CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 05/06/2021

Contract/Lease Control #: C21-3079-RM

Procurement#: RFP RM 23-21

Contract/Lease Type: AGREEMENT

Award To/Lessee: THE GEHRING GROUP, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 05/04/2021

Expiration Date: 05/03/2024 W/2 1 YR RENEWALS

Description of: EMPLOYEE BENEFITS CONSULTANT BROKERAGE SERVICES

Department: RM

Department Monitor: BYRD

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: KBYRD@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

GEHRGRO-01 URIBEA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/7/2021

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

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

PRODUCER License # 0E67768 Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Annie Uribe PHONE (A/C, No, Ext): (561) 296-5966 26059 FAX (A/C, No): (561) 776-0670 E-MAIL ADDRESS: Annie.Uribe@ioausa.com
INSURED Gehring Group, Inc. 3500 Kyoto Gardens Dr. Palm Beach Gardens, FL 33410	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Depositors Insurance Company — 42587 INSURER B : Nationwide Insurance Company of America — 25453 INSURER C : Twin City Fire Insurance Company — 29459 INSURER D : INSURER E : INSURER F :

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ACPGLDO5904904781	3/12/2021	3/12/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			ACPBAPD5904904781	3/12/2021	3/12/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			ACPCAP5904904781	3/12/2021	3/12/2022	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		21WECPO1562	3/12/2021	3/12/2022	PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Okaloosa County BCC is named as additional insured with regards to General Liability ins
Waiver of Subrogation is provided for Workers Compensation as per endorsement WC00(

CONTRACT#: C21-3079-RM
TEH GEHRING GROUP, INC.
EMPLOYEE BENEFITS CONSULTANT
BROKERAGE SERVICES
EXPIRES: 05/03/2024 W/2 1 YR RENEWALS

CERTIFICATE HOLDER

Okaloosa County BCC
5479A Old Bethel Rd
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
C. Ray Dorsey

PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: RFP RM 23-21 Tracking Number: 4290-21

Procurement/Contractor/Lessee Name: _____ Grant Funded: YES___ NO ✓

Purpose: Employee Benefits Consultant / Brokerage Services

Date/Term: 3yr + 2 1yr

Department #: 5102

Account #: 531900

Amount: $114,000 per year

Department: RM Dept. Monitor Name: Byrd

1. ☑ GREATER THAN $100,000
2. ☐ GREATER THAN $50,000
3. ☐ $50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:

Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jesica Darr, Angela Etheridge Date: 2/14/2021

***2CFR Compliance Review** (if required)*

Approved as written: no federal $

Grant Name: _____

Grants Coordinator Date: _____

Risk Management Review

Approved as written: see email attached

Risk Manager or designee Lisa Price Date: 3/1/2021

County Attorney Review

Approved as written: see email attached

County Attorney Lynn Hoshihara, Kerry Parsons or Designee Date: 2/19/2021

Department Funding Review

Approved as written:

Date: _____

IT Review (if applicable)

Approved as written:

Date: _____

Revised September 22, 2020

C21-3079-RM

Angela Etheridge

From: Lynn Hoshihara
Sent: Tuesday, April 27, 2021 12:04 PM
To: Angela Etheridge
Cc: Kelly Bird; DeRita Mason
Subject: Re: Okaloosa BOCC & Gehring Group - Contract and BAA's

I have no objections to the modifications they made. These are all approved as to legal sufficiency.

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

From: Angela Etheridge
Sent: Tuesday, April 27, 2021 12:58:22 PM
To: Lynn Hoshihara
Cc: Kelly Bird; DeRita Mason
Subject: FW: Okaloosa BOCC & Gehring Group - Contract and BAA's

Lynn,

Please see below. I don't believe there will be any issue, but wanted to run by you. Thanks.

Angela

From: Anna Maria Studley <annamaria.studley@gehringgroup.com>
Sent: Tuesday, April 27, 2021 11:46 AM
To: Angela Etheridge <aetheridge@myokaloosa.com>
Cc: Cindy Thompson <cindy.thompson@gehringgroup.com>; Valerie Ensinger <valerie.ensinger@gehringgroup.com>
Subject: Okaloosa BOCC & Gehring Group - Contract and BAA's
Importance: High

Angela, as requested I have attached the following documents:

- ? Gehring Group BAA accepting County addition, signed
- ? Bentek® BAA accepting County addition, signed
- ? Gehring Group/County contracting redlined with requested modifications to include Best and Final Pricing Offer (including proposed fees for renewal years 4 and 5, if elected by the County) and the actual Best and Final offer to be added in attachment section noted. We have 'tracked changes' to help expedite review by you and your team.
- ? Signed Gehring Group/County contract should modifications for BAFO be acceptable to the County.

Please let us know if you will be moving forward with the modified contract term(s) or if there is the need to revisit the requested modifications. I know you are trying to get this completed for the Commission's agenda so we will remain on standby for anything you may need. You can also reach me on my cell noted below in my signature line if you wish to talk through any of the changes or there are any additional items we can help with.

Thanks.

Angela Etheridge

From: Lisa Price
Sent: Monday, March 1, 2021 11:24 AM
To: DeRita Mason; Kelly Bird
Cc: Angela Etheridge
Subject: RE: Updated RFP RM 23-21

This is approved by Risk.

Angela,

Please make sure to add the verbiage for the Waiver of Subrogation for the Workers Compensation policy.

Thanks,

Lisa Price
Public Records & Contracts Specialist
302 N Wilson Street, Suite 301
Crestview, FL. 32536
(850) 689-5979
lprice@myokaloosa.com

"Kindness is the language which the deaf can hear and the blind can see"
Mark Twain

For all things Wellness please visit:
http://www.myokaloosa.com/wellness

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Thursday, February 25, 2021 12:05 PM
To: Kelly Bird <kbird@myokaloosa.com>
Cc: Lisa Price <lprice@myokaloosa.com>; Angela Etheridge <aetheridge@myokaloosa.com>
Subject: Updated RFP RM 23-21

Kelly,

Please see attached, I highlighted all the changes.
Once you approve, we will get to the committee and get it ready for advertisement on Monday.
I also need Lisa to approve the risk section. I am coping her in this email.

Thank you,

DeRita Mason

Detail by FEI/EIN Number

Florida Profit Corporation
THE GEHRING GROUP, INC.

Filing Information

Document Number	V68833
FEI/EIN Number	65-0361295
Date Filed	10/06/1992
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	06/27/2011
Event Effective Date	NONE

Principal Address

3500 Kyoto Gardens Drive
PALM BEACH GARDENS, FL 33410

Changed: 02/09/2021

Mailing Address

3500 Kyoto Gardens Drive
PALM BEACH GARDENS, FL 33410

Changed: 02/09/2021

Registered Agent Name & Address

GEHRING, KURT N
3500 Kyoto Gardens Drive
PALM BEACH GARDENS, FL 33410

Name Changed: 05/27/2005

Address Changed: 02/09/2021

Officer/Director Detail

Name & Address

Title PD

GEHRING, KURT N
3500 Kyoto Gardens Drive
PALM BEACH GARDENS, FL 33410

05/01/1995 -- ANNUAL REPORT	View image in PDF format

CONTRACT#: C21-3079-RM
THE GEHRING GROUP, INC.
EMPLOYEE BENEFITS CONSULTANT
BROKERAGE SERVICES
EXPIRES: 05/03/2024 W//2 1 YR RENEWALS

AGREEMENT BETWEEN OKALOOSA COUNTY, FLORIDA AND THE GEHRING GROUP, INC.
CONTRACT ID C21-3079-RM

THIS AGREEMENT (hereinafter referred to as the "Agreement") is made this 4th, day of May, 2021, by and between Okaloosa County, a political subdivision of the state of Florida, (hereinafter referred to as the "County"), with a mailing address of 1250 N. Eglin Parkway, Suite 100, Shalimar, Florida, 32579, and **THE GEHRING GROUP, INC.**, a Florida Corporation authorized to do business in the State of Florida (hereinafter referred to as "Contractor") whose Federal I.D. # is 65-0361295.

RECITALS

WHEREAS, the County is in need of a contractor to provide **Employee Benefits Consultant Brokerage Services** ("Services"); and

WHEREAS, pursuant to the Okaloosa County Purchasing Manual, the County issued a Request for Proposals, known as RFP RM 23-21 to competitively procure the Services and received responses to perform these Services. A copy of the procurement and Contractor's response to the procurement is included as Attachment "A"; and

WHEREAS, Contractor is a certified and insured entity with the necessary experience to provide the desired Services; and

WHEREAS, the County wishes to enter into this Agreement with Contractor to provide the Services to the County for an annual amount of **one hundred fourteen thousand, and 00/100 Dollars ($114,000)**, as further detailed below and outlined in Attachment A-1, Contractor's Best & Final Cost Proposal.

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

1. Recitals and Attachments. The Recitals set forth above are hereby incorporated into this Agreement and made part hereof for reference. The following documents are attached to this Agreement and are incorporated herein.

Attachment "A" – Procurement RFP RM 23-21 and Contractor's Response;
Attachment "A-1" – Contractor's Best & Final Cost Proposal
Attachment "B" – Insurance Requirements;
Attachment "C" – Title VI list of pertinent nondiscrimination acts and authorities;
Attachment "D" – Scrutinized Companies Certification;

2. Services. Contractor agrees to perform **Employee Benefits Consultant Brokerage Services**. The Services to be provided are further detailed in the Contractor's proposal attached as Attachment "A" and incorporated herein by reference. The Services shall be performed by Contractor to the full satisfaction of the County. Contractor agrees to have a qualified

representative to audit and inspect the Services provided on a regular basis to ensure all Services are being performed in accordance with the County's needs and pursuant to the terms of this Agreement and shall report to the County accordingly. Contractor agrees to immediately inform the County via telephone and in writing of any problems that could cause damage to the County. Contractor will require its employees to perform their work in a manner befitting the type and scope of work to be performed.

3. Term and Renewal. The term of this Agreement shall begin when all parties have signed, and shall continue for a period of three (3) years from the date of full execution of this Agreement, subject to the County's ability to terminate in accordance with Section 7 of this Agreement. The terms of Section 20 entitled "Indemnification and Waiver of Liability" shall survive termination of this Agreement.

This agreement may be renewed upon mutual written agreement of the parties for a period of up to two (2) one (1) year renewals.

4. Compensation. The Contractor agrees to provide the Services to the County, including materials and labor, in a total annual amount of **one hundred fourteen thousand, and 00/100 Dollars ($114,000) as further detailed in Attachment A-1, Contractor's Best & Final Cost Proposal**. The Contractor is strictly prohibited from receiving compensation from any insurance providers in relation to the County's insurance plans.

a. Invoicing. Contractor shall submit an invoice to the County upon monthly. The invoice shall indicate that all services have been completed for that invoice period. In addition, Contractor agrees to provide the County with any additional documentation requested to process the invoices.

b. Disbursement. There are no reimbursable expenses associated with this Agreement.

c. Payment Schedule. Invoices received from the Contractor pursuant to this Agreement will be reviewed by the initiating County Department. Payment will be disbursed as set forth above. If services have been rendered in conformity with the Agreement, the invoice will be sent to the Finance Department for payment. Invoices must reference the contract number assigned by the County after execution of this Agreement. Invoices will be paid in accordance with the State of Florida Local Government Prompt Payment Act.

d. Availability of Funds. The County's performance and obligation to pay under this Agreement is contingent upon annual appropriation for its purpose by the County Commission.

Contractor shall make no other charges to the County for supplies, labor, taxes, licenses, permits, overhead or any other expenses or costs unless any such expenses or cost is incurred by Contractor with the prior written approval of the County. If the County disputes any charges on the invoices, it may make payment of the uncontested amounts and withhold payment on the contested amounts until they are resolved by agreement with the Contractor. Contractor shall not pledge the County's

credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The Contractor further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

5. Ownership of Documents and Equipment. All documents prepared by the Contractor pursuant to this Agreement and related Services to this Agreement are intended and represented for the ownership of the County only. Any other use by Contractor or other parties shall be approved in writing by the County. If requested, Contractor shall deliver the documents to the County within fifteen (15) calendar days.

6. Insurance. Contractor shall, at its sole cost and expense, during the period of any work being performed under this Agreement, procure and maintain the minimum insurance coverage required as set forth in Attachment "B" attached hereto and incorporated herein, to protect the County and Contractor against all loss, claims, damages and liabilities caused by Contractor, its agents, or employees.

7. Termination and Remedies for Breach.

a. If, through any cause within its reasonable control, the Contractor shall fail to fulfill in a timely manner or otherwise violate any of the covenants, agreements or stipulations material to this Agreement, the County shall have the right to terminate the Services then remaining to be performed. Prior to the exercise of its option to terminate for cause, the County shall notify the Contractor of its violation of the particular terms of the Agreement and grant Contractor thirty (30) days to cure such default. If the default remains uncured after thirty (30) days the County may terminate this Agreement, and the County shall receive a refund from the Contractor in an amount equal to the actual cost of a third party to cure such failure. If Contractor fails, refuses or is unable to perform any term of this Agreement, County shall pay for services rendered as of the date of termination.

   i. In the event of termination, all finished and unfinished documents, data and other work product prepared by Contractor (and sub-Contractor (s)) shall be delivered to the County and the County shall compensate the Contractor for all Services satisfactorily performed prior to the date of termination, as provided in Section 4 herein.

   ii. Notwithstanding the foregoing, the Contractor shall not be relieved of liability to the County for damages sustained by it by virtue of a breach of the Agreement by Contractor and the County may reasonably withhold payment to Contractor for the purposes of set-off until such time as the exact amount of damages due the County from the Contractor is determined.

b. Termination for Convenience of County. The County may, for its convenience and without cause immediately terminate the Services then remaining to be performed at any time by giving written notice. The terms of Section 7 Paragraphs a(i) and a(ii) above shall be applicable hereunder.

c. Termination for Insolvency. The County reserves the right to terminate the remaining Services to be performed in the event Contractor is placed either in voluntary or involuntary bankruptcy or makes any assignment for benefit of creditors.

d. Termination for failure to adhere to the Public Records Law. Failure of the Contractor to adhere to the requirements of Chapter 119 of the Florida Statutes and Section 9 below, may result in immediate termination of this Agreement.

8. Governing Law, Venue and Waiver of Jury Trial. This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. All parties agree and accept that jurisdiction of any dispute or controversy arising out of this Agreement, and any action involving the enforcement or interpretation of any rights hereunder shall be brought exclusively in the First Judicial Circuit in and for Okaloosa County, Florida, and venue for litigation arising out of this Agreement shall be exclusively in such state courts, forsaking any other jurisdiction which either party may claim by virtue of its residency or other jurisdictional device. In the event it becomes necessary for the County to file a lawsuit to enforce any term or provision under this Agreement, then the County shall be entitled to its costs and attorney's fees at the pretrial, trial and appellate levels. BY ENTERING INTO THIS AGREEMENT, CONTRACTOR AND COUNTY HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT. Nothing in this Agreement is intended to serve as a waiver of sovereign immunity, or of any other immunity, defense, or privilege enjoyed by the County pursuant to Section 768.28, Florida Statutes.

9. Public Records. Any record created by either party in accordance with this Contract shall be retained and maintained in accordance with the public records law, Florida Statutes, Chapter 119. Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

a. Keep and maintain public records required by the County to perform the service.

b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.

c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.

d. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are

exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 302 N. WILSON ST., CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@myokaloosa.com.

10. Audit. The County reserves the right to require the Contractor to submit to an audit by any auditor of the County's choosing. If requested, the Contractor shall provide access to all of its records, which relate directly or indirectly to this Agreement at its place of business during regular business hours. The Contractor shall retain all records pertaining to this Agreement and upon request make them available to the County for three (3) complete calendar years following expiration of the Agreement. The Contractor agrees to provide such assistance as may be necessary to facilitate the review or audit by the County to ensure contractual compliance. This provision is hereby considered to be included within, and applicable to, any subcontractor agreement entered into by the Contractor in performance of any work under this Agreement.

11. Notices. All notices and other communications required or permitted to be given under this Agreement by either party to the other shall be in writing and shall be sent (except as otherwise provided herein) (i) by certified mail, first class postage prepaid, return receipt requested, (ii) by guaranteed overnight delivery by a nationally recognized courier service, or (iii) by facsimile with confirmation receipt (with a copy simultaneously sent by certified mail, first class postage prepaid, return receipt requested or by overnight delivery by traditionally recognized courier service), addressed to such party as follows:

If to the County:	Kelly Bird, Director 302 N. Wilson St Crestview, FL 32536 850-689-5977 kbird@myokaloosa.com	**With a copy to:** County Attorney Office 1250 N. Eglin Pkwy, Suite 100 Shalimar, FL 32579 (850) 224-4070
If to the Contractor:	The Gehring Group, Inc. 3500 Kyoto Gardens Drive Palm Beach Gardens, Florida 33410 cindy.thompson@gehringgroup.com	

12. Assignment. Contractor shall not assign this Agreement or any part thereof, without the prior consent in writing of the County. If Contractor does, with approval, assign this Agreement or any part thereof, it shall require that its assignee be bound to it and to assume toward Contractor all of the obligations and responsibilities that Contractor has assumed toward the County.

13. Subcontracting. Contractor shall not subcontract any services or work to be provided to County without the prior written approval of the County's Representative. The County reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Agreement. The County's acceptance of a subcontractor shall not be unreasonably withheld. The Contractor is encouraged to seek minority and women business enterprises for participation in subcontracting opportunities. Additionally, any subcontract entered into between the Contractor and subcontractor will need to be approved by the County prior to it being entered into and said agreement shall incorporate in all required terms in accordance with local, state and Federal regulations.

14. Civil Rights. The Contractor agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. This provision binds the Contractor and subcontractors from the bid solicitation period through the completion of the contract. This provision is in addition to that required by Title VI of the Civil Rights Act of 1964.

15. Compliance with Nondiscrimination Requirements. During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest, agrees as follows:

a. Compliance with Regulations: The Contractor will comply with the Title VI List of Pertinent Nondiscrimination Acts and Authorities, as they may be amended from time to time, which are herein incorporated and attached hereto as Attachment "C".

b. Nondiscrimination: The Contractor, with regard to the work performed by it during the Agreement, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.

c. Solicitations for Subcontracts, including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the Contractor of the contractor's obligations under this contract and the Nondiscrimination Acts and Authorities on the grounds of race, color, or national origin.

d. Information and Reports: The Contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County or other governmental entity to be pertinent to ascertain compliance with such Nondiscrimination Acts and Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the Contractor will so certify to the County or the other governmental entity, as appropriate, and will set forth what efforts it has made to obtain the information.

e. Sanctions for Noncompliance: In the event of a Contractor's noncompliance with the non-discrimination provisions of this contract, the County will impose such contract sanctions as it or another applicable state or federal governmental entity may determine to be appropriate, including, but not limited to:

   i. Withholding payments to the Contractor under the Agreement until the Contractor complies; and/or

   ii. Cancelling, terminating, or suspending the Agreement, in whole or in part.

f. Incorporation of Provisions: The Contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations, and directives issued pursuant thereto. The Contractor will take action with respect to any subcontract or procurement as the County may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the Contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Contractor may request the County to enter into any litigation to protect the interests of the County. In addition, the Contractor may request the United States to enter into the litigation to protect the interests of the United States.

16. Compliance with Laws. Contractor shall secure any and all permits, licenses and approvals that may be required in order to perform the Services, shall exercise full and complete authority over Contractor's personnel, shall comply with all workers' compensation, employer's liability and all other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer performing services such as the Services, and shall make all reports and remit all withholdings or other deductions from the compensation paid to Contractor's personnel as may be required by any federal, state, county, or municipal law, ordinance, rule, or regulation.

17. Conflict of Interest. The Contractor covenants that it presently has no interest and shall not acquire any interest, directly or indirectly which could conflict in any manner or degree with the performance of the Services. The Contractor further covenants that in the performance of this Agreement, no person having any such interest shall knowingly be employed by the Contractor. The Contractor guarantees that he/she has not offered or given to any member of, delegate to the Congress of the United States, any or part of this contract or to any benefit arising therefrom.

18. Independent Contractor. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. All services shall be performed only by Contractor and Contractor's employees. Under no circumstances shall Contractor or any of Contractor's employees look to the County as his/her employer, or as partner, agent or principal. Neither Contractor, nor any of Contractor's employees, shall be entitled to any benefits accorded to the County's employees, including without limitation worker's compensation, disability insurance, vacation or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in Contractor's name, unemployment, disability, worker's compensation and other insurance as well as licenses and permits usual and necessary for conducting the services to be provided under this Agreement.

19. Third Party Beneficiaries. It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

20. Indemnification and Waiver of Liability. The Contractor agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the County, its agents, representatives, officers, directors, officials and employees from and against claims, damages, losses and expenses (including but not limited to attorney's fees, court costs and costs of appellate proceedings) relating to, arising out of or resulting from the Contractor's negligent acts, errors, mistakes or omissions relating to professional Services performed under this Agreement. The Contractor's duty to defend, hold harmless and indemnify the County its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury; sickness; disease; death; or injury to impairment, or destruction of tangible property including loss of use resulting therefrom, caused by any negligent acts, errors, mistakes or omissions related to Services in the performance of this Agreement including any person for whose acts, errors, mistakes or omissions the Contractor may be legally liable. The parties agree that TEN DOLLARS ($10.00) represents specific consideration to the Contractor for the indemnification set forth herein.

The waiver by a party of any breach or default in performance shall not be deemed to constitute a waiver of any other or succeeding breach or default. The failure of the County to enforce any of the provisions hereof shall not be construed to be a waiver of the right of the County thereafter to enforce such provisions.

21. Taxes and Assessments. Contractor agrees to pay all sales, use, or other taxes, assessments and other similar charges when due now or in the future, required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County in accordance with this Agreement. Contractor further agrees that it shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of the Agreement.

The County is exempt from payment of Florida state sales and use taxes. The Contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the County, nor is the Contractor authorized to use the County's tax exemption number in securing such materials.

The Contractor shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this Agreement.

22. Prohibition Against Contracting with Scrutinized Companies. Pursuant to Florida Statutes Section 215.4725, contracting with any entity that is listed on the Scrutinized Companies that Boycott Israel List or that is engaged in the boycott of Israel is prohibited. Contractors must certify that the company is not participating in a boycott of Israel. Any contract for goods or services of One Million Dollars ($1,000,000) or more shall be terminated at the County's option if it is discovered that the entity submitted false documents of certification, is listed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria after July 1, 2018.

Any contract entered into or renewed after July 1, 2018 shall be terminated at the County's option if the company is listed on the Scrutinized Companies that Boycott Israel List or engaged in the boycott of Israel. Contractors must submit the certification that is attached to this agreement as Attachment "D". Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination was in error. If the Contractor does not demonstrate that the County's determination of false certification was made in error, then the County shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute Section 215.4725.

23. Inconsistencies and Entire Agreement. If there is a conflict or inconsistency between any term, statement, requirement, or provision of any attachment attached hereto, any document or events referred to herein, or any document incorporated into this Agreement, the term, statement, requirement, or provision contained in this Agreement shall prevail and be given superior effect and priority over any conflicting or inconsistent term, statement, requirement or provision contained in any other document or attachment, including but not limited to Attachments listed in Section 1.

24. Severability. If any term or condition of this Contract shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Contract shall remain in full force and effect. This Contract shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

25. Entire Agreement. This Agreement contains the entire agreement of the parties, and may be amended, waived, changed, modified, extended or rescinded only by in writing signed by the

party against whom any such amendment, waiver, change, modification, extension and/or rescission is sought.

26. Representation of Authority to Contractor/Signatory. The individual signing this Agreement on behalf of Contractor represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. The signatory represents and warrants to the County that the execution and delivery of this Agreement and the performance of the Services and obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on the Contractor and enforceable in accordance with its terms.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate on the day and year first written above.

THE GEHRING GROUP, INC.:

Signature

President and CEO
Title

Kurt N. Gehring
Print Name

ATTEST:

J.D. Peacock II, Clerk of Courts

OKALOOSA COUNTY, FLORIDA

BY: _____
Carolyn N. Ketchel, Chairman

SEAL

Attachment "A"
Solicitation and Contractor's Response

GEHRING GROUP

EMPLOYEE BENEFITS | RISK MANAGEMENT

OKALOOSA COUNTY, FLORIDA

RFP NO: RFP RM 23-21

Due Date: Monday , MARCH 22, 2021 @ 3:00 P.M. CST

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

Our communities rely on the public sector.
The public sector relies on Gehring Group.

Table of Contents

Tab 1: Letter of Transmittal

March 16, 2021

Okaloosa County Board of County Commissioners
5479A Old Bethel Road
Crestview, FL 32536

Re: RFP# RFP RM 23-21 – – Employee Benefits Consultant/Brokerage Services

Dear Evaluation Committee Member:

Gehring Group is pleased to provide this proposal in response to Okaloosa County Board of County Commissioners' RFP# RFP RM 23-21 for Employee Benefits Consultant/Brokerage Services. Gehring Group is unique in our qualifications to be your broker/consultant for three notable reasons:

1) we are Public Sector experts as Public Sector is our only industry specialty;
2) our unique non-producer corporate organizational structure allows us to offer clients a broad depth of value-added services and a deep bench of expertise; and
3) our all-inclusive service model allows our clients the opportunity to utilize our resources without concern for additional costs while providing full transparency of fees paid.

First and foremost, Public Sector is (and for the past 28 years has been) our only specialty industry, and accordingly, it influences how we think, and how we tailor our services and processes – specifically for the unique needs and nuances of this very important sector of employer organizations. Our success with supporting government employers and their members is evidenced by our 96.8% client retention rate over the past 8 years. Currently, we provide insurance related services for over 100 Public Sector employers throughout Florida. These organizations include municipalities, counties, school districts, first responders (fire and law enforcement), special taxing districts and constitutional officers. Our extensive Public Sector focus and expertise affords us the ability and experience to anticipate the County's needs, provide real time benchmarking studies and related case study comparatives for consideration.

