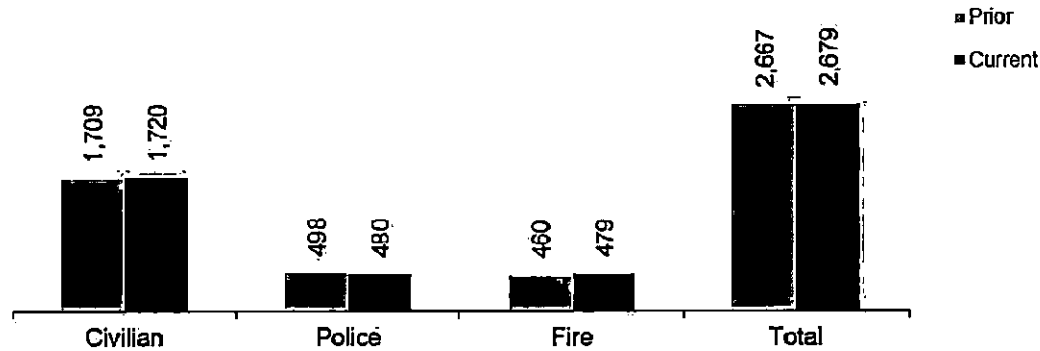
Population Measure	Prior	Current	Change	Norm	Variance
Enrolled Employees	2,667	2,679	0.4%	-	-
Average Age	45.0	45.0	0.1%	-	-
% Female	27.4%	27.1%	-0.3	40.3%	-13.2
Enrolled Members	5,729	5,721	-0.1%	-	-
Average Age	33.2	33.4	0.6%	-	-
% Female	45.5%	45.1%	-0.3	48.8%	-3.7
% Female (22-44)	17.6%	17.3%	-0.3	-	-
% Children (<18)	25.0%	24.5%	-0.5	-	-
Average Family Size	2.15	2.14	-0.6%	2.03	5.0%
Age / Gender Factor	1.022	1.028	0.6%	1.050	-2.1%
Geographic Factor	0.852	0.853	0.0%	-	-
Combined Demographic Factor	0.871	0.877	0.6%	-	-
Members Utilizing Medical Benefits	85.7%	86.2%	0.5	-	-

Age/Gender Adjusted Net Paid PMPM Cost Comparison



Health Plan Enrollment

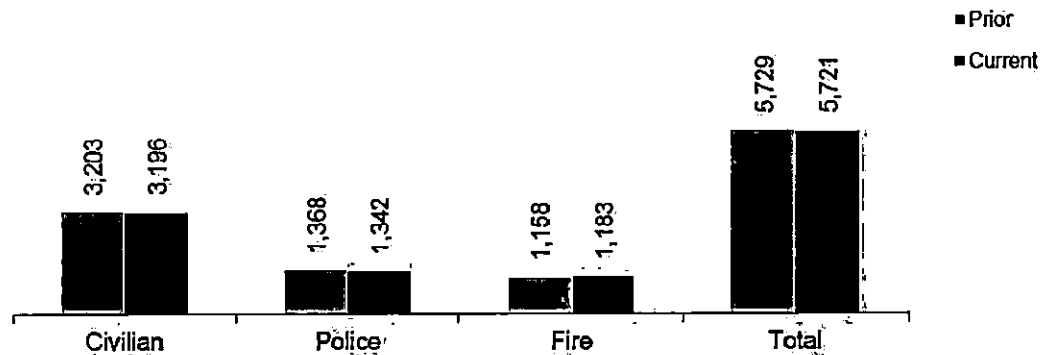
Enrolled Employees



Trends

Civilian	0.6%
Police	-3.6%
Fire	4.1%
Total	0.4%

Enrolled Members



Trends

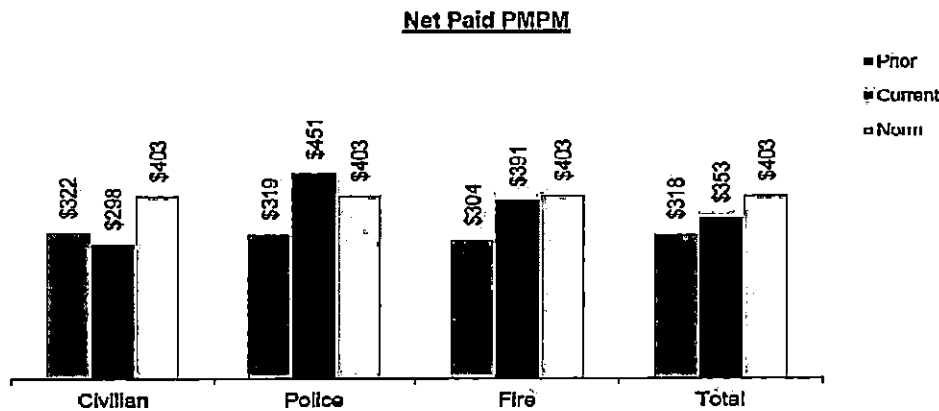
Civilian	-0.2%
Police	-1.9%
Fire	2.2%
Total	-0.1%

Ratio: Members to Employees – Current Period

Civilian:	1.86
Police:	2.80
Fire:	2.47
Total:	2.14

Health Plan Cost – Combined and by Division

Financial Summary	Prior	Current	Change	Norm	Variance
Covered Expenses	\$25,093,562	\$29,038,085	15.7%	-	-
Covered Expenses PMPM	\$365.01	\$422.98	15.9%	\$471.64	-10.3%
Non-Catastrophic	\$257.38	\$271.13	5.3%	\$291.36	-6.9%
Catastrophic	\$107.63	\$151.84	41.1%	\$180.28	-15.8%
Catastrophic Content	29.5%	35.9%	6.4	38.2%	-2.3
Net Paid	\$21,831,511	\$24,253,681	11.1%	-	-
Net Paid PMPM	\$317.56	\$353.28	11.3%	\$403.45	-12.4%
Non-Catastrophic	\$212.73	\$205.85	-3.2%	\$244.27	-15.7%
Catastrophic	\$104.83	\$147.43	40.6%	\$159.18	-7.4%
Catastrophic Content	33.0%	41.7%	8.7	39.5%	2.3
Medical Covered Expenses per Claimant	\$5,111	\$5,891	15.3%	-	-
Medical Net Paid per Claimant:	\$4,446	\$4,921	10.7%	-	-
Non-Catastrophic	\$3,018	\$2,905	-3.7%	-	-
Catastrophic	\$1,10,876	\$158,147	42.6%	-	-



Trends

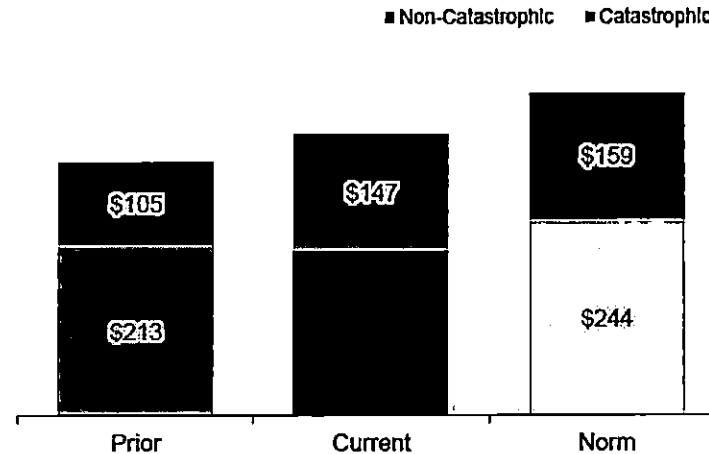
Civilian	-7.4%
Police	41.4%
Fire	28.8%
Total	11.3%

Variance from Norm

Civilian	-26.1%
Police	11.8%
Fire	-3.0%
Total	-12.4%

Large Claims Statistics – All Plans

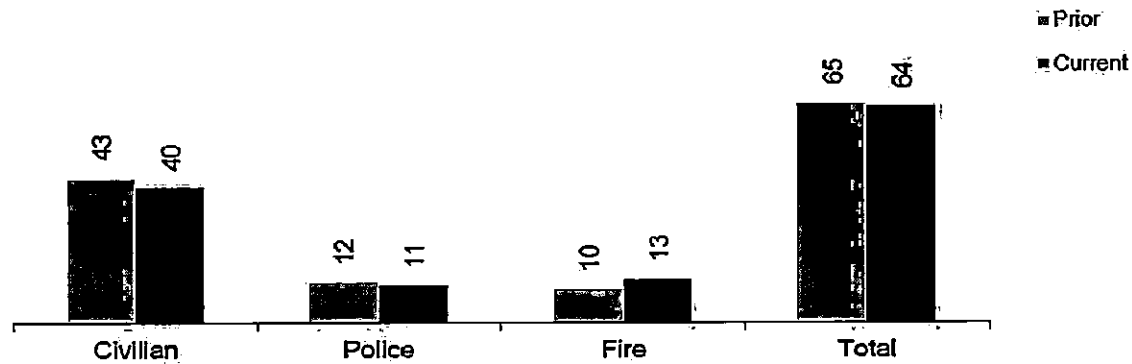
Net Paid PMPM Cost Comparison



Measure	Non-Catastrophic Claimants			Catastrophic Cases			All Claimants		
	Prior	Current	Change	Prior	Current	Change	Prior	Current	Change
Claimants	4,845	4,865	0.4%	65	64	-1.5%	4,910	4,929	0.4%
Claimants per 1,000 Members	845.7	850.4	0.6%	11.35	11.19	-1.4%	857.0	861.6	0.5%
Percent of Members	98.9%	98.9%	0.0	1.1%	1.1%	0.0	100.0%	100.0%	0.0
Average Net Paid per Claimant	\$3,018	\$2,905	-3.8%	\$110,876	\$158,147	42.6%	\$4,446	\$4,921	10.7%
Net Paid PMPM	\$212.73	\$205.85	-3.2%	\$104.83	\$147.43	40.6%	\$317.56	\$353.28	11.3%
Percent of Net Paid PMPM	67.0%	58.3%	-8.7	33.0%	41.7%	8.7	100.0%	100.0%	0.0

Large Claims Impact – By Division

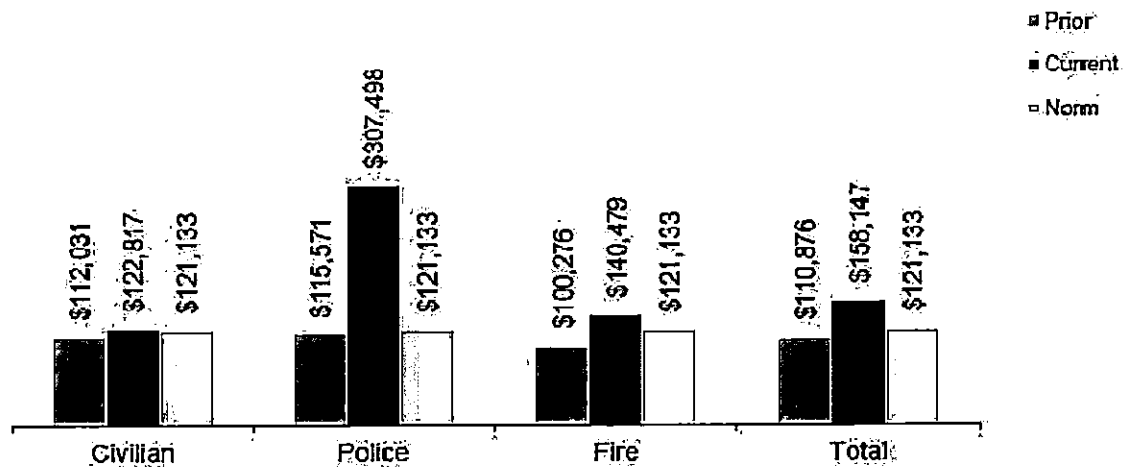
Catastrophic Cases



Trends

Civilian	-7.0%
Police	-8.3%
Fire	30.0%
Total	-1.5%

Average Catastrophic Case Severity



Trends

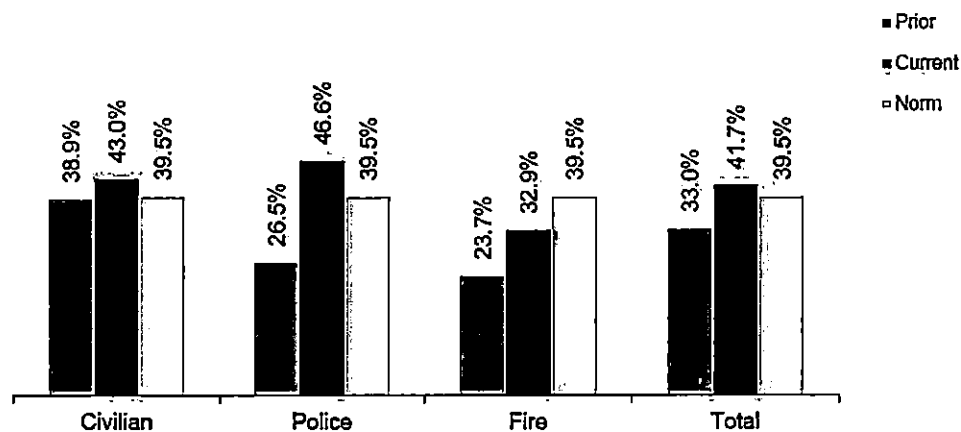
Civilian	9.6%
Police	168.1%
Fire	40.1%
Total	42.6%

