

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
Purchasing Department

REQUEST FOR PROPOSALS

18-025

INSURANCE AGENT OF RECORD
FOR EMPLOYEE HEALTH BENEFITS

APRIL 2018

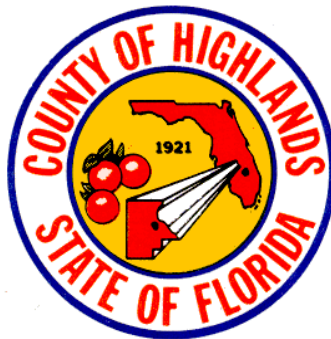


TABLE OF CONTENTS

INVITATION.....	3
SECTION I. GENERAL TERMS AND CONDITIONS	5
SECTION II. THE COUNTY’S RESERVATION OF RIGHTS.....	11
SECTION III. ADDITIONAL TERMS AND CONDITIONS FOR RFP 18-025.....	11
SECTION IV. INTRODUCTION.....	13
SECTION V. BACKGROUND.....	13
SECTION VI. GENERAL SPECIFICATIONS FOR RFP 18-025.....	14
SECTION VII. SCOPE OF SERVICES.....	14
SECTION VIII. CENSUS OF EMPLOYEES ON INSURANCE	17
SECTION IX. MINIMUM QUALIFICATION OF PROPOSERS	18
SECTION X. TENTATIVE SCHEDULE.....	18
SECTION XI. CONTACT INFORMATION.....	18
SECTION XII. PROPOSAL PREPARATION	19
SECTION XIII. PRESENTATIONS (MAXIMUM 25 POINTS PER EVALUATOR).....	23
SECTION XV. SAMPLE SCORE SHEET	25
SECTION XVI. SELECTION PROCESS AND CRITERIA	25
SECTION XVII. AWARD	26
SECTION XVIII. CONTRACT NEGOTIATIONS AND EXECUTION	26
SECTION XIX. COMPENSATION	26
SECTION XX. CONTINGENT FEES PROHIBITED.....	26
SECTION XXI. SAMPLE AGREEMENT.....	27
SECTION XXII. COMPLIANCE REQUIREMENTS -Attachment A.....	36
SECTION XXIII. SAMPLE PERFORMANCE REFERENCE SURVEY.....	43
SECTION XXIV. SAMPLE EMPLOYEE HEALTH BENEFITS.....	44



**HIGHLANDS COUNTY BOARD OF
COUNTY COMMISSIONERS**
Purchasing Department

REQUEST FOR PROPOSALS (RFP)

The Highlands County Board of County Commissioners (HCBCC) will receive sealed Proposals in the Highlands County Purchasing Department for:

RFP NO. 18-025 INSURANCE AGENT OF RECORD FOR EMPLOYEE HEALTH BENEFITS

The Insurance Agent of Record will be responsible for the health benefits plan administration as described in this solicitation and will foster working relationships with Human Resources/Insurance departments within the County, each Constitutional Office and the participating outside Agencies in the health plan. All the entities that are referenced in this document are cooperatively soliciting and contracting for services and are referenced as "County."

Specifications may be downloaded from the HCBCC's website: www.hbcc.net or by downloading from www.VendorRegistry.com. For information contact: Chris Davis, Purchasing Manager; 600 S. Commerce Avenue, Sebring, Florida 33870, Phone: 863-402-6528 or E Mail: cmdavis@hbcc.org.

Determination of Proposer's qualifications will be based on its Proposal which is to be completed and submitted in accordance with the RFP specifications. The contract, if awarded, shall incorporate the RFP specifications and the Proposal.

Each submittal shall include one (1) original and six (6) exact copies and one (1) exact electronic forms (CD's or thumb drives) of the Proposal packet.

PROPOSALS MUST BE DELIVERED to the Highlands County Purchasing Department, 600 S. Commerce Avenue., Sebring, FL. 33870 so as to reach said office no later **than 3:00 P.M., THURSDAY; May 3, 2018**, at which time they will be opened. The public is invited to attend this meeting. Proposal envelopes/packages must be sealed and marked with the RFP number and name so as to identify the enclosed Proposal. Proposals received later than the date and time or location as specified will be rejected.

The HCBCC will not be responsible for the late deliveries of Proposals that are incorrectly addressed, delivered in person, by mail or any other type of delivery service.

One or more County Commissioners may be in attendance at the proposal opening.

The HCBCC reserves the right to accept or reject any or all Proposals or any parts thereof, and the determination of this award, if an award is made, will be based on the ranking of each Proposal. The HCBCC reserves the right to waive irregularities in the Proposal.

The HCBCC does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the HCBCC's functions, including one's access to, participation, employment or treatment in its programs or activities. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act or Section 286.26 Florida Statutes should contact Ms. Pamela Rogers, ADA Coordinator at: 863-402-6509 (Voice), or via Florida Relay Service 711, or by e-mail through Purchasing at: cmdavis@hcbcc.org. Requests for CART or interpreter services should be made at least 24 hours in advance to permit coordination of the service.

Board of County Commissioners, Highlands County, FL

www.hcbcc.net

SECTION I. GENERAL TERMS AND CONDITIONS

A. For purposes of this RFP, the following terms are defined as follows:

1. County means Highlands County, a political subdivision of the State of Florida, the Highlands County and other public entities involved in this cooperative solicitation.
2. Proposer means the person or entity submitting a Proposal in response to this RFP.
3. Agent of Record or Agent means the Proposer who signs a contract with the HCBCC to perform the Scope of Work.

B. All Proposals shall become the property of the HCBCC.

C. Compliance Requirements . [All Bidders shall comply](#) with [Section 287.087, Florida Statutes, pertaining to drug free workplace programs; Section 287.133\(2\)\(a\), Florida Statutes, pertaining to public entity crimes; Section 287.134, Florida Statutes, pertaining to discrimination](#) and Section 287.135, Florida Statutes, prohibiting contracting with scrutinized companies

Section 287.087, Florida Statutes. Preference to businesses with drug free workplace programs:

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 violations.
 3. Give each employee engaged 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, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than 5 days after such conviction.
 5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
 6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.
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Section 287.133, Florida Statutes. Public entity crime; denial or revocation of the right to transact business with public entities:

(2)(a) 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 bid, Proposal or reply on a contract to provide any goods or services to a public entity, may not submit a bid, Proposal or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, Proposals or replies 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 in excess of the threshold amount provided in Section 287.017, Florida Statutes for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

Section 287.134, Florida Statutes. Discrimination; denial or revocation of the right to transact business with public entities:

(2)(a) An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, Proposal or reply on a contract or provide goods or services to a public entity; may not submit a bid, Proposal or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids Proposals or replies on leases of real property to a public entity; may not be awarded or perform work as an contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with a public entity.

Section 287.135, Florida Statutes. Prohibition against contracting with scrutinized companies:

(2) A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more if at the time of bidding or submitting a proposal for a new contract or renewal of an existing contract, the company:

- (a) Is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel;
- (b) Is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Section 215.473, Florida Statutes.
- (c) Is engaged in business operations in Cuba or Syria.

(5) At the time a company submits a bid or proposal for a contract or before the company enters into or renews a contract with an agency or governmental entity for goods or services of \$1 million or more, the company must certify that the company is not participating in a boycott of Israel, on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or that it does not have business operations in Cuba or Syria.

CERTIFICATIONS OF COMPLIANCE WITH THE ABOVE REFERENCED STATUTES ARE LOCATED ON SECTION VII, AND MUST BE INCLUDED WITH THE PROPOSAL, SIGNED AND NOTARIZED

- D. Proposals are due and must be received in accordance with the instructions given in the announcement page.
 - E. The County will not reimburse Proposers for any costs or expenses incurred in connection with the preparation and submittal of any Proposal.
 - F. Proposers, their agents and associates shall not solicit any County Official and shall not contact any County Official other than the individual listed in Section XI of this RFP for additional information and clarification.
 - G. Due care and diligence has been exercised in the preparation of this RFP and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the services required rests solely with those submitting a Proposal. Neither the County nor its representatives shall be responsible for any error or omission in the Proposals submitted, nor for the failure on the part of the Proposers to determine the full extent of the exposures.
 - H. All timely Proposals meeting the specifications set forth in this RFP will be considered. However, Proposers are cautioned to clearly indicate any deviations from these specifications. The terms and conditions contained herein are those desired by the County and preference will be given to those Proposals in full or substantially full compliance with them.
 - I. Each Proposer is responsible for full and complete compliance with all laws, rules and regulations including those of the Federal Government, the State of Florida and the County of Highlands. Failure or inability on the part of the Proposer to have complete knowledge and intent to comply with such laws, rules and regulations shall not relieve any Proposer from its obligation to honor its Proposal and to perform completely in accordance with its Proposal.
 - J. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any Proposals, to reject any and all Proposals in whole or in part, with or without cause, and to accept that Proposal, if any, which in its judgment will be in its best interest.
 - K. Award will be made to the Proposer whose Proposal is determined to be the most advantageous to the County, taking into consideration those Proposals in compliance with the requirements as set forth in this RFP. The HCBCCC reserves the right to reject any and all Proposals for any reason or make no award whatsoever or request clarification of information from the Proposers.
 - L. Any interpretation, clarification, correction or change to this RFP will be made by written addendum issued by the Highlands County Purchasing Department. Any oral or other type of communication concerning this RFP shall not be binding.
 - M. Proposals must be signed by an individual of the Proposer's organization legally authorized to commit the Proposer to the performance of services contemplated by this RFP.
 - N. Unless otherwise stated in the specifications, the following Insurance Requirements will be included in the contract and must be met before delivery of goods and performance of services:
 - 1. Workers' Compensation Insurance: The Agent shall have and maintain workers' compensation insurance for all employees for statutory limits in compliance with the law of the State of Florida and federal laws. The policy must include Employer' Liability with a limit of \$100,000 each accident, \$100,000 each employee, \$500,000 policy limit for disease.
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2. Commercial General Liability Insurance: Occurrence Form Required: The Agent shall have and maintain commercial general liability (CGL) insurance with a limit of not less than \$1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to the work performed pursuant to this RFP in the amount of \$1,000,000. Products and completed operations aggregate shall be \$1,000,000. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent contractors, products and completed operations, contractual liability, broad form property damage and property damage resulting from explosion, collapse or underground (x, c, u) exposures, personal injury and advertising injury. Fire damage liability shall be included at \$100,000.
 3. Commercial Automobile Liability Insurance: The Agent shall have and maintain automobile liability insurance with a limit of not less than \$1,000,000 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired, and non-owned autos). The policy shall be endorsed to provide contractual liability coverage.
 4. Professional Liability Insurance: The Agent shall have and maintain professional liability insurance with a limit not less than \$1,000,000 per occurrence. If coverage is provided on a claims-made basis, the retroactive date shall be prior or equal to the effective date of any contract with the County. The coverage shall be renewed or include a "tail" or discovery, or continuous renewal of coverage for a period of 3 years following the termination of the contract entered into in connection with this RFP
 5. Special Requirements / Evidence of Insurance:
 - (a) A copy of the Proposer's current certificate of insurance MUST be provided with the Proposal submitted in response to this RFP. A formal certificate shall be provided upon announcement that a Proposer has been awarded the work as called for in this RFP. The Certificate(s) shall be signed by a person authorized by that insurer to bind coverage on its behalf. All Certificates of Insurance must be on file with and approved by the County before commencement of any work activities. The formal insurance certificate shall also comply with the following:
 - (i) "Highlands County, a Political Subdivision of the State of Florida and its Elected Officials, its Agents, Employees, and Volunteers" shall be named as an "Additional Insured" on all policies except Worker's Compensation and Professional Liability.
 - (ii) The policy shall provide a 30 day notification clause in the event of cancellation or modification to the policy. Highlands County will be given notice prior to cancellation or modification of any stipulated insurance.
 - In the event the insurance coverage expires prior to termination of the contract entered into in connection with this RFP, a renewal certificate shall be issued 30-days prior to said expiration date.
 - Such notification will be in writing by registered mail, return receipt requested, and addressed to the Purchasing Manager, 600 S. Commerce Avenue, Sebring, FL 33870.
 - (b) It should be remembered that these are minimum requirements, which are subject to modification in response to high hazard operations.
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- (c) The policies of insurance shall be written on forms acceptable to the County and placed with insurance carriers authorized by the Insurance Department in the State of Florida and meet a minimum financial AM Best company rating of no less than "A- Excellent: FSC VII.
- (d) The Agent shall hold the County, its agents and employees, harmless on account of claims for damages to persons, property or premises arising out of the services performed to in connection with this RFP. The County reserves the right to require Agent to provide and pay for any other insurance coverage the County deems necessary, depending upon the possible exposure to liability.
- (e) All policies must include Waiver of subrogation; any liability aggregate limits shall apply "Per Jobsite"/Per Job Aggregate. All liability insurance except Professional Liability shall be Primary and Non-Contributory. Certificate of Insurance shall confirm in writing that these provisions apply.

6. Renewal

- a. In the event the insurance coverage, that is provided pursuant to the terms of the contract entered into in connection with this RFP, is subject to expiration prior to termination of that contract, a renewal certificate shall be issued 30-days prior to the expiration date.
- b. That notification will be in writing by registered mail, return receipt requested, and addressed to the County Purchasing Manager, 600 S. Commerce Ave., Sebring, FL 33870.

O. The following "Statement of Indemnification" will be incorporated in the contract entered into in connection with this RFP.