Second, our organization is a collaborative advisory firm, rather than an agency of producers. Our team members, including our benefits consultants, are paid a salary rather than a commission. What this means for our clients is a depth of centralized resources and a think tank of seasoned experts and professionals committed to serving all clients' needs, collaborating, and negotiating in order to achieve the most cost savings and greatest results for our clients. It also means resources – we employ our own wellness coordinators, ACA experts and graphic designers, and we tap into necessary outside focused resources to benefit our clients such as employment attorneys, Affordable Care Act attorneys, and actuaries with Public Sector health program specialty. it is especially important to our organization that we create amazing client experiences – because we grow by having great references.

Third, Gehring Group is unique in that we offer an all-inclusive model without limitations or additional fees. Our proposed core services encompass those requested in the Scope of Services outlined in the RFP; and we have outlined various additional value-added services throughout our proposal which are include but are not limited to, the ThinkHR® online human resources research and training software.

As the leading independent broker/consultant for Public Sector entities throughout the state, we have earned the distinct honor of participating in the agent advisory councils of Florida Blue, CIGNA HealthCare, and Humana. Not only does this provide us an opportunity to make recommendations to improve products and services based on feedback from our clients; it also provides internal efficiencies and considerable leverage during client negotiations providing our clients and their members with the most cost-effective solutions while maintaining a high level of benefits. Gehring Group has also maintained Florida Blue BlueDiamond Producer status, CIGNA HealthCare Platinum Broker, United Healthcare Gold Producer, AETNA Preferred Producer and is a top-tier producer for all major carriers. We also have administrative access to negotiate and are the benefits consultant to a number of clients insured by the Florida League of Cities' Florida Municipal Insurance Trust (FMIT).

The primary contact person and the address of the office for this proposal is:

Cindy Thompson, VP-Operations
Gehring Group, Inc.
3500 Kyoto Gardens Drive
Palm Beach Gardens, Florida 33410
Telephone: (561) 626-6797 | (800) 244-3696
Fax: (561) 626-6970
Email: cindy.thompson@gehringgroup.com

Gehring Group understands and acknowledges the Scope of Services to be provided to Okaloosa County in RFP # RM 23-21 for Employee Benefits Consultant/Brokerage Services as outlined in the County's RFP. Our organization and team members have the experience and qualifications requested by the County and are proud to provide the highest level of service to over 100 public entities throughout the state with all benefit program funding types. Our experts are fully capable of undertaking the services required by the RFP should Gehring Group be honored to receive this award.

Gehring Group meets and exceeds the minimum requirements of the County's RFP. As Public Sector experts with a unique model and exceptional year-round service, we are able to provide the County with additional relevant and valuable resources. We thank the members of the selection committee in advance for the review of our comprehensive response and stand ready to provide any additional required clarification upon review of this proposal's contents.

Sincerely,

Kurt Gehring, CEO
Gehring Group

ATTACHMENT A – QUESTIONNAIRE

RFP NO.: RFP RM 23-21

DATE SUBMITTED: MARCH 18, 2021

PROPOSER'S NAME: GEHRING GROUP, INC.

A. Background of the proposing firm:

1. **Briefly describe your firm's background, history, and ownership structure, including any parent, affiliated or subsidiary company, and any business partners.**
   The Gehring Group, Inc. is a local Florida S-corporation incorporated in 1992 and headquartered in Palm Beach Gardens, Florida. With team members having an average of 11.2 years and leadership having an average of 16.9 years of industry experience, Gehring Group has been providing expert employee benefits consulting and risk management services to Florida Public Sector clients for over 28 years and has grown to become one of the most respected insurance and risk management consulting agencies in the state. Our success with supporting government employers and their members is evidenced by our 96.8% client retention rate over the past 8 years. Gehring Group currently employs over 67 full-time staff members, with remote employees located in Tampa, Sarasota, Bradenton, Orlando, Parrish, and Parkland, Florida.

   With our teams' direction, Gehring Group clients have successfully implemented leading edge concepts such as Consumer Directed Health Plans, Onsite Clinics, and Innovative Wellness and Disease Management Programs. In addition to expert level benefits consulting services, we are also known for the value-added services that we provide to our clients including:

   - Legislative Monitoring Consulting & Planning (ACA, CARES Act, Firefighter Cancer, etc.)
   - Employee and Retiree Advocacy Services
   - Actuarial Services
   - Custom Graphics and Employee Communications
   - Wellness Program Planning and Implementation Support
   - Data Analytics, Predictive Analysis and Benchmarking
   - Employee Health Center (Clinic) Consulting
   - Human Resources and Compliance Resources

   It is our goal to truly be an extension of, and valuable resource to the benefits administration and human resources staff at Okaloosa County.

2. **Please describe the services your firm provides and give the percentage of revenue derived from each service.**
   Gehring Group provides Employee Benefits, Property & Casualty and Risk Management consulting and insurance brokerage services. Currently, 93% of revenue is derived from Employee Benefits consulting/brokerage and 7% from P&C and Risk Management services.

3. **Describe your firm's approach to providing the specific services requested.**
   Upon review of Okaloosa County's RFP # RFP RM 23-21 for Employee Benefits Consultant/Brokerage Services, it is evident that Okaloosa County desires to maintain a

competitive yet cost effective employee benefits and program and is seeking an experienced insurance professional to provide comprehensive year-round services in order to accomplish this goal. Gehring Group's services would include expert knowledge of the insurance industry and all available programs and alternative funding options, consistent monitoring of the program's claims experience, data analytics and plan design modeling, review of contract language, and the provision of budgetary projections and funding recommendations. Inherent in this process would be marketing (RFP process) and renewal analysis, proposal evaluation process, providing recommendations to staff, monitoring of the employee health center, if applicable, and assistance with compliance issues.

Based on our experience and sole focus in the Public Sector market, we are confident that we can assist Okaloosa County in meeting its employee benefits objectives while remaining conscious of budgetary requirements or limitations.

Gehring Group's Comprehensive Scope of Services

Gehring Group's comprehensive level of service includes all services outlined in the RFP scope of services, with no limits on the number of meetings and no travel or printing costs passed through to the County. Our approach to employee benefits advisory services is based upon sophisticated analysis of data, awareness of local and regional options, and the strategic focus to help our clients chart a course for both the short and long term. Our strategic approach is to think "over the horizon" and to plan today's actions regarding health care and employee benefits based on tomorrow's needs. As an independent consultant our goal is to ascertain that all available products and insurers are considered to ensure that the County finds the best match for its needs. Your Gehring Group team is your liaison for each of the following services:

Gehring Group is a leading provider of employee benefits consulting services whose high level of success is driven by our expertise, experience, independence, and integrity as well as our people and our commitment to remain the consultant of choice amongst our clients. At the foundation of Gehring Group's technical approach is a commitment to transparency, flexibility, and responsiveness. Gehring Group clients benefit from a team of professionals dedicated to leveraging their strengths and technical knowledge and providing numerous value-added resources to meet your needs. Our goal at Gehring Group is to help your organization and members save money through effective negotiations, innovative ideas, wellness initiatives, and efficient implementation and management of your benefits programs. We are fully committed to anticipating and fulfilling your needs. Our three main objectives are to control costs, streamline administration, and provide first class customer service for you and your employees.

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

BENEFITS CONSULTING/BROKER SERVICES

EMPLOYEE BENEFITS PROGRAM REVIEW

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

BENEFITS RENEWAL, MARKETING (RFP) & PROPOSAL EVALUATION SERVICES

- Conduct pre-renewal strategy meeting 5-6 months prior to renewal to discuss benefits needs and goals, satisfaction with existing carriers, marketing strategy and renewal timeline
- Perform independent budget/renewal projections
- Establish renewal/market assessment timeline of expectations targeting early first offer of renewals
- Analyze renewals and negotiate with carriers to obtain best possible costs & benefit levels
- Market all lines of coverage working with County's Purchasing department, request quotes for similar and alternate plans and provide pertinent information necessary for carrier selection
- Provide analysis of all options in a clear, easy to read format in order to compare all options and determine the advantages and disadvantages of each
- Analyze a variety of funding alternatives, and plan design options including high deductible plans to determine the most cost-effective option
- Negotiate additional value-added services such as multi line discounts, funding for technology & wellness, etc.
- Present analysis with competitive alternatives and creative strategies
- Provide renewal recommendation including any plan changes or contribution alternatives with cost savings, network or member disruption analysis
- Negotiate "best and final" offers
- Oversight of Actuarial Services for annual 112.08 filing & COBRA rate setting, when appropriate

BENEFITS CONSULTING/BROKER SERVICES

BENEFIT PROGRAM IMPLEMENTATION SERVICES

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

OPEN ENROLLMENT SERVICES

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

ONGOING PROGRAM ADMINISTRATION SERVICES

- Monthly claims utilization review & data analytics via NavMD platform (self-insured groups)
- Expedite resolution of contractual, coverage, eligibility, service and billing disputes
- Conduct detailed reviews, analysis and projection sessions with leadership and staff at key points throughout the year to discuss organizational changes, provide legislative updates and industry trends, present renewal projections
- Attend all additional Staff and Leadership meetings, as requested at no additional cost
- Provide education sessions to leadership, staff and employees/retirees, members as needed
- Conduct educational sessions for members, as needed

COMPLIANCE & LEGISLATIVE UPDATES

- Providing access to the Gehring Group COVID-19 portal which provides timely legislative updates applicable to our clients including the Families First Coronavirus Rescue Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES).
- Conduct annual ACA compliance review and planning
- ACA reporting and compliance planning
- Ongoing Emails, Webinars, and Seminars regarding legislative updates that impact our clients
- Easy-to-Read Legislative briefs summarizing developments in HR, Insurance and Employee Benefits

EMPLOYEE ADVOCACY & CLIENT SUPPORT

- Assisting employees, retirees and members with claim challenges, appeals and benefit questions through our call center or via Custom Gehring Group email address
- Assisting HR with billing and administrative issues
- Conducting employee surveys to determine employee satisfaction with the benefits plan
- Ongoing claims experience monitoring and projections in order to adequately prepare for renewal
- Providing onsite educational meetings to staff and employees, as needed

BENEFITS CONSULTING/BROKER SERVICES

WELLNESS CONSULTING

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

ONGOING SERVICES THROUGHOUT THE YEAR

- Large claim monitoring/stop loss reimbursement filing (when applicable)
- Provide periodic educational training sessions (onsite, seminars & webinars) and newsletters to educate leadership & decision makers
- Custom Gehring Group email address for members (upon request)

VALUE ADDED SERVICES PROVIDED AT NO ADDITIONAL COST

- Access to COVID-19 Client Resources Portal & Medical Director
- Access to ThinkHR online Human Resources research tool
- Clinic consulting & Return on Investment analysis
- Legal resources for legislation and compliance questions on Health Care Reform, COBRA, 112.08, Section 125, HIPAA, etc. and other legislative updates
- Attendance at Gehring Group Public Sector Insurance, Education, Innovation & Excellence Summit
- Participation in client networking and roundtable discussions

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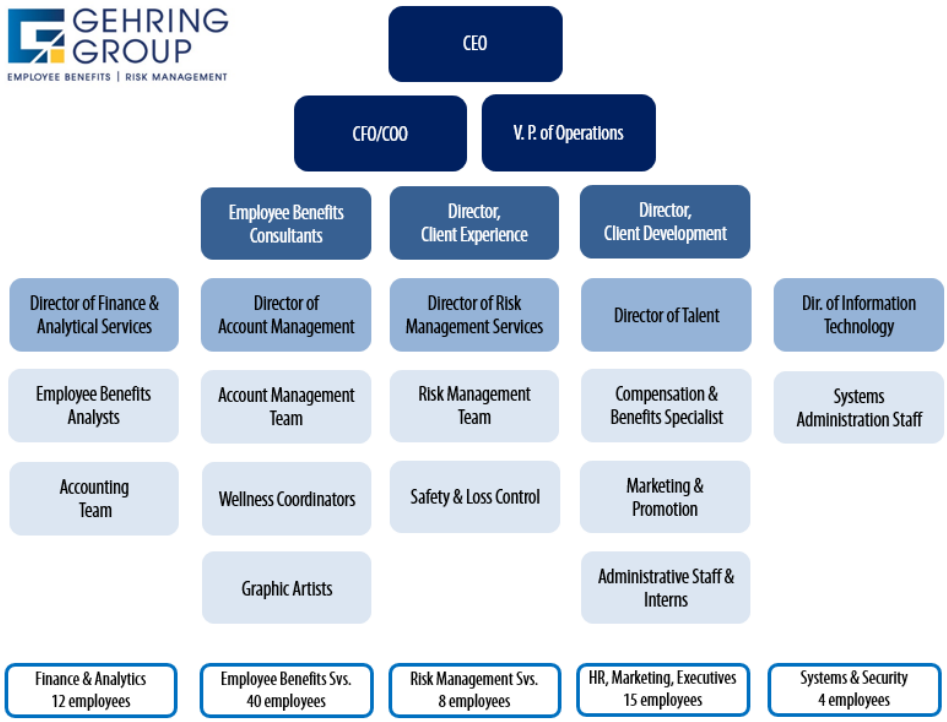
4. Provide an organization chart of your firm.



5. **Within the past three years, have there been any significant developments in your firm such as changes in ownership, restructuring, or personnel reorganizations? Do you anticipate future significant changes in your firm?**
   Gehring Group, Inc. is pleased to state that there have not been any significant developments in the firm such as changes in ownership, restructuring or personnel reorganizations within the past three (3) years or since the inception of Gehring Group, Inc. in 1992. In addition, no changes in ownership, restructuring or personnel reorganizations are anticipated.

6. **Please give the address of the firm's corporate office and indicate which office(s) will service the County.**
   Gehring Group's corporate office is headquartered at 3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410. The majority of services performed for the County will be initiated from our Palm Beach Gardens location; however, County personnel may also contact members of their assigned service team at any time on their mobile phones.

7. **For how many of your clients do you provide consultant services? For how many of your clients do you provide broker services?**
   Gehring Group serves as both a broker and consultant, providing a full scope of services to over 100 Public Sector clients. Whether being compensated in the form of commissions from carriers or in the form of a consulting fee paid directly by the client, our clients receive the same exceptional level of attention, comprehensive scope of services, effective and aggressive negotiations, and additional value-added products and services. As your agent/broker, our team negotiates your renewals with the vendors, solicits proposals through an RFP process and evaluates all viable options to present a recommendation to fit the needs of the County. In addition, we take our relationship a step further by providing ongoing, year-round consulting and employee advocacy services. This includes monitoring the performance and success of the County insurance and wellness programs, analyzing medical, pharmacy and large claims data, providing budget projections throughout the year, assisting employees with questions and claims issues, providing guidance regarding compliance issues, and proactively seeking innovative solutions to achieve benefits administration efficiencies and claims cost savings. What this means for the County is that you are able to enjoy the advantages of having both a broker and consultant when engaging in a contract with Gehring Group.

8. **Identify any of the RFP requested services your firm is unable to perform.**
   Gehring Group has the ability and expertise to perform all requested services in the RFP.

9. **State clearly any exceptions taken to the County's standard terms and conditions concerning liability, indemnification, and insurance requirements. Describe the levels of coverage for error and omissions insurance and any fiduciary or professional liability insurance your firm carries. Explain if the coverage is on a per client basis, or if the covered amount applies to the firm as a whole. List the insurance carriers.**
   The Gehring Group takes no exception to the standard terms and conditions concerning liability, indemnification, and insurance requirements. We currently maintain an Insurance Agent, Broker & Consultant Professional Liability policy (Errors & Omissions) through Arch Insurance Company with a per claim limit of $5 Million ($5,000,000). The limit applies to the firm "as a whole".

B. Standards of conduct:

1. **Does your firm have a written code of conduct or a set of standards for professional behavior? If so, how are they monitored and enforced?**
   Gehring Group has a longstanding commitment to quality, ethics and transparency that begins with the hiring of outstanding talented professionals working under a team approach, ensuring that client requests are responded to thoroughly and with expertise. In addition, our philosophy has always been to offer complete revenue disclosure upon request which we will continue to practice with the County. We strive to create value for our clients in everything we do by aligning our corporate culture and values with the unique needs and goals of our clients to achieve the goal of making every client a raving fan. Inherent in our corporate culture, Gehring Group has 30 Keys to Our Collective Success that focus on:

   - ✓ Fanaticism around culture, values, and principles;
   - ✓ An unfailing commitment to people;
   - ✓ Rigorous attention to detail and execution; and
   - ✓ Flexibility, creativity, and determination to transcend the status quo.

   The County can rest assured that our agency has set clear expectations across leadership and team members of the requirement to honor our core values. In addition, any violations of these values and ethics philosophy are addressed immediately and could result in termination of employment.

2. **How are consultants' recommendations to clients reviewed and monitored by your firm? Does your firm adhere to a level of consistency in consultant recommendations?**
   Gehring Group's commitment to providing accurate analysis, reporting and recommendations includes a second layer of review of all documents by our Quality Control Manager, Kim Hall. Kim's background includes employment as an insurance carrier underwriter and the manager of an underwriting team. This role also oversees the individuals performing any financial and analytical aspects relating to your employee benefit program. She, along with your assigned Senior Benefits Consultant, reviews all work product for accuracy and completeness and is a second set of eyes ensuring the highest level of quality control.

   Gehring Group's team approach ensures that an entire team of experts are considering responses, resolutions, and recommendations put forth to our clients and monitoring their success. It is also common for our employees to "think tank" among departments, consultants, subject matter experts and leadership, tapping into each other's specialties; be it health and wellness, Human Resources, recent legislation, compliance issues, etc. We also have a review process whereby all work product is reviewed by personnel experienced in the applicable area.

   In addition to our team approach, Gehring Group also utilizes a client relationship management system into which client related activities, projects, and timelines are entered into a secure/centralized database. Your team's Senior Benefits Consultant and staff managers utilize this tool with its extensive capabilities daily to manage workflow and ensure that committed work is planned for and delivered timely.

3. **Within the last five years, has your firm or an officer of principal been involved in litigation or other legal proceedings relating to your consultant, brokerage, or actuarial service assignments?**
   Gehring Group, Inc. is pleased to state that it has not been involved in any litigation or other legal proceeding whatsoever relating to its consultant, brokerage, or actuarial service assignments within the last five (5) years or since its inception in 1992.

4. **Has your firm ever been censured by any regulatory body? If so, please describe the situation.**
   The Gehring Group is pleased to state that it has never been censured by any regulatory body.

C. Conflicts of Interest:

1. **Are there any potential conflict of interest issues your firm would have in providing services to the County? If so, describe them.**
   No. There are no potential conflicts of interest that the Gehring Group would have in providing services to the County. Gehring Group is an independent agency, not affiliated with any particular insurance companies, provider networks or trusts.

2. **How does your firm identify and manage conflicts of interest?**
   Gehring Group reviews potential or actual conflicts of interest on a case-by-case basis. As stated above, there are no potential conflicts of interest that Gehring Group anticipates or would have in providing the requested services to the County; but should that situation change either prior to contract award or during the course of an awarded contract, an analysis shall be undertaken to determine whether a conflict of interest exists. If it is determined that a conflict of interest exists, then Gehring Group agrees that it will notify the County immediately of that conflict of interest and take any steps the County deems necessary to mitigate the conflict of interest.

3. **Has anyone in your firm provided or received any gifts, travel and room expenses, entertainment, or meals to or from any Okaloosa County member or staff member during the past 12 months? If yes, please describe the amount of expenses and what for the purpose?**
   No. Consistent with company policy, we confirm no one from the Gehring Group has provided or received gifts, travel, room expenses, entertainment, or meals to or from any Okaloosa County member or staff member during the past 12 months.

D. Consulting team:

1. **Please provide the title and contact information for each broker/consultant who will be assigned to the County in a grid similar to this.**
   Each of the following Gehring Group personnel can be reached at the following address, telephone, and fax numbers:

   Gehring Group
   3500 Kyoto Gardens Drive
   Palm Beach Gardens, FL 33410
   Tel: 800-244-3696 | 561-626-6797
   Fax: 561-626-6970

Name	Title	Email Address
Shawn Fleming	Senior Benefits Consultant	shawn.fleming@gehringgroup.com
Athena Erchard	Backup Benefits Consultant	athena.erchard@gehringgroup.com
Melania Kahn	Employee Benefits Analyst	melanie.kahn@gehringgroup.com
Karen Walker	Senior Account Manager	karen.walker@gehringgroup.com
Katherine Hughes	Account Relations Manager	katherine.hughes@gehringgroup.com

2. Please describe the role of each broker/consultant for this assignment.

Gehring Group has a longstanding commitment to quality assurance that starts with a team of qualified, licensed professionals assigned to each client, ensuring that client requests are responded to thoroughly, timely, and with expertise. These individuals are readily accessible to the County's Risk Management and HR personnel and available for onsite meetings, committee meetings, video conferencing, etc. as needed.

Lead Benefits Consultant: Shawn Fleming, CSFS

Responsible for spearheading strategic and budget planning, making recommendations as necessary and providing guidance with regard to plan design, new products, funding options, compliance, legislation and all levels of client satisfaction. He is available for meetings with decision makers, to make presentations to executive staff, employee committees, elected officials and County leaders as requested.

Backup Benefits Consultant: Athena Erchard

Athena Erchard will be supporting the Senior Benefits Consultant in meeting the needs of the County and its constitutional officers regarding its employee benefits program. Her responsibilities will include overseeing the renewal or RFP process, quarterly reporting, meeting with County staff as needed and serving as a resource for all other service team members.

Employee Benefits Analyst: Melanie Kahn

Works closely with Lead Consultant regarding all financial and analytical functions including compiling and issuing the RFP, evaluation of proposals and aggressive renewal negotiations. Also responsible for monitoring claims utilization and large claims, making recommendations relative to utilization patterns and providing budget and renewal projections.

Sr. Account Manager: Karen Walker

Assists County staff and its employees with day-to-day benefits related issues and serves as a direct contact regarding all service aspects of the benefits program including compliance issues, program implementation, open enrollment coordination and attendance, wellness planning, employee advocacy, and various other service roles.

Account Relations Manager
Katherine Hughes

Works hand in hand with the assigned Account Manager and serves as an in-house member of the service team responsible for coordinating implementations, enrollments, health fairs, etc. and ensuring all day-to-day service issues are addressed. Also responsible for updates to the employee benefits highlights booklet and accuracy of employee communicatons materials.

The County's service team also includes additional staff located at our Palm Beach Gardens headquarters, to provide support to the above service team. These team members include Client Service Specialists who are available to assist employees with complicated claims challenges, as well as our in-house Graphics Team who designs the annual benefits guide (Exhibit B) and additional customized educational and communication materials (Exhibit C) including open enrollment posters, wellness brochures and payroll stuffers.

Resumes of Proposed Service Team

Senior Benefits Consultant: Shawn Fleming, CSFS

Professional Licenses: Life, Health & Variable Annuity
Additional Certifications: NAHU Certified Self-Funding Specialist
Education: University of Missouri
Degree: B.S., Business Administration
Years in Industry: 18 years

Expertise and Qualifications

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

Approaching 14 years at Gehring Group, Shawn's focus has remained focused on serving the Public Sector. He has provided employee benefits consulting services for groups with 50 to 5,000 employees, implementing various benefits program strategies and steadily refining his level of expertise in all types of insurance programs and funding arrangements. In addition, Shawn also pioneered Gehring Group's efforts with regards to onsite clinic/wellness center consultation, a role in which he spearheaded the process for over a dozen Gehring Group clients throughout the state in the successful implementation of a health clinic, with additional clients currently in the evaluation and/or implementation process. As the subject matter expert on these innovative initiatives, his expertise in this area combined with his knowledge of the health insurance market makes Shawn a valuable asset to any employer considering managing a health plan that integrates medical and wellness initiatives.

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

Public Sector Experience

Shawn's experience includes serving as the Senior Benefits Consultant for such Public Sector entities as the Hernando County Board of County Commissioners, Charlotte County Board of County Commissioners, Highlands County Board of County Commissioners, City of Clearwater, and Emerald Coast Utilities Authority.

Backup Benefits Consultant: Athena Erchard

Professional Licenses: Life, Health & Variable Annuity
Education: Palm Beach Atlantic University
Degree: B.A., Marketing & Psychology
Years in Industry: 23 years

Expertise and Qualifications

Athena Erchard is an experienced employee benefits professional with 23 years of experience in the industry including time at an international brokerage and consulting firm. During the course of her career, she has worked in multiple roles allowing her the unique opportunity to gain an understanding of the client perspective from different vantage points. Athena has spent over 10 years working specifically in the Public Sector large group space analyzing benefit plans, funding arrangements and insurance carrier data, researching and developing employer tools for comparing programs and managing open enrollments, benefit fairs and wellness programs.

Her work history is rich, working with all major carriers and large group employers, assisting through the navigation of healthcare reform and the options afforded in this cycle of the benefits arena. Athena has worked as a Senior Marketing Analyst, Account Executive and as an Employee Benefits division manager which provides her clients with an in-depth understanding through organizing and analyzing data to best fit the needs of employer group. Her communication skills and industry knowledge foster a dynamic relationship with both clients and carriers. Her collaborative spirit helps maintain interpersonal relationships between brokers, clients, and employees. She has been instrumental in developing strategies that include various funding arrangements based on client objectives with consideration of the insurance marketplace, budget objectives, benchmarking, and legislative compliance. She is also a member of the National Association of Health Underwriters, Florida Association of Health Underwriters and Tampa Bay Underwriters organizations.

Client References

Her current clients include the Highlands County Board of County Commissioners, Sarasota County Board of County Commissioners, Sarasota County Sheriff's Office, West Manatee Fire District and Tampa Bay Water Authority.