Variance from Norm

Civilian	1.4%
Police	153.9%
Fire	16.0%
Total	30.6%

Large Claims Impact – By Division

Catastrophic Cases as a Percent of Total Payments



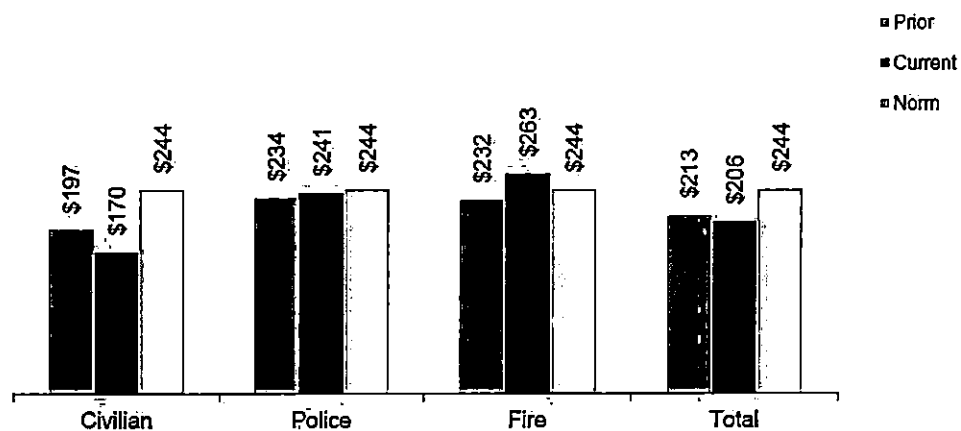
Trends

Civilian	4.0
Police	20.1
Fire	9.1
Total	8.7

Variance from Norm

Civilian	3.5
Police	7.1
Fire	-6.6
Total	2.3

Non-Catastrophic Net Paid PMPM



Trends

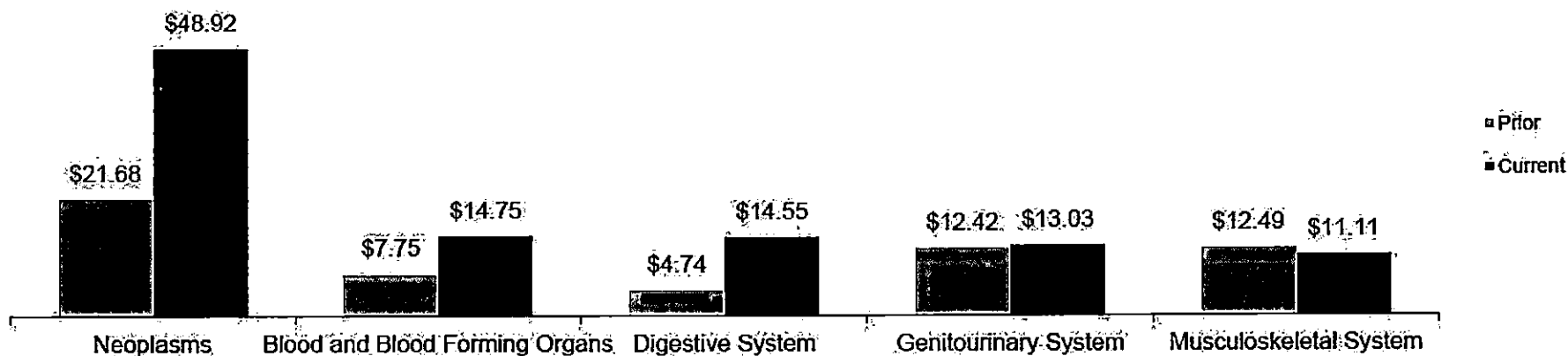
Civilian	-13.5%
Police	2.7%
Fire	13.4%
Total	-3.2%

Variance from Norm

Civilian	-30.3%
Police	-1.4%
Fire	7.5%
Total	-15.7%

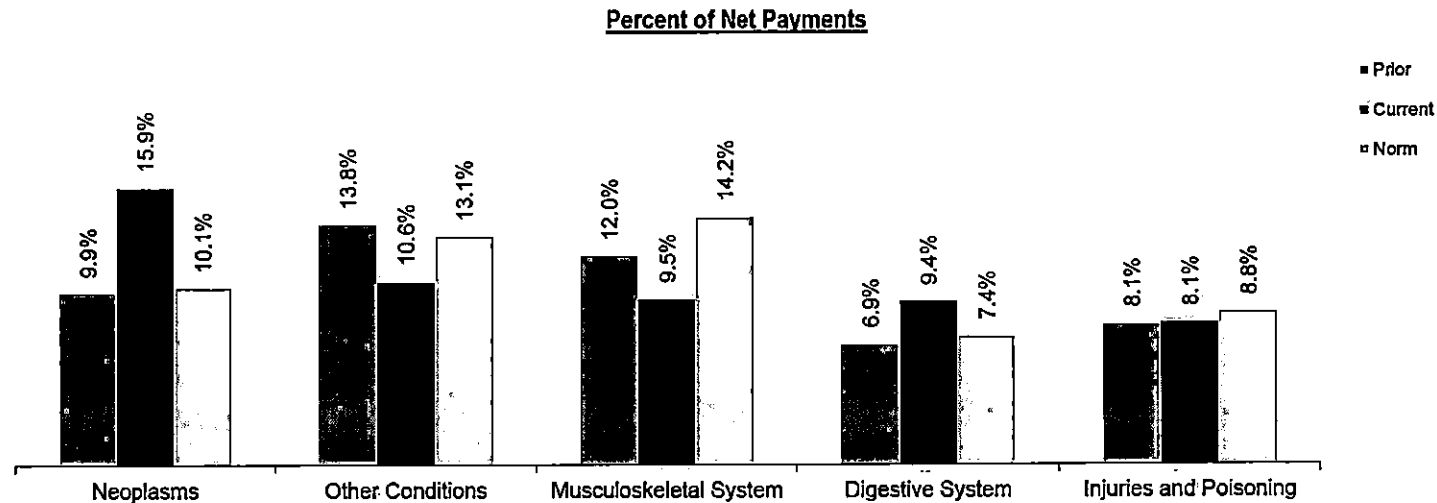
Large Claims – Top Diagnosis Groups - All Plans

Top Diagnosis Groups for Catastrophic Cases (Net Paid PMPM)



Diagnosis Group	Catastrophic Cases			Catastrophic Net Paid PMPM			Catastrophic Cases as a % of Group		
	Prior	Current	Change	Prior	Current	Change	Prior	Current	Change
Neoplasms	26	27	3.8%	\$21.68	\$48.92	125.6%	69.1%	87.0%	18.0
Blood and Blood Forming Organs	16	13	-18.8%	\$7.75	\$14.75	90.1%	87.3%	86.0%	-1.3
Digestive System	32	31	-3.1%	\$4.74	\$14.55	206.8%	21.6%	43.9%	22.3
Genitourinary System	33	33	0.0%	\$12.42	\$13.03	4.9%	44.9%	47.7%	2.8
Musculoskeletal System	43	42	-2.3%	\$12.49	\$11.11	-11.1%	32.8%	33.0%	0.1

Distribution by Diagnosis Group for Medical – Top 10 Ranked by Net Paid - All Plans



Cost and Utilization by Diagnosis Group (In descending order by net paid amount)

Diagnosis Group	Claimants per 1,000					Net Paid PMPM					CC	ΔΔ
	Prior	Current	Change	Norm	Variance	Prior	Current	Change	Norm	Variance		
Neoplasms	82.0	84.8	3.3%	105.7	-19.6%	\$31.39	\$56.21	-79.1%	\$40.91	-37.4%	87.0%	7.8
Other Conditions	688.6	658.9	-1.5%	710.7	-21.2%	\$43.71	\$37.30	-14.7%	\$62.80	-29.3%	11.0%	-2.0
Musculoskeletal System	285.1	275.5	3.9%	289.1	-7.9%	\$38.02	\$33.68	-11.4%	\$57.29	-41.2%	33.0%	-1.4
Digestive System	126.4	135.5	7.2%	143.2	-5.4%	\$21.96	\$33.13	-60.9%	\$29.69	-11.6%	43.9%	3.5
Injuries and Poisoning	155.5	157.1	-1.0%	173.6	-9.5%	\$25.58	\$28.77	-12.5%	\$35.28	-18.4%	30.4%	1.0
Genitourinary System	170.9	178.8	4.6%	192.6	-7.1%	\$27.67	\$27.32	-1.3%	\$20.56	-32.8%	47.7%	-0.1
Nervous System and Sense Organs	241.6	251.0	3.9%	303.8	-17.4%	\$16.21	\$24.28	-49.9%	\$28.56	-8.6%	41.4%	2.5
Circulatory System	190.1	184.6	-2.9%	189.9	-2.8%	\$24.61	\$21.20	-13.8%	\$40.30	-47.4%	27.5%	-1.1
Respiratory System	288.3	317.3	6.4%	422.6	-24.9%	\$20.17	\$20.49	1.6%	\$24.53	-16.5%	19.7%	0.1
Blood and Blood Forming Organs	20.8	24.1	16.1%	29.9	-19.3%	\$8.88	\$17.14	-93.0%	\$3.38	-106.8%	86.0%	2.6

Claimants and Cost by Diagnosis for Medical – Top 10 Ranked By Net Paid – All Plans

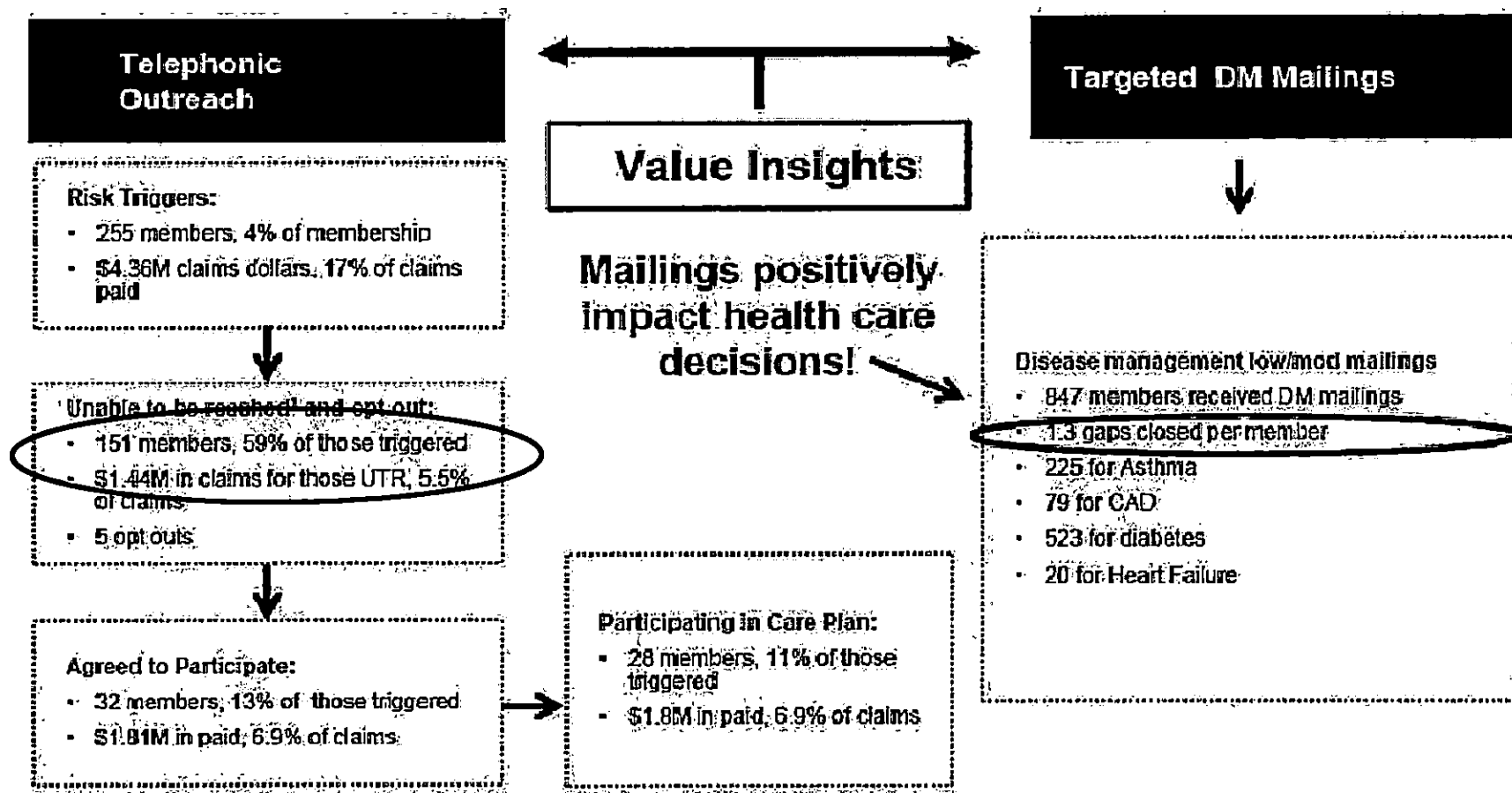
Diagnosis Category	Claimants per 1,000					Net Paid PMPM					% Total	ΔΔ
	Prior	Current	Change	Norm	Variance	Prior	Current	Change	Norm	Variance		
045 - Maintenance Chemo/Radiotherapy	2.3	2.8	23.2%	2.8	-1.6%	\$7.33	\$19.32	163.4%	\$8.16	136.8%	5.5%	3.8
205 - Intervertebral Disc Disorders	96.7	97.4	0.7%	123.2	-21.0%	\$14.91	\$14.38	-3.5%	\$25.01	-42.5%	4.1%	-0.2
059 - Anemia	14.8	17.3	16.6%	19.5	-11.2%	\$7.91	\$11.54	45.9%	\$2.17	431.9%	3.3%	1.1
158 - Chronic Renal Failure	5.1	5.1	0.1%	6.6	-22.8%	\$11.05	\$8.65	-21.7%	\$3.66	136.7%	2.4%	-0.8
257 - Other Aftercare	69.1	80.9	17.1%	77.4	4.5%	\$5.60	\$8.10	44.7%	\$8.82	-8.2%	2.3%	0.8
040 - Multiple Myeloma	0.7	0.7	0.1%	0.5	54.8%	\$1.20	\$7.83	554.1%	\$1.19	558.6%	2.2%	2.1
152 - Pancreatic Dis Not Diabetes	1.0	2.1	100.3%	1.6	28.3%	\$0.21	\$6.71	3114.3%	\$1.24	442.0%	1.9%	2.0
038 - Non-Hodgkin's Lymphoma	1.4	1.2	-12.4%	1.2	0.5%	\$0.43	\$5.89	1262.3%	\$1.73	240.1%	1.7%	1.7
251 - Abdominal Pain	86.6	82.9	-4.3%	74.9	10.6%	\$8.99	\$5.80	-35.5%	\$6.61	-12.3%	1.6%	-1.0
258 - Screening Suspected Cond	159.5	181.1	13.5%	191.7	-5.5%	\$5.39	\$5.61	4.2%	\$8.72	-35.7%	1.6%	0.1

