CITY OF HOLLY HILL, FLORIDA

CITY COMMISSION

AGENDA ● OCTOBER 26, 2021

City Commission Chamber	Work Session	5:00 PM

CITY HALL
1065 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

City Clerk's office: (386) 248-9441 - Fax: (386) 248-9448

HOLLY HILL
FLORIDA

City Commission Chamber
City Hall
1065 Ridgewood Avenue
Holly Hill, FL 32117

CITY COMMISSION MEMBERS

Mayor
Chris Via

District 1 - Commissioner
John Penny

District 2 - Commissioner
Penny Currie

District 3 - Commissioner
John C. Danio

District 4 - Commissioner
Roy Johnson

CITY MANAGER
Joseph Forte

CITY CLERK
Valerie Manning

1. CALL TO ORDER

a. Roll Call

2. PRESENTATIONS FOR BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER & LIFE BENEFITS

1. Presentations for Broker Services, Medical, Dental, Vision, Firefighter Cancer & Life Benefits

   (Requested by Valerie Manning, City Clerk)

3. ADJOURNMENT

Website Address – www.hollyhillfl.org (City Clerk)

NOTICE – If any person decides to appeal any decision of the City Commission at this meeting, he/she will need a record of the proceedings and, for that purpose, he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. The City does not prepare or provide such a record.

For special accommodations, please notify the City Clerk's Office at least 72 hours in advance. (386) 248-9441

Help for the hearing impaired is available through the Assistive Listening System. Receivers can be obtained from the City Clerk's Office.

In accordance with the Americans with Disabilities Act (ADA), persons needing a special accommodation to participate in the Commission proceedings should contact the City Clerk's Office no later than three (3) days prior to the proceedings.

HOLLY HILL
FLORIDA

City Commission
1065 Ridgewood Ave
Holly Hill, FL 32117

SCHEDULED

Meeting: 10/26/21 05:00 PM
Department: City Clerk
Category: Workshop Item
Prepared By: Valerie Manning
Initiator: Valerie Manning
Sponsors:
DOC ID: 3496

WORKSHOP DISCUSSION (ID # 3496)

Presentations for Broker Services, Medical, Dental, Vision, Firefighter Cancer & Life Benefits

Staff has received the submissions to the RFP 21-HRD-001 Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits solicitation. As per the information provided in the Request for Proposals, the Bidders are expected to make a presentation to the City Commissioners at a workshop scheduled for Tuesday, October 26th at 5:00 PM.

The format of the presentations are as follows:

- Each broker will be provided a maximum of 15 minutes to make a presentation to the City Commission
- Each broker will be provided a maximum of 5 minutes to answer questions from the City Commission
- It is expected that each broker shows professional courtesy and will not be allowed to attend the presentation of the other broker. The broker not presenting will be seated in the Large Conference Room until it is their time to present.

Acentria Insurance presents first
Brown & Brown Insurance presents second

REQUEST FOR PROPOSAL
City of Holly Hill

RFP #21HRD001

BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER, AND LIFE BENEFITS

HOLLY HILL
FLORIDA

Issued By:

Diane Cole
Human Resources Manager

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

CITY OF HOLLY HILL

NOTICE TO PROPOSERS

BID NO. RFP #21HRD001

NOTICE IS HEREBY GIVEN that the City of Holly Hill is accepting sealed proposals at the City Hall by the City Clerk, 1065 Ridgewood Ave, Holly Hill, Florida, until 2:00 p.m. on Tuesday, October 12, 2021. The sealed proposals and will opened in the City Commission Chambers immediately following the submittal closing time for the following:

BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER, AND LIFE BENEFITS

It is the intent and purpose of the City of Holly Hill that this Request for Proposal promotes competitive selection. It is the Proposer's responsibility to advise the City Clerk if any language, requirements, etc., or any combination thereof inadvertently restricts or limits the requirements stated in this Request for Proposal.

Notice shall be posted on the City's the Vendor Link website https://www.myvendorlink.com. Proposals are solicited and shall be made pursuant to Resolution 2018-30 and will be evaluated in accordance with the provision thereof. Resolution 2018-30 is on file in the Office of the City Clerk of the City of Holly Hill. Proposals must comply and be submitted in accordance with the proposal specifications which may be obtained at the Vendor Link website or City Hall, 1065 Ridgewood Ave, Holly Hill, Florida, any time prior to the bid opening. Questions shall be directed to the Human Resources Manager, Diane Cole at dcole@hollyhillfl.org.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

RFP #21HRD001

BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER, AND LIFE BENEFITS

Critical Dates

Activity:	Date:	Location:
RFP Issued	Friday, September 10, 2021	VendorLink
Question End Date	Monday, September 20, 2021, 5PM	dcole@HollyHillFL.org
Bid Opening (All Responses in by 2:00PM local time).	Tuesday, October 12, 2021, 2PM	City Commission Chamber, 1065 Ridgewood Avenue, Holly Hill, FL 32117
Vendor Presentations to City Commission	Tuesday, October 26, 2021, 5PM	City Commission Chamber, 1065 Ridgewood Avenue, Holly Hill, FL 32117
Award by City Council (tentative date)	Tuesday, October 26, 2021	City Commission Chamber, 1065 Ridgewood Avenue, Holly Hill, FL 32117
Coverages begin	January 1, 2022	

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HOLLY HILL
FLORIDA

1065 Ridgewood Avenue
Holly Hill, Florida 32117
Telephone (386) 248-9440
Fax (386) 248-9498

REQUEST FOR PROPOSALS

PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP TITLE: BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER, AND LIFE BENEFITS

RFP NUMBER: 21HRD001

RFP OPENING DATE & TIME: October 12, 2021, 2:00pm

RFP DEADLINE FOR QUESTIONS: September 20, 2021, 5:00pm

CONTRACT START DATE: January 1, 2022

RFP OPENING LOCATION: 1065 Ridgewood Avenue, Holly Hill, FL 32117, City Hall, Large Conference Room

PRE-SUBMITTAL MEETING: N/A

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

PROPOSER'S NAME: _____

PROPOSER'S MAILING ADDRESS: _____

CITY-STATE-ZIP: _____

F.E.I.N.: _____

PHONE NUMBER: _____ FAX NUMBER: _____

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

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

X _____
AUTHORIZED SIGNATURE (MANUAL)

_____
NAME (TYPED) / TITLE

_____
DATE

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

I. OBJECTIVE OF THE REQUEST FOR PROPOSALS

The City of Holly Hill, located in east central Florida on the banks of the Halifax River (Intra-Coastal Waterway) bounded on the north by Ormond Beach and the south by Daytona Beach, has issued this Request for Proposals with the sole purpose and intent of obtaining bids from interested qualified firms licensed to do business in the State of Florida offering to provide **Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Insurance** in accordance with the specifications stated and/or attached herein/hereto.

The City of Holly Hill will contract with a firm experienced in the placement and servicing of its employee benefit insurance program. This insurance program includes Medical, Dental, Vision, Firefighter Cancer, and Life employee insurance coverages along with Broker Services.

It is the intent and purpose of the City of Holly Hill (City) that this Request for Proposal promotes competitive selection. It shall be the Vendor's responsibility to advise the City's Clerk if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source.

Sealed Proposals must be delivered **no later than** the date and time listed in the Timetable above. All times referenced are local time.

Due to the timing of mail service, the City cautions Vendors to assure actual delivery of proposals to the City prior to the deadline set for receiving proposals. Carrier and hand deliveries of proposals will be accepted in the City Clerk's Office, City of Holly Hill, City Hall, 1065 Ridgewood Avenue, Holly Hill, Florida, until the date and time referenced in the Timetable above or as amended by addendum issued by the City. Proposals received after the established deadline shall not be considered.

Vendors are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid, proposal, statement or quotation is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

Offers by telephone, email or telegram shall not be accepted. Also, Vendors are instructed NOT to fax their proposal package. **Faxed proposals shall be rejected as non-responsive regardless of where or when the fax is received.**

All proposals will be opened publicly and the names of all Vendors shall be read aloud.

The City of Holly Hill reserves the right to reject any or all proposals or parts of proposals if it is in the best interest of the City.

II. BACKGROUND

The City serves an area of less than 4 square miles with a population of approximately 12,479. The City's fiscal year begins on October 1st and ends on September 30th. The Finance Department maintains the funds and accounts of the City. The Finance Department is responsible for the custody and accounting of funds of each department.

More detailed information on the government and its finances can be found in City of Holly Hill's Annual Comprehensive Financial Report for fiscal year 2019-2020, which is available upon request from the City Clerk. The City's Annual Budget for fiscal year 2020-2021 can be viewed on www.hollyhillfl.org. The City of Holly Hill is exempt from any and all state, local and federal taxes.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

III. INQUIRIES

Direct questions related to this **RFP** to Diane Cole, Human Resource Director, and submit such questions in writing to dcole@hollyhillfl.org include the page and paragraph number for each question in order to ensure that questions asked are responded to correctly.

IV. GENERAL CONDITIONS

PUBLIC ENTITY CRIMES: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit Proposals on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

DISCRIMINATION: Pursuant to Section 287.134(2)(a), Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid or proposal on a contract to provide any goods or services to a public entity, may not submit a bid or proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit bid or proposal on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity.

PUBLIC RECORDS/NON-CONFIDENTIALITY OF BIDS AND/OR PROPOSALS. The City of Holly Hill cannot and does not warrant the confidentiality of any information submitted in response to this solicitation. Florida law provides that municipal records shall at all times be open for personal inspection by any person, Section 119.01, F.S., The Public Records Law. Information and materials received by the City of Holly Hill in connection with all Proposers' response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or 30 days after bid opening, whichever occurs first. Section 119.071, F.S.

DISTRIBUTION OF BIDS AND RFP'S: The City uses the services of VendorLink (www.myvendorlink.com) to distribute its bids and RFP's on-line on the Internet. If you have received a copy of this RFP from any source other than VendorLink, please be aware that you may not have received the latest version of the RFP or any related addendums.

SUBMISSION OF RESPONSES: All Submittals shall be delivered in a sealed envelope. The Request for Proposals (RFP) number, title, and opening date shall be clearly displayed on the outside of the sealed envelope (and on the outside of any express shipping package). The delivery of said submittal to the City Clerk's Office on or before the specified opening date and time is solely and strictly the responsibility of the Submitter. Any submittal received by the City Clerk's Office after the specified date and time will not be accepted. Submittals must be presented on forms provided by the City. No other forms will be accepted. Telephone, telefax and telegraph Submittals will not be considered. No Submittal may be modified after opening. No Submittal may be withdrawn after opening for a period of ninety (90) days unless otherwise specified.

EXECUTION OF SUBMITTAL: Submittals must contain a manual signature of the authorized representative in the space(s) provided. Submittals must be typed or printed in ink. Use of erasable ink is not permitted. All corrections made by Submitter to any Submittal entry must be initialed. The company name and Federal Employer Identification Number (F.E.I.N.) number shall appear in the space(s) provided.

RFP OPENING: Submittals shall be opened and the name of the submitters shall be read publicly. No discussion of the Submittals will occur at this time.

SUBMITTAL TABULATION: Any submitter wishing to receive a copy of the tabulation is required to enclose a stamped, self-addressed envelope with their Submittal response.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

CLARIFICATION/CORRECTION OF RFP ENTRY: The City of Holly Hill reserves the right to allow for the clarification of questionable entries and for the correction of obvious mistakes.

INTERPRETATION: Any questions concerning conditions and specifications shall be directed to the Purchasing Coordinator. Those interpretations which may affect the eventual outcome of this Submittal will be furnished in writing to all prospective Submitters. No interpretation shall be considered binding unless provided in writing by the City of Holly Hill.

MINORITY POLICIES: The City of Holly Hill, Florida, encourages the full participation of Disadvantaged and Women Business Enterprises (D&WBE) in the provision of goods and services.

LICENSES AND PERMITS: The Vendor/Contractor is responsible for obtaining all necessary permits and licenses to comply with all Federal, State, local laws, rules and regulations required to perform work in accordance with the specifications.

ADDITIONAL TERMS AND CONDITIONS: The City of Holly Hill reserves the right to reject Submittals containing any additional terms or conditions not specifically requested in the original conditions and specifications.

TAXES: The City of Holly Hill is exempt from Federal Excise Taxes and all sales taxes.

SILENCE OF SPECIFICATIONS: The apparent silence of any specification and any supplemental specifications as to any details or the omission from same of any detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail and that only materials of first quality and correct type, size, and design are to be used. All workmanship is to be first quality. All interpretations of the specifications shall be made upon the basis of this statement.

ASSIGNMENT: Any purchase order or contract issued pursuant to a Submittal and the monies which may become due hereunder are not assignable except with the prior written approval of the City Manager or City Commissioner, whichever authorized the purchase or Agreement.

LIABILITY: The Contractor shall hold and save the City of Holly Hill, its officers, agents, and employees harmless against claims by third parties resulting from the Contractor's or supplier's breach of contract or negligence, including all attorney's fees and costs, and shall pay any and all damages, fees, and costs assessed on behalf of the City. The City expressly reserves all rights, privileges and benefits of sovereign immunity.

PATENTS AND ROYALTIES: The Contractor, without exception, shall indemnify and save harmless the City of Holly Hill and its employees from liability of any kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of the contract, including its use by the City of Holly Hill. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the Submittal prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

NON-APPROPRIATION OF FUNDS: In the event sufficient budget funds are not available for a new fiscal period, the CITY shall notify the VENDOR/CONTRACTOR of such occurrence and the contract shall terminate on the last day of the current fiscal period, without any penalty or expense to the CITY of any kind whatsoever.

AWARDS: The CITY reserves the right, in its sole discretion, as the best interest of the CITY may require, to make award(s) by individual item, group of items, all or none, or a combination thereof; on a geographical basis and/or with one or more vendors, contractors, consultants or specialists; or to reject any and all Submittals or waive any minor irregularity or technicality in the Submittals received.

OTHER AGENCIES: All Bidder(s) awarded contracts from this bid or proposal may, permit any municipality or other government agency to participate in the contract under the same prices, terms, and conditions, if agreed to by both parties.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

It is understood that at no time will any city, municipality, or other agency be obligated for placing an order for any other city, municipality, or agency: nor will any city, municipality, or agency be obligated for any bills incurred by any other city, municipality, or agency. Further, it is understood that each agency will issue its own purchase orders to the awarded bidder(s).

NO LOBBYING: All Vendors are hereby placed on notice that the City of Holly Hill Commission, City Employees/Staff, nor Members of the Evaluation Committee (with the exception of the Human Resources Manager or Finance Director who are designated for the purpose to receive requests for interpretations or corrections) are not to be lobbied, directly or indirectly either individually or collectively, regarding this RFP. During the entire procurement process, all Vendors and their subcontractors, sub-consultants, or agents are hereby placed on notice that they are not to contact any persons listed above for such purposes as holding meetings of introduction, dinners, etc. if they intend to submit or have submitted proposals for this project. Any Vendor contacting individuals mentioned herein in violation of this warning may automatically be disqualified from further consideration for this RFP.

COMPLIANCE WITH FLORIDA PUBLIC RECORDS LAW: Contractor expressly agrees that it shall comply with the public records law provided in Florida Statutes, Chapter 119, and specifically to:

(a) Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the contracted service.
(b) Provide the public with access to public records on the same terms and conditions that the City would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
(c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.
(d) Meet all requirements for retaining public records and transfer, at no cost, to the City all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the City in a format that is compatible with the information technology systems of the City.
(e) Failure of the Contractor to comply with Public Records Law as provided by Florida Statutes, Chapter 119, shall subject the Agreement to termination for cause by the City.

THE CITY OF HOLLY HILL RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS, AND TO WAIVE INFORMALITIES AS MAY BE DEEMED TO BE IN THE BEST INTEREST OF THE CITY.

TERMS AND CONDITIONS

A. The City of Holly Hill reserves the right without prejudice to reject any or all proposals, to request clarification of information submitted, and to request additional information of one or more proposers.

B. The City reserves the right to award the contract to the next most qualified firm if the successful firm fails to execute a contract within two weeks after the award of the contract by the City Commission.

C. In accordance with federal, State, and local regulations, the firm shall not discriminate under the contract against any person.

D. The firm shall not assign or transfer any interest in the contract without prior approval of the City Commission.

E. The contract could be terminated at any time due to the vendor's default under terms of the agreement.

F. Submission of a proposal indicates acceptance by the firm of the conditions contained in this Request for Proposals unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the City of Holly Hill and the firm selected.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

G. Submittals should include a copy of firm's insurance certificate, Conflict, Non-Conflict of Interest Statement/Litigation Statement, and Drug Free Workplace Certificate.

AMERICANS WITH DISABILITIES ACT (ADA): If you need special services provided for under the Americans with Disabilities Act, contact the Human Resources office at 386-248-9440 at least 48 hours before the scheduled event.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

V. SCOPE OF SERVICES

AGENT OF RECORD SERVICES FOR EMPLOYEE BENEFIT PROGRAMS

The City of Holly Hill is currently fully-insured with Florida Health Care plans. The health plan provides coverage to full-time employees, their eligible dependents and retirees. The City of Holly Hill has approximately 107 full-time employees including the City Commission. There are 46 enrolled retirees in the basic life insurance plan with currently 7 retirees enrolled in the medical plan and one COBRA participant in the medical plan.

Currently, employees hired prior to January 1, 2021 have a choice between two plans with Florida Health Care: a Health Savings Account – POS plan and an HMO plan. Employees hired January 1, 2021 and thereafter are only entitled to enroll in the Health Savings Account plan.

The City of Holly Hill also offers an employer-paid basic life plan with AD&D which is currently with USAble with a dependent and voluntary life option for employees to enroll and are responsible for 100% of the premium, as well as a fire cancer policy through Chubb – which is only provided for firefighters, and paid entirely by the City. Also, offered are PPO dental and vision plans through MetLife and EyeMed which are 100% paid by the employee.

New hire insurance is effective the 1st of the month following 30 days of employment and termination occurs on the last day of the month of which the employee is employed.

The City of Holly Hill is seeking a qualified Agent of Record for the purpose of reviewing and evaluating ongoing employee benefit programs to assure such programs are complying with all Federal, State, and Local rules. The Agent of Record will be expected to market carriers who can provide group Medical, Dental, Vision, Fire Cancer, and Life insurance in an effort to obtain the best product at the best price for the calendar year beginning January 1, 2022 and submit said proposals with this RFP. The term of this agreement will be one year beginning January 1, 2022. The agreement should include an option of the continuation of services for three (3) additional one (1) calendar year period renewals thereafter between the City and the selected firm. Employee benefit programs include Medical, Dental, Vision, Fire Cancer, and Life insurance products and services. The Agent of Record will advise on current trends or innovative programs that may be of interest to or benefit the City of Holly Hill employee benefit programs. The City of Holly Hill reserves the right to add, modify, or delete coverages as determined to be in the best interest of the city. All coverages are to be proposed to the City net of commission. Included within the scope of services the Agent of Record will facilitate claim review and coverage issues as requested.

The attachments to the bid show current plan designs, premiums and employee contributions. Please propose benefit plans that duplicate the current benefit levels as close as possible, as well at the alternate design that the City is requesting to promote clinic utilization similar to that offered through Florida Health Care's Wellness Centers. Specify how any other plan benefit options deviate from the current plan designs.

The City of Holly Hill is requesting sealed proposals for insurance coverage for the following lines of group coverage:

Medical
Dental
Vision
Fire Cancer
Life

The proposer will be expected to provide equal or exceed present services. Submittals are requested for fully-insured quotes. Insurance is to be effective beginning January 1, 2022.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Please provide the City of Holly Hill with the Scope of Services that your agency provided as the Agent of Record proposer for the Employee Benefits Program. The scope of services must include:

- Medical proposers and pharmacy benefit providers are expected to provide fully insured proposals and alternate funding proposals.
- The City currently has a proactive wellness and disease management program, including participation incentives, including but not limited to health screenings, flu shot programs, health risk assessments and health fairs. Please provide details in your proposal of all current program offerings including,if applicable, any additional cost. Proposals should detail the support staff and other assistance that will be provided.
- Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network guarantees.
- Proposer must be able to offer a high qualify, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering in excess of 120 individuals with their dependents. Provider network must include hospital, physician, and other provider services in Volusia, Seminole, Lake, Brevard, Flagler and St. Johns Counties. Please note that local or regional networks can be proposed, but it is the City's preference that national networks be made available to the employees, retirees and their dependents.
- Proposer is to include a copy of their preferred drug listing for consideration.
- It is the responsibility of the successful proposers to provide the necessary forms, papers, etc., for initial enrollment and also the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.
- Please provide sample reports that the City would be able to receive on a monthly, quarterly and annual basis.
- It is a requirement of the City to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, research information such as Preferred Drug Lists, search provider directories, etc.
- The City is requesting the Agent of Record to include an on-line enrollment and electronic administration of the City's benefit programs, all proposers must have technological capacity to transmit and accept eligibility files from your proposing system, and demonstrate security measures in place to protect sensitive data.
- It is a requirement that the Agent of Record awarded this contract provide representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration. Please provide a proposed schedule given that the tentative award date of October 26, 2021 and enrollment start date of November 15, 2021 with a January 1, 2022 effective date.

ATTACHED EXHIBITS:

Section V – Exhibits – RFQ Employee Benefits – 2022

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

VI. QUESTIONNAIRE:

Where applicable please check the correct response:

Q1. Is the Agent of Record properly licensed by the State of Florida; currently in good standing with the State of Florida Department of Insurance and all other applicable regulatory entities to conduct business in the state and provide the required services requested.

A1: ☐ Yes ☐ No

Q2. Does the Agent of Record have a minimum of five (5) years of experience in providing governmental insurance services?

A2 ☐ Yes ☐ No

Q3. Has the Agent of Record had municipal clients within the last ten (10) years?

A3 ☐ Yes ☐ No

If yes, please provide a list five (5) clients below.

Q4. Can the Agent of Record produce reference contacts from municipal clients serviced within the past ten (10) years?

A4 ☐ Yes ☐ No

If yes, please list entity name(s), contact name(s) and contact phone number(s) below. **NOTE:** Contacts listed will be validated.

Q5. As an Agent of Record, do you have benefit seminar planning experience?

A5 ☐ Yes ☐ No

Q6. As an Agent of Record, do you understand the Scope of Services?

A6 ☐ Yes ☐ No

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Q7. As an Agent of Record have you had government experience with the following types of insurance and service?

A7.	**Agent of Record:**	
Medical:	☐ Yes	☐ No
Vision:	☐ Yes	☐ No
Dental:	☐ Yes	☐ No
Long Term Disability:	☐ Yes	☐ No
Life:	☐ Yes	☐ No
Flexible Spending Plan:	☐ Yes	☐ No
Claims Services:	☐ Yes	☐ No
Voluntary Benefits Services:	☐ Yes	☐ No

Q8. Have Agent of Record or any member of your agency ever been indicted, convicted, plead guilty or plead no contest to the commission of a felony?

A8. ☐ Yes ☐ No

Q9. As an Agent of Record, does your agency hold a minimum of five million dollars in professional errors and omissions liability insurance?

A9: ☐ Yes ☐ No
If not, what is the limit? _____

Q10. Have Agent of Record or any member of your agency been involved in any claim or litigation with any Federal, State or Local Government or Private Entity?

A10. ☐ Yes ☐ No

Q11. As an Agent of Record, do you have preferred status with the insurance carriers? If so, please list which carriers and at what level:

A11. **Carrier**: **Preferred Status with Carrier**:

_____

_____

_____

Q12. Who will be the City's principal contact(s) for this project? Provide name, title, and a brief description of the individual(s) experience in brokering benefit coverage.

A12. _____

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VII. SUBMISSION DETAILS

The submittal shall be organized in a binder form and contain the following required information in the order presented below:

- **Cover Letter** (2-page limit) - List the name, address, email address, phone numbers of the contact person for your RFP response. A statement confirming your firm meets the minimum requirements as presented in Section VI. Qualifications, key elements of the proposal and any other useful information. State number of office in Florida, number of employee in Florida and the number of public entities handled.
- **Company Overview** (2- page limit) – A brief description of the firm, similar page work during the last 3 years, firm's size, structure, financial capacity, available resources and any additional related company information.
- **Scope of Services** – Please respond to each question and elaborate when needed. Simply stating "confirmed" to each statement and question will not be acceptable.
- **Key Personnel** (3 - page limit) – (1 page dedicated to an organizational chart) – Identify and provide general information for key personnel, their experience, knowledge and education/background. Provide an organizational chart describing the member(s) of your servicing team that would be dedicated to the City, including the average tenure of service team.
- **Premiums** (9- page Limit) – submitted as follows:
    - Provide a summary page, indicating any coverage not being provided, any deviations from coverages requested and outline any brokerage/agent fees that apply wither based on percentages or flat rates.
    - Proposed health benefits from the carriers – please provide a side-by-side comparison of current and proposed plans and rates
- Other Information – Include copies of all applicable licenses and Errors and Omissions certificate.
- Brokers must, as of the proposal return date specified in this RFP, provide proof that they have been operating successfully in the State of Florida for a minimum of five of the most recent (5) consecutive years.
- **Brokers must submit with their proposal their last audited financial statement issued by a Certified Public Accountant that:**
    - Is dated no earlier than the eighteen (18) months prior to the proposal return date specified in this RFP: or
    - offers an unqualified opinion of the financial viability of the person or organization; and
    - the City reserves the right for its appropriate representative to review only those records pertaining to the contact awarded because of these documents submitted and can thus determine if the terms, conditions, and specification of the contract can be followed based

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upon the vendor's financial viability.

MINIMUM QUALIFICATIONS OF PROPOSED INSURERS

No proposer shall be accepted by the City where insurance coverage is to be provided by an insurer or organization which has a rating less than "A" in the "Best Key Rating Guide" published by A.M. Best & Company.

If the coverage is to be provided by a person or organization not rated by the designated rating firm listed above, proposals or such coverage or service shall only be accepted if the person or organization providing the service or coverage:

Has, as of the proposal return date specified in this RFP, been successfully operating in the State of Florida for a minimum of five (5) consecutive years;

Submits with its proposal its last audited financial statement issued by a certified public accountant that:

1. is dated no earlier than eighteen (18) months prior to the proposal return date specified in this RFP; or
2. offers an unqualified opinion of the financial viability of the person or organization; and
3. the City reserves the right for its internal auditor or appropriate representative to review only those records pertaining to the contract awarded because of these documents submitted and can thus determine if the terms, conditions and specifications of the contract can be followed based on the vendor's financial viability.

VIII. SEPARABILTY OF COVERAGES

It is the desire of the City to have the flexibility to purchase all proposed coverages either as a package in whole, or to purchase each proposed line of business on a "Stand Alone" basis. Those lines that must be purchased in combination with or as part of other coverages should be specifically stated in the proposal. Therefore, all proposals shall include a premium breakdown for each line of business proposed. If different premiums will apply to coverages when purchased separately, they should be specifically and clearly stated. Unless otherwise stated in the proposal, it will be assumed that the coverage(s) can be purchased separately. Although this RFP is written to request several types of coverage, at the sole discretion of the City, one or more types of coverage may not be purchased.

IX. CONTRACT TERM/COMPLETION TIME

The initial contract term shall be for a period of one year, commencing on January 1, 2022 and continuing through December 31, 2022. Rates shall be guaranteed for a minimum of twelve (12) months. This agreement should include an option of the continuation of services for three (3) additional, one (1) calendar year periods thereafter between the City and the selected firm – subject to approval of City Commission, and approval of the budget for the then-current fiscal year. However, the City maintains the right to add, modify, or delete coverages as determined to be in the best interest of the City.

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The RFP, all Addenda released, the response to the RFP with all attachments, and the Agreement will constitute the complete agreement between the proposer and the City. In the event of a conflict between the terms of the RFP, response to the RFP, and the terms of the Agreement, the terms of the Agreement shall be final and binding, and the RFP shall control where in conflict with the proposal.

X. INVOICES AND PAYMENT TERMS

Unless indicated to the contrary on the Proposal Form, the City will not accept an invoice for first payment until delivery of a policy or contract conforming to the proposal offered to and accepted by the City. Each invoice shall fully detail the related costs. All payments shall be governed by the Local Government Prompt Payment Act, as set forth in Sections 218.70 through 218.80, Florida Statutes, as amended.

XI. PROPOSAL SUBMITTAL

Please check the contents of your RFP package carefully to ensure that you have in your possession all the necessary documents, as referenced within this RFP, including any addenda. If you are missing any items, please contact the City's Human Resources Manager at (386) 248-9440, or by e-mail at: dcole@hollyhillfl.org.

Submission of a proposal pursuant to this RFP shall constitute acknowledgement and acceptance of the terms and conditions set forth herein. Portions of this RFP and the contents of the proposal submitted by the successful proposer may become contractual obligations if an Agreement is awarded. Failure of the successful proposer to accept these obligations may result in cancellation of the award of contract.

The City reserves the right to withdraw this RFP at any time without prior notice. All proposals submitted in response to this RFP become the property of the City of Holly Hill.

Deadline for Submission: To be considered, proposals must be received no later than Tuesday, October 12, 2021 at 2:00 PM.

Inquiries: Technical questions may arise as firms are preparing their proposals. The City will accept written inquiries regarding this RFP until Monday, September 20, 2021 at 5:00pm. Questions received after that time will not be responded to. Answers to questions will be distributed in the form of an addendum published on www.myvendorlink.com .

Please direct written inquiries to:

Diane Cole
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, Florida 32117
Telephone: (386) 248-9440
FAX: (386) 248-9448
dcole@hollyhillfl.org

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Signature Requirements: Proposals must be signed by a duly authorized official(s) of the proposing firm. Consortiums, joint ventures, or teams submitting proposals, although permitted and encouraged, will not be considered responsive unless it is established that all contractual responsibility rests solely with one firm or legal entity which shall not be a subsidiary or affiliate with limited resources. Each proposal shall indicate the entity responsible for execution on behalf of the proposal team.

Proposal Delivery: The City must receive one (1) original, five (5) copies, and one (1) digital file of your submittal no later than the date and time specified above.

Submit proposals to:
Valerie Manning, City Clerk,
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, FL 32117.

The RFP title and number shall be plainly marked on the outside of the delivery envelope or package. It is solely the responsibility of the submitter to ensure that the Proposal is delivered on or before the specified date and time. Late proposals will not be accepted.

Addenda and Supplements to the Request for Proposals (RFP): In the event that it becomes necessary to revise any part of this RFP, or if additional information is necessary to enable the proposing firm to make an adequate interpretation of the provisions of this RFP, a supplement to the RFP will be provided to each firm that has requested a copy of this document and registered through the vendorlink website.

Rejection Rights: The City of Holly Hill reserves the right, at any time, to modify, waive or otherwise vary the terms and conditions of this RFP including, but not limited to, the deadlines for submission and submission requirements. The City further reserves the right to reject any or all submittals, to cancel or withdraw this RFP at any time and to negotiate with any party prior to or after submittal of proposals. Selection is also dependent upon the negotiation of a mutually acceptable contract with the successful proposers.

Cost of Proposal Preparation: No reimbursement will be made by the City of Holly Hill for any costs incurred in the preparation of the proposal or presentation.

Proposals to be in Effect: Each proposal shall state that it is valid for a period of not less than 90 days from date of receipt.

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XII. EVALUATION PROCESS AND CRITERIA

Companies submitting proposals will be required to present their proposals to the City Commission at 5:00PM on Tuesday, October 26, 2021, in the Board Chambers at the City of Holly Hill, City Hall, 1065 Ridgewood Avenue, Holly Hill, FL 32117. At that time, the City Commission will evaluate the submissions utilizing the criteria below.

Criteria used to select firms include:

EVALUATION CRITERIA	POINTS
Qualifications of Firm: • Shows a strong knowledge of how to provide, place, and structure governmental entity/municipal insurance coverages. (0 to 5 points) • Proves a successful history of providing governmental entity/municipal insurance coverages and administration of benefit plans. (0 to 10 points) • Firm's size, structure, financial capacity. (0 to 10 points) **TOTAL ELIGIBLE POINTS: 25**	
Experience of Team: • Team members have experience in providing governmental entity/municipal insurance coverages. (0 to 10 points) **TOTAL ELIGIBLE POINTS: 10**	
Responsiveness to Requested Scope: • Shows a deep understanding of the entire scope of governmental entity/municipal insurance coverages and services being requested herein. (0 to 10 points) • Able, at a minimum, to meet all of the principle areas defined in the RFP's Scope of Services. (0 to 10 points) **TOTAL ELIGIBLE POINTS: 20**	
Plan Design, Cost and Provider Disruption: • Demonstrates a proven ability and creative approach to cost control, structuring and obtaining the best rates. • Provides competitive rates for the current plan design as well as the alternate design requested. (0 to 40 points) **TOTAL ELIGIBLE POINTS: 40**	
References: • List strong references reflecting examples of successfully providing similar services to other local governmental entities. (0 to 5 points) **TOTAL ELIGIBLE POINTS: 5**	
TOTAL POINTS	

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The evaluation criteria will be reviewed by the City Commission. This process will culminate with the identification of those considered to be the best qualified to partner with the City in providing the desired services and will be presented to the City commission for award of the bid. The City Commission's award is final. Accordingly, since other factors in addition to price will be considered, the City reserves the right to award the contract to other than the Vendor submitting the lowest price submittal, to accept or reject any submittal or portion thereof, and to negotiate or not negotiate with any firm.

The City reserves the following rights:

- The City reserves the right to use consultants, insurance specialists, peer review groups, and others, as determined by the City, to assist the City in the evaluation of proposals.
- Modify, extend, or cancel this RFP at any time to obtain additional proposals or for any other reason the City determines to be in its best interest;
- Issue a new RFP with terms and conditions that are the same, similar or substantially different as those set forth in this or a previous RFP in order to obtain additional proposals or for any other reason the City determines to be in its best interest;
- Conduct pre-award discussion and/or pre-award negotiations with any or all responsive and responsible proposer(s) who submit proposals determined to be reasonably acceptable of being selected for award; and, conduct personal interviews or require presentations of any or all proposer(s) prior to selection.
- Request that proposer(s) furnish additional information as the City may reasonably require.
- Accept or reject qualifications or proposals in part or whole, and/or waive any defect or deficiency in any proposal, if in the City's sole judgment, the defect or deficiency is not material in response to this RFP;
- Limit and/or determine the actual contract services to be included in a contract.
- Engage outside experts to assist staff in evaluating the merits and viability of each proposer.
- Obtain information for use in evaluating submittals from any source.
- Verify the information received in the proposal. If a proposer knowingly and willfully submits false information or data, the City of Holly Hill reserves the right to reject that proposal. The City shall be the sole judge of the proposer's qualifications.

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XIII. INSURANCE CONSULTING SERVICES AGREEMENT

THIS AGREEMENT made and entered by and between the City of Holly Hill (City) and _____(Agent of Record).

WITNESSETH

WHEREAS, the City desires to retain and engage an AGENT OF RECORD for the City for employee benefit programs.

WHEREAS, the parties hereto have reached an understanding with each other regarding the professional services to be performed and the compensation to be paid for such services as more specifically set forth herein.

NOW, THEREFORE, for and in consideration of mutual covenants contained herein, the sufficiency of which are hereby acknowledged, the undersigned parties hereby agree to the following:

1) Engagement and Scope of Service. The City hereby retains the Agent of Record and the Agent of Record hereby accepts said engagement for the purpose of providing the City with professional services related to the City's insurance, including but not limited to:

a) Continually review the City's insurances and make recommendations to the City regarding all issues related to the City's insurances, including but not limited to the types of insurance needed, appropriate coverages and appropriate deductibles.

b) Market the insurance coverages on an annual basis including review of coverage forms, terms and conditions.

c) Review all insurance submittals and provide a summary to the City of all relevant information regarding each submittal including an evaluation of the limits, retentions, coverages, exclusions and pricing of all submittals. Agent of Record shall make a written recommendation to the City and detail the basis for the recommendation, including an evaluation of the limits, retentions and coverages. Agent of Record shall also evaluate the financial strength and solvency of each bidder.

d) Assist the City in negotiating coverages, policy language, services, limits, retention and price with a proposed insurer. Provide expertise in negotiations with insurers to obtain acceptable policy terms and conditions and in the preparation of manuscript forms and endorsements.

e) Assist the City to facilitate the review of all claims and to advocate for the City's interest.

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f) Assist the City in all disputes with the City's insurance companies and to advocate for the City's interest.

g) Continually review and monitor applicable rules and laws and assure that the City's insurance programs are in compliance with all Federal, State, and Local rules. Ensure that all insurance coverage provided by the City's insurer's at all times meet or exceed the City's requested coverage. Continually monitor the financial strength and solvency of each of the City's insurance companies and advise the City of condition(s) that may adversely impact the insurance company's ability to fulfill its contractual obligations to the City.

h) Assess the cost effectiveness of such programs, offer alternatives for evaluation, and recommend changes that are in the best interest of the City.

i) Advise on current trends or innovative programs that may be of interest to or benefit the City.

j) Provide such other assistance as the City may request from the Agent of Record related to the City's insurance.

2) City Insurance. The Agent of Record agrees to provide the service described in Paragraph 1 above for all of the City's Employee Benefit insurance, including insurance the City does not currently have but may elect to purchase during the term of this Agreement. The City's insurance shall at a minimum consist of the following:

(a) Employee Benefit Programs. Benefits shall include dental, vision, life, and voluntary benefit services.

3) Duration and Termination. The initial term of this Agreement shall be from 01/01/2022 date and shall expire on 12/31/2022. The City shall have the right to exercise three (3) successive one (1) year extensions on the same terms and conditions by providing the Agent of Record with written notice at least thirty (30) days before the end of the term of the City's intent to exercise the extension. In the event the City does not provide written notice of intent to exercise the extension, the Agreement shall expire. The Agreement may be terminated during the term as follows:

a. Either party shall have the right to terminate without cause upon providing the other party at least thirty (30) days advance written notice. If the Agent of Record terminates without cause, the Agent of Record shall not be entitled to any compensation from the effective date of termination. The City has the option of waiving the thirty (30) day notice and making the termination effective at an earlier date including up to the date of receipt of the notice. In the event the City terminates without cause, the Agent of Record will be paid the full compensation owed through the end of the current term of the Agreement as if the Agreement had not been terminated.

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b. Either party shall have the right to terminate for cause upon providing the other party written notice outlining in detail the breach(s). The breaching party shall have thirty (30) days from receipt of said notice to correct the breach(s). In the event the breach(s) are not corrected within said period of time, the non-breaching party can terminate immediately upon providing the breaching party a written notice of termination. In the event the City terminates for cause, the Agent of Record shall not be entitled to receive any additional compensation after the effective date of the termination as provided in the written notice of termination. In the event the Agent of Record terminates for cause, the Agent of Record will be paid the full compensation owed through the end of the current term of the Agreement as if the Agreement had not been terminated. The only basis for the Agent of Record to terminate for cause is in the event the City fails to pay the Agent of Record compensation that is due and owing.

4. Compensation. The Agent of Record shall be paid the total sum of $_____ for the services rendered for the duration of the contract.

Year One: $_____ Period 01/01/2022 – 12/31/2022

Options (if elected by City)
Year Two: $_____ Period 01/01/2023 – 12/31/2023
Year Three: $_____ Period 01/01/2024 – 12/31/2024
Year Four: $_____ Period 01/01/2025 – 12/31/2025

Total four years $_____

One-half of the Annual compensation shall be paid within thirty (30) days of the City purchasing/renewing all insurance covered by this Agreement. The annual balance shall be paid in four equal quarterly installments from the effective date of this Agreement through the end of the annual period. Payment shall be made by the 15th of the first month of the quarter. Agent of Record shall be responsible for all costs it incurs in providing the City the services outlined in this Agreement. Agent of Record shall execute an affidavit(s) at the request of the City attesting that the insurance premiums paid by the City are net of any commission or other benefit paid to the Agent of Record and that the Agent of Record has not received any compensation or any other form of benefit due to the City purchasing said insurance(s) other than the compensation paid by the City.

5. Prohibited Services, Compensation and Conflicts. The Agent of Record hereby represents that the only compensation or any other form of benefit the Agent of Record received or will receive in any way related to the insurance obtained pursuant to this Agreement is the compensation set forth in Paragraph 4 above. The Agent of Record will act in the capacity as a broker, agent or agent of record for any insurance obtained or procured pursuant to this Agreement. At all times the Agent of Record shall avoid any relationship with any of the City's insurance companies that would create or give the appearance of a conflict of interest. Any questionable relationship shall be disclosed to the City and the City shall make the final determination as to whether the relationship creates a conflict of interest. In the event the City determines that a relationship creates

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a conflict of interest, the Agent of Record shall either not have the relationship with the insurance company or terminate this agreement without cause.

6. Insurance. The Agent of Record shall at a minimum provide the following insurance and the City shall be named as an additional named insured on each policy:

a) Commercial liability insurance in an amount of not less than $1,000,000 combined single limit, per occurrence for bodily injury and property damage.

b) Automobile liability insurance covering all owned, non-owned and hired vehicles used in connection with the operation of the Agent of Record, in an amount of not less than $1,000,000 combined single limit per occurrence for bodily injury and property.

c) Workers' compensation insurance for all employees of the proposing agency as required by Florida Law to include employee liability of not less than $500,000 for each occurrence.

d) Errors and omissions liability coverage in an amount of not less than $5,000,000.

7. Governing Law, Venue, Attorney Fees and Severability. The rights, obligations and remedies of the parties as specified under this Agreement shall be interpreted and governed by laws of the State of Florida. Should any provision of this Agreement be determined by the courts to be illegal or in conflict with any law of the State of Florida, the validity of the remaining provisions shall not be impaired. Venue for any litigation arising out of or in any way related to this Agreement shall be in State Court, Volusia County, Florida and the Agent of Record specifically waives any Federal Court jurisdiction. The prevailing party in any litigation arising out of or in any way to related to this Agreement shall be entitled to be reimbursed reasonable attorney fees and costs, including all cost of appeal.

8. Entire Agreement. This Agreement constitutes the entire agreement between the parties hereto for the services to be performed and furnished by the Agent of Record hereunder. No statement, representation, writing understanding or agreement made by either party, or any representative of either party, which is not expressed herein shall not be binding. All changes to, additions to, modifications of, or amendments to this Agreement, or any of the terms, provisions and conditions hereof, shall be binding only when in writing and signed by the authorized officer, agent or representative of each of the parties hereto.

9. This Agreement shall be effective on _____.

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City of Holly Hill _____ _____

By:_____ By:_____

Title:_____ Title:_____

Date:_____ Date:_____

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001

RFP RESPONSE FORM

THIS RESPONSE IS SUBMITTED TO:

City Clerk
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, Florida 32117

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

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

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

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

Addendum Date	Addendum Number
_____	_____
_____	_____
_____	_____

Receipt of all of which is hereby acknowledged.

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

THIS RESPONSE IS SUBMITTED BY:

COMPANY NAME: _____

VENDOR/CONTRACTOR LICENSE NUMBER: _____

ADDRESS: _____

_____

_____

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PHONE NO.: _____ FAX NO.: _____

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

TITLE: _____

AUTHORIZED SIGNATURE: I, _____ hereby
(Original signature required in each document)

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

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

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

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City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001

CITY OF HOLLY HILL, FLORIDA

CONFLICT, NON-CONFLICT OF INTEREST STATEMENT
LITIGATION STATEMENT

[ ] To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients or contracts for this project.

[ ] The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients or contracts for this project.

[ ] The undersigned firm has had no litigation on any project in the last five (5) years.

[ ] The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years.

_____
COMPANY NAME

_____
AUTHORIZED SIGNATURE

_____
NAME (PRINT OR TYPE)

_____
TITLE

_____
DATE

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City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001
CITY OF HOLLY HILL, FLORIDA
DRUG-FREE WORKPLACE CERTIFICATION

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

1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violation.

3) Give each employee that engages in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) calendar days after such conviction.

5) Impose sanctions on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Company Name
Authorized Signature
Print Name
Title

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RFQ#

BROKER SERVICES, MEDICAL, DENTAL, VISION AND LIFE BENEFITS

SECTION II: EXHIBITS

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

CITY OF HOLLY HILL

HOLLY HILL

FLORIDA

Your Benefits Overview

Effective 1/1/2021 - 12/31/2021

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General Information

Florida Health Care Plans (FHCP) is a local HMO who also has the strength and network of BCBS for out of network care. They have contracts with all of the local hospitals making it convenient for you to receive care. There are multiple FHCP locations in the Volusia, Flagler, Seminole and Brevard service area where 'one stop shopping' is available. Under one roof you can see your primary care physician, a specialist, visit the pharmacy, have an ultrasound, EKG, or an x-ray performed as well as receive injections and infusions.

FHCP requires you to designate a primary care physician if you select an HMO plan. When a visit to a specialist is needed, your primary care physician will give you a referral.

Where can I find an in-network provider?

- Directories of participating service providers may be found by visiting www.fhcp.com. If you do not have internet access, you may call Member Services at 386-615-4022.

What is a "Copayment"?

- A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered. If you are unsure of what you need to pay for a particular service, you can call customer service at the toll-free telephone number listed on the back of your ID card.

What is a "Deductible"?

- A deductible is a pre-determined amount that is paid by you before the insurer begins to pay (excludes copayments).

What is "Coinsurance"?

- Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.

What is "Precertification"?

- Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.

Should I use my Primary Care Physician, Doctor on Demand, an Extended Hours Care Center, or the Emergency Room?

- Use your Primary Care Physician for chronic conditions, like arthritis, high blood pressure, and diabetes. Reasons to use a video visit via Doctor on Demand are cough, cold or flu, sinus or bladder infections. Extended Hours Care Centers are also for acute conditions and immunizations, offering short wait times. The reason to visit an Emergency room is of any life threatening emergency, and severe symptoms such as chest pain or uncontrolled bleeding.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Qualifying Life Events

If you experience any of the below qualifying life events, you must contact Human Resources within 30 days of the event to be able to make changes to your benefits. Proof of the event is required in order to successfully make the requested changes to your plans.

- ⇒ Marriage
- ⇒ Divorce or legal separation (subject to State regulations)
- ⇒ Death of spouse, child or other qualified dependent
- ⇒ Birth or adoption of child
- ⇒ Loss of other group coverage
- ⇒ Change in employment status for employee, spouse or dependent
- ⇒ Change in residence due to an employment transfer
- ⇒ Change of dependent status

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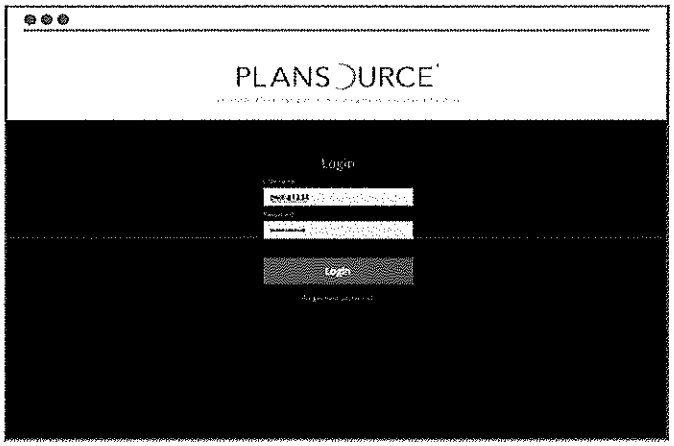
PLANSOURCE®

All full time benefits-eligible employees must complete an enrollment online including those who are not making any changes and those waiving coverage.

Enrollment Instructions

To enroll in benefits, go to: https://benefits.plansource.com



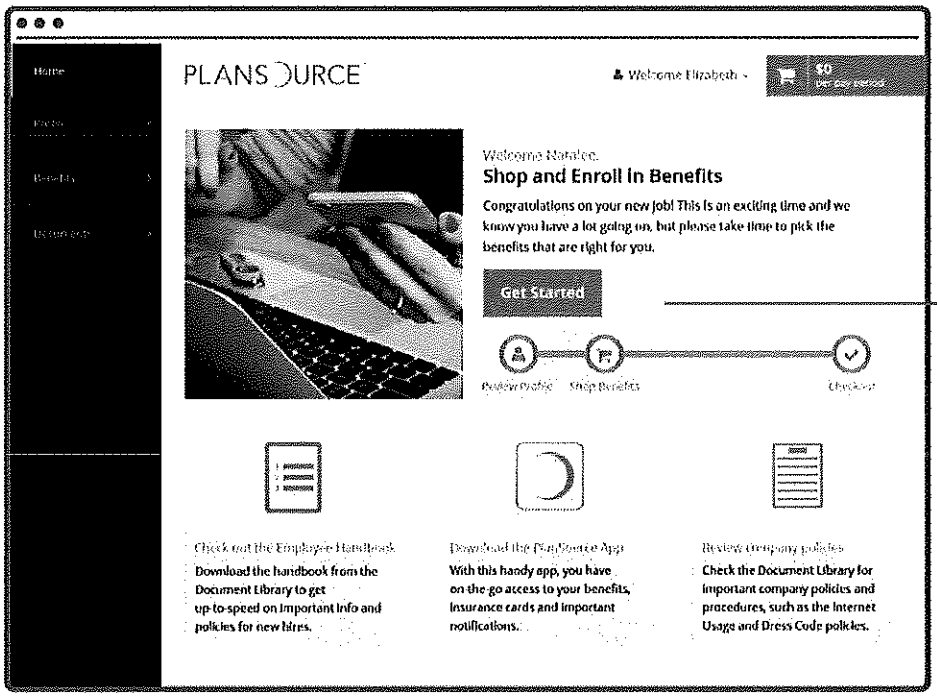
Login Page: Enter username & password to get started.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

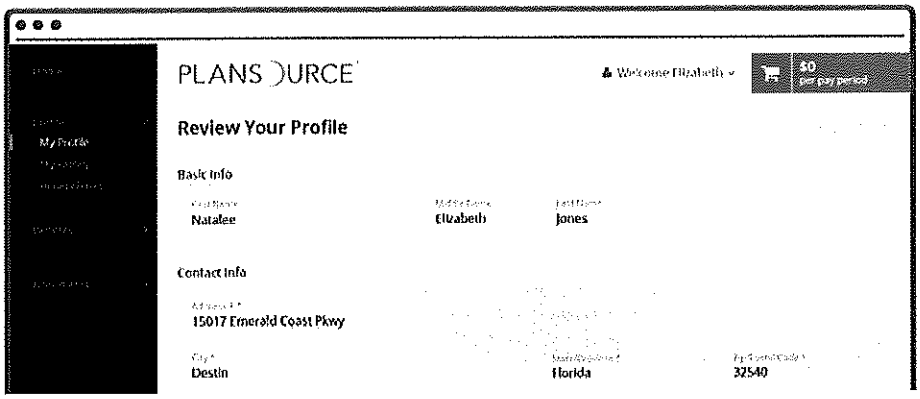
So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



Homepage

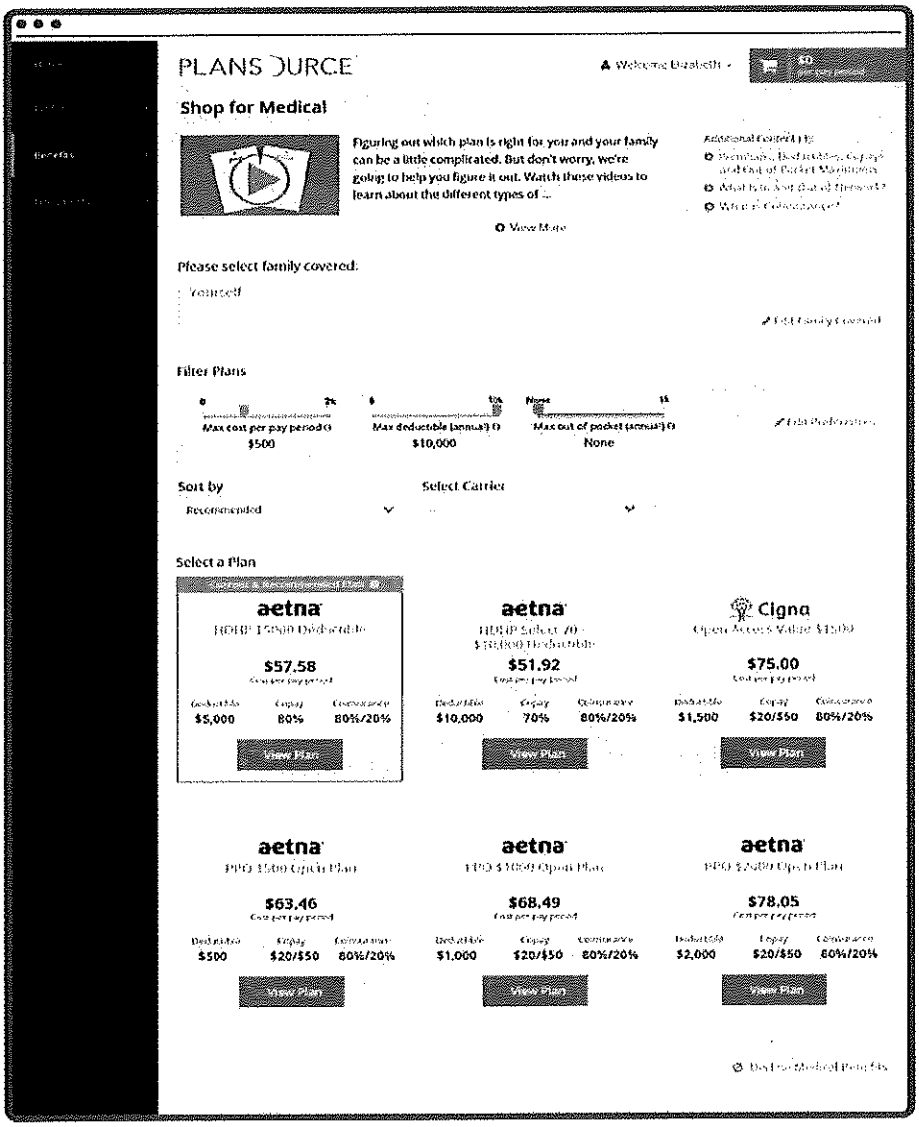
On the Homepage, click "Get Started" to begin.

Enroll in Benefits



Profile

First, you'll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

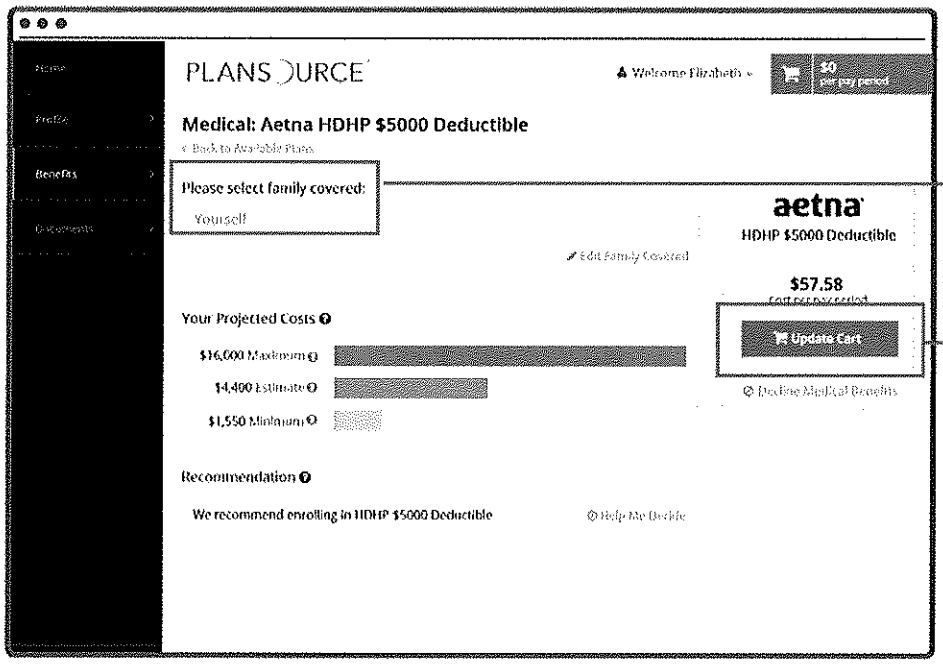


Shop for Benefits

You can then begin shopping for benefits!

Educational material about the specific plan type is available at the top of the page.

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,



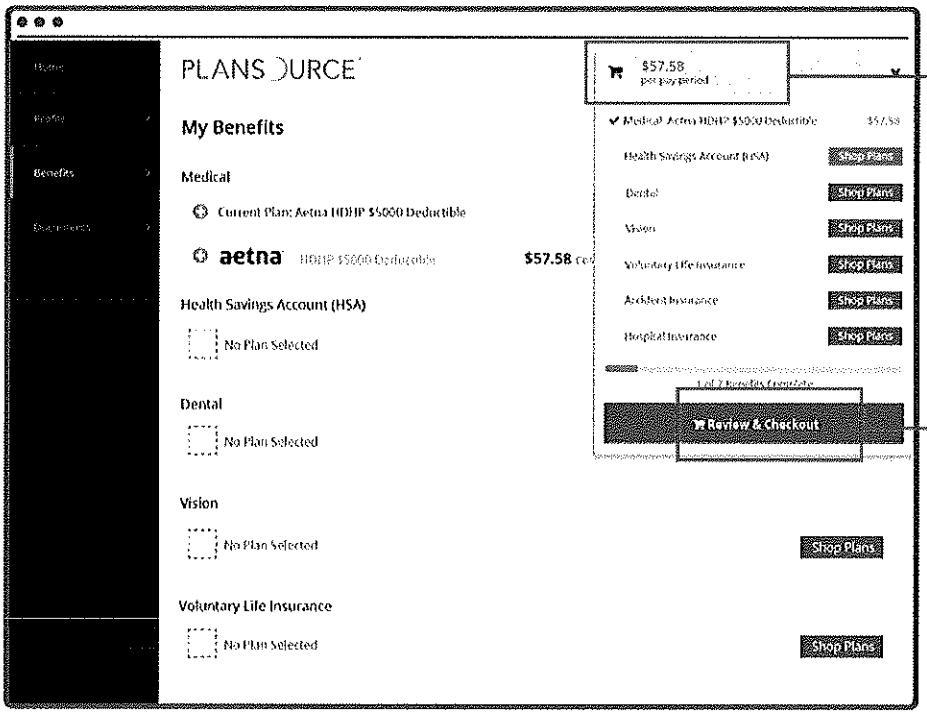
Plan Details

The plan detail page will give you information about each plan, including deductible, cost per pay period and projected costs.

Select Plan

To select a plan, indicate which family members are covered by clicking "edit family covered" and select the card for each family member you'd like to be on the plan.

Click "Update Cart" to



Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you

Checkout

To finalize your choices, click "Review and Checkout and then "Checkout"." You must complete the checkout process in order to be enrolled in ben-

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Member Portal

By being a **Florida Health Care Plans** member, you automatically receive services that are free for you and your dependents use. Below are some of these services. For more information, log on to your member portal at www.fhcp.com.

- Find a Provider/Facility
- Health Care Reform Information
- Member Portal Login
- Member Wellness Programs
- Glossary of Health Coverage and Medical Terms
- Summary of Benefits Coverage
- Case Management
- Utilization Management

Florida Health Care Member Portal

Florida Health Care's Member Portal is available 24 hours a day, 7 days a week, 365 days a year. The Member Portal has three main sections, Health Portal, Documents Portal and Member Resources. See below for a description of each portal.

The Health Portal: Here you will find the "Welcome to Wellness" Health Risk assessment and Health Management Tool. After you register, you have the opportunity to complete a personalized health risk assessment that will provide insight on different areas of improvement concerning members health. This also allows access to a database of thousands of articles, programs and news related to health and health conditions.

If you utilize a FHCP staff physician, you can access the Patient Portal which will allow you to communicate directly with your FHCP staff physician, make an appointment or request prescription refills.

The Documents Portal: Here you will be obtain view and print your Certificate of Coverage (Member Handbook) which describes your rights and obligations along with FHCP rights and obligations with respect to the coverage and benefits provided. You will also be able to view and print your benefit summary and any applicable benefit riders.

Member Resources: Provides access to common FHCP programs, contacts, resources and forms.

Member Wellness Programs

As a FHCP member, you have access to their Wellness Programs which provides information on:

- Weight Management
- Diabetes
- Acute Low Back and Neck Pain
- Nutrition Program
- Exercise
- Matter of Balance - a program designed to manage falls and increase activity levels and balance.

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Member Portal (Continued)

You also have access to **Florida Health Care Healthy Living Preferred Fitness Program**. The facilities on the authorized list are authorized to perform a Fitness Evaluation for a small fee. The evaluation consists of Health & weight measurements, blood pressure/ pulse rate, body fat percentage, flexibility and range of motion measures, balance and V02 Max– a measure of Oxygen consumption during aerobic exercise. Please refer to the Health Living Handout included with your enrollment materials.

Nurse Advice Line

FHCP has partnered with Carenet Healthcare Services to provide members with access to highly skilled, registered nurses 24 hours a day, 7 days a week, 365 days a year to assist with their health concerns. If you need help understanding a condition or symptom, want to ask a Registered Nurse a confidential health question or wondering where to go for care, the Nurse Advice Line is available to you at no cost. It also has a 24 hour Audio Health Library that contains over 1, 500 English and Spanish topics as well as current community health concerns and announcements.

Contact the Nurse Advice Line at 866-548-0727.

Doctor on Demand—www.doctorondemand.com/fhcp

Affordable—Visits with a medical doctor are $10 Copay*, and visits with a psychologist are $30. Please check your schedule of benefits to see if a deductible applies. If so, medical visits are $40, and psychologist visits are $50 for 25 minutes and $95 for 50 minutes, until the deductible is met.

Convenient—Stay in bed and get rid of your cold, flu or other common medical issues.

Fast & Easy—Connect with a physician within 90 seconds. Book an appointment with a psychologist. Meet great Doctors who are Board-certified and licensed in Florida.

Treat Nearly Everything—Nearly any non-emergency medical issue or emotional health issue such as anxiety and depression can be treated using Doctor on Demand.

Get a Prescription—Doctors can send quick and paperless prescription fulfillment to your pharmacy (No controlled drugs prescribed).

Text "**FHCP**" to **68398** or download the app from the App Store on your smartphone or tablet today!

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Medical Insurance Coverage Options

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

Provided by Florida Health Care | *www.fhcp.com* | *1 (877) 615-4022*

Plan Name	T32	HDHP POS (HSA) T95
Name of Network	**HMO**	**POS/HSA**
Calendar Year Deductible		
Individual	$0	$1,400
Family	$0	$2,800
Annual Out-of-Pocket Maximum (Includes deductible, copays, coinsurance)		
Individual	$2,500	$3,000
Family	$5,000	$6,000
Coinsurance (Coins) (Amount paid after deductible is met)		
You pay…..	15%	20%
Physician Services		
Office Visit	$20 Copay	Deductible + Coinsurance
Specialist	$35 Copay	Deductible + Coinsurance
Chiropractic Care	$15 Copay	Deductible + Coinsurance
Adult and Child Wellness Exams	100% Covered	100% Covered
Hospital Services		
Inpatient Hospital Per Admission	$250/day (5 day max)	Deductible + Coinsurance
Emergency Room	$200 Copay	Deductible + Coinsurance
Urgent Care	$75 Copay	Deductible + Coinsurance
Prescription Drugs		
	FHCP | Walgreens	**FHCP | Walgreens**
Preferred Generic	$3 | $15	$3* | $15*
Non Preferred Generic	$10 | $15	$10* | $15*
Preferred Brand	$30 | $35	$30* | $35*
Non-preferred Brand	$55 | $60	$55* | $60*
Preferred Specialty	15% Coinsurance | N/A	15% Coinsurance* | N/A
Non Preferred Specialty	25% Coinsurance | N/A	25% Coinsurance* | N/A
Mail Order (90 Day Supply)	$6 | $27 | $87 | $162	$6* | $27* | $87* | $162* *After Deductible
Non-Network		
Calendar Year Deductible Ind/(Fam.)	N/A	$2,800 / $5,600
Out of Pocket Max Ind/(Family)		$6,000 / $12,000
Coinsurance		40%

Medical plan rates– *deductions based on participation in the City's Wellness Initiative Plan.

Based on your 24 insurance deductions

*Enrolled dependents are covered until the end of the calendar year during which the dependent reaches age 26.

Who is covered	T32*	T95
You Only	$ 41.35	$ 0
You + Spouse	$ 322.14	$ 196.92
You + Child(ren)*	$ 322.14	$ 196.92
You + Family	$ 476.37	$ 305.08

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 01, 2021– December 31, 2021. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). 9

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Health Savings Account

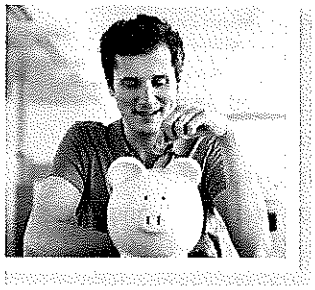
Qualifying High-Deductible Health Insurance Plan

Provides health care benefits after the deductible has been met.

Health Savings Account pays for out-of-pocket expenses incurred before the deductible is met.

A health savings account (HSA) combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the costs of qualified medical expenses not covered by medical insurance for you and your dependents. Money left in the savings account earns interest and is yours to keep.

- EMPLOYEE OWNED ACCOUNT
- Pre-tax contributions
- City of Holly Hill will contribute **$1,895.00** for the plan year (prorated based on hire date) to an HSA account for each employee who enrolls in the High Deductible Health Plan if the employee completes all requirements as established in the Wellness Initiative Plan.
- Pay for any qualified medical expenses. (See IRS Publication 502 for a list of qualified medical expenses).
- Maximum annual contribution:
  - ⇒ Employee only coverage: $3,600
  - ⇒ Family coverage: $7,200
  - ⇒ Age 55 or older – additional election of $1,000



To be HSA-eligible for a month, an individual must:

- ♦ Be covered by an HDHP on the first day of the month;
- ♦ Not be covered by other health coverage that is not an HDHP (with certain exceptions);
- ♦ Not be enrolled in Medicare; and
- ♦ Not be eligible to be claimed as a dependent on another person's tax return.

Why might an HSA be the right choice for you?

- ♦ It **saves you money**. For individuals with few regular health expenses, paying a traditional health plan premium can feel like throwing money out the window. HDHPs come with much lower premiums than traditional health plans, meaning less money is deducted from your paychecks. Plus, HSAs are basically "cash" accounts, so you may be able to negotiate pricing on many medical services.
- ♦ It's **portable**. Even if you change jobs, you get to keep your HSA.
- ♦ It's a **tax saver**. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- ♦ It allows for an **improved retirement account**. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.
- ♦ It puts **money in your pocket**. You never lose unused HSA funds. They always roll over to the next year.

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Dental Insurance Coverage Options

MetLife

Provided by MetLife | *www.metlife.com* | *1 (800) 942-0854*

Below is your Metlife Preferred dental plan, which gives you freedom to use in-network or out-of-network dentists. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. All benefits received from out-of-network dentists are subject to "reasonable and customary" fees. Any amount that exceeds the dental carrier's "reasonable and customary" amounts is the patient's responsibility. You can access the dental provider's network and find a dentist near you at www.metlife.com/insurance/dental-insurance or by calling the Metlife Hotline at 1-800-METLIFE (638-5433).

Dental Services	In-Network	Out-of-Network
Calendar Year Maximum Benefit	$5,000	
Calendar Year Deductible		
Individual	$50	$50
Family	$150	$150
PREVENTIVE PROCEDURES:	Deductible Waived	
Routine Exams & Cleaning (prophylaxis) Fluoride Treatments– *Up to age 14* Oral Exams Full Mouth X-rays Bitewing X-rays Sealants– *Up to age 16*	Plan pays100%	Plan pays 100%
BASIC PROCEDURES:	Deductible Applies	
Fillings Prefabricated Crowns Endodontics Root Canal Periodontal Surgery Periodontal Scaling & Root Planing Simple & Complex Surgery	Plan pays 80%	Plan pays 80%*
MAJOR PROCEDURES:	Deductible Applies	
Crowns/Inlays/Onlays Bridges & Dentures	Plan pays 50%	Plan pays 50%*
ORTHODONTIC PROCEDURES	Deductible Waived	
Lifetime maximum—$1,000 Dependent child(ren) only—under age 26 (dependent on you for support & living in your household or full/part-time student	Plan pays 50%	Plan pays 50%*

See carrier benefit summaries for additional plan information.
*Percent of reasonable & customary charges
**Enrolled dependents are covered until the end of the calendar year during which the dependent reaches age 26.

Dental plan rates

Based on your 24 insurance deductions

Who is covered	Dental Plan Cost
You Only	$ 17.47
You + Spouse	$ 35.96
You + Child(ren)**	$ 40.27
You + Family	$ 63.04

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 01, 2021– December 31, 2021. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). 11

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Vision Coverage

Provided by Eyemed | *www.eyemed.com* | *1 (866) 939-3633*

This plan covers eye exams, prescription lenses and frames, or contact lenses for you and your dependents when you receive services from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit.

To find a participating provider log on to www.eyemed.com

Vision Coverage Rates

Based on your 24 insurance deductions

Who is covered	Vision Plan Cost
You Only	$ 2.43
You + Spouse	$ 4.62
You + Child(ren)**	$ 4.86
You + Family	$ 7.13

Vision Services	In-Network	Out-of-Network
Eye Exams	$10 Copay	Reimbursed up to $35
Frequency	Once every 12 months	Once every 12 months
BASIC LENSES		
Frequency	Once every 12 months	Once every 12 months
Single vision	$25 Copay	Reimbursed up to $35
Bifocal vision	$25 Copay	Reimbursed up to $49
Trifocal vision	$25 Copay	Reimbursed up to $74
FRAMES		
Frequency*	Once every 24 months	Once every 12 months
Benefit	$100 Allowance + 20% off balance	Reimbursed up to $50
CONTACTS		
Frequency*	Once every 12 months	Once every 12 months
Elective	$115 Allowance + 15% off balance	Reimbursed up to $92
Medically Necessary	Covered in Full	Reimbursed up to $210

*Contacts and eyeglasses cannot be purchased in the same year

**Enrolled dependents are covered until the end of the calendar year during which the dependent reaches age 26.

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Basic Life and AD&D

USAble Life

Provided by USAble Life | *www.usablelife.com* | *(800) 370-5856*

Life insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. The City of Holly Hill provides basic life insurance to our employees through **USAble** at **no cost**.

Employees can purchase Basic Dependent Life at a rate of **$1.68** for your spouse and/or child(ren). This rate provides spouse coverage of **$5,000** and child(ren) coverage from birth to 6 months of **$1,000**; from 6 months of age to 19 (or to age 26 if full time student) of **$2,500**.

Employees have an opportunity to purchase additional Voluntary Life Insurance with **USAble** for you alone, you and your spouse, and/or your dependents at a group rate (located on the next page). It includes the features of waiver of premium, accelerated life benefit, portability as described in the USAble summary of coverage.

Summary of Voluntary Life Insurance

If you chose to enroll in the additional voluntary life insurance, you may insure you alone or you and your spouse . A summary of this coverage is listed in the table below, if you should have questions on this policy see your USAble Certificate of Benefits, or visit www.usable.com. Please note all voluntary insurance is portable.

Summary of Insurance	
Guaranteed Issue (n/a 70 or older)	$120,000
Minimum Benefit Amount	$10,000
Maximum Benefit Amount	$500,000 or 5x salary (whichever is less)
Increments of…	$10,000
Spouse Coverage	
Spouse Guarantee Issue	$30,000
Maximum Benefit Amount	100% of employee amount or $250,000 (whichever is less)
Increments of…	$5,000
Dependent Coverage	
Child Guarantee Issue	$10,000
Maximum Benefit Amount	$10,000
Increments of…	$2,000

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Voluntary Life and AD&D Costs

Employee/Spouse Life & AD&D Monthly Cost:

Age of you or your spouse (spouse premium determined by your spouse age)	Your cost for each $1,000 of voluntary life...	
	Employee	Spouse
<25	0.072	0.042
25-29	0.082	0.051
30-34	0.102	0.068
35-39	0.146	0.076
40-44	0.208	0.085
45-49	0.330	0.127
50-54	0.524	0.195
55-59	0.806	0.365
60-64	1.258	0.560
65-69	2.184	1.077
70-74	3.896	1.077
75+	7.634	1.077

Note: AD&D coverage is available for $0.023 per $1,000 for you and / or your spouse. **The amount of AD&D must be in an equal amount as the voluntary life.**

Dependent Children

If your coverage level is...	Your cost for each $1,000 of supplemental life is...
Child Life	0.225
Child AD&D	0.026

You can elect in increments of $2,000 up to $10,000 of coverage . **The amount of AD&D must be in an equal amount as child voluntary life.**

Additional Information

- Age reduction:
  50% of original amount at age 75
- Age-bracketed premiums:
  Premiums increase on plan anniversary after you enter next 5 year age group
- Evidence of Insurability (EOI) Form
  Is required for employees who do not enroll during their initial eligibility period. For those who enrolled in the plan year, one increment of coverage up to Guarantee Issue will be available for the 2021 plan year annual enrollment without EOI.
- Accelerated Benefit Option:
  Allows you to apply for up to 75% of your insurance (not to exceed $500,000) if diagnosed with a terminal health condition.

How to figure your voluntary life cost per paycheck:

1. Indicate your elected benefit amount (EBA)
2. Divide EBA by $1,000
3. Find age rate from cost table
4. Multiply answer of Step 2 by answer of Step 3
5. Multiply answer of Step 4 by 12 then divide by 24 to calculate your cost per paycheck

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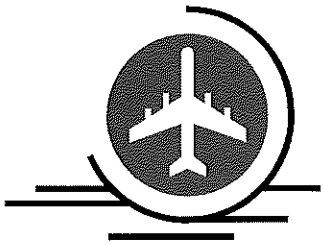
Additional Services

Provided by USAble Life

Travel Assistance



Congratulations! You and your dependents now have access to the Travel Assistance Program provided by USAble . This program offers you a broad range of valuable travel and medical support services 24 hours a day, 365 days a year. With one simple phone call to our response center, you will be connected to a global network of providers to assist you when you travel 100 miles or more from home. one semester (optional coverage for longer trips available) . The program vendor is AXA Travel Assistance as provided through USABle Life.

Travel Assistance

- Lost Documents and Luggage assistance
- Emergency cash/bail assistance
- Telephone interpretation
- General travel information

Medical Assistance

- Medical and dental referrals
- Medical evacuation or repatriation
- Hospital admission and critical care monitoring
- Dispatch of prescription medications

If you have any questions about the services or require assistance, please contact us at: 1 (866) 384.2786 OR +1 (630) 616.4536 (collect) OR medassist-usa@axa-assistance.us

USAble Life

AXA TRAVEL ASSISTANCE PROGRAM

Support before, during, and after travel

The Dignity Planner

FUNERAL PLANNING MADE PERSONAL The Dignity Planner allows you to create a personalized funeral plan for yourself or a loved one. We all have unique passions and personal stories, and whether you're planning a memorial for yourself or for a loved one, The Dignity Planner allows you to create a plan simply by answering a few questions. Dignity will take care of the rest of the details. n for yourself or a loved one. We all have unique passions and personal stories, and whether you're planning a memorial for yourself or for a loved one, The Dignity Planner allows you to create a plan simply by answering a few questions. Dignity will take care of the rest of the details.

VISIT WWW.USABLELIFE.COM/DIGNITYPLANNER TO LEARN MORE.

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Important Notices

Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
Special enrollment rights also may exist in the following circumstances:

- ⇒ If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- ⇒ If you or your dependents become eligible for a State premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.
- ⇒ If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Note: The 60 day period for requesting enrollment applied only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applied to most special enrollments.

Women's Health & Cancer Rights Act of 1998

The Women's Health and Cancer Act (WHCRA) requires group health plans to provide participants with notices of their rights under WHCRA, to provide certain benefits in connection with a mastectomy, and to provide other protections for participants undergoing mastectomies. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Individuals receiving mastectomy –related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ⇒ All stages of reconstruction of the breast on which the mastectomy was performed;
- ⇒ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- ⇒ Prostheses; and
- ⇒ Treatment of physical complications of the mastectomy, including lymphedema.
- ⇒ These benefits will be provided subject to the same deductibles and coinsurance amounts applicable to other medical and surgical benefits provided under the health plan offered by your employer.
- ⇒ Please keep this information with your other group health plan documents. If you have any questions about the Plan's coverage of mastectomies and reconstructive surgeries, please contact the Human Resources Department.

Health Insurance Portability and Accountability Act (HIPAA) Notice

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

This Information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of such an event.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at (312)353-0900.

If you have any questions about this notice or the law, please contact your Plan Administrator at the number or location provided in your benefits booklet or Summary Plan Description.

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

Notice of Privacy Practices: Plan administrators, clearinghouses, business associates, and health care providers that transmit health information electronically or use electronic health records may not redistribute or unlawfully use electronic health records without permission from the insured. The insured may request information on how their electronic records are distributed, how frequently they are distributed, and who they are distributed to by contacting the U.S. Department of Health and Human Services.

Health Insurance Marketplace Coverage Notice

The Health Insurance Marketplace is available to assist you as you evaluate health insurance options for you and your family. This notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer. The Marketplace is designed to help you find private health insurance and compare private health insurance options. You may also be eligible for a new kind of tax credit under section 36B of Internal Revenue Code that could potentially lower your monthly premium. If you purchase a qualified health plan through the Marketplace, you may lose the employer contribution (if any) to any health benefit plan offered by your employer and all or a portion of that contribution may be excludable from income for federal income tax purposes . More information on the health insurance Marketplace may be found at https://www.healthcare.gov

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Notice of Rescission

(a) *Prohibition on rescissions* - (1) A group health plan, or a health insurance issuer offering group or individual health insurance coverage, must not rescind coverage under the plan, or under the policy, certificate, or contract of insurance, with respect to an individual (including a group to which the individual belongs or family coverage in which the individual is included) once the individual is covered under the plan or coverage, unless the individual (or a person seeking coverage on behalf of the individual):

I. performs an act, practice, or omission that constitutes fraud

II. makes an intentional misrepresentation of material fact,

as prohibited by the terms of the plan or coverage. A group health plan, or a health insurance issuer offering group or individual health insurance coverage, must provide at least 30 days advance written notice to each participant (in the individual market, primary subscriber) who would be affected before coverage may be rescinded under this paragraph (a)(1), regardless of, in the case of group coverage, whether the coverage is insured or self-insured, or whether the rescission applies to an entire group or only to an individual within the group. (The rules of this paragraph (a)(1) apply regardless of any contestability period that may otherwise apply.) A rescission is a cancellation or discontinuance of coverage that has retroactive effect. For example, a cancellation that treats a policy as void from the time of the individual's or group's enrollment is a rescission. As another example, a cancellation that voids benefits paid up to a year before the cancellation is also a rescission for this purpose.

A cancellation or discontinuance of coverage is not a rescission if -

I. The cancellation or discontinuance of coverage has only a prospective effect;

II. The cancellation or discontinuance of coverage is effective retroactively, to the extent it is attributable to a failure to timely pay required premiums or contributions (including COBRA premiums) towards the cost of coverage;

III. The cancellation or discontinuance of coverage is initiated by the individual (or by the individual's authorized representative) and the sponsor, employer, plan, or issuer does not, directly or indirectly, take action to influence the individual's decision to cancel or discontinue coverage retroactively or otherwise take any adverse action or retaliate against, interfere with, coerce, intimidate, or threaten the individual; or

IV. The cancellation or discontinuance of coverage is initiated by the exchange pursuant (the insured).

Michelle's Law

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

Mental Health Parity & Addiction Equity Act 2008 (MHPAEA)

Under the MHPAEA, the financial requirements and treatment limits that group health plans and health insurance issuers apply to mental health or substance use disorder benefits generally cannot be more restrictive than those applicable to medical and surgical benefits. If a plan covers mental health and substance use disorder, MHPAEA provides medical and surgical benefits and mental health and substance use disorder benefits. MHPAEA it must comply with the federal parity requirements. The MHPAEA contains the following parity requirements:

The financial requirements (such as deductibles, copayments, coinsurance and out-of-pocket limits) applicable to mental health and substance use disorder benefits cannot be more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits.

Treatment limitations (such as frequency of treatment, number of visits, days of coverage or other similar limits on the scope or duration of coverage) must also comply with the MHPAEA's parity requirements. Non-quantitative treatment limitations (such as medical management standards, formulary design and determinations of usual, customary or reasonable amounts) are subject to a separate parity requirement.

If medical and surgical benefits are offered on an out-of-network basis, a plan or issuer must also offer mental health and substance use disorder benefits on an out-of-network basis.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Cobra provides eligible individuals and their dependents who would otherwise lose group health coverage as a result of a qualifying life event with an opportunity to continue group health coverage for a limited time period under certain circumstances such as:

- Voluntary or involuntary job loss
- Reduction in the hours worked
- Transition between jobs
- Death
- Divorce
- And other qualifying life events

If you are entitled to elect COBRA coverage, you will have 60 days (starting on the date you are furnished the election notice or the date you would lose coverage) to choose whether or not to elect continuation coverage.

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Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by groups with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

The duration of COBRA extends from the date of the qualifying event for a limited period of 18 or 36 months. The length of time depends on the type of qualifying life event that gave rise to the COBRA rights. A plan, however, may provide longer periods of coverage beyond the maximum period required by law.

COBRA Continuation coverage may be terminated earlier than the end of the maximum period for any of the following reasons:

- Premiums are not paid in full on a timely basis
- The employer ceases to employ any group health plan
- A qualified beneficiary begins coverage under another group health plan after electing continuation coverage;
- A qualified beneficiary becomes entitled to Medicare benefits after electing continuation coverage;
- A qualified beneficiary engages in conduct that would justify the plan in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

If continuation coverage is terminated early, the plan must provide the qualified beneficiary with an early termination notice. The notice must be given as soon as practicable after the decision is made, and it must describe the date coverage will terminate, the reason for termination, and any rights the qualified beneficiary may have under the plan or applicable law to elect alternative group or individual coverage.

If you decide to terminate your COBRA coverage early, you generally won't be able to get a Marketplace plan outside of open enrollment period. For more information on alternatives to COBRA coverage reach out to your HR Representative or Plan administrator.

Contact your plan administrator or Human Resources to determine how COBRA is administered at your workplace.

CHIP Model Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	**ARKANSAS – Medicaid** Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	**COLORADO – Health First Colorado & Child Health Plan Plus (CHP+)** Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711
FLORIDA – Medicaid Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	**GEORGIA – Medicaid** Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 Other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864	**IOWA – Medicaid** Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	**KENTUCKY – Medicaid** Website: https://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	**MAINE – Medicaid** Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	**MINNESOTA – Medicaid** Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	**MONTANA – Medicaid** Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	**NEVADA – Medicaid** Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll Free number for the HIPP program - 1-800-852-3345, ext. 5218	**NEW JERSEY – Medicaid and CHIP** Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	**NORTH DAKOTA – Medicaid** Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	**OKLAHOMA – Medicaid and CHIP** Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	**PENNSYLVANIA – Medicaid** Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311	**SOUTH CAROLINA – Medicaid** Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	**TEXAS – Medicaid** Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	**VERMONT– Medicaid** Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	**WASHINGTON – Medicaid** Website: http://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	**WISCONSIN – Medicaid and CHIP** Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531	

To see if any other states have added a premium assistance program since July 31, 2018 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa (1-866-444-3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov (1-877-267-2323) , menu opt 4, ext 61565

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Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Florida Health Care Plans and about your options under Medicare's prescription drug coverage.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Your Employer has determined that the FHCP HMO T32 prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Creditable Coverage. This is important because you will not be required to pay a penalty if you do not join a Medicare drug plan when you first become eligible. Your Employer has determined that the HDHP HSA T95 prescription drug coverage is , on average for all plan participants, not expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage under HDHP HSA T95 is considered NON Creditable Coverage. This is important because you will be required to pay a penalty if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from FHCP. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully as it explains your options.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two(2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
Since the coverage under the HMO T32 is creditable, you will not have to pay a penalty to join a Medicare drug plan. Since the coverage under the HDHP HSA T95 is not creditable, you will have to pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your Employer's plan coverage under either plan will not be affected. If you do decide to join a Medicare drug plan and drop your current Employer's plan coverage, be aware that you and your dependents will be able to get this coverage back during the next open enrollment if you remain a full time active employee.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with your Employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage
Contact Human Resources for further information. See the inside back cover of your copy of the "Medicare & You" handbook for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Notice . If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage as noted within this Notice and, therefore, whether or not you are required to pay a higher premium (a penalty).

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CITY OF HOLLY HILL
HEALTH INSURANCE RATES EFFECTIVE JANUARY 1, 2021

FLORIDA HEALTH CARE HMO - T32 PLAN

	TOTAL MONTHLY PREMIUM	CITY PORTION	EMPLOYEE MONTHLY PORTION	BI-WEEKLY DEDUCTION
EMPLOYEE ONLY	790.95	708.26	82.69	41.35
EMPLOYEE/CHILDREN	1352.53	708.26	644.27	322.14
EMPLOYEE/SPOUSE	1352.53	708.26	644.27	322.14
EMPLOYEE/ FAMILY	1661.00	708.26	952.74	476.37

FLORIDA HEALTH CARE HDHP High Deductible Plan - T95 PLAN

	TOTAL MONTHLY PREMIUM	CITY PORTION	EMPLOYEE MONTHLY PORTION	BI-WEEKLY DEDUCTION
EMPLOYEE ONLY	554.69	554.69	0.00	0.00
EMPLOYEE/CHILDREN	948.52	554.69	393.83	196.92
EMPLOYEE/SPOUSE	948.52	554.69	393.83	196.92
EMPLOYEE/ FAMILY	1164.85	554.69	610.16	305.08

*HSA account is an employee-owned portable trust account. Acts like checking account with a debit card, accrues interest and is used to pay for qualified medical expenses on a non-taxable basis. This benefit amount of $1,895.00 will be placed in the employee's trust account by the city the first pay check in January.

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METLIFE DENTAL INSURANCE PPO PLAN

	TOTAL MONTHLY PREMIUM	CITY PORTION	EMPLOYEE MONTHLY PORTION	BI-WEEKLY DEDUCTION
EMPLOYEE ONLY	34.94	0.00	34.94	17.47
EMPLOYEE/SPOUSE	71.92	0.00	71.92	35.96
EMPLOYEE/CHILDREN	80.54	0.00	80.54	40.27
EMPLOYEE/FAMILY	126.07	0.00	126.07	63.04

EYEMED VISION PLAN

	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY PORTION	BI-WEEKLY DEDUCTION
EMPLOYEE	4.86	4.86	2.43
EMPLOYEE/SPOUSE	9.23	9.23	4.62
EMPLOYEE/CHILDREN	9.72	9.72	4.86
EMPLOYEE/FAMILY	14.26	14.26	7.13

The deductions are based on 24 pay periods

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services **Coverage for:** Individual and/or Family | **Plan Type:** HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, http://www.fhcp.com/documents/coc/2020-large-group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, other underlined terms see the Glossary. You can view the Glossary at www.fhcp.com or call 1-877-615-4022 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network providers: $0. Out-of-network providers: Not covered	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Not Applicable.	This plan does not have a deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Network providers: $2,500 Individual / $5,000 Family Out-of-network providers: Not covered	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.fhcp.com/find-providers/physician or call 1-877-615-4022 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 Copay/Visit	Not Covered	Additional cost share may apply for Allergy shots, Injections and Infusions.
	Specialist visit	$35 Copay/Visit	Not Covered	Additional cost share may apply for Allergy shots, Injections and Infusions.
	Preventive care/screening/ immunization	No Charge	Not Covered	Preventive Colonoscopy (age 50+) 1 every 10 years. High Risk Colonoscopy 1 every 2 years. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Tests in hospitals, or facilities owned and operated by hospitals, may have higher cost share.
	Imaging (CT/PET scans, MRIs)	$25 Copay/Test	Not Covered	Prior approval required. Your benefits / services may be denied. Tests in hospitals, or facilities owned and operated by hospitals, may have higher cost share.

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Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://fm.formularynavigator.com/FBO/126/2020_QHP_Formulary_Member_Doc.pdf	Generic drugs	Retail: $3 Copay per prescription for Preferred at FHCP / Mail Order: $6 Copay per prescription for Preferred / Retail: $10 Copay per prescription for Non-Preferred at FHCP / Mail Order: $27 Copay per prescription for Non-Preferred / Retail: $15 Copay per prescription at Walgreen's.	Not Covered	Covers up to 31 day supply at retail pharmacy, and up to 93 day supply for mail order.
	Preferred brand drugs	Retail: $30 Copay per prescription at FHCP / Mail Order: $87 Copay per prescription / Retail: $35 Copay per prescription at Walgreen's.	Not Covered	Covers up to 31 day supply at retail pharmacy, and up to 93 day supply for mail order.
	Non-preferred brand drugs	Retail: $55 Copay per prescription at FHCP / Mail Order: $162 Copay per prescription/ Retail: $60 Copay per prescription at Walgreen's.	Not Covered	Covers up to 31 day supply at retail pharmacy, and up to 93 day supply for mail order.
	Specialty drugs	Retail: 15% Coinsurance for Preferred Specialty at FHCP. 25% Coinsurance for Non-Preferred Specialty at FHCP.	Not Covered	Available at FHCP pharmacies only.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center / outpatient hospital facility)	$200 Copay/Surgery - ASC $400 Copay/Surgery – Outpatient hospital facility	Not Covered	Pre-certification/pre-authorization of coverage required for non-emergency outpatient surgical care. Your benefits / services may be denied.
	Physician/surgeon fees	No Charge	Not Covered	Prior approval required. Your benefits / services may be denied.
If you need immediate medical attention	Emergency room care	$200 Copay/Visit	$200 Copay/Visit	Waived if admitted.
	Emergency medical transportation	$100 Copay/Transport	$100 Copay/Transport	————none————
	Urgent care	$75 Copay/Visit	$75 Copay/Visit	————none————

For more information about limitations and exceptions, see the plan or policy document at http://www.fhcp.com/documents/coc/2020-large-group

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Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 Copay/Day (Days 1-5)	Not Covered	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.
	Physician/surgeon fees	No Charge	Not Covered	————none————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$35 Copay/Visit	Not Covered	————none————
	Inpatient services	$250 Copay/Day (Days 1-5)	Not Covered	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.
If you are pregnant	Office visits	$35 Copay/Visit	Not Covered	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.
	Childbirth/delivery facility services	$250 Copay/Day (Days 1-5)	Not Covered	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.
If you need help recovering or have other special health needs	Home health care	$15 Copay/Visit	Not Covered	Prior approval required. Your benefits / services may be denied. Coverage limited to 60 visits.
	Rehabilitation services	$15 Copay/Visit	Not Covered	Coverage limited to 20 visits. Includes Physical, Speech, Occupational Therapy
	Habilitation services	Not Covered	Not Covered	
	Skilled nursing care	$50 Copay/Day	Not Covered	Pre-certification/pre-authorization of coverage required. Your benefits /

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Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				services may be denied. Coverage limited to 20 days.
	Durable medical equipment	15% Coinsurance	Not Covered	Prior approval required. Your benefits / services may be denied. Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of DME due to use/age.
	Hospice services	No Charge	Not Covered	————none————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Child)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care unless for treatment of diabetes
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance,

For more information about limitations and exceptions, see the plan or policy document at http://www.fhcp.com/documents/coc/2020-large-group

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contact the insurer at 1-877-615-4022. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? Yes
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-877-615-4022.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-615-4022.
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-877-615-4022.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-877-615-4022.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

For more information about limitations and exceptions, see the plan or policy document at http://www.fhcp.com/documents/coc/2020-large-group

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About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$0
Specialist copayment	$35
Hospital (facility) copayment	$250
Other copayment	$0

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$1,180
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,240**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$0
Specialist copayment	$35
Hospital (facility) copayment	$250
Other coinsurance	15%

This EXAMPLE event includes services like:
Primary care office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$1,270
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$1,330**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$0
Specialist copayment	$35
Hospital (facility) copayment	$250
Other copayment	$200

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$470
Coinsurance	$10
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$480**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Health Care Plans : 1-877-615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Florida Health Care Plans, Civil Rights Coordinator, 1340 Ridgewood Avenue, Holly Hill, FL 32117. Phone: 1-844-219-6137, TTY: 1-800-955-8770. Fax: 386-676-7149, Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-615-4022. (TTY: 1-800-955-8770)**

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, http://www.fhcp.com/documents/coc/2020-large-group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.fhcp.com or call 1-877-615-4022 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network providers: $1,400 Individual/ $2,800 Family Out-of-network providers: $2,800 Individual /$5,600 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Network providers: $3,000 Individual/$6,000 Family. Out-of-network providers: $6,000 Individual/$12,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.fhcp.com/find-providers/physician or call 1-877-615-4022 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the Specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Additional cost share may apply for Allergy shots, Injections and Infusions.
	Specialist visit	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Additional cost share may apply for Allergy shots, Injections and Infusions.
	Preventive care/screening/ immunization	No charge	Deductible + 40% Coinsurance	Preventive Colonoscopy (age 50+) 1 every 10 years. High Risk Colonoscopy 1 every 2 years. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Tests in hospitals, or facilities owned and operated by hospitals, may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Prior approval required. Your benefits / services may be denied. Tests in hospitals, or facilities owned and operated by hospitals, may have higher cost share.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://fm.formularynavigator.com/FBO/126/2020_QHP_Formulary_Member_Doc.pdf	Generic drugs	Retail: DED + $3 Copay per prescription for Preferred at FHCP / Mail Order: DED + $6 Copay per prescription for Preferred / Retail: DED + $10 Copay per prescription for Non-Preferred at FHCP / Mail Order: DED + $27 Copay per prescription for Non-Preferred / Retail: DED + $15 Copay per prescription at Walgreen's.	Not covered	Covers up to 31 day supply at retail pharmacy, and up to 93 day supply for mail order.
	Preferred brand drugs	Retail: DED + $30 Copay per prescription at FHCP / Mail Order: DED + $87 Copay per prescription / Retail: DED + $35 Copay per prescription at Walgreen's.	Not covered	Covers up to 31 day supply at retail pharmacy, and up to 93 day supply for mail order.
	Non-preferred brand drugs	Retail: DED + $55 Copay per prescription at FHCP / Mail Order: DED + $162 Copay per prescription/ Retail: DED + $60 Copay per prescription at Walgreen's.	Not covered	Covers up to 31 day supply at retail pharmacy, and up to 93 day supply for mail order.
	Specialty drugs	Retail: DED + 15% Coinsurance for Preferred Specialty at FHCP. DED + 25% Coinsurance for Non-Preferred Specialty at FHCP.	Not covered	Available at FHCP pharmacies only.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required for non-emergency outpatient surgical care. Your benefits / services may be denied.
	Physician/surgeon fees	Deductible + 20% Coinsurance	Deductible + 40%	————none————

For more information about limitations and exceptions, see the plan or policy document at http://www.fhcp.com/documents/coc/2020-large-group

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
			Coinsurance	
If you need immediate medical attention	Emergency room care	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	Waived if admitted.
	Emergency medical transportation	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	————none————
	Urgent care	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	————none————
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits/services may be denied.
	Physician/surgeon fees	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	————none————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	————none————
	Inpatient services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.
If you are pregnant	Office visits	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.
	Childbirth/delivery facility services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required for non-emergency admissions. Your benefits / services may be denied.