Employee Benefits Analyst: Melanie Kahn

Professional Licenses: Life, Health & Variable Annuity
Education: Queens College of the City of New York
Degree: Bachelor of Psychology (Neuroscience Concentration)
Industry Tenure: 2 years

Expertise and Qualifications

Melanie joined the Gehring Group team in 2018 with a background in research and statistical analysis in neuroscience. Her attention to detail and advanced analytical skills enabled quickly earned the confidence of her supervisors as she rapidly proved herself to be a valuable asset to Gehring Group as well as to the clients she serves. Melanie's comprehensive level of service and industry knowledge is evident as she serves in the current role as Employee Benefits Analyst. Due to her strong commitment to the client, her strategic thinking skills, and experience in managing both the renewal and implementation process of client benefits programs, she has gained raving fans with her attention to detail and ability to meet deadlines. Melanie also excels in the areas of data analytics, project management, organizational skills and problem solving. She has served as employee benefits analyst to some of the largest and most complex of public entity groups, overseeing various responsibilities such as coordinating the market solicitation process, best and final offer process, and ultimately collaborating with the Lead Consultant to provide formal recommendations. Her success in this role has earned her the trust and confidence of not only her clients, but senior Gehring Group personnel. Melanie is also actively pursuing the Certified Employee Benefits Specialist (CEBS) designation.

Client References

Her experience supporting Florida clients includes such employers as Highlands County Board of County Commissioners, Charlotte County Board of County Commissioners, Citrus County Board of County Commissioners, Pinellas County Sheriff's Office, and Walton County Sheriff's Office.

Senior Account Manager: Karen Walker

Professional Licenses: Life, Health & Variable Annuity
Education: James Madison University Harrisonburg, VA
Degree: B.S., Business Administration
Years in Industry: 23

Expertise and Qualifications

An experienced professional, Karen has over 23 years of combined Human Resources and Employee Benefits consulting and administration experience. She began her career as a Broker Account Representative for Southern Health Services (Coventry Health Care), and her exposure amongst the health carrier industry provides unparalleled practical experience within a learned understanding of their internal processes. Prior to joining Gehring Group 2015, Karen spent 19 years as an independent broker of employee benefits. Her work history includes working with all major carriers, small and large group employers, assisting through the navigation of healthcare reform and the options afforded in this cycle of the benefits arena. She also has an in-depth understanding of compliance requirements and provides clients with guidance regarding various legislation including COBRA, HIPAA, ERISA, and legislative compliance. Approaching six years with Gehring Group, Karen's communication skills and industry knowledge foster a dynamic relationship with both clients and carriers. Her collaborative spirit helps maintain interpersonal relationships between carriers, clients, and their employees.

Client References

Some of Karen's current clients include the Citrus County BOCC, Highlands County BOCC, Hernando County BOCC, City of Oviedo and the City of Clearwater.

3. **Please describe your team's experience with similar work performed for other County Governments.**

Gehring Group's previous experience with other government agency employee benefits insurance programs is extensive. Having focused specifically on supporting Public Sector entities, our firm has accumulated a significant amount of work experience relevant to what is necessary to serve the needs of the County and Constitutional Offices. Public Sector is not just a division of our firm – it's all we do. We understand public records laws while maintaining familiarity with the constantly changing and complex statutes that apply specifically to governmental organizations and the importance of adhering to benefit offerings relative to employee and union contract negotiations. We will work with the County to ensure that all benefit commitments have been considered throughout the renewal negotiations, RFP, evaluation, and implementation process, and that the resulting contracts conform with the County's decisions and commitments under any union agreements. The proposed lead consultant, Shawn Fleming, approaching 14 years with the firm, has worked primarily with large governmental entities and is Gehring Group's subject matter expert regarding onsite employee health clinics and a variety of innovative solutions to offset the cost of benefit programs. Shawn currently services a number of counties, successfully balancing the needs of the counties and their various constitutional officers. This specialized knowledge is especially vital when negotiating renewals and considering program changes with insurance carriers, third party administrators, trusts, and health insurance consortiums.

In addition, our Benefits Consultants and Analytics Team have extensive experience reviewing, analyzing, negotiating, implementing, and servicing all types of programs that include fully insured, minimum premium, and self-insured, pre-tax benefit accounts (H.S.A., HRA & FSA), Consumer Driven Health Plans (CDHP), Cafeteria Plans, Wellness and Disease Management programs. Through our knowledge and expertise, Gehring Group is able to aid clients in determining which plans represent viable options in order to assist management in making informed decisions regarding new concepts and ascertaining the best interest of their organization and members.

Our Account Management team also has significant experience in serving clients similar in size and complexity as the County. They are available to lead in the implementation and planning process for open enrollment, conduct onsite open enrollment meetings to ensure accessibility to information for all employees and retirees including those working shifts, allowing them to make more educated decisions regarding their benefit options each year. Your Gehring Group Account Manager, will be the primary resource for all services related to wellness initiative, enrollment and eligibility, claims issues and day-to-day inquiries throughout the course of the year and is supported by other Gehring Group staff members including account managers, in-house client services representatives and employee advocates to ensure all client and employee service issues are met promptly. It is our goal to truly be an extension of, and valuable resource to the benefits administration and human resources staff at the County.

The following includes a number of current Public Sector clients similar in size and complexity to the County for whom Gehring Group provides consulting services in line with the scope requested in the RFP. Many of these clients have onsite employee health center(s), sophisticated wellness programs, electronic enrollment and administration systems, and various funding

arrangements. Please refer to the references included in the following pages for contact information.

Public Sector Entity	Number of Employees	Client Since
Cape Coral, City of	1600	10/3/2011
Charlotte County Board of County Commissioners	1330	9/26/2000
Citrus County Board of County Commissioners	750	3/24/2009
Clearwater, City of	1700	5/1/2001
Hernando County Board of County Commissioners	1008	4/13/2011
Highlands County Board of County Commissioners	900	6/19/2018
Martin County Board of County Commissioners	1100	2/21/2001
Martin County School District	2600	8/16/2004
Palm Beach County Sheriff's Office	3700	11/1/1992
Pasco County Sheriff's Office	1200	2/19/2019
Port St. Lucie, City of	1050	7/12/2011
Sarasota County Sheriff's Office	970	3/2/2010
South Florida Water Management District	1100	5/22/2017
Government of the US Virgin Islands	12000	6/28/2017
Virgin Islands Water & Power Authority	900	1/16/2018
West Palm Beach, City of	1500	4/28/1998

Gehring Group's concentration in the Public Sector enables us to have access to a significant amount of Public Sector employee benefits benchmark data in-house. This includes statistics on plan benefits, employer contributions, waiting periods, trend factors and other related data.

4. Describe your firm's approach to account transition.

Should Gehring Group be selected as the County's Employee Benefits Consultant, our first objective would be to make the transition as smooth as possible for the County. There are two main tasks completed by our team within the first two weeks of our engagement. These include:

1 Introduction and Expectations meeting

Immediately following consultant selection, our first priority would be for our entire service team to meet with all applicable staff and carriers/vendors to begin the discovery process. This includes meeting with the staff and any committee or leadership involved with the benefits regarding what they deem to be the positive aspects of their program as well as any areas of particular concern. This includes a discussion of future goals and a review of our *Annual Compliance Checklist*. We would also collect all relevant plan documents and renewal/claim data in order to quickly become familiar with the details of each policy. In addition, our *New Client Implementation* checklist allows our team to secure key information about the programs offered, County and carrier contact names, County locations, waiting periods, payroll frequency, union commitments, wellness initiatives, ACA measurement periods, etc. We will establish a tentative schedule and timeline of expectations acceptable to all involved for key objectives, monthly or quarterly meetings, claims review, anticipated projects, renewal negotiation and preparation, open enrollment, and other anticipated tasks.

2 Carrier/Vendor Engagement & Information Gathering

In order to perform a comprehensive analysis of your current programs, past programs, claims history and plan performance, Gehring Group will engage each applicable vendor directly to obtain all plan documents, policies, rates, claims experience, past renewals, and all other information relevant to servicing the client. Due to our long-term and positive vendor relationships, we also anticipate this to be a very smooth process. During this period, we will enroll you in the services discussed throughout this presentation such as Think HR, our COVID-19 portal, etc. Once onboard, Gehring Group's strategy and service philosophy centers around remaining involved with our clients on a year-round basis.

5. **Discuss the ways your firm manages growth, including any limits to the client/consultant ratio.**

   Gehring Group employs a team approach along with backup team members to ensure that all clients always have access to an available resource. Each team includes a Senior Benefits Consultant, a Benefits Consultant, three account managers, two employee benefits analysts and various support staff. Gehring Group takes much into consideration when assigning a client service team. This includes the client's plan anniversary date, complexity of programs, funding arrangement, size of group, wellness initiatives, availability of technology tools, etc. We structure our assignments so that service requirements can be met timely and deadlines do not occur at a one particular time of the year. Each account representative services approximately 15 to 20 clients based on the above referenced considerations.

6. **State whether the employee benefit consultants assigned to the County have any responsibilities other than providing employee consulting services, and if so, specific such responsibility.**

   Gehring Group's consultants' sole responsibility is to provide employee benefits brokerage and consulting services to our Public Sector clients.

7. **Describe your firm's backup procedures in the event that key personnel in this assignment should leave the firm.**

   Gehring Group's team structure ensures that all clients always have an available resource, even in the unlikely event that a key member of the team leaves the firm. Each team includes a Senior Benefits Consultant, a backup Benefits Consultant, three account managers, two employee benefits analysts, wellness coordinator and various support staff. In addition to your Account Manager, our clients are also assigned an Internal Client Service Specialist who serves as an employee advocate and additional resource for questions and claim issues. These professionals, along with an easily accessed upper management staff/leadership and our corporate philosophy regarding our team approach and centralized database of activity and deliverables, provides assurance that our clients have access to experienced professionals who are aware of, or can easily access their files, to provide resolution and answers at all times, even if a member of team leaves the firm.

8. **Describe the resources your firm has that specifically address the needs of the public sector.**

   Gehring Group's philosophy centers around supporting our Public Sector clients throughout the whole year. Some examples of the services and resources provided to specifically address the needs of our Public Sector clients include:

- Hosting a Firefighter Cancer Bill workshop with legal professionals to discuss and answer questions regarding the administration of the benefit.
- Providing Mental Health First Aid workshops with a holistic approach to wellness.
- Utilizing Gehring Group's NavMD data analytics platform to provide real time benchmarking for claim trends and predictive modeling specific to Public Sector.
- Providing expert clinic consulting and oversight for those clients operating an onsite or near-site employee health center.
- Hosting a COVID Resource Portal
- Hosting an annual Insurance *Education, Innovation, and Excellence Summit* and *Benefit Administrator Workshop*
- Providing the CAVU Public Sector online benefits benchmarking tool.
- Providing the ThinkHR Online Human Resources Research tool to all Public Sector clients at no additional cost.

Additional services geared to the Public Sector include:

Employee Advocacy

Members of your service team are not only available to benefits administration staff and decision makers but are also directly accessible by employees and retirees to assist in the resolution of unresolved claim issues. To assist in providing employees with easy access to Gehring Group personnel, we set up a customized email (i.e. okaloosa.county@gehringgroup.com) through which employees can email us directly. In addition to your assigned account manager, Gehring Group also provides three in-house Client Service Specialists specifically for this purpose. These team members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider's office to seek resolution. The internal Client Service Specialists are also intricate in helping to resolve escalated claims issues by assisting with writing appeal letters in the event a claim has been denied. Our Gehring Group team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

Compliance Tools and Checklists

Gehring Group has also developed checklists to assist our clients with organization and compliance. Some of these checklists include:

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

In addition, Gehring Group's technology services include several tools to assist our clients with compliance, communication, enrollment, research and many other issues. Such services include the Think HR and our COVID-19 Client Resources portal.

Onsite/Near-site Employee Health Center (Clinic) Consulting

Gehring Group also assists our clients in the decision of whether to open an employee health center. If requested, Gehring Group will conduct a feasibility analysis to determine if our clients can take advantage of the potential cost saving benefits of opening an on-site or near-site clinic/health center. By shifting costs from the medical plan to the clinics, many employers have been better able to manage specific areas of claims costs, while providing additional access to medical care to their employees. With over 20 clients currently operating an employee health center, Gehring Group's experience in these efforts is unparalleled. We spearhead the process from conducting the bid process, determining which clinic provider and clinic model would best meet the needs of our clients and overseeing the implementation process once a decision has been made. When an employee health center is in place, your Gehring Group team can provide support and assistance with any challenges that may arise, review existing interlocal agreements that may be in place, review utilization of both the health plan and the clinic annually to identify trends and make recommendations of possible modifications to services provided at the clinic to enhance both the member experience and Return on Investment to the Client.

9. Describe how your firm controls the cost of services rendered for a client.

Gehring Group is known for being an innovator in the employee benefits marketplace. We evaluate all emerging cost saving options to determine viability for our clients and review new plan options as they become available from carriers, third party administrators or under any newly implemented legislation. We maintain a strong commitment to remain at the forefront of industry trends, market conditions, innovative concepts and new types of health insurance programs being presented by insurance companies and third-party administrators. Through our knowledge and expertise of all types of plan designs and funding arrangements, Gehring Group staff is able to aid our clients in determining which carriers and programs represent viable options in order to assist management in making better-informed decisions regarding the implementation of new concepts and determining whether they are in the best interest of the organization. For some groups this may mean consolidating plans to better consolidate risk and reduce adverse selection, while for other entities it may mean providing more plan options to better accommodate the needs of various types of employee populations within the entity who may be seeking varying coverage levels or alternatively, more affordable premium costs.

Specific to Okaloosa County Board of County Commissioners, our team has extensive experience assessing the benefits of various innovative concepts to assist plan sponsors with containing/reducing health care costs including:

- Innovative and holistic wellness programs,
- Onsite/near-site clinics,
- Telemedicine,
- Customized employee assistance programs and mental health services
- Value-based plan designs,
- Specialty physician designation cost share differences,
- Plans with "narrow networks",
- International prescription sourcing,
- Live diabetic monitoring with mobile-enabled glucometers

Gehring Group provides sophisticated solutions to complex problems and utilizes technology and administrative capabilities to assist our clients in gaining efficiencies and develop long-range strategies to achieve the County's overall financial and benefits goals. We remain in contact with our clients continuously throughout the plan year, preparing budget projections and consistently monitoring claims experience as well as assisting employees with claims issues and enrollments.

10. **If your firm utilizes external benefits legal expertise, describe how it is used in conjunction with internal expertise.**
    In addition to our in-house benefits expertise, Gehring Group retains Seyfarth Shaw's Benjamin Conley as an additional resource for legal issues and research regarding health and welfare plans, ERISA and other benefits related topics as part of our value-added services. Mr. Conley regularly advises on benefit plan compliance, Affordable Care Act, Section 125, ERISA, COBRA and HIPAA privacy regulations and is a regular expert guest at Gehring Group seminars and webinars. He is also a member of Seyfarth Shaw's healthcare reform team and regularly consults with various governmental agencies such as the IRS, Department of Health and Human Services and the Department of Labor on health care reform developments, receiving clarification and interpretation of guidance directly from the source.

E. Data Analysis:

1. **What resources does your firm use to analyze medical and pharmacy claims?**
   Gehring Group utilizes the NavMD data analytics platform to evaluate claims data and network utilization for our self-insured clients even further. Gehring Group NavMD Analytics is a predictive health analytics and health plan management system. It provides many clinical and risk measures of total populations and subpopulations, integrated with demographic data, compliance averages for Episodic Treatment Groups® of conditions, Episodic Risk Groups®, medical and pharmacy compliance, condition prevalence and slide calculators that automatically calculate Value Based utilization for pharmacy, (medical possession ratio) and outpatient best practice standards of care.

   Plan Design Modeling is supported by the rich Data Analytics & Reporting capabilities, the Plan Modeling component is a core feature of the system designed to provide the information necessary to add value to health care planning. Whether you want to employ value-based plan design through employee intervention and wellness programs, or simply better track your high-cost populations in order to contain cost and retain higher cash flow, the Plan Modeling tool is where we capitalize on diligent data analysis.

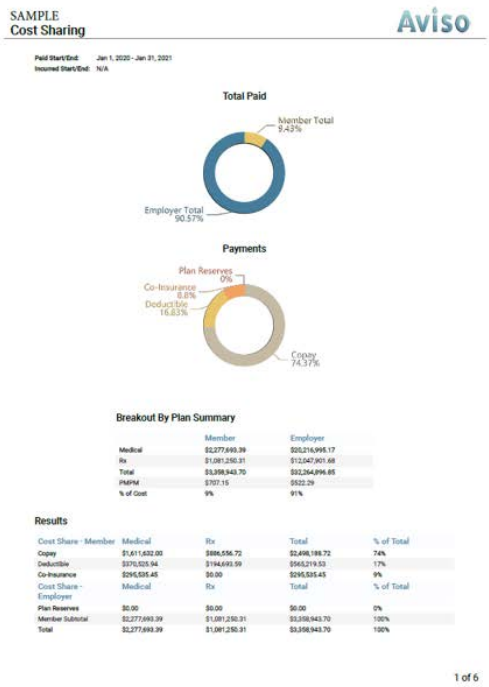
   These tools provide comparative analyses on proposed plan strategies using historical claims data by simulating the effect of plan modifications. Forecasting and modeling both simple and complex strategy adjustments against actual claims experience in your health plan. These tools interactively support creativity in plan design, producing innovative approaches modeled for higher cost savings, increased cash flow and improved plan efficiency.

   The following includes various dashboard and utilization reports created in Gehring Group's NavMD Data Analytics platform utilized to conduct various types of analyses for our clients to pinpoint key metrics such as high-cost conditions, potential provider or benefit overutilization,

wellness targets, etc. This tool also provides high level benchmarking that is real-time and specific to other Public Sector employers of similar demographics.

- Utilization Summary Report
- Top 10 Conditions Benchmark Comparison
- Top 10 Physicians
- Top 10 Facilities
- Top 10 Places of Service
- Top 10 Pharmacies
- Top 10 Pharmacy Claimants
- Formulary vs. Non-Formulary Spend
- Pharmacy Relationships
- Risk Index by Demographics
- Risk Index Summary
- Risk Index Ranges by Cost
- Cost Sharing Reports including:
  - Member vs. Employer
  - By Participant Division (employee/cobra/retiree)
  - By Plan Option

Samples are included below for illustration purposes. Additional sample reports are included in **Exhibit A: Sample Reports & Work Product.**


SAMPLE
Cost Sharing

Aviso

Total Paid

Member Total 9.43%

Employer Total 90.57%

Payments

Plan Reserves 0%

Co-Insurance 8.8%

Deductible 16.83%

Copay 74.37%

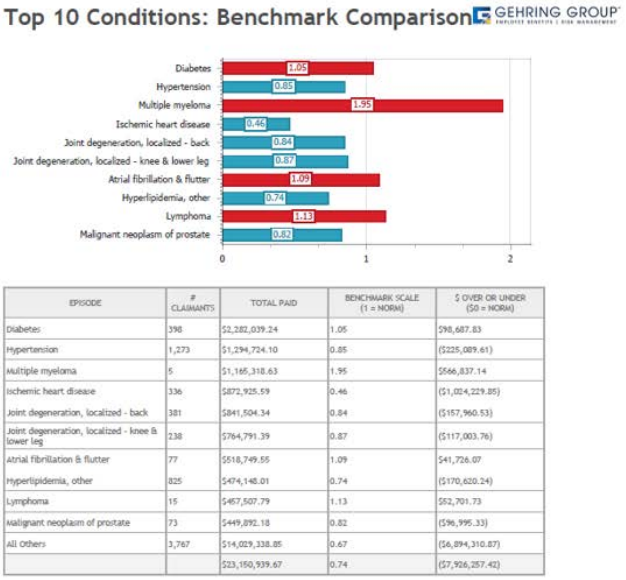
Breakout By Plan Summary

	Member	Employer
Medical	$2,277,693.39	$20,216,995.17
Rx	$1,081,250.31	$12,047,901.68
Total	$3,358,943.70	$32,264,896.85
PMPM	$707.15	$522.29
% of Cost	9%	91%

Results

Cost Share - Member	Medical	Rx	Total	% of Total
Copay	$1,611,632.00	$886,556.72	$2,498,188.72	74%
Deductible	$370,525.94	$194,692.59	$565,219.53	17%
Co-Insurance	$295,535.45	$0.00	$295,535.45	9%
Cost Share - Employer	Medical	Rx	Total	% of Total
Plan Reserves	$0.00	$0.00	$0.00	0%
Member Subtotal	$2,277,693.39	$1,081,250.31	$3,358,943.70	100%
Total	$2,277,693.39	$1,081,250.31	$3,358,943.70	100%

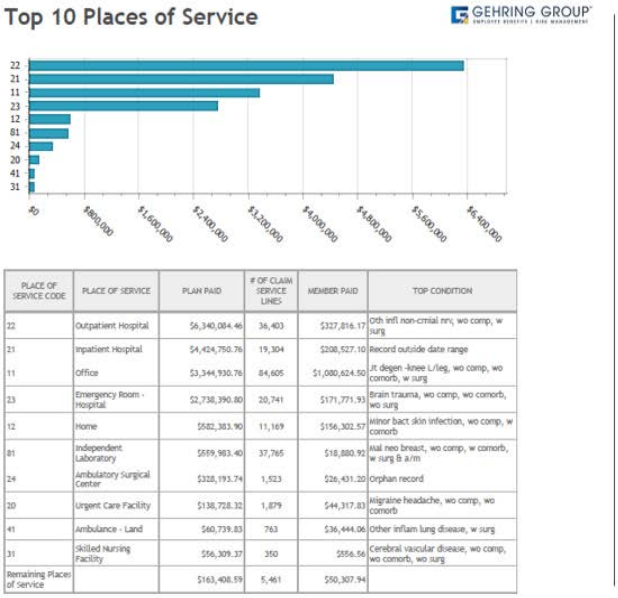
1 of 6


Top 10 Conditions: Benchmark Comparison

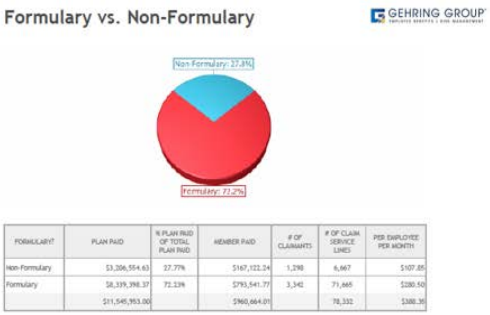
GEHRING GROUP

Diabetes 1.05
Hypertension 0.85
Multiple myeloma 1.95
Ischemic heart disease 0.46
Joint degeneration, localized - back 0.84
Joint degeneration, localized - knee & lower leg 0.87
Atrial fibrillation & flutter 1.09
Hyperlipidemia, other 0.74
Lymphoma 1.13
Malignant neoplasm of prostate 0.82
0
1
2

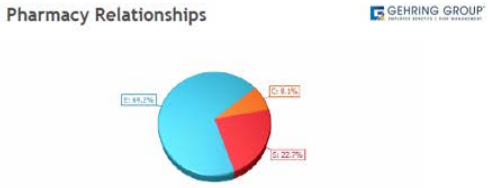
EPISODE	# CLAIMANTS	TOTAL PAID	BENCHMARK SCALE (1 = NORM)	$ OVER OR UNDER ($0 = NORM)
Diabetes	398	$2,282,039.24	1.05	$98,687.83
Hypertension	1,273	$1,294,724.10	0.85	($225,089.61)
Multiple myeloma	5	$1,165,318.63	1.95	$566,837.14
Ischemic heart disease	336	$872,925.59	0.46	($1,024,229.85)
Joint degeneration, localized - back	381	$841,504.34	0.84	($157,960.53)
Joint degeneration, localized - knee & lower leg	238	$764,791.39	0.87	($117,003.76)
Atrial fibrillation & flutter	77	$518,749.55	1.09	$41,726.07
Hyperlipidemia, other	825	$474,148.01	0.74	($170,620.24)
Lymphoma	15	$467,507.79	1.13	$52,701.73
Malignant neoplasm of prostate	73	$449,892.18	0.82	($96,995.33)
All Others	3,767	$14,029,338.85	0.67	($6,894,310.87)
		$23,150,939.67	0.74	($7,926,257.42)



PLACE OF SERVICE CODE	PLACE OF SERVICE	PLAN PAID	# OF CLAIM SERVICE LINES	MEMBER PAID	TOP CONDITION
22	Outpatient Hospital	$6,340,084.46	36,403	$327,816.17	Oth infl non-crnial nrv, wo comp, w surg
21	Inpatient Hospital	$4,424,750.76	19,304	$208,527.10	Record outside date range
11	Office	$3,344,930.76	84,605	$1,080,624.50	Jt degen -knee L/leg, wo comp, wo comorb, w surg
23	Emergency Room - Hospital	$2,738,390.80	20,741	$171,771.93	Brain trauma, wo comp, wo comorb, wo surg
12	Home	$682,383.90	11,169	$156,302.57	Minor bact skin infection, wo comp, w comorb
81	Independent Laboratory	$659,983.40	37,765	$18,880.90	Mal neo breast, wo comp, w comorb, w surg & a/m
24	Ambulatory Surgical Center	$328,193.74	1,523	$26,431.20	Orphan record
20	Urgent Care Facility	$138,728.32	1,879	$44,317.83	Migraine headache, wo comp, wo comorb
41	Ambulance - Land	$60,739.83	763	$36,444.06	Other inflam lung disease, w surg
31	Skilled Nursing Facility	$56,309.37	350	$856.56	Cerebral vascular disease, wo comp, wo comorb, wo surg
Remaining Places of Service		$163,408.59	5,461	$50,307.94	



FORMULARY?	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	MEMBER PAID	# OF CLAIMANTS	# OF CLAIM SERVICE LINES	PER EMPLOYEE PER MONTH
Non-Formulary	$3,206,554.63	27.7%	$167,122.24	1,298	6,667	$107.85
Formulary	$8,339,398.37	72.1%	$793,541.77	3,342	71,665	$280.50
	$11,545,953.00		$960,664.01		78,332	$388.35



RELATIONSHIP	PLAN PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF CLAIMANTS	MEMBER PAID	PER MEMBER PER MONTH
E	$7,990,380.89	69.21%	2,017	$674,289.96	$149.91
S	$2,618,618.10	22.68%	734	$218,860.54	$49.13
C	$936,954.01	8.11%	629	$67,713.51	$17.58
	$11,545,953.00		3,380	$960,664.01	$216.62

Each of the above reports were generate in-house with Gehring Group's NavMD Data Analytics platform.