United Healthcare Disease Management Program



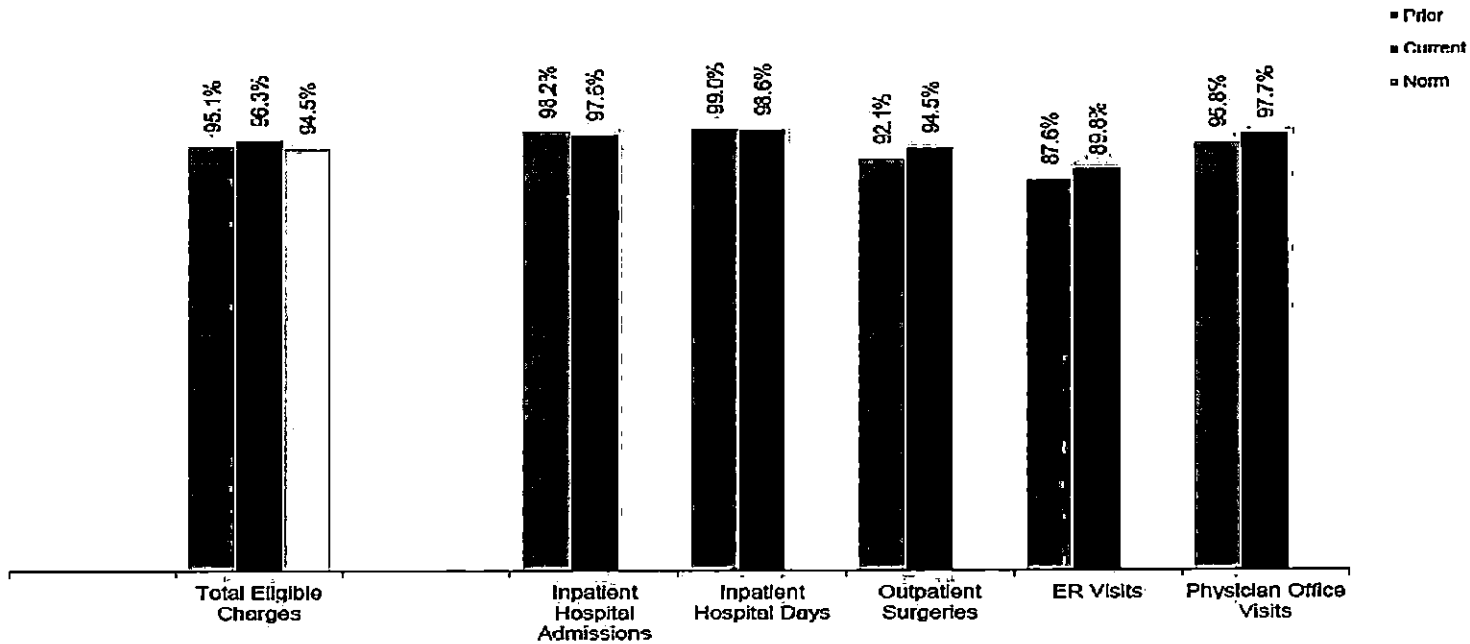
» THE DISEASE MANAGEMENT PROGRAM FOCUSES ON 5 CONDITIONS:

- > Diabetes
- > Coronary artery disease
- > Asthma
- > Heart failure
- > Chronic Obstructive Pulmonary Disease (COPD)

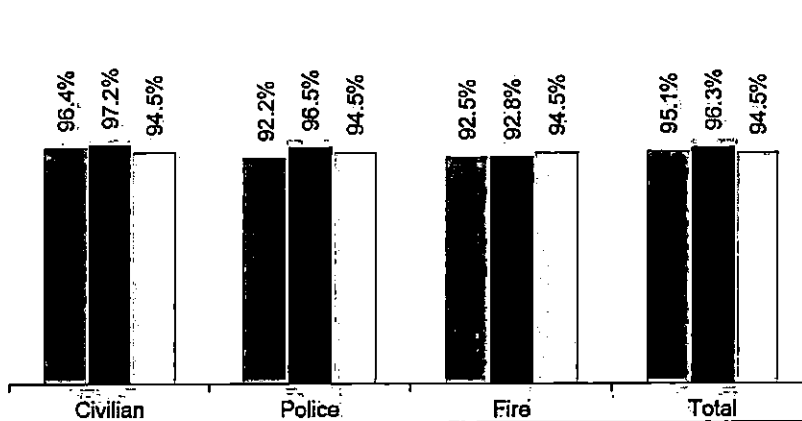


Network Utilization – All Plans

Network Utilization Measures



Network Utilization - Total Eligible Charges



Trends

Civilian	0.7
Police	4.3
Fire	0.2
Total	1.2

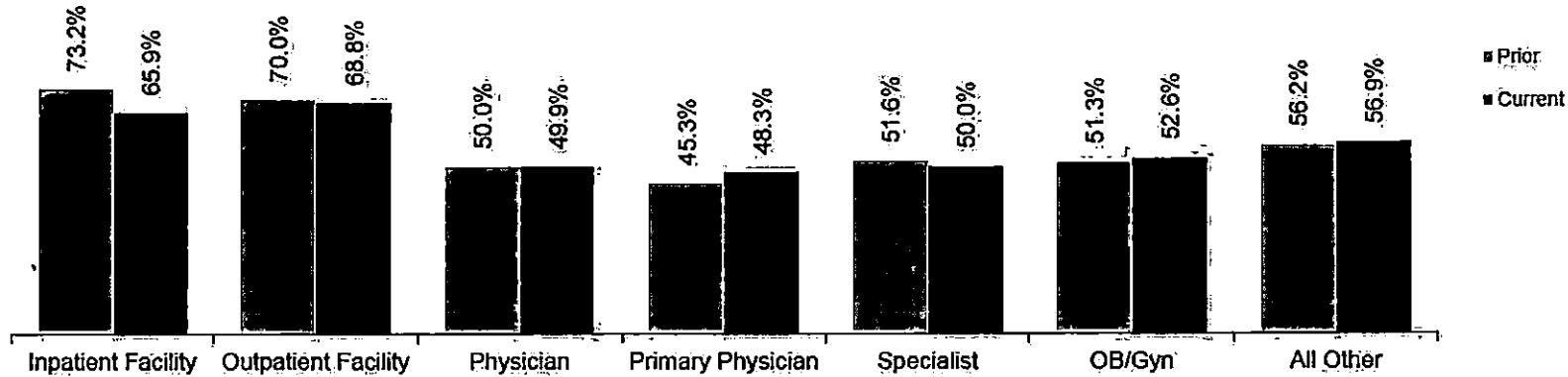
Variance from Norm

Civilian	2.7
Police	2.0
Fire	-1.8
Total	1.7



Network Discounts – All Plans

Network Discounts by Type of Service



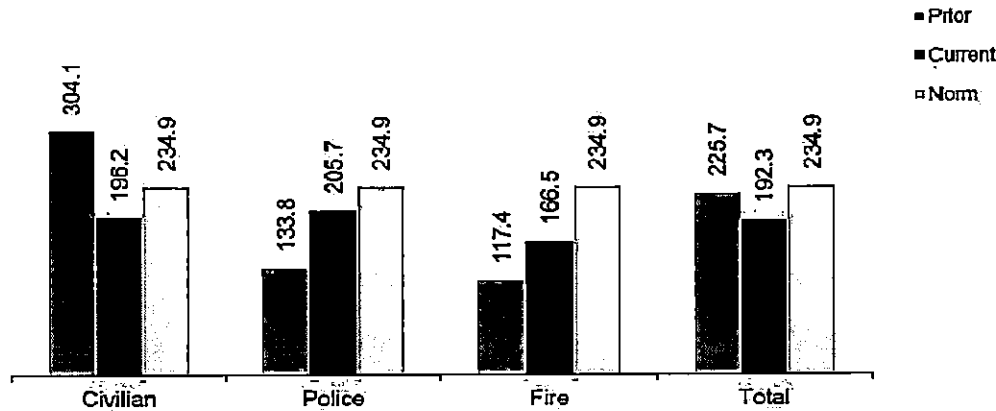
Type of Service	Network Eligible Charges PMPM			Network Discounts PMPM			Percent Discount		
	Prior	Current	Change	Prior	Current	Change	Prior	Current	Change
Inpatient Facility	\$275.25	\$242.30	-12.0%	\$201.40	\$159.73	-20.7%	73.2%	65.9%	-7.3
Outpatient Facility	\$360.11	\$443.23	23.1%	\$252.02	\$305.10	21.1%	70.0%	68.8%	-1.1
Primary Physician	\$33.08	\$35.82	8.3%	\$14.98	\$17.30	15.5%	45.3%	48.3%	3.0
Specialist	\$88.52	\$104.07	17.6%	\$45.68	\$52.05	13.9%	51.6%	50.0%	-1.6
OB/GYN	\$13.44	\$15.67	16.6%	\$6.90	\$8.24	19.3%	51.3%	52.6%	1.2
All Other	\$29.12	\$30.20	3.7%	\$16.36	\$17.19	5.1%	56.2%	56.9%	0.7
Total	\$799.53	\$871.29	9.0%	\$537.34	\$559.60	4.1%	67.2%	64.2%	-3.0

Inpatient and Outpatient Utilization – All Plans

Inpatient Hospital Admissions	Prior	Current	Change	Norm	Variance
Admissions per 1,000	48.5	42.8	-11.7%	46.6	-8.1%
Days per 1,000	225.7	192.3	-14.8%	234.9	-18.2%
Average Length of Stay	4.65	4.49	-3.5%	5.04	-10.9%
Average Net Paid per Admission	\$16,144	\$20,657	28.0%	\$24,045	-14.1%
Outpatient Cost and Utilization	Prior	Current	Change	Norm	Variance
Outpatient Surgeries per 1,000	103.9	123.9	19.3%	143.1	-13.4%
Net Paid per Surgery	\$4,361	\$3,533	-19.0%	\$4,433	-20.3%
Emergency Room Visits per 1,000	259.0	258.7	-0.1%	213.8	21.0%
Net Paid per Emergency Room per Visit	\$1,592	\$1,730	8.6%	\$1,897	-8.8%
Primary Physician Visits PMPY	1.61	1.63	1.2%	2.18	-25.3%
Specialist Visits PMPY (incl OB/Gyn)	1.48	1.64	10.8%	1.96	-16.1%
Net Paid per Primary Physician Visit	\$85.79	\$80.93	-5.7%	\$87.56	-7.6%
Net Paid per Specialist Visit (incl OB/Gyn)	\$199.98	\$175.17	-12.4%	\$150.90	16.1%

Inpatient Utilization – By Division

Days per 1,000 Members



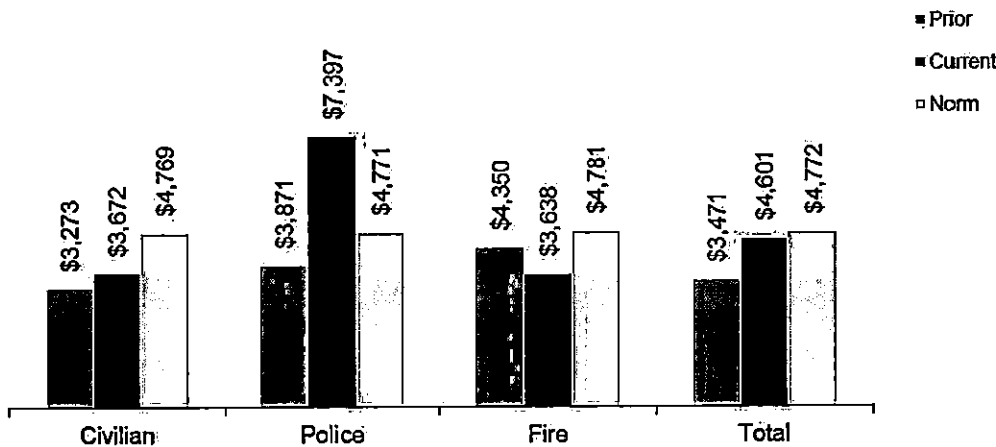
Trends

Civilian	-35.5%
Police	53.7%
Fire	41.8%
Total	-14.8%

Variance from Norm

Civilian	-16.5%
Police	-12.5%
Fire	-29.1%
Total	-18.2%

Average Paid per Day



Trends

Civilian	12.2%
Police	91.1%
Fire	-16.4%
Total	32.5%

Variance from Norm

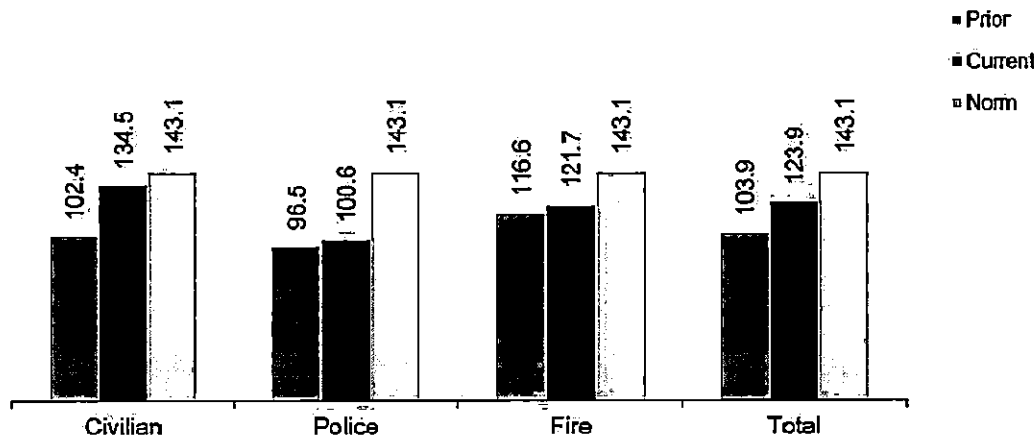
Civilian	-23.0%
Police	55.0%
Fire	-23.9%
Total	-3.6%

Outpatient Utilization – All Plans

Outpatient Surgeries	Prior	Current	Change	Norm	Variance
Surgeries per 1,000	103.9	123.9	19.3%	143.1	-13.4%
Average Paid per Surgery	\$4,361	\$3,533	-19.0%	\$4,433	-20.3%
Net Paid:PMPM	\$37.74	\$36.48	-3.3%	\$51.08	-28.6%
Emergency Room Visits	Prior	Current	Change	Norm	Variance
Visits per 1,000	259.0	258.7	-0.1%	213.8	21.0%
Average Paid per Visit	\$1,592	\$1,730	8.6%	\$1,897	-8.8%
Net Paid:PMPM	\$34.37	\$37.29	8.5%	\$32.65	14.2%
Urgent Care Facility	Prior	Current	Change		
Visits per 1,000	110.3	108.5	-1.6%		
Average Paid per Visit	\$172.61	\$82.79	-52.0%		
Net Paid:PMPM	\$1.59	\$0.75	-52.8%		