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Prior approval required. Your benefits / services may be denied. Prior approval required. Coverage limited to 60 visits.
	Rehabilitation services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Coverage limited to 20 visits. Includes Physical, Speech, Occupational Therapy
	Habilitation services	Not covered	Not covered	
	Skilled nursing care	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Pre-certification/pre-authorization of coverage required. Your benefits / services may be denied. Coverage limited to 20 days.
	Durable medical equipment	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of DME due to use/age. Prior approval required. Your benefits / services may be denied.
	Hospice services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	——none——
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Child)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care unless for treatment of diabetes
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care

For more information about limitations and exceptions, see the plan or policy document at http://www.fhcp.com/documents/coc/2020-large-group

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-877-615-4022. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? Yes.
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
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Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-615-4022.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码1-877-615-4022.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-877-615-4022.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1400
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,400
Copayments	$0
Coinsurance	$1,600
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,060**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1400
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,400
Copayments	$1,040
Coinsurance	$240
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$2,740**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1400
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,400
Copayments	$0
Coinsurance	$390
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,790**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Florida Health Care Plans

Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Health Care Plans : 1-877-615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Florida Health Care Plans, Civil Rights Coordinator, 1340 Ridgewood Avenue, Holly Hill, FL 32117. Phone: 1-844-219-6137, TTY: 1-800-955-8770. Fax: 386-676-7149, Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-615-4022. (TTY: 1-800-955-8770)**

Results for: City of Holly Hill
Created By: Cole, Diane on 08/13/2021 12:28 PM
Records Listed: 158

Gender	Hire Date	Birthdate	Zip	Employee Status
F	03/23/2012	10/27/1967	32174	Employee
M	07/19/2003	12/27/1967	32174	Employee
M	11/12/2014	07/18/1963	32141	Employee
M	06/16/2017	07/13/1986	32164	Employee
M	10/10/2011	07/01/1964	32724	Employee
M	02/04/2011	12/11/1982	32164	Employee
M	10/29/2001	12/25/1955	32164	Employee
M	07/18/2014	07/16/1993	32174	Employee
M	04/08/2013	03/05/1968	32174	Employee
M	11/30/2015	05/02/1983	32141	Employee
M	04/02/2004	04/30/1971	32117	Employee
F	04/09/2010	02/25/1968	32117	Employee
F	04/29/2015	10/28/1959	32174	Employee
M	10/26/2001	06/10/1975	32174	Employee
F	11/14/2012	08/31/1966	32117	Employee
M	08/26/2005	09/19/1965	32114	Employee
M	11/08/2016	05/07/1961	32117	Employee
M	01/07/2011	08/08/1985	32174	Employee
M	03/25/2011	04/29/1956	32117	Employee
M	11/24/2014	09/10/1963	32137	Employee
M	10/09/2015	08/14/1984	32164	Employee
M	03/06/2017	10/15/1978	32117	Employee
M	06/17/2000	12/10/1965	32174	Employee
M	07/08/2005	12/18/1962	32129	Employee
M	06/21/2016	05/14/1990	32164	Employee
M	07/19/2013	07/31/1971	32129	Employee
M	04/30/2015	01/01/1957	32120	Employee
M	03/30/2001	09/23/1972	32124	Employee

M	10/17/2011	12/04/1972	32119	Employee
M	12/01/2006	02/20/1965	32174	Employee
M	12/21/1990	12/29/1957	32174	Employee
F	10/29/2004	07/24/1969	32174	Employee
F	09/02/2005	02/26/1974	32738	Employee
M	04/29/2005	04/01/1983	32127	Employee
M	12/01/2006	10/09/1971	32174	Employee
M	07/18/2014	07/14/1967	32127	Employee
M	01/03/2017	08/10/1992	32117	Employee
M	02/01/2013	12/10/1964	32176	Employee
M	12/09/2008	02/24/1981	32128	Employee
F	06/17/2013	03/25/1967	32119	Employee
M	11/22/2005	12/03/1963	32117	Employee
M	10/19/2015	08/11/1987	32129	Employee
M	12/28/2015	07/27/1956	32713	Employee
M	02/01/2013	08/19/1958	32720	Employee
M	06/02/2006	08/04/1984	32174	Employee
M	02/02/2012	04/23/1971	32168	Employee
M	11/09/2007	10/29/1978	32124	Employee
M	06/17/2013	05/05/1972	32174	Employee
M	12/04/2009	05/24/1960	32119	Employee
M	07/31/2015	11/28/1966	32164	Employee
M	06/17/1991	12/30/1961	32724	Employee
M	04/01/1997	12/28/1961	32124	Employee
M	11/08/2016	12/07/1989	32117	Employee
M	03/06/1991	03/13/1966	32011	Employee
M	02/19/2010	12/13/1972	32129	Employee
M	03/27/2012	11/27/1958	32114	Employee
M	05/23/2014	10/23/1989	32117	Employee
F	04/09/2007	01/30/1960	32173	Employee
M	11/05/2004	02/15/1977	32164	Employee
M	11/09/2011	06/01/1988	32118	Employee

M	10/09/2017	03/07/1961	32114	Employee
M	10/02/2017	12/05/1965	32773	Employee
M	11/21/2017	10/05/1992	32127	Employee
M	02/09/2018	03/15/1991	32174	Employee
M	03/01/2018	06/05/1960	32708	Employee
M	04/04/2018	09/02/1965	32117	Employee
M	05/25/2018	04/08/1986	32117	Employee
M	07/02/2018	08/17/1960	32128	Employee
F	10/08/2018	10/16/1973	32164	Employee
M	11/13/2018	11/07/1939	32117	Employee
M	12/02/2018	05/02/1982	32174	Employee
M	01/21/2019	09/09/1976	32137	Employee
M	02/11/2019	04/03/1972	32174	Employee
M	02/11/2019	01/24/1981	32117	Employee
M	03/06/2019	08/28/1970	32174	Employee
F	03/25/2019	04/16/1967	32119	Employee
F	05/13/2019	11/24/1954	32164	Employee
M	07/22/2019	03/26/1962	32137	Employee
F	07/29/2019	07/05/1983	32164	Employee
M	11/09/2020	07/02/1999	32114	Employee
M	10/07/2019	01/04/1965	32117	Employee
F	10/21/2019	06/18/1967	32117	Employee
F	12/23/2019	12/22/1977	32713	Employee
M	12/09/2019	09/16/1983	32127	Employee
M	03/30/2020	11/28/1994	32724	Employee
M	03/09/2020	03/19/1961	32174	Employee
F	07/20/2020	05/27/1991	32164	Employee
M	07/21/2020	12/15/1973	32724	Employee
M	06/14/2021	11/21/1958	32117	Employee
M	08/17/2020	01/10/1987	32822	Employee
M	09/14/2020	11/18/1967	32174	Employee
M	11/30/2020	07/08/1988	32164	Employee

F	12/07/2020	04/25/1999	32129	Employee	
M	01/04/2021	01/16/2002	32124	Employee	
M	02/08/2021	11/21/1997	32117	Employee	
M	02/03/2021	09/28/1997	32720	Employee	
M	03/01/2021	08/09/1970	32117	Employee	
F	03/15/2021	03/05/1975	32127	Employee	
F	03/15/2021	06/08/1995	32174	Employee	
F	04/12/2021	03/13/1966	32117	Employee	
F	04/27/2021	05/09/1963	32776	Employee	
M	04/05/2021	05/21/1980	32174	Employee	
F	04/26/2021	07/25/1970	32763	Employee	
M	06/21/2021	02/17/1996	32164	Employee	
F	06/09/2021	08/13/1991	32725	Employee	
M	07/19/2021	12/01/1988	32137	Employee	
M	08/31/2020	07/24/1964	32169	COBRA (Federal)	
Gender	**Hire Date**	**Birthdate**	**Zip**	**Employee Status**	**Basic Life Ins only - "X"**
M	11/05/1992	07/18/1966	32721	Retiree	X
F	10/03/2008	04/19/1958	32119	Retiree	
M	01/07/2011	06/26/1958	32174	Retiree	X
M	02/20/2004	08/22/1958	32127	Retiree	X
M	06/06/2003	03/04/1954	32117	Retiree	X
M	07/31/2015	12/13/1955	32110	Retiree	X
M	05/15/1985	03/18/1958	32174	Retiree	
F	11/29/2004	05/27/1963	32168	Retiree	X
M	11/26/1990	06/24/1967	32174	Retiree	X
F	07/08/1999	03/17/1956	32117	Retiree	X
M	03/25/1991	04/25/1954	32117	Retiree	X
F	06/16/2006	01/30/1953	32174	Retiree	X
M	05/28/1983	08/07/1960	32174	Retiree	
M	02/25/1974	04/08/1939	32120	Retiree	X
M	11/05/1985	10/12/1935	14108	Retiree	X
M	07/16/1972	08/11/1940	32117	Retiree	X

M	11/25/1985	10/03/1950	32174	Retiree	X
M	08/09/1989	07/12/1961	32174	Retiree	
F	08/30/1980	02/21/1935	32117	Retiree	X
F	01/16/1980	12/01/1943	28786	Retiree	X
M	07/10/1982	02/01/1952	30512	Retiree	X
M	10/05/1989	12/05/1963	32117	Retiree	X
M	03/30/1981	08/11/1949	32174	Retiree	X
M	03/06/1998	02/14/1941	32174	Retiree	X
M	12/01/1999	01/17/1949	32119	Retiree	X
M	11/27/1989	09/08/1945	32127	Retiree	X
M	03/11/1976	08/01/1956	32125	Retiree	X
M	10/28/1991	03/15/1949	32119	Retiree	X
M	10/18/1973	12/01/1945	32174	Retiree	X
M	05/12/2006	02/26/1948	32176	Retiree	X
M	03/01/1992	02/27/1950	28729	Retiree	X
M	10/17/1990	12/29/1969	32127	Retiree	
F	04/26/1979	05/01/1942	32174	Retiree	X
M	04/12/1976	06/01/1955	32114	Retiree	X
F	10/16/2000	11/24/1936	32117	Retiree	X
F	05/03/1982	04/28/1950	32117	Retiree	X
M	01/03/2001	01/11/1951	34788	Retiree	X
M	12/17/1987	07/20/1950	30458	Retiree	X
F	11/01/1976	06/14/1947	32127	Retiree	X
M	10/09/1987	05/02/1941	32117	Retiree	X
M	09/16/1982	01/03/1941	28707	Retiree	X
F	01/21/1982	08/03/1945	28707	Retiree	X
M	04/16/2001	12/31/1952	32174	Retiree	X
M	04/27/1981	04/26/1954	32114	Retiree	X
M	06/10/1985	12/19/1946	32117	Retiree	X
M	04/11/1991	06/21/1950	32117	Retiree	X
M	04/25/1992	10/06/1957	32129	Retiree	
F	06/17/1991	08/07/1944	32124	Retiree	X

M	08/30/1965	06/02/1936	32174	Retiree	X
F	06/06/2003	09/03/1956	32117	Retiree	X
F	07/31/2015	05/08/1959	32110	Retiree	

Results for: City of Holly Hill
Records Listed: 9

Gender	Zip	Dep Relationship	Dep Gender	Same Sex Spouse	Dep Birth Date	Dep Zip Code
F	32117	Spouse	M	N	06/25/1964	32117
M	32169	Spouse	F	N	04/30/1969	32169
M	32137	Spouse	F	N	01/17/1989	32137
M	32137	Child	F		06/29/2018	32137
M	32164	Spouse	F	N	03/23/1995	32164
M	32721	Child	M		04/06/2000	32721
M	32721	Child	M		03/16/2006	32721
M	32721	Spouse	F	N	08/31/1963	32721
M	32721	Child	F		03/13/1997	14880

Attachment: RFP 21HRD001 - Broker and Employee Benefits - FINAL with Exhibits (3496 : Presentations for Broker Services, Medical, Dental,

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

HOLLY HILL
FLORIDA

REQUEST FOR PROPOSAL

City of Holly Hill

Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits

RFP #21HRD001

DUE DATE: October 12, 2021 at 2:00pm

ORIGINAL

Presented by:	Robin Riley
Telephone:	(386) 281-3767
Email:	Robin.Riley@Acentria.com

Acentria PUBLIC RISK
A FOUNDATION RISK PARTNERS COMPANY

1540 Cornerstone Blvd., Ste 200
Daytona Beach, FL 32117
(386) 999-0001

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 1

Cover Letter

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

October 12, 2021
Ms. Valerie Manning, CMC
City Clerk
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, FL 32117

RE: BID NO. RFP #21HRD001
Broker Services, Medical, Dental, Vision, Firefighter Cancer and Life Benefits

Thank you for the opportunity to present our employee benefits consulting and brokerage capabilities, along with our comprehensive service platform to the City of Holly Hill ("the City"). Acentria Public Risk, a division of Foundation Risk Partners, Corp) (FRP) was established with the single purpose of servicing Florida's public entities is honored to submit this response to the City's Request for Proposal RFP # 21HRD001, Broker Services, Medical, Dental, Vision, Firefighter Cancer and Life benefits.

Why Us?

- **Proactive partner** committed to enhancing the Cities employee benefit program and reducing overall total spend:
  - **United HealthCare Medical Plan Option 2 provides a less than 1% rate increase and a wellness program earnings up to $200 per person. Ref. page 39**
  - **Humana Medical Plan Proposal 1 provides a rate decrease of 9.2% and a wellness program, Go 365. Ref. page 47.**
  - **Guardian Dental Plan provides enhanced benefits with a 16% rate decrease. Ref. page 51.**
  - **Human-Fire Fighter Cancer – provides 3 options with savings of over $1,000 in annual premium. Ref. page 55.**

- **Dedicated Public Entity Practice:**
  - Providing 100+ years of industry experience
  - Impeccable service, working as an extension to the City.

- **Monthly claim reporting from United HealthCare. Ref. page 88.**

- **Acentria claim reporting from Acentria. Ref. page 83.**

- **Trusted Advisor to improve your program:**
  - **Tools and expertise** to evaluate the City's employee benefit program for cost containment solutions and benefit improvements with our **Claros Analytics, a funding analysis and deductible clarity** support tool **(Referenced on page 17**).

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

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

Our services and expertise are positioned to mitigate the City's healthcare cost and risk challenges. We are fully prepared to fulfill each Scope of Services requirements outlined in the City's RFP and to meet all other listed requirements. Throughout our response we address all the core pillars of our service and benefits model.

We understand the unique needs associated with a public entity, helping municipalities manage people, compensation, and benefits programs in the face of mounting costs, regulatory pressures and ongoing changes in the healthcare and insurance industries. We affirm that we meet and will exceed the City's minimum requirements as presented in Section VI. **Please see our scope of services starting on page 9 in Tab 3.**

As will be communicated throughout our RFP Response, we are a performance-based organization that is culturally committed to driving and enhancing business and benefits results. Every effort was made to concisely provide all requested information, and all required completed forms. We accept all of the conditions governing the City's RFP and agree to exceed the required scope of services.

Luke Wolkers is authorized to make representation on behalf of Acentria Public Risk. Thank you again for the opportunity to present our capabilities.

Kind regards,

Luke Wolkers, Executive Vice President
Direct: (850) 502-8136
Luke.Wolkers@acentria.com

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 2

Company Overview

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Foundation Risk Partners, Corp. (FRP) is a privately held brokerage and consulting firm that was established on November 10, 2017 and headquartered in Daytona Beach, FL. Among the Foundation Risk Partners brands are the nationally recognized Acentria Insurance (founded in 2010) and Corporate Synergies (founded in 2003) both of which have been a part of Foundation Risk Partners since FRP's inception. Foundation Risk Partners and Acentria is comprised of:

Foundation Risk Partners Home Office

- 81 offices in 12 states with clients in all 50 states
- Top 18 largest insurance consulting and brokerage firm in the United States
- Premium volume >$2.0B
- 1,500+ employees
- Serving clients in all 50 states
- 131 locations across the U.S.
- Public Entity Practice located in the Daytona Beach Home Office

FRP is pushing the boundaries of insurance excellence. We utilize our office locations to provide local services and our firms national presence for resources to our public entity clients. We are comprised of industry leaders who redefine what clients should expect from their insurance brokers. We've identified leading platforms and services within the Employee Benefits, Commercial, Personal, and Risk Management space. Our strength is rooted in the expertise of our selected partners, their innovative approach, and the ability to serve our clients with these pooled resources.

Acentria Public Risk (a division of Foundation Risk Partners, Corp) (FRP), established by Alan Florez and David Lodwick to exclusively serve the risk management needs of Florida's Public entities.

Prior to Acentria Public Risk, Alan and David proudly served in both State and local governments in Tallahassee and Palm Beach County. After working in the public sector, Alan and David both held leadership roles for two of the largest competing organizations responsible for public entity insurance services. For over 10 years they have been fortunate to provided risk management programs and services to over 500 public entities in Florida.

Public Entity Expertise: We deploy our experienced consultants, that have exceptional skill sets and experience specific to public entity exposures. The team believes in public service and is dedicated to reducing ***program cost, mitigating risk, and functioning as an extension of your staff***. Our evidence-based approach to safety and health, and offering of practical technical solutions, tools, and strategies will help mitigate claim cost and administration fees. We've found this approach can significantly improve your employee benefit program that is so important to retain and attract talented employees.

We speak city.

Acentria Public Risk recognizes the unique exposures and evolving risk profiles of our municipal clients and strives to reduce the total cost of risk. We believe in public service and is dedicated to reducing program cost, mitigating risk, and functioning as an extension of your staff.

We understand the bid process and public record laws while maintaining familiarity with the constantly changing and complex statutes that apply to governmental organizations. This specialized knowledge is especially vital when negotiating renewal and program changes with insurance carriers and health insurance consortiums. Our expertise guarantees an exemplary benefit program.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Our seasoned team members are subject matter experts in their core competencies.
The team identified to serve the City's benefits program includes seasoned professionals that bring collectively more than **100+ years** of benefits experience to the table along with different perspectives. These varied backgrounds and expertise, coupled with Acentria Public Risk's collegial approach, will enable valuable feedback to the City of Holly Hill staff from all points of view, including finance, associate experience, and ease of administration.

We use resources to deliver data-driven decisions that lead to enhanced long-term strategies that align with your culture and benefit philosophies.
We will draw data from your workforce; this process will help you gain insights that are specific to the City and will provide insightful, targeted, actionable solutions that drive meaningful savings and improved productivity. We will use our data engine to measure the impact of the solutions we implement to drive continuous improvement.

We focus attention on day-to-day client needs.
Unlike consulting firms, we do not work on a per-hour basis. Rather, we are measured on client satisfaction. Through our specialized Public Entity team, we have the depth to provide a concierge-level of service for the City staff and employees. Our service models have and will remain a keystone of our company philosophy throughout our history. As our firm grows and evolves, we continue to make investments in our infrastructure, services, and personnel, but our approach to support always remains constant for the client and their member base. Our service is hands-on, continuous, and personal.

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

Our Public Entity team delivers best in class service to the City's employees and their dependents.
One-on-One Employee Advocacy
Acentria Public Risk provides exemplary service to your staff and employees by working as an extension to your Human Resources office. Employees are provided with a ***first-party*** administrative and ***advocacy*** support from our Public Entity team providing response and resolution for employees and their dependents.

Measuring client satisfaction

Built into our communication plans (beyond telephonic and scheduled face-to-face meetings) are several levels of electronic correspondence that measure client satisfaction. We utilize these key methods to gauge and ensure continued client satisfaction:

- ***Listening to Our Clients:*** Beyond adding measurables and metrics around client satisfaction, it's most important for us to be receptive and aware of our clients' needs. We are good listeners. We also understand the importance of being a proactive partner, anticipating our clients' needs and bringing ideas and options to the table worth consideration.
- ***Client Advisory Council:*** Convened on a regular basis. Clients advise us on their benefit issues, management of industry trends, business priorities and recommendations for strategic direction.

Section 3

Scope of Services

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Scope of Services

Acentria Public Risk is prepared to meet and exceed the Scope of Service requirements outlined in the City of Holly Hill's RFP. Our team believes in public service, we recognize the unique exposures and evolving risk profiles of our public sector clients. Our team is dedicated to reducing program cost, mitigating risk, and functioning as an extension of your staff. ***Our services are year-round and all inclusive***, with no set time limits on services or line-item cost.

Our approach to employee benefits advisory services is based upon:

Critical Services:

- Deliver an **analysis that compares program** costs, plan designs, administration costs, network discounts and network accessibility.
- **Support open enrollment** with insurance experts and presentations; provide benefit Reference guides and updates to existing plans as needed.
- **Review current employee benefits program performance.**
- **Provide cost projections and funding analysis**, including a review of current and recommended funding methodology.
- **Analyze the factors driving plan costs**, based on available experience data, and review utilization reports to determine cost drivers.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

- **Advise on benefits administration and enrollment technology platforms** as well as our personal team support to aid employees in decision-making as well as day-to-day and annual benefits administration.

Below are details of our service model:

- **Deliver a new-client onboarding compliance assessment** that identifies immediate areas of non-compliance (if applicable) and rectify these issues.
- **Meet with City's Human Resource** on a monthly/quarterly basis to discuss the overall strategy and keep you informed of significant marketplace changes and trends.
- **Establish claims reports** for medical and prescription drugs, with details of paid claims and applicable reimbursements, as well as premium/funding and enrollment summaries. Review these reports with your team to identify and address trends.
- **Evaluate your demographics** and develop voluntary benefits product recommendations to fill gaps in core coverages and assist in the management of these benefit products (if needed).
- **Deliver comprehensive compliance support** from our in-house experts, including a detailed compliance service calendar with activities and key dates to keep your plans in compliance year after year.
- Provide **oversight and guidance on legislative issues** and pending or new legislation.
- **Provide access to** in-house compliance experts to answer your questions as they occur.
- **Communicate ongoing regulatory guidance** in a timely manner with actionable guidance.
- **Provide a dedicated team of employee advocates** who will answer your members' questions and resolve benefit issues on their behalf.
- **Design and deliver targeted communications campaign** that promote employee engagement, program cost control and benefits consumerism.
- **Benchmark medical plan costs** and employee contributions against employers of similar size in your industry and region.
- Advise your organization on **wellness and disease management best practices** and assist in the design of campaigns to guide employees to take personal responsibility for their wellness.
- **Deliver an internally written and designed monthly health/benefits blog**, HealthDiscovery.org, to your employees.
- During the plan marketing phase, prepare RFPs to **obtain competitive quotes** from carriers and other vendors, and serve as the contact during the bidding process.
- **Evaluate vendors** and carriers to determine conformity to contracts, performance guarantees, costs and provisions.
- **Negotiate** with carriers and other benefit program providers on your behalf; evaluate new contracts.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Please provide the City of Holly Hill with the Scope of Services that your agency provided as the Agent of Record proposer for the Employee Benefits Program. The scope of services must include:

- **Medical proposers and pharmacy benefit providers are expected to provide fully insured proposals and alternate funding proposals.**
    - United HealthCare – Fully insured
    - Humana – Fully insured

- **The City currently has a proactive wellness and disease management program, including participation incentives, including but not limited to health screenings, flu shot programs, health risk assessments and health fairs. Please provide details in your proposal of all current program offerings including, if applicable, any additional cost. Proposals should detail the support staff and other assistance that will be provided.**

  Our experience with wellness plan strategies and disease management programs include:

  - **Member assessments and awareness tools**, most commonly biometric screenings, and health risk assessments.
  - Programs and policies **supporting a culture of health and well-being**, such as tobacco-free environments, physical activity challenges, stress reduction tutorials, and financial fitness seminars.
  - Incorporation of **health coaching, disease management, and targeted programs** to reinforce healthy lifestyles and compliance with standards of care for those needing it.
  - **Strategic vendor partnerships** to fill needs, encouraging collaboration and integration to optimize the member and employer experience.

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

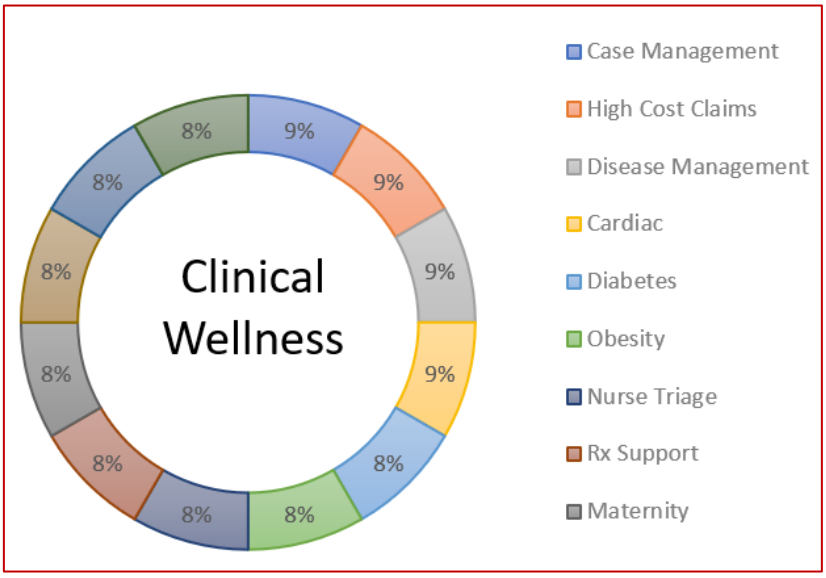
  - **Negotiate** with your health insurance carrier wellness dollars to financially support your health fair, biometric screening event and activities.
  - **Wellness Committee** – At the City's discretion, Acentria Public Risk can set up, manage and attend all wellness committee meetings to share and implement ideas and structure.
  - **Set up and manage a timeline** for all activities with the City and/or wellness committee input.
  - Acentria Public Risk can manage a biometric screening/health fair event that includes Health Risk Assessments.
  - Strive for 50% or better participation.
  - Review reporting from Health Risk Assessments and claim reporting to analyze top conditions.
  - Review EAP utilization, encourage participation and education on services.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

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

Through our reporting capabilities we will measure and report on a regular basis:

- The clinical, financial and behavioral improvements.
- The effectiveness of the providers.
- The current state of the City relative to the baseline assessment and normative data using our reporting capabilities.



- **Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network guarantees.**

  Guarantees will be customized to fit your needs during the best and final offer opportunity. During this time everyone will have a clearer view of the City's needs.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

- Proposer must be able to offer a high quality, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering in excess of 120 individuals with their dependents. Provider network must include hospital, physician, and other provider services in Volusia, Seminole, Lake, Brevard, Flagler and St.Johns Counties. Please note that local or regional networks can be proposed, but it is the City's preference that national networks be made available to the employees, retirees and their dependents.

Medical Proposals

- UHC
  Please click her for the NHP Provider Network listing.

  Find a Provider

  https://www.myuhc.com

  - Select "Find A Provider" on the Blue Banner labeled Find A Doctor.
  - Click on "Medical Directory"
  - Click on "All UnitedHealthcare Plans"
  - Scroll Down to Appropriate Network
  - Click on "UHC Choice Plus" (UHC Plans) or "NHP HMO/POS Access" (NHP Plans)
  - Change Location to Provider/Facility Location
  - Search for Provider or Facilities

- Humana - Please click here on Humana to view their provider network listing.

Dental and Vision

- Guardian - Find a Dentist in your area | Guardian (guardiananytime.com) or go to guardiananytime.com

- Humana – Vision & Dental

- **Proposer is to include a copy of their preferred drug listing for consideration.**

United HealthCare

- Please click here UHC for their provider pharmacy listing.

Humana

- Please click here Humana for their provider pharmacy listing.

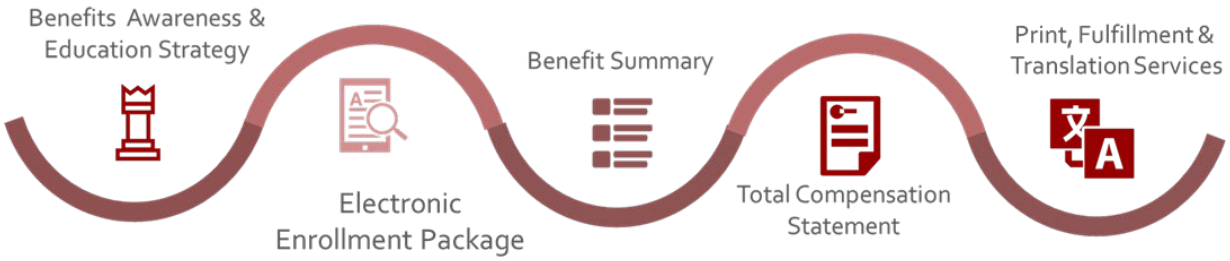
Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

- **It is the responsibility of the successful proposers to provide the necessary forms, papers, etc., for initial enrollment and also the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable**.

Acentria Public Risk works as an extension to your Human Resources to manage the renewal and open enrollment process with the City's vendors and employees.

- Act as liaison to the City with the vendor application process
- Review all vendor contracts for accuracy prior to signature
- Support open enrollment with insurance experts and presentations
- Face to Face Post Covid-19 compliant
- Employee Education presentations
- Virtual meetings
- Recorded presentations

We provide **employee education and communication strategies** that engage and educate plan participants. Our collaborated campaigns feature targeted messaging to heighten participant awareness and perceived benefit value while promoting consumerism through education and engagement.



Our employee education and communication programs help employees make sense of what they are reading. With a dedicated employee education and communication team aligned to the City, we will engage your plan participants and retirees through our communication deliverables including but not limited to:

- Informational Posters
- New Brief Flyers
- Live Well, Work Well Newsletters
- In the Know Postcards
- Power Point Presentations
- Wellness Toolkits

Our custom communications are built around your unique characteristics and needs. We have a vast library of outreach campaigns for wellness, education, open enrollment support, and more.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

- **Please provide sample reports that the City would be able to receive on a monthly, quarterly and annual basis.**

We provide reporting to ensure deliverables are being achieved and plan performance is accurately monitored and measured. Reporting is also an essential aspect of evaluating vendor service level guarantees and monitoring the fiscal health of a client's overall benefits program. We utilize a combination of carrier reports, our own proprietary models and templates developed over many years with client feedback, and industry best practices to provide the following reporting capabilities: ***(Please see Acentria sample reporting on page 83 and United HealthCare's monthly reporting on page 88)***

- ***Financial Exposure****:* We review all claim/account data provided by carriers, including full analysis and validation of renewal developments (as applicable based on funding), claim projections, claim factors, loss ratios, and other contractual and budget-related exposures.
- ***Plan Utilization and Trend Analysis****:* We use carrier reporting packages as a starting point to develop a customized analysis that clearly illustrates key cost drivers, metrics and year-over-year trends. Our executive summaries, key observations and charts provide an efficient way for clients to understand the most relevant aspects of factors driving their costs, how the plan is performing and the emerging health risks within their plan participant population.
- ***Alternative Funding Analysis****:* Our consultants and underwriters are industry veterans with expertise in every funding arrangement available in the market, including Administrative Services Only (ASO), ASO with stop-loss, participating contracts/shared returns, minimum premium, level funded, graded preferred, fully insured, trust arrangements and benefit captives. We evaluate a client's demographics, financial risk tolerance and claims experience against all available and viable alternatives in the market to determine the most suitable and favorable funding arrangement.
- ***Underwriting****:* In collaboration with our actuaries, our in-house underwriters are experienced in all aspects of health and welfare benefits and can develop algorithms to calculate pre-renewal projections; in-depth renewal analysis and competitive marketing; negotiations with carriers.
- ***Benchmarking****:* We assess your plan designs, identify trends and monitor plan utilization patterns for opportunities to adjust plan design or consumer behavior. Each of these factors is measured against a national database so we can compare the City's factors against comparable municipalities.
- ***Project Plan Status****:* We ensure that Service Plan key initiatives are monitored and remain on track to planned deliverables.
- ***Vendor Performance****:* We evaluate service level guarantees, including but not limited to claims payment turnaround, network discount guarantees, fixed-cost guarantees prescription rebate guarantees, and claims management guarantees.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

In addition to the above listed capabilities and reporting we have **Claros Analytics, a funding decisions and deductible clarity** support tool that utilizes real-time and historical data to help make crucial funding decisions:

- **Actuarial Assistant** to simulate any changes for any size group and calculate precise claim rates.
- **Risk Decision Support** Identifies a risk-appropriate self-funded structure and develop marketable metrics.
- **Experience & Migration** Predictive develops the number under the pooling point, model impact of forecasted enrollment, and will set up optimal budget rates.
- **Claros Reserve** will build an extremely refined actuarially sound IBNR easily and quickly

Please see our Sample Claros Reporting below.

Company Name: Dewey, Countem, & Howe **Plan Effective Date:** 7/1/2018

Plan Comparison

	Current Plan Design		Proposed Plan Design		Current vs. Proposed	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductibles						
Individual	1,000	2,000	2,000	4,000	1,000	2,000
Family	3,000	6,000	6,000	12,000	3,000	6,000
Coinsurance	90.0%	60.0%	90.0%	60.0%	0.0%	0.0%
Max. Out of Pocket						
Individual	5,500	11,000	5,500	11,000	0	0
Family	11,000	22,000	11,000	22,000	0	0
Copays						
Emergency Room	250	n/a	250	n/a	0	n/a
Urgent Care	50	n/a	50	n/a	0	n/a
Physician - Primary Care	20	n/a	20	n/a	0	n/a
Physician - Specialist	40	n/a	40	n/a	0	n/a
Rx	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Generic	10	20	10	20	0	0
Brand - Formulary	25	50	25	50	0	0
Brand - Non-Formulary	50	100	50	100	0	0
Specialty	200	400	200	400	0	0

			Projected Impact	
			Difference	% Change
Expected Annual Plan Cost	2,042,379	1,908,017	-134,361.90	-6.6%
Plan Cost Share* (%)	82.4%	79.4%	-2.9%	-3.6%
Participants' Cost Share* (%)	17.6%	20.6%	2.9%	16.7%
Participants' Cost Share* ($)	931	1,053	121.81	13.1%

* Deductible + Coinsurance + Copays; does not include employee contributions

Powered by Claros Analytics

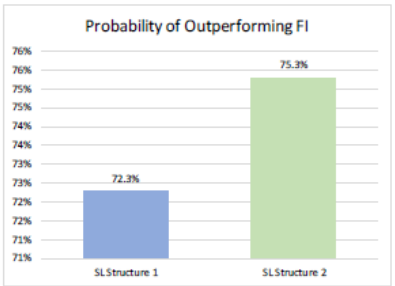
Fully Insured vs Self-Funded

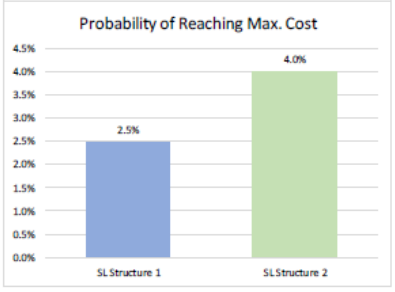
Fully Insured Rate (FI)	SL Structure 1	SL Structure 2
Fully Insured Premium	$2,700,000	$2,700,000

Self-Funding	SL Structure 1	SL Structure 2
Specific Deductible	50,000	75,000
Aggregate Margin	125%	125%
Expected Cost to Self Insure	$2,578,707	$2,530,015
Expected Savings/(Expense) vs. FI	$121,293	$169,985
Probability of Outperforming FI	72.3%	75.3%
Aggregate Attachment Point	$2,003,898	$2,192,980
Maximum Cost*	$2,962,148	$2,949,636
Probability of Reaching Maximum Cost	2.5%	4.0%

* Maximum Cost is the Aggregate Attachment Point plus Expenses

Expected Cost to Self Insure	SL Structure 1	SL Structure 2
Estimated Claims Payable by the Plan	$1,654,707	$1,798,015
Stop Loss Premium	$816,000	$624,000
Administration Expenses	$108,000	$108,000
Total Expected Cost to Self Insure	$2,578,707	$2,530,015





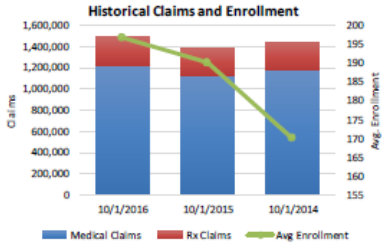
Claims: Projected and Historical

Projection date	7/1/2018
Projected claims below pooling point - per capita per month	352.40
Projected claims below pooling point - Total	1,617,103

Claims Experience

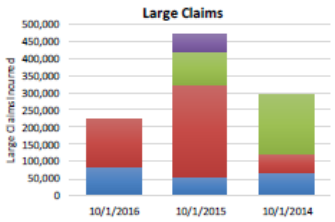
Period (12 months beginning)	10/1/2016	10/1/2015	10/1/2014
Avg. Enrollment	197	190	170
Medical Claims	1,226,380	1,132,602	1,177,585
Rx Claims	259,928	243,590	265,606
Total Claims	1,486,308	1,376,192	1,443,191
Claims Per Capita/Month*	339.17	316.06	464.79
Experience Year Weight	50.0%	33.3%	16.7%
Composite Per Capita Claim Cost	352.40		

*normalized, and trended to projection date based on adult equivalents.



Large Claims Incurred

Period (12 months beginning)	10/1/2016	10/1/2015	10/1/2014
	83,576	54,861	66,854
	141,553	268,346	53,248
		98,634	175,634
		47,319	



Acentria Public Risk provides experienced solutions to difficult problems and utilizes technology and administrative capabilities to assist our client in gaining efficiencies and develop long-range strategies to achieve the City's overall financial and benefits goals. We remain in contact with our clients continuously throughout the plan year, preparing budget projections and consistently monitoring claims experience as well as assisting employees and their families with claims issues and eligibility. Below we have provided a Case Study to show our work.

Case Study 1

Situation: A Florida based client continued to see double-digit "trend" increases each year on their fully insured health care plan. The employer spends roughly $2 million per year in health insurance with 250 employees.

Solution: We quantified the risk-vs-reward of transitioning to a self-funded program. Our team managed the RFP process that provided a rate reduction with no plan changes to the employees. Our team successfully transitioned our client from fully insured to self-funded by thorough education to staff and the employees.

Result: Our client received a 20% reduction in overall healthcare spend for the trailing 3 years since transitioning from a fully insured UHC contact.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

- **It is a requirement of the City to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, research information such as Preferred Drug Lists, search provider directories, etc.**

  - UHC – www.Myuhc.com
  - Humana – www.humana.com

- **The City is requesting the Agent of Record to include an on-line enrollment and electronic administration of the City's benefit programs, all proposers must have technological capacity to transmit and accept eligibility files from your proposing system and demonstrate security measures in place to protect sensitive data.**

  Acentria Public Risk has over 125 clients utilizing online enrollment systems that we support on their behalf. We have highlighted a few of our clients below:

  - City of Avon Park
  - City of Deltona
  - City of Destin
  - Destin Fire Control
  - North Bay Village
  - Suwannee River Economic Council
  - Jackson County BOCC

Saving the City Money, Reducing Staff Workload and Meeting Employee Needs
Acentria Public Risk Provides a plethora of options to fit your needs and culture. The City can continue with their current system, Plan Source who is a preferred provider for our agency as well as Employee Navigator program. Both programs save time, money and enhance the City's benefits administration.

PLANSOURCE

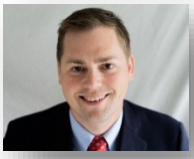
employee NAVIGATOR

All of your Human Resources in one place:

- **Benefit Administration** software makes it easier to attract and retain talented employees by offering an extensive benefits package with less benefits administration work.
- **New Hire Onboarding** tool makes it easy for HR to get a new hire up and running without endless amounts of paperwork.
- **HR Management** platform centralizes your HR records online and syncs your employee data across multiple systems – including payroll, benefits, and time off.
- **ACA & COBRA** – The Affordable Care Act can be confusing. That's why we've built a set of simple, yet powerful, tools to make ACA compliance easier to everyone.

Enrollment Platforms and Benefits Administration Technology team. Our internal experts deliver day-to-day and annual benefits administration tactical support. Our team provides consulting on and provide direct support for:

- Enrollment and eligibility maintenance
- Data connectivity
- Reporting and data analysis
- Premium support services
- Management of system site content
- Employee enrollment processing
- New hire, life event and dependent verification communications & processing
- Employee password reset



Taylor Wimberley specializes in developing effective enrollment platforms for Acentria Public Risk clients by leveraging our Benefits Administration technology to educate and implement employee benefits programs. He has worked with many of the HRIS and enrollment platforms that are being utilized today. Taylor has over 6 years of industry experience.

Benjamin Welu, SHRM-CP will work as back up to Taylor to support your enrollment and HRIS platform. He has over 10 years of industry experience.

Case Study: Online Enrollment System

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

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

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

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

- **It is a requirement that the Agent of Record awarded this contract provide representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration. Please provide a proposed schedule given that the tentative award date of October 26, 2021 and enrollment start date of November 15, 2021 with a January 1, 2022 effective date.**

Open Enrollment Assistance. We work as an extension to your Human Resource staff. Robin Riley and Allison Rand will work alongside your staff to provide program implementation, open enrollment planning and coordination. Our service team has the depth and tenacious background to attend all of the City's open enrollment meetings.

Open Enrollment & Employee Communications Expertise

- **Conduct open enrollment** with insurance experts and additional staff when needed for multiple locations to assist with the City's work schedule.
- **Coordinate and facilitate employee education** for maximum utilization of online enrollment system.
- **Facilitate receipt** of all appropriate vendor materials and review for accuracy prior to open enrollment.
- **Customized presentations** to ensure employees understand their benefit offerings.
- **Coordinate and conduct open enrollment meetings** and assist with the enrollment of all employee benefits.
- **Design and deliver customized benefit guide booklets** prior to open enrollment.
- **Design and deliver targeted communications** campaigns that promote employee engagement, program cost control and benefits consumerism.
- **Manage a smooth implementation** with new vendors or plans to ensure that all necessary paperwork completion and all policies are accurate.
- **Verify receipt of ID cards**
- **Verify accuracy of the City's billing after renewal**
- **Review of SPD and plan documents for accuracy**

In addition to our open enrollment services, we provide day-to-day exceptional services to our clients essentially working as an extensions to your Human Resource office. It is our commitment to provide prompt resolution to any issues, concerns or requests. We are available via office phone, cell phone, email and in person. ***Our service is hands-on, continuous and personal.***

Robin Riley, as the Account Executive is readily available by cell phone, office phone and email for any needs big or small that all administrators and managers may have. Robin responds quickly and is available 24/7 via her cell phone.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Employees and their dependents will have direct access to our team that provides first-party administrative and advocacy support with quick resolution for employees and their dependents. We understand the benefits problems with municipal employees much take a ***very high priority*** and below is how we work to resolve any problems:

Supporting day-to-day management of benefits

- Relieve administrative burdens, simplifying the entire benefits process.
- Improve efficiency, increase compliance/reduce exposure to risks, reduce costs and benefits workload.

Assisting plan participants to get the most out of their benefits

- Help them make informed decisions and properly enroll/use their benefits.
- Provide peace of mind by addressing all benefit-related questions or issues through personal advocacy.

Communicating to plan participants on the employer's behalf

- Deliver personalized content to plan participants through multiple channels
- Treat every contact as a coachable moment

We have included a sample ***Service Calendar*** that also serves as a ***Stewardship Report***. This Service Calendar will be customized based on the Human Resource Staff's input to ensure the highest level of service and value for the City of Holly Hill. ***(Please see our sample Implementation and Service Calendar, Tab 9, Appendix on page 82.)***

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

VI. QUESTIONNAIRE:

I. QUESTIONNAIRE:

Where applicable please check the correct response:

Q1. Is the Agent of Record properly licensed by the State of Florida; currently in good standing with the State of Florida Department of Insurance and all other applicable regulatory entities to conduct business in the state and provide the required services requested.

A1: ☒ Yes ☐ No

Q2. Does the Agent of Record have a minimum of five (5) years of experience in providing governmental insurance services?

A2 ☒ Yes ☐ No

Q3. Has the Agent of Record had municipal clients within the last ten (10) years?

A3 ☒ Yes ☐ No

If yes, please provide a list five (5) clients below.

1. City of DeHona
2. City of Miami Beach
3. City of Miami Gardens
4. North Bay Village
5. City of Windermere

Q4. Can the Agent of Record produce reference contacts from municipal clients serviced within the past ten (10) years?

A4 ☒ Yes ☐ No

If yes, please list entity name(s), contact name(s) and contact phone number(s) below. **NOTE:** Contacts listed will be validated.

Please see Contacts list on page 26.

Q5. As an Agent of Record, do you have benefit seminar planning experience?

A5 ☒ Yes ☐ No

Q6. As an Agent of Record, do you understand the Scope of Services?

A6 ☒ Yes ☐ No

1

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Q7. As an Agent of Record have you had government experience with the following types of insurance and service?

A7.	Agent of Record:	
Medical:	☒ Yes	☐ No
Vision:	☒ Yes	☐ No
Dental:	☒ Yes	☐ No
Long Term Disability:	☒ Yes	☐ No
Life:	☒ Yes	☐ No
Flexible Spending Plan:	☒ Yes	☐ No
Claims Services:	☒ Yes	☐ No
Voluntary Benefits Services:	☒ Yes	☐ No

Q8. Have Agent of Record or any member of your agency ever been indicted, convicted, plead guilty or plead no contest to the commission of a felony?

A8. ☐ Yes ☒ No

Q9. As an Agent of Record, does your agency hold a minimum of five million dollars in professional errors and omissions liability insurance?

A9: ☒ Yes ☐ No
If not, what is the limit? _____

Q10. Have Agent of Record or any member of your agency been involved in any claim or litigation with any Federal, State or Local Government or Private Entity?

A10. ☒ Yes ☐ No

*Brown and Brown and FRP are currently engaged in litigation with multiple claims against each other. The litigation is currently pending in Volusia County, with no determination by a court of law.

Q11. As an Agent of Record, do you have preferred status with the insurance carriers? If so, please list which carriers and at what level:

A11. **Carrier: Preferred Status with Carrier:**
Please refer to our list of carrier partners on the next page.

Q12. Who will be the City's principal contact(s) for this project? Provide name, title, and a brief description of the individual(s) experience in brokering benefit coverage.

A12. Please refer to page 32 for a list of principal contacts along with a brief description.

14

Preferred List of our Health Insurance Partners		
AvMed	**Cigna**	**Humana**
BCBS (All Affiliates)	**Florida Blue** (Inclusive of **Florida Health Care Plans**, Capital Health Plans and Health Options)	**United Healthcare** (Inclusive of Neighborhood Health Plans, All Savers and UHC HMO)
CVS (Inclusive of Aetna and Coventry)		

Alternate Funding		
Berkley GovCap	ELAP Services	Heritage Consultants
Cost Plus Advisors	Florida Municipal Insurance Trust (FMIT)	Veris
D.W. Van Dyke & Co.		

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

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

Pharmacy Benefit Management		
CVS Caremark	Optum Rx	Rx Benefits
Express Scripts	Prime Therapeutics	WellDyne Rx
Magellan Rx	Pro Act Inc	

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

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

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

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Entity Contact List

Client Name:	North Bay Village
Contact Name:	Carla Gomez
Contact Phone Number:	(305) 756-7171 Ext. 72
Client Name:	City of Deltona
Contact Name:	Rebecca Wilk
Contact Phone Number:	(386) 878-8754
Client Name:	City of Destin
Contact Name:	Nichole DeVito
Contact Phone Number:	(850) 460-8546
Client Name:	City of Port St. Joe
Contact Name:	Charlotte Pierce
Contact Phone Number:	(850) 299-8261
Client Name:	Jackson County BOCC
Contact Name:	Judy Austin
Contact Phone Number:	(850) 482-9633 Ext. 227

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

I. INSURANCE CONSULTING SERVICES AGREEMENT

THIS AGREEMENT made and entered by and between the City of Holly Hill (City) and Foundation Risk Partners Corp. DBA Acentria Public Risk (Agent of Record).

WITNESSETH

WHEREAS, the City desires to retain and engage an AGENT OF RECORD for the City for employee benefit programs.

WHEREAS, the parties hereto have reached an understanding with each other regarding the professional services to be performed and the compensation to be paid for such services as more specifically set forth herein.

NOW, THEREFORE, for and in consideration of mutual covenants contained herein, the sufficiency of which are hereby acknowledged, the undersigned parties hereby agree to the following:

1) Engagement and Scope of Service. The City hereby retains the Agent of Record and the Agent of Record hereby accepts said engagement for the purpose of providing the City with professional services related to the City's insurance, including but not limited to:

a) Continually review the City's insurances and make recommendations to the City regarding all issues related to the City's insurances, including but not limited to the types of insurance needed, appropriate coverages and appropriate deductibles.

b) Market the insurance coverages on an annual basis including review of coverage forms, terms and conditions.

c) Review all insurance submittals and provide a summary to the City of all relevant information regarding each submittal including an evaluation of the limits, retentions, coverages, exclusions and pricing of all submittals. Agent of Record shall make a written recommendation to the City and detail the basis for the recommendation, including an evaluation of the limits, retentions and coverages. Agent of Record shall also evaluate the financial strength and solvency of each bidder.

d) Assist the City in negotiating coverages, policy language, services, limits, retention and price with a proposed insurer. Provide expertise in negotiations with insurers to obtain acceptable policy terms and conditions and in the preparation of manuscript forms and endorsements.

e) Assist the City to facilitate the review of all claims and to advocate for the City's interest.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

f) Assist the City in all disputes with the City's insurance companies and to advocate for the City's interest.

g) Continually review and monitor applicable rules and laws and assure that the City's insurance programs are in compliance with all Federal, State, and Local rules. Ensure that all insurance coverage provided by the City's insurer's at all times meet or exceed the City's requested coverage. Continually monitor the financial strength and solvency of each of the City's insurance companies and advise the City of condition(s) that may adversely impact the insurance company's ability to fulfill its contractual obligations to the City.

h) Assess the cost effectiveness of such programs, offer alternatives for evaluation, and recommend changes that are in the best interest of the City.

i) Advise on current trends or innovative programs that may be of interest to or benefit the City.

j) Provide such other assistance as the City may request from the Agent of Record related to the City's insurance.

2) City Insurance. The Agent of Record agrees to provide the service described in Paragraph 1 above for all of the City's Employee Benefit insurance, including insurance the City does not currently have but may elect to purchase during the term of this Agreement. The City's insurance shall at a minimum consist of the following:

(a) Employee Benefit Programs. Benefits shall include dental, vision, life, and voluntary benefit services.

3) Duration and Termination. The initial term of this Agreement shall be from 01/01/2022 date and shall expire on 12/31/2022. The City shall have the right to exercise three (3) successive one (1) year extensions on the same terms and conditions by providing the Agent of Record with written notice at least thirty (30) days before the end of the term of the City's intent to exercise the extension. In the event the City does not provide written notice of intent to exercise the extension, the Agreement shall expire. The Agreement may be terminated during the term as follows:

a. Either party shall have the right to terminate without cause upon providing the other party at least thirty (30) days advance written notice. If the Agent of Record terminates without cause, the Agent of Record shall not be entitled to any compensation from the effective date of termination. The City has the option of waiving the thirty (30) day notice and making the termination effective at an earlier date including up to the date of receipt of the notice. In the event the City terminates without cause, the Agent of Record will be paid the full compensation owed through the end of the current term of the Agreement as if the Agreement had not been terminated.

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b. Either party shall have the right to terminate for cause upon providing the other party written notice outlining in detail the breach(s). The breaching party shall have thirty (30) days from receipt of said notice to correct the breach(s). In the event the breach(s) are not corrected within said period of time, the non-breaching party can terminate immediately upon providing the breaching party a written notice of termination. In the event the City terminates for cause, the Agent of Record shall not be entitled to receive any additional compensation after the effective date of the termination as provided in the written notice of termination. In the event the Agent of Record terminates for cause, the Agent of Record will be paid the full compensation owed through the end of the current term of the Agreement as if the Agreement had not been terminated. The only basis for the Agent of Record to terminate for cause is in the event the City fails to pay the Agent of Record compensation that is due and owing.

1. Compensation. The Agent of Record shall be paid the total sum of $ 28,500 for the services rendered for the duration of the contract.

Year One: $ 28,500 Period 01/01/2022 – 12/31/2022

Options (if elected by City)
Year Two: $ 28,500 Period 01/01/2023 – 12/31/2023
Year Three: $ 28,500 Period 01/01/2024 – 12/31/2024
Year Four: $ 28,500 Period 01/01/2025 – 12/31/2025

Total four years $ 114,000

One-half of the Annual compensation shall be paid within thirty (30) days of the City purchasing/renewing all insurance covered by this Agreement. The annual balance shall be paid in four equal quarterly installments from the effective date of this Agreement through the end of the annual period. Payment shall be made by the 15th of the first month of the quarter. Agent of Record shall be responsible for all costs it incurs in providing the City the services outlined in this Agreement. Agent of Record shall executean affidavit(s) at the request of the City attesting that the insurance premiums paid by theCity are net of any commission or other benefit paid to the Agent of Record and that the Agent of Record has not received any compensation or any other form of benefit due to the City purchasing said insurance(s) other than the compensation paid by the City.

2. Prohibited Services, Compensation and Conflicts. The Agent of Record hereby represents that the only compensation or any other form of benefit the Agent of Record received or will receive in any way related to the insurance obtained pursuant to this Agreement is the compensation set forth in Paragraph 4 above. The Agent of Record will act in the capacity as a broker, agent or agent of record for any insurance obtained or procured pursuant to this Agreement. At all times the Agent of Record shall avoid any relationship with any of the City's insurance companies that would create or give the appearance of a conflict of interest. Any questionable relationship shall be disclosed to the City and the City shall make the final determination as to whether the relationship creates a conflict of interest. In the event the City determines that a relationship creates

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

a conflict of interest, the Agent of Record shall either not have the relationship with the insurance company or terminate this agreement without cause.

3. Insurance. The Agent of Record shall at a minimum provide the followinginsurance and the City shall be named as an additional named insured on each policy:

a) Commercial liability insurance in an amount of not less than $1,000,000 combined single limit, per occurrence for bodily injury and property damage.

b) Automobile liability insurance covering all owned, non-owned and hired vehicles used in connection with the operation of the Agent of Record, in an amount of not less than $1,000,000 combined single limit per occurrence for bodily injury and property.

c) Workers' compensation insurance for all employees of the proposing agency as required by Florida Law to include employee liability of not less than $500,000 for each occurrence.

d) Errors and omissions liability coverage in an amount of not less than $5,000,000.

4. Governing Law, Venue, Attorney Fees and Severability. The rights, obligations and remedies of the parties as specified under this Agreement shall be interpreted and governed by laws of the State of Florida. Should any provision of this Agreement be determined by the courts to be illegal or in conflict with any law of the State of Florida, the validity of the remaining provisions shall not be impaired. Venue for any litigation arising out of or in any way related to this Agreement shall be in State Court, Volusia County, Florida and the Agent of Record specifically waives any Federal Court jurisdiction. The prevailing party in any litigation arising out of or in any way to related to this Agreement shall be entitled to be reimbursed reasonable attorney fees and costs, including all cost of appeal.

5. Entire Agreement. This Agreement constitutes the entire agreement between the parties hereto for the services to be performed and furnished by the Agent of Record hereunder. No statement, representation, writing understanding or agreement made by either party, or any representative of either party, which is not expressed herein shall not be binding. All changes to, additions to, modifications of, or amendments to this Agreement, or any of the terms, provisions and conditions hereof, shall be binding only when in writing and signed by the authorized officer, agent or representative of each of the parties hereto.

6. This Agreement shall be effective on_____.

4

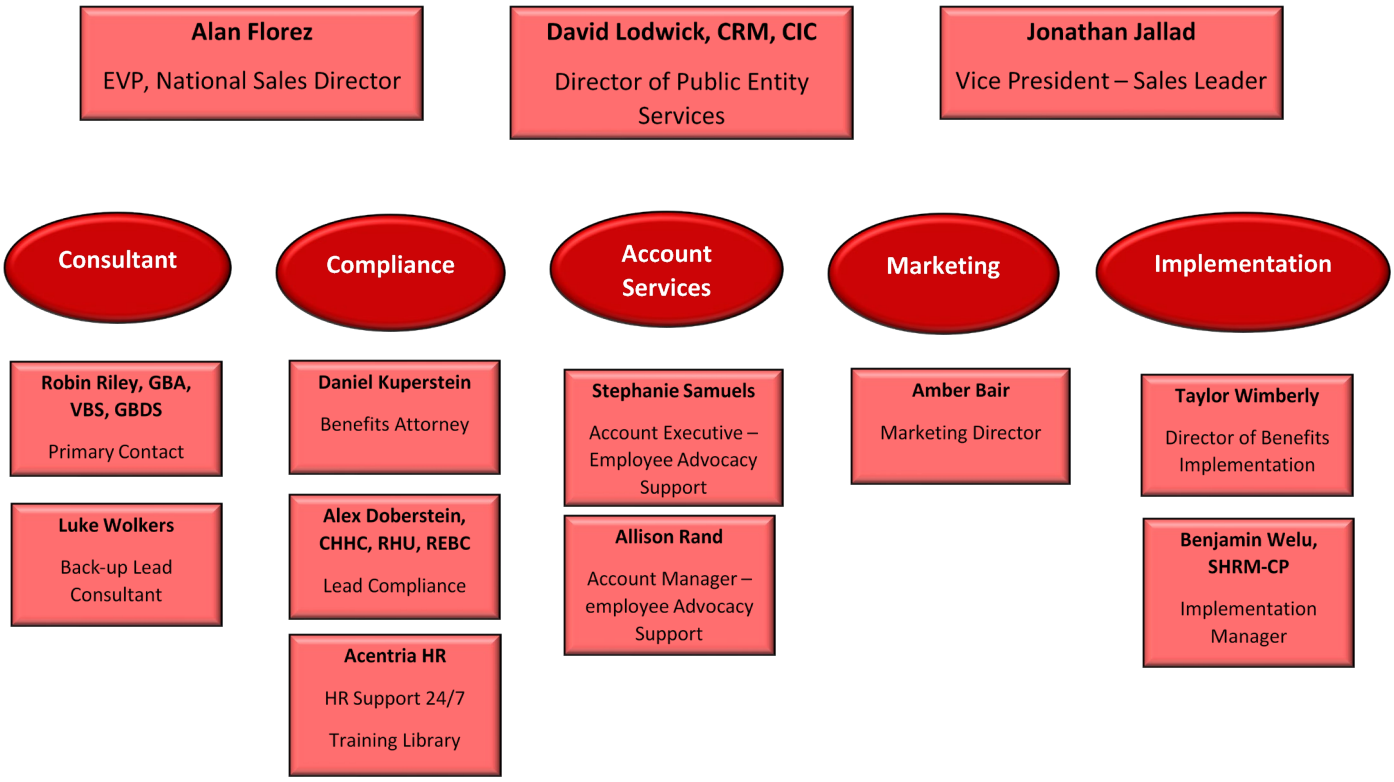
Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 4

Key Personnel

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Acentria Public Risk Organization Chart



Primary Contact

Robin Riley will serve as the City's primary point of contact. Robin, who specializes in working with Florida's public entity clients benefit plans for over 20 years, understands the unique needs associated with this type of organization. She will bring a strong understanding of the factors required to help the City contain cost, remain compliant and drive administrative efficiencies for your staff. With budget being paramount in all public sector organizations, Robin specializes in long term strategies to mitigate cost while minimizing the amount of change experienced by employees. She has also deployed robust wellness programs to help mitigate common cost drivers associated with public entities. Robin has been with Acentria Public Risk for three years as a Senior Vice President/Account Executive.

Business Continuity Plan

Acentria Public Risk applies a team approach that is led by Robin Riley to servicing our clients. Our Agency Management System is a common operating platform and is located on a secure cloud. Our multiple office structure allows for redundancy and continued, uninterrupted service in the event of a catastrophic event that could impact Central Florida and beyond. During the COVID-19 pandemic, our entire organization was transitioned to a virtual work setting to ensure continued support for our clients during these challenging times. While this is not permanent, we have proven our ability to transition to 100% remote in order to better serve our clients when needed. Each of our clients is supported highly specialized individuals with overlapping skillsets and redundant familiarity with each of our clients. This allows for consistent, high-level service for our clients as team members inevitably change or individuals are unavailable periodically.

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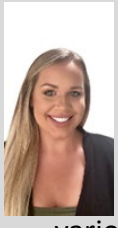
Robin Riley, GBA, VBS, GBDS, Senior Vice President
Account Role: Account Lead and HR Primary Point of Contact
Robin will serve as back up to your consultants. She identifies client goals and objectives, understands service requirements, and brings the appropriate internal and external experts and resources into the discussion to complete the job. Robin attends meetings with decision makers and is available to make presentations to managers, staff, employee committees, and City Commission meetings as needed.
Robin joined the Acentria Public Risk team in 2018. She is an accomplished healthcare professional, specializing in Florida's public entity health and welfare programs for the past 20 of her 23 years. She has implemented and managed ongoing benefits administration for public entity employer groups ranging up to 4,000 employees. Her wealth of knowledge and experience with self-funding, level-funding, public entity pooling programs, carrier relations, claim mitigation, plan analysis, onsite/offsite health care centers, wellness programs and expertise in compliance, make her a valuable asset to our team and our clients. Robin is an active member with SHRM and FPHRA. She has her Florida 215 Health and Life Insurance License. Years of industry experience: 23.

Alan Florez, Public Entity Practice Leader
Account Role: Executive Advisor
As an executive in the insurance intermediary industry for more than 12 years, Alan Florez presided over the Florida's largest retail agency division. He managed 180 employees responsible for servicing and selling commercial insurance to private and public-sector clients. During this tenure the offices he presided over and achieved the highest levels of recognition for the nation's 6th largest insurance intermediary. He has 10 years of service to governmental clients, including counties, school districts, cities, and other municipalities. Before his career in the insurance industry, Alan was the Deputy Director of Legislative Affairs and Special Assistant to the Governor. He was appointed to the University of Central Florida's Board of Trustees in 2006 by Governor Jeb Bush and subsequently by Governor Rick Scott. Years of industry experience: 12.

Luke Wolkers
Account Role: Back up Consultant
Luke specializes in consulting on the needs of an organization, assessing the demographics of their workforce, and in-turn working with our team to design the most cost effective and value-rich Employee Benefits programs to meet the needs of our clients.
Luke is the Executive Vice President, Benefits Consultant for Acentria's Destin office. He joined the Acentria team in March 2020. Luke holds a certified PPCA Professional designation and helps provide counsel on many of the intricate and ever-changing laws of the industry. Luke is past president for the National Association of Insurance & Financial Advisors (NAIFA) and has sat on many health insurance carrier advisory boards. Luke is licensed in both Life & Health and Property and Casualty insurance products. Years of industry experience: 14.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter



Allison Rand
Account Role: Account Manager
Allison is responsible for assisting with day-to-day servicing needs and enrollment support including but not limited to claims advocacy, membership and billing, benefit education on a group and employee level, carrier communications, enrollment assistance as needed and various day to day servicing needs and requests.

Allison has a Business Administration degree from the University of South Florida and a Florida 2-15 license for health & life insurance. She began her career in the claims/coding realm before transitioning to the broker side and joining the Acentria team. Allison has been mentoring under Robin Riley in Public Risk Management since January. Years of industry experience: 5.

Taylor Wimberley
Account Role: Director of Benefits Implementation
Taylor specializes in developing effective enrollment platforms for our clients by leveraging our Benefits Administration technology to educate and implement employee benefits programs.

Taylor has his Associate in Science from Troy University. He has is 2-15 license for health & life insurance. Taylor has been part of the Acentria team since March 2020. Years of industry experience: 5.

Ben Welu, CIC, CHRS, SHRM-CP
Account Role: Implementation Manager
Ben is responsible for System Integrations, training, reporting and enrollment support. He is passionate about healthcare education and employee well-being.

Ben has is Bachelor of business Administration in Management Information Systems and Marketing. He is a Certified Insurance Counselor (CIC), Certified Healthcare Reform Specialist (CHRS), and a Human Resources Business Partner that holds a SHRM Certified Professional (SHRM-CP. Ben has been part of Acentria team since 2017. Years of industry experience: 10.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 5

Premiums

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Acentria Marketing Summary

City of Port Orange
Market Summary for the City of Holly Hill
January 1, 2022 – December 31, 2022

Medical	
Florida Healthcare Plans	Current Carrier
Aetna	Declined to quote due to uncompetitive rates
Centivo	DTQ - Not enough time to quote self-funded plan
Cigna	DTQ - due to uncompetitive rates
Florida Blue	DTQ - due to uncompetitive rates
Florida Municipal Insurance Trust	DTQ - due to uncompetitive rates
Humana	See Enclosed Proposal
United HealthCare	See Enclosed Proposal

Ancillaries	**Dental**	**Vision**	**Firefighter Cancer**	**Life**
MetLife	Current Carrier	See attached letter	N/A	DTQ
EyeMed	N/A	Current Carrier	N/A	N/A
Chubb	N/A	N/A	Current Carrier	N/A
USAble	N/A	N/A	N/A	Current Carrier
Lincoln Financial Group	DTQ	DTQ	DTQ	DTQ
Guardian	See attached proposal	See attached proposal	N/A	DTQ
Standard	DTQ	DTQ	DTQ	DTQ
Ochs	N/A	N/A	N/A	DTQ
Mutual of Omaha	N/A	N/A	N/A	DTQ
Solstice	See attached proposal	N/A	N/A	N/A
Symetra	N/A	N/A	N/A	DTQ

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

United HealthCare Proposal Option 1

	Current Plan		Using UHC National Network for Option 3	
	Medical		Medical	
	Current Plan	Current Plan	Option 4	Option 5
Carrier	Florida HealthCare Plans	Florida HealthCare Plans	UnitedHealthCare	UnitedHealthCare
Plan Name	T32	HDHP POS (HSA) T95	BXJR-M Copay Only	BXNQ - HSA
Network	FHCP	FHCP	NHP	NHP
Plan Type	HMO	POS/ HSA	HMO	PPO
City of Holly Hill				
Individual Deductible	$0	$1,400	$0	$1,400
Family Deductible	$0	$2,800	$0	$2,800
Coinsurance %	0%	20%	15%	20%
Individual Out of Pocket Maximum	$2,500	$3,000	$2,500	$3,000
Family Out of Pocket Maximum	$5,000	$6,000	$5,000	$6,000
Adult and Child Wellness Exams	100% Covered	100% Covered	100% Covered	100% Covered
Primary Care Office Visit	$20	Deductible + 20%	$20	Deductible + 20%
Specialist Office Visit	$35	Deductible + 20%	$35	Deductible + 20%
Virtual/Phone Visit - Doctor on Demand	MD $10 / Psychologist $30	MD $40 / Psychologist $50	MD $10 / Psychologist $30	MD $40 / Psychologist $50
Referral Required?	No	NO	No	NO
Urgent Care	$75	Deductible + 20%	$75	Deductible + 20%
Emergency Room	$200	Deductible + 20%	$200	Deductible + 20%
Diagnostic (X-ray, blood work)	No charge	Deductible + 20%	covered 100%	Deductible + 20%
Major Diagnostic Independent Test Center (MRI, CT, PET)	$25 Copay / Test	Deductible + 20%	$25	Deductible + 20%
Outpatient Surgery	$200 ASC / $400 Hospital Facility	Deductible + 20%	$200 ASC / $400 Hospital Facility	Deductible + 20%
Physician Fee	No Charge	Deductible + 20%	No Charge	Deductible + 20%
Hospitalization	$250/day (5 day max)	Deductible + 20%	$250/day (5 day max)	Deductible + 20%
Physician/Surgeon Fees	No Charge	Deductible + 20%	No Charge	Deductible + 20%
Prescription Deductible	$0	*after Medical Deductible	$0	*after Medical Deductible
Generic Prescriptions	$3/$10/$15 Wal-Greens	$3/$10/$15 Wal-Greens	$10	*$10
Preferred Brand	$30 / $35 Wal-Greens	$30 / $35 Wal-Greens	$35	*$35
Non-Preferred Brand	$55 / $60 Wal-Greens	$55 / $60 Wal-Greens	$70	*$70
Preferred Specialty Medications	15% Coinsurance / N/A	15% Coinsurance* / N/A	**Specialty medications are covered as a copay depending on which tier the medications falls under. See our PDL listing .**	
Non Preferred Specialty	25% Coinsurance / N/A	25% Coinsurance* / N/A		
Mail Order (90 Day Supply)	$6 / $27 / $87 / $162	$6* / $27* / $87* / $162*	$25 / $87.50 / $175	$25*/ $87.50* / $175*
Out of Network (OON)	Not Covered		Not Covered	
OON Deductibles Individual/Family	N/A	$2,800 Individual / $5,600 Fam	N/A	$2,800 Individual / $5,600 Fam
OON Coinsurance %	N/A	40%	N/A	40%
OON Out of Pocket Maximums Family/Individual	N/A	$6,000 Individual / $12,000 Fam	N/A	$6,000 Individual / $12,000 Fam
Employee Only	$790.95	$554.69	$626.85	$604.82
Employee and Spouse	$1,352.53	$948.52	$1,516.98	$1,463.66
Employee and Children	$1,352.53	$948.52	$1,132.10	$1,092.32
Family	$1,661.00	$1,164.85	$2,088.36	$2,014.97
Total Monthly Premium	$20,596	$59,025	$19,647	$72,809
Total Annual Premium	$247,156	$708,295	$235,769	$873,707
Combined Annual Total	**$955,451**		$1,109,475	

Rate increase of 16%

UHC Wellness

Rally: Online Digital Health and Wellness Platform — **See pages 40 -41**

Simply Engaged: Comprehensive Wellness Incentive Program. Employees/Spouses can earn up to $200 — **See pages 42-43**

Real Appeal: Scientifically proven Weight Loss Solution — **See pages 44-45**

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

United HealthCare Proposal Option 2

Using UHC NHP Network for both Plans (No out of network)

	Medical		Medical	
	Current Plan	Current Plan	Option 4	Option 3
Carrier	Florida HealthCare Plans	Florida HealthCare Plans	UnitedHealthCare	UnitedHealthCare
Plan Name	T32	HDHP POS (HSA) T95	BXJR-M Copay Only	BXNQ - HSA
Network	FHCP	FHCP	NHP	NHP
Plan Type	HMO	POS/ HSA	HMO	PPO
City of Holly Hill				
Individual Deductible	$0	$1,400	$0	$1,400
Family Deductible	$0	$2,800	$0	$2,800
Coinsurance %	0%	20%	15%	20%
Individual Out of Pocket Maximum	$2,500	$3,000	$2,500	$3,000
Family Out of Pocket Maximum	$5,000	$6,000	$5,000	$6,000
Adult and Child Wellness Exams	100% Covered	100% Covered	100% Covered	100% Covered
Primary Care Office Visit	$20	Deductible + 20%	$20	Deductible + 20%
Specialist Office Visit	$35	Deductible + 20%	$35	Deductible + 20%
Virtual/Phone Visit - Doctor on Demand	MD $10 / Psychologist $30	MD $40 / Psychologist $50	MD $10 / Psychologist $30	MD $40 / Psychologist $50
Referral Required?	No	NO	No	NO
Urgent Care	$75	Deductible + 20%	$75	Deductible + 20%
Emergency Room	$200	Deductible + 20%	$200	Deductible + 20%
Diagnostic (X-ray, blood work)	No charge	Deductible + 20%	covered 100%	Deductible + 20%
Major Diagnostic Independent Test Center (MRI, CT, PET)	$25 Copay / Test	Deductible + 20%	$25	Deductible + 20%
Outpatient Surgery	$200 ASC / $400 Hospital Facility	Deductible + 20%	$200 ASC / $400 Hospital Facility	Deductible + 20%
Physician Fee	No Charge	Deductible + 20%	No Charge	Deductible + 20%
Hospitalization	$250/day (5 day max)	Deductible + 20%	$250/day (5 day max)	Deductible + 20%
Physician/Surgeon Fees	No Charge	Deductible + 20%	No Charge	Deductible + 20%
Prescription Deductible	$0	*after Medical Deductible	$0	*after Medical Deductible
Generic Prescriptions	$3/$10/$15 Wal-Greens	$3/$10/$15 Wal-Greens	$10	*$10
Preferred Brand	$30 / $35 Wal-Greens	$30 / $35 Wal-Greens	$35	*$10
Non Preferred Brand	$55 / $60 Wal-Greens	$55 / $60 Wal-Greens	$70	*$35
Preferred Specialty Medications	15% Coinsurance / N/A	15% Coinsurance* / N/A	**Specialty medications are covered as a copay depending on which tier the medications falls under. See our PDL listing .**	
Non Preferred Specialty	25% Coinsurance / N/A	25% Coinsurance* / N/A		
Mail Order (90 Day Supply)	$6 / $27 / $87 / $162	$6* / $27* / $87* / $162*	$25 / $87.50 / $175	$25*/ $87.50* / $175*
Out of Network (OON)	Not Covered		Not Covered	Not Covered
OON Deductibles Individual/Family	N/A	$2,800 Individual / $5,600 Fam	N/A	N/A
OON Coinsurance %	N/A	40%	N/A	N/A
OON Out of Pocket Maximums Family/Individual	N/A	$6,000 Individual / $12,000 Fam	N/A	N/A
Employee Only	$790.95	$554.69	$626.85	$500.04
Employee and Spouse	$1,352.53	$948.52	$1,516.98	$1,210.10
Employee and Children	$1,352.53	$948.52	$1,132.10	$903.08
Family	$1,661.00	$1,164.85	$2,088.36	$1,665.89
Total Monthly Premium	$20,596	$59,025	$19,647	$60,195
Total Annual Premium	$247,156	$708,295	$235,769	$722,345
Combined Annual Total	**$955,451**		**$958,113**	

UHC Wellness

Rally: Online Digital Health and Wellness Platform — **See pages 40 -41**

Simply Engaged: Comprehensive Wellness Incentive Program. Employees/Spouses can earn up to $200 — **See pages 42-43**

Real Appeal: Scientifically proven Weight Loss Solution — **See pages 44-45**

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

United HealthCare additional Information regarding second year renewal 1/1/2023 if selected.

City of Holly Hill
1/1/23 United HealthCare Renewal Guarantee

The 1/1/23 renewal rate maximum* of 12.9% will apply assuming the following conditions:

*Rate Increase Caveats:

1) Renewal will be delivered no sooner than 8/31/22.
2) If enrollment drops below 102 subscribers (-10%), guarantee may be reevaluated.
3) If enrollment increases to more than 124 subscribers (+10%), guarantee may be reevaluated.
4) Irrespective of any guarantees granted, United HealthCare may change terms at any time if, in its opinion, United HealthCare's liability is altered due to a change in state or federal law, or because of a revision or change to benefits requested by City of Holly Hill.
5) Rate guarantees do not include any change in service fees (0.00% on a net premium basis is assumed).
6) Rate guarantees do not include any change in commission level (0.00% is assumed).
7) Rate guarantee assumes the following for state premium tax, PPACA insurer fee, PPACA reinsurer fee, and PCORI fee: 0.76% total.
8) Rate increase may be adjusted for prospective changes to state premium tax, PPACA insurer fee, PPACA reinsurer fee, and PCORI fee.
9) Rate guarantees do not include any mandatory changes in benefits as required by PPACA. PPACA benefit changes will be added in addition to the guarantee above.
10) Situs state must be Florida.
11) If sold rates include uBundle or any other bundling discount, guaranteed renewal increase is inclusive of the same uBundle or any other bundling discount. If additional lines of coverage are added or removed at renewal, the guaranteed increase may be adjusted accordingly.
12) Guaranteed renewal increase is on composite basis. Increases may vary on a plan by plan basis.
13) Guaranteed renewal increase is based on current plan designs. Actual increase will be based on renewal plan designs and may differ from guaranteed increase.
14) Rate guarantee is not valid if any other guarantee program is sold.
15) Guarantee is null and void if upon renewal City of Holly Hill is subject to ACR pricing.

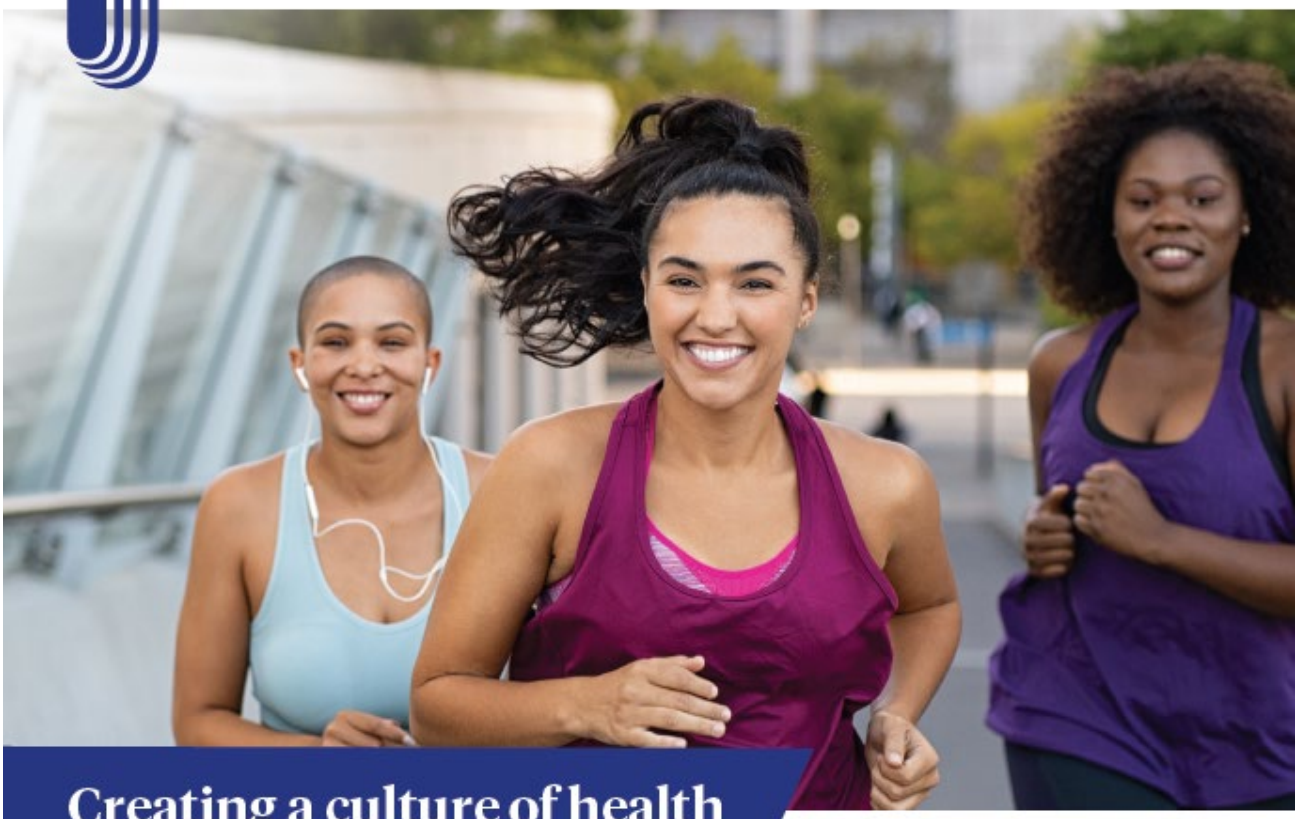
Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

United HealthCare Wellness

- **Rally: Online Digital Health and Wellness Platform** **See pages 40 -41**
- **Simply Engaged: Comprehensive Wellness Incentive Program. Employees/Spouses can earn up to $200** **See pages 42-43**
- **Real Appeal: Scientifically proven Weight Loss Solution** **See pages 44-45**

Click below:
http://link.brightcove.com/services/player/bcpid2418580169001?bckey=AQ~~,AAACMx8OUqE~,5FVWhRSpn5YSwYOY6oPwvIwSUZxtnBqf&bctid=4518261235001

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter



Creating a culture of health

Discover an integrated digital health experience designed to help increase engagement and achieve results.

Rally® Health & Wellness leverages technology to engage employees in managing their health by providing the tools to help them get healthier. It can bridge the gap between a person's desire to get healthy and having the tools to help them do it.

It all starts with the Health Survey

Employees start by answering a few questions in order to receive a health profile with potential risk factors and areas for improvement.

The survey helps them set health and wellness goals and provides specific recommendations for ways to live healthier. Employees choose the activities and programs they want to complete and track their progress along the way.

continued

United Healthcare

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Driving engagement through Missions and Challenges

Based on the employee's Health Survey responses, Rally Health & Wellness recommends a variety of Missions—simple health actions—to help form healthier habits.

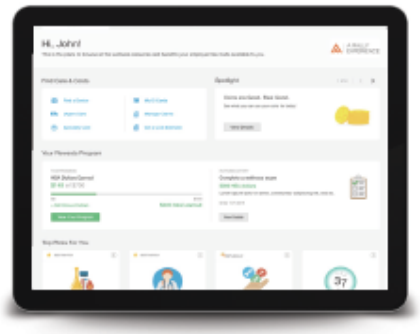
In addition, Rally Health & Wellness provides access to Challenges. Employees can compete against others in online Challenges or join one of the 30+ Communities to share their accomplishments and receive support from others with similar health goals.

Earning Rally Coins and rewards

Just about everything employees do on Rally Health & Wellness earns them Rally Coins, which they can redeem for:

- Sweepstakes entries
- Discounts on products
- Donations to charitable organizations

As an employer, you can also choose to reward specific actions (such as completing the Health Survey or getting a flu shot) by offering incentives.



Tracking progress on the go

Employees can download the Rally app from the App Store® or Google Play™ for use on their mobile device anytime, anywhere. The app is also compatible with most wearable devices.

Motivation in action

95%
of users complete the Health Survey[1]

15M
Missions completed[2]

64%
of users have joined a Challenge[3]

4.5-star
app rating on iOS® and Android™[4]

Learn more Contact your UnitedHealthcare representative

United Healthcare

[1] Rally Daily Summary Report, July 1, 2014 – Dec. 2, 2019.
[2] Rally Mission Aggregate Overview Report, July 1, 2014 – Aug. 1, 2019.
[3] Challenges Overview Report, as of Sept. 3, 2019, covering challenge end dates from Jan. 1, 2018 – Jan. 1, 2020.
[4] 4.6 on Android as of Sept. 16, 2019.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Here's how SimplyEngaged works

Through Rally®, you can access the SimplyEngaged® health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,** which you can redeem for rewards. Plus, you can earn financial incentives. Rally's digital experience gives you one place to track your activities and rewards.

To get started, go to **myuhc.com® > Health Resources > Rally**

Health Actions	Reward
Complete the Health Survey and watch the video The Health Survey takes about 15 minutes and upon completion, you'll receive personalized suggestions to help you set health goals. Pair this with a short Health Actions video to see your opportunities to earn rewards.	$25+ Rally Coins
Complete a Virtual Visit Virtual Visits may be a convenient option when you need care. You can talk to a doctor—24/7—by phone or video for conditions like the flu, allergies, rashes, migraines and many more.	$25+ Rally Coins

*Earnings are per person and include covered spouse or domestic partner.

**Rally Coins can be earned under Rally Health. A reward can only be earned once per incentive year per health action, with the exception of the Fitness Action, up to the maximum incentive amount. Rally Coins may be used to enter sweepstakes for additional rewards.

continued

United Healthcare

Health Actions	Reward
Complete a coaching program The results of your Health Survey will provide recommendations for coaching programs that may help improve your health and wellness. These programs are available at no additional cost as part of your health plan benefits. Complete one of the following programs to earn more rewards: **Wellness Coaching** provides access to expert coaches and digital tools to help you reach your health goals. It's all about getting and staying healthy—your way—anytime. Choose from a variety of programs designed to help your sleep better, eat smarter and get fit. **Real Appeal®** may help you start living a healthier life with online weight loss tools designed to help you achieve lifelong results, one small step at a time. Real Appeal provides the support to help you lose weight through online coaching, a Success Kit delivered to your door and a community of members to keep you motivated. **Quit For Life®** has helped 4 million enrollees quit smoking or using tobacco.† It provides the tools, 1-on-1 support and a personalized plan to help you quit your way.	$100+ Rally Coins
Complete a biometric screening A biometric health screening may help you and your doctor make more informed decisions about your health. **Get screened for:** • Total cholesterol • Blood pressure • Blood sugar (glucose) • Body mass index (BMI) **You have 4 options to participate in the biometric health screening:** 1 Employer on-site event, if available. 2 Doctor's office or convenience care clinic. (Provider Results form must be completed.) 3 Quest Diagnostics® Patient Service Center. 4 At-Home Test Kits.*	$75+ Rally Coins
Complete a Gym Check-In Check in to a participating fitness center at least 12 days per month on the Rally Health app. Select from a network of leading fitness centers, where you'll find boxing, climbing, cycling, yoga, Pilates, traditional gyms and more.	$20/mo.+ Rally Coins

myuhc.com > Health Resources > Rally

United Healthcare

*At-Home Test Kits are not currently available in the state of New York.

† Quit For Life Employer Book of Business Survey results, cumulative from 2006 to 2018.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

UnitedHealthcare understands the importance of protecting your privacy. We care about the relationship we have with you. Our business practices are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and security requirements.

The Quit For Life Program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Quest Diagnostics is a registered trademark of Quest Diagnostics.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

SimplyEngaged® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional to determine what may be right for you. Rewards may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving rewards under this program. If you are unable to meet a standard related to a health factor to obtain a reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-855-215-0230 and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward.

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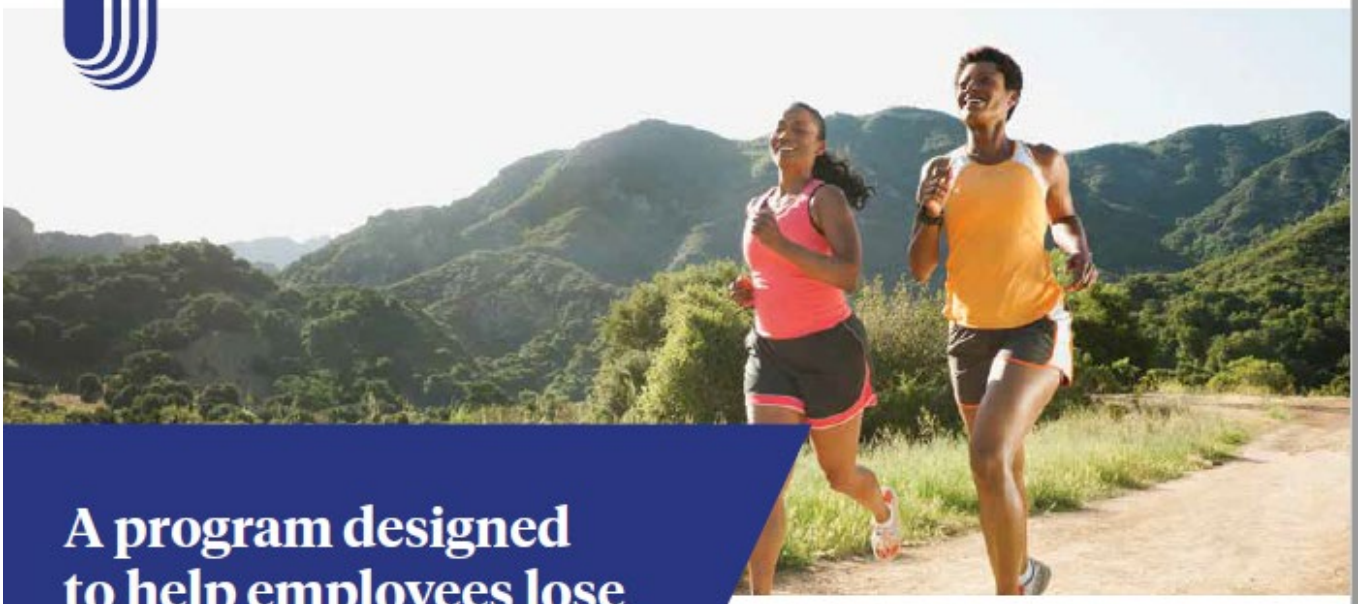
Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Health Management | Real Appeal



A program designed to help employees lose weight and keep it off

More than 7 out of 10 adults are considered overweight or obese.[1] Health care costs directly related to excess pounds are estimated at $480 billion per year and continue to rise.[2] Real Appeal® is working to help reverse this trend, with resources and support to help employees lose weight and prevent weight-related health conditions. **Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.**

Support to help achieve and maintain weight loss

Real Appeal may help motivate employees to improve their health and reduce their risk of developing costly chronic conditions such as heart disease and diabetes. The program combines clinically proven science with content that teaches employees how to eat healthier and be active—without turning their lives upside down—to help them achieve and maintain their weight-loss goals.

- ✔ **Entertaining and aspirational messaging**
- ✔ **A Success Kit**
- ✔ **Online classes**
- ✔ **Digital support and tracking**
- ✔ **Health Coach**

continued

Real Appeal yields real success

720K+
enrolled participants[3]

56%
of at-risk participants lost weight[3]

36%
lost 5% or more in body weight[3]

2:1 ROI
over 3 years[4]

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Real Appeal includes:

A Success Kit

After attending their first group coaching session, employees receive a Success Kit with tools to help them kick-start their weight loss. The kit includes:

- Nutrition guide with recipes
- Portion plate
- Electronic food scale
- Digital weight scale
- Blender
- Fitness guide
- 12 fitness DVDs
- Resistance bands

A personal Health Coach

Coaches guide employees through the program step by step, customizing it to help fit their needs, personal preferences, goals and medical history.

24/7 online support and mobile app

Real Appeal is designed to help employees stay accountable to their goals with:

- Customizable food, activity, weight and goal trackers
- Unlimited access to digital content
- Success group support, which lets employees chat with others in the program
- An online program to help employees learn new ways for a healthier lifestyle

Learn more

Contact your UnitedHealthcare representative

United Healthcare

[1] Centers for Disease Control and Prevention. Obesity and Overweight. cdc.gov/nchs/fastats/obesity-overweight.htm. Page last reviewed March 1, 2021.

[2] The Milken Institute. America's Obesity Crisis: The Health and Economic Costs of Excess Weight. milkeninstitute.org/reports/americas-obesity-crisis-health-and-economic-costs-excess-weight. Published Sept. 20, 2020.

[3] UnitedHealthcare book of business; results through December 2020. Cohort represents participants at risk, in program 26+ weeks, attending 9+ ILs (N > 50,000).

[4] Horstman, et al. "Return on Investment: Medical Savings of an Employer-Sponsored Digital Intensive Lifestyle Intervention, Weight Loss." Obesity; 2021. Based on Real Appeal financial model. ROI pertains to members who enrolled and attended 1+ sessions in the Real Appeal program from July 2015 to June 2018. Results may vary by population.

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Humana Proposal 1

	Current Plan			
	Medical		Medical	
	Current Plan	Current Plan	Option 4	Option 2
Carrier	Florida HealthCare Plans	Florida HealthCare Plans	Humana	Humana
Plan Name	T32	HDHP POS (HSA) T95	HMO Copay 80 1000/2000	HDHP 8050 1500/3000
Network	FHCP	FHCP	HMO FL	POS FL
Plan Type	HMO	POS/ HSA	HMO	POS
City of Holly Hill				
Individual Deductible	$0	$1,400	$250	$1,500
Family Deductible	$0	$2,800	$500	$3,000
Coinsurance %	0%	20%	20%	20%
Individual Out of Pocket Maximum	$2,500	$3,000	$2,000	$3,000
Family Out of Pocket Maximum	$5,000	$6,000	$4,000	$6,000
Adult and Child Wellness Exams	100% Covered	100% Covered	100% Covered	100% Covered
Primary Care Office Visit	$20	Deductible + 20%	$20 Copay	Deductible + 20%
Specialist Office Visit	$35	Deductible + 20%	$35 Copay	Deductible + 20%
Virtual/Phone Visit - Doctor on Demand	MD $10 / Psychologist $30	MD $40 / Psychologist $50	$20 Copay	Deductible + 20%
Referral Required?	No	NO	No	No
Urgent Care	$75	Deductible + 20%	$75 Copay	Deductible + 20%
Emergency Room	$200	Deductible + 20%	$150 Copay	Deductible + 20%
Diagnostic (X-ray, blood work)	No charge	Deductible + 20%	No Charge	Deductible + 20%
Major Diagnostic Independent Test Center	$25 Copay / Test	Deductible + 20%	$300 Copay	Deductible + 20%
Outpatient Surgery	$200 ASC / $400 Hospital Facility	Deductible + 20%	Deductible + 20%	Deductible + 20%
Physician Fee	No Charge	Deductible + 20%	Deductible + 20%	Deductible + 20%
Hospitalization	$250/day (5 day max)	Deductible + 20%	Deductible + 20%	Deductible + 20%
Physician/Surgeon Fees	No Charge	Deductible + 20%	Deductible + 20%	Deductible + 20%
Prescription Deductible	$0	*after Medical Deductible	$0	*after Medical Deductible
Generic Prescriptions	$3/$10/$15 Wal-Greens	$3/$10/$15 Wal-Greens	$10	$10
Preferred Brand	$30 / $35 Wal-Greens	$30 / $35 Wal-Greens	$30	$30
Non-Preferred Brand	$55 / $60 Wal-Greens	$55 / $60 Wal-Greens	$50	$50
Preferred Specialty Medications	15% Coinsurance / N/A	15% Coinsurance* / N/A	25% Coinsurance	*25% Coinsurance
Non Preferred Specialty	25% Coinsurance / N/A	25% Coinsurance* / N/A	25% Coinsurance	*25% Coinsurance
Mail Order (90 Day Supply)	$6 / $27 / $87 / $162	$6* / $27* / $87* / $162*	$25 / $75 / $125 / 25%	$25 / $75 / $125 / 25%
Out of Network (OON)	Not Covered		Not Covered	
OON Deductibles Individual/Family	N/A	$2,800 Individual / $5,600 Fam	N/A	$4,500 Individual/$9,000 Fam.
OON Coinsurance %	N/A	40%	N/A	50%
OON Out of Pocket Maximums	N/A	$6,000 Individual / $12,000 Fam	N/A	$9,000 Individual/$18,000 Fam.
Employee Only	$790.95	$554.69	$551.08	$488.48
Employee and Spouse	$1,352.53	$948.52	$1,102.16	$976.97
Employee and Children	$1,352.53	$948.52	$1,047.05	$928.12
Family	$1,661.00	$1,164.85	$1,763.45	$1,563.15
Total Monthly Premium	$20,596	$59,025	$16,202	$56,664
Total Annual Premium	$247,156	$708,295	$194,421	$679,966
Combined Annual Total	**$955,451**		**$874,387**	
			Rate Decrease of 9.2%	

Humana is offering **affordable, comprehensive benefits** that will assist the City in offering the best benefits available to their employees. Our local team will be able to provide on-site as well as virtual support during open enrollment. Humana has the technology and the resources to support the City in a virtual open enrollment, including Brainshark if we are selected as a vendor.

- Bundle package for the City includes Humana's medical, dental and vision, that will reduce the proposed medical rates by 2%. **Saving an additional $17,487.**

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Humana Proposal 2

	Current Plan			
	Medical		Medical	
	Current Plan	Current Plan	Option 3	Option 1
Carrier	Florida HealthCare Plans	Florida HealthCare Plans	Humana	Humana
Plan Name	T32	HDHP POS (HSA) T95	HMO Copay 80 1000/2000	HDHP 8050 2500/5000
Network	FHCP	FHCP	HMO FL	POS FL
Plan Type	HMO	POS/ HSA	HMO	POS
City of Holly Hill				
Individual Deductible	$0	$1,400	$1,000	$2,500
Family Deductible	$0	$2,800	$2,000	$5,000
Coinsurance %	0%	20%	20%	20%
Individual Out of Pocket Maximum	$2,500	$3,000	$4,000	$3,400
Family Out of Pocket Maximum	$5,000	$6,000	$8,000	$6,800
Adult and Child Wellness Exams	100% Covered	100% Covered	100% Covered	100% Covered
Primary Care Office Visit	$20	Deductible + 20%	$25 Copay	Deductible + 20%
Specialist Office Visit	$35	Deductible + 20%	$50 Copay	Deductible + 20%
Virtual/Phone Visit - Doctor on Demand	MD $10 / Psychologist $30	MD $40 / Psychologist $50	$25 Copay	Deductible + 20%
Referral Required?	No	NO	No	No
Urgent Care	$75	Deductible + 20%	$75 Copay	Deductible + 20%
Emergency Room	$200	Deductible + 20%	$250 Copay	Deductible + 20%
Diagnostic (X-ray, blood work)	No charge	Deductible + 20%	No Charge	Deductible + 20%
Major Diagnostic Independent Test Center (MRI, CT, PET)	$25 Copay / Test	Deductible + 20%	$300 Copay	Deductible + 20%
Outpatient Surgery	$200 ASC / $400 Hospital Facility	Deductible + 20%	Deductible + 20%	Deductible + 20%
Physician Fee	No Charge	Deductible + 20%	Deductible + 20%	Deductible + 20%
Hospitalization	$250/day (5 day max)	Deductible + 20%	Deductible + 20%	Deductible + 20%
Physician/Surgeon Fees	No Charge	Deductible + 20%	Deductible + 20%	Deductible + 20%
Prescription Deductible	$0	*after Medical Deductible	$0	*after Medical Deductible
Generic Prescriptions	$3/$10/$15 Wal-Greens	$3/$10/$15 Wal-Greens	$10	*$10
Preferred Brand	$30 / $35 Wal-Greens	$30 / $35 Wal-Greens	$35	*$35
Non-Preferred Brand	$55 / $60 Wal-Greens	$55 / $60 Wal-Greens	$55	*$70
Preferred Specialty Medications	15% Coinsurance / N/A	15% Coinsurance* / N/A	25% Coinsurance	*25% Coinsurance
Non Preferred Specialty	25% Coinsurance / N/A	25% Coinsurance* / N/A	25% Coinsurance	*25% Coinsurance
Mail Order (90 Day Supply)	$6 / $27 / $87 / $162	$6* / $27* / $87* / $162*	$25 / $87.50 / $137.50/$25%	*$25 / *$87.50 / *$137.50/*$25%
Out of Network (OON)	Not Covered		Not Covered	
OON Deductibles Individual/Family	N/A	$2,800 Individual / $5,600 Fam	N/A	$7,500 Individual/$15,000 Fam.
OON Coinsurance %	N/A	40%	N/A	50%
OON Out of Pocket Maximums Family/Individual	N/A	$6,000 Individual / $12,000 Fam	N/A	$10,200 Individual/$20,400 Fam.
Employee Only	$790.95	$554.69	$610.07	$488.48
Employee and Spouse	$1,352.53	$948.52	$1,220.14	$976.97
Employee and Children	$1,352.53	$948.52	$1,159.13	$928.12
Family	$1,661.00	$1,164.85	$1,952.22	$1,563.15
Total Monthly Premium	$20,596	$59,025	$17,936	$56,664
Total Annual Premium	$247,156	$708,295	$215,233	$679,966
Combined Annual Total	**$955,451**		$895,199	
			Rate Decrease of 6.7%	

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Humana Wellness – Go 365

How does the Humana Wellness Premium Discount work?

- Available to fully insured businesses with 100 or more employees
- Discount achieved when 10 percent of employees reach Silver Status or higher
- The more employees participate, the higher your discount — up to 8 percent in a single plan year

For example: If you have...

35% Silver + 10% Gold + 5% Platinum = **50% total**

Total % of Silver or higher	Discount for Silver or higher
10 – 19.9%	1%
20 – 39.9%	2%
40%+	**4%**

+

10% Gold + 5% Platinum = **15% total**

Total % of Gold or higher	BONUS Discount for Gold or higher
10 – 19.9%	**1%**
20 – 39.9%	2%
40%+	4%

Your total wellness discount **5%***

How can I get a discount? It's easy. It's already part of your plan. All you have to do is encourage employees to take advantage of Go365 and increase their wellness participation. Your discount will automatically be applied upon renewal.

What next? Reach out to your Humana representative to learn more about building a culture of health. You can also visit **Engagement.Humana.com** to learn ways to encourage Go365 employee participation.

Humana.

Maximum cumulative discount is 10 percent over a lifetime of continuous Humana group medical coverage.

*A review will be conducted on the first day of the ninth month of insurance coverage to determine discount for the following year. In Louisiana, a review will be conducted on the first day of the eighth month of insurance coverage to determine discount for the following year.

GCHJK3ZEN 1116

Terms and Conditions:

Humana offers annual premium discounts to fully insured (FI) medical groups with 100 or more eligible employees. The Wellness Premium Discount is based upon engaged status, as determined by the wellness rewards program offered in conjunction with the group's Humana medical coverage ("Wellness Rewards Program").

To be eligible for the Wellness Premium Discount, the group must renew its Humana medical coverage and have 100 or more eligible employees at all times during the year that is immediately prior to renewal.

The Wellness Premium Discount will be included in Humana's standard actuarial formula, which is used to develop the group's renewal premium.

The Wellness Premium Discount may not be combined with any discount program, such as Humana Total Health. Wellness engagement percentages achieved under a Total Health Participation Agreement are ineligible for use in calculating the Wellness Premium Discount.

A minimum of 10 percent of the active covered employees and active covered retirees (excluding those employees covered under COBRA) must attain a Wellness Rewards Program engaged status by the first day of the ninth month* of the year immediately prior to renewal in order for the group to earn a premium discount.

The Wellness Premium Discount applies at the group level so that the same discount will apply to all medical coverages offered by the group.

The cumulative premium discount for any group can grow to a maximum of 10 percent over the lifetime of maintaining active, uninterrupted Humana group medical coverage, and progress toward the maximum will be determined at time of renewal by Humana.

The Wellness Premium Discount will be applied based on the number of active covered employees and active covered retirees (excluding those employees covered under COBRA) who reach a Wellness Rewards Program engaged status on the first day of the ninth month* of the year immediately prior to renewal.

The Wellness Premium Discount is only available while the Wellness Rewards Program is offered and both are subject to modification, replacement or termination at any time.

For groups that request a renewal prior to the first day of the ninth month, the Wellness Premium Discount will be applied based on Engaged Subscribers as of the date the renewal is issued by Humana and no additional Wellness Premium Discount will be provided in the group's renewal premium.

Go365 is not an insurance product.

Humana group medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License #00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc., or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License #00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

*In Louisiana, the eighth month.

Humana.

GCHJK3ZEN 1116

Dental – Guardian & Solstice

	Dental		Dental		Dental	
	Current		Alternate		Alternate	
Carrier	MetLife		Guardian		Solstice	
Plan Name					Dental DPPO	
Network	MetLife		DentalGuard Preferred		National DPPO Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
City of Holly Hill						
Annual Maximum (per individual)	$5,000		$5,000 *(plus max. rollover)*		$5,000 *(plus max. rollover)*	
Out of Network Schedule	UCR		UCR		UCR	
Deductible (Individual)	$50	$50	$50	$50	$50	$50
Deductible (Family)	$150	$150	$150	$150	$150	$150
Deductible Waived on Preventive	**Plan Pays:**		**Plan Pays:**		**Plan Pays:**	
Cleaning / Examination	100%	100%	100%	100%	100%	100%
Fluoride / Sealants	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%	100%	100%
Fillings	80%	80%	80%	80%	80%	80%
Basic Extractions	80%	80%	80%	80%	80%	80%
Root Canal (Endodontics)	80%	80%	80%	80%	80%	80%
Gums (Periodontics)	80%	80%	80%	80%	80%	80%
Crowns / Inlays / Onlays	50%	50%	50%	50%	50%	50%
Bridges & Dentures	50%	50%	50%	50%	50%	50%
*Orthodontia Coverage	50%	50%	50%	50%	50% up to 24 months	50% up to 24 months
*Orthodontia Benefit	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Enrollment						
52 Employee Only	$34.94		$29.35		$32.60	
20 Employee and Spouse	$71.92		$60.41		$67.10	
8 Employee and Children	$80.54		$67.65		$75.14	
8 Family	$126.07		$105.90		$117.62	
Total Monthly Premium	$4,908		$4,123		$4,579	
Total Annual Premium	$58,898		$49,474		$54,951	
Percentage Change			-16%		-6.70%	

*Orthodontic Procedures: Dependent child(ren) only - under age 26 (dependent on you for support & living in your household or full/part-time student).

Guardian -

- National Network
- 2-year rate guarantee

- College Tuition – Annual enrollment in this plan earns you $2,000 Tuition Rewards. These rewards are yours for your life- time and can be given to children, grandchildren, nieces, nephews and God children. See www.Guardian.collegetuitionbenefit.com to learn more.

Dental - Humana

		Dental		Dental
		Current		Alternate
	Carrier	MetLife		Humana
	Plan Name			N/D Choice
	Network	MetLife		Traditional Preferred
		In-Network	Out-of-Network	In-Network
City of Holly Hill				
	Annual Maximum (per individual)	$5,000		Unlimited
	Out of Network Schedule	UCR		UCR
	Deductible (Individual)	$50	$50	$50
	Deductible (Family)	$150	$150	$150
	Deductible Waived on Preventive	**Plan Pays:**		**Plan Pays:**
	Cleaning / Examination	100%	100%	100%
	Fluoride / Sealants	100%	100%	100%
	Bitewing X-Rays	100%	100%	100%
	Full Mouth X-Rays	100%	100%	100%
	Fillings	80%	80%	80%
	Basic Extractions	80%	80%	80%
	Root Canal (Endodontics)	80%	80%	80%
	Gums (Periodontics)	80%	80%	80%
	Crowns / Inlays / Onlays	50%	50%	50%
	Bridges & Dentures	50%	50%	50%
	*Orthodontia Coverage	50%	50%	50%
	*Orthodontia Benefit	$1,000	$1,000	$1,000
Enrollment				
52	Employee Only	$34.94		$29.41
20	Employee and Spouse	$71.92		$58.79
8	Employee and Children	$80.54		$79.86
8	Family	$126.07		$110.59
	Total Monthly Premium	$4,908		$4,229
	Total Annual Premium	$58,898		$50,745
	Percentage Change			-14%

*Orthodontic Procedures: Dependent child(ren) only - under age 26 (dependent on you for support & living in your household or full/part-time student).

