



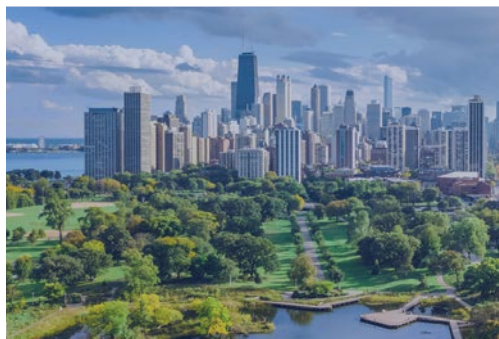
CITY OF DELTONA, FL

BROKER/AGENT FOR INSURANCE PROGRAMS  
RFP #26015

Due Date: Friday, January 23, 2026 at 2:30 p.m.

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

Supporting the Public Sector our communities rely on.



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January 22, 2026

City of Deltona  
ATTN: Kate Duffy, CPPO, CPPB  
2345 Providence Boulevard  
Deltona, Florida 32725  
**Attn: Purchasing**

**Re: Request for Proposals #26015 – Broker/Agent for Insurance Programs**

Dear Ms. Duffy:

Gehring Group/Risk Strategies, part of the Brown & Brown team, is pleased to provide this proposal in response to the City of Deltona’s (the “City”) Request for Proposals #26015 – Broker/Agent for Insurance Programs. As a specialty insurance and risk advisory firm with more than three decades of experience, our strength lies in serving public sector organizations such as municipalities, counties, utilities, related authorities, and special taxing districts. We bring a team whose singular focus is helping governmental clients manage risk strategically, cost-effectively, and with full legislative and regulatory awareness.

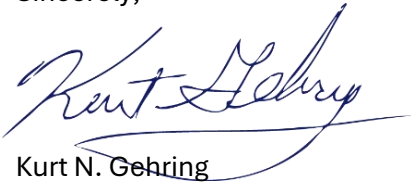
Gehring Group/Risk Strategies’ Public Sector Specialty Practice (Center of Excellence), based in Palm Beach Gardens, Florida is uniquely positioned to serve as the City’s broker. As part of Brown & Brown’s national team of over 20,000 professionals, including in-house legal, actuarial, pharmacy, clinical, and coverage experts, our local professionals average over 12 years of working with government entities, with senior leadership averaging over 18 years. As the public sector Center of Excellence, our capabilities and negotiation leverage extend nationally and are backed by numerous employee benefits and risk professionals allowing deep bench strength across more than 30 specialty areas.

Currently providing employee benefits consulting services for numerous public entity clients across Florida, our consultants provide tailored employee benefits solutions, access to all major carriers, in-house legal and actuarial support, and consultative services that truly support your goals. Our knowledge of Florida’s statutory framework and insurance markets, as well as our relationships with key insurers and reinsurers serving the public space, allow us to identify innovative coverage strategies that align with your risk appetite, funding constraints, and operational goals. We don’t just sell insurance; we serve as your strategic partner. Our approach emphasizes proactive employee benefits program management, creative problem-solving, and year-round responsiveness. We understand that every public entity is different, which is why our service model is customized, collaborative, and focused on both short and long-term outcomes.

With our extensive experience serving large public sector clients, we have cultivated a sophisticated approach that drives innovation, broadens our national reach, and attracts top talent; and our partnerships and market presence have earned us top-tier recognition from all Florida insurance carriers. Our commitment to a "how can we help you" mindset ensures that we remain a valuable year-round resource for our clients' employee benefits needs. We prioritize transparency and independence, recognizing that each client has unique goals and challenges.

In summary, Gehring Group/Risk Strategies not only meets, but exceeds all minimum qualification requirements, including public sector client experience, licensing, insurance, employee tenure, and depth of knowledge. **We are confident in our ability to provide the City of Deltona with all required services delivering additional value and best-in-class service.** Our approach to business, combined with extensive experience in the public sector, knowledge of applicable regulations, strong market relationships, and genuine enthusiasm, positions us as the broker of choice. Thank you in advance for reviewing our comprehensive response. We are ready to provide any additional clarification needed upon your review of this proposal.

Sincerely,



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

**MINIMUM REQUIREMENTS**

**Interested parties should possess the following minimum requirements:**

- **The proposer shall have at least ten (10) consecutive years of experience in Florida providing brokerage and benefits consulting services to public or private entities.**

Gehring Group/Risk Strategies brings over three decades of specialized experience in serving the public sector, with a particular focus on local governments, municipalities, counties, and special taxing districts offering a wide range of specialized resources tailored specifically to the needs of the public sector. Our firm stands out due to our comprehensive suite of services, level of technical knowledge, tools, and educational opportunities designed specifically to address the unique needs of public entities. In addition, the proposed St. Benefits Consultant, Shawn Fleming, has been with the firm for over 17 years, specifically serving public sector entities.

- **Must have serviced an employer that had at least 300 eligible employees.**

Gehring Group/Risk Strategies’ Public Sector team currently provides employee benefits brokerage and consulting services to over 75 Florida public entities that employ at least 300 employees. Some of these include, but are not limited to:

- |  |                          |
|--|--------------------------|
| • City of Palm Bay                     | • City of Clearwater     |
| • St. Johns River Water Mgmt. District | • City of Key West       |
| • City of Oviedo                       | • City of Port St. Lucie |
| • City of Fort Lauderdale              | • City of Cape Coral     |
| • City of West Palm Beach              | • City of Naples         |

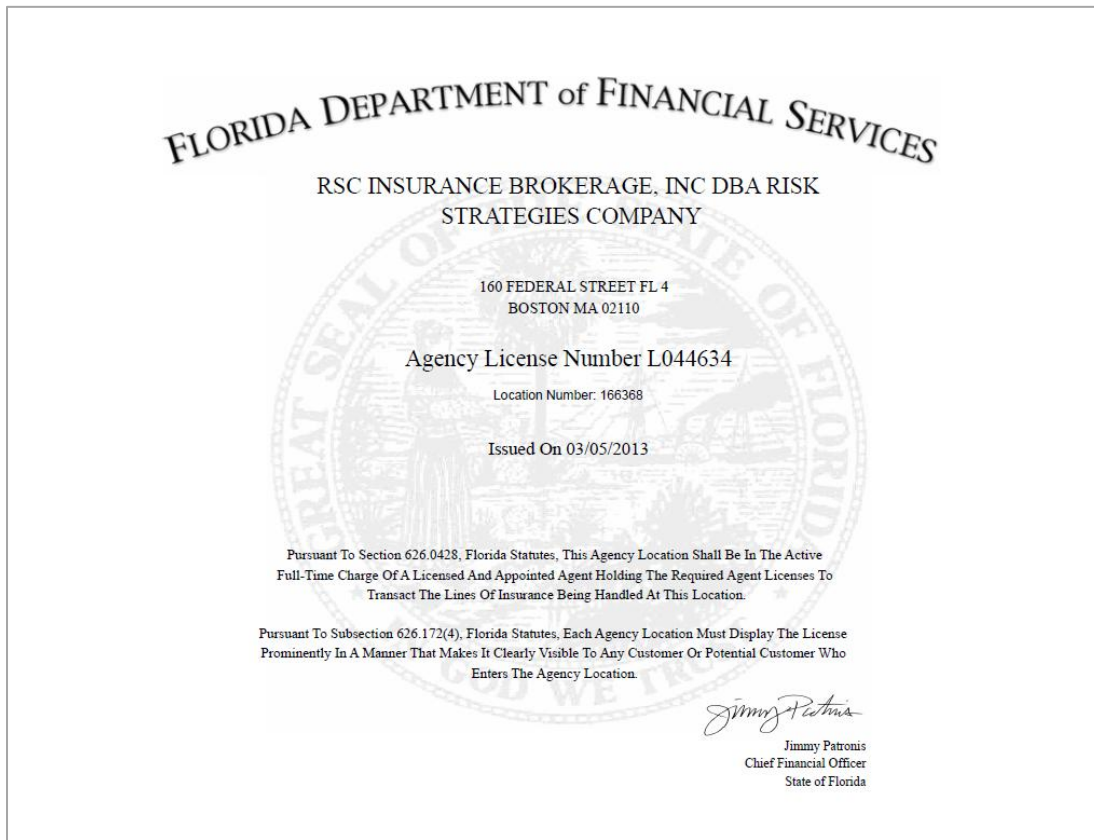
This breadth of experience demonstrates our proven ability to successfully support large public employers with complex benefits needs.

- **Appointed with at least 3 insurance carriers for each type of insurance desired in this RFP.**

Confirmed. Our firm has been appointed and has gained top-tier recognition with numerous carriers for all lines of employee benefits coverage.

- **The proposer must be legally authorized to do business in the State of Florida and shall meet all licensing and other requirements imposed by State and Federal laws and regulations.**

Gehring Group/Risk Strategies holds an active business and insurance agency license in Florida as follows. In addition, all client-facing staff are fully licensed in the state of Florida.



- **The proposer shall have experienced management staff, possessing comprehensive knowledge of benefit administration pertaining to public employers.**

Gehring Group/Risk Strategies maintains an experienced management team with deep, hands-on knowledge of public sector benefits administration. All members of our senior leadership have been with the firm for more than a decade, exclusively serving public employers and supporting every facet of benefits operations, including market solicitations, open enrollment administration, claims resolution, and long-term budget forecasting. Their tenure has allowed them to build an exceptional level of technical expertise in Florida Statutes, public sector regulatory requirements, and the unique operational needs of government entities. Our team also has extensive experience evaluating program structures, trusts, and alternative funding arrangements to ensure full compliance and a strategic fit for public employers.

Gehring Group/Risk Strategies also ensures consistent, qualified staffing throughout each engagement. As outlined below in **Tab 2: Firm Proposals & Firm Experience**, we assign an entire licensed team, not a single broker, to support your employees, ensuring timely, detailed work and continuity of service. All client-facing team members hold a Florida health insurance license and complete our internal development program, which includes one-on-one instruction, departmental training, mentoring, and structured shadowing. Ongoing professional development remains a core priority: we regularly bring in legal and industry experts for continuing education, support advanced degree coursework, and fully cover the cost of industry-recognized designations such as CEBS, ARM, REBC, Certified Self-Funding Specialist, Certified Healthcare Reform Specialist, and related continuing education requirements.

Our experienced leadership team supported by licensed and highly trained and experienced staff, as well as a strong emphasis and commitment to ongoing professional development, will provide the City with a knowledgeable, experienced, and fully capable partner. This depth of experience, combined with sufficient staffing resources, will ensure consistent, high-quality service delivery throughout the entire engagement.

- **The proposer shall possess knowledge of applicable laws, regulations and codes and shall be familiar with local conditions and trends relating to group insurance in Florida.**

Gehring Group/Risk Strategies maintains a strong commitment to ensure our clients remain in compliance with state and federal regulations. We remain at the forefront of both pending and new legislation to educate our clients in a clear and understandable, timely manner regarding relevant federal and state legislation.

Our compliance team includes our in-house legal personnel, attorney partners, tenured licensed professionals, various subject matter experts (i.e., pharmacy, clinic, wellness, etc.) and seasoned human resources consultants. We have taken a proactive stance and consistently monitor the current events taking place amidst the current fast-paced legislative environment. We will provide the City with updates regarding any changes applicable to the City's benefits programs and assist in planning and preparation to remain in compliance with all legislative requirements.

- **The proposer's office must provide assurance of reasonable staffing continuity over the contract period.**

Gehring Group/Risk Strategies anticipates consistent staffing levels as outlined below in **Tab 2** for the complete duration of engagement. We dedicate an entire licensed team to servicing the City and its employees, providing ongoing assurance that staffing continuity and service quality will be maintained throughout the contract period.

- **Must have experience with fully and self-insured health plans.**

Your Gehring Group/Risk Strategies team has extensive experience with reviewing, analyzing, implementing, and servicing all types of employee benefit and retiree programs that include fully insured, hybrid funding, and self-insured programs. Over 40% of our clients' benefits programs operate under a self-insured arrangement with reinsurance. Our team members have extensive experience and are well-versed in self-insured health plans.

- **Must have experience with an Employee Health Clinic.**

Currently advising over two dozen public entity clients regarding their onsite clinics and employee health centers, our team has extensive experience in this area. The proposed Senior Benefits Consultant, Shawn Fleming, pioneered Gehring Group's efforts with regards to onsite clinic/wellness center consultation, a role in which he spearheaded the process for numerous clients throughout the state in the successful implementation of a health clinic. As the subject matter expert on these innovative initiatives, his expertise in this area combined with his knowledge of the health insurance market makes Shawn a valuable asset to any employer considering managing a health plan that integrates medical and wellness initiatives.

- **Extent and success the firm has provided to organizations similar in nature & size of the City of Deltona.**

Gehring Group/Risk Strategies' Public Sector team has provided Florida public entities with insurance brokerage and consulting services for more than three decades. Our licensed professionals have served numerous public entities statewide and collaborated with all major carriers, trusts, TPAs, and supplemental /worksite benefit providers. This includes working with numerous municipalities across a spectrum of funding arrangements, implementing onsite clinics and comprehensive wellness programs, adeptly navigating the complexities of monitoring and managing programs year-round, not just at renewal time. Moreover, we have assisted numerous municipal clients throughout the rigorous market solicitation (RFP) process, proposal evaluation, and subsequent implementation of selected programs, including transitions to alternative funding arrangements and establishing multiple program options to meet the needs of various employee demographics. We are well-versed in all applicable laws and regulations relevant to employee benefits and public entity benefit programs.

Our approach to client service is grounded in a commitment to year-round involvement. We provide comprehensive, hands-on support by regularly meeting with staff onsite, serving as the City's liaison with all vendors, maintaining compliance with all state and federal regulations, monitoring plan performance, offering one-on-one assistance to employees with enrollment and claims issues, and much more. Our team consists of professionals who are adept in delivering the general, technical, and market solicitation services outlined in the scope of work. We prioritize regular and effective engagement with City staff to ensure our efforts align with the mutual goal of maintaining a competitive and cost-effective employee benefits program.

Additional critical aspects of our service approach further include the following:

#### **Communication and Availability**

Our team members are readily accessible via telephone, email, and personal cell phones, ensuring seamless communication and prompt responses. This availability fosters a collaborative environment where City representatives can reach us at any time for immediate assistance and consultation.

#### **Ongoing Collaboration and Planning**

We engage closely with City staff throughout the year, consistently working together in our efforts to achieve the goal of offering a competitive yet cost-effective benefits program. Our services encompass:

- **Comprehensive Planning and Evaluation:** We meticulously evaluate current plans and innovative solutions, providing detailed analyses and recommendations to optimize the City's benefits offerings.
- **Financial Analysis, Negotiation and Renewal Services:** Our analytics team monitors your plan's performance, manages the annual renewal of all policies, provides projections for budget planning, negotiating aggressively in your best interests.

- **Actuarial Services for Self-Funded Plan:** Performance of Annual Rate Setting, Reserve Calculation, and 112.08 annual filing of actuarial soundness with the state of Florida for self-insured programs.
- **Benefits Marketing Services and Renewal Negotiations:** Collaborate with Staff to market lines of coverage, review funding options and alternatives, negotiate renewals, and make recommendations to support a culture of high-performance benefits.
- **Communication, Implementation and Open Enrollment:** Our team plans, coordinates, and facilitates the open enrollment process. We coordinate with vendors, create and give presentations, meet with employees, and produce employee communications and other essential materials.
- **Compliance Planning and Legislative Updates:** We educate our clients, keeping you informed and prepared for regulatory changes with our newsletters, webinar/seminars and workshops. We also monitor the compliance of plan documents and SPDs.
- **Extensive Knowledge and Benefits Program Monitoring:** Utilizing our deep understanding of the insurance industry and the City's current programs, we provide continuous monitoring of program performance, contract reviews, and budget projections, ensuring informed and strategic decisions.
- **Strategic Planning:** We engage in strategic planning to align employee benefits programs and costs with the City's long-term goals, ensuring that benefits programs are sustainable, competitive, and responsive to evolving needs.
- **Ongoing Support:** Throughout the year, we offer ongoing services such as plan reviews, pharmacy design analysis, legislative compliance, carrier liaison, and general employee advocacy and customer service.
- **Onsite Clinic Consulting:** Our team has extensive knowledge relating to the various onsite clinic models and vendors, offering onsite clinic consulting, and providing analysis and reporting, ensuring the City receives the best value and service.
- **Wellness Consulting:** We support our clients in developing and implementing customized wellness strategies, serving as a central point of coordination between carriers, wellness vendors, and the City ensuring seamless delivery of health management services through clinics, educational programs, carrier resources, wellness challenge platforms, and our own trademarked initiatives.
- **Employee Advocacy:** Our *Client Support Specialists* provide robust advocacy services for employees facing claims issues, ensuring they receive the support and assistance they need to resolve problems efficiently and satisfactorily.

Through our comprehensive approach and ongoing collaboration, we are dedicated to supporting the City in achieving its employee benefits objectives.

- **Firm's experience and expertise on providing insurance benefits to the public sector.**

As part of the Brown & Brown Team, Gehring Group/Risk Strategies continues our public sector focus, currently serving numerous clients similar in scope and size to the City who have successfully implemented leading edge concepts such as Consumer Directed Health Plans, creative Stop Loss programs, Onsite Clinics, and Innovative Wellness Programs. Our team has

extensive experience serving Florida counties, municipalities, special taxing districts, and other public sector entities, providing comprehensive employee benefits consulting and brokerage services. Our extensive experience in the public sector has equipped us with a thorough understanding of the complexities unique to government environments, including navigating both union and non-union personnel, ensuring compliance with Florida statutes, and developing competitive, sustainable benefit strategies. This depth of experience is reflected in the longevity of our client relationships and the more than 20 public sector organizations who have continued our services for over two decades, demonstrating the trust we've earned and the value we consistently deliver.

Gehring Group/Risk Strategies clients benefit from our:

- **Comprehensive Scope of Services:** Gehring Group/Risk Strategies offers a comprehensive range of services tailored to your specific requirements.
- **Cost Management:** Our proactive approach ensures cost management year over year, allowing you to focus on your core mission.
- **Educational Opportunities:** We empower our clients with educational resources, legislative update seminars/webinars, and newsletters to remain in compliance and make informed decisions.
- **Dedicated Team:** Our public sector team boasts a team of over 80 full-time staff members, complemented by employees based throughout the State of Florida.
- **Top-tier Carrier Recognition:** Our esteemed reputation and prominent standing within the Florida insurance market afford us top-tier recognition and significant leverage with all major carriers. We are also one of the few brokers with the ability to solicit proposals directly from the Florida League of Cities on behalf of our clients.

We take an innovative, proactive approach to continuously enhance the quality of our performance level beyond industry standards. We are a collaborating partner, helping each client accomplish their desired benefits program goals by developing long term strategies and working diligently to produce positive results through analytics, innovation, and technology.

### **Experience with Public Sector Entities**

Our previous experience with other government agency employee benefits insurance programs is extensive. Having focused specifically on supporting public sector entities, our firm has accumulated a significant amount of work experience relevant to what is necessary to serve the needs of the City. We understand public records laws while maintaining familiarity with the constantly changing and complex statutes that apply specifically to governmental organizations and the importance of adhering to benefit offerings relative to employee and union contract negotiations. We will work with the City to ensure that all benefit commitments have been considered throughout the renewal negotiations, RFP, evaluation, and implementation process, and that the resulting contracts conform with the City's decisions and commitments under any union agreements.

Our Account Management team also has significant experience in serving clients similar in size and complexity as the City. They are available to lead the implementation and planning process for open enrollment, conduct onsite or virtual open enrollment meetings to ensure accessibility to

information for all employees and retirees including those working shifts, allowing them to make more educated decisions regarding their benefit options each year. Your Account Manager will be the primary resource for services related to enrollment, eligibility, claims issues, and day-to-day inquiries throughout the course of the year. Your Account Manager is supported by other team members including account managers, in-house client services representatives and employee advocates to ensure all client and employee service issues are met promptly. It is our goal to truly be an extension of, and valuable resource to the benefits administration and human resources staff at the City.

The following includes a list of our current Florida public entity clients as further evidence of our focus on and experience providing comprehensive employee benefits brokerage and consulting services specifically to the public sector:

<b>GEHRING GROUP/RISK STRATEGIES' PUBLIC ENTITY CLIENTS</b>	
Atlantis, City of	Marco Island, City of
Boca Raton, City of	Margate, City of
Boca Raton Housing Authority	Martin County BOCC
Bonita Springs, City of	Martin County School District
Brooksville, City of	Martin County Sheriff's Office
Broward College	Naples, City of
Cape Coral, City of	North Palm Beach, Village of
Career Source Palm Beach County	North Port, City of
Central Florida Expressway Authority (LYNX)	Oakland Park, City of
Charlotte County BOCC	Ocean Ridge, Town of
Children's Services Council of PB County	Okaloosa County BOCC
Citrus County BOCC	Oldsmar, City of
Clearwater, City of	Orange County Tax Collector
Clerk & Comptroller, Palm Beach County	Orange County Sheriff's Office
Clewiston, City of	Osceola County Sheriff's Office
Cocoa, City of	Osceola County Tax Collector
Cocoa Beach, City of	Oviedo, City of
Coconut Creek, City of	Pahokee, City of
Cooper City, City of	Pahokee Housing Authority
Coral Gables, City of	Palm Bay, City of
Coral Springs, City of	Palm Beach County Sheriff's Office
Dania Beach, City of	Palm Beach Gardens, City of
Davie, Town of	Palm Beach Shores, Town of
Deerfield Beach, City of	Palm Harbor Fire Rescue District
Delray Beach, City of	Palm Springs, Village of
Delray Beach Housing Authority	Parkland, City of
Dunedin, City of	Parrish Fire District
Estero Fire & Rescue District	Pasco County Clerk of Circuit Court
Estero, Village of	Pembroke Park, Town of
Fellsmere, City of	Pinellas County Housing Authority

GEHRING GROUP/RISK STRATEGIES' PUBLIC ENTITY CLIENTS	
Florida Keys Aqueduct Authority	Pinellas County Sheriff's Office
Florida PACE Funding Agency	Pinellas Suncoast Fire and Rescue
Florida Sheriff's Association	Pinellas Suncoast Transit Authority
Fort Lauderdale, City of	Pompano Beach, City of
Fort Myers, City of	Port of Palm Beach
Fort Myers Beach Fire Control District	Port St. Lucie, City of
Gainesville, City of	Rockledge, City of
Greenacres, City of	Royal Palm Beach, Village of
Gulfstream, Town of	Sanibel, City of
Hernando County BOCC	Sarasota County Sheriff's Office
Highlands County BOCC	Satellite Beach, City of
Hillsborough County Aviation Authority	Seacoast Utility Authority
Hillsborough County Sheriff's Office	Sebastian, City of
Hollywood, City of	Sebring, City of
Indiantown, Village of	Solid Waste Authority of Palm Beach County
Indian Trail Improvement District	South Florida Water Management District
Iona McGregor Fire District	Southern Manatee Fire Rescue District
Islamorada, Village of Islands	Southwest Ranches, Town of
Juno Beach, Town of	St. Johns River Water Management District
Jupiter Island, Town of	St. Lucie County Sheriff's Office
Key West Housing Authority	St. Lucie County Fire District Employees HIT
Key West, City of	Stuart, City of
Keys Energy Services	Tampa Bay Water Authority
Lake Park, Town of	Tarpon Springs, City of
Lake Park Community Red. Agency	Tax Collector, Palm Beach County
Lake Worth Beach, City of	Tax Collector, St. Lucie County
Lake Worth Drainage District	Tequesta, Village of
Lakeland, City of	Government of the US Virgin Islands
LWB Community Redevelopment Authority	Venice, City of
Lee County Sheriff's Office	Virgin Islands Water and Power Authority
Lehigh Acres Fire & Rescue Control District	Walton County BOCC
Loxahatchee Groves, Town of	Walton County Sheriff's Office
Loxahatchee River District	Wellington, Village of
LYNX – Central Florida Regional Trans. Auth.	West Manatee Fire Rescue District
Mangonia Park, Town of	West Palm Beach, City of
Manatee County BOCC	Wildwood, City of

These long-standing partnerships demonstrate our deep commitment to Florida's public sector and our proven ability to deliver tailored, compliant, and strategically designed benefit solutions that meet the unique needs of public entity employers and their employees.

- **Provide a description of the organization structure and names and office locations of the Account Manager and key personnel who will be assigned to the City’s account.**

Gehring Group/Risk Strategies’ Public Sector Specialty Practice (Center of Excellence), based in Palm Beach Gardens, Florida is uniquely positioned to serve as the City’s employee benefits broker and consultant. As part of Brown & Brown’s national team of over 20,000 professionals, our offerings include access to in-house legal, actuarial, pharmacy, clinical, and coverage professionals. As a publicly traded company, Brown & Brown’s organizational structure blends centralized leadership, segment-level specialization, and decentralized local execution, enabling the company to deliver consistent performance while remaining agile, entrepreneurial, and responsive to customer needs.

The City of Deltona’s service team is primarily based in our Palm Beach Gardens headquarters with local consultants to provide onsite service. This includes our Client Service Specialists, who are available to assist employees with complex claims issues; our Account Relations Manager, who supports the Account Manager in coordinating implementations and enrollments; and our in-house graphics team, which develops the annual benefits guide and additional communications materials such as open enrollment posters, wellness brochures, and payroll stuffers.

The dedicated representative responsible for the project will be **Shawn Flemming, Senior Benefits Consultant**. **Shawn** has over 24 years’ experience in serving public entity clients in Florida as well as vast knowledge of the Florida insurance market. He is experienced in all lines of benefits coverage, self-funded programs, hybrid funding arrangements, onsite clinics, stop loss coverage and all things related to program funding and analysis. He has extensive experience presenting to City Councils and various governing boards. Shawn is supported by our local **Account Executive, Jessica Scott**, based in Daytona Beach, as well as an entire team of benefits professionals who are also skilled in these areas and ready to support the needs of the City.

The proposed team and key personnel are outlined below:

Role	Location	Florida Office Location	Years of Industry Experience
Senior Benefits Consultant	Shawn Flemming, CSFS	Ponte Vedra	24 years
Local Account Executive	Jessica Scott, CHRS	Daytona Beach	25 years
Employee Benefits Analyst	Lisa Nix, PHR	Jacksonville	18 years
Senior Account Manager	Mary Ellen Morris	Palm Bch Gardens	36 years
Senior Account Relations Mgr.	Katie Howard	Palm Bch Gardens	12 years
Client Service Specialist	Amber Aronson	Palm Bch Gardens	4 years

Gehring Group/Risk Strategies is unwavering in its commitment to assembling a team of exceptionally skilled professionals while staying at the forefront of industry innovation. Such strategic hires include former risk management personnel with public sector experience as well as former insurance carrier personnel with significant client service and underwriting experience. Their insights enhance our ability to tailor solutions to the unique challenges faced by our clients in the municipal and related government sectors. We also have former insurance carrier underwriters, who draw from their extensive experience and advocate for our clients’ best interests, ensuring optimal outcomes.

At Gehring Group/Risk Strategies, we believe our clients are our best references. We strive to be not only exceptional technicians but also effective communicators and a trusted resource for all their benefits and compliance needs. Our team recognizes the importance of our reputation and the necessity of exceeding our clients' expectations. We maintain open communication channels, both with our clients and within our organization, ensuring we consistently meet client expectations and deliver top-quality service and expertise to every client we serve.

### Team Member Licenses

**Florida Department of Financial Services**

**INSURANCE LICENSE**  
**SHAWN ARTHUR FLEMING**  
*License Number : E059700*

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

**Issue Date**  
 07/14/2003

  
**CHIEF FINANCIAL OFFICER**  
 STATE OF FLORIDA

**Florida Department of Financial Services**

**JESSICA SCOTT**

BROWN & BROWN OF FLORIDA INC  
 300 NORTH BEACH STREET  
 DAYTONA BEACH FL 32114

Is hereby recognized as a  
**0215 - LIFE, HEALTH & VARIABLE CONTRACTS INSURANCE AGENT**

License # **P076149** Issued **DECEMBER 16, 2006**

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

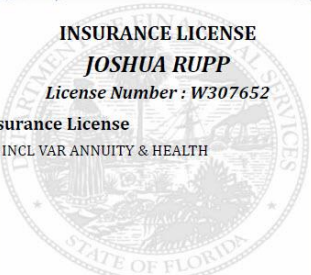

  
**CHIEF FINANCIAL OFFICER**  
 STATE OF FLORIDA

**Florida Department of Financial Services**

**INSURANCE LICENSE**  
**JOSHUA RUPP**  
*License Number : W307652*

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

**Issue Date**  
 02/17/2016

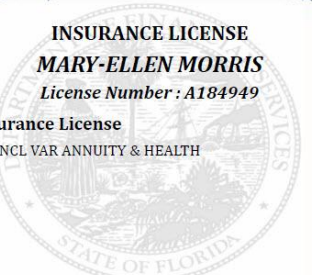
  
  
**CHIEF FINANCIAL OFFICER**  
 STATE OF FLORIDA

**Florida Department of Financial Services**

**INSURANCE LICENSE**  
**MARY-ELLEN MORRIS**  
*License Number : A184949*

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

**Issue Date**  
 06/13/2007

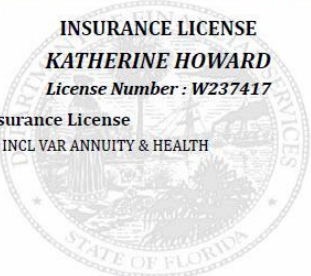
  
**CHIEF FINANCIAL OFFICER**  
 STATE OF FLORIDA

**Florida Department of Financial Services**

**INSURANCE LICENSE**  
**KATHERINE HOWARD**  
*License Number : W237417*

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

**Issue Date**  
 01/15/2015

  
**CHIEF FINANCIAL OFFICER**  
 STATE OF FLORIDA

**Florida Department of Financial Services**

**INSURANCE LICENSE**  
**AMBER ARONSON**  
*License Number : W862601*

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

**Issue Date**  
 06/01/2022

  
**CHIEF FINANCIAL OFFICER**  
 STATE OF FLORIDA

- **Firm's ability to communicate, work effectively and build consensus with staff, elected officials, board and committees.**

At Gehring Group/Risk Strategies, we believe it is especially important as your insurance professional to develop credibility and a strong communication base with all decision makers, elected officials, Risk Management, Human Resources, Finance and Administrative Departments, as well as other overseeing committees in order to accomplish an impartial and thorough analysis of all proposed options. Members of our team actively participate in many of our clients' employee benefits and wellness committees in various roles, often as advisors or facilitators. The participation of all parties involved ensures that members of the committee are able to contribute their ideas, share their concerns and fully comprehend any analysis or recommendations. Gaining the confidence of the committee members will help to ensure that any changes or recommendations are communicated back to the employee base in a positive and effective manner so that any potential transition can be as smooth as possible, and employees understand why certain decisions were made.

Our team is also available to attend any Board meetings, City commission workshops and commission meetings to give presentations, review budget projections and present recommendations as needed.

- **Volume of group health, dental, vision, and life/long-term disability handled by the firm.**

As one of the top producing brokers/consultants for public sector entities throughout the state, our firm also has the distinct honor of participating in the agent advisory councils of three of the top carriers in the state including Florida Blue, CIGNA HealthCare and Humana. This provides us with considerable leverage during client negotiations with our carrier partners. We have earned top-tier recognition with all carriers based on number of clients and premium volume. We represent all carriers in seeking the most comprehensive and competitive options for our clients.

Our extensive knowledge of all types of funding arrangements, from fully insured to self-funded to minimum premium programs, as well as each of the insurance carriers, third party administrators and stop loss providers, enables us to negotiate even more aggressively on our clients' behalf. We offer impartial and independent expertise, and our clout in the marketplace affords our firm the credibility to negotiate with carriers effectively. Gehring Group/Risk Strategies is also known for the high quality of analysis provided in our evaluation and recommendations, our ability to present and communicate this information in a clear and concise manner, as well as the ability to get difficult tasks accomplished.