Agent of Record shall, in addition to any other obligation to indemnify the Board and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the Board, its elected officials, employees, agents, and volunteers from and against all claims, actions, liabilities, losses (including economic losses), costs, including attorneys' fees and all costs of litigation, and judgments of every name and description arising out of or incidental to the performance of this Agreement or work performed under or related to this Agreement, unless caused by the sole negligence of the Board, its elected officials, employees, agents, or volunteers. Any cost or expenses, including attorney's fees (including appellate, bankruptcy or patent counsel fees), incurred by the Board to enforce this Indemnification shall be borne by the Agent of Record. This Indemnification shall also cover all claims brought against the Board, its elected officials, employees, agents, or volunteers by any employee of the Agent of Record. The Agent of Record's obligation under this Indemnification shall not be limited in any way to the agreed upon Agreement price as shown in this Agreement or the Agent of Record's limit on or lack of sufficient insurance protection. Upon completion of all services, obligations and duties provided for in this Agreement, or in the event of termination of this Agreement for any reason, the terms and conditions of this Indemnification shall survive indefinitely.

P. All pages included in or attached by reference to this RFP shall be called and constitute the Request for Proposals as stated on the front page of this RFP.

Q. If submitting a Proposal for more than one RFP, each Proposal must be in a separate envelope and correctly marked. Only one Proposal per RFP shall be accepted from any person, corporation or firm. Modifications will not be accepted or acknowledged.

- R. Each Proposal must contain proof of enrollment in E-Verify.
- S. Minority Owned and Women Owned businesses must submit a copy of the certificate to receive credit.
- T. Board policy prohibits any County employee or members of their family from receiving any gift, benefit, and/or profit resulting from any contract or purchase. Board policy also prohibits acceptance of gifts of any kind other than advertising novelties valued less than \$10.00
- U. Proposals are only accepted if delivered to the location and prior to the time specified on the RFP. Proposals must be delivered in sealed envelope or box. Late Proposals will not be accepted under any circumstances. If Proposals received after the scheduled time of the Proposal Opening Meeting, the Proposer will be contacted for disposition. The Purchasing Department, at the Proposer's expense, can return the unopened envelope, or, at the Proposer's request in writing, can destroy it.
- V. Emailed and faxed Proposals will not be accepted. Any blank spaces on the required Proposal form or the absence of required submittals or signatures may cause the Proposal to be declared non-responsive.
- W. The County is not responsible for correcting any errors or typos made on the Proposal. Incorrect calculations, errors may cause the Proposal to be declared non-responsive.
- X. The Proposer shall comply with the Florida Sales and Use Tax Law as it may apply to the contract. The quoted amount(s) shall include any and all Florida Sales and Use Tax payment obligations required by Florida Law of the successful Proposer and its material suppliers.
- Y. Any material submitted in response to this RFP will become public record pursuant to Section 119, Florida Statutes.
- Z. In the event of legal proceedings to enforce the terms of a contract entered into in connection with this RFP, the prevailing party will be entitled to legal fees. Venue is in Highlands County, Florida.
- AA. If any Proposer violates or is a party to a violation of the code of ethics of Highlands County or the State of Florida, with respect to this RFP, such Proposer may be disqualified from performing the work described in this RFP or from furnishing the goods or services for which this RFP is issued and shall be further disqualified from bidding on any future requests for work, goods or services for the County.

END OF SECTION

SECTION II. THE COUNTY'S RESERVATION OF RIGHTS

A. RESERVATION OF RIGHTS:

This RFP constitutes only an invitation to submit a Proposal to the HCBCC. The HCBCC reserves, holds and may in its own discretion, exercise any or all of the following rights and options with respect to this RFP:

1. To supplement, amend or otherwise modify this RFP, and to cancel this RFP with or without the substitution of another Request for Proposals (RFP).
2. To issue additional subsequent RFPs.
3. To reject all incomplete / non-responsive responses, or responses with errors.
4. The County reserves the right to determine, in its sole discretion, whether any aspect of the submitted Proposals is satisfactory to meet the criteria established in this document, the right to seek clarification and/or additional information from any submitting Proposer.
5. The County also reserves the right to modify the scope of work for this project.
6. If the County believes that collusion exists among Proposers, all Proposals will be rejected.
7. The County reserves the right to audit the records of the awarded Proposer related to this RFP at any time during the contract period and for a period of five (5) years after final payment is made. The awarded Proposer shall provide copies of any records related to contracts entered into in connection with this RFP solely at the cost of reproduction.

SECTION III. ADDITIONAL TERMS AND CONDITIONS FOR RFP 18-025

A. ADDENDUMS:

In this RFP the Board has attempted to address most situations that may occur. However, should situations arise that are not addressed, they will be dealt with on a case by case basis, at the discretion of the Board. If deemed necessary, the Purchasing Department will supplement this RFP document with Addendums. These Addendums will be posted on the County's website, www.hbcc.net and www.VendorRegistry.com. It is the sole responsibility of the Proposer to check the website for Addendums. Proposers must acknowledge receipt of Addendums by completing the respective section on the bid/proposal submittal form.

B. AFFIRMATION:

By submitting a Proposal, the Proposer affirms that the Proposal 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. The Proposer has not directly or indirectly induced or solicited any other person to submit a false or sham Proposal. The Proposer has not solicited or induced any person, firm or corporation to

refrain from submitting a Proposal; and the Proposer has not sought by collusion to obtain for him/herself any advantage over other persons or over the County.

C. COUNTY EMPLOYEES / CONFLICT OF INTEREST:

All Proposers must disclose the name of any officer, director or agent who is also an employee of the HCBCC, or any of the public entities which will receives services related to this solicitation. All Proposers must disclose the name of any employee of the entities named in the preceding sentence who owns, directly or indirectly, any interest in the Proposer's business or any of its branches.

D. JOINT PROPOSALS:

In the event multiple vendors submit a joint Proposal in response to this solicitation, a single Proposer shall be identified as Primary Proposer. The Primary Proposer must include the name, address and contact information of all parties of the joint Proposal. Primary Proposer shall provide all insurance requirements, execute any contract, sign the Proposal and have overall and complete accountability to resolve any dispute arising within the contract. Only a single contract with one Proposer will be acceptable. Invoices will be accepted from and paid only to the Primary Proposer. Primary Proposer shall remain responsible for performing services associated with Proposal made in response to this RFP.

E. MISUNDERSTANDINGS:

The failure or omission of the Proposer to receive or examine any instruction or document, or any part of the specifications, or to visit the site and acquaint themselves as to the nature and location of the work (where applicable), the general and local conditions, and all matters which may in any way affect performance shall not relieve the Proposer of any obligation to perform as specified herein. The Proposer understands the intent and purpose thereof and their obligations and will not make any claim for, or have any right to damages resulting from, any misunderstanding or misinterpretation of this RFP or because of any lack of information.

F. ASSIGNMENT OF CONTRACT:

The selected Proposer shall not assign, transfer, convey, sublet or sell any portion of any contract entered into in connection with this RFP unless permission is first given by the HCBCC. All matters dealing with these actions must be conducted in written format.

G. COMPLAINTS:

The contract will provide that complaints against the Agent will be processed through the County's Human Resources Department and are to be corrected within five (5) business days. Written response to the Human Resources Manager is required. Failure to properly resolve complaints within five (5) business days may result in cancellation of the contract. Repeat complaints against the Agent may result in termination of contract.

H. REQUEST FOR CHANGE OF RFP SPECIFICATIONS:

Requests for changes to specifications must be submitted for consideration in writing to the designated contact. Request must be submitted by the Request For Information (RFI) Cut-off

date. (See Section X of this RFP.) The request will be evaluated by the Project Manager, and the County's response will be addressed in an Addendum.

I. EXEMPTIONS / ITEMS NOT IDENTIFIED IN THE SCOPE OF WORK:

Any modification to these specifications by a Proposer shall be an exception to the RFP and must be discussed in detail by the Proposer in their response under "Exemptions / Items not identified in scope of work", unless otherwise specified.

J. DOCUMENTATION RESULTING FROM SERVICES RENDERED:

The Proposer will be prohibited from publishing or releasing any information related to the requested services without the prior written permission from the County. All reports or documents resulting from the ensuing contract will remain the sole property of the County.

SECTION IV. INTRODUCTION

The HCBC, and other public entities which will receive services in connection with this RFP and the Agreement are identified as the "County." The County is currently reviewing the structure, scope and economic efficiency of its employee health benefits and insurance. It is seeking proposals from companies or individuals engaged in acting as an Agent of Record in the health insurance field. The County is particularly interested in a Broker/Agent who can offer creative, innovative approaches that help the County maintain or improve the quality health care benefits without sacrificing fiscal soundness. This solicitation encourages all interested companies/individuals who wish to participate in the process to submit sealed Proposals in accordance with the guidelines outlined in this Request For Proposals (RFP).

SECTION V. BACKGROUND

The County provides various benefits to approximately 851 full time permanent employees, 119 retirees, and 350 dependents, totaling about 1,320 lives. In addition to the County Government Center located on Commerce Ave., there are various administrative and other support locations throughout the County.

From October 1, 2001 through September 30, 2012, the County was fully insured for health insurance. Effective January 1, 2012, the County discontinued private insurance and re-established its self-insurance plan for health benefits.

Services currently provided include medical, dental and prescription drug insurance coverage to eligible employees, retirees and their dependents through a self-insured arrangement. The self-insurance fund is jointly funded by contributions from the County and from the insured employees and retirees.

Florida Blue is the current third-party administrator for all medical and prescription drug claims. The Guardian Life Insurance Company of America is the current third-party administrator for all dental claims. Additionally, the HCBCC has purchased stop loss insurance coverage from Florida Blue.

Attachment "A" of this document contains the "Benefits at Glance" booklet for the 2017-2018 fiscal year for both Employees and Retirees. These are the minimum expected benefits for the County.

SECTION VI. GENERAL SPECIFICATIONS FOR RFP 18-025

- A. PURPOSE: The County hereby gives notice that it intends to award a contract for Agent of Record Services for employee health benefits.
- B. MANDATORY PRE-PROPOSAL MEETING: Will not be held for this RFP.
- C. RESPONSE DUE DATE AND LOCATION: As described on the Announcement sheet. (Page 3 of this RFP.)
- D. PROJECT MANAGER: Ms. Pamela Rogers (HCBCC, HR Manager)
- E. INSURANCE: As described in the General Terms and Conditions, Section I, subsection N of this RFP.
- F. PERFORMANCE OF SERVICES: The Agent must perform all services required by this RFP. The Agent is responsible for all services provided by the Agent.
- G. CONTRACT: The successful Proposer shall be required to enter into a contract that includes the requirements of this RFP and other contract provisions. A sample contract is included in Section XXI of this RFP. The County reserves the right to waive/adjust any minor inconsistencies between the RFP, the resulting purchase order, and the finalized contract. The initial contract term is for one (1) year, and the contract may be renewed for five (5) additional one year terms by agreement of the parties.
- H. COMMENCEMENT OF WORK: Work shall commence after execution of a contract by the HCBCC and a Proposer and delivery of a Purchase Order by the County.
- I. CHANGE ORDER(S): The Agent must have approval from the County, in writing, prior to commencement of any work for which additional compensation or cost reimbursement would be sought by the Agent.
- J. AGENT 'S ASSIGNED REPRESENTATIVE: The Agent shall not substitute the Representative named in its Proposal to provide services to the County without the prior written permission of the HCBCC.

SECTION VII. SCOPE OF SERVICES

The County is seeking a qualified person or entity to act as its agent of record. The agent of record must have thorough knowledge of the health insurance industry, insurance providers, products,

underwriting, and reasonable costs. The HCBCC is aware of rising health care costs and wishes to ensure it obtains the lowest cost coverages while maintaining the best available benefits.

The HCBCC specifically requests the following services, which shall be provided, according to best commercial practices:

- A. Annual review of employee health benefits for quality of benefit provided, cost effectiveness, competitiveness, and plan administration (by both the HCBCC and plan administrator). Make recommendations concerning any changes in terms, conditions, and limits.
 - B. Assist with annual health benefit renewals, including negotiation of any change in contracts.
 - C. If health benefits are marketed, prepare RFP specifications, identify appropriate markets, analyze Proposals submitted, make recommendations, and assist in negotiation of contracts.
 - D. Provide such actuarial and consulting services as may be necessary to develop and communicate recommendations to include:
 - 1. Written analysis with sufficient details to support conclusions and recommendations.
 - 2. A discussion of any federal or state legislation affecting the funding of public health insurance programs.
 - 3. Complete details on claim administration and cost containment features of the recommended program.
 - 4. Any other information the agent deems appropriate.
 - 5. Audit the health vendors for accuracy of coverage, terms, and conditions.
 - E. Monitor ongoing contracts, including provider plan administration, provider compliance with contract, and incurred benefits.
 - F. Provide estimates of renewal rates and assist County staff in preparation of budget figures for health benefits.
 - G. Evaluate appropriateness of alternative financing mechanisms such as partial or self-funding, and assist in structuring such financing, including recommendations pertaining to retention levels, stop-loss limits, etc.
 - H. Provide information on employee benefit issues, trends, and proposed or new legislation.
 - I. Be available to meet, as needed or at a minimum of twelve times a year with the HCBCC, County staff, the Insurance Committee, and the general employee population for any insurance-related needs that may arise.
 - J. Assist in design and delivery of employee health benefits communication pieces, including presentations at the Health Benefits Fair and Employee Wellness Program.
 - K. Additional responsibilities of the agent of record:
-

Evaluation & Education

- Audit and evaluate benefit plans on a regular basis to ensure a competitive, efficient & cost effective program.
- Review benefit levels, eligibility, and employee contributions and compare to standards for like companies.
- Assist in developing proposals and strategies for use in budgeting process.

Renewal Negotiation

- Negotiate the pricing of benefits provided by carriers at each renewal.
- Analyze claims experience to determine trends and to project future costs.
- Evaluate plan design, funding, and administration alternatives for their potential to reduce cost or improve benefits.

Competitive Bidding

- Solicit and evaluate proposals from other vendors as needed.
- Prepare bid specifications, negotiate terms, and make recommendations.
- Perform RFP for annual Stop-Loss renewal
- Prepare specification for a health clinic and advise Insurance Committee with selecting the most appropriate option(s).