2. **Will your firm provide access to County data for ad hoc queries? Is there a cost?**
   Under the County's current fully insured arrangement, Gehring Group will work with the County's current vendors to ensure continued access to existing reporting processes along with evaluating any available ad hoc reporting. Through the new client onboard and renewal implementation process, our team will review current access and availability and work with carriers/vendors to maintain the available reporting access available through each vendor.

3. **Will your firm complete a provider analysis of physicians, clinics and hospitals that treat our plan participants?**
   During the evaluation process, Gehring Group compares provider networks to determine which proposers may be considered viable options. In addition, we would perform a network disruption analysis and network discount analysis, providing all information necessary to make informed decisions. Throughout the year, we will also review the County's top utilized physicians, clinics and hospitals to identify any claims outliers or anomalies.

4. **Will your firm participate with the County in evaluating a wellness and preventive health analysis of our employees' claim experience?**
   In addition to the regular monitoring of the County's claims experience and utilization trends, Gehring Group utilizes the aggregate results of these biometrics to provide valuable insight to aid in making recommendations for specific disease management programs or plan changes to encourage preventive care visits and prescription drug adherence for those with chronic conditions. Our Wellness Coordinators also utilize this data to develop a long-term wellness strategy and make recommendations regarding the types of wellness initiatives to implement. Through the implementation of a long-term well strategy and scheduled programs and events,

we can target the conditions and behaviors that will have the greatest impact to the health of your members as well as utilization of the health plan. Our experience in recommending wellness program initiatives includes such Florida clients as the City of Naples, City of Clearwater, Charlotte County BOCC and the Martin County School District.

5. **What steps does your firm take to ensure the validity of data presented to your clients?**
Gehring Group's commitment to providing accurate analysis, reporting and recommendations includes a second layer of review of all documents by your Senior Benefit Consultant and our Quality Control Manager, Kim Hall. Kim's background includes employment as an insurance carrier underwriter and the manager of an underwriting team. This role also oversees the individuals performing any financial and analytical aspects relating to your employee benefit program. She reviews all work product for accuracy and completeness and is a second set of eyes ensuring the highest level of quality control.

F. Strategic Planning/Vendor Selection:

1. **What resources does your firm have available to help us manage our benefits and outline a benefits strategy consistent with current and future business plans.**
An employee health benefits program is a significant cost driver to any employer's budget, as well as the greatest tax favored benefit an employer can provide an employee. In the current regulatory environment related to ACA and COVID-19, the resulting changing marketplace, and the widespread availability of technology tools – benefits program management, cost mitigation, communication and compliance are achieved for our clients through people, planning, projection, process, and product.

   Gehring Group employs a number of strategies in developing a long-term strategic plan. Our plan includes meetings with you to understand your organization's goals, budget, organizational considerations (such as unions, hiring/layoffs), culture, and plan competitiveness compared to benchmark and local entities. Additionally, we look at your organization's claim loss ratios along with assessment of trends over multiple years and perform analytics on your data utilizing software and technology to develop forecasting scenarios for your current plan design, then applying charges or credits for alternative plan design options. Additionally, we include consideration for the costs associated with the Affordable Care Act including the fees, additional workforce plan costs, impact due to mandatory plan changes (ex: women's wellness, clinical trials, etc.).

   An example of one of our client's long-term strategies included a three-year path to increasing the aggressiveness of their wellness program with the goal of targeting unhealthy lifestyles – adding incentives physical activities in the first year; adding wellness health targets verified by physicians in the second year and, finally smoker surcharges in the third year, all while monitoring utilization and making plan changes to curb abuse year over year. Other clients have set goals to transition from a fully insured arrangement to a minimum premium arrangement in order to get more comfortable with the concept of self-funding.

   We understand that employee benefits are a very important aspect of an employee's compensation package. Accordingly, we agree that a long-term strategic benefit plan must be in place to allow both the employer and employee to anticipate and prepare for planned change be it financial or regarding plan design. Gehring Group's goal is to maintain long-term client

relationships and assist our clients in developing long range strategies to conform to the client's overall financial goals. Getting the most out of your benefits dollar is one of our primary goals when servicing our clients.

2. **How will your firm help us with competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewals.**
Gehring Group's strategy and service philosophy center around remaining involved with our clients on a year-round basis providing recommendations, legislative guidance, and assistance. We would review all lines of coverage and benefits included in the total employee benefits program package and determine those lines suitable for bidding.

The Market Solicitation (RFP) Process

Gehring Group's traditional marketing process includes a comprehensive analysis of the current programs, past programs, claims history, in addition to numerous other factors including demographics and the local market. In addition to reviewing the incumbent carriers' renewal quotes, we would review a list of prospective carriers, coalitions, and trusts with HR staff in discussing whether to release any RFPs for the various lines of coverage. As an independent consultant our goal is to identify all available products and insurers are considered to ensure that you find the best match for your needs. Our marketing process includes the following steps:

- Step One: Information Gathering Process
- Step Two: Presentation of Initial Findings
- Step Three: Market Solicitation (The RFP Process)
- Step Four: Proposal Analysis & Recommendation
- Step Five: Program Implementation
- Step Six: Year-Round Service

To provide you with enough time for the RFP process and subsequent decision-making process, Gehring Group prepares a timetable of activities including any approvals needed for final decisions. This schedule can be customized to accommodate additional onsite meetings, and any specific needs or additional services requested.

Gehring Group will prepare and release all requests for proposals as directed for all applicable lines of coverage. As part of our service, we conduct all phases of the procurement process for those lines of insurance as requested, from RFP development through the proposal analysis and recommendation process, coordinating with the County's Procurement Department as needed. Our involvement in this process is very comprehensive. We feel it is our job to keep our clients up to date regarding any new products in the industry that may reduce administrative burden or aid in the reduction of health care costs. We have extensive experience bidding all lines of coverage on a self-insured and fully insured basis, evaluating alternative funding arrangements as well as bidding for onsite clinic vendors and enrollment technology.

Proposal Evaluation & Recommendation

Upon receipt of proposals submitted in response to the RFP process, Gehring Group will perform a detailed analysis of each program offered. We will compare all proposals side by side to the in-force program and illustrate the program differences to include the advantages and disadvantages of each. This will include a detailed cost comparison which outlines the total cost of the program

in addition to breaking down the costs related to employer and employee contributions and detailing all applicable proposal caveats or opportunities for multi-line discounts.

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

Plan Renewals & Effective Negotiations

In addition to conducting a formal RFP or market solicitation process for the lines of insurance coverage included within your employee benefits program, Gehring Group will develop and assist with budget projections, provide a timeline of expectations which includes securing the first offer of renewal at the earliest possible date to begin aggressively negotiating pricing and terms for your plan renewals. This is done early in the process to ensure the least amount of disruption as possible to your membership while balancing the client's needs, goals, and union commitments. Our specific focus on serving the Public Sector and client base in the region and state allow us to leverage the credibility we have established with insurance carriers and government trusts more efficiently. Also important to note is the ability of our experienced team to not only effectively negotiate the benefits and costs of your program(s), but also value-added services and benefits such as wellness services/funding, onsite carrier support, technology funding and aggressive pharmacy rebate returns. We get results both for the employer providing the benefit program and each and every member enrolled.

Program Implementation & Enrollment Assistance

After the RFP, evaluation and decision-making process, Gehring Group team members take the lead with staff for program implementation and enrollment. Planning for open enrollment begins well before renewal time. Gehring Group's approach to open enrollment starts with the development of a renewal timeline detailing all aspects of the process, working backwards from the desired open enrollment period. Your Gehring Group Account Manager will be intricately involved throughout the planning and enrollment process, helping to coordinate the various steps of the process including but not limited to:

- Assisting in coordinating and attending employee informational and enrollment meetings at all sites as determined by the client. Inherent in this process is determining whether enrollment meetings will be mandatory or optional.
- Determining open enrollment meeting format (i.e. health fair style; group informational meetings; virtual live or recorded video; one-on-one);
- Coordinating meeting locations, times, collateral needed and if carrier representatives are requested;
- Providing additional staff to support multiple locations and time slots for employee meetings
- Arranging multilingual representatives (as needed)

- Developing custom communication collateral (i.e. open enrollment announcement posters, annual employee benefits guide, etc.);
- Facilitating technology partner plan and cost updates to the enrollment site;
- Facilitating cancellation or renewal of current insurer upon written acceptance;
- Ensuring that applications and contracts for all new vendors are complete, accurate and forwarded to the applicable vendors in a timely manner; and
- Review all vendor contracts to ensure they are in line with what was proposed and presented.

Our team will provide Okaloosa County with a superior level of service and support throughout the year.

3. **What experience does your firm have in supporting the RFP process for government agencies?**
Gehring Group has conducted the RFP process for over 100 Public Sector clients. Our team has vast experience in the solicitation of all types of insurance programs and funding methods for Public Sector entities, and we are confident that acquisition of various competitive options will be accomplished while leveraging our Public Sector experience and large client base.

4. **How can your firm assist with plan design changes with renewals?**
As part of our review of the renewal offer, Gehring Group may recommend plan modifications based on your specific utilization trends, benchmark data, abuse, or overutilization of certain benefits as well as trends in the marketplace. In addition, our ability project savings to the program for proposed plan changes, evaluate carrier renewal calculations, and access to negotiate directly with underwriters, ensures that the County and Constitutional offices will receive the appropriate offset for implemented changes. We will discuss all options with the County, providing the pros and cons of each as well as cost/savings impact of each recommendation. If alternative or "narrow" networks are proposed, we will also compare networks to determine which may be considered viable options in addition to performing a network discount analysis. During this stage of renewal, Gehring Group will schedule a meeting with you and your team to review our findings and determine a deadline for the carrier to provide their "best and final" offer.

5. **Furnish a current list of insurance companies, third party administrators, and other providers for which the consultant is an authorized agent or broker.**
Gehring Group's ability to conduct an independent assessment of carriers and network options allows us to focus on what is in the best interest of the County and its members. The following includes, but is not limited to, the insurance providers with whom Gehring Group has a current relationship:

- Aetna Health Inc.
- Aetna Life Insurance Company
- Aflac
- All Savers Insurance Company
- Allstate
- Ameritas Life Insurance Corp.
- Assurity Life Insurance Company
- Avmed, Inc.
- Berkshire Life Insurance Company of America
- Careplus Health Plans, Inc.
- Cigna Dental Health of Florida, Inc.
- Humana Medical Plan, Inc.
- Humana Dental Insurance Company
- Kanawha Insurance Company
- Life Insurance Company of North America (LINA)
- Lincoln National Life Insurance Company
- Madison National Life
- Metropolitan Life Insurance Company
- Minnesota Life Insurance Company / Ochs Inc.
- Mutual of Omaha
- National Guardian Life Insurance Company
- National Union Fire Insurance Co. of Pittsburgh, PA

- Cigna Health & Life Insurance Company
- Cigna Healthcare of Florida, Inc.
- Colonial Life
- CompBenefits Insurance Company
- Connecticut General Life Insurance Company
- Continental American Insurance Company
- Coventry Health & Life Insurance Company
- Coventry Health Care of Florida, Inc.
- Davis Vision
- Delta Dental Insurance Company
- Dental Concern, Inc., The
- EyeMed
- Fidelity Security Life Insurance Company
- Florida Blue (BC&BS, Inc.)
- Florida Combined Life Insurance Company
- Florida Health Care Plan, Inc.
- Florida Municipal Insurance Trust (FMIT)
- Guardian Life Insurance Company of America
- Hartford Life & Accident Insurance Company
- Health Options, Inc.
- Heritage Dental
- HM Life Insurance Company
- Humana Advantagecare Plan, Inc.
- Humana Health Insurance Company of Florida, Inc.
- Humana Insurance Company
- Nationwide
- New Directions EAP
- PetAssure
- Preferred Legal
- Prepaid Legal
- Principal Life Insurance Company
- Prudential Insurance Company of America (The)
- Reliance Standard Life Insurance Company
- ReliaStar Life Insurance Company
- Safeguard Health Plans, Inc.
- Securian Financial (Ochs)
- Solstice Benefits, Inc.
- Standard Insurance Company
- Sun Life Financial
- Symetra Life Insurance Company
- The Legal Plan, Inc.
- TransAmerica
- Trustmark
- Union Security Insurance Company
- United Concordia Insurance Company
- United of Omaha Life Insurance Company
- United Healthcare Insurance Company
- United Healthcare of Florida, Inc.
- Vision Service Plan Insurance Company
- Washington National Insurance Company

6. How will your firm save the County money?

Gehring Group is known for being an innovator in the employee benefits marketplace, seeking out innovative ways to save our clients money. First, we evaluate past claim utilization and corresponding renewals, review alternate funding options available to assess risk versus gain. For some groups this may mean consolidating plans to better consolidate risk and reduce adverse selection, while for other entities it may mean providing more plan options to better accommodate the needs of different employee populations who may be seeking varying coverage levels or alternatively, more affordable premium costs. We would also review current contracts to ensure not only legislative compliance but that all available financial savings are considered, such as, re-negotiating pharmacy rebates, implementing "participating contracts" that allow the clients to share in plan savings, and implementing various disease management programs to target certain chronic conditions. We would evaluate gaps in care, plan benefits and employer contribution strategies. We have been able to use our independent renewal calculations in addition to leveraging our top-tier status with carriers to reduce trend factors within underwriting calculations, thus reducing cost to the client. In many cases, we have proposed enhancing specific plan benefits to target members suffering from chronic conditions with the goal of increasing treatment plan and prescription drug adherence, therefore, reducing treatment costs in the long run.

7. What sort of benchmarking data can your firm provide?

Gehring Group's concentration in the Public Sector enables us to have access to a significant amount of Public Sector employee benefits benchmark data in-house. This includes statistics on plan benefits, employer contributions, waiting periods, trend factors and other related data. In addition, we conduct local entity surveys on a regular basis throughout various regions of the

state of Florida. We realize the value in maintaining a competitive benefits package as it relates to employee hiring and retention.

Gehring Group has developed a new Public Sector benchmarking tool. CAVU is an online employee benefits benchmarking software specifically for Public Sector employers and went live and online in 2020. With this tool, Public Sector employers will have the ability to complete a survey to enter their plan benefits and costs, compare their cost and benefits to other participating employers, and even invite other entities to participate. CAVU will provide valuable information on costs and benefit trends to aid Public Sector employers in making important decisions regarding plan options, schedules of benefits and employer/employee contributions.

8. Has the firm provided a benefit guide or summary to previous groups? Is this something that your firm could provide our group?

Yes, as part of our services, your Gehring Group team provides an annual benefit guide as well as open enrollment presentations and employee education. In addition, your account management team and Gehring Group's in-house Graphics team can provide additional communication materials in the form of educational collateral to target recognized needs including flyers, posters, campaigns, and videos highlighting specific topics. These communication pieces are customized to be distributed through client intranet services, posters, or other media allowing the County to communicate benefit offerings and educate employees of their benefit options and responsibilities. Gehring Group provides many options to our clients regarding employee communication. From face-to-face interaction at employee meetings to paper communication pieces to educational videos, we realize that employee communication is key to getting the most out of your employee benefits program. These options include:

- **Employee Benefits Guide**

  Gehring Group employs an in-house Graphics Department which enables us to assist our clients with employee communications materials. One of the tools necessary in the communication process is the annual employee benefits guide. At the beginning of each new plan year we compile all of the information regarding your insurance coverages and summarize it in a custom employee and retiree friendly benefit booklet. This booklet has proven to be a valuable resource and has allowed members to clearly understand plan options, related costs to make decisions in their best interest each year. This service is offered at no additional cost. We will provide you with enough copies for open enrollment and as needed for new-hire orientations throughout the plan year, as well as an electronic version for posting on your intranet or applicable location. (Exhibit B)

Professional Employee Communications

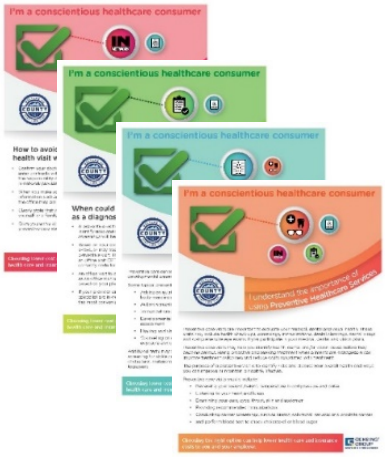
In addition to the provision of the employee benefits guide, we can also draft and produce employee communication pieces such as, department posters, mass employee mailings, Wellness Program brochures, etc. This allows the County to better communicate its employee benefit offerings and keep their employees well educated with regard to their employee benefit options and responsibilities. Gehring Group produces all brochures and other work product in-house at no additional charge which increases our level of efficiency. (Exhibit C)

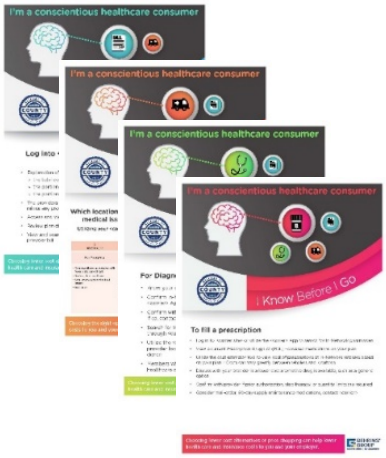
Employee Educational/Wellness Campaigns

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

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

Our team can aid the County in developing a communication and determining a targeted message. The following are samples of some of the campaigns listed above.





Video Communication

Our team can create open enrollment videos for times such as these when having large group meetings may not be an option. Gehring Group has also developed custom whiteboard education/communication videos which provide employees with a concise video utilized to educate them on various benefit options or additional services such as EAP and health center promotion (if applicable) with additional topics coming soon. These videos can be hosted on the County's intranet or other applicable location. Sample videos can be viewed at the following web links:

Employee Assistance Plan:
https://youtu.be/ECr6q5sOqOM

Employee Health Center:
https://youtu.be/PymiQUWZqcY

G. Cost projections/Ongoing Review/Reporting:

1. How will your firm assist with the management of insurance, including:

a. Preparing monthly supervision and/or preparation of claims activity reports from carriers;

Gehring Group provides our clients with review of carrier data and reporting that is relevant to their funding arrangement on a timely basis, typically monthly or quarterly. We also monitor the group's "large claims" (i.e. claims approaching or exceeding the specific stop loss deductible or pooling level if fully insured) on a regular basis. These reports include but are not limited to:

- Claims experience (premium/funding versus claims)
- Cost per employee per month
- Renewal cost projections
- Executive cost summaries
- Large claimant lists
- Top utilized prescription drug utilization reports (by cost & by volume)

We are also able to provide other key indicator reports, typically annually, to assist in identifying additional risks and/or targets for wellness initiatives. Gehring Group sample reports and work product are included in Exhibit A.

b. Preparing executive summary reports;

Our team is available to prepare executive reports and make presentations to all staff groups or insurance committees as needed. We are experienced in creating PowerPoints and/or customized spreadsheets, providing recommendations based on the specific purpose of the presentation and needs of your group. Our team is also very familiar with presenting to employee committees, union representatives, County Commissioners, City Councils, and various Boards of Directors.

c. Prepare underwriting analysis for annual renewals

Our team will provide renewal and budget projections, aid in premium calculations, and collaborate with carrier underwriters regarding all renewal proposals.

d. Prepare annual financial projections for budgeting purposes;

In addition to preparing underwriting analysis, Gehring Group staff conducts detailed reviews, analysis, and projection sessions with decision makers at key points throughout the year. We consistently track the available claims utilization data of your program throughout the plan year in order to more effectively prepare for the renewal process and develop strategies for ensuring that your group gets the most value for its health care dollar. We review available claims utilization reports to determine whether your programs are running favorably and utilize this claims data to forecast renewal/budget projections in advance of renewal and negotiate with vendors. With this information, we can partner with you to develop an action plan to accomplish the goals of the County.

When applicable, Gehring Group also utilizes its NavMD data analytics platform to evaluate claims data and network utilization to further optimize plan designs by review of claims data.

e. Conduct alternative funding analyses

Our consultants and analysts have extensive experience evaluating alternative funding arrangements including fully insured, participating contracts, minimum premium, level funded, graded funded and totally self-insured arrangements with stop loss coverage. Should the County consider any of these options, our team's analysis will illustrate the cost and benefits of each option and provide you will necessary information regarding the level of risk in order for the County to make an education decision on the most viable option.

2. Give examples of employee benefit projects and products that your firm/staff have designed and implemented for clients that:

a. Saved money
b. Improved the quality of benefits
c. Enhanced benefits
d. Increased efficiency
e. Were innovative

The following includes a case study during which our Gehring Group team was able to gain the confidence of the City's IAFF and PBA unions, to educate, collaborate and ultimately implement a streamlined benefits program for City employees and both unions.

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

Gehring Group Aggressive Negotiations, Streamlining Union Benefit Options & Transition to Self-Funded Medical Program

Gehring Group and this City developed a five-year strategy that included streamlining benefits for all employee groups (i.e. General, Police, Fire), the expansion of services available at its onsite employee health center and the ultimate transition from a minimum premium funding arrangement to a total self-insured arrangement.

The first step was to negotiate an 18-month rate guarantee for its fully insured medical insurance contract to effectively move the plan anniversary from January 1st to July 1st in an effort to allow the City to better budget for health care expenditures, including additional fees imposed by the Affordable Care Act and the onsite health center. This resulted in a $640,000 savings to the City from their initial renewal offer and a savings of $496,000 in overall premiums for the Police Department.

During the following year, the City was again faced with a double digit increase for its minimum premium program due to high utilization. A budget increase to that degree was not justifiable based on our independent budget projections, and moreover, not sustainable for the long-term. Gehring Group was able to re-align the City's goal to manage health insurance costs by transitioning their current dual plan benefit offering to a single high deductible health plan with employer contributions to a Health Reimbursement Account (HRA). This resulted in a 20% savings, or $2.3 million dollars over current premium to the City while also adding value to the employees by providing first dollar coverage for out-of-pocket costs under the high deductible plan funded by City contributions to a health reimbursement account (HRA).

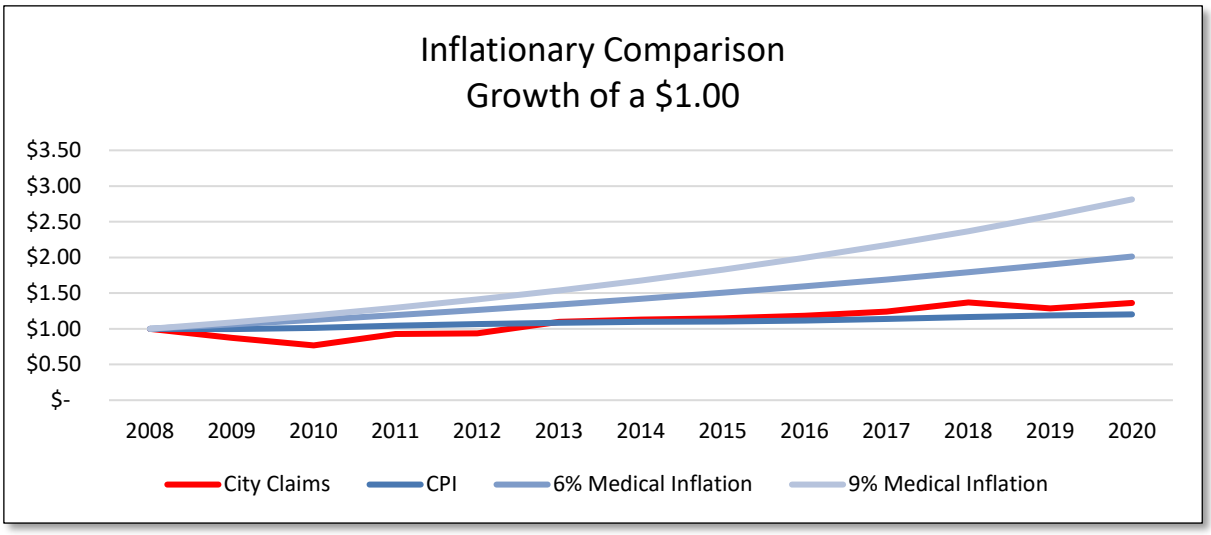
During the third year of the strategic plan, Gehring Group was again successful in negotiating a savings to the City's medical plan premiums with the negotiated renewal coming in under the current year's costs based on the success of the prior year.

During the following renewal, the City, the Police Department, and the City's Fire Department accomplished their goal of streamlining its benefit offerings under one self-insured program. Gehring Group worked with the City to hold numerous Union meetings to educate and explain the benefits of coming together under one medical plan and was successful in negotiating a self-insured contract resulting in savings to the employees of each group. The plan to date has experienced a $2.3 million surplus since the transition to self-funding in addition to the expansion of wellness services at the employee health center. In addition, Gehring Group's continued oversight of the City's employee health center has increased the City's return on investment in the clinic from 2.3:1 at inception to 3.3:1 today.

Case Study #2: Municipality (1,800 employees)

Implementation of Onsite Health Center and subsequent integrated wellness program and health initiative incentives.