- **Firm's ability to provide a level of service sufficient to meet the City's needs.**

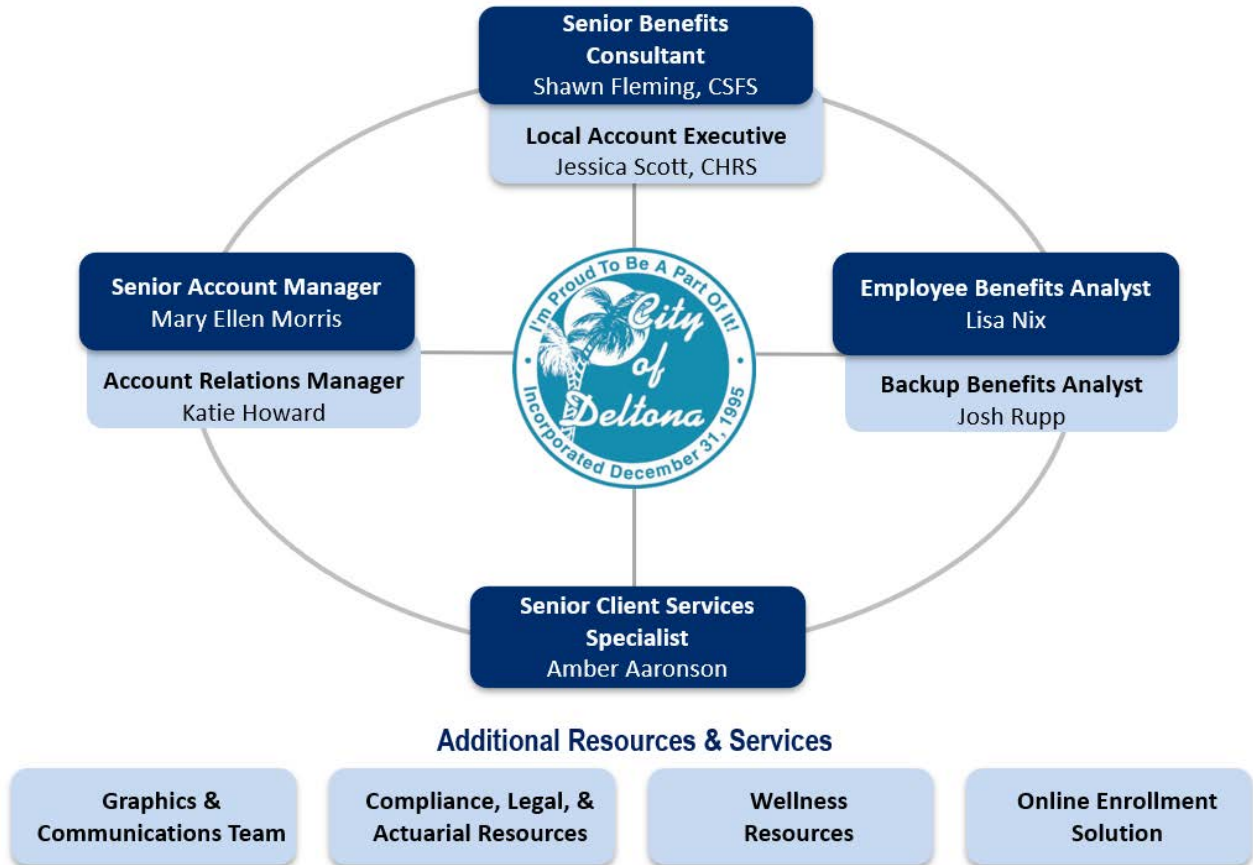
Upon review of the City's Request for Proposals #26015 for Broker/Agent for Insurance Programs, it is evident that the City desires to maintain a competitive yet cost effective employee benefits and program and is seeking an experienced insurance professional to provide comprehensive year-round services in order to accomplish this goal. Gehring Group/Risk Strategies' services would include expert knowledge of the insurance industry and all available programs and alternative funding options, consistent monitoring of the program's claims experience, review of contract language, and the provision of budgetary projections and funding recommendations. Inherent in this process would be marketing (RFP process) and renewal analysis, proposal evaluation process, providing recommendations to staff, monitoring the employee health center, if applicable, and assistance with compliance issues.

In addition to the technical aspects relating to managing a comprehensive employee benefits offering, our team also places a high value on day-to-day service. Our consultants are supported by entire account services department to assist with every aspect of our clients' employee benefits and communication needs. The team structure includes:

- **Account Managers** who serve as the day-to-day contact for the group regarding open enrollment, compliance, billing, eligibility, employee communications, and more.
- **Employee Benefits Analysts** who work directly with your consultant and the insurance carriers and TPAs regarding all technical and financial aspects of the program including the RFP process, proposal evaluation, budget projections, and monthly claims monitoring.
- **Client Service Specialists** who are responsible for developing employee benefit guides as well as assisting employees with claims issues, member appeals, and reconciling client billing discrepancies.
- **Account Relations Managers** who assist the account manager with securing and auditing signed contracts, coordinating open enrollment (OE), assisting with OE meeting preparation, and requesting vendor attendance and materials. They also coordinate health and benefit fairs, medical service vendors and other local vendors including local gyms, Costco, and other relevant service providers.
- **Wellness Coordinators** who can assist our clients in implementing various types of wellness programs and developing a formal wellness strategy with goals. Our Wellness Coordinators coordinate services between carriers, health and wellness vendors, and the client to facilitate the delivery of appropriate and coordinated health management and care management services through various outlets including clinics, educational seminars, management programs offered through the carrier, carrier resources, programs developed by the Gehring Group/Risk Strategies' wellness team, and health improvement wellness challenge platform vendors.
- **Professional Graphic Designers** who assist our clients and the entire Gehring Group/Risk Strategies' account services department in the creation of professional employee communications and benefits education materials such as employee benefit guides, open

enrollment announcement posters and flyers, Wellness campaigns and even educational videos.

With Gehring Group/Risk Strategies, you gain an entire benefits service team to provide a comprehensive level of benefits, education, communication, wellness, and graphics services. The service team structure is illustrated below:



Resumes for the proposed service team are included herein below.

- **Firm’s ability to produce quality and functional broker services.**

Gehring Group/Risk Strategies’ proposal includes a comprehensive level of employee benefits broker and consulting services, with no limits on the number of meetings and no travel or printing costs passed through to the City. Our approach to employee benefits advisory services is based upon sophisticated analysis of data, awareness of local and regional options, and the strategic focus to help our clients chart a course for both the short and long term. Our goal is to ascertain that all available products and insurers are considered to ensure that the City finds the best match for its needs.

Gehring Group/Risk Strategies is a leading provider of employee benefits consulting services whose high level of success is driven by our experience, independence, and integrity as well as our people and our commitment to remain the consultant of choice amongst our clients. At the foundation of Gehring Group/Risk Strategies’ technical approach is a commitment to transparency, flexibility,

and responsiveness. Our clients benefit from a team of professionals dedicated to leveraging their strengths and technical knowledge and providing numerous value-added resources to meet your needs. Our goal is to help your organization and its members save money through effective negotiations, innovative ideas, wellness initiatives, and efficient implementation and management of your benefits programs. We are fully committed to anticipating and fulfilling your needs. Our three main objectives are to control costs, streamline administration, and provide first class customer service for you and your employees.

Our superior level of service includes but is not limited to:

## BENEFITS CONSULTING/BROKER SERVICES

### EMPLOYEE BENEFITS PROGRAM REVIEW

- ✓ Analysis and consultation regarding various funding types and risk levels including graded, level, and self-funding options and stop loss deductible levels
- ✓ Benefit plan design review and cost structure analysis
- ✓ Employer/employee-retiree contribution analysis
- ✓ Evaluate core and voluntary coverage offerings and review of any potential coverage gaps
- ✓ Network disruption and discount analysis
- ✓ Consistent review of market trends and innovative product rollouts
- ✓ Consistent monitoring and analysis of claims experience to identify any areas of over utilization and recommend plan modifications if necessary (based on carrier's capabilities)

### BENEFITS RENEWAL, MARKETING (RFP) AND PROPOSAL EVALUATION SERVICES

- ✓ Pre-renewal strategy meetings to discuss benefits needs and goals, satisfaction with existing carriers, marketing strategy and renewal timeline
- ✓ Perform independent budget/renewal projections
- ✓ Establish renewal/market assessment timeline of expectations targeting early first offer of renewals
- ✓ Analyze renewals and negotiate with carriers for most competitive costs & benefit levels
- ✓ Market all lines of coverage working with Purchasing department, evaluate alternate plan designs, and provide pertinent information necessary for carrier selection
- ✓ Provide analysis of all options in a clear, easy to read format to compare all options and determine the advantages and disadvantages of each
- ✓ Analyze a variety of funding alternatives and plan design to determine the most cost-effective option
- ✓ Negotiate additional value-added services such as multi-line discounts, funding for technology and wellness, etc.
- ✓ Present analysis with competitive alternatives and creative strategies
- ✓ Provide renewal recommendations including any plan changes or contribution alternatives with cost savings, network, or member disruption analysis
- ✓ Negotiate "best and final" offers
- ✓ Oversight of Actuarial Services for annual 112.08 filing & COBRA rate setting, when applicable

## **BENEFIT PROGRAM IMPLEMENTATION SERVICES**

- ✓ Spearhead implementation of benefits programs, wellness initiatives, and/or plan changes
- ✓ Coordination and participation in implementation calls and meetings with leadership and applicable carriers and vendors
- ✓ Coordinate and review insurance contracts, SPDs (summary plan descriptions) and plan documents for legislative compliance and accuracy
- ✓ Review contracts for conformity with program administration and negotiated terms

## **ENROLLMENT SERVICES**

- ✓ Develop and produce annual open enrollment/employee benefit booklets and additional customized member education materials
- ✓ Coordinating and conducting open enrollment meetings providing staff to support multiple locations and time slots for employee meetings
- ✓ Coordinating materials or carrier/vendor participation for open enrollment
- ✓ Ensuring a smooth implementation with new vendors or plans to ensure that all necessary paperwork is complete, and applications and policies are accurate

## **ONGOING PROGRAM ADMINISTRATION SERVICES**

- ✓ Perform ongoing claims experience monitoring and budget projections in order to adequately prepare for renewal
- ✓ Large claim monitoring/stop loss reimbursement filing (when applicable)
- ✓ Expedite resolution of contractual, coverage, eligibility, service, and billing disputes
- ✓ Conduct detailed reviews, analysis and projection sessions with leadership and staff at key points throughout the year to discuss organizational changes, provide legislative updates and industry trends, present renewal projections
- ✓ Attend all additional Staff and Leadership meetings, as requested at no additional cost
- ✓ Provide periodic educational training sessions (onsite, seminars and webinars) and newsletters to educate leadership and decision makers
- ✓ Conduct educational sessions for members, as needed

## **COMPLIANCE AND LEGISLATIVE UPDATES**

- ✓ Conduct annual ACA compliance review and planning
- ✓ Provide ACA reporting and compliance resources and planning
- ✓ Ongoing Emails and Webinars/Seminars regarding relevant legislative updates
- ✓ Easy-to-Read Legislative briefs summarizing developments in HR, Insurance and Employee Benefits

## **EMPLOYEE ADVOCACY AND CLIENT SUPPORT**

- ✓ Assist employees, retirees and members with claim challenges, appeals and benefit questions via telephone or a custom Gehring Group/Risk Strategies email address
- ✓ Assist HR/benefits staff with billing and administrative issues
- ✓ Conduct employee surveys to determine satisfaction with the benefits plan
- ✓ Provide onsite educational meetings to staff and employees, as needed

## WELLNESS CONSULTING

- ✓ Assisting with coordination of and attending health and wellness fairs and ongoing wellness initiatives
- ✓ Planning, Implementing, Managing, and Evaluating wellness initiatives and program
- ✓ Analyzing data to identify wellness and education targets
- ✓ Negotiate and manage carrier Wellness Funds
- ✓ Ensuring compliance with EEOC, ADA, GINA, and ACA guidelines

## VALUE-ADDED SERVICES PROVIDED AT NO ADDITIONAL COST

- ✓ Access to Mineral online Human Resources research tool
- ✓ Clinic consulting and Return on Investment analysis (additional fee associated)
- ✓ Legal resources for legislation and compliance questions on ACA, COBRA, 112.08, Section 125, HIPAA, etc. and other legislative updates
- ✓ Attendance at Gehring Group Public Sector Insurance, Education, Innovation and Excellence Summit
- ✓ Participation in client networking, workshops and roundtable discussions
- ✓ CAVU® real-time benefits benchmarking

Gehring Group/Risk Strategies' approach to employee benefits advisory services is based upon sophisticated analysis of data, awareness of local and regional options, and the strategic focus to help our clients chart a course for the long term and not just the renewal or the next open enrollment. Part of our strategic approach is to challenge our clients to think "over the horizon" and to plan today's actions regarding health care and employee benefits based on tomorrow's needs.

- **Firm's design and staffing levels are sufficient to ensure timely completion of Tasks**

As outlined in the first bullet of this **Tab 3: Firm's Approach**, our clients are serviced by a service team of benefits professionals who are also skilled in employee benefits insurance. Our Benefits Consultants are also supported by an entire account services department to assist with every aspect of our clients' employee benefits service and communication needs. Gehring Group/Risk Strategies anticipates consistent staffing levels as outlined above for the complete duration of engagement. With over 80 dedicated employees in Gehring Group/Risk Strategies public sector specialty, our firm has the capacity and professional experience to efficiently and effectively meet the needs of the City. Our staffing levels ensure tasks are completed promptly and with attention to detail. Additionally, our teammate's proximity to the City enables us to respond quickly to meeting requests and service needs, providing timely, personalized support. As the number of clients grows, we are committed to increasing our staff levels accordingly to maintain our high standards of service and ensure all client needs are met efficiently.

In addition, it is important to note that Gehring Group/Risk Strategies (part of the Brown & Brown Team) strongly encourages continuous development and growth among our team members. Our focus on employee education and training begins with our requirement that all team members with direct client interaction obtain their Florida health insurance license. In addition, all new hires must complete our own internal training program which consists of one-on-one training, departmental training, team training and shadowing as well as the opportunity to participate in mentorships. The education process at Gehring Group/Risk Strategies is ongoing. We provide legal and industry

experts on various topics to provide relevant continuing education to our employees, and we encourage advanced level education by making tuition reimbursement available toward undergraduate as well as post-graduate degrees. In addition, we encourage and cover the cost of all benefits and risk related, industry specific certifications such as CEBS, ARM, PHR and SPHR, REBC, Certified Self-Funding Specialist, Certified Healthcare Reform Specialist, as well as the continuing education requirements to maintain such designations and licenses.

Service team member resumes and qualifications are outlined below:

Role	Name	Florida Ins. License #	Years of Industry Experience
Senior Benefits Consultant	Shawn Flemming, CSFS	E059700	24 years
Local Account Executive	Jessica Scott, CHRS	P076149	25 years
Employee Benefits Analyst	Lisa Nix	W375215	18 years
Senior Account Manager	Mary Ellen Morris	A184949	36 years
Senior Account Relations Manager	Katie Howard	W237417	12 years
Client Service Specialist	Amber Aronson	W862601	4 years

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

**Service Team Experience & Resumes**

**Senior Benefits Consultant - Shawn Fleming, CSFS**

Professional Licenses: Life, Health & Variable Annuity  
 Additional Certifications: NAHU Certified Self-Funding Specialist  
 Education: University of Missouri  
 Degree: B.S., Business Administration  
 Years in Industry: 24 years

**Experience & Qualifications**

Shawn’s extensive experience with large public sector clients, combined with his certification in self-funding and expertise in clinic/health center operations, makes him an exceptional resource for achieving the City’s current and future goals. His deep understanding of the unique challenges faced by public entities, along with his proven track record in implementing effective benefits strategies, positions him as a key asset. Shawn’s ability to navigate complex funding arrangements and his proactive approach to managing programs year-round ensure that the City will receive comprehensive and tailored support.

Shawn began his insurance career in 2002 after earning a Bachelor of Science in Business Administration from the University of Missouri. He has served as a Financial Representative for Northwestern Mutual and worked with a large brokerage firm before joining Gehring Group in 2007. Over his 17 years at Gehring Group (now Risk Strategies), Shawn has focused on serving the public sector, providing employee benefits consulting for groups ranging from 50 to 5,000 employees. He has implemented various benefits program strategies and refined his expertise in all types of insurance programs and funding arrangements.

Shawn pioneered Gehring Group's onsite clinic/wellness center consultation efforts, successfully implementing and overseeing health clinics for over 20 clients across the state. As the subject matter expert on these initiatives, his combined expertise in health insurance and wellness programs makes him a valuable asset for any employer looking to integrate medical and wellness initiatives into their overall benefits package.

Respected among carriers and vendors, Shawn serves on Cigna's Agent Advisory Committee for the Florida Region, giving him advanced notice of new product offerings and the opportunity to provide feedback and recommendations to improve products and services. His industry knowledge and proactive approach ensure that clients receive the best possible guidance and support. In addition to his technical skills, Shawn is known for his strategic thinking and ability to tailor solutions to meet the unique needs of each client. His proactive stance in researching emerging trends and regulations, coupled with his commitment to client education through seminars and webinars, ensures that clients are always well-informed and prepared for any changes in the benefits landscape. This holistic approach, combining deep industry knowledge with a client-centric focus, positions Shawn as an exceptional advisor for the City.

#### Public Sector Experience

Shawn's experience includes serving as the Senior Benefits Consultant for such public sector entities as the City of Cocoa, City of Cocoa Beach, Tampa Airport, City of Palm Bay, St. Johns River Water District, City of Clearwater, and Tampa Bay Water Authority.

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#### Jessica Scott, Senior Vice President, Lead Consultant

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

Certifications: Certified Healthcare Reform Specialist

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

Education: University of Texas

Degree: B.S., Public Administration

Industry Tenure: 25 years

#### Experience & Qualifications

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

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

### Public Sector Experience

With more than 25 years of experience in the local market, Jessica has served a wide range of public sector clients, including the City of Daytona Beach, the City of Edgewater, and the Volusia County School District.

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### Employee Benefits Analyst: Lisa Nix, PHR

Professional Licenses: Life, Health & Variable Annuity

Education: Bentley College

Degree: Professional, Human Resources

Years in Industry: 20+

### Experience & Qualifications

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

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

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

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

### Public Sector Experience

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

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### **Senior Account Manager: Mary Ellen Morris**

Professional Licenses: Life, Health & Variable Annuity

Certifications: Worksite Specialist (NAHU)

Education: University of Windsor Ontario, Canada

Degree: B.A. Communications

Years in Industry: 35 years

### **Experience & Qualifications**

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

At Gehring Group/Risk Strategies, Mary Ellen plays a pivotal role in building and maintaining strong relationships with clients and insurance carriers. Her extensive expertise, experience, and ability to multitask enable her to manage complex employee benefit programs effectively and independently. These programs include group medical, dental, life, vision, pharmacy management, disability and worksite benefits. In her professional capacity, Mary Ellen collaborates with clients and insurance carriers to implement insurance programs, resolve benefit administration issues, and deliver ongoing superior customer service.

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

### **Public Sector Experience**

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

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## **ADDITIONAL TEAM RESOURCES**

### **Kurt Gehring, National Practice Leader – Public Entities**

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

Education: Florida State University

Degree: BA – Marketing

Industry Tenure: 30+ years

### **Experience & Qualifications**

With over 30 years of experience in the insurance industry specializing in the large group public sector market as CEO of Gehring Group, Kurt Gehring currently serves Managing Director of Risk

Strategies' Public Sector division. Kurt is recognized throughout the state for his extensive industry knowledge and excellent communication skills, and his mission is to provide clients with the highest level of service, exceeding industry standards and client expectations. He developed a unique, team-based approach to address the specific needs of each client, particularly those with large employee bases and complex insurance obligations. Kurt's leadership inspires Gehring Group/Risk Strategies employees to address each situation promptly and effectively, contributing to the company's success. Kurt's commitment to personalized service and innovative solutions has driven the growth and success of Gehring Group/Risk Strategies, fostered long-lasting client relationships and established the company as a trusted independent resource, facilitator, advocate, and advisor.

An alumnus of Broward College and Florida State University, Kurt serves on FSU's College of Business Board of Governors and actively supports various community and charitable organizations, including the Florida Sheriff's Youth Ranches, the Crockett Foundation, and the Arc of Palm Beach County, where he chairs the Board of Directors.

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### **Joelle Kantor, Director of Wellness & Wellbeing Solutions (Wellness Resource)**

Professional Designations: MCHES, CCWS

Education: University of North Florida

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

Industry Tenure: 10 years

#### **Experience & Qualifications**

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

As the Director of Wellness & Wellbeing Solutions, Joelle employs a combination of experience, knowledge, enthusiasm, coordination, and empathy to deliver cost-savings, achievable, proven, and innovative programs to our clients. During her years working in this specialized field, Joelle has worked in both the private and public sectors and has achieved a reputable resume which includes the planning and coordination of aggressive wellness program initiatives, wellness fairs and biometric screenings for large employee populations.

In addition to these accomplishments, Joelle holds a bachelor's degree in Health Science from the University of North Florida, with a Minor in Health Education, and has also achieved the *Master's Certified Health Education Specialist* and *Certified Corporate Wellness Specialist* health and wellness related credentials. Most recently, Joelle was certified as a Counselor for [www.crisistextline.org](http://www.crisistextline.org).

- **Firm’s proposed innovative concepts that may enhance value and quality, any favorable cost containment approaches or additional or alternative ideas that may be successful if implemented by The City of Deltona.**

Gehring Group/Risk Strategies is committed to delivering forward-thinking insurance and health care solutions tailored to the evolving needs of our public sector clients. By staying ahead of legislative changes and market trends, we proactively identify opportunities that maximize cost savings while enhancing benefits coverage. Our approach is rooted in innovation and collaboration, ensuring our clients can confidently navigate complex public sector challenges and unlock the full potential of their employee benefits programs.

Renowned for our innovative spirit in the employee benefits marketplace, we meticulously evaluate emerging cost-saving options to gauge their suitability for our clients. Our track record includes groundbreaking initiatives such as the introduction of consumer-driven health plans and innovative strategies like onsite clinics and holistic wellness programs in the public sector. Maintaining a steadfast commitment to staying ahead of industry trends and market dynamics, we continuously explore innovative concepts and new types of health insurance programs presented by insurers and third-party administrators.

Leveraging our knowledge and experience across diverse plan designs and funding arrangements, our consultants empower clients to identify carriers and programs that align with their objectives. This enables management to make well-informed decisions regarding the adoption of new concepts, ensuring they serve the organization's best interests.

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

- Holistic wellness programs,
- Onsite/near-site clinic implementation and ROI monitoring,
- “Centers of Excellence” Hospitals,
- Pharmacy oversight services,
- Pharmacy carve-outs,
- Telemedicine,
- Customized employee assistance programs and mental health services,
- Specialty physician designation cost share differences,
- Plans with “narrow networks,”
- International prescription sourcing,
- Negotiation of wellness funds, technology funds, additional carrier services and support,
- Specialty care including programs such as Regenexx, Surgery Plus, Omada, etc.,
- Mental Health and Substance Use programs,
- Captive funding arrangements, and more.

We are always looking to collaborate with our clients to seek out options to add value to the employee benefits program. Examples of such initiatives are outlined in the case studies outlined below which illustrate how we have collaborated with our clients to implement innovative and cost-saving solutions.

The following includes several examples of how Gehring Group/Risk Strategies' professional consultation services, implementation of innovative solutions, and negotiating strength have reduced costs for our clients:

## Case Studies

### [Case Study #1: County \(1,050 employees\)](#) [Implementation of Regenexx Program](#)

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#### **Challenge:**

The County sought innovative ways to reduce rising orthopedic surgery costs while enhancing employee access to non-invasive treatment options. Traditional surgical procedures were increasing claims costs leading to longer recovery times and higher rates of long-term complications.

#### **Approach:**

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

#### **Implementation:**

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

#### **Results:**

- **29 inpatient hospital procedures were avoided** in the first year, with employees opting for Regenexx treatments instead.
- The total cost for these treatments was \$308,554, paid directly by the County.
- Services included treatments for the spine, elbow, knee, shoulder, and ankle.
- Our ROI analysis, based on cost avoidance and health plan utilization trends, **revealed a savings of over \$200,000** and a **1.7:1 return on investment** in year one.

#### **Additional Value:**

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

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

#### **Outcome:**

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

**Challenge:**

Following the City's transition to a self-insured medical program, leadership sought to not only manage premium costs but also improve employee health outcomes to reduce long-term claims expenses. The goal was to implement a proactive education and wellness strategy focused on behavior modification, preventive care, and chronic condition management.

**Approach:**

Gehring Group/Risk Strategies partnered with City staff to develop a multi-faceted health management strategy aimed at driving better outcomes and controlling costs. Our team leveraged deep market expertise and advanced analytics to identify key cost drivers and areas for intervention. By conducting a deep-dive analysis using our proprietary NavMD analytics platform to evaluate detailed claims data which identified the following:

- Modifiable health behaviors and plan cost drivers to promote smarter healthcare utilization.
- Flagged emerging risk categories and provided proactive recommendations for cost-saving solutions.
- Implemented targeted wellness strategies and disease management programs focused on high-cost conditions.
- Continuously monitored and adjusted cost mitigation programs based on real-time data and outcomes.

**Results:**

The City experienced measurable success through a combination of strategic initiatives, including the launch of an Employee Health Center, incentivized Health Risk Assessments, and the Motivate Me wellness program. These efforts contributed to:

- A below average annual cost increase of just 3.1%, significantly outperforming national trends.
- Improved management of chronic conditions, particularly diabetes, which has been identified as a top cost driver.
- Enhanced benefit plan designed to promote better self-care and medication adherence, including reduced out-of-pocket costs for diabetes-related treatments and prescriptions.

**Outcome:**

Through strategic planning, data-driven decision-making, and targeted health interventions, the City achieved meaningful cost containment while fostering a healthier, more engaged workforce. This case highlights the power of aligning benefits strategy with long-term health and financial goals.

**Challenge:**

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

**Approach:**

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

**Findings:**

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

**Solution:**

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

**Implementation:**

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

**Results:**

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

## Case Study #4: Sheriff's Office (900 employees)

### Implementation of Mobile Employee Health Center

#### Challenge:

One of this agency's long-term goals was to establish an onsite employee health center to improve access to care and reduce healthcare costs. However, logistical challenges, including employees residing across multiple counties and office locations spread across various cities, made a traditional onsite clinic impractical. Additionally, a carrier's onsite representative observed that many employees lacked a designated primary care physician, highlighting a broader issue of limited access to routine care.

#### Innovative Approach:

To overcome these barriers, Gehring Group/Risk Strategies recommended a mobile health clinic solution through *WalkOnClinic*, a vendor specializing in hybrid healthcare models for self-funded employers. This innovative approach eliminated the need for costly facility build-outs while creating a consistent primary care home for employees.

#### Implementation:

The mobile clinic launched on May 1, 2023, featuring three exam rooms and a rotating schedule that served key agency locations including Headquarters, Corrections, Courts, Training, and Fleet. Our team worked closely with the vendor and agency leadership to coordinate logistics, promote employee engagement, and ensure a smooth rollout.



#### Results:

- **Utilization exceeded expectations**, with a 64% usage rate in the first year (vs. a projected 40%).
- **678 employees** visited the clinic at least once, and **240 designated it as their primary care provider**.
- A patient satisfaction survey showed **94% rated the clinic as "Excellent"** and 5% as "Good".
- **44% of respondents** indicated they would have gone untreated or visited urgent care/ER without the clinic.
- The clinic staff identified a new cancer patient and referred them for timely treatment.

#### Return on Investment:

The program delivered an estimated **\$1.1 million in hard and soft dollar savings** in its first year. These savings were driven by reduced emergency room visits, improved chronic condition management, and increased access to preventive care.

#### Outcome:

The mobile clinic successfully addressed the agency's healthcare access challenges, improved employee health outcomes, and delivered a strong financial return. This case highlights the power of creative, data-driven solutions in transforming employee benefits delivery for public sector organizations.

**SCOPE OF WORK**

To further elaborate on the extent of our services, we would like to take this opportunity to address each item in the City's Scope of Work to demonstrate our ability to meet the requirements and accomplish the work:

- **Provide dedicated personnel to be the main contact for managing account relationships. The contact will be readily accessible to City Human Resources personnel.**

Confirmed. Gehring Group/Risk Strategies assigns each client an experienced team of staff which is led by a Senior Benefits Consultant. Details regarding the proposed service team and their qualifications are outlined in **Tab 2 and 3** above.

- **Provide general and technical guidance on employee benefit issues to include market analysis, trends, contract and statute interpretation and cost containment methods.**

At Gehring Group/Risk Strategies, we provide comprehensive general and technical guidance on all aspects of employee benefits. This includes conducting in-depth market analyses, monitoring emerging industry trends, interpreting complex contracts and statutory requirements, and developing effective cost-containment strategies. Our approach is centered on empowering clients with clear analysis, relevant benchmark data, and recommendations to help them make informed decisions and optimize the overall performance of their benefit programs.

With a keen eye on the local market and access to in-house public sector benchmark data, we continuously monitor market trends and possess insights into cost factors and renewal proposals from various other public entities. Given our large public entity client base, we have amassed a wealth of invaluable benchmark data internally. This comprehensive data encompasses a wide array of metrics, ranging from plan benefits and employer contributions to waiting periods and trend factors, allowing us to assess the reasonableness of the price for the proposed coverage.

Moreover, our exceptional performance has garnered us top-tier producers' status all Florida health carriers. While these accolades are a testament to our premium volume achievements, it is important to note that Gehring Group/Risk Strategies remains impartial. This independence empowers us to offer diverse options to our clients, ensuring that recommendations are solely based on the unique needs and objectives of each client. Over the years, our firm has facilitated substantial savings in premiums totaling millions of dollars for our clients, while simultaneously enhancing benefits through meticulous program analysis and innovative plan placement strategies. Examples of such cost savings are outlined in the case studies presented in **Tab 3** above.

- **Assist in servicing of implementation of employee benefit program as needed, and service subsequent year program renewals throughout the term of the contract.**

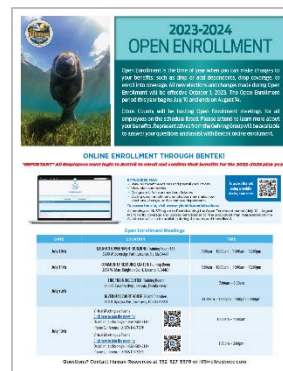
Gehring Group/Risk Strategies is fully prepared to assist with the implementation of the City's employee benefit programs and provide ongoing support throughout the contract term. Our team

will work closely with City staff to ensure a smooth rollout, including coordination with vendors, employee communications, and enrollment support. We also manage subsequent year renewals by reviewing plan performance, analyzing market trends, negotiating on your behalf, and recommending strategic adjustments to maintain cost-effectiveness and employee satisfaction year over year.

- **Assist in the development and review of communication materials and review for content, appearance, compliance, and accuracy.**

Confirmed. Our team will provide both technical and creative assistance in the ongoing development, preparation, and review of various employee communication materials. We understand the importance of clear and engaging communication to ensure employees are well-informed about their benefits and any updates. Our expertise in crafting effective communication materials will help convey essential information in a way that is accessible and easy to understand, supporting the City's efforts to keep employees informed and engaged. Some of the creative communication materials (samples included in **Exhibits A and B**) that Gehring Group/Risk Strategies has created for clients over the years have included:

- Employee Benefits Guide
- Open enrollment posters/flyers
- FSA enrollment poster/flyer
- “Got Questions?” flyer
- ID Card flyer
- Wellness Fair Flyer
- Wellness Program Guides
- Benefits Education Campaigns
- Qualifying Events flyer
- Onsite Clinic Flyers



Gehring Group/Risk Strategies develops and customizes such communications in-house with feedback from our clients. We prioritize employee education and communication regarding the City’s employee benefits offerings. Leveraging the expertise of our skilled in-house Graphics team, we are poised to assist the City by creating tailored communication materials designed to address specific needs. We ensure that all materials are compliant and crafted with precision and clarity to effectively convey essential information about your employee benefits program. Examples include:

**Employee Benefits Guide**

At the beginning of each new plan year, we summarize the information regarding your insurance coverages in a custom employee friendly benefit guide. (Sample included in **Exhibit A**.) The benefit guide is a valuable resource and enables members to clearly understand plan options and related costs to help make decisions. We will provide an electronic version of the annual benefit guide for posting on your intranet or applicable location. Paper copies are available upon request.



**☑ Professional Employee Communications**

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



**☑ Employee Benefits Education & Wellness Campaigns**

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

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



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

- **Assist in planning for each annual enrollment; assist the City with enrollment meetings and activities.**

Confirmed. Our team will attend and assist with the coordination of the Annual Open Enrollment meetings to ensure a smooth and informative experience for all participants. Following the RFP and evaluation process, our team continues to be actively involved, acting as an intermediary between each vendor and our clients to facilitate contract negotiations, program implementation, and open enrollment. We initiate open enrollment planning well in advance of renewal, starting with a detailed renewal timeline that outlines all aspects of the process, working backward from the desired open enrollment period. Your Account Manager will be intricately involved throughout the planning and open enrollment process, helping to coordinate the various steps of the process including but not limited to:

- **Coordinating and Attending Meetings:** Assisting in the coordination and attendance of employee informational and enrollment meetings at all sites as determined by the client. This includes determining whether these meetings will be mandatory or optional.
- **Determining Meeting Formats:** Deciding on the format for open enrollment meetings, whether it be health fair style, group informational meetings, or one-on-one meetings.
- **Providing Support:** Supplying additional licensed team members to support enrollment meetings across multiple locations and various shifts if needed.
- **Logistics & Coordination:** Organizing meeting locations, times, necessary collateral, and coordinating attendance of vendor representatives if requested.
- **Developing Communication Materials:** Creating communication collateral such as open enrollment announcement posters, PowerPoint presentations, and annual employee benefits guides for employees, retirees, and special districts.

This also includes vendor transition services such as:

- **Managing Insurer Changes:** Facilitating the implementation, cancellation, and renewal of the applicable insurers and vendors upon written acceptance.
- **Ensuring Vendor Compliance:** Making sure that applications and contracts for all new vendors are completed accurately and forwarded to the applicable vendors in a timely manner and reviewing all vendor contracts to ensure they align with what was proposed and presented.
- **Contract Review:** Review all vendor contracts to ensure they are in line with applicable legislative requirements.
- **Facilitating Technology Integration:** Working with applicable technology partners, such as Employee Navigator and Bentek, to provide plan and cost updates for the enrollment site.

Accomplishing a smooth renewal process not only requires proper planning; it also requires establishing and communicating clear expectations. By setting these expectations early and maintaining open lines of communication, we ensure that all parties are aligned and informed throughout the process. This approach helps to mitigate any potential issues and facilitates a seamless transition, ultimately leading to successful outcomes.

- **Assist, as needed, with implementation of program changes when they occur.**

Confirmed. Our team is available to support the implementation of program changes as they arise, whether that involves updating benefit summaries or communications, coordinating with vendors, or assisting with employee education to ensure a seamless transition and minimal disruption.

- **Assist the City on a regular basis and in a timely manner to provide information, analysis and guidance on any and all aspects of City benefit program policy and administration.**

Your Gehring Group/Risk Strategies' service team will maintain continuous communication throughout the plan year to provide support to staff on all aspects of the City's program including analytical, policy and administration, legislative, enrollment and billing questions. We are also

available to assist with the resolution of claim problems and other issues such as policy interpretation. In addition to your Account Manager and Benefits Analyst, our clients also have access to our in-house Client Service Specialists to lend assistance with claims and billing issues.