Employee Communication

- Develop custom open enrollment and new hire communications to help employees better understand and appreciate their benefits.
- Assist in the coordination of Open Enrollment and Wellness events
- Conduct employee meetings as appropriate to explain major changes in coverage or to introduce a new carrier.
- Provide and administer one annual employee survey to determine areas of employee concern and/or needed improvement within existing benefits. Complete analysis of survey results and prepare and provide a concise report accompanying an action plan based on survey results.

Enrollment Coordination

- Prepare applications or amendments for signature; audit employee forms and gather missing information.
- Organize the submission to the carrier; obtain confirmation of approval.
- Oversee printing of identification cards, booklets, contracts and amendments.
- Provide integrated software for enrollments, changes, and auditing of coverage(s).

Claims Resolution

- Assist employees in resolving claim problems.
- Work with the carriers, providers and collection agencies to ensure accurate and timely benefit payments.
- Coordinate all changes to the benefit program.
- Educate employees on plan benefits and claim procedures to help improve the processing of future claims.

Customer Service

- Provide assistance with billing and administrative needs, such as obtaining supplies, correcting billing errors, and seeking enrollment exceptions.
-

- Foster relationships with Human Resources/Insurance departments within each Constitutional Office and Outside Agency that participates in the health plan. The Agent of Record is expected to communicate directly with these entities.

Compliance Support

- Provide assistance in complying with various federal and state requirements, such as ACHA, PPACA, COBRA, HIPAA, FMLA, and ERISA.
- Provide guidance on responsibilities, and explain consequences of non-compliance.
- Research technical issues and suggest useful resources.
- Provide training as required to the Contact persons listed below.

Tracking Benefits

- Proposers shall provide electronic technology equal to or better than “PlanSource” that is currently used. The system should be flexible and an extensible health exchange and benefits engagement platform for benefits shopping, enrollment, billing and ongoing administration. This technology is currently being used for Health, Dental, Vision, Life, Employee Assistance Program, MDLive and Flexible Spending Account. This technology is not currently being used for AFLAC, TransAmerica or Nationwide. We would like to have a platform that tracks all benefits.
- The electronic technology, if possible, should have the capability to interface with FinPlus, Superion or various payroll systems.

SECTION VIII. CENSUS OF EMPLOYEES ELIGIBLE FOR INSURANCE

The following chart represents the entities that have employees that are eligible for insurance and the contacts for each entity. These contact persons will need access to the electronic technology used by the insurance Agent of Record for administrative purposes and will be the local contact for the Agent of Record’s dedicated staff member.

Entity	Eligible Employees	Contact Person
Board of County Commissioners	330	Rebecca Cable
Clerk of Courts	76	Belinda Decker
Economic Development	2	Rebecca Cable
Retirees	119	Rebecca Cable
Property Appraiser	30	
Sebring Airport Authority	7	Rebecca Cable
Sheriff’s Office	334	Rob Reed
Soil & Water Conservation District	5	
Sun ‘N Lake of Sebring Improvement District	29	

Supervisor of Elections	6	
Tax Collector	38	Wendy Jacobs
TOTAL	976	

*as of December 1, 2017

SECTION IX. MINIMUM QUALIFICATION OF PROPOSERS

The following are minimum qualifications for consideration by the County. Proposers not meeting these minimum qualifications as of the due date for the proposals will not be considered:

- A. The Proposer and its employees who are responsible and accountable for the County's account and sub-agent, if any, must have all necessary current licenses issued by the Florida Department of Insurance for providing either consulting services or health benefits insurance. Proper documentation shall be attached to the Proposal.
- B. The proposer's servicing office that would provide services to the County must have at least one (1) Marketing Account Executives and two (2) Customer Service Representatives, each with a minimum of three (3) years of health insurance experience.
- C. The proposer must provide the scope of services listed in Section VII continuously for a minimum of three (3) years, for at least two (2) other clients with 500 or more employees. The clients must be identified by the Proposer's servicing office (county and State), if Proposer has multiple offices.

SECTION X. TENTATIVE SCHEDULE

Date	2016	Phase Description
Sunday	April 1 & 8	Advertisement in Local Newspaper
Thursday	April 24	(RFI) Request for Information deadline / Time 5:00 PM
Thursday	May 3	Proposal Submission Deadline / Opening Date / Time 3:00 PM
Thursday	May 17	Review/Ranking & Tabulation of Proposals by Evaluation Committee
Thursday	May 31	Presentation by top ranked firms and final ranking (Optional)
Thursday	TBD	Results of Evaluators Scores for Proposals and Presentation presented to the Insurance Committee
Thursday	TBD	Negotiation of Contract with top ranked firm(s)
Tuesday	June 19	Submit Contract to HCBCC for Approval

SECTION XI. CONTACT INFORMATION

All requests for information must be made to the Highlands County Purchasing Manager in writing, preferably by email. No direct communication is allowed regarding this RFP with any Commissioner, County Employee, or Public Official, except through the contact person named below.

(RFI) Request for Information: **Cut-Off Date is Tuesday; April 24, 2018 at 5:00 PM.**

Highlands County BCC Purchasing Department
Chris Davis, Purchasing Manager, 600 S. Commerce Avenue, Sebring, FL 33870
Email: cmdavis@hcbcc.org

Any other contacts may be considered as lobbying and could result in disqualification of the involved vendor from further consideration in this RFP. Decisions regarding lobbying shall be made at the sole discretion of the County.

SECTION XII. PROPOSAL PREPARATION

- A. Each Proposer must fully complete and submit the Proposal Submittal Form and provide all necessary documentation to fully demonstrate the Proposer's capabilities and qualifications. Failure to supply the required documentation will be grounds for rejection of the Proposal.
- B. Proposals must be sealed and marked with the name of the Proposer, the RFP number and title so as to identify the enclosed Proposal.
- C. Each Proposal shall include one (1) original and six (6 exact paper copies and one (1) exact electronic copy (such as a compact disc or thumb drive) of the Proposal, all of which are properly indexed and tabbed.
1. Electronic copies:
 - (i) No macros, audio-start media allowed.
 - (ii) PDF or Word formats are allowed.
 - (iii) Proposers must ensure that the electronic copy includes only one (1) file of the entire submittal and that the electronic file is the exact copy of the original printed response submitted by the Proposer, provided, however, that:
 - Confidential information is not required to be included in the electronic copy. If the Proposer chooses to include confidential information on the electronic copy, such information must be in a separate, second file marked "Confidential" in the file name.
 - Drawings may be included as separate files.
- D. It is imperative that the information submitted is precise, clear, and complete. All Proposals must be presented in an 8 1/2" by 11" bound document. Proposals shall not exceed fifty (50) pages single sided print. Proposals not conforming to this format may be disqualified from further consideration or will receive a lower score under criteria B-11 of the Evaluation Score Sheet, an example of which is provided in Section XV of this RFP.
-

E. Sections and subsections of the Proposal must correspond to the sequence/tabbed format identified below. In order to be considered responsive, the Proposal must answer each heading and any sub-heading and be constructed in the following tabbed format, Tab A through Tab C.

TAB – A DOCUMENTATION

(No points)

1. Proposal Submittal Form (Section IV of this RFP)
2. Executive Overview / Transmittal Letter (optional)
3. Certification forms under Section XXII -Drug Free Workplace Certification, Public Entities Crimes Sworn Statement, Discrimination Certification, Scrutinized Companies Certification, E-Verify Certification, and Local Preference Affidavit, if applicable.
4. Copy of Certificate of Liability Insurance as required in Section I, subsection N of this RFP (Copy of Accord Form)

Tab A – Items 2-5 do not count toward the 50 page allowance

TAB – B EVALUATION CRITERIA

1. **PROJECT UNDERSTANDING/PROJECT APPROACH** (MAXIMUM 20 POINTS)
 - (a) Describe understanding of project scope;
 - (b) Describe project approach;
 - (c) Describe Quality Assurance and Technical Procedures.

 2. **PROPOSER’S STAFF’S EXPERIENCE, ABILITY & TRAINING** (MAXIMUM 30 POINTS)
 - (a) List key personnel and describe their relationship to project categories, especially the Proposer’s Representative(s);
 - (b) Describe the general and specific project related capability, including training and experience of all the proposed staff, and describe the adequate depth and abilities from within the organization which can be drawn upon as needed, including management, technical, and support staff;
 - (c) Provide an Organizational Chart for Proposer;
 - (d) Give a brief resume of the key person to be assigned to the Contract as Proposer’s Representative;
 - (e) List all Sub-agents and describe their capabilities. (If any)
-

3. **RELEVANT EXPERIENCE OF PROPOSER AND ITS STAFF** (MAXIMUM 30 POINTS)

Qualifications and Experience of Proposer and Staffing

- (a) Describe Proposer's background
- (b) Provide the single largest number of insured in one group currently handled by Proposer's servicing office.
- (c) Describe the extent to which Proposer has developed innovative products and services in response to public insurance needs.
- (d) Contract Description – Describe contracts completed or continuing in the last five (5) years having similar or greater relative size and complexity as the proposed services.

Professional Designations/Achievements (List all, including Florida Insurance Licenses and expiration dates for all key personnel and Proposer's Representative in Tab-B 2(a), (d) and (e) of the Proposal):

- (e) Professional Memberships
 - (f) Relevant Employment History
 - (g) Primary Responsibilities: (Other Accounts of Proposer)
 - (h) Describe each individual's probable responsibilities for this contract.
 - (i) Other Relevant Data: (Continuing Education, Special Skills, Etc.)
 - (j) Municipality/Governmental Entity Experience:
 - (k) Large Organization Experience: Inclusion of resumes, or a similar instrument, is encouraged.
 - (l) Describe how Proposer has improved the health insurance programs of the governmental entities or other large organizations it has represented in the past three years to:
 - (i) Reduce costs.
 - (ii) Improve insurance coverage, and/or
 - (iii) Prevent losses.
 - (m) Identify and explain what Proposer perceives to be the greatest problems associated with health insurance coverage encountered by Governmental entities and suggest methods for handling these problems in the most efficient manner.
 - (n) Identify any litigation that Proposer has been involved in over the last five (5) years with a description of the circumstances and the outcome.
-

4. **TECHNOLOGY** (MAXIMUM 30 POINTS)

Describe Proposers knowledge and use of Benefits Engagement Platforms. Explain the capabilities of such programs to provide for benefits shopping, enrollment, billing and ongoing administration. Explain how the County's contact staff (shown in section VIII above) will be able to access and use this technology.

5. **REFERENCE LETTERS** (MAXIMUM 15 POINTS)

The Proposer must provide four (4) references from clients, two letters from agencies with less than five hundred (500) employees that have been active in the last five (5) years with the Proposer's firm and two letters from agencies with five hundred (500) or more employees that have been active in the last five (5) years with the Proposer's firm. The County will use the use Attachment "B", Performance Reference Survey when checking references for the four (4) references requested.

6. **FINANCIAL CAPABILITY** (MAXIMUM 10 POINTS)

Financial Capability - A statement describing Proposer's financial capability. Provide an audited financial statement, if available, or financial report which includes a balance sheet and income statement covering the two most recent fiscal years. Note: If this is considered confidential, it must be sealed and marked as such.

7. **VOLUME OF PAST 5-YEARS OF CONTRACTS WITH GOVERNMENT AGENCIES WITH LESS THAN 500 EMPLOYEES** (MAXIMUM 15 POINTS)

Provide information on client, number of Vendors for each client agency for (Life, Dental, Health, Disability, Short Term Disability). Explain if bundling with one Vendor provided added value or additional services.

8. **VOLUME OF PAST 5-YEARS CONTRACTS WITH GOVERNMENT AGENCIES WITH MORE THAN 500 EMPLOYEES** (MAXIMUM 15 POINTS)

Provide information on client, number of Vendors for each client agency for (Life, Dental, Health, Disability, Short Term Disability). Explain if bundling with one Vendor provided added value or additional services.

9. **CURRENT AND PROJECTED WORKLOAD** (MAXIMUM 20 POINTS)

Describe Proposer's current workload versus capacity.

10. **PRICE PROPOSAL** (MAXIMUM 30 POINTS)
- (a) Provide total proposed annual cost and break-down of its calculation.
 - (b) Provide the methodologies used to establish the amount of compensation and other cost elements.
 - (c) Highlands County reserves the right to further negotiate the pricing submitted by Proposers.

11. **RFP FORMAT** (MAXIMUM 10 POINTS)
- Up to 10 points will be given for following the Proposal format criteria described in Section XII of this RFP.

12. **Local Preference** (5 Points)
- Local Preference points per the Highlands County Purchasing Manual Section 6.E. Firms that qualify as Local will be provided the points.

TAB – C OTHER INFORMATION AT THE PROPOSER’S DISCRETION

Additional material may be submitted along with the Proposal; however, these materials will not be considered a substitute for the Proposal.

SECTION XIII. PRESENTATIONS

(MAXIMUM 25 POINTS PER EVALUATOR)

After preliminary scoring based on the above criteria, presentations/interviews as part of the evaluation process may or may not be requested by the Evaluation Committee. The Committee may invite all or only the top scoring Proposers to present (based on preliminary evaluation). The Presentations/interview are scheduled as noted in the solicitation. A two (2) week notice will be given to the Proposers invited to give presentations. Presentations should include the key personnel that will be responsible for the County contract and services.