Dental

- I have included 1 TRP plan featuring our **Unlimited Maximum.**
- With richer benefits, our plan is priced **-13.8% below current!**
- In addition to our Unlimited Max, our plan includes the following robust benefits:
  - Three routine cleanings per year
  - Four periodontal cleanings per year
  - Oral cancer screening for members 40+ years old.
- Humana offers one of the largest national PPO dental networks in the nation with over 250,000 dentist locations
- Rates are guaranteed for 2 years

Vision - Humana

		Vision		
		Current	Alternate	Alternate
	Carrier	EyeMed	Humana	Humana
	Plan Name		N/A Choice Plan 100	N/A Choice Plan 130
	Network	EyeMed	GN Humana	GN Humana
City of Holly Hill				
	Exam Frequency	12 Months	12 Months	12 Months
	Exam Benefit	$10 Copay | Reimbursed up to $35	$10 Copay | Reimbursed up to $30	$10 Copay | Reimbursed up to $30
	Lenses Frequency	12 Months	12 Months	12 Months
	Single	$25 Copay | Reimbursed up to $35	$25 Copay | Up to $25	$15 Copay | Up to $25
	Bi-Focal	$25 Copay | Reimbursed up to $49	$25 Copay | UP to $40	$15 Copay | UP to $40
	Tri-Focal	$25 Copay | Reimbursed up to $74	$25 Copay | Up to $60	$15 Copay | Up to $60
	Frame Frequency	24 Months	24 Months	24 Months
	Frame Benefit	$100 Allowance & 20% off balance | Reimbursed up to $50	$100 Allowance & 20% off balance | Reimbursed up to $50	$130 Allowance & 20% off balance | Reimbursed up to $65
	Contact Lenses Frequency	12 Months	12 Months	12 Months
	Contact Lenses Benefit (Elective)	$115 Allowance & 15% off balance | Reimbursed up to $92	$100 Allowance & 20% off balance | Reimbursed up to $80	$130 Allowance | Reimbursed up to $104
	Contact Lenses Benefit (Medically Necessary)	Covered in Full | Reimbursed up to $210	Covered in Full | Reimbursed up to $200	Covered in Full | Reimbursed up to $200
	Participation Requirement	See Summary Benefits of Coverage		
	Rate Guarantee	See Summary Benefits of Coverage		
Enrollment				
45	Employee Only	$4.86	$3.62	$4.13
20	Employee and Spouse	$9.23	$7.24	$8.27
6	Employee and Children	$9.72	$6.88	$7.86
9	Family	$14.26	$10.80	$12.35
	Total Monthly Premium	$590	$446	$510
	Total Annual Premium	$7,080	$5,354	$6,115
	Percentage Change		-24%	-14%

Vision

- We've provided our HV100 and HV130 plans.
- Our HV100 plan is **-24.4% below current!**

- National network includes more than 100,000 vision provider locations (access points), comprised of over 57,000 independent and 45,000 retail locations
- **New special savings now available to Humana Vision members:**
  - Additional $25 off when using your vision insurance at Target Optical
  - $25 towards a complete pair of glasses or prescription sunglasses at Pearle Vision; can be combined with vision insurance benefits
  - $20 off any purchase or $50 off purchase of $200 or more at Sunglass Hut
  - $20 off at ContactsDirect.com

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Vision - Guardian

	Vision			
	Current		Alternate	
Carrier	EyeMed		Guardian	
Plan Name			Full Feature- Designer B	
Network	EyeMed		Davis	
City of Holly Hill				
Exam Frequency	12 Months		12 Months	
Exam Benefit	$10 Copay	Reimbursed up to $35	$10 Copay	Reimbursed up to $50
Lenses Frequency	12 Months		12 Months	
Single	$25 Copay	Reimbursed up to $35	$25 Copay	Reimbursed up to $48
Bi-Focal	$25 Copay	Reimbursed up to $49	$25 Copay	Reimbursed up to $67
Tri-Focal	$25 Copay	Reimbursed up to $74	$25 Copay	Reimbursed up to $86
Frame Frequency	24 Months		24 Months	
Frame Benefit	$100 Allowance & 20% off balance	Reimbursed up to $50	$120 Allowance & 20% off balance	Reimbursed up to $48
Contact Lenses Frequency	12 Months		12 Months	
Contact Lenses Benefit (Elective)	$115 Allowance & 15% off balance	Reimbursed up to $92	$120 Allowance & 15% off balance	$105 max (copay waived)
Contact Lenses Benefit (Medically Necessary)	Covered in Full	Reimbursed up to $210	Covered in Full (Copay Waived)	Reimbursed up to $210
Participation Requirement	See Summary Benefits of Coverage		69%	
Rate Guarantee	See Summary Benefits of Coverage		2 year	
Enrollment				
45	Employee Only	$4.86	$4.71	
20	Employee and Spouse	$9.23	$8.95	
6	Employee and Children	$9.72	$9.43	
9	Family	$14.26	$13.83	
	Total Monthly Premium	$590	$572	
	Total Annual Premium	$7,080	$6,864	
	Percentage Change		-3%	

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Fire Fighter Cancer Policy – Florida Municipal Insurance Trust

Acentria PUBLIC RISK A FOUNDATION RISK PARTNERS COMPANY	Firefighter Cancer	
	Current	**Alternate**
Carrier	**CHUBB**	**FMIT**
North Bay Village		
Eligible Class	Class 1* Class 2* Class 3*	Class 1* Class 2* Class 3*
Employer Contribution	100%	100%
Lump Sum Cancer Benefit	First Diagnosis Cancer Benefit: Class 1 Lump Sum Benefit	Plan 1: Lump Sum Cancer Benefit with no recurrence benefit (122.1816,F.S.)
	Cancer Benefit: Class 1 Principal Sum; Class 2 Princial Sum	Plan 2: Lump Sum Cancer Benefit with 2x recurrence benefit (122.1816,F.S.)
	First Diagnosis Benefit Continuation: Class 3 Lump Sum Benefit	Plan 3: Lump Sum Cancer Benefit Covers ALL cancers excluding non-invasive melanoma, with 2x recurrrence benefit.
Total Annual Premium	Class 1 - $2,184	**Plan 1: $1,168.08**
	Class 2 - $183	**Plan 2: $1,336.56**
	Class 3 - $545	**Plan 3: $1,533.12**
	Total Premium $ 2,912	

Class 1: All Full-Time Firefighters of the Policyholder who have been employed by the Policyholder for at least 5 continuous years.

Class 2: All Full-Time Firefighters of the Policyholder who have been employed by the Policyholder for less than 5 continuous years.

Class 3: All Full-Time Firefighters of the Policyholder who have been employed by the Policyholder for at least 5 continuous years, have terminated employment with the Policyholder within the last 10 years and have continued coverage in his or her employer-sponsored health plan or group health insurance trust fund.

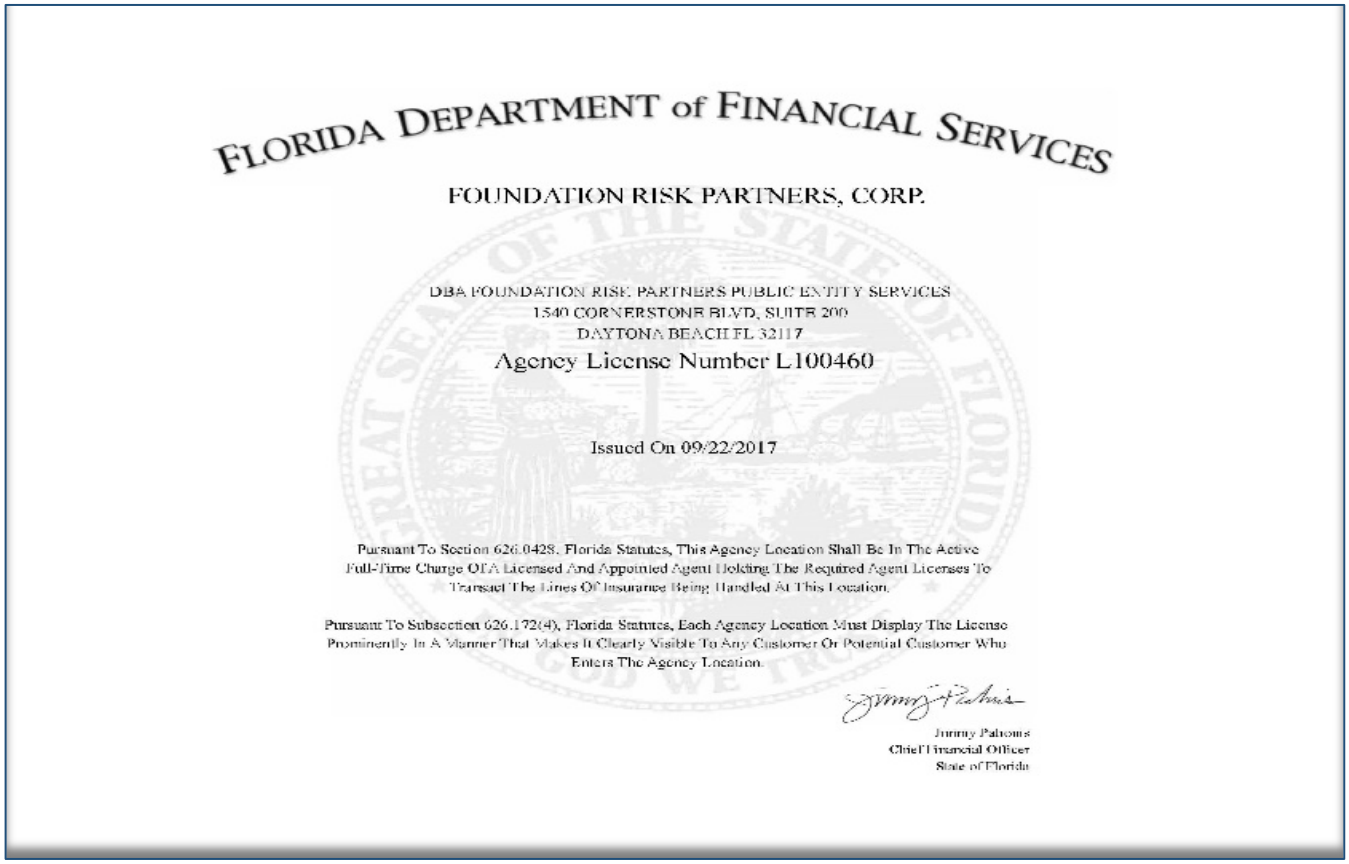
Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 6

Other Information

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Agency License



FLORIDA DEPARTMENT of FINANCIAL SERVICES

FOUNDATION RISK PARTNERS, CORP.

DBA FOUNDATION RISK PARTNERS PUBLIC ENTITY SERVICES
1540 CORNERSTONE BLVD, SUITE 200
DAYTONA BEACH FL 32117

Agency License Number L100460

Issued On 09/22/2017

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.

Jimmy Patronis
Chief Financial Officer
State of Florida

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

LETTER OF CERTIFICATION

09/22/2017

FOUNDATION RISK PARTNERS, CORP.
1540 CORNERSTONE BLVD
DAYTONA BEACH FL 32117

Re: FOUNDATION RISK PARTNERS, CORP.
License Number: L100460

The above named currently holds a license for the following line(s) of insurance:

- **Licensee:** 21-05 AGENCY LICENSE(LIC. # L100460)
  Issued: 09/22/2017
  Appointed? No

This license does not require continuing education.

The licensee has qualified for the above line(s) of insurance by examination, designation, or experience.

No person may act as, advertise, or hold himself or herself out to be an insurance agent or adjuster unless he or she is currently licensed by the department and appointed by an appropriate appointing entity or person.

An insurance agency location can only transact insurance in the lines of business that its agents are licensed and appointed to transact.

END OF LETTER
NO FURTHER LICENSE INFORMATION SHALL APPEAR BELOW THIS LINE

Florida Department of Financial Services
Division of Agent and Agency Services
Bureau of Licensing
www.MyFloridaCFO.com
200 East Gaines Street, Tallahassee, FL 32399-0318

THE CITY OF DAYTONA BEACH
LOCAL BUSINESS TAX RECEIPT # BT-76893

THE CITY OF DAYTONA BEACH
301 S. RIDGEWOOD, SUITE # 127
DAYTONA BEACH, FL 32114

DEVELOPMENT SERVICES DEPARTMENT
PERMIT & LICENSING DIVISION
Phone: 386-671-8140

BUSINESS NAME: FOUNDATION RISK PARTNERS CORP
LOCATION: 1540 CORNERSTONE BLVD 200
BUSINESS TYPE: INSURANCE AGENCY
LICENSE NOTES: STATE LIC# L100460

BT-76893	BUS. LIC. NO.
76893	ACCOUNT NO.
08/29/2017	VALID FROM
09/30/2020	VALID TO
08/23/2019	DATE PAID
150.00	ANNUAL FEES

Fee Code	Description
0905	INSURANCE AGENCY OR COMPANY

MAIL TO:
FOUNDATION RISK PARTNERS CORP
1540 CORNERSTONE BLVD 200
DAYTONA BEACH FL 32117

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION
THE CITY DOES NOT CERTIFY OR IMPLY COMPETENCE OF BUSINESS.

LOCAL BUSINESS TAX RECEIPT

THE CITY OF DAYTONA BEACH
Bus Lic No # BT-76893

THE CITY OF DAYTONA BEACH
301 S. RIDGEWOOD, SUITE # 127
DAYTONA BEACH, FL 32114

FOUNDATION RISK PARTNERS CORP
1540 CORNERSTONE BLVD 200

Fee Code	Description	Reference	Amt Paid	Date Paid	Pay Method	Check # / Ref
0905	INSURANCE AGENCY OR COMPANY	SRDE 08/31/17	150.00	08/31/17	CREDIT	169870207
ADM	ADMINISTRATIVE FEES	SRDE 08/31/17	52.60	08/31/17	CREDIT	169870207
0905	INSURANCE AGENCY OR COMPANY	2020	150.00	08/23/19	CHECK-REMIT	2545
0905	INSURANCE AGENCY OR COMPANY	2019	150.00	08/28/18	CHECK-REMIT	1379

Fees Paid: $502.60

Duplicate copy: 10/23/2019 by RSP (p)

Agent Licenses

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

ROBIN RENEE RILEY
License Number : A220645

Resident Insurance License	Issue Date
•0214 - LIFE INCL VARIABLE ANNUITY	06/05/1999
•0240 - HEALTH	07/09/1997
•0218 - LIFE & HEALTH	06/05/1999

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should make an appointment expirable in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 45 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at https://dice.fldfs.com. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at http://www.myfloridacfo.com/division/agents

Jimmy Patronis
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

ALAN SCOTT FLOREZ
License Number : P034571

Resident Insurance License	Issue Date
•0220 - GENERAL LINES (PROP & CAS)	03/15/2006

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should make an appointment expirable in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 45 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at https://dice.fldfs.com. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at http://www.MyFloridaCFO.com/Division/Agents

Jimmy Patronis
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

LUKE THEODORE WOLKERS
License Number : W105531

Resident Insurance License	Issue Date
•0220 - GENERAL LINES (PROP & CAS)	07/26/2012
•0215 - LIFE INCL VAR ANNUITY & HEALTH	07/26/2012

Please Note: To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the FL Dept. of Financial Services website at http://www.myfloridacfo.com/agents/.

Jeff Atwater
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

ALLISON RAND
License Number : W320088

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	10/08/2018

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should make an appointment expirable in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 45 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at https://dice.fldfs.com. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at http://www.MyFloridaCFO.com/Division/Agents

Jimmy Patronis
Chief Financial Officer
State of Florida

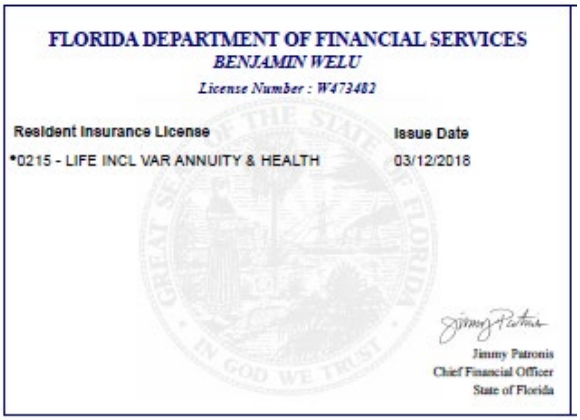
FLORIDA DEPARTMENT OF FINANCIAL SERVICES

TAYLOR AUSTIN WIMBERLEY
License Number : W361153

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	10/14/2016

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should make an appointment expirable in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 45 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at https://dice.fldfs.com. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at http://www.MyFloridaCFO.com/Division/Agents

Jeff Atwater
Chief Financial Officer
State of Florida



FLORIDA DEPARTMENT OF FINANCIAL SERVICES
BENJAMIN WELU
License Number : W473482

Resident Insurance License	Issue Date
*0215 - LIFE INCL VAR ANNUITY & HEALTH	03/12/2018

Jimmy Patronis
Chief Financial Officer
State of Florida

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

FOUNRIS-04 RJOHNSTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/14/2021

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

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

PRODUCER License # L100460
Acentria Insurance - Destin
4634 Gulfstarr Drive
Destin, FL 32541

CONTACT NAME:
PHONE (A/C, No, Ext): (850) 650-1950 FAX (A/C, No): (850) 892-0320
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nautilus Insurance Company	17370
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Foundation Risk Partners, Corp. dba Acentria Public Risk
1540 Cornerstone Blvd, Suite 200
Daytona Beach, FL 32117

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Errors & Omissions L			INS90346100220	2/1/2020	2/1/2022	Per Claim/Aggregate	10,000,000

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

CERTIFICATE HOLDER
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, FL 32117

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

AGENCY CUSTOMER ID: FOUNRIS-04 RJOHNSTON
LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # L100460	NAMED INSURED
Acentria Insurance - Destin		Foundation Risk Partners, Corp. dba Acentria Public Risk 1540 Cornerstone Blvd, Suite 200 Daytona Beach, FL 32117
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:
Corporate Synergies Group, LLC
Millenium Asset Management, Inc.
Lloyd S. Berkett Insurance Agency, Inc.
American Habitational Properties, LLC
BlueSky Multifamily Management, LLC
Eagle Mountain Properties, LLC
Fortress Multifamily Group, LLC
Harbor Management Group, LLC
Homeland Management, LLC
Sander, Jacobs, Cassayre & Griffin, Inc.
The L. Warner Companies, Inc.

Errors & Omissions deductible $50,000 per Claim

ACORD 101 (2008/01)

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The ACORD name and logo are registered marks of ACORD

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 7

Proof of Florida Operations

Minimum of 5 Years

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

ACENTRIA CERTIFICATION CONVERSION

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
10 JAN 26 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

January 27, 2010

KIMBERLY MORET
CSC
TALLAHASSEE, FL

RESUBMIT
Please give original submission date as file date.

SUBJECT: LEGENDS INSURANCE SOLUTIONS, LLC
Ref. Number: L09000022731

We have received your document for LEGENDS INSURANCE SOLUTIONS, LLC and the authorization to debit your account in the amount of $25.00. However, the document has not been filed and is being returned for the following:

You cannot change an LLC to a corporation by filing and Amended and Restated Articles of Organization.

If this LLC wishes transform itself into a Florida corporation called ACENTRIA, INC., it must file an OTHER BUSINESS ENTITY INTO FLORIDA CORPORATION certificate of conversion along with a completed Articles of Incorporation document. The filing fee for this conversion would be $105.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 410A00002147

RECEIVED
10 JAN 28 AM 10:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED
10 JAN 26 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Legends Insurance Solutions, LLC L09000022731
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on March 9, 2009
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Acentria, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Page 1 of 2

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Signed this 27 day of January, 2010

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____
Printed Name: Mitchell J. Weinstein Title: Incorporator

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: Mitchell J. Weinstein Title: Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of ALL General Partners.

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:
Signature of an authorized person.

Fees:

Certificate of Conversion:	$35.00
Fees for Florida Articles of Incorporation:	$70.00
Certified Copy:	$ 8.75 (Optional)
Certificate of Status:	$ 8.75 (Optional)

Page 2 of 2

This document prepared by:
D. Michael Chesser, Esq.
Chesser & Barr, P.A.
1201 Eglin Parkway
Shalimar, FL 32579

10 JUN 25 PM 1:30

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
ACENTRIA, INC.

We, the undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I
NAME AND ADDRESS

The name of the corporation is **Acentria, Inc.**, with the address of 1201 Eglin Parkway, Shalimar, Florida 32579, C/o D. Michael Chesser.

ARTICLE II
PERIOD OF EXISTENCE

The Company shall commence its existence upon the filing of these Amended and Restated Articles of Incorporation with the Florida Secretary of State, and shall thereafter continue in existence perpetually, unless earlier dissolved or extended in accordance with the Shareholder Agreement of Acentria, Inc. (the "Shareholder Agreement"), and/or the Florida Corporation Act.

ARTICLE III
PURPOSE

The Company is organized for the following purposes: (A) to facilitate the ownership, management, development, acquisition, disposition, and marketing of policies of insurance for prime customers and clients of the Company; (B) to accomplish any lawful activity or business whatsoever, or which shall at any time and from time to time appear to the Shareholders of the Company to be necessary, desirable, or appropriate for the protection of the Company and/or its assets; (C) to exercise all powers necessary to or reasonably connected with the Company's business, which may be legally exercised under the Florida *Corporation* Act; and (D) to engage in and perform all activities necessary, customary, convenient, or incident to any of the foregoing as the Shareholders may deem prudent and advisable.

ACENTRIA CERTIFICATION CONVERSION

ARTICLE IV
SHARES

NUMBER: The aggregate number of shares that the corporation shall have the authority to issue is 1,000 shares of Capital Stock with a par value of $1.00 per share.

INITIAL ISSUE: Such shares as may be considered to be in the best interest of the corporation shall be issued from time to time, but in any event the corporation shall have an initial capital of at least $1,000.00

STATED CAPITAL: The sum of the par value of all shares of Capital Stock of the corporation that have been issued shall be the stated capital of the corporation at any particular time.

DIVIDENDS: The holders of the outstanding capital stock shall be entitled to receive, when and as declared by the Shareholder, dividends payable either in cash, in property, or in shares of the Capital Stock of the corporation.

NO CLASSES OF STOCK: The shares of the corporation are not to be divided into classes.

NO SHARE IN SERIES: The corporation is not authorized to issue shares in series.

ARTICLE V
RESTRICTION ON SALE OF SHARES

Shares of stock in this corporation shall not be offered for sale or sold except to existing shareholders, without written consent of a majority of existing shareholders.

ARTICLE VI
PRE-EMPTION RIGHT

All existing shareholders of stock shall have the right to purchase, pro-rata, any new shares of stock offered.

ARTICLE VII
ADDRESS AND REGISTERED AGENT

The address of the initial registered agent of the corporation in the State of Florida shall be c/o Chesser & Barr, P.A., 1201 Eglin Parkway, Shalimar, Florida 32579. The name of the initial registered agent of the corporation at the above address shall be **D. Michael Chesser**. The Shareholders may from time to time change the registered office to any other address in the State of Florida or change the registered agent.

Page 2 of 6

ARTICLE VIII
BOARD OF DIRECTORS

The business of the corporation shall be managed by the shareholders. There shall be no Board of Directors.

ARTICLE IX
OFFICERS

The corporation shall have a President and a Secretary and may have additional and assistant officers, including, without limitation thereto, one or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any two or more offices may be held by the same person.

ARTICLE X
INCORPORATOR

The name and address of the initial incorporator is as follows:

Mitchell J. Weinstein
3115 Legends Circle
Lakeland, FL 33803

ARTICLE XI
AMENDMENT

The shareholders shall have the power to adopt, amend, alter, change or repeal the Articles of Incorporation when proposed and approved at a stockholders' meeting, with not less than a majority vote of the common stock.

ARTICLE XII
INDEMNIFICATION OF OFFICERS OR SHAREHOLDERS

(a) The corporation hereby indemnifies and agrees to hold harmless from claim, liability, loss, or judgment any officer, shareholder [or their attorney/3rd-party mediator] made a party or threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative (other than an action, suit or proceeding by or on behalf of the corporation to procure a judgment in its favor), brought to impose a liability or penalty on such person for an act alleged to have been committed by such person in his capacity as officer, employee or agent of the corporation or any other corporation, partnership, joint venture, trust or other enterprise in which he served at the request of the corporation, against judgments, fines, amounts paid in settlement and reasonable expenses, including attorneys' fees actually and reasonably incurred as a result of such action, suit or proceeding or any appeal thereof, if such person acted in good faith in the reasonable belief that such action was in, or not opposed to, the best interests of the corporation, and in criminal actions or proceedings, without reasonable ground for belief that such action

Page 3 of 6

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

was unlawful. The termination of any such action, suit or proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent shall not create a presumption that any such officer did not act in good faith in the reasonable belief that such action was in, or not opposed to, the best interests of the corporation. Such person shall not be entitled to indemnification in relation to matters as to which such person has been adjudged to have been guilty of gross negligence or willful misconduct in the performance of his duties to the corporation.

(b) Any indemnification under paragraph (a) shall be made by the corporation only as authorized in the specific case upon a determination that amounts for which an officer seeks indemnification were properly incurred and that such officer acted in good faith and in a manner he reasonably believed to be in, or not opposed to, the best interests of the corporation, and that, with respect to any criminal action or proceeding, he had no reasonable ground for belief that such action was unlawful. Such determination shall be made either (1) by the Shareholders by a majority vote of a quorum consisting of shareholders who were not parties to such action, suit or proceeding, or (2) by a majority vote of a quorum consisting of shareholders who were not parties to such action, suit or proceeding.

(c) The corporation shall be entitled to assume the defense of any person seeking indemnification pursuant to the provisions of paragraph (a) above upon a preliminary determination by the shareholders that such person has met the applicable standards of conduct set forth in paragraph (a) above, and upon receipt of an undertaking by such person to repay all amounts expended by the corporation in such defense, unless it shall ultimately be determined that such person is entitled to be indemnified by the corporation as authorized in this article. If the corporation elects to assume the defense, such defense shall be conducted by counsel chosen by it and not objected to in writing for valid reasons by such person. In the event that the corporation elects to assume the defense of any such person and retains such counsel, such person shall bear the fees and expenses of any additional counsel retained by him, unless there are conflicting interests between or among such person and other parties represented in the same action, suit or proceeding by the counsel retained by the corporation, that are, for valid reasons, objected to in writing by such person, in which case the reasonable expenses of such additional representation shall be within the scope of the indemnification intended if such person is ultimately determined to be entitled thereto as authorized in this article.

(d) The foregoing rights of indemnification shall not be deemed to limit in any way the power of the corporation to indemnify under any applicable law.

IN WITNESS WHEREOF, the undersigned incorporators have made and subscribed of these Articles of Incorporation in Polk County, Florida on the 27 day of January, 2010.

Mitchell J. Weinstein, Incorporator

STATE OF FLORIDA
COUNTY OF Polk

The foregoing instrument was acknowledged before me this 27 day of January, 2010, by **Mitchell J. Weinstein**, who are personally known to me or who has produced _____ as identification and who did/did not take an oath.

(SEAL) MARY B. BROUSSARD MY COMMISSION # DD 769352 EXPIRES: May 17, 2012 Bonded Thru Notary Public Underwriters

NOTARY PUBLIC

ACENTRIA CERTIFICAITON CONVERSION

ACENTRIA, INC.

ACCEPTANCE BY REGISTERED AGENT

I, **D. Michael Chesser,** having been named to accept service of process and hereby act in this capacity and agree to comply with the provisions of said act relative to keeping open said office.

D. Michael Chesser
Registered Agent

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 26th day of January, 2010, by **D. Michael Chesser**, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

TAMMY L. DESHAY Comm# DD0671029 Expires 4/19/2013 Florida Notary Assn., Inc

(SEAL)

NOTARY PUBLIC

P10000082666

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies ____ Certificates of Status ____
Special Instructions to Filing Officer:
Office Use Only

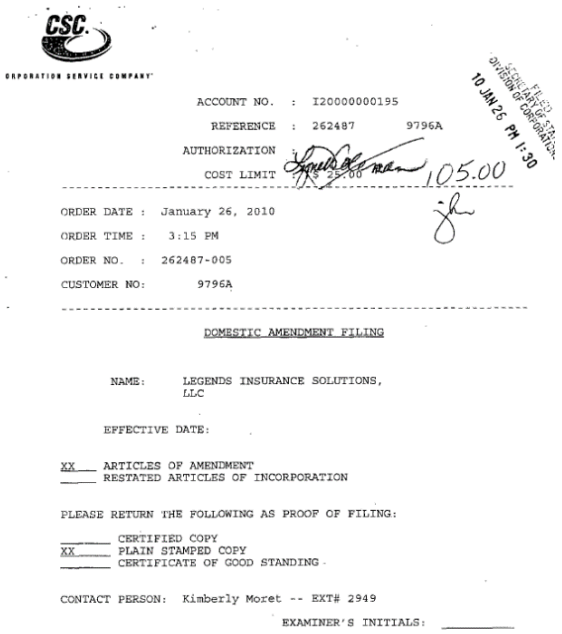
700164099257

FILED
10 JAN 26 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

26

B. KOHR
JAN 28 2010
EXAMINER

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter



CSC
CORPORATION SERVICE COMPANY

FILED
10 JAN 25 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ACCOUNT NO. : I20000000195
REFERENCE : 262487 9796A
AUTHORIZATION :
COST LIMIT : $ 25.00 105.00

ORDER DATE : January 26, 2010
ORDER TIME : 3:15 PM
ORDER NO. : 262487-005
CUSTOMER NO: 9796A

DOMESTIC AMENDMENT FILING

NAME: LEGENDS INSURANCE SOLUTIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: _____

Leadership Team and Timeline

Leadership Team Acentria Insurance (Pre-Acquisition & Post Acquisition)

Kevin Mason, CEO

Co-Founder and current CEO of Acentria

Kendall McEachern

Co-Founder and up until his recent passing; Executive Chairman

Mitch Weinstein, Partner

Co-founder and still head of acquisitions for Acentria

Mary Lawless, President and COO

Joined Acentria in 2014 before FRP's acquisition as COO and still operates as President and COO

Timeline

January 26, 2010

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

- Attached for your reference is a copy of the Certificate of Conversion evidencing the conversion of LIS to Acentria.

January 31, 2017

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

November 1, 2017

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

Today:

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

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P10000008266

Entity Name: ACENTRIA, INC.

Current Principal Place of Business:

4634 GULFSTARR DR.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4634 GULFSTARR DR.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 26-4432044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESSER, MICHAEL
C/O CHESSER & BARR, P.A.
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MCEACHERN, CHARLES K
Address: 4634 GULFSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Title: PRES
Name: MASON, KEVIN G
Address: 4634 GULFSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Title: COO
Name: WEINSTEIN, MITCHELL
Address: 4634 GULFSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Section 8

Audited Financials

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

FRP INVESTORS, L.P.
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 21,409,372	$ 8,174,098
Restricted Cash	30,170,606	26,075,878
Premiums, Commissions, and Fees Receivable, Net	70,186,548	65,928,989
Other Receivables	3,335,095	6,187,828
Other Current Assets	5,532,339	5,433,644
Total Current Assets	130,633,960	111,800,437
NON-CURRENT ASSETS		
Fixed Assets, Net	4,940,674	3,611,909
Intangible Assets, Net	260,474,597	182,550,446
Goodwill	637,827,202	435,327,737
Other Assets	4,776,621	1,589,082
Deferred Tax Asset	-	818,000
Total Long-Term Assets	908,019,094	623,897,174
Total Assets	$ 1,038,653,054	$ 735,697,611
LIABILITIES AND MEMBERS' EQUITY		
CURRENT LIABILITIES		
Premiums Payable to Insurance Companies	$ 60,186,561	$ 64,559,116
Accounts Payable	1,391,254	1,478,759
Accrued Compensation and Benefits	19,549,147	11,749,722
Accrued Expenses and Other Current Liabilities	5,551,198	1,333,405
Acquisition Earnout Libilities	46,063,626	27,270,413
Revolving Line of Credit	-	8,000,000
Current Portion of Long-Term Debt	4,606,676	2,950,113
Total Current Liabilities	137,348,462	117,341,528
LONG-TERM LIABILITIES		
Long-Term Debt, Net of Current Portion	575,160,753	372,225,110
Non-Current Liabilities	2,027,079	15,079
Deferred Tax Liability	2,572	-
Acquisition Earnout Liabilities	38,827,881	19,800,907
Total Long-Term Liabilities	616,018,285	392,041,096
MEMBERS' EQUITY		
Members' Interest - Series A-1 Units	172,894,510	152,894,510
Members' Interest - Series A-2 Units	119,809,588	76,649,219
Accumulated Deficits	(7,417,791)	(3,228,742)
Total Members' Equity	285,286,307	226,314,987
Total Liabilities and Members' Equity	$ 1,038,653,054	$ 735,697,611

CONFIDENTIAL

FRP INVESTORS, L.P.
CONSOLIDATED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
REVENUES		
Commissions & Fees	$ 219,778,897	$ 177,100,253
Contingent Commissions	4,212,065	3,121,360
Other Income	3,665,732	3,172,322
Total Revenues	227,656,694	183,393,935
EXPENSES		
Employee Compensation and Benefits	130,954,427	104,287,800
Other Operating Expenses	36,986,468	31,413,641
Amortization Expense	26,760,113	20,953,282
Depreciation Expense	1,569,026	1,239,738
Acquisition Related Costs	4,836,485	2,126,873
Interest Expense	34,463,606	30,231,689
Change in Estimated Earnout Payable	(3,293,295)	2,856,506
Total Expenses	232,276,830	193,109,529
LOSS BEFORE INCOME TAXES	(4,620,136)	(9,715,594)
INCOME TAX BENEFIT	431,087	2,246,155
NET LOSS	$ (4,189,049)	$ (7,469,439)

CONFIDENTIAL

ee accompanying Notes to Consolidated Financial Statements.

FRP INVESTORS, L.P.
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Net Loss	$ (4,189,049)	$ (7,469,439)
Adjustments to Reconcile Net Loss to Net Cash		
Provided by Operating Activities:		
Depreciation and Amortization	28,329,139	22,193,020
Amortization of Deferred Financing Fees	2,427,405	1,844,701
Change in Earnout Liabilities	(3,293,295)	2,856,506
Deferred Taxes	(431,087)	(2,246,155)
Changes in Operating Assets and Liabilities, Net of Effect		
from Acquisitions:		
Premium Receivables	(3,183,443)	(34,502,753)
Other Receivables	(431,709)	(2,297,906)
Other Current Assets	5,931,986	166,963
Premiums Payable to Insurance Companies	(4,372,555)	45,339,587
Accounts Payable	(87,505)	940,026
Accrued Compensation and Benefits	9,529,425	3,339,551
Other current liabilities	(1,266,324)	(3,610,555)
Net Cash Provided by Operating Activities	28,962,988	26,553,546
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash Consideration for Acquisitions	(201,092,423)	(142,054,748)
Purchase of Fixed Assets	(2,360,503)	(1,080,808)
Other Assets	85,573	(215,024)
Net Cash Used by Investing Activities	(203,367,353)	(143,350,580)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment of Acquisition Earn-Out Liability	(25,115,447)	(41,909,898)
Capital Contributions for A-1 Units	20,000,000	50,500,040
Capital Contribution for A-2 Units	2,685,013	8,982,880
Borrowings on the First and Second Lien Credit Facility, net of fees	205,864,096	114,062,971
Payment of closing fees on Credit Facility	(185,000)	(689,000)
Payment on L-T Debt	(3,514,295)	(2,668,462)
Borrowings from Revolver	18,000,000	14,725,434
Payments on the Revolver	(26,000,000)	(6,725,434)
Net Cash Provided by Financing Activities	191,734,367	136,278,531
INCREASE IN CASH AND CASH EQUIVALENTS	17,330,002	19,481,497
Cash and Cash Equivalents and Restricted Cash - Beginning of Period	34,249,976	14,768,480
CASH AND CASH EQUIVALENTS - END OF PERIOD	**$ 51,579,978**	**$ 34,249,976**

CONFIDENTIAL

Section 9

Appendix

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Appendix

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○ United HealthCare Monthly Reporting	87

HOLLY HILL
FLORIDA

1065 Ridgewood Avenue
Holly Hill, Florida 32117
Telephone (386) 248-9440
Fax (386) 248-9498

REQUEST FOR PROPOSALS

PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP TITLE: BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER, AND LIFE BENEFITS

RFP NUMBER: 21HRD001

RFP OPENING DATE & TIME: October 12, 2021, 2:00pm

RFP DEADLINE FOR QUESTIONS: September 20, 2021, 5:00pm

CONTRACT START DATE: January 1, 2022

RFP OPENING LOCATION: 1065 Ridgewood Avenue, Holly Hill, FL 32117, City Hall, Large Conference Room

PRE-SUBMITTAL MEETING: N/A

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

PROPOSER'S NAME: Foundation Risk Partners, Corp. dba Acentria Public Risk

PROPOSER'S MAILING ADDRESS: 1540 Cornerstone Blvd Suite #200

CITY-STATE-ZIP: Daytona Beach, Florida 32117

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

PHONE NUMBER: 386.999.0001 FAX NUMBER: 386.777.2819

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

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

X _____
AUTHORIZED SIGNATURE (MANUAL)

Ross Beach / Director of Risk Management
NAME (TYPED) / TITLE

10/6/21
DATE

Proposer

1

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001

RFP RESPONSE FORM

THIS RESPONSE IS SUBMITTED TO:

City Clerk
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, Florida 32117

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

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

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

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

Addendum Date	Addendum Number
9/21/2021	1
9/22/2021	2
9/22/2021	3
9/23/2021	4

Receipt of all of which is hereby acknowledged.

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

THIS RESPONSE IS SUBMITTED BY:

COMPANY NAME: Foundation Risk Partners, Corp. dba Acentria Public Risk

VENDOR/CONTRACTOR LICENSE NUMBER: L100460

ADDRESS: 1540 Cornerstone Blvd Suite #200
Daytona Beach Florida 32117

2

PHONE NO.: 386.999.0001 FAX NO.: 386.777.2819

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

TITLE: Director of Risk Management

AUTHORIZED SIGNATURE: I, _____ hereby
(Original signature required in each document)

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

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

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

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001

CITY OF HOLLY HILL, FLORIDA

CONFLICT, NON-CONFLICT OF INTEREST STATEMENT
LITIGATION STATEMENT

[X] To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients or contracts for this project.

[X] The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients or contracts for this project.

[X] The undersigned firm has had no litigation on any project in the last five (5) years.

[X] The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years.

Foundation Risk Partners, Corp. dba Acentria Public Risk
COMPANY NAME

AUTHORIZED SIGNATURE

Ross Beach
NAME (PRINT OR TYPE)

Director of Risk Management
TITLE

10/8/21
DATE

*Although no court has ruled against FRP, FRP is currently a Defendant in a contract dispute in Volusia County. Separately, FRP filed suit against the Plaintiff in that action of breach of contract. The cases are consolidated and pending in Volusia County.

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001
CITY OF HOLLY HILL, FLORIDA
DRUG-FREE WORKPLACE CERTIFICATION

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

1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violation.

3) Give each employee that engages in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) calendar days after such conviction.

5) Impose sanctions on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Foundation Risk Partners, Corp. dba Acentria Public Risk
Company Name

Authorized Signature
Ross Beach
Print Name
Director of Risk Management
Title

Service Calendar

Sample Implementation and Service Calendar for the City of Holly Hill

		Start	Complete	Responsibility	Status	Comments
1.	**Initial Onboarding & Information Gathering**					
a)	Identify/introduce team members	10/27/2021	10/27/2021	Acentria		
b)	Notify carriers and establish meeting date to review open issues, send BOR letters	10/27/2021	10/27/2021	Acentria		
c)	Establish team contact lists for Acentria and the City	10/27/2021	10/27/2021	Acentria		
d)	Receive list of all coverage lines and vendors	10/27/2021	10/27/2021	Acentria		
e)	Collect policies and renewal premiums [3 years]	10/27/2021	10/29/2021	Acentria		
2.	**Benefits Administration**					
a)	Document all administrative processes and procedures	10/27/2021	10/27/2021	Acentria		
b)	Online enrollment system?	TBD	TBD	Acentria		Continuing with Plan Source
c)	Establish weekly open items review meeting	TBD	TBD	Acentria		
3.	**Cost Mitigation and Strategic Planning**					
a)	Determine overall program objectives	1/3/2022	1/7/2022	Acentria / The City		Inception Date to Focus on Renewal and Open Enrollment
b)	Receive update claims history	1/10/2022	1/14/2022	Acentria		
c)	Perform cost driver analysis	1/14/2022	1/16/2022	Acentria		
d)	Present strategic planning	1/17/2022	1/19/2022	Acentria		
e)	Refine and solidify strategic plan based off collaboration with the City	1/19/2022	1/21/2022	Acentria / The City		
4.	**Renewal and Open Enrollment Preparation**					
a)	Set renewal timeframe expectations from incumbent carriers/vendors	10/27/2021	10/27/2021	Acentria / The City		
b)	Solidify renewal options with the City	10/27/2021	10/27/2021	Acentria / The City		
h)	Prepare all aspects of the Open Enrollment event, including employee meetings, communications and enrollment setup	10/27/2021	10/29/2021	Acentria		
i)	Communicate all enrollment changes to the carriers to ensure ID card distribution occurs before plan anniversary date	12/1/2021*	12/1/2021*	Acentria		*As soon as OE has been closed
4.	**Compliance**					
a)	Complete onsite full audit of ERISA, DOL, IRS and HIPPA policies and procedures currently in place	12/1/2021	12/1/2021	Acentria		
b)	Compliance audit scorecard review with gaps reviewed and remediation plan established	12/13/2021	12/16/2021	Acentria		
c)	Remediate any compliance gaps identified	12/20/2021	12/20/2021	Acentria		
d)	Ensure annual 1095C/1094C distribution complete	2/1/2022	2/28/2022	Acentria		
5.	**Employee Communications & Education**					
a)	Develop benefit guides for new plan year 2022	10/27/2021	10/29/2021	Acentria		
b)	Establish 2022 employee communication and education project plan (content and delivery dates) and review with the City to ensure we're driving the messaging to drive behavior and culture	1/4/2022	1/14/2022	Acentria / The City		We will provide all education communications for the City's current Open Enrollment as well.
c)	Set up monthly/quarterly management meetings	1/4/2022	1/4/2022	Acentria		
d)	Send-ready communication pieces branded for Holiday designed to drive appreciation and understanding of benefits	TBD	year-round	Acentria		

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Acentria Claim Reporting

GROUP NAME

Health Plan Cost

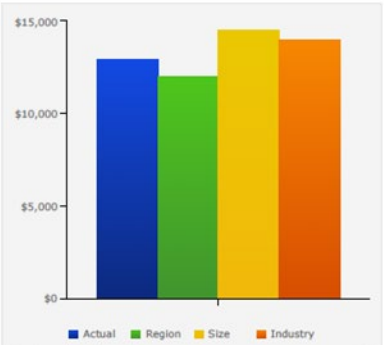
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

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

Region	REGION
Industry type	INDUSTRY

Points to consider:

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



Total number of employees	223
Actual cost per employee	$12,877.29
Total health plan cost	$2,871,636.29
Norm cost per employee (region)	$11,973.92
Norm total cost (region)	$2,670,185.00
Norm cost per employee (employer size)	$14,495.25
Norm total cost (employer size)	$3,232,441.00
Norm cost per employee (industry type)	$13,929.25
Norm total cost (industry type)	$3,106,222.00

GROUP NAME

Health Plan Cost Trend

Examine the pattern of your claim charges and payments over the course of the reporting period to identify irregularities or opportunities.

Your Total Health Plan Cost

	Per Employee	Total
Net paid claims (less amount over specific)	$10,466.18	$2,333,958
Prescription drug costs	$535.75	$119,473
Administrative costs/premium	$1,875.36	$418,205
Actual cost	$12,877.29	$2,871,636
Region benchmark	$11,973.92	$2,670,185
Employer size benchmark	$14,495.25	$3,232,441
Industry type benchmark	$13,929.25	$3,106,222

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

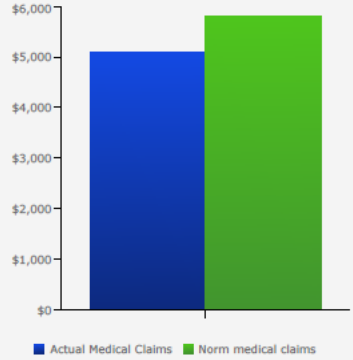
GROUP NAME

Medical Claims Cost

Compare your costs per member with the norm. Administrative and fixed costs are not included; prescription drug expense is included unless otherwise stated. Use this exhibit as your first indication as to whether your claims costs are in-line with your peers, based on benchmarking by location, industry and plan type.

Points to consider:

- Are your costs in-line with that of your peers?
- Is your plan design competitive?
- Do any specific utilization and cost patterns suggest areas of opportunity?
- Are your high costs claims appropriately managed?
- Do you encourage preventive care for your plan participants?
- Would a disease management program help control costs?

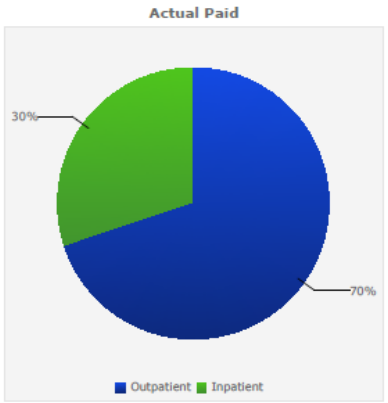


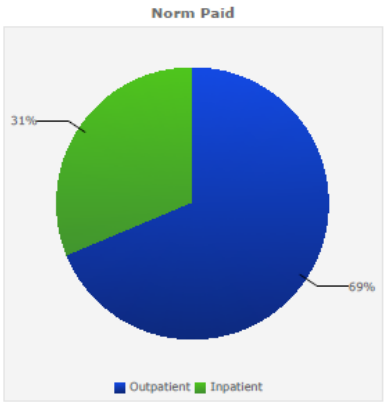
Actual medical claims/member	$5,083.77
Norm medical claims/member	$5,810.72
Percent over/under norm	-12.51%

GROUP NAME

Inpatient and Outpatient Claims

Assess how the distribution of your paid claims by inpatient versus outpatient setting compares to that of your peers. For this report, the data includes both facility fees (room and board, supplies, and ancillary services) and professional services fees (physician, surgeon, and anesthesiologist).





Network	Actual Paid	Norm Paid	Variance
Inpatient	$707,964.82	$735,519.97	-3.75%
Outpatient	$1,638,191.39	$1,610,401.62	1.73%

Points to consider:

- Is inpatient care appropriately managed?
- Are effective disease management programs in place?
- Does your network contain high-quality, fair-cost providers?
- Can your costs be reduced by using pre-authorization mandates?
- Have changing medical treatment patterns shifted medical care environments?

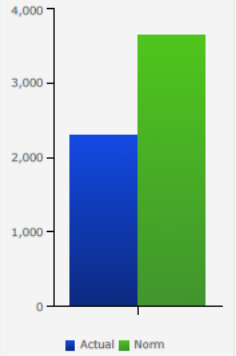
Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

GROUP NAME

Office Visits

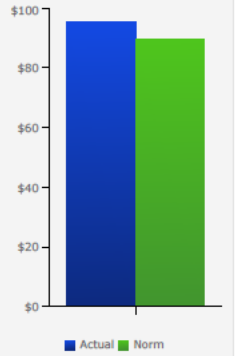
Gauge your plan's office visit utilization and costs compared to that of your peers. For this report, the data includes claims that were coded as office visit procedures.

Visits per 1000



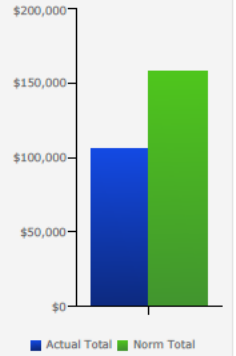
Actual visits	1,109
Norm visits	1,761
Amount over/under norm	-652
Percent over/under norm	-37.01%

Average Paid per Visit



Actual avg paid/visit	$95.50
Norm avg paid/visit	$89.51
Amount over/under norm	$5.99
Percent over/under norm	6.70%

Total Paid



Actual total paid	$105,913
Norm total paid	$157,586
Amount over/under norm	($51,673)
Percent over/under norm	-32.79%

Points to consider:

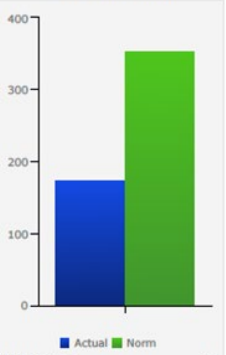
- Do you provide self-care information for common illness such as colds, ear infections, and allergies at the appropriate seasonal intervals?
- Is your plan design competitive?
- Do you encourage regular visits and follow-ups with a primary care provider?

GROUP NAME

Emergency Room Visits

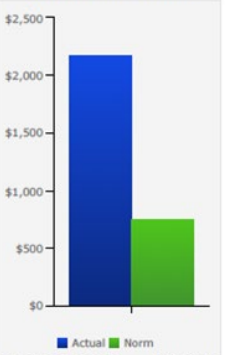
Gauge your plan's emergency room utilization and costs compared to that of your peers. For this report, the data includes claims that took place in an emergency room setting or included emergency room procedure coding.

Visits per 1000



Actual visits	84
Norm visits	171
Amount over/under norm	-87
Percent over/under norm	-50.88%

Average Paid per Visit



Actual average paid	$2,172.46
Norm average paid	$749.66
Amount over/under norm	$1,422.80
Percent over/under norm	189.79%

Total Paid

Actual total paid	$182,486
Norm total paid	$128,207
Amount over/under norm	$54,279
Percent over/under norm	42.34%

Points to consider:

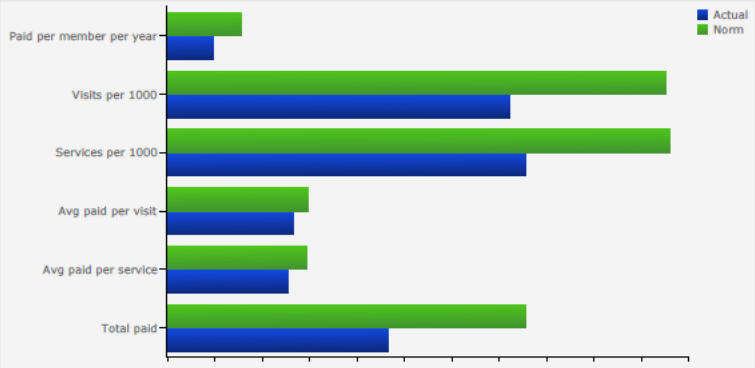
- Is your plan design competitive?
- Do your plan designs and communications encourage the use of home care, nurse lines, urgent care centers, and primary care providers?
- Are there ways to encourage use of non-emergency providers, such as workplace policies like, or making participants aware of nearby providers like urgent care centers?
- Could hand sanitizing stations or communication of self-care tips aid in reducing emergency room utilization during cold and flu season?

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

GROUP NAME

Preventive Care

Evaluate utilization and costs associated with preventive care, as defined by and compared to Truven Health Analytics Inc.



Preventive Care	Actual	Norm	Amount Over/Under Norm	Percent Over/Under Norm
Paid per member per year	$47.95	$77.95	($30.00)	-38.48%
Visits per 1000	361	526	-165	-31.40%
Services per 1000	377	530	-153	-28.80%
Avg paid per visit	$132.90	$148.20	($15.30)	-10.32%
Avg paid per service	$127.09	$147.09	($20.00)	-13.60%
Total paid	$23,257	$37,806	($14,549)	-38.48%

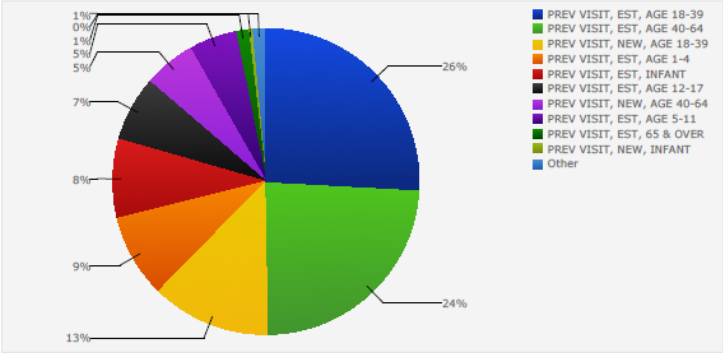
Points to consider:

- Are plan participants encouraged to use preventive care services?
- Are effective wellness initiatives in place to address needs relevant to your plan participants?

GROUP NAME

Preventive Care Top 10 Services

Evaluate your top preventive care services. This exhibit incorporates preventive care as defined by Truven Health Analytics Inc.



Service	Claims	Total Paid	Average Paid	Percent of Total Paid
PREV VISIT, EST, AGE 18-39	35	$6,015.45	$171.87	25.86%
PREV VISIT, EST, AGE 40-64	33	$5,544.41	$168.01	23.84%
PREV VISIT, NEW, AGE 18-39	15	$2,930.52	$195.37	12.60%
PREV VISIT, EST, AGE 1-4	25	$2,045.12	$81.80	8.79%
PREV VISIT, EST, INFANT	31	$1,942.92	$62.67	8.35%
PREV VISIT, EST, AGE 12-17	16	$1,593.52	$99.60	6.85%
PREV VISIT, NEW, AGE 40-64	6	$1,268.81	$211.47	5.46%
PREV VISIT, EST, AGE 5-11	14	$1,172.73	$83.77	5.04%
PREV VISIT, EST, 65 & OVER	2	$310.06	$155.03	1.33%
PREV VISIT, NEW, INFANT	4	$87.88	$21.97	0.38%

Points to consider:

- Are the types of services consistent with your demographics?
- Is there an opportunity to promote specific services through communication and education?

Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

GROUP NAME

At - A - Glance

General Information				
Total Employees				223
Total Covered Lives				485
Total Claim Charges				$5,895,085.23
Total Claim Payments				$2,346,156.21
Area	**Actual**	**Norm**	**Difference**	**Experience**
Health Plan Costs	$12,877	$11,974	**7.54%**	Unfavorable
Medical Claims Costs	$5,084	$5,811	**-12.51%**	Favorable
Inpatient Analysis - Admissions/1000	58	63	**-8.48%**	Favorable
Inpatient Analysis - Average Paid/Admission	$23,399	$21,891	**6.89%**	Unfavorable
Maternity Admissions/1000	16	26	**-36.05%**	Favorable
Maternity Average Paid/Admission	$19,120	$6,626	**188.54%**	Unfavorable
Outpatient Surgery/1000	627	1,276	**-50.88%**	Favorable
Outpatient Surgery Average Paid	$220	$138	**59.03%**	Unfavorable
Emergency Room Visits/1000	173	353	**-50.88%**	Favorable
Emergency Room Average Paid	$2,172	$750	**189.79%**	Unfavorable
Office Visits Visits/1000	2,287	3,630	**-37.01%**	Favorable
Office Visits Average Paid	$96	$90	**6.70%**	Unfavorable
Chiropractic Visits/1000	8	318	**-97.41%**	Favorable
Chiropractic Average Paid/Visit	$0	$18	**N/A**	Not Available
Physical Therapy Visits/1000	45	297	**-84.74%**	Favorable
Physical Therapy Paid/Visit	$0	$9	**N/A**	Not Available
Radiology Visits/1000	396	1,382	**-71.35%**	Favorable
Radiology Paid/Visit	$317	$261	**21.30%**	Unfavorable
IPMH Admissions/1000	2	8	**-74.67%**	Favorable
IPMH Average Paid/Admission	$0	$10,767	**N/A**	Not Available
Outpatient Mental Health Visits/1000	231	969	**-76.16%**	Favorable
Outpatient Mental Health Average Paid/Visit	$91	$107	**-15.54%**	Favorable

GROUP NAME

DATES

Disease Cost Drivers

Review which three disease categories have the most potential for cost saving opportunities. For each category, see a break-down of the number of patients treated and total amount paid.

Heart Disease Costs		Asthma/COPD Costs		Lifestyle Related Claims	
Total Costs		Total Costs		Total Costs	
735.0% ↑		651.4% ↑		65.0% ↑	
Actual paid: $205,701	Norm paid: $24,635	Actual paid: $20,166	Norm paid: $2,684	Actual paid: $566,585	Norm paid: $343,367
Total Patients		Total Patients		Total Patients	
Actual patients: 36	Norm patients: 18	Actual patients: 15	Norm patients: 5	Actual patients: 124	Norm patients: 226

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Visit Cost Drivers

Review which three visit categories have the most potential for cost saving opportunities. For each type of visit, see a break-down of the number of patient visits and total amount paid.

Inpatient Maternity Costs		Emergency Room Costs		Preventive Care Costs	
Total Costs		Total Costs		Total Costs	
84.5% ↑		42.3% ↑		38.5% ↓	
Actual paid: $152,957	Norm paid: $82,894	Actual paid: $182,486	Norm paid: $128,207	Actual paid: $23,257	Norm paid: $37,806
Total Visits		Total Visits		Total Visits	
Actual visits: 8	Norm visits: 13	Actual visits: 84	Norm visits: 171	Actual visits: 175	Norm visits: 255

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UHC Monthly Report

Employer eServices®

eServices Customer Reporting

Sample Report Package

Automated Reports

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Employer eServices®

Reports by Service Level

REPORT NAME	STANDARD
Financial	
Claim Expenses by Size of Payment	□
Claim Lag Study	□
Detail Payment †	□
Large Loss Claim Payments †	□
Payments by Benefit Type	□
Payments By Month	□
Premium vs Claims Incurred Including IBNR ±	□
Managed Pharmacy	
Managed Pharmacy Plan Performance	□
Medical	
Claim Experience	□
Healthcare Cost Management Summary	□
HRA Plan Design Status ◇	□
HRA Plan Sponsor Statement of Position ◇	□
HRA Termed Balance ◇	□
Network Utilization	□
Membership	
Membership By Month	□

□ Automated Reports are system generated on a prearranged schedule using fixed date and data parameters
± Report includes information for fully insured funding only
† Report includes information for ASO funding only
◇ Report includes HRA plan information

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Employer eServices®

Financial

Claim Expenses by Size of Payment

Payment Category	Metrics	Number of Claimants	% Claimants	Payments	% Payments
Total		**2,043**	**100.0%**	**$3,028,750.32**	**100.0%**
<$.01		19	0.9%	($4,365.19)	(0.1%)
$.01-$49		195	9.5%	5,472.25	0.2%
$50-$99		202	9.9%	$14,834.39	0.5%
$100-$249		420	20.6%	$69,991.81	2.3%
$250-$499		380	18.6%	$135,179.03	4.5%
$500-$999		302	14.8%	$215,372.49	7.1%
$1,000-$2,499		324	15.9%	$503,095.44	16.6%
$2,500-$4,999		103	5.0%	$361,542.33	11.9%
$5,000-$9,999		52	2.5%	$363,521.02	12.0%
$10,000-$14,999		22	1.1%	$257,225.76	8.5%

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Claim Lag Study

Book Year/Month	Metrics / Service Year/Month	Payments						
		2008-01	2008-02	2008-03	2008-04	2008-05	2008-06	Total
2008-01		$111,394	$0	$0	$0	$0	$0	**$111,394**
2008-02		$216,056	$167,146	$0	$0	$0	$0	**$383,202**
2008-03		$64,015	$350,339	$135,190	$0	$0	$0	**$549,544**
2008-04		$8,916	$37,311	$303,377	$166,481	$0	$0	**$516,086**
2008-05		$10,550	$18,506	$18,923	$258,669	$182,371	$0	**$489,019**
2008-06		$2,222	$6,085	$21,927	$19,803	$250,822	$185,902	**$486,760**
Total		**$413,152**	**$579,387**	**$479,417**	**$444,953**	**$433,193**	**$185,902**	**$2,536,004**

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Detail Payment

Subscriber Number	Subscriber Name	Claimant First Name	Relationship	Employment Status	Medicare Status	Benefit Type	Payment Type	Series Designator	Check Number	Service Day	Issue Day	Charge Day	Payments
00011111111	LASTNAME, A.	ANAME	Subscriber	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999903	2/2/2004	26-FEB-04	20-FEB-04	$18.02
									00999904	2/2/2004	26-FEB-04	20-FEB-04	$11.75
									009999:4	5/3/2004	20-MAY-04	14-MAY-04	$47.19
						Outpatient/Professional Medical	Other Payments, Standard	VE	10000001	2/2/2004	20-FEB-04	23-FEB-04	$46.43
									40000004	5/3/2004	14-MAY-04	17-MAY-04	$34.93
			Total										$158.30
	Total												$158.30
00011111112	LASTNAME, B.	BNAME	Subscriber	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999902	1/26/2004	12-FEB-04	06-FEB-04	$34.45
									00999905	5/24/2004	17-JUN-04	11-JUN-04	$37.39
									00999906	2/4/2004	26-FEB-04	20-FEB-04	$1.14
									00999908	4/10/2004	06-MAY-04	30-APR-04	$37.39
									009999:0	3/5/2004	25-MAR-04	19-MAR-04	$34.45
			Total										$144.82
		XNAME	Spouse	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999901	12/22/2003	15-JAN-04	09-JAN-04	$35.22
									00999907	2/4/2004	26-FEB-04	20-FEB-04	$18.25
									009999:1	3/3/2004	25-MAR-04	19-MAR-04	$31.42
									009999:2	4/30/2004	20-MAY-04	14-MAY-04	$48.77
						Outpatient X-Ray and Lab	Other Payments, Standard	VE	12000021	4/26/2004	07-MAY-04	10-MAY-04	$114.59
									23000032	4/26/2004	21-MAY-04	24-MAY-04	$20.30
			Total										$308.55
		YNAME	Child	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999909	3/25/2004	08-APR-04	02-APR-04	$6.55
						Outpatient/Professional Medical	Other Payments, Standard	VE	30000003	3/25/2004	12-APR-04	13-APR-04	$43.23
			Student	Active	Non-Medicare	Outpatient/Professional Medical	Other Payments, Standard	VE	20000002	2/16/2004	08-MAR-04	09-MAR-04	$43.23
			Total										$93.06
		ZNAME	Child	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	009999:3	5/6/2004	20-MAY-04	14-MAY-04	$61.71
						Outpatient/Professional Medical	Other Payments, Standard	VF	01000001	5/6/2004	28-MAY-04	01-JUN-04	$44.89
			Total										$106.60
	Total												$553.04
Total													$3,273,298.92

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

Employer eServices®

Large Loss Claim Payments

Claimant	Relationship	Subscriber	Employment Status	Medicare Status	Policy Number	Suffix	Account	Product	HMO Account Division	Payments
First name	Child	00000000012 LASTNAME, X.	Not Active	Non- Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	$231,861.76
	Total									**$231,861.76**
First name	Child	00000300123 LASTNAME, X.	Not Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	$4,443.58
First name	**Total**									**$4,443.58**
First name	Other Dependant	00000001234 LASTNAME, X.	Not Active	Non-Medicare	000001234	AC	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	$166.597.75
First name	**Total**									**$166.597.75**
First name	Spouse	00000012345 LASTNAME, X.	Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	$102,951.52
First name	**Total**									**$102,951.52**
Total										**$505,854.61**

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Payments by Benefit Type

Benefit Type	Relationship Group Metrics	Subscriber Payments	Spouse Payments	Dependent/Other Payments	Total Payments
50	Dental	$83,151.90	$64,115.31	$68,766.18	**$216,033.39**
70	Orthodontia	$0.00	$0.00	$8,669.29	**$8,669.29**
200	Medco Health	$351,820.43	$218,479.41	$112,327.41	**$682,627.25**
260	Inpatient Hospital Room & Board	$92,086.43	$40,053.51	$56,042.84	**$188,182.78**
270	Inpatient Hospital Miscellaneous	$336,389.41	$94,304.29	$31,004.03	**$461,697.73**
300	Outpatient Hospital Miscellaneous	$123,245.79	$126,805.98	$71,471.47	**$321,523.24**
310	Emergency Room	$34,311.85	$19,655.80	$20,616.91	**$74,584.56**
320	Surgery	$79,494.60	$88,983.14	$28,898.83	**$197,376.57**
330	Anesthesia	$28,999.63	$20,529.74	$6,595.97	**$56,125.34**
350	Assistant Surgical	$10,909.06	$1,453.11	$97.53	**$12,459.70**
360	Inpatient Medical	$19,294.39	$2,400.78	$14,588.36	**$36,283.53**
380	Other Medical	$9,095.17	$261.14	$1,077.58	**$10,433.89**
390	Chemotherapy	$127.18	$4,399.91	$789.11	**$5,316.20**
400	Radiation Therapy	$10,490.98	$53.84	$0.00	**$10,544.82**
410	Outpatient X-Ray and Lab	$197,836.80	$121,870.14	$52,511.69	**$372,218.63**
420	Outpatient Psychiatric	$7,369.57	$9,068.03	$6,776.30	**$23,213.90**
450	Comprehensive Medical Expenses	$33,353.46	$96.04	$109.13	**$33,558.63**
470	Supplemental Accident	$7,251.83	$5,189.65	$15,177.14	**$27,618.62**
Total		**$1,628,755.97**	**$970,515.94**	**$654,695.40**	**$3,253,967.31**

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

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Payments by Month

Book Year/Month	Benefit Payment Metrics	Medical Payments	Managed Pharmacy Payments	Dental Payments	Capitation Payments	Total Payments
2008-01		$317,226	$91,715	$31,602	$3,399	**$443,943**
2008-02		$350,872	$101,771	$28,873	$3,276	**$484,792**
2008-03		$513,536	$109,514	$39,833	$3,179	**$666,062**
2008-04		$383,653	$168,086	$44,186	$3,294	**$599,218**
2008-05		$394,700	$106,412	$32,445	$3,252	**$536,810**
2008-06		$386,409	$105,128	$47,764	$3,172	**$542,474**
Total		**$2,346,397**	**$682,627**	**$224,703**	**$19,572**	**$3,273,299**

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Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2008-01	165,814	64,789	$46,448,856	$280.13	$26,920,205	$3,907,394	$8,214,718	$39,042,318	84.1%	$235.46	$270.69
2008-02	164,912	64,945	$45,894,116	$300.67	$27,974,798	$3,903,596	$8,015,982	$39,894,376	86.9%	$261.36	$273.63
2008-03	163,541	63,127	$45,827,494	$300.72	$27,655,783	$3,895,226	$8,450,951	$40,001,960	87.3%	$262.49	$274.83
2008-04	164,236	63,879	$45,737,844	$300.85	$28,311,318	$3,885,077	$8,405,053	$40,601,448	88.8%	$267.06	$278.66
2008-05	168,784	64,984	$47,134,940	$310.54	$29,026,484	$3,876,716	$8,654,564	$41,557,765	88.2%	$273.79	$283.09
2008-06	164,222	65,632	$47,086,836	$310.59	$28,015,983	$3,860,405	$8,410,831	$40,287,219	85.6%	$265.74	$284.28
2008-07	163,124	64,124	$46,410,000	$306.17	$31,129,666	$3,861,036	$8,632,570	$43,623,272	94.0%	$287.79	$286.79
2008-08	165,219	63,555	$46,949,332	$310.07	$29,762,108	$3,847,580	$8,598,165	$42,207,853	89.9%	$278.76	$288.46
2008-09	164,547	64,875	$46,860,841	$310.44	$29,681,554	$3,835,691	$8,761,837	$42,279,081	90.2%	$293.52	$290.04
2008-10	167,945	65,845	$46,281,210	$307.49	$31,211,241	$3,825,585	$9,141,693	$44,178,519	95.5%	$280.09	$291.84
2008-11	166,457	66,901	$46,773,474	$311.80	$27,498,190	$3,822,505	$8,455,999	$39,776,694	85.0%	$280.86	$293.07
2008-12	167,855	65,974	$46,731,337	$311.75	$28,739,275	$3,815,958	$9,539,989	$42,095,222	90.1%	$265.11	$294.71

Total by Experience Period

Current Period	1,687,165	710,836	$537,767,671	$355,547,178	$41,603,325	$101,786,721	$498,937,225	92.8%	$295.73
Prior Period	1,830,646	5,035,670	$558,136,281	$345,924,044	$46,336,770	$103,282,353	$495,543,167	88.8%	$270.69

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	140,597	59,236	$318.74	$210.74	$24.66	$60.33	$295.73
Prior Period	152,554	419,639	$304.88	$188.96	$25.31	$56.42	$270.69

% Change

Current Period vs Prior Period	(7.8%)	(85.9%)	4.5%	11.5%	(2.6%)	6.9%	9.2%

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

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Managed Pharmacy

Managed Pharmacy Plan Performance

Tier Level	Submission Method Category	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/ Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	Retail	1,109	4,470	$89,543	$75,368	$9,451	$222	$0	$32,223	$0	$2.28	$52,817	$11.82	$3.74
	Home Delivery	71	204	$12,819	$10,829	$0	$6	$0	$3,237	$0	$0.23	$7,598	$37.24	$0.54
Tier 2	Retail	1,080	5,300	$107,443	$527,314	$9,414	$865	$0	$81,966	$0	$5.80	$55,627	$85.97	$32.25
	Home Delivery	136	450	$29,856	$92,985	$0	$34	$0	$18,341	$0	$1.30	$74,678	$165.95	$5.29
Tier 3	Retail	642	1,824	$33,497	$166,146	$3,183	$438	$0	$53,713	$0	$3.80	$16,053	$63.63	$8.21
	Home Delivery	52	101	$5,908	$18,757	$0	$13	$0	$6,720	$0	$0.48	$12,050	$119.31	$0.85

Detail

Tier Level	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/ Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	1,135	4,674	$102,362	$86,196	$9,451	$228	$0	$35,460	$0	$2.51	$60,415	$12.93	$4.28
Tier 2	1,146	5,750	$137,298	$620,300	$9,414	$899	$0	$100,307	$0	$7.10	$530,306	$92.23	$37.54
Tier 3	676	1,925	$39,404	$184,903	$3,183	$450	$0	$60,433	$0	$4.28	$128,103	$66.55	$9.07

Subtotals by Tier

Metrics	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
	1,619	12,349	$279,064	$891,399	$22,047	$1,578	$0	$196,200	$0	$13.89	$718,824	$58.21	$50.88

Total

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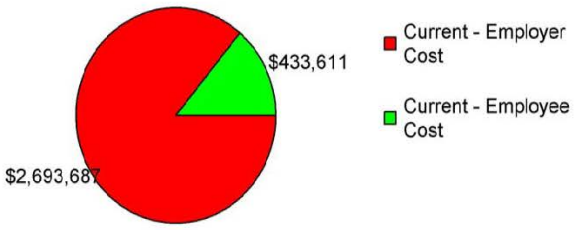
Medical

Claim Experience

Metrics	Type of Coverage	Medical	Pharmacy
Prior - Average Number of Subscribers		875	811
Current - Average Number of Subscribers		951	912
% Change - Average Number of Subscribers		8.6%	12.5%
Prior - Average Number of Members		2,251	2,169
Current - Average Number of Members		2,402	2,355
% Change - Average Number of Members		6.7%	8.6%
Prior - Contract Size		2.57	2.67
Current - Contract Size		2.53	2.58
% Change - Contract Size		(1.8%)	(3.5%)

Enrollment Detail



Metrics	Prior Employer Cost	Prior Employer Cost Sharing	Current Employer Cost	Current Employer Cost Sharing	% Change Employer Cost Sharing
	$2,861,220	87.0%	$2,693,687	86.1%	(1.0%)

Benefit Cost Sharing Detail

Prior Benefit Cost Sharing (Prior to COB)

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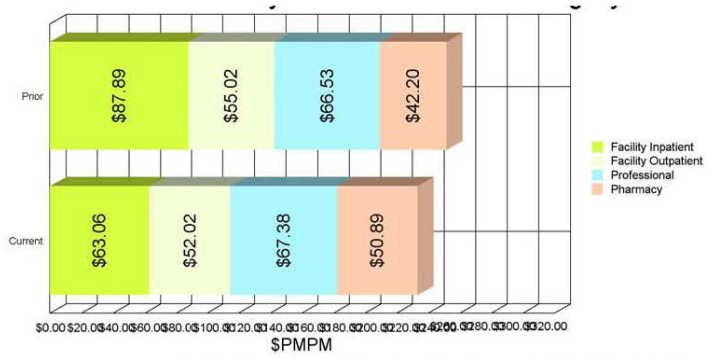

Note: Professional Consists of Primary Care, OB/GYN, Specialty and Allied Health

Claim Cost by Healthcare Cost Category

	Healthcare Cost Category Rollup	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1	Facility Inpatient	$1,187,027	$908,820	$87.89	$63.06	(28.2%)
2	Facility Outpatient	$747,608	$749,809	$55.35	$52.03	(6.0%)
3	Physician - Primary Care	$201,937	$219,713	$14.95	$15.25	2.0%
4	Physician - OB/GYN	$48,464	$85,142	$3.59	$5.91	64.6%
5	Physician - Specialty	$531,352	$566,519	$39.34	$39.31	(0.1%)
6	Allied Health	$116,745	$99,699	$8.64	$6.92	(20.0%)
7	Managed Pharmacy	$544,779	$718,824	$41.87	$50.88	21.5%
Total		**$3,377,912**	**$3,348,526**	**$251.64**	**$233.36**	**(7.3%)**

Claim Cost by Healthcare Cost Category Detail

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Metrics	Prior - Total Capitation Net Paid	Current - Total Capitation Net Paid	Prior - Total Capitation Net Paid PMPM	Current - Total Capitation Net Paid PMPM	% Change Total Capitation Net Paid PMPM
	$8,478	$19,563	$0.63	$1.36	116.3%

Other Claim Cost

Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
	$3,386,390	$3,368,089	$252.27	$234.72	(7.0%)

Total Costs

Healthcare Cost Category Detail	Metrics	Prior Number of Units	Current Number of Units	Prior Units per 1000	Current Units per 1000	Prior - Net Paid per Unit	Current Net Paid per Unit	% Change Units per 1000	% Change Net Paid per Unit
2	Facility Outpatient	5,201	4,947	2,310.5	2,059.7	$143	$152	(10.9%)	6.1%
3	Physician - Primary Care	2,542	2,641	1,129.3	1,099.6	$79	$83	(2.6%)	4.7%
4	Physician - OB/GYN	255	319	113.3	132.8	$190	$267	17.2%	40.4%
5	Physician - Specialty	1,476	1,702	655.7	708.6	$360	$333	8.1%	(7.5%)
6	Allied Health	249	272	110.6	113.2	$469	$367	2.4%	(21.8%)

Outpatient and Professional Utilization by Healthcare Cost Category

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Diagnosis Chapter Rollup	Metrics	Prior Total Net Paid	Current Total Net Paid	Prior Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1	CIRCULATORY SYSTEM	$280,603	$479,747	$20.78	$33.29	60.2%
2	NEOPLASMS	$440,496	$352,263	$32.61	$24.44	(25.1%)
3	INJURY AND POISONING	$380,730	$268,024	$28.19	$18.60	(34.0%)
4	MUSKULO CNCTV TISSUE	$272,875	$202,001	$20.20	$14.02	(30.6%)
5	GENITOURINARY SYSTEM	$213,695	$177,593	$15.82	$12.32	(22.1%)
6	DIGESTIVE SYSTEM	$265,921	$142,089	$19.69	$9.86	(49.9%)
7	RESPIRATORY SYSTEM	$256,180	$140,856	$18.97	$9.77	(48.5%)
8	NERVOUS SYS SENSE ORGANS	$150,011	$128,186	$11.11	$8.89	(19.9%)
Total		**$2,833,133**	**$2,629,702**	**$209.77**	**$182.48**	**(13.0%)**

Cost by Diagnosis Chapter

Metrics	
Prior - Number of Days	580
Current - Number of Days	360
Prior - Days per 1000	257.7
Current - Days per 1000	149.9
Prior - Net Paid per Day	$2,069
Current - Net Paid per Day	$2,690
% Change - Days per 1000	(41.8%)
% Change - Net Paid per Day	30.0%
Prior - Number of Admissions	81
Current - Number of Admissions	80
Prior - Admissions per 1000	36.0
Current - Admissions per 1000	33.3
Prior - Net Paid per Admission	$14,819
Current - Net Paid per Admission	$12,107
% Change - Admissions per 1000	(7.4%)
% Change - Net Paid per Admission	(18.3%)

Inpatient Utilization

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Healthcare Cost Management Summary

Metrics	Physician Primary Care	Physician - OB/GYN	Physician - Specialty	Allied Health	Facility Inpatient	Facility Outpatient	Medical Pharmacy	Total
Submitted Charges	$460,902	$253,332	$1,280,446	$248,791	$1,870,877	$1,686,926	$1,290	**$5,802,563**
Savings Due to Ineligible Charges	$49,256	$69,940	$142,543	$39,023	$200,392	$174,598	$1,063	**$676,815**
Eligible Charges	$411,646	$183,392	$1,137,903	$209,768	$1,670,485	$1,512,328	$226	**$5,125,748**
Savings Due to Discounts	$131,198	$74,196	$457,038	$48,010	$705,733	$601,839	$0	**$2,018,013**
Covered Amount	$280,447	$109,196	$680,866	$161,758	$964,752	$910,490	$226	**$3,107,735**
Savings due to Deductibles	$14,591	$4,819	$33,332	$25,152	$4,823	$57,338	$0	**$140,054**
Savings due to Coinsurance	$6,109	$7,528	$41,612	$20,774	$44,444	$80,000	$0	**$200,468**
Savings due to Copays	$37,697	$4,949	$22,910	$14,340	$0	$13,193	$0	**$93,088**
Gross Payable	$222,051	$91,900	$583,011	$101,492	$915,485	$759,960	$226	**$2,674,124**
Other Savings	$2,338	$6,759	$16,492	$1,792	$6,665	$10,265	$112	**$44,422**
Net Paid	$219,713	$85,142	$566,519	$99,699	$908,820	$749,694	$115	**$2,629,702**
Net Paid PMPM	$15.25	$5.91	$39.31	$6.92	$63.06	$52.02	$0.01	**$182.48**
Net Paid as a % of Grand Total	8.4%	3.2%	21.5%	3.8%	34.6%	28.5%	0.0%	**100.0%**

HCCMS excluding Managed Pharmacy

Metrics	Submitted Charges	Savings Due to Discounts	Savings due to Deductibles	Savings Due to Coinsurance	Savings due to Copays	Net Paid	Net Paid PMPM	Net Paid as a % of Grand Total
	$1,194,088	$279,064	$0	$0	$196,200	$718,824	$50.88	100.0%

HCCMS Managed Pharmacy Costs

Metrics	
Total Deductible as a % of Total Covered Amount	3.5%

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Attachment: RFP No. 21HRD001 Acentria Public Risk Response (3496 : Presentations for Broker Services, Medical, Dental, Vision, Firefighter

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Total Coinsurance as a % of Total Covered Amount	5.0%
Total Copay as a % of Total Covered Amount	7.2%
Total Gross Payable as a % of Total Covered Amount	84.3%
Total Other Savings as a % of Total Covered Amount	1.1%
Total Net Paid as a % of Total Covered Amount	83.2%
Submitted Charges	$6,996,652
Savings Due to Ineligible Charges	$676,815
Eligible Charges	$6,319,837
Savings Due to Discounts	$2,297,078
Covered Amount	$4,022,759
Savings Due to Deductibles	$140,054
Savings Due to Coinsurance	$200,468
Savings Due to Copays	$289,288
Gross Payable	$3,392,948
Other Savings	$44,422
Net Paid	$3,348,526
Net Paid PMPM	$233.36

Cost Sharing and Summary Statistics

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HRA Plan Design Status

HRA Plan Design Status Summary - All Coverage Tiers & Plan Labels

Start Date: 01/2006 **End Date:** 08/2007

Explanation

This report provides HRA utilization information for claims paid, given the report's date parameters, for all coverage tiers and plan labels.

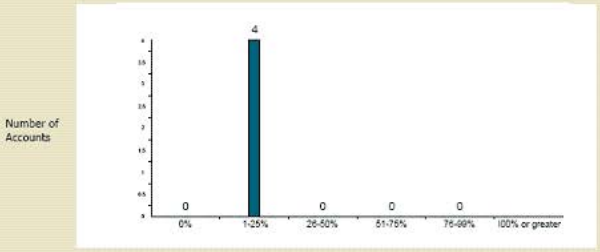
The table indicates the number and percentage of the employees and their HRA balances as a percentage of HRA contribution, given the report's date parameters.

The graph displays the same information in a bar-chart.

The number of accounts includes only those accounts that are active as of the End Date of the report. Therefore, the number of accounts may not equal the number of subscribers listed on the membership reports.

Health Reimbursement Account (HRA)

Percent of HRA Contribution Remaining	Number of Accounts	Percent of Accounts
0%	0	0.00%
1-25%	4	100.00%
26-50%	0	0.00%
51-75%	0	0.00%
76-99%	0	0.00%
100% or greater	0	0.00%
Total	4	100.00%



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HRA Plan Sponsor Statement of Position

Quarter/Year	Beginning Obligation	Initial Contribution Amount	Mid Year Contribution Amount	Termed Roll Off Amount	HRA Paid Amount	Remaining Obligation
1Q2008	$46,846.51	$37,000.00	$21,426.17	$0.00	$9,694.75	$96,077.93
2Q2008	$96,577.93	$0.00	$19,000.00	$750.00	$9,641.12	$107,686.81
3Q2008	$107,686.81	$0.00	$17,800.00	$650.00	$9,585.77	$115,251.04
4Q2008	$115,251.04	$0.00	$26,768.68	$7,419.21	$17,762.50	$551,139.59
Grand Total	**$46,846.51**	**$37,000.00**	**$84,994.85**	**$8,819.21**	**$46,684.14**	**$551,139.59**

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HRA Termed Balance

Term Year Num	Term Month Num	Term Qtr Year	HRA Balance
2007	8	3QTR2007	$400.00
2007	9	3QTR2007	$1,850.00
2008	1	1QTR2008	$2,012.00
2008	3	1QTR2008	$1,150.00
2008	5	2QTR2008	$1,250.00
2008	6	2QTR2008	$500.00
2008	10	3QTR2008	$975.00
2008	11	3QTR2008	$76,040.06
Total			**$84,177.06**

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Network Utilization

Metrics	Network Benefit Level Provider Participation Status Category	Network Benefits - UHG Network			Non-Network Benefits			Neutral Benefits			Total
		UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	
Prior - Eligible Charges		$5,187,050	$268,904	**$5,455,954**	$28,309	$342,786	**$371,096**	$671	$37,908	**$38,579**	**$5,865,629**
Prior - Eligible Charges as % of Total		88.4%	4.6%	**93.0%**	0.5%	5.8%	**6.3%**	0.0%	0.6%	**0.7%**	**100.0%**
Current - Eligible Charges		$4,755,082	$27,423	**$4,782,505**	$33,389	$236,101	**$269,490**	$7,608	$66,146	**$73,754**	**$5,125,748**
Current - Eligible Charges as % of Total		92.8%	0.5%	**93.3%**	0.7%	4.6%	**5.3%**	0.1%	1.3%	**1.4%**	**100.0%**
% Change - Eligible Charges		(8.3%)	(89.8%)	**(12.3%)**	17.9%	(31.1%)	**(27.4%)**	1033.8%	74.5%	**91.2%**	**(12.6%)**
Prior - Discounts		$1,950,434	$0	**$1,950,434**	$0	$0	**$0**	$0	$0	**$0**	**$1,950,434**
Prior - Discounts as % of Total		100.0%	0.0%	**100.0%**	0.0%	0.0%	**0.0%**	0.0%	0.0%	**0.0%**	**100.0%**
Current - Discounts		$1,994,577	$0	**$1,994,577**	$0	$0	**$0**	$124	$0	**$124**	**$1,994,701**
Current - Discounts as % of Total		100.0%	0.0%	**100.0%**	0.0%	0.0%	**0.0%**	0.0%	0.0%	**0.0%**	**100.0%**
% Change - Discounts		2.3%	0	**2.3%**	0	0	**0**	0	0	**0**	**2.3%**
Prior - Discounts as % of Eligible Charges		37.6%	0.0%	**35.7%**	0.0%	0.0%	**0.0%**	0.0%	0.0%	**0.0%**	**33.3%**
Current - Discounts as % of Eligible Charges		41.9%	0.0%	**41.7%**	0.0%	0.0%	**0.0%**	1.6%	0.0%	**0.2%**	**38.9%**
Prior – Total Net Paid		$2,444,643	$138,098	**$2,582,741**	$15,275	$206,286	**$221,561**	$184	$28,647	**$28,831**	**$2,833,133**
Prior - Net Paid as % of Total		86.3%	4.9%	**91.2%**	0.5%	7.3%	**7.8%**	0.0%	1.0%	**1.0%**	**100.0%**
Current – Total Net Paid		$2,399,561	$22,851	**$2,422,412**	$12,654	$141,240	**$153,894**	$4,307	$49,090	**$53,397**	**$2,629,702**
Current - Net Paid as % of Total		91.2%	0.9%	**92.1%**	0.5%	5.4%	**5.9%**	0.2%	1.9%	**2.0%**	**100.0%**
% Change – Total Net Paid		(1.8%)	(83.5%)	**(6.2%)**	(17.2%)	(31.5%)	**(30.5%)**	2240.9%	71.4%	**85.2%**	**(7.2%)**
Prior - Employer Cost Sharing		87.5%	95.5%	**87.9%**	63.7%	73.6%	**72.8%**	30.4%	76.0%	**75.3%**	**86.3%**

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Employer eServices®

Membership by Month

Membership Year/Month	Single Subscribers	Subscribers plus Spouse	Subscribers plus Child/Children	Subscribers plus Family	Total Subscribers	Non-Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
2008-01	351	142	73	390	956	0	1,439	2,395
2008-02	351	141	75	398	965	0	1,459	2,424
2008-03	344	139	73	399	955	0	1,458	2,413
2008-04	343	139	68	399	949	0	1,450	2,399
Total	**2,065**	**834**	**421**	**2,384**	**5,704**	**0**	**8,707**	**14,411**

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Brown & Brown INSURANCE
EMPLOYEE BENEFITS

HOLLY HILL
FLORIDA

Request for Proposal
City of Holly Hill

RFP #21HRD001

Submitted To:
Diane Cole
Human Resource Manager
1065 Ridgewood Ave Holly Hill, FL 32117

Submitted By:
Jessica Scott
Senior Vice President
Brown & Brown of Florida Inc.
Est. 1939 Daytona Beach, Florida

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Agenda

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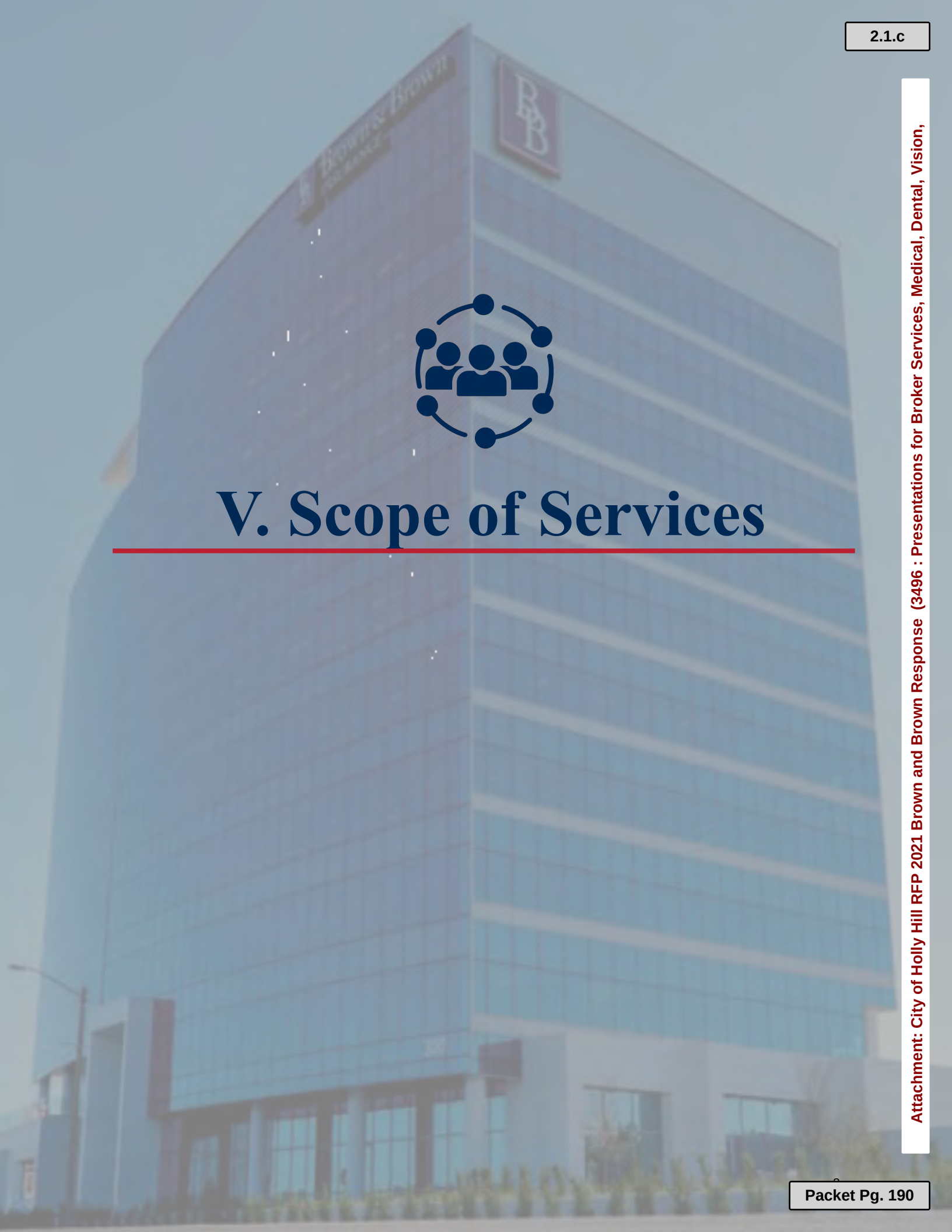
Brown & Brown INSURANCE

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,



V. Scope of Services

V. SCOPE OF SERVICES

AGENT OF RECORD SERVICES FOR EMPLOYEE BENEFIT PROGRAMS

The City of Holly Hill is currently fully-insured with Florida Health Care plans. The health plan provides coverage to full-time employees, their eligible dependents and retirees. The City of Holly Hill has approximately 107 full-time employees including the City Commission. There are 46 enrolled retirees in the basic life insurance plan with currently 7 retirees enrolled in the medical plan and one COBRA participant in the medical plan.

Currently, employees hired prior to January 1, 2021 have a choice between two plans with Florida Health Care: a Health Savings Account – POS plan and an HMO plan. Employees hired January 1, 2021 and thereafter are only entitled to enroll in the Health Savings Account plan.

The City of Holly Hill also offers an employer-paid basic life plan with AD&D which is currently with US-Able with a dependent and voluntary life option for employees to enroll and are responsible for 100% of the premium, as well as a fire cancer policy through Chubb – which is only provided for firefighters, and paid entirely by the City. Also, offered are PPO dental and vision plans through MetLife and EyeMed which are 100% paid by the employee.

New hire insurance is effective the 1st of the month following 30 days of employment and termination occurs on the last day of the month of which the employee is employed.

The City of Holly Hill is seeking a qualified Agent of Record for the purpose of reviewing and evaluating ongoing employee benefit programs to assure such programs are complying with all Federal, State, and Local rules. The Agent of Record will be expected to market carriers who can provide group Medical, Dental, Vision, Fire Cancer, and Life insurance in an effort to obtain the best product at the best price for the calendar year beginning January 1, 2022 and submit said proposals with this RFP. The term of this agreement will be one year beginning January 1, 2022. The agreement should include an option of the continuation of services for three (3) additional one (1) calendar year period renewals thereafter between the City and the selected firm. Employee benefit programs include Medical, Dental, Vision, Fire Cancer, and Life insurance products and services. The Agent of Record will advise on current trends or innovative programs that may be of interest to or benefit the City of Holly Hill employee benefit programs. The City of Holly Hill reserves the right to add, modify, or delete coverages as determined to be in the best interest of the city. All coverages are to be proposed to the City net of commission. Included within the scope of services the Agent of Record will facilitate claim review and coverage issues as requested.

The attachments to the bid show current plan designs, premiums and employee contributions. Please propose benefit plans that duplicate the current benefit levels as close as possible, as well at the alternate design that the City is requesting to promote clinic utilization similar to that offered through Florida Health Care's Wellness Centers. Specify how any other plan benefit options deviate from the current plan designs. The City of Holly Hill is requesting sealed proposals for insurance coverage for the following lines of group coverage:

- Medical
- Dental
- Vision
- Fire Cancer
- Life

The proposer will be expected to provide equal or exceed present services. Submittals are requested for fully-insured quotes. Insurance is to be effective beginning January 1, 2022.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Scope of Services Response:

Please provide the City of Holly Hill with the Scope of Services that your agency provided as the Agent of Record proposer for the Employee Benefits Program. The scope of services must include:

Medical proposers and pharmacy benefit providers are expected to provide fully insured proposals and alternate funding proposals.

See Section VII. Submission Details, Premiums Response for Brown & Brown's fully insured and alternate funding proposal.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

The City currently has a proactive wellness and disease management program, including participation incentives, including but not limited to health screenings, flu shot programs, health risk assessments and health fairs. Please provide details in your proposal of all current program offerings including, if applicable, any additional cost. Proposals should detail the support staff and other assistance that will be provided.

Brown & Brown Wellness Options

Our Process

We take a data-driven approach to designing a population health strategy that aligns with our organizational and workforce needs. We start with an understanding of your business issues and human capital needs and assess the relative importance to your organization of attraction/retention of talent, benefit costs, employee morale/engagement, absence and productivity. We then look at your claim data and analyze chronic condition cost & prevalence, high-cost claim drivers and preventive care adherence. We will assess your current programs, resources and engagement, then identify gaps and priorities with your team and develop a strategy with specific recommendations for programs, communication, incentives and measurement.

Clinical Expertise:

Our team of Population Health Consultants includes our national clinical leader, Dr. Louise Short, our national behavioral health leader, Dr. Joel Axler, an experienced regional representative, Ashley Diaz (bio attached), trained in health and well-being best practices. Many members of our Population Health team are certified in worksite well-being and have clinical backgrounds (i.e. RNs, registered dieticians, exercise physiology, masters degrees in public health and business administration, etc.)

Market Relationships:

Our Population Health Vendor Collectives offer clients preferred terms with best-in-class population health vendors including advocacy/navigation, expert medical opinion and EAP. We will offer additional collectives in 2022.

Actionable Analytics:

Our proprietary tools include our Total Impact Estimator that calculates client's total cost of their top chronic conditions – including medical, Rx, absence and presenteeism costs. We often use this tool to help our clients build the business case for taking action to address the mental health of their employees and families. We also use our analytical tools to establish a dashboard of key metrics that helps clients answer common questions like: How does my company's prevalence and cost of chronic conditions compare to benchmarks and how is it trending year over year.

Innovation Hub:

Our Innovation Hub includes a database of 150+ state-of-the-art vendors addressing a broad range of health and well-being. There are thousands of innovative health solutions in the marketplace and it's critical for employers to do their homework before adding a digital health solution to their workforce health strategy.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

From Wellness to Population Health & Well-being

KEYS TO A SUCCESSFUL JOURNEY

Our Population Health & Well-being approach is innovative, evidence-based and designed to help our customers attract and retain a healthy, engaged, and productive workforce.

STRATEGY FIRST | Don't put the solution before the problem. Start with an understanding of business issues and human capital needs, then apply our Intelligent Health Plan™ framework to develop a strategy with specific goals and objectives. Have a clear understanding of which workforce issues are having the most impact on your organization's performance. How important is attraction and retention of talent, benefit costs, employee morale and engagement, absence, and productivity? Then set priorities, establish measurable objectives, invest in evidence-based solutions, develop a plan to engage employees and their families, and monitor performance.

TAKE A HOLISTIC APPROACH | Historically, many employers focused their workforce health and productivity investments on physical health, and they looked at ROI as the primary outcome metric (i.e., the cost of their investment compared to the health care cost savings associated with the programs). Now, more employers are taking a broader "Value on Investment" (VOI) view of the impact their investments can have on business outcomes, and are including metrics such as employee engagement, productivity, absenteeism, presenteeism, and attraction/retention.

Health and well-being programs have also become more holistic with an expanded focus on emotional, financial, and social health as well as organizational culture. A recent Gallup Organization study found employees who thrive physically, emotionally, socially, and financially have 40% lower health care costs, 35% lower turnover, and 31% higher productivity.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

LEVERAGE DIGITAL HEALTH TECHNOLOGY | Digital health is one of the most far-reaching trends in health care and holds promise to improve access to care, change behaviors, and impact workforce health and productivity. For example, telemedicine solutions are available now to help treat earaches, provide therapy/counseling, and deliver physical therapy 24/7 in the privacy of your home. Remote devices monitor blood sugar, weight and blood pressure, and can improve management of chronic conditions such as diabetes and hypertension.

There are thousands of digital health solutions in the marketplace (according to Rock Health, in 2018 more than $8 billion was invested in 368 digital health deals). It's critical for employers to do their homework before adding a digital health solution to their workforce health strategy. The addition of digital solutions should be coupled with a strategy that is based on employer-specific data, promotes employee engagement, and is consistent with overall organization goals.

ENGAGE EMPLOYEES WITH A SUPPORTIVE CULTURE | Research supports the notion that employers with a positive culture who position health as a business value can enhance their bottom line and market brand. Develop a supportive physical work environment and take a top down/bottom up "sandwich approach" to building organizational support and engaging employees. Engage senior leaders to promote the value of employee well-being, empower managers to educate their teammates, and harness peer-to-peer influence by establishing a network of workforce health ambassadors. Leverage technology to personalize messaging, provide easy access to resources, and make it possible for employees to engage anytime, anywhere.

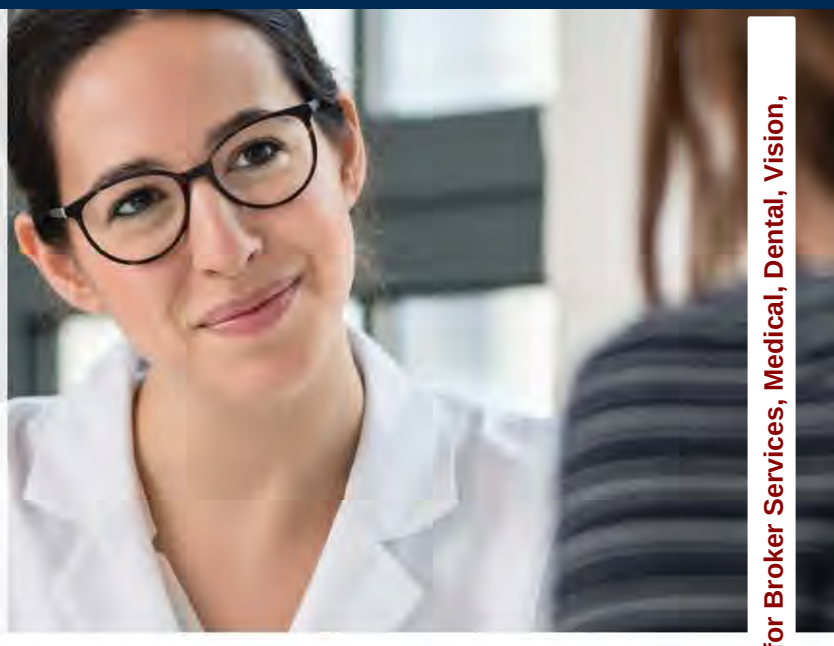
Ultimately one of the best measures of a program's success is how it is perceived by employees and the impact it has on employee engagement (i.e., those who are involved in, enthusiastic about, and committed to their work and workplace (Gallup)). Unfortunately, a typical survey response from a traditional wellness program participant is, "This is an HR initiative and I'm doing it for the money." Employers who take a population health and well-being approach should start hearing, "This is an employee benefit and I'm doing this to enhance all facets of my life."

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Brown & Brown INSURANCE

Population Health Consulting

For the health and well-being of your employees



Overview

Taking care of your employees can be a challenge. Rising costs, a marketplace flooded with digital and virtual solutions, and limited time and resources to develop and deploy effective strategies can all have an impact on you and your employee's health care. The Population Health Consulting team brings specialists to help you improve health outcomes, reduce costs, and increase workforce productivity. We "look under the hood" to understand your pain points, cost drivers, and the effectiveness of existing programs. We leverage our Innovation Hub to navigate the vast array of digital health solutions and develop a strategic roadmap to address your unique needs.