By maintaining year-round involvement and fostering regular communication, we will build a deep understanding of the City's direction and priorities enabling us to anticipate benefit needs and provide tailored solutions that support the City's strategic goals. This entails meticulous planning and clear communication of expectations.

- **Act as liaison between the City and insurance providers.**

The Gehring Group/Risk Strategies team is significantly involved in interacting with all the City's employee benefits vendors. It is our role to act as a liaison between the City and its vendors and represent the City's best interests in negotiating, coordinating, implementing, and monitoring all aspects of plan benefits and service. We consistently review carrier performance and interact with claims departments to ensure claims are processed correctly. In addition, we negotiate performance guarantees with vendors regarding implementation, ongoing member service criteria and provider discounts.

Gehring Group/Risk Strategies' services include ongoing benefits administration support as well as assistance to employees with billing and claim issues. We often meet with employees individually to facilitate a quick resolution of any claim issues they may be experiencing. Oftentimes, Gehring Group/Risk Strategies' staff acts as the intermediary between the employee, provider, and insurance carrier, to expedite the process. Consider your team as a true extension of your HR and Benefits staff. Supporting our clients' needs is a fundamental objective at Gehring Group/Risk Strategies. We take the role of advocacy to heart when representing your employees on claims issues, and we advocate for the organization when negotiating your renewal and communicating with all vendors. Gehring Group/Risk Strategies will coordinate with vendors to resolve issues on delivery, enrollment, interpretation, and other contract issues.

- **Provide a qualified representative to attend meetings with City staff, Management Team, and employees as requested or needed.**

Confirmed. Gehring Group/Risk Strategies will provide a qualified representative to attend and present at meetings with City staff, the City Council, management, employees, and labor groups as requested or needed. Our team also participates in many of our clients' employee committees that include labor representation and are veteran presenters to various governing bodies including various types of Councils, Boards and Committees. We are also available to attend employee or union meetings upon request. These sessions offer valuable opportunities to review renewal projections, introduce new insurance concepts, and educate employees on the renewal and underwriting process. Involving representatives from each employee group or union helps ensure that changes and recommendations are communicated effectively and positively throughout the organization.

- **Review all plan documents for accuracy and compliance with appropriate laws and regulations, appropriateness of items to be included in a Section 125 Plan and review of annual required filings.**

Confirmed. Your Gehring Group/Risk Strategies’ team of experts is available to assist the City in reviewing all plan documents, plan amendments, and flexible benefits plans for compliance and accuracy. In addition, our team serves as a resource for annual required filings such as the ACA 1094/1095-C forms and the PCORI fee (if applicable). If self-insured, we can oversee the actuarial services to perform the annual required 112.08 filing of actuarial soundness with the state of Florida. We work hand in hand with our actuaries to compile and review all data necessary to complete any annual required filings and reserve requirements.

As part of the RFP, renewal and/or implementation process, Gehring Group ensures that all solicitations, applications, plan documents and contracts for all current and new vendors are complete and accurate and forwarded to the applicable vendors in a timely manner. In addition, our team reviews all vendor contracts to ensure they are in line with what was proposed and presented and will review the City’s Employee Benefits Handbook for accuracy and compliance.

Gehring Group/Risk Strategies also works with our clients to ensure they are compliant with all annual notice and disclosure requirements. To assist in this effort, the Benefits Consultant and team will meet annually to review your programs compliance with frequently changing local, State and Federal legislation specific to government entities. We have developed our “Annual Notices and Disclosures” checklist to ensure that all requirements have been addressed. It provides a description of the notice, when it is due, allowed distribution methods and easy access to links to locate the notice.



- **Respond to questions regarding the insurance programs as may be presented by the City and maintain verbal contact with employee benefits staff at least monthly.**

We are committed to providing timely and accurate responses to any questions the City may have regarding its insurance programs. Our team maintains consistent communication with the employee benefits staff, ensuring that any concerns are addressed promptly and that there is ongoing collaboration to support all your benefits administration needs. We will meet with the City at least quarterly and touch base monthly or more often should the need occur.

Clients can always reach their account managers, even when they are out of the office, through cell phones or our administrative assistant. All account managers are equipped with technology tools such as laptops, cell phones, and tablets to ensure they can respond promptly.

In addition, employees can also contact our Client Service Specialists directly to ask questions and request assistance with claim issues. Our in-house account service representatives work alongside account managers



to resolve urgent requests quickly, such as issues with obtaining prescriptions or other care-related matters.

- **Meet with the City at regular intervals (e.g. at least quarterly) to review and discuss plan performance, premium/claims history, market trends, insurance trends, and provide observations.**

As part of our continuous service, Gehring Group/Risk Strategies will meet with the City at regular intervals (at least quarterly) to review and discuss plan performance, premium/claims history, market trends, insurance trends and carrier service. Our team conducts detailed reviews, analysis, and projection sessions with decision makers at key points throughout the year, consistently tracking the available claims utilization data of your program to more effectively prepare for the renewal process. We review available claims utilization reports to determine whether your programs are running favorably and utilize this claims data to forecast renewal projections, prepare budgets and negotiate with vendors.

Your Gehring Group/Risk Strategies service team is also available for phone calls, Teams/Zoom meetings and can be accessible for in-person meetings given reasonable notice. We are also available to attend open enrollment meetings, new hire orientations and health fairs as needed. We understand that there will be times of the year when we will need to meet and be onsite more often due to renewals, open enrollment, wellness planning, educational sessions, insurance committee meetings or City Council meetings and strive to be available to our clients whenever the need arises.

- **Coordinate/schedule City’s annual health and wellness fair.**

Your Account Manager will support the City’s health and wellness fair initiatives. Our team has extensive experience coordinating these events for a wide range of clients and will collaborate with the City to identify the most effective incentives to boost employee participation. We can coordinate a diverse group of vendors, including but not limited to:

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



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

Examples of vendor services we have coordinated for client health fairs include but are not limited to:

- American Heart Association
- AngioScreen
- Area Agency on Aging
- BeyondMed
- Employee Clinic/Biometrics (Concentra)
- Fire Department
- Fresh Fruit Delivery
- GRS Pension Administrator
- Homeland Wellness (Chair Massages, Bone Density and Sleep Apnea Screenings)
- MissionSquare
- National Vision Administrators
- OneBlood donation bus and education
- OnSpot Dermatology screening
- Police Department Safety Education
- InBody Screenings (Recreation)
- Blend Bike
- TriRail
- Richard David Kann Melanoma Foundation
- Various local Hospitals

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

- **Meet with the City’s Employee Wellness Committee, as needed.**

Gehring Group/Risk Strategies will work collaboratively with the City’s Employee Wellness Committee, meeting as needed to support both the strategic direction and day-to-day effectiveness of the City’s wellness initiatives. In this role, we will review participation and utilization trends, program outcomes, and employee feedback; provide informed, practical guidance; and share relevant public-sector best practices. We will assist the Committee with program planning, prioritization, and continuous improvement, helping ensure wellness strategies are aligned with the City’s benefits philosophy and workforce goals while remaining effective, sustainable, and responsive to employee needs.

- **Assist with implementing the Wellness Program, as needed.**

We welcome the opportunity to collaborate with the City in implementing and supporting its wellness initiatives. Our approach to wellness is data-driven and personalized, beginning with a thorough analysis of claims utilization to identify key areas of focus. We work closely with our internal wellness team to propose impactful strategies that promote long-term health improvement and measurable outcomes.

Our team is available to assist the City in developing a concrete healthcare and wellness strategy to motivate and strategically promote healthy behaviors and lifestyles amongst your employees and their families. We work closely with Human Resources, Employee Benefits, and Wellness Committees throughout the year to implement and communicate a variety of effective programs and services for employees. We aim to create an “awareness” culture and engaging environment through our custom communication pieces (posters, flyers, videos), health fairs, seminars, and

other healthcare and wellness initiatives. We take an innovative approach and tailor simple and comprehensive wellness programs to your organization’s needs. We also work closely with medical carriers to strategize and to review your plans for options that can incorporate specific health targets and behaviors by rewarding the employees through lower deductibles, insurance premiums, HSA/HRA funding, etc. We want employees to be motivated intrinsically for their own wellness journey, but we understand that external motivators and incentives are an important part of the program. We also work with outside health vendors in conjunction with the medical carrier of choice to negotiate wellness funding combined with utilization of free or added resources and services that are available through your community and medical plan.

The goal is to target individuals and groups and teach them how to care for themselves and how to appropriately access their medical benefits and the medical care system as a whole, for example, the importance of prioritizing preventive care and annual health screenings. This starts with proper communication of employee benefits insurance programs and available resources. Educating employees regarding their benefits and encouraging wellness and preventive care is the first step in identifying chronic conditions that may otherwise go undetected.

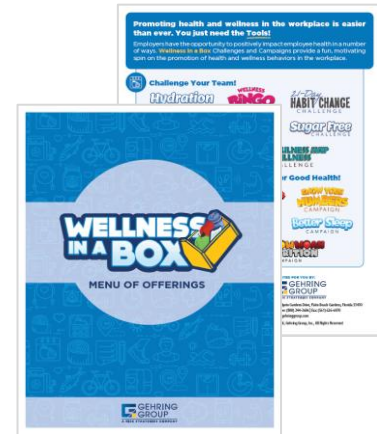
The specifics of the best approach will vary for each client, so our first step is to determine what kind, if any, changes need to occur for the group to move toward a culture of wellness. Our team works closely in coordination with you and your carrier to review aggregate data, using claims information to identify areas of opportunity and develop a strategy to achieve this goal. One way is to start with an employee interest survey to understand employees’ desires and combine those results with any aggregate data from the medical carrier, screenings, etc. to best tailor a program for your organization.

From there, our team can coordinate services between carriers, health and wellness vendors, and the client to facilitate the delivery of appropriate and coordinated health management and care management services through various outlets including clinics, health coaching for chronic conditions, educational seminars, disease management programs offered through the carrier, resources developed by our own wellness team, and health improvement wellness challenge platform vendors.

This illustration is an example of our collaboration with United Healthcare and another client to offer an educational session to provide relevant information to participants with Type 2 Diabetes.



In addition, Gehring Group/Risk Strategies has developed dozens of educational campaigns as well as **Wellness in a Box**® to complement our clients' healthcare and education strategies. Wellness in a Box® is a collection of pre-designed health and wellness campaigns and challenges ready to be customized for your organization. It includes everything needed to roll out a successful company-wide health and wellness campaign or challenges to your employees. These challenges can be utilized to motivate employees by providing various incentives when challenge goals are met. Incentives can include low-cost ideas such as jump ropes, sunscreen and hand sanitizer to mid-range rewards including water bottles, cookbooks, yoga mats, hats, duffel bags and more. Comprehensive programs with larger incentives could include rewards such as HRA funding and premium reductions, as well as health-promoting products such as air fryers, bicycles, Fitbits, smart watches and more.



In summary, our goal is to be a true partner in building a culture of health and wellbeing for the City and its employees. By leveraging data-driven insights, personalized programming, and a wide array of resources—including our proprietary Wellness in a Box®—we are equipped to deliver a wellness strategy that is both impactful and sustainable. Our collaborative approach ensures that every initiative is aligned with your organization's goals and employee needs, while also maximizing the value of your existing benefits and community resources. We are excited about the opportunity to support your team in creating a healthier, more engaged workforce and look forward to working together to bring this vision to life.

- **Respond to employees, as needed, to educate them on coverage questions and help them with problems.**

Confirmed. Members of your service team are not only available to benefits administration staff and decision makers but are also directly accessible by employees and retirees to provide education, answer questions, and help employees work through claim issues. They assist in resolving escalated claims issues by working with the employee, insurance carriers, and providers in the event a claim has been denied. Our Gehring Group/Risk Strategies team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

- **Present and participate in Insurance Committee meetings as necessary.**

Our team members are available as requested to attend any onsite meetings including insurance committee, board meetings, or other meetings as requested. We can also make presentations to all City leadership, unions, employees/retirees, and other committees as needed, providing PowerPoint presentations, and customizing spreadsheets and recommendations to suit the specific purpose of the presentation. Our team is very experienced in presenting to committees, boards, leadership, staff, union representatives, elected officials, and employees/retirees to provide education, explain program recommendations, conduct strategic planning sessions, provide budget recommendations, and more.

- **Monitor and notify the City of major developments regarding Federal and State compliance, medical benefits, and in the medical insurance industry or with the City’s insurer that may affect the City.**

Gehring Group/Risk Strategies maintains a strong commitment to ensure our clients remain in compliance with state and federal regulations and that all plan offerings and related documents are up to date. Our compliance team includes in-house CPAs, our attorney partners, tenured licensed professionals, and seasoned human resources professionals holding the PHR and SPHR designations. We remain at the forefront of pending and new legislation to educate our clients in a clear and understandable, timely manner regarding federal and state legislation. Additionally, our team annually reviews our *Annual Compliance Review* checklist with each client and creates a timeline and action plan around the results. We employ a proactive approach to learning, interpreting, and educating on all applicable regulations as released and keep our clients up to date on all regulatory changes that will affect them.

### Strategic Legal Partnership – Seyfarth

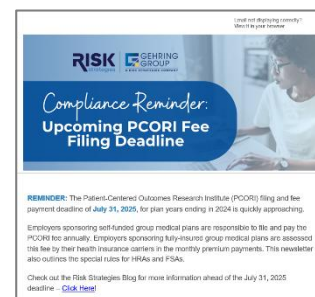
Gehring Group/Risk Strategies retains Seyfarth’s Benjamin Conley as an additional resource for legal issues and research regarding health and welfare plans, ERISA, and other benefits related topics. A frequent speaker at our educational seminars/webinars, Mr. Conley regularly advises on health and welfare plans, defined benefit and defined contribution plan compliance, ACA, Section 125, ERISA, COBRA, and HIPAA privacy regulations. He is also a member of Seyfarth’s healthcare reform team and regularly consults with various governmental agencies such as the IRS, Department of Health and Human Services and the Department of Labor on health care reform developments, receiving clarification and interpretation of guidance directly from the source.

### Focus on Client Education

At Gehring Group/Risk Strategies, we take the position that we are a resource to our clients and not just a facilitator, so we embrace the learning and dissemination of information. We have an in-house graphics department to create communication and educational materials for employees. We also educate our clients regularly by holding on-site and local client seminars, hosting topic specific compliance webinars, authoring easy-to-read succinct newsletters and email updates, and coordinating educational workshops. Our team is revered in the employee benefits field and employs several methods of educating our clients about changes in federal, state, and/or local laws. These include:

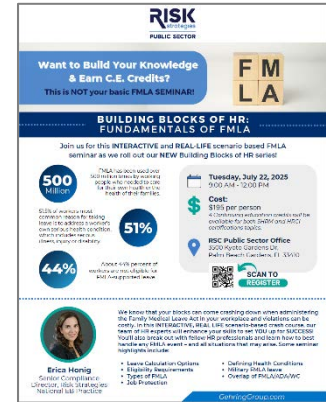
- **Gehring Group/Risk Strategies’ Newsletters**

We provide you with updates regarding any changes in applicable laws and how they might affect your benefits program via our Gehring Group/Risk Strategies’ newsletters which are distributed via email. (**Exhibit E**).



- **Client Seminars/Webinars**

Gehring Group/Risk Strategies hosts several client seminars/webinars (**Exhibit D**) each year on various topics in order to ensure that our clients have all the information needed to be adequately prepared for any new mandates and are comfortable in their understanding of all requirements. Employers can take advantage of the educational opportunities available at our annual Public Sector Summit, Mental Health First Aid Workshops, Benefits Administrator Workshops and more. Another example of our continued engagement with our clients on relevant topics includes our Police and Fire Mental Health Focus Group recently held onsite at our Palm Beach Gardens location.



The following includes a sample of webinars and training sessions that Gehring Group/Risk Strategies has hosted and presented during the past two years:

Date	Client Educational Opportunity
February 27, 2024	Workshop – Benefits Administrator Workshop 1.0
April 24-25, 2024	Public Sector Client Summit – “Leading Through Storytelling: How Stories Shape Us and Connect Us”
June 25, 2024	Webinar – Dueling Mandates – Section 1557 of the ACA
July 17, 2024	Workshop – Benefits Administrator Workshop 2.0
October 1, 2024	Webinar – Understanding Recent Changes Affecting Creditable Coverage
November 14, 2024	Webinar – Transparency in Action: Gag Clause Attestation & the Prescription Drug Reform Act
January 30, 2025	Webinar – Preparing for the Upcoming ACA Reporting Season: What’s New & What to Know
February 12, 2025	Workshop – Benefits Administrator Workshop 1.0
March 5, 2025	Workshop – Benefits Administrator Workshop 2.0
April 23-24, 2025	Public Sector Client Summit – “The Purpose Equation: Carving a Path & Leaving a Legacy”
July 22, 2025	Seminar: Fundamentals of FMLA – CE Opportunity
August 21, 2025	One Big, Beautiful Bill, But What About the Benefits?
January 15, 2026	ACA Reporting Season: Essentials & Must Know Highlights

Gehring Group/Risk Strategies also hosts regular *Benefits Administrator Workshops* for our clients’ benefits administration staff during which we review such topics as the basics of coverage types, plan year administration, the RFP and purchasing process, legislative updates, best practices, statutes surrounding Sunshine Laws, benefit program reporting, ACA compliance, and many other topics based on feedback from our clients.

- **Face-to-Face Meetings**

Last, but not least, Gehring Group/Risk Strategies will make a point to meet with clients face to face, to address issues or opportunities specific to that client. It is our goal to provide our clients

with any training and support needed. Since members of our team sit on the agent advisory councils of many of the major insurance carriers in the state, we are often the first to be informed of new health plan trends and product offerings resulting from the new legislative mandates and can, therefore, keep our clients well informed of any programs or potential new cost-saving opportunities.

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

- **Provide timely information, literature, and consultation on Affordable Care Act (ACA) and other regulations that may affect the City.**

To ensure our clients remain compliant with ever-evolving employee benefits and insurance regulations, we implement a multi-layered legislative tracking strategy including, but not limited to, the following:

1. **Compliance Tools** – We utilize tools such as Mineral HR which provide real-time alerts on federal and state legislative changes. These tools also offer compliance calendars, document templates, and HR libraries that we use to update client policies promptly.
2. **Dedicated Compliance Team** – Our in-house Regulatory Compliance Officer, Erica Honig, leads a team responsible for monitoring and interpreting legislative developments and interprets new laws, assess their impact on client plans, and coordinates timely updates across departments.
3. **Government and Legal Monitoring** – We actively monitor updates from DOL, IRS, CMS, and state insurance departments. Additionally we review legal bulletins and partner with law firms for expert interpretations of complex regulations.
4. **Industry Engagement** – Our team actively engages with industry associations such as SHRM, The Council of Insurance Agents and Brokers and the State and Local Governmental Benefits Association, ensuring we receive early insights and expert analysis on upcoming legislative trends and best practices.
5. **Internal Review Cycles** – We conduct compliance audits of client benefit plans to ensure that documentation procedures and client-facing materials reflect the latest legal requirements.
6. **Client Communication** – We keep clients informed through our compliance newsletters, webinars on major legislative changes, and client face-to-face meetings to tailor updates to client specific needs.

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

- **Research and provide responses to inquiries for issues found during the monthly reconciliation of insurance premium invoices.**

Gehring Group/Risk Strategies will research and respond to issues identified during the monthly reconciliation of insurance premium invoices by reviewing carrier billing statements, enrollment data, and plan records to confirm accuracy. Our team will coordinate with carriers, third-party administrators, and the City, as appropriate, to investigate discrepancies, resolve billing errors, and support timely corrections, credits, or adjustments. We will communicate findings clearly and document resolutions to help ensure ongoing billing accuracy and consistency.

- **Provide an estimated renewal projection in advance of renewal, based on standard underwriting formula.**

Gehring Group/Risk Strategies provides renewal projections using standard underwriting formulas to give the City clear visibility into expected plan performance and to budget appropriately. Our team conducts a detailed analysis of claims experience, enrollment changes, medical and pharmacy trend factors, and large-claim activity to produce an accurate preliminary projection. We deliver this projection early in the plan year to support budgeting, financial planning, and strategy discussions. In addition, we continue to monitor claims utilization and key cost drivers throughout the year, updating the projection as new data becomes available to ensure the City is fully prepared for renewal and able to make informed, proactive decisions.

- **Coordinate with the City prior to renewal with an updated estimate of renewal changes in premium, along with possible changes in coverage, policy terms, etc.**

Gehring Group/Risk Strategies proposes a robust, year-round consulting model designed to support the City throughout every phase of the plan year. This includes strategic renewal planning meetings, budget forecasting, renewal analysis and negotiations, and full support throughout the RFP and vendor evaluation process. This includes developing budget projections, requesting renewals from benefit vendors, conducting renewal analysis and aggressively negotiating premiums. Our specific focus on serving the public sector allows us to leverage the credibility we have established with insurance carriers and government trusts more efficiently. It is also important to note the ability of our experienced team to not only effectively negotiate the benefits and costs of your program(s), but also value-added services and benefits such as wellness services/funding, onsite carrier support, technology funding and aggressive pharmacy rebate returns. We get results both for the employer providing the benefit program and each and every member enrolled.

- **Present final renewal pricing and policy changes about 120 days before renewal. If desired by the City, formally market and prepare bid documents for employee insurance benefit programs with the current and other insurers per Florida Statute 112.08.**

Confirmed. Gehring Group/Risk Strategies will negotiate and present renewal pricing and any proposed policy change approximately 120 days prior to renewal pursuant to insurance carrier cooperation. In addition, we will market the City's plans to carriers on a scheduled basis, annually or every three years depending on plan performance and the needs of the City. Our traditional

marketing process includes a comprehensive analysis of the current programs, past programs, claims history, in addition to numerous other factors including demographics and the local market. Our annual service and marketing process includes the following steps:



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

1. **Planning & Timeline Development** – Our first step is to develop a customized procurement timeline that outlines all key milestones, including RFP release, proposal deadlines, evaluation periods, meetings, and final decision dates. This schedule is tailored to accommodate additional onsite meetings, best and final offer (BAFO) procedures, and any other services requested by the City.
2. **RFP Development & Release** – We collaborate with the Human Resources and Procurement departments to prepare and release comprehensive Requests for Proposals (RFPs) for all applicable lines of coverage. This includes drafting the RFP documents, defining scope, and scoring criteria, and ensuring alignment with the client’s goals and compliance requirements.
3. **Market Engagement & Vendor Support** – We manage all phases of vendor engagement, including:
  - Exploring feasible plan designs tailored to the client’s needs.
  - Developing clear and objective evaluation criteria.
  - Responding to vendor inquiries throughout the RFP process.
  - Participating in oral interviews and vendor presentations as needed.
  - Coordinating best and final offer (BAFO) requests with selected finalists.
4. **Proposal Receipt & Comprehensive Proposal Analysis** – Upon receipt of proposals, we verify completeness and compliance with RFP requirements and develop a structured side-by-side comparison of all proposals against the current (in-force) program. We conduct a detailed evaluation of each proposal, including:
  - Total program cost analysis, with breakdowns of employer and employee contributions.
  - Identification of proposal caveats and opportunities for multi-line discounts.
  - Assessment of plan design, value-added services, and carrier A.M. Best ratings.

5. **Benchmarking & Comparison** – Using our extensive internal benchmarking database, we validate the reasonableness of proposed pricing and benefit structures. Metrics include plan benefits, employer contributions, waiting periods, and trend factors.
6. **Network & Disruption Analysis** – We evaluate provider networks and perform network (provider/facility) disruption analysis, network discount analysis, and prescription drug disruption analysis to ensure that employee access to care is maintained and optimized.
7. **Preliminary Findings Review** – Upon review of all proposals or renewal offers, we meet with City Staff to present our initial findings, discuss viable options, and gather feedback. This collaborative step ensures alignment before final recommendations are made.
8. **Clarification & Finalist Negotiations** – For vendors deemed viable, we conduct a second-level clarification process to resolve outstanding questions. We also facilitate finalist interviews and negotiate performance guarantees and other contractual terms where applicable.
9. **Final Evaluation & Recommendation** – Following finalist negotiations and continued collaboration with staff, we deliver a formal evaluation report and provide a clear, data-driven recommendation that aligns with the client’s financial goals and employee benefits philosophy.

Throughout this process, we are committed to delivering strategic, data-informed guidance that empowers our clients to make confident, cost-effective decisions about their employee benefits programs. Our comprehensive approach to market solicitation and proposal evaluation ensures that each step is executed with precision, transparency, and a deep understanding of public sector priorities. We look forward to the opportunity to continue to support the City in optimizing its benefits strategy and achieving long-term value for both the organization and its employees.

- **Advise and assist the City in negotiating renewal rates and plan provisions.**

Gehring Group/Risk Strategies will aggressively negotiate the renewal rates for all employee benefits lines of coverage. Due to Gehring Group/Risk Strategies’ large public sector client base and thus, significant premium volume with the insurance carriers, we have been very successful in negotiating competitive renewal rates with carriers. Based on our premium volume, Gehring Group/Risk Strategies has achieved top-tier recognition from all of the major health insurance carriers within the State. As the liaison between the insurance carriers and our clients, our firm has both premium volume and industry knowledge which enables us to negotiate renewals in our clients’ best interest.

- **Coordinate with the City to assure insurers have needed information, up-to-date specifications, plan descriptions, census data, experience information, other necessary information and response format to propose competitive insurance programs.**

Gehring Group/Risk Strategies will coordinate closely with City staff to serve as the liaison between the City and prospective insurers during the marketing and proposal process. In this role, we will ensure that insurers are provided with complete, accurate, and up-to-date information, including plan specifications, plan descriptions, census data, claims and experience information, and

required response formats, so that proposals are prepared on a consistent and competitive basis. We will work with City staff to confirm that all data and specifications reflect the City's current programs and objectives, respond to carrier questions as needed, and help maintain the integrity of the proposal process by ensuring all insurers receive the same information in a timely manner.

- **Assist, as needed, in helping the City reach a purchase decision if/when an RFP is issued.**

Upon receipt of proposals submitted in response to the RFP process, our team will perform a detailed analysis of each program offered. We will compare all proposals side by side to the in-force program and illustrate the program differences to include the advantages and disadvantages of each. This will include a detailed cost comparison which outlines the total cost of the program in addition to breaking down the costs related to employer and employee contributions and detailing all applicable proposal caveats or opportunities for multi-line discounts.

At this time, we will also compare provider networks to determine which proposers may be considered viable options in addition to performing a network disruption analysis and network discount analysis. During this stage in the procurement process, Gehring Group/Risk Strategies will meet with Staff to review our initial findings. Once our analysis has determined that particular vendors are viable based on cost, schedule of benefits, value-added services, A.M. Best rating, etc., we then attempt to clear up any details that must be clarified prior to making a recommendation. This process is a second level request for clarification and is conducted following the review of submitted proposals. As insurance is one of the few areas in public entity purchasing regulations where simultaneous negotiations can take place, it is always important for the RFP process to include a "best and final" interview process within the RFP timeline, negotiating performance guarantees where applicable. After such finalist negotiations and continuous communication with City staff, we will provide our formal evaluation and recommendation, based on your needs and goals.

- **Coordinate issuance and delivery of insurance program purchased by the City and assist if any irregularities are detected.**

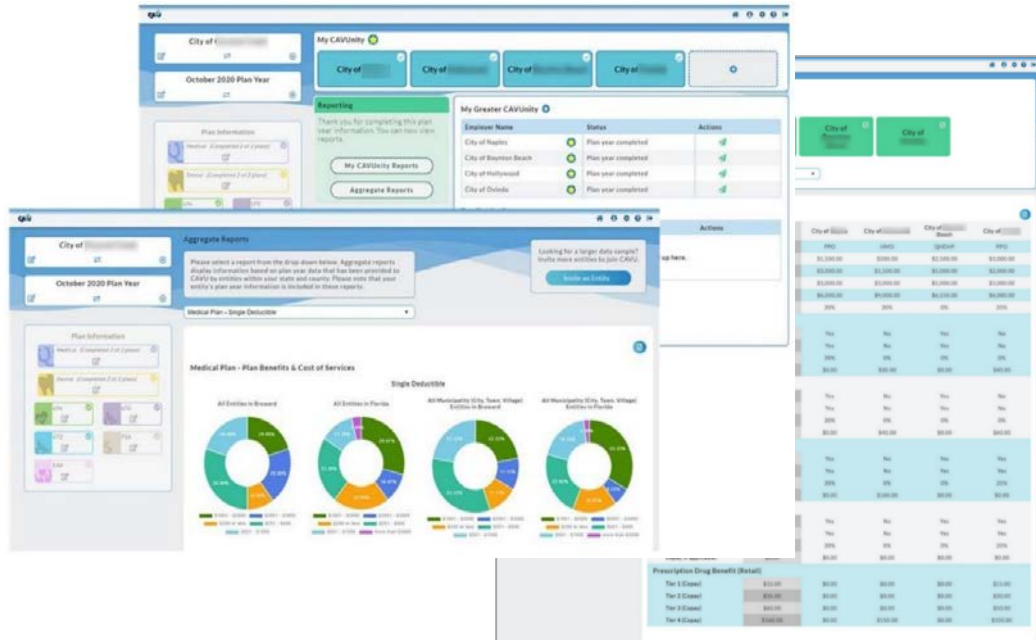
Gehring Group/Risk Strategies will coordinate the issuance and delivery of all insurance programs purchased by the City by working directly with carriers, administrators, and vendors to confirm suitable issuance of contracts, policies, and plan documents. Our team will review all issued materials to ensure they align with the approved proposals, negotiated terms, and effective dates. If any discrepancies or irregularities are identified, Gehring group/Risk Strategies will work with the appropriate parties to resolve issues promptly and ensure corrected documentation is provided to the City.

- **Compare and contrast the City's plan and performance with other like plans, if asked by the City.**

Confirmed. Gehring Group/Risk Strategies' strong focus on the public sector enables us to house an extensive repository of employee benefits benchmark data. This includes statistics on plan benefits, employer contributions, waiting periods, trend factors, and other relevant metrics. Leveraging our extensive public sector client base and deep understanding of the local market, we provide clients with timely and relevant benchmark and trend data.

Recognizing the unique value of public entity benefit programs, Gehring Group/Risk Strategies also developed **CAVU**<sup>®</sup>, an online employee benefits benchmarking tool specifically for public sector employers. Launched in 2020, CAVU allows employers to complete a survey detailing their plan benefits and costs, compare these to other participating employers, and invite additional entities to join. This tool provides invaluable insights into costs and benefit trends, aiding public sector employers in making informed decisions regarding plan options, benefit schedules, and employer/employee contributions.

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



- **Presentations to elected officials as needed.**

Members of our service team are available present to elected officials as needed. We are experienced in creating PowerPoints and/or customized spreadsheets, providing recommendations based on the specific purpose of the presentation, and needs of your group. Our team is also very familiar with presenting to city councils, employee committees, union representatives, and various Boards of Directors.

- **Responsible for annual 1095 reporting.**

Confirmed. Considering that the City is currently utilizing the **Employee Navigator** solution for benefits administration, Gehring Group/Risk Strategies proposes continued utilization of this system through the new contract period. Gehring Group/Risk Strategies partners with a number of solutions, including Employee Navigator, Bentek, and others, to meet our clients' benefits administration and 1095 reporting needs. Our team can assist the City through the 1095 reporting process and answer questions regarding coding and 1095 form distribution methods. The fees for completing the ACA 1095/1094-C filing are included in our proposed pricing in **Tab 6: Pricing**.

- **Responsible for annual retiree verification.**

Gehring Group/Risk Strategies is open to discussion regarding providing annual retiree verification but would need additional clarification and details regarding this process.

- **Other services as mutually agreed upon.**

Gehring Group/Risk Strategies is open to discussion regarding additional services beyond the scope outlined in this RFP.

## TECHNICAL

- **Health Plan Comparison/Utilization Analysis – The BROKER/AGENT is expected to work with the City in securing and analyzing financial and claims data from each of the carriers on a quarterly basis, and/or as requested by the City in order to monitor City benefit plans. Once analyzed, the BROKER/AGENT is expected to provide a summary explanation of the data emphasizing any important trends, emerging problems, etc. It is preferred that the BROKER/AGENT have in-house utilization analysis of all City medical relationships, including managed-care alternatives.**

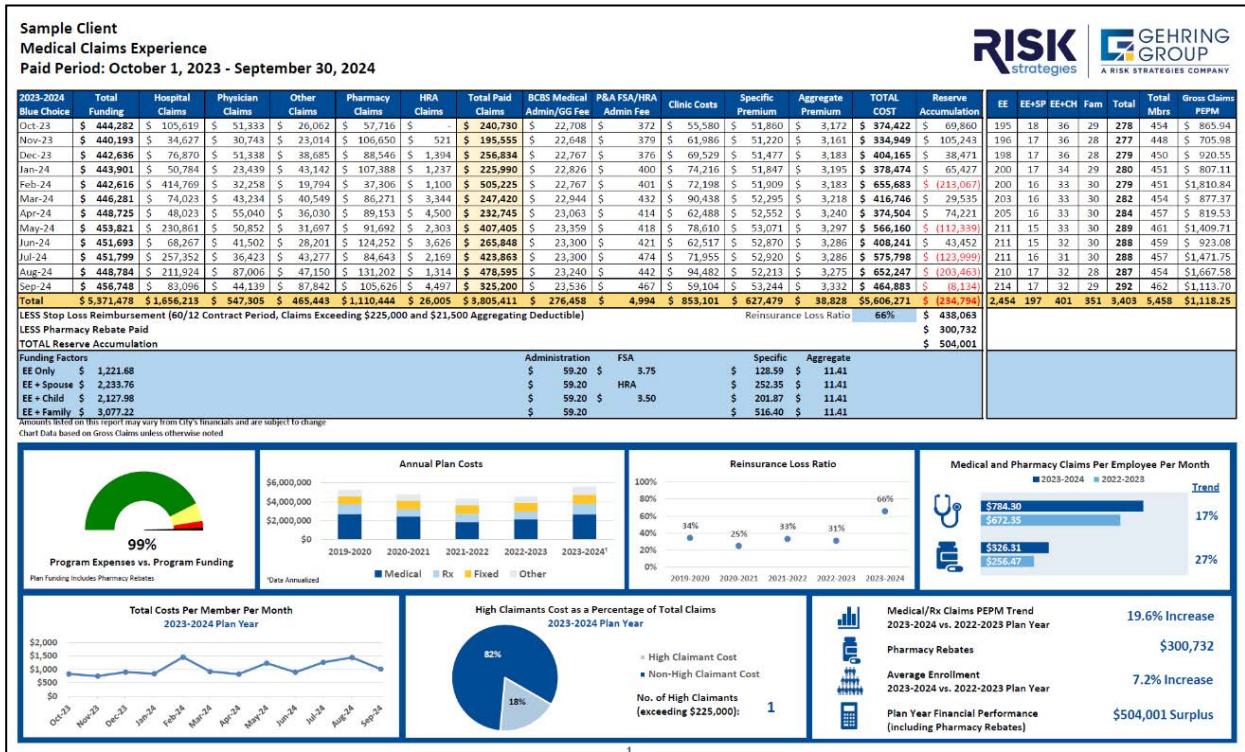
Gehring Group/Risk Strategies provides timely, relevant reporting tailored to your funding arrangement, typically on a monthly or quarterly basis, to identify claims trends and anomalies early. Our analysis includes key indicators such as average claims cost per employee, large claims data, top 50 utilized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

Our year-round service includes in-depth reviews of historical and current claims data, demographic trends, and financial performance. Our experienced analysts conduct regular evaluations to identify cost drivers and opportunities for plan optimization, empowering your benefits team and decision-makers with actionable insights.