END OF SECTION

**HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
SECTION XIV: PROPOSAL SUBMITTAL FORM**

RFP IDENTIFICATION:

RFP 18-025 – INSURANCE AGENT OF RECORD FOR
EMPLOYEE HEALTH BENEFITS

PROPOSAL SUBMITTED TO:

HIGHLANDS COUNTY BOARD OF COUNTY
COMMISSIONERS – PURCHASING DEPARTMENT

PROPOSAL SUBMITTED BY:

Proposer's Name

Proposer's Address 1

Proposer's Address 2

Contact Name (Print)

Contact E-mail Address

Contact Phone Number

In submitting this Proposal, Proposer represents that:

- Proposer has examined and carefully studied this RFP and the following Addenda (receipt of all which is hereby acknowledged):

Date	Number	Date	Number	Date	Number	Date	Number

- This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm, association or entity and is not submitted in conformity with any agreement or rules of any group, association, organization or entity. Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal. Proposer has not solicited or induced any person, firm, association or entity to refrain from submitting a Proposal. Proposer has not sought by collusion to obtain for itself any advantage over any other Proposer or over the County.
- Proposer warrants that it has not employed or retained a company or person, other than a bona fide employee, working in its employ, to solicit or secure a contract with the HCBCC and that it has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working in its employ any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award or making of a contract with the HCBCC.

SUBMITTED ON: _____, 20_____.

SIGNATURE: _____ (seal)

PRINTED NAME: _____

TITLE: _____

SECTION XV SAMPLE SCORE SHEET

CRITERIA FOR EVALUATION	Maximum Points	WT	Sub-Total
	0-10		
B-1) Project Understanding & Approach		2	/20
B-2) Proposer's Staff's Experience, Ability, & Training		3	/30
B-3) Relevant Experience of Proposer		3	/30
B-4) Technology – Benefits Engagement Platform		3	/30
B-5) Reference Letters		1.5	/15
B-6) Financial Capability		1	/10
B-7) Volume of Past 5-years Contracts with Government Agencies with Less than 500 Employees		1.5	/15
B-8) Volume of Past 5-years Contracts with Government Agencies with More than 500 Employees		1.5	/15
B-9) Current and Projected Workload		2	/20
B-10) Price Proposal		3	/30
B-11) RFP Format		1	/10
B – 12 Local Preference		.5	/05
SUBTOTAL			/230
PRESENTATION (If Requested by the Evaluation Committee)			/25
TOTAL			/255

SECTION XVI SELECTION PROCESS AND CRITERIA

The HCBCC strictly enforces open and fair competition in its RFP's. The County reserves the right to consider any Proposal as non-responsive if any part of the Proposal does not meet established scope and/or criteria. Each Proposer must fully complete the RFP Proposal Submittal Form and provide all necessary documentation to fully demonstrate the Proposer's capabilities and qualifications according to Sections IX and XII of this RFP. Failure to supply the required documentation will be grounds for rejection of the Proposal. The selection process shall be open to the public, and records shall be maintained in accordance with Florida's records retention requirements. The Proposal Evaluators have the right to correct any errors in the evaluation and selection process that may be made. The HCBCC is not obligated to award a contract, and the Proposal Evaluators or HCBCC may decide to reject all Proposals. If the Proposal Evaluators decide not to reject all Proposals, the County may proceed in accordance with the Evaluation Committee's recommendation.

Proposals will be reviewed by the Evaluation Committee, and the Proposers will be ranked based upon the RFP Evaluation Criteria. Each Evaluation Committee member shall perform their own independent

ranking. The County reserves the right to consider any Proposal as non-responsive if any part of the Proposal does not meet established scope and/or criteria.

SECTION XVII. AWARD

The HCBCC shall award to the responsive and qualified Proposer whose Proposal is determined to be the most advantageous to the County. Evaluation of proposals shall be based on the evaluation factors set forth in this RFP and any other relevant information obtained through the evaluation process. Notice of the award shall be made by email to all Proposer's. The date and time of the e-mail shall constitute the time of notification.

SECTION XVIII. CONTRACT NEGOTIATIONS AND EXECUTION

Negotiation of contract for services may follow the initial selection process with the top ranked Proposer. Should a satisfactory contract not be negotiated with the top ranked Proposer, the next ranked Proposer shall be contacted and negotiations shall begin. This process shall be followed until a satisfactory contract is negotiated or the County decides to terminate negotiations.

After a satisfactory contract is negotiated, the recommended contract will be submitted for review to the Proposer, then to the County Administrator and County Attorney prior to submittal to the HCBCC. The reviewed contract, with any changes agreed upon resulting from the review, will be placed on a HCBCC Agenda for its approval and execution.

SECTION XIX. COMPENSATION

The County is aware that an "Agent of Record" would normally receive its compensation from the insurance provider based upon a percentage of the overall account value. Proposers shall identify their total compensation package for services to be rendered.

SECTION XX. CONTINGENT FEES PROHIBITED

Each Proposer must warrant that it has not employed or retained a company or person, other than a bona fide employee, working in its employ, to solicit or secure a contract with the HCBCC and that it has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working in its employ any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award or making of a contract with the HCBCC.

End of Page

SECTION XXI SAMPLE AGREEMENT

INSURANCE AGENT OF RECORD FOR EMPLOYEE HEALTH BENEFITS: RFP 18-025

THIS AGREEMENT, made this _____ day of June, 2018, by and between the Board of County Commissioners of Highlands County, Florida, (hereinafter called "Board"), and _____, (hereinafter called "Agent" or "Agent of Record").

WHEREAS, the Board issued a Request for Proposals, RFP # 18-025, which is incorporated herein by reference, for the Insurance Agent of Record for Employee Health Benefits; and

WHEREAS, the Agent submitted a Proposal in response to the Board's Request for Proposals; and

WHEREAS, the Agent desires to render certain services as described in the Scope of Services, attached hereto as Exhibit A, and the Agent hereby certifies it has the qualifications, experienced staff, and resources to perform those services; and

WHEREAS, the Board has selected the Agent based upon the submitted Proposal as a qualified applicant to perform the requested Agent of Record services.

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

ARTICLE 1 TERM

The term of this Agreement shall be for a term of one (1) year, commencing on July 7, 2018, and this Agreement may be renewed for five (5) additional one (1) year terms by agreement, in writing, of the parties.

ARTICLE 2 SCOPE AND RESPONSIBILITIES

The Board engages the Agent and Agent agrees to perform in a good and professional manner the services stated in RFP # 18-025 and attached herein as Exhibit A. The Agent agrees to act as the Agent of Record, who will provide services that ensure we obtain the lowest-cost coverage while maintaining the best available benefits.

ARTICLE 3 TIME REQUIREMENTS FOR SERVICES

The Agent o must be available to meet as needed, at a minimum of twelve times a year, with the Board of County Commissioners, County staff, the officials and employees of the other public entities that will receive services in connection with this Agreement, the Insurance Committee, or the general employee population for any insurance related needs that may arise.

ARTICLE 4 COMPENSATION

Complete following negotiations.

ARTICLE 5 INDEMNIFICATION

Agent, in addition to any other obligation to indemnify the Board and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the Board, its elected officials, employees, agents, and volunteers from and against all claims, actions, liabilities, losses (including economic losses), costs, including attorneys' fees and all costs of litigation, and judgments of every name and description arising out of or incidental to the performance of this Agreement or work performed under or related to this Agreement, unless caused by the sole negligence of the Board, its elected officials, employees, agents, or volunteers. Any cost or expenses, including attorney's fees (including appellate, bankruptcy or patent counsel fees), incurred by the Board to enforce this Indemnification shall be borne by the Agent. This Indemnification shall also cover all claims brought against the Board, its elected officials, employees, agents, or volunteers by any employee of the Agent. The Agent's obligation under this Indemnification shall not be limited in any way to the agreed upon Agreement price as shown in this Agreement or the Agent's limit on or lack of sufficient insurance protection. Upon completion of all services, obligations and duties provided for in this Agreement, or in the event of termination of this Agreement for any reason, the terms and conditions of this Indemnification shall survive indefinitely.

ARTICLE 6 INSURANCE

6.1 Required Insurance. Agent shall have and maintain in full force and effect the following insurance during the initial Term and all renewal Terms of this Agreement and shall furnish to the Board, Certificates of Insurance documenting that insurance coverage has been obtained which meets the following requirements:

- a. Workers' Compensation. Agent of Record shall have and maintain workers' compensation insurance for all employees for statutory limits in compliance with Florida law and Federal law. This insurance policy must include Employer' Liability with a limit of \$100,000 each accident, \$500,000 disease (policy Limit), and \$100,000 disease (each employee).
 - b. Commercial General Liability. Occurrence Form Required: Agent shall have and maintain commercial general liability (CGL) insurance with a limit of not less than \$1,000,000.00 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to the work performed pursuant to this Agreement in the amount of \$1,000,000.00. Products and completed operations aggregate shall be \$1,000,000.00. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent Agent of Records, products and completed operations, contract liability, broad form property damage and property damage resulting from explosion, collapse or underground (x, c, u) exposures, personal injury and advertising injury. Fire damage liability shall be included at \$100,000.00.
 - c. Commercial Automobile Liability Insurance: The Agent shall have and maintain automobile liability insurance with a limit of not less than \$1,000,000 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned,
-

hired, and non-owned autos). The policy shall be endorsed to provide contractual liability coverage.

- d. Professional Liability Insurance: The Agent shall have and maintain professional liability insurance with a limit not less than \$1,000,000 per occurrence. If coverage is provided on a claims-made basis, the retroactive date shall be prior or equal to the effective date of any Agreement with the Board. The coverage shall be renewed or include a "tail" or discovery, or continuous renewal of coverage for a period of 3 years following the termination of the Agreement entered into in connection with this RFP.

6.2 Additional requirements:

- a. Certificates of Insurance shall be signed by a person authorized by that insurer to bind coverage on its behalf. All Certificates of Insurance must be on file with and approved by the Board before commencement of any work activities. The formal insurance certificates shall name "Highlands County, a political subdivision of the State of Florida and its elected officials, agents, employees and volunteers as "Additional Insureds" on all policies except Workers' Compensation and Professional Liability.
- b. Agent shall provide notification to the Board by overnight delivery return receipt requested, hand delivery or confirmed facsimile thirty (30) days prior to giving or within three (3) days after receiving notice of cancellation, modification, non-renewal, or any other lapse in coverage of any required insurance policies
- c. All insurance policies except Professional Liability shall be primary, and all insurance policies shall be written on forms acceptable to the Board and placed with insurance carriers approved and licensed by the Insurance Department in the State of Florida that meet a financial A.M. Best & Company rating of no less than A: VII.
- d. In the event that expired or terminated Certificates of Insurance are not replaced or renewed to cover the Term of this Agreement, including any extended Term, the Board may suspend the Agreement until the new or renewed certificates are received by the Board in the manner prescribed herein. If such suspension exceeds ten (10) calendar days, the Board may, in its sole discretion, terminate the Agreement for cause and Agent of Record shall be responsible for all direct and indirect costs associated with such termination.

ARTICLE 7 FAILURE TO PERFORM

The Agent shall be prepared to start providing services on **July 8, 2018**. Failure to complete the work as scheduled may result in written notice to the Agent terminating its right to proceed as to the whole or any part of this Agreement. Should the Agent be unable to supply services within a reasonable time or refuse to supply service, the Board may use the services provided by another Agent. The difference in the Agreement price of the services and that paid the new Agent for the services shall be charged to and paid by Agent by set-off against any amount owed by the Board to the Agent or, if none, shall be paid by the Agent to the Board within twenty (20) days after being invoiced by the Board.

Agent shall not, however be responsible for delays in service due to strikes, acts of God or fire, provided the Highlands County Administrator is notified in writing by the Agent of such pending or actual delay.

ARTICLE 8 ASSIGNMENT

No assignment by a party hereto of any rights under or interests in this Agreement will be binding on another party hereto without the written consent of the party sought to be bound, and specifically, but without limitation, moneys that may become due and moneys that are due may not be assigned without such consent (except to the extent that the effect of this restriction may be limited by law). Unless specifically stated to the contrary in any written consent of an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement.

ARTICLE 9 SUBCONTRACTORS

No subcontractor may be used to perform the services required by this Agreement without the written approval of the Board.

ARTICLE 10 CONTRACT MANAGER

The County hereby designates the person having the following position as the Board's Contract Manager for this Contract. The Contract Manager shall be responsible for oversight, administration, and coordination of performance of this Agreement for the Board.

Human Resources Coordinator
600 South Commerce Avenue
Sebring, FL 33870

ARTICLE 11 TERMINATION

Either party may, upon providing one hundred twenty (120) days written notice, terminate the Agreement at any time, with or without cause, and if this Agreement is terminated, the Board shall be liable only for payment in accordance with the provisions of this Agreement for the services performed prior to the effective date of termination.

ARTICLE 12 ASSIGNMENT OF AGREEMENT

The Agent of Record shall not assign, transfer, convey, sublet or sell any portion of this Agreement or performance thereof unless written consent is given, in advance, by the County Administrator.

ARTICLE 13 EQUAL OPPORTUNITY EMPLOYER

County is an Equal Employment Opportunity (EEO) employer and as such encourages Agent of Record to voluntarily comply with EEO regulations with regards to gender, age, race, veteran status, marital status, country of origin, and creed. In addition, Agent of Record or anyone under its employ shall comply with all applicable rules, regulations, and promulgations thereby pertaining to the avoidance or appearance of sexual harassment or on the job discrimination. Agent of Record shall maintain a work environment free of discrimination or unwelcome action of a personal nature. Any subcontracts entered into shall make deference to this clause with the same degree of application being encouraged. When applicable, Agent of Record shall comply with all new state and federal EEO regulations.