How We Can Help

Our Population Health Ambassadors act as an extension of your team to provide:

Standard Consulting Services

- Assess your current programs and engagement strategies
- Analysis of claims to identify your specific costs and productivity drivers
- 3-year custom roadmap with recommendations tailored to your unique needs
- Specialized vendor tools to help select the best vendor for your needs
- Engagement strategy for communication and incentive programs for your employees
- Performance dashboard and annual review
- Vendor implementation advice and support

Premium Consulting Services

- Clinical assessments of carrier/TPA case management programs
- Onsite clinic feasibility assessments and vendor oversight
- Custom vendor RFPs, evaluation, and selection
- Vendor implementation management and periodic performance review

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Population Health and Implementation

Population Health Management Team

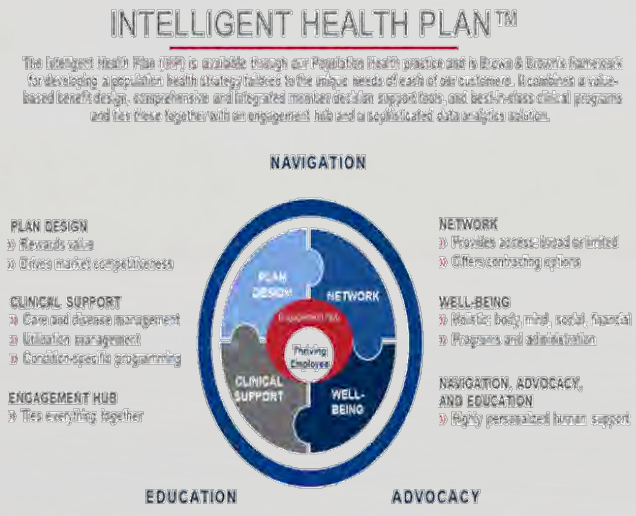
Brown & Brown has a National Population Health Management (PHM) team and we have an internal implementation department to assist in the roll out of any new product or service. Our PHM team helps with an understanding of business issues and human capital needs, then applies our Intelligent Health PlanTM framework to develop a strategy with specific goals and objectives. We can then have a clear understanding of which workforce issues are having the most impact on your organization's performance, how important it is to attract talent, benefit costs, employee morale and engagement, absence and productivity. We will then establish measurable objectives, invest in evidence-based solutions, develop and plan to engage employees and their families and monitor performance.

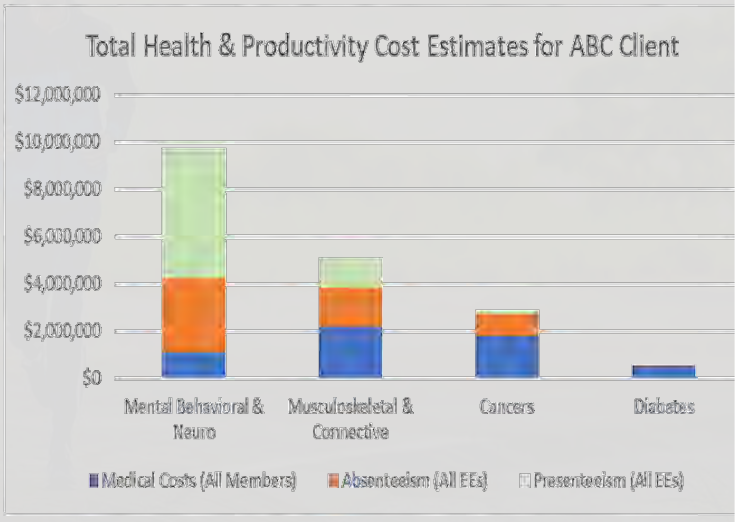
Employee Advocacy

Through the marketing process we will request wellness funds from the vendors in order to fund third party vendors that the City of Holly Hill may wish to engage. One large area of focus is employee advocacy. The advocacy vendors change the focus of large case management and disease management from engaging employees in traditional, non-effective methods to intercepting the members through calls and claims questions to assist them in understanding the plan and how to better manage their current acute or chronic health condition.

Employee Education

Our in-house implementation team's sole focus is employee education. They are available at any time during the year. At the beginning of our relationship we will determine the most effective utilization of this team in coordination with the team at the City of Holly Hill and can set a schedule of employee meetings, webinars, lunch and learns or one on one consultations. Our implementation team allows our clients to focus on the broader Value on Investment (VOI) view of the impacts their population health program can have on business outcomes and can increase employee engagement, productivity, attract talent and reduce absenteeism rather than just trying to influence physical health through traditional wellness programs.





Our Total Impact Estimator calculates client's total cost of their top chronic conditions – including medical, Rx, absence and presenteeism costs.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Worksite Wellness Program Employee Interest Survey

We are exploring the development of an employee wellness program and would like to learn about your interests in health promotion and health related activities. Please take a few minutes to complete this anonymous survey

1. Please indicate which location you work at

2. What type of wellness program is of most interest to you?
   - ☐ Physical wellness
   - ☐ Behavioral/emotional wellness
   - ☐ Financial wellness

3. Specifically which of the following health concerns would you like to know more about? (Check all that apply)
   - ☐ Arthritis
   - ☐ Asthma Management
   - ☐ Back care
   - ☐ Chemical Dependency
   - ☐ Cold/flue prevention and treatment
   - ☐ Diabetes
   - ☐ Exercise/fitness
   - ☐ Headache prevention and treatment
   - ☐ Healthy eating
   - ☐ Heart disease prevention
   - ☐ High blood pressure management
   - ☐ Osteoporosis
   - ☐ Menopause
   - ☐ Women's/Men's health
   - ☐ Mental health
   - ☐ Smoking cessation
   - ☐ Stress management
   - ☐ Weight management
   - ☐ Financial wellness (i.e. retirement planning, budgeting, debt management, income protection, etc.)

4. If the following were offered, which would you participate in? (Check all that apply)
   - ☐ Health Risk Assessment (health screening with questionnaire)
   - ☐ Health screenings (blood pressure, cholesterol check etc.)
   - ☐ One on one health coaching
   - ☐ Education classes (one hour or multiple-sessions)
   - ☐ Walking/steps program/challenge
   - ☐ On-site Yoga
   - ☐ Weight loss challenge
   - ☐ Smoking cessation program
   - ☐ Health and wellness information provided via flyers/emails
   - ☐ Other:_____

5. If your employer wanted to get information out about their activities, news, or tips about healthy lifestyle choices, what would be your preferred way to get that information? (Select one)
   - ☐ A dedicated bulletin board
   - ☐ Weekly email tips
   - ☐ Discussions at staff meetings
   - ☐ Other:_____

6. Making important lifestyle changes is rarely easy for anyone. Still, some people have a better chance for success when they work with a buddy or in a group. Others have a better chance for success working by themselves. Which style better fits you?
   - ☐ I'm more likely to succeed with a buddy or in a group (either family, friends, or coworkers)
   - ☐ I'm more likely to succeed when I work on my own
   - ☐ I don't need to make any lifestyle changes

7. Are there any barriers that would prevent you from participating in wellness activities? (Check all that apply)
   - ☐ Lack of time
   - ☐ Privacy: my employer should not be involved in my personal health
   - ☐ Confidentiality: concern about others knowing my personal health
   - ☐ Lack of management support or pressure to get my work done
   - ☐ My job duties do not allow me to participate
   - ☐ Just not interested
   - ☐ Other (please specify):_____

8. If your employer was to provide an incentive for participation in a company health program which of these would motivate you to participate? (Check all that apply)
   - ☐ Gift Card
   - ☐ Time off with pay
   - ☐ Premium discount on health insurance plan
   - ☐ Exercise equipment (fitbit/apple watch/weights/etc.)

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☐ Other (please specify)_____

9. Which of these would you consider preventive visits? (Check all that apply)
   ☐ Mammogram
   ☐ Physical
   ☐ Visit with your doctor for the flu
   ☐ Cancer screening
   ☐ Immunizations
   ☐ Well woman/man exam

10. Would you be interested in being a part of a wellness committee that champions wellness initiatives?
   ☐ Yes
   ☐ No

11. If yes, and you feel comfortable, please provide your name below:

12. If you have any additional comments or suggestions for a wellness program please provide here:

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FHC Response

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City of Holly Hill-Wellness Programming

*** denotes that this activity is part of the Wellness Initiative offered by the City*

1. **Dedicated certified fitFHCP Wellness Coordinator (no cost)**
   The City is assigned a dedicated, certified Wellness Coordinator to work with on their employee wellness program. The Coordinator serves as their Point of Contact for fitFHCP, FHCP programming, and any other questions the group may have.

2. **Quarterly meetings with FHCP (no cost)**
   FHCP meets regularly with the group to review the Wellness program's progress, benefits utilization reports, and to address any issues and questions. The following FHCP Wellness team members participate in all Wellness Team meetings with the City:
   - Designated fitFHCP Wellness Coordinator
   - WorkForce Wellness Medical Director
   - Assigned Account Management Specialist
   - City HR/Wellness/Benefits representatives

   The designated fitFHCP Wellness Coordinator provides additional reporting to the City such as Office Visit utilization, ER utilization, Gym Utilization, Health Care Analysis Report (Gap Report), Member Education Utilization, flu vaccine utilization

3. **Annual Strategic Wellness Plan and Customized Programming (no cost)**
   The assigned Wellness Coordinator collaborates with the City to create a customized annual program plan to achieve the City's goals. Using healthcare data available, results from employee interest surveys, and feedback provided by the City, the Wellness Coordinator creates an annual strategic plan with wellness activities and ways to incorporate other FHCP services.

4. **Assist with planning and implementing City's Wellness Initiative (no cost)**
   As part of the customizable fitFHCP program, FHCP encourages groups to offer their own incentives to employees that will encourage them to make better healthcare and utilization choices, and to participate more actively in the program itself. The Wellness Coordinator worked with the Human Resources Director and City Manager to design a comprehensive program that would reward employees for completing necessary screenings and for participating in activities that improved their overall health and well-being.

5. **Customized Wellness Portal page (no cost)**
   - Online Health Assessment**
     - In-depth questionnaire about lifestyle, health care choices, preventative care, and biometric values.

- Action Plans**
  - self-guided program plans for specific health topics
- Challenges & Events
  - Individual and team programs, preset challenges and customized challenges
- Knowledgebase Library
  - Health Library
  - Video Library
  - Symptom Checker
  - Medication Checker
- Tiered programs/Earn "points"/incentives offered by the group
- Sync fitness trackers and devices for programs

Every FHCP member has their own Member Portal account as well as their own Wellness Portal page. The assigned Wellness Coordinator works with the City to customize the programs offered and the content on the City's Wellness Portal Page. FHCP is able to provide the City with wellness portal utilization reports and Executive Health Summaries from the online Health Assessment.

6. **Telephonic Health Coaching** (no cost)**
   - Offered through the Wellness Portal
   - Available to all Holly Hill FHCP members
   - No co-pay, no limit on the number of sessions with a Coach

   Using the Transtheoretical Model of Behavior Change as the program's framework, FHCP offers Health coaching via the Wellness portal to members of our Wellness groups. Members have the opportunity to work one-on-one with a Health Coach towards a variety of health goals.

7. **Monthly fitFHCP Newsletter and updates (no cost)**
   Monthly, digital newsletter is sent out to the City and it includes health observances and education, FHCP updates and news, information about benefits, and current fitFHCP programming.

8. **Monthly Wellness Webinar series (no cost)**
   Monthly webinars and classes offered to FHCP members and non-members of participating wellness groups. Guest speakers include FHCP providers, financial planners, LCSWs, Dermatologists, and fitness instructors.

9. **Onsite Programming** (no cost)**
   - Workshops and demonstrations
   - Blood Pressure Screenings
   - Health Fairs

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- Employee engagement days
- Member Portal registration help

Onsite programs have been suspended due to the COVID-19 pandemic and will offered again when conditions improve.

10. **Employee Health Assessment** (no cost)**
FHCP works with the City to plan and offer an Employee Health Assessment as part of their annual Wellness Initiative. Employees that attend have their height, weight, body fat, and blood pressure screened. They also get their non-fasting glucose, HDL, Total Cholesterol, and Ratio screened at the event. Participants receive a personalized, comprehensive report and can speak with a Health Coach to review their results, ask questions, and learn more about FHCP services. Aggregate reporting is available for the group after the event.

11. **Onsite Vaccinations** (no cost)**
    - Flu shots: minimum attendance requirements, FHCP members only
    - COVID-19 vaccinations: minimum attendance requirements, available to FHCP members and non-members.

12. **Local Fare Farm Bag discount (no cost)**
FHCP secured a discount for City employees for a produce delivery service.

13. **Blue365 (no cost)**
Discount programs through Blue365 that include savings with national vendors on fitness equipment, health services and gym memberships

14. **Free 24/7 Nurse hotline for FHCP members (English/Spanish) (no cost)**

15. **Call Center available 24/7 to FHCP members and their covered dependents. (no cost)**

16. **Preferred Fitness benefit (additional cost to group)**
This gym benefit grants employees and dependents free access to over 80 gyms and fitness facilities.

17. **Occupational Medicine Services Agreement (additional cost to group)**
FHCP currently has an agreement with the City to provide the following occupation health services.
    - Annual Firefighter Physicals
    - Employee vaccinations

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ON-LINE HEALTH ASSESSMENT

fitFHCP
Healthy Starts Here ®

Completing a personal health assessment is a valuable health tool and a good opportunity to check in on your own well-being.

As the community leader in **wellness**, Florida Health Care Plans (FHCP) strives to build an **inclusive**, empowering workplace **culture** focused on **total well-being** so that employees have the tools and resources necessary to lead **healthier, happier lives**.

KNOWLEDGE IS POWER

FHCP believes that our members deserve access to reliable, high-quality health and wellness information. The on-line health assessment is an interactive, educational resource that can help guide you as you improve your overall health and well-being.

- Generates a detailed report of your results immediately
- Provides valuable insight into how your lifestyle is affecting your health
- Helps you set goals for improving or maintaining your health
- Suggests activities on the Wellness portal based on your results
- Tracks your progress and improvements year to year

CONFIDENTIAL AND SECURE

Don't worry, the answers and information you share in the assessment are private and confidential. Your individual results will not be shared and they will not affect your benefits or coverage.

WHAT WE ASK ABOUT:

- Any current health and wellness goals
- How you feel about making changes to your health
- If you want to make healthy lifestyle changes
- Your emotional wellbeing and how you're feeling
- Nutritional choices and habits
- Exercise habits and physical activity levels
- Any current health conditions

HOW TO ACCESS IT

1. Go to www.fhcp.com
2. Log into your Member Account
3. Click on "My Health"
4. Click on "Health Assessment"

MAKE SURE TO ANSWER ALL OF THE QUESTIONS AND HIT "SUBMIT" WHEN IT'S DONE.

fitFHCP ®

386-676-7110
WELLNESS@FHCP.COM

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PREFERRED FITNESS PROGRAM

fitFHCP
Healthy Starts Here ®

80+

We have over **80 gyms** in our ever **growing** network of preferred fitness partners

FHCP offers a **variety** of health, wellness, and fitness programs at **little** or **no cost** to members.

UNLIMITED ACCESS, UNLIMITED POSSIBILITIES

The Preferred Fitness Program is one of FHCP's most popular benefits that you can offer to your employees. This program offers your employees and their dependents **free, unlimited** access to over 80 gyms and fitness facilities. We partner with a wide variety of facilities so that your employees can find the best fit for them.

BENEFITS OF EXERCISE AND PREFERRED FITNESS:

- Boosts creativity and focus
- Recruitment and retention
- Combats health conditions and diseases
- Improves mood and morale
- Weight management
- Stress relief and relaxation

JUST SOME OF OUR FHCP GYM PARTNERS

- Volusia-Flagler Family YMCA: 6 locations!
- Gold's Gym in Ormond Beach
- Planet Fitness in Daytona Beach, St. Augustine, Palm Coast, Rockledge
- Workout Anytime in Daytona Beach Shores
- New Smyrna Beach Athletic Club
- Anytime Fitness in Port Orange, Melbourne, Ormond Beach
- Crunch Fitness in Deltona
- St. Augustine YMCA
- Ponte Vedra YMCA

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PREFERREDFITNESS@FHCP.COM

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WELLNESS PROGRAMING

fitFHCP
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When you choose *fitFHCP* Wellness you have a dedicated Certified Wellness Professional working side-by-side with you every step of the way.

As the community leader in **wellness**, Florida Health Care Plans (FHCP) strives to build an **inclusive**, empowering workplace **culture** focused on **total well-being** so that employees have the tools and resources necessary to lead **healthier, happier lives**.

FIND YOUR COMPANY'S "FIT" WITH fitFHCP

Like people, every company has a unique culture, health needs and budget. Let our team of dedicated certified wellness professionals work with your company to develop a program that is a good fit.

WITH fitFHCP OUR STAFF CAN OFFER OPTIONS LIKE:

- Comprehensive claims and health trend reports
- Strategic wellness plans
- On-site biometric screenings
- On-site personal and telephonic health coaching available year-round
- Access to Registered Dietitians and Certified Diabetes Educators
- On-site wellness workshops
- Customizable monthly newsletters
- Engaging challenges and fun activities
- Interactive member portal

CREATE A HEALTHY CULTURE WITH fitFHCP

Let *fitFHCP* guide you step-by-step in building a healthier, happier workforce. The first step is all about offering choices to your employees that support making lifestyle changes, and we have the resources to help.

LET US HELP YOU:

- Remove barriers to success
- Creatively engage with your employees
- See the big picture when it comes to healthcare and benefits
- Make a lasting difference in your workplace

ACCESS IS KEY

Let us save you time and money! *fitFHCP* has you covered with our WorkForce Wellness Program that provides same-day appointments with reduced copays at our Extended Hours Care Centers.

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POPULATION HEALTH

fitFHCP
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GOAL!

The goal of population health is to improve everyone's quality of care; to empower employees, through knowledge and information, to take control of their health.

MAKE IT PERSONAL

Our dedicated wellness team will work with your employees to learn to be proactive and not reactive. Utilizing a plethora of free tools at their disposal; educating employees with tools to take care and control of their health care decisions.

WHY CHOOSE fitFHCP: PROVEN RESULTS

As your healthcare provider, FHCP has access to in-depth claims data and the ability to identify any health trends and risks that exist within your group. Let our interdisciplinary team create a Strategic Wellness Plan just for you so that your employees can lead healthier lives and you can see positive results!

- One local organization has over **94%** of their employees actively participating in their wellness program and earning premium incentives.
- In the first year of wellness programming, one company lost a combined **3,000 pounds**!
- In the last two years, one local municipality has **cut their ER visits in half** and has **saved an estimated $170,000** by working with a Certified Wellness Coordinator.

DID YOU KNOW THAT POPULATION HEALTH MANAGEMENT:

- Reduces costly emergency room visits and hospitalizations.
- Lowers the cost per service through an interdiciplinary care team of medical professionals.
- Improves the overall patient experience by providing better access to care.
- Promotes patient engagement and empowers patients to better self-manage their health and participate in the decision making process.

CONVENIENT ONLINE TOOLS

Take control of your health with our suite of online tools provided exclusively to *fitFHCP* members.

FREE MEMBER PORTAL

- Comprehensive Video Library
- Personal Lifestyle Health Assessment
- Individual On-Site and Telephonic Coaching
- Action Plans for Health Improvement
- Fun, Educational, Interactive Challenges
- Personal Trackable Results

FREE PATIENT PORTAL

- Choose a Primary Care Physician
- Request, cancel or reschedule appointments with FHCP staff physicians
- Send a secure message to your FHCP staff physician
- View lab and test results
- Request prescription renewals from your FHCP staff physician

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fitFAQS FOR EMPLOYERS

Q: WHAT IS fitFHCP?

A: fitFHCP is our new, customizable wellness program created just for your employees! FHCP doesn't believe in a "one size fits all" approach to health and that is why we offer a multitude of options. fitFHCP is full of fun activities and challenges, helpful education and resources, and it encourages employer groups to make employee well-being a priority and to inspire individuals to "find their fit".

Q: WHAT MAKES fitFHCP DIFFERENT FROM OTHER GROUP WELLNESS PROGRAMS?

A: People! fitFHCP pairs our employer groups with a dedicated fitFHCP wellness professional to work directly with your company to develop a customized employee wellness program that fits the needs of your employees.

Q. WHEN YOU SAY FUN ACTIVITIES, WHAT DO YOU MEAN?

A: Great educational wellness workshops, team challenges, community events, unlimited gym access, onsite activities, interactive online tools, personalized telephonic health coaching and so much more!

Q: WHY SHOULD WE OFFER THE fitFHCP PROGRAM TO OUR EMPLOYEES?

A: FHCP has long been a community trail-blazer in wellness. fitFHCP strives to help your organization build an inclusive, empowering workplace culture focused on total well-being so that your employees have the tools and resources necessary to lead healthier, happier lives. There is no cost to you to participate in our wellness programming.

Q: HOW DOES fitFHCP HELP TO REMOVE BARRIERS TO GOOD HEALTH FOR OUR EMPLOYEES?

A: Convenient, affordable access to near-site Extended Hours Care Centers with reduced copays.

Q: HOW WILL OUR COMPANY BENEFIT FROM OFFERING fitFHCP?

A: fitFHCP tracks and monitors the success of programs designed to improve employee health, well-being, stress and fitness. By offering inclusive programing, strategic planning and targeted goals, fitFHCP can provide valuable data and insight on what is working to improve your employees' journey to total well-being.

Q: WHO IS ELIGIBLE TO PARTICIPATE IN fitFHCP?

A: All FHCP Large Group Employers are welcome to offer this program to their employees. Employer groups are asked to sign an agreement to support and promote participation in wellness events, challenges, and activities developed specifically for your employees.

fitFHCP PREFERRED FITNESS FAQS

Q: HOW DOES THE fitFHCP PREFERRED FITNESS PROGRAM WORK?

A: It's all about flexibility! Once the fitness option is added to your employee benefit package, your employees may visit as many of the gyms, fitness centers and YMCAs as they wish. There are no membership or joiner fees. Employees are not limited to using just one facility or to a certain number of visits. All are encouraged to go try them out to find the right fit!

Q: WILL IT COST US ANYTHING TO ADD THIS BENEFIT?

A: Yes, there is a cost to the group to add this benefit. You will incur a low PMPM charge to your monthly premium for access to the Preferred Fitness program.

Q: CAN OUR EMPLOYEES' FAMILIES JOIN THE GYMS?

A: Yes, spouses and children covered under the employee's plan through FHCP are also eligible to access the gyms. FHCP does not limit the age of who is eligible for gym access; however, every participating facility in our network has different age restrictions due to liability and safety.

Q: WILL MY EMPLOYEES HAVE THE SAME PRIVILEGES AS A PAYING MEMBER?

A: You Bet! Participating facilities are required to offer the basic membership package to FHCP members. Additional services (personal training, massages, tanning, classes etc.) may be purchased by the member for additional cost.

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FLORIDA HEALTH CARE PLANS

EXTENDED HOURS CARE CENTERS

VOLUSIA/FLAGLER COUNTY

SOME REASONS TO VISIT EXTENDED HOURS CARE CENTERS

vs.

SOME REASONS TO VISIT THE EMERGENCY DEPARTMENT

- Acute minor trauma
- Cough, cold or flu
- Strains & sprains
- Minor allergic reactions
- Immunizations
- Low back pain
- Placement of stitches for a cut/laceration
- Removal of stitches
- Urinary tract/bladder infections

- Any life-threatening emergency
- Any severe illness or injury
- Unresponsiveness
- Chest pain
- Weakness on one side
- Inability to speak
- Spine or head injury
- Mental status change
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning

VISITING FHCP'S EXTENDED HOURS CARE CENTERS OVER THE EMERGENCY ROOM CAN SAVE YOU TIME & MONEY!

FHCP - Daytona Beach
350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
386-238-3204
Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - DeLand
937 N. Spring Garden Ave.
Deland, FL 32720
386-736-1948
Mon - Fri: 7:00 a.m. - 7:00 p.m.

FHCP - Edgewater
239 N. Ridgewood Ave.
Edgewater, FL 32132
386-427-4868
Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - Orange City
2777 Enterprise Rd.
Orange City, FL 32763
386-774-2550
Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - Ormond Beach
461 S. Nova Rd.
Ormond Beach, FL 32174
386-671-4337
Mon - Fri: 7:00 a.m.- 7:00 p.m.

FHCP - Port Orange
740 Dunlawton Avenue
Port Orange, FL 32127
386-763-1000
Mon - Fri: 7:00 a.m. - 7:00 p.m.

*CALL FHCP CENTRAL SCHEDULING AT **386-676-7198** TO SCHEDULE AN APPOINTMENT AT ONE OF OUR FHCP FACILITIES*

Advanced Urgent Care-Port Orange
1690 Dunlawton Ave., Ste. 120
Port Orange, FL 32127
386-271-2273
Mon- Fri: 7:00 a.m.- 10:00 p.m.
Sat & Sun: 9:00 a.m.- 7:00 p.m.

Pediatric Unscheduled Care Walk-In Clinic
999 S. Volusia Ave. Ste. B
Orange City, FL 32763
386-763-4915
Wed: 1:00 p.m.- 6:00 p.m.

MediQuick Walk-in Clinic
140 Pinnacles Dr.
Palm Coast, FL 32164
386-597-2829
Mon - Fri: 8:00 a.m.- 6:30 p.m.
Sat: 8:00 a.m.-5:30 p.m.
Sun: 10:00 a.m.-4:30 p.m.

MediQuick Walk-in Clinic
6 Office Park Dr
Palm Coast, FL 32137
386-401-5470
Mon - Fri: 8:00 a.m.- 7:30 p.m.
Sat: 8:00 a.m.-5:30 p.m.
Sun: 8:00 a.m.-2:30 p.m.

Avoid unnecessary, costly Emergency Room visits, and save time by using an Extended Hours Care Center (EHCC). EHCC locations offer same-day appointments and are conveniently located throughout the community

For additional questions, please contact Member Services
Commercial Members: 386-615-4022 or 1-877-615-4022 (TTY: 1-800-955-8770). 8:00 a.m.- 8:00 p.m. local time, Monday-Friday.
Medicare members: 1-833-866-6559 (TTY: 1-800-955-8770), 8:00 a.m.- 8:00 p.m. local time, 7 days a week from October 1- March 31, except for Thanksgiving and Christmas. From April 1 – September 30, our hours are 8:00 a.m.- 8:00 p.m. local time, Monday-Friday.

For a complete list of Urgent Care centers, please visit:
Commercial Members:
www.fhcp.com/providersearch
Medicare members:
www.fhcpmedicare.com/providersearch

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TELEPHONIC HEALTH COACHING

Ready to make some changes?

Not sure where to start?

FHCP has a great opportunity for you! Connect with a health coach to help you.

- FREE support for healthy lifestyle changes
- Tailored to your goals
- Flexible, scheduled and confidential phone sessions
- Certified, experienced coaches

For more information, or to sign-up for telephonic coaching, contact us at:
healthcoach@fhcp.com

Provide the following in the e-mail:
- name
- best phone and e-mail contact
- FHCP member number
- date of birth

Be sure to create your FHCP member portal account and complete your on-line health assessment. The coaches use the assessment information to guide the coaching sessions.

Allow for 3-5 business days for a Health Coach to reach out to you.

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DIABETES & NUTRITION EDUCATION

fitFHCP
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FHCP offers a variety of free **Diabetes & Nutrition Education** programs to our members focusing on **Prevention, Early Detection and Management**. Flexible class options are designed to accommodate working adults.

The American Diabetes Association estimates that in 2017, diagnosed diabetes cost Americans

$327 BILLION

www.diabetes.org

LET THE FHCP EXPERTS HELP YOUR EMPLOYEES

Our team of Certified Diabetes Educators (CDE), Nurses (RN/LPN) and Registered Dietitians (RD) are dedicated to serving and educating our members. By listening to our members' needs, these professionals help empower individuals with tools, skills and techniques necessary to follow a prescribed diabetes treatment plan.

DIABETES PREVENTION PROGRAM

This free, two-hour class is designed to help members identify risk factors for developing diabetes. It includes strategies and tools to understand the relationship between nutrition, exercise, and lifestyle to overcome barriers to prevent Diabetes.

DIABETES EDUCATION PROGRAM

Self-management education is the key to motivating our members living with diabetes. Teaching members to make decisions to better manage their condition, prevent complications and to take control of their health.

Recognized by the American Diabetes Association and taught by Certified Diabetes Educators, this free 10-hour diabetes education program covers an extensive curriculum.

- Overview of diabetes
- Controlling possible complications
- Signs and symptoms
- Lifestyle changes
- Updated monitoring guidelines
- 1:1 Medical nutrition counseling sessions with a Registered Dietitian

ON-SITE WELLNES WORKSHOPS INCLUDE:

- "A Touch of Sugar" (Diabetes)
- "What Should I Eat?" (Pre-Diabetes)
- "Reading Between the Lines" (Food Labels)
- "How to Pack a Healthy Lunch"
- Food Trends
- "Fats: The Good the Bad and the Ugly"
- Holiday Eating
- "Healthy Plate: It's for You"
- "How Big is Your Plate?"

TESTIMONIAL

"I THINK THE CLASS WAS THE BEST THING I COULD HAVE DONE. MY BLOOD SUGARS ARE CONTROLLED BY DIET AND EXERCISE. I TAKE NO PILLS." K. G. 6/4/18

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WELLNESS@FHCP.COM

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WEIGHT MANAGEMENT

fitFHCP
Healthy Starts Here ®

FHCP offers a **variety** of free health, wellness, and fitness programs.

228 POUNDS

146 participants lost a combined 228lbs in **one cycle** of our **Eat Right, Move Right** program.

USE OUR EXPERTISE TO HELP YOUR EMPLOYEES

Keeping up with a healthy lifestyle is rewarding. Let the ***fitFHCP*** team guide your employees toward sustainable lifestyle changes focused on total well-being. Employees are encouraged to overcome barriers so that they can make better food choices, get more exercise, and develop better stress management and coping skills.

WEIGHT MANAGEMENT/EAT RIGHT MOVE RIGHT

"Eat Right, Move Right" is a **free**, six-week course that promotes a lifestyle change approach to weight loss for members with a Body Mass Index (BMI) over 27. Class topics include how to increase activity, improve eating habits, and change behaviors for permanent weight loss. Members will learn to set realistic goals, make behavior changes, use the USDA plate method, manage dining out experiences, and change food shopping habits.

EAST COAST BARIATRICS

East Coast Bariatrics (ECB) provides members with a personalized, evidence-based approach to weight loss. When it comes to individual weight loss goals, members are supported by our expert team on their journey to better health. For more than 15 years, ECB has been providing individuals throughout the area with the information, guidance, and quality bariatric services they need to take that first step; supporting long-term weight loss success through comprehensive, compassionate care.

ON-SITE WELLNESS WORKSHOPS INCLUDE:

- "How Big is Your Plate?" (USDA Plate Method)
- "Healthy Plate: It's For You!"
- Holiday Eating
- Setting and Beyond (Goal Setting)
- Diet and Lifestyle Change
- "Take a Tech Break: Limit Screen Time" (Exercise/Disconnect)
- Staying Active

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WELLNESS@FHCP.COM

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HEART HEALTH EDUCATION – CONTROLLING HIGH BLOOD PRESSURE (HYPERTENSION)

fitFHCP
Healthy Starts Here ®

An estimated
103 MILLION
American adults have high blood pressure

www.heart.org

FHCP offers a **variety** of free health, wellness and fitness programs.

Healthier employees are less likely to call in sick. Employees with multiple heart disease and stroke risk factors such as high blood pressure and high cholesterol cost employers more in terms of medical care, absenteeism, and lost productivity than employees with one or none of these risk factors.

USE OUR EXPERTISE TO HELP YOUR EMPLOYEES

There is no single approach to managing heart health. FHCP believes and utilizes an interdisciplinary, multifaceted approach when working with our members. Let our professionals show your employees how to incorporate healthy eating, physical activity, problem-solving, stress-reduction and coping skills in their daily life. Members learn more about making everyday lifestyle habit changes and decide for themselves which ones need the most attention.

HEALTHY HEART NUTRITION PROGRAM

fitFHCP also offers a free, two-hour hypertension self-management class taught by our staff of Registered Dietitians. This class focuses on the DASH (Dietary Approaches to Stop Hypertension) diet and low sodium education.

ON-SITE WELLNESS WORKSHOPS INCLUDE:

- On-site blood pressure clinics
- "Reading Between the Lines" (Food Labels)
- "How to Pack a Healthy Lunch"
- Food Trends
- "Fats: The Good the Bad and the Ugly"
- "DASHing to Food Strategies: Reducing Blood Pressure" (Hypertension)

fitFHCP ®

386-676-7110
WELLNESS@FHCP.COM

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

08/26/19

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fitFHCP
Healthy Starts Here ®

fitFHCP Mission Statement

As the community leader in **wellness**, FHCP strives to build an **inclusive**, empowering workplace **culture** focused on total **well-being** so that employees have the tools and resources necessary to lead **healthier, happier lives**.

To:

Date:

Subject:

Florida Health Care Plans (FHCP) is excited that you are interested in finding ways to improve the health and well-being of your company's most precious assets: your employees.

When it comes to employee health and well-being, FHCP stays ahead of the curve. We are proud to introduce fitFHCP - our new program designed to engage employees in improving their own health and well-being! fitFHCP has a plethora of programs, services and options available to meet the everchanging needs of our employer groups.

Building on many of the great programs and resources that have been the foundation of FHCP employee wellness programing for more than 15 years, the fitFHCP team has developed even more new, exciting options that focus on personal total well-being.

In this packet you will find programing materials to help you understand all that fitFHCP has to offer:

- Dedicated Wellness Coordinator
- Comprehensive claims and health trend reports
- Onsite health and wellness programming
- Access to Registered Dietitians and Certified Diabetes Educators
- Interactive and customizable online wellness portal
- Preferred Fitness program
- And so much more!

Interested in hearing more about fitFHCP? Please contact:

Catie Rosekelly
Manger of Wellness
crosekelly@fhcp.com
(386) 676-7100 ext. 7613

Mary Lou Blackmer
Business Development Representative
mblackmer@fhcp.com
(407) 756-5745

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final: 12/02/2019

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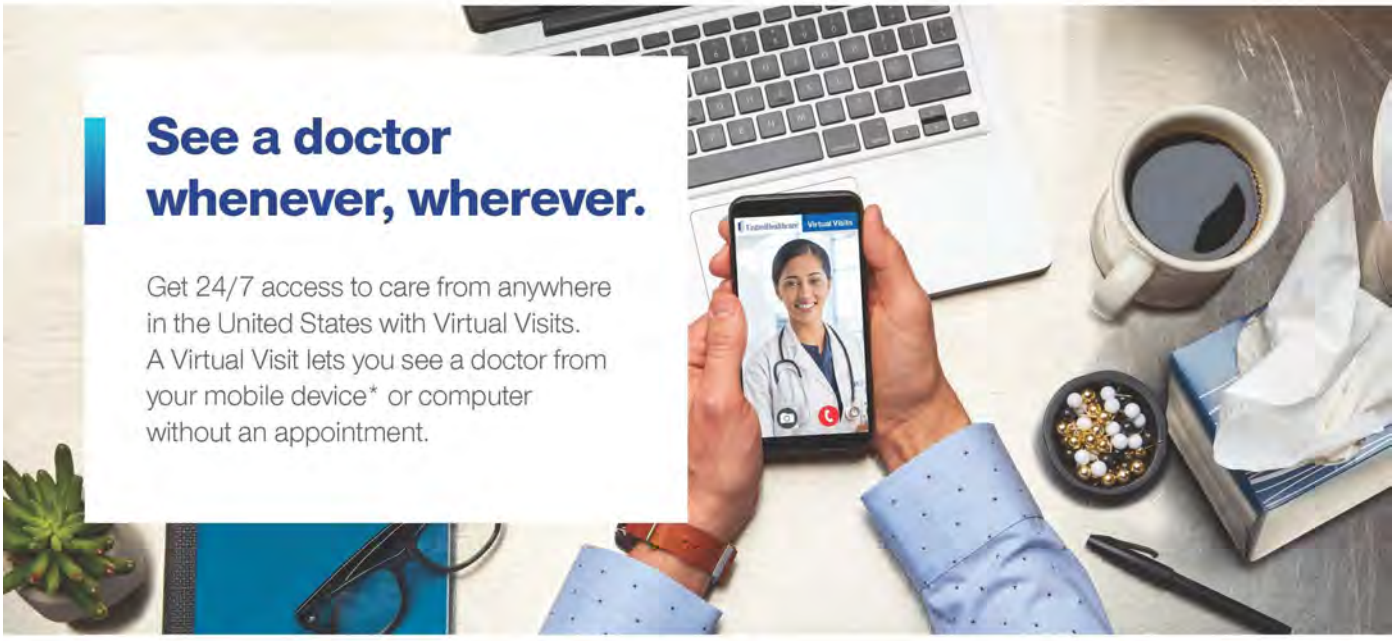

Seeing a doctor may be easier.

Choose from an Amwell®, Doctor On Demand® or Teladoc® network provider and pay $50** or less for the visit. All 3 Virtual Visits provider networks are covered under your health plan benefits.

amwell

dr. on demand

TELADOC.

Tips for registering:

1. For Virtual Visits access or to find out more, download the Amwell, Doctor On Demand*** or Teladoc mobile apps today.
2. Locate your member ID number on your health plan ID card.
3. Have your credit card ready to cover any costs not covered by your health plan.
4. Choose a pharmacy that's open in case you're given a prescription.†

To learn more or start a Virtual Visit, go to uhc.com/virtualvisits or myuhc.com®.

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*Data rates may apply.
**The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.
*** Doctor On Demand does not support any version of Internet Explorer®.

†Certain prescriptions may not be available, and other restrictions may apply.

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Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

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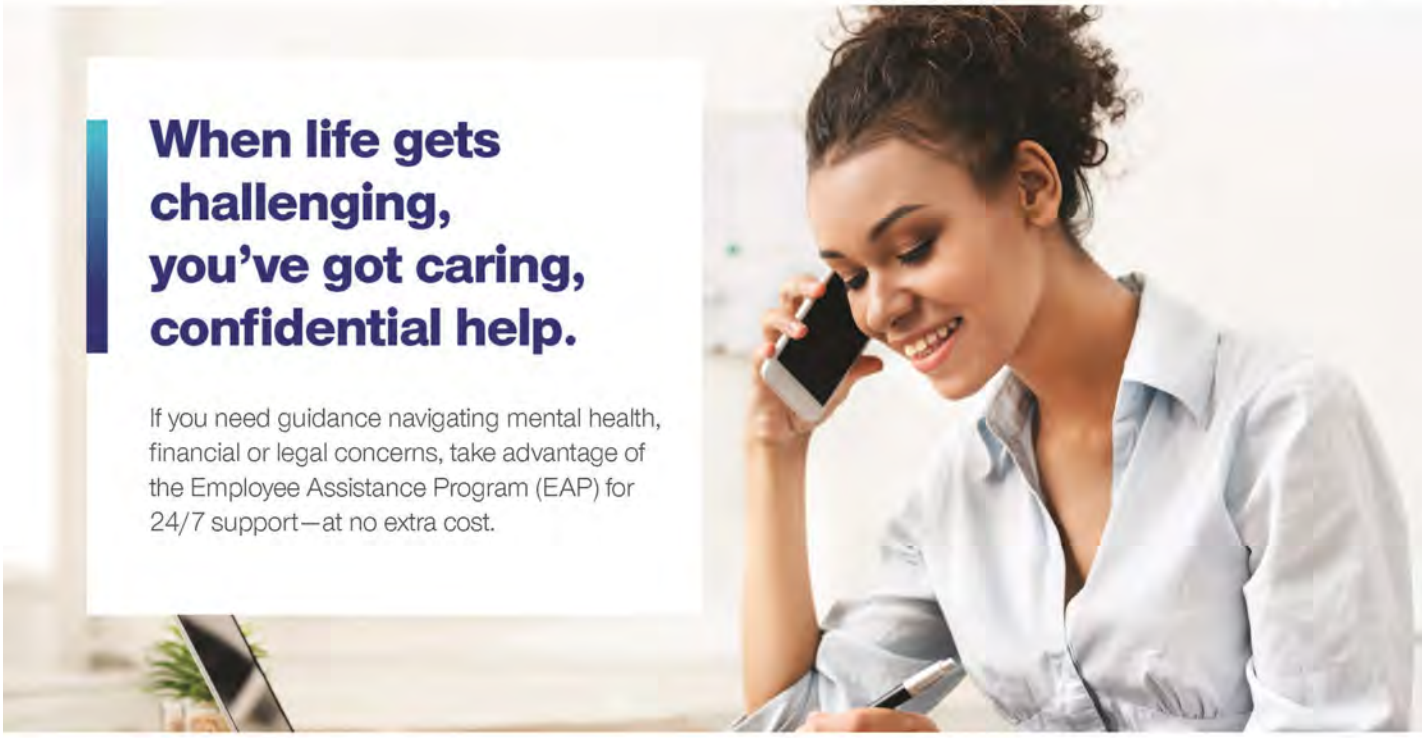

When life gets challenging, you've got caring, confidential help.

If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support—at no extra cost.

It's good to know you're not alone.

Reaching out to an EAP consultant is a good first step. They're trained to understand your concerns so they can connect you with the consultant or service best able to help you:

- Address depression, anxiety or substance use issues.
- Improve relationships at home or work.
- Manage stress.
- Work through emotional issues or grief.
- Assistance with legal and financial concerns.

One call puts you in touch with a clinician, counselor, mediator, lawyer or financial adviser who could help change your life for the better.

Call the member phone number on your health plan ID card and ask to speak to an EAP consultant. Or, contact EAP directly 24/7 at 1-888-887-4114.

UnitedHealthcare®

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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Adding value and inspiring healthier behavior

Discover a wellness offering designed to help make fitness more accessible for your employees. It adds value to your benefits and may help them take ownership of their health and well-being.

UnitedHealthcare is bringing quality digital fitness classes right to your employees' fingertips. It's a program that helps them lead more active lives—and it's available at no additional cost to them.

- UnitedHealthcare plans include 1 year of Peloton® Digital Membership*
- $155 value per employee and each covered family member**
- Single, comprehensive offering for various fitness levels, no equipment required
- Access to Peloton's engaging digital fitness and meditation classes

Taking exercise to a new level

Peloton's immersive live and on-demand digital classes may help employees of all fitness levels get motivated to achieve their health goals. The digital experience makes it convenient to jump into a workout anywhere, anytime, from a phone, tablet or TV.

- Engaging variety of classes to choose from
- Flexibility that may fit any schedule with classes from 5 to 90 minutes
- Exciting workouts led by expert instructors who bring their knowledge, personality and curated playlists
- Help for achieving goals through progress tracking with workout metrics
- Motivating challenges and training programs
- Engaging social features to connect with others

continued

The reality of inactivity

Only **50%**

of adults get the exercise needed to help reduce and prevent chronic diseases[1]

$117B

per year

is spent on health care costs associated with inadequate physical activity[1]

United Healthcare | PELOTON

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A truly engaging experience

Employees get access to Peloton's library of classes. Engaging options for strength, yoga, cardio, meditation, stretching, walking, running, cycling and more have resulted in:

- 93% annual retention rate among subscribers[2]
- Average of 25 workouts per month[3]
- Peloton App rating of 4.9/5 stars by over 502,000 users[4]

High praise

★★★★★

"This app has single-handedly motivated me to work out every day!"

Google Play® review

★★★★★

"…This app makes it so much easier to work out on my own time."

App Store® review

Helping to deliver more for you and your employees

Help support your employees in their wellness journey with 1-year Peloton Digital Membership at no additional cost to them. It's another way our health plans are aiming to bring you and your employees greater value through better benefits.

For your employees

- An exciting, convenient way to help fit exercise into their day
- Engaging support to help them reach their health and well-being goals
- Potential to help them get healthier and lower their out-of-pocket costs
- Convenient to get started

For you

- Employee satisfaction through access to a top fitness brand
- Opportunity to help increase employee engagement and health ownership
- Potential for increased productivity through improved health and well-being
- May reduce health care costs

Learn more

For questions or more information about this exciting offering, contact your broker or UnitedHealthcare representative

United Healthcare | PELOTON®

*Available to fully insured customers in applicable health plans who register for an account with Peloton. Subject to state legal and regulatory availability. UnitedHealthcare members that own a Peloton Bike or Tread can receive equivalent value ($155) to be credited to an All-Access Membership. Credit to All-Access Membership limited to 1 per family. **Must be 18+ years of age and covered under applicable UnitedHealthcare health plan. Peloton offers its services directly to consumers pursuant to an agreement between Peloton and the consumer.

[1] Centers for Disease Control and Prevention. "Physical Activity." cdc.gov/physicalactivity/about-physical-activity/why-it-matters.html. Accessed August 2020. [2] Peloton Investor & Analyst Session, Sept. 15, 2020. [3] Peloton analysis among connected fitness members and includes all types of workouts (bike, treadmill, app), April–June 2020. [4] App Store average rating as of April 7, 2021.

The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. The value of the application may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from having access to this application at no additional cost.

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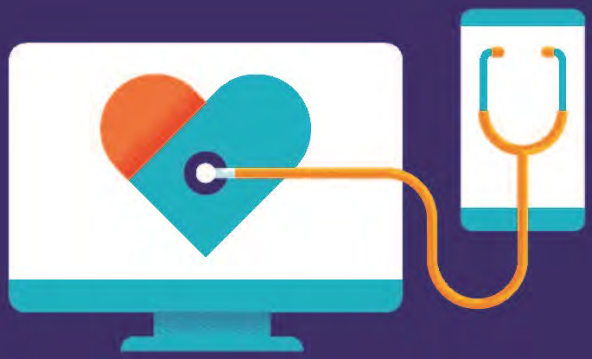
Behavioral health resources and care, all in one place.



With Live and Work Well, behavioral health support services are available for you and your family to access anytime, anywhere—whether you're in a time of greater need or may want to work on personal growth. As part of your health plan benefits, Live and Work Well is available at no additional cost to you and your family.

Find the right care for you.

Use the provider search to help locate therapists, psychiatrists or other behavioral health clinicians and facilities near you. You'll be able to narrow your search by provider name, location, area of expertise and more. After you find a provider, you have the option of scheduling an in-person or virtual appointment.

Tap into behavioral health support.

Explore hundreds of articles, videos, interactive self-help programs and other tools to help you with the ins and outs of everyday life—even if you might not have any pressing concerns. These resources are available anytime.

With Live and Work Well, you can:

- Find network behavioral health providers.
- Schedule in-person or virtual appointments with providers.
- Read, watch and learn about a variety of behavioral health related topics.

Get started.

To access Live and Work Well and see your mental health benefits, sign in to **myuhc.com®**. Then, go to **Coverage & Benefits > Mental Health**.

United Healthcare

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Consult with your clinician for specific health care needs, treatment or medication. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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Help your employees be healthier this flu season

Flu shots help keep employees protected and productive

Each flu season, nearly 111 million workdays are lost due to the flu. That equals approximately $7 billion per year in sick days and lost productivity.[1] A flu shot is the best defense against the flu—and getting one can help protect the people around you.

The Centers for Disease Control and Prevention (CDC) generally recommends annual flu shots for everyone 6 months and older.[2] Encourage your employees to help protect themselves and others by getting a flu shot.

Convenient provider access makes getting flu shots easier

UnitedHealthcare contracts with a variety of national pharmacy chains and retail convenience care clinics to offer members easier access to flu shots.

Annual flu shots are covered by most plans at $0 out-of-pocket when members use one of the following network providers.[3] Members should bring their health plan ID card and tell their provider the flu shot is covered under their benefits.

- **On-site flu shot providers**
- **Network doctors or other health care professionals**
- **Network flu shot providers, including select retail pharmacies and convenience care clinics**

Consider hosting an on-site flu shot clinic or worksite wellness event

continued

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Worksite flu clinic options	How to schedule a clinic	Minimum number of participants required*	Lead time required
UnitedHealthcare Worksite Wellness Adult Flu Clinic	Contact your UnitedHealthcare representative, who will arrange a planning call with an Optum Health wellness project manager. Then, you'll receive information to finalize logistics with the flu clinic administrator.	30	60 days
Costco Pharmacy	Contact Beth Arnold, Costco Pharmacy at betharnold@costco.com	100	30 days
Albertsons, New Albertsons, Safeway, United Supermarkets Pharmacy	Contact Albertsons Safeway Pharmacies Patient Care Services at 1-877-728-6655 or flushots@albertsons.com. Or, contact Albertsons Safeway Pharmacies Managed Care Contracting at 1-630-948-6484 or pharmcontracting@albertsons.com.	25	3 weeks
H-E-B	Contact H-E-B Pharmacy Wellness Services at 1-210-938-7694 or wellnessservices@heb.com.	30	3 weeks
Kmart Pharmacy	Contact Marisa Pearson, PharmD, at 1-815-600-4019 or marisa.pearson@transformco.com.	TBD on individual basis with Kmart District Manager	3 weeks
The Kroger Co. and Harris Teeter	Call 1-877-904-2415 or email ClinicalServicesTeam@Kroger.com.	50	4–6 weeks
Publix Pharmacy	Contact Jerica Singleton, Publix Pharmacy Operations, at Jerica.Singleton@publix.com.	50	2 weeks–1 month
Rite Aid Pharmacy	On-site workplace clinic scheduled by visiting riteaid.com/pharmacy/services/vaccine-central/workplace-flu-shot-program/shield-your-workforce. If you have specific questions, you can also contact Jennifer Zorek at jzorek@riteaid.com. When submitting requests, please include Employer Group Name; actual business location, Employer Group Contact (email and phone number) and potential number of participants in clinic. For non-UnitedHealthcare employees please state how employer would like to handle: Employer Pay or Employee Pay on day of clinic.	50	3 weeks
Walgreens Pharmacy	Contact your local Walgreens retail pharmacy location or complete an online form at wagsoutreach.com/contact-us.	75	4 weeks
Walmart Stores Inc. & Sam's Club	Submit your request at surveysays.walmart.com/survey/ptmpQeQMO. You'll need to provide your company name and an HR contact name, phone number and email address.	25	2–3 weeks

* May be able to accommodate smaller clinic sizes.

[1] www.cdc.gov/niosh/topics/flu/activities.html Accessed September 10, 2020.

[2] https://www.cdc.gov/flu/prevent/keyfacts.htm Accessed September 10, 2020.

[3] Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Please note that there may be some instances where a particular location of one of these providers is not participating in the national UnitedHealthcare network. Members should review their benefit plan to determine coverage and confirm network participation of specific locations on myuhc.com®. UnitedHealthcare has a national network of retail pharmacies and retail convenience care clinics to provide members with access to the flu vaccination. The list is not inclusive of all providers offering the flu vaccination under the pharmacy or medical benefit. For a list of all pharmacies included under the pharmacy or medical benefit, members can log on to myuhc.com and search the Pharmacy Locator tool.

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Help employees quit tobacco using this clinically proven tobacco cessation program.

Although smoking rates have declined over the years, 1 out of 6 American adults still smokes.[1] It can be difficult for your employees to stop smoking or using any form of tobacco, especially without proper help and resources.

Quit For Life® is a clinically proven tobacco cessation program that uses an evidence-based combination of physical, psychological and behavioral strategies designed to help employees overcome their tobacco addiction, including electronic nicotine delivery systems (ENDS) or e-cigarettes.

Multiple support options help employees end tobacco use.

Quit For Life treats every tobacco user as a unique individual and tailors a quitting plan based on their needs. Employees have access to a Quit Coach® to help make a plan, set a quit date and receive ongoing support. Beyond coaching, employees receive tools to help improve their confidence and motivation to quit, including a Quit Guide and access to Text2Quit®.* For those who qualify, nicotine replacement therapy is also available. Employees also receive digital support, including expert-led online learning, interactive content and urge-management tools.

With multiple communication channels, employees can more easily connect with a Quit Coach and other resources in a way best suited to their preferences—helping keep them engaged and on track with their cessation plan.

CONTINUED

Driving positive behavior change for 30+ years.

4.3 million
lives helped since 1985.

51%
quit rate.[2]

95%
participant satisfaction.[3]

97%
would recommend the program.[4]

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Here's how Quit For Life works.

A Quit Coach develops a plan for each employee using behavior-change strategies based on their goals. The plan includes 5 key elements:

1. **Set a quit date.** We help employees choose a quit date and set them up for success through coaching, text messaging and online support.
2. **Manage tobacco urges.** Employees learn how to cope with urges to smoke, no matter when or where they have them.
3. **Use cessation medications.** Employees learn how to supercharge their quit attempt with the proper use of nicotine replacement therapy and other FDA-approved cessation medications.
4. **Tobacco-proof the environment.** Employees learn why getting rid of all their tobacco, ashtrays and lighters can help them quit and not start again.
5. **Use social support.** Employees learn why it's important to ask their family and friends for support, as well as how to ask.

The high-stakes impact of tobacco use on employers.

$300 billion
in lost productivity and health care spend.[5]

Employees who smoke cost employers

$4,064 more
per user per year in direct and indirect expenses such as:

- Smoking breaks[5]
- Health care[6]
- Lost productivity[7]

Help empower employees to end tobacco use.

The program's design makes it easier to implement, administer and participate.

Employee benefits:

- Personalized action plan tailored to their needs.
- Integrated online and telephonic support 24/7.
- Access to nicotine replacement therapy and prescription medications (for those who qualify).

Employer benefits:

- Evidence-based, accredited program.
- Integration with other UnitedHealthcare resources.
- Potentially lower chronic illness rates and medical expenses.

For more information on Quit For Life, contact your UnitedHealthcare representative.

UnitedHealthcare®

*Data rates may apply.

[1] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/

[2] Quit For Life employer book-of-business survey results. Results measured among responders to a survey at 6 months post-program enrollment, with quit-rate success defined as 30+ days of abstinence from all forms of tobacco, cumulative from 2006 to 2018.

[3] Quit For Life employer book-of-business survey results. Results measured among responders to a survey at 6 months post-program enrollment, who report being "very satisfied," "satisfied" and "somewhat satisfied" with the program, cumulative from 2006 to 2018.

[4] Quit For Life employer book-of-business survey results. Results measured among responders to a survey at 6 months post-program enrollment, who reported they would recommend the program, cumulative from 2006 to 2018.

[5] Berman M, Crane R, Seiber E, et al.: Estimating the cost of a smoking employee. Tob. Control 2014; 23(5):428-433.

[6] Mitchell, R: Rally Dose Response Study, Healthcare Analytics, February 2018.

[7] Baker C, Bruno M, Birol E, et al.: Smoking Cessation Is Associated with Lower Indirect Costs https://journals.lww.com/joem/Fulltext/2018/0600/Smoking_Cessation_is_Associated_with_Lower.2.aspx.

Text2Quit is a registered trademark of Voxiva, Inc.

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Take steps to help lose weight and keep it off, at no additional cost.

Real Appeal® is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off. On average, participants lose 10 pounds after attending just 4 online sessions.*

Get support to help reach your goals.

1-on-1 coaching.

Get help to stay on track to reach your goals with online, coach-led group sessions.

$0 out-of-pocket.

Real Appeal is offered at no additional cost, as part of your health plan benefits.

Success kit.

Get scales, recipes, fitness equipment and more delivered to your door.

Sandy

60 lbs. lost

"It has given me the tools to eat healthfully and taught me the right amount of exercise that will make a difference. With personal coaching and weekly education on living a healthy lifestyle, I lost 60 pounds, and I feel great."

Learn more and start today at success.realappeal.com

Real Appeal | UnitedHealthcare

*Real Appeal is a voluntary weight loss program that is offered to eligible participants over age 18 at no additional cost as part of their plan benefits. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Talk to your doctor before starting any weight loss program.

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Eat healthier, sleep better, and move more

Rally® can offer small steps to help improve your health. Get recommendations, create healthy habits, and earn rewards along the way.

Take the Health Survey
Use your results to help set health goals.

Get personalized recommendations
Build healthy habits with well-being programs, activities, and more.

Earn rewards
Take healthy actions and achieve goals — earn Rally coins.

Get started today.

rallyhealth.com/well

On your phone? Download the Rally app and register using code **BeWell**.

UnitedHealthcare | RALLY

Rally is available to you at no additional cost as part of your UnitedHealthcare benefit plan.

It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

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Introducing Rally® — an app that is designed to help you improve and maintain your health.

After taking a quick Health Survey, Rally will offer personalized recommendations to help you move more, eat better, and stress less. Sync your tracking device, join a Challenge, and earn virtual coins that you can exchange for rewards for taking healthy steps every day.

Your Mobile Registration Code:

Get Started!

Go to:

New to Rally? Please register using Rally Mobile Code:
Already on Rally? You're all set. Download the app and login.

Download on the App Store | Google play

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

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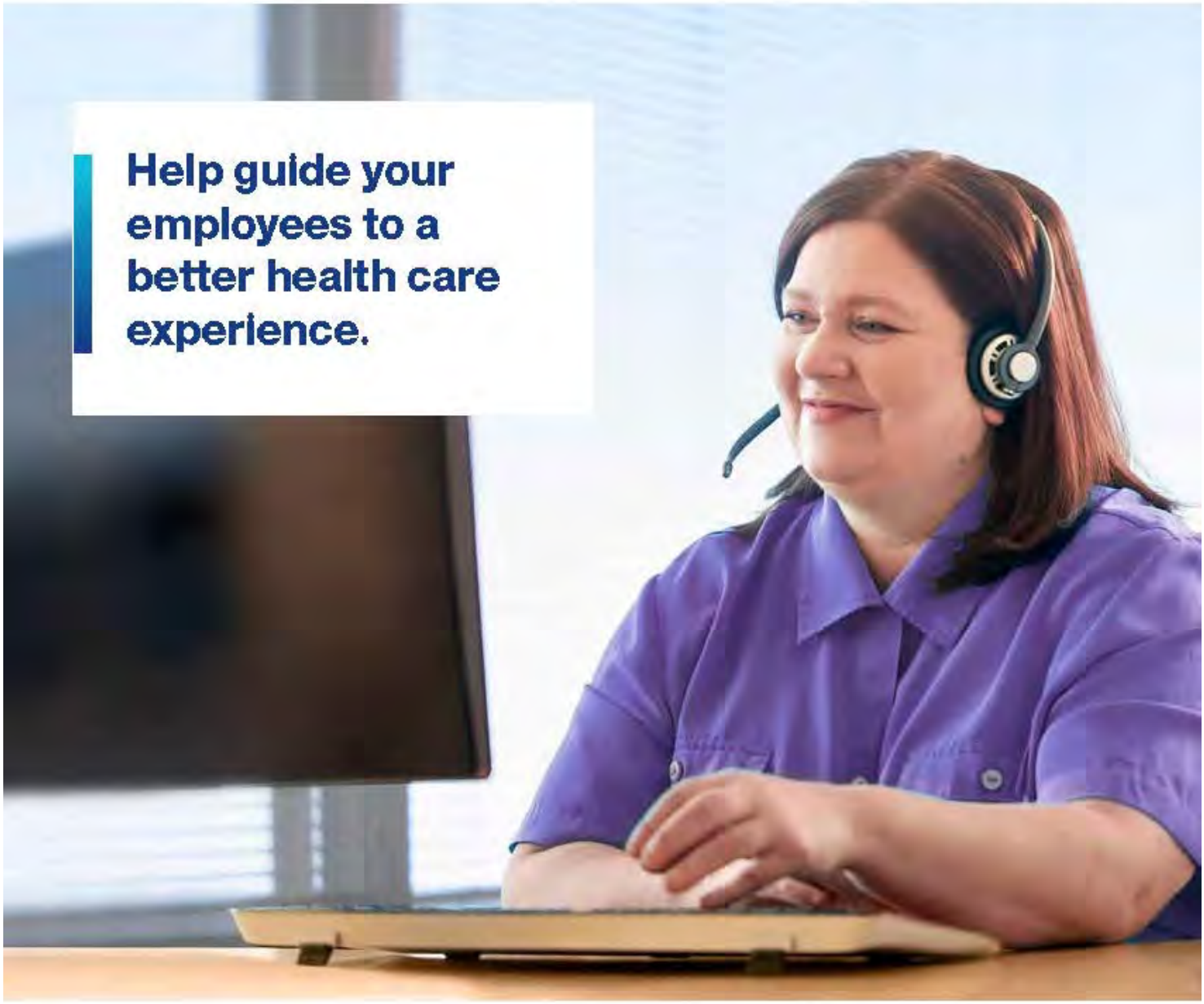

93%
overall satisfaction rating.[1]

$123M+
saved by members and employers in 2018.[1]

Advocate4Me® delivers results you and your employees can feel good about.

When employees and their covered family members need help with their health or health plan, our advocates have the skills to reach them with personalized guidance that goes beyond expectations. Using powerful data and technology as tools, our advocates guide one member at a time to a solid solution—all with an eye toward improved outcomes and lower costs. And, it's included in your health plan at no additional cost.

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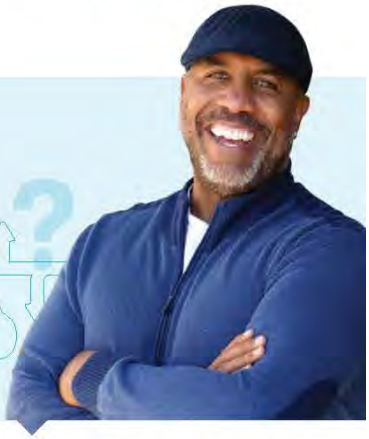
Kindness and guidance. At the heart of every conversation.

Improving the lives of members—every day.



Members give Deb a

96%

satisfaction rating.[2]

Meet Deb

- More than 8 years at UnitedHealthcare.
- Volunteers with children who have special needs.

"I always lead with compassion—because on the other end of the phone is a real person who has health needs and, in some cases, is going through some tough stuff. First, I put myself in their shoes. Then I take steps toward a solution.

Advocates as skilled as they are resourceful.

Our advocates are passionate about helping people and they have a range of qualifications—from nursing degrees to complex claims resolution. When they need added support, advocates have a team of experts they can call on—from clinicians to pharmacists and others.

Your employees and their covered family members have just one phone number to call to reach an expert who'll listen carefully, anticipate needs and find solutions centered around:

- Benefits and claims
- Provider search
- Pharmacy
- Finances
- Well-being
- Emotional health
- Clinical support
- Complex health care support
- And more

Persistence in finding solutions.

Advocates stay on the line with members until the inquiry is resolved—or the advocate team will follow up with the answer. There's no need for your employee to redial—or for you to get involved.

Advocates' ability to anticipate future needs may lead to lower costs.

Advanced technology combined with robust data provides advocates with specific information about members, allowing us to use predictive personalization, which:

1. Automatically routes the caller to the advocate whose skill and training are right for the situation—and right for your employee.
2. Helps advocates quickly understand why the member is calling—before they even speak.
3. Brings up health opportunities members haven't even thought to ask about yet.

Ronald's Experience*

- UnitedHealthcare member from Georgia.
- Recently diagnosed with a chronic condition.

"Deb provided the information I needed and was extremely helpful—even suggesting services that I didn't know about.

*This is real member information; the photo is representative.

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Backed by a strong investment in health care, excellence in compassion and a human touch.

Always innovating.

$3B+
annual investment in data, technology and innovation.[2]

13K+
clinicians and physicians providing member support and building innovative programs.[2]

Always engaging.

9-minute+
average call time truly caring for your employees vs. the standard industry average of 1.5 minutes.[1]

5.2K+ hours
of volunteering by our advocates in a year.[3]

45%
of clinical, well-being and decision support program enrollments are acquired from advocate referrals.[1]

Always caring.

Most Admired
Fortune named UnitedHealth Group® the "World's Most Admired Company" in the insurance and managed care category for 9 years running.[4]

Community-minded
UnitedHealth Group was named one of the most community-minded companies by The Civic 50.[5]

Numerous awards
in innovation and customer service.[6]

18M
members have Advocate4Me.[2]

Easy access to support—it's all part of the plan.

Advocate4Me comes at no additional cost to you—it's all included just for offering UnitedHealthcare benefits. Simply remind your employees that our advocates and digital tools are available to help guide them through their health care journey.

Contact your UnitedHealthcare representative for additional information.

UnitedHealthcare®

[1] UnitedHealthcare Advocate4Me performance reporting, 2018.
[2] UnitedHealth Group internal analysis, 2018.
[3] UnitedHealthcare, 2018. Volunteer hours from United for Giving.
[4] Fortune, 2011-2019. FORTUNE is a registered trademark of Time, Inc. FORTUNE and Time, Inc. are not affiliated with, and do not endorse products or services of UnitedHealth Group.
[5] Civic 50 by Points of Light, 2012-2018.
[6] Awards received 2014 through 2018 from organizations including Genesys, Frost & Sullivan, Stevie & Best in Biz.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the program is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time. Additionally, if there is any difference between this information and your coverage documents (Summary Plan Description, Schedule of Benefits, and any attached Riders and/or Amendments), your coverage documents govern.

Cost savings and health outcome results identified are not guaranteed.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

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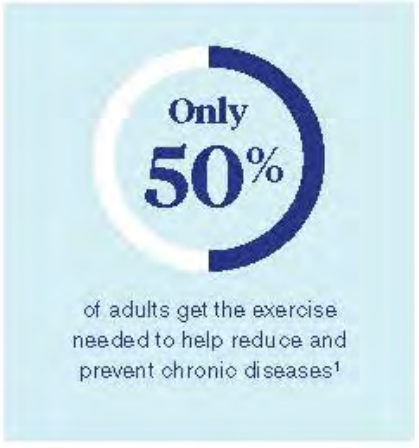
Helping add value to your employee health plan at no additional cost

Eligible employees have access to a 1-year Apple Fitness+ subscription at no additional cost.* *The first fitness service powered by Apple Watch.*

Adding value to your benefits may help inspire healthier behavior:

- $79 value per employee can be shared with up to 5 family members**
- A single, comprehensive offering for various fitness levels—powered by Apple Watch*
- Access to on-demand workouts on iPhone, iPad and Apple TV, with new workouts and meditations added every week



*NOTE: Apple Fitness+ requires Apple Watch Series 3 or later with watchOS 7.2 or later and one of the following Apple devices: iPhone 6s or later with iOS 14.3 or later, iPad with iPadOS 14.3 or later, or Apple TV with tvOS 14.3 or later. Available to applicable UnitedHealthcare plans for fully insured customers. Subject to state legal and regulatory review. Membership is $9.99/month or $79.99/year, if paid annually.

**Must be 13 years of age or older and covered under applicable UnitedHealthcare health plan.

continued

United Healthcare

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Quick access to workouts

- Choose the workout type
- Select a duration from 5–45 minutes
- Pick a favorite trainer and type of music

Designed to meet employees' unique needs

Apple Fitness+ may help employees achieve their goals, regardless of fitness level. It offers:

- ✔ 11 workout types, including high-intensity interval training (HIIT), yoga, treadmill, rowing, dancing, cycling, core, strength, Pilates, walking and more
- ✔ Curated programs for specific interests (such as Workouts for Beginners, Workouts for Pregnancy and Workouts for Older Adults)
- ✔ New workouts and meditations added weekly
- ✔ Personal recommendations

Designed to help keep employees engaged and motivated

Apple Watch personalizes the Apple Fitness+ experience by displaying personal metrics onscreen during every workout, such as heart rate and calories burned. To use Apple Fitness+, an Apple Watch Series 3 or later is required.

On certain workouts, the Burn Bar provides an added push, showing participants how they stack up against others who have participated in the same workout. Participants can listen to playlists chosen by trainers to complement the workout, and Apple Music subscribers can save and download Fitness+ playlists.

Learn more Contact your UnitedHealthcare representative

United Healthcare

[1] Centers for Disease Control and Prevention. Physical Activity. cdc.gov/physicalactivity/about-physical-activity/why-it-matters.html. Accessed September 2021.

Available to applicable UnitedHealthcare plans for fully insured customers. Subject to state legal and regulatory availability. Policies/certificates with situs in the state of Kansas may neither advertise nor include this offer in any pre-sale promotion of the policy/certificate, nor shall it be promoted as an inducement for member enrollment in plans.

The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. The value of the application may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from having access to this application at no additional cost.

Apple Fitness+, Apple Watch, iPhone, iPad, Apple Music and Apple TV are trademarks of Apple Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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Humana Response

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Wellness programs that can be added at no cost to the group with details. Anything extra you can offer at a cost as well:

Go365 ®is a personalized wellness and rewards program that helps your employees make healthier decisions and guides them on their well-being journey. Go365 offers the City a comprehensive, turnkey wellness program that includes all the following components at no additional fee:

- Go365 Health Assessment
- Biometric screening integration
- Health Coaching
- Go365 Age
- Incentive design and contribution measurement system
- Co-branding
- Fully customized incentive Mall options
- Incentives for routine dental and vision exams
- Each member receives a personalized experience, including individualized wellness goals and activities
- Ability to earn Points in four core areas of activity: Education, Prevention, Healthy Living, and Fitness and Exercise
- Ability to earn up to 10 Points weekly for meditating using the compatible, award-winning MyLife app
- Points convert into Bucks, which can be redeemed for rewards in the online Go365 Mall
- Integration with more than 70 compatible fitness tracking
- Integration with more than 70 compatible fitness tracking devices
- In-home digital workout class connection: CycleBar Go, Echelon, Classpass Digital
- Mobile app technology and integration, including the Go365 App
- Customized, employer-sponsored wellness activities
- Go365 Champ program
- Our standard Go365 reporting package, including our on-demand reporting through our Wellness Data Management tool. Ability to self-service pull these reports: Activity report, Member Engagement report, and Employer Wellness Performance report
- Partnerships with various vendors include Hi.Q health literacy app, and more
- Virtual well-being coaching, available to members through our partner programs at no cost to the City (any costs are the responsibility of the enrolled member)
- Opportunities to engage the entire family through the Go365 Kids program
- The Go365 Support Community, offering a member-specific social forum that allows greater access to program

Go365 works

Productivity losses related to personal and family health problems cost U.S. employers $226 billion annually.1 That's why Go365 conducted our 2020 Fully Insured Outcomes Study, which looked into the correlation between program engagement and lower average health claims costs, as well as improved productivity among a representative sample of approximately 135,000 members. In this study, we found that consistent dedication and member engagement in Go365 can result in a significant reduction in healthcare claims. As the Go365 member's Status threshold stepped up, claims savings increased proportionately.

1 "Worker Productivity Measures," Centers for Disease Control and Prevention, last accessed August 17, 2017. https://www.cdc.gov/workplacehealthpromotion/model/evaluation/productivity.html.

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How do you do health screenings, biometrics, flu shots, health risk assessments, health fairs

Humana is able to meet the needs of the City's members by having our locally-based consumer engagement consultants offering presentations, setting up biometric screening events, attending health fairs and health committees, hosting webinars, and educating Champs.

Humana offers the following biometric screening services:

- On-site
- Offsite clinic/lab
- Manual physician submission (via PCP)
- Home test kit

Screenings can be set up through any of our more than 6,000 biometric locations, including Quest Diagnostics® Patient Service Centers, LabCorp Patient Service Centers, Kroger Company Family of Pharmacies, eHealthScreenings, and The Little Clinics®, or through any member's primary care physician. (Please note that only medical professionals licensed and trained according to state laws may perform and submit the screenings and tests.) To locate a preferred clinic nearby, set up an appointment, or download an authorization form and voucher, members can visit Go365.com.

Flu shots are among the most common employer-sponsored wellness services. Now, rather than contracting and planning with a separate immunization vendor, flu shots can be added to the City's existing contract. A "single point of contact" approach is maintained and provides clients with a seamless nationwide immunization program. Flu vaccination programs are available annually, generally between mid-September and January.

Humana's health assessment is accessible online at Go365.com or through the free Go365 App, this interactive tool can be completed in less than 15 minutes, and even in two-minute sections, rather than all in one sitting. The assessment gathers essential information about many health factors and behaviors measured within our program and benchmarks members' progress in the following key areas:

- Get active: Physical activity and fitness questions
- Eat better: Nutrition-based questions
- Live well: Lifestyle questions, such as tobacco and alcohol use
- Reduce stress: Stress-related questions
- Know your health: Biometric measurements and other screenings

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network.

Humana

Humana is not offering performance guarantees as part of this proposal. However, our performance standard goals, of which the City will be included, are as follows:

-Cycle Time 90% in 14 calendar days

-Financial Accuracy 99%

-Payment Accuracy 97%

-Abandonment Rate 5%

Relative to our core service/performance standards, Humana measures Net Promoter Score (NPS) on a number of levels, including after key transactions and touchpoints, as a best-practice way to understand the quality of interactions and how well expectations were met. We use this to continuously improve our customer and member experiences. Notably, over the past two years we have doubled our scores and earned the top NPS score in Forrester's independent assessment of consumer experience among health insurers.

In addition, for the second consecutive year, Humana ranked #1 for Member Satisfaction among Commercial Health Plans in Florida and Texas in the J.D. Power Commercial Health Plan Study* and in all categories it tracks – Coverage and Benefits, Cost, Provider Choice, Information and Communication, Customer Service, and Billing and Payment. This speaks to Humana's commitment to our members and employer group customers and our overall focus on providing timely support, and options that enable employers to offer affordable health coverage and care to their employees.

*Humana received the highest score in Florida and Texas in the J.D. Power 2020 and 2021 U.S. Member Health Plan Studies Satisfaction Study of customers' satisfaction with commercial health plan. Visit jdpower.com/awards

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Provide Implementation guarantees

Although Humana is not offering implementation guarantees as part of this proposal, our account management and implementation process is structured to ensure we deliver the City's employees a seamless, uninterrupted transition to their new medical plan. This process is led by two key contacts in partnership with the Public Sector team. In conjunction with the City, this team develops an implementation plan to ensure deadlines are met and systems are set up and launched by the effective date. The Public Sector team has a chief of staff that coordinates with enrollment representatives that are located all across the state to educate and enroll members. This team has successfully implemented and coordinated open enrollment meetings for other large employer clients across the state and within the City specifically.

Client Executive – Public Sector

As the assigned client executive's main objective is to ensure your satisfaction. They work with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering. The client executive works with your benefit administrators to lay out a successful implementation strategy, and then helps them follow it through. They will devise an appropriate action plan with the City that maximizes engagement and inspires well-being among your employees and their families. She will be there for you every step of the way, from the point of sale through the effective date, ensuring everything goes according to plan.

Installation Administration Professional

The assigned installation administration professional serves as your single point of contact during implementation and enrollment. They are there to ensure any installation issues are addressed in a timely manner and will work directly with the city to engage internal contacts across Humana to facilitate resolutions for all other issues as necessary. This simplifies the service experience by creating a trusted advocate to help the City. They are also available throughout the life of the plan to assist the assigned account management professional with reporting and the renewal process. During implementation, individual member and provider inquiries are addressed through the Customer Care department.

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Provide Service and network guarantees

Humana's proposal for the City does not include service or network guarantees; however, please refer to the following explanations regarding our in-network and out-of-network savings programs.

In-network discounts

Discount savings is defined as the difference between the eligible incurred in-network medical billed charge amounts and medical allowed charge amounts resulting from negotiated discounts for participating claims only and after accounting for reversals, adjustments, duplicate bills, etc., and excluding:

- Disallowed services
- Medicare claims
- Transplant claims
- Pharmacy claims
- COB claims
- Claims where billed amount equals allowed amount

This “net” calculation produces the discount savings difference between the eligible incurred in-network medical billed and allowed charges.

Out-of-network savings

The Shared Savings program provides a method for customers to reduce their medical costs by obtaining the benefit of contractual discounts for out-of-network services. Under the shared savings program, Humana works to reduce the costs when participants receive out-of-network care. We utilize the external shared savings vendor, Zelis, to access their supplemental networks and negotiation services to obtain a discount for out-of-network claims.

On average, approximately 60 percent of out-of-network claims routed to the shared savings program are repriced utilizing a discounted arrangement from our shared savings vendor. While we cannot anticipate what the actual discounts will be, average discounts range from 20 to 25%.

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Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network.

FHC

Provide a performance guarantees:

FHCP does not provide performance guarantees for groups under 500 live**s.**

Provide implementation guarantees:

Not applicable as Florida Health Care Plans (FHCP) is the incumbent carrier.

Provide service and network guarantees:

FHCP does not provide service or network guarantees for groups under 500 lives

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network.

UHC

Provide a performance guarantees:

None included.

Provide implementation guarantees:

None included.

Provide service and network guarantees:

None included.

Benecon

Provide a performance guarantees:

None included.

Provide implementation guarantees:

None included.

Provide service and network guarantees:

None included.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Proposer must be able to offer a high qualify, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering in excess of 120 individuals with their dependents. Provider network must include hospital, physician, and other provider services in Volusia, Seminole, Lake, Brevard, Flagler and St. Johns Counties. Please note that local or regional networks can be proposed, but it is the City's preference that national networks be made available to the employees, retirees and their dependents.

Each carrier who proposed quotes for the City has confirmed their provider networks cover all counties listed above. UHC, Benecon and Humana are providing national networks, while NHP provides a Florida only network and FHC provides a regional network. FHC's national network is provided through their partnership with Florida Blue's BlueCard network. All carriers cover emergencies nationally. Please find the links to search for providers for each carrier's network:

FHC	https://fhcp.healthtrioconnect.com/public-app/consumer/provdir/entry.page
UHC (Choice Plus)	https://connect.werally.com/medicalProvider/root?showBackButton=true
NHP (Search NHP HMO/POS)	https://connect.werally.com/medicalProvider/root?showBackButton=true
Benecon (Choice Plus)	https://connect.werally.com/medicalProvider/root?showBackButton=true
Humana	https://www.humana.com/finder/medical?customerid=1

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Brown & Brown always requests a top provider report from the current carriers for medical, dental and vision and will ask each proposer to identify which of the providers are in or out of their proposed network. We analyze the results and consolidate them into our own report so our clients can easily see which networks will be the best fit. Please find our results for the City of Holly Hill's recent RFP:

Medical Provider Disruption Analysis

Executive Summary of Top 100 Provider Network Analysis
City of Holly Hill
10.4.2021

	FHCP	UHC Choice Plus	UHC Choice	NHP
In Network				
Providers	**97**	**46**	**43**	**37**
No Change	97	45	42	37
New / Positive Disruption	N/A	1	1	0
Claim Count	**598**	**291**	**277**	**212**
No Change	598	287	273	212
New / Positive Disruption	N/A	4	4	0
As a % of Total Claims	98.2%	47.8%	45.5%	34.8%
Out of Network data captured below corresponds to In Network data analysis				
Out of Network & Unknowns				
Providers	**3**	**54**	**57**	**63**
No Change	3	2	2	3
Unknown	N/A	52	55	54
New / Negative Disruption	N/A	0	0	6
Claim Count	**11**	**318**	**332**	**397**
No Change	11	7	7	11
Unknown	N/A	311	325	322
New / Negative Disruption	N/A	0	0	64
As a % of Total Claims	1.8%	52.2%	54.5%	65.2%

Network Analysis Rank*
1 **FHCP**
2 **UHC Choice Plus**
3 **UHC Choice**
4 **NHP**

**Analysis based exclusively on current utilization, carrier network size and ranking will yield different ranks when reviewing objectively.*

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Vision Provider Disruption Analysis

Disruption Summaries

EyeMed Summary Tables

```
## [1] "Plan IDs Used: '9760513' with a date range between 2020-01-01 and
2021-09-30"

## [1] "EyeMed Access"
```

EyeMed Access	Providers	Claims	Members	Net Paid
Y	48	154	123	8939.07
N	0	0	0	0.00
EyeMed Access	Providers	Claims	Members	Net Paid
Y	100%	100%	100%	100%
N	0%	0%	0%	0%

```
## [1] "EyeMed Select"
```

EyeMed Select	Providers	Claims	Members	Net Paid
Y	48	154	123	8939.07
N	0	0	0	0.00
EyeMed Select	Providers	Claims	Members	Net Paid
Y	100%	100%	100%	100%
N	0%	0%	0%	0%

```
## [1] "EyeMed Insight"
```

EyeMed Insight	Providers	Claims	Members	Net Paid
Y	46	152	121	8844.07
N	2	2	2	95.00
EyeMed Insight	Providers	Claims	Members	Net Paid
Y	95.8%	98.7%	98.4%	98.9%
N	4.2%	1.3%	1.6%	1.1%

```
## [1] "EyeMed Advantage"
```

EyeMed Advantage	Providers	Claims	Members	Net Paid
Y	32	119	100	7582.77
N	16	35	23	1356.30
EyeMed Advantage	Providers	Claims	Members	Net Paid
Y	66.7%	77.3%	81.3%	84.8%
N	33.3%	22.7%	18.7%	15.2%

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Competitor Summary Tables

VSP Signature	# Providers	% Providers	# Claims	% Claims
Y	22	45.8%	55	35.7%
N	26	54.2%	99	64.3%

VSP Choice	# Providers	% Providers	# Claims	% Claims
Y	22	45.8%	55	35.7%
N	26	54.2%	99	64.3%

UHC	# Providers	% Providers	# Claims	% Claims
Y	19	39.6%	58	37.7%
N	29	60.4%	96	62.3%

Davis	# Providers	% Providers	# Claims	% Claims
Y	12	25%	46	29.9%
N	36	75%	108	70.1%

Superior	# Providers	% Providers	# Claims	% Claims
Y	28	58.3%	97	63%
N	20	41.7%	57	37%

Avesis	# Providers	% Providers	# Claims	% Claims
Y	17	35.4%	55	35.7%
N	31	64.6%	99	64.3%

NVA	# Providers	% Providers	# Claims	% Claims
Y	17	35.4%	60	39%
N	31	64.6%	94	61%

VBA	# Providers	% Providers	# Claims	% Claims
Y	10	20.8%	34	22.1%
N	38	79.2%	120	77.9%

MES	# Providers	% Providers	# Claims	% Claims
Y	7	14.6%	40	26%
N	41	85.4%	114	74%

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Dental Provider Disruption Analysis

Dental Network Disruption Summary

City of Holly Hill
Review by Carrier

In-Network Providers (#)

Total Records	Current MetLife	Guardian	FCL	Delta Dental	Standard
71	41	54	40	37	45
71	57.7%	76.1%	56.3%	52.1%	63.4%

Negative Disruption - Providers (#)

Guardian	FCL	Delta Dental	Standard
3	8	8	3
4.2%	11.3%	11.3%	4.2%

In Network Claims (#)

Total Records	Current MetLife	Guardian	FCL	Delta Dental	Standard
199	123	156	114	93	131
199	61.8%	78.4%	57.3%	46.7%	65.8%

Negative Disruption - Claims (#)

Guardian	FCL	Delta Dental	Standard
6	25	37	5
3.0%	12.6%	18.6%	2.5%

In-Network Claimants (#)

Total Records	Current MetLife	Guardian	FCL	Delta Dental	Standard
193	119	151	111	91	127
193	61.7%	78.2%	57.5%	47.2%	65.8%

Negative Disruption Claimants (#)

Guardian	FCL	Delta Dental	Standard
6	24	35	5
3.1%	12.4%	18.1%	2.6%

Overall Network Match - Claim Dollars ($)

Total Eligible	Current MetLife	Guardian	FCL	Delta Dental	Standard
$38,817	$21,328	$29,861	$23,642	$18,670	$23,271
$38,817	54.95%	76.93%	60.91%	48.10%	59.95%

Negative Disruption - Claim Dollars ($)

Guardian	FCL	Delta Dental	Standard
$816	$2,342	$5,790	$1,712
2.10%	6.03%	14.92%	4.41%

Excluded Records ($)

Total Eligible	Current MetLife	Guardian	FCL	Delta Dental	Standard
$38,817	$0	$0	$0	$0	$0
$38,817	0%	0%	0%	0%	0%

In Network figures are based on the total number of providers/claims/claimants/dollars that are in-network for the incumbent vs. proposing networks
In Network Match figures are indicative of the total number of providers/claims/claimants/dollars that are in-network for both the incumbent and the proposing network
All results are based on the Provider Tax ID Number and can indicate that the a practice is in-network rather than a specific provider.
This may lead to false positive/negative matches in the above results.
Provider counts are not unique and can include the same provider numerous times.

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Proposer is to include a copy of their preferred drug listing for consideration.

FHC	https://www.fhcp.com/providers/medication-formularies/
UHC	https://www.uhc.com/statedruglists
NHP	https://www.uhc.com/statedruglists
Benecon	https://www.uhc.com/statedruglists
Humana	https://www.humana.com/druglist We have several methods for sharing formularies with members. We can distribute a copy of the formulary in the City's open enrollment packet if requested. Members can also log in to their secure, personalized website (MyHumana), to use the formulary lookup function, which displays drug type, generic availability, formulary status, prior authorization status, estimated retail price, maximum dispensing limits, and alternatives available in the drug class (for specific drugs). In addition, prospective members may also obtain copies of the standard formulary by calling our Customer Care team.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

It is the responsibility of the successful proposers to provide the necessary forms, papers, etc., for initial enrollment and also the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.

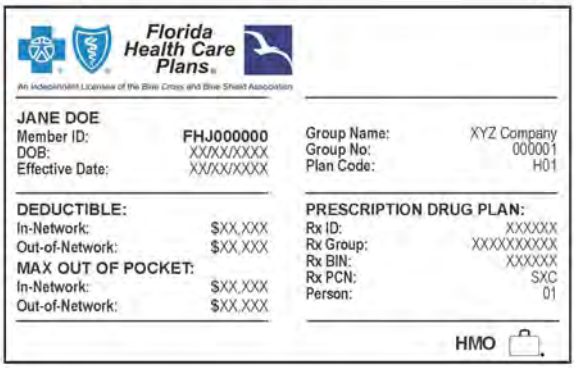
Once final carrier and plan designs are made, Brown & Brown works with each carrier to prepare the necessary forms, applications, certificates, contracts and all employee communications. Brown & Brown always highlights all benefit offerings in our Benefits at a Glance Guide (see appendix), so emloyees can review all benefit plans and costs associated in one easy to follow booklet. We also note within this booklet free services and other helpful resources for employees. Please find additional samples of what the proposing insurance carriers can provide:

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

FHC Response

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Card Front – HMO



HMO Card Back

Card Front TO

TO or POS Card Back

Card Front POS

Variable Elements on Card Front	
Element Name	**Ex. Data Supplied**
Member Name	Jane Doe
Alpha Prefix	FHJ
Member Number (MRN)	000000
Group Name	XYZ Company
Effective Date	XX/XX/XXXX
DOB	XX/XX/XXXX
Bottom Network Text	HMO
Group No.	0000001
Plan Code	H01
Rx Group	XXXXXXXXXXX
RX ID	XXXXXX
RX Bin	XXXXXX
Rx PCN	XXX
Person	XX
Deductible-INN Opt. 1	$XX,XXX
Deductible-INN Opt. 2	$XX,XXX
Deductible- OON Opt. 3*	$XX,XXX
MOOP-INN Opt. 1	$XX,XXX
MOOP- INN Opt. 2	$XX,XXX
MOOP-OON Opt. 3 *	$XX,XXX
TO or POS cards	*Out-of-Network services may be subject to balance billing

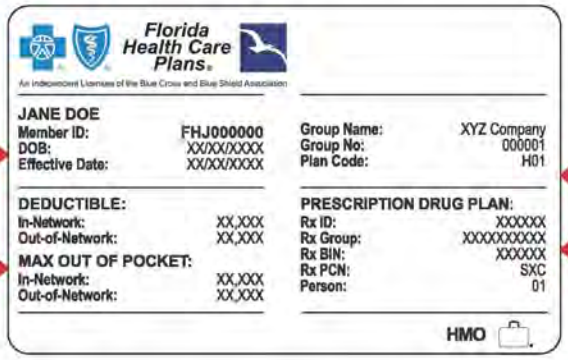
Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

GET TO KNOW YOUR MEMBER ID CARD

Understanding your member ID card is important. New members receive their ID cards by mail within 7 to 10 business days of your first premium payment. If needed, you can reprint a temporary copy or order a replacement card through your Member Account. Always bring your ID card with you when you visit a doctor, get lab work, imaging or x-rays, and fill prescriptions. Your providers and pharmacies bill FHCP for the services you use.

YOUR INFORMATION –
always check for accuracy

Your Name
Member ID Number - is found on the first line under your name.
DOB – your date of birth.
Effective Date – the date that your coverage became effective.
Deductible & Max Out of Pocket
Your Deductible is the amount you pay before insurance.
Your Max Out of Pocket is the maximum amount you are responsible to pay for the entire year excluding premiums.



Group Information
This information is used by your provider to identify your plan information.

Prescription Drug Plan
This information is used by your pharmacy to identify your prescription plan information.

HMO BACK OF CARD

Receiving Care from FHCP Network Providers
Verify your provider is a participating network provider by going to fhcp.com or calling Member Services.
Receiving Care Out-of-State
Verify your provider is a participating Blue Cross Blue Shield Provider by going to fhcp.com or calling Member Services. Claims must be submitted for out-of-state service.
Code
Scan this code to connect to your member account. Create an account by using the 6 digits in your Member ID Number to log in.

Important Contact Information
Member Services
Medical Claims
Dental Claims
Rx Help Desk
Premium Payments

TRIPLE OPTION OR POINT-OF-SERVICE PLANS BACK OF CARD

Receiving Care Out-of-State
Claims must be submitted for out-of-state service.
Certification Requirement: If admitted to a hospital for in-patient, emergency services, or 23-hour observation services, your provider or, in the case of an out-of-area emergency, you must notify Admission Certification at the number shown. Pre-certification will determine the level of financial responsibility.

Important Contact Information
Member Services
Medical Claims
Rx Help Desk
Premium Payments

HELPFUL TIPS TO KEEPING YOUR INFORMATION SAFE

Keep your ID card confidential and keep it handy for emergency purposes.
Only provide your ID information to your doctor or pharmacy.
Monitor your claims through your Member Account or by calling Claims Department.
Treat your ID card as if it was a credit card. Destroy it when you receive a new card.
When you present your card at your doctor or pharmacy, make sure it is returned to you.
If you have multiple individuals on your plan, Keep track of these additional cards.
Only receive your durable medical equipment through approved FHCP vendors.

Florida Health Care Plans.
An Independent Licensee of the Blue Cross and Blue Shield Association

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Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

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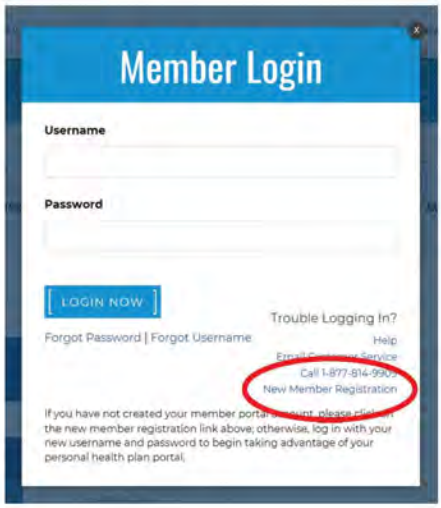
FHCP MEMBER PORTAL
SIGN-UP INSTRUCTIONS

Florida Health Care Plans

1 VISIT FHCP.COM AND CLICK THE "MEMBER PORTAL" BUTTON ON THE TOP.

OR YOU CAN LOOK FOR THIS BUTTON AROUND THE SITE: [MEMBER LOGIN]

2



NEXT, YOU WILL SEE THIS POP-UP. BE SURE TO CLICK "**NEW MEMBER REGISTRATION**" TO CREATE YOUR NEW ACCOUNT. ALL MEMBERS WILL NEED TO CREATE A NEW ACCOUNT WITH FHCP TO LOGIN.

YOU WILL NEED YOUR FHCP MEMBER ID NUMBER TO CREATE YOUR ACCOUNT

ONCE YOU FOLLOW THE STEPS, YOU WILL RECEIVE AN EMAIL TO CONFIRM. YOU WILL NOW BE ACTIVATED AND ABLE TO USE YOUR ACCOUNT!

TIPS

- USE ONLY SUPPORTED BROWSERS (UPDATED FIREFOX, CHROME, SAFARI AND INTERNET EXPLORER)
- JOT YOUR USER NAME AND PASSWORD DOWN AND KEEP IT IN A SAFE LOCATION

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

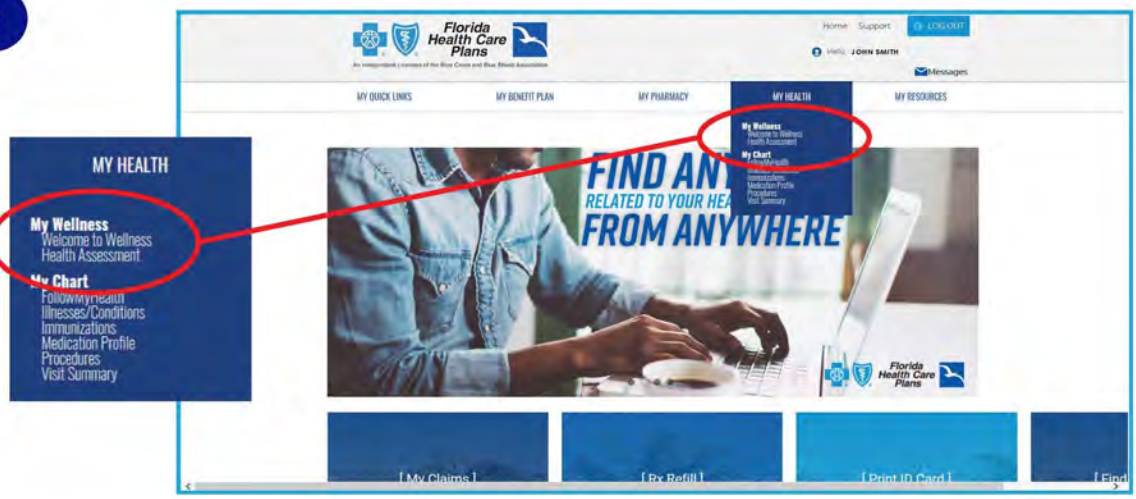
FHCP MEMBER PORTAL

SIGN-UP INSTRUCTIONS

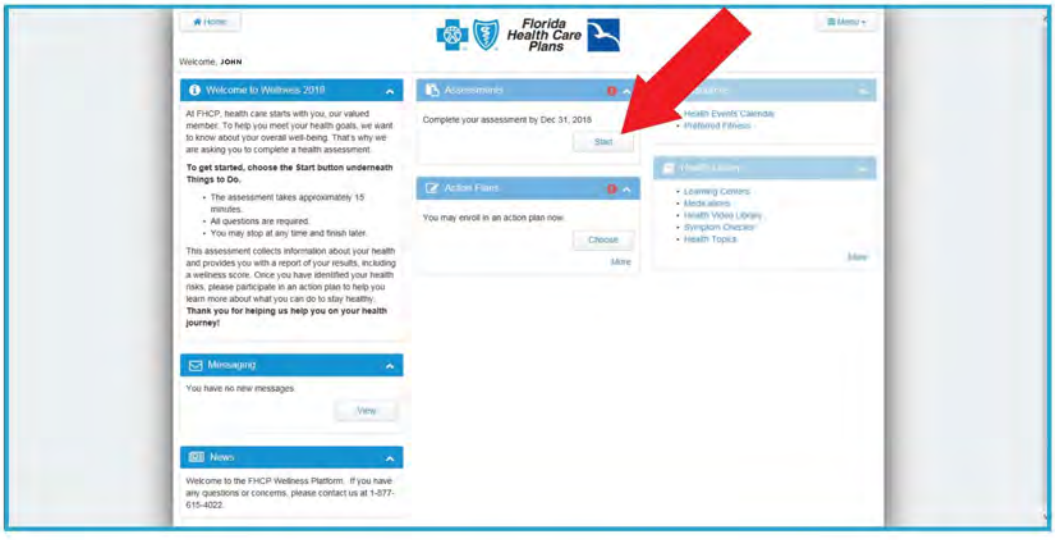
Florida Health Care Plans

An Independent Licensee of the Blue Cross and Blue Shield Association

3 IN **MY HEALTH**, ENTER **WELCOME TO WELLNESS** UNDER **MY WELLNESS**



4 TAKE TIME TO EXPLORE THE MANY FEATURES **WELCOME TO WELLNESS** HAS TO OFFER! YOU WILL SEE OPTIONS LIKE A FREE **HEALTH ASSESSMENT**, A STATE-OF-THE-ART **SYMPTOM CHECKER**, A ROBUST **HEALTH VIDEO LIBRARY**, **MEDICATIONS LIST** AND MUCH MORE!



Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY / SEX M F	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED: Self, Spouse, Child, Other	7. INSURED'S ADDRESS (No., Street)
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE / TELEPHONE (Include Area Code) ( )		ZIP CODE / TELEPHONE (Include Area Code) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES NO	a. INSURED'S DATE OF BIRTH MM DD YY / SEX M F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES NO / $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.		22. RESUBMISSION CODE / ORIGINAL REF. NO.
A. B. C. D. E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.		33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.		

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND TRICARE PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If Item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or TRICARE participation cases, the physician agrees to accept the charge determination of the Medicare carrier or TRICARE fiscal intermediary as the full charge and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or TRICARE fiscal intermediary if this is less than the charge submitted. TRICARE is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, TRICARE, FECA AND BLACK LUNG)

In submitting this claim for payment from federal funds, I certify that: 1) the information on this form is true, accurate and complete; 2) I have familiarized myself with all applicable laws, regulations, and program instructions, which are available from the Medicare contractor; 3) I have provided or will provide sufficient information required to allow the government to make an informed eligibility and payment decision; 4) this claim, whether submitted by me or on my behalf by my designated billing company, complies with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment including but not limited to the Federal anti-kickback statute and Physician Self-Referral law (commonly known as Stark law); 5) the services on this form were medically necessary and personally furnished by me or were furnished incident to my professional service by my employee under my direct supervision, except as otherwise expressly permitted by Medicare or TRICARE; 6) for each service rendered incident to my professional service, the identity (legal name and NPI, license #, or SSN) of the primary individual rendering each service is reported in the designated section.For services to be considered "incident to" a physician's professional services, 1) they must be rendered under the physician's direct supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the physician's bills.