Outpatient Surgery Utilization – By Division

Outpatient Surgeries per 1,000 Members



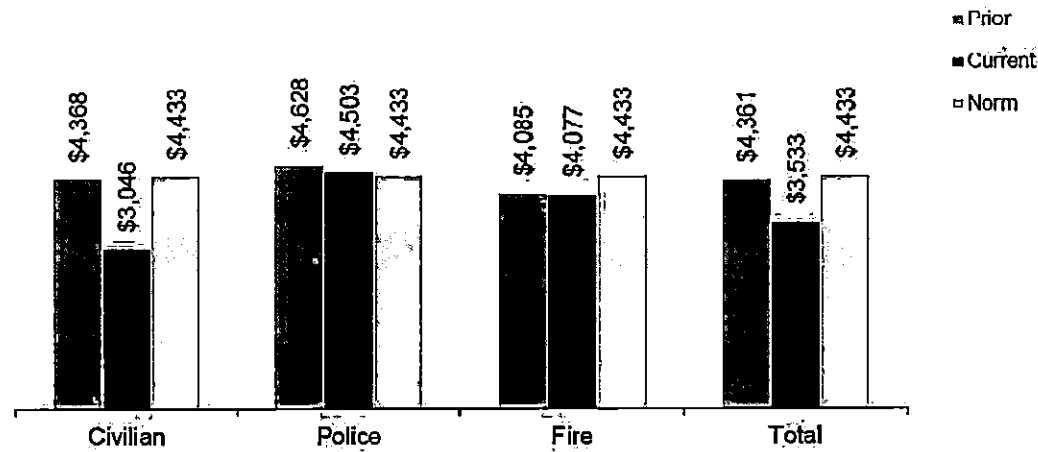
Trends

Civilian	31.4%
Police	4.3%
Fire	4.4%
Total	19.3%

Variance from Norm

Civilian	-6.0%
Police	-29.7%
Fire	-15.0%
Total	-13.4%

Average Net Paid per Outpatient Surgery



Trends

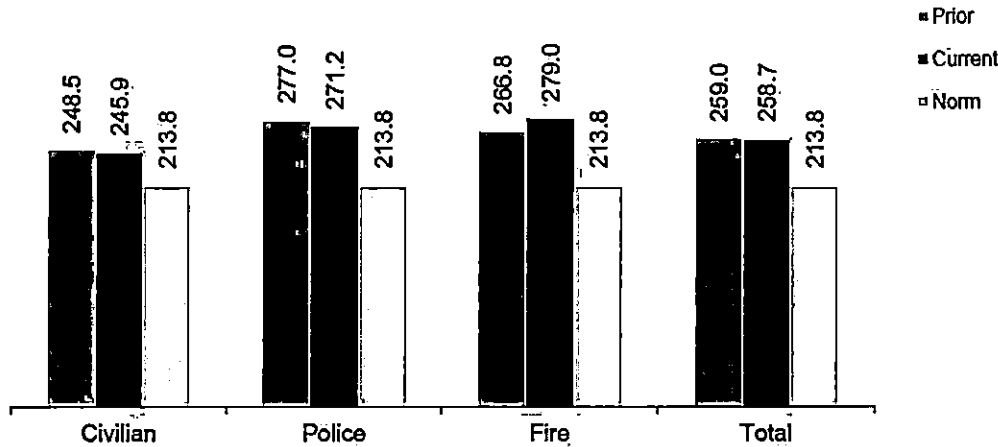
Civilian	-30.3%
Police	-2.7%
Fire	-0.2%
Total	-19.0%

Variance from Norm

Civilian	-31.3%
Police	1.6%
Fire	-8.0%
Total	-20.3%

ER Utilization – By Division

ER Visits per 1,000 Members



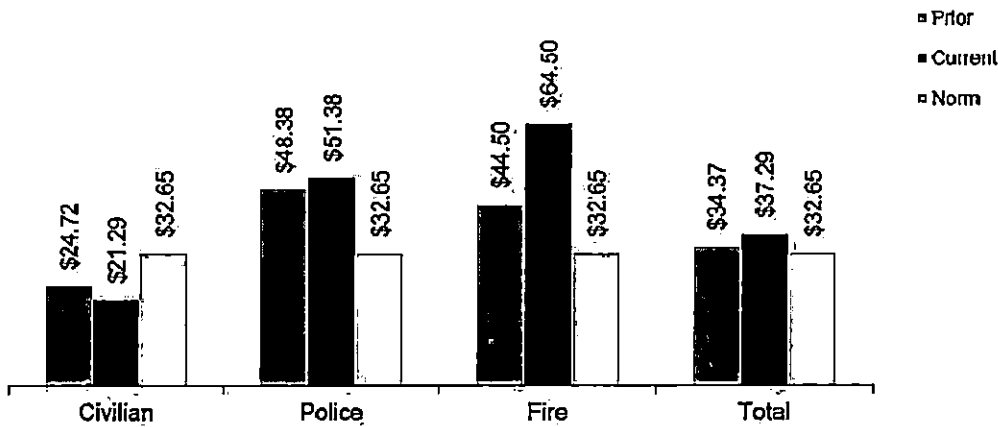
Trends

Civilian	-1.0%
Police	-2.1%
Fire	4.5%
Total	-0.1%

Variance from Norm

Civilian	15.0%
Police	26.9%
Fire	30.5%
Total	21.0%

ER Net Paid PMPM



Trends

Civilian	-13.9%
Police	6.2%
Fire	44.9%
Total	8.5%

Variance from Norm

Civilian	-34.8%
Police	57.4%
Fire	97.5%
Total	14.2%

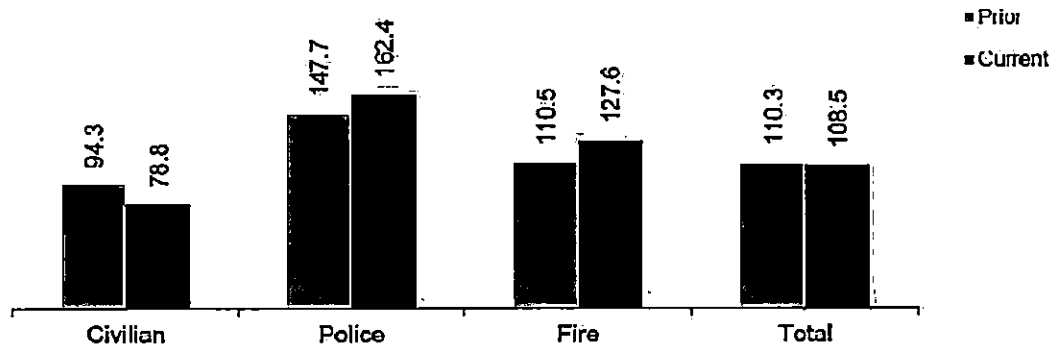
Outpatient Office Visits, Lab and X-Ray – All Plans

Primary Physician Office Visits	Prior	Current	Change	Norm	Variance
Visits per Member per Year	1.61	1.63	1.2%	2.18	-25.3%
Average Paid per Visit	\$85.79	\$80.93	-5.7%	\$87.56	-7.6%
Net Paid PMPM	\$11.49	\$10.98	-4.5%	\$15.36	-28.5%
OB / Gyn Office Visits	Prior	Current	Change	Norm	Variance
Visits per Member per Year	0.27	0.33	21.5%	0.27	-23.3%
Average Paid per Visit	\$75.84	\$72.95	-3.8%	\$101.18	-27.9%
Net Paid PMPM	\$1.73	\$2.02	16.9%	\$3.28	-38.3%
Specialist Office Visits	Prior	Current	Change	Norm	Variance
Visits per Member per Year	1.21	1.31	8.3%	1.69	-22.4%
Average Paid per Visit	\$228.08	\$201.13	-11.8%	\$159.80	-25.9%
Net Paid PMPM	\$22.97	\$21.94	-4.5%	\$13.74	-59.7%
Total Physician Office Visits	Prior	Current	Change	Norm	Variance
Visits per Member per Year	3.09	3.27	5.8%	4.13	-20.9%
Average Paid per Visit	\$140.57	\$128.25	-8.8%	\$117.53	9.1%
Net Paid PMPM	\$36.19	\$34.94	-3.5%	\$39.12	-10.7%

Laboratory	Prior	Current	Change
Visits per 1,000	2,900	3,319	14.4%
Average Paid per Visit	\$61.39	\$78.85	28.4%
Net Paid PMPM	\$14.84	\$21.81	47.0%
Radiology	Prior	Current	Change
Visits per 1,000	1,204	1,237	2.8%
Average Paid per Visit	\$221.70	\$208.04	-6.2%
Net Paid PMPM	\$22.25	\$21.45	-3.6%

Urgent Care – By Division

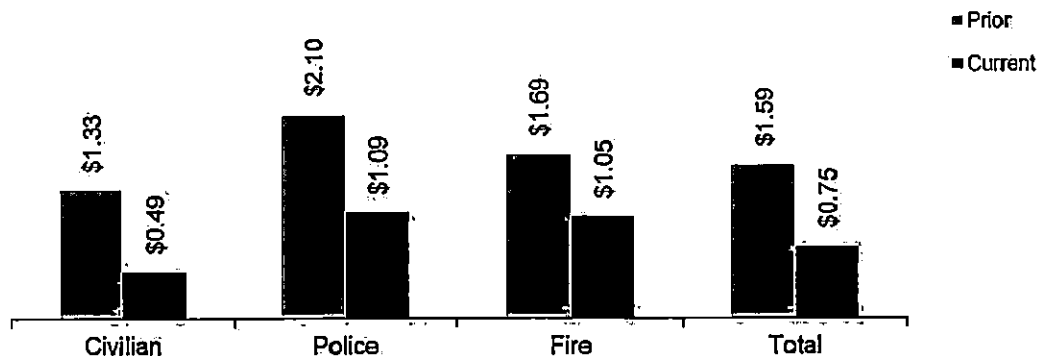
Urgent Care Facility Visits per 1,000 Members



Trends

Civilian	-16.4%
Police	10.0%
Fire	15.5%
Total	-1.6%

Urgent Care Facility Net Paid PMPM

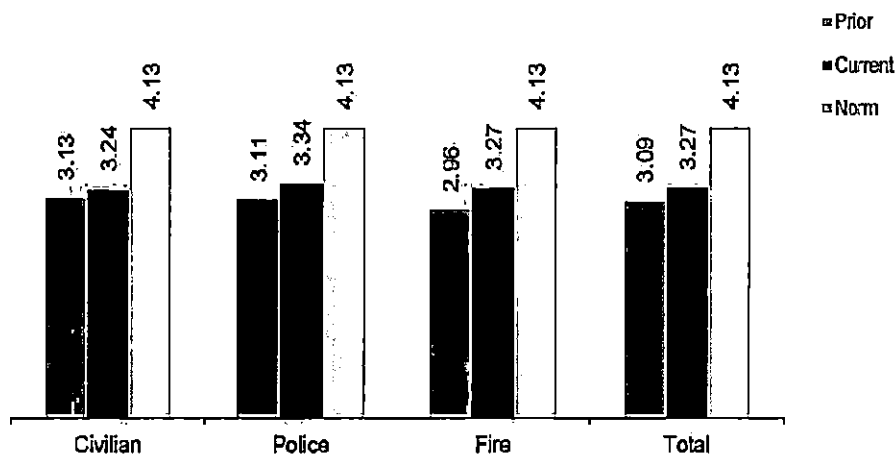


Trends

Civilian	-63.0%
Police	-47.9%
Fire	-37.8%
Total	-52.8%

Physician Office Visit – By Division

Physician Office Visits per Member per Year



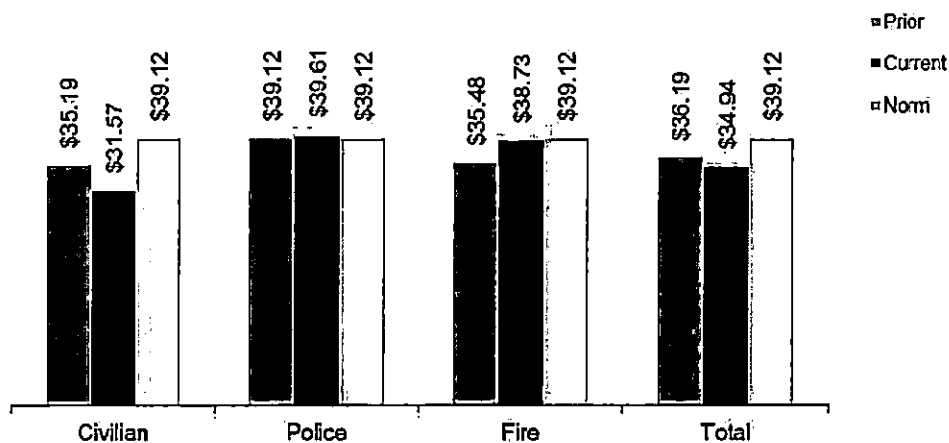
Trends

Civilian	3.5%
Police	7.4%
Fire	10.6%
Total	5.8%

Variance from Norm

Civilian	-21.7%
Police	-19.3%
Fire	-20.9%
Total	-20.9%

Physician Office Visit Net Paid PMPM



Trends

Civilian	-10.3%
Police	1.2%
Fire	9.1%
Total	-3.5%

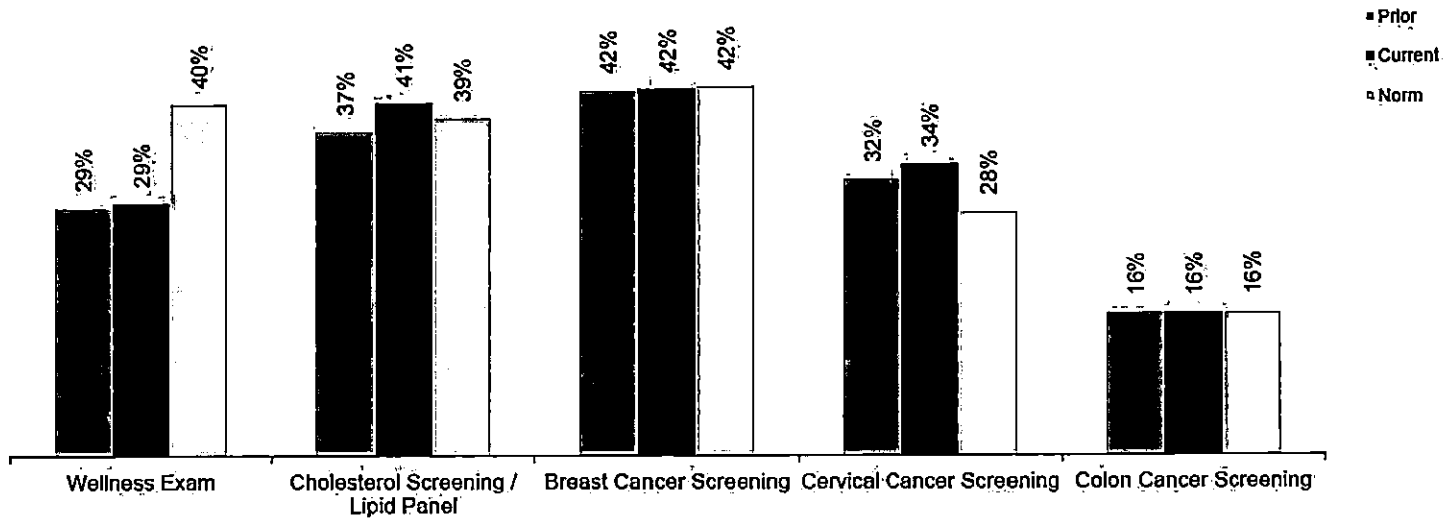
Variance from Norm

Civilian	-19.3%
Police	1.2%
Fire	-1.0%
Total	-10.7%



Preventive Care – All Plans

Utilization of Preventive Care by Targeted Individuals



* The norm shown is for a 12 month period for selected United Healthcare book of business