This municipality implemented an onsite health center as one variable in its long-term strategy to mitigate consistent health plan cost increases and high trend factors. By shifting costs such as specific prescription drugs and preventive services from the medical plan to the clinic, they have been better able to manage specific areas of claims costs, while providing additional access to medical care to their employees. The ten-year results are as follows:



The City's claims cost has experienced an average increase of 3.1% over the past 12 plan years since implementing:

- Opened Onsite Health Center (2009)
- Began Incentivized Health Assessments (2014)
- Added Onsite Health Coach through Health Center (2018)
- Added Onsite Wellness Coordinator through Medical carrier (2019)
- Added Wellness Incentivized plan design (2020)
    - Preventative Exams
    - Coaching
    - Chronic Condition Management
- No plan design changes for the past 7 years.
- Medical claims trend below national medical inflation level for over ten years

3. **Describe your firm's approach to meeting required reporting deadlines.**
   At the beginning of each plan year, Gehring Group prepares a timetable for activities including claims reporting, RFP schedules, anticipated meetings with County personnel, approvals needed for final decisions, etc. These dates are entered into our client management software to ensure that the entire team is aware of all deadlines and can provide any support necessary to meet all County deadlines.

4. **Give a brief overview of the hardware and software systems used in the production of actuarial reports.**
   Gehring Group utilizes carrier claims reports and our NavMD Data Analytics platform to analyze claims data for our self-insured clients. Through this platform and the claims experience reports provided by the carrier/TPA, we gather and provide all applicable data required by the actuary to produce the annual filing of actuarial soundness with the State of Florida. It is by design that we incorporate third party actuarial oversight, a feature our clients and their auditors value more than a broker/consultant having an actuary on staff.

H. Plan Administration and Legislative Compliance:

1. **How does your firm stay abreast of legislative changes?**
   Gehring Group employs a proactive approach to learning, interpreting, and educating on all applicable regulations as released. We keep our clients up to date on all regulatory changes that will affect them. Our team stays current on regulations through a number of methods. First, we receive timely notifications from our attorney resources that we pass on to clients through our newsletters, seminars, and webinars. Additionally, we subscribe to various governmental information sites for updates including, but not limited to, HHS, CMS, and RegTap. We also subscribe to electronic industry services that provide us timely regulatory update notifications, insurance and benefits related compliance publications, and accounting journals. Our professionals attend conferences and continuing education seminars regularly.

   Our compliance team includes in-house CPAs, our attorney partners, tenured licensed professionals, and seasoned human resources professionals holding the PHR and SPHR designations. We believe independence and transparency are important in our role as advisors. In order to play an "independent role" as your employee benefits consultant, Gehring is not currently involved in any specific political, regulatory or legislative activities. We do, however,

remain informed regarding movements in regulatory activities on a very timely basis via our strategic partnerships and communicate relevant findings to our clients through the communication methods outlined in Question 2 below.

Gehring Group also retains Seyfarth Shaw and Ford Harrison as additional resources for legal issues and research regarding health and welfare plans, ERISA and other Human Resources and benefits related topics.

2. How does your firm communicate legislative changes and their impact to clients?

Gehring Group provides its clients with regular updates client alert emails, compliance publications and newsletters regarding any changes in applicable laws and how they might affect your benefits program. We make a special effort to remain knowledgeable on industry trends and new legislation and employs several methods of informing our clients about changes in federal, state, and/or local laws. These include:

- **Gehring Group Newsletters**
  Gehring Group provides you with updates regarding any changes in applicable laws and how they might affect your benefits program via our Gehring Group newsletters which are distributed via email. (Exhibit D)

- **Client Seminars, Webinars & Workshops**
  During this time of legislative change, Gehring Group has taken on the role of becoming an educational resource for our clients by hosting several informative seminars on relevant topics. Most recently, Gehring Group has hosted weekly webinars regarding the new legislation surrounding the Families First Coronavirus Response Act (FFCRA), the subsequent Cares Act and corresponding legislation surrounding COVID-19. Employers can also take advantage of the educational opportunities available at our annual two-day *Insurance Education, Innovation, and Excellence Summit, Mental Health First Aid Workshops* and more.

- **Face-to-Face Meetings**
  Last but not least, Gehring Group will make a point to meet with clients face to face to address issues or opportunities specific to that client. Since Gehring Group sits on the agent advisory councils of many of the major insurance carriers in the state, we are often the first to be informed of new health plan trends and product offerings resulting from the new legislative mandates and can therefore keep our clients well informed of any programs or potential new cost saving opportunities. In addition, we meet with each client to address any changes in state or federal regulations that may affect them.

3. Will your firm notify the County of changes in federal and/or local laws that could impact operations?

Yes, please refer to response above. Our team will notify you regarding legislative updates that affect the County, including resources for questions, notice templates and more.

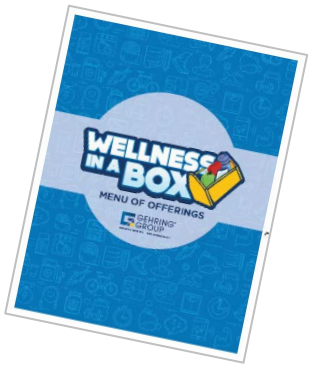
4. **Explain what steps your firm has taken to maintain HIPAA compliance when managing client data.**
   HIPAA compliance is at the core of our processes and systems engineering which starts with executing Business Associate Agreements with clients, carriers, and other applicable vendors, utilizing "secure" email and WebFTP sites to transmit sensitive data and regular password and security updates. Gehring Group has implemented strict controls designed to protect customer data and ensure data availability and conducts an annual HIPAA risk assessment via a third-party authorized HITRUST CSF Assessor. Through the use of redundant communications infrastructure, processing environment, access controls, monitoring controls, and security policies/procedures, Gehring Group is able to provide stable and secure services to its customers.

   Gehring Group understands and remains in full compliance with the Privacy and Security regulations as well as the regulatory landscape specified by HIPAA legislation and federal and state privacy laws and requires all employees to complete an annual HIPAA training program to ensure an effective company-wide understanding of each employee's responsibility relating to data privacy and security, and ethics and integrity. These training protocols provide employees with an understanding of the importance of protecting the confidentiality of client data. Such training and policies are part of our comprehensive corporate compliance privacy program.

I. Wellness Programs:

1. **What tools can your firm provide the County to help enhance our wellness program?**
   Gehring Group coordinates services between carriers, health and wellness vendors, and the client to facilitate the delivery of appropriate and coordinated health management and care management services through various outlets including clinics, educational seminars, management programs offered through the carrier, carrier resources, programs developed by the Gehring Group wellness team, and health improvement wellness challenge platform vendors. Gehring Group's Wellness Coordinator is also available to advise and assist in designing and implementing programs to help achieve effective population health management practices for your organization. Gehring Group's Wellness Coordinators have knowledge of various effective wellness vendors and can provide you with an overview of which services may be in your best interest.

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

   - Using your Flexible Spending Account
   - Let's Get Appy
   - Preventive Healthcare Services
   - Know Before You Go
   - Wellness in a Box

2. **How will your firm assess and contribute to the evolution of our wellness program?**
   Upon appointment as Agent of Record for the County, our team will have the ability to review and assess the County's current wellness program in view of its short-and long-term goals to improve health and reduce healthcare expenditures. This includes analysis of reporting if made available and assisting the County with planning, oversite of the program and employee

education. The assigned account manager will work with County staff members to help manage dollars provided by carrier and any additional budget set by the County to support these programs.

3. Explain how your firm measures the success of a wellness program?

Your Gehring Group service team has had significant experience implementing various types of wellness programs at various sized employers. Having been recognized ourselves for such awards as *Healthiest Employer 2020* by the South Florida Business Journal and *Best Wellness Employer 2021* by Wellness Workday, our team knows how to create a successful wellness program.

We have assisted a number of clients in implementing a structured wellness program with the goal of encouraging employees toward a culture of wellness and we are available to assist the County in developing a concrete wellness strategy with written goals. We are there each step of the way. Our Wellness Coordinators have knowledge of various effective wellness vendors and can provide you with an overview of the various services that may be in your best interest as there are many aspects of a wellness program to take into consideration in order to obtain measurable results. These include:

- Obtaining results through periodic health risk assessments and screenings; structured and non-structured activities provided by internal and external resources;
- Providing incentive programs to encourage and sustain participation year over year;
- Attaining support of management and leadership in order to effectively communicate and encourage participation; and
- Providing a varied choice of activity options and challenges to appeal to the County's employee demographic.

Return on investment can be difficult to track for wellness programs; however, its success can be gauged by:

- Employee surveys
- Level of employee participation & engagement
- Support of the leadership team
- Increased level of employee presenteeism
- Increased employee productivity

To that effort, our team can assist in performing employee surveys, tracking participation and completion of preventive visits and other completed tasks or challenges, recording statistics on clinic utilization (if applicable) and tracking biometric and health risk assessment aggregate results year over year.

J. Unique Qualifications:

1. Describe your firm's credentials, experience, and project approach and how these distinguish your firm from your competitors.

Serving Florida Public Sector entities for over 28 years, our team has accumulated a vast amount of work experience relevant to what is necessary to serve the needs of the County. In addition to our qualifications to perform the requested scope of work, a relationship with Gehring Group also provides the following competitive advantages:

- **Public Sector Focus & Experience –** 98.9% of our client base is Public Sector
- **Average Employee Tenure:** 6.7 years for all employees / 11.2 years for leadership team
- **Free Education, Training and Networking Opportunities –** Annual Client Summit, Seminars, Webinars, Newsletters, Workshops, Benefits Administration Training, etc.
- **100% Licensed Client Service Team –** all team members licensed to meet and advise employees
- **In-house Professional Graphics Team** – all communications developed and printed in-house at no additional fee **(Exhibits B & C)**
- **No Commissioned Employees** – all decisions based the best interest of the client
- **Negotiation Leverage / Carrier Status** – Top tier producer for all major carriers
- **Experience with Committees, Leadership, Staff and Unions**
- **Human Resources Experience** – human resources experience, PHR, SPHR and/or SHRM-CP designations
- **Professional Memberships and Featured Speaker at**:
  - FAC – Florida Association of Counties
  - FERMA – Florida Educational Risk Management Association
  - FFCA – Florida Fire Chief's Association
  - FPELRA – Florida Public Employer Labor Relations Association
  - FPHRA – Florida Public Human Resources Association
  - FCCCA - Florida Court Clerks and Comptroller Association
  - FGFOA – Florida Government Finance Officers Assn.
  - GFOA – Government Finance Officers Assn.
  - PRIMA – Public Risk Management Association
  - RIMS – Risk & Insurance Management Society
  - SALGBA – State and Local Government Benefits Association
  - SHRM – Society for Human Resource Management

Gehring Group is also a member of each of the above listed associations through which we are able to stay abreast of the ever-changing needs and challenges Public Sector entities face today.

2. **Describe any services provided by your firm that may not be offered by competitors.**
Gehring Group provides *Think HR* to all clients at no additional charge. *Think HR* offers a one-stop resource for quick answers to thousands of human resources and employee benefits questions covering such issues as record-keeping, employment law, wages and withholding, workers' compensation, harassment, ERISA, COBRA and FMLA. *Think HR* provides you with easy and immediate access to expert HR advisors who will provide information and answers in a timely manner to minimize the exposure and risk associated with legal and regulatory matters. These answers are provided via phone, web or email, followed up with a written response to summarize the issue and result. This services also includes over 200 safety training courses and the ability to assign and track completion of training.

K. References:

1. **Please provide three client references for whom similar services to this RFP have been provided. Please include the name, address, phone number and length of time associated with your firm.**
The following includes four clients of similar size and complexity as Okaloosa County BOCC. Gehring Group's successful experience with Florida Public Sector entities is further evidenced by

our client video testimonials which can be viewed at: www.gehringgroup.com (*scroll to bottom of web page to view videos*).

Highlands County Board of County Commissioners
600 S Commerce Ave.
Sebring, FL 33870
(863) 402-6809
Rebecca Cable, Human Resources Manager
Number of Employees: 900
Email: rcable@hcbcc.org
Client Since: 6/19/18 – to date

Charlotte County Board of County Commissioners
18500 Murdock Circle, Room 1330
Port Charlotte, FL 33948
(941) 743-1244
Janine, Hewitt, Risk & Benefits Coordinator
Number of Employees: 1330
Email:janine.hewitt@charlottecountyfl.gov
Client Since: 9/20/2000 – to date

Citrus County Board of County Commissioners
3600 West Sovereign Path, Suite 178
Lecanto, FL 34661
(352) 527-5370
Jessica Flynn, Human Resources Manager
Number of Employees: 750
Email: jessica.flynn@bocc.citrus.fl.us
Client Since: 3/24/2009 – to date

Hernando County Board of County Commissioners
20 North Main Street
Brooksville, FL 34601
(352) 540-6643
Mary Spencer, Benefits Coordinator
Number of Employees: 1100
Email: mspencer@hernandocounty.us
Client Since: 4/13/2011 – to date

2. **Please list clients who have terminated your firm's services during the past three years and their reasons for doing so. Please include their names, titles, and telephone numbers.**
Gehring Group is pleased to state that it has not had its services terminated by any client for any reason within the past three (3) years.

3. **Describe any other facets of your firm and your firm's experience that are relevant to this proposal which have not been previously described and that warrant consideration.**

Corporate Values & Culture

At Gehring Group, we have developed a unique culture that has allowed us to attract and retain the best talent available in the marketplace. We understand that the best way to take care of our clients begins with taking care of our employees. This is why we have so many employees that have been with the firm for over 10 years. Longstanding tenure amongst our employees ensures that our clients receive consistent service that they can count on year to year.

We are proud to announce that Gehring Group was ranked one of the Top 10 Best Places to Work in South Florida by the South Florida Business Journal, as well as one of the Top 30 best companies to work for in Florida, by *Florida Trend* magazine for 2017 - 2021. We are also proud to have earned recognition as one of Florida's Healthiest Employers by the South Florida Business Journal. Being selected as an honoree for these awards is a great tribute to each and every one of our employees, and reflection of our corporate culture; as well as a reflection of the support we receive from our clients.

Community Commitment & Accolades

Through the efforts of our *Helping Hands and Healing Hearts* community service committee here at Gehring Group, our staff regularly provides hands on service in the community including assisting programs run by our clients as well as other charitable and community service

organizations. Gehring Group's commitment to our local community has since been recognized by the following organizations:

- Awarded the Corporate Citizenship Award – Legacy South Florida magazine
- Nominated for the 2018 Community Giant Service Award – Inner City Youth Golfers' Inc.
- Government of the United States Virgin Islands recognition (trophy) for the support and contribution during recovery efforts for Hurricanes Irma and Maria (present on 12/4/17)

L. Insurance and Liability:

1. Describe your firm's quality assurance procedures.

Gehring Group's service strategy begins with our philosophy of remaining involved with our clients on a year-round basis, not only at renewal time. At the beginning of each plan year, we develop a timetable of activities to include anticipated tasks such as RFPs, and scheduled meetings such as quarterly reviews or insurance committee meetings. This schedule can be customized to accommodate any additional services requested by the County.

A key member of our team whose role is focused on ensuring client satisfaction is Danielle Shull, our Director of Client Experience. A senior level experienced professional, Danielle has been with Gehring Group for over 17 years and is especially familiar with Gehring Group's comprehensive level of services, our team structure, and most of all, the needs of our clients. Her duties include a strong focus on communicating with our clients to ascertain whether we are meeting expectations, and to receive feedback from clients on opportunities and future trending needs.

Most of all, our employees understand the greatest influence on company growth is reaped by providing excellent service to all current clients, to form an unparalleled reference base. We hire highly qualified, professional, productive individuals who bring the skills and capabilities to meet our stringent expectations and expand each department as needed. Our account managers are trained by tenured Gehring Group managers and meet on a regular basis to overview client concerns. All present members of our Company meet each week to endorse the team approach. As a Company, we provide our employees the technology and tools to perform their duties and responsibilities as required, including the use of a web-based task management system to track items needing resolution.

M. Annual Brokerage Fee:

1. The proposer shall provide a firm fixed Brokerage fee for each contract period in the schedule below. The annual Brokerage fee shall include all requirements as stated in this RFP.

BROKERAGE FEE

Initial Contract Period – 04/01/21 – 03/31/24	**$99,000**
Renewal #1 – 04/01/24 – 03/31/25	**$101,500**
Renewal #2 – 04/01/25 – 03/31/26	**$101,500**

N. Scope of Services:

Scope of Services	Agree to Provide	Agree to Provide with Deviations	Cannot Provide
Analyze and evaluate the current employee benefit plans and communicate with stakeholders as necessary.	X		
Review plan documents, summary plan descriptions and pertinent contract language to ensure accuracy and compliance with appropriate laws and regulations	X		
Assist in developing Requests for Proposals (RFPs) for employee benefit products as needed, analysis of proposals received, conducting interviews and site visits as necessary and be prepared to defend the recommendations.	X		
Attend Risk Management Meetings as requested.	X		
Attend Board meetings (briefing, action, and workshops) as requested	X		
Provide assistance with analyzing claims, and administrative expenses data provided by carriers.	X		
Meet with the Risk Manager on a regular basis and be prepared to provide guidance and assistance by telephone or in person as needed	X		
At the Board's request, prepare detailed bid specifications and solicit proposals from insurance markets that specialize in group insurance plans as needed. Assist in evaluating bids and bidders, including administration coverage, claim payment procedures, customer service, networks, reserve establishment policies and financial stability. Summarize and report results to the Board's Risk Management Department.	X		
Assist the Board in administering all group insurance plans (active and retirees), responding to questions from and providing information to assigned staff, and providing other consulting services during the court of the plan year.	X		
Assist the County in complying with federal, state, and local laws and regulations related to employee benefits. Provide technical assistance on such matters as COBRA, HIPAA, FMLA, Section 125, GASB, Medicare Pard D, Health Care Reform legislation and other benefit related issues as necessary.	X		
Facilitate all benefit negotiations with carriers on all issues including premiums, benefit levels, plan design and special terms and conditions. Assist in contract development and documentation.	X		

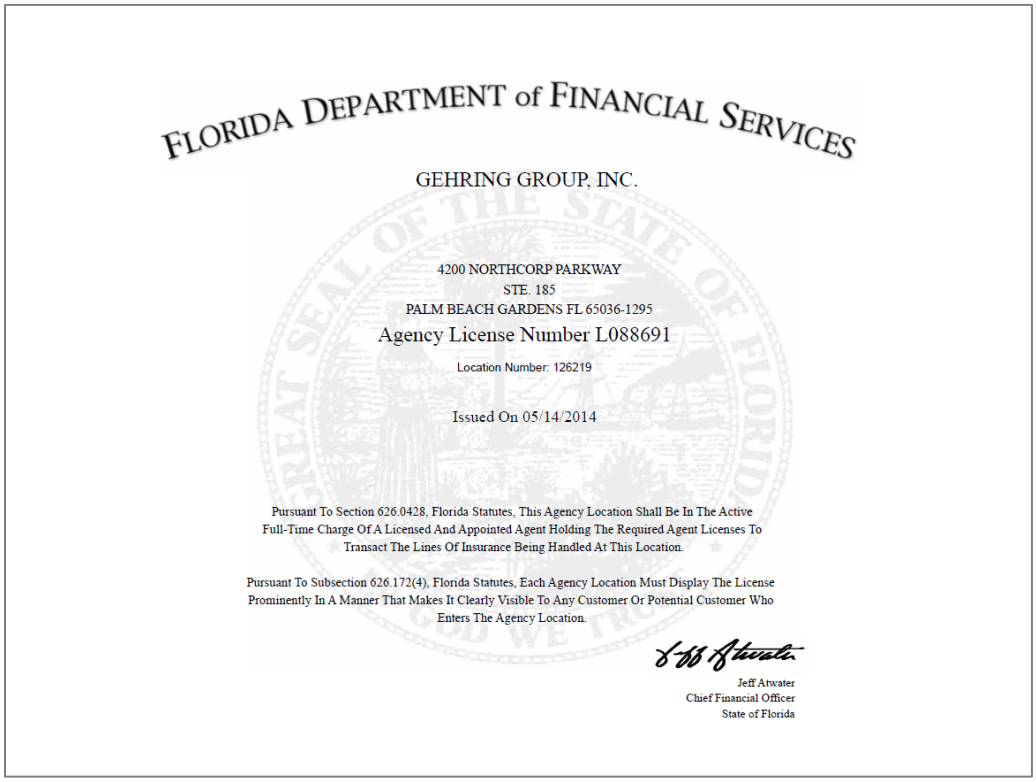
Scope of Services	Agree to Provide	Agree to Provide with Deviations	Cannot Provide
Analyze claims and demographic data and review and benchmark County benefit programs against national, local, and County data. Present analysis to County staff as requested.	**X**		
Identify opportunities to better manage health care costs, including but not limited to disease management, risk assessment, wellness initiatives, carve out programs and other methods to contain costs without compromising services.	**X**		
Assist with billing issues and other vendor problems.	**X**		
Provide a licensed life and health agent/broker in the State of Florida.	**X**		
Provide personnel qualified/certified in the field of employee benefits.	**X**		
Negotiate claims and customer service issues with providers on behalf of the County.	**X**		
Assist in the completion of annual budget projections.	**X**		
Send bulletins to Risk Manager and on industry trends and legislative issues.	**X**		

Tab 3: Minimum Qualifications

Proposer shall be a licenses insurance broker in the State of Florida. A copy of the license shall be included in the proposal.

Gehring Group is properly licensed by the State of Florida as documented by the following agency registration; currently in good standing with the State of Florida Department of Insurance and all other applicable regulatory entities to conduct business in the state of Florida and provide the required services requested by Okaloosa County.

Florida Agency Insurance License:



FLORIDA DEPARTMENT of FINANCIAL SERVICES

GEHRING GROUP, INC.

4200 NORTHCORP PARKWAY
STE. 185
PALM BEACH GARDENS FL 65036-1295

Agency License Number L088691

Location Number: 126219

Issued On 05/14/2014

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

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

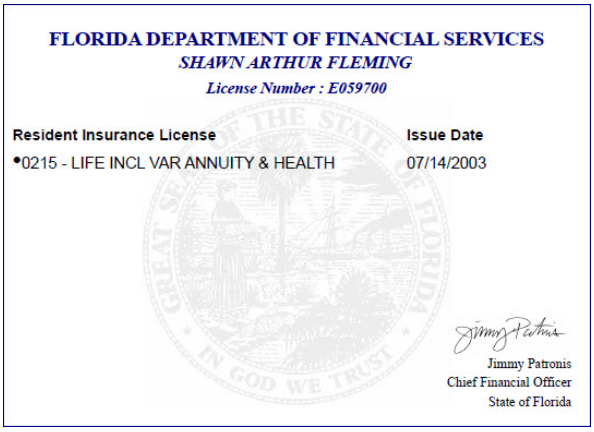
Jeff Atwater
Chief Financial Officer
State of Florida

Individual Insurance Agent Florida License Numbers:

Role	Name	Florida Insurance License #	Years of Industry Experience
Senior Benefits Consultant	Shawn Fleming	E059700	18 years
Benefits Consultant	Athena Erchard	A078425	23 years
Employee Benefits Analyst	Melanie Kahn	W545160	2 years
Senior Account Manager	Karen Walker	E006948	23 years
Account Relations Manager	Katherine Hughes	W237417	7 years

Proof of Florida Insurance Licensing can be verified at https://licenseesearch.fldfs.com/.