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

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

We also produce a monthly claims dashboard as illustrated below which outlines various cost trends and other key indicators:



- **Compliance – The BROKER/AGENT will advise the City on any federally mandated compliance requirements relevant to City plans and providing guidance, when requested, in developing compliance strategies.**

Gehring Group/Risk Strategies makes a proactive and timely commitment to provide the City with regular updates regarding any changes in applicable laws as outlined previously within the scope of work. Our team will also promptly advise the City on any federally mandated compliance requirements and provide guidance as necessary. We provide our clients, with updates regarding any changes in applicable laws and how they might affect your benefits program through various means including the issuance of newsletters, client seminars, workshops, webinars, and face-to-face meetings. Additional details surrounding our **Focus on Client Education** and legal resources through Seyfarth Shaw is included above. In addition, **Exhibits D and E** include several examples of such notifications on legislative issues including newsletters and educational webinars. We are proactive on follow-up and will contact you directly in the event of any legislative changes that may affect your group or your coverage.

Some consistent examples of our assistance to clients regarding legislative guidance include but are not limited to:

- Guiding the City through the selection and implementation of a third-party vendor to file the required ACA Forms 1094-C/1095-C with IRS and print and mail forms to employees.
- Providing numerous educational opportunities on various legislation and how it would affect the City including but not limited to:
  - Webinar – What SECURE Act 2.0 Means for your Pot of Gold
  - Webinar – Florida's Latest Health Care-Related Bills
  - Workshop - Building Blocks of HR: Fundamentals of FMLA
  - Webinar – Gag Clause Prohibition – Guidance for Employers
  - Webinar – It's 1095 Time
  - Webinar – Dueling Mandates – Section 1557 of the ACA
  - Webinar – Understanding Recent Changes Affecting Creditable Coverage
  - Webinar – Transparency in Action: Gag Clause Attestation & the Prescription Drug Reform Act
  - Webinar – Preparing for the Upcoming ACA Reporting Season: What's New & What to Know
- Overseeing or providing all required actuarial services to ensure the City is compliant with State regulations (F.S. 112.08) regarding public entity self-insured medical and pharmacy programs.
- Assist the City in the distribution of all required employee notices including CHIP, Medicare D, New Hire Exchange Notice (Notice to Employees of Coverage Options), etc.

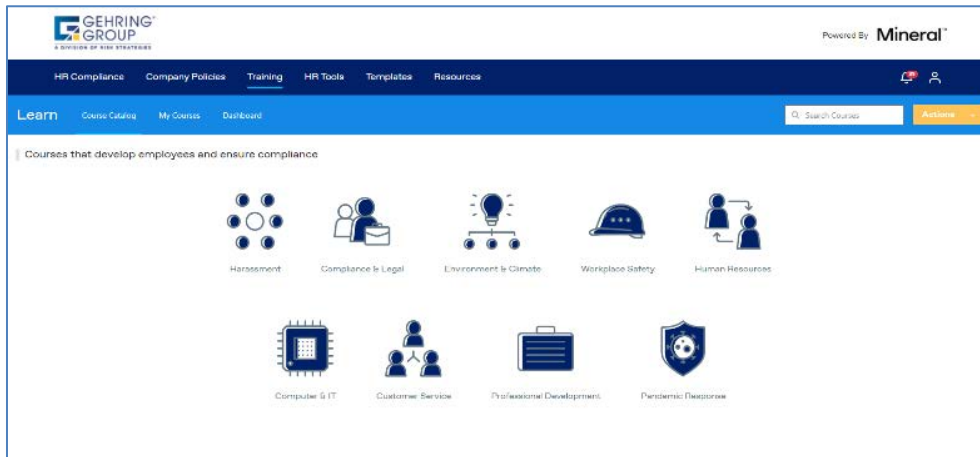
As the insurance market continues to evolve, Gehring Group/Risk Strategies diligently reviews all newly available product offerings to ensure that our clients are always presented with the best available options while complying with all mandates and requirements of the health care reform legislation and will continue to host educational webinars, seminars, and workshops. As detailed in prior sections of this proposal response, Gehring Group/Risk Strategies provides training and webinars on various topics relevant to benefits staff and the administration of the City's employee benefits program. These additional educational opportunities are available at no additional cost and enable our clients to connect with peers and discuss best practices and emerging trends.

Additional tools utilized by our service teams include various external resources as well as checklists developed internally to assist with organization and compliance. Some of these checklists include:

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

## Mineral Online Human Resources Research Tool

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



### Mineral includes:

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

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

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

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

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

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

- **Actuarial Report Services – The BROKER/AGENT will assist in the preparation of materials required for an annual actuarial review of the City’s Health Benefit program. This currently entails the City’s annual actuarial filing pursuant to FS112.08 and GASB 75 OPEB valuation.**

Confirmed. Our team can coordinate all required claims and additional reports necessary to perform all underwriting analysis, reserve calculations, estimating cash flow adjustments and preparing the annual 112.08 state filing of actuarial soundness. We will be your liaison to ensure all required reports relating to the self-insured plan are timely filed and that rates and reserves are proportionate and adequate for the City employee demographics, enrollment populations and claims spend. This includes analysis for calendar and fiscal year budgeting, as well as setting premium equivalent rates annually.

In addition, we can also work directly with the actuary and the TPA/Carrier to gather the applicable information in order to complete the annual GASB 75 actuarial study. This includes acquiring data for both the active population and the retiree population and includes but is not limited to obtaining a census file containing social security numbers, names, genders, dates of birth, percent of gross premium paid by the retiree, percent of gross premium paid by the retiree for dependents, health plan option selected, tier of coverage enrolled, and the retiree contribution provided by the employer. We commit to providing continued assistance, coordination, and compilation of all required information.

- **Section 125 Plan – The BROKER/AGENT will participate in the review of all plan documents for accuracy and compliance with appropriate laws and regulations, and appropriateness of items to be included in the plan. This includes a review of IRS Form 5500 annually submitted by the City for accuracy and compliance.**

Gehring Group/Risk Strategies will review and assist with the filing of all required forms and advise on issues relating to items to be included in the City’s Section 125 plan. In the event legal interpretation is required, Gehring retains Seyfarth Shaw’s Benjamin Conley as an additional resource for issues and research regarding health and welfare plans, ERISA, and other benefits related topics. Mr. Conley regularly advises on health plan related issues that are relevant to the public sector as well as defined benefit and defined contribution plan compliance, Section 125, ERISA, COBRA, and HIPAA privacy regulations. He is also a member of Seyfarth Shaw’s healthcare reform team and regularly consults with various governmental agencies such as the IRS, Department of Health and Human Services and the Department of Labor on health care reform developments, receiving clarification and interpretation of guidance directly from the source.

- **Wellness/Disease Management Programs- The BROKER/AGENT will assist the City in evaluation, implementing and measuring the effectiveness of wellness and disease management programs.**

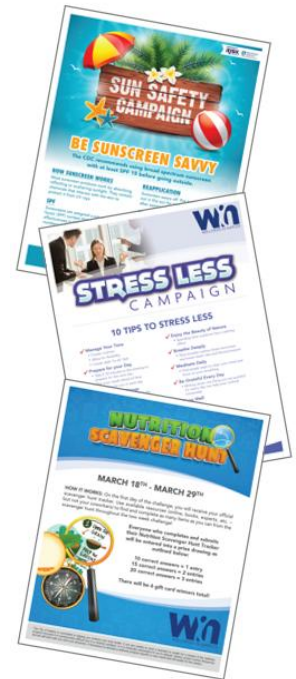
Gehring Group/Risk Strategies can provide the City with the assistance and support necessary in developing, evaluating, and implementing wellness initiatives that produce tangible results. Our experience in the implementation and monitoring of public sector employer wellness programs is unparalleled. With three certified Wellness Coordinators on staff and in-house, Gehring Group/Risk

Strategies has assisted the majority of our clients in implementing a structured wellness program with the goal of encouraging employees toward a culture of wellness. We are available to assist staff in developing a concrete wellness strategy with written goals and are there each step of the way.

Our wellness team utilizes several factors to aid in assessing which wellness initiatives or health promotion tools may be successful in achieving a client's wellness program goals. First is the consistent monitoring of monthly claims experience and utilization trends. Our analysts utilize the aggregate results of these metrics to provide valuable insight to aid in making recommendations for specific disease management programs or plan changes to encourage preventive care visits and prescription drug adherence for those with chronic conditions. Our Wellness Coordinators also utilize this data to develop a long-term wellness strategy and make recommendations regarding the types of wellness initiatives to implement. Through the implementation of a long-term wellness strategy and scheduled programs and events, we can target the conditions and behaviors that will have the greatest impact to the health of your members as well as utilization of the health plan. Our experience in recommending wellness program initiatives includes such Florida clients as the City of Clearwater, Charlotte County BOCC, Martin County School District, and many more.

Measuring the success of an employer's wellness program is also vital for assessing its effectiveness in promoting employee health and well-being and furthering employee engagement. A comprehensive evaluation involves examining various metrics as well as other indicators to gauge the program's impact. When reviewing the positive impact of a client's wellness program, we consider the following:

- **Employee Participation & Engagement:** The first indicator of a wellness program's success is the level of employee engagement. Monitoring participation rates in wellness activities, workshops, seminars, wellness campaigns, and health screenings, provides insights into the program's effectiveness among employees.
- **Health Risk Assessments & Biometrics:** Conducting regular health risk assessments helps identify employees' health risks, such as high blood pressure, cholesterol levels, or obesity. Tracking biometric data, such as weight, BMI, blood pressure, and cholesterol levels, allows employers to measure the program's impact on employees' physical health outcomes. Positive changes in biometric markers indicate improvements in health behaviors and risk reduction associated with the wellness program. Comparing pre-program and post-program assessment results can reveal improvements in employees' health status, indicating the effectiveness of the wellness interventions.
- **Healthcare Cost Reduction:** Analyzing changes in healthcare costs, including monthly claims experience, large claims list diagnoses, chronic conditions, and absenteeism, can indicate the program's impact on reducing healthcare expenditures. A successful wellness program should lead to lower healthcare utilization and associated costs over time.



- **Employee Feedback and Satisfaction Surveys:** Collecting feedback from employees through surveys or focus groups allows employers to understand their perceptions of the wellness program. Assessing satisfaction levels, perceived benefits, and suggestions for improvement provides valuable qualitative data to refine and tailor the program to meet employees' needs effectively.
- **Return on Investment (ROI) Analysis:** Conducting a comprehensive ROI analysis helps evaluate the financial benefits of the wellness program compared to the costs involved in its implementation. Calculating ROI involves comparing the program's savings in healthcare costs, productivity gains, and reduced turnover expenses against the program's investment.
- **Long-Term Health Outcomes:** Evaluating long-term health outcomes, such as sustained behavior change, reduced chronic disease prevalence, and improved overall health and quality of life among employees, provides insights into the program's lasting impact on population health.

Measuring the success of an employer's wellness program requires a multifaceted approach that considers both quantitative and qualitative indicators across various dimensions of employee health, well-being, and organizational performance. By regularly assessing these metrics, employers can gain valuable insights into the program's effectiveness and make data-driven decisions to optimize employee health and productivity.

Our team also coordinates services between carriers, health and wellness vendors, community resources, and our clients to facilitate the delivery of appropriate and coordinated health management and care management services. These services can be provided through various outlets including health centers (clinics), educational seminars, management programs offered through the carrier, carrier resources, programs developed by the Gehring Group/Risk Strategies' wellness team, and health improvement wellness challenge platform vendors. Our Wellness Coordinators are also available to advise and assist in designing and implementing programs to help achieve effective population health management practices for your organization; and our Wellness Coordinators have knowledge of various effective wellness vendors including mental health resources and clinicians and can provide you with an overview of which services may be in your best interest. **Our experience in the area of Wellness is further validated by earning recognition as one of Florida's Healthiest Employers by the South Florida Business Journal and Mental Health America's Platinum Bell Seal for Workplace Mental Health.**

We have also assisted our clients in receiving honors for Healthiest Employer awards, Gold and Silver leveled mentions through Tobacco Free Florida Wellness awards, BlueZone community designation, Mental Health USA's Bell Seal and many more. In collaborating with Gehring Group/Risk Strategies, our clients have achieved the following wellness awards:



Measuring the success of an employer's wellness program requires a multifaceted approach that considers both quantitative and qualitative indicators across various dimensions of employee health, well-being, and organizational performance. By regularly assessing these metrics, we can gain valuable insights into the program's effectiveness and make data-driven decisions to optimize employee health and productivity.

- **Litigation – On rare occasions, the City may be involved in litigation arising from requests for proposals, contracting, or employee grievances. If such a situation should occur, the BROKER/AGENT may be expected to assist the City in providing necessary materials and testify if needed.**

Gehring Group/Risk Strategies will assist the City in providing necessary materials and testimony in the event of any litigation relating to the above.

- **Automated benefits administration and enrollment services and programs. The BROKER/AGENT shall provide secure, automated benefits administration and enrollment services.**

For the City of Deltona, we propose the continued utilization of the **Employee Navigator** solution to allow you to easily set up, manage, and enroll your employee benefits online via a fully integrated solution that empowers employees to self-enroll and manage their own benefits. With Employee Navigator, employees can review & manage benefit details 24 hours a day, 7 days a week. In addition, employers can:



- ✓ Get new hires enrolled quickly
- ✓ Compare and select plans
- ✓ Review coverage status for all employees
- ✓ Monitor employee enrollment status and deadlines
- ✓ Store, review, and acknowledge important plan documents
- ✓ File ACA 1095/1094-C forms

With **Employee Navigator**, employers can eliminate the hassle of dual entry, improve data accuracy, have electronic data transfer of eligibility and ultimately attract and retain talent. The cost of Employee Navigator and the annual filing of the City's ACA forms is included within our proposed pricing in **Tab 6: Pricing**.

- **Training – Coordinate training; defensive driving, wellness, etc.**

Gehring Group/Risk Strategies will coordinate training programs as requested by the City, including defensive driving, wellness, and other employee education initiatives. This includes working with carriers, vendors, and subject-matter providers to schedule sessions, confirm content, and support delivery in formats appropriate for the City's workforce, such as onsite, virtual, or hybrid training. We will assist with coordination, communications, and follow-up materials to help ensure training courses are accessible, effective, and aligned with the City's goals.

## REQUEST FOR PROPOSAL SERVICES

- **Develop RFPs for various City Benefits programs.**
  - **In conjunction with the Human Resources department, prepare Requests for Proposals in compliance with the City’s purchasing requirements, exploring all feasible plan designs, for employee benefit programs as needed.**
  - **Develop evaluation criteria.**
  - **Address any questions from vendors in the RFP process.**
  - **Be present and participate in oral interviews as needed.**
  - **Prepare a report analyzing the proposals using the evaluation criteria.**
  - **If requested, prepare recommendations and defend them.**

Gehring Group/Risk Strategies will work in conjunction with the Human Resources Department to develop Requests for Proposals for the City’s employee benefit programs in compliance with all purchasing requirements. This includes exploring feasible plan design alternatives, developing evaluation criteria, managing vendor questions, and supporting the integrity of the RFP process. We will participate in oral interviews as needed, prepare a written analysis of proposals using the established evaluation criteria, and, when requested, present and defend recommendations to staff or decision-makers. **Our detailed RFP/market solicitation process is outlined on pages 44 – 45 above.**

- **Appeals – Prepare response to any administrative RFP appeals.**
  - **Assist City Attorney in preparation of defense in the event litigation should result from the RFP process.**
  - **Testify in court at the request of the City attorney if litigation should result from the RFP process.**

In the event of an administrative appeal related to the RFP process, Gehring Group/Risk Strategies will assist the City as necessary and provide testimony as needed.

- **Contracts**
  - **Assist with the development of contracts with vendors.**
  - **Work with the City attorney to ensure contract legality.**
  - **Conduct negotiations of benefits, plan design, premiums rates and performance guarantees.**

Gehring Group/Risk Strategies is available to assist with the development and review of vendor contracts in conjunction with the City Attorney. This includes the negotiation of plan benefits, cost factors, and performance guarantees. We view our role as the liaison between the City and its vendors and represent your best interests in negotiating, coordinating, implementing, and monitoring all aspects of plan benefits, costs, and service.

- **Implementation**

- **Serve as an intermediary (ombudsman) between the vendors and City during the implementation of new programs.**
- **Prepare rate-deduction spreadsheets.**
- **Review new program announcement material for content, appearance, compliance and accuracy.**

After the RFP, evaluation, and decision-making process, Gehring Group/Risk Strategies' team members take the lead with staff in the program implementation process. We will perform all of the above-listed services and will be intricately involved throughout the planning and enrollment process, helping to coordinate the various steps of the process including but not limited to:

- **Managing Insurer Changes:** Serving as an intermediary between vendors, facilitating the implementation, cancellation, renewal of the applicable insurers and vendors upon written acceptance, and preparing rate comparison spreadsheets.
- **Ensuring Vendor Compliance:** Making sure that applications and contracts for all new vendors are completed accurately and forwarded to the applicable vendors in a timely manner and reviewing all vendor contracts to ensure they align with what was proposed and presented.
- **Developing Communication Materials:** Creating communication collateral such as rate deduction spreadsheets, open enrollment announcement posters, PowerPoint presentations, and employee benefits guides for employees, retirees, and special districts.
- **Contract Review:** Review all vendor contracts to ensure they are in line with applicable legislative requirements.
- **Facilitating Technology Integration:** Working with applicable technology partners to provide plan and cost updates for the enrollment site.
- **Coordinating and Attending Meetings:** Assisting in the coordination and attendance of employee informational and enrollment meetings at all sites as determined by the client. This includes determining whether these meetings will be mandatory or optional.
- **Determining Meeting Formats:** Deciding on the format for open enrollment meetings, whether it be health fair style, group informational meetings, or one-on-one meetings.
- **Providing Support:** Supplying additional licensed team members to support enrollment meetings across multiple locations and various shifts if needed.
- **Logistics & Coordination:** Organizing meeting locations, times, necessary collateral, and coordinating attendance of vendor representatives if requested.

Again, our team is available to assist with the annual open enrollment to conduct meetings, give presentations, and meet with employees individually to clarify any questions regarding their coverage. In addition, we can provide additional licensed staff to attend meetings at multiple locations and time slots if necessary. We can also conduct new-hire enrollments on a scheduled basis. Your Gehring Group/Risk Strategies' Account Manager will maintain continuous communication throughout the plan year to provide support to staff with administrative, legislative, enrollment and billing questions.

- **Ongoing Contract Services**

**It is expected that the BROKER/AGENT will:**

- **Participate in negotiations with vendors on proposed rates and benefits changes to existing contracts.**
- **Audit existing contracts on an annual basis for satisfactory performance and contract compliance.**
- **Provide quarterly written analysis of the medical plan's claims experience.**
- **Periodically provide market analysis of current renewal actions for similar sized employers in central Florida and analysis of quality of services and value provided by various managed care vendors.**

In addition to conducting a formal RFP or market solicitation process for the lines of insurance coverage included within your employee benefits program, we remain involved year-round to provide ongoing contract services requested above. This includes:

- Participating in negotiations with vendors on proposed rates and benefits changes to existing contracts.
- Auditing existing contracts on an annual basis for satisfactory performance and contract compliance.
- Providing quarterly written analysis of the medical plan's claims experience as outlined in further detail within this proposal.
- Providing benchmarking analysis for similar sized public entities and analyzing for quality of services and value to the City's program.

Our ongoing services also include developing budget projections, securing renewal offers at the earliest possible date to begin aggressively negotiating pricing and terms for your plan renewals. This is done early in the process to ensure the least amount of disruption possible to your membership while balancing the City's needs, goals, and union obligations. Our specific focus on serving the public sector and client base in the region and state allow us to leverage the credibility we have established with insurance carriers and government trusts more efficiently. It is also important to note the ability of our experienced team to not only effectively negotiate the benefits and costs of your program(s), but also value-added services and benefits such as wellness services/funding, onsite carrier support, technology funding and aggressive pharmacy rebate returns. We get results both for the employer providing the benefit program and each and every member enrolled.

**Provide references from three (3) governmental entities. Name of contact, title of contact, address, phone number and email should be provided.**

Gehring Group/Risk Strategies’ Public Sector team has provided Florida public entities with insurance brokerage and consulting services for more than three decades. Our licensed professionals have served over 200 public entities statewide and collaborated with all major carriers, trusts, TPAs, and supplemental benefit providers. Our staff members possess extensive proficiency working with numerous municipalities across a spectrum of funding arrangements, adeptly navigating the complexities of implementing and managing programs year-round, not just at renewal time. Moreover, we have assisted numerous municipal clients throughout the rigorous process of Request for Proposal (RFP), evaluation, and subsequent implementation, including transitions to alternative funding arrangements and establishing multiple program options to meet the needs of various employee demographics. Our team is also well-versed in all applicable laws and regulations relevant to employee benefits and public entity benefit programs.

The following list includes five (5) current client references similar in size and complexity to the City that are all serviced by members of the proposed team:

<b>Reference Organization:</b>	<b>City of Edgewater</b>
<b>Contact name(s):</b>	Julie A. Christine, PHRP, CPM
<b>Address:</b>	104 N. Riverside Drive, Edgewater, FL 32132
<b>Email:</b>	jachristine@cityofedgewater.org
<b>Telephone number:</b>	386-424-2400, Ext #1701
<b>Dates of service:</b>	2009 to present
<b>Number of Employees:</b>	220
<b>Reference Organization:</b>	<b>City of Oviedo</b>
<b>Contact name(s):</b>	Connie Collins, HR Director
<b>Address:</b>	400 Alexandria Blvd., Oviedo, FL 32765
<b>Email:</b>	ccollins@cityofoviedo.net
<b>Telephone number:</b>	407-971-5555
<b>Dates of service:</b>	4/1/2012 to present
<b>Number of Employees:</b>	330
<b>Reference Organization:</b>	<b>City of Palm Bay</b>
<b>Contact name(s):</b>	Laura Clawson, Human Resources Director
<b>Address:</b>	120 Malabar Road, Palm Bay, FL 32907
<b>Email:</b>	laura.clawson@palmbayflorida.org
<b>Telephone number:</b>	321-952-3420
<b>Dates of service:</b>	4/23/2015 to present
<b>Number of Employees:</b>	980

<b>Reference Organization:</b>	<b>City of Cocoa</b>
<b>Contact name(s):</b>	Lorne Stinnet, HR Manager
<b>Address:</b>	65 Stone Street, Cocoa, FL 32922
<b>Email:</b>	lstinnett@cocoafl.org
<b>Telephone number:</b>	321-433-8440
<b>Dates of service:</b>	10/1/2012 to present
<b>Number of Employees:</b>	460
<b>Reference Organization:</b>	<b>Orange County Sheriff's Office</b>
<b>Contact name(s):</b>	Georgene Rye, Director of Employee Services
<b>Address:</b>	2500 W. Colonial Drive, Orlando, FL 32805
<b>Email:</b>	georgene.rye@ocsofl.com
<b>Telephone number:</b>	407-254-7404
<b>Dates of service:</b>	1/1/2024 to present
<b>Number of Employees:</b>	2,700

We also invite you to review several letters of reference included in **Exhibit F**. These client relationships reflect our proven track record of delivering exceptional service, strategic insight, and measurable results across the public sector.

The proposal will be the firm’s lump sum MONTHLY fee for providing the services listed in the scope of work. This fee shall be a lump sum FIXED amount. Commission as a percentage of premiums is not desired. The fee amount shall be broken down between health, life/long-term disability, dental and vision services. Selected Broker/Agent may not receive any other form of compensation, including but not limited to, bonuses, supplemental income or any form of contingency pay related to the City’s policies.

With our focus on working collaboratively throughout the year with our clients and their members and not wanting our clients to hesitate to use us as a resource when needed, we are proposing a comprehensive level of employee benefits consulting services under the requested annual flat fee basis, payable by the City, for the requested Consulting services as follows. **Please note that the pricing outlined below is based on Gehring Group/Risk Strategies serving as the broker and consultant for all lines of the City’s employee benefits program.**

Contract Year	Annual Fee
Health/Rx	\$62,000
Dental	\$10,000
Life, AD&D/Disability	\$8,000
Vision	\$5,000
Worksite/Supplemental	Carrier Standard Commission*
Onsite Clinic Consulting (if implemented)	\$15,000

\*Commissions for supplemental/worksite products may not be able to be carved out.

Under the proposed compensation structure, there will be no additional charges to the City of Deltona by Gehring Group/Risk Strategies for the following:

- Employee Navigator Solution
- Travel costs associated with servicing the City
- ACA advisory and planning services
- Onsite attendance at annual Open Enrollment meetings as needed
- Development of annual employee benefit guide and other employee communications
- Access to Mineral online H.R. research tool
- All other services as requested within the RFP Scope of Work

Gehring Group/Risk Strategies Public Sector Division does not participate in any provider relationships that would prevent us from acting independently and providing objective advice and guidance and we practice full disclosure relating to compensation. The relationships and recognition we do have with carriers are based on premium volume, providing us with significant negotiating leverage. As one of the top producing brokers/consultants for public sector entities throughout the state, our philosophy has always been to offer complete revenue disclosure upon request which we will continue to practice with

the City. Note that Gehring Group/Risk Strategies may be eligible to receive compensation from vendors or service providers related to a number of factors not in connection with any particular customer and does not affect City premiums or fees.

Gehring Group/Risk Strategies remains open to discussion regarding alternative service and compensation options under consideration by the City.

**This section includes the following required forms and documentation:**

- ✓ Attachment A – Addendum Acknowledgement
- ✓ Attachment B – Public Entity Crimes Form
- ✓ Firm Information Form
- ✓ Drug-Free Workplace Form
- ✓ Non-Collusion Affidavit Form
- ✓ Noncoercive Conduct Affidavit Form
- ✓ Foreign Countries of Concern Affidavit Form
- ✓ Florida Division of Corporations Annual Report
- ✓ Proof of Insurance

ATTACHMENT "A"

**Addendum Acknowledgment**

Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.  <b>RFP#26015</b>	Addendum # <u>  1  </u> through # <u>  1  </u>  Initial: <i>KG</i>  Date: <b>January 22, 2026</b>
Person Completing RFP (Signature) <i>Kurt Gehring</i>	
Name (Printed):  Kurt N. Gehring	Title: Managing Director & National Practice  Leader

>>>Failure to submit this form would have a negative impact on your evaluation score<<<

**ATTACHMENT  
"B"**

THE CITY  
OF DELTONA

SWORN STATEMENT UNDER SECTION 287.133(3) (a), FLORIDA  
STATUTES, ON PUBLIC ENTITY CRIMES

**TO BE RETURNED WITH  
BID**

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS

1. This sworn statement is submitted with Bid, Proposal or Contract  
for  
RSC Insurance Brokerage, Inc.  
(entity submitting sworn statement),  
whose business address is  
  
3500 Kyoto Gardens Drive, Palm beach Gardens, FL 33411
  
2. This sworn statement is submitted by Kurt N. Gehring  
and its Federal Employee Identification Number (FEIN)  
is 16-1689464 . (if the entity has no FEIN, include the Social  
Security Number of the  
  
\_\_\_\_\_ .
  
4. I understand that a "public entity crime" as defined in Paragraph  
287.133(1) (g), Florida Statutes, means a violation of any state or federal  
law by a person with respect to and directly related to the transaction of  
business with any public entity or with an agency or political subdivision  
of any other state or with the United States, including, but not limited to,  
any bid or contract for goods or services, any leases for real property, or  
any contract for the construction or repair of a public building or public  
work, to be provided to any public entity or an agency or political  
subdivision of any  
other state or of the United States and involving antitrust, fraud,  
theft, bribery, collusion, racketeering, conspiracy, or material  
misrepresentation.
  
5. I understand that "convicted" or "conviction" as defined in paragraph  
287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction  
or a public entity crime, with or without an adjudication of guilt, in any  
federal or state trial court of record relating to charges brought by  
indictment or information after July 1, 1989, as a result of a jury  
verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
  
6. I understand that an "affiliate" as defined in paragraph 287.133(1) (a),  
Florida  
Statutes, means:
  - a) A predecessor or successor of a person convicted of a public  
entity crime; or
  - b) An entity under the control of any natural person who is active  
in the management of the entity and who has been convicted of a  
public entity crime. The term "affiliate" includes those  
officers, directors, executives, partners, shareholders,  
employees, members, and agents who are active in the management  
of an affiliate. The  
ownership by one person of shares constituting a controlling  
interest in another person, or a pooling of equipment or income

among persons when not to fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one of more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies.)

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the Hearing Officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*Kurt N. Gehring*  
PERSONALLY APPEARED BEFORE ME, the undersigned authority, Kurt N. Gehring, who, after first being sworn by me, affixed his signature in the space provided above on this 22nd day of January, 2026 who is personally known to me and who did take an oath.



*Valerie Jean Ensinger*  
Valerie Jean Ensinger, Notary Public  
State of Florida at Large

**CITY OF DELTONA  
FIRM INFORMATION FORM**

The information below is required to complete your bid packet. Type or print only.

Company Name: RSC Insurance Brokerage, Inc.  
Address: 3500 Kyoto Gardens Drive  
City: Palm Beach Gardens  
State: FL  
Zip Code: 33410  
Phone Number: 800-244-3696 | 561-626-6797  
Fax Number: 561-626-6970  
Project Contact: Cindy Thompson  
e-mail address: cindy.thompson@gehringgroup.com

**Remittance (Payment) Mailing Information**

Address: 3500 Kyoto Gardens Drive  
City: Pal Beach Gardens State: FL Zip Code: 33410  
Phone Number: 800-244-3696 | 561-626-6797  
Fax Number: 561-626-6970  
Project Contact: Cindy Thompson  
e-mail address: cindy.thompson@gehringgroup.com  
Federal Tax ID No.: 16-1689464  
Tax ID Type:  Federal Tax ID  Social Security Number

***This Form Must Be Completed and Returned with your Submittal.***

## DRUG FREE WORKPLACE FORM

The undersigned Respondent, in accordance with Florida Statute 287.087 hereby certifies that does:  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid a copy of the Drug-Free statement.
4. Notify the employees that as a condition of working on the commodities or Contractual services that are under bid, employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or no lo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

  
\_\_\_\_\_  
(Authorized signature)

January 22, 2026  
(Date)

**NON-COLLUSION AFFIDAVIT OF PRIME RESPONDENT**

STATE OF ( Florida ) COUNTY OF ( Palm Beach )

Kurt N. Gehring, being duly sworn, deposes and says that:

- (1) He/she is of RSC Insurance Brokerage, Inc. firm, Respondent that has submitted the attached response.
- (2) He/she is fully informed respecting the preparation and contents of the attached solicitation and of all pertinent circumstances respecting such solicitation.
- (3) Such solicitation is genuine and is not a collusive or sham solicitation.
- (4) Neither the said Respondent nor any of its officers, partners, City's, agent representatives, employees or parties in interest including this affiant, has in any way, colluded, conspired, or agreed, directly or indirectly, with any other Respondent or person, to submit a collusive or sham response in connection with the Agreement for which the attached response has been submitted or to refrain from bidding in connection with such Agreement, or has in any manner, directly or indirectly, sought by Agreement or collusion or communication or conference with any other Respondent, firm or person to fix the price or prices in the attached solicitation or of any other Respondent, or to fix any overhead, profit or cost element of the proposed price or the proposed price of any other Respondent, or to secure through any collusion, conspiracy, connivance or unlawful Agreement any advantage against the City of Deltona, Florida, or any person interested in the proposed Agreement.
- (5) The price or prices quoted in the attached response are fair and proper and are not tainted by any collusion, conspiracy, or unlawful Agreement on the part of the Respondent or any of its agents, representatives, City's, employees, or parties of interest, including affiant.

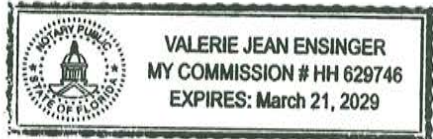
*Kurt Gehring*  
 (Signed)  
Managing Director & National Practice Leader  
 (Title)

STATE OF FLORIDA COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this Jan 22, 2026 by Kurt N. Gehring, who is personally known to me or who has produced personally known as identification and who did (did not) take an oath.