Wellness Activity	Targeted Individuals			Targeted Individuals Receiving Care Within Each Period			Target Utilization Rate Within Each Period			Norm*	Variance
	Prior	Current	Change	Prior	Current	Change	Prior	Current	Change		
Wellness Exam	6,350	6,343	-0.1%	1,819	1,850	1.7%	28.6%	29.2%	0.5	40.5%	-11.3
Cholesterol Screening	2,596	2,591	-0.2%	971	1,054	8.5%	37.4%	40.7%	3.3	39.0%	1.7
Breast Cancer Screening	1,111	1,123	1.1%	467	474	1.5%	42.0%	42.2%	0.2	42.5%	-0.3
Cervical Cancer Screening	1,926	1,932	0.3%	613	649	5.9%	31.8%	33.6%	1.8	28.1%	5.4
Colon Cancer Screening	1,571	1,568	-0.2%	258	257	-0.4%	16.4%	16.4%	0.0	16.5%	-0.1



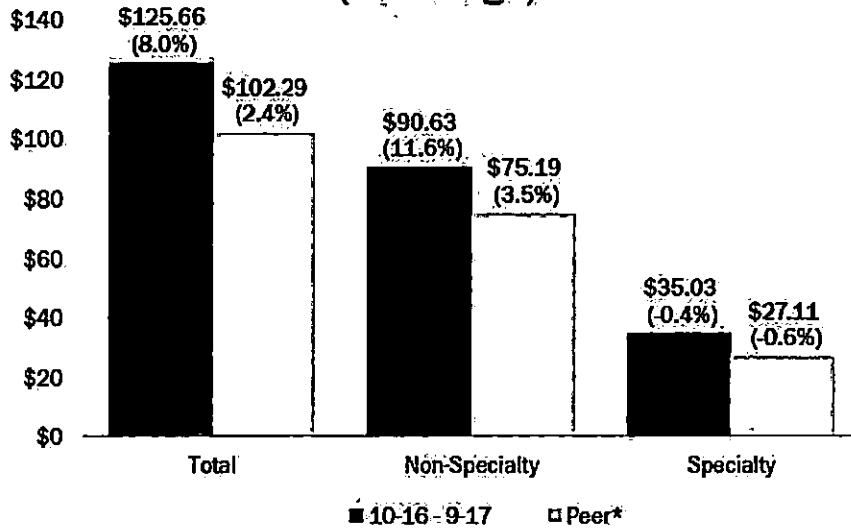
II. Plan Utilization Review- Prescription



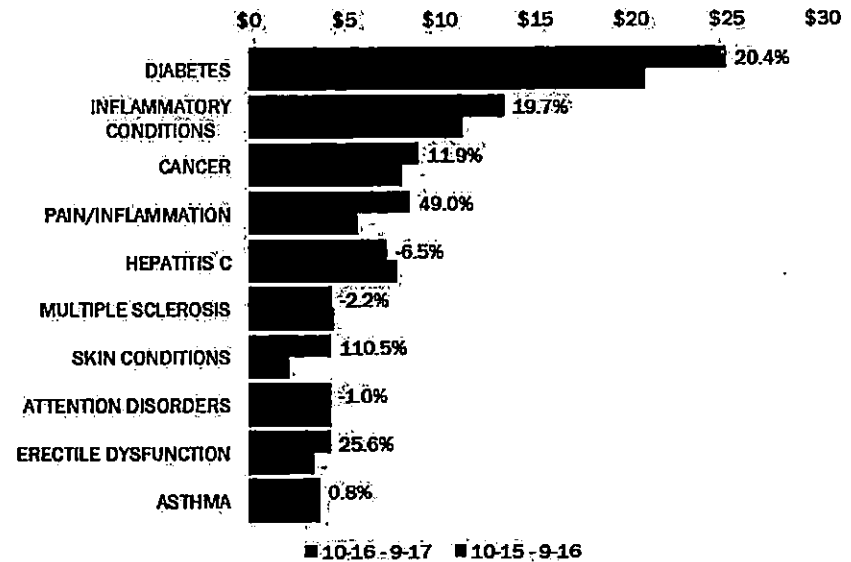
Utilization Review – Rx Utilization Measures

All Employees

Plan Cost PMPM (% Change)



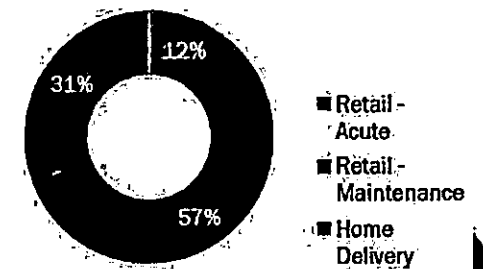
Plan Cost PMPM by Indication



City of Sample Star			
Description	10-16-9-17	10-15-9-16	Change
Average Members per Month	5,756	5,745	0.2%
Total Plan Cost	\$8,679,501	\$8,023,779	8.2%
Average Member Age	34.0	34.1	-0.2%
Total Plan Cost PMPM	\$125.66	\$116.39	8.0%
Non-Specialty Plan Cost PMPM	\$90.63	\$81.23	11.6%
Specialty Plan Cost PMPM	\$35.03	\$35.16	-0.4%
Generic Fill Rate	82.7%	80.1%	2.7
Home Delivery Utilization	30.8%	33.9%	-3.1
Member Cost %	6.6%	7.7%	-1.1
Specialty Percent of Plan Cost	27.9%	30.2%	-2.3

Peer*	
10-16-9-17	Change
\$116.39	31.7%
\$102.29	2.4%
\$75.19	3.5%
\$27.11	0.6%
83.7%	1.3
9.1%	-0.2
7.5%	-0.3
26.5%	-0.8

Days Supply by Channel



Utilization Review – Rx Key Indicators

All Plans and By Division

Description	City of Sample Star			City of Sample Star – Public Safety			City of Sample Star – Fire			City of Sample Star - Citicare		
	10-16 - 9-17	10-15 - 9-16	Change	10-16 - 9-17	10-15 - 9-16	Change	10-16 - 9-17	10-15 - 9-16	Change	10-16 - 9-17	10-15 - 9-16	Change
Average Members per Month	5,756	5,745	0.2%	1,346	1,373	-2.0%	1,186	1,165	1.8%	3,224	3,208	0.5%
Number of Unique Patients	4,747	4,695	1.1%	1,098	1,074	2.2%	945	934	1.2%	2,705	2,692	0.5%
Total Plan Cost	\$8,679,501	\$8,023,779	8.2%	\$1,610,639	\$1,760,187	-8.5%	\$2,088,045	\$1,744,770	19.7%	\$4,980,817	\$4,518,823	10.2%
Total Net Cost	\$7,227,084	\$6,847,402	5.5%	\$1,326,145	\$1,508,115	-12.1%	\$1,804,892	\$1,519,217	18.8%	\$4,096,047	\$3,820,069	7.2%
Total Days	2,124,612	2,061,049	3.1%	473,222	485,398	-2.5%	450,600	426,105	5.7%	1,200,790	1,149,546	4.5%
Adjusted Rxs	83,652	80,595	3.8%	18,921	19,095	-0.9%	17,688	16,610	6.5%	47,043	44,890	4.8%
Average Member Age	34.0	34.1	-0.2%	30.1	30.2	-0.2%	31.1	31.2	-0.2%	36.7	36.8	-0.3%
Plan Cost PMPM	\$125.66	\$116.39	8.0%	\$99.72	\$106.83	-6.7%	\$146.71	\$124.80	17.6%	\$128.74	\$117.38	9.7%
Net Cost PMPM	\$104.63	\$99.32	5.3%	\$82.10	\$91.53	-10.3%	\$126.82	\$108.67	16.7%	\$105.87	\$99.23	6.7%
Plan Cost/Day	\$4.09	\$3.89	4.9%	\$3.40	\$3.63	-6.1%	\$4.63	\$4.09	13.2%	\$4.15	\$3.93	5.5%
Plan Cost per Adjusted Rx	\$103.76	\$99.56	4.2%	\$85.12	\$92.18	-7.7%	\$118.05	\$105.04	12.4%	\$105.88	\$100.66	5.2%
Nbr Adjusted Rxs PMPM	1.21	1.17	3.6%	1.17	1.16	1.1%	1.24	1.19	4.6%	1.22	1.17	4.3%
Generic Fill Rate	82.7%	80.1%	2.7	82.2%	79.1%	3.1	81.3%	79.4%	1.9	83.5%	80.7%	2.8
Home Delivery Utilization	30.8%	33.9%	-3.1	50.6%	53.5%	-2.9	43.5%	45.1%	-1.5	18.2%	21.4%	-3.2
Member Cost %	6.6%	7.7%	-1.1	2.9%	3.0%	-0.1	1.4%	2.7%	-1.3	9.7%	11.1%	-1.4
Specialty Percent of Plan Cost	27.9%	30.2%	-2.3	9.8%	20.7%	-11.0	32.4%	30.2%	2.2	31.8%	33.9%	-2.1
Specialty Plan Cost PMPM	\$35.03	\$35.16	-0.4%	\$9.74	\$22.15	-56.0%	\$47.48	\$37.67	26.0%	\$41.00	\$39.81	3.0%
Formulary Compliance Rate	97.5%	96.8%	0.7	96.9%	96.4%	0.5	97.0%	97.0%	0.1	97.9%	97.0%	1.0

Components of Rx Trend – All Plans

	Overall	Non-Specialty	Specialty
Previous Plan Cost PMPM	\$116.39	\$81.23	\$35.16
Utilization	↑ 3.0%	↑ 3.1%	↓ -1.2%
Inflation	↑ 4.9%	↑ 4.2%	↑ 10.2%
Drug Mix	↑ 3.9%	↑ 6.9%	↓ -7.2%
Discount	↓ -5.1%	↓ -4.7%	↓ -2.2%
Cost Share	↑ 1.2%	↑ 2.1%	↑ 0.0%
Change in Plan Cost PMPM	8.0%	11.6%	-0.4%
Current Plan Cost PMPM	\$125.66	\$90.63	\$35.03

Previous Net Cost PMPM	\$99.32
Change in Net Cost PMPM	5.3%
Current Net Cost PMPM	\$104.63

Date Range: 10-16 - 9-17 versus 10-15 - 9-16

Utilization based on change in days PMPM

Inflation based on change in AWP/quantity at a drug level

Drug Mix based on changes in therapy, addition of new therapies and the blend of brand/generics

Discount based on change in aggregate AWP discount

Cost share based on change in aggregate member share

Top Indications by Plan Cost – All Plans

Top Indications by Plan Cost															
10-16 - 9-17													10-15 - 9-16		%
AUM Strategy	Rank	Peer Rank	Indication	Adjusted Rxs	Patients	Plan Cost	Generic Fill Rate	Peer Generic Fill Rate	Plan Cost PMPM	Rank	Adjusted Rxs	Patients	Generic Fill Rate	Plan Cost PMPM	Plan Cost PMPM
ST/PA/DQM	1	1	DIABETES	7,459	623	\$172,102	74.1%	48.6%	\$24.96	1	6,930	585	43.2%	\$20.74	20.4%
ST/PA/DQM	2	2	INFLAMMATORY CONDITIONS	410	57	\$922,880	44.1%	48.5%	\$13.36	2	364	52	42.3%	\$11.16	19.7%
PA/DQM	3	4	CANCER	440	68	\$613,517	90.5%	84.4%	\$8.88	3	390	62	89.0%	\$7.94	11.9%
ST/PA/DQM	4	3	PAIN/INFLAMMATION	6,328	1,717	\$581,928	93.0%	92.5%	\$8.42	6	6,078	1,678	92.9%	\$5.65	49.0%
ST/PA/DQM	5	6	HEPATITIS C	24	5	\$497,479	29.2%	15.5%	\$7.20	4	36	5	50.0%	\$7.71	-6.5%
ST/PA/DQM	6	8	MULTIPLE SCLEROSIS	49	4	\$298,752	0.0%	0.0%	\$4.33	7	54	4	0.0%	\$4.42	-2.2%
ST/PA/DQM	7	13	SKIN CONDITIONS	862	481	\$296,817	87.2%	85.8%	\$4.30	17	647	428	87.8%	\$2.04	110.5%
ST/PA	8	9	ATTENTION DISORDERS	1,755	278	\$294,038	61.3%	66.2%	\$4.26	8	1,759	287	63.3%	\$4.30	-1.0%
PA/DQM	9	12	ERECTILE DYSFUNCTION	836	195	\$293,685	0.0%	0.0%	\$4.25	10	828	193	0.0%	\$3.39	25.6%
ST/PA/DQM	10	5	ASTHMA	2,329	653	\$256,397	45.6%	52.8%	\$3.71	9	2,183	624	44.0%	\$3.68	0.8%
Total Top 10:				20,492		\$5,779,595	61.7%		\$93.67		19,269		61.3%	\$71.03	17.8%
Differences Between Periods:				1,223		\$882,923	0.5%		\$12.65						

Note: Top 10 Indications represent 66.6% of total Pharmacy Plan Cost.