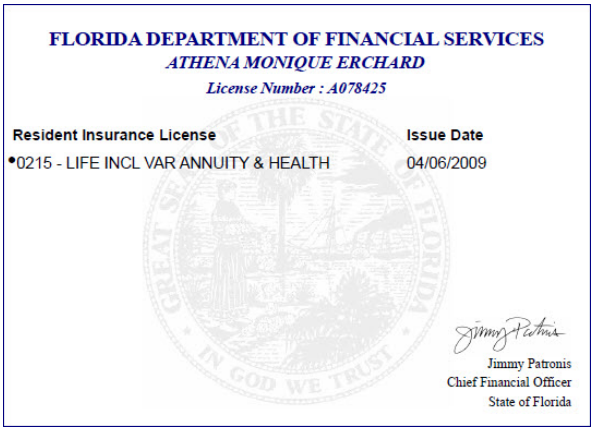
Employee Licenses:



FLORIDA DEPARTMENT OF FINANCIAL SERVICES
SHAWN ARTHUR FLEMING
License Number : E059700

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	07/14/2003

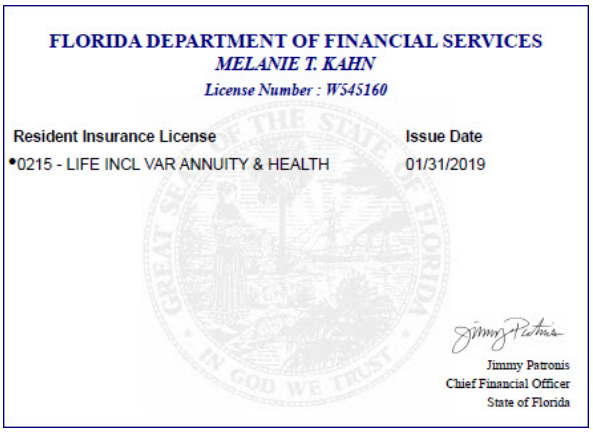
Jimmy Patronis
Chief Financial Officer
State of Florida



FLORIDA DEPARTMENT OF FINANCIAL SERVICES
ATHENA MONIQUE ERCHARD
License Number : A078425

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	04/06/2009

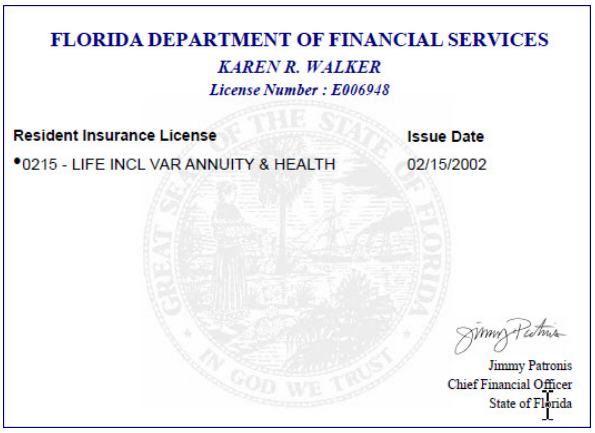
Jimmy Patronis
Chief Financial Officer
State of Florida



FLORIDA DEPARTMENT OF FINANCIAL SERVICES
MELANIE T. KAHN
License Number : W545160

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	01/31/2019

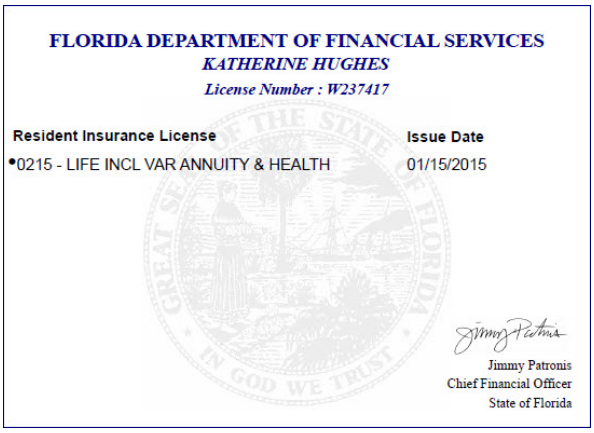
Jimmy Patronis
Chief Financial Officer
State of Florida



FLORIDA DEPARTMENT OF FINANCIAL SERVICES
KAREN R. WALKER
License Number : E006948

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	02/15/2002

Jimmy Patronis
Chief Financial Officer
State of Florida



FLORIDA DEPARTMENT OF FINANCIAL SERVICES
KATHERINE HUGHES
License Number : W237417

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	01/15/2015

Jimmy Patronis
Chief Financial Officer
State of Florida

Tab 4: Completed Forms

- Respondent's Acknowledgment
- Drug-Free Workplace Certification
- Conflict of Interest Disclosure Form
- Federal E-Verify Certification
- Cone of Silence
- Recycled Content Form
- Indemnification & Hold Harmless
- Lobbying – 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20
- Company Data
- System for Award Management
- Addendum Acknowledgment
- Anti-Collusion Statement
- Government Debarment & Suspension
- Vendors on Scrutinized Companies Lists
- Compliance with Non-Discrimination Requirements
- References

REQUEST FOR PROPOSALS ("RFP") & RESPONDENT'S ACKNOWLEDGEMENT

RFP TITLE:
Employee Benefits Consultant/Brokerage Services

RFP NUMBER:
RFP RM 23-21

ISSUE DATE:	**March 01, 2021**	
LAST DAY FOR QUESTIONS:	**March 10, 2021**	**3:00 P.M. CST**
RFP OPENING DATE & TIME:	**March 22, 2021**	**3:00 P.M. CST**

NOTE: RESPONSES RECEIVED AFTER THE QUALIFICATION OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits interested parties to submit a response on the above referenced Employee Benefits Consultant/Brokerage Services solicitation. All terms, specifications and conditions set forth in this RFP must be incorporated into your response. A response will not be accepted unless all conditions have been met. All responses must have an authorized signature in the space provided below. All envelopes containing sealed responses must reference the "RFP Title," "RFP Number," and the "RFP Due Date & Time." Okaloosa County is not responsible for lost or late delivery of responses by the U.S. Postal Service or other delivery services used by the Respondent. Neither faxed nor electronically submitted responses will be accepted. Responses may not be withdrawn for a period of sixty (60) days after opening unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR RESPONSE. RESPONSES WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT.

COMPANY NAME: The Gehring Group, Inc.

MAILING ADDRESS: 3500 Kyoto Gardens Drive

CITY, STATE, ZIP: Palm Beach Gardens, Florida 33410

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): 65-0361295

TELEPHONE NUMBER: (561) 626-6797 | (800) 244-3696 | EXT: _____ FAX: (561) 626-6970

EMAIL: cindy.thompson@gehringgroup.com

I CERTIFY THAT THIS SUBMITTAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A SUBMITTAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS SUBMITTAL AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS SUBMITTAL FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: Kurt Gehring TYPED OR PRINTED NAME: Kurt N. Gehring

TITLE: CEO and President DATE: March 16, 2021

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

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

3. Give each employee engaged in providing the commodities or contractual services that are under quote 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 quote, 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 five (5) days after such conviction.

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

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

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

DATE: March 16, 2021 SIGNATURE: 

COMPANY: Gehring Group, Inc. NAME: Kurt N. Gehring
(Typed or Printed)

ADDRESS: 3500 Kyoto Gardens Drive

Palm Beach Gardens, FL 33410 TITLE: CEO and President

PHONE.: (561) 626-6797 | (800) 244-3696

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all Respondents, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no." If yes, give person(s) name(s) and position(s) with your business.

YES: _____ NO: ✓

NAME(S) POSITION(S)

Not applicable

FIRM NAME: The Gehring Group, Inc.

BY (PRINTED): Kurt N. Gehring

BY (SIGNATURE): 

TITLE: CEO and President

ADDRESS: 3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410

PHONE NO.: (561) 626-6797 | (800) 244-3696

E-MAIL : cindy.thompson@gehringgroup.com

DATE: March 16, 2021

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the Respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contact to likewise utilize the U.S. Department of Homeland Securities E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: March 16, 2021

SIGNATURE: 

COMPANY: The Gehring Group, Inc.

NAME: Kurt N. Gehring

ADDRESS: 3500 Kyoto Gardens Drive

Palm Beach Gardens, Florida 33410

TITLE: CEO and President

E-MAIL: cindy.thompson@gehringgroup.com

PHONE NO.: (561) 626-6797 | (800) 244-3696

CONE OF SILENCE

The Board of County Commissioners have established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (ITB, RFP, ITQ, ITN, and RFQ) or other competitive solicitation between the Respondent (or its agents or representatives) or other entity with the potential for a financial interest in the award (or their respective agents or representatives) regarding such competitive solicitation, and any County Commissioner or County employee, selection committee member or other persons authorized to act on behalf of the Board including the County's Architect, Engineer or their sub-consultants, or anyone designated to provide a recommendation to award a particular contract, other than the Purchasing Department Staff.

The period commences from the time of advertisement until contract award.

Any information thought to affect the committee or staff recommendation submitted after responses are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager's decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the Respondent from consideration during the selection process.

All Respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I Kurt N. Gehring representing The Gehring Group, Inc.
Signature Company Name

On this 16th day of March 2021, I hereby agree to abide by the County's "Cone of Silence Clause" and understand violation of this policy shall result in disqualification of my submittal.

The Gehring Group, Inc.

By: _____
Kurt N. Gehring
CEO and President

RECYCLED CONTENT FORM

RECYCLED CONTENT INFORMATION

1. Is the material in the above: Virgin_____or Recycled_____(Check the applicable blank) If recycled what percentage?_____% Not applicable

   Product Description: _____

   _____

   _____

2. If your product packaged and/or shipped in material containing recycled content? Not applicable

   Yes_____No _____

   Specify: _____

   _____

   _____

3. Is your product recyclable after it has reached its intended end use? Not applicable

   Yes_____No _____

   Specify: _____

   _____

   _____

The above is not applicable if there is only a personal service involved with no product involvement. Not applicable

Name of Respondent: The Gehring Group, Inc.

E-Mail: cindy.thompson@gehringgroup.com

The Gehring Group, Inc.

By: _____

Kurt N. Gehring

CEO and President

Date: March 16, 2021

INDEMNIFICATION AND HOLD HARMLESS

Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Agreement.

The Gehring Group, Inc.	
Respondent's Company Name	Authorized Signature – Manual
3500 Kyoto Gardens Drive	Kurt N. Gehring
Physical Address	Authorized Signature – Typed
Palm Beach Gardens, Florida 33410	CEO and President
Mailing Address	Title
(561) 626-6797 | (800) 244-3696	(561)626-6970
Phone Number	FAX Number
(561)722-3940	(561)722-3940
Cellular Number	After-Hours Number(s)
March 16, 2021	cindy.thompson@gehringgroup.com
Date	Email

LOBBYING - 31 U.S.C. 1352, 49 CFR PART 19, 49 CFR PART 20

APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

(To be submitted with each bid or offer exceeding $100,000)

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq*.)]

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1) -(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such expenditure or failure.]

The Contractor, Gehring Group, Inc. , certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq., apply* to this certification and disclosure, if any.

Kurt Gehring
Signature of Contractor's Authorized Official

Kurt N. Gehring, CEO & President
Name and Title of Contractor's Authorized Official

March 16, 2021
Date

COMPANY DATA

Respondent's Company Name:	The Gehring Group, Inc.
Physical Address & Phone #:	3500 Kyoto Gardens Drive
	Palm Beach Gardens, Florida 33410
	(561) 626-6797 | (800) 244-3696
Contact Person (Typed-Printed):	cindy.thompson@gehringgroup.com
Phone #:	(561) 626-6797 | (800) 244-3696
Cell #:	(561)722-3940
Email:	cindy.thompson@gehringgroup.com
Federal ID or SS #:	65-0361295
Respondent's License #:	L088691
Respondent's DUNS #:	07-824-4287
Fax #:	(561)626-6970
Emergency #'s After Hours, Weekends & Holidays:	(561)722-3940

The Gehring Group, Inc.

By: _____

Kurt N. Gehring
CEO and President
Date: March 16, 2021

SYSTEM FOR AWARD MANAGEMENT (OCT 2016)

(a) Definitions. As used in this provision.

"Electronic Funds Transfer (EFT) indicator" means a four-character suffix to the unique entity identifier. The suffix is assigned at the discretion of the commercial, nonprofit, or Government entity to establish additional System for Award Management records for identifying alternative EFT accounts (see subpart 32.11) for the same entity.

"Registered in the System for Award Management (SAM) database" means that.

(1) The Offeror has entered all mandatory information, including the unique entity identifier and the EFT indicator, if applicable, the Commercial and Government Entity (CAGE) code, as well as data required by the Federal Funding Accountability and Transparency Act of 2006 (see subpart 4.14) into the SAM database;

(2) The offeror has completed the Core, Assertions, and Representations and Certifications, and Points of Contact sections of the registration in the SAM database;

(3) The Government has validated all mandatory data fields, to include validation of the Taxpayer Identification Number (TIN) with the Internal Revenue Service (IRS). The offeror will be required to provide consent for TIN validation to the Government as a part of the SAM registration process; and

(4) The Government has marked the record "Active".

"Unique entity identifier" means a number or other identifier used to identify a specific commercial, nonprofit, or Government entity. See www.sam.gov for the designated entity for establishing unique entity identifiers.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the SAM database prior to award, during performance, and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The Offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation "Unique Entity Identifier" followed by the unique entity identifier that identifies the Offeror's name and address exactly as stated in the offer. The Offeror also shall enter its EFT indicator, if applicable. The unique entity identifier will be used by the Contracting Officer to verify that the Offeror is registered in the SAM database.

(c) If the Offeror does not have a unique entity identifier, it should contact the entity designated at www.sam.gov for establishment of the unique entity identifier directly to obtain one. The Offeror should be prepared to provide the following information:

(1) Company legal business name.

(2) Tradestyle, doing business, or other name by which your entity is commonly recognized.

(3) Company Physical Street Address, City, State, and Zip Code.

(4) Company Mailing Address, City, State and Zip Code (if separate from physical).

(5) Company telephone number.

(6) Date the company was started.

(7) Number of employees at your location.

(8) Chief executive officer/key manager.

(9) Line of business (industry).

(10) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the SAM database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) Offerors may obtain information on registration at https://www.acquisition.gov .

Offerors SAM information:

Entity Name: The Gehring Group, Inc.

Entity Address: 3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410

Duns Number: 07-824-4287

CAGE Code: 8J1U2

The Gehring Group, Inc.

By: _____

Kurt N. Gehring

CEO and President

Date: March 16, 2021

ADDENDUM ACKNOWLEDGEMENT
RFP RM 23-21

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO.	DATE
1	March 12, 2021

NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the Respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.

The Gehring Group, Inc.

By: _____
Kurt N. Gehring
CEO and President
Date: March 16, 2021

ANTI-COLLUSION STATEMENT

The below signed Respondent has not divulged to, discussed or compared his submittal with other responders and has not **colluded with any other responders or parties to respond whatever. Note: No premiums, rebates, or gratuities permitted either with, prior to, or after any** delivery of materials. Any such violation will result in the cancellation and/or return of material (as applicable) and the removal from solicitation list(s).

Gehring Group, Inc.
Respondent's Company Name


Authorized Signature – Manual

3500 Kyoto Gardens Drive
Address

Kurt N. Gehring
Authorized Signature – Typed

Palm Beach Gardens, Florida 33410
City/State/Zip

CEO and President
Title

(561) 626-6797 | (800) 244-3696
Phone #

(561)626-6970
Fax #

65-0361295
Federal ID # or SS #

GOVERNMENT DEBARMENT & SUSPENSION

Instructions

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out in accordance with these instructions.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person(s) to which this response is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Orders 12549, at Subpart C of OMB 2 C.F.R. Part 180 and 3000.332. You may contact the department or agency to which this response is being submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Orders 12549, Debarment and Suspension, and OMB 2 C.F.R.
Part 180, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING CERTIFICATION]

1. The prospective lower tier participant certifies, by submission of this response, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency;

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this response

---

Printed Name and Title of Authorized Representative Kurt N. Gehring, CEO and President

The Gehring Group, Inc.

Signature

March 16, 2021
Date

Exhibit "B"

Title VI Clauses for Compliance with Nondiscrimination Requirements

Compliance with Nondiscrimination Requirements

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. Compliance with Regulations: The contractor (hereinafter includes consultants) will comply with the Title VI List of Pertinent Nondiscrimination Acts And Authorities, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.

2. Non-discrimination: The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.

3. Solicitations for Subcontracts, Including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Nondiscrimination Acts And Authorities on the grounds of race, color, or national origin.

4. Information and Reports: The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the sponsor or the Federal Aviation Administration to be pertinent to ascertain compliance with such Nondiscrimination Acts And Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the sponsor or the Federal Aviation Administration, as appropriate, and will set forth what efforts it has made to obtain the information.

5. Sanctions for Noncompliance: In the event of a contractor's noncompliance with the Non-discrimination provisions of this contract, the sponsor will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:

    a. Withholding payments to the contractor under the contract until the contractor complies; and/or

    b. Cancelling, terminating, or suspending a contract, in whole or in part.

6. Incorporation of Provisions: The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the sponsor or the Federal Aviation Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the sponsor to enter into any litigation to protect the interests of the sponsor. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

Title VI List of Pertinent Nondiscrimination Acts and Authorities

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq*., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 *et seq*.), as amended, (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 *et seq*.), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration's Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);

- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).

FEDERAL FAIR LABOR STANDARDS ACT (FEDERAL MINIMUM WAGE)

All contracts and subcontracts that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers.

The [*contractor* | *consultant*] has full responsibility to monitor compliance to the referenced statute or regulation. The [*contractor* | *consultant*] must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division

OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970

All contracts and subcontracts that result from this solicitation incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Contractor must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Contractor retains full responsibility to monitor its compliance and their subcontractor's compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Contractor must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.

E-VERIFY

Enrollment and verification requirements.

(1) If the Contractor is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall-

a. Enroll. Enroll as a Federal Contractor in the E-Verify Program within thirty (30) calendar days of contract award;

b. Verify all new employees. Within ninety (90) calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); and,

c. Verify employees assigned to the contract. For each employee assigned to the contract, initiate verification within ninety (90) calendar days after date of enrollment or within thirty (30) calendar days of the employee's assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

(2) If the Contractor is enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall use E-Verify to initiate verification of employment eligibility of

a. All new employees.

i. Enrolled ninety (90) calendar days or more. The Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

b. Enrolled less than ninety (90) calendar days. Within ninety (90) calendar days after enrollment as a Federal Contractor in E-Verify, the Contractor shall initiate verification of all new hires of the contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section; or

ii. Employees assigned to the contract. For each employee assigned to the contract, the Contractor shall initiate verification within ninety (90) calendar days after date of contract award or within thirty (30) days after assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

(3) If the Contractor is an institution of higher education (as defined at 20 U.S.C. 1001(a)); a State of local government or the government of a Federally recognized Indian tribe, or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Contractor may choose to verify only employees assigned to the contract, whether existing employees or new hires. The Contractor shall follow the applicable verification requirements of (b)(1) or (b)(2), respectively, except that any requirement for verification of new employees applies only to new employees assigned to the contract.

(4) Option to verify employment eligibility of all employees. The Contractor may elect to verify all existing employees hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the contract. The Contractor shall initiate verification for each existing employee working in the United States who was hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within one hundred eighty (180) calendar days of-

i. Enrollment in the E-Verify program; or

ii. Notification to E-Verify Operations of the Contractor's decision to exercise this option, using the contract information provided in the E-Verify program Memorandum of Understanding (MOU)

(5) The Contractor shall comply, for the period of performance of this contract, with the requirements of the E-Verify program MOU.

i. The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Contractor's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Contractor, will be referred to a suspension or debarment official.

ii. During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the contractor is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Contractor, then the Contractor must reenroll in E-Verify.

iii. Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: http://www.dhs.gov/E-Verify.

Individuals previously verified. The Contractor is not required by this clause to perform additional employment verification using E-Verify for any employee-

(a) Whose employment eligibility was previously verified by the Contractor through the E-Verify program;

(b) Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or

(c) Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12. Policy for a Common Identification Standard for Federal Employees and Contractors.

Subcontracts. The Contractor shall include the requirements of this clause, including this paragraph € (appropriately modified for identification of the parties in each subcontract that-

(1) Is for-(i) Commercial and noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or (ii) Construction;

(2) Has a value of more than $3,500; and

(3) Includes work performed in the United States.

The Gehring Group, Inc.

By: _____

Kurt N. Gehring, CEO and President

Date: March 16, 2021

OKALOOSA COUNTY
EMPLOYEE BENEFITS CONSULTANT/BROKERAGE SERVICES

REFERENCES

Provide specific references for at least five customers (preferably public entities), including customers served by the firm's nearest office to the County. They should be of similar size, complexity and magnitude to the County. Additional references may be provided by attachment.

FIRM The Gehring Group, Inc.

1. Organization Citrus County Board of County Commissioners
   Address 3600 West Sovereign Path, Suite 283, Lecanto, Florida 34661
   Contact, phone number Jessica Flynn (352)527-5370 E-mail address jessica.flynn@bocc.citrus.fl.us
   Insurance/Services provided Employee Benefits Insurance Consulting and Brokerage Services

2. Organization Hernando County Board of County Commissioners
   Address 20 North Main Street, Brooksville, Florida 34601
   Contact, phone number Mary Spencer (352)540-6643 E-mail address mspencer@hernandocounty.us
   Insurance/Services provided Employee Benefits Insurance Consulting and Brokerage Services

3. Organization Highlands County Board of County Commissioners
   Address 600 S. Commerce Avenue, Sebring, Florida 33870
   Contact, phone number Rebecca Cable (863)402-6809 E-mail address rcable@highlandsfl.gov
   Insurance/Services provided Employee Benefits Insurance Consulting and Brokerage Services

4. Organization Charlotte County Board of County Commissioners
   Address 18500 Murdock Circle, Room 130, Port Charlotte, Florida 33948
   Contact, phone number Janine Hewitt (941)743-1244 E-mail address janine.hewitt@charlottecountyfl.gov
   Insurance/Services provided Employee Benefits Insurance Consulting and Brokerage Services

5. Organization Martin County Board of County Commissioners
   Address 2401 Southeast Monterey Road, Stuart, Florida 34996
   Contact, phone number Matthew Graham (772)221-1320 E-mail address mgraham@martin.fl.us
   Insurance/Services provided Employee Benefits Insurance Consulting and Brokerage Services

Tab 5: Exhibits

Exhibit A
Sample Reports & Work Product

Sample
Medical RFP Evaluation
Effective Date: October 1, 2019

Sample Plan Comparison

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

		Current						Option #1 - FMIT				
Schedule of Benefits		**PRM - Florida Blue - Plan 03359**		**PRM - Florida Blue - Plan 05168/9 - HSA**		**PRM - Florida Blue - Plan 05901**		**FMIT - UHC - Plan 14**		**FMIT - UHC - HSA*** **		**FMIT - UHC - Plan 10**
Deductible (DED)		***In Network***	***Out of Network***	***In Network***	***Out of Network***	***In Network***	***Out of Network***	***In Network***	***Out of Network***	***In Network***	***Out of Network***	***In Network Only***
Individual Deductible		$1,000	$1,000	$1,500	$3,000	$2,000	$6,000	$1,000	$1,000	$1,500	$3,000	**$2,500**
Family Deductible		$3,000	$3,000	$3,000	$6,000	N/A*	N/A*	**$2,000**	**$2,000**	$3,000	$6,000	$5,000
Out of Pocket Maximum												
Single		$3,000	$5,000	$1,500	$6,000	$6,350	$12,800	**$4,000**	**$6,000**	$1,500	$6,000	**$6,000**
Family		$6,000	$10,000	$3,000	$12,000	$12,700	$25,600	**$8,000**	**$12,000**	$3,000	$12,000	**$12,000**
Member Coinsurance		20%	40%	0%	20%	50%	50%	20%	**30%**	0%	20%	**20%**
Non-Hospital Services												
Physician Office Visit Copay		$20	40% after DED	DED	20% after DED	$35	50% after DED	**$25**	**30% after DED**	DED	20% after DED	**$20**
Specialist Office Visit Copay		$35	40% after DED	DED	20% after DED	$75	50% after DED	**$50**	**30% after DED**	DED	20% after DED	**$40/$80**
Preventive Services		No charge	40%	No Charge	20%	No Charge	50%	No Charge	**Not Available**	No Charge	20%	No Charge
Independent Clinical Lab		No charge	40% after DED	DED	20% after DED	No Charge	50% after DED	No Charge	**30% after DED**	DED	20% after DED	**20% after Ded**
Advanced Imaging (MRI, PET, CT)		$100	40% after DED	DED	20% after DED	$200	50% after DED	20% after DED	**30% after DED**	DED	20% after DED	**20% after DED**
Urgent Care Center		$35	$35	DED	DED	$75	$75	$35	**30% after DED**	DED	DED	**$80**
Hospital Services												
Inpatient Hospital Services		$750	40% after DED	DED	20% after DED	$2,000	50% after DED	20% after DED	**30% after DED**	DED	20% after DED	20% after DED
Outpatient Hospital Services		$200	40% after DED	DED	20% after DED	$300	50% after DED	20% after DED	**30% after DED**	DED	20% after DED	**20% after DED**
Physician Services at Hospital		20% after DED	20% after DED	DED	INN DED	50% after DED	50% after INN DED	20% after DED	**30% after DED**	DED	INN DED	20% after DED
Emergency Room (Per Visit)		$100	$100	DED	DED	50% after DED	50% after INN DED	**$200**	**$200**	DED	DED	**$250**
Mental Health/Substance Abuse Hospital												
Inpatient Services		$750	40% after DED	DED	20% after DED	$2,000	50%	20% after DED	**30% after DED**	DED	20% after DED	20% after DED
Outpatient Services		$35	40% after DED	DED	20% after DED	$300	50%	**$25**	**30% after DED**	DED	20% after DED	**$20**
Prescription Drugs												Rx Drug DED: $100/$200
Generic Drugs		$10	50%	DED	INN DED + Difference b/w INN cost and OON cost	$10	50%	$10	INN Copays + Difference b/w INN cost and OON cost	DED	INN DED + Difference b/w INN cost and OON cost	$10 after DED
Formulary Drugs		$25		DED		$60		**$35**		DED		$35 after DED
Non-Formulary Drugs		$60		DED		$100		$60		DED		$60 after DED
Mail Order - 90 day supply		2x		DED		3x		**2.5x**		DED		**2.5x**
Rates	**Enrollment****											
Employee Only	225 2 0	$616.67		$640.81		$518.10		$575.00		$571.00		$521.18
Employee + Spouse	20 0 0	$1,033.85		$1,074.33		$868.57		$913.77		$919.04		$833.71
Employee + Child(ren)	13 0 0	$981.67		$1,020.13		$824.76		$856.77		$862.03		$782.21
Employee + Family	11 0 0	$1,294.59		$1,345.32		$1,087.66		$1,141.78		$1,075.00		$1,042.36
Monthly Premium	**269 2 0**	**$186,430**		**$1,282**		**$0**		**$171,348**		**$1,142**		**$0**
Annual Premium		**$2,237,159**		**$15,379**		**$0**		**$2,056,176**		**$13,704**		**$0**
$ Increase/(Decrease)		**N/A**		**N/A**		**N/A**		**-$180,984**		**-$1,675**		**$0**
% Increase/(Decrease)		**N/A**		**N/A**		**N/A**		**-8.1%**		**-10.9%**		**0.0%**

Total Monthly Premium	**271**	**$187,712**	**$172,490**
Total Annual Premium		**$2,252,539**	**$2,069,880**
$ Increase/(Decrease)		**N/A**	**-$182,659**
% Increase/(Decrease)		**N/A**	**-8.1%**