For TRICARE claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, TRICARE, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by CMS, TRICARE and OWCP to ask you for information needed in the administration of the Medicare, TRICARE, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101;41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR TRICARE CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under TRICARE/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of TRICARE.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

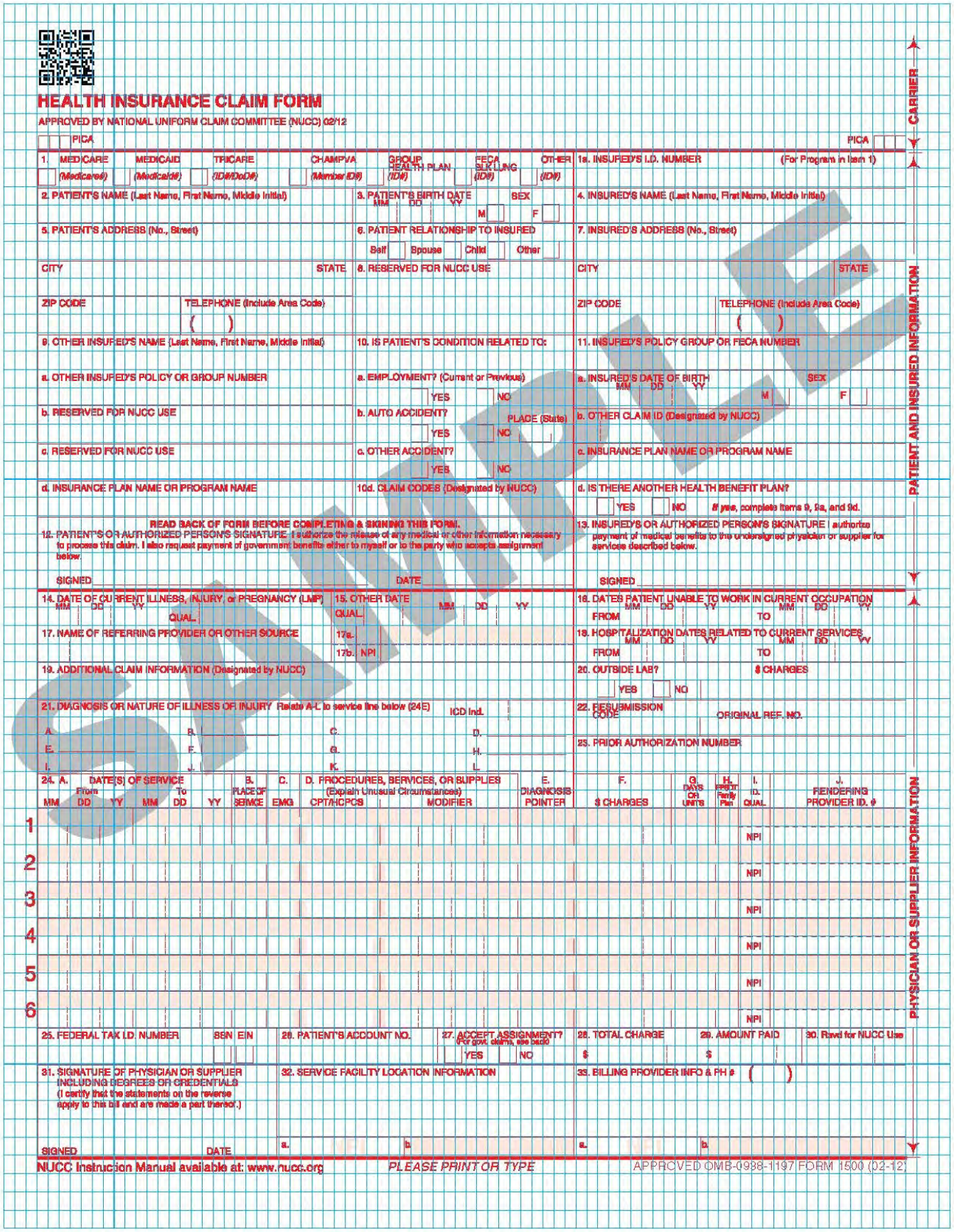
I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1197. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # ( )

a. b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

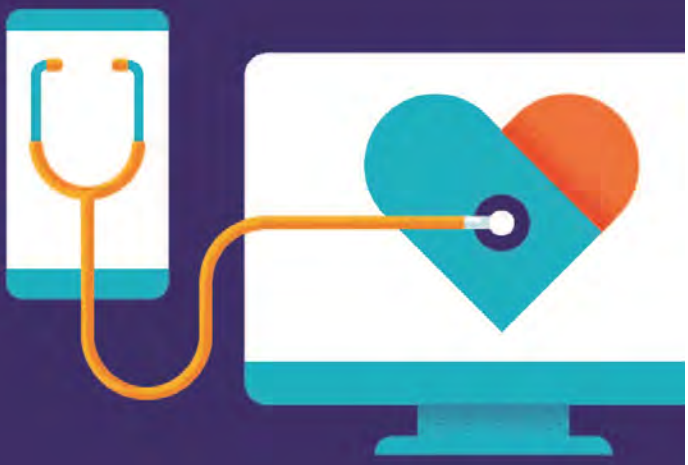
PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

UHC / Benecon Response

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,



Activate your myuhc.com account

Put your health plan at your fingertips

Get the most out of your benefits

Your personalized website, **myuhc.com®**, features tools designed to help you:

- **Find, price and save on care**—you can save with Virtual Visits* and other tools. You can save an average of 36%[1] when you compare costs for providers and services
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status
- **Access claim details,** plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills,** get estimates and compare medication pricing**
- **Check your plan balances,** access financial accounts and more

Download the UnitedHealthcare® app

It's perfect for on-the-go access, help finding a nearby doctor and more.

*Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

**Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

continued

United Healthcare

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Activation is quick

1. Go to myuhc.com > **Register Now**
2. Fill out the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the website's policies and be sure to opt-in for email updates. We promise you'll only see our name in your inbox with relevant news and wellness updates

Get started at myuhc.com

United Healthcare

[1] UnitedHealthcare Internal Claims Analysis, 2019.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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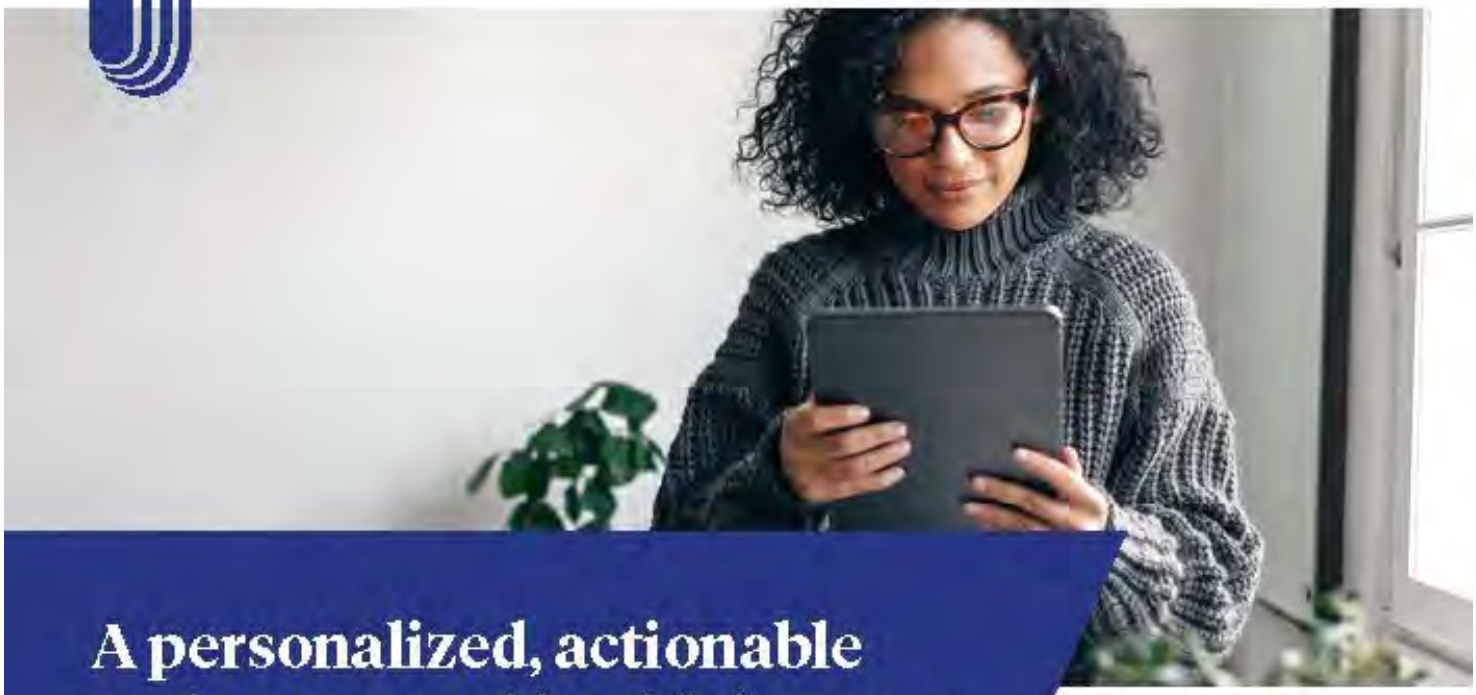

A personalized, actionable and connected health journey

As digital health tool adoption continues to accelerate, employee expectations may be high

App and wearable technology use continues to grow, and consumers have come to expect highly personalized, relevant online experiences in every aspect of their lives—including health care. Convenient, timely access to care—when and where they want it—is no longer a nice-to-have, but an expectation.

Integrated tools help employees find and price care simultaneously

With just a few steps on myuhc.com®, employees can:

- Find quality care
- Filter their search by location, gender, language and more
- See patient-created provider ratings
- Review cost and care options before appointments
- Access personalized cost and provider information

~50% of consumers wished the digital health care experience was smoother and more intuitive[1]

68% of consumers said it's important to customize their experience with their health care provider[1]

United Healthcare

continued

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Raising the bar for a user-friendly digital health care experience

Our approach is designed to advance digital health technology in ways that not only address employees' needs—but may exceed their expectations.

Personalized

Provide a customized experience that displays employees' personal priority items and individual health needs at a dashboard level.

Actionable

Help employees get healthy, stay healthy or use benefits more effectively by offering timely, digestible and actionable recommendations.

Connected

Make it easier to take care of health needs by connecting the dots across multiple touchpoints in the health care ecosystem.

Right information at the right time for informed decision-making

Real-time patient information, including pharmacy, labs, prior authorization, eligibility and early care path intervention is designed to help make it easier for providers and care teams to view the employee's health care journey.

Cost transparency, including PreCheck MyScript® and cost estimators, make it easier for employees to access their benefits.

Driving member engagement and cost savings

96%
of users completed a health survey[2]

64%
joined a health challenge[3] and completed 15M Health Missions[4]

$11.2M
saved by using 24/7 Virtual Visits[5]

$225
average member savings per prescription with PreCheck MyScript[6]

Contact your UnitedHealthcare representative to learn more

[1] 2020 Healthcare Consumer Study conducted by Forrester Consulting, commissioned by Cedar. https://www.cedar.com/healthcare-consumer-study/.

[2] Rally Daily Summary Report, 7/1/14 through 9/21/19.

[3] Challenges Overview Report, as of 9/3/19, coverage challenge end dates from 1/1/18 through 1/1/20.

[4] Rally Mission Aggregate Overview Report, 7/1/14 through 8/1/19. Outcomes Research (ISPOR), Philadelphia, May 2015.

[5] As of June 30, 2018. UnitedHealthcare Health Care Economics.

[6] OptumRx analysis of full year 2019 trial claim and production claim data. January 2019-December 2019 based on 5.2 million members, >230,000 providers and 37.8 million transactions using PreCheck MyScript.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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United Healthcare

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Humana Response

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Provide Sample claim forms:

Humana does not require the employee/insured to submit claim forms. Network providers are educated in Humana's claim submission requirements and are fully apprised of their contractual obligation to submit claims on behalf of our beneficiaries.

Provide Id card samples:

As we enroll and "activate" members into our systems, these systems generate a file each evening and send it electronically to our vendor to produce the ID cards the following day. ID cards are mailed to member homes within two business days of the file receipt by the vendor. This does not include time for testing if the City chooses to review cards prior to production. ID cards are also viewable online through MyHumana on Humana.com and through the MyHumana mobile app.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Please provide sample reports that the City would be able to receive on a monthly, quarterly and annual.

Analytics Department

Brown & Brown will help the City with the management of its insurance and cost management by providing budget projections and quarterly analytics review of claims, discounts and pharmacy. In the quarterly review, there will be an executive summary illustrating the aforementioned categories, along with plan design benchmarking, medical & Rx plan design summaries, current plan designs & contributions, and financial summaries (spend distribution, medical spend by category, pharmacy spend by class and non-network providers to name a few).

These quarterly reviews provide the data for the team to discuss strategy for actuarial review, which would include underwriting evaluations as well as alternative funding analysis. It is from here we would put together our marketing strategy to execute against our analytics and actuarial review. Our data analytics team reviews the claims utilization data, and we perform our own underwriting analysis to compare to the carrier's renewal.

Our analysis enables us to negotiate the best possible renewal rates for our clients to ensure the program is managed effectively. We pay close attention to the carrier's underwriting factors, such as stop loss/ pooling charges, reserve adjustments, administrative charges and trend levels. We can quickly identify deviations to the norm and address those to avoid our clients paying more than they should.

We also enjoy walking our clients through the rate development process so they understand how their premiums are calculated. Our analysis of the claims data helps us to identify trends which may or may not be consistent with past experience, which has resulted in cost savings measures for our clients by identifying plan design opportunities to shift utilization and positively impact future claims liabilities. The City's dedicated claims analyst will be responsible for analyzing claims and providing reports at least quarterly.

These reports vary based on the funding arrangement with the current carrier and how much data the carrier provides. We have had success building additional customized reports specifically with FHC when clients need more data than what is provided in the typical quarterly claim reports. These additional reports have allowed several of our clients make informed and impactful decisions on plan changes, funding arrangements, contribution strategy, etc. Please find examples of some of the many reports we can provide:

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

FHC Top Provider Report

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

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Florida Health Care Plans
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Top 100 Providers

PROVIDER NAME	ProviderSpecialtyCode	ProviderSpecialtyDesc	PAR	Total Claims
NIRSCHL CH, MATT R	OTHR-CHIRO	CHIROPRACTOR	P	43
HAGEDOORN, BRETT	THER-PHYSI	THERAPY-PHYSICAL	P	16
BRYAN, JAMES M	SPEC-ORTHO	ORTHOPAEDIC SURGERY PHYSICIAN	P	16
KOHEN, MICHAEL D	SPEC-RHEUM	RHEUMATOLOGY PHYSICIAN SPECIAL	P	16
LICHTENWALTER, M. K.	SPEC-PSYHH	PSYCHIATRIC PHYSICIAN HH	P	16
SYMEONIDES, JOHN G.	PCPS-FAMIL	FAMILY PRACTICE PHYSICIAN PCP	P	15
PAGE JR, ROBERT N	THER-PHYSI	THERAPY-PHYSICAL	P	15
PUENTES, MARIA C	FHCP-PCP	FHCP-PCP'S OFFICE	P	15
MCCOLLUM, ALFONZA	FHCP-PCP	FHCP-PCP'S OFFICE	P	13
HARMON, JASON M	FHCP-PCP	FHCP-PCP'S OFFICE	P	13
BORTNEM, JASON R	FHCP-PCP	FHCP-PCP'S OFFICE	P	11
CALIENDO, JOHN	SPEC-PSYHH	PSYCHIATRIC PHYSICIAN HH	P	11
DUREN, LAURA ANN	FHCP-PCP	FHCP-PCP'S OFFICE	P	11
SHAPIRO, KIMBERLY MILLIGAN	FHCP-PCP	FHCP-PCP'S OFFICE	P	10
WANG, HUIJIAN JAMES	SPEC-CARDI	CARDIOLOGY PHYSICIAN SPECIALIS	P	9
GREER, RICHARD	SPEC-PSYHH	PSYCHIATRIC PHYSICIAN HH	P	9
ARCHIBALD, SANDRA K	FHCP-PCP	FHCP-PCP'S OFFICE	P	9
GARCIA, PABLO	FHCP-PCP	FHCP-PCP'S OFFICE	P	8
BENITEZ, LISA C	OTHR-LMHCO	LICENSED MENTAL HEALTH COUNSEL	P	8
DOC ON DEMAND -	PCPS-TELEM	MEDICAL TELEMEDICINE SERVICES	P	8
LOPEZ, RUBEN J	PCPS-PEDIA	PEDIATRIC PHYSICIAN PCP	P	8
SORRELL, VICKIE L	PCPS-EXTHR	NON-STAFF EXTENDED HOURS	P	7
LABELL, KIRSTIN	FHCP-PCP	FHCP-PCP'S OFFICE	P	7
ROSENBERG-OCADIZ, JENNIFER	FHCP-SPEC	FHCP-SPEC OFFICE	P	7
SINGH, SHIWANI	FHCP-PCP	FHCP-PCP'S OFFICE	P	7
STAMPER, JUDY WOODRUFF	OTHR-LMHCO	LICENSED MENTAL HEALTH COUNSEL	P	7
OLANREWAJU, SAADATU O	SPEC-PASST	SPECIALTY-PHYSICIAN ASSISTANT	P	7
STOSE, KEITH	THER-PHYSI	THERAPY-PHYSICAL	P	7
GINGRAS, JOHN PATRICK	OTHR-CHIRO	CHIROPRACTOR	P	6
DE LEON, AUGUSTO R.	FHCP-PCP	FHCP-PCP'S OFFICE	P	6
JONES, GORDON	FHCP-PCP	FHCP-PCP'S OFFICE	P	6
WILSON, NILOUFAR	FHCP-SPEC	FHCP-SPEC OFFICE	P	6
RITTER, JARED TRISTAN	SPEC-PSYHH	PSYCHIATRIC PHYSICIAN HH	P	6
TORRES, DIEGO T.	PCPS-FAMIL	FAMILY PRACTICE PHYSICIAN PCP	P	6
DOMINGUEZ, CARMEN LETICIA	FHCP-SPEC	FHCP-SPEC OFFICE	P	6
SMITH, JEFFREY	FHCP-PCP	FHCP-PCP'S OFFICE	P	6
HETHER, JAMES JEREMY	OTHR-CHIRO	CHIROPRACTOR	P	6
FUENTES, RICHARD M	THER-PHYSI	THERAPY-PHYSICAL	P	5
LUNA, BLANCA CRISTINA	PCPS-INTER	INTERNAL MEDICINE PHYSICIAN	P	5
AILANI, RAJESH K	SPEC-PULMO	PULMONARY DISEASE PHYSICIAN	P	5
FULFORD, WENDY S	FHCP-PCP	FHCP-PCP'S OFFICE	P	5
MEDICAL PC VIRT	OTHR-TELEM	TELEMEDICINE	P	5
RAUSCH, CURT N	PCPS-INTER	INTERNAL MEDICINE PHYSICIAN	P	5
CUADRA MONGALO, SILVIA M	FHCP-SPEC	FHCP-SPEC OFFICE	P	5
STACKPOLE, KIMBERLY	SPEC-PASST	SPECIALTY-PHYSICIAN ASSISTANT	P	5
HOWE, JULIA	SPEC-PSYHH	PSYCHIATRIC PHYSICIAN HH	P	5
RODGERS, LINDA ANNE	SPEC-PSYHH	PSYCHIATRIC PHYSICIAN HH	P	5
ETIENNE, ANNEMARIE	SPEC-OPHTH	OPHTHMOLOGY PHYSICIAN SPECIAL	P	5
WAHBA, NASHWA M	SPEC-PULMO	PULMONARY DISEASE PHYSICIAN	P	4
RATHBUN, MICHELLE SUZANNE	FHCP-PCP	FHCP-PCP'S OFFICE	P	4
MILLIRON, HILAREE B	SPEC-PODIA	PODIATRIST	P	4
TEPPER, BRAD D	OTHR-CHIRO	CHIROPRACTOR	N	4
COOK, STEPHANIE	SPEC-PASST	SPECIALTY-PHYSICIAN ASSISTANT	P	4
HUNT, JAMES	FHCP-PCP	FHCP-PCP'S OFFICE	P	4
DERBENWICK, MARY JUNE	FHCP-SPEC	FHCP-SPEC OFFICE	P	4
ZOBIAN, JOSEPH MICHAEL	SPEC-OPHTH	OPHTHMOLOGY PHYSICIAN SPECIAL	P	[illegible]

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

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PROVIDER NAME	ProviderSpecialtyCode	ProviderSpecialtyDesc	PAR	Total Claims
COVINGTON, DONALD	SPEC-GESUR	GENERAL SURGERY PHYSICIAN SPEC	N	4
AMAWI, KHAWLA M	FHCP-SPEC	FHCP-SPEC OFFICE	P	4
MITCHELL-SAMON, LEVONNE MARIE	FHCP-PCP	FHCP-PCP'S OFFICE	P	4
MICELI, GERALD	FHCP-SPEC	FHCP-SPEC OFFICE	P	4
ZULFIQAR, HASSAN	FHCP-SPEC	FHCP-SPEC OFFICE	P	4
INNOVATIVE MED	PCPS-TELEM	MEDICAL TELEMEDICINE SERVICES	P	4
MENDENHALL, ALLISON R	FHCP-PCP	FHCP-PCP'S OFFICE	P	4
CASAGNI, KIMBERELY S	FHCP-PCP	FHCP-PCP'S OFFICE	P	4
SMITH, RYAN	FHCP-SPEC	FHCP-SPEC OFFICE	P	4
HILL, JOHN M	PCPS-FAMIL	FAMILY PRACTICE PHYSICIAN PCP	P	4
STALEY, TYLER JAY	FHCP-PCP	FHCP-PCP'S OFFICE	P	4
MINOR, STEPHEN E	FHCP-SPEC	FHCP-SPEC OFFICE	P	3
THOMAS, SHAWN WAYNE	SPEC-UROLO	UROLOGY PHYSICIAN SPECIALIST	P	3
MERRELL, MATTHEW M	SPEC-UROLO	UROLOGY PHYSICIAN SPECIALIST	P	3
DRIGGERS, WESLEY JAY	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
ROSATI, SAMUEL M	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
MALIK, VINOD K	SPEC-ANEST	ANESTHESIA PHYSICIAN SPECIALIS	P	3
GAINES, RICHARD K	SPEC-ORTHO	ORTHOPAEDIC SURGERY PHYSICIAN	P	3
GOTTLIEB, DANIEL G	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
MOHLER, KYLA E	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
BRAITHWAITE, RICHARD LEE	PCPS-INTER	INTERNAL MEDICINE PHYSICIAN	P	3
CROUCH, EUGENE MARION	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
NIPPER, NEIL B	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
VELAT, GREGORY J	SPEC-NEUSG	NEUROSURERY PHYSICIAN SPECIAL	P	3
DINEEN, MARTIN K	SPEC-UROLO	UROLOGY PHYSICIAN SPECIALIST	P	3
HOFFMAN, MATTHEW H	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
OFFENBERG, HOWARD L	SPEC-RHEUM	RHEUMATOLOGY PHYSICIAN SPECIAL	P	3
MEYERS, JOHN C	SPEC-OBGYN	OB/GYN PHYSICIAN SPECIALIST	P	3
MCDONALD, DAVID J	SPEC-NEURO	NEUROLOGY PHYSICIAN SPECIALIST	P	3
BORZOK, JOHN M	SPEC-PODIA	PODIATRIST	P	3
QUINTEROS, JAIME E	PCPS-PEDIA	PEDIATRIC PHYSICIAN PCP	P	3
BAKER, MATTHEW	PCPS-PASST	PHYSICIAN ASSISTANT PRIM CARE	P	3
PARSONS, MICHAEL J	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
WALKER, MITCHELL RYAN	THER-ABILI	THERAPY ABILITY	P	3
KISGEROPOULOS, CHAZ	PCPS-EXTHR	NON-STAFF EXTENDED HOURS	P	3
ABDURAHMAN, ARSHEEMA	PCPS-EXTHR	NON-STAFF EXTENDED HOURS	P	3
CARDONA, LINA	SPEC-DERMA	DERMATOLOGY PHYSICIAN SPECIAL	P	3
JUMANI, ABDUL Q.	SPEC-NEPHR	NEPHROLOGIST	P	3
BLY, KRIS M	FHCP-PCP	FHCP-PCP'S OFFICE	P	3
ST. JAMES, LUTHER	PCPS-FAMIL	FAMILY PRACTICE PHYSICIAN PCP	N	3
LAMBIE, BRITTNEY L	SPEC-ORTHO	ORTHOPAEDIC SURGERY PHYSICIAN	P	2
CARRATT, EVAN DEMETRIOS	PCPS-FAMIL	FAMILY PRACTICE PHYSICIAN PCP	P	2
GIANINI, ANGELA M.	PCPS-PEDIA	PEDIATRIC PHYSICIAN PCP	P	2
ROLLMAN, LEONARD	OTHR-CHIRO	CHIROPRACTOR	P	2

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

FHC Deductible and Out of Pocket Maximum Summary Report

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SUMMARY DEDUCTIBLE OOP COUNTS

Florida Health Care Plans
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CITY OF HOLLY HILL

INCURRED

START 202101
END 202108

INDIVIDUAL

								DEDUCTIBLE			OOP		
MBR COUNT	MBR TYPE	CLM TIER	MBR PLAN	PLAN DEDUCT	PLAN OOP	COMB DED	COMB OOP	MEDICAL COUNT	RX COUNT	COMBINED COUNT	MEDICAL COUNT	RX COUNT	COMBINED COUNT
15	I	HMO	T32	-	2,500	N	Y	-	-	-	-	-	-
78	I	HMO	T95	1,400	3,000	Y	Y	2	-	11	1	-	3
13	I	POS	T95	2,800	6,000	Y	Y	-	-	-	-	-	-
	TOTAL	HMO						2	-	11	1	-	3
	TOTAL	POS						-	-	-	-	-	-

FAMILY

								DEDUCTIBLE			OOP		
MBR COUNT	MBR TYPE	CLM TIER	MBR PLAN	PLAN DEDUCT	PLAN OOP	COMB DED	COMB OOP	MEDICAL COUNT	RX COUNT	COMBINED COUNT	MEDICAL COUNT	RX COUNT	COMBINED COUNT
6	F	HMO	T32	-	5,000	N	Y	-	-	-	-	-	-
17	F	HMO	T95	2,800	6,000	Y	Y	-	-	1	-	-	-
4	F	POS	T95	5,600	12,000	Y	Y	-	-	-	-	-	-
	TOTAL	HMO						-	-	1	-	-	-
	TOTAL	POS						-	-	-	-	-	-

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

DED OOP RANGE REPORT

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

CITY OF HOLLY HILL

INCURRED

INDIVIDUAL DEDUCTIBLE

	TIER	HMO	HMO	POS
	PLAN	T32	T95	T95
	DEDUCTIBLE	0	1400	2800
	OOP	2500	3000	6000
	COMBINED DED	N	Y	Y
	COMBINED OOP	Y	Y	Y
START	END			
0	0	15	12	5
0	280	-	32	4
280	560	-	7	3
560	840	-	3	1
840	1,120	-	2	-
1,120	1,400	-	22	-
1,400	1,680	-	-	-
1,680	1,960	-	-	-
1,960	2,240	-	-	-
2,240	2,520	-	-	-
2,520	2,800	-	-	-
Total Meeting Deductible		-	13	-

INDIVIDUAL OOP

	TIER	HMO	HMO	POS
	PLAN	T32	T95	T95
	DEDUCTIBLE	0	1400	2800
	OOP	2500	3000	6000
	COMBINED DED	N	Y	Y
	COMBINED OOP	Y	Y	Y
START	END			
0	0	-	12	5
0	600	13	40	7
600	1,200	2	4	1
1,200	1,800	-	9	-
1,800	2,400	-	5	-
2,400	3,000	-	8	-
3,000	3,600	-	-	-
3,600	4,200	-	-	-
4,200	4,800	-	-	-
4,800	5,400	-	-	-
5,400	6,000	-	-	-
Total Meeting OOP		-	4	-

FAMILY DEDUCTIBLE

	TIER	HMO	HMO	POS
	PLAN	T32	T95	T95
	DEDUCTIBLE	0	2800	5600
	OOP	5000	6000	12000
	COMBINED DED	N	Y	Y
	COMBINED OOP	Y	Y	Y
START	END			
0	0	6	-	-
0	560	-	4	4
560	1,120	-	5	-
1,120	1,680	-	-	-
1,680	2,240	-	4	-
2,240	2,800	-	4	-
2,800	3,360	-	-	-
3,360	3,920	-	-	-
3,920	4,480	-	-	-
4,480	5,040	-	-	-
5,040	5,600	-	-	-
Total Meeting Deductible		-	1	-

FAMILY OOP

	TIER	HMO	HMO	POS
	PLAN	T32	T95	T95
	DEDUCTIBLE	0	2800	5600
	OOP	5000	6000	12000
	COMBINED DED	N	Y	Y
	COMBINED OOP	Y	Y	Y
START	END			
0	0	-	-	-
0	1,200	3	9	4
1,200	2,400	1	4	-
2,400	3,600	2	3	-
3,600	4,800	-	-	-
4,800	6,000	-	1	-
6,000	7,200	-	-	-
7,200	8,400	-	-	-
8,400	9,600	-	-	-
9,600	10,800	-	-	-
10,800	12,000	-	-	-
Total Meeting OOP		-	-	-

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Benchmarking Reports

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Executive Summary of Medical & Prescription Drug Coverage

	Client						Benchmark #1			
Vendor	BlueCross BlueShield			BlueCross BlueShield			Aetna		Aetna	
Plan Name	Plan 1			Plan 2			Choice POS II		Health Fund	
Plan Type	PPO w/HRA			PPO w/HSA			PPO		PPO w/HRA	
HRA Fund	Up to $600 | Wellness Activity Contingent			Up to $600 | Wellness Activity Contingent			-		$500 Individual	$1,000 Family
On-Site Clinic Offered	Yes			Yes			Yes		Yes	
Plan Details	**In-Network**			**In-Network**			**In-Network**		**In-Network**	
	Single		**Family**	**Single**		**Family**	***Single***	***Family***	***Single***	***Family***
Plan Deductible	$750		$1,500	$2,000 | $2,800		$4,000	$600	$1,200	$1,750	$3,500
Family Deductible of 3 or more:			$2,250							
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	80%			80%			80%		80%	
Maximum Out-of-Pocket (Med|Rx):	$2,500		$5,000	$6,900		$13,800	$2,500	$5,000	$3,500	$7,000
Family of 3 or more Max OOP:	-		$7,500	-						
Physician Services										
Office Visit Copay:	$20			80% after CYD			$25		80% after CYD	
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)			80% after CYD			$35 (Aexcel | $50 (Non-Aexcel)		90% (Aexcel) | 80% (Non-Aexcel)	
Hospital / Emergency Services										
Inpatient Hospital Per Admission Copay:	80% after CYD			80% after CYD			80% after CYD		80% after CYD	
Emergency Room Copay:	$250			80% after CYD			$300		80% after CYD	
Urgent Care Copay:	$75			80% after CYD			$75		80% after CYD	
Outpatient Surgical Facility Copay:	80% after CYD			80% after CYD			80% after CYD		80% after CYD	
Diagnostic Services										
Lab, X-Ray & Diagnostics Outpatient:	$10			80% after CYD			$35		80% after CYD	
Advanced Imaging Services:	$250 Copay per scan			80% after CYD			80% after CYD		80% after CYD	
Prescription Drugs										
Deductible:	-			-			-		-	
Prescription Tier	$5 | 60% of cost ($35-$75) 40% of cost ($70-$100) | $250			80% after CYD			$9 | 80% of cost ($35-$70) 60% of cost ($50-$100) | $250		$9 | 80% of cost ($35-$70) 60% of cost ($50-$100) | $250	
Mail Order Prescription (90 Day Supply):	2.5x's Copay			80% after CYD						
	Plan 1			**Plan 2**			**Choice POS II**		**Health Fund**	
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**				
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$106.36		$77.00	
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	$498.01		$360.58	
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	$584.96		$423.54	
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$712.57		$515.95	
	Plan 1			**Plan 2**			**Choice POS II**		**Health Fund**	
Monthly Retiree Contributions	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Non-Medicare**		**Non-Medicare**	
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71	N/A		N/A	
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86	N/A		N/A	
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30	N/A		N/A	

Notes

Illustrated benefits include in-network coverages only.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Plan Design Benchmarking

	Client						Benchmark #2	
Vendor	**BlueCross BlueShield**			**BlueCross BlueShield**			**Cigna**	
Plan Name	Plan 1			Plan 2			OAP	
Plan Type	PPO w/HRA			PPO w/HSA			PPO	
HRA Fund	Up to $600 | Wellness Activity Contingent			Up to $600 | Wellness Activity Contingent			-	
On-Site Clinic Offered	Yes			Yes			Yes	
Plan Details	**In-Network**			**In-Network**			**In-Network**	
	Single		**Family**	**Single**		**Family**	**Single**	**Family**
Plan Deductible	$750		$1,500	$2,000 | $2,800		$4,000	$2,000	$4,000
Family Deductible of 3 or more:			$2,250					
Calendar or Policy Year:	Calendar			Calendar			Calendar Year	
Coinsurance:	80%			80%			90%	
Maximum Out-of-Pocket (Med|Rx)	$2,500		$5,000	$6,900		$13,800	$3,500	$7,000
Family of 3 or more Max OOP:	-		$7,500	-				
Physician Services								
Office Visit Copay:	$20			80% after CYD			$20	
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)			80% after CYD			$40	
Hospital / Emergency Services								
Inpatient Hospital Per Admission Copay:	80% after CYD			80% after CYD			90% after CYD	
Emergency Room Copay:	$250			80% after CYD			$150	
Urgent Care Copay:	$75			80% after CYD			$75	
Outpatient Surgical Facility Copay:	80% after CYD			80% after CYD			90% after CYD	
Diagnostic Services								
Lab, X-Ray & Diagnostics Outpatient:	$10			80% after CYD			$0	
Advanced Imaging Services:	$250 Copay per scan			80% after CYD			$0	
Prescription Drugs								
Deductible:	-			-			-	
Prescription Tier	$5 | 60% of cost ($35-$75)			80% after CYD			$10 | $30 | $50	
Mail Order Prescription (90 Day Supply):	2.5x's Copay			80% after CYD			2x's Copay	
	Plan 1			**Plan 2**			**PPO**	
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**		
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$0.00	
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	$323.34	
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$679.12	
	Plan 1			**Plan 2**			**OAP**	
Monthly Retiree Contributions	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**		
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71	$754.82	
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86	$1,293.36	
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30	$2,122.23	

Illustrated benefits include in-network coverages only

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Plan Design Benchmarking

	Client						Benchmark #2			
Vendor	**BlueCross BlueShield**			**BlueCross BlueShield**			**UnitedHealthcare**		**UnitedHealthcare**	
Plan Name	Plan 1			Plan 2			City Plan With HRA		Simple Wellness Plan	
Plan Type	PPO w/HRA			PPO w/HSA			PPO w/HRA		PPO w/HRA	
HRA Fund	Up to $600 | Wellness Activity Contingent			Up to $600 | Wellness Activity Contingent			$1,000 Single | $2,000 w/Spouse or DP		$1,000	
On-Site Clinic Offered	Yes			Yes			Yes		Yes	
Plan Details	**In-Network**			**In-Network**			**In-Network**		**In-Network**	
	Single		**Family**	**Single**		**Family**	***Single***	***Family***	***Single***	***Family***
Plan Deductible	$750		$1,500	$2,000 | $2,800		$4,000	$2,000	$4,000	$2,000	$4,000
Family Deductible of 3 or more:			$2,250							
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	80%			80%			90%		100%	
Maximum Out-of-Pocket (Med|Rx):	$2,500		$5,000	$6,900		$13,800	$4,000	$8,000	$4,000	$8,000
Family of 3 or more Max OOP:	-		$7,500	-						
Physician Services										
Office Visit Copay:	$20			80% after CYD			$30		$30	
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)			80% after CYD			$30 Tier-1 | $50 all others		$30 Tier-1 | $50 all others	
Hospital / Emergency Services										
Inpatient Hospital Per Admission Copay:	80% after CYD			80% after CYD			90% after CYD		$400 per day up to 5 days after CYD	
Emergency Room Copay:	$250			80% after CYD			$300		$300 after CYD	
Urgent Care Copay:	$75			80% after CYD			$50		$50	
Outpatient Surgical Facility Copay:	80% after CYD			80% after CYD			90% after CYD		$100 - Free Standing $250 after CYD - Hospital	
Diagnostic Services										
Lab, X-Ray & Diagnostics Outpatient:	$10			80% after CYD			90% after CYD		No Charge after CYD	
Advanced Imaging Services:	$250 Copay per scan			80% after CYD			90% after CYD		$200 after CYD	
Prescription Drugs										
Deductible:	-			-			-		-	
Prescription Tier	$5 | 60% of cost ($35-$75)			80% after CYD			$30 | $60 | $90 | 75%		$30 | $60 | $90 | 75%	
Mail Order Prescription (90 Day Supply):	2.5x's Copay			80% after CYD			2x's Copay		2x's Copay	
	Plan 1			**Plan 2**			**City Plan With HRA**		**Simple Wellness Plan**	
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**				
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$0.00		$34.99	
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	N/A		N/A	
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$400.01		$468.00	
	Plan 1			**Plan 2**			**City Plan With HRA**		**Simple Wellness Plan**	
Monthly Retiree Contributions	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Non-Medicare**		**Non-Medicare**	
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71	N/A		N/A	
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86	N/A		N/A	
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30	N/A		N/A	

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Plan Design Benchmarking

	Client						Benchmark #3			
Vendor	**BlueCross BlueShield**			**BlueCross BlueShield**			**Florida Blue**			
Plan Name	Plan 1			Plan 2			PPO Plan			
Plan Type	PPO w/HRA			PPO w/HSA			PPO			
HRA Fund	Up to $600 | Wellness Activity Contingent			Up to $600 | Wellness Activity Contingent			-			
On-Site Clinic Offered	Yes			Yes			-			
Plan Details	**In-Network**			**In-Network**			**In-Network**			
	Single		**Family**	**Single**		**Family**	***Single***		***Family***	
Plan Deductible	$750		$1,500	$2,000 | $2,800		$4,000	$300		$500	
Family Deductible of 3 or more:			$2,250						-	
Calendar or Policy Year:	Calendar			Calendar			Calendar			
Coinsurance:	80%			80%			80%			
Maximum Out-of-Pocket (Med|Rx):	$2,500		$5,000	$6,900		$13,800	$2,000		$6,000	
Family of 3 or more Max OOP:	-		$7,500	-			-			
Physician Services										
Office Visit Copay:	$20			80% after CYD			$25			
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)			80% after CYD			$25			
Hospital / Emergency Services										
Inpatient Hospital Per Admission Copay:	80% after CYD			80% after CYD			80% after CYD			
Emergency Room Copay:	$250			80% after CYD			$250 Copay + 80% after CYD			
Urgent Care Copay:	$75			80% after CYD			$25			
Outpatient Surgical Facility Copay:	80% after CYD			80% after CYD			80% after CYD			
Diagnostic Services										
Lab & Diagnostic X-Ray	$10			80% after CYD			Lab: $0 | X-Rays: 80% after CYD			
Advanced Imaging Services:	$250 Copay per scan			80% after CYD			80% after CYD			
Prescription Drugs										
Deductible:	-			-			-			
Prescription Tier	$5 | 60% of cost ($35-$75) 40% of cost ($70-$100) | $250			80% after CYD			$7.50 | $25 | $35			
Mail Order Prescription (90 Day Supply):	2.5x's Copay			80% after CYD			2x's Copay			

	Plan 1			Plan 2			PPO Plan			
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Wage Band #1**	**Wage Band #2**	**Wage Band #3**	**Wage Band #4**
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$47.06	$86.26	$172.51	$203.88
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	$313.67	$352.89	$439.14	$470.51
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$363.07	$402.29	$488.54	$519.91

Monthly Retiree Contributions	Plan 1			Plan 2		
	Pre 10/1/93 DOH		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30

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Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Plan Design Benchmarking

	Client				Benchmark #4			
Vendor	**BlueCross BlueShield**		**BlueCross BlueShield**		**UnitedHealthcare**		**UnitedHealthcare**	
Plan Name	Plan 1		Plan 2		Choice High Deductible Plan		Basic High Deductible Plan	
Plan Type	PPO w/HRA		PPO w/HSA		PPO w/HRA		PPO	
HRA Fund	Up to $600 | Wellness Activity Contingent		Up to $600 | Wellness Activity Contingent		$250		-	-
On-Site Clinic Offered	Yes		Yes		Yes		Yes	
Plan Details	**In-Network**		**In-Network**		**In-Network**		**In-Network**	
	Single	**Family**	**Single**	**Family**	***Single***	***Family***	***Single***	***Family***
Plan Deductible	$750	$1,500	$2,000 | $2,800	$4,000	$1,750	$3,500	$5,000	$10,000
Family Deductible of 3 or more:		$2,250						
Calendar or Policy Year:	Calendar		Calendar		Plan Year		Plan Year	
Coinsurance:	80%		80%		90%		100%	
Maximum Out-of-Pocket (Med|Rx)	$2,500	$5,000	$6,900	$13,800	$3,500	$7,000	$5,000	$10,000
Family of 3 or more Max OOP:	-	$7,500	-					
Physician Services								
Office Visit Copay:	$20		80% after CYD		$25		$0 After PYD	
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)		80% after CYD		$35 Designated Provider | $45 all others		$0 After PYD	
Hospital / Emergency Services								
Inpatient Hospital Per Admission Copay:	80% after CYD		80% after CYD		$300 per day up to 5 days then 10% after PYD		$0 After PYD	
Emergency Room Copay:	$250		80% after CYD		$250 after PYD (Waived if admitted)		$0 After PYD	
Urgent Care Copay:	$75		80% after CYD		$50 after PYD		$0 After PYD	
Outpatient Surgical Facility Copay:	80% after CYD		80% after CYD		90% after PYD		$0 After PYD	
Diagnostic Services								
Lab, X-Ray & Diagnostics Outpatient:	$10		80% after CYD		90% after PYD		$0 After PYD	
Advanced Imaging Services:	$250 Copay per scan		80% after CYD		90% after PYD		$0 After PYD	
Prescription Drugs								
Deductible:	-		-		$200 Ind. | $400 Family		Plan Year Deductible	
	$5 | 60% of cost ($35-$75)							
Prescription Tier	40% of cost ($70-$100) | $250		80% after CYD		$15 | $35 | $50 | 75% - Tier 2,3, & 4 after Rx Ded.		$0 After PYD	
Mail Order Prescription (90 Day Supply):	2.5x's Copay		80% after CYD		$45 | $105 | $150 - Tier 2 & 3 after Rx Ded.		$0 After PYD	

	Plan 1			**Plan 2**			**Choice High Deductible Plan**	**Basic High Deductible Plan**
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**		
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$162.99	$129.41
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	$350.43	$278.22
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$461.26	$366.22

	Plan 1			**Plan 2**			**Choice High Deductible Plan**	**Basic High Deductible Plan**
Monthly Retiree Contributions	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**		
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71	N/A	N/A
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86	N/A	N/A
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30	N/A	N/A

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Plan Design Benchmarking

	Client						Benchmark #5			
Vendor	**BlueCross BlueShield**			**BlueCross BlueShield**			**UnitedHealthcare**		**UnitedHealthcare**	
Plan Name	Plan 1			Plan 2			Choice Plus Plan		Choice EPO Plan	
Plan Type	PPO w/HRA			PPO w/HSA			PPO		EPO	
HRA Fund	Up to $600 | Wellness Activity Contingent			Up to $600 | Wellness Activity Contingent			-	-	-	-
On-Site Clinic Offered	Yes			Yes			Yes		Yes	
Plan Details	**In-Network**			**In-Network**			**In-Network**		**In-Network**	
	Single		**Family**	**Single**		**Family**	***Single***	***Family***	***Single***	***Family***
Plan Deductible	$750		$1,500	$2,000 | $2,800		$4,000	$750	$1,500	$750	$1,500
Family Deductible of 3 or more:			$2,250							
Calendar or Policy Year:	Calendar			Calendar			Plan Year		Plan Year	
Coinsurance:	80%			80%			90%		100%	
Maximum Out-of-Pocket (Med|Rx):	$2,500		$5,000	$6,900		$13,800	$3,000	$6,000	$3,000	$6,000
Family of 3 or more Max OOP:	-		$7,500	-						
Physician Services										
Office Visit Copay:	$20			80% after CYD			$30		$30	
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)			80% after CYD			$35 Designated Provider | $50 all others		$35 Designated Provider | $50 all others	
Hospital / Emergency Services										
Inpatient Hospital Per Admission Copay:	80% after CYD			80% after CYD			$300 per day up to 3 days then 90% after PYD		$300 per day up to 3 days then $0 after PYD	
Emergency Room Copay:	$250			80% after CYD			$250 after PYD (Waived if admitted)		$250 after PYD (Waived if admitted)	
Urgent Care Copay:	$75			80% after CYD			$50 after PYD		$50 after PYD	
Outpatient Surgical Facility Copay:	80% after CYD			80% after CYD			90% after PYD		100% after PYD	
Diagnostic Services										
Lab, X-Ray & Diagnostics Outpatient:	$10			80% after CYD			90% after PYD		$0	
Advanced Imaging Services:	$250 Copay per scan			80% after CYD			90% after PYD		$0 after PYD	
Prescription Drugs										
Deductible:	-			-			$200 Ind. | $400 Family		$200 Ind. | $400 Family	
Prescription Tier	$5 | 60% of cost ($35-$75) 40% of cost ($70-$100) | $250			80% after CYD			$15 | $35 | $50 | 75% - Tier 2,3, & 4 after Rx Ded.		$15 | $35 | $50 | 75% - Tier 2,3, & 4 after Rx Ded.	
Mail Order Prescription (90 Day Supply):	2.5x's Copay			80% after CYD			$45 | $105 | $150 - Tier 2 & 3 after Rx Ded.		$45 | $105 | $150 - Tier 2 & 3 after Rx Ded.	
	Plan 1			**Plan 2**			**Choice Plus Plan**		**Choice EPO Plan**	
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**				
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$209.46		$189.24	
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	$423.13		$406.87	
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$586.52		$535.54	
	Plan 1			**Plan 2**			**Choice Plus Plan**		**Choice EPO Plan**	
Monthly Retiree Contributions	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**				
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71	N/A		N/A	
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86	N/A		N/A	
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30	N/A		N/A	

Notes

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Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Plan Design Benchmarking

	Client						Benchmark #5	
Vendor	**BlueCross BlueShield**			**BlueCross BlueShield**			**Cigna**	
Plan Name	Plan 1			Plan 2			OAPIN Open Access Plus Plan	
Plan Type	PPO w/HRA			PPO w/HSA			PPO	
HRA Fund	Up to $600 | Wellness Activity Contingent			Up to $600 | Wellness Activity Contingent			Up to $1,000	
On-Site Clinic Offered	Yes			Yes			-	
Plan Details	**In-Network**			**In-Network**			**In-Network**	
	Single		**Family**	**Single**		**Family**	***Single***	***Family***
Plan Deductible	$750		$1,500	$2,000 | $2,800		$4,000	$500	$1,000
Family Deductible of 3 or more:			$2,250					
Calendar or Policy Year:	Calendar			Calendar			Plan Year	
Coinsurance:	80%			80%			100%	
Maximum Out-of-Pocket (Med|Rx):	$2,500		$5,000	$6,900		$13,800	$1,500	$3,000
Family of 3 or more Max OOP:	-		$7,500	-				
Physician Services								
Office Visit Copay:	$20			80% after CYD			$25	
Specialist Copay:	$35 (CCN) | $50 (Non-CCN)			80% after CYD			$35	
Hospital / Emergency Services								
Inpatient Hospital Per Admission Copay:	80% after CYD			80% after CYD			$0 after CYD	
Emergency Room Copay:	$250			80% after CYD			$150	
Urgent Care Copay:	$75			80% after CYD			$50	
Outpatient Surgical Facility Copay:	80% after CYD			80% after CYD			$0 after CYD	
Diagnostic Services								
Lab, X-Ray & Diagnostics Outpatient:	$10			80% after CYD			$0	
Advanced Imaging Services:	$250 Copay per scan			80% after CYD			$0 after CYD	
Prescription Drugs								
Deductible:	-			-			-	
Prescription Tier	$5 | 60% of cost ($35-$75)			80% after CYD			$15 | $30 | $60	
Mail Order Prescription (90 Day Supply):	2.5x's Copay			80% after CYD			2x's Copay	

	Plan 1			Plan 2			OAPIN Open Access Plus Plan
Monthly Employee Contributions	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	**Team IUPA Nonrep**	**Premium Incentive**	**PBA Union**	
Employee Only	$60.04	$43.38	$67.45	$0.00	$0.00	N/A	$26.00
Employee + One	$448.18	$423.17	$503.58	$219.92	$194.91	N/A	$286.00
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	$249.00
Employee + Family	$537.23	$495.56	$603.63	$400.83	$359.17	N/A	$315.00

	Plan 1			Plan 2			OAPIN Open Access Plus Plan
Monthly Retiree Contributions	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	**Pre 10/1/93 DOH**		**Post 10/1/93 DOH**	
Employee Only	$137.94	N/A	$789.86	$0.00	N/A	$684.71	$1,165.00
Employee + One	$619.55	N/A	$1,579.73	$485.66	N/A	$1,369.86	$2,355.00 (E+S), $2046 (E+C)
Employee + Family	$1,108.09	N/A	$2,764.52	$976.81	N/A	$2,263.30	$2,587.00

Notes

Illustrated benefits include in-network coverages only.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Brown & Brown's FHC Customized Quarterly Reports

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Brown & Brown INSURANCE®
DAYTONA BEACH

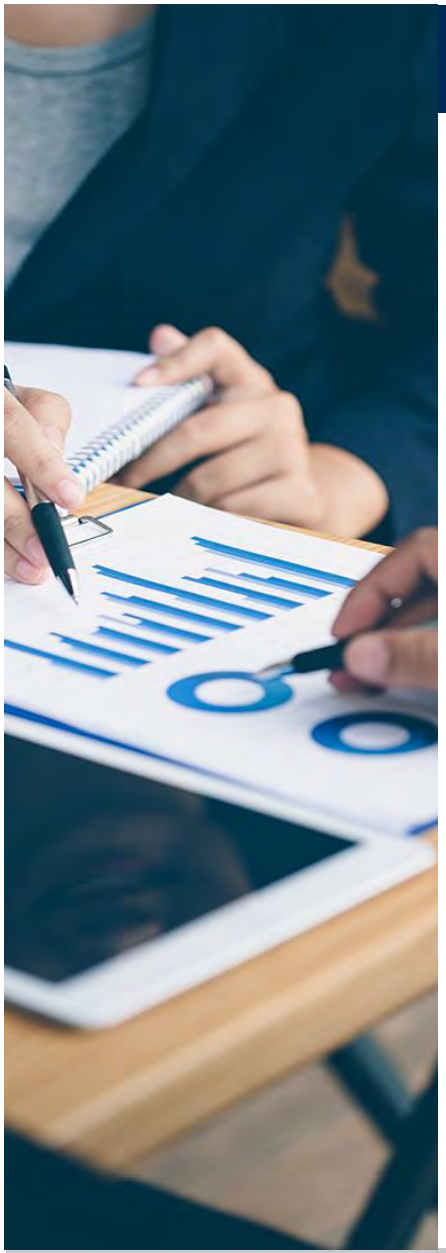
City of Holly Hill

Q2 2021 Health Plan Performance Summary

Presented By
Jessica Scott
Senior Vice President

Presented by Brown & Brown of Florida, Inc.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker



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Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary

	Start Date	End Date
Current Period:	1-Jul-20	30-Jun-21
Prior Period:	1-Jul-19	30-Jun-20

Total Cost

$846,781	Gross Claim Cost
20%	*Increase vs. Prior Period*
$923,362	Total Paid Premium
-9%	*Decrease vs. Prior Period*
92%	Current 12 Month Loss Ratio
70%	*Prior 12 Month Loss Ratio*

High Cost Claimants

$437,010	> $25,000 Paid (Med & Rx)
$223,087	*Paid in Prior Period*
6	Claimants Exceeding $25,000
5	*Claimants in Prior Period*
52%	% of Total Claim Cost (Current)
32%	% of Total Claim Cost (Prior)

Inpatient Facility

357	Inpatient Days/1000 Members
48%	*Increase vs. Prior Period*
77	Inpatient Admission/ 1000 Members
28%	*Increase vs. Prior Period*
5	Average Length of Inpatient Stay
16.0%	*Increase vs. Prior Period*

Medical Financial Summary

$290,753	Inpatient Spend
133%	*Increase vs. Prior Period*
$144,869	Outpatient Spend
-4%	*Decrease vs. Prior Period*
$273,574	Professional & Clinic Spend
-7%	*Decrease vs. Prior Period*

Pharmacy Financial Summary

$76,720	Current Pharmacy Spend
-1%	*Decrease vs. Prior Period*
$45,014	Cost of Top 10 Medications
-3%	*Decrease vs. Prior Period*
59%	Cost of Top 10 Medications as % of Total
60%	*% of Total Spend in Prior Period*

Outpatient Facility

161	Emergency Room Visits/1000 Members
-17%	*Decrease vs. Prior Period*
448	Other Outpatient Visits/ 1000 Members
19%	*Increase vs. Prior Period*
609	Total Outpatient Visits/ 1000 Members
7%	*Increase vs. Prior Period*

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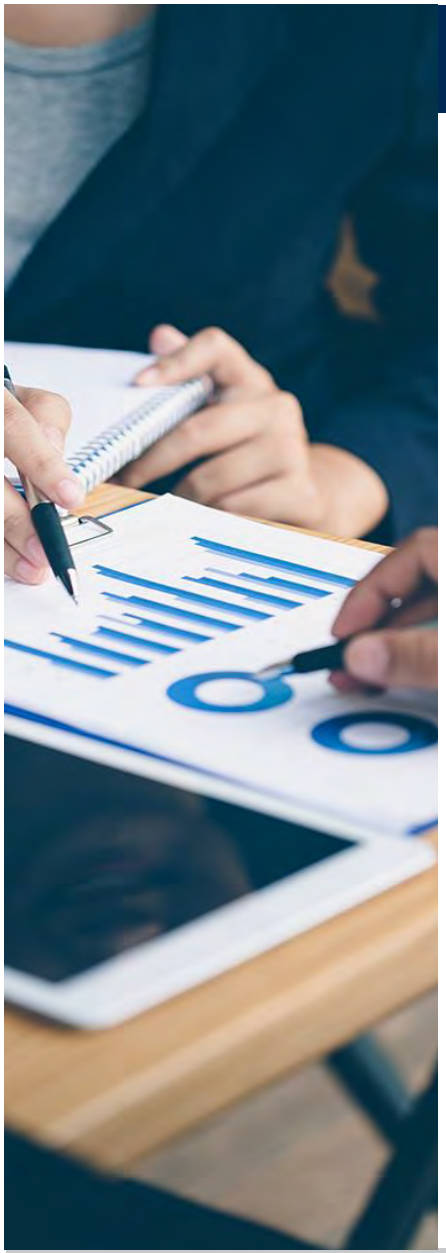

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UW PAID CLAIM DETAIL

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

CITY OF HOLLY HILL

PERIOD: START 202007 END 202106

PAID

GRPID	SBGRP	MONTH	ENROLLMENT CONTRACTS	ENROLLMENT MEMBERS	PREMIUM PREMIUM	CAPITATION CAPITATED	CAPITATION CLINIC	CAPITATION TOTAL CAP	FEE FOR SERVICES CLAIMS IP	FEE FOR SERVICES CLAIMS OP	FEE FOR SERVICES CLAIMS PHYSICIAN	FEE FOR SERVICES CLAIMS OTHER	TOTAL MEDICAL	PHARMACY	GRAND TOTAL	MLR
ALL ALL ALL	ALL	202007	106	142	$ 78,966	$ 1,677	$ 11,408	$ 13,085	$ -	$ 15,975	$ 6,602	$ 3,851	$ 26,428	$ 7,048	$ 46,560	59.0
		202008	104	140	$ 78,003	$ 2,342	$ 13,947	$ 16,289	$ 3,191	$ 16,441	$ 25,410	$ 4,706	$ 49,748	$ 5,049	$ 71,086	91.1
		202009	107	146	$ 80,277	$ 1,209	$ 13,182	$ 14,391	$ -	$ 6,775	$ 5,064	$ 796	$ 12,635	$ 7,023	$ 34,050	42.4
		202010	106	145	$ 79,569	$ 1,442	$ 19,710	$ 21,152	$ (13,776)	$ 13,847	$ 5,955	$ 2,365	$ 8,391	$ 5,354	$ 34,897	43.9
		202011	106	142	$ 79,175	$ 1,689	$ 23,045	$ 24,735	$ 61,021	$ 5,055	$ 9,585	$ 3,487	$ 79,149	$ 7,364	$ 111,248	140.5
		202012	104	140	$ 77,912	$ 1,486	$ 23,466	$ 24,952	$ 50,729	$ 3,587	$ 12,351	$ 3,418	$ 70,085	$ 9,953	$ 104,990	134.8
		202101	105	142	$ 74,790	$ 470	$ 16,183	$ 16,653	$ 64,935	$ 16,566	$ 8,091	$ 2,043	$ 91,634	$ 3,282	$ 111,569	149.2
		202102	104	141	$ 73,999	$ 1,098	$ 13,288	$ 14,386	$ 48,565	$ 22,903	$ 5,892	$ 947	$ 78,307	$ 3,612	$ 96,305	130.1
		202103	104	141	$ 73,999	$ 2,583	$ 14,655	$ 17,238	$ 1,484	$ 11,480	$ 7,324	$ 1,403	$ 21,691	$ 7,821	$ 46,750	63.2
		202104	105	143	$ 74,317	$ 814	$ 7,104	$ 7,918	$ 74,604	$ 934	$ 9,083	$ 800	$ 85,420	$ 5,850	$ 99,187	133.5
		202105	107	145	$ 75,426	$ 1,449	$ 10,585	$ 12,035	$ -	$ 22,686	$ 8,506	$ 1,290	$ 32,482	$ 8,800	$ 53,316	70.7
		202106	109	148	$ 76,930	$ 841	$ 13,979	$ 14,820	$ -	$ 4,983	$ 10,012	$ 1,443	$ 16,438	$ 5,564	$ 36,822	47.9
GRAND TOTAL			**1,267**	**1,714**	**$ 923,362**	**$ 17,101**	**$ 180,553**	**$ 197,654**	**$ 290,753**	**$ 141,232**	**$ 113,874**	**$ 26,548**	**$ 572,407**	**$ 76,720**	**$ 846,781**	**91.7**
000066 T32 HMO	ALL	202007	13	18	$ 12,454	$ 324	$ 2,417	$ 2,741	$ -	$ 8,948	$ 731	$ 736	$ 10,415	$ 1,004	$ 14,160	113.7
		202008	12	17	$ 12,046	$ 292	$ 3,747	$ 4,038	$ (18,566)	$ 2,252	$ 1,127	$ 165	$ (15,022)	$ 1,142	$ (9,842)	-81.7
		202009	12	17	$ 12,046	$ 302	$ 2,909	$ 3,211	$ -	$ 83	$ 547	$ (229)	$ 401	$ 1,532	$ 5,144	42.7
		202010	12	17	$ 12,046	$ 140	$ 5,250	$ 5,390	$ (13,776)	$ 4,206	$ 2,846	$ 1,270	$ (5,453)	$ 1,787	$ 1,723	14.3
		202011	12	17	$ 12,046	$ 215	$ 4,924	$ 5,139	$ 61,021	$ 1,148	$ 3,701	$ 496	$ 66,366	$ 2,488	$ 73,993	614.2
		202012	12	17	$ 12,046	$ 353	$ 3,034	$ 3,386	$ 50,729	$ 3,587	$ 5,145	$ 788	$ 60,249	$ 1,260	$ 64,896	538.7
		202101	21	31	$ 20,596	$ 246	$ 5,197	$ 5,442	$ 37,924	$ 2,375	$ 4,974	$ 680	$ 45,952	$ 1,745	$ 53,139	258.0
		202102	20	30	$ 19,805	$ 442	$ 3,736	$ 4,179	$ 27,269	$ 19,482	$ 2,780	$ 209	$ 49,739	$ 2,593	$ 56,511	285.3
		202103	20	30	$ 19,805	$ 570	$ 2,187	$ 2,758	$ 1,484	$ 6,562	$ 3,214	$ 241	$ 11,501	$ 3,500	$ 17,758	89.7
		202104	19	29	$ 19,014	$ 592	$ 1,972	$ 2,564	$ -	$ 689	$ 1,886	$ 3	$ 2,579	$ 4,054	$ 9,198	48.4
		202105	19	29	$ 19,014	$ 815	$ 3,161	$ 3,976	$ -	$ 73	$ 2,051	$ 143	$ 2,266	$ 4,509	$ 10,752	56.5
		202106	19	29	$ 19,014	$ 873	$ 2,934	$ 3,807	$ -	$ -	$ 5,489	$ -	$ 5,489	$ 1,802	$ 11,098	58.4
GRAND TOTAL			**191**	**281**	**$ 189,936**	**$ 5,163**	**$ 41,468**	**$ 46,631**	**$ 146,085**	**$ 49,404**	**$ 34,490**	**$ 4,502**	**$ 234,482**	**$ 27,417**	**$ 308,529**	**162.4**
00H066 T95 POS	ALL	202007	54	73	$ 34,541	$ 786	$ 7,445	$ 8,231	$ -	$ 1,134	$ 3,453	$ 1,862	$ 6,449	$ 1,338	$ 16,018	46.4
		202008	53	72	$ 33,986	$ 1,213	$ 6,319	$ 7,532	$ -	$ 12,823	$ 7,657	$ 2,317	$ 22,797	$ 1,624	$ 31,952	94.0
		202009	56	78	$ 36,260	$ 463	$ 7,424	$ 7,887	$ -	$ 5,908	$ 2,391	$ 296	$ 8,595	$ 2,062	$ 18,544	51.1
		202010	56	78	$ 36,260	$ 810	$ 12,454	$ 13,264	$ -	$ (509)	$ 1,948	$ 954	$ 2,393	$ 2,695	$ 18,351	50.6
		202011	56	75	$ 35,866	$ 915	$ 11,115	$ 12,030	$ -	$ 3,152	$ 3,974	$ 1,611	$ 8,736	$ 2,216	$ 22,982	64.1
		202012	55	74	$ 35,312	$ 425	$ 14,486	$ 14,911	$ -	$ -	$ 4,324	$ 1,126	$ 5,451	$ 4,243	$ 24,604	69.7
		202101	84	111	$ 54,193	$ 213	$ 9,436	$ 9,649	$ -	$ 5,590	$ 2,439	$ 902	$ 8,932	$ 1,499	$ 20,080	37.1
		202102	84	111	$ 54,193	$ 655	$ 9,552	$ 10,207	$ 21,296	$ 3,421	$ 1,970	$ 653	$ 27,341	$ 1,019	$ 38,567	71.2
		202103	84	111	$ 54,193	$ 2,012	$ 12,468	$ 14,480	$ -	$ 3,355	$ 4,110	$ 1,162	$ 8,628	$ 4,321	$ 27,429	50.6
		202104	86	114	$ 55,303	$ 222	$ 5,132	$ 5,353	$ 74,604	$ 1,026	$ 7,196	$ 796	$ 83,622	$ 1,795	$ 90,771	164.1
		202105	88	116	$ 56,412	$ 634	$ 7,424	$ 8,058	$ -	$ 22,613	$ 6,175	$ 1,147	$ 29,935	$ 4,291	$ 42,284	75.0
		202106	90	119	$ 57,915	$ (32)	$ 11,045	$ 11,013	$ -	$ 4,983	$ 4,523	$ 1,443	$ 10,949	$ 3,762	$ 25,724	44.4
GRAND TOTAL			**846**	**1,132**	**$ 544,434**	**$ 8,316**	**$ 114,300**	**$ 122,616**	**$ 95,900**	**$ 63,497**	**$ 50,161**	**$ 14,270**	**$ 223,827**	**$ 30,865**	**$ 377,308**	**69.3**
00L066 T26 HMO	ALL	202007	39	51	$ 31,971	$ 567	$ 1,545	$ 2,113	$ -	$ 5,893	$ 2,418	$ 1,252	$ 9,564	$ 4,706	$ 16,382	51.2
		202008	39	51	$ 31,971	$ 838	$ 3,882	$ 4,719	$ 21,757	$ 1,366	$ 16,626	$ 2,223	$ 41,973	$ 2,283	$ 48,975	153.2
		202009	39	51	$ 31,971	$ 445	$ 2,849	$ 3,294	$ -	$ 784	$ 2,126	$ 729	$ 3,639	$ 3,429	$ 10,362	32.4
		202010	38	50	$ 31,263	$ 493	$ 2,006	$ 2,499	$ -	$ 10,149	$ 1,161	$ 141	$ 11,451	$ 872	$ 14,823	47.4
		202011	38	50	$ 31,263	$ 560	$ 7,006	$ 7,565	$ -	$ 755	$ 1,911	$ 1,381	$ 4,047	$ 2,661	$ 14,273	45.7
		202012	37	49	$ 30,554	$ 709	$ 5,946	$ 6,655	$ -	$ -	$ 2,882	$ 1,504	$ 4,385	$ 4,449	$ 15,490	50.7
		202101	-	-	$ -	$ 12	$ 1,550	$ 1,562	$ 27,011	$ 8,601	$ 678	$ 461	$ 36,751	$ 37	$ 38,350	0.0
		202102	-	-	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,142	$ 85	$ 1,227	$ -	$ 1,227	0.0
		202103	-	-	$ -	$ -	$ -	$ -	$ -	$ 1,563	$ -	$ -	$ 1,563	$ -	$ 1,563	0.0
		202104	-	-	$ -	$ -	$ -	$ -	$ -	$ (781)	$ -	$ -	$ (781)	$ -	$ (781)	0.0
		202105	-	-	$ -	$ -	$ -	$ -	$ -	$ -	$ 280	$ -	$ 280	$ -	$ 280	0.0
		202106	-	-	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
GRAND TOTAL			**230**	**302**	**$ 188,992**	**$ 3,623**	**$ 24,784**	**$ 28,407**	**$ 48,768**	**$ 28,331**	**$ 29,222**	**$ 7,776**	**$ 114,098**	**$ 18,437**	**$ 160,943**	**85.2%**

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

UW PAID MEMBER DETAIL

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

CITY OF HOLLY HILL

	START	END
PERIOD:	202007	202106

PAID

			SUBSCRIBER COUNT				MEMBER COUNT			
GRPID	SBGRP	MONTH	EMP ONLY	EMP & SPOUSE	EMP & CHILDREN	FAMILY	EMP ONLY	EMP & SPOUSE	EMP & CHILDREN	FAMILY
ALL ALL ALL	ALL	202007	85	10	4	7	85	20	10	27
		202008	83	10	4	7	83	20	10	27
		202009	85	10	4	8	85	20	10	31
		202010	84	10	4	8	84	20	10	31
		202011	85	10	3	8	85	20	6	31
		202012	83	10	3	8	83	20	6	31
		202101	83	12	2	8	83	24	4	31
		202102	82	12	2	8	82	24	4	31
		202103	82	12	2	8	82	24	4	31
		202104	83	12	2	8	83	24	4	32
		202105	85	12	2	8	85	24	4	32
		202106	86	13	2	8	86	26	4	32
GRAND TOTAL			**1,006**	**133**	**34**	**94**	**1,006**	**266**	**76**	**367**
000066 T32 HMO	ALL	202007	9	3	-	1	9	6	-	3
		202008	8	3	-	1	8	6	-	3
		202009	8	3	-	1	8	6	-	3
		202010	8	3	-	1	8	6	-	3
		202011	8	3	-	1	8	6	-	3
		202012	8	3	-	1	8	6	-	3
		202101	15	4	-	2	15	8	-	8
		202102	14	4	-	2	14	8	-	8
		202103	14	4	-	2	14	8	-	8
		202104	13	4	-	2	13	8	-	8
		202105	13	4	-	2	13	8	-	8
		202106	13	4	-	2	13	8	-	8
GRAND TOTAL			**131**	**42**	**-**	**18**	**131**	**84**	**-**	**66**
00H066 T95 POS	ALL	202007	44	5	2	3	44	10	6	13
		202008	43	5	2	3	43	10	6	13
		202009	45	5	2	4	45	10	6	17
		202010	45	5	2	4	45	10	6	17
		202011	46	5	1	4	46	10	2	17
		202012	45	5	1	4	45	10	2	17
		202101	68	8	2	6	68	16	4	23
		202102	68	8	2	6	68	16	4	23
		202103	68	8	2	6	68	16	4	23
		202104	70	8	2	6	70	16	4	24
		202105	72	8	2	6	72	16	4	24
		202106	73	9	2	6	73	18	4	24
GRAND TOTAL			**687**	**79**	**22**	**58**	**687**	**158**	**52**	**235**
00L066 T26 HMO	ALL	202007	32	2	2	3	32	4	4	11
		202008	32	2	2	3	32	4	4	11
		202009	32	2	2	3	32	4	4	11
		202010	31	2	2	3	31	4	4	11
		202011	31	2	2	3	31	4	4	11
		202012	30	2	2	3	30	4	4	11
		202101	-	-	-	-	-	-	-	-
		202102	-	-	-	-	-	-	-	-
		202103	-	-	-	-	-	-	-	-
		202104	-	-	-	-	-	-	-	-
		202105	-	-	-	-	-	-	-	-
		202106	-	-	-	-	-	-	-	-
GRAND TOTAL			**188**	**12**	**12**	**18**	**188**	**24**	**24**	**66**

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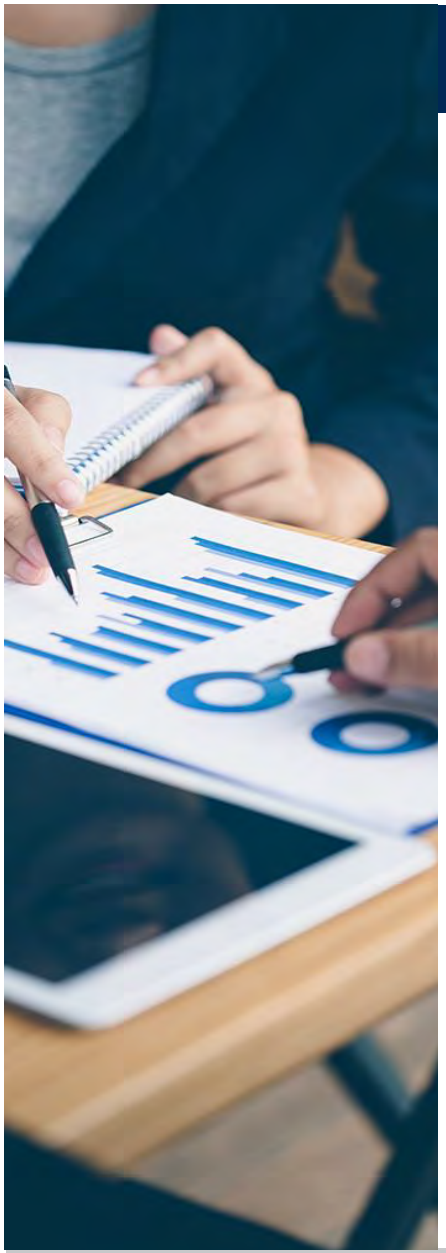

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UTIL & COST KEY INDICATOR

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

CITY OF HOLLY HILL

PAID	START	201907	202007
	END	202006	202106

	PERIOD 1	PERIOD 2	% (+/-)	DIFFERENCE
AVERAGE ENROLLMENT				
Subscribers	110	106	-4.0%	
Members	149	143	-4.0%	
ENROLLMENT MONTHS			(Decr)	
Subscribers	1,319	1,267	-4.0%	
Members	1,785	1,714	-4.0%	
PAYMENTS				
Inpatient Facility	$ 124,741	$ 290,753		
Outpatient Facility	$ 151,451	$ 144,869		
Total Facility	$ 276,192	$ 435,622		
Professional	$ 292,854	$ 273,574		
Capitation	$ 19,829	$ 17,101		
Other (DME, MedInj, Ambulance, etc.)	$ 40,196	$ 43,764		
Pharmacy	$ 77,151	$ 76,720		
GRAND TOTAL	**$ 706,222**	**$ 846,781**		
PAYMENTS PMPM				
Inpatient Facility	$ 69.87	$ 169.60	142.7%	$ 99.73
Outpatient Facility	$ 84.83	$ 84.50	-0.4%	$ (0.33)
TOTAL FACILITY	$ 154.70	$ 254.10	64.3%	$ 99.40
Professional	$ 164.04	$ 159.58	-2.7%	$ (4.46)
Capitation	$ 11.11	$ 9.98	-10.2%	$ (1.13)
Other (DME, MedInj, Ambulance, etc.)	$ 22.52	$ 25.53	13.4%	$ 3.01
Pharmacy	$ 43.21	$ 44.75	3.6%	$ 1.54
TOTAL PROFESSIONAL	**$ 395.58**	**$ 493.94**	**24.9%**	**$ 98.36**
OTHER KEY PAYMENT INDICATORS:				
Inpatient Payments Per Day	$ 2,654.07	$ 2,850.52	7.4%	$ 196.45
Inpatient Payments Per Admission	$ 12,474.13	$ 22,365.59	79.3%	$ 9,891.46
Outpatient Payments/Visit	$ 1,781.78	$ 1,665.16	-6.5%	$ (116.62)
Professional Payments/Procedure	$ 131.38	$ 130.71	-0.5%	$ (0.67)
Pharmacy Payments/Script	$ 45.25	$ 49.56	9.5%	$ 4.31
INPATIENT FACILITY				
Inpatient Days/1000 Members	242	357	47.5%	$ 115.01
Inpatient Admissions/1000 Members	60	77	27.3%	$ 16.50
Average Length of Inpatient Stay	4.00	4.64	15.9%	$ 0.64
SNF Days/1000 Members	74	357	382.8%	$ 283.05
SNF Admissions/1000 Members	7	14	108.3%	$ 7.28
Average Length of SNF Stay	11.00	25.50	131.8%	$ 14.50
OUTPATIENT FACILITY				
Emer. Rm Visits/1000 Members	195	161	-17.4%	$ (33.93)
Other Outpatient Visits/1000 Members	376	448	19.0%	$ 71.57
Total Outpatient Visits/1000 Members	571	609	6.6%	$ 37.64
PHYSICIAN				
Professional Services/1000 Members	12,280	11,424	-7.0%	$ (856.79)

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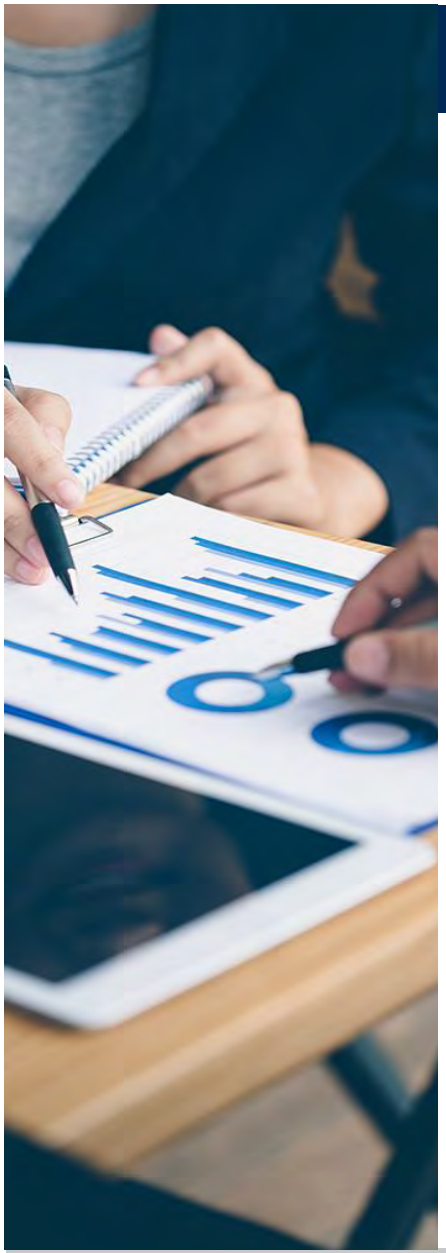

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Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

RX TOP 10

Florida Health Care Plans
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CITY OF HOLLY HILL

START	202007
END	202106

ORDER	DRUGNAME	SCRIPT COUNT	PAID
1	BYDUREON	13	$ 12,961
2	ELIQUIS	11	$ 6,001
3	NOVOLOG	19	$ 5,027
4	XARELTO	4	$ 4,016
5	VRAYLAR	6	$ 4,008
6	QTERN	3	$ 3,226
7	INCRUSE ELLIPTA	18	$ 2,752
8	TESTOSTERONE	14	$ 2,501
9	TRESIBA	7	$ 2,485
10	AMITIZA	10	$ 2,037

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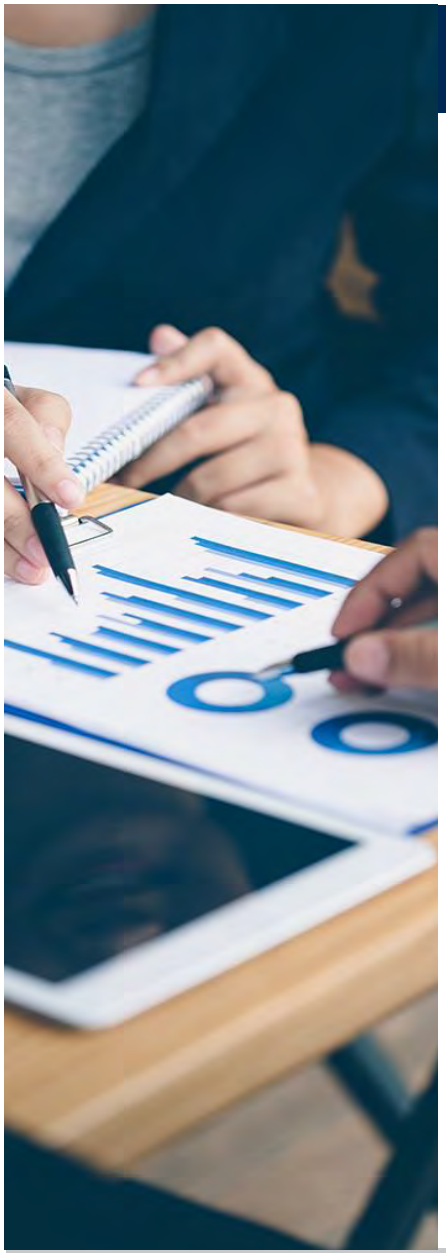

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3 Key Indicators

4 High Cost Medications

5 Large Claim Summary

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CITY OF HOLLY HILL

LARGE CLAIMANT DETAIL

START 202007
END 202106

NBR	RELCD	DIAG DESC	IP	OP	PROF	OTHER	RX	TOTAL
1	Spouse	Sepsis due to Methicillin susceptible Staphylococcus aureus	162,681	19,456	24,148	2,663	3,150	212,097
2	Self	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	68,072	1,000	19,701	1,671	4,308	94,751
3	Self	Other specified sepsis	27,011	26	3,545	802	7,217	38,601
4	Self	Achalasia of cardia	21,757	2,559	12,190	1,111	-	37,616
5	Self	Unilateral primary osteoarthritis, right hip	22,952	201	4,759	32	34	27,978
6	Self	Dvtrcli of lg int w/o perforation or abscess w/o bleeding	21,296	-	2,963	1,515	193	25,967

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Additional reports include but are not limited to:

Benefits Plan Budgeting & Analysis

Employer vs. Employee contribution modeling

Examine compensation to ensure life/disability offerings provide desired suitability to group

Evaluate plan design versus industry and regional benchmarks

Benchmark employee calculation methodology for budgetary and philosophical suitability to group (combination of clients' employee retention goals & adherence to affordability)

		2016 - Current Contribution Strategy			2017 - Defined Contribution w/ projected 5% Renewal		
Tier	Enrollment	Current Premium	EE Monthly Contributions	ER Monthly Contribution	Projected Premium	EE Monthly Contributions	ER Monthly Contribution
Employee Only	60	$575	$65	$510	$604	$54	$550
Employee + Spouse	50	$1,250	$400	$850	$1,313	$763	$550
Employee + Child(ren)	30	$1,175	$300	$875	$1,234	$684	$550
Employee + Family	14	$1,775	$525	$1,250	$1,864	$1,314	$550
Monthly Total	154	$157,100	$40,250	$116,850	$164,955	$80,255	$84,700
Annual Total		$1,885,200	$483,000	$1,402,200	$1,979,460	$963,060	$1,016,400
ER Savings						$480,060	($385,800)

SAMPLE

Health & Wellness

Health Clinic Cost vs. Utilization (pictured below)

Population Risk Management

Wellness Tracking & ROI Reporting

Employee Survey Results

Health Clinic Utilization YOY

Total Services

2015	
Office Procedures	592
Radiology	154
Lab and Rapid Tests	2418
E&M Services	2274
Total	5438

Total Paid

2015	Billed Amt
Office Procedures	$23,986.41
Radiology	$11,201.17
Lab and Rapid Tests	$233,007.51
E&M Services	$494,275.87
Total	$762,471
Clinic Cost	$240,000
Annual Savings	$522,471

2016		Δ from 2015
Office Procedures	549	-7%
Radiology	219	42%
Lab and Rapid Tests	2475	2%
E&M Services	1781	-22%
Total	5024	-8%

2016	Billed Amt	Δ from 2015
Office Procedures	$18,052.36	-25%
Radiology	$7,715.86	-31%
Lab and Rapid Tests	$249,514.39	7%
E&M Services	$368,172.20	-26%
Total	$643,455	-16%
Clinic Cost	$240,000	
Annual Savings	$403,455	

SAMPLE

Network utilization

PPO vs. HMO utilization

Utilization by Provider

- PCP visits
- Inpatient Hospital
- RX

Claims Lag Analysis to identify issues with the auto-adjudication of claims

Examine plan performance in terms of general utilization and high-cost claimants to project future claim expense

- Claims Re-pricing & Forecasting Analysis to identify best-in-class networks & discounts for our clients

Network Disruption Analysis

- (Top 25, 50, or 100 Providers (dependent on size of group)
- Aggregate provider disruption

Accessibility Analysis

- Based on geo-access standards (e.g. the average distance to a choice of providers

Claim Re-pricing

- Applying a prospective carriers negotiated fees & discounts to historical Diagnosis & Procedure codes to estimate what your historical claims could have been under a different administrator or network, re-pricing summary of results illustrated below.

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Financial Impact of Various Retention Levels Reporting -Annual

Deductible, Maximum Out-of-Pocket, & Co-pay Report

- These reports allow our strategists to identify the best plans for your population, which often will lead to bottom line savings for fully insured or self-funded medical clients

Renewal Underwriting

Review loss ratios on a per-plan basis

Develop independent renewal calculation to evaluate accuracy of carrier conclusions

Plan Renewal Analysis Report – shows you're pooling level and amount of claims over that level. If no claims are over this level we need to look at lowering your pooling level to help offset any renewal increase.

Premium vs Claims Expense Reports (Monthly/Quarterly)

Large Claim Report– Semi-Annual or Annual

Show claimants over a specified amount ($25,000 or $50,000), including diagnosis

Leading Diagnosis Analysis

- This will often identify target risk segments to assert health and wellness initiatives.

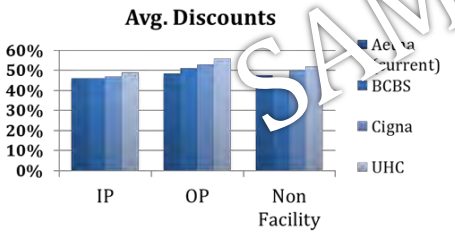
Claim Stratification Review (by size of payment) to identify the amount of high cost claimants driving renewal

Pharmacy & Pharmacy Benefit Manager Reports - Quarterly

- Prescription claim usage by tier
- Prescription claim usage by utilization
- Pharmacy vendor savings & rebates
- PBM Price Audit – guaranteeing the contract is out-performing the negotiated guarantees
- PBM Marketing – including B&B Pharmacy Coalition pricing
  - Financial Analysis
  - Contracts Review
  - Rx Disruption Analysis

Re-pricing Results - UHC

Type of Service	Total Submitted Charges	Charges Not Processed	INN (Par Providers) Charges	INN (Par Providers) Allowed	Discount %	OON (Non Par Providers) Charges	OON (Non Par Providers) Allowed	Discount %	Total (All Providers) Charges	Total (All Providers) Allowed	Discount %
Inpatient	3,815,000	75,000	3,740,000	1,890,000	51.2%	17,500	12,500	28.6%	3,757,500	1,902,500	49.
Outpatient	7,516,000	215,000	7,301,000	3,085,000	57.7%	175,000	135,000	22.9%	7,476,000	3,220,000	56.
Non-Facility	9,950,700	670,000	9,280,700	4,375,000	52.9%	23,000	9,000	61%	9,496,700	4,554,000	52.
Total	21,281,700	960,000	20,321,700	9,350,000	54.0%	408,000	326,000	20.1%	20,730,200	9,676,500	53.



Out-of-Pocket Expenditure

Deductible - Medical 2015 YTD (Jan 2015-Sep 2015) Employee Deductibles Paid ($500 Per Person)		
Deductible	# of Claimants	% of Total
$0	62	17%
$1-$100	47	13%
$101-$250	50	14%
$251-$499	56	16%
$500	124	35%
$500+	18	5%
Total	357	100%

Out of Pocket Maximum - Medical 2015 YTD (Jan 2015-Sep 2015) Medical Out-of-Pocket Total		
Amount	# of Claimants	% of Total
$0	51	14%
$1-$100	155	44%
$501-$1,000	96	27%
$1,001-$1,499	22	6%
$1,500	16	4%
$1,501-$1,999	14	4%
$2,000+	2	1%
Total	356	100%

Average Deductible Paid per Claimant	$294
Total Deductibles Paid	$104,979
Average Coinsurance Paid per Claimant	$161
Total Coinsurance Paid	$57,505

Average Copays Paid per Claimant	$34
Total Copays Paid	$12,058
Average Medical Out of Pocket Paid by an Er	$490
Total Medical Out of Pocket Paid	$174,542

Claim Stratification Review

Payment Category	Number of Claimants	% Claimants	Payments	% Payments
Total	1,581	100.0%	$4,017,530	100.0%
<$.01	4	0.3%	$0	0.0%
$.01-$99	211	13.3%	$11,716	0.3%
$100-$500	522	33.0%	$141,014	3.5%
$500-$2,499	561	35.5%	$638,851	15.9%
$2,500-$4,999	121	7.7%	$423,186	10.5%
$5,000-$9,999	76	4.8%	$548,689	13.7%
$10,000-$14,999	23	1.5%	$399,936	10.0%
$15,000-$19,999	22	1.4%	$382,132	9.5%
$20,000-$24,999	8	0.4%	$136,344	3.4%
$25,000-$29,999	6	0.4%	$163,891	4.1%
$30,000-$39,999	9	0.6%	$302,285	7.5%
$40,000-$49,999	4	0.3%	$176,513	4.4%
$50,000-$74,999	2	0.1%	$121,104	3.0%
$75,000-$99,999	1	0.1%	$88,786	2.2%
$125,000-$149,999	1	0.1%	$141,549	3.5%
$150,000-$174,999	1	0.1%	$157,208	3.9%

SAMPLE
SAMPLE
SAMPLE

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Executive Summary of Medical & Prescription Drug Coverage
Example

	Example		Example	
Vendor	**Health First Health Plans**	**Health First Health Plans**	**Cigna**	**Cigna**
Plan Name	HMO 6017	POS 6185	Silver Plan	Gold Plan
Plan Type	HMO	POS	PPO	PPO
Plan Details	**In-Network**	**In-Network**	**In-Network**	**In-Network**
	Single / Family	**Single / Family**	***Single / Family***	***Single / Family***
Plan Deductible:	$1,000 * / $2,000 *	$1,500 * / $3,000 *	$1,750 / $3,500	$2,500 * / $5,000 *
Coinsurance:	20%	20%	20%	20%
Maximum Out-of-Pocket:	$3,000 / $6,000	$3,000 / $6,000	$4,500 / $9,000	$5,500 / $11,000
(Includes Deductible, Copay, Rx)	Yes, Yes, Yes	Yes, Yes, Yes	Yes, Yes, Yes	Yes, Yes, Yes
Physician Services				
Office Visit Copay:	$15	$20	$30	Tier 1: $30 | Non-Tier: $45
Specialist Copay:	$30	$40	$50	Tier 1: $50 | Non-Tier: $75
Hospital / Emergency Services				
Inpatient Hospital Per Admission Copay:	Deductible + Coinsurance	$250 (Days 1-5), $0 (Days 6+)	$600 + Deductible + Coinsurance	$900 + Deductible + Coinsurance
Emergency Room Copay Per Visit:	$250 (1st), $350 (2nd), $450 (3rd+)	Deductible + Coinsurance	$300 + Deductible + Coinsurance	$450 + Deductible + Coinsurance
Urgent Care Copay:	$50	$50	$50	$75
Outpatient Surgical Facility Copay:	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Diagnostic Services				
Lab, X-Ray & Diagnostics Outpatient:	$0 (Lab), Ded + Coins (X-rays)	$0 (Lab), Ded + Coins (X-rays)	Not Disclosed	Not Disclosed
Advanced Imaging Services:	Deductible + Coinsurance	$250	Not Disclosed	Not Disclosed
Prescription Drug				
Deductible:	N/A	N/A	N/A	N/A
Pref. Generic/Pref. Brand/Non-Pref. Brand	$2 | $45 | $90	$2 | $45 | $90	$20 | $50 | $125	$20 | $50 | $125
Pref. Specialty/Non-Pref. Specialty	20%	20%	Not Disclosed	Not Disclosed
Mail Order Prescription (90 Day Supply):	2x's Copay	2x's Copay	2x's Copay	2x's Copay
	HMO 6017	**POS 6185**	**Silver Plan**	**Gold Plan**
Monthly Employee Contributions				
Employee Only	$0.00	$284.42	$106.67	$132.67
Employee + One	$228.00	$814.84	$443.87	$523.87
Employee + Child(ren)	$228.00	$814.84	$278.27	$325.27
Employee + Family	$228.00	$814.84	$561.47	$651.47

Notes:

*$500 deductible credit with wellness program

*Up to $1,000 credit with wellness program.
** Tobacco-user surcharge of $50 per month may apply.
*** Spousal surcharge of $250 per month may apply.

Brown & Brown performs quarterly presentations to City Council and/or City Administration at workshops for several of our public entity clients. We like to include benchmarking reports, s that Council can compare their City's benefit plan to other local Cities and Cities throughout the state.

We typically include claims by spend category for the more recent 12 months comparing to the prior 12 months (sam time period), current large claims vs historical large claims, recent pharmac reports vs past trends, and various utili zation by category.

Brown & Brown understands large claim impact by taking a deep dive into the current large claims and gathering detailed data from the insurance carrier and client on prognosis and further treatments. We typically run ad hoc and customized reports, as well, based on what the particular City Council and or Administration is looking for at each meeting.

We review wellness initiatives and data to support participation, ROI, and trends and use this data to drive discussion around future initiatives. For our clients with HSA/HRA plans, we like to review current employer funding/contributions and discuss future initiatives to implement to help employees build these accounts and measure how participation in the initiatives has driven down claims cost. We find presenting data on a regular basis throughout the year has helped City Councils make informed decisions about budget and the benefit plan renewals without feeling rushed to make decision just at renewal time.

Our government clients have appreciated the education we provide throughout the year, especially when considering other funding options, which take time to understand. Providing this data has helped our government clients budget appropriately when transitioning into self-funded or consortium plans. We have found that we can typically get approval for renewals earlier, thus leaving plenty of time for open enrollment education and meetings and helping the employees through this transition.

The risk management division likely can't be matched within the state of Florida. We tailor the quarterly reports, monthly budget reports and benchmarking to the concerns of The City of Holly Hill. We can provide ad-hoc reporting and we provide vital insight on the claims experience and utilization to ensure a long-term sustainable health and welfare plan.

We feel that this experience we have brought to the City of Holly Hill for the last 15 years is a significant contributing factor in the success of the City's Health and Welfare Plans. The City of Holly Hill has enjoyed some of the lowest trends amongst your peers and the plans have required very few increases over the years to the City and to the employees. In fact, the last 2 years, Brown & Brown has negotiated flat renewals on the City's behalf. We are in a unique position amongst our peers to have this local public entity experience, but also national public entity experience and additional resources that other local or regional brokers do not have the ability to provide.

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It is a requirement of the City to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, research information such as Preferred Drug Lists, search provider directories, etc.

All carriers who provided quotes for the City of Holly Hill have interactive websites, which allow employees the ability to research claims status, EOB's, find providers and research medications. Each carrier has a specific member portal where all of this information can be accessed by employees. Please find information on each carrier's member portal:

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FHC Response

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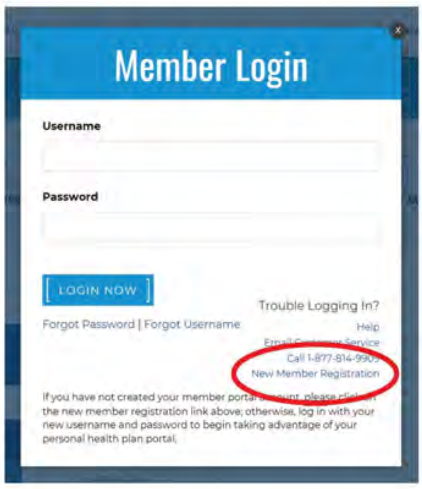
FHCP MEMBER PORTAL
SIGN-UP INSTRUCTIONS

Florida Health Care Plans

1 VISIT FHCP.COM AND CLICK THE "MEMBER PORTAL" BUTTON ON THE TOP.

OR YOU CAN LOOK FOR THIS BUTTON AROUND THE SITE: [MEMBER LOGIN]

2



NEXT, YOU WILL SEE THIS POP-UP. BE SURE TO CLICK "**NEW MEMBER REGISTRATION**" TO CREATE YOUR NEW ACCOUNT. ALL MEMBERS WILL NEED TO CREATE A NEW ACCOUNT WITH FHCP TO LOGIN.

YOU WILL NEED YOUR FHCP MEMBER ID NUMBER TO CREATE YOUR ACCOUNT

ONCE YOU FOLLOW THE STEPS, YOU WILL RECEIVE AN EMAIL TO CONFIRM. YOU WILL NOW BE ACTIVATED AND ABLE TO USE YOUR ACCOUNT!

TIPS

- USE ONLY SUPPORTED BROWSERS (UPDATED FIREFOX, CHROME, SAFARI AND INTERNET EXPLORER)
- JOT YOUR USER NAME AND PASSWORD DOWN AND KEEP IT IN A SAFE LOCATION

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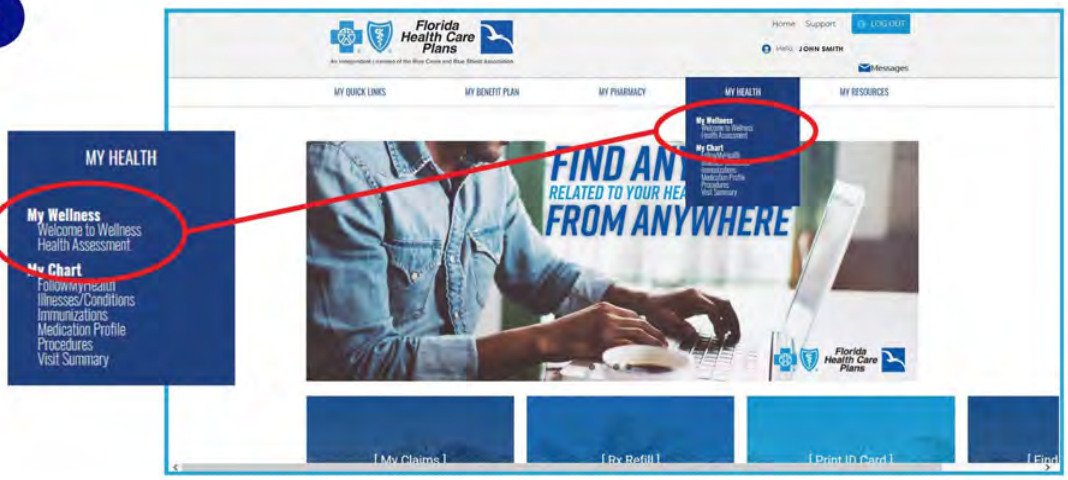
FHCP MEMBER PORTAL

SIGN-UP INSTRUCTIONS

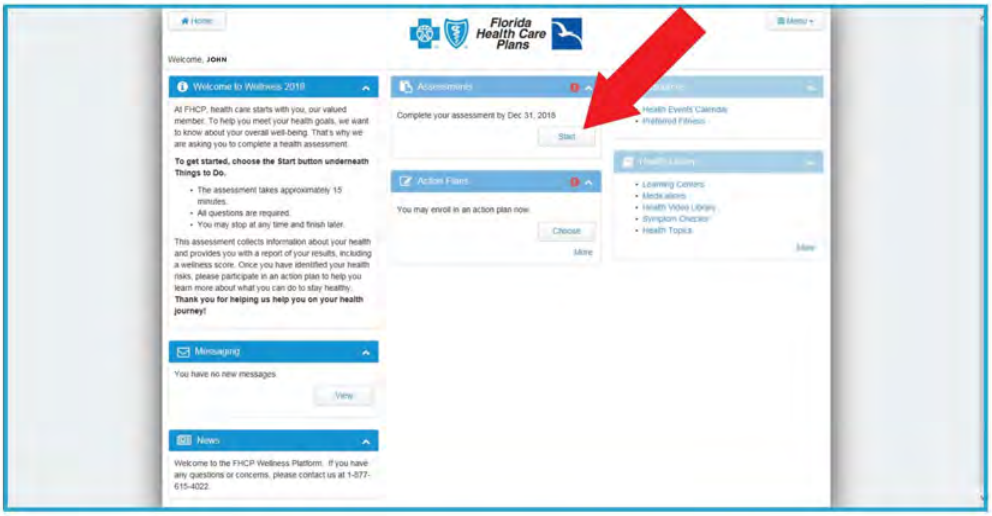
Florida Health Care Plans

An Independent Licensee of the Blue Cross and Blue Shield Association

3 IN **MY HEALTH**, ENTER **WELCOME TO WELLNESS** UNDER **MY WELLNESS**



4 TAKE TIME TO EXPLORE THE MANY FEATURES **WELCOME TO WELLNESS** HAS TO OFFER! YOU WILL SEE OPTIONS LIKE A FREE **HEALTH ASSESSMENT**, A STATE-OF-THE-ART **SYMPTOM CHECKER**, A ROBUST **HEALTH VIDEO LIBRARY**, **MEDICATIONS LIST** AND MUCH MORE!



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WHERE TO GO
WHEN YOU NEED MEDICAL ATTENTION

Your Primary Care Physician (PCP) office is your Medical Home and is the first place to call with any health care needs and questions. Your physician has your history and is often able to help you.

PRIMARY CARE PHYSICIAN

Reasons to see your Primary Care Physician include:

Chronic Conditions like:
- Hypertension/High Blood Pressure
- Diabetes/High Blood Sugar
- High Lipids/Cholesterol
- Heart Disease
- Arthritis
- Depression

Acute Conditions like:
- Headache and/or fever
- Urinary tract infection
- Minor injuries
- Low back pain

Coordination of Care
- After Hospital, Skilled Nursing Home or Home Health Discharge
- After ER Evaluation

Benefits of visiting PCP
- Low copay for most plans
- Medical history is available
- Established relationship with your physician and clinical staff

DOCTOR ON DEMAND

Reasons to use a video visit with a physician include:

- Cough, cold or flu
- Minor strains & sprains
- Bronchitis & sinus infection
- Skin & eye issues
- Upset stomach
- Urinary tract/bladder infections
- Rashes
- Pediatric issues
- Psychological issues
- Visit with a licensed therapist

Benefits of using Doctor On Demand:

- Low copay and 24/7 hours
- Board certified physicians
- Licensed psychologists
- Use smartphone or tablet
- Available throughout U.S.
- Use when PCP/EHCC are unavailable to you

Download the app from the App Store on your smartphone or tablet today!

EXTENDED HOURS CARE CENTERS

Reasons to visit an EHCC include:

- Acute minor trauma
- Cough, cold or flu
- Strains & sprains
- Minor allergic reactions
- Immunizations
- Low back pain
- Placement of stitches for a cut/laceration
- Removal of stitches
- Urinary tract/bladder infections

Benefits of visiting an EHCC:

- Multiple locations in Volusia and Flagler Counties with physicians and advanced practitioners
- WorkForce Wellness rider is accepted
- Same-day appointments
- Shorter wait time
- Significant savings over ER

If your local FHCP Extended Hours Care Center is closed, please consider visiting the nearest FHCP participating Urgent Care Center.

EMERGENCY ROOM

Reasons to visit the Emergency Room include:

- Any life-threatening emergency
- Any severe illness or injury
- Unresponsiveness
- Chest pain
- Weakness on one side
- Inability to speak
- Spine or head injury
- Mental status change
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning

Florida Health Care Plans

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UHC / Benecon Response

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We are committed to providing tools and information that is transparent, relevant, accessible and timely. The member portal is the starting point for members to access the tools and information specific to their plan. For example, a user might click on the "Cost Estimates" field for price and quality transparency while another user might click on "Manage Your Health Savings Account" to assess their health care spending. These are two examples of the many transparency tools we have available 24 hours a day, seven days a week, on myuhc.com. myuhc.com supports and engages members with information that can help them take charge of their health plan, evaluate the cost and quality of the care they receive and make informed decisions around health care options. Our mobile app extends the reach of these decision support and budget management tools to mobile members using the same myuhc.com HealthSafe ID username and password.

Once registered, the tools display information specific to that member's plan design and benefit options and work together to:

- Ensure cost and quality information is readily available
- Provide cost estimation services with synchronized support available through customer service and our clinical support teams
- Encourage members to become activated and confident; to be informed and empowered managers of their health, the quality of health care they receive and their health care expenditures
- Our transparency tools are designed to help members:
- Print a temporary ID card or request a new one on myuhc.com
- Access ID cards via the mobile app to view and share via email or fax to providers at the point of service
- Learn more about benefits and coverage
- Connect to someone who can answer benefits or care questions
- Manage claims
    - Find out how each claim was processed
    - Note claims to watch
    - Add personalized notes
    - Pay claims online
    - Print claim forms
- Find a provider or facility based on personal preferences and cost and quality evaluation (and send the provider's information directly to a text-enabled cell phone)
- Access the 24/7 Virtual Visit network for non-emergent care
- Estimate treatment costs and evaluate treatment options based on medical condition or the procedure needed, personal preferences and quality evaluation.
- Manage prescriptions and access pharmacy tools via the Pharmacies & Prescriptions tab (features depend on plan design).

Please visit our demo site at www.welcometomyuhc.com for a hands-on feel of the dynamic tools we have designed to inform and engage members in their health care and health care cost management.