Top 25 Drugs by Plan Cost – All Plans

Top Drugs by Plan Cost													
											10-16-9-17	10-15-9-16	% Change
AUM Strategy	Rank	Peer Rank	Brand Name	Indication	Adj. Rxs	Pts.	Plan Cost	Plan Cost PMPM	Rank	Adj. Rxs	Pts.	Plan Cost PMPM	Plan Cost PMPM
ST/PA/DQM	1	1	HUMIRA PEN*	INFLAMMATORY CONDITIONS	63	9	\$337,961	\$4.89	3	55	8	\$426	14.7%
ST/PA/DQM	2	3	HARVONI*	HEPATITIS C	10	3	\$317,314	\$4.59					
N/A	3	12	HUMALOG KWIKPEN U-100	DIABETES	302	53	\$190,394	\$2.76	8	273	47	\$2.08	32.8%
DQM	4	15	EPCLUSA*	HEPATITIS C	7	2	\$179,489	\$2.60					
PA	5	65	AFINITOR*	CANCER	13	1	\$177,200	\$2.57	4	14	2	\$2.44	5.2%
ST/PA/DQM	6		AVONEX*	MULTIPLE SCLEROSIS	28	2	\$173,790	\$2.52	5	29	2	\$2.39	5.4%
ST/DQM	7	43	JANUMET XR	DIABETES	515	70	\$169,684	\$2.46	6	520	71	\$2.33	5.6%
ST/PA/DQM	8	2	ENBREL*	INFLAMMATORY CONDITIONS	38	5	\$166,513	\$2.41	13	33	6	\$1.82	32.8%
ST/PA	9	6	STELARA*	INFLAMMATORY CONDITIONS	31	3	\$165,070	\$2.39	11	19	3	\$1.83	30.8%
PA/DQM	10	14	CIALIS	ERECTILE DYSFUNCTION	496	111	\$153,825	\$2.23	10	472	114	\$1.87	19.2%
PA	11	40	REVLIMID*	CANCER	10	2	\$147,806	\$2.14	2	25	2	\$4.81	-55.5%
ST/PA/DQM	12	11	TRULICITY	DIABETES	218	33	\$130,452	\$1.89	28	116	19	\$0.89	112.4%
PA/DQM	13	18	VIAGRA	ERECTILE DYSFUNCTION	322	92	\$130,323	\$1.89	20	333	83	\$1.39	35.8%
N/A	14	16	LEVEMIR FLEXTOUCH	DIABETES	241	45	\$127,380	\$1.84	9	296	56	\$1.92	-4.1%
ST/PA	15	24	VYVANSE	ATTENTION DISORDERS	497	89	\$123,076	\$1.78	16	487	91	\$1.60	11.1%
PA	16	10	SAXENDA	WEIGHT LOSS	110	46	\$122,584	\$1.77	182	7	3	\$0.11	1544.6%
N/A	17	19	METFORMIN HCL ER	DIABETES	678	109	\$117,530	\$1.70	30	511	85	\$0.86	97.7%
DQM	18	53	DICLOFENAC SODIUM	SKIN CONDITIONS	89	44	\$114,989	\$1.66	41	27	19	\$0.64	161.8%
ST	19	52	DUEXIS	PAIN/INFLAMMATION	49	25	\$99,907	\$1.45	441	1	1	\$0.02	5640.5%
N/A	20	117	HUMALOG MIX 75-25 KWIKPEN	DIABETES	137	20	\$95,389	\$1.38	15	183	31	\$1.77	-21.8%
N/A	21	42	TOUJEO SOLOSTAR	DIABETES	210	35	\$94,524	\$1.37	43	106	23	\$0.61	126.0%
ST/DQM	22	22	INVOKANA	DIABETES	248	35	\$92,364	\$1.34	21	280	42	\$1.37	-2.5%
ST/DQM	23	17	PENNSAID	PAIN/INFLAMMATION	43	17	\$92,117	\$1.33	34	29	14	\$0.73	83.5%
PA	24	27	ANDROGEL	HORMONAL SUPPLEMENTATION	148	26	\$91,917	\$1.33	17	197	39	\$1.59	-16.2%
N/A	25	294	POMALYST*	CANCER	6	2	\$89,773	\$1.30					
			Total Top 25:		4,509		\$3,701,373	\$53.59		4,013		\$37.30	43.7%
			Differences Between Periods:		496		\$1,129,937	\$16.28					

*Specialty Drugs

Peer = Express Scripts Peer 'Employer - Public Administration' market segment

Express Scripts Utilization Management Programs

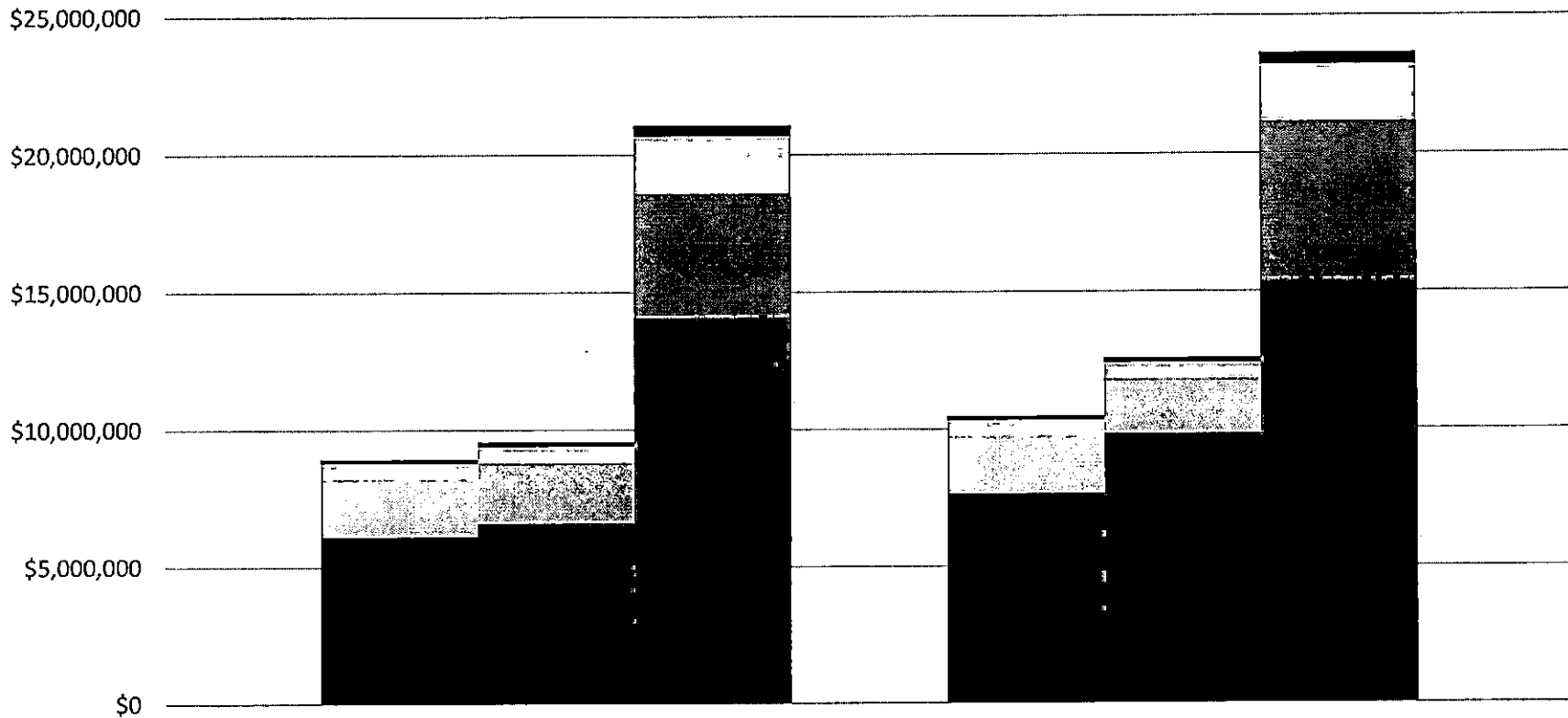
» Express Scripts

- Advanced Utilization Management Programs
 - > Very limited programs in place today
 - > Prior Authorization, Quantity Management, Step Therapy, Mac A
- Smart90
 - > Maintenance Medications are filled at either Walgreens or mail order
 - > Allows 3 courtesy fills (30 day) then required 90 day thereafter
 - > Improves compliance and savings for both the plan and the patient
- Fraud Waste and Abuse Program
 - > Identifies unusual prescribing patterns, excessive utilization and rising prescription costs
 - > Notification and Collaboration to review/implement cost opportunities
 - > (1) Designated pharmacy or (2) Designated pharmacy/provider
- Specialty Drug Utilization
 - > 30 Day Supply on Specialty Drugs per script

III. Financial Projections



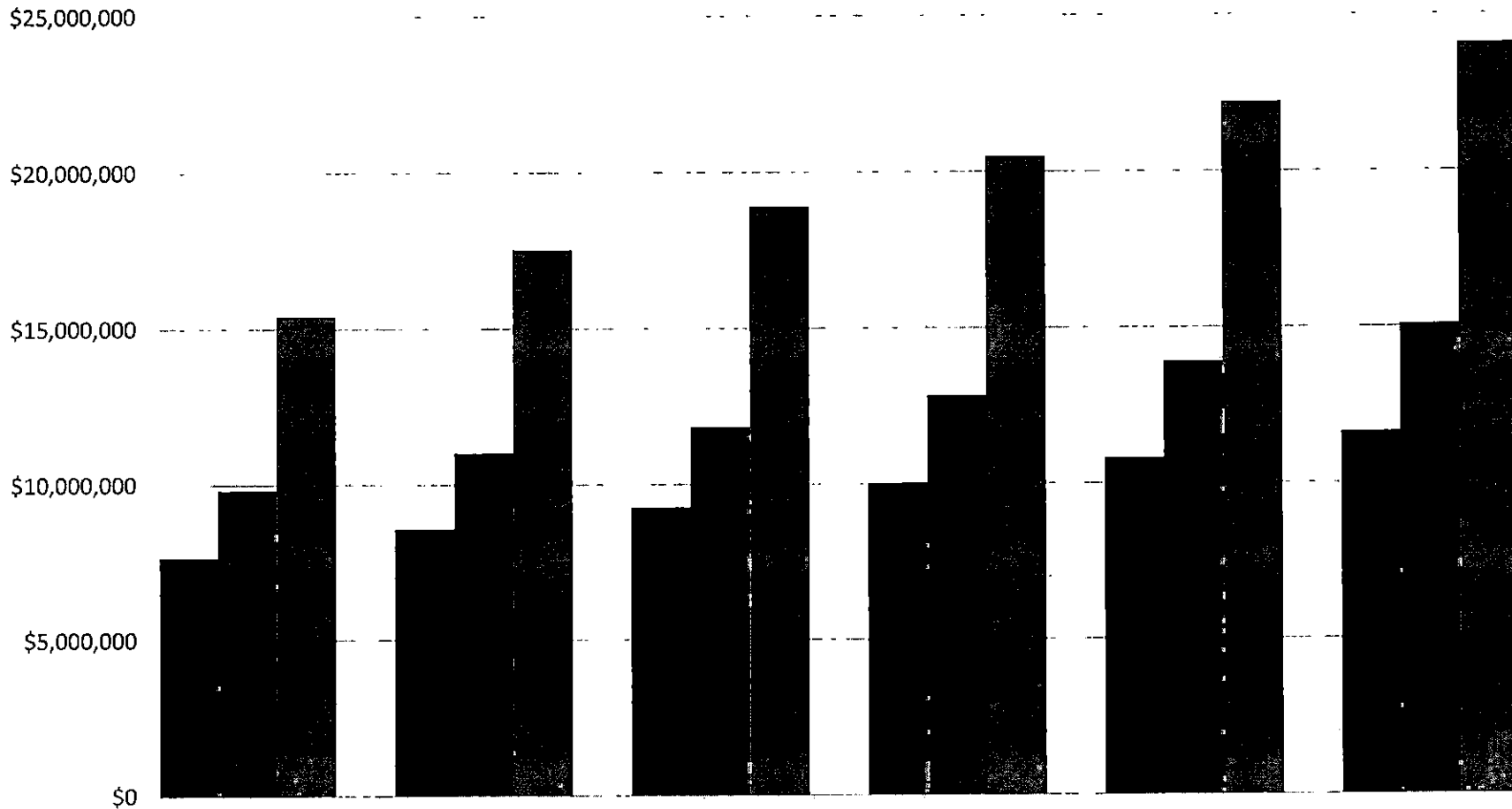
Financial Projection (2018 vs 2019 Budget)



	2018				2019			
Med Claims	\$6.1	\$6.6	\$14.1	\$26.8	\$7.6	\$9.8	\$15.4	\$32.8
Rx Claims	\$2.1	\$2.2	\$4.5	\$8.8	\$2.1	\$2.0	\$5.7	\$9.8
Fixed Costs	\$0.7	\$0.8	\$2.5	\$4.0	\$0.8	\$0.8	\$2.5	\$4.1
Total	\$8.9	\$9.6	\$21.1	\$39.6	\$10.5	\$12.6	\$23.6	\$46.7
\$ Change					\$1.6	\$3.0	\$2.5	\$7.1
% Change					18.0%	31.3%	11.8%	17.9%