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

***FMIT Stated that the HSA Plan Design will match current plan design.

**Other Florida Blue plans available through PRM's proposal.

**Enrollment includes COBRA and Retiree Participants.

SAMPLE CLIENT
Cigna - ASO Only
Plan Year: January 1, 2020 - December 31, 2020

Sample Self-Insured Claims Dashboard

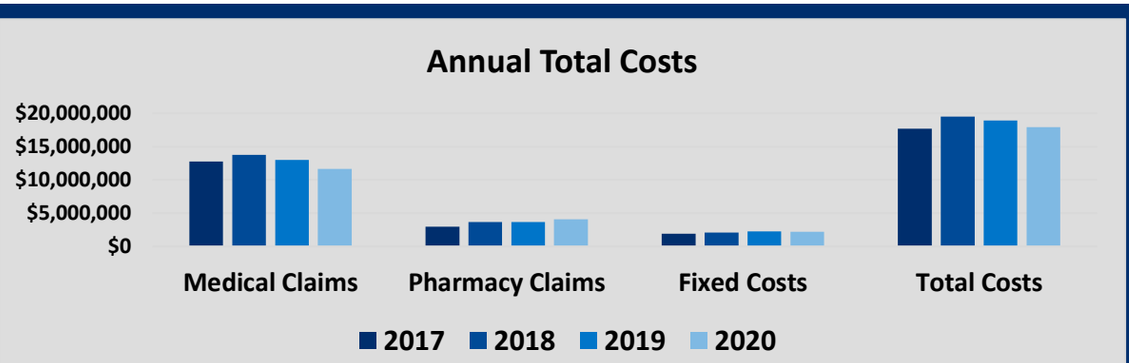
GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

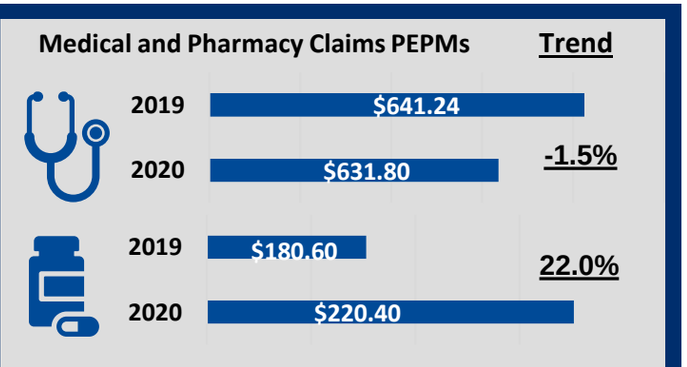
Date	Total Plan Funding	Administration & Network Fees	Stop Loss Fees ($250k/$350k)	Medical Claims	Pharmacy Claims	Actual Paid Claims[1]	Total Plan Cost	Reserve Account	Total EEs	Claims/ EE/ Month
January-20	$ 1,760,891	$ 80,933	$ 119,788	$ 902,528	$ 342,814	$ 1,245,342	$ 1,446,063	$ 314,827	1,696	$ 734.28
February-20	$ 1,752,582	$ 80,599	$ 119,294	$ 1,503,195	$ 253,951	$ 1,757,146	$ 1,957,039	$ (204,458)	1,689	$ 1,040.35
March-20	$ 1,751,034	$ 80,742	$ 119,506	$ 1,208,426	$ 380,649	$ 1,589,074	$ 1,789,323	$ (38,288)	1,692	$ 939.17
April-20	$ 1,756,356	$ 80,838	$ 119,647	$ 627,530	$ 415,574	$ 1,043,104	$ 1,243,589	$ 512,767	1,694	$ 615.76
May-20	$ 1,748,844	$ 80,551	$ 119,223	$ 665,959	$ 342,796	$ 1,008,755	$ 1,208,530	$ 540,314	1,688	$ 597.60
June-20	$ 1,736,761	$ 79,979	$ 118,376	$ 1,053,841	$ 383,094	$ 1,436,936	$ 1,635,290	$ 101,471	1,676	$ 857.36
July-20	$ 1,727,307	$ 79,502	$ 117,670	$ 1,260,804	$ 371,177	$ 1,631,981	$ 1,829,152	$ (101,845)	1,666	$ 979.58
August-20	$ 1,721,881	$ 79,072	$ 117,034	$ 1,167,628	$ 347,532	$ 1,515,160	$ 1,711,266	$ 10,615	1,657	$ 914.40
September-20	$ 1,725,403	$ 79,072	$ 117,034	$ 1,158,853	$ 409,560	$ 1,568,413	$ 1,764,519	$ (39,117)	1,657	$ 946.54
October-20	$ 1,731,447	$ 79,263	$ 117,316	$ 1,166,530	$ 347,207	$ 1,513,737	$ 1,710,317	$ 21,130	1,661	$ 911.34
November-20	$ 1,734,534	$ 79,597	$ 117,811	$ 937,681	$ 470,637	$ 1,408,318	$ 1,605,726	$ 128,808	1,668	$ 844.32
December-20										
							Pharmacy Rebates[2]	$ 900,950		
							Reserve Transfer[3]	$ 92,279		
Annual Total	$ 19,147,040	$ 880,148	$ 1,302,700	$ 11,652,975	$ 4,064,992	$ 15,717,966	$ 17,900,814	$ 2,239,455	18,444	$ 852.20
Rolling 12 Months	$ 20,842,359	$ 960,159	$ 1,412,242	$ 12,840,490	$ 4,407,114	$ 17,247,604	$ 19,620,005	$ 1,222,354	20,150	$ 855.96

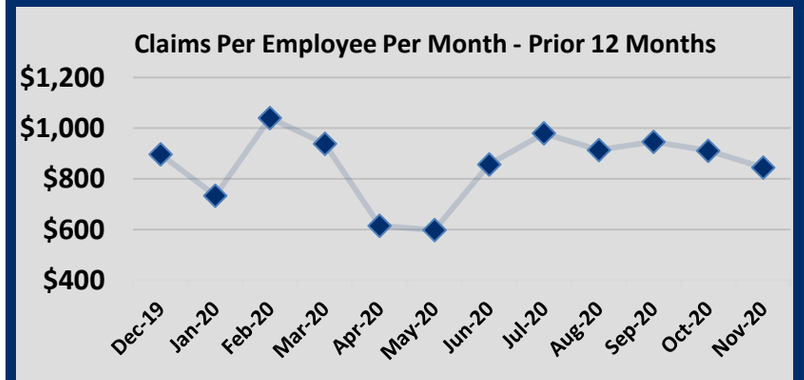
[1] *Actual claims only include claims up to the stop loss limit*
[2] *Pharmacy Rebates paid to xxxxxxxxxxxx in 2020. Rebates are included in Annual Reserve Account Total and excluded from the Rolling 12 Reserve Account Total*
[3] *Reserve Transfer is included in Annual Reserve Account Total and excluded from the Rolling 12 Reserve Account Total*

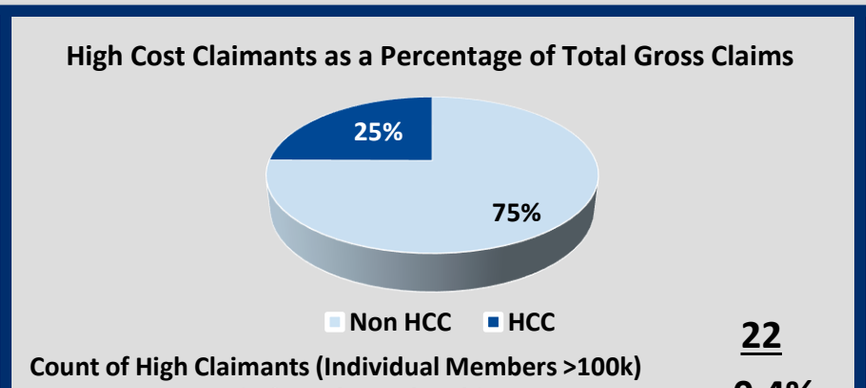
Plan Cost to Funding Ratio

93%









Count of High Claimants (Individual Members >100k) **22**
% of Total Membership **0.4%**

Total Medical/Rx Net Claims PEPM
2019 vs. 2020 Plan Year
3.7% Increase

Average Enrollment Change
-0.9% Decrease

Financial Performance
$2,239,455 Surplus

SAMPLE CLIENT

Claims Experience Report - Florida Blue

July 2020 - Current

Sample Fully-Insured Claims Experience

GEHRING GROUP®
EMPLOYEE BENEFITS | RISK MANAGEMENT

HMO	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	$ 1,071,794	$ 24,358	$ 184,107	$ 200,078	$ 219,406	$ 140,323	$ 312,761	$ 1,081,033	101%	1,312	67	42	275	1,696	$ 637.40
August-20	$ 1,247,742	$ 24,056	$ 267,756	$ 246,567	$ 205,742	$ 126,335	$ 301,410	$ 1,171,865	94%	1,301	66	43	277	1,687	$ 694.64
September-20	$ 1,170,752	$ 23,331	$ 269,103	$ 260,336	$ 160,970	$ 122,028	$ 382,579	$ 1,218,346	104%	1,218	67	43	258	1,586	$ 768.19
October-20	$ 1,198,047	$ 23,686	$ 82,407	$ 206,873	$ 224,707	$ 119,504	$ 262,968	$ 920,145	77%	1,242	69	47	255	1,613	$ 570.46
November-20	$ 1,177,794	$ 23,445	$ 322,740	$ 227,903	$ 208,161	$ 106,915	$ 284,392	$ 1,173,556	100%	1,224	69	46	256	1,595	$ 735.77
December-20	$ 1,186,536	$ 23,685	$ 522,862	$ 226,543	$ 199,119	$ 128,232	$ 298,511	$ 1,398,950	118%	1,227	69	48	257	1,601	$ 873.80
January-21	$ 1,168,353	$ 23,226	$ 135,643	$ 148,433	$ 148,135	$ 105,117	$ 271,566	$ 832,120	71%	1,223	73	50	250	1,596	$ 521.38
February-21	$ 1,182,370	$ 23,709	$ 125,936	$ 148,189	$ 145,837	$ 138,878	$ 271,093	$ 853,642	72%	1,213	73	51	249	1,586	$ 538.24
March-21															
April-21															
May-21															
June-21															
2020-2021	**$ 9,403,389**	**$ 189,496**	**$ 1,910,553**	**$ 1,664,921**	**$ 1,512,077**	**$ 987,332**	**$ 2,385,279**	**$ 8,649,657**	**92%**	**9,960**	**553**	**370**	**2,077**	**12,960**	**$ 667.41**

HDHP	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	$ 78,352	$ 120	$ -	$ 27,266	$ 6,770	$ 7,433	$ 28,149	$ 69,738	89%	112	10	4	13	139	$ 501.71
August-20	$ 91,701	$ 125	$ -	$ 4,672	$ 33,323	$ 5,011	$ 3,840	$ 46,971	51%	114	10	5	13	142	$ 330.78
September-20	$ 89,828	$ 145	$ 10,336	$ 2,931	$ 49,064	$ 5,010	$ 4,443	$ 71,929	80%	109	10	6	12	137	$ 525.03
October-20	$ 97,209	$ 149	$ -	$ 10,352	$ 50,921	$ 3,660	$ 9,736	$ 74,816	77%	118	11	6	13	148	$ 505.51
November-20	$ 97,765	$ 160	$ -	$ 4,645	$ 36,777	$ 4,829	$ 5,605	$ 52,016	53%	119	12	6	13	150	$ 346.77
December-20	$ 99,740	$ 166	$ -	$ 24,334	$ 36,943	$ 8,325	$ 6,587	$ 76,354	77%	121	11	6	13	151	$ 505.66
January-21	$ 98,597	$ 166	$ 21,622	$ 4,503	$ 9,910	$ 5,752	$ 7,134	$ 49,086	50%	120	11	7	13	151	$ 325.07
February-21	$ 97,341	$ 168	$ -	$ 3,875	$ 30,048	$ 4,366	$ 3,852	$ 42,309	43%	121	11	7	12	151	$ 280.20
March-21															
April-21															
May-21															
June-21															
2020-2021	**$ 750,532**	**$ 1,198**	**$ 31,958**	**$ 82,578**	**$ 253,756**	**$ 44,385**	**$ 69,345**	**$ 483,220**	**64%**	**934**	**86**	**47**	**102**	**1,169**	**$ 413.36**

PPO	Total Premium	Capitation + Value	Inpatient Hospital	Outpatient Hospital	Physician	Other	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	Loss Ratio	EE	EE+S	EE+C	EE+F	TOTAL	Claims Cost PEPM
July-20	$ 175,098	$ 395	$ 138,527	$ 17,929	$ 53,249	$ 46,632	$ 137,857	$ 394,590	225%	207	6	6	28	247	$ 1,597.53
August-20	$ 204,731	$ 375	$ 42,569	$ 29,801	$ 71,078	$ 74,148	$ 116,527	$ 334,499	163%	205	6	6	28	245	$ 1,365.30
September-20	$ 195,851	$ 3,134	$ 3,344	$ 22,796	$ 47,110	$ 59,175	$ 135,429	$ 270,989	138%	196	6	5	25	232	$ 1,168.06
October-20	$ 199,705	$ 3,144	$ 1,408	$ 29,333	$ 59,370	$ 52,368	$ 92,585	$ 238,209	119%	202	7	5	24	238	$ 1,000.88
November-20	$ 194,438	$ 428	$ 12,775	$ 27,933	$ 50,201	$ 20,766	$ 136,324	$ 248,428	128%	200	8	7	22	237	$ 1,048.22
December-20	$ 193,990	$ (2,264)	$ 54,480	$ 27,790	$ 43,017	$ 27,508	$ 145,735	$ 296,267	153%	198	8	6	22	234	$ 1,266.10
January-21	$ 187,723	$ 410	$ (373,819)	$ 21,121	$ 32,783	$ 22,714	$ 99,047	$ (197,743)	-105%	196	11	5	18	230	$ (859.75)
February-21	$ 190,080	$ 423	$ 837,001	$ 41,222	$ 39,784	$ 119,935	$ 88,986	$ 1,127,350	593%	196	12	5	18	231	$ 4,880.30
March-21															
April-21															
May-21															
June-21															
2020-2021	**$ 1,541,616**	**$ 6,046**	**$ 716,286**	**$ 217,926**	**$ 396,594**	**$ 423,247**	**$ 952,490**	**$ 2,712,588**	**176%**	**1,600**	**64**	**45**	**185**	**1,894**	**$ 1,432.20**

High Cost Claimant

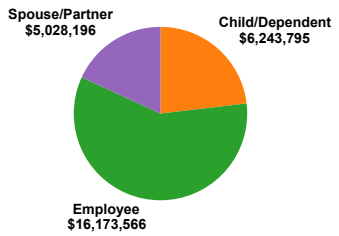
Filters:	Show Only Claimants	Demographic Type	Group Code	Plan Code	Cohort Selection
	Over $100,000	Relationship	All	All	None

SAMPLE CITY - 1,600 Employees

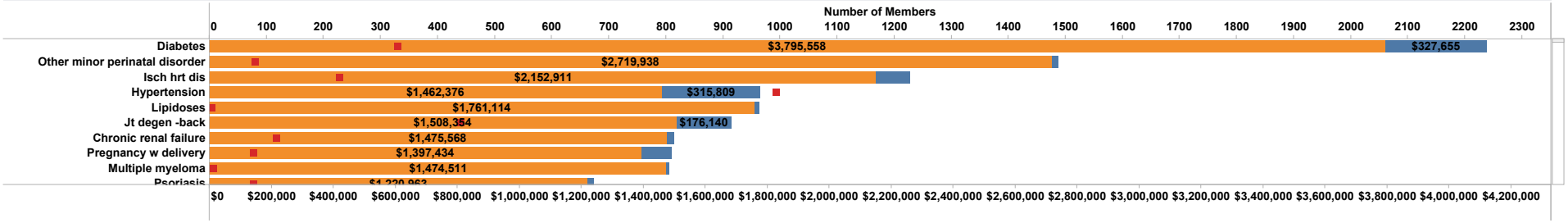
High Cost Member List - *(Only Members Over $100,000) (Red = No Longer Enrolled)*

Member	Gender	Relationshiptype	Currently Enrolled?	Age	Plan Paid	Member Paid	Retrospective Risk	Prospective Risk	Actuarial Risk
Member 1	M	Employee	Yes	54	$1,002,658	$8,640	25	25	25
Member 2	M	Child/Dependent	Yes	0	$960,015	$2,586	25	25	25
Member 3	M	*	No	2	$944,009	$3,800	25	24	23
Member 4	F	Child/Dependent	No	16	$935,639	$7,574	20	20	20
Member 5	F	Child/Dependent	No	18	$843,494	$7,662	20	21	21
Member 6	F	Child/Dependent	No	0	$813,102	$2,500	25	24	24
Member 7	M	Spouse/Partner	Yes	59	$666,604	$5,542	25	25	25
Member 8	M	Employee	Yes	49	$642,602	$3,972	25	24	24
Member 9	M	Employee	Yes	58	$563,855	$11,451	25	24	24
Member 10	F	Employee	No	62	$432,861	$5,712	25	25	25
Member 11	F	Employee	Yes	60	$423,614	$3,251	23	23	22
Member 12	M	Child/Dependent	Yes	20	$378,902	$4,839	21	21	20
Member 13	M	Employee	Yes	43	$376,599	$10,987	25	25	25
Member 14	F	Employee	Yes	57	$340,618	$8,984	22	22	22
Member 15	M	Employee	Yes	69	$323,166	$3,844	19	21	21
Member 16	M	*	No	53	$315,242	$6,591	24	24	24
Member 17	M	Spouse/Partner	Yes	65	$304,930	$6,016	25	25	25

Total Cost by Relationship - *(Only Members Over $100,000)*



Conditions



Incurred Filter On/Off	Incurred Start Date	Incurred End Date	Paid Filter On/Off	Paid Start Date	Paid End Date
On	Jan, 2016	Jan, 2020	Off	Jan, 2016	Mar, 2020

Medical Claims Experience Report
January 1, 2017 - Current

SAMPLE SELF INSURED CLAIMS EXPERIENCE REPORT

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

OAPIN	Monthly Funding	In-Network	Out-of-Network	Capitation	Pharmacy	Total Claims	Cigna ASO Payment	Individual Stop Loss Premium	Aggregate Stop Loss Premium	Total Plan Cost	Surplus/ (Deficit)	Loss Ratio	EE	EE+1	EE+F	Total	Claims/EE/ Month
January-17	**$ 25,978**	$ 16,803	$ -	$ 893	$ 8,213	$ 25,909	$ 1,447	$ 4,439	$ 253	$ 32,047	$ (6,069)	99.7%	11	7	4	**22**	$ 1,177.67
February-17	**$ 25,271**	$ 20,931	$ -	$ 814	$ 9,566	$ 31,311	$ 1,447	$ 4,439	$ 253	$ 37,449	$ (12,179)	123.9%	12	6	4	**22**	$ 1,423.23
March-17	**$ 25,969**	$ 99,845	$ -	$ 791	$ 6,263	$ 106,899	$ 1,512	$ 4,641	$ 264	$ 113,316	$ (87,347)	411.6%	13	6	4	**23**	$ 4,647.78
April-17	**$ 25,261**	$ 6,569	$ -	$ 812	$ 11,683	$ 19,064	$ 1,512	$ 4,641	$ 264	$ 25,482	$ (221)	75.5%	14	5	4	**23**	$ 828.89
May-17	**$ 25,261**	$ 35,315	$ -	$ 787	$ 9,980	$ 46,082	$ 1,512	$ 4,641	$ 264	$ 52,499	$ (27,238)	182.4%	14	5	4	**23**	$ 2,003.55
June-17	**$ 27,365**	$ 17,236	$ -	$ 787	$ 6,675	$ 24,698	$ 1,644	$ 5,044	$ 287	$ 31,673	$ (4,308)	90.3%	15	6	4	**25**	$ 987.93
July-17	**$ 27,365**	$ 7,379	$ -	$ 848	$ 8,499	$ 16,726	$ 1,644	$ 5,044	$ 287	$ 23,701	$ 3,664	61.1%	15	6	4	**25**	$ 669.05
August-17	**$ 27,365**	$ 15,224	$ -	$ 852	$ 10,765	$ 26,841	$ 1,644	$ 5,044	$ 287	$ 33,817	$ (6,451)	98.1%	15	6	4	**25**	$ 1,073.65
September-17	**$ 27,365**	$ 5,402	$ -	$ 850	$ 4,682	$ 10,934	$ 1,644	$ 5,044	$ 287	$ 17,910	$ 9,456	40.0%	15	6	4	**25**	$ 437.38
October-17	**$ 26,667**	$ 12,474	$ 44	$ 867	$ 6,684	$ 20,069	$ 1,578	$ 4,842	$ 276	$ 26,765	$ (98)	75.3%	14	6	4	**24**	$ 836.20
November-17	**$ 26,667**	$ 11,242	$ 30	$ 1,131	$ 11,029	$ 23,432	$ 1,578	$ 4,842	$ 276	$ 30,129	$ (3,461)	87.9%	14	6	4	**24**	$ 976.35
December-17	**$ 26,667**	$ 1,785	$ 30	$ 838	$ 7,497	$ 10,152	$ 1,578	$ 4,842	$ 276	$ 16,848	$ 9,819	38.1%	14	6	4	**24**	$ 422.98
2017 Plan Year	**$ 317,203**	**$ 250,207**	**$ 105**	**$ 10,272**	**$ 101,535**	**$ 362,118**	**$ 18,742**	**$ 57,504**	**$ 3,272**	**$ 441,636**	**$ (124,433)**	**114.2%**	**166**	**71**	**48**	**285**	**$ 1,270.59**

Monthly Funding		Monthly Fee	Monthly Premium	
Employee	$ 698.24	$ 65.76	$ 201.77	$ 11.48
Employee +1	$ 1,406.04	$ 65.76	$ 201.77	$ 11.48
Family	$ 2,113.88	$ 65.76	$ 201.77	$ 11.48

HSA HDHP	Monthly Funding	In-Network	Out-of-Network	Capitation	Pharmacy	Total Claims	Cigna ASO Payment	Individual Stop Loss Premium	Aggregate Stop Loss Premium	Total Plan Cost	Surplus/ (Deficit)	Loss Ratio	EE	EE+1	EE+F	Total	Claims/EE/ Month
January-17	**$ 363,911**	$ 336,289	$ 426	$ 12,843	$ 14,140	$ 363,698	$ 21,195	$ 64,163	$ 3,651	$ 452,706	$ (88,796)	99.9%	115	71	132	**318**	$ 1,143.71
February-17	**$ 364,487**	$ 186,764	$ (1,086)	$ 13,776	$ 31,259	$ 230,714	$ 21,128	$ 63,961	$ 3,639	$ 319,442	$ 45,045	63.3%	114	69	134	**317**	$ 727.80
March-17	**$ 364,487**	$ 222,873	$ 1,460	$ 13,744	$ 51,693	$ 289,770	$ 21,128	$ 63,961	$ 3,639	$ 378,498	$ (14,011)	79.5%	114	69	134	**317**	$ 914.10
April-17	**$ 361,680**	$ 177,631	$ 2,468	$ 13,831	$ 67,956	$ 261,885	$ 20,928	$ 63,356	$ 3,605	$ 349,774	$ 11,906	72.4%	112	69	133	**314**	$ 834.03
May-17	**$ 360,005**	$ 213,047	$ 635	$ 13,677	$ 71,056	$ 298,415	$ 20,928	$ 63,356	$ 3,605	$ 386,304	$ (26,299)	82.9%	113	70	131	**314**	$ 950.37
June-17	**$ 363,264**	$ 277,347	$ 1,378	$ 13,955	$ 77,631	$ 370,312	$ 21,061	$ 63,759	$ 3,628	$ 458,760	$ (95,497)	101.9%	111	74	131	**316**	$ 1,171.87
July-17	**$ 358,246**	$ 166,044	$ 1,245	$ 13,802	$ 81,788	$ 262,878	$ 20,928	$ 63,356	$ 3,605	$ 350,767	$ 7,480	73.4%	112	75	127	**314**	$ 837.19
August-17	**$ 361,626**	$ 278,202	$ 386	$ 13,440	$ 82,040	$ 374,068	$ 21,128	$ 63,961	$ 3,639	$ 462,796	$ (101,170)	103.4%	114	74	129	**317**	$ 1,180.02
September-17	**$ 359,387**	$ 171,527	$ (230)	$ 14,440	$ 91,066	$ 276,803	$ 20,995	$ 63,558	$ 3,616	$ 364,972	$ (5,585)	77.0%	113	74	128	**315**	$ 878.74
October-17	**$ 357,143**	$ 277,648	$ -	$ 14,586	$ 94,799	$ 387,034	$ 20,928	$ 63,356	$ 3,605	$ 474,923	$ (117,780)	108.4%	113	75	126	**314**	$ 1,232.59
November-17	**$ 361,617**	$ 387,039	$ 665	$ 18,474	$ 70,591	$ 476,769	$ 21,261	$ 64,365	$ 3,662	$ 566,058	$ (204,440)	131.8%	116	76	127	**319**	$ 1,494.58
December-17	**$ 361,617**	$ 324,681	$ 396	$ 13,645	$ 99,222	$ 437,944	$ 21,261	$ 64,365	$ 3,662	$ 527,232	$ (165,615)	121.1%	116	76	127	**319**	$ 1,372.86
2017 Plan Year	**$ 4,337,471**	**$ 3,019,093**	**$ 7,743**	**$ 170,215**	**$ 833,240**	**$ 4,030,291**	**$ 252,870**	**$ 765,515**	**$ 43,555**	**$ 5,092,231**	**$ (754,760)**	**92.9%**	**1,363**	**872**	**1,559**	**3,794**	**$ 1,062.28**

Monthly Funding		Monthly Fee	Monthly Premium	
Employee	$ 568.08	$ 66.65	$ 201.77	$ 11.48
Employee +1	$ 1,098.69	$ 66.65	$ 201.77	$ 11.48
Family	$ 1,671.02	$ 66.65	$ 201.77	$ 11.48