ARTICLE 14 EMPLOYMENT ELIGIBILITY VERIFICATION

14.1 Definitions. As used in this Section.

- (a) Employee assigned to this Agreement means an employee who was hired after November 6, 1986, who is directly performing work, in the United States, under this Agreement. An employee is not considered to be directly performing work under this Agreement if the employee
 - i. Normally performs support work, such as indirect or overhead functions; and
 - ii Does not perform any substantial duties applicable to the Agreement.
- (b) Subcontract means any contract entered into by a subcontractor to furnish supplies or services for performance of this Agreement or a subcontract under this Agreement. It includes but is not limited to purchase orders, and changes and modifications to purchase orders.
- (c) Subcontractor means any supplier, distributor, vendor, or firm that furnishes supplies or services to or for Auditor or another subcontractor.
- (d) United States, as defined in 8 U.S.C. 1101(a)(38), means the 50 States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

14.2 Enrollment and verification requirements.

- (a) Agent of Record must be enrolled in E-Verify at time of contract award, and the Agent shall use E-Verify to initiate verification of employment eligibility of
 - i. All new employees.
 - (A) Enrolled thirty (30) calendar days or more. Agent shall initiate verification of employment eligibility of all new hires of Agent, who are working in the State of Florida, whether or not assigned to this Agreement, within three (3) business days after the date of hire; or
 - (B) Enrolled less than thirty (30) calendar days. Within thirty (30) calendar days after enrollment in E-Verify, Agent shall initiate verification of employment eligibility of all new hires of Agent who are working in the State of Florida, whether or not assigned to this Agreement, within three (3) business days after the date of hire; or
 - ii. Employees assigned to this Agreement. For each employee assigned to this Agreement, Agent shall initiate verification of employment eligibility, to the extent allowed by the E-Verify program, within thirty (30) calendar days after date of contract award or within thirty (30) days after assignment to this Agreement, whichever date is later.
 - (b) Agent shall comply, for the period of performance of this Agreement, with the requirements of the E-Verify program MOU. Termination of Agent's MOU and denial access to the E-Verify system by the Department of Homeland Security or the Social Security Administration or the U.S. Citizenship and Immigration Service is an event of default under this Agreement.
-

- 14.3 Website. Information on registration for and use of the E-Verify program can be obtained via the Internet at the U.S. Citizenship and Immigration Service's Web site: <http://www.uscis.gov>.
- 14.4 Individuals previously verified. Agent is not required by this paragraph to perform additional employment verification using E-Verify for any employee whose employment eligibility was previously verified by Agent through the E-Verify program.
- 14.5 Subcontracts. Agent shall include, and shall require the inclusion of, the requirements of this Section, including this paragraph (14.5) (appropriately modified for identification of the parties), in each subcontract that includes work performed in the United States under this Agreement.

ARTICLE 15 CHANGES/AMENDMENTS

This Agreement constitutes the entire Agreement between the parties and supersedes any prior written or oral agreements. This Agreement may not be changed except by written amendment signed by both Parties.

End of Page

IN WITNESS WHEREOF, the parties of these presents have executed this Agreement in three (3) counterparts, each of which shall be deemed an original, but all of which constitute the same Agreement, in the year and day first shown and mentioned.

Board of County Commissioners,
Highlands County, Florida

By _____
R. Greg Harris, Chairman

[SEAL]
ATTEST:

Robert W. Germaine, Clerk

[CORPORATE SEAL]

By: _____

Attest:

By: _____



APPROVED AS TO ADMINISTRATIVE
POLICY

Randy Vosburg, County Administrator

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

Joy Cook Carmichael, County Attorney

APPROVED OF FUNDS

David Nitz, OMB Manager

APPROVED AS TO TECHNICAL PROVISIONS

Pamela Rogers, Human Resources Manager

APPROVED AS TO PURCHASING
POLICIES

Christine Davis, Purchasing Manager

APPROVED AS TO RISK MANAGEMENT

Sherri L. Bennett, Risk Mgmt. Coordinator

End of Page

EXHIBIT A of Contract
SCOPE OF SERVICES

(as described in Section VII and negotiated)



ATTACHMENT "A"

SECTION XXII: COMPLIANCE REQUIREMENTS

CERTIFICATION PURSUANT TO SECTION 287.087, FLORIDA STATUTES
PREFERENCE TO DO BUSINESS WITH DRUG FREE WORKPLACE PROGRAMS
RFP 18-025

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

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by

_____ [Print individual's name and title]

for

_____ [Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder has a drug free workplace program in place. The program meets the requirements of Section 287.087, Florida Statutes.

THIS CERTIFICATION IS MADE PURSUANT TO SECTION 287.087, FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____ Date: ___/___/___

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ___ day of _____, 20___, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

Signature: _____

Print Name: _____

(AFFIX NOTARY SEAL)

Notary Public, State of _____

Commission No. _____

My Commission Expires: _____

6. There has been a conviction of a public entity crime by the bidder or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the bidder or contractor who is active in the management of the bidder or contractor or an affiliate of the bidder or contractor. A determination has been made pursuant to 287.133(3) by order of the Division of Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this statement.

(Draw a line through paragraph 6 if paragraph 5 above applies.)

THIS SWORN STATEMENT IS MADE PURSUANT TO SECTION 287.133(3)A, FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD

Signature: _____

Print Name: _____

Print Title: _____

On ____ day of _____, 20____.

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me in the State and County first mentioned above on the _____ day of _____, 20____.

Signature: _____

Print Name: _____

Notary Public, State of _____

Commission No. _____

My Commission Expires: _____

(AFFIX NOTARY SEAL)



**CERTIFICATION PURSUANT TO SECTION 287.134, FLORIDA STATUTES
DISCRIMINATION; DENIAL OR REVOCATION OF THE RIGHT TO TRANSACT BUSINESS WITH
PUBLIC ENTITIES**

RFP 18-025

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

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by

_____ [Print individual's name and title]

for

_____ [Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder has not been placed on the discriminatory vendor list by the Department of Management Services.

THIS CERTIFICATION IS MADE PURSUANT TO SECTION 287.134, FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____ Date: ____/____/____

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ____ day of _____, 20____, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

Signature: _____

Print Name: _____

(AFFIX NOTARY SEAL)

Notary Public, State of _____

Commission No. _____

My Commission Expires: _____

**CERTIFICATION PURSUANT TO SECTION 287.135, FLORIDA STATUTES
RFP-18-025**

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

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by _____
[Print individual's name and title]

for _____
[Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder is not on the Scrutinized Companies that Boycott Israel list created pursuant to Section 215.4725, Florida Statutes, is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created pursuant to Section 215.473, Florida Statutes, and that it does not have business operations in Cuba or Syria.

THIS CERTIFICATION IS MADE PURSUANT TO SECTION 287.135(5), FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ____ day of _____, 2017, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

(AFFIX NOTARY SEAL)

Print Name: _____

Notary Public, State of Florida

Commission No. _____

My Commission Expires: _____

**CERTIFICATION OF PARTICIPATION IN THE UNITED STATES CITIZENSHIP AND IMMIGRATION
SERVICE BUREAU'S E-VERIFY PROGRAM
RFP 18-025**

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

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by _____
[Print individual's name and title]

for _____
[Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder participates in the United States Citizenship and Immigration Services Bureau's E-Verify Program, and does not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

Bidder's E-verify Company ID #: _____

THIS CERTIFICATION IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____ Date: ___/___/___

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ___ day of _____, 20___, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

Signature: _____

Print Name: _____

(AFFIX NOTARY SEAL)

Notary Public, State of _____

LOCAL VENDOR AFFIDAVIT

**HIGHLANDS COUNTY LOCAL VENDOR PREFERENCE
AFFIDAVIT OF ELIGIBILITY**

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

1. This sworn statement is submitted to

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by _____
[Print individual's name and title]

for _____
[Print name of Company/Individual submitting sworn statement]

Whose business address is _____

(If applicable) its Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing this

Sworn statement): _____.

2. LOCAL PREFERENCE ELIGIBILITY

A. Vendor/Individual has had a fixed office or distribution point located in and having a street address within Highlands County for at least twelve (12) months immediately prior to the issuance of the request for quotation, competitive bids or request for proposals by the County.

YES _____ NO _____

B. Vendor/Individual holds business license required by the County, and/or if applicable, the Municipalities:

YES _____ NO _____

C. Vendor/Individual employs at least one full-time employee, or two part-time employees whose primary residence is in Highlands County, or, if the business has no employees, the business shall be at least fifty (50) percent owned by one or more persons whose primary residence is in Highlands County.

YES _____ NO _____

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE PUBLIC ENTITY IDENTIFIED IN
PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM SHALL BE
CONSIDERED PUBLIC RECORD.**

[Signature and Date]

**STATE OF FLORIDA
COUNTY OF HIGHLANDS**

Subscribed and sworn before me, the undersigned notary public on this ____ day of _____, 20__.

NOTARY PUBLIC

SEAL

Commission Expiration Date

**PROPOSING FIRM
PERFORMANCE REFERENCE SURVEY**

Attention:	Email:	Phone:
------------	--------	--------

The below referenced company has listed you as a business reference. Please provide reference information as requested below. Your prompt attention is appreciated. Thank you for your time and assistance.

Project/Service:

Bidder/Proposer:

Please rate the following questions regarding services provided by the firm listed above.

1 Exceptional	2 Good	3 Acceptable	4 Poor	5 Not Acceptable	6 Not Applicable
-------------------------	------------------	------------------------	------------------	----------------------------	----------------------------

1.	Rate the level of commitment of the Agent. Did the Agent devote the time and personnel necessary to successfully serve your agency?	
2.	Rate the competence and accessibility of the personnel directing, supervising and performing the work for your agency.	
3.	Rate the Agent’s success at completing tasks within the time line established for your agency.	
4.	Rate the Agent’s success at keeping you updated and informed about the progression of project(s) or questions, particularly when special needs or problems arose.	
5.	Rate the Agent’s knowledge of relevant legislation and interpreting and facilitating procedures required by regulatory agencies.	
6.	Rate the benefits administration software provided by the Agent, including the software support.	
7.	If the Agent worked in collaboration with subcontractors or other vendors, rate the effectiveness of the collaboration.	
8.	Rate the overall performance of the Agent of Record.	

Please type additional comments:

Name: _____ **Title:** _____

Name of Firm: _____ **Date:** _____

Population of employees insured # _____

Please save and email this document to: **Name:** _____

Email: _____

Title: _____

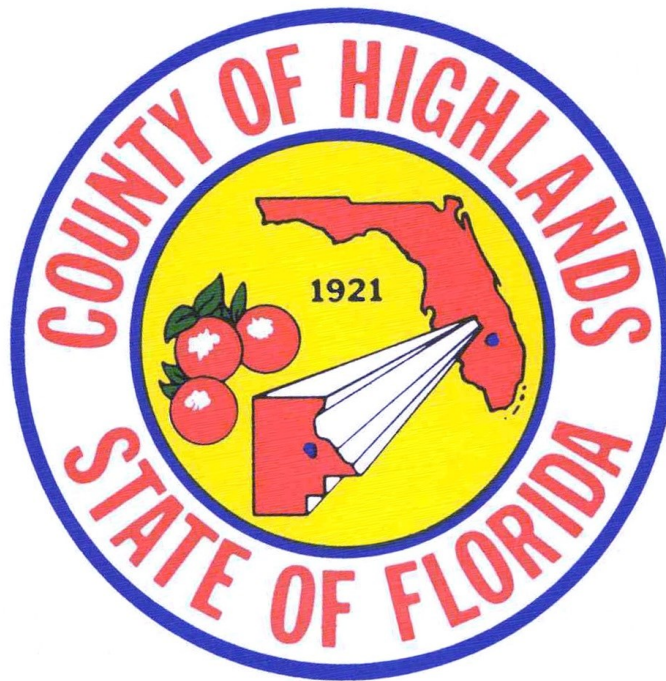
Address: _____

Phone: _____

Highlands County Government

2015 / 2016

Benefits at a Glance Booklet



Plan Year:

October 1, 2015— September 31, 2016

Introduction

Highlands County Government is committed to providing our employees with a comprehensive benefits program to help you stay healthy and feel secure. This booklet will describe those benefits which include medical, dental, life and AD&D insurance.

For a detailed description of these benefits please refer to the applicable Certificates of Coverage.

Full time employees are eligible for benefits on the 1st day of the month following 30 days after the date of hire. The County pays 100% of the employee premium on medical plan 05360 and the preventive dental plan. The County also pays 100% of the premium for basic life and AD&D insurance. Employees may purchase buy up dental insurance for themselves and their dependents through payroll deduction.

In order to get the most out of your plans you should seek care at an in network provider. These providers have agreed to discount their prices, so you will pay less out of pocket. You can locate an in network provider by accessing the carrier's website listed in the back of this booklet.