*Valerie Jean Ensinger*  
 (Signature of Notary Public)

Valerie Jean Ensinger  
 (Name of Notary Typed, Printed or Stamped) Notary Public HH629746  
 (Commission Number)



**AFFIDAVIT ATTESTING TO  
NONCOERCIVE CONDUCT FOR LABOR OR SERVICES**

Effective July 1, 2024, Section 787.06, Florida Statutes, a nongovernmental entity executing, renewing, or extending a contract with a governmental entity is required to provide an affidavit, signed by an officer or a representative of the nongovernmental entity under penalty of perjury, attesting that the nongovernmental entity does not use coercion for labor or services as defined in Section 787.06(2)(a), Florida Statutes.

By signing below, **I hereby affirm under penalty of perjury that:**

1. I have read Section 787.06, Florida Statutes, and understand that this affidavit is provided in compliance with the requirement that, upon execution, renewal, or extension of a contract between a nongovernmental entity and a governmental entity, the nongovernmental entity must attest to the absence of coercion in labor or services.

2. I am an officer or representative of RSC Insurance Brokerage, Inc., a nongovernmental entity.

3. RSC Insurance Brokerage, Inc. does not use coercion for labor or services as defined in the relevant section of the law.

In the presence of:

**Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true:**

Erin McSpadden  
Witness #1 Print Name: Erin McSpadden

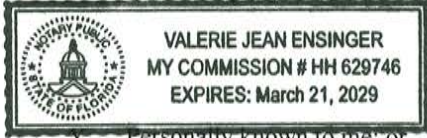
Kurt N. Gehring  
Print Name: Kurt N. Gehring  
Title: Managing Director  
Entity Name: RSC Insurance Brokerage, Inc.

Suzie Brown  
Witness #2 Print Name: Suzie Brown

**OATH OR AFFIRMATION**

State of Florida  
County of Palm Beach

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 22nd day of January, 2026, by Kurt N. Gehring (name of person) as Managing Director & Nat'l Practice Leader (type of authority) for RSC Insurance Brokerage, Inc. (name of party on behalf of whom instrument is executed).



Valerie Jean Ensinger  
Notary Public (Print, Stamp, or Type as Commissioned) Valerie Jean Ensinger

- Personally known to me; or
- Produced identification (Type of Identification: personally known)
- Did take an oath; or
- Did not take an oath

**AFFIDAVIT REGARDING PROHIBITION ON CONTRACTING WITH  
ENTITIES OF FOREIGN COUNTRIES OF CONCERN**

Pursuant to Section 287.138, Florida Statutes (which is expressly incorporated herein by reference), a governmental entity may not knowingly enter into a contract with an entity which would give access to an individual's personal identifying information if (a) the entity is owned by the government of a foreign country of concern; (b) the government of a foreign country of concern has a controlling interest in the entity; or (c) the entity is organized under the laws of or has its principal place of business in a foreign country of concern.

This affidavit must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a governmental entity which would grant the entity access to an individual's personal identifying information.

1. RSC Insurance Brokerage, Inc. ("entity") does not meet any of  
the criteria in paragraphs (2)(a)-(c) of Section 287.138, F.S.  
In the presence of:

**Under penalties of perjury, I declare that  
I have read the foregoing and the facts  
stated in it are true:**

<u>Erin McSpadden</u> Witness #1 Print Name: <u>Erin McSpadden</u>	Print Name: <u>Kurt N. Gehring</u> Title: <u>Managing Director</u>
<u>Suzie Brown</u> Witness #2 Print Name: <u>Suzie Brown</u>	Entity Name: <u>RSC Insurance Brokerage, Inc.</u>

**OATH OR AFFIRMATION**

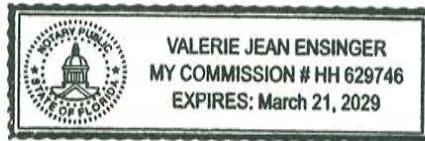
State of Florida  
County of Palm Beach

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 22<sup>nd</sup>  
day of January, 2026, by Kurt N. Gehring (name of person) as  
Managing Director & Nat'l Practice Leader (type of authority) for RSC Insurance Brokerage, Inc. (name of party on  
behalf of whom instrument is executed).

Valerie Jean Ensinger  
Valerie Jean Ensinger

Notary Public (Print, Stamp, or Type as  
Commissioned) Valerie Jean Ensinger

Personally known to me; or  
 Produced identification (Type of Identification: personally known)  
 Did take an oath; or  
 Did not take an oath



**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001322

**Entity Name:** RSC INSURANCE BROKERAGE, INC

**Current Principal Place of Business:**

160 FEDERAL ST  
BOSTON, MA 02110

**Current Mailing Address:**

160 FEDERAL ST  
BOSTON, MA 02110 US

**FEI Number: 16-1689464**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, SECRETARY,  
                  TREASURER  
Name           EDWARDS, SHARON  
Address        160 FEDERAL ST  
City-State-Zip: BOSTON MA 02110

Title           PRESIDENT, DIRECTOR  
Name           MINA, JOHN  
Address        160 FEDERAL ST 4TH FLOOR  
City-State-Zip: BOSTON MA 02110

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHARON EDWARDS**

**SECRETARY**

**01/22/2025**

Electronic Signature of Signing Officer/Director Detail

Date



Exhibit A ..... Sample Employee Benefit Guide  
Exhibit B ..... Sample Employee Communications  
Exhibit C ..... Sample Reports & Work Product  
Exhibit D ..... Sample Client Webinar  
Exhibit E ..... Sample Employee Benefit Newsletters  
Exhibit F ..... Client Letters of Recommendation  
Exhibit G ..... Bentek® Online Enrollment & Administration System

# Exhibit A

## Sample Employee Benefit Guide

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# EMPLOYEE BENEFIT HIGHLIGHTS

**2024**  

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**2025**

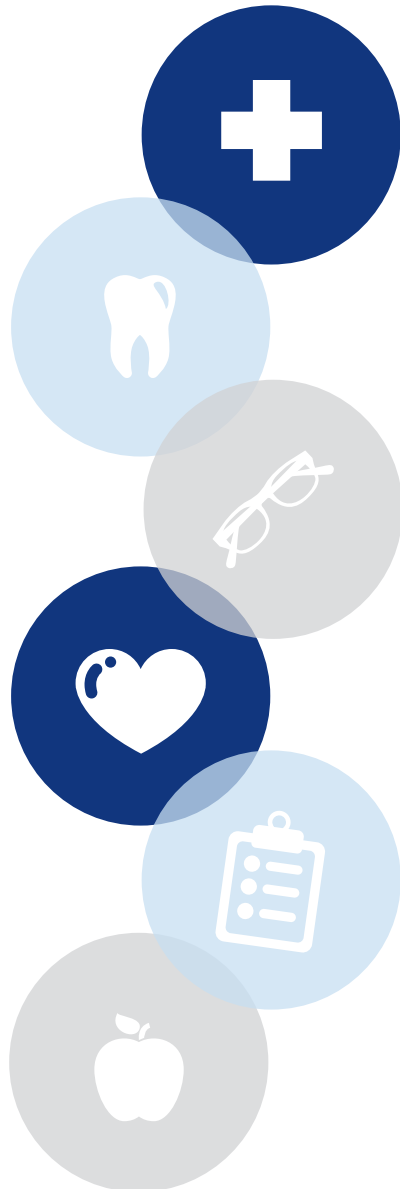






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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City reserves the right to amend, modify or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



## Contact Information

	<b>Human Resources</b>	Stephanie Abadie Benefits Analyst	Phone: (407) 971-5524 Email: sabadie@cityofoviedo.net
	<b>Online Benefit Enrollment</b>	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/oviedo
	<b>Medical Insurance</b>	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	<b>Prescription Drug Coverage</b>	Prime Therapeutics through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	<b>Mail-Order Program</b>	Amazon Pharmacy through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	<b>Health Reimbursement Account</b>	P&A Group	Customer Service: (716) 852-2611 www.padmin.com
	<b>Dental Insurance</b>	Humana	Customer Service: (866) 427-7478 www.humana.com
	<b>Employee Health Center</b>	My Health Onsite	Phone: (407) 735-4099 310 Alexandria Blvd, Oviedo, FL 32765
	<b>Vision Insurance</b>	Humana	Customer Service: (877) 398-2980 www.humana.com
	<b>Flexible Spending Account</b>	P&A Group	Customer Service: (716) 852-2611 www.padmin.com
	<b>Basic Life and AD&amp;D Insurance and Voluntary Life Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	<b>Short Term Disability Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	<b>Long Term Disability Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	<b>Employee Assistance Program</b>	Aetna Resources for Living	Customer Service: (800) 272-7252 www.resourcesforliving.com
	<b>Legal Insurance</b>	LegalShield	Customer Service: (800) 654-7757 Agent: Mr. Steve Baker Office: (321) 613-0037   Cell: (310) 663-4735 Email: sb@legalshieldassociate.com
	<b>Supplemental Insurance</b>	Colonial	Customer Service: (800) 325-4368 Agent: Ms. Chris Norwood Office: (407) 748-5900   Cell: (407) 808-8374 Email: chris.norwood@coloniallifesales.com www.coloniallife.com
	<b>Retirement Plan</b>	Mission Square Retirement	Customer Service: (800) 669-7400 Agent: Fausto Andrade   Cell: (202) 759-7008 Email: fandrade@missionsq.org   www.missionsq.org



## Introduction

The City of Oviedo provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If an employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources for further information.

## Online Benefit Enrollment

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

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



### To Access the Employee Benefits Center:

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

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



To access Bentek using a mobile device, scan code.



## Group Insurance Eligibility



The City of Oviedo's group insurance plan year is October 1 through September 30.

### Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are in a full/part time budgeted position, working 30 hours or more per week. Employees, working a minimum schedule of 25 hours or more per week, are eligible to purchase voluntary benefit products only. Coverage will be effective the first day of the month following 30 days of employment. For example, if an employee is hired on April 11, effective date of coverage will be June 1.

### Separation of Employment

If an employee separates from employment with the City, insurance will continue through the end of month in which separation has occurred. COBRA continuation of coverage may be available as applicable by law. Notification of COBRA rights will be communicated by the City's COBRA Administrator.

### Dependent Eligibility

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

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

### Dependent Age Requirements

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

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

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

### Disabled Dependents

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

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

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



## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

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

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

#### Examples of Qualifying Events:

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



### IMPORTANT

If an employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to the employee's coverage. The employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the employee or dependent who continues to be enrolled but no longer meets eligibility requirements.

### Summary of Benefits and Coverage

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

**From:** Human Resources  
**Address:** 400 Alexandria Blvd.  
 Oviedo, FL 32765  
**Phone:** (407) 971-5524  
**Email:** [sabadie@cityofoviedo.net](mailto:sabadie@cityofoviedo.net)  
**Intranet:** City of Oviedo SharePoint Intranet  
**Website URL:** [www.mybentek.com/oviedo](http://www.mybentek.com/oviedo)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by visiting the City of Oviedo SharePoint Intranet or by logging on Bentek at the following web address: [www.mybentek.com/oviedo](http://www.mybentek.com/oviedo).

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (407) 971-5524.



## Medical Insurance

The City offers medical insurance through Florida Blue to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

### Medical Insurance – BlueChoice PPO HRA Plan With Tobacco Affidavit

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employer Cost with Affidavit	Employee Cost with Affidavit
Employee Only	\$610.84	\$0.00
Employee + Spouse	\$885.13	\$231.75
Employee + Child(ren)	\$856.47	\$207.52
Employee + Family	\$1,113.63	\$424.98

**Please Note:** Employees who complete an affidavit attesting to their tobacco free status, will receive a \$50.00 premium credit (towards each tier).

### Medical Insurance – BlueChoice PPO HRA Plan Without Affidavit

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employer Cost without Affidavit	Employee Cost without Affidavit
Employee Only	\$560.84	\$50.00
Employee + Spouse	\$835.13	\$281.75
Employee + Child(ren)	\$806.47	\$257.52
Employee + Family	\$1,063.63	\$474.98

## Tobacco Surcharge

Employees will have an opportunity to eliminate the tobacco surcharge by:

- Completing a tobacco cessation program and a negative nicotine test.
- Completing a negative nicotine test two times in 60 days.

For more information on the free Tobacco Cessation courses, offered by the City to employees and dependents, please contact Human Resources.

Florida Blue | Customer Service: (800) 352-2583 | [www.floridablue.com](http://www.floridablue.com)

## Medical Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Florida Blue's customer service at (800) 352-2583, or visit [www.floridablue.com](http://www.floridablue.com).

### The Florida Blue Mobile App

Florida Blue's mobile website can be accessed from any smartphone or download the app from the iPhone® or Android™ with just a tap! Visit the smartphone's app store and search for Florida Blue or visit [www.floridablue.com](http://www.floridablue.com)

### Blue365

Blue365 is provided automatically at no additional cost and offers access to discounted products and services at participating providers. Members may log on to [www.floridablue.com](http://www.floridablue.com) to learn more about these programs or call (800) 345-3885.

- ✓ Fitness Club Memberships, Exercise Footwear and Apparel
- ✓ Vision Care, Glasses, and Contact Lenses
- ✓ Hearing Care and Aids
- ✓ Alternative Medicine
- ✓ Elder Care Advisory Services
- ✓ Hotel Rooms and Travel Information
- ✓ Weight Loss Management

### ElectRx

The City offers group health plan employees, dependents and retirees an alternative pharmacy benefit for select name brand drugs. Prescriptions can be filled through My Health Onsite or any other physician without a copay.



## Florida Blue - BlueChoice PPO HRA Plan At-A-Glance

Network	BlueChoice	
<b>Plan Year Deductible (PYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>Coinsurance</b>		
Member Responsibility	20%	30%
<b>Plan Year Out-of-Pocket Limit</b>		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$40 Copay	30% After PYD
Specialist Office Visit	\$60 Copay	30% After PYD
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)**	20% Coinsurance (Deductible Waived)	30% Coinsurance (Deductible Waived)
X-rays	\$60 Copay	30% After PYD
Advanced Imaging (MRI, PET, CT)	\$150 Copay	30% After PYD
Outpatient Surgery at Surgical Center	20% After PYD	30% After PYD
Physician Services at Surgical Center	20% After PYD	30% After PYD
Urgent Care (Per Visit)	\$60 Copay	\$60 Copay After PYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After PYD	\$300 PAD + 30% After PYD
Outpatient Hospital (Per Visit)	20% After PYD	30% After PYD
Physician Services at Hospital	20% After PYD	20% After In-Network PYD
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospitalization (Per Admission)	No Charge	30% Coinsurance (Deductible Waived)
Outpatient Services (Per Visit)	No Charge	
Outpatient Office Visit	No Charge	
<b>Prescription Drugs (Rx)***</b>		
Generic	\$15 Copay	50% Coinsurance
Preferred Brand Name	\$30 Copay	50% Coinsurance
Non-Preferred Brand Name	\$50 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	2x Retail Copay	Not Covered



### Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit [www.floridablue.com](http://www.floridablue.com). When completing the necessary search criteria, select **BlueChoice** network.



### Plan References

**\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers for services rendered, please refer to the plan's Summary of Benefits and Coverage (SBC) document.

**\*\*Quest Diagnostics is the preferred lab for bloodwork through Florida Blue.** When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueChoice network prior to receiving services.

**\*\*\*Specialty Pharmacy Benefits:**

Members are responsible for 20% of the allowed amount for specialty pharmacy benefits. The coinsurance maximum is \$100 per month and costs are allocated towards the plan year out-of-pocket limit.



## Health Reimbursement Account

The City provides employees, who enroll in the City of Oviedo's medical plan, a Health Reimbursement Account (HRA) administered by P&A Group. HRA monies are funded by the City, not taxable, and can be used for any qualified medical expenses used toward in-network or out-of-network deductible (i.e. physician services, and hospital services). The Health Reimbursement monies provide tax-free funds to help cover expenses incurred under the medical plan.

## Wellness Incentive Program

### 1. Health Reimbursement

Eligible employee covered on the City's medical plan will receive funding into an employee HRA account ONLY after completing a personal Vital Health Profile (VHP) **AND** follow-up visit through the My Health Onsite Wellness Center between July 1, 2024 and June 30, 2025. If all requirements are met, the City will fund the HRA account as follows:

- Employee Only: Up to \$750 if a non-tobacco user affidavit is signed or up to \$500 for tobacco users.
- Employee + Family: Up to \$1,500 if a non-tobacco user affidavit is signed or up to \$1,000 for tobacco users.
- Vital Health Profile Bonus: Employees will receive a \$50 gift card upon completion of a personal Vital Health Profile.

*Please Note: Unused funds DO NOT rollover year to year.*

### 2. Wellness Target Bonus

Employees who achieve the Wellness Targets below are eligible to receive Part II of the incentive program.

Wellness Targets:

- BMI 28 or Less or Men < 40" / Women < 35" Waist
- Blood Pressure 130/90 or Less
- Cholesterol is 200 or Less or Total Cholesterol/HDL Ratio of 4 or Less
- Fasting Blood Glucose Less than 100 or HgA1C < 5.7

Alternatives are available to those who participate in certain health-related activities:

- A City Sponsored Wellness Challenge or MHO 12-week Weight Loss Challenge
- Complete Two (2) Races, a Minimum of 5K in Length, or
- Complete a "Plan of Care" Through My Health Onsite Online or with a My Health Onsite Coach.

A Wellness Day and a second \$50.00 gift card will be awarded following the completion of the Program (Parts I and II) on June 30, 2025. The Wellness Day will be available for use in August 2025 and must be utilized by June 30, 2026. The Wellness Day is not eligible for pay out upon separation and cannot be carried over. If the Wellness Day is not used by June 30, 2026, it will be automatically deactivated and removed.

### Expenses Eligible for Reimbursement

Employees may request reimbursement of expenses for themselves or covered dependent(s). Eligible deductible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement checks will be issued to the employee throughout the year for incurred expenses up to the maximum annual benefit amount. If the medical deductible expenses are paid with FSA funds, they are not eligible for HRA reimbursement. For more information regarding eligible expenses, visit P&A group online at [www.padmin.com](http://www.padmin.com)

### Filing a Claim

Employee may submit claim forms to P&A Group and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical services received. Claim forms can be submitted online at P&A's website, via P&A's mobile app or via fax to (877) 855-7105, which is indicated on the claims form.

#### Claims Mailing Address

6400 Main St, Suite 210 Williamsville, NY 14221  
Fax: (877) 855-7105

P&A Group | Customer Service: (716) 852-2611 | [www.padmin.com](http://www.padmin.com)

***All claims must be filed within 90 days after the plan year, or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.***



## Employee Health Center

### City of Oviedo Employee Health & Wellness Center

My Health Onsite, manages the City's on-site Health & Wellness Center for benefit-eligible employees and dependent(s) (age 10 and above). Services received at the Health & Wellness Center are completely voluntary and confidential. Medical information will not be shared with the City unless it is documentation related to worker's compensation.

My Health Onsite provides short wait times to be seen by the doctor, no copays or deductibles, and several other ways to help lower out-of-pocket costs and improve health; including over 150 medications dispensed at no charge.

Employees on the group medical plan who are referred to SimonMed, for imaging, such as an MRI or CAT Scan, will have no co-pay or out-of-pocket expense

**Benefit-eligible employees may elect to receive My Health Onsite & Wellness services, free of charge, without being a group health insurance participant. Proof of other insurance must be provided.**

Additional benefits of using the Employee Health & Wellness Center include:

1. **Vital Health Profile:** Employee may participate in an Vital Health Profile and receive a personalized health analysis with lab result interpretations and trends.
  - After an employee has an Vital Health Profile completed at the Health Center, the employee will automatically be assigned to a Health Coach who will be available to answer questions or offer individualized consultation on personal health goals.
    - ✓ Registered Nurse
    - ✓ Registered Dietitian
    - ✓ Tobacco Cessation Coach
    - ✓ Exercise Coach
2. **Employee Education:** The latest in scientific-based medicine is provided online.
3. **Reporting & Other Benefits:** Have access to a detailed set of reports and other benefits.

### City of Oviedo Health Center Hours of Operation

Monday	8:00 a.m. – 6:00 p.m.
Tuesday	8:00 a.m. – 12:00 p.m.
Wednesday	8:00 a.m. – 6:00 p.m.
Thursday	8:00 a.m. – 12:00 p.m.
Friday	8:00 a.m. – 12:00 p.m.

**Please Note:** After the first incident, a surcharge of \$25 will be assessed if an employee or eligible dependent(s):

- Does not show for a scheduled appointment
- Cancels visit after 8:00 am on the day of scheduled appointment
- Arrives more than 10-minutes late for a scheduled appointment

Additionally; a surcharge of \$50 will be assessed for any subsequent incidents throughout the plan year.

#### My Health Onsite

Phone: (407) 735-4099 | 310 Alexandria Blvd., Oviedo, FL 32765



## Dental Insurance

### Humana DMO Plan

The City offers dental insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana DMO Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$7.43
Employee + One	\$14.71
Employee + Family	\$26.15

### In-Network Benefits

The DMO dental plan is an in-network only plan that requires all services to be provided by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Humana Dental DHMO HS190 network to receive covered services. There is no coverage for services received out-of-network.

The DMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

### Out-of-Network Benefits

The DMO plan does not cover any services rendered by out-of-network facilities or providers.

### Plan Year Deductible

There is no plan year deductible.

### Plan Year Benefit Maximum

There is no benefit maximum.

### The MyHumana Mobile App

The MyHumana mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the MyHumana mobile app, members can:

- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs

Store and organize all important contact info for doctors, hospitals, and pharmacies



### IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply
- Implant benefits are also covered. Please refer to the carrier's benefit summary for additional information.
- A fee may be charged to a member for a missed or cancelled appointment.

*The summary on the following page has been provided as a convenient reference. For a full listing of covered services, please see the plan's Schedule of Benefits or contact Humana's customer service.*

Humana | Customer Service: (866) 427-7478 | [www.humana.com](http://www.humana.com)



## Humana DMO Plan At-A-Glance

### Network Humana Dental DHMO HS190

#### Plan Year Deductible (PYD)

	In-Network Only
Per Member	Does Not Apply
Per Family	
Plan Year Maximum	



#### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select **Humana Dental DHMO HS190**.

#### Class I Services: Diagnostic & Preventive Care

	Code	In-Network
Routine Oral Exam (2 Per Year)	0120/0150	\$0
Routine Cleanings (2 Per Year)	1110/20	\$0
Bitewing X-rays (2 Per Year)	0272	\$0
Complete X-rays (1 Set Every 3 Years)	0210	\$0
Fluoride Treatments	1208	\$0
Sealants (Per Tooth, to Age 16)	1351	\$0
Emergency Treatment to Relieve Pain (During Regular Hours)	9999	\$20



#### Plan References

\*Excluding final restoration

#### Class II Services: Basic Restorative Care

Fillings (Amalgam — 3 Surfaces)	2160	\$0
Fillings (Composite — 3 Surfaces, Anterior)	2332	\$0
Fillings (Composite — 3 Surfaces, Posterior)	2393	\$65
Simple Extractions (Erupted Tooth or Exposed Root)	7140	\$15
Surgical Removal of Tooth (Erupted/Impacted)	7210/40	\$30/\$80
Endodontics (Root Canal Therapy)*	3330	\$190
Periodontal Scaling (Per Quadrant)	4341/42	\$30/\$38
Deep Cleaning	4355	\$50
General Anesthesia (First 15 Minutes)	9222	\$75

#### Class III Services: Major Restorative Care

Crowns (Porcelain Fused to Metal)*	6750	\$180
Bridges (Porcelain Fused to High Noble Metal)*	6241	\$180
Dentures	5110/20	\$205

#### Class IV Services: Orthodontia (Lifetime Maximums)

Benefit — Child (up to age 19)/Adult	8080/90	\$1,650
Retention	8680	\$300



## Dental Insurance

### Humana Dental PPO Low Plan

The City offers two (2) dental PPO options through Humana to benefit-eligible employees. The costs per pay period for coverage for the Humana Dental PPO Low Plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana PPO Low Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$12.31
Employee + One	\$27.21
Employee + Family	\$44.98

#### In-Network Benefits

The Dental PPO Low Plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Humana PPO/Traditional Preferred network. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount". This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

#### Out-of-Network Benefits

Out-of-network benefits are used when a member receives services by a non-participating Humana PPO/Traditional Preferred provider. Humana reimburses out-of-network services based on what it determines as the Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the Humana's MAC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Plan Year Deductible

The Dental PPO Low plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Low plan will pay for each covered member is \$1,500 for in-network and out-of-network services. All services, including preventive services, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

#### Extended Annual Maximum

Extended Annual Maximum offers additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia).

#### The MyHumana Mobile App

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- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs

Store and organize all important contact info for doctors, hospitals, and pharmacies

**Humana** | Customer Service: (866) 427-7478 | [www.humana.com](http://www.humana.com)



## Humana Dental PPO Low Plan At-A-Glance

Network	PPO/Traditional Preferred	
<b>Plan Year Deductible (PYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	Yes
<b>Plan Year Benefit Maximum**</b>		
Per Member (Includes Class I Services)	\$1,500	\$1,500
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (3 Per Plan Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Plan Year)		
Bitewing X-rays (2 Set Per Plan Year)		
Complete X-rays (1 Every 5 Years)		
Deep Cleanings		
<b>Class II Services: Basic Restorative Care</b>		
Fillings (Amalgam or Composite)	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
Periodontal Services		
General Anesthesia (Limitations May Apply)		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)
Bridges		
Dentures		
Implants (1 Per Tooth Every 5 Years)		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum	\$1,000	
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50% (No Deductible)	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select **PPO/Traditional Preferred** network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

**\*\*Extended Annual Maximum** offers additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia).



### Important Notes

- Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive care benefit.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limits may apply.
- Benefit frequency limitations may apply to certain services.
- Members are responsible for determining if their provider participates in the PPO/Traditional Preferred network.



## Dental Insurance

### Humana Dental PPO High Plan

The City offers two (2) dental PPO options through Humana to benefit-eligible employees. The costs per pay period for coverage for the Humana Dental PPO High Plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana PPO High Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$16.00
Employee + One	\$35.49
Employee + Family	\$57.54

#### In-Network Benefits

The Dental PPO High Plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Humana PPO/Traditional Preferred network. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount". This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

#### Out-of-Network Benefits

Out-of-network benefits are used when a member receives services by a non-participating Humana PPO/Traditional Preferred network provider. Humana reimburses out-of-network services based on what it determines as the Usual & customary (U&C). The U&C is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the Humana's U&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Plan Year Deductible

The Dental PPO High plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Plan Year Benefit Maximum

There is no benefit maximum. Excludes orthodontia services.

#### The MyHumana Mobile App

The MyHumana mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the MyHumana mobile app, members can:

- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs

Store and organize all important contact info for doctors, hospitals, and pharmacies

Humana | Customer Service: (866) 427-7478 | [www.humana.com](http://www.humana.com)



## Humana Dental PPO High Plan At-A-Glance

Network	PPO/Traditional Preferred	
<b>Plan Year Deductible (PYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	Yes
<b>Plan Year Benefit Maximum**</b>		
Per Member (Includes Class I Services)	Does not Apply	
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (3 Per Plan Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Plan Year)		
Bitewing X-rays (2 Set Per Plan Year)		
Complete X-rays (1 Every 5 Years)		
Deep Cleanings		
<b>Class II Services: Basic Restorative Care</b>		
Fillings (Amalgam or Composite)	Plan Pays: 90% After PYD	Plan Pays: 80% After PYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
Periodontal Services		
General Anesthesia (Limitations May Apply)		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 60% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)
Bridges		
Dentures		
Implants (1 Per Tooth Every 5 Years)		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum	\$1,000	
Benefit (Children/Adult)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select PPO/Traditional Preferred network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

\*\*Excludes orthodontia services.



### Important Notes

- Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive care benefit.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limits may apply.
- Benefit frequency limitations may apply to certain services.
- Members are responsible for determining if their provider participates in the PPO/Traditional Preferred network.



## Vision Insurance

### Humana Vision 130 Plan

The City offers vision insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's benefit summary or contact Humana's customer service.

#### Vision Insurance – Humana Vision 130 Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$2.59
Employee + Spouse	\$4.94
Employee + Child(ren)	\$5.19
Employee + Family	\$7.62

#### In-Network Benefits

The vision plan offers the employee and their covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, the employee and covered dependent(s) may select any network provider who participates in the Humana Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades are additional costs if elected at the time of the appointment.

#### Out-of-Network Benefits

Employees and covered dependent(s) may also choose to receive services from vision providers who do not participate in the Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Plan Year Deductible

There is no plan year deductible.

#### Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### The MyHumana Mobile App

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- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Store and organize all important contact info for doctors, hospitals, and pharmacies

**Humana** | Customer Service: (877) 398-2980 | [www.humana.com](http://www.humana.com)



## Humana Vision 130 Plan At-A-Glance

Network		Humana Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Contact Lens Fit & Follow-Up	Standard Lens	Up to \$40 Allowance	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered
<b>Frequency of Services Per Plan Year</b>			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
<b>Lenses</b>			
Single		\$15 Copay	Up to \$25 Reimbursement
Bifocal		\$15 Copay	Up to \$40 Reimbursement
Trifocal		\$15 Copay	Up to \$60 Reimbursement
<b>Frames</b>			
Allowance		\$130 Retail Allowance; Then 20% Off Balance Over \$130	Up to \$65 Reimbursement
<b>Contact Lenses*</b>			
Non-Elective ( <i>Medically Necessary; Prior Auth. Required</i> )		No Charge	Up to \$200 Reimbursement
Elective ( <i>Lenses</i> )	Conventional	\$130 Allowance; Then 15% Off Balance Over \$130	Up to \$104 Reimbursement
	Disposable	\$130 Allowance	Up to \$104 Reimbursement



### Locate a Provider

To search for a participating provider, contact Humana's customer service visit to [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select **Humana Insight** network.



### Plan References

*\*Contact lenses are in lieu of spectacle lenses.*



### Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

*This benefits summary has been provided as a convenient reference. For details regarding all the plan's coverages, exclusions, and stipulations, contact customer service (877) 398-2980.*



## Vision Insurance

### Humana Vision 150 Plan

The City offers vision insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's benefit summary or contact Humana's customer service.

#### Vision Insurance – Humana Vision 150 Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$3.64
Employee + Spouse	\$6.91
Employee + Child(ren)	\$7.27
Employee + Family	\$10.67

#### In-Network Benefits

The vision plan offers the employee and their covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, the employee and covered dependent(s) may select any network provider who participates in the Humana Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades are additional costs if elected at the time of the appointment.

#### Out-of-Network Benefits

Employee and covered dependent(s) may also choose to receive services from vision providers who do not participate in the Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Plan Year Deductible

There is no plan year deductible.

#### Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### The MyHumana Mobile App

The MyHumana mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the MyHumana mobile app, members can:

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- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Store and organize all important contact info for doctors, hospitals, and pharmacies

**Humana** | Customer Service: (877) 398-2980 | [www.humana.com](http://www.humana.com)



## Humana Vision 150 Plan At-A-Glance

Network		Humana Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Contact Lens Fit & Follow-Up	Standard Lens	Up to \$40 Allowance	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered

### Frequency of Services Per Plan Year

Examination	12 Months
Lenses	12 Months
Frames	12 Months
Contact Lenses	12 Months

### Lenses

Single	\$10 Copay	Up to \$25 Reimbursement
Bifocal	\$10 Copay	Up to \$40 Reimbursement
Trifocal	\$10 Copay	Up to \$60 Reimbursement

### Frames

Allowance	\$150 Retail Allowance; Then 20% Off Balance Over \$150	Up to \$80 Reimbursement
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### Contact Lenses\*

Non-Elective (Medically Necessary; Prior Auth. Required)		No Charge	Up to \$210 Reimbursement
Elective (Lenses)	Conventional	\$150 Allowance; Then 15% Off Balance Over \$150	Up to \$128 Reimbursement
	Disposable	\$150 Allowance	Up to \$128 Reimbursement



### Locate a Provider

To search for a participating provider, contact Humana's customer service visit to [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select **Humana Insight** network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

*This benefits summary has been provided as a convenient reference. For details regarding all the plan's coverages, exclusions, and stipulations, contact customer service (877) 398-2980.*



## Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through P&A Group. The FSA plan year is from October 1 through September 30.

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

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,200. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

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

### Dependent Care FSA

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

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

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

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

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

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

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



## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 through September 30).
- When a plan year ends and all claims have been filed, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

A completed claim form, along with a copy of the receipt as proof of the expense can be submitted via mail, online, mobile app or by fax at (877) 855-7105. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

#### Claims Mailing Address

6400 Main St, Suite 210 Williamsville, NY 14221  
Fax: (877) 855-7105

P&A Group | Customer Service: (716) 852-2611 | [www.padmin.com](http://www.padmin.com)

### HERE'S HOW IT WORKS!



An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$9,628	-\$9,825
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$39,372	\$39,175
<b>Tax Savings</b>	<b>\$197</b>	

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year. **This rule is known as "use-it or lose-it."**



## Basic Life and AD&D Insurance

### Basic Term Life

The City provides a Basic Term Life insurance for all eligible employees through New York Life. Eligible employees will receive a benefit amount of one (1) time their annual earnings rounded to the next higher \$1,000 not to exceed \$200,000.

### Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Life insurance benefit in excess of \$50,000 must be included in income and is subject to Federal, Social Security and Medicare taxes.

### Accidental Death & Dismemberment

Also, at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable in the event of dismemberment as a result of an accident.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 40% of the benefit amount at age 70
- › Reduces to 25% of the benefit amount at age 75

### Retirees

Eligible Retirees may elect to purchase Life insurance coverage at the time of their retirement in the amount of \$10,000. Benefit amount is not subject to any age reduction schedules.

***Always remember to keep beneficiary forms updated. Beneficiary forms may be updated anytime through Bentek.***

#### New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | [www.mynylgbs.com](http://www.mynylgbs.com)

## Voluntary Life Insurance

### Voluntary Employee Life Insurance

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through New York Life. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. Voluntary Life insurance offers coverage for employee, spouse or child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$150,000.