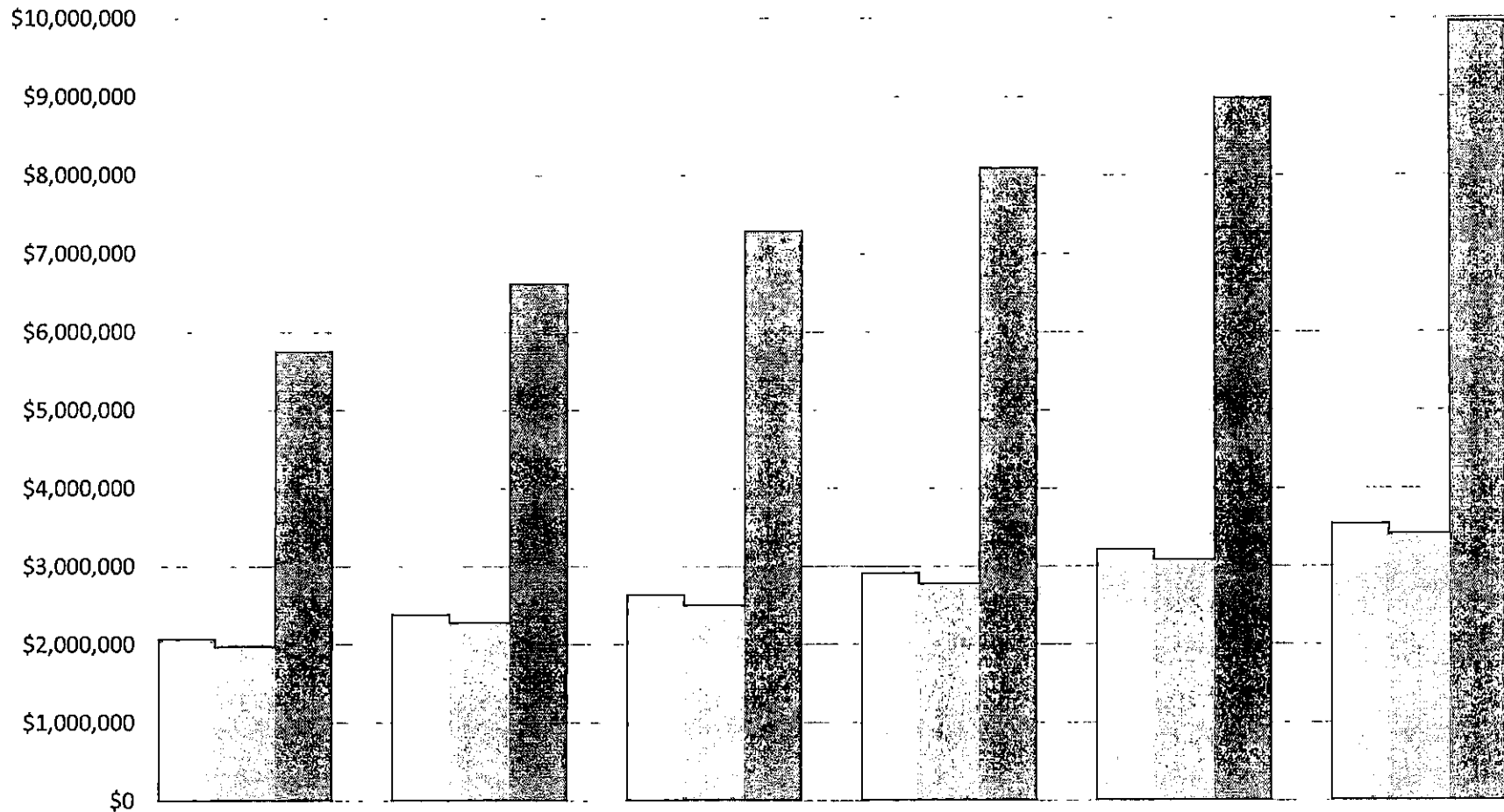


Financial Projection (Medical FY 2019 to 2024)



	2019			2020			2021			2022			2023			2024		
Medical Claims	\$7.6	\$9.8	\$15.4	\$8.6	\$11.0	\$17.5	\$9.3	\$11.8	\$18.9	\$10.0	\$12.8	\$20.5	\$10.8	\$13.9	\$22.2	\$11.6	\$15.1	\$24.1
\$ Change	\$1.5	\$3.2	\$1.3	\$1.0	\$1.2	\$2.1	\$0.7	\$0.8	\$1.4	\$0.7	\$1.0	\$1.6	\$0.8	\$1.1	\$1.7	\$0.8	\$1.2	\$1.9
% Change	24.6%	48.5%	9.2%	13.2%	12.2%	13.6%	8.1%	7.3%	8.0%	7.5%	8.5%	8.5%	8.0%	8.6%	8.3%	7.4%	8.6%	8.6%

Financial Projection (Rx FY 2019 to 2024)

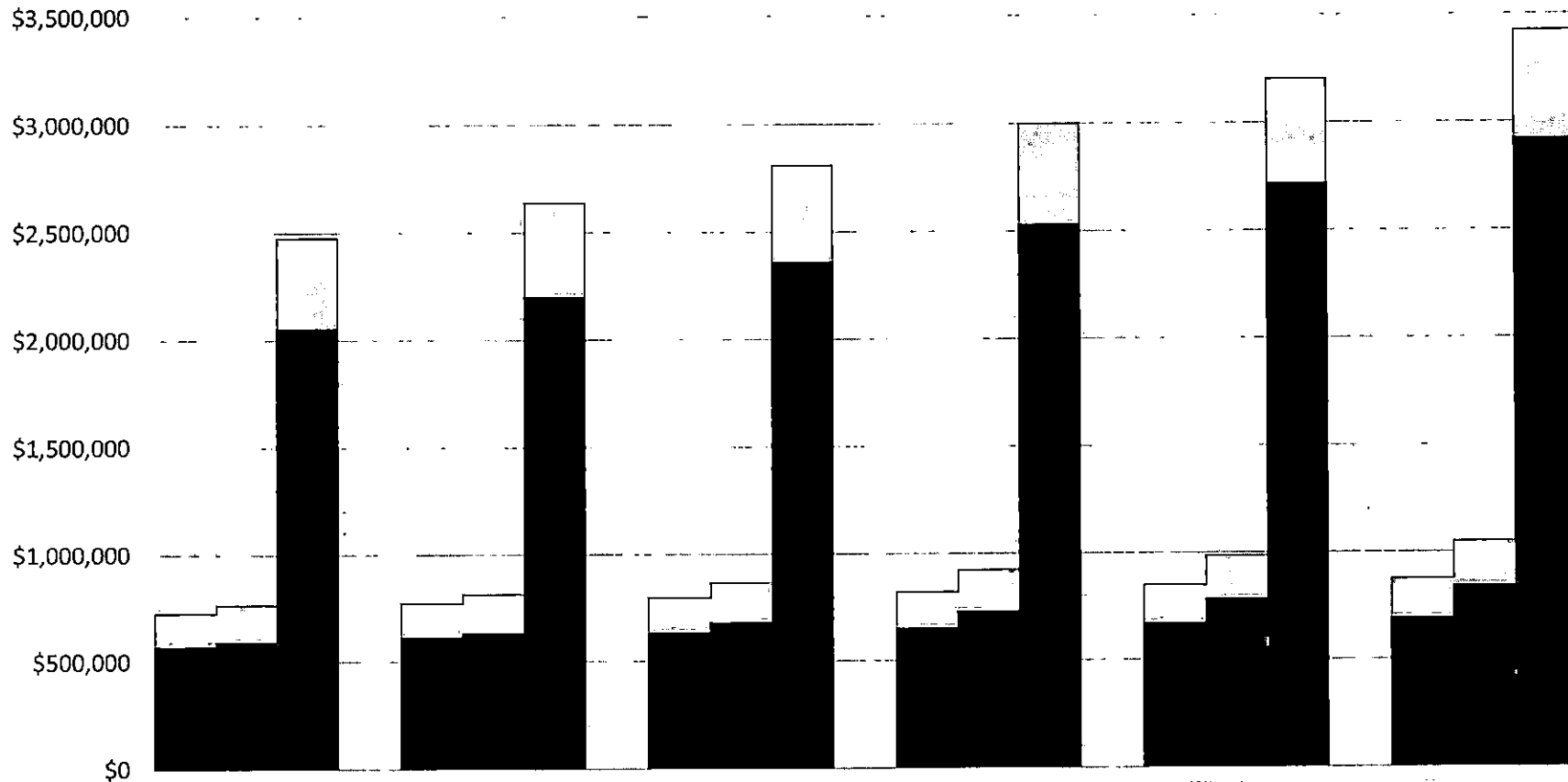


	2019			2020			2021			2022			2023			2024		
Pharmacy Claims	\$2.1	\$2.0	\$5.7	\$2.4	\$2.3	\$6.7	\$2.6	\$2.5	\$7.3	\$2.9	\$2.8	\$8.1	\$3.2	\$3.1	\$9.0	\$3.6	\$3.4	\$9.9
\$ Change	\$0.0	(\$0.2)	\$1.2	\$0.3	\$0.3	\$1.0	\$0.2	\$0.2	\$0.6	\$0.3	\$0.3	\$0.8	\$0.3	\$0.3	\$0.9	\$0.4	\$0.3	\$0.9
% Change	0.0%	-9.1%	26.7%	14.3%	15.0%	17.5%	8.3%	8.7%	9.0%	11.5%	12.0%	11.0%	10.3%	10.7%	11.1%	12.5%	9.7%	10.0%



HUB

Financial Projection (Fees FY 2019 to 2024)

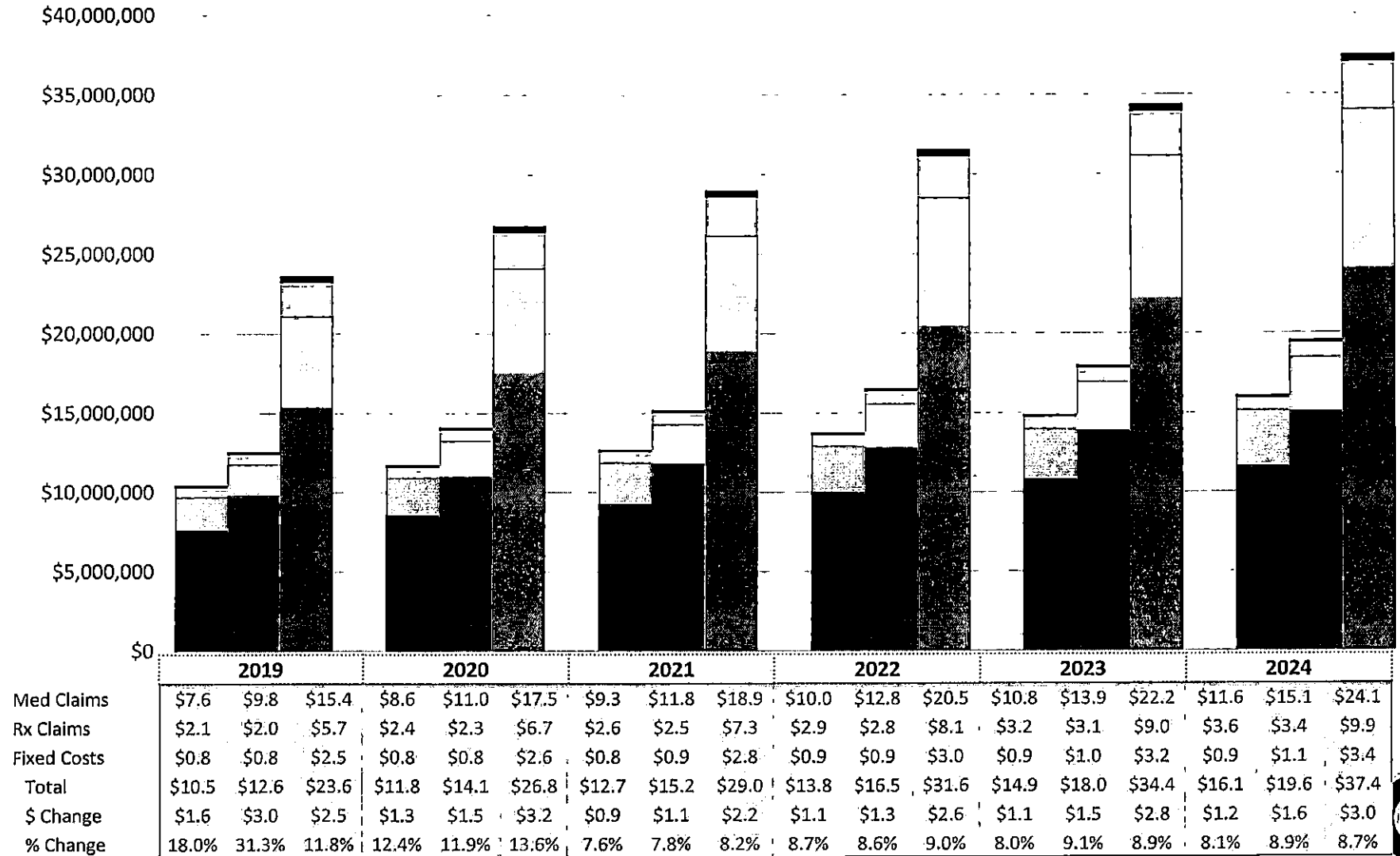


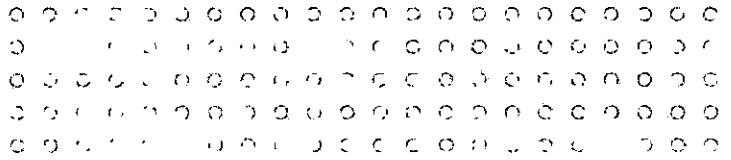
	2019			2020			2021			2022			2023			2024		
Admin & SL	\$0.6	\$0.6	\$2.1	\$0.6	\$0.6	\$2.2	\$0.6	\$0.7	\$2.4	\$0.7	\$0.7	\$2.5	\$0.7	\$0.8	\$2.7	\$0.7	\$0.8	\$2.9
Clinic	\$0.2	\$0.2	\$0.4	\$0.2	\$0.2	\$0.4	\$0.2	\$0.2	\$0.4	\$0.2	\$0.2	\$0.5	\$0.2	\$0.2	\$0.5	\$0.2	\$0.3	\$0.5
Total	\$0.8	\$0.8	\$2.5	\$0.8	\$0.8	\$2.6	\$0.8	\$0.9	\$2.8	\$0.9	\$0.9	\$3.0	\$0.9	\$1.0	\$3.2	\$0.9	\$1.1	\$3.4
\$ Change	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1	\$0.0	\$0.1	\$0.2	\$0.1	\$0.0	\$0.2	\$0.0	\$0.1	\$0.2	\$0.0	\$0.1	\$0.2
% Change	14.3%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	12.5%	7.7%	12.5%	0.0%	7.1%	0.0%	11.1%	6.7%	0.0%	10.0%	6.3%



HUB

Financial Projection (All FY 2019 to 2024)



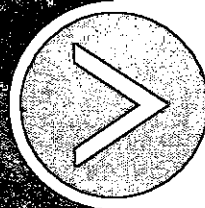


Appendix

C&D Samples



BENEFITS GUIDE



Click to
explore your
benefit options

Your Health • Your Family • Your Life



COMPANY NAME

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective [PLAN YEAR].