2015/2016 Rates



Medical Plan 05360

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$583.23	\$583.23	\$0	\$0
Employee + Spouse	\$781.68	\$583.23	\$198.45	\$99.23
Employee + Child(ren)	\$742.15	\$583.23	\$158.92	\$79.46
Family	\$873.30	\$583.23	\$290.07	\$145.04

Medical Plan 03564

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$691.77	\$583.23	\$108.55	\$54.28
Employee + Spouse	\$927.15	\$583.23	\$343.92	\$171.96
Employee + Child(ren)	\$880.27	\$583.23	\$297.04	\$148.52
Family	\$1035.82	\$583.23	\$452.59	\$226.30

Dental Preventive Plan

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$4.06	\$4.06	\$0	\$0

Dental Standard Plan

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$27.67	\$14.49	\$13.18	\$6.59
Employee + Spouse	\$52.11	\$14.49	\$37.62	\$18.81
Employee + Child(ren)	\$62.97	\$14.49	\$48.48	\$24.24
Family	\$79.97	\$14.49	\$65.48	\$32.74



Medical Insurance

<u>Healthcare Service</u>	<u>BlueOptions Plan 05360</u>	
	<u>In Network</u>	<u>Out of Network</u>
Deductible	\$2,000 / \$4,000 Family	\$4,000/ \$8,000 Family
Coinsurance (Member Responsibility)	30%	40%
Out of Pocket Max (Includes DED, Coins, & Copays; excludes Rx)	\$4,000 / \$8,000 Family	\$8,000 / \$16,000 Family
Primary Care Visit	\$50	Deductible & Coinsurance
Specialist Visit	Deductible & Coinsurance	Deductible & Coinsurance
Wellness Visits	\$0	Coinsurance
Independent Clinical Lab Work	\$0	Deductible & Coinsurance
X-Ray	Deductible & Coinsurance	Deductible & Coinsurance
MRI, CAT, PET Scan (at Diagnostic Testing Facility)	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	In Network Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery Facility	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance
Prescription—30 day Retail	\$10 / \$30 / \$50	Coinsurance
Prescription—90 day Mail Order	\$20 / \$60 / \$100	Coinsurance



Medical Insurance

<u>Healthcare Service</u>	<u>BlueOptions Plan 03564</u>	
	<u>In Network</u>	<u>Out of Network</u>
Deductible	\$1,000 / \$3,000 Family	Combined With In Network
Coinsurance (Member Responsibility)	20%	40%
Out of Pocket Max(Includes DED, Coins, & Copays; excludes Rx)	\$3,000 / \$6,000 Family	\$6,000 / \$12,000 Family
Primary Care Visit	\$35	Deductible & Coinsurance
Specialist Visit	\$50	Deductible & Coinsurance
Wellness Visits	\$0	Coinsurance
Independent Clinical Lab Work	\$0	Deductible & Coinsurance
Independent Diagnostic Testing Center X-Ray	\$50	Deductible & Coinsurance
MRI, CAT, PET Scan (at Diagnostic Testing Facility)	\$125	Deductible & Coinsurance
Urgent Care	\$50	Deductible & Coinsurance
Emergency Room	\$200	\$200
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery Facility	\$100	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance
Prescription—30 day Retail	\$10 / \$30 / \$50	Coinsurance
Prescription—90 day Mail Order	\$20 / \$60 / \$100	Coinsurance



Introduction:

HighlandsCountyRx is a voluntary prescription drug program that is available to eligible Employees, Retirees and their Dependents of Highlands County BOCC. For your convenience, a list of eligible medications is located on the back of this page.

Copayments:

All member copayments have been waived for this program only.

HighlandsCountyRx		Vs.		Current local purchase plan			
Annual Cost No Copays!		Current Retail Copays		Refills		Annual Savings	
\$0		Vs.	\$30 <i>(Tier 2)</i>	x	12	=	\$360 / Script
		Vs.	\$50 <i>(Tier 3)</i>	x	12	=	\$600 / Script

Ordering Instructions:

To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply.

Medications must be tried for 30 days before ordering through **HighlandsCountyRx**.

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:



BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE

Faxed prescriptions are ONLY accepted if sent directly from the physician's office.

OR



BY MAILING TO: HighlandsCountyRx

P.O. Box 44650

Detroit, MI 48244-0650

More forms are available:

Additional forms may be obtained by visiting www.HighlandsCountyRx.com or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

WELCOME TO *HighlandsCountyRx*



RFP 18-025 - INSURANCE AGENT OF RECORD FOR EMPLOYEE HEALTH BENEFITS -
SAMPLE BENEFITS ATTACHMENT "C"



For More Information: Call 1-866-893-MEDS (6337)

ABILIFY 2MG	CRESTOR 5MG	FLOVENT DISKUS 100MCG	NESINA 12.5MG	SUSTIVA 200MG
ABILIFY 5MG	CRESTOR 10MG	FLOVENT DISKUS 250MCG	NESINA 25MG	SUSTIVA 600MG
ABILIFY 10MG	CRESTOR 20MG	FORADIL + AEROLIZER 12MCG	NEXAVAR 200MG	SYNAREL NASAL
ABILIFY 15MG	CRESTOR 40MG	FOSAMAX-D 70/2800MG	NEXIUM 20MG	TABLOID 40MG
ABILIFY 20MG	CUPRIMINE 250MG	FROVA 2.5MG	NEXIUM 40MG	TARCEVA 100MG
ABILIFY 30MG	CYMBALTA (G) 20MG	GELNIQUE 10%	NEXIUM DR 10MG	TARCEVA 150MG
ABILIFY DISCMELT 10MG	CYMBALTA (G) 30MG	GEODON (G) 20MG	NIASPAN (G) 500MG	TASIGNA 150MG
ABILIFY DISCMELT 15MG	CYMBALTA (G) 60MG	GEODON (G) 40MG	NIASPAN (G) 750MG	TAZORAC CREAM 0.05%
ACCOLATE (G) 20MG	DALIRESP 500MCG	GEODON (G)80MG	NIASPAN (G) 1000MG	TAZORAC CREAM 0.1%
ACIPHEX (G) 20MG	DEPAKOTE (G) 250MG	GILENYA 0.5MG	NORVIR 100MG	TAZORAC GEL 0.05%
ACTONEL 5MG	DEPAKOTE (G) 500MG	GLEEVEC 100MG	OLYSIO 150MG	TAZORAC GEL 0.1%
ACTONEL 30MG	DETROL (G) 1MG	GLEEVEC 400MG	OMNARIS NASAL SPRAY 50MCG	TECFIDERA 120MG
ACTONEL 35MG	DETROL (G) 2MG	GLUMETZA ER 1000MG	ONGLYZA 2.5MG	TECFIDERA 240MG
ACTONEL 150MG	DETROL LA (G) 2MG	HEPSERA (G) 10MG	ONGLYZA 5MG	TEKTRUNA 300MG
ACTOPLUS (G) 15MG-850MG	DETROL LA (G) 4MG	IMITREX AUTOINJECTOR	OPTIVAR (G) 0.05%	TEKTRUNA HCT 300/12.5MG
ACTOS (G) 15MG	DEXILANT DR 30MG	STATDOSE (G) 6MG/0.5ML	ORACEA 40MG	TEKTRUNA HCT 300/25MG
ACTOS (G) 30MG	DEXILANT DR 60MG	IMITREX NASAL SPRAY (G)	PENTASA 500MG	TEMOVATE OINT (G) 0.05%
ACTOS (G) 45MG	DIFFERIN CREAM (G) 0.1%	20MG-2DOSE	PLAQUENIL (G) 200MG	TEVETEN HCT 600/12.5MG
ADCIRCA 20MG	DIFFERIN GEL 0.3%	IMITREX NASAL SPRAY (G)	PRADAXA 75MG	TIVICAY 50MG
ADVAIR DISKUS 100MCG	DIFFERIN GEL (G) 0.1%	5MG-2DOSE	PRADAXA 150MG	TOPICORT CREAM (G) 0.25%
ADVAIR DISKUS 250MCG	DIOVAN 40MG	INCIVEK 375MG	PRANDIN (G) 0.5MG	TOPROL XL (G) 200MG
ADVAIR DISKUS 500MCG	DIOVAN 80MG	INDERAL LA (G) 60MG	PRANDIN (G) 1MG	TOVIAZ 4MG
ADVAIR HFA 45/21MCG	DIOVAN 160MG	INDERAL LA (G) 80MG	PRANDIN (G) 2MG	TOVIAZ 8MG
ADVAIR HFA 115/21MCG	DIOVAN 320MG	INDERAL LA (G) 120MG	PRED FORTE (G) 1%	TRACLEER 62.5MG
ADVAIR HFA 230/21MCG	DIOVAN HCT (G) 80/12.5MG	INDERAL LA (G) 160MG	PREMARIN 0.3MG	TRACLEER 125MG
AFINITOR 2.5MG	DIOVAN HCT (G) 160/12.5MG	INLYTA 1MG	PREMARIN 0.625MG	TRADJENTA 5MG
AFINITOR 5MG	DIOVAN HCT (G) 160/25MG	INLYTA 5MG	PREMARIN 1.25MG	TRAVATAN Z OPHTH SOL 0.004%
AFINITOR 10MG	DIOVAN HCT (G) 320/12.5MG	INVEGA 3MG	PREMPRO 0.3/1.5MG	TRIBENZOR 20/5/12.5MG
ALDARA CREAM (G) 5%-250MG	DIOVAN HCT (G) 320/25MG	INVEGA 6MG	PREMPRO 0.625MG/5MG	TRIBENZOR 40/5/12.5MG
ALPHAGAN-P OPHTH	DIPROLENE LOTION (G) 0.05%	INVEGA 9MG	PREVACID SOLUTAB 15MG	TRIBENZOR 40/5/25MG
SOL (G) 0.15%	DIPROLENE OINT (G) 0.05%	INVIRASE 500MG	PREVACID SOLUTAB 30MG	TRIBENZOR 40/10/12.5MG
ALVESCO 80MCG 100MCG	DITROPAN XL (G) 5MG	INVOKANA 100MG	PREZISTA 400MG	TRIBENZOR 40/10/25MG
ALVESCO 160MCG 200MCG	DITROPAN XL (G) 10MG	INVOKANA 300MG	PREZISTA 800MG	TRICOR (G) 48MG
AMITIZA 24MCG	DIVIGEL 0.5MG	JAYLN 0.5MG/0.4MG	PRISTIQ 50MG	TRICOR (G) 145MG
ANORA ELLIPTA 62.5/25MCG	DIVIGEL 1MG	JANUMET 50/500	PRISTIQ 100MG	TRUVADA 200-300MG
ANZEMET 100MG	DOVONEX CREAM (G) 50MCG	JANUMET 50/1000	PROMETRIUM (G) 100MG	TUDORZA PRESSAIR 400MCG
ARCAPTA NEOHALER 75MCG	DOVONEX SOL (G) 50MCG/ML	JANUMET XR 50MG/1000MG	PROMETRIUM (G) 200MG	TWYNSTA 40/5MG
ARAVA (G) 10MG	DULERA 100MCG/5MCG	JANUVIA 25MG	PROSCAR (G) 5MG	TWYNSTA 40/10MG
ARAVA (G) 20MG	DULERA 200MCG/5MCG	JANUVIA 50MG	PROTONIX (G) 20MG	TWYNSTA 80/5MG
AROMASIN (G) 25MG	DYMISTA NASAL SPRAY	JANUVIA 100MG	PROTONIX (G) 40MG	TWYNSTA 80/10MG
ASACOL HD 800MG	137/50MCG	JENTADUETO 2.5MG/850MG	PROTOPIC OINTMENT 0.03%	UROIC-K (G) 10MEQ
ASMANEX TWISTHALER 220MCG	EDARBI 40MG	JENTADUETO 2.5MG/1000MG	PROTOPIC OINTMENT 0.1%	URSO (G) 250MG
ATACAND (G) 4MG	EDARBI 80MG	KAZANO 12.5/1000MG	QVAR 40MCG 50MCG	VAGIFEM 10MCG
ATACAND (G) 8MG	EDARBYCLOR 40MG/12.5MG	LATUDA 20MG	QVAR 80MCG 100MCG	VALCYTE 450MG
ATACAND (G) 16MG	EDARBYCLOR 40MG/25MG	LATUDA 40MG	RAPAMUNE 0.5MG	VECTICAL (G) 3MCG/GM
ATACAND (G) 32MG	EDURANT 25MG	LATUDA 60MG	RAPAMUNE 1MG	VERAMYST 27.5MCG
ATACAND HCT (G) 16MG/12.5MG	EFFEXOR XR (G) 37.5MG	LATUDA 80MG	RAPAMUNE 2MG	VESICARE 5MG
ATACAND HCT (G) 32MG/12.5MG	EFFEXOR XR (G) 75MG	LATUDA 120MG	RELPAK 20MG	VESICARE 10MG
ATRIPLA 600-200-300MG	EFFEXOR XR (G) 150MG	LESCOL (G) 20MG	RELPAK 40MG	VIMOVO 500/20MG
ATROVENT HFA 20UG	ELIDEL 1%	LESCOL (G) 40MG	RENVELA 800MG	VIRAMUNE XR 400MG
AUBAGIO 14MG	ELIQUIS 2.5MG	LESCOL XL 80MG	RETIN A CREAM (G) 0.05%	VIREAD 300MG
AVALIDE (G) 150MG/12.5MG	ELIQUIS 5MG	LEXAPRO (G) 5MG	RETIN A MICRO GEL (G) 0.04%	VIVELLE-DOT 25MCG
AVALIDE (G) 300MG/12.5MG	ELMIRON 100MG	LEXAPRO (G) 10MG	RETIN A MICRO GEL (G) 0.1%	VIVELLE-DOT 37.5MCG
AVANDAMET 4MG/500MG	EMTRIVA 200MG	LEXAPRO (G) 20MG	RETIN A MICRO GEL (G) 0.1%	VIVELLE-DOT 50MCG
AVANDIA 8MG	ENABLEX 7.5MG	LETAIRIS 10MG	PUMP	VIVELLE-DOT 75MCG
AVAPRO (G) 75MG	ENABLEX 15MG	LEXIVA 700MG	REVATIO (G) 20MG	VIVELLE-DOT 100MCG
AVAPRO (G) 150MG	ENTOCORT (G) 3MG	LIALDA 1.2GM	RHINOCORT AQ 32MCG	VYTORIN 10/10MG
AVAPRO (G) 300MG	EPIDUO 0.1%/2.5%	LINZESS 142MCG	RIDAURA 3MG	VYTORIN 10/20MG
AVODART 0.5MG	EPIPEN 0.3MG	LINZESS 290MCG	RILUTEK (G) 50MG	VYTORIN 10/40MG
AXERT 6.25MG	EPIPEN JR 0.15MG	LIPITOR (G) 10MG	SANCTURA XR (G) 60MG	VYTORIN 10/80MG
AXERT 12.5MG	EPIVIR (G) 20MG	LIPITOR (G) 20MG	SAPHRIS 5MG	WELCHOL 625MG
AZILECT 1MG	EPIVIR/HBV (G) 100MG	LIPITOR (G) 40MG	SAPHRIS 10MG	WELLBUTRIN XL (G) 150MG
AZOR 20/5MG	EPZICOM	LIPITOR (G) 80MG	SENSIPAR 30MG	WELLBUTRIN XL (G) 300MG
AZOR 40/5MG	ESTROGEL GEL 0.06%	LOCOID LIPOCREAM 0.1%	SENSIPAR 60MG	XARELTO 10MG
AZOR 40/10MG	EVISTA 60MG	LOCOID OINT (G) 0.1%	SENSIPAR 90MG	XARELTO 15MG
BACTROBAN CREAM (G) 2%	EXELON 3MG	LOTEMAX 0.5%	SEREVENT DISKUS 50MCG	XARELTO 20MG
BARACLUDE 0.5MG	EXELON 6MG	LOVAZA 1G	SEROQUEL (G) 25MG	XELODA (G) 150MG
BARACLUDE 1MG	EXELON 4.6 MG/24HR	LOVENOX (G) 40MG	SEROQUEL (G) 100MG	XELODA (G) 500MG
BECONASE AQ 0.04%	EXELON 9.5MG/24HR	LOVENOX (G) 60MG	SEROQUEL (G) 200MG	XELJANZ 5MG
BENICAR 20MG	EXELON 13.3MG/24HR	LOVENOX (G) 80MG	SEROQUEL (G) 300MG	XTANDI 40MG
BENICAR 40MG	EXFORGE 5/160MG	LOVENOX (G) 100MG	SEROQUEL XR 50MG	YAZ (G) 3-0.02MG
BENICAR HCT 20MG/12.5MG	EXFORGE 5/320MG	LOVENOX (G) 120MG	SEROQUEL XR 150MG	ZANAFLEX (G) 2MG
BENICAR HCT 40MG/12.5MG	EXFORGE 10/160MG	LOVENOX (G) 150MG	SEROQUEL XR 200MG	ZETIA 10MG
BENICAR HCT 40MG/25MG	EXFORGE 10/320MG	LOVENOX HP (G) 150MG/1ML	SEROQUEL XR 300MG	ZIAGEN 300MG
BENZAQLIN PUMP	EXFORGE HCT 160/12.5/5	LUMIGAN OPHTH 0.01%	SEROQUEL XR 400MG	ZOMIG (G) 2.5MG
BONIVA (G) 150MG	EXFORGE HCT 160/25/5	MAXALT (G) 5MG	SINGULAIR (G) 4MG	ZOMIG ZMT (G) 2.5MG (1X6)
BREO ELLIPTA 100/25MG	EXFORGE HCT 160/12.5/10	MAXALT (G) 10MG	SINGULAIR (G) 5MG	ZOVIRAX CREAM 5%
BYSTOLIC 5MG	EXFORGE HCT 160/25/10	MAXALT MELT (G) 10MG	SINGULAIR (G) 10MG	ZYTIGA 250MG
CADUET (G) 5/10MG	EXFORGE HCT 320/25/10	MESTINON TS 180MG	SINGULAIR GRANULES (G) 4MG	
CADUET (G) 5/20MG	EXJADE 125MG	METRO CREAM (G) 0.75%	SOLARZE (G) 3%	
CADUET (G) 5/40MG	EXJADE 250MG	METROGEL 1%	SORIATANE (G) 10MG	
CADUET (G) 10/10MG	EXJADE 500MG	MICARDIS (G) 20MG	SORIATANE (G) 25MG	
CADUET (G) 10/20MG	EXTAVIA KIT 0.3MG	MICARDIS (G) 40MG	SPIRIVA 18MCG	
CAMBIA 50MG	FARESTON 60MG	MICARDIS (G) 80MG	STARLIX (G) 60MG	
CELEBREX 100MG	FARXIGA 5MG	MICARDIS HCT (G) 40/12.5MG	STARLIX (G) 120MG	
CELEBREX 200MG	FARXIGA 10MG	MICARDIS HCT (G) 80/12.5MG	STIVARGA 40MG	
CLARINEX (G) 5MG	FELDENE 10MG	MICARDIS HCT (G) 80/25MG	STRATTERA 10MG	
CLIMARA PATCH (G) 25MCG	FELDENE 20MG	MIGRANAL NASAL SPRAY 4MG/ML	STRATTERA 18MG	
CLIMARA PATCH (G) 50MCG	FINACEA 15%	MULTAQ 400MG	STRATTERA 25MG	
CLIMARA PATCH (G) 75MCG	FLOINASE (G) 50MCG	MYFORTIC (G) 180MG	STRATTERA 40MG	
CLIMARA PRO 0.045/0.015	FLOVENT 44MCG 50MCG	MYRBETRIQ 25MG	STRATTERA 60MG	
COLAZAL (G) 750MG	FLOVENT 110MCG 125MCG	MYRBETRIQ 50MG	STRATTERA 80MG	
COMTAN (G) 200MG	FLOVENT 220MCG 250MCG	NASONEX 50MCG	STRATTERA 100MG	
COMPLERA 200/25/300MG	FLOVENT DISKUS 50MCG	NESINA 6.25MG	STRIBILD	