- Employee can elect up to five (5) times their basic annual earnings (BAE); up to \$200,000 maximum rounded to the higher \$1,000.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 65
  - › Reduces to 40% of the benefit amount at age 70
  - › Reduces to 25% of the benefit amount at age 75
- Benefits terminate at retirement.

**2024-2025 Open Enrollment:** Eligible employees have the opportunity to purchase or increase Voluntary Employee Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$150,000.

### Monthly Voluntary Life Rate Table

Rate Per \$1,000 of Benefit

Age Bracket <i>(Based On Employee Age)</i>	Voluntary Life Rate
Under Age 30	\$0.07
30-34	\$0.10
35-39	\$0.12
40-44	\$0.145
45-49	\$0.225
50-54	\$0.369
55-59	\$0.639
60-64	\$0.99
65-69	\$1.45
70 +	\$1.93

#### New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | [www.mynylgbs.com](http://www.mynylgbs.com)



## Voluntary Life Insurance *(Continued)*

### Voluntary Spouse and/or Dependent Child(ren) Life Insurance

- Voluntary Dependent Life insurance coverage cannot be purchased separately, only as a family unit.
- A flat \$10,000 benefit is offered for Voluntary Spouse coverage.
- A flat \$5,000 benefit is offered for eligible unmarried child(ren) from six (6) months to age 26.
- A flat \$500 benefit is offered for eligible child(ren) from birth to six (6) months.
- Spouse/Dependent Life Insurance coverage is a flat \$1.27 per 24 payroll deductions, whether just spouse or dependent(s) are covered together or separately.
- Spouse coverage terminates at age 70.

## Voluntary Short Term Disability

The City offers Voluntary Short Term Disability (STD) coverage through New York Life, to all eligible, full-time employees working a minimum of 40 hours per week and active part-time employees regularly working a minimum of 25 hours per week. The STD benefit pays the employee a percentage of weekly earnings if the employee becomes disabled due to an illness or non-work related injury.

### Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of an employee's weekly earnings with a benefit maximum of \$1,000 per week.
- An Employee must be disabled due to an illness for seven (7) consecutive days prior to becoming eligible for benefits (known as the elimination period).
- If the disability is due to a non-work related injury, the member may be eligible for benefits immediately.
- The maximum benefit period is 13 weeks.
- If the employee is unable to return to work after the 13 week STD maximum benefit has been exhausted, the employee will automatically be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income including sick time.

**2024-2025 Open Enrollment:** Eligible employees have the opportunity to newly purchase Short Term Disability insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI).

## Long Term Disability

The City provides Long Term Disability (LTD) insurance, through New York Life, at no cost to all eligible employees. The LTD benefit pays a percentage of gross monthly earnings if employee becomes disabled due to a injury or illness.

### Long Term Disability (LTD) Benefits

- The LTD benefit pays 66.67% of monthly earnings up to a benefit maximum of \$7,500 per month.
- An Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- If the employee returns to work on a part-time basis, the employee may continue to be eligible for partial benefits.
- Periodic evaluations may occur at the discretion of New York Life.
- If the employee is unable to return to their own occupation then the employee will continue to receive benefits for a maximum of 24 months.
- The benefit period maximum will be determined by the employee's age at the time the disabling event occurs.
- After 24 months, if the employee can return to any occupation in which they are suitably trained, educated, and/or capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).
- Long Term Disability benefits are taxable.

### New York Life Group Benefit Solutions

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## Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Aetna Resources for Living. EAP offers the employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. The EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

### What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes six (6) visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

### Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor/manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will not receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

#### Aetna Resources for Living

Customer Service: (800) 272-7252 | [www.resourcesforliving.com](http://www.resourcesforliving.com)

Username: COO | Password: COO

## Supplemental Insurance

Colonial Life offers a variety of supplemental insurance plans that may be purchased separately, on a voluntary basis, and premiums paid by payroll deduction on an after-tax basis. Children may be included in some plans up to age 26. To learn more about these Colonial Life plans and/or to schedule a personal appointment, contact the local Colonial Life agent. Details regarding available Colonial plans and services are also available online at [www.coloniallife.com](http://www.coloniallife.com)

Available plans include:

- ✓ Accident Insurance
- ✓ Cancer Insurance
- ✓ Disability Insurance\*
- ✓ Critical Illness Insurance\*
- ✓ Hospital Confinement Indemnity Insurance\*

**Please Note:** All Colonial supplement plans are purchased independently and do not coordinate benefits through the City. The independent supplement plans and City do not coordinate or accept pay back of accrued time off.

\*New Enhanced Plan Available

\*\*Guarantee Issue for New Hires (hired within the last 12 months) are available on some plans.

**Colonial Life** | Customer Service: (800) 325-4368 | [www.coloniallife.com](http://www.coloniallife.com)

Agent: Ms. Chris Norwood | Office: (407) 748-5900 | Cell: (407) 808-8374

Email: [chris.norwood@coloniallifesales.com](mailto:chris.norwood@coloniallifesales.com)



## Legal and Identity Protection Plan

### LegalShield

The City offers employees the opportunity to enroll in a voluntary pre-paid legal program provided by LegalShield. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance for a variety of situations that include:

- ✓ Dedicated Law Firm
- ✓ Legal Advice/ Consultation
- ✓ Letters/Calls Made on Your Behalf
- ✓ Contracts/Document Review
- ✓ Residential Loan Document Assistance
- ✓ Will Preparation
- ✓ Speeding Ticket Assistance
- ✓ IRS Audit Assistance
- ✓ Trial Defense
- ✓ 25% Preferred\* Member Discount
- ✓ 24/7 Emergency Access For Covered Situations

**Please Note:** 25% discount only applies to: Criminal, Contested Divorce, Contested Child Custody, Immigration

### IDShield

The City offers employees the opportunity to enroll in a voluntary identity theft protection/credit monitoring service through IDShield. By enrolling in this plan as an add-on benefit to the LegalShield plan a participant will have access to the following benefits:

- ✓ Bureau Credit Monitoring
- ✓ High Risk Application and Transaction Monitoring
- ✓ Social Media Monitoring
- ✓ Credit Inquiry Alerts
- ✓ Consultations on Cyber Security Questions
- ✓ Identity Restoration
- ✓ 24/7 Emergency Access In The Event of Identity Theft

There are two (2) levels of coverage that may be purchased. Employee can purchase LegalShield for \$7.98 per pay period or LegalShield with Identity Theft for \$12.95 per pay period. This includes coverage for the entire household including spouse and dependent child(ren) up to the age of 18 regardless of the number of eligible dependents enrolled in the plan.

**LegalShield** | Customer Service: (800) 654-7757

[www.legalshieldassociate.com/hub/sb](http://www.legalshieldassociate.com/hub/sb)

Agent: Steve Baker | Office: (321) 613-0037 | Mobile: (310) 663-4735

Email: [sb@legalshieldassociate.com](mailto:sb@legalshieldassociate.com)

## Retirement Information

### 401(a)

All regular status employees working 32 hours or more per week (except certified firefighters and sworn police officers) are enrolled in the 401(a) Defined Contribution Plan effective within 15 days of employment. Employees must make an irrevocable election to contribute between 1% - 10% (pre-tax) of their annual salary. The City will match 100% of the first 5% of the employee's contributions. The plan is a defined contribution with a 5-year incremental vesting schedule. Mission Square Retirement offers employees a number of investment options to make the most out of employee's retirement account. The City's Mission Square Retirement representative, Fausto Andrade, may assist in planning retirement and investment goals.

### 457

A voluntary 457 deferred compensation plan is available for all full-time and budgeted part-time employees. Employees can contribute pre-tax dollars to this optional account. Contributions to this account can be stopped or changed at any time without penalty. Like the 401(a), the 457 offers a number of investment options to make the most out of employee's retirement account. The City's Mission Square Retirement representative, Fausto Andrade, may assist in planning retirement and investment goals.

### Roth IRA

A voluntary Roth IRA plan is available for all employees. An employee can elect to contribute after-tax dollars to this retirement account. The minimum contribution to the account is \$10 per pay period and, like the 457, contributions can be stopped or changed at any time. The Roth IRA remains tax free on investment earnings while remaining in the account. In addition, employee will be free of any taxes or penalties when employee withdraws earnings from the Roth IRA as long as employee's account has met certain five (5) year aging requirements and employee has a qualifying event or reaches retirement age. Principal contributions to the account can be withdrawn at anytime, without penalty and are tax free.

### Public Safety Pensions

Oviedo Police Officers and Firefighters each have a separate Pension Trust Fund. These pensions are designed to help the employee meet financial needs at retirement, or in the event of disability or death. These retirement plans are governed by Florida Statutes Chapter 175 and 185 for certified fire and sworn law enforcement employees respectively and Chapter 112 of the Internal Revenue Code. Employee member contributions are a percentage of compensation as defined in each retirement program's Summary Plan Document. Eligibility for benefits are in accordance with age and service requirements outlined in the program ordinances, Florida Statutes and Summary Plan Documents. For more information regarding the fund, please contact any member on the Board of Trustees.

### Mission Square Retirement

Customer Service: (800) 669-7400 | Agent: Fausto Andrade

Cell: (202) 759-7008 | Email: [fandrade@missionsq.org](mailto:fandrade@missionsq.org) | [www.missionsq.org](http://www.missionsq.org)



## Retiree Medical Benefits

### Medical Insurance – BlueChoice PPO HRA Plan

#### Retiree Rates

Monthly Rates

Tier of Coverage	Retiree Monthly Cost	Total Monthly Cost
Retiree Only	\$1,221.68	\$1,221.68
Retiree + Spouse	\$2,233.76	\$2,233.76
Retiree + Child(ren)	\$2,127.98	\$2,127.98
Retiree + Family	\$3,077.22	\$3,077.22

### Group Retiree Health Plan

The City’s Group Retiree Health Plan will be provided by the insurance carrier(s) in force at the time of retirement and is subject to change if the City changes carriers, benefits or rates. All of the following requirements must be met in order for a City employee to be eligible for retiree medical insurance benefits.

Employees covered by Defined Benefit Plans must adhere to the Plan requirement defining retirement. Those covered by a Defined Contribution Plan (401(a)), must complete 25 years of service or be age 62 with at least ten (10) years of service with the City.

Retirees/dependents, age sixty-five (65) and older who are not enrolled in Medicare Part A & B, this plan applies benefits as if Medicare Part B is Primary and Florida Blue coverage is secondary paying only 20% and applicable benefits will apply. The remaining 80% is non-covered member cost share. If a member is not eligible for Medicare the member should contact their HR Department

**Please Note:** Retiree benefits are offered under a separate medical plan for the purpose of the Affordable Care Act.

## Holiday Schedule

The 2024-2025 Holiday Schedules for full-time regular and non-bargaining unit employees are listed below:

2024	Date	4/10s	5/8s
New Year’s Day	—	—	—
M.L.K. Day	—	—	—
Memorial Day	—	—	—
Independence Day	—	—	—
Labor Day	Monday, 9/2	Monday, 9/2	Monday, 9/2
Veterans Day	Monday, 11/11	Monday, 11/11	Monday, 11/11
Thanksgiving Day	Thursday, 11/28	Wednesday, 11/27	Thursday, 11/28
Day after Thanksgiving	Friday, 11/29	Thursday, 11/28	Friday, 11/29
Christmas Holiday	Tuesday, 12/24	Tuesday, 12/24	Tuesday, 12/24
Christmas Holiday	Wednesday, 12/25	Wednesday, 12/25	Wednesday, 12/25
Floating Holiday	Use on or before September 14, 2024		

2025	Date	4/10s	5/8s
New Year’s Day	Wednesday, 1/1	Wednesday, 1/1	Wednesday, 1/1
M.L.K. Day	Monday, 1/20	Monday, 1/20	Monday, 1/20
Memorial Day	Monday, 5/26	Monday, 5/26	Monday, 5/26
Independence Day	Friday, 7/4	Thursday, 7/3	Friday, 7/4
Labor Day	Monday, 9/1	Monday, 9/1	Monday, 9/1
Veterans Day	Tuesday, 11/11	Tuesday, 11/11	Tuesday, 11/11
Thanksgiving Day	Thursday, 11/27	Wednesday, 11/26	Thursday, 11/27
Day after Thanksgiving	Friday, 11/28	Thursday, 11/27	Friday, 11/28
Christmas Holiday	Wednesday, 12/24	Wednesday, 12/24	Thursday, 12/25
Christmas Holiday	Thursday, 12/25	Thursday, 12/25	Friday, 12/26
Floating Holiday	Use on or before September 13, 2025		

In order to be eligible for holiday pay, an employee must be in an active pay status, receiving pay for the scheduled workday before and after the holiday; i.e., worked the regular day or on approved leave with pay. Non-union shift employees observe the actual holiday (ex: Independence Day – July 4th) as the holiday for premium holiday pay purposes. Temporary, seasonal, and non-budgeted part-time employee may have the day off according to their schedule but are not eligible for holiday pay. Temporary, seasonal, and budgeted part-time employees are not eligible for the floating holiday.

Full-time regular status employees must have completed the initial (new hire) six-month probationary period or six (6) consecutive months’ of employment in order to use their floating holiday.

For further details, non-union employees may refer to Personnel Procedures and Rules Manual, Chapter XIII. Union employees should refer to their respective bargaining agreement for rules pertaining to holidays.









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

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# Exhibit B

## Sample Employee Communications

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

# EMPLOYEE BENEFITS OPEN ENROLLMENT 2024 2025

Employees will have until **5:00 pm on August 23rd** to complete Enrollment for the **2024-2025 Plan year, starting October 1, 2024.**

Employees can attend any session. Spouses are welcome to attend.

Attendance is not mandatory; however, it is strongly recommended. Representatives will be available to answer your questions.



## Wednesday, August 7

**Presentations:**  
City Hall - Council Chambers  
8:30am, 10:30am, 2:00pm

**Enrollments:**  
1st Floor Conference Room  
9:30am - Noon  
3:00pm - 5:00pm

## Thursday, August 8

**Presentations:**  
City Hall - Council Chambers  
8:30am, 10:30am

**Enrollments:**  
1st Floor Conference Room  
9:30am - Noon

Enroll on site through the Bentek system and meet with the Colonial Life Enrollers

All employees are required to log into Bentek during the Open Enrollment period to confirm their benefit elections and beneficiary designations for the 2024-2025 Plan Year.

## ONLINE ENROLLMENT THROUGH BENTEK IS OPEN FROM Wednesday, August 7th until 5:00 pm on Friday, August 23rd

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

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

To access the site go to: [www.mybentek.com/oviedo](http://www.mybentek.com/oviedo)

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

To access Bentek using a mobile device, scan code:



If you have any questions regarding Open Enrollment, please contact Stephanie Abadie at (407) 971-5524 or [sabadie@cityofoviedo.net](mailto:sabadie@cityofoviedo.net).



# 2024-2025 OPEN ENROLLMENT AUGUST 6<sup>TH</sup> - AUGUST 27<sup>TH</sup>

**Open Enrollment is MANDATORY for employees this year.**

**Orange County Sheriff's Office Group Insurance Plan Year Begins October 1, 2024.**

Open Enrollment is the time of year when you can make changes to your benefits, add or drop dependents, change plans, enroll into coverage or drop coverage. All new elections and changes made during Open Enrollment will be effective on October 1, 2024.

All elections must be completed in the Lawson system by **5:00pm on August 27th, 2024.**

***All Open Enrollment elections must be submitted on Lawson between August 6th and August 27th, 2024.***



## Onsite Open Enrollment Presentations with Gehring Group, Cigna, Humana and New York Life

DATE	TIME	LOCATION
August 8th	12:00pm – 1:00pm	OPS
August 9th	9:30am – 10:30am	OPS
August 15th	5:30pm – 6:30pm	OPS
August 16th	9:30am – 10:30am	OPS
	12:00pm – 1:00pm	
August 21st	6:00pm – 7:00pm (open to spouses)	OPS

## Virtual Presentations with Gehring Group, Cigna, Humana and New York Life

August 7th	2:00pm – 3:00pm	Virtual Meeting via Teams		
	5:00pm – 6:00pm			
August 14th	2:00pm – 3:00pm	Virtual Meeting via Teams		
	5:00pm – 6:00pm			
August 23th	2:00pm – 3:00pm	Virtual Meeting via Teams		

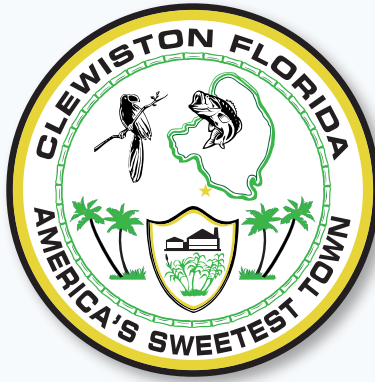
## Q&A/One on One sessions with Gehring Group, Cigna, Humana and New York Life

August 8th	1:00pm – 3:00pm	OPS
	4:00pm – 7:00pm	Comm Center
August 9th	11:00am – 2:00pm	Courthouse
	4:00pm – 7:00pm	Comm Center

## Computer Lab Hours

Benefits Team will be available to assist employees with online enrollment

August 6th	1:00pm – 5:00pm	Lab
August 7th	9:00am – 12:00pm	Lab
August 13th	1:00pm – 6:00pm	Lab
August 14th	9:00am – 12:00pm	Lab
August 20th	1:00pm – 6:00pm	Lab



2025-2026

# OPEN ENROLLMENT IS HERE!

## City of Clewiston Group Insurance Plan Year Begins October 1, 2025!

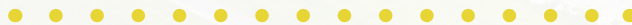
Open Enrollment is the time of year that you can make changes to your benefits, add or drop dependents, change plans, enroll into coverage or drop coverage. All new elections and changes made during Open Enrollment will be effective on October 1, 2025. The Open Enrollment period begins on August 27th and ends on September 3rd.

**What's New:** We are excited to announce we will begin using Employee Navigator for our online benefits enrollment platform. [www.employeenavigator.com](http://www.employeenavigator.com)

**What's Changing:** We're pleased to announce that the City will be adding a new Employer-Paid Short Term Disability (STD) Plan through Mutual of Omaha this plan year! New Aflac Group GI offerings Accident (24 HR), Hospitalization, Critical Illness with Cancer. No Medical Underwriting required!

**Enrollment Assistance:** Enrollment Counselors will be on-site during Open Enrollment to assist with all plan offerings and help with enrolling in Employee Navigator.

Open Enrollment Informational meetings will be in-person and a representative from the Risk Strategies/Gehring Group team will be presenting plan updates and available to answer any questions.

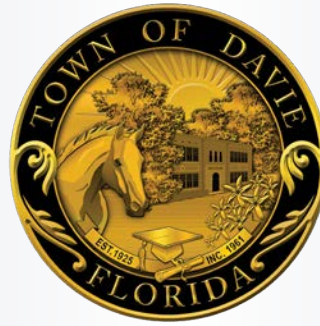


## ENROLLMENT MEETINGS

Wednesday, August 27th

8:00am and 1:00pm

Location: Clewiston Youth Center



# ONLINE EDUCATIONAL SESSION

## Tired of Just Managing Your Type 2 Diabetes?

Discover how Level2<sup>®</sup> Specialty Care — included at no extra cost with select UnitedHealthcare<sup>®</sup> health plans — offers a new way to understand and take control of your glucose levels.

## What You'll Learn in This Session:

- How Level2 works to help improve Type 2 diabetes
- What the Level2 Method and Care Team can do for you
- How continuous glucose monitors (CGMs) provide real-time insights — without daily finger sticks
- Who qualifies, how to enroll, and what to expect

## Insights + Action = Progress

With a support team of providers, coaches, and dietitians, you'll move through guided phases to better understand and manage glucose levels — all tailored to your needs.

**ONLINE SESSION**

**Date: Tuesday, June 3**

**Time: 10:00am - 11:00am**

Click link below to join Online Session:

[Join Meeting Now](#)



*Questions? Call Jessica Ginter at (954) 797-1110*

# 2025 OPEN ENROLLMENT



**Monday October 21st through Friday, November 1st at 5:00pm**

**Open Enrollment is the time of year when benefit eligible employees can make new benefit elections, or changes to their current elections, for the upcoming 2025 plan year.**

The only carrier changes this year will be to Life and Disability. The Standard will be the new Life & Disability carrier and this year during Open Enrollment employees will have the option to newly elect or increase Voluntary Life coverage without having to complete Evidence of Insurability (EOI). Employees can newly elect or increase coverage up to the GI of \$250,000 for Voluntary Employee Life coverage and \$50,000 for Voluntary Spouse coverage. Employees will also have the option to newly enroll in Short Term Disability without EOI. It is important that everyone logs into Bentek to review their benefits and make any plan changes. If you do not login to Bentek, your current elected coverages will roll over with the exception of the FSA.

**Reminder:** If you are in the FSA plan, you must re-enroll each year. Please attend one of the meetings to learn more information.

## JOIN US FOR A IN PERSON PRESENTATION

DATE	Time	Location
Monday, October 21st	8:00am	Public Works-Operations-Bldg G, 1050 Malabar Road SW
	1:00pm	City Hall, Community Room, Bldg A, 120 Malabar Road SW

*A recorded presentation will be available for those who cannot attend. Computer access will be available following the presentations.*

## ONLINE ENROLLMENT THROUGH BENTEK

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

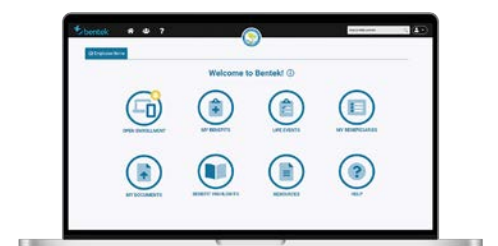
- View all benefit elections and payroll deductions
- Make new elections or changes online
- View plan summaries and link to provider websites
- Designate life insurance beneficiaries

To access the site go to: [app.mybentek.com/palmbayflorida](http://app.mybentek.com/palmbayflorida)

**Bentek Site will be open from Monday October 21st through Friday, November 1st at 5:00pm.**

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

**Questions or concerns?** Please contact the Human Resources Department at 321-952-3421 or [Human.Resources@pbfl.org](mailto:Human.Resources@pbfl.org)



To access Bentek using a mobile device, scan code.



# 2024



# 2025

## EMPLOYEE BENEFIT OPEN ENROLLMENT



Open Enrollment will be available via Bentek 24/7 starting Wednesday June 26th through Wednesday July 17th at 5:00pm.

**• ONLINE ENROLLMENT VIA BENTEK IS MANDATORY FOR ALL EMPLOYEES •**

Meeting attendance is optional.

**\*\*Dependent social security numbers and proof of dependent eligibility is required in order to enroll\*\***

Health Insurance representatives will also be available to answer any questions regarding your benefits.

### Benefit Meetings Schedule

#### Wednesday, June 26th

##### Dyal Plant (Training Room)

Presentations:  
7:30 am - 8:30 am

Enrollments:  
8:30 am - 10:00 am

##### Public Works & Fleet (Lunchroom)

Presentations:  
12:30 pm - 1:30 pm

Enrollments:  
1:30 pm - 2:30 pm

##### City Hall (Council Chambers)

Presentations:  
3:00 pm - 4:00 pm

Enrollments:  
4:00 pm - 5:00 pm

#### Thursday, June 27th

##### City Hall (Council Chambers)

Presentations:  
11:00 am - 12:00 pm

Enrollments:  
12:00 pm - 12:30 pm

##### Utilities (2nd Floor Conference Rm)

Presentations:  
1:00 pm - 2:00 pm

Enrollments:  
2:00 pm - 3:30 pm

*Please contact the Human Resources Division at (321) 433-8440 if you have any questions regarding Open Enrollment.*

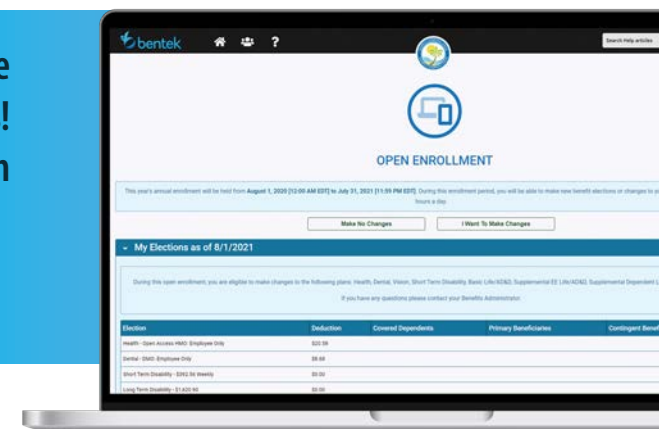
To access Bentek using a mobile device, scan code.



### ONLINE ENROLLMENT THROUGH BENTEK

The City of Cocoa will continue to use Bentek as our online enrollment system. Open Enrollment is the time to make changes to benefits, add or drop dependents, and update life insurance beneficiaries! Any changes made will be effective October 1, 2024. Bentek support is available Monday through Friday, 8:30 am - 5:00pm. Bentek Support Line: (888) 5-Bentek (523-6835)

To access the site, visit [www.mybentek.com/cityofcocoa](http://www.mybentek.com/cityofcocoa)



## SERVING OUR COMMUNITY WITH P.R.I.D.E!



# SUPPORTING YOUR WELL-BEING

An Overview of our Employee Assistance Program (EAP)  
Lunch 'n Learn and Ask Cigna Sessions

**February 27, 2025**

Want to know more about your EAP and its benefits? Join us and meet Dr. Leo Mesa to find out how it can make life easier for you and your household members. The EAP can help with a wide range of work/life concerns – from life stressors to relationship issues to dealing with finances and much more.

Following the presentation, we will have our Ask Cigna Session where you can speak one on one with a Cigna claims expert to better understand how claims are processed. If you have any specific claims related questions or concerns, please schedule some time by clicking the “Ask Cigna Sessions” link below.

## Employee Assistance Program (EAP) Lunch 'n Learn

Date: Thursday, February 27, 2025

Time: 12:00pm - 1:00pm

Location: Community Center, ABC Auditorium  
(1100 Lyons Road, Coconut Creek, FL 33066)

RSVP by Wednesday, February 19, 2025 to reserve your spot  
and FREE lunch from Panera Bread

This event has a maximum capacity of 40 people.

Please click on the link below to sign up for this event.

**[Lunch 'n Learn Sign-up](#)**

---

## Ask Cigna Sessions

Date: Thursday, February 27, 2025

Time: 2:00pm - 6:00pm

Location: HR Meeting Room

Please click on the link below to sign up for this event.

**[Ask Cigna Session Sign-up](#)**



# Maintain, Don't Gain Challenge



Join us for this *voluntary* challenge to maintain your weight through the Holidays!

## Challenge Dates: November 13 – January 5

For all participants that do not increase their weight by more than 2 pounds (or lose weight) over the holiday season, **you will earn a completion prize and an entry to win 2 grand prize drawings!**

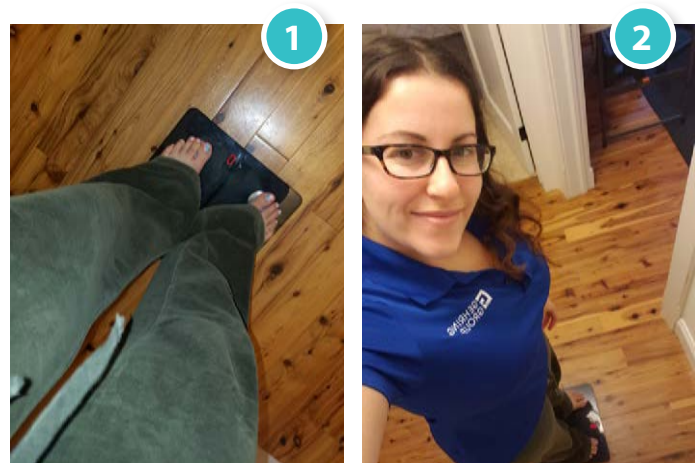
To participate and opt-in, you may visit the Employee Health & Wellness Center starting Monday, 11/13 through Friday, 11/17 as a walk-in.

If you are unavailable to visit the health center during any of the above times, it will be the responsibility of the employee to submit a before picture, no later than **Friday, November 17th at 5pm.**

Initial Weigh-Ins DUE by **November 17**  
Final Weigh-Ins DUE by **January 5**

For those completing virtually and not visiting the health center for a physical weigh-in, **two pictures must be submitted for both weigh-ins, see sample photos below.** First picture of your feet on the scale with the number easy to read. Second picture of a selfie of you on the scale (with the weight still in the photo).

All photos to be emailed to:  
[wellness@myhealthonsite.com](mailto:wellness@myhealthonsite.com)



# First Responders are there to help everyone, **WE ARE HERE TO HELP YOU!**

**M**any of us are facing daily challenges that can be stressful, overwhelming and emotional to ourselves and those around us. Understanding your mental health is important and influences your well-being. Normalizing your feelings of distress, despair and trauma can help you cope. Reaching out for support is an important step in healing.

Are you having difficulty with any of the following?

- Alcohol & Substance use
- Chronic illness
- Trouble sleeping
- Relationships
- Mental health
- Personal finances, etc...



## TOOLS TO HELP

### EMPLOYEE ASSISTANCE

[publicsafetyeap.com](http://publicsafetyeap.com)  
(888) 327-4555



### BLUELINE SUPPORT

[bluelinesupport-bls.org](http://bluelinesupport-bls.org)



### SHATTERPROOF AT FHE HEALTH

[fherehab.com/services/first-responders](http://fherehab.com/services/first-responders)



If you have any questions please contact:  
**Human Resources at (239) 574-0526**

# ATTENTION EMPLOYEES

## NEW HRA FUNDING AMOUNTS FOR 2025

Tier of Coverage	2024 HRA Funding (With No Incentives)	Biometric Screening Completion	Health Assessment Completion	Signed Non-Tobacco User Affidavit (Or Cessation Program)	Total 2024 HRA Funding (With All Incentives Completed)
Employee Only	\$1,200	\$100	\$100	\$100	\$1,500
Employee + Child(ren)	\$2,700	\$100	\$100	\$100	\$3,000
Employee + Spouse	\$2,700	\$100	\$100	\$100	\$3,000
Employee + Family	\$2,700	\$100	\$100	\$100	\$3,000

**1. Complete an annual Biometric Screening at an onsite event during work hours, or by visiting a Quest Lab (more info to come on how to register for an appointment).**

**2. Complete an annual online Health Assessment through [www.mycigna.com](http://www.mycigna.com)**

**3. Sign off on a non-tobacco user affidavit**

» If you are a tobacco user, you must complete a tobacco cessation program and/or submit a certificate of completion for an equivalent program by September 30, 2024 to qualify for the non-tobacco incentive.

Once you have completed the wellness incentives by September 30, 2024, the Village of Wellington will deposit up to \$300 in your 2025 HRA.

*Please Note: Employees who do not participate in some or all of the required wellness activities will not receive their full annual HRA balance as stated above.*

**COMPLETE 1-3 ABOVE AND YOU WILL RECEIVE UP TO THE FULL AMOUNT OF YOUR HRA FUNDING IN YOUR HEALTH REIMBURSEMENT ACCOUNT ON JANUARY 1, 2025.**

**ALL ACTIVITIES MUST BE COMPLETED BY SEPTEMBER 30, 2024 FOR YOUR 2025 FUNDS!**

If you have any questions, please contact Lynette Levy at (561) 753-2585 or [llevy@wellingtonfl.gov](mailto:llevy@wellingtonfl.gov)



# Do You Need to Report a Name Change?

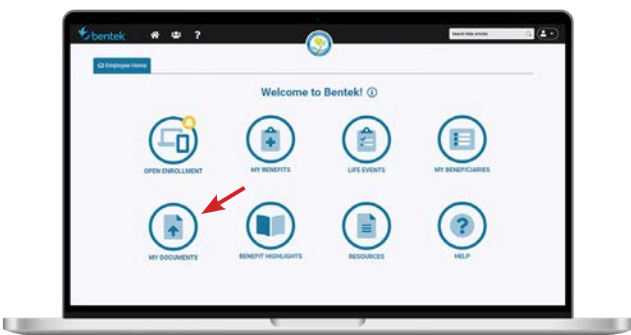
## Do You Need to Change Your Name?

► **IMPORTANT!** Have you or one of your dependents changed your name? Please upload a copy of your new social security card in Bentek, under “my documents”.



## How Do I Access Bentek?

1. Log on to: [www.mybentek.com/martincounty](http://www.mybentek.com/martincounty)
2. Sign in using your previously created username and password
3. If you forgot your username and/or password Click on “Forgot Username/Password” and follow the instructions
4. Don't have an account? Create One
  - Follow the directions to create your Username and Password



## How Do I Report Name Change?

Once logged in to Bentek, you can access the module by clicking on “My Documents.” Please upload a copy of your new social security card.