The mobile app uses the same information that personalizes the member experience when they log onto myuhc.com. Whether accessing decision support tools on myuhc.com or the mobile app, results are relevant to the member. Our members appreciate the user-friendly interface and personalized results that get them to the information they need quickly no matter where they are.

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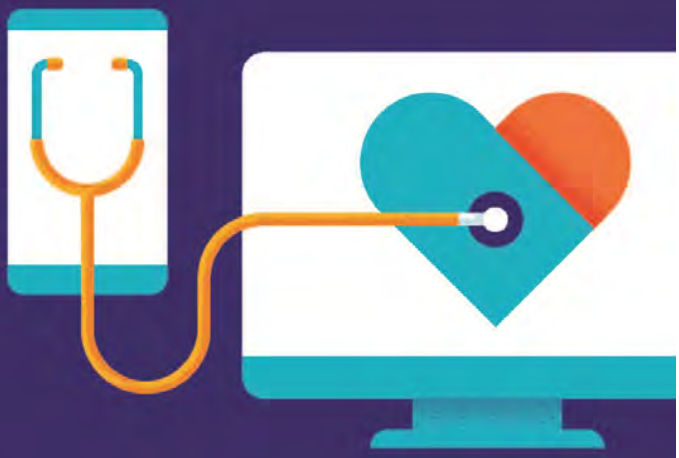

Activate your myuhc.com account

Put your health plan at your fingertips

Get the most out of your benefits

Your personalized website, **myuhc.com®**, features tools designed to help you:

- **Find, price and save on care**—you can save with Virtual Visits* and other tools. You can save an average of 36%[1] when you compare costs for providers and services
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status
- **Access claim details,** plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills,** get estimates and compare medication pricing**
- **Check your plan balances,** access financial accounts and more

Download the UnitedHealthcare® app

It's perfect for on-the-go access, help finding a nearby doctor and more.

*Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

**Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

continued

United Healthcare

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Activation is quick

1. Go to myuhc.com > **Register Now**
2. Fill out the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the website's policies and be sure to opt-in for email updates. We promise you'll only see our name in your inbox with relevant news and wellness updates

Get started at myuhc.com

United Healthcare

[1] UnitedHealthcare Internal Claims Analysis, 2019.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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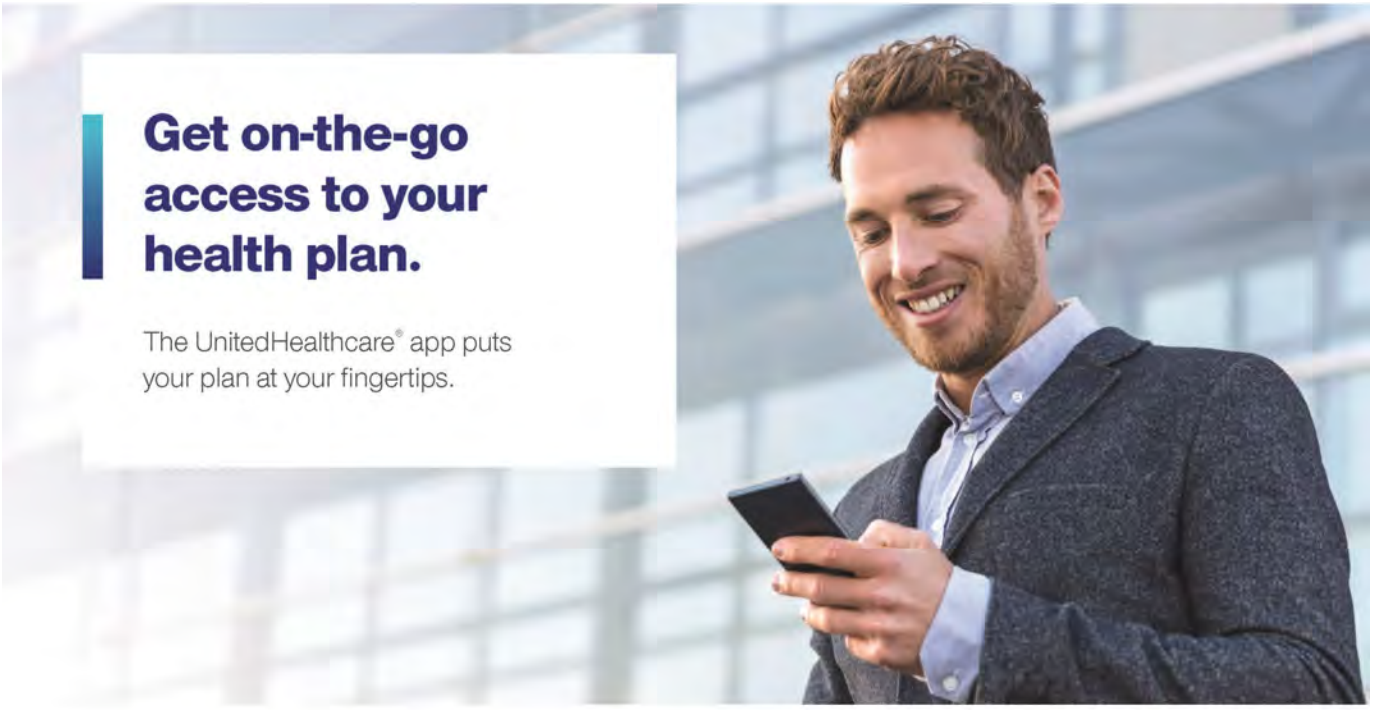
Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network.

United Health Care



The app has you covered.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.

Get the app and log on with Touch ID®.

The UnitedHealthcare app is available for download for iPhone® or Android™.

GET IT ON Google Play

Download on the App Store

Apple, App Store, iPhone, Touch ID and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google LLC. Google Play and the Google Play logo are registered trademarks of Google Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

*Data rates may apply.

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Humana Response

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Member Portal Details:

Our website, Humana.com, is designed to provide members with the tools and information they need to manage their health benefits and educate themselves on a wealth of health conditions and services available through Humana. Through their personalized MyHumana online dashboard, members can access:

Administrative functions

- Access claim history, benefits summaries, and eligibility verification

- View an online electronic version of a medical Explanation of Benefits (eEOB)

- Request replacement ID cards and view a PDF of ID card

- View Certificate of Coverage

- Communicate with a Customer Care specialist in real-time with our messaging feature

- Utilize a multitude of pharmacy tools: order prescriptions, look up drug coverage, estimate prices, search for lower-cost drug equivalents, find a pharmacy, and research drug interactions

- Find a physician, hospital, dentist, pharmacy, and alternative medicine providers

- Find a vision discount provider

- View doctor disciplinary records and hospital reports cards, and estimate procedure costs

- Select communications to receive from Humana and the format to receive them in (email or paper); includes signing up to receive electronic EOB communications

- Schedule radiology diagnostic testing via the radiology support service provided through HealthHelp

Health and wellness resources

- Take an online dynamic health assessment

- Maintain a personal health record to share with physicians, if they wish

- Use specific condition centers for education, including health management quizzes, calculators, and assessments (available to all members); also offers additional centers tailored to specific employers or groups of members

- Access health library and guides from trusted resources, including Healthwise

- Access information about programs available to all members, as well as those tailored to specific groups of members, through links to health and wellness sites

• Financial functions and decision tools

- Compare the quality and cost of local hospitals, providers, and outpatient facilities across a spectrum of conditions and procedures

- Access financial tools to assist with health expense planning, as well as to provide summary-level information on healthcare spending: Estimate My Health Care Costs

- Utilize the Rx Calculator to determine how much has been spent on prescriptions and how much will be spent based on current benefits

- Compare cost of a drug at different pharmacies benefits

- View current benefits, amounts applied toward deductibles, current total of out-of-pocket costs, and copayment history (medical and prescription drug)

- Access the “Savings Center” for health and wellness savings, a vision discount program, and medications savings, giving members opportunities to save on healthy living solutions

- View a year-to-date summary of healthcare spending

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The City is requesting the Agent of Record to include an on-line enrollment and electronic administration of the City's benefit programs, all proposers must have technological capacity to transmit and accept eligibility files from your proposing system, and demonstrate security measures in place to protect sensitive data.

Currently, Brown & Brown has implemented Plansource as The City of Holly Hill's free Benefit Administration/Online Enrollment platform. Brown & Brown updates this system each year before open enrollment with any plan and rate changes and sets up and tests the appropriate carrier file feeds. We provide ongoing support to The City for this system throughout the year. We are happy to continue to provide this system to the City at no cost. Should the City ever have the desire to change to one of our other supported Benefit Administration/Online Enrollment Systems, we will continue to offer these services at no cost to the City.

Benefit Admin Systems:

Regarding Benefits Technology, we understand the landscape is constantly evolving which is why we have an entire Brown & Brown team dedicated to employee benefit technology and platforms. We recently completed an RFP of over 60 HRIS and Benefit Administration technology platforms and have selected four as our preferred vendors.

We build and maintain these preferred vendors systems in house so there can be more flexibility with adjustments that need to be made, assured of the accuracy of the systems and an expedited EDI file feed process can occur. All of our preferred vendors have employee mobile apps available for member convenience and the ability to text message updates and reminders.

Our clients are able to view the systems in their entirety and run any type of report needed for informational and administrative purposes. In addition, we have preferred pricing with these vendors to make them affordable to all of our clients.

We also have enhanced technology services with our Employee Benefits App and Benefits Hub website. The Benefits app can allow your employees easy access to the health and welfare plans information, ID cards, and fund balances in HSA and FSA accounts.

The Benefits Hub website is a discount service platform that contains discounts for many different services such as weight loss programs, gyms, grocery delivery, pet insurance, etc..

In addition to managing the enrollment presentations, the Brown & Brown Account Manager will take on the responsibility of preparing the Benefit Administration and Online Enrollment platform with the updated benefit information prior to open enrollment. They will set up and test the EDI feeds between the system and carriers.

The Account Manager and Implementation Team are available for direct discussions with employees who need assistance with medications, choosing plans, who need continuity of care or authorizations for certain services and can assist employees who need to find new physicians (if moving from one network to another).

Our team can set up a dedicated email for the City's employees during open enrollment and after, so that employees can email questions and receive immediate responses. The Account Manager will close out the Benefit Administration/Online Enrollment system after all employee elections are complete and ensures that the changes are sent to the carriers.

They can also help to coordinate that all changes that are captured in system are also captured in the payroll system. Our team audits the invoices post enrollment to make sure all changes were captured, and invoices are accurate post enrollment.

We continue to audit invoices on a bi-weekly basis to make sure we catch any errors quickly and have them corrected.

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Employee Engagement With BenefitHub

ATTRACT, RETAIN, AND MOTIVATE THE BEST TALENT FOR YOUR BUSINESS WITH BENEFITHUB

BenefitHub is an easy-to-use portal with a full range of benefits and rewards you can offer your employees.

Why BenefitHub?

- All your benefits, in one place
- Easy to use
- Incredible savings for your employees

20
Years in Business

5/10
Largest US Employers Use BenefitHub

10,000+
Customers Using BenefitHub

$4,900
Average Annual Employee Savings

72%
Employee Engagement

Join dozens of Fortune 100 companies including America's two biggest employers.
Please contact us to learn more about our employee benefit solutions.

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Access your ABC Company Benefits Anytime, Anywhere!

As an ABC Company employee, you can now access most employee benefits plan information and resources when you're "on the go" from your mobile device.

Nothing to install!
Access from a computer, tablet or smartphone.

Searchable

Quickly find service contact information and online resources

Benefits Plans

Review benefit plan design information and find online provider directories

Group Information

Access and print generic ID cards with group information

Forms

Download and print benefit-related documents and forms

demo.mybenefitsapp.com

Add an icon to your smartphone for quick access

iPhone

Tap the **Share** icon in Safari's lower menu bar

Tap the Add to **home screen** icon

Android

Tap this **icon** in the top right menu bar

Select: **Add to Home screen**

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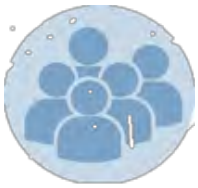
It is a requirement that the Agent of Record awarded this contract provide representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration. Please provide a proposed schedule given that the tentative award date of October 26, 2021 and enrollment start date of November 15, 2021 with a January 1, 2022 effective date.

It is Brown & Brown's intention to always take as much of HR's task as possible when it comes to organizing City events, such as benefit fairs, open enrollment, new hire orientations, and employee webinars/seminars. We strive to take on 90% of the burden, leaving the City with only 10%.

We have a specific Implementation Team dedicated to providing these services on behalf of the HR Team. This team along with the City's dedicated Account Manager and Account Executive, discusses goals, strategy and communication with HR and provides these communications at open enrollment and throughout the year as needed. We can conduct these meetings in various formats outline below:



In-Person & Virtual Meetings

We will meet with your employees every year during open enrollment to present and explain the benefits and address questions. We are also available at any point during the year to meet with your employees to educate them on a variety of topics like health/wellness, cost savings tools and methods, and how best to use the plan and other free resources.

Employee Videos

We can produce an employee video explaining the benefits so that all new hires can have the benefit of an open enrollment meeting when they begin employment and also for active employees during the open enrollment time period.

Employee Webinars/Seminars

We routinely offer webinars/ seminars for employees on a variety of topics including how to use the benefits, EAP services and other requested topics of interest.

Brown & Brown has several methods of educating employees at open enrollment and throughout the year with various tools:

- PowerPoint presentations
- On-site group or one on one meetings
- Open enrollment announcements
- Customized Flyers
- Customized educational videos, which can be posted on our clients' internet
- Webinars
- Electronic enrollment including videos and wellness education
- Employee enrollment email at Brown & Brown
- Employee compensation statemen
- Online enrollment systems
- Customized employee communications on specific topics

In addition to managing the enrollment presentations, the Brown & Brown Account Manager will take on the responsibility of preparing the Benefit Administration and Online Enrollment platform with the updated benefit information prior to open enrollment. They will set up and test the EDI feeds between the system and carriers. The Account Manager and Implementation Team are available for direct discussions with employees who need assistance with medications, choosing plans, need continuity of care or authorizations for certain services and can assist employees who need to find new physicians moving from one network to another).

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

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Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Estimated Renewal Timeline (without Carrier Changes)	
Date	**Task**
October 26, 2021	**City of Holly Hill Board makes final decision on Consultant and Benefit Plans for 2022**
October 27, 2021	**B&B notifies all carriers of plan decisions** - Requests all employer paperwork to be completed from carriers and begin pre-populating the forms - Works with carrier to develop benefit summaries and open enrollment communications - Reviews all Plan documentation for accuracy prior to distributing to the City **B&B engages the internal technology team to update PlanSource with plan and rate changes**
October 28, 2021	**B&B meets with the City to discuss:** - Dates, times, locations of open enrollment meetings for B&B Implementation Team to staff - All information the City wishes for B&B to present at the open enrollment meetings - All communication pieces to be distributed at meetings - Employer contributions vs employee deductions to be included in PlanSource and presented in employee materials - Any online enrollment support B&B can offer employees during the open enrollment process
November 1, 2021	**B&B provides the City with draft of the Benefits at a Glance Guide for review and approval. Revisions made as necessary.** **All Employer paperwork is completed and submitted to carriers for processing**
November 8, 2021	**B&B completes updates and testing of PlanSource so that the system is ready for open enrollment to begin**
November 15, 2021	**Open enrollment begins**
November 30, 2021	**Open enrollment ends**
December 3, 2021	**B&B extracts enrollment data from the system for information purposes**
December 7, 2021	**Enrollment data systemically feeds to carrier system via EDI/Carrier Connection and eligibility is updated**
January 1, 2022	**Renewal Effective Date**

Estimated Renewal Timeline (with Carrier Changes)	
Date	**Task**
October 26, 2021	**City of Holly Hill Board makes final decision on Consultant and Benefit Plans for 2022**
October 27, 2021	**B&B notifies all carriers of plan decisions** - Requests all employer paperwork to be completed from carriers and begin pre-populating the forms - Works with carrier to develop benefit summaries and open enrollment communications - Reviews all Plan documentation for accuracy prior to distributing to the City **B&B engages the internal technology team to update PlanSource with plan and rate changes** - Engages PlanSource EDI Team to build out new carrier connections for new carriers - Coordinate with Carrier and PlanSource team to test connection to ensure file moves to production with no errors. (4-8 week process depending on carrier)
October 28, 2021	**B&B meets with the City to discuss:** - Dates, times, locations of open enrollment meetings for B&B Implementation Team to staff - All information the City wishes for B&B to present at the open enrollment meetings - All communication pieces to be distributed at meetings - Employer contributions vs employee deductions to be included in PlanSource and presented in employee materials - Any online enrollment support B&B can offer employees during the open enrollment process
November 1, 2021	**B&B provides the City with draft of the Benefits at a Glance Guide for review and approval. Revisions made as necessary.** **All Employer paperwork is completed and submitted to carriers for processing** - Work with NEW carrier(s) to establish timelines for eligibility submission file - Gather NEW carrier templates for submission.
November 8, 2021	**B&B completes updates and testing of PlanSource so that the system is ready for open enrollment to begin**
November 15, 2021	**Open enrollment begins**
November 30, 2021	**Open enrollment ends**
December 3, 2021	**B&B extracts enrollment data from the system for information purposes**
December 3-7, 2021	**For NEW carrier(s), B&B compiles PlanSource data to populate carrier eligibility submission files to send to NEW carrier(s)**
December 7, 2021	**Enrollment data sent to carriers to load eligibility into the system**
January 1, 2022	**Renewal Effective Date**

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VI. Questionnaire

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VI. QUESTIONNAIRE:

Where applicable please check the correct response:

Q1. Is the Agent of Record properly licensed by the State of Florida; currently in good standing with the State of Florida Department of Insurance and all other applicable regulatory entities to conduct business in the state and provide the required services requested.

A1: ☒ Yes ☐ No

Q2. Does the Agent of Record have a minimum of five (5) years of experience in providing governmental insurance services?

A2 ☒ Yes ☐ No

Q3. Has the Agent of Record had municipal clients within the last ten (10) years?

A3 ☒ Yes ☐ No

If yes, please provide a list five (5) clients below.

1. City of Ormond Beach-Claire Whitley, Assistant City Manager 386-676-3202
2. City of Edgewater- Julie Christine, Human Resources Director (386) 424-2400, Ext #1701
3. Clerk of Court- Robin Beaulieu, Human Resources Director 386-822-5753, extension 16514
4. City of Port Orange- Heather Carrizales, Human Resources Director Phone: (386) 506-5561
5. Town of Ponce Inlet - Kim Cherbano, Human Resources Director (386)236-2152 Office

Q4. Can the Agent of Record produce reference contacts from municipal clients serviced within the past ten (10) years?

A4 ☒ Yes ☐ No

If yes, please list entity name(s), contact name(s) and contact phone number(s) below. **NOTE:** Contacts listed will be validated.

1. City of Ormond Beach-Claire Whitley, Assistant City Manager 386-676-3202
2. City of Edgewater- Julie Christine, Human Resources Director (386) 424-2400, Ext #1701
3. Clerk of Court- Robin Beaulieu, Human Resources Director 386-822-5753, extension 16514
4. City of Port Orange- Heather Carrizales, Human Resources Director Phone: (386) 506-5561
5. Town of Ponce Inlet - Kim Cherbano, Human Resources Director (386)236-2152 Office

Q5. As an Agent of Record, do you have benefit seminar planning experience?

A5 ☒ Yes ☐ No

Q6. As an Agent of Record, do you understand the Scope of Services?

A6 ☒ Yes ☐ No

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Q7. As an Agent of Record have you had government experience with the following types of insurance and service?

A7.	Agent of Record:	
Medical:	☒ Yes	☐ No
Vision:	☒ Yes	☐ No
Dental:	☒ Yes	☐ No
Long Term Disability:	☒ Yes	☐ No
Life:	☒ Yes	☐ No
Flexible Spending Plan:	☒ Yes	☐ No
Claims Services:	☒ Yes	☐ No
Voluntary Benefits Services:	☒ Yes	☐ No

Q8. Have Agent of Record or any member of your agency ever been indicted, convicted, plead guilty or plead no contest to the commission of a felony?

A8. ☐ Yes ☒ No

Q9. As an Agent of Record, does your agency hold a minimum of five million dollars in professional errors and omissions liability insurance?

A9: ☒ Yes ☐ No
If not, what is the limit? _____

Q10. Have Agent of Record or any member of your agency been involved in any claim or litigation with any Federal, State or Local Government or Private Entity?

A10. ☐ Yes ☒ No

Q11. As an Agent of Record, do you have preferred status with the insurance carriers? If so, please list which carriers and at what level:

A11. **Carrier: Preferred Status with Carrier:**

Information on page #131

Q12. Who will be the City's principal contact(s) for this project? Provide name, title, and a brief description of the individual(s) experience in brokering benefit coverage.

A12. Information on page #132

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Carrier: Preferred Status with Carrier

The table below shows the carriers that Brown & Brown has access to and preferred status

Carrier Name	Aligned with since	Agency Status
Aetna, Inc.	1939	Preferred Broker
Advantica	2011	Highest Level
American Heritage Life	1956	Highest Level
Ameritas	1939	Highest Level
Assurant	1939	Highest Level
Avesis	1978	Highest Level
Avmed	2007	Highest Level
BlueCross and BlueShield	1944	Blue Diamond
Boston Mutual	1939	Highest Level
Capital Health Plan	1982	Highest Level
CBCA	1978	Highest Level
Cigna	1939	Preferred Broker
CNA Insurance Companies	1939	Highest Level
Cole Managed Vision	1988	Highest Level
CompBenefits Corporation	2000	Highest Level
Coresource	1991	Highest Level
Delta Dental	1966	Highest Level
Employers Reinsurance	1982	Highest Level
EyeMed Vision Care	1988	Highest Level
Fiserv	1985	Highest Level
Florida HealthCare	1974	Highest Level
Genworth Financial	1939	Highest Level
Great-West Healthcare	1939	Highest Level
Guardian, The	1939	Highest Level
Hartford	1939	Highest Level
Health First Health	1997	Highest Level
Horizon	1998	Highest Level
Humana, Inc.	1963	Highest Level
Jefferson-Pilot/ Lincoln Financial	1939	Highest Level
Kaiser	1996	Highest Level
MetLife	1939	Highest Level
Mutual of Omaha Insurance	1941	Highest Level
Pacific Life & Annuity	1957	Highest Level
Principal Life Insurance	1941	Highest Level
Prudential Insurance Company	1939	Highest Level
Re Moulton	2003	Highest Level
Reliance Standard	1939	Highest Level
SafeGuard Health	1974	Highest Level
Shenandoah Life	1939	Highest Level
Standard Insurance	1939	Highest Level
Sun Life of Canada	1939	Highest Level
United Benefits (TPA)	2002	Highest Level
United Concordia	1992	Highest Level
United HealthCare (UHC)	1980	Platinum
UNUM Provident	1999	Highest Level
Wellpoint	2004	Highest Level
Meritain	1939	Preferred Broker
Benecon	2010	Proprietary to B&B
UMR	1980	Platinum
RoundStone	2017	Highest Level
Pareto	2016	Highest Level
Verocity	2018	Highest Level
Agilitas	2021	Highest Level
Maesto	2017	Highest Level

Brown & Brown will leverage our substantial book of business with the insurance carriers to ensure the City receives the most competitive rates available in the market. Brown & Brown, Inc., has more business with the insurance carriers than any of our competitors which affords us a distinct advantage when it is time to negotiate.

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Jessica Scott, Senior Vice President, *City of Holly Hill's Primary Contact*

Jessica will be responsible for leading the team in all aspects of the health & welfare engagement. She will provide strategic advice and support on all facets of the employee benefit plans, from 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 has been serving as consultant for 8 local governments within Volusia and Flagler counties for over 10 years. 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 insurance license for Life, Variable Annuities & Health.

Mike Rusin *Account Manager*

Mike Rusin will be the City's dedicated Account Manager and will be available for all day to day service issues and concerns. He has over 5 years of insurance industry experience and holds a Florida Life & Health (2-15) License. He will assist the city by providing on-going guidance on employee benefit legislation, regulation, and procedures to ensure compliance and he will maintain strong relationships with service leaders at each carrier to resolve escalated issues on behalf of our clients.

Joe Martino, *Marketing Analyst*

Joe is responsible for the strategy and implementation of our best-in-class annual marketing process and has over 5 years of insurance experience. The goal is always to deliver our clients a desirable benefits program at the best pricing. Joe maintains exceptional carrier relationships and uses aggressive negotiation to meet client's budgetary needs. Joe manages a block of business in excess of 60 large group accounts, with focus on public entity, schools/universities, & private entities w/ over 200 eligible.

Ashley Diaz, *Regional Population Health Consultant, Southeast*

Ashley Diaz serves as Brown & Brown's Southeast Regional Population Health Consultant. She works with employers to develop strategic data-driven approaches to improve health outcomes, reduce costs and increase workforce productivity. Ashley brings over 5 years of experience consulting in workforce health and productivity in the mid-market, working with employers in every major industry ranging from 100 to 10,000 employee groups. Prior to joining the Brown & Brown team Ashley spent 3 years consulting and training HR professionals how to streamline their HR processes and maximize their return on investment by selecting the appropriate digital solutions. Ashley is certified through the Wellness Council of America (WELCOA) and holds her 2-15 Life, Health & Annuity License. She earned a Bachelor of Arts in Communication and Media Studies from Stetson University

Steve Hall, *Implementation Specialists*

Steve Hall will be the City of Holly Hill's dedicated implementation specialist. Steve's responsibilities will focus in and around the time of open enrollment but will also engage new employees per the direction of the City of Holly Hill's on a monthly or quarterly basis. Steve has an excellent understanding of all lines of coverage that we offer and has worked with all carriers through new business and renewals. Steve has over 10 years of customer service experience and is well versed in handling an array of questions, comments, and concerns from employees and will host as many meetings as the City of Holly Hill's requires during open enrollment. Steve holds a Florida Life & Health (2-15) License.

Brandon Savage, *Director of Risk Management*

Brandon Savage is responsible has over 12 years of insurance industry experience primarily and has excelled in a variety of diverse roles during this time, including Account Executive and Director of Account Management, predominantly for self-funded clients with 300+ lives. He is an alumnus of the State University of New York and holds a Florida Life & Health License. Brandon has been with Brown & Brown just under 5 years and leads the Analytics team, with responsibility for 3 teammates.

On a high level, Brandon's team is responsible for analyzing claims data, making recommendations for changes in plan design where needed, benchmarking plan designs, identifying cost drivers, as well as serving as the primary liaison with our actuaries. Specifically, his team provides quarterly claims analysis, total costs projections, benchmarking reports, contribution modeling, alternate stop loss deductible recommendations, and develop customized ad-hoc reports to address other areas of interest/concern

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VII: Submission Details

Cover Letter

October 12, 2021
Diane Cole, Human Resource Manager
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, FL 32117

RE: Broker Services, Medical, Dental, Vision, Firefighter Cancer and Life Benefits

Dear Ms. Cole and Evaluation Committee:

Thank you for the opportunity to continue our 16 year partnership with The City of Holly Hill. The Daytona Beach Headquarters of Brown & Brown, Inc. is the current insurance consultant for the City and we are honored to submit this response to the City's Request for Proposal– RFP #21HRD001.

The Power of our Partnership

The Brown & Brown Team and The City of Holly Hill's Human Resources Team, in tandem with the guidance of The City's Manager and Board, have cultivated a true partnership which has allowed The City to elevate its employee benefits offerings far beyond the previous capabilities. We have enhanced the overall plan offerings, which currently include low cost urgent care clinic and primary care visits, which were negotiated to become free services in 2021. We have implemented a free Online Enrollment System (PlanSource), offered implementation guidance, provided and reviewed public entity benchmarking data, assisted with the benefit fair, created and distributed employee benefits booklets, conducted wellness meetings with our carrier partners, and provided informative employee communication materials.

Here are a few year-over-year highlights which further demonstrate the success of the partnership:

2017 – Negotiated with FHCP to keep medical rates flat and extend medical renewal from October plan year to a calendar plan year so the HSA plan deductible reset would align with the plan year.

2018 – Negotiated with FHCP a flat medical increase, keeping same plan designs.

2019 – Negotiated an overall 5% medical increase with FHCP from a double-digit initial increase, keeping plan designs the same.

2020 – Negotiated with FHCP to keep medical rates flat with no plan design changes. Negotiated a -20% savings on the life insurance plan by changing carriers.

2021- Negotiated with FHCP to keep medical rates flat for another year with no plan design changes. The City made the decision to drop one of the medical plans, leaving 2 to be offered. Negotiated free urgent care clinic and primary care visit copays for employees on all plans. Worked with FHCP and The City Manager to create a free medication list for employees.

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Brown & Brown also delivers on our complete commitment to the City staff to provide daily support in the administration of the Employee Benefits program. listed below:

Open Enrollment – Brown & Brown coordinates and conducts all employee open enrollment sessions, along with preparation of custom communications to effectively educate employees of their benefit plan offerings.

Benefit/Wellness Fair Participation - Employee incentivized Benefit/Wellness Fair, which offers wellness opportunities for employees to earn PTO. Brown & Brown provides gift cards to be raffled to employees for participation. We review the data collected at the Benefit Fair along with FHCP and the City to continue to find opportunities and initiatives to encourage improved employee health.

Service & Dedication - Our dedicated service team is available to The City HR Team and all City employees during all business hours and consistently advocates for the Cityemployees regarding complex claim issues and appeals, assisting them through resolution.

Free Online Enrollment / Admin System - PlanSource Online Enrollment and Administration System. This program has helped simplify the open enrollment and eligibility process for The City's Human Resources Team. The system shows exactly what their benefit elections are and the associated costs and provides ACA reporting and direct carrier data feeds.

ACA Compliance – Brown & Brown staff continuously reviews all health plans and policies to ensure compliance with the previously and currently implemented guidelines and changes pursuant to Health Care Reform Acts of 2010 (ACA/PPACA) as planning for the regulations set to be effective in the upcoming years. We continue to offer webinars, seminars and updates on the latest changes.

Number of Years in Business:
Brown & Brown has grown into one of the largest insurance intermediaries in the world over the past 80 years.
Number of Offices in Florida– 42 office locations in FL.
Number of Employees in Florida– 2,931 Florida Teammates
Number of Public Entities Handled –Brown & Brown oversees 322 Insurance programs in Florida.

The person authorized to bind Brown & Brown in agreements and contracts is Mr. Steve Farmer. Contact information for Mr. Farmer is as follows:

Steve Farmer, Executive Vice President
220 South Ridgewood Ave
Daytona Beach, FL 32114
Email: SFarmer@bbdaytona.com
Office: (386) 239-7233

Brown & Brown meets the minimum requirements as presented in Section VI. Every effort was made to concisely provide all requested information, all required completed forms, and succinctly illustrate our understanding of the required scope of services. In addition to the previous, we have listed other services provided by or recommended by Brown & Brown.

Please consider this signed document as evidence that this proposal is in all respects fair and in good faith, without collusion or fraud.

We are available at the request of The City to participate in any oral interviews. Please feel free to contact me should you need further clarification of our proposal.

Kind regards,

Steve Farmer
Executive Vice President

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Company Overview

Organizational History

Founded by the Brown family in Daytona Beach, Florida in 1939, Brown & Brown has grown into one of the largest insurance intermediaries in the world over the past 80 years. With over 10,000 employees and over 190 offices in 40 states, Bermuda and London, Brown & Brown and its subsidiaries offer a broad range of insurance and reinsurance products and services to business, public entity, individual, trade and professional association clients nationwide. Brown & Brown is a publicly traded company on the New York Stock Exchange under the stock symbol (BRO).

From the beginning, Brown & Brown has always focused on building meaningful relationships with our clients and with our communities, based on trust and service. Our core philosophy is: ***Always do what's best for our clients***. It is our goal to exceed clients' expectations while maintaining the highest of professional and ethical standards.

Brown & Brown is "Built to Last" and its decentralized structure allows its offices to be proactive and to quickly react to changes according to local environments without waiting for bureaucratic approval. An important by-product of Brown & Brown's decentralized structure is that it serves to improve the quality of customer service. Each office is able to tailor its operations to fit the needs of its clients. However, we have national alignment as well. We have senior leadership dedicated solely to employee benefits, as well as a National Benefits Committee to share ideas and shape our employee benefits priorities and policies. The senior leaders and Benefits Committee sit on advisory boards of the insurance carriers and routinely meet with the insurance carriers' senior leadership teams, perform RFPs for all benefits related products and services, and are held responsible for the successful implementation of new initiatives and products.

One of our core philosophies, as communicated by Mr. J. Hyatt Brown, Chairman of Brown & Brown illustrates our culture and corporate commitment:

Number of Years in Business:
Brown & Brown has grown into one of the largest insurance intermediaries in the world over the past 80 years.

Address:
The Daytona Beach office of 345 employees is located at 300 North Beach Street Daytona Beach, FL 32114.

Name Changes, Changes in Ownership, Reorganizations:
Over the last 5 years we have grown from 7,807 employees to 10,083 employees nationally and internationally. We have achieved this through organic growth and acquisitions. Brown and Brown

Employee Benefits Expertise

Brown & Brown's **Employee Benefits Division** has developed into one of the nation's largest with premiums in excess of $6 billion annually. This also includes aggregate stop loss premium in excess of $430 million. This premium affords us a distinct advantage when it comes time to negotiate the City of Holly Hill's renewal. Brown & Brown's established relationships with carriers, and our reputation, provide us with a proven ability to bring forth the most competitive rates and programs the market has to offer. We have a National Employee Benefits Leadership team comprised of Regional Presidents, a Medical Director, a Mental Health Director, Technology Team, and a Population Health Management team. We also have several consortiums specific to self-funded plans for prescription drug placement and stop loss insurance that leverage our national premium volume for enhanced terms and conditions as well as pricing. Brown & Brown's success is due largely to our ability to adapt to the demands of the marketplace and to the needs of our clients.

Brown & Brown Daytona's employee benefits staff of 50 teammates has over 500 years of collective benefits experience and each member is licensed by the State of Florida Insurance Department. Members of our team have rich backgrounds in a range of insurance professions including underwriting, risk management, claims processing, third party claims administration, medical billing, wellness plans, provider contracting, marketing, employee benefits technology as well as account management and health and welfare plan implementation.

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Employee Benefits Team

The National Employee Benefits team at Brown & Brown leverages its capabilities and volumes to create products and services for clients that standalone agencies would not be able to provide. With that said, Brown & Brown Daytona's Employee Benefits Division prides itself on operating and supporting our clients on a local level. This structure allows our office to provide hands-on service locally, while leveraging our national footprint when needed.

Brown & Brown, at a national level has tens of thousands of clients, supporting hundreds of carriers and vendors and billions of premiums. The Daytona Beach office leverages this volume and network to provide the services outlined in this proposal. The national and local volumes of clients are broken down as follows:

The National Employee Benefits team at Brown & Brown leverages its capabilities and volumes to create products and services for clients that standalone agencies would not be able to provide. With that said, Brown & Brown Daytona's Employee Benefits Division prides itself on operating and supporting our clients on a local level. This structure allows our office to provide hands-on service locally, while leveraging our national footprint when needed.

Premium Volume

Brown & Brown's Employee Benefits Division has developed into one of the nation's largest with premiums in excess of $6 billion annually. This premium affords us a distinct advantage when it comes time to negotiate the City of Holly Hill's medical renewal. Brown & Brown's established relationships with carriers and our reputation provide us with a proven ability to bring forth the most competitive rates and programs the market has to offer.

Our staff is comprised of experienced forward-thinkers, with a client-first, service-focused approach. They are highly trained in public entity compliance and Florida State Statute 112.08 regarding public entity insurance placement. Our dedicated service and marketing teams act as an extension of your human resources and risk management departments. They, along with our account executives understand the unique demands and processes that public entities require. **This experience and expertise in serving public entities is a factor that differentiates us from the competition.**

Brown and Brown has 495K total accounts making up 12.92 Billion dollars in total premium.

Employee benefit broker services is nearly 10% of our book of business, which results 5.58 billion dollars in premium. Employee benefits products is 43.2% of our annual premium.

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Scope of Services: SEE SECTION V FOR COMPLETE RESPONSES

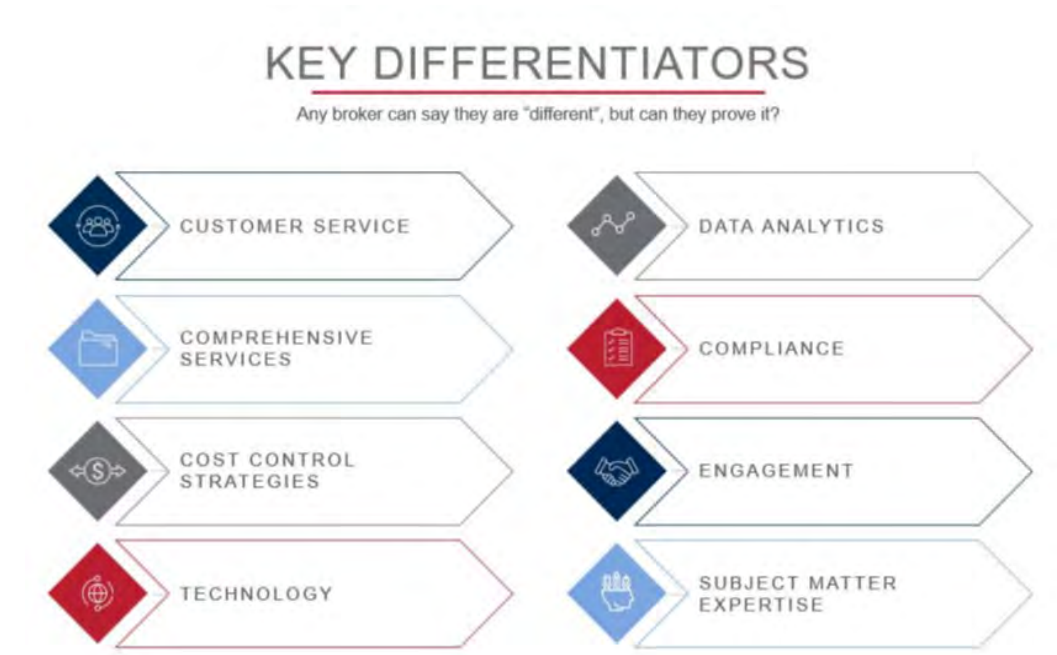
Employee Benefits Expertise

Brown & Brown's Employee Benefits practice makes your people our business. Backed by our national strength, our local service teams leverage our knowledge and experience to optimize the value created by your employee benefits program. Whether improving employee attraction and retention, getting Ethe most out of your vendor partners, optimizing medical costs, or helping you assess the most suitable technology to meet your needs, our thoughtful and customer-specific solutions help give you peace-of-mind.

Taking Care of Your Employees' Well-Being Investing in health and performance programs is becoming increasingly important to attract and retain top talent. Engaging employees to increase ownership in their own health and financial well-being empowers them to become a smarter consumer and a more active participant in creating positive results. With studies showing that employees who are actively involved in their healthcare experience have better outcomes, the return on investment for organizations is high. At Brown & Brown, we make your people our business.

Brown & Brown Daytona's employee benefits staff of 50 teammates has over 500 years of collective benefits experience and each member is licensed by the State of Florida Insurance Department. Members of our team have rich backgrounds in a range of insurance professions including underwriting, risk management, claims processing, third party claims administration, medical billing, wellness plans, provider contracting, marketing, employee benefits technology as well as account management and health and welfare plan implementation.

Brown & Brown will utilize a team approach lead by Jessica Scott, Senior Vice President, serving as the primary contact for the City of Holly Hill.



Professional Designations

We are committed to remai at the forefront of all indust trends by participating in professional memberships, continuing education, and through earning designation as a result, most teammates hold professional insurance designations, including:

CEBS – Certified Employe Benefits Specialist
GBA – Group Benefits Associate
GBDS – Group Benefits Disability Specialist
GWPC -Certified Wellness Program Coordinator
VBS – Voluntary Benefits Specialist

Professional Organization Memberships

Florida League of Cities

Florida City and County Management Association

Florida Association of Special Districts

Florida Public Human Resources Association

National Association of Hea Underwriters

National Organization of Li & Health Agents

Florida Association of Cour Florida Educational Risk Management Association

Public Risk Management Association

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Department Structure

Our team is unique for the fact that we have separate marketing, account management, risk management, population health and implementation teams. This allows each team to become subject matter experts in their respective fields and allows Brown & Brown to provide the best possible solutions in all areas.

We also have a National Employee Benefits team that provides additional resources such as our Medical Director, Mental Health/Behavioral Director, Technology Director, and our Population Health Management Team.

Risk Management/Data Analytics

We firmly hold the belief that clients need to leverage all data available to manage their health and welfare plans most effectively. This data needs to be presented to the City of Holly Hill in a concise and meaningful manner that can provide for actionable results. Our risk management team provides highly sophisticated data analyses such as: claim and utilization reports, COVID-19 cost projection tool, historical trends and future projections, benchmarking, a monthly budget analysis, plan design, contribution and compliance analyses. We provide quarterly claims and budgeting reporting as well as quarterly utilization analyses customized for each client. We have the ability to provide ad-hoc reporting, as needed, and will dissect the information into the specific categories that we have identified as high trend areas.

Marketing

We have a separate and distinct marketing department that assesses all carriers and stays well-informed on the latest products and services available.

We feel we can provide the most comprehensive marketing effort in comparison to any broker in that we access the entire market and not just our preferred vendors. As the *largest insurance agency in the state*, we work closely with the insurance carrier representatives and underwriters to stay up to date with the changes in the market and developments specifically related to the healthcare industry. We regularly attend carrier seminars, host in-house meetings with insurance carrier representatives, and participate in webinars which relate to issues affecting our clients.

Account Management/ Service

Brown & Brown provides a dedicated account management team to assist the City of Holly Hill and its employees navigate through any claim or billing issues or questions, claims appeals, pharmacy denials or delays, eligibility questions, explanation of benefits and services and benefit reviews when needed. We advocate for our clients on every issue to ensure accurate and timely resolution and escalating any unresolved issues. The Brown & Brown Daytona office staffs account managers with prior experience working in provider offices, who can assist our clients with provider coding errors, explaining Explanation of Benefit Statements, auditing provider billing for accuracy, and getting refunds issued for clients.

Benefits Strategy

We are top tier, preferred agents with all major insurance carriers in the Central Florida Market and throughout the country. We earn this status by the amount of premium our clients have placed with the insurance carriers. Preferred status enables us to provide enhanced services to our clients

Benefits Technology

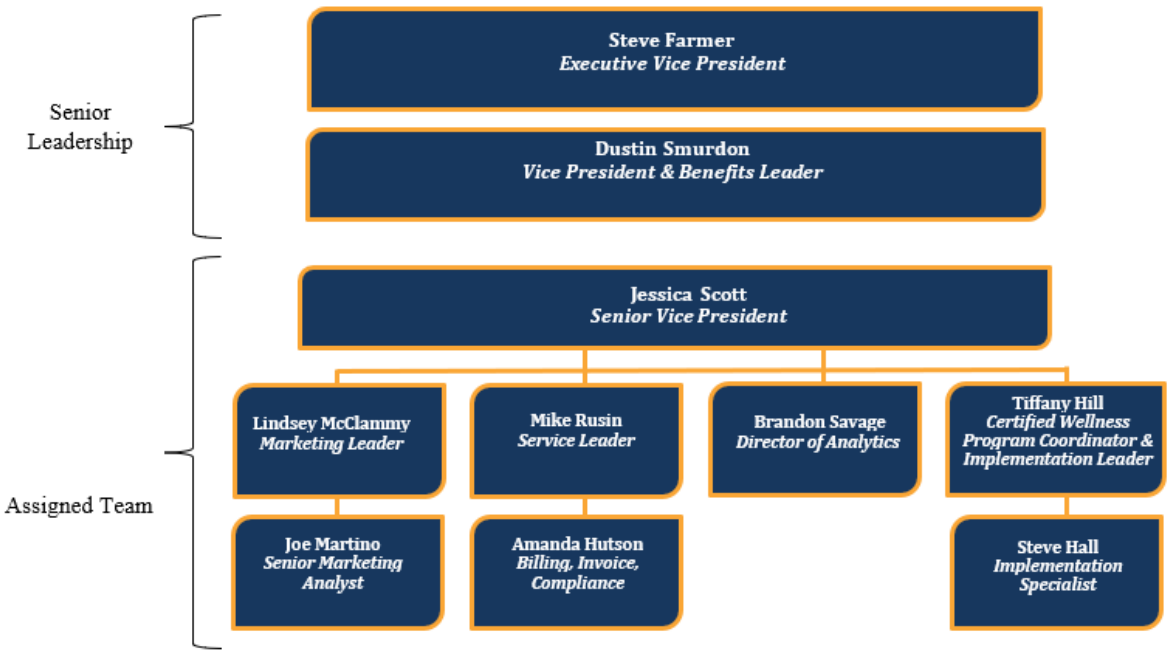
We have an internal team of four analysts along with our internal and external actuaries that can analyze the data in every way necessary to ensure we have a complete understanding of what is driving the costs and find unique solutions to improve the health and welfare plans.

Benefits Solutions

We have served as an extension of the City Holly Hill's HR Team and work extremely hard to provide a resolution for any issues c concerns within a 24-hour period. When th time frame cannot be achieved, we will communicate the reason we are unable to resolve the issue and include an expected time frame when it will be resolved.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Key Personnel:



Steve Farmer, *Executive Vice President*

sfarmer@bbdaytona.com | (386) 239-7233

Steve Farmer is responsible for Brown & Brown's Daytona Beach office including sales, service, and operations. Steve has over **20 years** of insurance industry experience with Brown & Brown and has worked with many of Florida's public entities. Steve will serve as a resource in expediting the resolution of any critical matters with top management at the insurance companies for the City of Holly Hill's staff and employees.

Dustin Smurdon, *Vice President & Benefits Leader*

dsmurdon@bbdaytona.com | (386) 239-8889

Dustin Smurdon is responsible for the overall performance of the Daytona Beach Employee Benefits Division. The team consists of about 50 teammates focusing on Service, Analytics, Marketing, Enrollment/Implementation and Wellness. Dustin has been with Brown & Brown since 2015. Prior to Brown & Brown, Dustin spent nearly **12 years** with JPMorgan Chase in various operational and leadership roles. He currently serves on the Board of the United Way of Volusia and Flagler Counties as the Chair Elect. He is originally from Ohio, where he attended Ohio University and obtained his Bachelor of Business Administration degree in Finance and Marketing. Dustin holds his insurance licenses for Life, Variable Annuities & Health along with the General Lines Property & Casualty.

Jessica Scott, Senior Vice President, *City of Holly Hill Primary Contact*

jscott@bbdaytona.com | (864) 918-1353

Ms. Jessica Scott will serve as the primary contact for the City of Holly Hill and will work together with the assigned team at Brown & Brown to ensure needs are being met on a daily basis. Jessica has over **15 years** of benefits consulting experience with Brown & Brown. Jessica will be responsible for leading the team in all aspects of the health & welfare engagement. She will provide strategic advice and support on all facets of the employee benefit plans, from plan design strategy, funding alternatives, implementation, administration, board and committee presentations, resolving escalated service/claim issues and compliance.

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Jessica's Areas of Expertise Include:

- Annual renewal negotiations (medical, dental, vision, life, disability, firefighter cancer, flexible spending accounts, and voluntary benefits)
- Managing RFP process
- Working closely with Insurance Committees to establish renewal calendars, and with RFP design and management, vendor selection, and negotiations
- Presentations to Boards, Committees, Unions, etc
- Monthly, Quarterly, and Annual claims reviews to include Executive Summaries and recommendations in order to accomplish budgetary goals
- Compliance oversight throughout the year
- Coordination with actuary to assist with 112.08, RDS, and OPEB filings for self-funded public entity clients
- Pharmacy management and lower cost medication options
- Claims re-pricing analysis to determine the potential savings between networks
- Wellness program design, implementation, and ongoing initiatives
- Payroll/Benefit Administration vender selection and implementation
- Self funded feasibility analysis
- Onsite/Near-site clinic consulting to include RFP process, vendor selection, and ongoing coordination between clinic vendor and health plan
- Disability contract analysis to identify potential areas of concern or where improvements could be made based on industry
- Resolving escalated issues throughout the year
- Open enrollment planning, presentations, and assistance with enrolling in benefits

Commitment to the highest level of service to both HR and leadership teams at clients as well as their employees

Joe Martino, *Marketing Analyst*

jmartino@bbdaytona.com | (386) 239-8892

Joe is responsible for the strategy and implementation of our best-in-class annual marketing process. The goal is always to deliver our clients a desirable benefits program at the best pricing. Joe maintains exceptional carrier relationships and uses aggressive negotiation to meet client's budgetary needs. Joe manages a block of business in excess of 60 large group accounts, with focus on public entity, schools/universities, & private entities w/ over 200 eligible. Joe has over **5 years** of employee benefits experience at Brown & Brown and has held sales, analytics, marketing, & management positions. Joe holds a Florida Life & Health (2-15) License and a Group Benefits Disability Specialist certification. Joe earned his degree from the University of Central Florida with a BSBA in Economics.

Areas of Specialty include:

- Medical, Dental, Vision, Life, Disability, Voluntary Products, Financial (HSA, HRA, FSA)
- Request for Proposal: Public Bids & Broker Controlled
- Carrier Relations: Maintaining current relationships, exploring new markets
- General Market & Network Comprehension
- Self-funded Solutions (Medical, Pharmacy, Dental, Short Term Disability)
- Plan Analysis (Design, Benchmarking, & Contribution Analysis)
- Risk Analytics (Medical, Pharmacy, Disability)

Lindsey McClammy, *Marketing Leader*

LMcClammy@bbdaytona.com | (386) 239-8892

Lindsey McClammy oversees Brown & Brown Daytona Beach's employee benefits marketing team. She has spent **her 10+ years** at Brown & Brown first as small business leader, then as senior marketing analyst, and developed into a leader with strong carrier relationships to get deals done for our clients. Lindsey earned her Bachelor of Arts in Communications from the University of West Florida and holds a Florida Life & Health (2-15) License.

Areas of specialization include:

- Self-Funded RFP Specifications
- Medical, Dental, Vision, Life, Disability, and Voluntary Products
- Fully Insured Plans, Partially Self-Funded Plans, and Self-Funded Plans
- Carrier Negotiations
- New carrier relationship development
- Contribution modeling and develop customized ad hoc reports with insurance carriers to facilitate the City of Holly Hill with plan decision throughout the year

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Mike Rusin, Senior Account Manager
mrusin@bbdaytona.com | (386) 239-5732

Mike Rusin will be the City's dedicated Account Manager and will be available for all day to day service issues and concerns. He has over **5 years** of insurance industry experience and holds a Florida Life & Health (2-15) License. He will assist the City by providing on-going guidance on employee benefit legislation, regulation, and procedures to ensure compliance and he will maintain strong relationships with service leaders at each carrier to resolve escalated issues on behalf of our clients.

Areas of specialization include:

- Training of service team
- Assist employees during annual enrollment with benefit questions
- Providing guidance on employee benefit legislation, regulation, and procedures to ensure compliance
- Prepare communication for Annual Enrollment
- Assist client with eligibility issues
- Assist with implementation/ ongoing utilization of Benefit Administration system
- Assist with compliance items- COBRA, LOA, Retiree Billing
- Solving claims issues
- Process the annual renewal within the benefit administration system for carriers, rates and class structure
- Test, correct and retest the benefit administration system and inform PlanSource staff of necessary internal programming changes
- Assist or make appropriate liaisons regarding ACA processing and questions on employer reporting
- Lead the implementation of new carriers and plan designs for the City (e.g., US Able implementation); inform carriers of detailed requirements
- Prepare the Benefits at a Glance handbook

Brandon Savage, Director of Risk Management

bthurston@bbdaytona.com | (386) 239-7230

Brandon Savage is responsible has over **12 years of** insurance industry experience primarily and has excelled in a variety of diverse roles during this time, including Account Executive and Director of Account Management, predominantly for self-funded clients with 300+ lives. He is an alumnus of the State University of New York and holds a Florida Life & Health License. Brandon has been with Brown & Brown just under 5 years and leads the Analytics team, with responsibility for 3 teammates.

On a high level, Brandon's team is responsible for analyzing claims data, making recommendations for changes in plan design where needed, benchmarking plan designs, identifying cost drivers, as well as serving as the primary liaison with our actuaries. Specifically, his team provides quarterly claims analysis, total costs projections, benchmarking reports, contribution modeling, alternate stop loss deductible recommendations, and develop customized ad-hoc reports to address other areas of interest/concern.

Areas of specialization include:

- Actuarial Projections – aggregation of data, work with the Actuary, summarization of financial results
- Renewal Meeting Preparation and Presentation with HR and Health Insurance Committee to progress towards goals
- Monthly Plan Performance vs. Budget summaries, including stop loss monitoring and rebate tracking
- Ad-Hoc Reporting
- Semi-Annual / Quarterly Plan Performance Reviews
- FS 112.08 Filing – Aggregation of data, production of draft and filing by Actuary

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Premiums

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Medical and Ancillary Proposal Executive Summary

Negotiated Renewal Options with FHCP

When Brown & Brown started negotiations with FHC, the original renewal calculation was coming in at 39%, mainly due to claims increasing to a 98% loss ratio. In addition, manual rates were driving up the cost due to the City's rates being so far under manual rates due to having several years of flat renewals. Brown & Brown was able to convince FHC to agree to reduce to a 20% renewal increase while FHC continued to pull claims, in hopes they would improve. Claims incurred through August continued to increase to 101% loss ratio. We know in the last couple years, employees have been migrating to the HSA plan, therefore Brown & Brown wanted to negotiate rates with FHC, while not making any additional plan design changes, since the HSA plan is still new to some employees. The goal was to reduce the renewal rates from where they started on current plans as much as possible, so the City did not have to give up the benefits employees have grown familiar with over the years. Brown & Brown did ask FHC to propose several rate options for the City to evaluate using current plan designs but considering excluding the gym rider and including a package with BCBS/FCL dental. The BCBS/FCL dental will save the employees money compared to current rates with Metlife, therefore the dental package with the medical saves the City and its employees money for both lines of coverage.

Brown & Brown has included an additional alternative plan (shown in Alternate 1 and 2) with FHC which increases the HSA deductible and out of pocket maximum. This plan allows premiums to stay flat or a decrease depending on the option chosen and by adding a City paid Health Reimbursement Account (HRA), the City can keep employees' max out of pocket liability on the plan to the current out of pocket of $3000. The City would fund the potential additional $2800 out of pocket liability through the HRA. We have customized a deductible and out of pocket maximum threshold report with FHC, so that employers can see how many employees are reaching deductibles and out of pocket maximums. Based on the most current report, only 4 employees have met the max out of pocket to date. Based on historical data, we can forecast that it is expected that no more than 10 employees will meet the out of pocket max per year, representing $28,000 annual liability to the City. The annual premium including the HRA liability for this plan would mean less than a 5% increase over current annual premiums (assuming no BCBS/FCL dental package and leaving fitness rider in the plans). We believe the increased deductible on this plan to $2000 will encourage more employees to achieve their wellness incentives so that they can reach the entire $1900 in HSA funding and have most of their deductible covered by the City. If the City were to move to a single plan offering with just this alternate HSA plan, the City would receive a -4% decrease vs current premiums (this includes the HRA liability and HRA administrative cost). Or if the City were to remove the fitness rider and package the dental with BCBS/FCL then the City would have a -7% decrease to overall premiums.

Brown & Brown feels that FHC has put a fair final renewal on the table, considering claims have continued to increase this year. This allows the City the option to keep current plan designs, with the option to reduce the renewal further by dropping the fitness rider and packaging with BCBS/FCL dental. The details of all of these options are outlined in our proposal, with the lowest cost option being to remove the fitness (gym) rider and package the BCBS/FCL dental. Please find the advantages and disadvantages we have outlined for each proposing carrier in an effort to help the evaluation committee consider all aspects of the options within our proposal:

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Negotiated Renewal with FHC including Fitness (Gym Rider)

Advantages

1. No plan design changes necessary.—FHC includes free services with their HSA plan that most carriers do not (extended hour clinic, HMO Primary Care visits, lab work, certain medications)
2. The Fitness (gym) Rider and Extended Hour Clinics at $0 cost to employees are unique to FHC and cannot be replicated exactly by any other carrier
3. Employees have been using many of the HMO doctors for years and can continue care with those doctors
4. The City of Holly Hill is viewed as a community partner by FHC and the loyalty the City has had with FHC has been reflected in mainly flat renewals year over year
5. FHC has implemented customized programs for the City at little to no cost in an effort to lower employees' costs for services

Disadvantages

1. 5% -8% overall increase depending on which option the City chooses with FHC

Neighborhood Health Partnership (Options 1 & 2)

Advantages

1. Decrease to current rates, (between $3,500 and $12,000 annually depending on the option selected)
2. Larger network than FHC (includes entire state of Florida)
3. Greater national pharmacy access than FHC/more in network pharmacy options than FHC
4. Ability to keep FHCP rate tiering if desired
5. Brown & Brown negotiated a 12.9% renewal rate cap for next year, which can be negotiated under that amount but NHP will not be allowed to increase rates more than that even if claims experience continues to increase

Disadvantages

1. Florida only network vs national
2. Chiropractic copay & ambulatory surgery center copay increases
3. Pharmacy does not include Walgreens (Option 1). It is included in Option 2
4. Matt Nirschl, the top provider based on the utilization report, is not in the NHP network
5. Most employees will be forced to find new doctors

United Healthcare (Options 3 & 4)

Advantages

1. Matt Nirschl, the top provider, is in both Choice and Choice Plus UHC networks
2. Employees will have access to a national network
3. Greater national pharmacy access than FHC/more in network pharmacy options than FHC
4. Ability to keep FHCP rate tiering if desired
5. Brown & Brown negotiated a 12.9% renewal rate cap for next year, which can be negotiated under that amount but NHP will not be allowed to increase rates more than that even if claims experience continues to increase.

Disadvantages

1. Increase to rates is higher than the renewal
2. Chiropractic copay & ambulatory surgery center copay increases
3. Pharmacy does not include Walgreens (Option 3). It is included in Option 4
4. Most employees will be forced to find new doctors

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Humana (Option 5)

Advantages

1. Employees will have access to a national network
2. Great national pharmacy access than FHC/more in network pharmacy options than FHC

Disadvantages

1. Significant plan design changes on both plans (higher deductibles and copays)
2. FHCP rate tiering is not available
3. Most employees will be forced to find new doctors

FL Government Healthcare Solutions- Brown & Brown Consortium (Option 6)

Advantages

1. Consortium arrangement, pooled with other FL municipalities to leverage cost
2. Utilizes the UHC National Choice Plus network
3. 5.5% increase at expected
4. No plan design changes
5. Ability to receive claims data monthly and have full transparency with claims
6. Option to customize plan designs exactly how the City would like them to be
7. Ability to direct contract with urgent care/clinics to lower claims cost and give employees access free to care

Disadvantages

1. Short contract, would require a 10/1 effective date beginning 10/1/2022
2. Network disruption for employees moving to UHC national network (FHC HMO doctors cannot participate in any other carrier networks)
3. 12.2% increase at maximum (should claims continue to increase higher into 2022)
4. Illustrative quote, see the bottom of page 19 in the presentation for a list of contingencies.

Dental

Brown & Brown negotiated a -10% renewal decrease with Metlife to give the City the option to continue the current dental plan at less cost to employees. Several carriers are matching the current plan design and offering significant decreases to rates as well. Guardian is offering the lowest cost option at a -16% decrease and has the strongest network match. Both Guardian and Metlife are offering an alternative option to offer 2 plans, one plan has a significant savings in premiums with slightly less rich benefits than current or employees can buy up to the same plan design as in force now with rates that are cheaper than current. FCL/BCBS is also offering a -9% decrease to rates matching the current plan design and if the City would rather offer a dual option, they will be able to offer plans similar to Guardian and Metlife. They will also include a -3% discount ($-28,650 annually) on the FHC medical plans when packaging dental with medical. Their network is coming in as a close match to the current Metlife network.

Vision

Eyemed has continued to offer 4 year rate hold with no changes to the plan. Eyemed has never increased rates, as outlined in our renewal history exhibit. Guardian is offering a slight decrease to the premiums, while offering some higher reimbursements out of network. However, based on the network disruption, the Davis network they are using, will not be as good as the Eyemed network and therefore, many providers will end up being out of network, increasing the out of pocket cost for employees. In addition, for Guardian's vision rates to stay as quoted, vision must be packaged with Guardian dental plans. Standard and Avesis are also offering slight decreases to premiums, but their out of network reimbursements are not as high as Eyemed and based on the network disruption results, there will be considerable disruption to move to their networks.

Life

The City of Holly Hill has a very high volume of retirees on the life insurance plan, therefore, getting competitive rates that match current benefits has proved to be challenging over the years, as claims tend to be high year over year. As you can see by the RFP results, Hartford was the only carrier who responded with a quote and they were not able to match benefits for classes 8 & 9, while quoting premiums significantly higher than the renewal. US Able has just under a 19% increase on the table. Please find the reasons for the increase:

The group has a combined loss ratio of 621% and we are losing money on it.
Since 1/1/2020 we have received $56,772 in paid premium and paid out $352,640 in claims.
We cannot offer any rate relief on this group, even with the renewal increase, we will not be able to recoup the losses.

On a positive note, US Able did agree to keep the voluntary life rates flat.

Fighterfighter Cancer

This policy just renewed 10/1/2021 for the next 12 months, so we have included the confirmation of this renewal in our proposal.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Marketing Proposal

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Brown & Brown INSURANCE

A Proposal of Employee Benefits Coverage and Services

City of Holly Hill

Jessica Scott
Senior Vice President

Mike Rusin
Account Manager

Brandon Savage
Director of Analytics

Noah Dunn
Brokerage Assistant

Proposal Date: October 1H, 2021

Effective Date: January 1, 2022

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Brown & Brown

Brown & Brown is one of the largest and most respected independent insurance intermediaries in the nation, with over 70 years of continuous service. The Company is ranked as the sixth largest such organization in the United States by Business Insurance magazine.

Brown & Brown's clientele is as diverse as the American economy itself. There is hardly a business, industrial or professional insurance situation that has not presented itself to Brown & Brown including: Health/Medical, Retail, Construction, Marine, Transportation, e-Commerce,High Technology, Financial, Legal, Agricultural, Colleges and Universities, Golf Courses and Country Clubs, Governmental Entities, General Aviation, Hospitals, Hotels, Motels, Resorts, Manufacturing, Medical Care Facilities, Museums, Nursing Homes, Restaurants, Religious Institutions, Schools and many more.

Employee Benefits is just one area of expertise we can provide. Our benefit programs include
Medical, Dental, Vision, Cobra, Life, Disability and Section 125 pre-tax reimbursement accounts just to name a few. We are able to provide fully insured programs for employers of all sizes and self-funded programs to meet the special needs of employers interested in that type of arrangement. In addition to providing the insurance programs, we assist in the design, cost-containment, management and development of your employee benefit package.

All Employee Benefit clients are assigned an "In House" service representative to assist with Billing, Claims, Eligibility, Enrollment, or any other issues or questions that arise.

For our clients that opt for self-insured programs, we not only provide the mentioned above, but also supply detailed reports to help you monitor your program closely. We also place the reinsurance, help design a plan to meet your needs and work closely with you and the Third Party administrator during the implementation as well as throughout the year to ensure the plan operates smoothly.

As for property and casualty, Brown & Brown is a recognized leader in the area of professional liability, governmental and municipal insurance programs, pollutions liability and many other specialized areas of risk. All property and casualty clients are assigned an "In-House" service representative along with a claims analyst to assist with daily issues, along with some of the best marketing representatives to search for the most competitive products and services our clients desire.

Commitment to Our Clients

The Employee Benefits Division at Brown & Brown of Florida, Inc. is focused on providing you with the best products at the most competitive rates possible. We ensure a very high level of customer service by remaining involved with you after the plan's effective date.

In addition to the Brown & Brown of Florida, Inc. Account Executive, all clients are assigned a team of dedicated service and marketing professionals committed to fast, efficient and friendly service during plan renewal and every other day of the year.

- We provide assistance with carriers to resolve any issues concerning policy administration, claims and billing.

- We provide expertise in designing, analyzing, and maintaining an employee benefits program that will help you attract and retain quality employees.
- We provide timely guidance on local and national trends in employee benefits and in the carrier marketplace.

As part of the 6th largest insurance broker in the country (as determined by Business Insurance magazine) we have the resources to partner with clients of all sizes and industries to maximize benefits and contain costs.
The Employee Benefits Division in Daytona Beach, FL is fully automated and highly efficient in marketing plan renewals and new business. We have access to all local and national carriers, third party administrators, and other specialists in the employee benefits industry including:

Medical · Dental · Vision · Life · Disability Plans · Cafeteria Plans · 401(k) Plans · Self-funded and Partially Self-funded arrangements · Employee Assistance Programs · Voluntary (employee-paid) Long-Term Disability, Short-Term Disability, Dental and Accident & Sickness plans.

Phone
(800) 877-2769
(386) 252-9601

Address
Brown & Brown of Florida, Inc.
300 North Beach Street
Daytona Beach, FL 32114

Website
www.bbinsurance.com

NYSE Listed: BRO

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Disclaimer Information

The analysis of the following plans is a summary. You must refer to the contract and plan description for a full list of coverages and exclusions. In some instances broader coverage may be available. The rates and benefits in this proposal are based upon underwriting factors which included, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn. The rates shown are not guaranteed. Executive summaries are created by Brown & Brown of Florida, Inc. and neither the carrier nor Brown & Brown of Florida, Inc. will be held responsible for typographical or clerical errors. This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available. This proposal is the proprietary work product of Brown and Brown of Florida, Inc. and is not authorized for further use or distribution. All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown and Brown of Florida, Inc. representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question. If coverage is moving to another carrier, please do not cancel your in force coverage until advised by Brown and Brown of Florida, Inc. Most carriers require a minimum of 30 days written notice to cancel coverage. Please check your policy contracts to be sure you meet the terms of your carrier cancellation provision and avoid duplicate coverage. The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly. For a current list, you may look on the Internet or call the toll-free number provided in each of the directories. Brown & Brown representatives may from time to time provide guidance regarding certain legal requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice for legal requirements.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-pay, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown and Brown of Florida, Inc. representative at any time. You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBD must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the new year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

Compensation: In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverage's, other parties, such as excess and surplus lines broker, wholesale brokers, reinsurance intermediaries, underwriting managers, and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc. may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payment, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars other insured that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by the insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Questions and Information Request:
Should you have any questions, or require additional information, please contact this office at 1-800-877-2769 or, if you prefer, submit your question or request online at http://www.bbinsurance.com/customerinquiry.shtml.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

CURRENT GUIDE TO BEST'S RATINGS

Best's Rating:

Represents an opinion based on a company's financial strength, operating performance and market profile

Secure Best's Ratings: A++ to B+ (Superior to Good)
Vulnerable Best's Ratings: B to D (Fair to Poor)

Outlooks:

Positive = indicates possible rating upgrade due to favorable financial/market trend relative to the current rating level.

Not Rated Companies:

NR = Companies that are not rated by A.M. Best

Rating Modifiers:

u = Under Review (change in financial condition)
pd = Public Data (Insurers do not subscribe to Best's rating process)
s = Syndicate (operating at Lloyds)

Financial Size Categories:

Reflects the company's size based on its capital surplus and conditional reserve funds in millions of U.S. dollars, using the scale below:

FSC I	less than 1	less than 1 mill	FSC IX	250 to 500
FSC II	1 to 2	1 to 2	FSC X	500 to 750
FSC III	2 to 5	2 to 5	FSC XI	750 to 1,000
FSC IV	5 to 10	5 to 10	FSC XII	1,000 to 1,250
FSC V	10 to 25	10 to 25	FSC XIII	1,250 to 1,500
FSC VI	25 to 50	25 to 50	FSC XIV	1,500 to 2,000
FSC VII	50 to 100	50 to 100	FSC XV	greater than 2,000
FSC VIII	100 to 250	100 to 250	" -- "	unknown / not rated

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

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A.M. BEST'S INSURANCE RATINGS & CARRIER WEBSITES

The insurance company providing coverage has the following A.M. Best Financial Rating:

A++ to D = Highest to Lowest Rating

XV to I = Largest to Smallest Rating

Not Rated Companies:

NR = Not rated by A.M. Best

Carrier Name	Best's Rating for Stability	FSC Rating for Assets/ Surplus	Web Address	Provider Directory
Delta Dental Insurance Company	A	XIV	www.deltadentalins.com	Yes
Everest Reinsurance Company	A+	XV	www.everestre.com	Yes
EyeMed Insurance Company (underwritten by Fidelity Security Life)	A-	VIII	www.enrollwitheyemed.com	Yes
Florida Combined Life Insurance Company, Inc.	A	IX	www.bcbsfl.com	N/A
Florida Health Care Plan Inc.	A+	XV	www.fhcp.com	Yes
Guardian Life Insurance Company of America	A++	XV	www.glic.com	Yes
Hartford Life and Accident Insurance Company	A	XV	www.thehartford.com	N/A
Humana Health Insurance of Florida, Inc. (PPO , EPO, Indemnity Plans)	A-	XV	www.humana.com	Yes
Metropolitan Life Insurance Company	A+	XV	www.metlife.com	Yes
Neighborhood Health Partnership, Inc.	A	XV	www.mynhp.com	Yes
Standard Insurance Company	A	XIV	www.standard.com	N/A
United Healthcare of Florida, Inc. (HMO Paper)	A	XV	www.uhc.com	Yes
UnitedHealthcare Insurance Company (Insurance Paper)	A	XV	www.uhc.com	Yes
USAble Life	A	IX	www.usablelife.com	N/A

Carrier Requirements
Large Group (50 +)

Florida Health Care Plans

Current
Submission deadline is 15th of month prior
Group questionnaire required
Minimum participation is 75% all eligible
Telemedicine: Doctor on Demand included, additional copays apply

Humana

Submission deadline is 15th of month prior
Group questionnaire required (over 100), Individual questionnaire (50 - 99)
Minimum participation is 75% all eligible
Telemedicine: Doctor on Demand included, additional copays apply

UnitedHealthcare

Submission deadline is 20th of month prior
Group questionnaire required
Minimum participation is 75% all eligible
Telemedicine: Doctor on Demand, Teledoc, Amwell included, additional copays apply

Please Note:
If you are moving your coverage to a new carrier, please do not cancel your in force coverage until advised by Brown & Brown of Florida, Inc.. Most carriers require a minimum of 30 days written notice to cancel coverage (even if it is at the anniversary of the policy). Please check your policy contracts to be sure you meet the terms of your carrier cancellation provision to avoid duplicate coverage.

These deadlines represent the final date most carrier's will accept for the selected effective date, however it does not guarantee that implementation will be completed and ID cards will be delivered by the effective date.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

FEDERAL COMPLIANCE WARNING

Summary Plan Descriptions (SPDs) Must Be Distributed to Your Plan Participants

The Problem

ERISA (the federal Employee Retirement Income Security Act) requires employers who are plan administrators of their group health plans to comply with 2 important requirements or risk potential penalties and possible audits:

1. Maintain and distribute Summary Plan Descriptions (SPDs) to plan participants which accurately reflect the contents of the plan and which include specific information as required under federal law.

2. Group health plans must be administered in accordance with a written Plan Document which must be made available to plan participants and beneficiaries upon request.

Many companies mistakenly assume that insurance contracts, certificates of insurance and benefits summaries fulfill the ERISA requirements for an SPD and Plan Document--but they don't include the required or recommended provisions that protect the plan and the employer.

Penalties for Non-Compliance

Employers/plan administrators may be liable for serious penalties if they don't provide an SPD or have a current Plan Document:

- Failure to provide an SPD or Plan Document within 30 days of receiving a request from a plan participant or beneficiary can result in a penalty of up to $110/day per participant or beneficiary for each violation.
- Lack of an SPD could trigger a plan audit by the U.S. Department of Labor (DOL).
- The DOL has increased its audit staff and national enforcement initiatives to investigate employers' compliance with Health Care Reform, resulting in companies of all sizes being audited and being required to provide an SPD and Plan Document.

The Solution

Typically, the cost to develop an SPD and Plan Document can be very expensive--but we have solved this problem with a sophisticated system developed together with a major ERISA law firm that makes it easy and economical to comply with federal requirements.

Brown & Brown Daytona Beach Retail will provide you with a Wrap SPD and Wrap Plan Document which are designed to wrap around existing certificates of insurance and benefit plan booklets to provide the required provisions and information necessary to comply with ERISA. To be compliant, the Wrap SPD and accompanying benefit plan component documents must be distributed to plan participants. Our document compliance solution includes the following benefits:

- Customized Wrap SPD and Wrap Plan Document that provide the required ERISA provisions and information that will help you achieve compliance.
- Distribution guidelines that explain how and when to provide these compliance documents to your plan participants.
- The ability to keep your documents current and updated should the federal government issue new amendments or if plan information needs to be changed.

PCP Plan Documents—IRS Requirement [NOTE: Only include this paragraph if applicable.]

A Premium Conversion Plan (PCP) is a type of cafeteria plan under Internal Revenue Code Section 125. It provides employees with an opportunity to make their required employee contributions for certain benefits on a pre-tax basis. Under the Code, a PCP must have a written plan document. If you provide this type of benefit to your employees and your business is audited by the IRS, this is one of the documents they will probably request. As part of our services, we can generate a PCP Plan Document and SPD to help you avoid adverse consequences in the event of an IRS audit.

Cost:

- ERISA Wrap Document & Summary Plan Description - $150
- Cafeteria Plan/Premium Conversion Plan - $50
- Updates/Summary of Material Modification - $100

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

City of Holly Hill Carrier Renewal History

Medical	EE Enrolled	% Enrollment Change	Final Est Total Premium	% Premium Change	Initial Blended Rate	Initial Renewal %	Final Blended Rate	Final Renewal %	Negotiated Renewal Savings %	Negotiated Renewal Savings $	Carrier	Notes
2016	107		$1,043,363		1099.9225		$1,057.81				Florida HealthCare	
2017	107	0%	$1,041,019	0%	$1,142.39	8.0%	$1,057.77	0.0%	7.4%	$83,282	Florida HealthCare	
2018	97	-9%	$885,488	-15%	$1,120.17	10.0%	$1,057.77	0.0%	5.6%	$52,244	Florida HealthCare	
2019	106	9%	$1,024,457	16%	$1,162.48	9.9%	$1,115.96	5.5%	4.0%	$42,710	Florida HealthCare	
2020	110	4%	$1,017,122	-1%	$1,188.49	6.5%	$1,115.96	0.0%	6.1%	$66,112	Florida HealthCare	
2021	113	3%	$955,451	-6%	$1,171.75	5.0%	$1,115.96	0%	4.8%	$47,773	Florida HealthCare	
Average		1%	$994,483	-1%	$1,147.53	8%	$1,086.87	1%	6%	$58,424		

Dental	EE Enrolled	% Enrollment Change	Total Premium	% Premium Change	Initial Blended Rate	Initial Renewal %	Final Blended Rate	Final Renewal %	Negotiated Renewal Savings %	Negotiated Renewal Savings $	Carrier	Notes
2016	80		$37,181		$66.42		$60.64				Guardian	
2017	80	0%	$37,181	0%	$66.42	9.5%	$60.64	0.0%	8.7%	$3,543	Guardian	
2018	80	0%	$44,273	19%	$78.80	30.0%	$69.74	15.0%	11.5%	$5,755	Guardian	
2019	85	6%	$45,815	3%	$78.94	13.2%	$66.89	-4.1%	13.9%	$7,423	MetLife	
2020	87	2%	$50,165	9%	$70.20	4.9%	$67.98	1.6%	3.1%	$1,630	MetLife	
2021	87	0%	$57,830	15%	$88.56	30%	$78.37	15.3%	11.5%	$7,518	Metlife	
Average		2%	$45,408	9%	$74.89	18%	$67.37	6%	10%	$5,174		

Vision	EE Enrolled	% Enrollment Change	Final Est Total Premium	% Premium Change	Initial Blended Rate	Initial Renewal %	Final Blended Rate	Final Renewal %	Negotiated Renewal Savings %	Negotiated Renewal Savings $	Carrier	Notes
2016	53		$5,079		$9.52		$9.52				EyeMed	
2017	53	0%	$5,079	0%	$9.52	0.0%	$9.52	0.0%	0.0%	$0	EyeMed	
2018	55	4%	$5,128	1%	$9.52	0.0%	$9.52	0.0%	0.0%	$0	EyeMed	Negotiated Rate Guarantee
2019	57	4%	$5,297	3%	$9.52	0.0%	$9.52	0.0%	0.0%	$0	Eyemed	In a Rate Guarantee
2020	74	30%	$6,461	22%	$9.52	0.0%	$9.52	0.0%	0.0%	$0	Eyemed	In a Rate Guarantee
2021	74	0%	$6,461	0%	$9.52	0.0%	$9.52	0.0%	0.0%	$0	Eyemed	In a Rate Guarantee
Average		7%	$5,584	5%	$9.52	0%	$9.52	0%	0%	$0		

Life	Volume	% Enrollment Change	Final Est Total Premium	% Premium Change	Initial Blended Rate	Initial Renewal %	Final Blended Rate	Final Renewal %	Negotiated Renewal Savings %	Negotiated Renewal Savings $	Carrier	Notes
2016	$4,207,000		$14,640		$0.29		$0.29				0	
2017	$4,207,000	0%	$14,640	0%	$0.29		$0.29	0.0%	0.0%	$0	SunLife	Negotiated Rate Hold
2018	$4,207,000	0%	$14,640	0%	$0.29	0.0%	$0.29	0.0%	0.0%	$0	SunLife	Negotiated Rate Hold
2019	$6,033,995	43%	$23,583	61%	$0.37	28.3%	$0.33	14.5%	10.9%	$2,896	SunLife	
2020	$6,292,830	4%	$20,015	-15%	$0.45	36.1%	$0.27	-18.7%	40.6%	$13,669	USAble	
2021	$6,292,830	0%	$20,015	0%	$0.27	0.0%	$0.27	0.0%	0.0%	$0	USAble	Negotiated Rate Hold
Average		10%	$17,922	9%	$0.33	16%	$0.29	-1%	10%	$3,313		

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Marketing Summary

Medical	
Florida HealthCare	Current
Aetna	Declined Quote (9/2/2021)
Cigna	Declined Quote (8/26/2021)
United Healthcare	See Proposal
Neighborhood Health Partnership	See Proposal
Humana	See Proposal
Alternate Funding Medical	
Benecon	See Proposal
Dental	
MetLife	Current
Delta Dental	See Proposal
Florida Combined Life	See Proposal
Guardian	See Proposal
Lincoln	Declined Quote (9/23/2021)
Mutual of Omaha	Declined Quote (9/29/2021)
Principal	Declined Quote (10/04/2021)
The Standard	See Proposal
Vision	
EyeMed	Current
VSP	Declined Quote (9/16/2021)
The Standard	See Proposal
Guardian	See Proposal
Principal	Declined Quote (10/04/2021)
Life & Voluntary Life	
USAble	Current
Sun Life	Declined Quote (9/28/2021)
Guardian	Declined Quote (9/27/2021)
Principal	Declined Quote (10/04/2021)
Standard	Declined Quote (9/30/2021)
Symetra	Declined Quote (10/5/2021)
The Hartford	See Proposal
FSA / HSA / HRA	
Medcom	See Proposal
EBC Flex	See Proposal
Firefighter Cancer Policy	
Chubb	Renewed: 10/1/2021 until 09/30/2022, Policy information on page 32

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City of Holly Hill

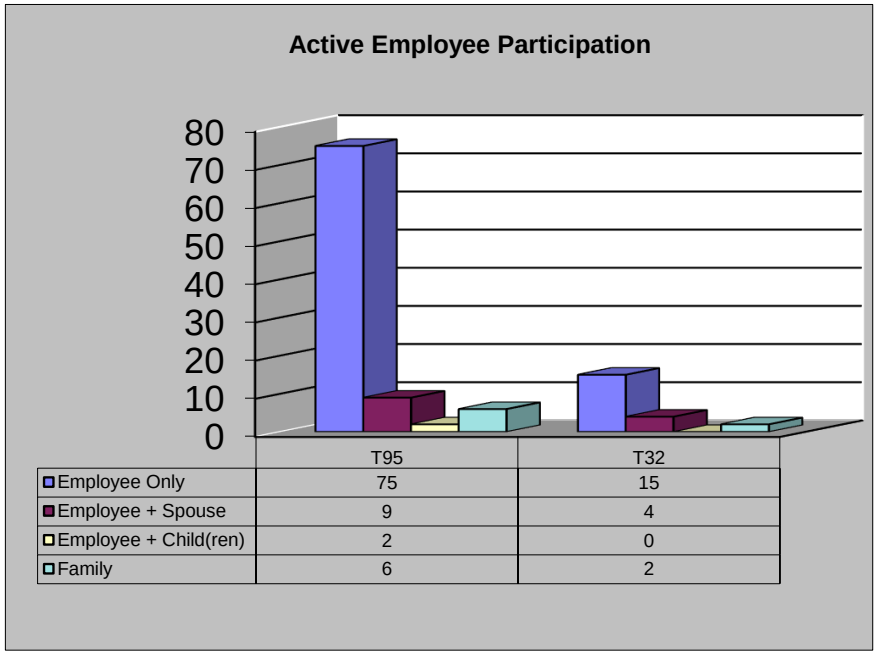
MEDICAL PARTICIPATION OVERVIEW

Enrollment Totals Include Retirees

Enrollment Data	Current/Renewal T95	Current/Renewal T32	
Employee Only	75	15	**90**
Employee + Spouse	9	4	**13**
Employee + Child(ren)	2	0	**2**
Family	6	2	**8**
Total	**92**	**21**	**113**

Declining Medical (waivers only)	3
Participation	97.41%

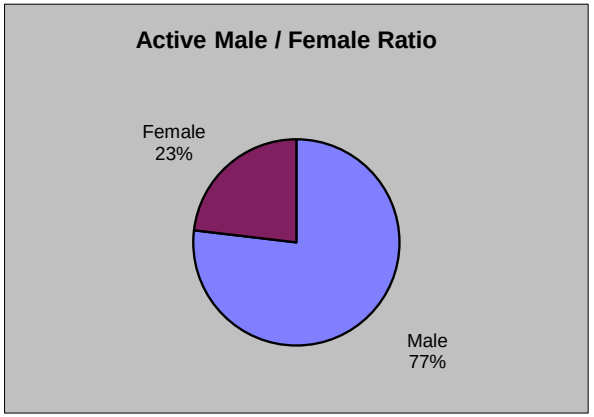
(participation does not include employees with other coverage)



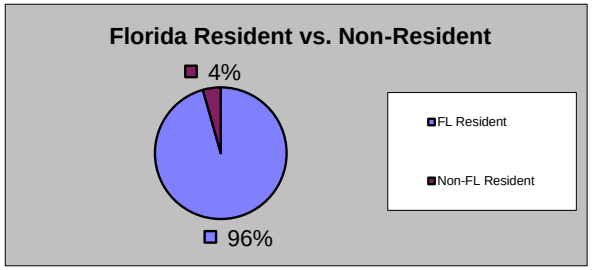
(Includes all employees)

Male	Female
123	37

Average Age
55



FL Resident	153
Non-FL Resident	7



All Out-of-State Residents are Retirees who have Waived Coverage

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Rate Summary

Line of Coverage:		Medical				
Carrier	**Status**	**Additional Details**	**Rate Guarantee**	**Annual Premium**	**$ vs. Current**	**% vs. Current**
Florida Healthcare Plans	Current	Includes Gym		$955,451		
Florida Healthcare Plans	Renewal	Includes Gym	1 year	$1,146,145	$190,694	20.0%
Florida Healthcare Plans	Negotiated Renewal	Includes Gym	1 year	$1,031,494	$76,043	8.0%
Florida Healthcare Plans	Negotiated Renewal	Includes Gym / No Dental	1 year	$1,031,494	$76,043	8.0%
Florida Healthcare Plans	Negotiated Renewal	Excluding Dental & Gyms	1 year	$1,021,968	$66,516	7.0%
Florida Healthcare Plans	Negotiated Renewal	Includes Gyms & Dental	1 year	$1,002,844	$47,393	5.0%
Florida Healthcare Plans	Negotiated Renewal	Includes Dental / No Gyms	1 year	$998,062	$42,611	4.5%
Florida Healthcare Plans	Alternate 1	Includes Gyms / No Dental	1 year	$968,542	$13,091	1.4%
Florida Healthcare Plans	Alternate 1	Excluding Dental & Gyms	1 year	$959,602	$4,151	0.4%
Florida Healthcare Plans	Alternate 1	Includes Gyms & Dental	1 year	$941,641	($13,810)	-1.4%
Florida Healthcare Plans	Alternate 1	Includes Dental / No Gyms	1 year	$937,153	($18,299)	-1.9%
Florida Healthcare Plans	Alternate 2 (Single Plan)	Includes Gyms / No Dental	1 year	$881,702	($73,749)	-7.7%
Florida Healthcare Plans	Alternate 2 (Single Plan)	Excluding Dental & Gyms	1 year	$873,566	($81,885)	-8.6%
Florida Healthcare Plans	Alternate 2 (Single Plan)	Includes Gyms & Dental	1 year	$857,213	($98,238)	-10.3%
Florida Healthcare Plans	Alternate 2 (Single Plan)	Includes Dental / No Gyms	1 year	$853,127	($102,324)	-10.7%
Neighborhood Health Partnership	Option 1	NHP Tiering	1 year	$942,462	($12,989)	-1.4%
Neighborhood Health Partnership	Option 1	Retiered Mirroring FHCP	1 year	$940,046	($15,406)	-1.6%
Neighborhood Health Partnership	Option 2	NHP Tiering	1 year	$945,626	($9,825)	-1.0%
Neighborhood Health Partnership	Option 2	Retiered Mirroring FHCP	1 year	$943,125	($12,327)	-1.3%
United Healthcare	Option 3	UHC Tiering	1 year	$1,146,423	$190,971	20.0%
United Healthcare	Option 3	Retiered Mirroring FHCP	1 year	$1,143,781	$188,330	19.7%
United Healthcare	Option 4	UHC Tiering	1 year	$1,151,597	$196,146	20.5%
United Healthcare	Option 4	Retiered Mirroring FHCP	1 year	$1,148,869	$193,417	20.2%
Humana	Option 5	Option 5	1 year	$1,005,044	$49,593	5.2%
FL Government Healthcare Solutions	Option 6	Expected	9 months	$1,007,738	$52,287	5.5%
FL Government Healthcare Solutions	Option 6	Maximum	9 months	$1,071,612	$116,160	12.2%

Line of Coverage:		Dental				
Carrier	**Status**	**Additional Details**	**Rate Guarantee**	**Annual Premium**	**$ vs. Current**	**% vs. Current**
MetLife	Current			$62,277		
MetLife	Renewal		1 year	$56,052	($6,224)	-10.0%
MetLife	Alternate 1	Dual Option Offering	1 year	$54,440	($7,836)	-12.6%
FCL (BCBS)	Option 1	FHCP savings with sale of FCL dental	2 years	$56,675	($5,601)	-9.0%
Guardian	Option 2		1 year	$52,312	($9,965)	-16.0%
Guardian	Option 3	Dual Option Offering	1 year	$52,935	($9,341)	-15.0%
Delta Dental	Option 4		2 years	$55,311	($6,966)	-11.2%
The Standard	Option 5		2 years	$58,908	($3,369)	-5.4%

Line of Coverage:		Life				
Carrier	**Status**	**Additional Details**	**Rate Guarantee**	**Annual Premium**	**$ vs. Current**	**% vs. Current**
USAble	Current			$20,015		
USAble	Renewal		2 years	$23,791	$3,776	18.9%
Hartford	Option 1		2 years	$28,742	$8,727	43.6%

Line of Coverage:		Vision				
Carrier	**Status**	**Additional Details**	**Rate Guarantee**	**Annual Premium**	**$ vs. Current**	**% vs. Current**
Eyemed	Current			$7,249		
Eyemed	Renewal	No Rate Change	4 years	$7,249	$0	0.0%
Guardian	Option 1		2 years	$7,028	($221)	-3.0%
The Standard	Option 2		2 years	$7,098	($151)	-2.1%
Avesis	Option 3		4 years	$6,754	($495)	-6.8%

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
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	Currently Includes Preferred Fitness Certificate (Gyms)						Without Preferred Fitness Certificate (No Gyms)			
	Current | Renewal | Negotiated Renewal						Negotiated Renewal (No Gyms)			
Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Florida Healthcare Plans		Florida Healthcare Plans	
Plan Name	T32			HDHP T95			T32		HDHP T95	
Plan Type	HMO			HSA			HMO		HSA	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, Yes, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$15		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$10 (PCP) | $30 (Mental Health)		Ded + $10 (PCP) | Ded + $30 (Mental Health)	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%		$3 | $10 | $30 | $55 | 15% | 25%	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			$15 | $15 | $35 | $60		$15 | $15 | $35 | $60	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			$6 | $27 | $87 | $162		$6 | $27 | $87 | $162	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		$2,800	$5,600
Coinsurance:	N/A			40%			N/A		40%	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		$6,000	$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal		Current	Renewal	Negotiated Renewal	Negotiated Renewal (No Gyms)	
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$824.95	$598.46
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,410.68	$1,023.37
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,410.68	$1,023.37
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$1,732.41	$1,256.77
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$21,482	$63,682
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$257,781**	**$764,186**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	4.3%	7.9%

	Current	Renewal	Negotiated Renewal	Negotiated Renewal (No Gyms)
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$1,021,968**
PEPY	$8,455	$10,143	$9,128	$9,044
Rate Change from Current (%):		20.0%	8.0%	7.0%
Rate Change from Current ($):		$190,694	$76,043	$66,516

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Negotiated Renewal Options

Negotiated Renewal Options

Vendor	Florida Healthcare Plans		Florida Healthcare Plans	
Plan Name	T32		HDHP T95	
Plan Type	HMO		HSA	
Plan Details	*Network*		*Network*	
	Single	*Family*	*Single*	*Family*
Plan Deductible	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A		No	
Calendar or Policy Year:	Calendar		Calendar	
Coinsurance:	15%		20%	
Maximum Out-of-Pocket:	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes		Yes, Yes, Yes	
Physician Services				
Office Visit:	$20		Deductible + Coinsurance	
Specialist:	$35		Deductible + Coinsurance	
Chiropractic:	$15		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)		Ded + $10 (PCP) | Ded + $30 (Mental Health)	
Hospital / Emergency Services				
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200		Deductible + Coinsurance	
Urgent Care:	$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200		Deductible + Coinsurance	
Diagnostic Services				
Lab & X-Ray Outpatient:	$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25		Deductible + Coinsurance	
Prescription Drug				
Deductible:	N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%		$3 | $10 | $30 | $55 | 15% | 25%	
Walgreens Tier:	$15 | $15 | $35 | $60		$15 | $15 | $35 | $60	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162		$6 | $27 | $87 | $162	
Non-Network Plan Details	*Non-Network*		*Non-Network*	
Plan Deductible	N/A		$2,800	$5,600
Coinsurance:	N/A		40%	
Maximum Out-of-Pocket:	N/A		$6,000	$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A		N/A	

Plan Rates | Current Enrollment		Current	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms		Current	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Employee:	15	$790.95	$832.64	$824.95	$809.52	$805.66	75	$554.69	$604.04	$598.46	$587.26	$584.46
Employee + Spouse:	4	$1,352.53	$1,423.83	$1,410.68	$1,384.28	$1,377.68	9	$948.52	$1,032.90	$1,023.37	$1,004.22	$999.43
Employee + Child(ren):	0	$1,352.53	$1,423.83	$1,410.68	$1,384.28	$1,377.68	2	$948.52	$1,032.90	$1,023.37	$1,004.22	$999.43
Family:	2	$1,661.00	$1,748.56	$1,732.41	$1,699.99	$1,691.89	6	$1,164.85	$1,268.48	$1,256.77	$1,233.25	$1,227.37
Estimated Monthly Premiums:	21	$20,596	$21,682	$21,482	$21,080	$20,979	92	$59,025	$64,276	$63,682	$62,490	$62,192
Estimated Annual Premiums:		**$247,156**	**$260,184**	**$257,781**	**$252,959**	**$251,753**		**$708,295**	**$771,309**	**$764,186**	**$749,885**	**$746,309**
Rate Change from Current (%):			5.3%	4.3%	2.3%	1.9%			8.9%	7.9%	5.9%	5.4%

	Current	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,031,494**	**$1,021,968**	**$1,002,844**	**$998,062**
PEPY	$8,455	$9,128	$9,044	$8,875	$8,832
Rate Change from Current (%):		8.0%	7.0%	5.0%	4.5%
Rate Change from Current ($):		$76,043	$66,516	$47,393	$42,611

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Alternate 1

Negotiated Alternate Options

	FHCP Renewal HMO Plan					FHCP Alternative HSA/HRA Option				
Vendor	Florida Healthcare Plans					Florida Healthcare Plans				
Plan Name	T32					TI7/TF7 -MOD				
Plan Type	HMO					HSA POS				
Plan Details	*Network*					*Network*				
	Single				*Family*	*Single*				*Family*
Plan Deductible	$0				$0	$2,000				$5,600 ($2,800 Indv.)
Embedded Deductible:	N/A					N/A				
Calendar or Policy Year:	Calendar					Calendar				
Coinsurance:	15%					30%				
Maximum Out-of-Pocket:	$2,500				$5,000	$5,800				$13,800 ($6,900 Indv.)
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes					Yes, Yes, Yes				
Physician Services										
Office Visit:	$20					Deductible + Coinsurance				
Specialist:	$35					Deductible + Coinsurance				
Chiropractic:	$15					Deductible + Coinsurance				
Telemedicine:	$10 (PCP) | $30 (Mental Health)					Ded + $10 (PCP) | Ded + $30 (Mental Health)				
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)					Deductible + Coinsurance				
Emergency Room:	$200					Deductible + Coinsurance				
Urgent Care:	$75					Deductible + Coinsurance				
Outpatient Surgical Facility:	$400					Deductible + Coinsurance				
Ambulatory Surgery Center:	$200					Deductible + Coinsurance				
Diagnostic Services										
Lab & X-Ray Outpatient:	$0					Deductible + Coinsurance				
Advanced Imaging Services (MRI, MRA, PET, CT):	$25					Deductible + Coinsurance				
Prescription Drug										
Deductible:	N/A					Calendar Year Deductible				
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%					$3 | $10 | $30 | $55 | 15% | 25%				
Walgreens Tier:	$15 | $15 | $35 | $60					$15 | $15 | $35 | $60				
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162					$6 | $27 | $87 | $162				
Non-Network Plan Details	*Non-Network*					*Non-Network*				
Plan Deductible	N/A					$4,000				$10,000 ($5,000 Indv.)
Coinsurance:	N/A					40%				
Maximum Out-of-Pocket:	N/A					$11,600				$23,200 ($11,600)
Per Occurrence Deductible (Inpatient/Outpatient):	N/A					N/A				

Plan Rates | Current Enrollment		Current	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms		Current	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Employee:	15	$790.95	$832.64	$824.95	$809.52	$805.66	75	$554.69	$554.74	$549.62	$539.33	$536.76
Employee + Spouse:	4	$1,352.53	$1,423.83	$1,410.68	$1,384.28	$1,377.68	9	$948.52	$948.60	$939.85	$922.26	$917.86
Employee + Child(ren):	0	$1,352.53	$1,423.83	$1,410.68	$1,384.28	$1,377.68	2	$948.52	$948.60	$939.85	$922.26	$917.86
Family:	2	$1,661.00	$1,748.56	$1,732.41	$1,699.99	$1,691.89	6	$1,164.85	$1,164.95	$1,154.20	$1,132.60	$1,127.20
Estimated Monthly Premiums:	21	$20,596	$21,682	$21,482	$21,080	$20,979	92	$59,025	$59,030	$58,485	$57,390	$57,117
Estimated Annual Premiums:		**$247,156**	**$260,184**	**$257,781**	**$252,959**	**$251,753**		**$708,295**	**$708,358**	**$701,821**	**$688,683**	**$685,400**
Rate Change from Current (%):			5.3%	4.3%	2.3%	1.9%			0.0%	-0.9%	-2.8%	-3.2%

	Current	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Estimated Grand Total Annual Premiums:	**$955,451**	**$968,542**	**$959,602**	**$941,641**	**$937,153**
PEPY	$8,455	$8,571	$8,492	$8,333	$8,293
Rate Change from Current (%):		1.4%	0.4%	-1.4%	-1.9%
Rate Change from Current ($):		$13,091	$4,151	-$13,810	-$18,299
Estimated Total Annual Premiums with HRA Liability & Admin:		**$1,001,510**	**$992,570**	**$974,609**	**$970,121**
Rate Change from Current (%):		4.8%	3.9%	2.0%	1.5%

HRA Liability: $28,000
HRA Admin Fees: 92 enrolled at $4.50 PEPM = $4,968

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage

City of Holly Hill

January 1, 2022 - December 31, 2022

Alternate 2 - HSA/HRA SINGLE Option

Negotiated Alternate Option

Vendor		Florida Healthcare Plans	
Plan Name		TI7/TF7 -MOD	
Plan Type		HSA POS	
Plan Details		*Network*	
	Single		*Family*
Plan Deductible	$2,000		$5,600 ($2,800 Indv.)
Embedded Deductible:		N/A	
Calendar or Policy Year:		Calendar	
Coinsurance:		30%	
Maximum Out-of-Pocket:	$5,800		$13,800 ($6,900 Indv.)
(Includes Deductible, Copay, Rx)		Yes, Yes, Yes	
Physician Services			
Office Visit:		Deductible + Coinsurance	
Specialist:		Deductible + Coinsurance	
Chiropractic:		Deductible + Coinsurance	
Telemedicine:		Ded + $10 (PCP) | Ded + $30 (Mental Health)	
Hospital / Emergency Services			
Inpatient Hospital Per Admission:		Deductible + Coinsurance	
Emergency Room:		Deductible + Coinsurance	
Urgent Care:		Deductible + Coinsurance	
Outpatient Surgical Facility:		Deductible + Coinsurance	
Ambulatory Surgery Center:		Deductible + Coinsurance	
Diagnostic Services			
Lab & X-Ray Outpatient:		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):		Deductible + Coinsurance	
Prescription Drug			
Deductible:		Calendar Year Deductible	
Prescription Tier:		$3 | $10 | $30 | $55 | 15% | 25%	
Walgreens Tier:		$15 | $15 | $35 | $60	
Mail Order Prescription (90 Day Supply):		$6 | $27 | $87 | $162	
Non-Network Plan Details		*Non-Network*	
Plan Deductible	$4,000		$10,000 ($5,000 Indv.)
Coinsurance:		40%	
Maximum Out-of-Pocket:	$11,600		$23,200 ($11,600)
Per Occurrence Deductible (Inpatient/Outpatient):		N/A	

Plan Rates | Current Enrollment		Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Employee:	90	$554.74	$549.62	$539.33	$536.76
Employee + Spouse:	13	$948.60	$939.85	$922.26	$917.86
Employee + Child(ren):	2	$948.60	$939.85	$922.26	$917.86
Family:	8	$1,164.95	$1,154.20	$1,132.60	$1,127.20
Estimated Monthly Premiums:	113	$73,475	$72,797	$71,434	$71,094
Estimated Grand Total Annual Premiums:		**$881,702**	**$873,566**	**$857,213**	**$853,127**
Rate Change from Current (%):		-7.7%	-8.6%	-10.3%	-10.7%
Rate Change from Current ($):		-$73,749	-$81,885	-$98,238	-$102,324
Estimated Annual Premiums with HRA Liability & Admin:		**$915,804**	**$907,668**	**$891,315**	**$887,229**
Rate Change from Current (%):		-4.1%	-5.0%	-6.7%	-7.1%

HRA Liability: $28,000
HRA Admin Fees: 113 enrolled at $4.50 PEPM = $6,102

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Health Reimbursment Account Coverage

City of Holly Hill

January 1, 2022 - December 31, 2022

	Option 1
Vendor	Medcom
Plan Details	
Initial Set-up Fee:	$0
Annual Renewal Fee:	$0
Admin Fee (pepm):	$4.50
Minimum Monthly Amount:	$50
Rate Guarantee:	3 years (1/1/2022 - 12/31/2024)
Plan Rates	Option 1
Number of Participants:	113
Estimated Annual Premiums (First Year):	**$6,102**
Estimated Annual Premiums:	**$6,102**

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
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Currently Includes Preferred Fitness Certificate (Gyms)

No Motion, No Credits, No Walgreens

	Current | Renewal | Negotiated Renewal						Option 1			
							NHP Network: Florida Only & Emergencies Out-of-State			
Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Neighborhood Health Parnership		Neighborhood Health Parnership	
Plan Name	T32			HDHP T95			BXJR-M | Rx. NHSY		BXNQ-M | Rx. NHSY	
Plan Type	HMO			HSA			Choice HMO		Choice HSA	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, Yes, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$0		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			N/A		N/A	
Specialty Tier:	N/A			N/A			$10 | $150 | $500		$10 | $150 | $500	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		N/A	
Coinsurance:	N/A			40%			N/A		N/A	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		N/A	
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal		Current	Renewal	Negotiated Renewal	NHP Tiering	Retiered Mirroring FHCP	NHP Tiering	Retiered Mirroring FHCP
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$623.53	$714.27	$490.07	$561.39
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,508.94	$1,221.40	$1,185.97	$959.98
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,126.11	$1,221.40	$885.08	$959.98
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,077.30	$1,499.97	$1,632.68	$1,178.92
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$19,543	$18,600	$58,995	$59,738
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$234,520**	**$223,195**	**$707,943**	**$716,851**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	-5.1%	-9.7%	0.0%	1.2%

	Current	Renewal	Negotiated Renewal	NHP Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$942,462**	**$940,046**
PEPY	$8,455	$10,143	$9,128	$8,340	$8,319
Rate Change from Current (%):		20.0%	8.0%	-1.4%	-1.6%
Rate Change from Current ($):		$190,694	$76,043	-$12,989	-$15,406

January 2023 Renewal Rate Cap of: 12.9% is Included

Notes:

NHP Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

Current | Renewal | Negotiated Renewal

No Motion, No Credits, National Rx (Includes Walgreens)

Option 2

NHP Network: Florida Only & Emergencies Out-of-State

Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Neighborhood Health Parnership		Neighborhood Health Parnership	
Plan Name	T32			HDHP T95			BXJR-M | Rx. NH21		BXNQ-M | Rx. NH21	
Plan Type	HMO			HSA			Choice HMO		Choice HSA	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, Yes, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$0		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			$10 | $35 | $70		$10 | $35 | $70	
Specialty Tier:	N/A			N/A			$10 | $35 | $70		$10 | $35 | $70	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		N/A	
Coinsurance:	N/A			40%			N/A		N/A	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		N/A	
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal		Current	Renewal	Negotiated Renewal	NHP Tiering	Retiered Mirroring FHCP	NHP Tiering	Retiered Mirroring FHCP
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$629.10	$720.65	$490.81	$562.24
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,522.42	$1,232.31	$1,187.76	$961.43
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,136.17	$1,232.31	$886.41	$961.43
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,095.86	$1,513.37	$1,635.14	$1,180.71
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$19,718	$18,766	$59,084	$59,828
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$236,615**	**$225,189**	**$709,011**	**$717,936**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	-4.3%	-8.9%	0.1%	1.4%

	Current	Renewal	Negotiated Renewal	NHP Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$945,626**	**$943,125**
PEPY	$8,455	$10,143	$9,128	$8,368	$8,346
Rate Change from Current (%):		20.0%	8.0%	-1.0%	-1.3%
Rate Change from Current ($):		$190,694	$76,043	-$9,825	-$12,327

January 2023 Renewal Rate Cap of: 12.9% is Included

Notes:

NHP Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

Current | Renewal | Negotiated Renewal

No Motion, No Credits, No Walgreens

Option 3

UHC National Network

Vendor	Florida Healthcare Plans			Florida Healthcare Plans			UnitedHealthcare		UnitedHealthcare	
Plan Name	T32			HDHP T95			BWQ5-M / Rx 124Y		AHM8-M / Rx 124Y	
Plan Type	HMO			HSA			INS Choice HMO		INS Choice Plus HSA PPO	
Plan Details	*Network*			*Network*			*Network*			
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, N/A, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$0		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			N/A		N/A	
Specialty Tier:	N/A			N/A			$10 | $150 | $500		$10 | $150 | $500	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		$2,800	$5,600
Coinsurance:	N/A			40%			N/A		40%	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		$6,000	$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal		Current	Renewal	Negotiated Renewal	UHC Tiering	Retiered Mirroring FHCP	UHC Tiering	Retiered Mirroring FHCP
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$744.94	$853.34	$599.65	$686.91
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,802.75	$1,459.21	$1,451.15	$1,174.62
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,345.38	$1,459.21	$1,082.98	$1,174.62
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,481.78	$1,792.02	$1,997.75	$1,442.51
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$23,349	$22,221	$72,187	$73,094
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$280,184**	**$266,652**	**$866,239**	**$877,130**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	13.4%	7.9%	22.3%	23.8%

	Current	Renewal	Negotiated Renewal	UHC Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$1,146,423**	**$1,143,781**
PEPY	$8,455	$10,143	$9,128	$10,145	$10,122
Rate Change from Current (%):		20.0%	8.0%	20.0%	19.7%
Rate Change from Current ($):		$190,694	$76,043	$190,971	$188,330

January 2023 Renewal Rate Cap of: 12.9% is Included

Notes:

UHC Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

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Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

	Currently Includes Preferred Fitness Certificate (Gyms)						No Motion, No Credits, National Rx (Includes Walgreens)			
	Current | Renewal | Negotiated Renewal						Option 4			
							UHC National Network			
Vendor	Florida Healthcare Plans			Florida Healthcare Plans			UnitedHealthcare		UnitedHealthcare	
Plan Name	T32			HDHP T95			BWQ5-M / Rx 570		AHM8-M / Rx 570	
Plan Type	HMO			HSA			INS Choice HMO		INS Choice Plus HSA PPO	
Plan Details	*Network*			*Network*			*Network*			
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, N/A, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$0		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			$10 | $35 | $70		$10 | $35 | $70	
Specialty Tier:	N/A			N/A			$10 | $35 | $70		$10 | $35 | $70	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		$2,800	$5,600
Coinsurance:	N/A			40%			N/A		40%	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		$6,000	$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal		Current	Renewal	Negotiated Renewal	UHC Tiering	Retiered Mirroring FHCP	UHC Tiering	Retiered Mirroring FHCP
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$751.59	$860.96	$601.50	$689.03
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,818.85	$1,472.24	$1,455.63	$1,178.24
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,357.39	$1,472.24	$1,086.32	$1,178.24
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,503.94	$1,808.02	$2,003.91	$1,446.96
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$23,557	$22,419	$72,409	$73,320
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$282,686**	**$269,033**	**$868,911**	**$879,836**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	14.4%	8.9%	22.7%	24.2%

	Current	Renewal	Negotiated Renewal	UHC Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$1,151,597**	**$1,148,869**
PEPY	$8,455	$10,143	$9,128	$10,191	$10,167
Rate Change from Current (%):		20.0%	8.0%	20.5%	20.2%
Rate Change from Current ($):		$190,694	$76,043	$196,146	$193,417

January 2023 Renewal Rate Cap of: 12.9% is Included

Notes:

UHC Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

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January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

	Current | Renewal | Negotiated Renewal						Option 5			
Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Humana		Humana	
Plan Name	T32			HDHP T95			OA HMO 16 Copay I/80		16 Coinsh/8050	
Plan Type	HMO			HSA			HMO		NPOS - HDHP	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$250	$500	$1,500	$3,000
Embedded Deductible:	N/A			No			Yes		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			20%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,000	$4,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			Yes, Yes, Yes		Yes, N/A, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$20		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			Deductible + Coinsurance		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$250		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			Deductible + Coinsurance		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			Deductible + Coinsurance		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$300		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $30 | $50 | 25%		$10 | $30 | $50 | 25%	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			N/A		N/A	
Specialty Tier:	N/A			N/A			25% (Preferred) | 35% (Network)		N/A	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		$4,500	$9,000
Coinsurance:	N/A			40%			N/A		50%	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		$9,000	$18,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal		Current	Renewal	Negotiated Renewal	Option 5	
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$670.38	$552.11
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,340.75	$1,104.21
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,273.72	$1,049.00
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,145.21	$1,766.74
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$19,709	$64,045
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$236,509**	**$768,535**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	-4.3%	8.5%

	Current	Renewal	Negotiated Renewal	Option 5
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$1,005,044**
PEPY	$8,455	$10,143	$9,128	$8,894
Rate Change from Current (%):		20.0%	8.0%	5.2%
Rate Change from Current ($):		$190,694	$76,043	$49,593

Notes:

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Self-Funded Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Illustrative Quote
Additionally, please note this is a 9 month contract, the totals have been annualized for comparison purposes. On 10/01/2022 rates may change.