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. For a greater savings to your healthcare plan, ask your physician about taking a Generic equivalent of your medication.

This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

January 2015



24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

MDLIVE offers 24/7/365 on-demand access to a national network of board-certified doctors and pediatricians that can diagnose, recommend treatment, and prescribe medication. Get the care you need, when you need it.



MDLIVE App Now Available
Doctor visits are easier than ever with the new MDLIVE Mobile App!



mdlive.com/getapp



When should I use MDLIVE?

- If you're considering the ER or urgent care for a non-emergency medical issue
- Your primary care physician is not available
- At home, traveling or at work
- 24/7/365, even holidays!

What can be treated?

- Allergies
- Asthma
- Bronchitis
- Cold and Flu
- Ear Infections
- Joint Aches and Pain
- Respiratory Infection
- Sinus Problems
- And More!

Pediatric Care related to:

- Cold & Flu
- Constipation
- Ear Infection
- Fever
- Nausea & Vomiting
- Pink Eye
- And More!

Who are our providers?

Our providers practice primary care, pediatrics, family and emergency medicine, and have incorporated MDLIVE into their practice to provide convenient access to quality care.

Are my children eligible?

Yes. MDLIVE has local pediatricians on-call 24/7/365. However, a parent or guardian must be present during registration and any consultations involving minors.

Register now! Call us at 1-888-376-7799 or visit us at mdlive.com/DRCB

Disclaimers: MDLIVE does not replace the primary care physician. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. For complete terms of use visit www.mdlive.com/pages/terms.html 010113



Dental Benefit Summary

Group Number: 00514206

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1 or 2: With your **Base or Buy Up** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	Option 1: Base		Option 2: Buy Up	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$0	\$0	\$50	\$50
Family limit	Not Applicable		2 per family	
Waived for	Not applicable	Not applicable	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	0%	0%	80%	80%
Major Care	0%	0%	50%	50%
Orthodontia	Not Covered		50%	50%
Annual Maximum Benefit	\$1000	\$1000	\$1000	\$1000
Lifetime Orthodontia Maximum	Not Applicable		\$1000	
Dependent Age Limits	Not Applicable		26 *	

***Family coverage** for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.

A Sample of Services Covered by Your Plan:

		Option 1: Base		Option 2: Buy Up	
		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	0%	0%	80%	80%
	Fillings‡	0%	0%	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	0%	0%	80%	80%
	Simple Extractions	0%	0%	80%	80%
	Surgical Extractions	0%	0%	80%	80%
Major Care	Bridges and Dentures	0%	0%	50%	50%
	Inlays, Onlays, Veneers**	0%	0%	50%	50%
	Perio Surgery	0%	0%	50%	50%
	Periodontal Maintenance	0%	0%	50%	50%
	Frequency:	Once Every 6 Months (Standard)		Once Every 6 Months (Standard)	
	Root Canal	0%	0%	50%	50%
	Scaling & Root Planing (per quadrant)	0%	0%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

Need Assistance?

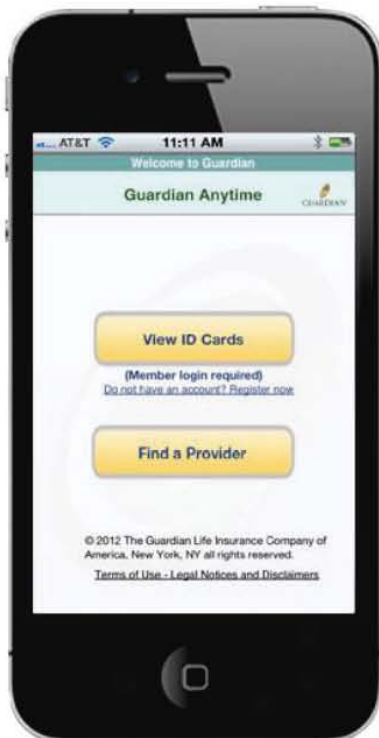
Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00514206

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.



Guardian's network in the palm of your hand.

The best way to save money through your dental and vision benefits is to see a provider in your network. Guardian makes it easy to find a dentist or vision provider near you, online or on the go! Plus, you can access your member ID card to present at your visit.



Search on the go! Guardian AnytimeSM Mobile

It's fast and easy to find a provider from your smart phone through our Guardian Anytime mobile app. It's easy to download and use! Simply search by location or name. Visit www.GuardianAnytime.com/mobile.

View/ Email/Print your Member ID Card

You no longer need to show your dental or vision provider a paper ID card. Simply access an image of your card through Guardian Anytime Mobile and then email, print through wireless printer or show the provider at your visit! You will need your Guardian Anytime user ID and password for secure access to your ID card image. Not registered for Guardian Anytime?

You can also find a provider and access your ID card at our website www.GuardianAnytime.com. Customize your search, get side-by-side comparisons, create a quick list of "favorite" providers and more!

Flexible Spending Account Effective 01/01/2016



A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to **save up to 30%** on your eligible healthcare expenses every year by using **pre-tax dollars**.

Consider how much you spend on healthcare for you and your qualified dependents in one year.:

- Prescription drugs
- Medical and dental office visits
- Eye exams and prescription glasses
-

How FlexSystem Works

When you choose to enroll in the FSA, you choose the dollar amount that you want to contribute based on your estimated expenses for the upcoming plan year. Your contributions will be deducted in equal amounts from each paycheck. The maximum amount you can contribute into the medical reimbursement FSA is \$2,550.

Reimbursement and the TASC Card

As you incur eligible expenses, simply submit a request for reimbursement to TASC up to the amount of your annual contribution. There are multiple methods for requesting reimbursement: MyTASC Mobile App, text message, fax, online, or mail.

For additional convenience, you will be issued a **TASC Card** to directly access your FSA funds when paying for eligible expenses at the point of purchase, which eliminates the need for requesting reimbursement.

Please note, **FSA Funds do not rollover**. Any unused funds left in your FSA at the end of the year are not refundable to you.



FlexSystem[®]
 Flexible Spending Accounts (FSA)



TASC Mobile Tools

Easily access your FlexSystem FSA while on the go!

TASC Mobile offers a mobile app and text messaging capabilities to you as a FlexSystem participant, giving you quick and easy access to your account(s) from anywhere and at any time from your mobile handheld device.

Now you can securely check real-time balances, request a reimbursement, upload receipts, view transaction details, and review plan information and contributions...*all while on the go!*

MyTASC Mobile App

The MyTASC Mobile App is a free download from Amazon, Apple App Store,[®] and Android Google Play[™] for smartphones and tablets. Once downloaded, securely log in using your current MyTASC username and password.

Conveniently perform the following functions with the MyTASC Mobile App:

- **Submit a request for reimbursement for out-of-pocket FSA expenses.**
- **Upload pictures of receipts with phone camera.**
- **View real-time account balances and transactions for active and closing plans and your MyCash account.**
- **Review FlexSystem Plan information and annual contributions.**
- **Securely log in with MyTASC username and password.**
- **Enable login memory for faster return access (per device).**
- **Access a help screen for system assistance.**

Download the MyTASC Mobile App on your mobile phone today for easy, secure and convenient account access. *It's free!*



To learn more about
TASC Mobile,
 download the mobile app,
 and obtain texting instructions,
 please go to:
www.tasconline.com/mobile.

TASC Mobile is available for the following FlexSystem Accounts (where applicable):

FlexSystem Healthcare FSA

MyTASC Text Messaging (SMS)

MyTASC Text messaging (SMS) is available for convenient access to your FlexSystem account(s) from your mobile phone through instant two-way communication.

- Request your current account balance.
- Request a reimbursement.
- Receive automated reimbursement status alerts.

Activate MyTASC Text Messaging and/or email notifications online by logging in to your MyTASC account and clicking Set Notifications.

FlexSystem Text Notifications
 FSA Account Text Messaging Instructions

Account Balance Check
 Text TASC BAL to number 41411

Request for Reimbursement (RFR) Submission
 Text TASC RFR <Service Code> <Store> <\$Amount> to 41411
 Example: TASC RFR MD Walgreens \$5

Service Codes

MD-Medical	RX-Prescription	OT-Over the Counter	MP-Medical Preventive
DN-Dental	VS-Vision	DC-Dependent Care	IP-Individual Premiums
PK-Parking	MT-Mass Transit		



FSA Eligible Expenses

Healthcare expenses eligible for reimbursement.

Below is a sample list of permissible expenses reimbursable through a full scope Healthcare Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note, a limited purpose Healthcare FSA only allows dental and vision expenses.

Section 125 Flexible Spending Accounts

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts

- Physicals
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)

OTC Medicines and Drugs (continued)

- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a Letter of Medical Necessity from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Ineligible Medical Expenses

- Athletic mouth guards
- Auto insurance providing medical coverage
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diaper service
- Diet (cost of special foods taken as substitute for regular diet)
- Dietary and fiber supplements
- Divorce (when recommended by doctor or psychiatrist)
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help (companion, babysitter, chauffeur who primarily renders services of a non-medical nature)
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Illegal treatment or medication
- Insurance premiums, all types
- Lanyards
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Mobile telephone used for personal and physician calls
- Nursemaids or practical nurses who render general care for healthy infants
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, pillow, shampoo, mattress, etc.)
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Premiums for coverage through other medical plans (spouse's employer-sponsored plan or individual plan)
- Safety glasses (non-prescription)
- Special foods purchased to replace nutrition or for general health needs (such as diet foods)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electric ones) and toothpaste
- Vacuum cleaner purchased by an individual with dust allergy
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being

Highlands County Government

Welcome to Minnesota Life

Highlands County Government provides eligible employees a Basic Life Insurance benefit with Accidental Death & Dismemberment (AD&D) through Minnesota Life.