**Questions?** Contact Brandie LaFave | [blafave@martin.fl.us](mailto:blafave@martin.fl.us) | 772.320.3029



# We are here to **help you**

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

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

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

**Email: [client@gehringgroup.com](mailto:client@gehringgroup.com)**  
**Toll Free: (800) 244-3696**

Please include the following information with your email:

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

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

- Social Security Number
- Date of Birth
- Member ID

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

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



# Exhibit C

## Sample Reports & Work Product

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# Gehring Group/Risk Strategies Sample Work Product

Palm Beach Gardens, Florida 33410  
(561) 626-6797

(800) 244-3696 / (561) 626-6970 – Fax

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



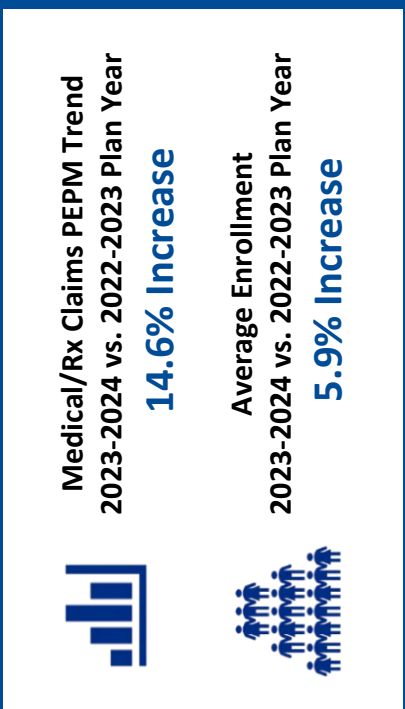
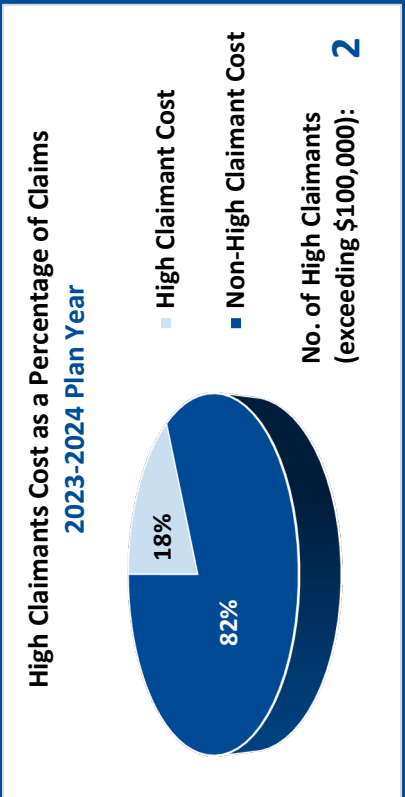
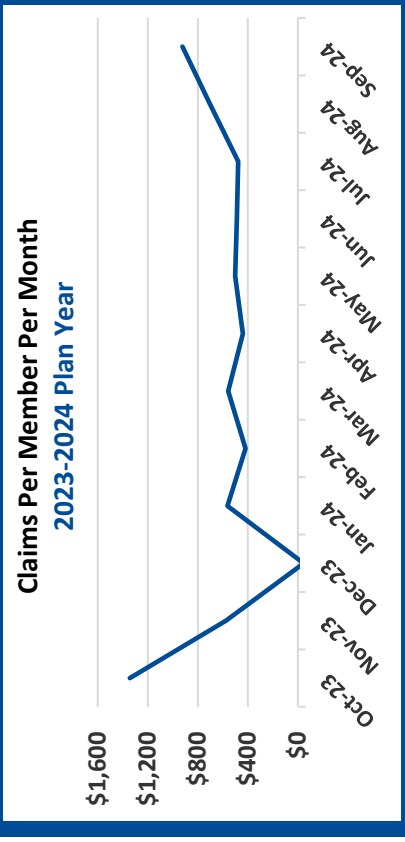
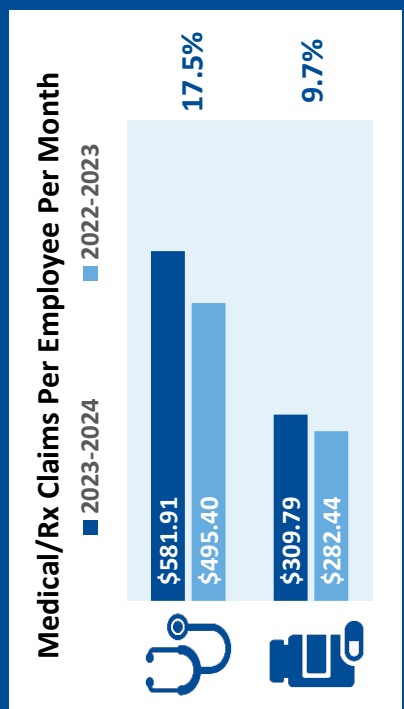
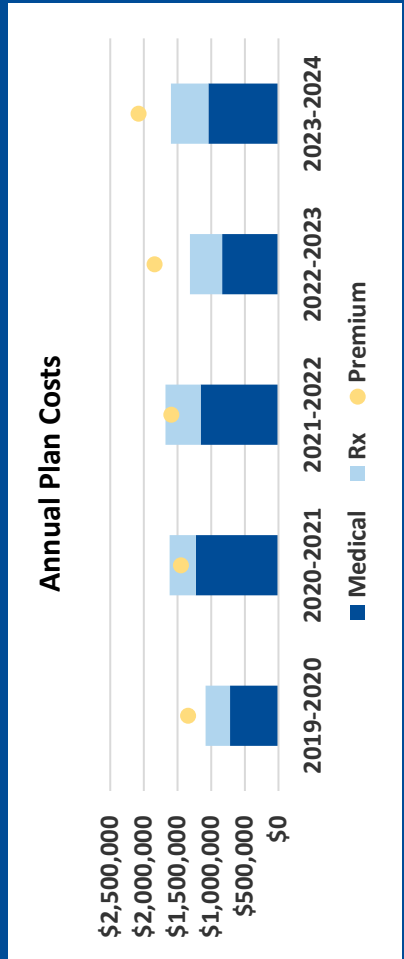
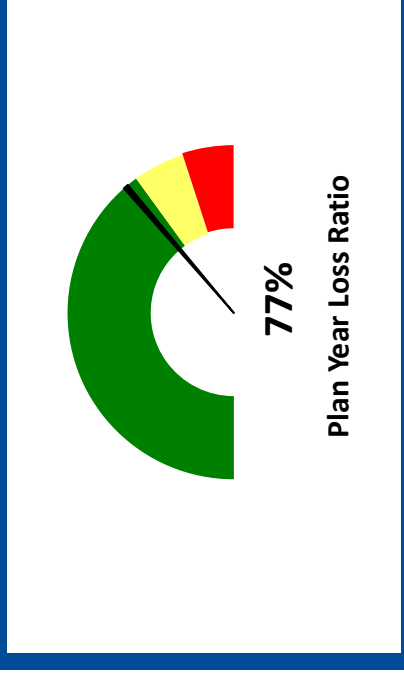
**Sample Plan Comparison**

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

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

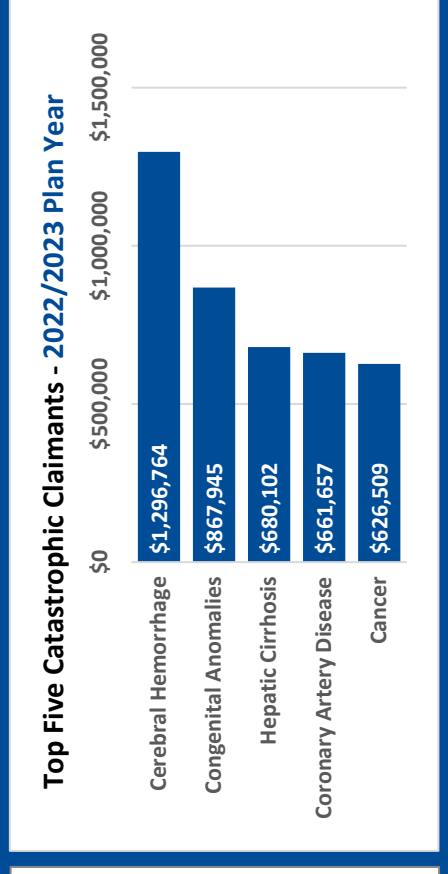
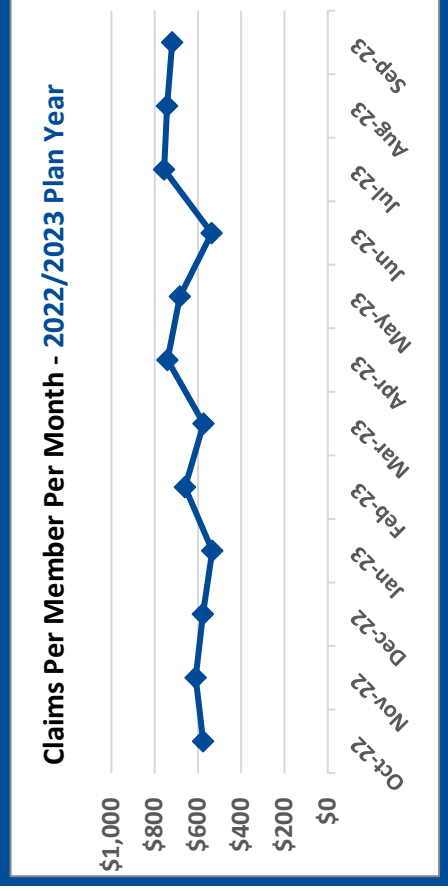
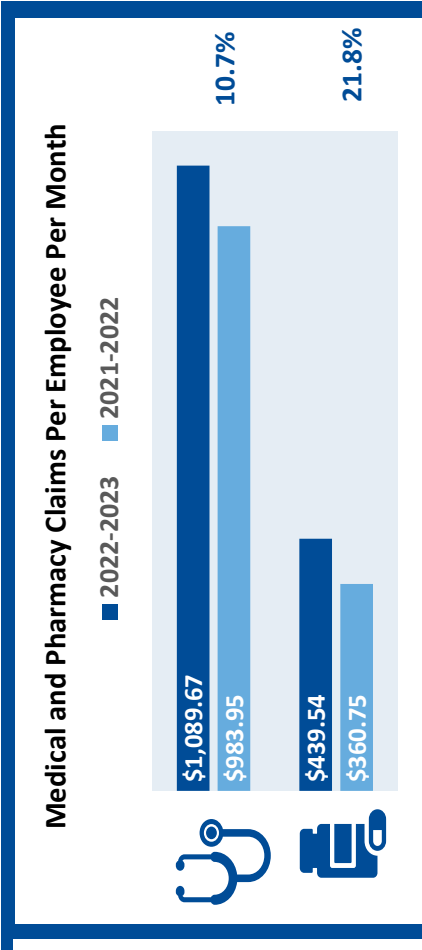
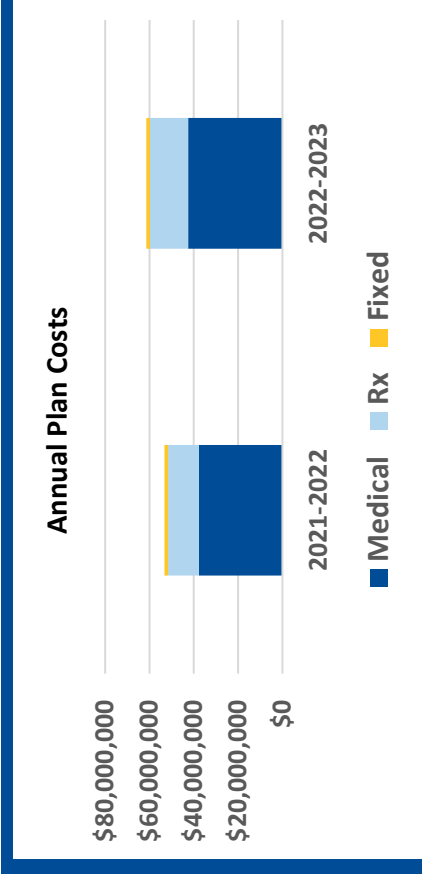
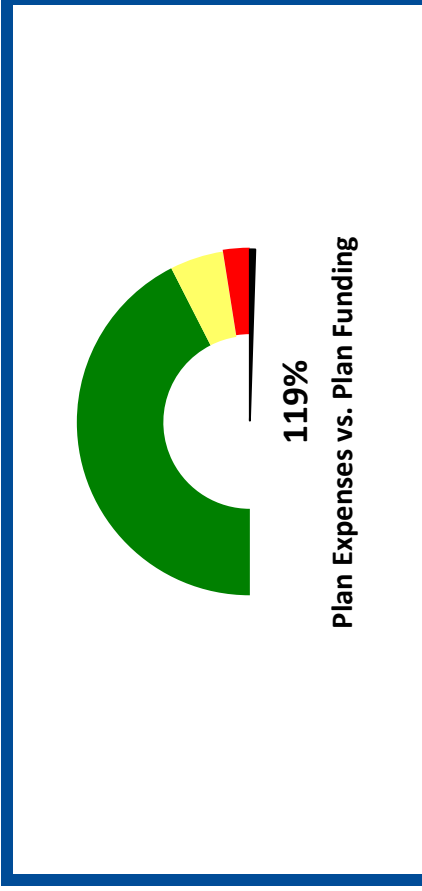
PLAN & CLAIM SUMMARY							
Cigna - Open Access Plus	Monthly Premium	Capitation	In - Network	Out-of-Network	Pharmacy	Total Claims	Loss Ratio
October-23	\$ 161,804	\$ 1,476	\$ 217,016	\$ -	\$ 58,273	\$ 276,765	171%
November-23	\$ 165,374	\$ 1,530	\$ 85,635	\$ 437	\$ 32,522	\$ 120,124	73%
December-23	\$ 168,107	\$ 1,574	\$ (38,732)	\$ -	\$ 27,342	\$ (9,816)	-6%
January-24	\$ 176,731	\$ 1,540	\$ 100,416	\$ -	\$ 30,246	\$ 132,202	75%
February-24	\$ 174,931	\$ 1,590	\$ 43,478	\$ 2,997	\$ 49,349	\$ 97,414	56%
March-24	\$ 176,879	\$ 991	\$ 92,248	\$ -	\$ 38,291	\$ 131,530	74%
April-24	\$ 176,952	\$ 2,574	\$ 59,705	\$ -	\$ 41,420	\$ 103,699	59%
May-24	\$ 177,003	\$ 2,624	\$ 62,807	\$ -	\$ 53,309	\$ 118,740	67%
June-24	\$ 176,547	\$ 1,856	\$ 62,915	\$ 78	\$ 52,241	\$ 117,090	66%
July-24	\$ 173,127	\$ 1,998	\$ 69,919	\$ 47	\$ 43,510	\$ 115,475	67%
August-24	\$ 174,936	\$ 1,083	\$ 116,561	\$ (225)	\$ 54,001	\$ 171,420	98%
September-24	\$ 177,193	\$ 1,823	\$ 146,892	\$ (73)	\$ 74,646	\$ 223,287	126%
<b>2023-2024 TOTAL</b>	<b>\$ 2,079,585</b>	<b>\$ 20,659</b>	<b>\$ 1,018,861</b>	<b>\$ 3,261</b>	<b>\$ 555,151</b>	<b>\$ 1,597,931</b>	<b>77%</b>

ENROLLMENT SUMMARY							
EE	EE + SP	EE + CH	EE + FAM	Total	Claims PEPM	Mbrs	Claims PMPM
112	12	7	12	143	\$ 1,935.42	206	\$ 1,343.52
113	13	7	12	145	\$ 828.44	209	\$ 574.76
116	13	7	12	148	\$ (66.32)	212	\$ (46.30)
115	13	8	16	152	\$ 869.75	235	\$ 562.56
113	13	8	16	150	\$ 649.43	233	\$ 418.09
113	13	8	17	151	\$ 871.06	236	\$ 557.33
113	13	8	17	151	\$ 686.75	236	\$ 439.40
110	13	10	17	150	\$ 791.60	237	\$ 501.01
108	13	11	17	149	\$ 785.84	240	\$ 487.88
109	13	11	17	150	\$ 769.83	242	\$ 477.17
111	13	11	17	152	\$ 1,127.76	244	\$ 702.54
111	12	12	16	151	\$ 1,478.72	242	\$ 922.67
<b>1,344</b>	<b>154</b>	<b>108</b>	<b>186</b>	<b>1,792</b>	<b>\$ 891.70</b>	<b>2,772</b>	<b>\$ 576.45</b>



2022-2023 Total Plan	Total Funding	Medical Claims	Pharmacy Claims	Total Medical & Rx Claims	Medical Admin Fee	Total Plan Cost	Reserve Accumulation	EE	EE+F	Total	Member	Claims PEPM
October-22	\$ 4,225,607	\$ 3,232,911	\$ 1,223,779	\$ 4,456,690	\$ 138,383	\$ 4,595,073	\$ (369,466)	1,265	1,969	3,234	7,739	\$ 1,378.07
November-22	\$ 4,235,765	\$ 3,432,756	\$ 1,299,230	\$ 4,731,986	\$ 138,725	\$ 4,870,711	\$ (634,946)	1,268	1,974	3,242	7,751	\$ 1,459.59
December-22	\$ 4,245,487	\$ 3,036,250	\$ 1,432,202	\$ 4,468,452	\$ 139,153	\$ 4,607,605	\$ (362,118)	1,277	1,975	3,252	7,749	\$ 1,374.06
January-23	\$ 4,265,216	\$ 2,916,198	\$ 1,238,368	\$ 4,154,566	\$ 139,752	\$ 4,294,318	\$ (29,102)	1,279	1,987	3,266	7,783	\$ 1,272.07
February-23	\$ 4,268,435	\$ 3,869,018	\$ 1,267,817	\$ 5,136,835	\$ 139,966	\$ 5,276,801	\$ (1,008,366)	1,284	1,987	3,271	7,786	\$ 1,570.42
March-23	\$ 4,255,732	\$ 2,939,315	\$ 1,516,242	\$ 4,455,557	\$ 139,453	\$ 4,595,010	\$ (339,278)	1,275	1,984	3,259	7,768	\$ 1,367.15
April-23	\$ 4,267,486	\$ 4,362,918	\$ 1,392,871	\$ 5,755,789	\$ 140,009	\$ 5,895,798	\$ (1,628,312)	1,289	1,983	3,272	7,776	\$ 1,759.10
May-23	\$ 4,268,076	\$ 3,791,413	\$ 1,524,546	\$ 5,315,959	\$ 140,180	\$ 5,456,139	\$ (1,188,063)	1,297	1,979	3,276	7,778	\$ 1,622.70
June-23	\$ 4,258,913	\$ 2,541,868	\$ 1,623,390	\$ 4,165,258	\$ 139,881	\$ 4,305,139	\$ (46,226)	1,294	1,975	3,269	7,760	\$ 1,274.17
July-23	\$ 4,279,141	\$ 4,424,297	\$ 1,472,802	\$ 5,897,099	\$ 140,736	\$ 6,037,835	\$ (1,758,694)	1,311	1,978	3,289	7,798	\$ 1,792.98
August-23	\$ 4,204,984	\$ 4,005,693	\$ 1,693,488	\$ 5,699,181	\$ 137,955	\$ 5,837,136	\$ (1,632,152)	1,269	1,955	3,224	7,673	\$ 1,767.74
September-23	\$ 4,196,809	\$ 4,022,777	\$ 1,489,139	\$ 5,511,916	\$ 137,698	\$ 5,649,614	\$ (1,452,805)	1,267	1,951	3,218	7,671	\$ 1,712.84
<b>Wellness Surcharge</b>	\$ 463,210											
<b>Pharmacy Rebates</b>												
<b>Total</b>	\$ 51,434,861	\$ 42,575,414	\$ 17,173,874	\$ 59,749,288	\$ 1,671,891	\$ 61,421,179	\$ (6,790,370)	15,375	23,697	39,072	93,032	\$ 1,529.21

Amounts listed on this report may vary from HCSO's financials and are subject to change



**Medical/Rx Claims PEPM Trend 2022-23 vs. 2021-22 Plan Year**  
13.7% Increase

**Pharmacy Rebates**  
\$3,195,948

**Average Enrollment 2022-23 vs. 2021-22 Plan Year**  
1.8% Increase

**Plan Year Financial Performance (includes Pharmacy Rebates)**  
\$6,790,370 Deficit

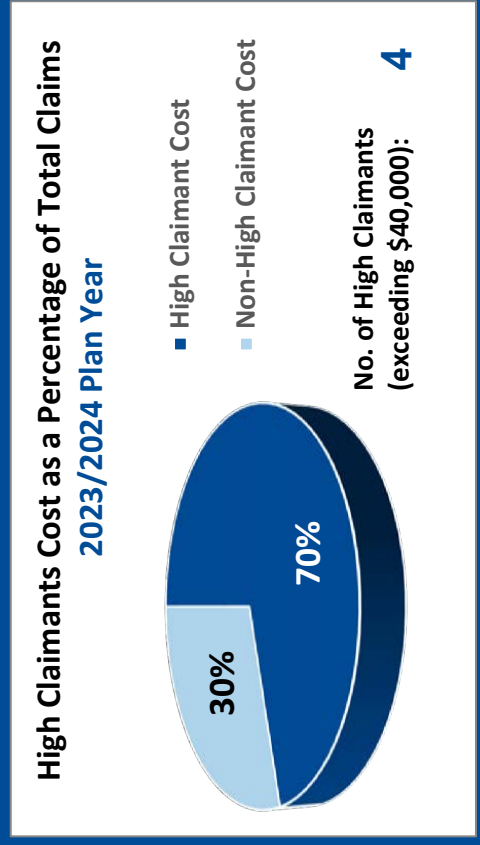
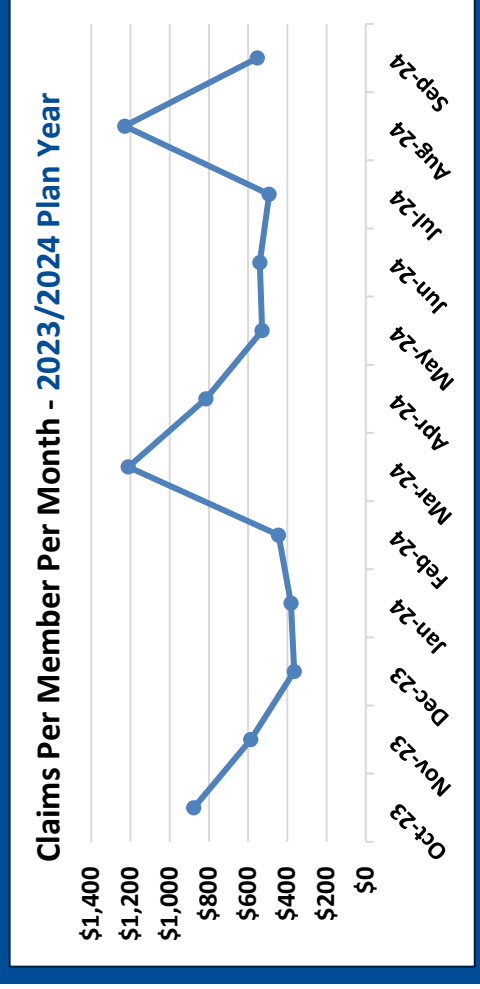
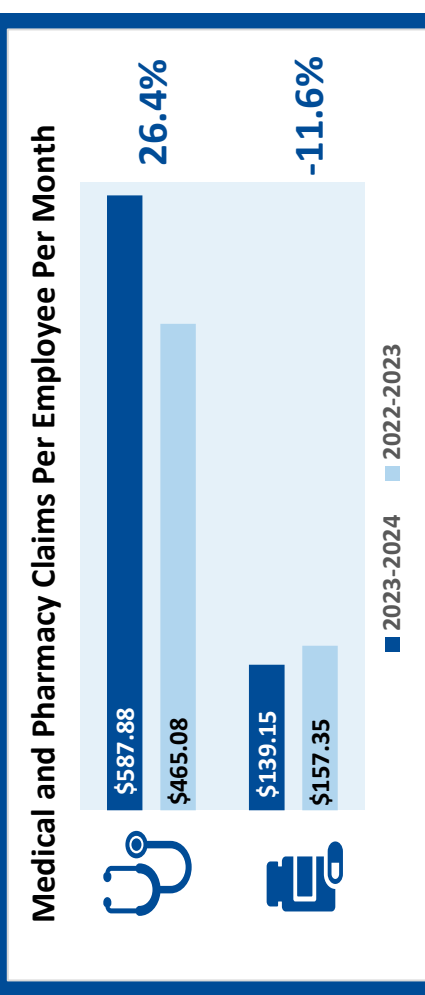
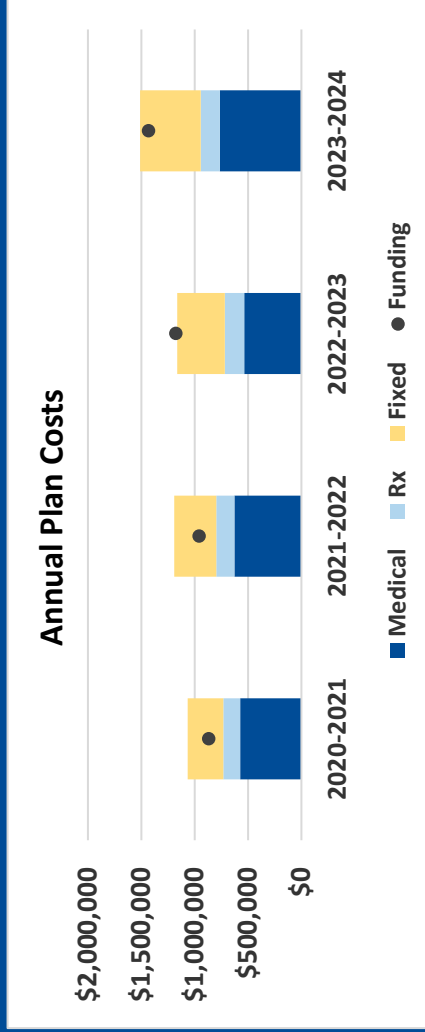
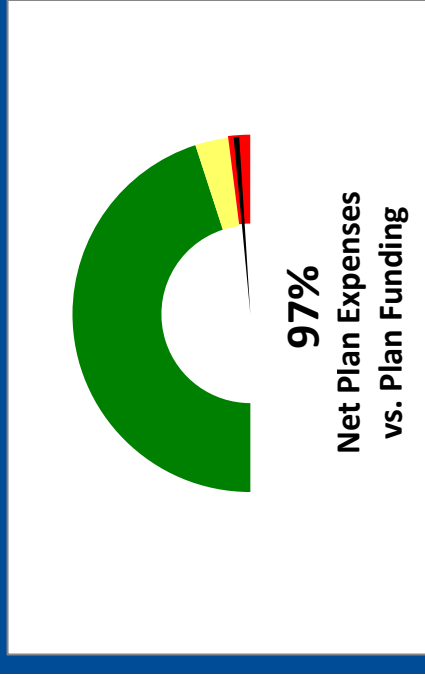
PLAN FUNDING						
Plan Totals	Plan Funding	Administration Fees	Stop Loss Fees	Total Paid Claims <sup>1</sup>	Total Plan Cost	Reserve Accumulation
October-23	\$117,341	\$5,823	\$40,645	\$100,008	\$146,476	(\$29,134)
November-23	\$115,565	\$5,735	\$40,030	\$65,676	\$111,441	\$4,125
December-23	\$114,508	\$5,683	\$39,664	\$40,517	\$85,863	\$28,645
January-24	\$122,458	\$6,077	\$42,417	\$45,748	\$94,243	\$28,215
February-24	\$127,405	\$6,323	\$44,131	\$56,049	\$106,503	\$20,903
March-24	\$124,234	\$6,165	\$43,032	\$89,798	\$138,995	(\$14,761)
April-24	\$121,232	\$6,016	\$41,992	\$86,241	\$134,250	(\$13,018)
May-24	\$119,117	\$5,911	\$41,260	\$60,427	\$107,598	\$11,519
June-24	\$115,946	\$5,754	\$40,162	\$31,876	\$77,792	\$38,155
July-24	\$118,060	\$5,859	\$40,894	\$47,441	\$94,194	\$23,867
August-24	\$119,117	\$5,911	\$41,260	\$137,400	\$184,572	(\$65,454)
September-24	\$118,060	\$5,859	\$40,894	\$59,455	\$106,208	\$11,852
<b>Annual Total</b>	<b>\$1,433,045</b>	<b>\$71,116</b>	<b>\$496,380</b>	<b>\$820,637</b>	<b>\$1,388,133</b>	<b>\$44,912</b>
PCORI Fee (\$3.22 PMPY)						(\$377)
<b>Reserve Accumulation</b>						<b>\$44,535</b>

<sup>1</sup> Total Paid Claims only include claims up to the stop loss limit.

Chart data based on gross claims unless noted

Amounts listed on this report may vary from City's financials and are subject to change

ENROLLMENT									
EE Only	EE + Sp	EE + Ch(h)	EE + Fam	EE + EE's	Total EE's	Claims / Month	EE / Month		
105	1	2	0	108	108	\$ 926.00			
101	2	2	0	105	105	\$ 625.49			
100	2	2	0	104	104	\$ 389.59			
102	2	5	0	109	109	\$ 419.71			
109	1	5	0	115	115	\$ 487.39			
106	1	5	0	112	112	\$ 801.77			
105	1	4	0	110	110	\$ 784.01			
103	1	4	0	108	108	\$ 559.51			
100	1	4	0	105	105	\$ 303.58			
102	1	4	0	107	107	\$ 443.37			
103	1	4	0	108	108	\$ 1,272.22			
102	1	4	0	107	107	\$ 555.66			
<b>1,238</b>	<b>15</b>	<b>45</b>	<b>0</b>	<b>1,298</b>	<b>1,298</b>	<b>\$ 632.23</b>			



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



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

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

# Sample Client

## Medical Insurance Renewal Projection

### Plan Effective Date: October 1, 2024

Claims Period: February 2023 - January 2024

20 Months Trend

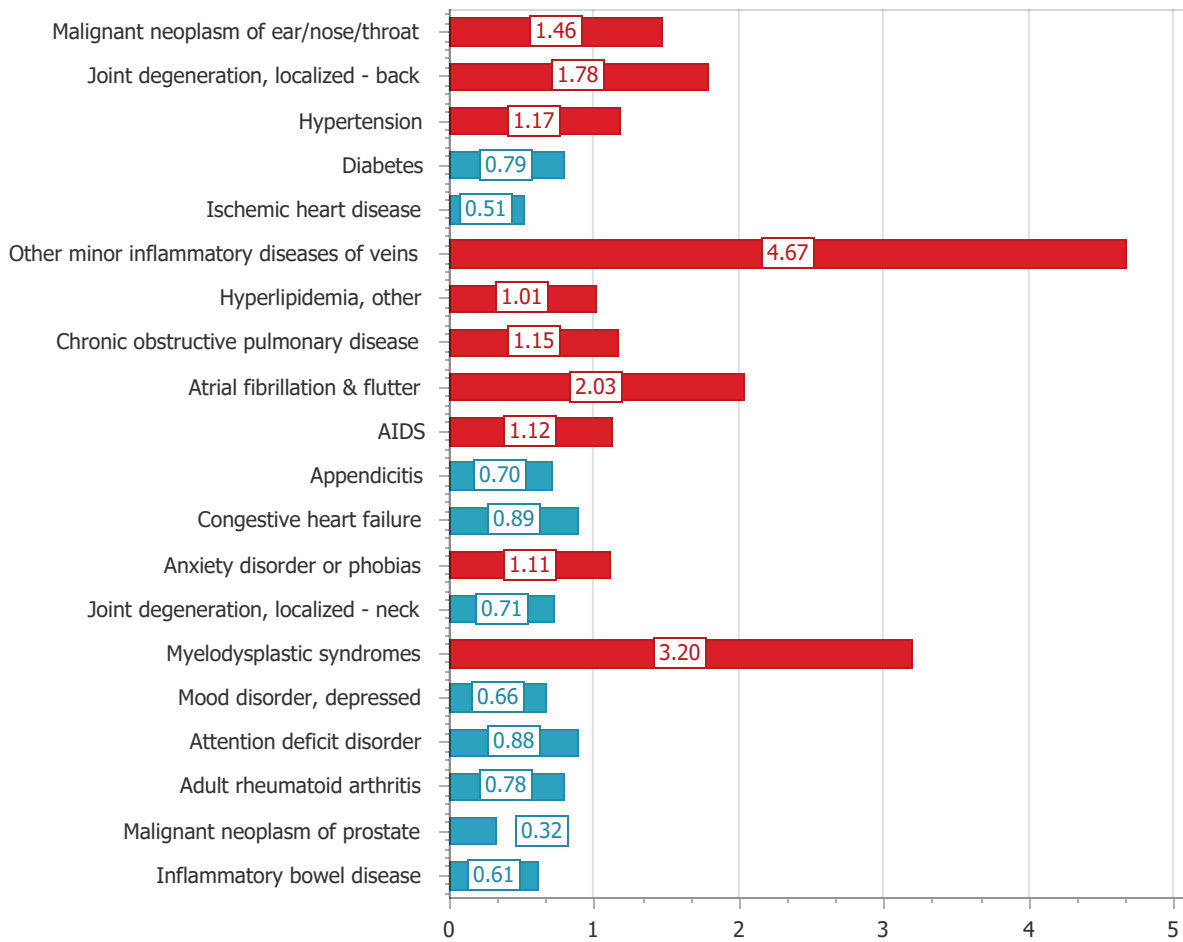
Medical		Standard Underwriting
Total Gross Paid Claims	= \$	2,369,730
Less Large Claims (2 claimants exceeding \$100,000)	+ \$	(940,253)
Net Medical Claims	= \$	1,429,477
Maturation Factor (0%)	x	1.0000
Estimated Paid Claims	= \$	1,429,477
Trend @ 8.5% / Year Projected for 20 Months	x \$	1.1456
Trended Claims	= \$	1,637,671
Plus Large Claims (1 claimant exceeding \$100,000)	+ \$	100,000
Plus Pooling Premium (Estimated)	+ \$	702,714
Total Trended & Pooled Claims	= \$	2,440,385
Average Setback Lives	/	171
Average Paid Claims Per Employee Per Year	= \$	14,250
Current In Force - January 2024	x	176
Adjusted Projected Annual Claims	= \$	2,508,075
Credit for Plan Changes (0.01%) - HDHP CYD Increase	x	0.9999
<b>Expected Medical Claims</b>	<b>= \$</b>	<b>2,507,714</b>
Desired Loss Ratio (85%)	/ \$	0.8500
<b>Projected Premium for Claims, Administration &amp; Other Fixed Costs</b>	<b>= \$</b>	<b>2,950,251</b>
PPACA - Comparative Effectiveness Research Fee (\$3.38 PMPY) <sup>(1)</sup>	+ \$	1,142
<b>Projected Premium Needed for 2024/2025 Plan Year</b>	<b>= \$</b>	<b>2,951,394</b>
<b>Current Annual Premium (Annualized 2023/2024 Plan Year)</b>	<b>= \$</b>	<b>2,845,797</b>
<b>Estimated Increase/(Decrease) Needed for 2024/2025 Plan Year</b>	<b>= \$</b>	<b>105,597</b>
<b>Estimated Percentage Increase/(Decrease) for 2024/2025 Plan Year</b>	<b>=</b>	<b>3.7%</b>

<sup>(1)</sup> PPACA – Comparative Effectiveness Research Fee is estimated for 2024-2025. Based on current membership of 338.