Enrollment		
Single:	90	
Family:	23	**Option 6: Brown & Brown Government Consortium**
Total:	113	
TPA:		United Healthcare
Cooperative:		Florida Government Healthcare Solutions
Reinsurance Carrier:		Everest Re
Fixed Plan Expense		
Specific Deductible:		$60,000
Specific Basis:		9/9
Specific Covers:		Med / Rx
Single Premium Monthly:		$144.95
Family Premium Monthly:		$347.88
Aggregate Basis:		9/9
Aggregate Covers:		Med / Rx
Aggregate Premium Monthly:		$6.00
Annual Stop Loss Premium		$260,697
Annual Administration Cost:		$108,308
Total Annual Fixed Plan Expense:		$369,005
Aggregate Attachment Factors		
Claim Liability - Single:		$403.24
Claim Liability - Family:		$967.78
Maximum Claims:		$702,606
Attachment Percent:		110%
Expected Claims:		$638,733
Total Plan Expense		
Expected Plan Cost:		**$1,007,738**
(%) vs. Current		5.5%
Maximum Plan Cost:		**$1,071,612**
(%) vs. Current		12.2%
Terminal Liability at termination: (3 months)		N/A
Other Information:		
Run-IN Limit		N/A
Run-out Limit		N/A
Lasers		TBD
Advanced Funding		TBD
"No New Lasers at Renewal" Option		Not Included
Renewal Rate Cap		Not Included
Plan Mirroring		Yes
Actively at Work Provision		Waived with Disclosure
Aggregate Annual Maximum		$1,000,000

Final Rates Contingient upon:
Approval of final disclosure. Current status, prognosis, and treatment plan of the top claimant (Sepsis due to Methicillin susceptible Staphylococcus aureus). Updated claims through July and any disclosure updates closer to effective date. Confirmation if anyone is not actively at work since the disclosure was blank.
This proposal is subject to revision if there is a change in effective or renewal dates, a change in plan benefits, or material change in census.
During the initial 12 months in the program "Lasers" may apply at the discretion of the insurance carrier and will be part of the final offer.
Members may be subject to additional fees or charges as voted by the board.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Self-Funded Coverage

City of Holly Hill
January 1, 2022 - December 31, 2022

Administrative Fees

Enrollment	
Single:	90
Family:	23
Total:	113

Contract Period:	01/01/2022 - 09/30/2022
Rate Guarantee	9 Months
TPA:	United Healthcare
	Option 6
Plan Administration Cost:	
Medical Administration	$40.18
Network Access Fee	Included
Broker Fee	$0.00
Cooperative Management	$39.36
Subrogation Recovery	33.33%
COBRA Administration	Included
Disease Management	Included
Large Case Management	*Included
Claims Fiduciary Fee	Included
Utilization Review	Included
Shared Savings	35% of savings
Teladoc	Not Included
Monthly Cost per Employee:	$79.87
Annual Administration Cost:	$108,308.19

Additional:	
Network	UHC Choice Plus
PBM	Optum Rx
Rx rebates - % to client	TBD
HSA Admin	$0.23 PEPM

Additional Notes:

*Large Case Management Excluded Conditions	Bariatric Resource Services
	Neonatal Resource Services
	Reproductive Resource Services

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Dental Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Dual Option

	Current | Renewal | Negotiated Renewal			Alternate 1			
Vendor	Metlife			Metlife		Metlife	
Network:	Metlife PDP Plus			Metlife PDP Plus		Metlife PDP Plus	
Plan Name:	PPO			Low Plan		High Plan	
	Network			Network		Network	
Plan Details	Single		Family	Single	Family	Single	Family
Coinsurance Percentage (Preventive | Basic | Major | Ortho):	100% | 80% | 50% | 50%			100% | 80% | 50%		100% | 80% | 50% | 50%	
Deductible (Family Maximum):	$50		$150	$50	$150	$50	$150
Deductible Waived for Preventive:	Yes			Yes		Yes	
Calendar or Policy Year Maximum:	$5,000			$2,000		$2,000	
Orthodontic Lifetime Maximum:	$1,000			N/A		$1,000	
Included Adult Ortho:	Yes			N/A		Yes	
Dental Services	Benefit Level		Frequency	Benefit Level	Frequency	Benefit Level	Frequency
Routine Exam & Cleaning:	Preventive		2 per year	Preventive	2 per year	Preventive	2 per year
Fluoride Treatment:	Preventive		2 per year, to age 14	Preventive	1 per year	Preventive	1 per year
X-Ray (Bitewings):	Preventive		1 per year	Preventive	1 per year	Preventive	1 per year
X-Ray (Full Mouth):	Preventive		1 per 5 years	Preventive	1 per 5 years	Preventive	1 per 5 years
Sealants:	Preventive		1 per 3 years, to age 16	Preventive	1 per 3 years, under 16	Preventive	1 per 3 years, under 16
Fillings:	Basic		1 per 2 years	Basic	1 per 2 years	Basic	1 per 2 years
Oral Surgery (Simple):	Basic			Basic		Basic	
Oral Surgery (Complex):	Basic			Basic		Basic	
Root Canal Therapy:	Basic		1 per lifetime	Basic	1 per lifetime	Basic	1 per lifetime
Periodontal Scaling:	Basic		1 per 2 years	Basic	1 per 2 years	Basic	1 per 2 years
Periodontal Surgery:	Basic		1 per 3 years	Basic	1 per 3 years	Basic	1 per 3 years
Crowns:	Major		1 per 10 years	Major	1 per 10 years	Major	1 per 10 years
Bridges	Major		1 per 10 years	Major	1 per 10 years	Major	1 per 10 years
Dentures:	Major		1 per 10 years	Major	1 per 10 years	Major	1 per 10 years
Implants:	Major		1 per 10 years	Major	1 per 10 years	Major	1 per 10 years
Non-Network Details	Non-Network			Non-Network		Non-Network	
Coinsurance Percentage (Preventive | Basic | Major | Ortho):	100% | 80% | 50% | 50%			100% | 50% | 25%		100% | 80% | 50% | 50%	
Deductible (Family Maximum):	$50		$150	$50	$150	$50	$150
Deductible Waived for Preventive:	Yes			Yes		Yes	
Calendar Year Maximum:	$5,000			$2,000		$2,000	
Percent of UCR:	90th			MAC		90th	
Waiting Periods:	None			None		None	
Late Entrant Penalties:	Not Permitted			Not Permitted		Not Permitted	
Allows Annual Open Enrollment:	Yes			Yes		Yes	
Included Rollover:	No			No		No	
Employer Contribution:	0%			0%		0%	
Participation Requirement:	75%			75%		75%	
Rate Guarantee:	1 Year (01/01/2022 - 12/31/2022)			1 Year (01/01/2022 - 12/31/2022)		1 Year (01/01/2022 - 12/31/2022)	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal	Alternate 1	
Employee:	58	$34.94	$34.94	$31.45	$25.10	$31.10
Employee + Spouse:	21	$71.92	$71.92	$64.73	$49.89	$61.81
Employee + Child(ren):	8	$80.54	$80.54	$72.49	$53.81	$70.66
Family:	8	$126.07	$126.07	$113.46	$83.92	$108.70
Total:	95					
Estimated Monthly Premiums:		$5,190	$5,190	$4,671	$0	$4,537
Estimated Annual Premiums:		**$62,277**	**$62,277**	**$56,052**	**$0**	**$54,440**
PEPY		**$656**	**$656**	**$590**		**$573**
Rate Change from Current (%):			0.0%	-10.0%	Migration to Low Plan is Unkown	-12.6%
Rate Change from Current ($):			$0	-$6,224		-$7,836

Current Participation is 90%

	Alternate 1
	$54,440
Rate Change from Current (%):	-12.6%
Rate Change from Current ($):	-$7,836

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Dental Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

		Current | Renewal | Negotiated Renewal			Option 1		Option 2	
Vendor		Metlife			Florida Combined Life (BCBS)		Guardian	
Network:		Metlife PDP Plus			BlueDental Choice		Dental Guard Preferred	
Plan Name:		PPO			Plus Voluntary		Network Access Plan (PX)	
		Network			*Network*		*Network*	
Plan Details		*Single*		*Family*	*Single*	*Family*	*Single*	*Family*
Coinsurance Percentage (Preventive | Basic | Major | Ortho):		100% | 80% | 50% | 50%			100% | 80% | 50% | 50%		100% | 80% | 50% | 50%	
Deductible (Family Maximum):		$50		$150	$50	$150	$50	$150
Deductible Waived for Preventive:		Yes			Yes		Yes	
Calendar or Policy Year Maximum:		$5,000			$5,000		$5,000	
Orthodontic Lifetime Maximum:		$1,000			$1,000		$1,000	
Included Adult Ortho:		Yes			Yes		Yes	
Dental Services		*Benefit Level*		*Frequency*	*Benefit Level*	*Frequency*	*Benefit Level*	*Frequency*
Routine Exam & Cleaning:		Preventive		2 per year	Preventive	2 per year	Preventive	2 per year
Fluoride Treatment:		Preventive		2 per year, to age 14	Preventive	2 per year, under 14	Preventive	2 per year, to age 14
X-Ray (Bitewings):		Preventive		1 per year	Preventive	1 per year	Preventive	1 per year
X-Ray (Full Mouth):		Preventive		1 per 5 years	Preventive	1 per 3 years	Preventive	1 per 5 years
Sealants:		Preventive		1 per 3 years, to age 16	Preventive	Under age 16	Preventive	1 per 3 years, to age 16
Fillings:		Basic		1 per 2 years	Basic	1 per year	Basic	1 per 3 years
Oral Surgery (Simple):		Basic			Basic		Basic	
Oral Surgery (Complex):		Basic			Basic		Basic	
Root Canal Therapy:		Basic		1 per lifetime	Basic		Basic	1 per lifetime
Periodontal Scaling:		Basic		1 per 2 years	Basic		Basic	1 per 2 years
Periodontal Surgery:		Basic		1 per 3 years	Basic		Basic	1 per 3 years
Crowns:		Major		1 per 10 years	Major	1 per 5 years	Major	1 per 10 years
Bridges		Major		1 per 10 years	Major	1 per 5 years	Major	1 per 10 years
Dentures:		Major		1 per 10 years	Major	1 per 5 years	Major	1 per 10 years
Implants:		Major		1 per 10 years	Major	1 per lifetime	Major	
Non-Network Details		*Non-Network*			*Non-Network*		*Non-Network*	
Coinsurance Percentage (Preventive | Basic | Major | Ortho):		100% | 80% | 50% | 50%			100% | 80% | 50% | 50%		100% | 80% | 50% | 50%	
Deductible (Family Maximum):		$50		$150	$50	$150	$50	$150
Deductible Waived for Preventive:		Yes			Yes		Yes	
Calendar Year Maximum:		$5,000			$5,000		$5,000	
Percent of UCR:		90th			90th		90th	
Waiting Periods:		None			None		None	
Late Entrant Penalties:		Not Permitted			Not Permitted		*None if enrolled during OE	
Allows Annual Open Enrollment:		Yes			Yes		Yes, included with section 125	
Included Rollover:		No			Yes		Yes	
Employer Contribution:		0%			0%		0%	
Participation Requirement:		75%			Greater of 35% or 10 lives		59%	
Rate Guarantee:		1 Year (01/01/2022 - 12/31/2022)			2 Years (01/01/2022 - 12/31/2023)		1 Year (01/01/2021 - 12/31/2021)	
Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal	Option 1		Option 2	
Employee:	58	$34.94	$34.94	$31.45	$31.80		$29.35	
Employee + Spouse:	21	$71.92	$71.92	$64.73	$65.45		$60.41	
Employee + Child(ren):	8	$80.54	$80.54	$72.49	$73.29		$67.65	
Family:	8	$126.07	$126.07	$113.46	$114.72		$105.90	
Total:	95							
Estimated Monthly Premiums:		$5,190	$5,190	$4,671	$4,723		$4,359	
Estimated Annual Premiums:		**$62,277**	**$62,277**	**$56,052**	**$56,675**		**$52,312**	
PEPY		**$656**	**$656**	**$590**	**$597**		**$551**	
Rate Change from Current (%):			0.0%	-10.0%	-9.0%		-16.0%	
Rate Change from Current ($):			$0	-$6,224	-$5,601		-$9,965	

Notes:

Current Participation is 90%

*If not enrolled in OE: 6 mths Basic, 12 Major, 24 ortho (Tech credits of 3% included)
*Dental rates can be sold stand-alone or packaged Tech Credits of 3% Included

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Dental Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Dual Option

	Current | Renewal | Negotiated Renewal	Option 3	
Vendor	Metlife	Guardian	Guardian
Network:	Metlife PDP Plus	Dental Guard Preferred	Dental Guard Preferred
Plan Name:	PPO	Base (Split Value Plan) N7	Network Access Plan (PX)
	Network	*Network*	*Network*
Plan Details	*Single* / *Family*	*Single* / *Family*	*Single* / *Family*
Coinsurance Percentage (Preventive | Basic | Major | Ortho):	100% | 80% | 50% | 50%	100% | 80% | 50% | 50%	100% | 90% | 60% | 50%
Deductible (Family Maximum):	$50 / $150	$50 / $150	$50 / $150
Deductible Waived for Preventive:	Yes	Yes	Yes
Calendar or Policy Year Maximum:	$5,000	$4,500	$5,000
Orthodontic Lifetime Maximum:	$1,000	$1,000	$1,000
Included Adult Ortho:	Yes	Yes	Yes
Dental Services	*Benefit Level* / *Frequency*	*Benefit Level* / *Frequency*	*Benefit Level* / *Frequency*
Routine Exam & Cleaning:	Preventive / 2 per year	Preventive / 2 per year	Preventive / 2 per year
Fluoride Treatment:	Preventive / 2 per year, to age 14	Preventive / 2 per year, to age 14	Preventive / 2 per year, to age 14
X-Ray (Bitewings):	Preventive / 1 per year	Preventive / 1 per year	Preventive / 1 per year
X-Ray (Full Mouth):	Preventive / 1 per 5 years	Preventive / 1 per 5 years	Preventive / 1 per 5 years
Sealants:	Preventive / 1 per 3 years, to age 16	Preventive / 1 per 3 years, to age 16	Preventive / 1 per 3 years, to age 16
Fillings:	Basic / 1 per 2 years	Basic / 1 per 3 years	Basic / 1 per 3 years
Oral Surgery (Simple):	Basic	Basic	Basic
Oral Surgery (Complex):	Basic	Basic	Basic
Root Canal Therapy:	Basic / 1 per lifetime	Basic / 1 per lifetime	Basic / 1 per lifetime
Periodontal Scaling:	Basic / 1 per 2 years	Basic / 1 per 2 years	Basic / 1 per 2 years
Periodontal Surgery:	Basic / 1 per 3 years	Basic / 1 per 3 years	Basic / 1 per 3 years
Crowns:	Major / 1 per 10 years	Major / 1 per 10 years	Major / 1 per 10 years
Bridges	Major / 1 per 10 years	Major / 1 per 10 years	Major / 1 per 10 years
Dentures:	Major / 1 per 10 years	Major / 1 per 10 years	Major / 1 per 10 years
Implants:	Major / 1 per 10 years	Major	Major
Non-Network Details	*Non-Network*	*Non-Network*	*Non-Network*
Coinsurance Percentage (Preventive | Basic | Major | Ortho):	100% | 80% | 50% | 50%	80% | 70% | 40% | 50%	100% | 80% | 50% | 50%
Deductible (Family Maximum):	$50 / $150	$100 / $300	$50 / $150
Deductible Waived for Preventive:	Yes	No	Yes
Calendar Year Maximum:	$5,000	$4,500	$5,000
Percent of UCR:	90th	MAC	90th
Waiting Periods:	None	None	None
Late Entrant Penalties:	Not Permitted	*None if enrolled during OE	*None if enrolled during OE
Allows Annual Open Enrollment:	Yes	Yes, included with section 125	Yes, included with section 125
Included Rollover:	No	Yes	Yes
Employer Contribution:	0%	0%	0%
Participation Requirement:	75%	59%	59%
Rate Guarantee:	1 Year (01/01/2022 - 12/31/2022)	1 Year (01/01/2022 - 12/31/2022)	1 Year (01/01/2021 - 12/31/2021)

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal	Option 3	Option 3
Employee:	58	$34.94	$34.94	$31.45	$19.70	$29.70
Employee + Spouse:	21	$71.92	$71.92	$64.73	$39.95	$61.13
Employee + Child(ren):	8	$80.54	$80.54	$72.49	$47.88	$68.46
Family:	8	$126.07	$126.07	$113.46	$72.49	$107.16
Total:	95					
Estimated Monthly Premiums:		$5,190	$5,190	$4,671	$0	$4,411
Estimated Annual Premiums:		**$62,277**	**$62,277**	**$56,052**	**$0**	**$52,935**
PEPY		**$656**	**$656**	**$590**		**$557**
Rate Change from Current (%):			0.0%	-10.0%	Migration to Low Plan is Unkown	-15.0%
Rate Change from Current ($):			$0	-$6,224		-$9,341

Current Participation is 90%

	Option 3
	$52,935
Rate Change from Current (%):	-15.0%
Rate Change from Current ($):	-$9,341

Notes:

*If not enrolled in OE: 6 mths Basic, 12 Major, 24 ortho
Tech Credits of 3% included
Dental rates can be sold stand-alone or packaged

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Dental Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

	Current | Renewal | Negotiated Renewals			Option 5		Option 6	
Vendor	Metlife			Delta Dental		The Standard	
Network:	Metlife PDP Plus			Delta Dental PPO		Ameritas	
Plan Name:	PPO			Program A		Plan 1 PPO	
	Network			Network		Network	
Plan Details	Single		Family	Single	Family	Single	Family
Coinsurance Percentage (Preventive | Basic | Major | Ortho):	100% | 80% | 50% | 50%			100% | 80% | 50% | 50%		100% | 80% | 50% | 50%	
Deductible (Family Maximum):	$50		$150	$50	$150	$50	$150
Deductible Waived for Preventive:	Yes			Yes		Yes	
Calendar or Policy Year Maximum:	$5,000			$5,000		$3,000	
Orthodontic Lifetime Maximum:	$1,000			$1,000		$1,000	
Included Adult Ortho:	Yes			Yes		Yes	
Dental Services	Benefit Level		Frequency	Benefit Level	Frequency	Benefit Level	Frequency
Routine Exam & Cleaning:	Preventive		2 per year	Preventive	2 per year	Preventive	2 per year
Fluoride Treatment:	Preventive		2 per year, to age 14	Preventive	2 per year, to age 19	Preventive	2 per year, 13 & under
X-Ray (Bitewings):	Preventive		1 per year	Preventive	1 per year*	Preventive	1 per year
X-Ray (Full Mouth):	Preventive		1 per 5 years	Preventive	1 per 5 years	Preventive	1 per 5 years
Sealants:	Preventive		1 per 3 years, to age 16	Preventive	through age 15	Preventive	Age 15 & under
Fillings:	Basic		1 per 2 years	Basic		Basic	
Oral Surgery (Simple):	Basic			Basic		Basic	
Oral Surgery (Complex):	Basic			Basic		Basic	
Root Canal Therapy:	Basic		1 per lifetime	Basic		Basic	
Periodontal Scaling:	Basic		1 per 2 years	Basic	1 per 2 years	Basic	
Periodontal Surgery:	Basic		1 per 3 years	Basic	1 per 3 years	Basic	
Crowns:	Major		1 per 10 years	Major	1 per 5 years	Major	1 per 10 years
Bridges	Major		1 per 10 years	Major	1 per 5 years	Major	1 per 10 years
Dentures:	Major		1 per 10 years	Major	1 per 5 years	Major	1 per 10 years
Implants:	Major		1 per 10 years	Major	1 per 5 years	Major	
Non-Network Details	Non-Network			Non-Network		Non-Network	
Coinsurance Percentage (Preventive | Basic | Major | Ortho):	100% | 80% | 50% | 50%			100% | 80% | 50% | 50%		100% | 80% | 50% | 50%	
Deductible (Family Maximum):	$50		$150	$50	$150	$50	$150
Deductible Waived for Preventive:	Yes			Yes		Yes	
Calendar Year Maximum:	$5,000			$5,000		$3,000	
Percent of UCR:	90th			90th		90th	
Waiting Periods:	None			None		None	
Late Entrant Penalties:	Not Permitted			Not Permitted		Not Permitted	
Allows Annual Open Enrollment:	Yes			Yes		Yes	
Included Rollover:	No			No		Yes	
Employer Contribution:	0%			0%		0%	
Participation Requirement:	75%			Assumes 81 enrollees		Greater of 60% or 10 lives	
Rate Guarantee:	1 Year (01/01/2022 - 12/31/2022)			2 Years (01/01/2022 - 12/31/2023)		2 Years (01/01/2022 - 12/31/2023)	

Plan Rates | Current Enrollment		Current	Renewal	Negotiated Renewal	Option 5	Option 6
Employee:	58	$34.94	$34.94	$31.45	$31.03	$33.08
Employee + Spouse:	21	$71.92	$71.92	$64.73	$63.88	$67.32
Employee + Child(ren):	8	$80.54	$80.54	$72.49	$71.53	$81.42
Family:	8	$126.07	$126.07	$113.46	$111.97	$115.66
Total:	95					
Estimated Monthly Premiums:		$5,190	$5,190	$4,671	$4,609	$4,909
Estimated Annual Premiums:		**$62,277**	**$62,277**	**$56,052**	**$55,311**	**$58,908**
PEPY		**$656**	**$656**	**$590**	**$582**	**$620**
Rate Change from Current (%):			0.0%	-10.0%	-11.2%	-5.4%
Rate Change from Current ($):			$0	-$6,224	-$6,966	-$3,369

Notes: **Current Participation is 90%**

*2 per year under age 18

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Vision Coverage

City of Holly Hill
January 1, 2022 - December 31, 2022

		Current | Renewal		Option 1
Vendor		Eyemed		Guardian
Network		Eyemed Select		Davis / Full Feature
Plan Name		PPO Vision		Designer B
Copays		***Network***		***Network***
Exam:		$10		$10
Materials:		$25		$25
Contact Fitting & Follow-up:		up to $40		Included in Allowance
Frequencies				
Exams:		12 months		12 months
Lenses:		12 months		12 months
Frames:		24 months		24 months
Contacts:		12 months		12 months
Allowances				
Frames:		$100		$120
Contact (Elective):		$115		$120
Contact (Medically Necessary):		Covered in full		Covered in full
Non-Network Allowances		***Non-Network***		***Non-Network***
Exam:		up to $35		up to $50
Single Vision:		up to $35		up to $48
Bifocal:		up to $49		up to $67
Trifocal:		up to $74		up to $86
Frames:		up to $50		up to $48
Contact (Elective):		up to $92		up to $105
Contact (Medically Necessary):		up to $210		up to $210
Employer Contribution:		0%		0%
Participation Requirement:		10 enrolled		51%
Rate Guarantee:		4 Years (1/1/2022 - 12/31/2025)		2 years (1/1/2022 - 12/31/2023)
Plan Rates | Current Enrollment		Current	Renewal	Option 1
Employee:	46	$4.86	$4.86	$4.71
Employee + Spouse:	21	$9.23	$9.23	$8.95
Employee + Child(ren):	6	$9.72	$9.72	$9.43
Family:	9	$14.26	$14.26	$13.83
Total:	82			
Estimated Monthly Premiums:		$604	$604	$586
Estimated Annual Premiums:		**$7,249**	**$7,249**	**$7,028**
PEPY		**$88**	**$88**	**$86**
Rate Change from Current (%):			0.0%	-3.0%
Rate Change from Current ($):			$0	-$221

Notes:

Vision Rates are Packaged with Dental, if sold stand-alone Vision rates would be loaded an additional 30%

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Vision Coverage

City of Holly Hill
January 1, 2022 - December 31, 2022

		Current | Renewal		Option 2	Option 3
Vendor		Eyemed		The Standard	Avesis
Network		Eyemed Select		EyeMed Insight Network	Avesis
Plan Name		PPO Vision		Balanced Care Vision II Plan H	120120EZ1L4
Copays		***Network***		***Network***	***Network***
Exam:		$10		$10	$10
Materials:		$25		$25	$25
Contact Fitting & Follow-up:		up to $40		up to $40	up to $50
Frequencies					
Exams:		12 months		12 months	12 months
Lenses:		12 months		12 months	12 months
Frames:		24 months		24 months	24 months
Contacts:		12 months		12 months	12 months
Allowances					
Frames:		$100		$100	$120
Contact (Elective):		$115		$115	$120
Contact (Medically Necessary):		Covered in full		Covered in full	Covered in full
Non-Network Allowances		***Non-Network***		***Non-Network***	***Non-Network***
Exam:		up to $35		up to $35	up to $35
Single Vision:		up to $35		up to $25	up to $25
Bifocal:		up to $49		up to $40	up to $40
Trifocal:		up to $74		up to $55	up to $50
Frames:		up to $50		up to $45	up to $45
Contact (Elective):		up to $92		up to $100	up to $102
Contact (Medically Necessary):		up to $210		up to $200	up to $250
Employer Contribution:		0%		0%	0%
Participation Requirement:		10 enrolled		The greater of 50% or 10 lives	None
Rate Guarantee:		4 Years (1/1/2022 - 12/31/2025)		2 years (1/1/2022 - 12/31/2023)	4 years (1/1/2022 - 12/31/2025)
Plan Rates | Current Enrollment		Current	Renewal	Option 2	Option 3
Employee:	46	$4.86	$4.86	$4.76	$4.50
Employee + Spouse:	21	$9.23	$9.23	$9.56	$9.00
Employee + Child(ren):	6	$9.72	$9.72	$8.57	$9.20
Family:	9	$14.26	$14.26	$13.37	$12.40
Total:	82				
Estimated Monthly Premiums:		$604	$604	$591	$563
Estimated Annual Premiums:		**$7,249**	**$7,249**	**$7,098**	**$6,754**
PEPY		**$88**	**$88**	**$87**	**$82**
Rate Change from Current (%):			0.0%	-2.1%	-6.8%
Rate Change from Current ($):			$0	-$151	-$495

Notes:

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Group Life & AD&D Coverage

City of Holly Hill
January 1, 2022 - December 31, 2022

Basic Life:	6,292,830	6,270,000
AD&D:	4,736,000	4,599,000

	Current | Renewal	Option 1
Vendor	USAble	Hartford

Class Definition | Plan Details:		Benefit	Maximum	Guarantee Issue	Benefit	Maximum	Guarantee Issue
Class 1:	Mayors & Commissioners	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000
Class 2:	Union Police Officers	1x's Salary	$50,000	$50,000	1x's Salary	$50,000	$50,000
Class 3:	Union Firefighters	1x's Salary	$50,000	$50,000	1x's Salary	$50,000	$50,000
Class 4:	Union EE's not eligible in another group	1x's Salary	$50,000	$50,000	1x's Salary	$50,000	$50,000
Class 5:	Non-Union EE's w/ salaries >$49,000	1x's Salary	$100,000	$100,000	1x's Salary	$100,000	$100,000
Class 6:	Non-Union EE's w/ salaries <$49,000	1x's Salary	$50,000	$50,000	1x's Salary	$50,000	$50,000
Class 7:	City Manager	1x's Salary	$175,000	$175,000	1x's Salary	$175,000	$175,000
Class 8:	Retirees who retired on or after to July 7, 2007	1x's Salary	$150,000	$150,000	1x's Salary	$50,000	$50,000
Class 9:	Retirees who retired prior to July 7, 2007	1x's Salary	$150,000	$150,000	1x's Salary	$50,000	$50,000
Plan Details (Dependent):							
Spouse		$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Child		Birth to 6 mths:		$1,000	Birth to 6 mths:		$1,000
		6 mths to 26 yrs:		$2,500	6 mths to 26 yrs:		$2,500
Not to exceed:			26 Years			26 Years	
Reduction Schedule:		50% at age 75 (Class 1,2,3,4,5,6,7,8) 35% at age 65, 58% at age 70, 72% at age 75 (Class 9)			50% at age 75 (Class 1,2,3,4,5,6,7,8) 35% at age 65, 58% at age 70, 72% at age 75 (Class 9)		
Waiver of Premium:			Included			Included (Class 1 - 7)	
Conversion:			Included			Included	
Accelerated Death Benefit:			Included			Included (Class 1 - 7)	
Seatbelt/Safe Driver Benefit:			Included (Classes 1 - 7)			Included	
Actively at Work Provision:			Included			Included	
Employer Contribution:			100%			100%	
Participation Requirement:			100%			100%	
Rate Guarantee:			2 Years (01/01/2021 - 12/31/2023)			2 Years (01/01/2021 - 12/31/2023)	

Plan Rates	Current	Renewal	Option 1
Basic Life	$0.250	$0.300	$0.360
AD&D	$0.020	$0.020	$0.030
Dependent (Not included in premium)	$1.680	$1.680	$5.056
Estimated Monthly Premiums:	$1,668	$1,983	$2,395
Estimated Annual Premiums:	**$20,015**	**$23,791**	**$28,742**
Rate Change from Current (%):		18.9%	43.6%
Rate Change from Current ($):		$3,776	$8,727

Notes:

The Hartford Retiree Life is capped at $50k for the maximum benefit.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Voluntary Group Life & AD&D Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

	Current | Renewal		Option 1	
Vendor	USAble		Hartford	
Plan Details (Employee)	***Mayor, Commissioners, & All Other Eligible Employees***			
Benefit (Increments of):	$10,000		$10,000	
Not to Exceed:	5x's Salary		5x's Salary	
Maximum Benefit:	$500,000		$500,000	
Guarantee Issue:	$120,000		$120,000	
Plan Details (Dependent)				
Spouse Benefit (Increments of):	$5,000		$5,000	
Maximum Benefit:	$250,000		$250,000	
Guarantee Issue:	$30,000		$30,000	
Not to Exceed:	100% of the employees amount		50% of the employees amount	
Child(ren) Benefit:	Birth - 6 months	$1,000	Birth - 6 months	$1,000
Child(ren) Benefit:	6 months-26 years	$2k, $4k, $6k, $8k, $10k	6 months-26 years	$2k, $4k, $6k, $8k, $10k
Full-Time Student:	26 years			
Reduction Schedule:	50% at age 75		50% at age 75	
Waiver of Premium:	Included		Included	
Portability:	Included		Included	
Accelerated Death Benefit:	Included		Included	
Seatbelt/Safe Driver Benefit:	Included		Included	
Actively at Work Provision:	Included		Included	
Employer Contribution:	0%		0%	
Participation Requirement:	25%		43%	
Rate Guarantee:	2 Years (01/01/2022 - 12/31/2023)		2 Years (01/01/2021 - 12/31/2023)	

Plan Rates per $1,000	Current | Renewal		Option 1	
	Employee	Spouse	Employee	Spouse
Under 20	$0.072	$0.042	$0.072	$0.042
Age 20 - 24	$0.072	$0.042	$0.072	$0.042
Age 25 - 29	$0.082	$0.051	$0.082	$0.051
Age 30 - 34	$0.102	$0.068	$0.102	$0.068
Age 35 - 39	$0.146	$0.076	$0.146	$0.076
Age 40 - 44	$0.208	$0.085	$0.208	$0.085
Age 45 - 49	$0.330	$0.127	$0.330	$0.127
Age 50 - 54	$0.524	$0.195	$0.524	$0.195
Age 55 - 59	$0.806	$0.365	$0.806	$0.365
Age 60 - 64	$1.258	$0.560	$1.258	$0.560
Age 65 - 69	$2.184	$1.077	$2.184	$1.077
Age 70 - 74	$3.896	$1.077	$3.896	$1.077
Age 75 - 79	$7.634	$1.077	$7.634	$1.077
Age 80 - 84	$7.634	$1.077	$7.634	$1.077
Age 85 - 89	$7.634	$1.077	$7.634	$1.077
Age 90+	$7.634	$1.077	$7.634	$1.077
AD&D	$0.023	$0.023	$0.025	$0.025
Child	$0.225		$1.525	
AD&D	$0.026		$0.687	

Notes: ***No Rate Change***

Premium Calculation
Step 1: Benefit _____ / 1000 = _____ # Units
Step 2: # Units _____ x _____ Age-banded Rate = $_____ Premium Per Month

Example: 44 year old, $200,000 Benefit
$200,000 / 1000= 200 Units
200 x Age 44 rate = $41.60

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

436 Walnut Street
Philadelphia, PA 19106
800-352-4462

Group Cancer Insurance Application

Application is hereby made for a plan of Blanket Cancer Insurance based on the following statements and representations:

Policyholder (Full Legal Name): City of Holly Hill

Street Address: 1065 Ridgewood Avenue

City, State, Zip: Holly Hill, FL 32117

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless: a) this Application is received and approved by the Insurance Company based on current rules and requirements. b) the Policy is accepted by the Applicant; and c) the required premium is paid when due.

Policy Number: PTP N17938757

Policy Effective Date: October 1, 2021

Policy Term: October 1, 2021 to October 1, 2022

Classes of Eligible Persons:

Class 1: All Full-time Firefighters of the Policyholder who have been employed by the Policyholder for at least 5 continuous years.

Class 2: All Full-time Firefighters of the Policyholder who have been employed by the Policyholder for less than 5 continuous years.

Class 3: All Full-time Firefighters of the Policyholder who were employed by the Policyholder for at least 5 continuous years, have terminated employment with the Policyholder within the last 10 years and have continued coverage in his or her employer-sponsored health plan or group health insurance trust fund.

For any insurance paid for in part, or wholly, by individual insureds, the Applicant will support enrollment activities and allow all eligible persons an opportunity to enroll. No brochures or any material referencing the requested insurance will be published without the prior written approval of the Insurance Company.

DESCRIPTION OF COVERAGE

Class 1: First Diagnosis Cancer Benefit
Lump Sum Benefit: $25,000
Cancer Death Benefit
Principal Sum: $75,000
Premium: $1,858.50

Class 2: Cancer Death Benefit
Principal Sum: $75,000
Premium: $208.00

Class 3: First Diagnosis Benefit Continuation
Lump Sum Benefit: $25,000
Premium: $463.50

Total Premium Rates: $2,530.00 Per Policy Term

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Employer / Employee Contribution Analysis

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Florida Health Care Plans - Revised Renewal Options

FHCP	Current	$955,451	$790,859	$174,800	$965,659	-	HMO - T32 HMO	Employee:	$82.69
								Employee + Spouse:	$644.27
								Employee + Child(ren):	$644.27
								Family:	$952.74
							High Deductible Plan - T95	Employee:	$0.00
								Employee + Spouse:	$393.83
								Employee + Child(ren):	$393.83
								Family:	$610.16

Carrier	Plan Description/Option	Annual Premium	City Contributions	HSA Seed	Total City Costs	% increase/decrease from current	Plan Name	Tier	Monthly Employee Cost	% increase/decrease from current
FHCP	Revised Renewal Option 1 - Includes Preferred Fitness Certificate (Includes Gyms, No Dental)	$1,031,494	$855,703	$174,800	$1,030,503	7%	HMO - T32 HMO	Employee:	$83.26	1%
								Employee + Spouse:	$674.45	5%
								Employee + Child(ren):	$674.45	5%
								Family:	$999.18	5%
							High Deductible Plan - T95	Employee:	$0.00	0%
								Employee + Spouse:	$428.86	9%
								Employee + Child(ren):	$428.86	9%
								Family:	$664.44	9%
FHCP	Revised Renewal Option 2 - Includes Preferred Fitness Certificate (No Gyms, No Dental)	$1,021,968	$847,799	$174,800	$1,022,599	6%	HMO - T32 HMO	Employee:	$82.50	0%
								Employee + Spouse:	$668.23	4%
								Employee + Child(ren):	$668.23	4%
								Family:	$989.96	4%
							High Deductible Plan - T95	Employee:	$0.00	0%
								Employee + Spouse:	$424.91	8%
								Employee + Child(ren):	$424.91	8%
								Family:	$658.31	8%
FHCP	Revised Renewal Option 3 - Includes Preferred Fitness Certificate (Includes Gyms & Dental)	$1,002,844	$831,934	$174,800	$1,006,734	4%	HMO - T32 HMO	Employee:	$80.95	-2%
								Employee + Spouse:	$655.71	2%
								Employee + Child(ren):	$655.71	2%
								Family:	$971.42	2%
							High Deductible Plan - T95	Employee:	$0.00	0%
								Employee + Spouse:	$416.96	6%
								Employee + Child(ren):	$416.96	6%
								Family:	$645.99	6%
FHCP	Revised Renewal Option 4 - Includes Preferred Fitness Certificate (No Gyms, Includes Dental)	$998,062	$827,968	$174,800	$1,002,768	4%	HMO - T32 HMO	Employee:	$80.57	-3%
								Employee + Spouse:	$652.59	1%
								Employee + Child(ren):	$652.59	1%
								Family:	$966.80	1%
							High Deductible Plan - T95	Employee:	$0.00	0%
								Employee + Spouse:	$414.97	5%
								Employee + Child(ren):	$414.97	5%
								Family:	$642.91	5%

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Revised Renewal Options

Revised Renewal Options

Vendor	Florida Healthcare Plans						Florida Healthcare Plans					
Plan Name	T32						HDHP T95					
Plan Type	HMO						HSA					
Plan Details	*Network*						*Network*					
	Single					*Family*	*Single*					*Family*
Plan Deductible	$0					$0	$1,400					$2,800
Embedded Deductible:	N/A						No					
Calendar or Policy Year:	Calendar						Calendar					
Coinsurance:	15%						20%					
Maximum Out-of-Pocket:	$2,500					$5,000	$3,000					$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes						Yes, Yes, Yes					
Physician Services												
Office Visit:	$20						Deductible + Coinsurance					
Specialist:	$35						Deductible + Coinsurance					
Chiropractic:	$15						Deductible + Coinsurance					
Telemedicine:	$10 (PCP) | $30 (Mental Health)						Ded + $10 (PCP) | Ded + $30 (Mental Health)					
Hospital / Emergency Services												
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)						Deductible + Coinsurance					
Emergency Room:	$200						Deductible + Coinsurance					
Urgent Care:	$75						Deductible + Coinsurance					
Outpatient Surgical Facility:	$400						Deductible + Coinsurance					
Ambulatory Surgery Center:	$200						Deductible + Coinsurance					
Diagnostic Services												
Lab & X-Ray Outpatient:	$0						Deductible + Coinsurance					
Advanced Imaging Services (MRI, MRA, PET, CT):	$25						Deductible + Coinsurance					
Prescription Drug												
Deductible:	N/A						Calendar Year Deductible					
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%						$3 | $10 | $30 | $55 | 15% | 25%					
Walgreens Tier:	$15 | $15 | $35 | $60						$15 | $15 | $35 | $60					
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162						$6 | $27 | $87 | $162					
Non-Network Plan Details	*Non-Network*						*Non-Network*					
Plan Deductible	N/A						$2,800					$5,600
Coinsurance:	N/A						40%					
Maximum Out-of-Pocket:	N/A						$6,000					$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A						N/A					

Plan Rates | Current Enrollment		Current	Renewal	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms		Current	Renewal	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Employee:	15	$790.95	$925.19	$832.64	$824.95	$809.52	$805.66	75	$554.69	$671.18	$604.04	$598.46	$587.26	$584.46
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	$1,410.68	$1,384.28	$1,377.68	9	$948.52	$1,147.71	$1,032.90	$1,023.37	$1,004.22	$999.43
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	$1,410.68	$1,384.28	$1,377.68	2	$948.52	$1,147.71	$1,032.90	$1,023.37	$1,004.22	$999.43
Family:	2	$1,661.00	$1,942.91	$1,748.56	$1,732.41	$1,699.99	$1,691.89	6	$1,164.85	$1,409.47	$1,268.48	$1,256.77	$1,233.25	$1,227.37
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	$21,482	$21,080	$20,979	92	$59,025	$71,420	$64,276	$63,682	$62,490	$62,192
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**	**$257,781**	**$252,959**	**$251,753**		**$708,295**	**$857,042**	**$771,309**	**$764,186**	**$749,885**	**$746,309**
Rate Change from Current (%):			17.0%	5.3%	4.3%	2.3%	1.9%			21.0%	8.9%	7.9%	5.9%	5.4%

	Current	Renewal	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$1,021,968**	**$1,002,844**	**$998,062**
PEPY	$8,455	$10,143	$9,128	$9,044	$8,875	$8,832
Rate Change from Current (%):		20.0%	8.0%	7.0%	5.0%	4.5%
Rate Change from Current ($):		$190,694	$76,043	$66,516	$47,393	$42,611

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Renewal - Option 1 Includes Preferred Fitness Certificate (Includes Gyms, No Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions								
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	HMO - T32	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$832.64	$749.38	90%	$83.26	10%	$0.57	1%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,423.83	$749.38	53%	$674.45	47%	$30.18	5%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,423.83	$749.38	53%	$674.45	47%	$30.18	5%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,748.56	$749.38	43%	$999.18	57%	$46.44	5%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$21,682	$15,737	73%	$5,945	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	High Deductible Plan - T95	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$604.04	$604.04	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$1,032.90	$604.04	58%	$428.86	42%	$35.03	9%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$1,032.90	$604.04	58%	$428.86	42%	$35.03	9%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,268.48	$604.04	48%	$664.44	52%	$54.28	9%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$64,276	$55,572	86%	$8,704	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$85,958	$71,309	83%	$14,649	17%		
Est. Annual Total			$955,451	$790,859		$164,592				$1,031,494	$855,703		$175,791			

	Total Expenses		Total Expenses
Est. Annual Total	$965,659	$ Difference from Current	$64,844
		% Difference from Current	7%

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Renewal - Option 2 Includes Preferred Fitness Certificate (No Gyms, No Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	HMO - T32	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$824.95	$742.46	90%	$82.50	10%	($0.19)	0%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,410.68	$742.46	53%	$668.23	47%	$23.96	4%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,410.68	$742.46	53%	$668.23	47%	$23.96	4%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,732.41	$742.46	43%	$989.96	57%	$37.22	4%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$21,482	$15,592	73%	$5,890	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	High Deductible Plan - T95	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$598.46	$598.46	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$1,023.37	$598.46	58%	$424.91	42%	$31.08	8%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$1,023.37	$598.46	58%	$424.91	42%	$31.08	8%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,256.77	$598.46	48%	$658.31	52%	$48.15	8%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$63,682	$55,058	86%	$8,624	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$85,164	$70,650	83%	$14,514	17%		
Est. Annual Total			$955,451	$790,859		$164,592				$1,021,968	$847,799		$174,169			
				Total Expenses							Total Expenses					
Est. Annual Total				$965,659							$1,022,599					
								$ Difference from Current			$56,939					
								% Difference from Current			6%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Renewal - Option 3 Includes Preferred Fitness Certificate (Includes Gyms & Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions								
	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
HMO - T32	EE only	15	$790.95	$708.26	90%	$82.69	10%	HMO - T32	15	$809.52	$728.57	90%	$80.95	10%	($1.74)	-2%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,384.28	$728.57	53%	$655.71	47%	$11.44	2%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,384.28	$728.57	53%	$655.71	47%	$11.44	2%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,699.99	$728.57	43%	$971.42	57%	$18.68	2%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$21,080	$15,300	73%	$5,780	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions								
	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
High Deductible Plan - T95	EE only	75	$554.69	$554.69	100%	$0.00	0%	High Deductible Plan - T95	75	$587.26	$587.26	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$1,004.22	$587.26	58%	$416.96	42%	$23.13	6%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$1,004.22	$587.26	58%	$416.96	42%	$23.13	6%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,233.25	$587.26	48%	$645.99	52%	$35.83	6%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$62,490	$54,028	86%	$8,463	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$83,570	$69,328	83%	$14,242	17%		
Est. Annual Total			$955,451	$790,859		$164,592				$1,002,844	$831,934		$170,910			
				Total Expenses							Total Expenses					
Est. Annual Total				$965,659							$1,006,734					
								$ Difference from Current			$41,075					
								% Difference from Current			4%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Renewal - Option 4 Includes Preferred Fitness Certificate (No Gyms, Includes Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	HMO - T32	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$805.66	$725.09	90%	$80.57	10%	($2.12)	-3%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,377.68	$725.09	53%	$652.59	47%	$8.32	1%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,377.68	$725.09	53%	$652.59	47%	$8.32	1%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,691.89	$725.09	43%	$966.80	57%	$14.06	1%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$20,979	$15,227	73%	$5,752	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	High Deductible Plan - T95	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$584.46	$584.46	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$999.43	$584.46	58%	$414.97	42%	$21.14	5%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$999.43	$584.46	58%	$414.97	42%	$21.14	5%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,227.37	$584.46	48%	$642.91	52%	$32.75	5%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$62,192	$53,770	86%	$8,422	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
	Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%		113	$83,172	$68,997	83%	$14,175	17%		
	Est. Annual Total		$955,451	$790,859		$164,592				$998,062	$827,968		$170,095			
				Total Expenses							Total Expenses					
	Δ from Current ($)			$965,659							$1,002,768					
									$ Difference from Current		$37,108					
									% Difference from Current		4%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Florida Health Care Plans - Alternate 1 Options

FHCP	Current	$955,451	$790,859	$174,800	n/a	$965,659	-	HMO - T32 HMO	Employee: Employee + Spouse: Employee + Child(ren): Family:	$82.69 $644.27 $644.27 $952.74
								High Deductible Plan - T95	Employee: Employee + Spouse: Employee + Child(ren): Family:	$0.00 $393.83 $393.83 $610.16

Carrier	Plan Description/Option	Annual Premium	City Contributions	HSA Seed	HRA Liability	Total City Costs	% increase/decrease from current	Plan Name	Tier	Monthly Employee Cost	% increase/decrease from current
FHCP	Alternate 1 Option 1 - Includes Preferred Fitness Certificate (Includes Gyms, No Dental)	$968,542	$801,276	$174,800	$32,968	$1,009,044	4%	HMO - T32	Employee: Employee + Spouse: Employee + Child(ren): Family:	$83.26 $674.45 $674.45 $999.18	1% 5% 5% 5%
								High Deductible Plan TI7/TF7 -MOD	Employee: Employee + Spouse: Employee + Child(ren): Family:	$0.00 $393.86 $393.86 $610.21	0% 0% 0% 0%
FHCP	Alternate 1 Option 2 - Includes Preferred Fitness Certificate (No Gyms, No Dental)	$959,602	$793,940	$174,800	$32,968	$1,001,708	4%	HMO - T32	Employee: Employee + Spouse: Employee + Child(ren): Family:	$82.50 $668.23 $668.23 $989.96	0% 4% 4% 4%
								High Deductible Plan TI7/TF7 -MOD	Employee: Employee + Spouse: Employee + Child(ren): Family:	$0.00 $389.93 $389.93 $604.28	0% -1% -1% -1%
FHCP	Alternate 1 Option 3 - Includes Preferred Fitness Certificate (Includes Gyms & Dental)	$941,641	$779,019	$174,800	$32,968	$986,787	2%	HMO - T32	Employee: Employee + Spouse: Employee + Child(ren): Family:	$80.95 $655.71 $655.71 $971.42	-2% 2% 2% 2%
								High Deductible Plan TI7/TF7 -MOD	Employee: Employee + Spouse: Employee + Child(ren): Family:	$0.00 $382.93 $382.93 $593.27	0% -3% -3% -3%
FHCP	Alternate 1 Option 4 - Includes Preferred Fitness Certificate (No Gyms, Includes Dental)	$937,153	$775,307	$174,800	$32,968	$983,075	2%	HMO - T32	Employee: Employee + Spouse: Employee + Child(ren): Family:	$80.57 $652.59 $652.59 $966.80	-3% 1% 1% 1%
								High Deductible Plan TI7/TF7 -MOD	Employee: Employee + Spouse: Employee + Child(ren): Family:	$0.00 $381.10 $381.10 $590.44	0% -3% -3% -3%

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Alternate 1

Negotiated Alternate Options

Vendor	Florida Healthcare Plans						Florida Healthcare Plans					
Plan Name	T32						TI7/TF7 -MOD					
Plan Type	HMO						HSA POS					
Plan Details	*Network*						*Network*					
	Single				*Family*		*Single*				*Family*	
Plan Deductible	$0				$0		$2,000				$5,600 ($2,800 Indv.)	
Embedded Deductible:	N/A						N/A					
Calendar or Policy Year:	Calendar						Calendar					
Coinsurance:	15%						30%					
Maximum Out-of-Pocket:	$2,500				$5,000		$5,800				$13,800 ($6,900 Indv.)	
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes						Yes, Yes, Yes					
Physician Services												
Office Visit:	$20						Deductible + Coinsurance					
Specialist:	$35						Deductible + Coinsurance					
Chiropractic:	$15						Deductible + Coinsurance					
Telemedicine:	$10 (PCP) | $30 (Mental Health)						Ded + $10 (PCP) | Ded + $30 (Mental Health)					
Hospital / Emergency Services												
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)						Deductible + Coinsurance					
Emergency Room:	$200						Deductible + Coinsurance					
Urgent Care:	$75						Deductible + Coinsurance					
Outpatient Surgical Facility:	$400						Deductible + Coinsurance					
Ambulatory Surgery Center:	$200						Deductible + Coinsurance					
Diagnostic Services												
Lab & X-Ray Outpatient:	$0						Deductible + Coinsurance					
Advanced Imaging Services (MRI, MRA, PET, CT):	$25						Deductible + Coinsurance					
Prescription Drug												
Deductible:	N/A						Calendar Year Deductible					
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%						$3 | $10 | $30 | $55 | 15% | 25%					
Walgreens Tier:	$15 | $15 | $35 | $60						$15 | $15 | $35 | $60					
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162						$6 | $27 | $87 | $162					
Non-Network Plan Details	*Non-Network*						*Non-Network*					
Plan Deductible	N/A						$4,000				$10,000 ($5,000 Indv.)	
Coinsurance:	N/A						40%					
Maximum Out-of-Pocket:	N/A						$11,600				$23,200 ($11,600)	
Per Occurrence Deductible (Inpatient/Outpatient):	N/A						N/A					

Plan Rates | Current Enrollment		Current	Renewal	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms		Current	Renewal	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Employee:	15	$790.95	$925.19	$832.64	$824.95	$809.52	$805.66	75	$554.69	$671.18	$554.74	$549.62	$539.33	$536.76
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	$1,410.68	$1,384.28	$1,377.68	9	$948.52	$1,147.71	$948.60	$939.85	$922.26	$917.86
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	$1,410.68	$1,384.28	$1,377.68	2	$948.52	$1,147.71	$948.60	$939.85	$922.26	$917.86
Family:	2	$1,661.00	$1,942.91	$1,748.56	$1,732.41	$1,699.99	$1,691.89	6	$1,164.85	$1,409.47	$1,164.95	$1,154.20	$1,132.60	$1,127.20
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	$21,482	$21,080	$20,979	92	$59,025	$71,420	$59,030	$58,485	$57,390	$57,117
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**	**$257,781**	**$252,959**	**$251,753**		**$708,295**	**$857,042**	**$708,358**	**$701,821**	**$688,683**	**$685,400**
Rate Change from Current (%):			17.0%	5.3%	4.3%	2.3%	1.9%			21.0%	0.0%	-0.9%	-2.8%	-3.2%

	Current	Renewal	Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$968,542**	**$959,602**	**$941,641**	**$937,153**
PEPY	$8,455	$10,143	$8,571	$8,492	$8,333	$8,293
Rate Change from Current (%):		20.0%	1.4%	0.4%	-1.4%	-1.9%
Rate Change from Current ($):		$190,694	$13,091	$4,151	-$13,810	-$18,299

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Renewal - Alternate 1 Includes Preferred Fitness Certificate (Includes Gyms, No Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	HMO - T32	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$832.64	$749.38	90%	$83.26	10%	$0.57	1%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,423.83	$749.38	53%	$674.45	47%	$30.18	5%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,423.83	$749.38	53%	$674.45	47%	$30.18	5%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,748.56	$749.38	43%	$999.18	57%	$46.44	5%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$21,682	$15,737	73%	$5,945	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	High Deductible Plan - TI7/TF& MOD	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$554.74	$554.74	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$948.60	$554.74	58%	$393.86	42%	$0.03	0%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$948.60	$554.74	58%	$393.86	42%	$0.03	0%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,164.95	$554.74	48%	$610.21	52%	$0.05	0%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$59,030	$51,036	86%	$7,994	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
											HRA Liability + Admin					
											$32,968					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$80,712	$66,773	83%	$13,939	17%		
Est. Annual Total			$955,451	$790,859		$164,592				$968,542	$801,276		$167,266			
				Total Expenses							Total Expenses					
Δ from Current ($)				$965,659							$1,009,044					
								$ Difference from Current			$43,384					
								% Difference from Current			4%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Alternate 1 - Option 2 Includes Preferred Fitness Certificate (No Gyms, No Dental)
Defined Contribution
0% Migration Assumed

HMO - T32		2021 Monthly Funding & EE | ER Contributions						HMO - T32	2022 Renewal Monthly Funding & EE | ER Contributions							
	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$824.95	$742.46	90%	$82.50	10%	($0.19)	0%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,410.68	$742.46	53%	$668.23	47%	$23.96	4%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,410.68	$742.46	53%	$668.23	47%	$23.96	4%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,732.41	$742.46	43%	$989.96	57%	$37.22	4%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$21,482	$15,592	73%	$5,890	27%		

High Deductible Plan - T95		2021 Monthly Funding & EE | ER Contributions						High Deductible Plan - TI7/TF& MOD	2022 Renewal Monthly Funding & EE | ER Contributions							
	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$549.62	$549.62	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$939.85	$549.92	59%	$389.93	41%	($3.90)	-1%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$939.85	$549.92	59%	$389.93	41%	($3.90)	-1%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,154.20	$549.92	48%	$604.28	52%	($5.88)	-1%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$58,485	$50,570	86%	$7,915	14%		
				HSA Seed $174,800							HSA Seed $174,800					
											HRA Liability + Admin $32,968					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
	Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%		113	$79,967	$66,162	83%	$13,805	17%		
	Est. Annual Total		$955,451	$790,859		$164,592				$959,602	$793,940		$165,662			
				Total Expenses							Total Expenses					
	Δ from Current ($)			$965,659							$1,001,708					
									$ Difference from Current		$36,049					
									% Difference from Current		4%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Alternate 1 - Option 3 Includes Preferred Fitness Certificate (Includes Gyms & Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	HMO - T32	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$809.52	$728.57	90%	$80.95	10%	($1.74)	-2%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,384.28	$728.57	53%	$655.71	47%	$11.44	2%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,384.28	$728.57	53%	$655.71	47%	$11.44	2%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,699.99	$728.57	43%	$971.42	57%	$18.68	2%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$21,080	$15,300	73%	$5,780	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	High Deductible Plan - TI7/TF& MOD	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$539.33	$539.33	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$922.26	$539.33	58%	$382.93	42%	($10.90)	-3%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$922.26	$539.33	58%	$382.93	42%	($10.90)	-3%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,132.60	$539.33	48%	$593.27	52%	($16.89)	-3%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$57,390	$49,618	86%	$7,772	14%		
				HSA Seed $174,800							HSA Seed $174,800					
											HRA Liability + Admin $32,968					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$78,470	$64,918	83%	$13,552	17%		
Est. Annual Total			$955,451	$790,859		$164,592				$941,641	$779,019		$162,622			
				Total Expenses							Total Expenses					
Δ from Current ($)				$965,659							$986,787					
								$ Difference from Current			$21,128					
								% Difference from Current			2%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Alternate 1 - Option 4 Includes Preferred Fitness Certificate (No Gyms, Includes Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	HMO - T32	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$805.66	$725.09	90%	$80.57	10%	($2.12)	-3%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,377.68	$725.09	53%	$652.59	47%	$8.32	1%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,377.68	$725.09	53%	$652.59	47%	$8.32	1%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,691.89	$725.09	43%	$966.80	57%	$14.06	1%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$20,979	$15,227	73%	$5,752	27%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	High Deductible Plan - TI7/TF& MOD	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$536.76	$536.76	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$917.86	$536.76	58%	$381.10	42%	($12.73)	-3%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$917.86	$536.76	58%	$381.10	42%	($12.73)	-3%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,127.20	$536.76	48%	$590.44	52%	($19.72)	-3%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$57,117	$49,382	86%	$7,735	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
											HRA Liability + Admin					
											$32,968					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$78,096	$64,609	83%	$13,487	17%		
Est. Annual Total			$955,451	$790,859		$164,592				$937,153	$775,307		$161,846			
				Total Expenses							Total Expenses					
Δ from Current ($)				$965,659							$983,075					
								$ Difference from Current			$17,415					
								% Difference from Current			2%					

Enroll*- Subject to change at enrollment

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Florida Health Care Plans - Alternate 2 HRA Options

FHCP	Current	$955,451	$790,859	$174,800	n/a	$965,659	-	HMO - T32 HMO	Employee: Employee + Spouse: Employee + Child(ren): Family:	$82.69 $644.27 $644.27 $952.74
								High Deductible Plan - T95	Employee: Employee + Spouse: Employee + Child(ren): Family:	$0.00 $393.83 $393.83 $610.16

Carrier	Plan Description/Option	Annual Premium	City Contributions	HSA Seed	HRA Liability	Total City Costs	% increase/decrease from current	Plan Name	Tier	Monthly Employee Cost	% increase/decrease from current
FHCP	Alternate 2 Option 1 - Includes Preferred Fitness Certificate (Includes Gyms, No Dental)	$881,702	$752,227	$214,700	$34,102	$1,001,029	4%	TI7/TF7 -MOD	Employee: Employee + Child(ren): Employee: Employee + Child(ren):	$0.00 $393.86 $393.86 $610.21	-100% -39% -39% -36%
FHCP	Alternate 2 Option 2 - Includes Preferred Fitness Certificate (No Gyms, No Dental)	$873,566	$745,285	$214,700	$34,102	$994,087	3%	TI7/TF7 -MOD	Employee: Employee + Child(ren): Employee: Employee + Child(ren):	$0.00 $390.23 $390.23 $604.58	-100% -39% -39% -37%
FHCP	Alternate 2 Option 3 - Includes Preferred Fitness Certificate (Includes Gyms & Dental)	$857,213	$731,331	$214,700	$34,102	$980,133	1%	TI7/TF7 -MOD	Employee: Employee + Child(ren): Employee: Employee + Child(ren):	$0.00 $382.93 $382.93 $593.27	-100% -41% -41% -38%
FHCP	Alternate 2 Option 4 - Includes Preferred Fitness Certificate (No Gyms, Includes Dental)	$853,127	$727,847	$214,700	$34,102	$976,649	1%	TI7/TF7 -MOD	Employee: Employee + Child(ren): Employee: Employee + Child(ren):	$0.00 $381.10 $381.10 $590.44	-100% -41% -41% -38%

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage

City of Holly Hill

January 1, 2022 - December 31, 2022

Alternate 2

		Negotiated Alternate Option			
		FHCP Alternative HSA/HRA SINGLE Option			
Vendor		Florida Healthcare Plans			
Plan Name		TI7/TF7 -MOD			
Plan Type		HSA POS			
Plan Details		*Network*			
		Single			*Family*
Plan Deductible		$2,000			$5,600 ($2,800 Indv.)
Embedded Deductible:		N/A			
Calendar or Policy Year:		Calendar			
Coinsurance:		30%			
Maximum Out-of-Pocket:		$5,800			$13,800 ($6,900 Indv.)
(Includes Deductible, Copay, Rx)		Yes, Yes, Yes			
Physician Services					
Office Visit:		Deductible + Coinsurance			
Specialist:		Deductible + Coinsurance			
Chiropractic:		Deductible + Coinsurance			
Telemedicine:		Ded + $10 (PCP) | Ded + $30 (Mental Health)			
Hospital / Emergency Services					
Inpatient Hospital Per Admission:		Deductible + Coinsurance			
Emergency Room:		Deductible + Coinsurance			
Urgent Care:		Deductible + Coinsurance			
Outpatient Surgical Facility:		Deductible + Coinsurance			
Ambulatory Surgery Center:		Deductible + Coinsurance			
Diagnostic Services					
Lab & X-Ray Outpatient:		Deductible + Coinsurance			
Advanced Imaging Services (MRI, MRA, PET, CT):		Deductible + Coinsurance			
Prescription Drug					
Deductible:		Calendar Year Deductible			
Prescription Tier:		$3 | $10 | $30 | $55 | 15% | 25%			
Walgreens Tier:		$15 | $15 | $35 | $60			
Mail Order Prescription (90 Day Supply):		$6 | $27 | $87 | $162			
Non-Network Plan Details		*Non-Network*			
Plan Deductible		$4,000			$10,000 ($5,000 Indv.)
Coinsurance:		40%			
Maximum Out-of-Pocket:		$11,600			$23,200 ($11,600)
Per Occurrence Deductible (Inpatient/Outpatient):		N/A			

Plan Rates | Current Enrollment		Includes Gyms / No Dental	Excluding Dental & Gyms	Includes Gyms & Dental	Includes Dental / No Gyms
Employee:	90	$554.74	$549.62	$539.33	$536.76
Employee + Spouse:	13	$948.60	$939.85	$922.26	$917.86
Employee + Child(ren):	2	$948.60	$939.85	$922.26	$917.86
Family:	8	$1,164.95	$1,154.20	$1,132.60	$1,127.20
Estimated Monthly Premiums:	113	$73,475	$72,797	$71,434	$71,094
Estimated Annual Premiums:		**$881,702**	**$873,566**	**$857,213**	**$853,127**
Rate Change from Current (%):		-7.7%	-8.6%	-10.3%	-10.7%
Rate Change from Current ($):		-$73,749	-$81,885	-$98,238	-$102,324
Estimated Annual Premiums with HRA Liability & Admin:		**$915,804**	**$907,668**	**$891,315**	**$887,229**
Rate Change from Current (%):		-4.1%	-5.0%	-6.7%	-7.1%

Rates subject to final enrollment and underwriting

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Renewal - Alternate 2 Includes Preferred Fitness Certificate (Includes Gyms, No Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	TI7/TF7 - MOD	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		90	$554.74	$554.74	100%	$0.00	0%	($82.69)	-100%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		13	$948.60	$554.74	58%	$393.86	42%	($250.41)	-39%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		2	$948.60	$554.74	58%	$393.86	42%	($250.41)	-39%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		8	$1,164.95	$554.74	48%	$610.21	52%	($342.53)	-36%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		113	$73,475	$62,686	85%	$10,790	15%		

		2021 Monthly Funding & EE | ER Contributions													
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)								
	EE only	75	$554.69	$554.69	100%	$0.00	0%								
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%								
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%				HSA Seed				
	Family	6	$1,164.85	$554.69	48%	$610.16	52%				$214,700				
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%								
				HSA Seed							HRA Liability + Admin				
				$174,800							$34,102				
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$73,475	$62,686	85%	$10,790	15%	
Est. Annual Total			$955,451	$790,859		$164,592				$881,702	$752,227		$129,475		
				Total Expenses							Total Expenses				
Δ from Current ($)				$965,659							$1,001,029				
								$ Difference from Current			$35,370				
								% Difference from Current			4%				

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Alternate 2 - Option 2 Includes Preferred Fitness Certificate (No Gyms, No Dental)
Defined Contribution
0% Migration Assumed

HMO - T32

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	2022 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%	90	$549.62	$549.62	100%	$0.00	0%	($82.69)	-100%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%	13	$939.85	$549.62	58%	$390.23	42%	($254.04)	-39%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%	2	$939.85	$549.62	58%	$390.23	42%	($254.04)	-39%
Family	2	$1,661.00	$708.26	43%	$952.74	57%	8	$1,154.20	$549.62	48%	$604.58	52%	($348.16)	-37%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%	113	$72,797	$62,107	85%	$10,690	15%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%
Family	6	$1,164.85	$554.69	48%	$610.16	52%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%

HSA Seed: $174,800

HSA Seed: $214,700

HRA Liability + Admin: $34,102

	2021 Enroll	2021 Total Premium	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	2022 Enroll	2022 Total Premium	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%	113	$72,797	$62,107	85%	$10,690	15%
Est. Annual Total		$955,451	$790,859		$164,592			$873,566	$745,285		$128,281	

	Total Expenses	Total Expenses
Δ from Current ($)	$965,659	$994,087
$ Difference from Current		$28,427
% Difference from Current		3%

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Alternate 2 - Option 3 Includes Preferred Fitness Certificate (Includes Gyms & Dental)
Defined Contribution
0% Migration Assumed

HMO - T32	Enrollment Tier	2021 Monthly Funding & EE | ER Contributions: Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	TI7/TF7 - MOD	2022 Renewal Monthly Funding & EE | ER Contributions: Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		90	$539.33	$539.33	100%	$0.00	0%	($82.69)	-100%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		13	$922.26	$539.33	58%	$382.93	42%	($261.34)	-41%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		2	$922.26	$539.33	58%	$382.93	42%	($261.34)	-41%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		8	$1,132.60	$539.33	48%	$593.27	52%	($359.47)	-38%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		113	$71,434	$60,944	85%	$10,490	15%		

High Deductible Plan - T95	Enrollment Tier	2021 Monthly Funding & EE | ER Contributions: Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%

HSA Seed: $174,800

HSA Seed: $214,700

HRA Liability + Admin: $34,102

		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%	113	$71,434	$60,944	85%	$10,490	15%
Est. Annual Total		$955,451	$790,859		$164,592			$857,213	$731,331		$125,881	

	Total Expenses		Total Expenses
Δ from Current ($)	$965,659	$ Difference from Current	$14,474
		% Difference from Current	1%

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 FHCP Alternate 2 - Option 4 Includes Preferred Fitness Certificate (No Gyms, Includes Dental)
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	TI7/TF7 - MOD	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		90	$536.76	$536.76	100%	$0.00	0%	($82.69)	-100%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		13	$917.86	$536.76	58%	$381.10	42%	($263.17)	-41%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		2	$917.86	$536.76	58%	$381.10	42%	($263.17)	-41%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		8	$1,127.20	$536.76	48%	$590.44	52%	($362.30)	-38%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		113	$71,094	$60,654	85%	$10,440	15%		

		2021 Monthly Funding & EE | ER Contributions					
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%
				HSA Seed			
				$174,800			

HSA Seed: $214,700

HRA Liability + Admin: $34,102

		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%		113	$71,094	$60,654	85%	$10,440	15%
Est. Annual Total		$955,451	$790,859		$164,592				$853,127	$727,847		$125,280	

	Total Expenses		Total Expenses
Δ from Current ($)	$965,659	$ Difference from Current	$10,989
		% Difference from Current	1%

Enroll*- Subject to change at enrollment

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Alternate Carrier Options

FHCP	Current	$955,451	$790,859	$174,800	$965,659	-	HMO - T32 HMO	Employee:	$82.69
								Employee + Spouse:	$644.27
								Employee + Child(ren):	$644.27
								Family:	$952.74
							High Deductible Plan - T95	Employee:	$0.00
								Employee + Spouse:	$393.83
								Employee + Child(ren):	$393.83
								Family:	$610.16

Carrier	Plan Description/Option	Annual Premium	City Contributions	HSA Seed	Total City Costs	% increase/decrease from current	Plan Name	Tier	Monthly Employee Cost	% increase/decrease from current
Neighborhood Health Partnership	Option 1 -4 Tier	$942,462	$682,454	$174,800	$857,254	-11%	CHOICE HMO BXJR-M / Rx. NHSY	Employee:	$62.35	-25%
								Employee + Spouse:	$947.76	47%
								Employee + Child(ren):	$564.93	-12%
								Family:	$1,516.12	59%
							CHOICE HSA BXNQ-M / Rx. NHSY	Employee:	$0.00	0%
								Employee + Spouse:	$695.90	77%
								Employee + Child(ren):	$395.01	0%
								Family:	$1,142.61	87%
Neighborhood Health Partnership	Option 1 -3 Tier	$940,046	$781,771	$174,800	$956,571	-1%	CHOICE HMO BXJR-M / Rx. NHSY	Employee:	$71.43	-14%
								Employee + Spouse:	$578.56	-10%
								Employee + Child(ren):	$578.56	-10%
								Family:	$857.13	-10%
							CHOICE HSA BXNQ-M / Rx. NHSY	Employee:	$0.00	0%
								Employee + Spouse:	$398.59	1%
								Employee + Child(ren):	$398.59	1%
								Family:	$617.53	1%
Neighborhood Health Partnership	Option 2 - 4 tier	$945,626	$684,534	$174,800	$859,334	-11%	CHOICE HMO BXJR-M / Rx. NH21	Employee:	$62.91	-24%
								Employee + Spouse:	$956.23	48%
								Employee + Child(ren):	$569.98	-12%
								Family:	$1,529.67	61%
							CHOICE HSA BXNQ-M / Rx. NH21	Employee:	$0.00	0%
								Employee + Spouse:	$696.95	77%
								Employee + Child(ren):	$395.60	0%
								Family:	$1,144.33	88%
Neighborhood Health Partnership	Option 2 - 3 tier	$943,125	$784,156	$174,800	$958,956	-1%	CHOICE HMO BXJR-M / Rx. NH21	Employee:	$72.07	-13%
								Employee + Spouse:	$583.73	-9%
								Employee + Child(ren):	$583.73	-9%
								Family:	$864.79	-9%
							CHOICE HSA BXNQ-M / Rx. NH21	Employee:	$0.00	0%
								Employee + Spouse:	$399.19	1%
								Employee + Child(ren):	$399.19	1%
								Family:	$618.47	1%
United Health Care	Option 3 - 4 tier	$1,146,423	$830,966	$174,800	$1,005,766	4%	INS Choice HMO BWQ5-M / Rx 124Y	Employee:	$74.49	-10%
								Employee + Spouse:	$1,132.30	76%
								Employee + Child(ren):	$674.93	5%
								Family:	$1,811.33	90%
							INS Choice Plus HSA PPO AHM8-M/RX 124Y	Employee:	$0.00	0%
								Employee + Spouse:	$851.50	117%
								Employee + Child(ren):	$483.33	23%
								Family:	$1,398.10	130%
United Health Care	Option 3 - 3 tier	$1,143,781	$951,886	$174,800	$1,126,686	17%	INS Choice HMO BWQ5-M / Rx 124Y	Employee:	$85.33	3%
								Employee + Spouse:	$691.20	7%
								Employee + Child(ren):	$691.20	7%
								Family:	$1,024.01	7%
							INS Choice Plus HSA PPO AHM8-M/RX 124Y	Employee:	$0.00	0%
								Employee + Spouse:	$487.71	24%
								Employee + Child(ren):	$487.71	24%
								Family:	$755.60	24%
United Health Care	Option 4 - 4 tier	$1,151,597	$834,517	$174,800	$1,009,317	5%	INS Choice HMO BWQ5-M / Rx 570	Employee:	$75.16	-9%
								Employee + Spouse:	$1,142.42	77%
								Employee + Child(ren):	$680.96	6%
								Family:	$1,827.51	92%
							INS Choice Plus HSA PPO AHM8-M / Rx 570	Employee:	$0.00	0%
								Employee + Spouse:	$854.13	117%
								Employee + Child(ren):	$484.82	23%
								Family:	$1,402.41	130%
United Health Care	Option 4 - 3 tier	$1,148,869	$955,955	$174,800	$1,130,755	17%	INS Choice HMO BWQ5-M / Rx 570	Employee:	$86.10	4%
								Employee + Spouse:	$697.38	8%
								Employee + Child(ren):	$697.38	8%
								Family:	$1,033.16	8%
							INS Choice Plus HSA PPO AHM8-M / Rx 570	Employee:	$0.00	0%
								Employee + Spouse:	$489.21	24%
								Employee + Child(ren):	$489.21	24%
								Family:	$757.93	24%
HUMANA	Option 5	$1,005,044	$761,572	$174,800	$936,372	-3%	OA HMO 16 Copay I/80	Employee:	$67.04	-19%
								Employee + Spouse:	$737.41	14%
								Employee + Child(ren):	$670.38	4%
								Family:	$1,541.87	62%
							NPOS - HDHP 16 Coins/8050	Employee:	$0.00	0%
								Employee + Spouse:	$552.10	40%
								Employee + Child(ren):	$496.89	26%
								Family:	$1,214.63	99%

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

Current | Renewal | Revised

No Motion, No Credits, No Walgreens

Option 1

NHP Network: Florida Only & Emergencies Out-of-State

Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Neighborhood Health Parnership		Neighborhood Health Parnership	
Plan Name	T32			HDHP T95			BXJR-M | Rx. NHSY		BXNQ-M | Rx. NHSY	
Plan Type	HMO			HSA			Choice HMO		Choice HSA	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, Yes, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$0		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			N/A		N/A	
Specialty Tier:	N/A			N/A			$10 | $150 | $500		$10 | $150 | $500	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		N/A	
Coinsurance:	N/A			40%			N/A		N/A	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		N/A	
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Revised		Current	Renewal	Revised	NHP Tiering	Retiered Mirroring FHCP	NHP Tiering	Retiered Mirroring FHCP
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$623.53	$714.27	$490.07	$561.39
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,508.94	$1,221.40	$1,185.97	$959.98
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,126.11	$1,221.40	$885.08	$959.98
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,077.30	$1,499.97	$1,632.68	$1,178.92
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$19,543	$18,600	$58,995	$59,738
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$234,520**	**$223,195**	**$707,943**	**$716,851**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	-5.1%	-9.7%	0.0%	1.2%

	Current	Renewal	Revised	NHP Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$942,462**	**$940,046**
PEPY	$8,455	$10,143	$9,128	$8,340	$8,319
Rate Change from Current (%):		20.0%	8.0%	-1.4%	-1.6%
Rate Change from Current ($):		$190,694	$76,043	-$12,989	-$15,406

Notes:

UHC Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 Neighborhood Health Partnership Option 1 - 4 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO	2021 Monthly Funding & EE | ER Contributions							CHOICE HMO BXJR-M / Rx. NHSY	2022 Renewal Monthly Funding & EE | ER Contributions							
Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%			15	$623.53	$561.18	90%	$62.35	10%	($20.34)	-25%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%			4	$1,508.94	$561.18	37%	$947.76	63%	$303.49	47%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%			0	$1,126.11	$561.18	50%	$564.93	50%	($79.34)	-12%
Family	2	$1,661.00	$708.26	43%	$952.74	57%			2	$2,077.30	$561.18	27%	$1,516.12	73%	$563.38	59%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%			21	$19,543	$11,785	60%	$7,759	40%		

High Deductible Plan - T95	2021 Monthly Funding & EE | ER Contributions							CHOICE HSA BXNQ-M / Rx. NHSY	2022 Renewal Monthly Funding & EE | ER Contributions							
Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%			75	$490.07	$490.07	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%			9	$1,185.97	$490.07	41%	$695.90	59%	$302.07	77%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%			2	$885.08	$490.07	55%	$395.01	45%	$1.18	0%
Family	6	$1,164.85	$554.69	48%	$610.16	52%			6	$1,632.68	$490.07	30%	$1,142.61	70%	$532.45	87%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%			92	$58,995	$45,086	76%	$13,909	24%		
			HSA Seed $174,800								HSA Seed $174,800					
		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)				Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%			113	$78,539	$56,871	72%	$21,667	28%		
Est. Annual Total		$955,451	$790,859		$164,592					$942,462	$682,454		$260,008			
			Total Expenses								Total Expenses					
Δ from Current ($)			$965,659								$857,254					
								$ Difference from Current			-$108,405					
								% Difference from Current			-11%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 Neighborhood Health Partnership Option 1 - 3 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	CHOICE HMO BXJR-M / Rx. NHSY	2022 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$714.27	$642.84	90%	$71.43	10%	($11.26)	-14%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,221.40	$642.84	53%	$578.56	47%	($65.71)	-10%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,221.40	$642.84	53%	$578.56	47%	($65.71)	-10%
Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,499.97	$642.84	43%	$857.13	57%	($95.61)	-10%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$18,600	$13,500	73%	$5,100	27%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	CHOICE HSA BXNQ-M / Rx. NHSY	2022 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$561.39	$561.39	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$959.98	$561.39	58%	$398.59	42%	$4.76	1%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$959.98	$561.39	58%	$398.59	42%	$4.76	1%
Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,178.92	$561.39	48%	$617.53	52%	$7.37	1%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$59,738	$51,648	86%	$8,090	14%		
			HSA Seed							HSA Seed					
			$174,800							$174,800					

		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%		113	$78,337	$65,148	83%	$13,190	17%
Est. Annual Total		$955,451	$790,859		$164,592				$940,046	$781,771		$158,275	
			Total Expenses							Total Expenses			
Δ from Current ($)			$965,659							$956,571			
							$ Difference from Current			-$9,088			
							% Difference from Current			-1%			

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

Current | Renewal | Revised

No Motion, No Credits, National Rx (Includes Walgreens)

Option 2

NHP Network: Florida Only & Emergencies Out-of-State

Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Neighborhood Health Parnership		Neighborhood Health Parnership	
Plan Name	T32			HDHP T95			BXJR-M | Rx. NH21		BXNQ-M | Rx. NH21	
Plan Type	HMO			HSA			Choice HMO		Choice HSA	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A			No			N/A		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			15%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			N/A, Yes, Yes		Yes, Yes, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$0		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$200		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			$400		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$25		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			$10 | $35 | $70		$10 | $35 | $70	
Specialty Tier:	N/A			N/A			$10 | $35 | $70		$10 | $35 | $70	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		N/A	
Coinsurance:	N/A			40%			N/A		N/A	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		N/A	
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Revised		Current	Renewal	Revised	NHP Tiering	Retiered Mirroring FHCP	NHP Tiering	Retiered Mirroring FHCP
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$629.10	$720.65	$490.81	$562.24
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,522.42	$1,232.31	$1,187.76	$961.43
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,136.17	$1,232.31	$886.41	$961.43
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,095.86	$1,513.37	$1,635.14	$1,180.71
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$19,718	$18,766	$59,084	$59,828
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$236,615**	**$225,189**	**$709,011**	**$717,936**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	-4.3%	-8.9%	0.1%	1.4%

	Current	Renewal	Revised	NHP Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$945,626**	**$943,125**
PEPY	$8,455	$10,143	$9,128	$8,368	$8,346
Rate Change from Current (%):		20.0%	8.0%	-1.0%	-1.3%
Rate Change from Current ($):		$190,694	$76,043	-$9,825	-$12,327

Notes:

UHC Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 Neighborhood Health Partnership - Option 2 - 4 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	CHOICE HMO BXJR-M / Rx. NH21 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%	15	$629.10	$566.19	90%	$62.91	10%	($19.78)	-24%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%	4	$1,522.42	$566.19	37%	$956.23	63%	$311.96	48%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%	0	$1,136.17	$566.19	50%	$569.98	50%	($74.29)	-12%
Family	2	$1,661.00	$708.26	43%	$952.74	57%	2	$2,095.86	$566.19	27%	$1,529.67	73%	$576.93	61%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%	21	$19,718	$11,890	60%	$7,828	40%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	CHOICE HSA BXNQ-M / Rx. NH21 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%	75	$490.81	$490.81	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%	9	$1,187.76	$490.81	41%	$696.95	59%	$303.12	77%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%	2	$886.41	$490.81	55%	$395.60	45%	$1.77	0%
Family	6	$1,164.85	$554.69	48%	$610.16	52%	6	$1,635.14	$490.81	30%	$1,144.33	70%	$534.17	88%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%	92	$59,084	$45,155	76%	$13,930	24%		
			HSA Seed						HSA Seed					
			$174,800						$174,800					

		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%	113	$78,802	$57,045	72%	$21,758	28%
Est. Annual Total		$955,451	$790,859		$164,592			$945,626	$684,534		$261,092	
			Total Expenses						Total Expenses			
Δ from Current ($)			$965,659						$859,334			
							$ Difference from Current		-$106,325			
							% Difference from Current		-11%			

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 Neighborhood Health Partnership - Option 2 - 3 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO		2021 Monthly Funding & EE | ER Contributions						CHOICE HMO BXJR-M / Rx. NH21	2022 Renewal Monthly Funding & EE | ER Contributions							
	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$720.65	$648.59	90%	$72.07	10%	($10.63)	-13%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,232.31	$648.59	53%	$583.73	47%	($60.55)	-9%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,232.31	$648.59	53%	$583.73	47%	($60.55)	-9%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,513.37	$648.59	43%	$864.79	57%	($87.96)	-9%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$18,766	$13,620	73%	$5,145	27%		

High Deductible Plan - T95		2021 Monthly Funding & EE | ER Contributions						CHOICE HSA BXNQ-M / Rx. NH21	2022 Renewal Monthly Funding & EE | ER Contributions							
	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$562.24	$562.24	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$961.43	$562.24	58%	$399.19	42%	$5.36	1%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$961.43	$562.24	58%	$399.19	42%	$5.36	1%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,180.71	$562.24	48%	$618.47	52%	$8.31	1%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$59,828	$51,726	86%	$8,102	14%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
	Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%		113	$78,594	$65,346	83%	$13,247	17%		
	Est. Annual Total		$955,451	$790,859		$164,592				$943,125	$784,156		$158,968			
				Total Expenses							Total Expenses					
	Δ from Current ($)			$965,659							$958,956					
								$ Difference from Current			-$6,703					
								% Difference from Current			-1%					

Enroll* - Subject to change at enrollment

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

Current | Renewal | Revised

Vendor	Florida Healthcare Plans			Florida Healthcare Plans		
Plan Name	T32			HDHP T95		
Plan Type	HMO			HSA		
Plan Details	*Network*			*Network*		
	Single	*Family*	*Family*	*Single*	*Family*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800
Embedded Deductible:	N/A			No		
Calendar or Policy Year:	Calendar			Calendar		
Coinsurance:	15%			20%		
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes		
Physician Services						
Office Visit:	$20			Deductible + Coinsurance		
Specialist:	$35			Deductible + Coinsurance		
Chiropractic:	$15			Deductible + Coinsurance		
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)		
Hospital / Emergency Services						
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance		
Emergency Room:	$200			Deductible + Coinsurance		
Urgent Care:	$75			Deductible + Coinsurance		
Outpatient Surgical Facility:	$400			Deductible + Coinsurance		
Ambulatory Surgery Center:	$200			Deductible + Coinsurance		
Diagnostic Services						
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance		
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance		
Prescription Drug						
Deductible:	N/A			Calendar Year Deductible		
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%		
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60		
Specialty Tier:	N/A			N/A		
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162		
Non-Network Plan Details	*Non-Network*			*Non-Network*		
Plan Deductible	N/A			$2,800		$5,600
Coinsurance:	N/A			40%		
Maximum Out-of-Pocket:	N/A			$6,000		$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A		

Plan Rates | Current Enrollment		Current	Renewal	Revised		Current	Renewal	Revised
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%

	Current	Renewal	Revised
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**
PEPY	$8,455	$10,143	$9,128
Rate Change from Current (%):		20.0%	8.0%
Rate Change from Current ($):		$190,694	$76,043

No Motion, No Credits, No Walgreens

Option 3

UHC National Network

Vendor	UnitedHealthcare		UnitedHealthcare	
Plan Name	BWQ5-M / Rx 124Y		AHM8-M / Rx 124Y	
Plan Type	INS Choice HMO		INS Choice Plus HSA PPO	
Plan Details	*Network*			
	Single	*Family*	*Single*	*Family*
Plan Deductible	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A		No	
Calendar or Policy Year:	Calendar		Calendar	
Coinsurance:	15%		20%	
Maximum Out-of-Pocket:	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes		Yes, N/A, Yes	
Physician Services				
Office Visit:	$20		Deductible + Coinsurance	
Specialist:	$35		Deductible + Coinsurance	
Chiropractic:	$20		Deductible + Coinsurance	
Telemedicine:	$0		Deductible + Coinsurance	
Hospital / Emergency Services				
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200		Deductible + Coinsurance	
Urgent Care:	$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$400		Deductible + Coinsurance	
Diagnostic Services				
Lab & X-Ray Outpatient:	$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25		Deductible + Coinsurance	
Prescription Drug				
Deductible:	N/A		Calendar Year Deductible	
Prescription Tier:	$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	N/A		N/A	
Specialty Tier:	$10 | $150 | $500		$10 | $150 | $500	
Mail Order Prescription (90 Day Supply):	2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*		*Non-Network*	
Plan Deductible	N/A		$2,800	$5,600
Coinsurance:	N/A		40%	
Maximum Out-of-Pocket:	N/A		$6,000	$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A		N/A	

	UHC Tiering	Retiered Mirroring FHCP	UHC Tiering	Retiered Mirroring FHCP
Employee:	$744.94	$853.34	$599.65	$686.91
Employee + Spouse:	$1,802.75	$1,459.21	$1,451.15	$1,174.62
Employee + Child(ren):	$1,345.38	$1,459.21	$1,082.98	$1,174.62
Family:	$2,481.78	$1,792.02	$1,997.75	$1,442.51
Estimated Monthly Premiums:	$23,349	$22,221	$72,187	$73,094
Estimated Annual Premiums:	**$280,184**	**$266,652**	**$866,239**	**$877,130**
Rate Change from Current (%):	13.4%	7.9%	22.3%	23.8%

	UHC Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$1,146,423**	**$1,143,781**
PEPY	$10,145	$10,122
Rate Change from Current (%):	20.0%	19.7%
Rate Change from Current ($):	$190,971	$188,330

Notes:

UHC Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 United Health Care - Option 3 - 4 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	INS Choice HMO BWQ5-M / Rx 124Y	2022 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$744.94	$670.45	90%	$74.49	10%	($8.20)	-10%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,802.75	$670.45	37%	$1,132.30	63%	$488.03	76%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,345.38	$670.45	50%	$674.93	50%	$30.66	5%
Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$2,481.78	$670.45	27%	$1,811.33	73%	$858.59	90%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$23,349	$14,079	60%	$9,269	40%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	INS Choice Plus HSA PPO AHM8-M/RX 124Y	2022 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$599.65	$599.65	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$1,451.15	$599.65	41%	$851.50	59%	$457.67	116%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$1,082.98	$599.65	55%	$483.33	45%	$89.50	23%
Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,997.75	$599.65	30%	$1,398.10	70%	$787.94	129%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$72,187	$55,168	76%	$17,019	24%		
			HSA Seed $174,800							HSA Seed $174,800					

		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%		113	$95,535	$69,247	72%	$26,288	28%
Est. Annual Total		$955,451	$790,859		$164,592				$1,146,423	$830,966		$315,457	
			Total Expenses							Total Expenses			
Δ from Current ($)			$965,659							$1,005,766			
							$ Difference from Current			$40,107			
							% Difference from Current			4%			

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 United Health Care - Option 3 - 3 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	INS Choice HMO BWQ5-M / Rx 124Y	2022 Renewal Enroll*	2022 Renewal Monthly Premium Rate	2022 Renewal ER Contrib. ($)	2022 Renewal ER Contrib. (%)	2022 Renewal EE Contrib. ($)	2022 Renewal EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$853.34	$768.01	90%	$85.33	10%	$2.64	3%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,459.21	$768.01	53%	$691.20	47%	$46.93	7%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,459.21	$768.01	53%	$691.20	47%	$46.93	7%
Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$1,792.02	$768.01	43%	$1,024.01	57%	$71.27	7%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$22,221	$16,128	73%	$6,093	27%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	INS Choice Plus HSA PPO AHM8-M/RX 124Y	2022 Renewal Enroll*	2022 Renewal Monthly Premium Rate	2022 Renewal ER Contrib. ($)	2022 Renewal ER Contrib. (%)	2022 Renewal EE Contrib. ($)	2022 Renewal EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$686.91	$686.91	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$1,174.62	$686.91	58%	$487.71	42%	$93.88	24%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$1,174.62	$686.91	58%	$487.71	42%	$93.88	24%
Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$1,442.51	$686.91	48%	$755.60	52%	$145.44	24%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$73,094	$63,196	86%	$9,898	14%		
			HSA Seed							HSA Seed					
			$174,800							$174,800					

	2021 Enroll	2021 Total Premium	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	2022 Renewal Enroll	2022 Renewal Total Premium	2022 Renewal ER Contrib. ($)	2022 Renewal ER Contrib. (%)	2022 Renewal EE Contrib. ($)	2022 Renewal EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%	113	$95,315	$79,324	83%	$15,991	17%
Est. Annual Total		$955,451	$790,859		$164,592			$1,143,781	$951,886		$191,895	
			Total Expenses						Total Expenses			
Δ from Current ($)			$965,659						$1,126,686			

$ Difference from Current	$161,027
% Difference from Current	17%

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage
City of Holly Hill
January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

Current | Renewal | Revised

Vendor	Florida Healthcare Plans			Florida Healthcare Plans		
Plan Name	T32			HDHP T95		
Plan Type	HMO			HSA		
Plan Details	*Network*			*Network*		
	Single		*Family*	*Single*		*Family*
Plan Deductible	$0		$0	$1,400		$2,800
Embedded Deductible:	N/A			No		
Calendar or Policy Year:	Calendar			Calendar		
Coinsurance:	15%			20%		
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes		
Physician Services						
Office Visit:	$20			Deductible + Coinsurance		
Specialist:	$35			Deductible + Coinsurance		
Chiropractic:	$15			Deductible + Coinsurance		
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)		
Hospital / Emergency Services						
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance		
Emergency Room:	$200			Deductible + Coinsurance		
Urgent Care:	$75			Deductible + Coinsurance		
Outpatient Surgical Facility:	$400			Deductible + Coinsurance		
Ambulatory Surgery Center:	$200			Deductible + Coinsurance		
Diagnostic Services						
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance		
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance		
Prescription Drug						
Deductible:	N/A			Calendar Year Deductible		
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%		
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60		
Specialty Tier:	N/A			N/A		
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162		
Non-Network Plan Details	*Non-Network*			*Non-Network*		
Plan Deductible	N/A			$2,800		$5,600
Coinsurance:	N/A			40%		
Maximum Out-of-Pocket:	N/A			$6,000		$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A		

Plan Rates | Current Enrollment		Current	Renewal	Revised		Current	Renewal	Revised
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%

	Current	Renewal	Revised
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**
PEPY	$8,455	$10,143	$9,128
Rate Change from Current (%):		20.0%	8.0%
Rate Change from Current ($):		$190,694	$76,043

No Motion, No Credits, National Rx (Includes Walgreens)

Option 4

UHC National Network

Vendor	UnitedHealthcare		UnitedHealthcare	
Plan Name	BWQ5-M / Rx 570		AHM8-M / Rx 570	
Plan Type	INS Choice HMO		INS Choice Plus HSA PPO	
Plan Details	*Network*		*Network*	
	Single	*Family*	*Single*	*Family*
Plan Deductible	$0	$0	$1,400	$2,800
Embedded Deductible:	N/A		No	
Calendar or Policy Year:	Calendar		Calendar	
Coinsurance:	15%		20%	
Maximum Out-of-Pocket:	$2,500	$5,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes		Yes, N/A, Yes	
Physician Services				
Office Visit:	$20		Deductible + Coinsurance	
Specialist:	$35		Deductible + Coinsurance	
Chiropractic:	$20		Deductible + Coinsurance	
Telemedicine:	$0		Deductible + Coinsurance	
Hospital / Emergency Services				
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)		Deductible + Coinsurance	
Emergency Room:	$200		Deductible + Coinsurance	
Urgent Care:	$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400		Deductible + Coinsurance	
Ambulatory Surgery Center:	$400		Deductible + Coinsurance	
Diagnostic Services				
Lab & X-Ray Outpatient:	$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25		Deductible + Coinsurance	
Prescription Drug				
Deductible:	N/A		Calendar Year Deductible	
Prescription Tier:	$10 | $35 | $70		$10 | $35 | $70	
Walgreens Tier:	$10 | $35 | $70		$10 | $35 | $70	
Specialty Tier:	$10 | $35 | $70		$10 | $35 | $70	
Mail Order Prescription (90 Day Supply):	2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*		*Non-Network*	
Plan Deductible	N/A		$2,800	$5,600
Coinsurance:	N/A		40%	
Maximum Out-of-Pocket:	N/A		$6,000	$12,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A		N/A	

Plan Rates | Current Enrollment		UHC Tiering	Retiered Mirroring FHCP	UHC Tiering	Retiered Mirroring FHCP
Employee:	15	$751.59	$860.96	$601.50	$689.03
Employee + Spouse:	4	$1,818.85	$1,472.24	$1,455.63	$1,178.24
Employee + Child(ren):	0	$1,357.39	$1,472.24	$1,086.32	$1,178.24
Family:	2	$2,503.94	$1,808.02	$2,003.91	$1,446.96
Estimated Monthly Premiums:	21	$23,557	$22,419	$72,409	$73,320
Estimated Annual Premiums:		**$282,686**	**$269,033**	**$868,911**	**$879,836**
Rate Change from Current (%):		14.4%	8.9%	22.7%	24.2%

	UHC Tiering	Retiered Mirroring FHCP
Estimated Grand Total Annual Premiums:	**$1,151,597**	**$1,148,869**
PEPY	$10,191	$10,167
Rate Change from Current (%):	20.5%	20.2%
Rate Change from Current ($):	$196,146	$193,417

Notes:

UHC Tiering: There are different rates for each of the 4 tiers (Employee Only, Employee + Spouse, Employee + Children, & Family)
FHCP Tiering: The Employee + Spouse and Employee + Child rates are the same
Adding Motion, Implementation & Wellness Credits will result in a 1.5 - 2.5% rate load
For more detail on the Motion program and for additional Pharmacy detail, please see the appendix section of the complete RFP response.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 United Health Care - Option 4 - 4 tier
Defined Contribution
0% Migration Assumed

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
HMO - T32 HMO	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	INS Choice BWQ5-M / Rx 570	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
	EE only	15	$790.95	$708.26	90%	$82.69	10%		15	$751.59	$676.43	90%	$75.16	10%	($7.53)	-9%
	EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%		4	$1,818.85	$676.43	37%	$1,142.42	63%	$498.15	77%
	EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%		0	$1,357.39	$676.43	50%	$680.96	50%	$36.69	6%
	Family	2	$1,661.00	$708.26	43%	$952.74	57%		2	$2,503.94	$676.43	27%	$1,827.51	73%	$874.77	92%
	Monthly Total	21	$20,596	$14,873	72%	$5,723	28%		21	$23,557	$14,205	60%	$9,352	40%		

		2021 Monthly Funding & EE | ER Contributions							2022 Renewal Monthly Funding & EE | ER Contributions							
High Deductible Plan - T95	Enrollment Tier	Enroll	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	INS Choice Plus HSA PPO AHM8-M/RX 570	Enroll*	Monthly Premium Rate	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
	EE only	75	$554.69	$554.69	100%	$0.00	0%		75	$601.50	$601.50	100%	$0.00	0%	$0.00	0%
	EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%		9	$1,455.63	$601.50	41%	$854.13	59%	$460.30	117%
	EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%		2	$1,086.32	$601.50	55%	$484.82	45%	$90.99	23%
	Family	6	$1,164.85	$554.69	48%	$610.16	52%		6	$2,003.91	$601.50	30%	$1,402.41	70%	$792.25	130%
	Monthly Total	92	$59,025	$51,031	86%	$7,993	14%		92	$72,409	$55,338	76%	$17,071	24%		
				HSA Seed							HSA Seed					
				$174,800							$174,800					
			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)			Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total		113	$79,621	$65,905	83%	$13,716	17%		113	$95,966	$69,543	72%	$26,423	28%		
Est. Annual Total			$955,451	$790,859		$164,592				$1,151,597	$834,517		$317,080			
				Total Expenses							Total Expenses					
Δ from Current ($)				$965,659							$1,009,317					
								$ Difference from Current			$43,657					
								% Difference from Current			5%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 United Health Care - Option 4 - 3 tier
Defined Contribution
0% Migration Assumed

HMO - T32 HMO

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	INS Choice BWQ5-M / Rx 570 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%	15	$860.96	$774.86	90%	$86.10	10%	$3.41	4%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%	4	$1,472.24	$774.86	53%	$697.38	47%	$53.11	8%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%	0	$1,472.24	$774.86	53%	$697.38	47%	$53.11	8%
Family	2	$1,661.00	$708.26	43%	$952.74	57%	2	$1,808.02	$774.86	43%	$1,033.16	57%	$80.42	8%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%	21	$22,419	$16,272	73%	$6,147	27%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	INS Choice Plus HSA PPO AHM8-M/RX 570 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%	75	$689.03	$689.03	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%	9	$1,178.24	$689.03	58%	$489.21	42%	$95.38	24%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%	2	$1,178.24	$689.03	58%	$489.21	42%	$95.38	24%
Family	6	$1,164.85	$554.69	48%	$610.16	52%	6	$1,446.96	$689.03	48%	$757.93	52%	$147.77	24%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%	92	$73,320	$63,391	86%	$9,929	14%		
			HSA Seed						HSA Seed					
			$174,800						$174,800					
		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)		
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%	113	$95,739	$79,663	83%	$16,076	17%		
Est. Annual Total		$955,451	$790,859		$164,592			$1,148,869	$955,955		$192,914			
			Total Expenses						Total Expenses					
Δ from Current ($)			$965,659						$1,130,755					
							$ Difference from Current		$165,096					
							% Difference from Current		17%					

Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Executive Summary of Medical & Prescription Drug Coverage

City of Holly Hill

January 1, 2022 - December 31, 2022

Currently Includes Preferred Fitness Certificate (Gyms)

	Current | Renewal | Revised						Option 5			
Vendor	Florida Healthcare Plans			Florida Healthcare Plans			Humana		Humana	
Plan Name	T32			HDHP T95			OA HMO 16 Copay I/80		16 Coinsh/8050	
Plan Type	HMO			HSA			HMO		NPOS - HDHP	
Plan Details	*Network*			*Network*			*Network*		*Network*	
	Single	*Family*	*Family*	*Single*	*Family*	*Family*	*Single*	*Family*	*Single*	*Family*
Plan Deductible	$0		$0	$1,400		$2,800	$250	$500	$1,500	$3,000
Embedded Deductible:	N/A			No			Yes		No	
Calendar or Policy Year:	Calendar			Calendar			Calendar		Calendar	
Coinsurance:	15%			20%			20%		20%	
Maximum Out-of-Pocket:	$2,500		$5,000	$3,000		$6,000	$2,000	$4,000	$3,000	$6,000
(Includes Deductible, Copay, Rx)	N/A, Yes, Yes			Yes, Yes, Yes			Yes, Yes, Yes		Yes, N/A, Yes	
Physician Services										
Office Visit:	$20			Deductible + Coinsurance			$20		Deductible + Coinsurance	
Specialist:	$35			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Chiropractic:	$15			Deductible + Coinsurance			$35		Deductible + Coinsurance	
Telemedicine:	$10 (PCP) | $30 (Mental Health)			Ded + $10 (PCP) | Ded + $30 (Mental Health)			$20		Deductible + Coinsurance	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	$250/Day (5 Days Max)			Deductible + Coinsurance			Deductible + Coinsurance		Deductible + Coinsurance	
Emergency Room:	$200			Deductible + Coinsurance			$250		Deductible + Coinsurance	
Urgent Care:	$75			Deductible + Coinsurance			$75		Deductible + Coinsurance	
Outpatient Surgical Facility:	$400			Deductible + Coinsurance			Deductible + Coinsurance		Deductible + Coinsurance	
Ambulatory Surgery Center:	$200			Deductible + Coinsurance			Deductible + Coinsurance		Deductible + Coinsurance	
Diagnostic Services										
Lab & X-Ray Outpatient:	$0			Deductible + Coinsurance			$0		Deductible + Coinsurance	
Advanced Imaging Services (MRI, MRA, PET, CT):	$25			Deductible + Coinsurance			$300		Deductible + Coinsurance	
Prescription Drug										
Deductible:	N/A			Calendar Year Deductible			N/A		Calendar Year Deductible	
Prescription Tier:	$3 | $10 | $30 | $55 | 15% | 25%			$3 | $10 | $30 | $55 | 15% | 25%			$10 | $30 | $50 | 25%		$10 | $30 | $50 | 25%	
Walgreens Tier:	$15 | $15 | $35 | $60			$15 | $15 | $35 | $60			N/A		N/A	
Specialty Tier:	N/A			N/A			25% (Preferred) | 35% (Network)		N/A	
Mail Order Prescription (90 Day Supply):	$6 | $27 | $87 | $162			$6 | $27 | $87 | $162			2.5x's Copay		2.5x's Copay	
Non-Network Plan Details	*Non-Network*			*Non-Network*			*Non-Network*		*Non-Network*	
Plan Deductible	N/A			$2,800		$5,600	N/A		$4,500	$9,000
Coinsurance:	N/A			40%			N/A		50%	
Maximum Out-of-Pocket:	N/A			$6,000		$12,000	N/A		$9,000	$18,000
Per Occurrence Deductible (Inpatient/Outpatient):	N/A			N/A			N/A		N/A	

Plan Rates | Current Enrollment		Current	Renewal	Revised		Current	Renewal	Revised	Option 5	
Employee:	15	$790.95	$925.19	$832.64	75	$554.69	$671.18	$604.04	$670.38	$552.11
Employee + Spouse:	4	$1,352.53	$1,582.08	$1,423.83	9	$948.52	$1,147.71	$1,032.90	$1,340.75	$1,104.21
Employee + Child(ren):	0	$1,352.53	$1,582.08	$1,423.83	2	$948.52	$1,147.71	$1,032.90	$1,273.72	$1,049.00
Family:	2	$1,661.00	$1,942.91	$1,748.56	6	$1,164.85	$1,409.47	$1,268.48	$2,145.21	$1,766.74
Estimated Monthly Premiums:	21	$20,596	$24,092	$21,682	92	$59,025	$71,420	$64,276	$19,709	$64,045
Estimated Annual Premiums:		**$247,156**	**$289,104**	**$260,184**		**$708,295**	**$857,042**	**$771,309**	**$236,509**	**$768,535**
Rate Change from Current (%):			17.0%	5.3%			21.0%	8.9%	-4.3%	8.5%

	Current	Renewal	Revised	Option 5
Estimated Grand Total Annual Premiums:	**$955,451**	**$1,146,145**	**$1,031,494**	**$1,005,044**
PEPY	$8,455	$10,143	$9,128	$8,894
Rate Change from Current (%):		20.0%	8.0%	5.2%
Rate Change from Current ($):		$190,694	$76,043	$49,593

Notes:

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Funding & Contribution Summary - 2021 vs. Proposed 2022

Current & Proposed Funding & Contribution Scenarios

2022 Humana - Option 5
Defined Contribution
0% Migration Assumed

HMO - T32 HMO

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	OA HMO 16 Copay I/80 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	EE Δ from 2021
EE only	15	$790.95	$708.26	90%	$82.69	10%	15	$670.38	$603.34	90%	$67.04	10%	($15.65)	-19%
EE + Spouse	4	$1,352.53	$708.26	52%	$644.27	48%	4	$1,340.75	$603.34	45%	$737.41	55%	$93.14	14%
EE + Child(ren)	0	$1,352.53	$708.26	52%	$644.27	48%	0	$1,273.72	$603.34	47%	$670.38	53%	$26.11	4%
Family	2	$1,661.00	$708.26	43%	$952.74	57%	2	$2,145.21	$603.34	28%	$1,541.87	72%	$589.13	62%
Monthly Total	21	$20,596	$14,873	72%	$5,723	28%	21	$19,709	$12,670	64%	$7,039	36%		

High Deductible Plan - T95

Enrollment Tier	2021 Enroll	2021 Monthly Premium Rate	2021 ER Contrib. ($)	2021 ER Contrib. (%)	2021 EE Contrib. ($)	2021 EE Contrib. (%)	NPOS - HDHP 16 Coinsh/8050 Enroll*	2022 Monthly Premium Rate	2022 ER Contrib. ($)	2022 ER Contrib. (%)	2022 EE Contrib. ($)	2022 EE Contrib. (%)	EE Δ from 2021	from 2021 (%)
EE only	75	$554.69	$554.69	100%	$0.00	0%	75	$552.11	$552.11	100%	$0.00	0%	$0.00	0%
EE + Spouse	9	$948.52	$554.69	58%	$393.83	42%	9	$1,104.21	$552.11	50%	$552.10	50%	$158.27	40%
EE + Child(ren)	2	$948.52	$554.69	58%	$393.83	42%	2	$1,049.00	$552.11	53%	$496.89	47%	$103.06	26%
Family	6	$1,164.85	$554.69	48%	$610.16	52%	6	$1,766.74	$552.11	31%	$1,214.63	69%	$604.47	99%
Monthly Total	92	$59,025	$51,031	86%	$7,993	14%	92	$64,045	$50,794	79%	$13,250	21%		
			HSA Seed $174,800						HSA Seed $174,800					

	Enroll	Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)	Enroll	Total Premium	ER Contrib. ($)	ER Contrib. (%)	EE Contrib. ($)	EE Contrib. (%)
Est. Monthly Total	113	$79,621	$65,905	83%	$13,716	17%	113	$83,754	$63,464	76%	$20,289	24%
Est. Annual Total		$955,451	$790,859		$164,592			$1,005,044	$761,572		$243,473	

Δ from Current ($)	Total Expenses $965,659		Total Expenses $936,372
$ Difference from Current			-$29,288
% Difference from Current			-3%

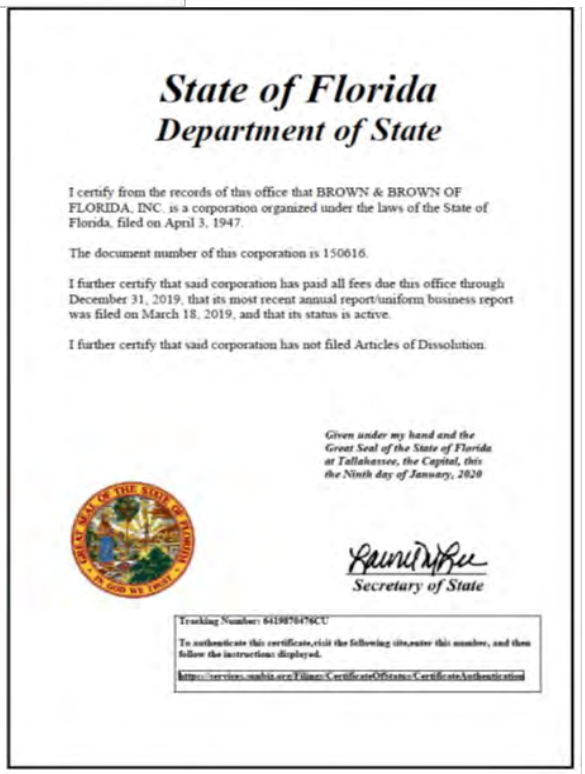
Enroll*- Subject to change at enrollment
HSA Seed is representative of max seed $1,900

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker

Other Information

CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL REMARKS SCHEDULE



State of Florida
Department of State

I certify from the records of this office that BROWN & BROWN OF FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on April 3, 1947.