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life event:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ Change in child custody
- ▶ Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- ▶ You lose coverage under your spouse's/RDP's plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Enrollment

Go to [\[URL\]](#). There, you will find detailed information about the plans available to you and instructions for enrolling.

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Medical Plans

We are proud to offer you a choice between three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

[CARRIER] HMO

With the HMO plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

[CARRIER] PPO

The PPO plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the [CARRIER/NETWORK] network. The calendar-year deductible must be met before certain services are covered.

[CARRIER] HSA

Like the PPO Plan, the High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the [CARRIER/NETWORK] network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses, as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the HSA plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.**
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance.



- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.**
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$[AMOUNT] annually to your HSA if you enroll in employee-only coverage and \$[AMOUNT] annually if you enroll yourself and one or more family members. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions, in addition to the company's contributions [AND ANY INCENTIVES YOU EARN], may not exceed the annual IRS limits listed below.

HSA Contribution Limit	201X
Employee Only	
Family (employee + 1 or more)	
Catch-up (age 55+)	

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ tax free under federal tax law; state taxation rules may apply ² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical Plans

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the [Summary Plan Description \(SPD\)](#)

Key Medical Benefits	[CARRIER] HMO	[CARRIER] PPO		[CARRIER] HSA	
	In-Network Only	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per [calendar/plan] year)					
Individual / Family					
Out-of-Pocket Maximum (per [calendar/plan] year)					
Individual / Family					
Company Contribution to Your Health Savings Account (HSA) (per [calendar/plan] year; prorated for new hires/newly eligible)					
Individual / Family					
Covered Services					
Office Visits (physician / specialist)					
Routine Preventive Care*					
Outpatient Diagnostic (lab / X-ray)					
Complex Imaging					
Chiropractic					
Ambulance					
Emergency Room					
Urgent Care Facility					
Inpatient Hospital Stay					
Outpatient Surgery					
Prescription Drugs [Tier 1 / Tier 2 / Tier 3]					
Retail Pharmacy (30-day supply)					
Mail Order (90-day supply)					

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Plans

We are proud to offer you a choice between two different dental plans.

[CARRIER] DHMO: With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

[CARRIER] DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the [CARRIER] network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	[CARRIER] DHMO	[CARRIER] DPPO	
	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per [calendar/plan] year)			
Individual / Family			
Benefit Maximum (per [calendar/plan] year; preventive, basic, and major Services combined)			
Per Individual			
Covered Services			
Preventive Services			
Basic Services			
Major Services			
Orthodontia [Child only/Child and Adult]			

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

We are proud to offer you a vision plan through [CARRIER]. This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the [CARRIER/NETWORK] network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every XX months)		
Materials Copay		
Lenses (once every XX months)		
Single Vision		
Bifocal		
Trifocal		
Frames (once every XX months)		
Contact Lenses (once every XX months; in lieu of glasses)		



Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through [CARRIER]. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2018, you may contribute up to \$[AMOUNT] to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2018, you may contribute up to \$[AMOUNT] (per family) to cover eligible dependent care expenses (\$[AMOUNT] if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through [DATE], and must file claims by [DATE].

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through [CARRIER].

Benefit Amount

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through [CARRIER] for yourself and your eligible family members.

Benefit Option	Guaranteed Issue*
Employee	
Spouse/RDP	
Child(ren)	

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI), or information about your health. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

[Voluntary] Short-Term Disability

Provided at **[NO COST]** to you/an affordable group rate] through [CARRIER].

Benefit Percentage	
Weekly Benefit Maximum	
When Benefits Begin	
Maximum Benefit Duration	

[Voluntary] Long-Term Disability

Provided at **[NO COST]** to you/an affordable group rate] through [CARRIER].

Benefit Percentage	
Monthly Benefit Maximum	
When Benefits Begin	
Maximum Benefit Duration	

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through [CARRIER].

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to [# OF VISITS] in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Voluntary Benefits

During the enrollment period, you have an opportunity to purchase voluntary benefits at affordable group rates. For most plans, benefits are paid directly to you—not to a doctor or health care provider.

[CARRIER] Accident Insurance

Accident insurance can soften the financial impact of an unexpected, non-work-related accident by providing a monetary benefit to help cover unexpected costs related to treating your injuries. Benefits are paid directly to you. Coverage is also available to your spouse and dependents.

[CARRIER] Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., heart attack, cancer or stroke) to pay for treatments, prescriptions, travel, living expenses and more.

[CARRIER] Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000—and the average length of a stay is 4.8 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs.

Valuable Extras

We also offer the following additional benefits:

- ▶ [Extras]
- ▶ [Extras]
- ▶ [Extras]
- ▶ [Extras]
- ▶ [Extras]

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the separate rate sheet for your contributions.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical			
Dental			
Vision			
Flexible Spending Accounts (FSAs)			
Life and AD&D			
Disability			
Employee Assistance Program (EAP)			
Voluntary Benefits			

Benefits Website

Our benefits website [URL] can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

[Name] at [Phone] | [Email]

[Name] at [Phone] | [Email]

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



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SCREENING RESULTS ARE IN!

LOWER YOUR BLOOD
PRESSURE RISK

SPECIAL HEALTH EVENTS

SPECIAL TEAR-OUT SECTION!

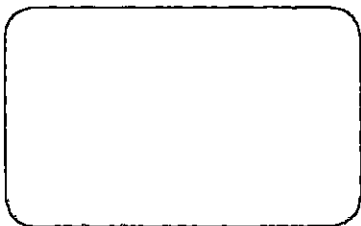


SPRING

into

Action!

LOOK INSIDE TO FIND OUT HOW COMPANY NAME
INVESTS IN THE HEALTH OF YOU AND YOUR FAMILY



HEALTHY CHANGES

TOP RESULTS

DID YOU KNOW?



SCREENING RESULTS ARE IN!

Thank you for participating! You have taken an important first step in your personal Wellness Journey, and we are pleased with how many of you have completed your biometric screenings!

Based on the results of this confidential assessment, we have found that our employees are at greatest risk of developing high blood pressure (hbp). There are many ways to help prevent hbp and on the following pages are several ideas, tools and resources at your disposal to empower yourself to “Spring into Action!!”

If you count yourself among this group, you're not alone: according to the Centers for Disease Control and Prevention (CDC), high blood pressure affects about 70 million Americans. That's one in three adults! High blood pressure can increase your risk of heart disease and stroke, making it a silent—yet deadly—killer.

WHAT CAN YOU DO TO LOWER YOUR RISK?

A vital first step is to visit your primary care physician, who can recommend first steps to address any health concerns you might have. Remember, your primary care physician is your first point of contact and main advocate when it comes to your health.

Sources: www.about.com, www.familycircle.com

Another way you can lower your risk is through **walking**. It's an easy way to get in your 2.5 hours of weekly aerobic activity recommended by the CDC. Walking has many advantages:

- It can be done at nearly any fitness level
- It doesn't require special equipment or gear
- It can be done nearly anywhere

WALKING QUICK TIP

Log your miles. If you regularly keep tabs on how far you walk, it's almost guaranteed that you'll up your activity level. Walkers who log their strides often try to beat, or at least maintain, their step counts from the previous day.

THESE APPS WERE MADE FOR WALKING:

- **Virtual Walk:** This is a free, motivating app that you can use to spice up your everyday walk whether indoors or outdoors. Your distance gets plotted on a virtual walk through a scenic or historic place, such as the Appalachian Trail or the monuments in Washington DC.
- **Charity Miles:** Give your walking a purpose (and your running and biking, too). Open up this free app and choose a charity. Then your miles equate to money (25 cents per walking or running mile, 10 cents for bike miles) for your chosen charity.

WALK FOR health!

Recent studies show walking does more than help you loose a little weight

IMPROVES CIRCULATION.

Just one to two miles a day lowered blood pressure by nearly 11 points.

IMPROVES MENTAL CAPACITY.

Due to higher amounts of endorphins, the more steps people took during the day, the better their moods were.

SUPPORTS YOUR JOINTS.

Walking brings oxygen and nutrients into the area, as well as strengthens the supportive muscles.

ASK A COACH

If you're looking for extra motivation, your insurance carrier offers health coaching at no cost to you! You can reach a health coach at [NUMBER].



NUTRITION

DID YOU KNOW?
THE AVERAGE COMPANY
NAME EMPLOYEE
HAS A BMI OF

28.7

A HEALTHY EATING PLAN

A healthy eating plan gives your body the nutrients it needs and helps you to stay within your daily calorie level. This can help lower your risk for heart disease, high blood pressure and high blood cholesterol levels.

According to the CDC, 18.5 to 24.9 is considered a healthy BMI range. Of the employees who participated in the PHA, **33 percent were at moderate risk of being overweight and 36 percent were at high risk of being obese.**

One way to cut your risk? Focus on following a diet rich in complex carbohydrates (e.g., whole grains), fruits, vegetables and lean protein (e.g., nuts, seeds, fish and lean cuts of meat).

To help you stick to these nutritional guidelines, try downloading the free "Lose It!" app. It's an easy way to track your caloric intake and connect with food-conscious friends. You can:

- Set goals around weight loss, exercise, sleep and more
- Track what you eat—it's easy as using your phone's camera to scan the barcode on your food to add it to your log
- Review your nutrient breakdown by tapping the "Nutrients" tab

- Gauge how much you should eat for the rest of the day
- View a summary of your week showing which days you hit the mark or overindulged
- Participate in weight loss, exercise and total wellness challenges, including head-to-head, team and group-based challenges.

Bonus: The app also suggests healthy restaurants nearby!

HEALTHY CHOICES. HEALTHY YOU.

Brown-bagging it to work? Build a better sandwich one layer at a time:

- Whole grain bread or a lettuce wrap
- Flavorful spread (e.g., mustard, pesto, guacamole, low-fat refried beans, fig jam)
- Lean protein (e.g., eggs, lean turkey, white meat chicken, tuna)
- Reduced-fat cheese (hard cheeses are generally lower in fat)
- Fruits and/or veggies (e.g., avocado, peppers, cucumbers, fresh herbs, apple or pear slices, etc.)

Sources: www.mayoclinic.com, www.dawnjacksonblatner.com, www.dailyburn.com

SPRING into action! **WORKSHEET**

When you participate in the Spring into Action Challenge between [DATE] and [DATE], you'll have the opportunity to earn points by completing healthy activities alongside your team. These points can then be redeemed to win a variety of fun prizes! Use the worksheet below to keep track of your progress.

HERE'S HOW IT WORKS:

1

Sign up for a team via the Connect to Wellness Employee Portal.

2

Start completing various healthy activities between [DATE] and [DATE].

3

Keep track of your points via the Connect to Wellness Portal or download the Connect to Wellness app.

REMEMBER!
Earn prizes for the points you earn—you even have the chance to earn one of three grand prizes!

ACTIVITY	MAXIMUM POINT VALUE	POINTS EARNED BY [DATE]
Complete the Spring Into Action User Tutorial	5	
Eat five servings of fruits and veggies a day	5 per day	
Drink 32 oz. of water a day	5 per day	
Complete the high cholesterol workshop	10	
Complete the heartburn workshop	10	
Complete the tension headaches workshop	10	
Log your cardio workouts	5 for every 20 minutes up to 10 per day	
Log your weight	5 per week	
Log 10 minutes of relaxation time	10 per day	
Complete the Introduction to Stress Management Workshop	20	
Complete the Life Balance Workshop	30	
Complete the Personal Goal Setting Workshop	30	
Complete the Female Preventive Health Workshop	10	
Complete the Male Preventive Health Workshop	10	
Complete the Social Stress Workshop	30	

GRAND PRIZES!

If you earn X points, you will be entered to win a \$500 value prize drawing. If you earn Y points, you will be entered into the \$1,500 value prize drawing and if you earn Z points, you will be entered to win a \$2,500 value prize!

SPRING into

action! GOALS

Take a minute to write down your goals. Do you want to run a 5K? Lose that pesky 5 pounds? Fit into that "one" dress for your class reunion? Control your blood sugars better? Whatever your reasons, make a list of a few here. Hang it on your fridgerator at home and keep checking to stay accountable!



IT'S IMPORTANT TO ADDRESS all aspects OF YOUR HEALTH

Company Name understands that your health goes beyond the physical. That's why we've helped organized an abundance of campus and community events to help you tune in to your financial, emotional and mental well-being.

LIST OF EVENTS

RETIREMENT WEBINARS

Find out how to maximize your retirement savings with help from our 401(k) plan administrator, Fidelity. To sign up, go to [URL] and select a date and time that works for you!

TEA FOR THE SOUL

We are happy to announce that this event is back by popular demand! Join us on [DATE] at both the Main and Saints campus for some tea and quiet to help calm your mind and ease stress. For further details, reach out to the Spiritual Care team at [CONTACT INFO].

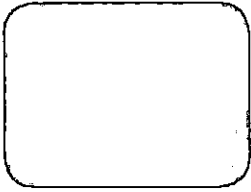
BIKE SAFETY RODEO

Join the rest of the Company community on [DATE] at [LOCATION] for the annual Bike Safety Rodeo. Learn about the importance of wearing a helmet, obeying traffic rules and other safety tips at one of our many safety stations. There will even be a safety course! For details, contact [TBD].

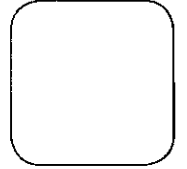
BLOOD DRIVE

According to the American Red Cross, one pint of blood can save up to three lives—yet less than 10 percent of the eligible population donates annually. To do your part, consider taking part in our Blood Drive on [DATE] at [LOCATION]. For details, contact [TBD].





42955 Any Address
Company, SA 00000



LOOK INSIDE
Important health information,
news and events!

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BY [Signature] DEPUTY

LOOK INSIDE!
IMPORTANT HEALTH INFORMATION, NEWS AND
EVENTS COMING YOUR WAY THIS SPRING!