This projection is for illustrative purposes only.

Increased plan utilization and/or catastrophic events could affect overall plan performance.

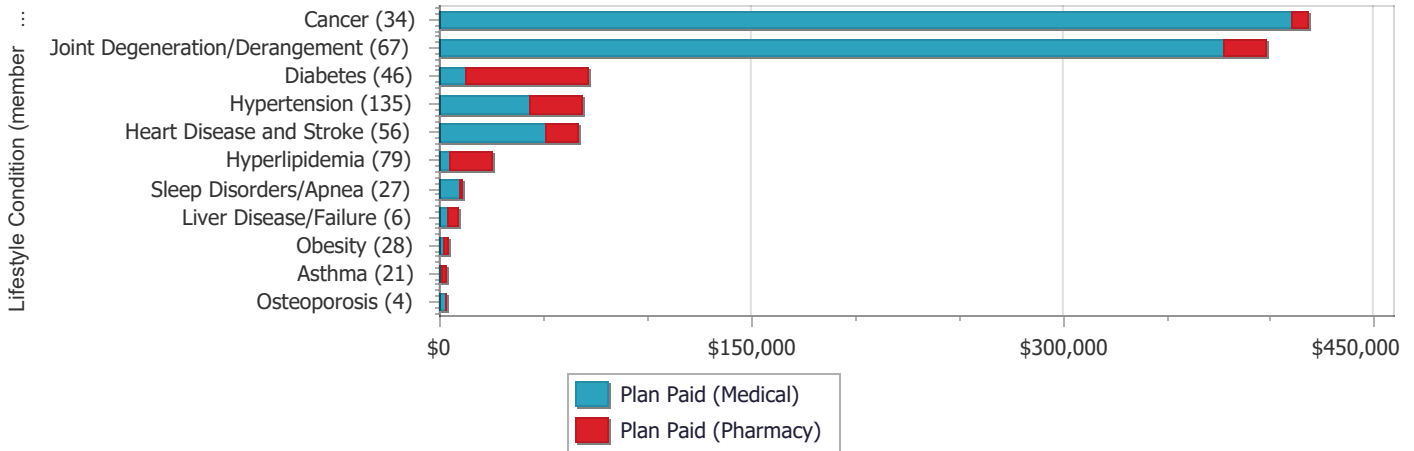
# Top 20 Conditions: Benchmark Comparison



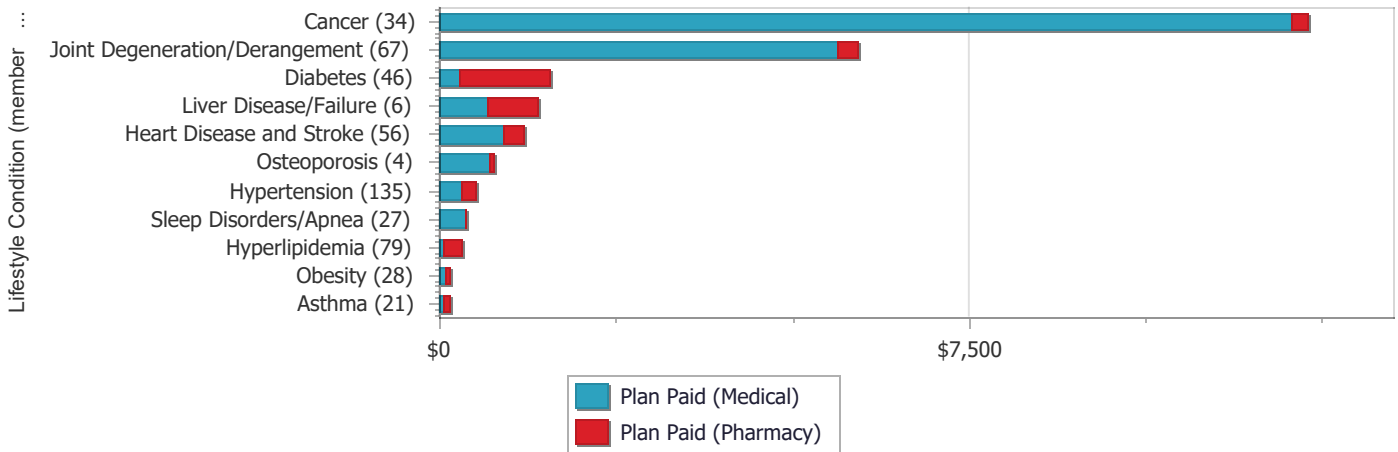
EPISODE	# CLAIMANTS	TOTAL PAID	BENCHMARK SCALE (1 = NORM)	\$ OVER OR UNDER (\$0 = NORM)
Malignant neoplasm of ear/nose/throat	2	\$124,155.24	1.46	\$39,322.18
Joint degeneration, localized - back	24	\$108,194.73	1.78	\$47,561.99
Hypertension	125	\$98,969.96	1.17	\$14,362.72
Diabetes	30	\$81,787.77	0.79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

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

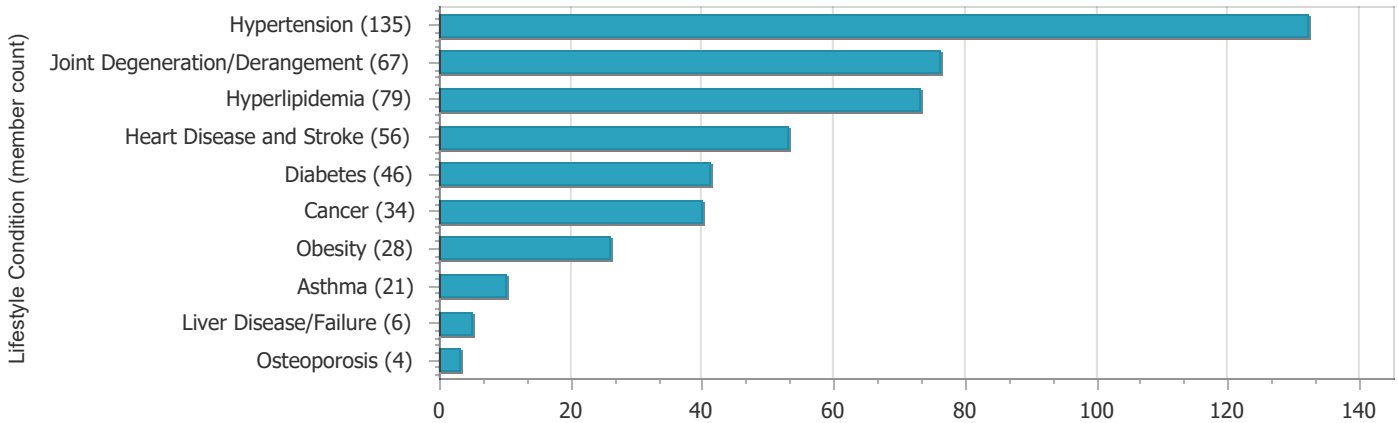
## Lifestyle Conditions by Total Paid



## Lifestyle Conditions by Average Plan Paid Per Member



## Lifestyle Lifestyle Conditions by Prevalence\*



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

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

**SAMPLE MINIMUM PREMIUM CLAIMS EXPERIENCE**



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

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

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

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

# Exhibit D

## Sample Client Webinar

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# GAG CLAUSE PROHIBITION ATTESTATION GUIDE

*for Employers*

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Presented by:

Kate Grangard, CPA, CGMA  
Gehring Group/Risk Strategies

Ben Conley, Partner  
Seyfarth Shaw

Date: November 14, 2024

**RISK strategies** | **GEHRING GROUP**  
A RISK STRATEGIES COMPANY

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## GAG CLAUSE PROHIBITION ATTESTATION GUIDE

*for Employers*

---

Presented by:  
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Ben Conley, Partner  
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Date: November 14, 2024

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## Agenda

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- Brief Background – What is a “Gag Clause” and Why are They Prominent?
- Regulatory Guidance – Light on Details
- What Are We Seeing?
- Detailed Process Overview
- SB 1550 – Prescription Drug Attestation

**RISK strategies** | **GEHRING GROUP**  
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## Background – Why Are We Here?

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

Source: NASHPorg **RISK strategies** | **GEHRING GROUP**  
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## Background – Why Are We Here?

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

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## CAA Prohibits Gag Clauses

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

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## CAA Prohibits Gag Clauses

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

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## CAA Prohibits Gag Clauses

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

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## Who is Responsible to File the Attestation

- **Plans** (plan sponsors) and Issuers (ex: carriers, TPA's) are responsible for filing
- **Fully Insured Plan** – If an issuer submits on their own behalf, and on behalf of the plan, it is considered (by the applicable depts) to have satisfied the attestation requirement for both
- **Self-funded and partially self-funded plans** – plan may enter into written agreement with service provider such as TPA or PBM to file on the plans behalf – however if the service provider FAILS to submit the plans attestation, the plan is in violation
- **Deadline for filing** – December 31, 2024 and by December 31 for each year thereafter.

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## Who is Required to File the Attestation

- **Responsible Entity\*** is an **issuer or a plan**, (all kinds, no one exempted – includes ERISA, Church, & state and local government plans) that has entered into an agreement - generally through TPA, Pharmacy Benefit Managers (BPM), Independent Practice Assns (IPA) or Behavioral Health Managers (BHM) - with health care providers, networks, TPA, or others offering access to a network of providers.
- **Responsible Entity** is responsible for **attesting annually** (unless another party attests on your behalf such as TPA), that reporting entity **complies with prohibition on gag clauses**. **Note: The responsible Entity is the PLAN not the EMPLOYER.**
- **\*changed from “Reporting Entity” in 2023**

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## Regulatory Guidance

Entities Required to Attest (Reporting Entities)	Entities Not Required to Attest
<ul style="list-style-type: none"> <li>• Issuers offering individual health insurance coverage, including:                             <ul style="list-style-type: none"> <li>○ Student health insurance plans</li> <li>○ Grandfathered<sup>1</sup> and grandmothered<sup>2</sup> plans</li> <li>○ Policies sold on or off Exchanges</li> <li>○ Policies sold through an association</li> </ul> </li> <li>• Issuers offering group health insurance coverage, including:                             <ul style="list-style-type: none"> <li>○ Grandfathered and grandmothered plans</li> <li>○ Policies sold on or off Exchanges</li> <li>○ All other group health insurance plans</li> </ul> </li> <li>• Group health plans, including the following to the extent they are considered group health plans:                             <ul style="list-style-type: none"> <li>○ ERISA plans<sup>3</sup> (or sponsors of ERISA)</li> <li>○ Non-Federal governmental plans,<sup>4</sup> such as plans sponsored by state or local governments</li> <li>○ Church plans<sup>5</sup></li> <li>○ Grandfathered group health plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Account-based plans, such as health reimbursement arrangements (HRAs), including individual coverage HRAs<sup>6</sup></li> <li>• Issuers and group health plans that offer only excepted benefits<sup>7</sup> coverage, including, but not limited to:                             <ul style="list-style-type: none"> <li>○ Hospital indemnity or other fixed indemnity insurance</li> <li>○ Disease-specific insurance</li> <li>○ Dental, vision and long-term care</li> <li>○ Accident-only, disability and workers' compensation</li> </ul> </li> <li>• Issuers that offer only short-term, limited-duration insurance</li> <li>• Medicare and Medicaid plans</li> <li>• State children's health insurance</li> </ul>

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## What Are We Seeing?

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

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

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

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## Question 2: Will TPA Provide Assurances?

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



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## Question 3: Review Contract

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



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## Carrier Updates – Who’s Filing for Whom AETNA – updated for 2024

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

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## Carrier Updates – Who’s Filing for Whom CIGNA – updated for 2024

**Consolidated Appropriations Act (CAA) – updates through 2024**

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

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## Carrier Updates – Who’s Filing for Whom FLORIDA BLUE

**Florida Blue will attest on behalf of all group plans regardless of funding type or entity size as confirmed in their Sales News Alert.**

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## Carrier Updates – Who’s Filing for Whom UNITED HEALTH CARE-updated for 2024

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

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

Plan Issuer Carrier/ASO	Who Attests when Plan is Fully-Insured	Who Attests when Plan is Self-Insured
Aetna	Aetna	Plan Sponsor
Cigna	Cigna	Cigna – Level and Graded Funded Plan Sponsor – Self-Insured
Florida Blue	Florida Blue	Florida Blue
FMIT	Expect FMIT – League of Cities will file for all plan sponsors	
Humana	Plan Sponsor	Plan Sponsor
United Health Care	United Health Care	Plan Sponsor

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

If your carrier is not listed above, please check your e-mail for Confirmation of Compliance from your medical and PBM carrier (if not integrated). Please reach out to your consultant for assistance as needed.

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## Gag Clause Prohibition Attestation Guide

### Completing & Submitting the Attestation Webform

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## 2024 Updates

- Added webform selection for the "attestation year." Attestations made in 2024, for example, have an attestation year of 2024 even though the attestation period spans from the end date of the 2023 attestation to the attestation date in 2024.
- Added webform and template fields for the "attestation period," or the date range that the attestation covers.
- Employer plan types in Step 1 expanded to include 3 categories of group health plans (GHP)
  - ERISA group health plan (GHP) or sponsor of ERISA plan,\* including a plan sponsored or established by a union
  - (Non-Federal) governmental group health plan
  - Church plan
- "Reporting Entity" changed to "Responsible Entity."

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## 2024 Updates

- Step 3, Responsible Entity types expanded in the instructions to clarify that ERISA group health plan (GHP), or sponsor of ERISA plan, includes a plan sponsored or established by a union. Responsible entities also modified to clarify terms:
  - Third-party administrator (TPA)
  - Pharmacy benefit manager (PBM)
  - Behavioral health network manager (BHN)
  - Other third-party service provider, such as an agent.
- Step 3, clarified labels in webform and template regarding types of provider agreements:
  - Medical network
  - Pharmacy benefit manager network
  - Behavioral health network
  - Other
- Text box added in webform to allow submitter to enter "Other Limitations."
- Modified attestation language to remove forward-looking agreement actions.

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## 2024 Updates

- Added Definitions in the appendix, Section 4.2.
- Modified attestation language to accommodate date range and information provided through the submission process.

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## Attestation Webform Resources

- Gag Clause Prohibition Compliance Attestation Home Page (where you go to start your attestation <https://hios.cms.gov/HIOS-GCPCA-UI>)
- Health & Human Services (HHS) Gag Clause Prohibition Compliance Attestation (GCPCA) webpage: <https://www.cms.gov/marketplace/about/oversight/other-insurance-protections/gag-clause-prohibition-compliance-attestation>
  - On this page are links for:
    - Frequently Asked Questions - [https://regtap.cms.gov/reg\\_library.php?i=5482](https://regtap.cms.gov/reg_library.php?i=5482)
    - Instructions for submitting the GCPCA - [https://regtap.cms.gov/reg\\_library.php?i=5481](https://regtap.cms.gov/reg_library.php?i=5481)
    - User Manual for submitting the GFPEA - [https://regtap.cms.gov/reg\\_library.php?i=5479](https://regtap.cms.gov/reg_library.php?i=5479) (note this includes step by step instructions with screen shots)
    - GCPCA Reporting Entity Excel Template - [https://regtap.cms.gov/reg\\_library.php?i=5480](https://regtap.cms.gov/reg_library.php?i=5480)

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## Attestation Terms to Know

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

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## Info Needed to Complete the Attestation

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

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

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## Info Needed to Complete the Attestation

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

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

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## Filing the Attestation - Resources



Attestation Step by Step Guide Book – User Manual  
[https://regtap.cms.gov/reg\\_library.php?i=5479](https://regtap.cms.gov/reg_library.php?i=5479)

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

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

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

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

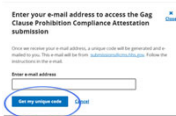
28

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## Filing the Attestation – Registering

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

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



Code will be emailed to you within 10 minutes from [submissions@cms.hhs.gov](mailto:submissions@cms.hhs.gov)



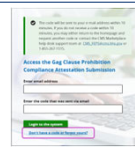
29

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## Filing the Attestation - Registering

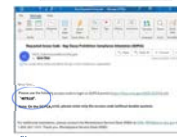
BEGIN: <https://hios.cms.gov/HIOS-GCPCA-UI>

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



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

Your unique code will be received from HIOS in an Email like this from [cms.hhs.gov](mailto:cms.hhs.gov)



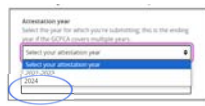
30

30

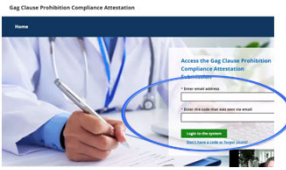
## Filing the Attestation – Starting!

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

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



**Step 3:** You should now be at your Dashboard. If you submitted last year for 2023, it will show your prior submission.




**RISK** **GEHRING GROUP**  
A NEW STRATEGIC COMPANY

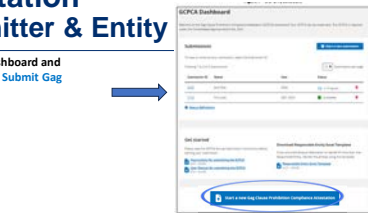
31

## Filing the Attestation Identifying Submitter & Entity

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



**Step 5:** Complete **Enter the Submitter's Contact info.** Scroll down - Where it asks "By what type of entity are you employed?" select (non-Federal) government group health plan (3<sup>rd</sup> box down). (Only the non government plans are ERISA.) Click **Save and Continue.**



**RISK** **GEHRING GROUP**  
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## Filing the Attestation – Identifying Attestor


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

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

OR

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

press **Save and Continue**



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A NEW STRATEGIC COMPANY

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## Filing the Attestation – Reporting Entity Details

**Step 7:** Complete the Reporting Entity (Plan) Details

**A. Complete (Bracketed) Entity Info**

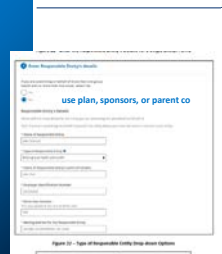
- Choose applicable type of plan:
  - Non-federal government Plan (state and local govt entities; special taxing districts; constitutional officers, etc)
  - ERISA Plan – For profit & not for profit \* ERISA PLANS ONLY – ENTER THE PLAN NUMBER (Don't enter - FOUND ON FORM 5500)
    - If unknown – enter 000\*
  - Church Plan

**\*Do NOT choose health insurance issuer\***

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

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

**D. press Save and Continue**



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A NEW STRATEGIC COMPANY


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## Filing the Attestation Single vs Multiple Plans

**Step 8:** Complete Reporting Entity Details

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

Complete attestation period.



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A NEW STRATEGIC COMPANY

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## Filing the Attestation – Attester Hand Off

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

**\*Only appears when the Attester is DIFFERENT than the Submitter\***

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

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



**RISK** **GEHRING GROUP**  
A NEW STRATEGIC COMPANY

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## Filing the Attestation – Review Submission

### Step: 10 – Review Submission & Attest

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

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## Filing the Attestation – Attesting for the Entity

### Step: 11 – Verify entity type and attest

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

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## Filing the Attestation – Attesting for the Entity

### Step: 12 – Download Receipt

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

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## Filing the Attestation – Tips & Tricks

### • Tips & Tricks

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

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## Filing the Attestation – Tips & Tricks

### • Tips & Tricks

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

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## Prescription Drug Reform

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## SB 1550 – Deep Dive

### • Who is Being Regulated?

- Applies to commercial health plans, self-insured plans, governmental plans (as well as PBMs, manufacturers and pharmacies)
- Vests Office of Insurance Regulation (OIR) with significant oversight authority over PBMs

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## SB 1550 – Deep Dive

### • What's in the Bill?

- PBMs required to obtain certificate of authority under insurance code
- Transparency standards:
  - Requires PBM disclosure of affiliation with pharmacies, insurance companies
  - Requires manufacturer reporting of increase in wholesale acquisition costs of Rx

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## SB 1550 – Deep Dive

### • What's in the Bill?

- Regulates contracts between PBMs and benefit plans:
  - Requires pass-through pricing
  - "Spread" pricing prohibited unless any difference passed through to plan
  - Requires 100% of rebates to be passed through to plan for purpose of offsetting cost-sharing/premiums (if contract delegates rebate negotiations to PBM)
- Regulates PBM contracts with pharmacies
  - Prohibits financial clawbacks
  - Requires PBM to offer appeal right to pharmacies

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## SB 1550 – Deep Dive

### • What's in the Bill?

- Prohibits various practices:
  - PBM cannot penalize pharmacies for disclosing information to patients regarding nature of treatment, risks, availability of alternatives, or disclosures to OIR
  - PBM cannot exclude pharmacies from networks based on standards more stringent than state/federal guidelines
  - Bans steering
  - Prohibits data sharing without participant consent
- Requires annual attestation from health plan affirming compliance

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## SB 1550 – Deep Dive

### • What's in the Bill?

- Provisions potentially impacting plan design
  - Prohibits "affiliate-only" networks
  - Bans mail-order-only mandates (optional mail-order programs still permitted, and mail-order still allowed if drug is unavailable at pharmacies)
  - Prohibits "fail-first" or "step therapy" requirements
  - Requires 60 day continuity of care period for certain formulary changes

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## SB-204 Federal Prescription Drug Reporting

### • What's in the Bill?

- Provisions potentially impacting plan design
  - Prohibits "affiliate-only" networks
  - Bans mail-order-only mandates (optional mail-order programs still permitted, and mail-order still allowed if drug is unavailable at pharmacies)
  - Prohibits "fail-first" or "step therapy" requirements
  - Requires 60 day continuity of care period for certain formulary changes
  - **Expect email from carrier asking for your contribution and premium costs and TIN to be submitted**

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# Next Steps for Employers

- *How are Employers Responding?*
  - Confirm compliance with plan vendors
  - Submit attestation to Florida Office of Insurance Regulation (see sample provided) at [PBReporting@flor.com](mailto:PBReporting@flor.com)



Questions?  
[Kate\\_grangard@gehringgroup.com](mailto:Kate_grangard@gehringgroup.com)  
[Kate\\_grangard@mybentek.com](mailto:Kate_grangard@mybentek.com)  
Direct Phone: (561) 629-2001



**gratitude**  
gratitude is the positive state of being grateful; an acknowledging feeling of appreciation and thankfulness, and the desire to express gratitude to others.



# Exhibit E

## Sample Employee Benefit Newsletters

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November 6, 2025



# Legal Update

## 2025 ACA Reporting Forms & Instructions Finalized

On Nov. 5, 2025, the Internal Revenue Service (IRS) issued final instructions for Affordable Care Act (ACA) reporting under Internal Revenue Code Sections 6055 and 6056. The release follows the IRS' earlier publication of the final reporting forms and draft instructions for the 2025 calendar year.

- The **2025 Forms [1094-B](#) and [1095-B](#)** (and [related instructions](#)) will be used by providers of minimum essential coverage—including self-insured plan sponsors that are not applicable large employers (ALEs)—to report under Section 6055.
- The **2025 Forms [1094-C](#) and [1095-C](#)** (and [related instructions](#)) will be used by ALEs to report under Section 6056 as well as for combined Section 6055 and 6056 reporting by ALEs that sponsor self-insured plans.

**No major changes were made to the final forms or instructions for 2025 reporting.**

### Final Instructions Highlight Alternative Furnishing Method

Both sets of instructions clarify that reporting entities are no longer required to automatically furnish Forms 1095-B and 1095-C to individuals (as required under the original reporting rules). Instead, reporting entities may post a notice on their websites informing individuals that they can request a copy of the statement. The requirement to provide the statement is met if the notice is:

- Clear, conspicuous and reasonably accessible to all covered individuals;
- Timely posted, which for calendar year 2025 is by **March 2, 2026**;
- Retained on the website until **Oct. 15, 2026**; and
- Furnished to any requesting individual **by the later of Jan. 31, 2026, or 30 days after the date of the request.**

The instructions also outline the required content for the website notice, which remains unchanged from the prior reporting year.

### Action Steps

Employers should become familiar with the forms and instructions for 2025 calendar year reporting and begin to explore options for filing ACA reporting returns electronically (e.g., they may be able to work with a third-party vendor to complete the electronic filing).

Reporting entities that may be in a position to perform their own electronic reporting can review the IRS' [ACA Information Returns \(AIR\) Program webpage](#).

### Additional IRS Resources

The IRS provides the following resources for reporting entities:

- [Information Reporting by Providers of Minimum Essential Coverage](#)
- [Q&As: Information Reporting by Health Coverage Providers \(Section 6055\)](#)
- [Information Reporting by Applicable Large Employers](#)
- [Q&As: Employer Information Reporting on Form 1094-C and 1095-C](#)
- [Q&As: Reporting of Offers of Health Insurance Coverage by Employers \(Section 6056\)](#)

### KEY DATES:

**ACA reporting for the 2025 calendar year is due in early 2026:**

#### March 2, 2026

- Reporting entities must post a clear, conspicuous and accessible notice on their websites by this date, informing individuals that they may request a copy of Forms 1095-B or 1095-C.
- Alternatively, if a reporting entity chooses not to post the notice online, it may instead provide Forms 1095-B or 1095-C directly to individuals by this date.
- Reporting entities should continue to comply with applicable state reporting requirements, which may differ from federal obligations.

#### March 31, 2026

- Electronic IRS returns for 2025 must be filed by this date. Reporting entities that file at least 10 returns during the calendar year must file electronically.

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### Questions?

If you have any questions regarding this notice, please contact your Gehring Group/Risk Strategies Benefits Consultant.

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**Our mailing address is:**  
Gehring Group, A Risk Strategies Company  
3500 Kyoto Gardens Drive  
Palm Beach Gardens, FL 33410

[unsubscribe from all emails](#) [update subscription preferences](#)

# Exhibit F

## Client Letters of Recommendation

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## WEST PALM BEACH

Human Resources

August 25, 2023

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

Dear Kurt,

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

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

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

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

Best regards,

Sylvia C. Gregory, PHR  
Assistant Chief Human Resources Officer



August 30, 2023

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

Dear Kurt,

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

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

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

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

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

Sincerely,

*Jennifer Bullistron*

Jennifer Bullistron  
Risk/Benefits Coordinator

## THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA

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



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

**SHANNON ARMSTRONG**, Director of Talent Acquisition

**MAURICE G. BONNER**, Director of Human Resources

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

August 21, 2023

RE: Recommendation for Gehring Group Insurance Brokers & Consultants

To Whom It May Concern:

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

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

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

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

Sincerely,

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

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

*Michael Maine, Superintendent*

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

**PALM BEACH COUNTY**  
**SHERIFF'S OFFICE**

RIC L. BRADSHAW, SHERIFF



October 9, 2018

Ladies & Gentlemen:

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

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

Sincerely,

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

Ric L. Bradshaw  
Sheriff



# SARASOTA COUNTY SHERIFF'S OFFICE

FAIRNESS - INTEGRITY - RESPECT - SERVICE



SHERIFF KURT A. HOFFMAN  
COLONEL BRIAN WOODRING, CHIEF DEPUTY

June 20, 2022

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

Dear Mr. Gehring:

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

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

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

Respectfully,

Kurt A. Hoffman, Sheriff  
Sarasota County, Florida



# Exhibit G

## Bentek® Online Enrollment & Administration System

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# The LEADER in Public Sector Benefits Technology

## Simplify your Journey with Bentek

### How Bentek Helps Navigate Public Sector & Sophisticated Human Resources

- ✓ **INSPIRED BY YOU**  
We rely on client feedback and insight to help us define product features and prioritize our roadmap.
- ✓ **CUSTOMIZATION**  
Bentek's customization capabilities are limitless, with more than 4,500 business rules.
- ✓ **UNLIMITED CONSULTATIVE SUPPORT**  
Bentek's dedicated Client Success teams provide year-round training and benefit administration best practices, offering strategies for transitioning HR/Payroll systems and more.
- ✓ **PERSONALIZED ENROLLMENT**  
We believe that open enrollment should be easy and unique to each employee. Whether making changes or completing a passive enrollment, employees can submit enrollment sessions with just a few clicks.
- ✓ **DEPENDENT VERIFICATION AND TRACKING**  
Built in tools to manage and track supporting docs for eligible dependents all year long. No more outsourcing!
- ✓ **YEAR-ROUND TECHNICAL SUPPORT**  
Employees and administrators can reach out to or Bentexpert Support Services team ANYTIME by phone, email or chat for assistance no additional cost.
- ✓ **EMPLOYEE ENGAGEMENT**  
With the help of our schedulers, administrators can automate the generation and transmission of EDI, exports, imports, and reports!



**adminsights™**

Dashboards with real-time data, statistics and user activity.

**benchek™**

Automated auditing tools scrub for data and deduction discrepancies.

**retiresweet™**

Centralized retiree administration with invoicing and payment tracking.

sales@mybentek.com | **Email**  
877.523.6835 | **Phone**  
mybentek.com | **Website**



Want to Learn More?  
**Contact Us!**



## Real-Time Data At Your Fingertips



Easy Access to Detailed  
Reporting with One Click!



Monitor Usage and  
Track System Activity



Customize with Over 20  
Widgets to Choose From

### A Dashboard Customized by You, for You

Design the look and feel of your dashboard to access and consume the information you need quickly and consistently. Add the widgets that are most important and arrange them in a way that works for you.

### Employee Engagement Measured Simply

Access data easily to track and measure employee engagement in the Bentek system. Monitor the activities performed by employees and your Admin team to ensure tasks are completed timely!

### Graphs & Charts for Easy Consumption

Adminsights automatically displays data in graphs to make consuming information quick and efficient. These visual charts can be adjusted and modified with simple filter options so you can dig deeper when necessary.

### Quick Access to Download and Export

Each widget on your dashboard features a download option, providing you access to complete report details in just one click!

### Monitor Scheduled Tasks with Ease

Managing benefits requires numerous daily, weekly, and monthly tasks. Your dashboard widgets will keep you informed of all the scheduled tasks and automated processes in Bentek. These widgets will help you stay organized with a list of all recurring tasks, so you are always in the know!

### What's Trending

Where the standard Admin dashboard allows you to manage enrollments and day-to-day tasks, the Adminsights dashboard provides detailed trends over time. Using this data, you can monitor how your system is being used by employees and administrators and identify any process gaps or the need for additional education and training!

**Want to Learn More?**  
Contact Us!



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**bencheek**<sup>SM</sup>

**Creating the Perfect Fit with  
Integration and Automation**

**Clean Data =  
Complete Confidence**



Save Time & Money



Reduce Eligibility &  
Premium Discrepancies



Focus on what Matters Most,  
Your Employees

### HRIS Integration

Automate demographic and personnel changes with seamless integration! This Bencheek tool eliminates data entry, expedites processing time, and most important, keeps your eligibility clean year-round!

### Payroll Integration

Gone are the days of entering benefit changes after open enrollment! Our team of experts will lead the way to streamline the processing of benefit deductions gaining efficiency and ensuring accuracy after open enrollment and year-round!

### Benefit Enrollment & Premium Reconciliation

With the Bencheek payroll audit, you can review and reconcile discrepancies with ease! Bencheek does all the heavy lifting and identifies any discrepancies between Bentek and Payroll every pay period creating cleaner payroll runs and carrier bills!

### Automated Eligibility Files

'Set it and forget it' – that's our motto for eligibility files. Once your files are scheduled, Bentek will do the rest! For even more peace of mind, administrators receive email/text notifications when all files are generated and transmitted.

### Historical Data & Audit Trails

Automation shouldn't eliminate transparency! Every automated process offered through Bencheek has an audit trail. Administrators can view report history of the changes processed including demographics, personnel data, and any discrepancies identified in every payroll audit completed. You will always have access to your organizations historical data and can easily export this data to share with other members of your team.

### White-Glove Service

Leverage the expertise and award-winning service of the Bentek Client Success Team! Our goal is to ensure every client has an amazing experience. Your dedicated team will lead the charge to set-up the suite of Bencheek tools that will ensure your data is accurate year-round!

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# retiresweet<sup>SM</sup>

## A Streamlined Approach to Retiree Benefits Administration



### A Simplified Experience for Easier Retiree Enrollment



Easy Enrollment Experience!



Access to Benefit Information Anywhere, Anytime



Effortless Communication to Stay in the Know

### ONE SYSTEM TO MANAGE RETIREES

Retiresweet offers a singular, comprehensive system to manage your retirees. The days of tracking invoices in one system and cross-referencing eligibility in another are over!

### AUTOMATED FEATURES TO SAVE TIME AND ENERGY

#### Automated Payments and Invoicing

Innovative solutions to eliminate manual invoicing and payment tracking using automation

#### Automated Communications

Keep everyone in the know by composing, scheduling, and delivering communications right from the Retiresweet module

#### Automated Reporting

Monitor eligibility with real-time dashboards and comprehensive scheduled reporting

### CONFIGURABLE FOR MULTIPLE RETIREE GROUPS

Need to manage different groups of retirees with different needs? No problem! Retiresweet enables administrators to configure multiple cohorts of users that can be tracked and managed in one location.

### TRACK PREMIUM SUBSIDIES WITH EASE

Create and configure premium subsidies to better manage your organization's eligibility requirements and premium details. Build-in tools to track Years of Service and Pension plans will help save you time and energy managing your retirees

### TRACK AND MANAGE ELIGIBILITY AND ENROLLMENT

The Retiresweet dashboards make tracking and managing retiree enrollment and eligibility a breeze, including grandfathered retirees!

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