The document number of this corporation is 150616.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on March 18, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of January, 2020

Secretary of State

Tracking Number: 641987047SCU

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

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

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Other Information

FLORIDA DEPARTMENT of FINANCIAL SERVICES

BROWN & BROWN OF FLORIDA, INC.

655 NORTH FRANKLIN STREET
SUITE 1900
TAMPA FL 33602

Agency License Number L007011

Location Number: 125245

Issued On 07/25/2006

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.

Jeff Atwater
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

STEPHEN PHILLIP FARMER

License Number : A081083

Resident Insurance License	Issue Date
• 0220 - GENERAL LINES (PROP & CAS)	06/07/1996

Please Note: To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the FL Dept. of Financial Services website at http://www.myfloridacfo.com/agents/.

Jeff Atwater
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

DUSTIN SMURDON

License Number : W288069

Resident Insurance License	Issue Date
• 0215 - LIFE INCL VAR ANNUITY & HEALTH	09/29/2018
• 0220 - GENERAL LINES (PROP & CAS)	10/22/2015

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment reported in your user name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 60 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at https://fldfs.fldfs.com. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at http://www.MyFloridaCFO.com/#LicenseAgents.

Jimmy Patronis
Chief Financial Officer
State of Florida

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

JESSICA SCOTT

License Number : P076149

Resident Insurance License

• 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

12/16/2006

Please Note: To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the FL Dept. of Financial Services website at http://www.myfloridacfo.com/agents/.

Jeff Atwater
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

BRANDON SAVAGE

License Number : P187689

Resident Insurance License

• 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

04/04/2009

Please Note:

Jeff Atwater
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

STEPHEN JOHN HALL

License Number : A108842

Resident Insurance License

• 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

10/25/2014

Please Note:

Jimmy Patronis
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

MICHAEL JOSEPH RUSIN

License Number : W465261

Resident Insurance License

• 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

01/29/2018

Please Note:

Jimmy Patronis
Chief Financial Officer
State of Florida

Certified Financial Statements

Brown & Brown's 10-K is our annual report required by the U.S. Securities and Exchange Commission, that gives a comprehensive summary of our financial performance. Brown & Brown's financials are audited by an independent registered public accounting firm, Deloitte & Touche LLP, per the 10-K found in the link below:

https://investor.bbinsurance.com/node/17511/html

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Minimum Qualifications of Proposed Insurers:

A.M. BEST'S INSURANCE RATINGS & CARRIER WEBSITES

The insurance company providing coverage has the following A.M. Best Financial Rating:

A++ to D = Highest to Lowest Rating

XV to I = Largest to Smallest Rating

Not Rated Companies:

NR = Not rated by A.M. Best

Carrier Name	Best's Rating for Stability	FSC Rating for Assets/ Surplus	Web Address	Provider Directory
Aetna Health Inc.	A	XV	www.aetna.com	Yes
Cigna Health and Life Insurance Company Cigna HealthCare of Florida, Inc.	A	XV	www.cigna.com	Yes
EyeMed Insurance Company (underwritten by Fidelity Security Life)	A-	VIII	www.enrollwitheyemed.com	Yes
Florida Combined Life Insurance Company, Inc.	A	IX	www.bcbsfl.com	N/A
Florida Health Care Plan Inc.	A+	XV	www.fhcp.com	Yes
Humana Health Insurance of Florida, Inc. (PPO , EPO, Indemnity Plans)	A-	XV	www.humana.com	Yes
Transamerica Life Insurance	A+	XV	www.transamerica.com	N/A
UnitedHealthcare Insurance Company (Insurance Paper)	A	XV	www.uhc.com	Yes

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Below is a listing of the carriers we work with and have preferred status (not exhaustive):

Medical	• Aetna • AllSavers • Assurant • AvMed • Florida Blue (all affiliates)	• Capital Health Plans • Cigna • Florida Health Care Plans • Health First / Florida Hospital Care Advantage	• Humana • Neighborhood Health Partnership • United Healthcare
Alternate Funding / Other	• Benecon / Veris • ELAP Services • Innovative Health Plan	• Innovative Workplace Benefits • National General Life • Ownership Rewards	• Trustmark • Wellnet
ASO & TPA	• Aetna / Meritain • Ameraplan • Allied • America's Choice	• BCBS of SC (TPA) • Cigna • Continental Benefits • Coresource	• Maestro Health • Mayo Clinic • Nova Health • UHC / UMR
Stop Loss	• AIG • Berkshire Hathaway • Guardian Life & Health • HCC Life	• HM Insurance • TMS (Munich) Re • SunLife Financial • Swiss Re	• Symetra • Voya Financial • Zurich
Pharmacy Benefit Management	• Axia Strategies • CVS Caremark • Coretrust	• Evergreen Rx • Express Scripts, Inc. • Optum Rx	• Pillar Rx • RxBenefits • WellDyne Rx
National Preferred Ancillary & Worksite	• Advantica • Aetna* • Aflac* • AIG* • Allstate Financial* • Ameritas • Axa Financial* • Boston Mutual* • Cigna* • Colonial Life* • Delta Dental*	• EyeMed • Florida Combined Life* • Guardian Life & Health* • Hartford Life* • Humana* • Liberty Mutual* • Lincoln Financial* • Metropolitan Life* • Mutual of Omaha* • Principal Financial* • Prudential of America*	• Reliance Standard* • Standard Insurance* • SunLife Financial (Assurant)* • Superior Vision • TransAmerica* • Unum Insurance* • Vision Service Plan • Voya Financial*
FSA, HSA, HRA	• EBC Flex • Health Equity • HSA Bank	• Infinisource • Optum Bank • PNC Bank	• ProBenefits • TASC • Wage Works
Technology	• Benefits Focus • Benefits Science • Hodges and Mace	• Jellyvision • Liazon • Maestro Health	• Maxwell Health • PlanSource • Web Benefits Design
Wellness	• Abenity • Go365 (Humana Vitality) • Health Advocate	• Health Designs • Rally • Redbrick Health	• Retrofit • Selfhelpworks • Virgin Pulse
EAP	• ACI Specialty Benefits • Aetna Resources For Living	• Bensinger, DuPont, & Associates • Integrated Behavioral Health	• ***Ancillary Carriers marked with "*" also offer EAP services***

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

VIII. Separability of Coverages

Brown & Brown has noted within our proposal (see “Premiums” section) premiums for each line of coverage with each carrier either as stand alone options or as packages.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

IX. Contract Term/ Completion Time

All Required Forms

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

HOLLY HILL
FLORIDA

1065 Ridgewood Avenue
Holly Hill, Florida 32117
Telephone (386) 248-9440
Fax (386) 248-9498

REQUEST FOR PROPOSALS

PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP TITLE: BROKER SERVICES, MEDICAL, DENTAL, VISION, FIREFIGHTER CANCER, AND LIFE BENEFITS

RFP NUMBER: 21HRD001

RFP OPENING DATE & TIME: October 12, 2021, 2:00pm

RFP DEADLINE FOR QUESTIONS: September 20, 2021, 5:00pm

CONTRACT START DATE: January 1, 2022

RFP OPENING LOCATION: 1065 Ridgewood Avenue, Holly Hill, FL 32117, City Hall, Large Conference Room

PRE-SUBMITTAL MEETING: N/A

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

PROPOSER'S NAME: Steve Farmer

PROPOSER'S MAILING ADDRESS: 300 North Beach Street

CITY-STATE-ZIP: Daytona Beach, FL 32114

F.E.I.N.: 590864469

PHONE NUMBER: 386-252-9601 FAX NUMBER: 386-239-5705

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

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

X _____
AUTHORIZED SIGNATURE (MANUAL)

Steve Farmer / EVP
NAME (TYPED) / TITLE

10/08/2021
DATE

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

I. OBJECTIVE OF THE REQUEST FOR PROPOSALS

The City of Holly Hill, located in east central Florida on the banks of the Halifax River (Intra-Coastal Waterway) bounded on the north by Ormond Beach and the south by Daytona Beach, has issued this Request for Proposals with the sole purpose and intent of obtaining bids from interested qualified firms licensed to do business in the State of Florida offering to provide **Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Insurance** in accordance with the specifications stated and/or attached herein/hereto.

The City of Holly Hill will contract with a firm experienced in the placement and servicing of its employee benefit insurance program. This insurance program includes Medical, Dental, Vision, Firefighter Cancer, and Life employee insurance coverages along with Broker Services.

It is the intent and purpose of the City of Holly Hill (City) that this Request for Proposal promotes competitive selection. It shall be the Vendor's responsibility to advise the City's Clerk if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source.

Sealed Proposals must be delivered **no later than** the date and time listed in the Timetable above. All times referenced are local time.

Due to the timing of mail service, the City cautions Vendors to assure actual delivery of proposals to the City prior to the deadline set for receiving proposals. Carrier and hand deliveries of proposals will be accepted in the City Clerk's Office, City of Holly Hill, City Hall, 1065 Ridgewood Avenue, Holly Hill, Florida, until the date and time referenced in the Timetable above or as amended by addendum issued by the City. Proposals received after the established deadline shall not be considered.

Vendors are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid, proposal, statement or quotation is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

Offers by telephone, email or telegram shall not be accepted. Also, Vendors are instructed NOT to fax their proposal package. **Faxed proposals shall be rejected as non-responsive regardless of where or when the fax is received.**

All proposals will be opened publicly and the names of all Vendors shall be read aloud.

The City of Holly Hill reserves the right to reject any or all proposals or parts of proposals if it is in the best interest of the City.

II. BACKGROUND

The City serves an area of less than 4 square miles with a population of approximately 12,479. The City's fiscal year begins on October 1st and ends on September 30th. The Finance Department maintains the funds and accounts of the City. The Finance Department is responsible for the custody and accounting of funds of each department.

More detailed information on the government and its finances can be found in City of Holly Hill's Annual Comprehensive Financial Report for fiscal year 2019-2020, which is available upon request from the City Clerk. The City's Annual Budget for fiscal year 2020-2021 can be viewed on www.hollyhillfl.org. The City of Holly Hill is exempt from any and all state, local and federal taxes.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

III. INQUIRIES

Direct questions related to this **RFP** to Diane Cole, Human Resource Director, and submit such questions in writing to dcole@hollyhillfl.org include the page and paragraph number for each question in order to ensure that questions asked are responded to correctly.

IV. GENERAL CONDITIONS

PUBLIC ENTITY CRIMES: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit Proposals on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

DISCRIMINATION: Pursuant to Section 287.134(2)(a), Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid or proposal on a contract to provide any goods or services to a public entity, may not submit a bid or proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit bid or proposal on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity.

PUBLIC RECORDS/NON-CONFIDENTIALITY OF BIDS AND/OR PROPOSALS. The City of Holly Hill cannot and does not warrant the confidentiality of any information submitted in response to this solicitation. Florida law provides that municipal records shall at all times be open for personal inspection by any person, Section 119.01, F.S., The Public Records Law. Information and materials received by the City of Holly Hill in connection with all Proposers' response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or 30 days after bid opening, whichever occurs first. Section 119.071, F.S.

DISTRIBUTION OF BIDS AND RFP'S: The City uses the services of VendorLink (www.myvendorlink.com) to distribute its bids and RFP's on-line on the Internet. If you have received a copy of this RFP from any source other than VendorLink, please be aware that you may not have received the latest version of the RFP or any related addendums.

SUBMISSION OF RESPONSES: All Submittals shall be delivered in a sealed envelope. The Request for Proposals (RFP) number, title, and opening date shall be clearly displayed on the outside of the sealed envelope (and on the outside of any express shipping package). The delivery of said submittal to the City Clerk's Office on or before the specified opening date and time is solely and strictly the responsibility of the Submitter. Any submittal received by the City Clerk's Office after the specified date and time will not be accepted. Submittals must be presented on forms provided by the City. No other forms will be accepted. Telephone, telefax and telegraph Submittals will not be considered. No Submittal may be modified after opening. No Submittal may be withdrawn after opening for a period of ninety (90) days unless otherwise specified.

EXECUTION OF SUBMITTAL: Submittals must contain a manual signature of the authorized representative in the space(s) provided. Submittals must be typed or printed in ink. Use of erasable ink is not permitted. All corrections made by Submitter to any Submittal entry must be initialed. The company name and Federal Employer Identification Number (F.E.I.N.) number shall appear in the space(s) provided.

RFP OPENING: Submittals shall be opened and the name of the submitters shall be read publicly. No discussion of the Submittals will occur at this time.

SUBMITTAL TABULATION: Any submitter wishing to receive a copy of the tabulation is required to enclose a stamped, self-addressed envelope with their Submittal response.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

CLARIFICATION/CORRECTION OF RFP ENTRY: The City of Holly Hill reserves the right to allow for the clarification of questionable entries and for the correction of obvious mistakes.

INTERPRETATION: Any questions concerning conditions and specifications shall be directed to the Purchasing Coordinator. Those interpretations which may affect the eventual outcome of this Submittal will be furnished in writing to all prospective Submitters. No interpretation shall be considered binding unless provided in writing by the City of Holly Hill.

MINORITY POLICIES: The City of Holly Hill, Florida, encourages the full participation of Disadvantaged and Women Business Enterprises (D&WBE) in the provision of goods and services.

LICENSES AND PERMITS: The Vendor/Contractor is responsible for obtaining all necessary permits and licenses to comply with all Federal, State, local laws, rules and regulations required to perform work in accordance with the specifications.

ADDITIONAL TERMS AND CONDITIONS: The City of Holly Hill reserves the right to reject Submittals containing any additional terms or conditions not specifically requested in the original conditions and specifications.

TAXES: The City of Holly Hill is exempt from Federal Excise Taxes and all sales taxes.

SILENCE OF SPECIFICATIONS: The apparent silence of any specification and any supplemental specifications as to any details or the omission from same of any detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail and that only materials of first quality and correct type, size, and design are to be used. All workmanship is to be first quality. All interpretations of the specifications shall be made upon the basis of this statement.

ASSIGNMENT: Any purchase order or contract issued pursuant to a Submittal and the monies which may become due hereunder are not assignable except with the prior written approval of the City Manager or City Commissioner, whichever authorized the purchase or Agreement.

LIABILITY: The Contractor shall hold and save the City of Holly Hill, its officers, agents, and employees harmless against claims by third parties resulting from the Contractor's or supplier's breach of contract or negligence, including all attorney's fees and costs, and shall pay any and all damages, fees, and costs assessed on behalf of the City. The City expressly reserves all rights, privileges and benefits of sovereign immunity.

PATENTS AND ROYALTIES: The Contractor, without exception, shall indemnify and save harmless the City of Holly Hill and its employees from liability of any kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of the contract, including its use by the City of Holly Hill. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the Submittal prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

NON-APPROPRIATION OF FUNDS: In the event sufficient budget funds are not available for a new fiscal period, the CITY shall notify the VENDOR/CONTRACTOR of such occurrence and the contract shall terminate on the last day of the current fiscal period, without any penalty or expense to the CITY of any kind whatsoever.

AWARDS: The CITY reserves the right, in its sole discretion, as the best interest of the CITY may require, to make award(s) by individual item, group of items, all or none, or a combination thereof; on a geographical basis and/or with one or more vendors, contractors, consultants or specialists; or to reject any and all Submittals or waive any minor irregularity or technicality in the Submittals received.

OTHER AGENCIES: All Bidder(s) awarded contracts from this bid or proposal may, permit any municipality or other government agency to participate in the contract under the same prices, terms, and conditions, if agreed to by both parties.

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It is understood that at no time will any city, municipality, or other agency be obligated for placing an order for any other city, municipality, or agency: nor will any city, municipality, or agency be obligated for any bills incurred by any other city, municipality, or agency. Further, it is understood that each agency will issue its own purchase orders to the awarded bidder(s).

NO LOBBYING: All Vendors are hereby placed on notice that the City of Holly Hill Commission, City Employees/Staff, nor Members of the Evaluation Committee (with the exception of the Human Resources Manager or Finance Director who are designated for the purpose to receive requests for interpretations or corrections) are not to be lobbied, directly or indirectly either individually or collectively, regarding this RFP. During the entire procurement process, all Vendors and their subcontractors, sub-consultants, or agents are hereby placed on notice that they are not to contact any persons listed above for such purposes as holding meetings of introduction, dinners, etc. if they intend to submit or have submitted proposals for this project. Any Vendor contacting individuals mentioned herein in violation of this warning may automatically be disqualified from further consideration for this RFP.

COMPLIANCE WITH FLORIDA PUBLIC RECORDS LAW: Contractor expressly agrees that it shall comply with the public records law provided in Florida Statutes, Chapter 119, and specifically to:

(a) Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the contracted service.
(b) Provide the public with access to public records on the same terms and conditions that the City would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
(c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.
(d) Meet all requirements for retaining public records and transfer, at no cost, to the City all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the City in a format that is compatible with the information technology systems of the City.
(e) Failure of the Contractor to comply with Public Records Law as provided by Florida Statutes, Chapter 119, shall subject the Agreement to termination for cause by the City.

THE CITY OF HOLLY HILL RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS, AND TO WAIVE INFORMALITIES AS MAY BE DEEMED TO BE IN THE BEST INTEREST OF THE CITY.

TERMS AND CONDITIONS

A. The City of Holly Hill reserves the right without prejudice to reject any or all proposals, to request clarification of information submitted, and to request additional information of one or more proposers.

B. The City reserves the right to award the contract to the next most qualified firm if the successful firm fails to execute a contract within two weeks after the award of the contract by the City Commission.

C. In accordance with federal, State, and local regulations, the firm shall not discriminate under the contract against any person.

D. The firm shall not assign or transfer any interest in the contract without prior approval of the City Commission.

E. The contract could be terminated at any time due to the vendor's default under terms of the agreement.

F. Submission of a proposal indicates acceptance by the firm of the conditions contained in this Request for Proposals unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the City of Holly Hill and the firm selected.

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G. Submittals should include a copy of firm's insurance certificate, Conflict, Non-Conflict of Interest Statement/Litigation Statement, and Drug Free Workplace Certificate.

AMERICANS WITH DISABILITIES ACT (ADA): If you need special services provided for under the Americans with Disabilities Act, contact the Human Resources office at 386-248-9440 at least 48 hours before the scheduled event.

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V. SCOPE OF SERVICES

AGENT OF RECORD SERVICES FOR EMPLOYEE BENEFIT PROGRAMS

The City of Holly Hill is currently fully-insured with Florida Health Care plans. The health plan provides coverage to full-time employees, their eligible dependents and retirees. The City of Holly Hill has approximately 107 full-time employees including the City Commission. There are 46 enrolled retirees in the basic life insurance plan with currently 7 retirees enrolled in the medical plan and one COBRA participant in the medical plan.

Currently, employees hired prior to January 1, 2021 have a choice between two plans with Florida Health Care: a Health Savings Account – POS plan and an HMO plan. Employees hired January 1, 2021 and thereafter are only entitled to enroll in the Health Savings Account plan.

The City of Holly Hill also offers an employer-paid basic life plan with AD&D which is currently with USAble with a dependent and voluntary life option for employees to enroll and are responsible for 100% of the premium, as well as a fire cancer policy through Chubb – which is only provided for firefighters, and paid entirely by the City. Also, offered are PPO dental and vision plans through MetLife and EyeMed which are 100% paid by the employee.

New hire insurance is effective the 1st of the month following 30 days of employment and termination occurs on the last day of the month of which the employee is employed.

The City of Holly Hill is seeking a qualified Agent of Record for the purpose of reviewing and evaluating ongoing employee benefit programs to assure such programs are complying with all Federal, State, and Local rules. The Agent of Record will be expected to market carriers who can provide group Medical, Dental, Vision, Fire Cancer, and Life insurance in an effort to obtain the best product at the best price for the calendar year beginning January 1, 2022 and submit said proposals with this RFP. The term of this agreement will be one year beginning January 1, 2022. The agreement should include an option of the continuation of services for three (3) additional one (1) calendar year period renewals thereafter between the City and the selected firm. Employee benefit programs include Medical, Dental, Vision, Fire Cancer, and Life insurance products and services. The Agent of Record will advise on current trends or innovative programs that may be of interest to or benefit the City of Holly Hill employee benefit programs. The City of Holly Hill reserves the right to add, modify, or delete coverages as determined to be in the best interest of the city. All coverages are to be proposed to the City net of commission. Included within the scope of services the Agent of Record will facilitate claim review and coverage issues as requested.

The attachments to the bid show current plan designs, premiums and employee contributions. Please propose benefit plans that duplicate the current benefit levels as close as possible, as well at the alternate design that the City is requesting to promote clinic utilization similar to that offered through Florida Health Care's Wellness Centers. Specify how any other plan benefit options deviate from the current plan designs.

The City of Holly Hill is requesting sealed proposals for insurance coverage for the following lines of group coverage:

Medical
Dental
Vision
Fire Cancer
Life

The proposer will be expected to provide equal or exceed present services. Submittals are requested for fully-insured quotes. Insurance is to be effective beginning January 1, 2022.

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Please provide the City of Holly Hill with the Scope of Services that your agency provided as the Agent of Record proposer for the Employee Benefits Program. The scope of services must include:

- Medical proposers and pharmacy benefit providers are expected to provide fully insured proposals and alternate funding proposals.
- The City currently has a proactive wellness and disease management program, including participation incentives, including but not limited to health screenings, flu shot programs, health risk assessments and health fairs. Please provide details in your proposal of all current program offerings including,if applicable, any additional cost. Proposals should detail the support staff and other assistance that will be provided.
- Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees and network guarantees.
- Proposer must be able to offer a high qualify, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering in excess of 120 individuals with their dependents. Provider network must include hospital, physician, and other provider services in Volusia, Seminole, Lake, Brevard, Flagler and St. Johns Counties. Please note that local or regional networks can be proposed, but it is the City's preference that national networks be made available to the employees, retirees and their dependents.
- Proposer is to include a copy of their preferred drug listing for consideration.
- It is the responsibility of the successful proposers to provide the necessary forms, papers, etc., for initial enrollment and also the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.
- Please provide sample reports that the City would be able to receive on a monthly, quarterly and annual basis.
- It is a requirement of the City to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, research information such as Preferred Drug Lists, search provider directories, etc.
- The City is requesting the Agent of Record to include an on-line enrollment and electronic administration of the City's benefit programs, all proposers must have technological capacity to transmit and accept eligibility files from your proposing system, and demonstrate security measures in place to protect sensitive data.
- It is a requirement that the Agent of Record awarded this contract provide representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration. Please provide a proposed schedule given that the tentative award date of October 26, 2021 and enrollment start date of November 15, 2021 with a January 1, 2022 effective date.

ATTACHED EXHIBITS:

Section V – Exhibits – RFQ Employee Benefits – 2022

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VI. QUESTIONNAIRE:

Where applicable please check the correct response:

Q1. Is the Agent of Record properly licensed by the State of Florida; currently in good standing with the State of Florida Department of Insurance and all other applicable regulatory entities to conduct business in the state and provide the required services requested.

A1: ☒ Yes ☐ No

Q2. Does the Agent of Record have a minimum of five (5) years of experience in providing governmental insurance services?

A2 ☒ Yes ☐ No

Q3. Has the Agent of Record had municipal clients within the last ten (10) years?

A3 ☒ Yes ☐ No

If yes, please provide a list five (5) clients below.

1. City of Ormond Beach-Claire Whitley, Assistant City Manager 386-676-3202
2. City of Edgewater- Julie Christine, Human Resources Director (386) 424-2400, Ext #1701
3. Clerk of Court- Robin Beaulieu, Human Resources Director 386-822-5753, extension 16514
4. City of Port Orange- Heather Carrizales, Human Resources Director Phone: (386) 506-5561
5. Town of Ponce Inlet - Kim Cherbano, Human Resources Director (386)236-2152 Office

Q4. Can the Agent of Record produce reference contacts from municipal clients serviced within the past ten (10) years?

A4 ☒ Yes ☐ No

If yes, please list entity name(s), contact name(s) and contact phone number(s) below. **NOTE:** Contacts listed will be validated.

1. City of Ormond Beach-Claire Whitley, Assistant City Manager 386-676-3202
2. City of Edgewater- Julie Christine, Human Resources Director (386) 424-2400, Ext #1701
3. Clerk of Court- Robin Beaulieu, Human Resources Director 386-822-5753, extension 16514
4. City of Port Orange- Heather Carrizales, Human Resources Director Phone: (386) 506-5561
5. Town of Ponce Inlet - Kim Cherbano, Human Resources Director (386)236-2152 Office

Q5. As an Agent of Record, do you have benefit seminar planning experience?

A5 ☒ Yes ☐ No

Q6. As an Agent of Record, do you understand the Scope of Services?

A6 ☒ Yes ☐ No

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Q7. As an Agent of Record have you had government experience with the following types of insurance and service?

A7.	Agent of Record:	
Medical:	☒ Yes	☐ No
Vision:	☒ Yes	☐ No
Dental:	☒ Yes	☐ No
Long Term Disability:	☒ Yes	☐ No
Life:	☒ Yes	☐ No
Flexible Spending Plan:	☒ Yes	☐ No
Claims Services:	☒ Yes	☐ No
Voluntary Benefits Services:	☒ Yes	☐ No

Q8. Have Agent of Record or any member of your agency ever been indicted, convicted, plead guilty or plead no contest to the commission of a felony?

A8. ☐ Yes ☒ No

Q9. As an Agent of Record, does your agency hold a minimum of five million dollars in professional errors and omissions liability insurance?

A9: ☒ Yes ☐ No
If not, what is the limit? _____

Q10. Have Agent of Record or any member of your agency been involved in any claim or litigation with any Federal, State or Local Government or Private Entity?

A10. ☐ Yes ☒ No

Q11. As an Agent of Record, do you have preferred status with the insurance carriers? If so, please list which carriers and at what level:

A11. **Carrier: Preferred Status with Carrier:**

Information on page # 131

Q12. Who will be the City's principal contact(s) for this project? Provide name, title, and a brief description of the individual(s) experience in brokering benefit coverage.

A12. Information on page #132

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VII. SUBMISSION DETAILS

The submittal shall be organized in a binder form and contain the following required information in the order presented below:

- **Cover Letter** (2-page limit) - List the name, address, email address, phone numbers of the contact person for your RFP response. A statement confirming your firm meets the minimum requirements as presented in Section VI. Qualifications, key elements of the proposal and any other useful information. State number of office in Florida, number of employee in Florida and the number of public entities handled.
- **Company Overview** (2- page limit) – A brief description of the firm, similar page work during the last 3 years, firm's size, structure, financial capacity, available resources and any additional related company information.
- **Scope of Services** – Please respond to each question and elaborate when needed. Simply stating "confirmed" to each statement and question will not be acceptable.
- **Key Personnel** (3 - page limit) – (1 page dedicated to an organizational chart) – Identify and provide general information for key personnel, their experience, knowledge and education/background. Provide an organizational chart describing the member(s) of your servicing team that would be dedicated to the City, including the average tenure of service team.
- **Premiums** (9- page Limit) – submitted as follows:
  - Provide a summary page, indicating any coverage not being provided, any deviations from coverages requested and outline any brokerage/agent fees that apply wither based on percentages or flat rates.
  - Proposed health benefits from the carriers – please provide a side-by-side comparison of current and proposed plans and rates
- Other Information – Include copies of all applicable licenses and Errors and Omissions certificate.
- Brokers must, as of the proposal return date specified in this RFP, provide proof that they have been operating successfully in the State of Florida for a minimum of five of the most recent (5) consecutive years.
- **Brokers must submit with their proposal their last audited financial statement issued by a Certified Public Accountant that:**
  - Is dated no earlier than the eighteen (18) months prior to the proposal return date specified in this RFP: or
  - offers an unqualified opinion of the financial viability of the person or organization; and
  - the City reserves the right for its appropriate representative to review only those records pertaining to the contact awarded because of these documents submitted and can thus determine if the terms, conditions, and specification of the contract can be followed based

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upon the vendor's financial viability.

MINIMUM QUALIFICATIONS OF PROPOSED INSURERS

No proposer shall be accepted by the City where insurance coverage is to be provided by an insurer or organization which has a rating less than "A" in the "Best Key Rating Guide" published by A.M. Best & Company.

If the coverage is to be provided by a person or organization not rated by the designated rating firm listed above, proposals or such coverage or service shall only be accepted if the person or organization providing the service or coverage:

Has, as of the proposal return date specified in this RFP, been successfully operating in the State of Florida for a minimum of five (5) consecutive years;

Submits with its proposal its last audited financial statement issued by a certified public accountant that:

1. is dated no earlier than eighteen (18) months prior to the proposal return date specified in this RFP; or
2. offers an unqualified opinion of the financial viability of the person or organization; and
3. the City reserves the right for its internal auditor or appropriate representative to review only those records pertaining to the contract awarded because of these documents submitted and can thus determine if the terms, conditions and specifications of the contract can be followed based on the vendor's financial viability.

VIII. SEPARABILTY OF COVERAGES

It is the desire of the City to have the flexibility to purchase all proposed coverages either as a package in whole, or to purchase each proposed line of business on a "Stand Alone" basis. Those lines that must be purchased in combination with or as part of other coverages should be specifically stated in the proposal. Therefore, all proposals shall include a premium breakdown for each line of business proposed. If different premiums will apply to coverages when purchased separately, they should be specifically and clearly stated. Unless otherwise stated in the proposal, it will be assumed that the coverage(s) can be purchased separately. Although this RFP is written to request several types of coverage, at the sole discretion of the City, one or more types of coverage may not be purchased.

IX. CONTRACT TERM/COMPLETION TIME

The initial contract term shall be for a period of one year, commencing on January 1, 2022 and continuing through December 31, 2022. Rates shall be guaranteed for a minimum of twelve (12) months. This agreement should include an option of the continuation of services for three (3) additional, one (1) calendar year periods thereafter between the City and the selected firm – subject to approval of City Commission, and approval of the budget for the then-current fiscal year. However, the City maintains the right to add, modify, or delete coverages as determined to be in the best interest of the City.

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The RFP, all Addenda released, the response to the RFP with all attachments, and the Agreement will constitute the complete agreement between the proposer and the City. In the event of a conflict between the terms of the RFP, response to the RFP, and the terms of the Agreement, the terms of the Agreement shall be final and binding, and the RFP shall control where in conflict with the proposal.

X. INVOICES AND PAYMENT TERMS

Unless indicated to the contrary on the Proposal Form, the City will not accept an invoice for first payment until delivery of a policy or contract conforming to the proposal offered to and accepted by the City. Each invoice shall fully detail the related costs. All payments shall be governed by the Local Government Prompt Payment Act, as set forth in Sections 218.70 through 218.80, Florida Statutes, as amended.

XI. PROPOSAL SUBMITTAL

Please check the contents of your RFP package carefully to ensure that you have in your possession all the necessary documents, as referenced within this RFP, including any addenda. If you are missing any items, please contact the City's Human Resources Manager at (386) 248-9440, or by e-mail at: dcole@hollyhillfl.org.

Submission of a proposal pursuant to this RFP shall constitute acknowledgement and acceptance of the terms and conditions set forth herein. Portions of this RFP and the contents of the proposal submitted by the successful proposer may become contractual obligations if an Agreement is awarded. Failure of the successful proposer to accept these obligations may result in cancellation of the award of contract.

The City reserves the right to withdraw this RFP at any time without prior notice. All proposals submitted in response to this RFP become the property of the City of Holly Hill.

Deadline for Submission: To be considered, proposals must be received no later than Tuesday, October 12, 2021 at 2:00 PM.

Inquiries: Technical questions may arise as firms are preparing their proposals. The City will accept written inquiries regarding this RFP until Monday, September 20, 2021 at 5:00pm. Questions received after that time will not be responded to. Answers to questions will be distributed in the form of an addendum published on www.myvendorlink.com .

Please direct written inquiries to:

Diane Cole
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, Florida 32117
Telephone: (386) 248-9440
FAX: (386) 248-9448
dcole@hollyhillfl.org

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Signature Requirements: Proposals must be signed by a duly authorized official(s) of the proposing firm. Consortiums, joint ventures, or teams submitting proposals, although permitted and encouraged, will not be considered responsive unless it is established that all contractual responsibility rests solely with one firm or legal entity which shall not be a subsidiary or affiliate with limited resources. Each proposal shall indicate the entity responsible for execution on behalf of the proposal team.

Proposal Delivery: The City must receive one (1) original, five (5) copies, and one (1) digital file of your submittal no later than the date and time specified above.

Submit proposals to:
Valerie Manning, City Clerk,
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, FL 32117.

The RFP title and number shall be plainly marked on the outside of the delivery envelope or package. It is solely the responsibility of the submitter to ensure that the Proposal is delivered on or before the specified date and time. Late proposals will not be accepted.

Addenda and Supplements to the Request for Proposals (RFP): In the event that it becomes necessary to revise any part of this RFP, or if additional information is necessary to enable the proposing firm to make an adequate interpretation of the provisions of this RFP, a supplement to the RFP will be provided to each firm that has requested a copy of this document and registered through the vendorlink website.

Rejection Rights: The City of Holly Hill reserves the right, at any time, to modify, waive or otherwise vary the terms and conditions of this RFP including, but not limited to, the deadlines for submission and submission requirements. The City further reserves the right to reject any or all submittals, to cancel or withdraw this RFP at any time and to negotiate with any party prior to or after submittal of proposals. Selection is also dependent upon the negotiation of a mutually acceptable contract with the successful proposers.

Cost of Proposal Preparation: No reimbursement will be made by the City of Holly Hill for any costs incurred in the preparation of the proposal or presentation.

Proposals to be in Effect: Each proposal shall state that it is valid for a period of not less than 90 days from date of receipt.

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XII. EVALUATION PROCESS AND CRITERIA

Companies submitting proposals will be required to present their proposals to the City Commission at 5:00PM on Tuesday, October 26, 2021, in the Board Chambers at the City of Holly Hill, City Hall, 1065 Ridgewood Avenue, Holly Hill, FL 32117. At that time, the City Commission will evaluate the submissions utilizing the criteria below.

Criteria used to select firms include:

EVALUATION CRITERIA	POINTS
Qualifications of Firm: • Shows a strong knowledge of how to provide, place, and structure governmental entity/municipal insurance coverages. (0 to 5 points) • Proves a successful history of providing governmental entity/municipal insurance coverages and administration of benefit plans. (0 to 10 points) • Firm's size, structure, financial capacity. (0 to 10 points) **TOTAL ELIGIBLE POINTS: 25**	
Experience of Team: • Team members have experience in providing governmental entity/municipal insurance coverages. (0 to 10 points) **TOTAL ELIGIBLE POINTS: 10**	
Responsiveness to Requested Scope: • Shows a deep understanding of the entire scope of governmental entity/municipal insurance coverages and services being requested herein. (0 to 10 points) • Able, at a minimum, to meet all of the principle areas defined in the RFP's Scope of Services. (0 to 10 points) **TOTAL ELIGIBLE POINTS: 20**	
Plan Design, Cost and Provider Disruption: • Demonstrates a proven ability and creative approach to cost control, structuring and obtaining the best rates. • Provides competitive rates for the current plan design as well as the alternate design requested. (0 to 40 points) **TOTAL ELIGIBLE POINTS: 40**	
References: • List strong references reflecting examples of successfully providing similar services to other local governmental entities. (0 to 5 points) **TOTAL ELIGIBLE POINTS: 5**	
TOTAL POINTS	

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The evaluation criteria will be reviewed by the City Commission. This process will culminate with the identification of those considered to be the best qualified to partner with the City in providing the desired services and will be presented to the City commission for award of the bid. The City Commission's award is final. Accordingly, since other factors in addition to price will be considered, the City reserves the right to award the contract to other than the Vendor submitting the lowest price submittal, to accept or reject any submittal or portion thereof, and to negotiate or not negotiate with any firm.

The City reserves the following rights:

- The City reserves the right to use consultants, insurance specialists, peer review groups, and others, as determined by the City, to assist the City in the evaluation of proposals.
- Modify, extend, or cancel this RFP at any time to obtain additional proposals or for any other reason the City determines to be in its best interest;
- Issue a new RFP with terms and conditions that are the same, similar or substantially different as those set forth in this or a previous RFP in order to obtain additional proposals or for any other reason the City determines to be in its best interest;
- Conduct pre-award discussion and/or pre-award negotiations with any or all responsive and responsible proposer(s) who submit proposals determined to be reasonably acceptable of being selected for award; and, conduct personal interviews or require presentations of any or all proposer(s) prior to selection.
- Request that proposer(s) furnish additional information as the City may reasonably require.
- Accept or reject qualifications or proposals in part or whole, and/or waive any defect or deficiency in any proposal, if in the City's sole judgment, the defect or deficiency is not material in response to this RFP;
- Limit and/or determine the actual contract services to be included in a contract.
- Engage outside experts to assist staff in evaluating the merits and viability of each proposer.
- Obtain information for use in evaluating submittals from any source.
- Verify the information received in the proposal. If a proposer knowingly and willfully submits false information or data, the City of Holly Hill reserves the right to reject that proposal. The City shall be the sole judge of the proposer's qualifications.

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XIII. INSURANCE CONSULTING SERVICES AGREEMENT

THIS AGREEMENT made and entered by and between the City of Holly Hill (City) and Brown & Brown of Florida, Inc. (Agent of Record).

WITNESSETH

WHEREAS, the City desires to retain and engage an AGENT OF RECORD for the City for employee benefit programs.

WHEREAS, the parties hereto have reached an understanding with each other regarding the professional services to be performed and the compensation to be paid for such services as more specifically set forth herein.

NOW, THEREFORE, for and in consideration of mutual covenants contained herein, the sufficiency of which are hereby acknowledged, the undersigned parties hereby agree to the following:

1) Engagement and Scope of Service. The City hereby retains the Agent of Record and the Agent of Record hereby accepts said engagement for the purpose of providing the City with professional services related to the City's insurance, including but not limited to:

a) Continually review the City's insurances and make recommendations to the City regarding all issues related to the City's insurances, including but not limited to the types of insurance needed, appropriate coverages and appropriate deductibles.

b) Market the insurance coverages on an annual basis including review of coverage forms, terms and conditions.

c) Review all insurance submittals and provide a summary to the City of all relevant information regarding each submittal including an evaluation of the limits, retentions, coverages, exclusions and pricing of all submittals. Agent of Record shall make a written recommendation to the City and detail the basis for the recommendation, including an evaluation of the limits, retentions and coverages. Agent of Record shall also evaluate the financial strength and solvency of each bidder.

d) Assist the City in negotiating coverages, policy language, services, limits, retention and price with a proposed insurer. Provide expertise in negotiations with insurers to obtain acceptable policy terms and conditions and in the preparation of manuscript forms and endorsements.

e) Assist the City to facilitate the review of all claims and to advocate for the City's interest.

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f) Assist the City in all disputes with the City's insurance companies and to advocate for the City's interest.

g) Continually review and monitor applicable rules and laws and assure that the City's insurance programs are in compliance with all Federal, State, and Local rules. Ensure that all insurance coverage provided by the City's insurer's at all times meet or exceed the City's requested coverage. Continually monitor the financial strength and solvency of each of the City's insurance companies and advise the City of condition(s) that may adversely impact the insurance company's ability to fulfill its contractual obligations to the City.

h) Assess the cost effectiveness of such programs, offer alternatives for evaluation, and recommend changes that are in the best interest of the City.

i) Advise on current trends or innovative programs that may be of interest to or benefit the City.

j) Provide such other assistance as the City may request from the Agent of Record related to the City's insurance.

2) City Insurance. The Agent of Record agrees to provide the service described in Paragraph 1 above for all of the City's Employee Benefit insurance, including insurance the City does not currently have but may elect to purchase during the term of this Agreement. The City's insurance shall at a minimum consist of the following:

(a) Employee Benefit Programs. Benefits shall include dental, vision, life, and voluntary benefit services.

3) Duration and Termination. The initial term of this Agreement shall be from 01/01/2022 date and shall expire on 12/31/2022. The City shall have the right to exercise three (3) successive one (1) year extensions on the same terms and conditions by providing the Agent of Record with written notice at least thirty (30) days before the end of the term of the City's intent to exercise the extension. In the event the City does not provide written notice of intent to exercise the extension, the Agreement shall expire. The Agreement may be terminated during the term as follows:

a. Either party shall have the right to terminate without cause upon providing the other party at least thirty (30) days advance written notice. If the Agent of Record terminates without cause, the Agent of Record shall not be entitled to any compensation from the effective date of termination. The City has the option of waiving the thirty (30) day notice and making the termination effective at an earlier date including up to the date of receipt of the notice. In the event the City terminates without cause, the Agent of Record will be paid the full compensation owed through the end of the current term of the Agreement as if the Agreement had not been terminated.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

b. Either party shall have the right to terminate for cause upon providing the other party written notice outlining in detail the breach(s). The breaching party shall have thirty (30) days from receipt of said notice to correct the breach(s). In the event the breach(s) are not corrected within said period of time, the non-breaching party can terminate immediately upon providing the breaching party a written notice of termination. In the event the City terminates for cause, the Agent of Record shall not be entitled to receive any additional compensation after the effective date of the termination as provided in the written notice of termination. In the event the Agent of Record terminates for cause, the Agent of Record will be paid the full compensation owed through the end of the current term of the Agreement as if the Agreement had not been terminated. The only basis for the Agent of Record to terminate for cause is in the event the City fails to pay the Agent of Record compensation that is due and owing.

4. Compensation. The Agent of Record shall be paid the total sum of $ 35,000 for the services rendered for the duration of the contract.

Year One: $ 35,000 Period 01/01/2022 – 12/31/2022

Options (if elected by City)
Year Two: $ 35,000 Period 01/01/2023 – 12/31/2023
Year Three: $ 35,000 Period 01/01/2024 – 12/31/2024
Year Four: $ 35,000 Period 01/01/2025 – 12/31/2025

Total four years $ 140,000

One-half of the Annual compensation shall be paid within thirty (30) days of the City purchasing/renewing all insurance covered by this Agreement. The annual balance shall be paid in four equal quarterly installments from the effective date of this Agreement through the end of the annual period. Payment shall be made by the 15th of the first month of the quarter. Agent of Record shall be responsible for all costs it incurs in providing the City the services outlined in this Agreement. Agent of Record shall execute an affidavit(s) at the request of the City attesting that the insurance premiums paid by the City are net of any commission or other benefit paid to the Agent of Record and that the Agent of Record has not received any compensation or any other form of benefit due to the City purchasing said insurance(s) other than the compensation paid by the City.

5. Prohibited Services, Compensation and Conflicts. The Agent of Record hereby represents that the only compensation or any other form of benefit the Agent of Record received or will receive in any way related to the insurance obtained pursuant to this Agreement is the compensation set forth in Paragraph 4 above. The Agent of Record will act in the capacity as a broker, agent or agent of record for any insurance obtained or procured pursuant to this Agreement. At all times the Agent of Record shall avoid any relationship with any of the City's insurance companies that would create or give the appearance of a conflict of interest. Any questionable relationship shall be disclosed to the City and the City shall make the final determination as to whether the relationship creates a conflict of interest. In the event the City determines that a relationship creates

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

a conflict of interest, the Agent of Record shall either not have the relationship with the insurance company or terminate this agreement without cause.

6. Insurance. The Agent of Record shall at a minimum provide the following insurance and the City shall be named as an additional named insured on each policy:

a) Commercial liability insurance in an amount of not less than $1,000,000 combined single limit, per occurrence for bodily injury and property damage.

b) Automobile liability insurance covering all owned, non-owned and hired vehicles used in connection with the operation of the Agent of Record, in an amount of not less than $1,000,000 combined single limit per occurrence for bodily injury and property.

c) Workers' compensation insurance for all employees of the proposing agency as required by Florida Law to include employee liability of not less than $500,000 for each occurrence.

d) Errors and omissions liability coverage in an amount of not less than $5,000,000.

7. Governing Law, Venue, Attorney Fees and Severability. The rights, obligations and remedies of the parties as specified under this Agreement shall be interpreted and governed by laws of the State of Florida. Should any provision of this Agreement be determined by the courts to be illegal or in conflict with any law of the State of Florida, the validity of the remaining provisions shall not be impaired. Venue for any litigation arising out of or in any way related to this Agreement shall be in State Court, Volusia County, Florida and the Agent of Record specifically waives any Federal Court jurisdiction. The prevailing party in any litigation arising out of or in any way to related to this Agreement shall be entitled to be reimbursed reasonable attorney fees and costs, including all cost of appeal.

8. Entire Agreement. This Agreement constitutes the entire agreement between the parties hereto for the services to be performed and furnished by the Agent of Record hereunder. No statement, representation, writing understanding or agreement made by either party, or any representative of either party, which is not expressed herein shall not be binding. All changes to, additions to, modifications of, or amendments to this Agreement, or any of the terms, provisions and conditions hereof, shall be binding only when in writing and signed by the authorized officer, agent or representative of each of the parties hereto.

9. This Agreement shall be effective on January 1, 2022.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

City of Holly Hill

By:_____

Title:_____

Date:_____

Brown & Brown of Florida, Inc.

By: Steve Farmer -

Title: EVP

Date: 10/8/2021

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001

RFP RESPONSE FORM

THIS RESPONSE IS SUBMITTED TO:

City Clerk
City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, Florida 32117

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

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

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

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

Addendum Date	Addendum Number
9/21/2021	1
9/22/2021	2 & 3
9/23/2021	4

Receipt of all of which is hereby acknowledged.

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

THIS RESPONSE IS SUBMITTED BY:

COMPANY NAME: Brown & Brown of Florida, Inc

VENDOR/CONTRACTOR LICENSE NUMBER: L007011

ADDRESS: 300 N Beach Street Daytona Beach, FL, 32114

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

PHONE NO.: 386-252-9601 FAX NO.: 386-239-5705

SUBMITTER'S NAME: Steve Farmer
(Typed or Printed in Ink)

TITLE: Executive Vice President

AUTHORIZED SIGNATURE: I, _____ hereby
(Original signature required in each document)

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

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

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

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001

CITY OF HOLLY HILL, FLORIDA

CONFLICT, NON-CONFLICT OF INTEREST STATEMENT
LITIGATION STATEMENT

[x] To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients or contracts for this project.

[x] The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients or contracts for this project.

[x] The undersigned firm has had no litigation on any project in the last five (5) years.

[x] The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years. Please refer to SEC Filings

Brown & Brown of Florida, Inc
COMPANY NAME

AUTHORIZED SIGNATURE

Steve Farmer
NAME (PRINT OR TYPE)

EVP
TITLE

10/8/2021
DATE

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

City of Holly Hill
Request for Proposals (RFP)
Broker Services, Medical, Dental, Vision, Firefighter Cancer, and Life Benefits
RFP #21HRD001
CITY OF HOLLY HILL, FLORIDA
DRUG-FREE WORKPLACE CERTIFICATION

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

1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violation.

3) Give each employee that engages in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) calendar days after such conviction.

5) Impose sanctions on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Brown & Brown of Florida, Inc.
Company Name

Authorized Signature
Steve Farmer
Print Name
EVP
Title

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Appendix

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

CITY OF HOLLY HILL

Your Benefits Overview

Effective 1/1/2021 - 12/31/2021

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

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General Information

Florida Health Care Plans (FHCP) is a local HMO who also has the strength and network of BCBS for out of network care. They have contracts with all of the local hospitals making it convenient for you to receive care. There are multiple FHCP locations in the Volusia, Flagler, Seminole and Brevard service area where 'one stop shopping' is available. Under one roof you can see your primary care physician, a specialist, visit the pharmacy, have an ultrasound, EKG, or an x-ray performed as well as receive injections and infusions.

FHCP requires you to designate a primary care physician if you select an HMO plan. When a visit to a specialist is needed, your primary care physician will give you a referral.

Where can I find an in-network provider?

- Directories of participating service providers may be found by visiting www.fhcp.com. If you do not have internet access, you may call Member Services at 386-615-4022.

What is a "Copayment"?

- A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered. If you are unsure of what you need to pay for a particular service, you can call customer service at the toll-free telephone number listed on the back of your ID card.

What is a "Deductible"?

- A deductible is a pre-determined amount that is paid by you before the insurer begins to pay (excludes copayments).

What is "Coinsurance"?

- Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.

What is "Precertification"?

- Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.

Should I use my Primary Care Physician, Doctor on Demand, an Extended Hours Care Center, or the Emergency Room?

- Use your Primary Care Physician for chronic conditions, like arthritis, high blood pressure, and diabetes. Reasons to use a video visit via Doctor on Demand are cough, cold or flu, sinus or bladder infections. Extended Hours Care Centers are also for acute conditions and immunizations, offering short wait times. The reason to visit an Emergency room is of any life threatening emergency, and severe symptoms such as chest pain or uncontrolled bleeding.

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Qualifying Life Events

If you experience any of the below qualifying life events, you must contact Human Resources within 30 days o the event to be able to make changes to your benefits. Proof of the event is required in order to successfully make the requested changes to your plans.

⇒ Marriage	⇒ Divorce or legal separation (subject to State regulations)
⇒ Death of spouse, child or other qualified dependent	⇒ Birth or adoption of child
⇒ Loss of other group coverage	⇒ Change in employment status for employee, spouse or dependent
⇒ Change in residence due to an employment transfer	⇒ Change of dependent status

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PLANSOURCE®

All full time benefits-eligible employees must complete an enrollment online including those who are not making any changes and those waiving coverage.

Enrollment Instructions

To enroll in benefits, go to: https://benefits.plansource.com

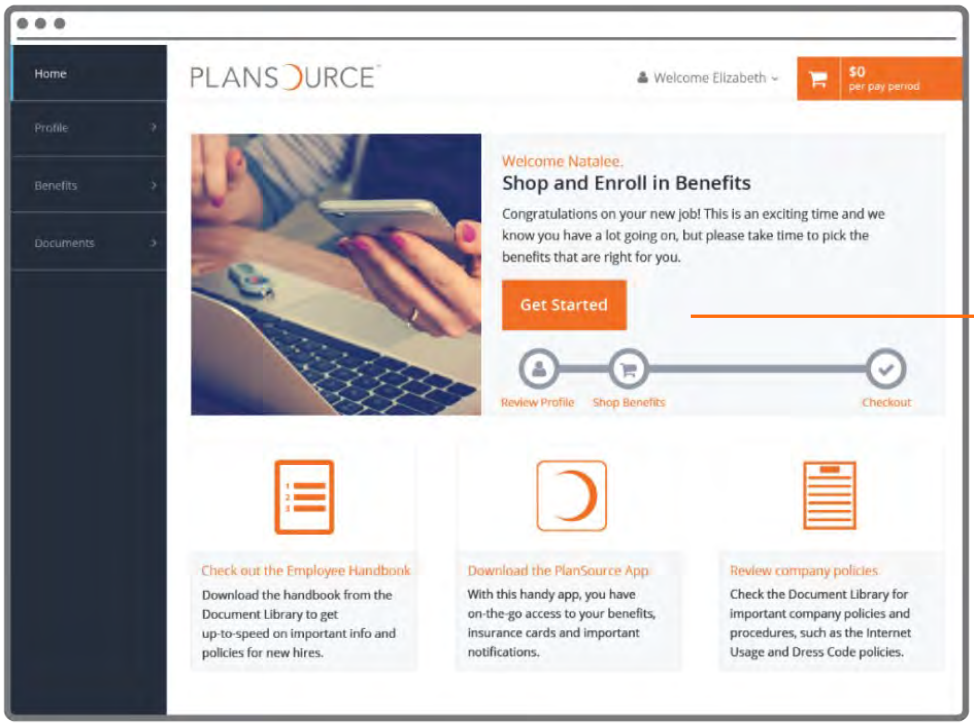
Login Page: Enter username & password to get started.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



Homepage

On the Homepage, click "Get Started" to begin.

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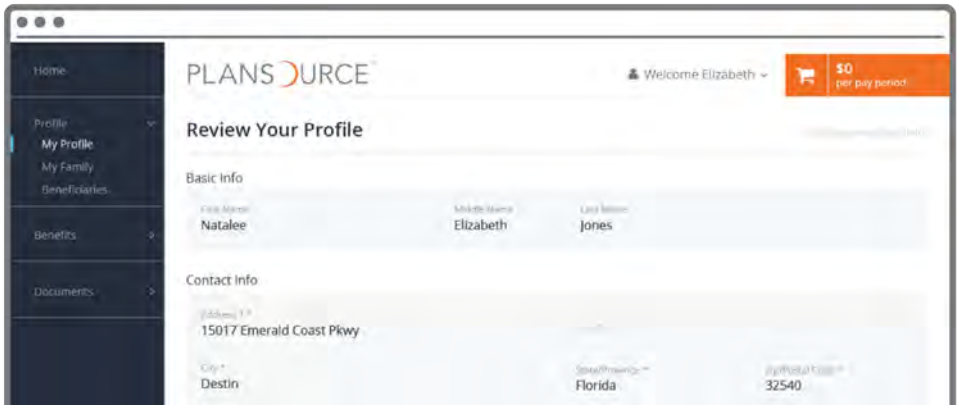
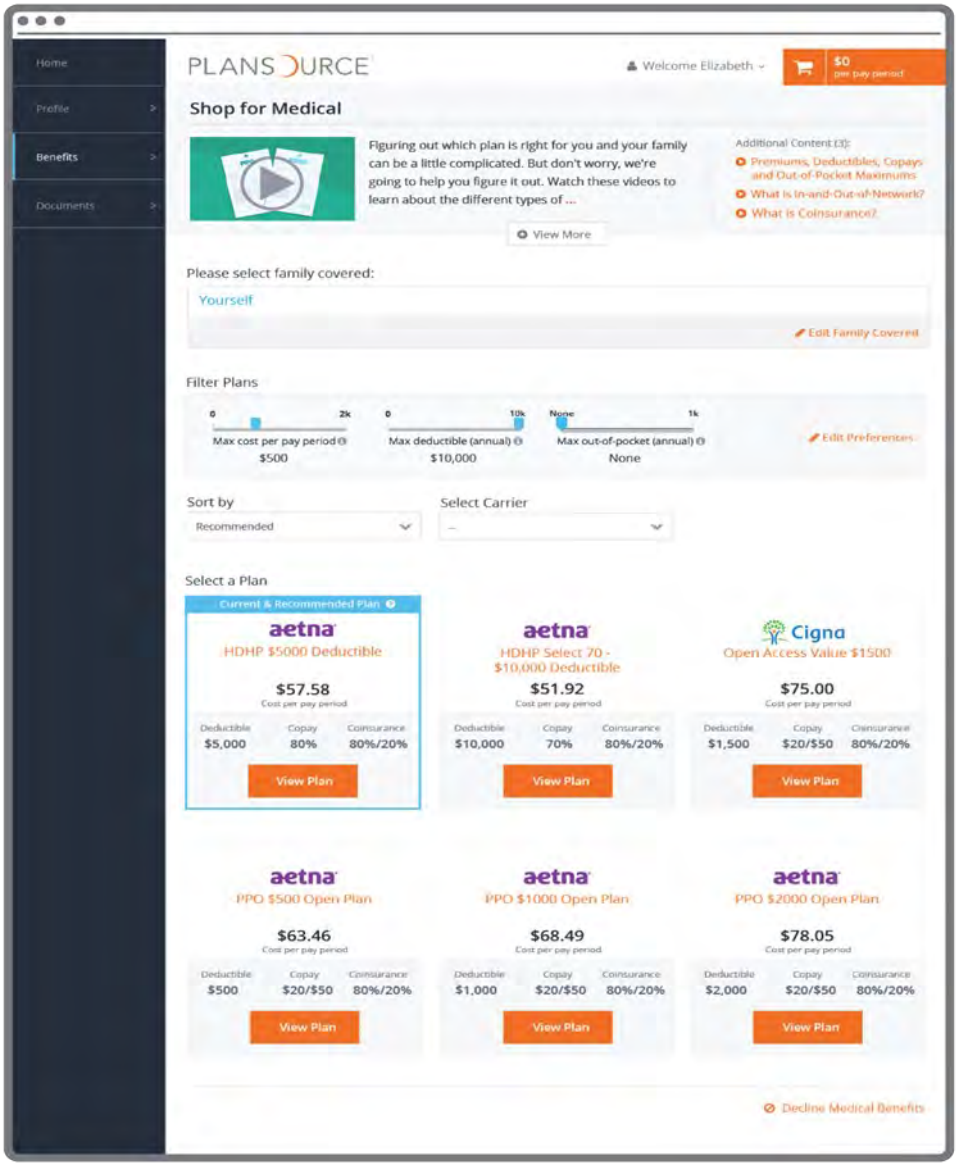
Enroll in Benefits



Profile

First, you'll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.



Shop for Benefits

You can then begin shopping for benefits!

Educational material about the specific plan type is available at the top of the page.

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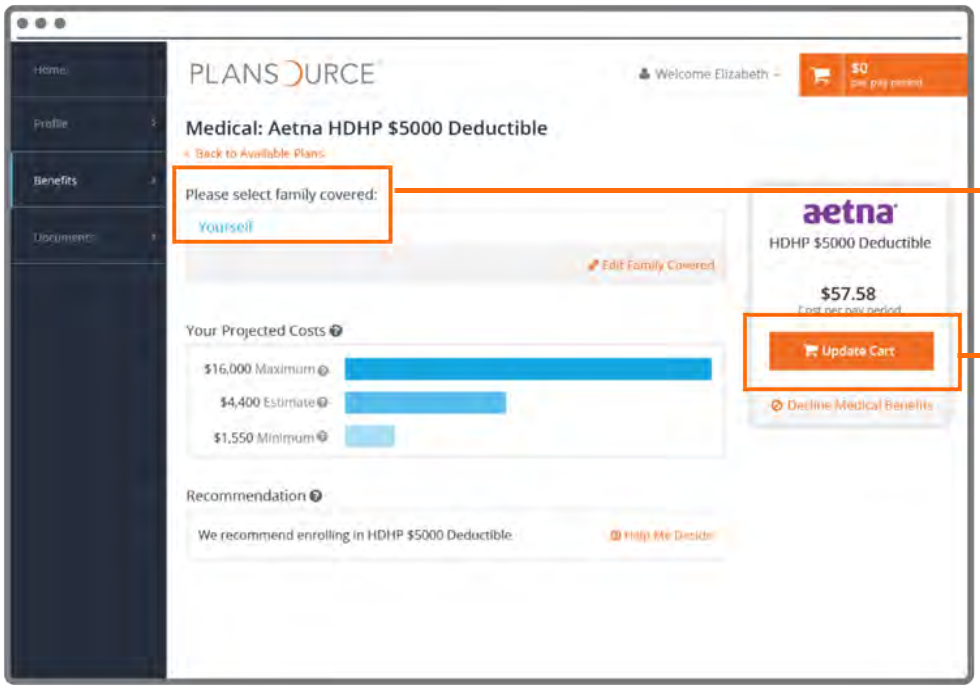


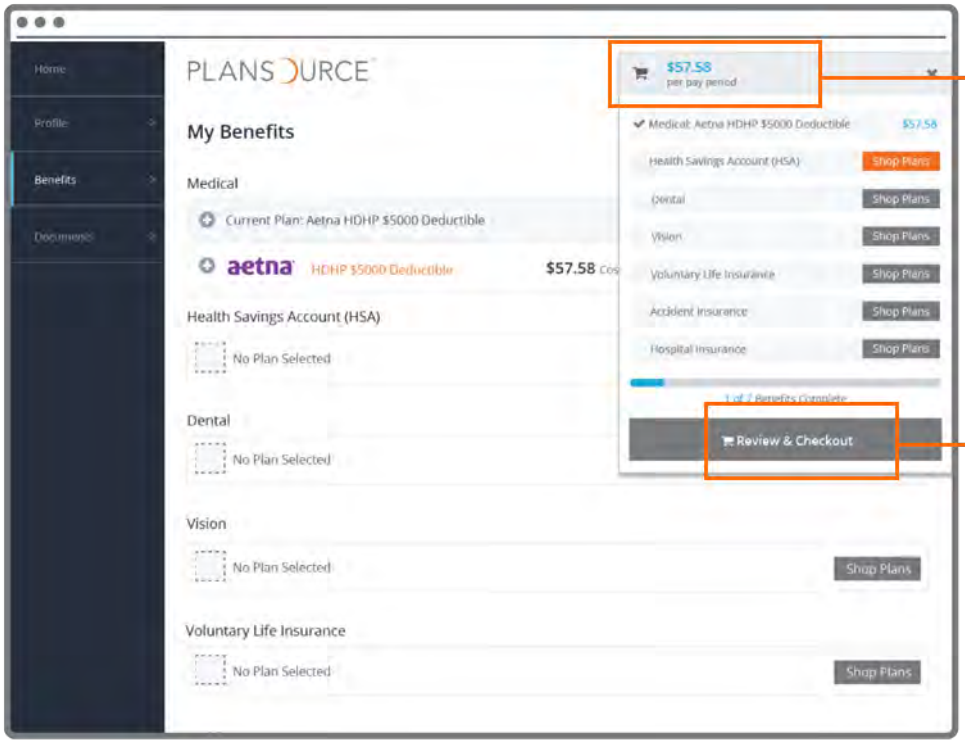
Plan Details

The plan detail page will give you information about each plan, including deductible, cost per pay period and projected costs.

Select Plan

To select a plan, indicate which family members are covered by clicking "edit family covered" and select the card for each family member you'd like to be on the plan.

Click "Update Cart" to



Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you

Checkout

To finalize your choices, click "Review and Checkout and then "Checkout"." You must complete the checkout process in order to be enrolled in ben-

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Member Portal

By being a **Florida Health Care Plans** member, you automatically receive services that are free for you and your dependents use. Below are some of these services. For more information, log on to your member portal at www.fhcp.com.

- Find a Provider/Facility
- Health Care Reform Information
- Member Portal Login
- Member Wellness Programs
- Glossary of Health Coverage and Medical Terms
- Summary of Benefits Coverage
- Case Management
- Utilization Management

Florida Health Care Member Portal

Florida Health Care's Member Portal is available 24 hours a day, 7 days a week, 365 days a year. The Member Portal has three main sections, Health Portal, Documents Portal and Member Resources. See below for a description of each portal.

The Health Portal: Here you will find the "Welcome to Wellness" Health Risk assessment and Health Management Tool. After you register, you have the opportunity to complete a personalized health risk assessment that will provide insight on different areas of improvement concerning members health. This also allows access to a database of thousands of articles, programs and news related to health and health conditions.

If you utilize a FHCP staff physician, you can access the Patient Portal which will allow you to communicate directly with your FHCP staff physician, make an appointment or request prescription refills.

The Documents Portal: Here you will be obtain view and print your Certificate of Coverage (Member Handbook) which describes your rights and obligations along with FHCP rights and obligations with respect to the coverage and benefits provided. You will also be able to view and print your benefit summary and any applicable benefit riders.

Member Resources: Provides access to common FHCP programs, contacts, resources and forms.

Member Wellness Programs

As a FHCP member, you have access to their Wellness Programs which provides information on:

- Weight Management
- Diabetes
- Acute Low Back and Neck Pain
- Nutrition Program
- Exercise
- Matter of Balance - a program designed to manage falls and increase activity levels and balance.

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Member Portal (Continued)

You also have access to **Florida Health Care Healthy Living Preferred Fitness Program**. The facilities on the authorized list are authorized to perform a Fitness Evaluation for a small fee. The evaluation consists of Health & weight measurements, blood pressure/ pulse rate, body fat percentage, flexibility and range of motion measures, balance and V02 Max– a measure of Oxygen consumption during aerobic exercise. Please refer to the Health Living Handout included with your enrollment materials.

Nurse Advice Line

FHCP has partnered with Carenet Healthcare Services to provide members with access to highly skilled, registered nurses 24 hours a day, 7 days a week, 365 days a year to assist with their health concerns. If you need help understanding a condition or symptom, want to ask a Registered Nurse a confidential health question or wondering where to go for care, the Nurse Advice Line is available to you at no cost. It also has a 24 hour Audio Health Library that contains over 1, 500 English and Spanish topics as well as current community health concerns and announcements.

Contact the Nurse Advice Line at 866-548-0727.

Doctor on Demand—www.doctorondemand.com/fhcp

Affordable—Visits with a medical doctor are $10 Copay*, and visits with a psychologist are $30. Please check your schedule of benefits to see if a deductible applies. If so, medical visits are $40, and psychologist visits are $50 for 25 minutes and $95 for 50 minutes, until the deductible is met.

Convenient—Stay in bed and get rid of your cold, flu or other common medical issues.

Fast & Easy—Connect with a physician within 90 seconds. Book an appointment with a psychologist. Meet great Doctors who are Board-certified and licensed in Florida.

Treat Nearly Everything—Nearly any non-emergency medical issue or emotional health issue such as anxiety and depression can be treated using Doctor on Demand.

Get a Prescription—Doctors can send quick and paperless prescription fulfillment to your pharmacy (No controlled drugs prescribed).

Text "**FHCP"** to **68398** or download the app from the App Store on your smartphone or tablet today!

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 01, 2021– December 31, 2021. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). 8

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Medical Insurance Coverage Options

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

Provided by Florida Health Care | *www.fhcp.com* | *1 (877) 615-4022*

Plan Name	T32	HDHP POS (HSA) T95
Name of Network	**HMO**	**POS/HSA**
Calendar Year Deductible		
Individual	$0	$1,400
Family	$0	$2,800
Annual Out-of-Pocket Maximum (Includes deductible, copays, coinsurance)		
Individual	$2,500	$3,000
Family	$5,000	$6,000
Coinsurance (Coins) (Amount paid after deductible is met)		
You pay…..	15%	20%
Physician Services		
Office Visit	$20 Copay	Deductible + Coinsurance
Specialist	$35 Copay	Deductible + Coinsurance
Chiropractic Care	$15 Copay	Deductible + Coinsurance
Adult and Child Wellness Exams	100% Covered	100% Covered
Hospital Services		
Inpatient Hospital Per Admission	$250/day (5 day max)	Deductible + Coinsurance
Emergency Room	$200 Copay	Deductible + Coinsurance
Urgent Care	$75 Copay	Deductible + Coinsurance
Prescription Drugs		
	FHCP | Walgreens	**FHCP | Walgreens**
Preferred Generic	$3 | $15	$3* | $15*
Non Preferred Generic	$10 | $15	$10* | $15*
Preferred Brand	$30 | $35	$30* | $35*
Non-preferred Brand	$55 | $60	$55* | $60*
Preferred Specialty	15% Coinsurance | N/A	15% Coinsurance* | N/A
Non Preferred Specialty	25% Coinsurance | N/A	25% Coinsurance* | N/A
Mail Order (90 Day Supply)	$6 | $27 | $87 | $162	$6* | $27* | $87* | $162* *After Deductible
Non-Network		
Calendar Year Deductible Ind/(Fam.)	N/A	$2,800 / $5,600
Out of Pocket Max Ind/(Family)		$6,000 / $12,000
Coinsurance		40%

Medical plan rates– *deductions based on participation in the City's Wellness Initiative Plan.

Based on your 24 insurance deductions

*Enrolled dependents are covered until the end of the calendar year during which the dependent reaches age 26.

Who is covered	T32*	T95
You Only	$ 41.35	$ 0
You + Spouse	$ 322.14	$ 196.92
You + Child(ren)*	$ 322.14	$ 196.92
You + Family	$ 476.37	$ 305.08

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 01, 2021– December 31, 2021. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). 9

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Health Savings Account

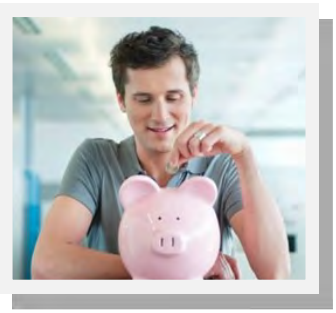
Qualifying High-Deductible Health Insurance Plan

Provides health care benefits after the deductible has been met.

Health Savings Account pays for out-of-pocket expenses incurred before the deductible is met.

A health savings account (HSA) combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the costs of qualified medical expenses not covered by medical insurance for you and your dependents. Money left in the savings account earns interest and is yours to keep.

- EMPLOYEE OWNED ACCOUNT
- Pre-tax contributions
- City of Holly Hill will contribute **$1,895.00** for the plan year (prorated based on hire date) to an HSA account for each employee who enrolls in the High Deductible Health Plan if the employee completes all requirements as established in the Wellness Initiative Plan.
- Pay for any qualified medical expenses. (See IRS Publication 502 for a list of qualified medical expenses).
- Maximum annual contribution:
  - ⇒ Employee only coverage: $3,600
  - ⇒ Family coverage: $7,200
  - ⇒ Age 55 or older – additional election of $1,000



To be HSA-eligible for a month, an individual must:

- ♦ Be covered by an HDHP on the first day of the month;
- ♦ Not be covered by other health coverage that is not an HDHP (with certain exceptions);
- ♦ Not be enrolled in Medicare; and
- ♦ Not be eligible to be claimed as a dependent on another person's tax return.

Why might an HSA be the right choice for you?

- ♦ It **saves you money**. For individuals with few regular health expenses, paying a traditional health plan premium can feel like throwing money out the window. HDHPs come with much lower premiums than traditional health plans, meaning less money is deducted from your paychecks. Plus, HSAs are basically "cash" accounts, so you may be able to negotiate pricing on many medical services.
- ♦ It's **portable**. Even if you change jobs, you get to keep your HSA.
- ♦ It's a **tax saver**. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- ♦ It allows for an **improved retirement account**. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.
- ♦ It puts **money in your pocket**. You never lose unused HSA funds. They always roll over to the next year.

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 01, 2021– December 31, 2021. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). 10

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Dental Insurance Coverage Options

MetLife

Provided by MetLife | *www.metlife.com* | *1 (800) 942-0854*

Below is your Metlife Preferred dental plan, which gives you freedom to use in-network or out-of-network dentists. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. All benefits received from out-of-network dentists are subject to "reasonable and customary" fees. Any amount that exceeds the dental carrier's "reasonable and customary" amounts is the patient's responsibility. You can access the dental provider's network and find a dentist near you at www.metlife.com/insurance/dental-insurance or by calling the Metlife Hotline at 1-800-METLIFE (638-5433).

Dental Services	In-Network	Out-of-Network
Calendar Year Maximum Benefit	$5,000	
Calendar Year Deductible Individual Family	 $50 $150	 $50 $150
PREVENTIVE PROCEDURES:	Deductible Waived	
Routine Exams & Cleaning (prophylaxis) Fluoride Treatments– *Up to age 14* Oral Exams Full Mouth X-rays Bitewing X-rays Sealants– *Up to age 16*	Plan pays100%	Plan pays 100%
BASIC PROCEDURES:	Deductible Applies	
Fillings Prefabricated Crowns Endodontics Root Canal Periodontal Surgery Periodontal Scaling & Root Planing Simple & Complex Surgery	Plan pays 80%	Plan pays 80%*
MAJOR PROCEDURES:	Deductible Applies	
Crowns/Inlays/Onlays Bridges & Dentures	Plan pays 50%	Plan pays 50%*
ORTHODONTIC PROCEDURES	Deductible Waived	
Lifetime maximum—$1,000 Dependent child(ren) only—under age 26 (dependent on you for support & living in your household or full/part-time student	Plan pays 50%	Plan pays 50%*

See carrier benefit summaries for additional plan information.

*Percent of reasonable & customary charges

**Enrolled dependents are covered until the end of the calendar year during which the dependent reaches age 26.

Dental plan rates

Based on your 24 insurance deductions

Who is covered	Dental Plan Cost
You Only	$ 17.47
You + Spouse	$ 35.96
You + Child(ren)**	$ 40.27
You + Family	$ 63.04

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Vision Coverage

Provided by Eyemed | *www.eyemed.com* | *1 (866) 939-3633*

This plan covers eye exams, prescription lenses and frames, or cor tact lenses for you and your dependents when you receive service from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit.

To find a participating provider log on to www.eyemed.com

Vision Coverage Rates

Based on your 24 insurance deductions

Who is covered	Vision Plan Cost
You Only	$ 2.43
You + Spouse	$ 4.62
You + Child(ren)**	$ 4.86
You + Family	$ 7.13

Vision Services	In-Network	Out-of-Network
Eye Exams Frequency	$10 Copay Once every 12 months	Reimbursed up to $35 Once every 12 months
BASIC LENSES		
Frequency Single vision Bifocal vision Trifocal vision	Once every 12 months $25 Copay $25 Copay $25 Copay	Once every 12 months Reimbursed up to $35 Reimbursed up to $49 Reimbursed up to $74
FRAMES		
Frequency* Benefit	Once every 24 months $100 Allowance + 20% off balance	Once every 12 months Reimbursed up to $50
CONTACTS		
Frequency* Elective Medically Necessary	Once every 12 months $115 Allowance + 15% off balance Covered in Full	Once every 12 months Reimbursed up to $92 Reimbursed up to $210

*Contacts and eyeglasses cannot be purchased in the same year

**Enrolled dependents are covered until the end of the calendar year during which the dependent reaches age 26.

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Basic Life and AD&D

USAble Life

Provided by USAble Life | *www.usablelife.com* | *(800) 370-5856*

Life insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. The City of Holly Hill provides basic life insurance to our employees through **USAble** at **no cost**.

Employees can purchase Basic Dependent Life at a rate of **$1.68** for your spouse and/or child(ren). This rate provides spouse coverage of **$5,000** and child(ren) coverage from birth to 6 months of **$1,000**; from 6 months of age to 19 (or to age 26 if full time student) of **$2,500**.

Employees have an opportunity to purchase additional Voluntary Life Insurance with **USAble** for you alone, you and your spouse, and/or your dependents at a group rate (located on the next page). It includes the features of waiver of premium, accelerated life benefit, portability as described in the USAble summary of coverage.

Summary of Voluntary Life Insurance

If you chose to enroll in the additional voluntary life insurance, you may insure you alone or you and your spouse . A summary of this coverage is listed in the table below, if you should have questions on this policy see your USAble Certificate of Benefits, or visit www.usable.com. Please note all voluntary insurance is portable.

Summary of Insurance	
Guaranteed Issue (n/a 70 or older)	$120,000
Minimum Benefit Amount	$10,000
Maximum Benefit Amount	$500,000 or 5x salary (whichever is less)
Increments of…	$10,000
Spouse Coverage	
Spouse Guarantee Issue	$30,000
Maximum Benefit Amount	100% of employee amount or $250,000 (whichever is less)
Increments of…	$5,000
Dependent Coverage	
Child Guarantee Issue	$10,000
Maximum Benefit Amount	$10,000
Increments of…	$2,000

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Employee/Spouse Life & AD&D Monthly Cost:

Age of you or your spouse (spouse premium determined by your spouse age)	Your cost for each $1,000 of voluntary life...	
	Employee	Spouse
<25	0.072	0.042
25-29	0.082	0.051
30-34	0.102	0.068
35-39	0.146	0.076
40-44	0.208	0.085
45-49	0.330	0.127
50-54	0.524	0.195
55-59	0.806	0.365
60-64	1.258	0.560
65-69	2.184	1.077
70-74	3.896	1.077
75+	7.634	1.077

Note: AD&D coverage is available for $0.023 per $1,000 for you and / or your spouse. **The amount of AD&D must be in an equal amount as the voluntary life.**

Dependent Children

If your coverage level is...	Your cost for each $1,000 of supplemental life is...
Child Life	0.225
Child AD&D	0.026

You can elect in increments of $2,000 up to $10,000 of coverage . **The amount of AD&D must be in an equal amount as child voluntary life.**

Additional Information

- Age reduction:

  50% of original amount at age 75
- Age-bracketed premiums:

  Premiums increase on plan anniversary after you enter next 5 year age group
- Evidence of Insurability (EOI) Form

  Is required for employees who do not enroll during their initial eligibility period. For those who enrolled in the plan year, one increment of coverage up to Guarantee Issue will be available for the 2021 plan year annual enrollment without EOI.
- Accelerated Benefit Option:

  Allows you to apply for up to 75% of your insurance (not to exceed $500,000) if diagnosed with a terminal health condition.

How to figure your voluntary life cost per paycheck:

1. Indicate your elected benefit amount (EBA)
2. Divide EBA by $1,000
3. Find age rate from cost table
4. Multiply answer of Step 2 by answer of Step 3
5. Multiply answer of Step 4 by 12 then divide by 24 to calculate your cost per paycheck

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Travel Assistance

Congratulations! You and your dependents now have access to the Travel Assistance Program provided by USAble . This program offers you a broad range of valuable travel and medical support services 24 hours a day, 365 days a year. With one simple phone call to our response center, you will be connected to a global network of providers to assist you when you travel 100 miles or more from home. one semester (optional coverage for longer trips available) . The program vendor is AXA Travel Assistance as provided through USABle Life.

Travel Assistance

- Lost Documents and Luggage assistance
- Emergency cash/bail assistance
- Telephone interpretation
- General travel information

Medical Assistance

- Medical and dental referrals
- Medical evacuation or repatriation
- Hospital admission and critical care monitoring
- Dispatch of prescription medications

If you have any questions about the services or require assistance, please contact us at: 1 (866) 384.2786 OR +1 (630) 616.4536 (collect) OR medassist-usa@axa-assistance.us

USAble Life

AXA TRAVEL ASSISTANCE PROGRAM

Support before, during, and after travel

The Dignity Planner

FUNERAL PLANNING MADE PERSONAL The Dignity Planner allows you to create a personalized funeral plan for yourself or a loved one. We all have unique passions and personal stories, and whether you're planning a memorial for yourself or for a loved one, The Dignity Planner allows you to create a plan simply by answering a few questions. Dignity will take care of the rest of the details. n for yourself or a loved one. We all have unique passions and personal stories, and whether you're planning a memorial for yourself or for a loved one, The Dignity Planner allows you to create a plan simply by answering a few questions. Dignity will take care of the rest of the details.

VISIT WWW.USABLELIFE.COM/DIGNITYPLANNER TO LEARN MORE.

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Important Notices

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Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
Special enrollment rights also may exist in the following circumstances:

- ⇒ If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- ⇒ If you or your dependents become eligible for a State premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.
- ⇒ If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Note: The 60 day period for requesting enrollment applied only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applied to most special enrollments.

Women's Health & Cancer Rights Act of 1998

The Women's Health and Cancer Act (WHCRA) requires group health plans to provide participants with notices of their rights under WHCRA, to provide certain benefits in connection with a mastectomy, and to provide other protections for participants undergoing mastectomies. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Individuals receiving mastectomy –related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ⇒ All stages of reconstruction of the breast on which the mastectomy was performed;
- ⇒ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- ⇒ Prostheses; and
- ⇒ Treatment of physical complications of the mastectomy, including lymphedema.
- ⇒ These benefits will be provided subject to the same deductibles and coinsurance amounts applicable to other medical and surgical benefits provided under the health plan offered by your employer.
- ⇒ Please keep this information with your other group health plan documents. If you have any questions about the Plan's coverage of mastectomies and reconstructive surgeries, please contact the Human Resources Department.

Health Insurance Portability and Accountability Act (HIPAA) Notice

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

This Information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of such an event.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at (312)353-0900.

If you have any questions about this notice or the law, please contact your Plan Administrator at the number or location provided in your benefits booklet or Summary Plan Description.

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

Notice of Privacy Practices: Plan administrators, clearinghouses, business associates, and health care providers that transmit health information electronically or use electronic health records may not redistribute or unlawfully use electronic health records without permission from the insured. The insured may request information on how their electronic records are distributed, how frequently they are distributed, and who they are distributed to by contacting the U.S. Department of Health and Human Services.

Health Insurance Marketplace Coverage Notice

The Health Insurance Marketplace is available to assist you as you evaluate health insurance options for you and your family. This notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer. The Marketplace is designed to help you find private health insurance and compare private health insurance options. You may also be eligible for a new kind of tax credit under section 36B of Internal Revenue Code that could potentially lower your monthly premium. If you purchase a qualified health plan through the Marketplace, you may lose the employer contribution (if any) to any health benefit plan offered by your employer and all or a portion of that contribution may be excludable from income for federal income tax purposes . More information on the health insurance Marketplace may be found at https://www.healthcar

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Notice of Rescission

(a) *Prohibition on rescissions* - (1) A group health plan, or a health insurance issuer offering group or individual health insurance coverage, must not rescind coverage under the plan, or under the policy, certificate, or contract of insurance, with respect to an individual (including a group to which the individual belongs or family coverage in which the individual is included) once the individual is covered under the plan or coverage, unless the individual (or a person seeking coverage on behalf of the individual):

I. performs an act, practice, or omission that constitutes fraud

II. makes an intentional misrepresentation of material fact,

as prohibited by the terms of the plan or coverage. A group health plan, or a health insurance issuer offering group or individual health insurance coverage, must provide at least 30 days advance written notice to each participant (in the individual market, primary subscriber) who would be affected before coverage may be rescinded under this paragraph (a)(1), regardless of, in the case of group coverage, whether the coverage is insured or self-insured, or whether the rescission applies to an entire group or only to an individual within the group. (The rules of this paragraph (a)(1) apply regardless of any contestability period that may otherwise apply.) A rescission is a cancellation or discontinuance of coverage that has retroactive effect. For example, a cancellation that treats a policy as void from the time of the individual's or group's enrollment is a rescission. As another example, a cancellation that voids benefits paid up to a year before the cancellation is also a rescission for this purpose.

A cancellation or discontinuance of coverage is not a rescission if -

I. The cancellation or discontinuance of coverage has only a prospective effect;

II. The cancellation or discontinuance of coverage is effective retroactively, to the extent it is attributable to a failure to timely pay required premiums or contributions (including COBRA premiums) towards the cost of coverage;

III. The cancellation or discontinuance of coverage is initiated by the individual (or by the individual's authorized representative) and the sponsor, employer, plan, or issuer does not, directly or indirectly, take action to influence the individual's decision to cancel or discontinue coverage retroactively or otherwise take any adverse action or retaliate against, interfere with, coerce, intimidate, or threaten the individual; or

IV. The cancellation or discontinuance of coverage is initiated by the exchange pursuant (the insured).

Michelle's Law

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

Mental Health Parity & Addiction Equity Act 2008 (MHPAEA)

Under the MHPAEA, the financial requirements and treatment limits that group health plans and health insurance issuers apply to mental health or substance use disorder benefits generally cannot be more restrictive than those applicable to medical and surgical benefits. If a plan covers mental health and substance use disorder, MHPAEA provides medical and surgical benefits and mental health and substance use disorder benefits. MHPAEA it must comply with the federal parity requirements. The MHPAEA contains the following parity requirements:

The financial requirements (such as deductibles, copayments, coinsurance and out-of-pocket limits) applicable to mental health and substance use disorder benefits cannot be more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits.

Treatment limitations (such as frequency of treatment, number of visits, days of coverage or other similar limits on the scope or duration of coverage) must also comply with the MHPAEA's parity requirements. Non-quantitative treatment limitations (such as medical management standards, formulary design and determinations of usual, customary or reasonable amounts) are subject to a separate parity requirement.

If medical and surgical benefits are offered on an out-of-network basis, a plan or issuer must also offer mental health and substance use disorder benefits on an out-of-network basis.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Cobra provides eligible individuals and their dependents who would otherwise lose group health coverage as a result of a qualifying life event with an opportunity to continue group health coverage for a limited time period under certain circumstances such as:

- Voluntary or involuntary job loss
- Reduction in the hours worked
- Transition between jobs
- Death
- Divorce
- And other qualifying life events

If you are entitled to elect COBRA coverage, you will have 60 days (starting on the date you are furnished the election notice or the date you would lose coverage) to choose whether or not to elect continuation coverage.

Important Notices

Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by groups with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

The duration of COBRA extends from the date of the qualifying event for a limited period of 18 or 36 months. The length of time depends on the type of qualifying life event that gave rise to the COBRA rights. A plan, however, may provide longer periods of coverage beyond the maximum period required by law.

COBRA Continuation coverage may be terminated earlier than the end of the maximum period for any of the following reasons:

- Premiums are not paid in full on a timely basis
- The employer ceases to employ any group health plan
- A qualified beneficiary begins coverage under another group health plan after electing continuation coverage;
- A qualified beneficiary becomes entitled to Medicare benefits after electing continuation coverage;
- A qualified beneficiary engages in conduct that would justify the plan in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

If continuation coverage is terminated early, the plan must provide the qualified beneficiary with an early termination notice. The notice must be given as soon as practicable after the decision is made, and it must describe the date coverage will terminate, the reason for termination, and any rights the qualified beneficiary may have under the plan or applicable law to elect alternative group or individual coverage.

If you decide to terminate your COBRA coverage early, you generally won't be able to get a Marketplace plan outside of open enrollment period. For more information on alternatives to COBRA coverage reach out to your HR Representative or Plan administrator.

Contact your plan administrator or Human Resources to determine how COBRA is administered at your workplace.

CHIP Model Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The fol list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ARKANSAS – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	**COLORADO – Health First Colorado & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711
FLORIDA – Medicaid	**GEORGIA – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
INDIANA – Medicaid	**IOWA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 Other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA – Medicaid	**MAINE – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll Free number for the HIPP program - 1-800-852-3345, ext. 5218	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392
NEW YORK – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
NORTH CAROLINA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	Website: http://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531	

To see if any other states have added a premium assistance program since July 31, 2018 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa (1-866-444-3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov (1-877-267-2323) , menu opt 4, ext 6156

Attachment: City of Holly Hill RFP 2021 Brown and Brown Response (3496 : Presentations for Broker Services, Medical, Dental, Vision,

Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Florida Health Care Plans and about your options under Medicare's prescription drug coverage.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Your Employer has determined that the **FHCP HMO T32** prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered **Creditable Coverage**. This is important because you will not be required to pay a penalty if you do not join a Medicare drug plan when you first become eligible. Your Employer has determined that the **HDHP HSA T95** prescription drug coverage is , on average for all plan participants, **not** expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage under **HDHP HSA T95** is considered **NON Creditable Coverage.** This is important because you will be required to pay a penalty if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from FHCP. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully as it explains your options.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two(2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
Since the coverage under the HMO T32 is creditable, you will not have to pay a penalty to join a Medicare drug plan. Since the coverage under the HDHP HSA T95 is not creditable, you will have to pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your Employer's plan coverage under either plan will not be affected. If you do decide to join a Medicare drug plan and drop your current Employer's plan coverage, be aware that you and your dependents will be able to get this coverage back during the next open enrollment if you remain a full time active employee.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227).** TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov,** or call them at **1-800-772-1213** (TTY 1-800-325-0778).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with your Employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage
Contact Human Resources for further information. See the inside back cover of your copy of the "Medicare & You" handbook for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Notice . If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage as noted within this Notice and, therefore, whether or not you are required to pay a higher premium (a penalty).

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