Plan features

- **Waiver of Premium** - If you become totally & permanently disabled before age 60, this life insurance will remain in force and your premiums will be waived until your normal retirement date as previously established or to age 65.
- **Accelerated Death Benefit** - If an insured person should ever become diagnosed as terminally ill with 12 months or less to live, this feature allows the insured to receive a benefit payment while alive to meet their existing needs.
- **Accidental Death and Dismemberment (AD&D)** - Provides an additional insurance benefit if death results from an accident, or pays a benefit if there is a loss from an injury as defined in the plan.
- **Portability** - If you leave or retire, prior to age 70, you may be eligible to take your Term Life coverage with you and pay premiums directly to Minnesota Life. Premiums may be higher than those paid by active employees.
- **Conversion Rights** - If you leave employment or retire, you can convert existing coverage to an individual policy. No health questions will be asked at conversion as long as you apply within 31 days after leaving your job.

Choosing a Beneficiary

Naming a beneficiary is an important right of life insurance ownership. Your beneficiary designation determines who will receive your life insurance benefit if you were to die. Under current tax law, life insurance benefits paid to a beneficiary are not taxable income. Obtain a Beneficiary Designation form from your Benefits Department.

Services provided by Ceridian, Global Rescue LLC, and Pricewaterhouse-Coopers LLP are their sole responsibility. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life to the policyholder. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage.

Basic Term Life and AD&D

- A \$15,000 life Insurance benefit is automatically provided to all active, benefit eligible employees.
- Amount of insurance reduces to 65% at age 65, 40% at age 70.
- An AD&D benefit is also provided by your employer and matches the basic term life amount.
- All coverage is Guaranteed - no health questions.

No cost to access the following resources:

- **Travel Assistance** - Access to emergency travel assistance service provided by Global Rescue. More information is available at www.lifebenefits.com/travel or by calling 1-855-516-5433.
- **Legal Services and Will Preparation** - Services provided by Ceridian LifeWorks. Additional information is available at www.lifeworks.com: Username: **will**, Password: **preparation** or by calling 1-877-849-6034.
- **Legacy Planning** - Final arrangement resources provided by Minnesota Life. More information is available online at www.LegacyPlanningResources.com.

Questions:

Contact your Benefits Department; call Ochs, Inc. at (800) 392-7295 M-F 8:00 a.m. to 4:30 p.m. CST; or email your questions to ochs@ochsinc.com.

MINNESOTA LIFE

The
Municipal POOL®
Administered by Ochs, Inc.

400 Robert Street North, Suite 1880
Paul, MN 55101
www.ochsinc.com



Highlands County

Your Group Life Insurance Benefits



Your employer offers Term Life and Accidental Death and Dismemberment (AD&D) insurance to benefit eligible employees. Coverage is underwritten by Minnesota Life Insurance Company and administered by Ochs, Inc.

BASIC TERM LIFE (employer paid)

Amount

- \$15,000

Additional Information

- **Guaranteed** - no election required
- Includes a matching AD&D benefit
- Coverage reduces beginning at age 65 (see certificate)



New Employees

can elect coverage during their 31 day initial enrollment period - without health questions. Evidence of Insurability will be required outside of this opportunity (except for a qualified family status change*) and also for elections greater than the guaranteed amounts below.

Guaranteed Amounts**

- **Employees** - up to \$100,000
- **Your spouse** - up to \$25,000
- **Your children** - \$10,000

**Subject to plan maximums

SUPPLEMENTAL LIFE PROGRAM (employee paid)

Build a stronger financial package to protect your family against the unexpected loss of life and income during your working years.

Through a **Supplemental Term Life Program**, employees can elect additional insurance for themselves, their spouse and their children. Enrolling for employee or spouse supplemental term life will require Evidence of Insurability (EOI) and underwriting approval - except as a new employee or if a qualified family status change occurs, at which time guaranteed issue (GI) coverage is available.

Coverage	Amount	Additional Information
Employee Supplemental Term Life	<ul style="list-style-type: none"> • \$10,000 increments • Maximum: \$300,000 	<ul style="list-style-type: none"> • Includes a matching AD&D benefit • Evidence of Insurability is required* • New employees - see Guaranteed Issue opportunity
Spouse Term Life	<ul style="list-style-type: none"> • \$5,000 increments • Maximum: \$150,000 - not to exceed 100% of employee's total basic and supplemental coverage 	<ul style="list-style-type: none"> • Includes a matching AD&D benefit • A spouse is not eligible, if also eligible as an employee • Evidence of Insurability is required* • New employees - see Guaranteed Issue opportunity
Child Term Life	<ul style="list-style-type: none"> • \$10,000 	<ul style="list-style-type: none"> • Elections are Guaranteed each annual enrollment • Children are eligible from live birth to age 26 • A child may only be covered by one parent, if both are employees • New employees - see Guaranteed Issue opportunity

*GI amounts available for new employees and for qualified family status changes (i.e. marriage or birth/adoption of a child).

RFP 18-025 - INSURANCE AGENT OF RECORD FOR EMPLOYEE HEALTH BENEFITS - SAMPLE BENEFITS ATTACHMENT "C"

Monthly cost per \$1,000 Employee and Spouse Term Life and AD&D

Age	Rate
<25	\$0.08
25-29	\$0.09
30-34	\$0.11
35-39	\$0.12
40-44	\$0.15
45-49	\$0.24
50-54	\$0.40
55-59	\$0.64
60-64	\$0.78
65-69	\$1.34
70-74	\$2.09
75*	\$2.41

Rates increase with age.

*Rates beyond age 75 are available upon request.

Child Term Life monthly cost

\$1.30 for \$10,000 of insurance on each eligible child, regardless of the number of children.

How much life insurance do you need?

Visit LifeBenefits.com/insuranceneeds to use an interactive resource to help estimate the amount of insurance your family would need to meet financial obligations in the event of death.



Calculate your cost: (or see the attached rate chart)	
Total coverage you need divided by 1,000	\$ _____
x your rate (from the table above)	\$ _____
= your monthly premium	\$ _____

Beneficiary Designations

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended you review and update your elections periodically.

Your term life insurance plan includes value-added features and services at no additional cost.

Plan Features

- **Waiver of Premium** - If you become totally disabled, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person becomes terminally ill with a life expectancy of 12 months or less, he/she may request early payment of up to 100% of the life insurance amount in force.
- **Accidental Death and Dismemberment (AD&D)** - Provides additional financial protection if death or dismemberment results from a covered accident, whether it occurs at work or elsewhere.
- **Portability** - If you are no longer eligible for group coverage, you have 31 days to port your group life insurance. Portable coverage ends at age 70. Premiums may be higher than those paid by active employees.
- **Conversion** - If you are no longer eligible for group coverage or your portability period is ending, you have 31 days to convert this coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

LifeSuite Services

- **Travel Assistance** - Access to 24/7/365 emergency travel assistance services provided by RedpointWTP LLC. More information is available at lifebenefits.com/travel, or by calling 1-855-516-5433.
- **Legal, Financial and Grief Counseling** - Services such as drafting legal documents and consultations are provided by Ceridian HCM, Inc. Additional information is available at lifeworks.com; Username: **lfg**, Password: **resources**, or by calling 1-877-849-6034.
- **Legacy Planning** - Active and retired employees and their families can access resources to help work through end-of-life issues or plan a funeral. Visit: LegacyPlanningResources.com.
- **Beneficiary Financial Counseling** - Beneficiaries who receive at least \$25,000 in policy benefits may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP.

For more information about LifeSuite Services visit: brainshark.com/securian/LifeSuiteServices

Convenient Payroll Deductions

- Premiums are automatically deducted from your paycheck.

Questions

Contact your benefits office; or call Ochs, Inc. M-F 8:00 a.m. to 4:30 p.m. CT. **Phone:** 651-665-3789 or 1-800-392-7295 **Email:** ochs@ochsinc.com. A representative is available to help you.

Take Action - Enroll Now
Be sure to take advantage of this enrollment opportunity.
Turn forms in to your Benefits Office.

LifeSuite Service providers are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life to the policyholder. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage.

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www.ochsinc.com





Employee and Spouse Supplemental Term Life and AD&D Monthly Rates (based on age)

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate per \$1,000	\$0.08	\$0.09	\$0.11	\$0.12	\$0.15	\$0.24	\$0.40	\$0.64	\$0.78	\$1.34	\$2.09
Coverage Amount											
\$5,000	0.40	0.45	0.55	0.60	0.75	1.20	2.00	3.20	3.90	6.70	10.45
\$10,000	0.80	0.90	1.10	1.20	1.50	2.40	4.00	6.40	7.80	13.40	20.90
\$20,000	1.60	1.80	2.20	2.40	3.00	4.80	8.00	12.80	15.60	26.80	41.80
\$30,000	2.40	2.70	3.30	3.60	4.50	7.20	12.00	19.20	23.40	40.20	62.70
\$40,000	3.20	3.60	4.40	4.80	6.00	9.60	16.00	25.60	31.20	53.60	83.60
\$50,000	4.00	4.50	5.50	6.00	7.50	12.00	20.00	32.00	39.00	67.00	104.50
\$60,000	4.80	5.40	6.60	7.20	9.00	14.40	24.00	38.40	46.80	80.40	125.40
\$70,000	5.60	6.30	7.70	8.40	10.50	16.80	28.00	44.80	54.60	93.80	146.30
\$80,000	6.40	7.20	8.80	9.60	12.00	19.20	32.00	51.20	62.40	107.20	167.20
\$90,000	7.20	8.10	9.90	10.80	13.50	21.60	36.00	57.60	70.20	120.60	188.10
\$100,000	8.00	9.00	11.00	12.00	15.00	24.00	40.00	64.00	78.00	134.00	209.00
\$110,000	8.80	9.90	12.10	13.20	16.50	26.40	44.00	70.40	85.80	147.40	229.90
\$120,000	9.60	10.80	13.20	14.40	18.00	28.80	48.00	76.80	93.60	160.80	250.80
\$130,000	10.40	11.70	14.30	15.60	19.50	31.20	52.00	83.20	101.40	174.20	271.70
\$140,000	11.20	12.60	15.40	16.80	21.00	33.60	56.00	89.60	109.20	187.60	292.60
\$150,000	12.00	13.50	16.50	18.00	22.50	36.00	60.00	96.00	117.00	201.00	313.50
\$160,000	12.80	14.40	17.60	19.20	24.00	38.40	64.00	102.40	124.80	214.40	334.40
\$170,000	13.60	15.30	18.70	20.40	25.50	40.80	68.00	108.80	132.60	227.80	355.30
\$180,000	14.40	16.20	19.80	21.60	27.00	43.20	72.00	115.20	140.40	241.20	376.20
\$190,000	15.20	17.10	20.90	22.80	28.50	45.60	76.00	121.60	148.20	254.60	397.10
\$200,000	16.00	18.00	22.00	24.00	30.00	48.00	80.00	128.00	156.00	268.00	418.00
\$210,000	16.80	18.90	23.10	25.20	31.50	50.40	84.00	134.40	163.80	281.40	438.90
\$220,000	17.60	19.80	24.20	26.40	33.00	52.80	88.00	140.80	171.60	294.80	459.80
\$230,000	18.40	20.70	25.30	27.60	34.50	55.20	92.00	147.20	179.40	308.20	480.70
\$240,000	19.20	21.60	26.40	28.80	36.00	57.60	96.00	153.60	187.20	321.60	501.60
\$250,000	20.00	22.50	27.50	30.00	37.50	60.00	100.00	160.00	195.00	335.00	522.50
\$260,000	20.80	23.40	28.60	31.20	39.00	62.40	104.00	166.40	202.80	348.40	543.40
\$270,000	21.60	24.30	29.70	32.40	40.50	64.80	108.00	172.80	210.60	361.80	564.30
\$280,000	22.40	25.20	30.80	33.60	42.00	67.20	112.00	179.20	218.40	375.20	585.20
\$290,000	23.20	26.10	31.90	34.80	43.50	69.60	116.00	185.60	226.20	388.60	606.10
\$300,000	24.00	27.00	33.00	36.00	45.00	72.00	120.00	192.00	234.00	402.00	627.00

*additional rates available upon request

Rates change according to age brackets.

**You have things to talk out.
With your EAP, people listen. And assist.**

Your Employee Assistance Program

NEW DIRECTIONS
BEHAVIORAL HEALTH 

What is an EAP?

As an employee, you want to give your employer your best. But when you have personal challenges, they can affect your work and home life. Your Employee Assistance Program (EAP) provides free confidential counseling and resources to help you and your family.

At New Directions, we understand that having one part of your life out of balance can affect everything. We guide you with information, short-term counseling and when appropriate, connect you to additional resources. We can also help with legal and financial assistance, child and elder care and more.

Remember, your EAP is not just for a crisis. We can give you help with everyday challenges as well. Services cost you nothing; your employer has already paid for them. And services are confidential. Nobody will know you've contacted your EAP.

We can help you with:

- Every day issues
- Marriage
- Children
- Stress
- Emotions
- Finances
- Legal
- Healthy lifestyle
- Support in tough situations
- Personal growth



Face-to-face. Telephone. Online.

We know your time is valuable. Your EAP services are designed to be brief and fit your schedule. We offer many methods to get you the right help. Telephone counseling, face to face counseling or online resources. When you contact your EAP, you will talk to a professional who will listen to your concerns and provide support or connect you with the appropriate resources.



NEW DIRECTIONS 
BEHAVIORAL HEALTH

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