SAMPLE SELF INSURED CLAIMS EXPERIENCE REPORT

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

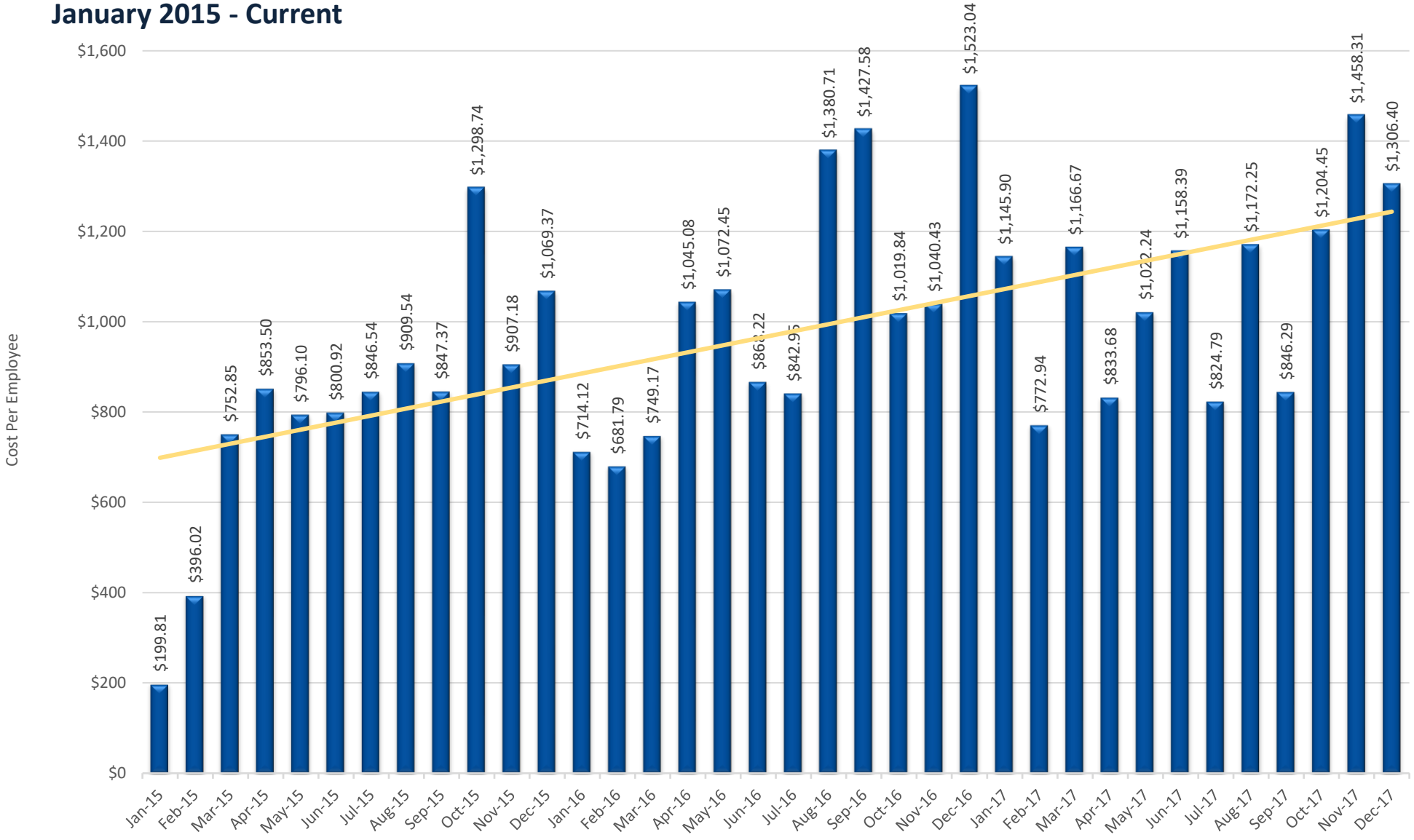
Medical Claims Experience Report
January 1, 2017 - Current

PLAN TOTAL COMBINED	Monthly Funding	In-Network	Out-of-Network	Capitation	Pharmacy	Total Claims	Cigna ASO Payment	Individual Stop Loss Premium	Aggregate Stop Loss Premium	Total Plan Cost	Surplus/ (Deficit)	Loss Ratio	EE	EE+1	EE+F	Total	Claims/EE/ Month
January-17	**$ 389,889**	$ 353,092	$ 426	$ 13,736	$ 22,352	$ 389,607	$ 22,641	$ 68,602	$ 3,903	$ 484,753	$ (94,864)	99.9%	126	78	136	**340**	$ 1,145.90
February-17	**$ 389,758**	$ 207,696	$ (1,086)	$ 14,590	$ 40,825	$ 262,025	$ 22,575	$ 68,400	$ 3,892	$ 356,892	$ 32,866	67.2%	126	75	138	**339**	$ 772.94
March-17	**$ 390,456**	$ 322,718	$ 1,460	$ 14,535	$ 57,956	$ 396,669	$ 22,641	$ 68,602	$ 3,903	$ 491,814	$ (101,358)	101.6%	127	75	138	**340**	$ 1,166.67
April-17	**$ 386,941**	$ 184,200	$ 2,468	$ 14,644	$ 79,638	$ 280,950	$ 22,441	$ 67,996	$ 3,869	$ 375,256	$ 11,686	72.6%	126	74	137	**337**	$ 833.68
May-17	**$ 385,266**	$ 248,362	$ 635	$ 14,464	$ 81,035	$ 344,497	$ 22,441	$ 67,996	$ 3,869	$ 438,802	$ (53,536)	89.4%	127	75	135	**337**	$ 1,022.24
June-17	**$ 390,629**	$ 294,583	$ 1,378	$ 14,742	$ 84,306	$ 395,010	$ 22,705	$ 68,804	$ 3,915	$ 490,434	$ (99,805)	101.1%	126	80	135	**341**	$ 1,158.39
July-17	**$ 385,612**	$ 173,423	$ 1,245	$ 14,650	$ 90,287	$ 279,604	$ 22,572	$ 68,400	$ 3,892	$ 374,468	$ 11,144	72.5%	127	81	131	**339**	$ 824.79
August-17	**$ 388,991**	$ 293,427	$ 386	$ 14,292	$ 92,804	$ 400,909	$ 22,772	$ 69,005	$ 3,926	$ 496,612	$ (107,621)	103.1%	129	80	133	**342**	$ 1,172.25
September-17	**$ 386,752**	$ 176,929	$ (230)	$ 15,291	$ 95,748	$ 287,738	$ 22,639	$ 68,602	$ 3,903	$ 382,881	$ 3,871	74.4%	128	80	132	**340**	$ 846.29
October-17	**$ 383,810**	$ 290,123	$ 44	$ 15,454	$ 101,483	$ 407,103	$ 22,506	$ 68,198	$ 3,880	$ 501,688	$ (117,878)	106.1%	127	81	130	**338**	$ 1,204.45
November-17	**$ 388,284**	$ 398,281	$ 695	$ 19,605	$ 81,620	$ 500,202	$ 22,840	$ 69,207	$ 3,938	$ 596,186	$ (207,902)	128.8%	130	82	131	**343**	$ 1,458.31
December-17	**$ 388,284**	$ 326,466	$ 427	$ 14,483	$ 106,719	$ 448,095	$ 22,840	$ 69,207	$ 3,938	$ 544,080	$ (155,795)	115.4%	130	82	131	**343**	$ 1,306.40
2017 Plan Year	**$ 4,654,674**	**$ 3,269,300**	**$ 7,847**	**$ 180,487**	**$ 934,775**	**$ 4,392,409**	**$ 271,612**	**$ 823,020**	**$ 46,827**	**$ 5,533,867**	**$ (879,193)**	**94.4%**	**1,529**	**943**	**1,607**	**4,079**	**$ 1,076.83**

**Actual claims only include claims up to the Stop Loss limit*

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

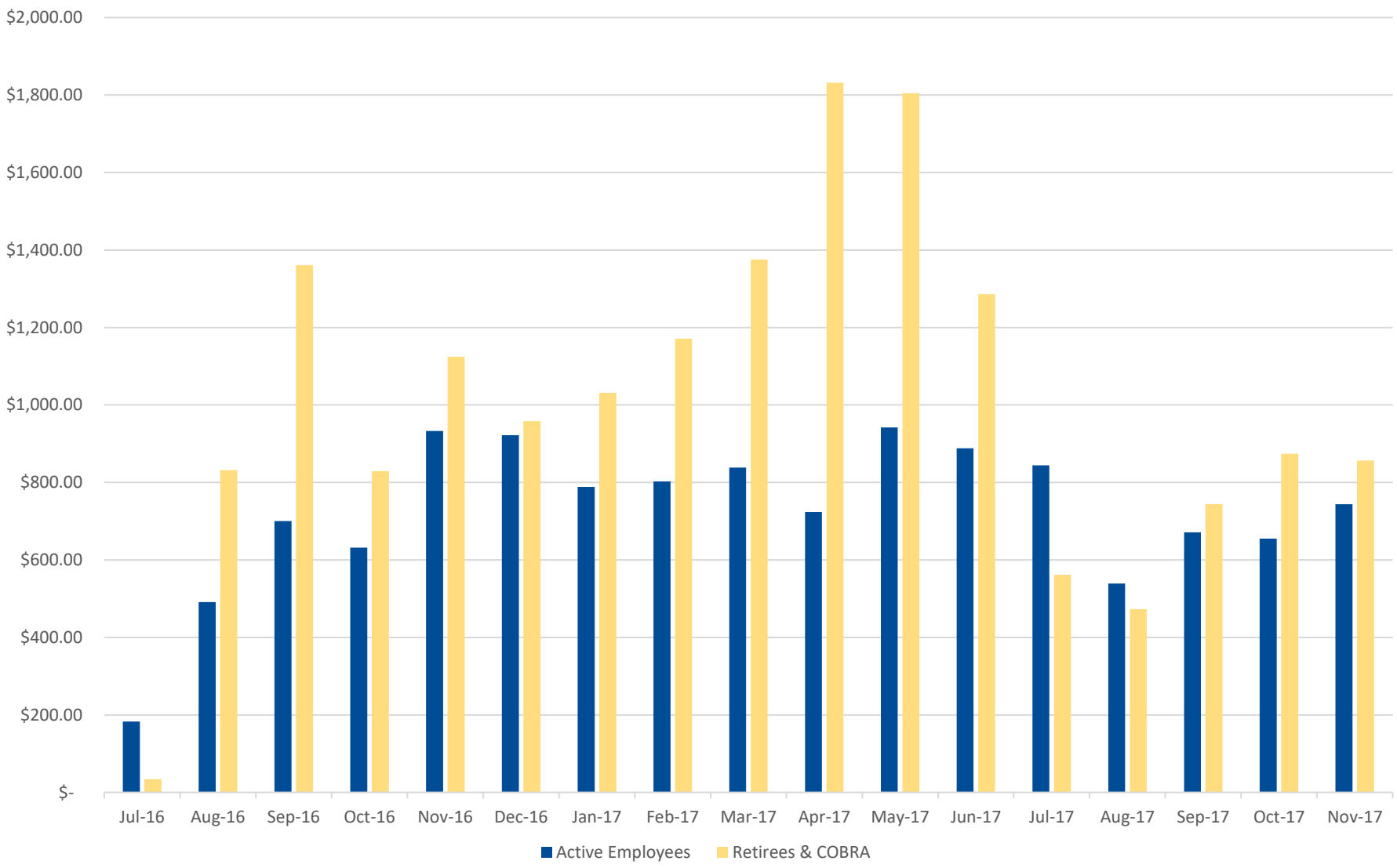
Claims Cost Per Employee Per Month
January 2015 - Current



Active vs. Retiree/COBRA Claims Per Employee Per Month
July 2016 - Current

Effective 7/1/2017 forward, PEPM reflects gross claims

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT



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

SAMPLE MINIMUM PREMIUM CLAIMS EXPERIENCE

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

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

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

TOTAL	Funding	Hospital	Physician	Other	Pharmacy	Total Paid Claims	ASO Fees	Stop Loss Fees	Total Plan Cost	Reserve Accumulation[1]	EE	EE+F	Total	Claims PEPM
October-18	$ 488,350	$ 213,527	$ 84,536	$ 30,613	$ 89,714	**$ 418,389**	$ 38,115	$ 48,367	$ 504,871	**$ (16,521)**	597	129	**726**	$ 576.29
November-18	$ 489,344	$ 147,144	$ 86,572	$ 21,047	$ 90,781	**$ 345,544**	$ 38,220	$ 48,474	$ 432,238	**$ 57,106**	599	129	**728**	$ 474.65
December-18	$ 494,315	$ 115,626	$ 123,016	$ 17,961	$ 80,116	**$ 336,719**	$ 38,640	$ 48,976	$ 424,335	**$ 69,981**	606	130	**736**	$ 457.50
January-19	$ 490,725	$ 151,716	$ 56,745	$ 13,418	$ 102,088	**$ 323,967**	$ 38,535	$ 48,574	$ 411,075	**$ 79,650**	608	126	**734**	$ 441.37
February-19	$ 490,228	$ 48,059	$ 33,816	$ 14,812	$ 82,859	**$ 179,546**	$ 38,535	$ 48,500	$ 266,581	**$ 223,647**	609	125	**734**	$ 244.61
March-19	$ 488,681	$ 150,930	$ 39,294	$ 13,975	$ 68,560	**$ 272,759**	$ 38,325	$ 48,360	$ 359,443	**$ 129,238**	604	126	**730**	$ 373.64
April-19	$ 494,481	$ 177,857	$ 40,161	$ 10,719	$ 80,959	**$ 309,696**	$ 38,693	$ 48,955	$ 397,344	**$ 97,138**	608	129	**737**	$ 420.21
May-19	$ 499,674	$ 105,090	$ 49,471	$ 15,972	$ 102,669	**$ 273,202**	$ 38,955	$ 49,518	$ 361,675	**$ 137,999**	609	133	**742**	$ 368.20
June-19	$ 502,049	$ 221,056	$ 100,715	$ 17,472	$ 60,287	**$ 399,530**	$ 39,113	$ 49,752	$ 488,395	**$ 13,654**	611	134	**745**	$ 536.28
July-19	$ 496,249	$ 156,958	$ 86,511	$ 28,152	$ 76,343	**$ 347,965**	$ 38,640	$ 49,197	$ 435,801	**$ 60,448**	603	133	**736**	$ 472.78
August-19	$ 497,961	$ 90,573	$ 64,270	$ 32,498	$ 73,625	**$ 260,966**	$ 38,745	$ 49,378	$ 349,089	**$ 148,872**	604	134	**738**	$ 353.61
September-19	$ 499,508	$ 171,380	$ 59,377	$ 22,453	$ 62,223	**$ 315,433**	$ 38,903	$ 49,538	$ 403,874	**$ 95,634**	607	134	**741**	$ 425.69
Estimated Stop Loss Reimbursement (Claims Exceeding $200,000)										**$ 35,649**				
2018-2019	**$ 5,931,565**	**$ 1,749,915**	**$ 824,485**	**$ 239,091**	**$ 970,224**	**$ 3,783,715**	**$ 463,418**	**$ 587,587**	**$ 4,834,720**	**$ 1,132,494**	**7,265**	**1,562**	**8,827**	**$ 428.65**

(1) Reserves for Rolling 12 Months excludes Stop Loss Reimbursement.

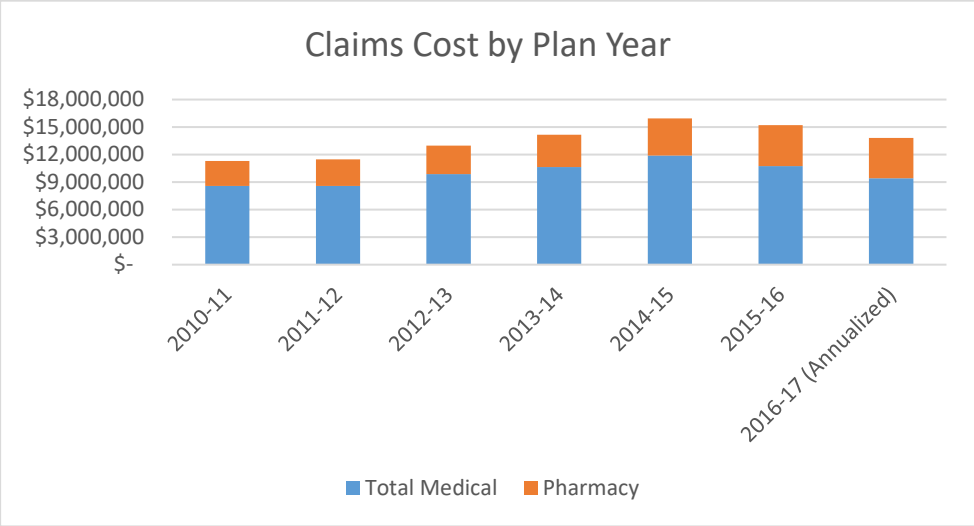
Sample Client

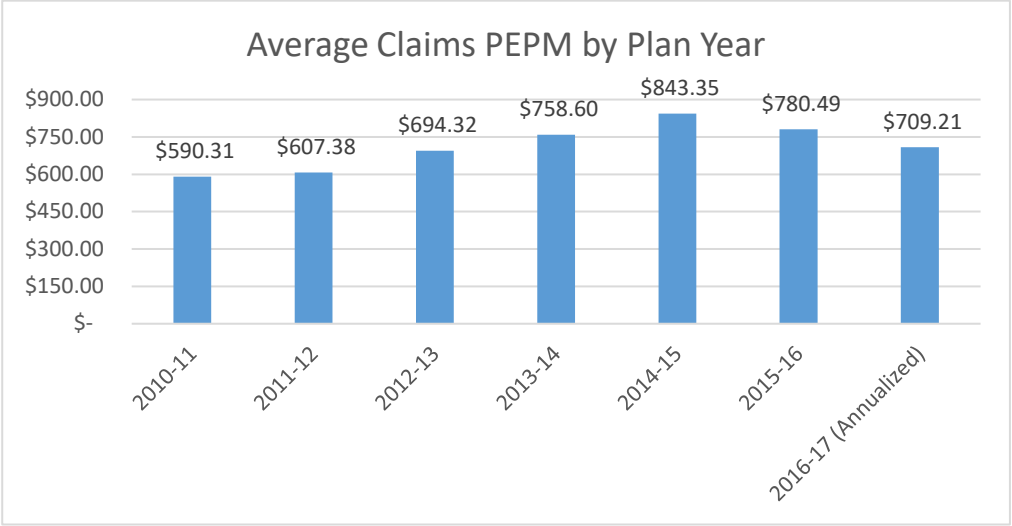
Claims Experience Detail

Paid Period: October 2010 - December 2016

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Plan Year	IP Hospital	OP Hospital	Physician	Other	Total Medical	Pharmacy	Total
2010-11	$ 1,957,237	$ 1,899,805	$ 3,357,553	$ 1,382,889	$ 8,597,485	$ 2,718,850	$ 11,316,335
2011-12	$ 1,994,929	$ 1,810,088	$ 3,235,622	$ 1,556,765	$ 8,597,404	$ 2,867,409	$ 11,464,813
2012-13	$ 2,567,151	$ 2,002,829	$ 3,504,488	$ 1,799,227	$ 9,873,695	$ 3,108,609	$ 12,982,304
2013-14	$ 2,973,473	$ 2,300,290	$ 3,267,952	$ 2,111,082	$ 10,652,796	$ 3,497,328	$ 14,150,124
2014-15	$ 3,464,639	$ 2,599,078	$ 3,398,950	$ 2,447,180	$ 11,909,847	$ 4,050,501	$ 15,960,348
2015-16	$ 2,180,660	$ 2,405,073	$ 3,366,693	$ 2,800,713	$ 10,753,139	$ 4,473,453	$ 15,226,592
2016-17 (Annualized)	$ 1,799,543	$ 2,076,220	$ 3,415,046	$ 2,125,001	$ 9,415,810	$ 4,396,837	$ 13,812,647





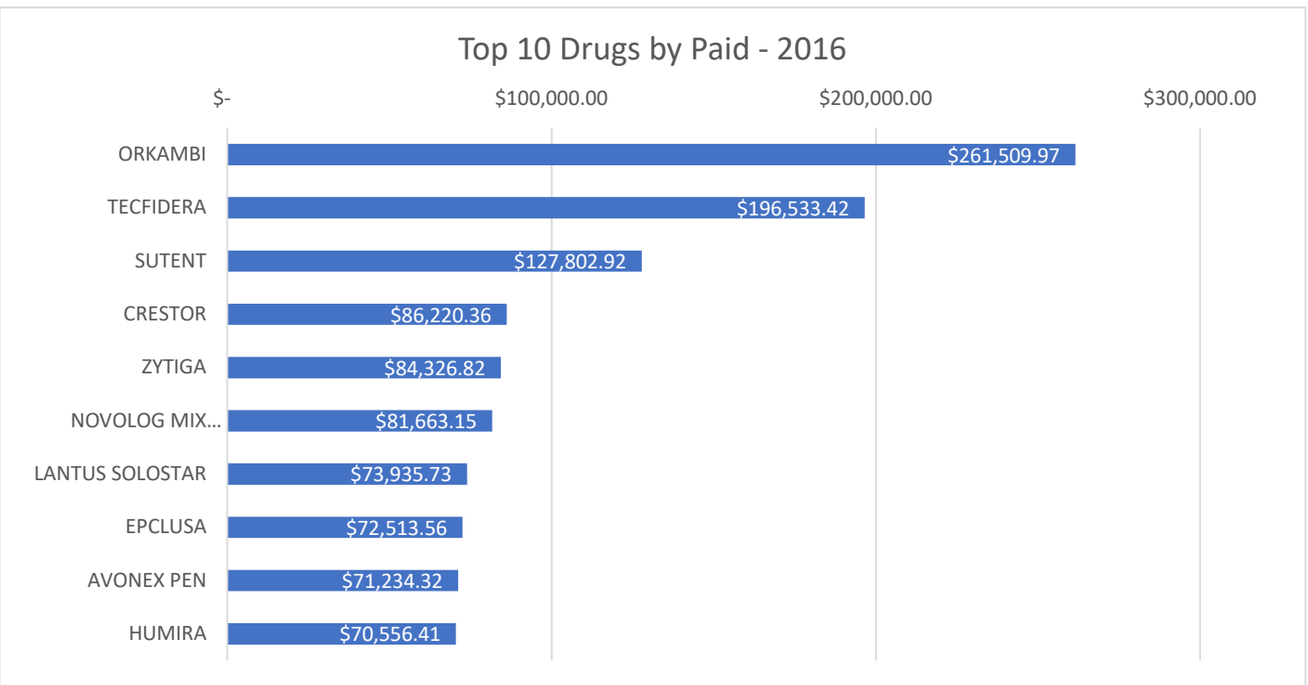
Plan Year	Average Monthly Enrollment	Average PEPM	Medical Change	Rx Change	Total Change	Enrollment Change	PEPM Change
2010-11	1,598	$ 590.31	N/A	N/A	N/A	N/A	N/A
2011-12	1,573	$ 607.38	0.00%	5.46%	1.31%	-1.53%	2.89%
2012-13	1,558	$ 694.32	14.85%	8.41%	13.24%	-0.94%	14.31%
2013-14	1,554	$ 758.60	7.89%	12.50%	9.00%	-0.24%	9.26%
2014-15	1,577	$ 843.35	11.80%	15.82%	12.79%	1.46%	11.17%
2015-16	1,626	$ 780.49	-9.71%	10.44%	-4.60%	3.09%	-7.45%
2016-17 (Annualized)	1,623	$ 709.21	-12.44%	-1.71%	-9.29%	-0.17%	-9.13%

Sample Client
Claims Experience Detail
Paid Period: January - December 2016

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Top 10 Drugs - 2016 Calendar Year

Rank By Paid	Name	Plan Paid	Prior	Change	# Rx	# Members	Average Cost/Member	Condition
1	ORKAMBI	$ 261,509.97	$ 121,635.90	115%	13	1	$ 261,509.97	Cystic Fibrosis
2	TECFIDERA	$ 196,533.42	$ 184,304.46	7%	33	3	$ 65,511.14	Multiple Sclerosis
3	SUTENT	$ 127,802.92	$ 69,633.29	84%	9	1	$ 127,802.92	Renal/Gastro/Pancreatic Cancer
4	CRESTOR	$ 86,220.36	$ 96,376.37	-11%	361	77	$ 1,119.74	High Cholesterol
5	ZYTIGA	$ 84,326.82	$ 40,138.74	110%	10	1	$ 84,326.82	Prostate Cancer
6	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	$ 81,663.15	$ 77,917.86	5%	67	14	$ 5,833.08	Diabetes
7	LANTUS SOLOSTAR	$ 73,935.73	$ 84,196.65	-12%	168	28	$ 2,640.56	Diabetes
8	EPCLUSA	$ 72,513.56	$ -	0%	3	1	$ 72,513.56	Hepatitis C
9	AVONEX PEN	$ 71,234.32	$ 58,777.95	21%	13	1	$ 71,234.32	Multiple Sclerosis
10	HUMIRA	$ 70,556.41	$ 69,473.90	2%	9	1	$ 70,556.41	Rheumatoid Arthritis
	Top 10 Drugs	**$ 1,126,296.66**	**$ 802,455.12**					
	All Other	**$ 3,327,155.03**	**$ 3,351,428.42**					
	% of Total Rx Claims	**25%**	**19%**					
	% of Total Claims	**8%**	**5%**					



SAMPLE CLIENT
Medical Insurance Renewal Projection
Effective: July 1, 20XX

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Claims Period: November 2016 - October 2017			Standard Underwriting
Total Medical and Pharmacy Claims	=	$	15,036,247
Less Capitation	-	$	(671,188)
Less Large Claims (8 Claimants Exceeding $200,000 Specific Deductible)	-	$	(1,600,000)
Net Claims	=	$	12,765,059
Maturation Factor (Completion)	x		1.05
Total Incurred & Paid Claims	=	$	13,403,312
Effective Trend for 20 months (10%)	x		1.1722
Trended Claims	=	$	15,710,859
Plus Capitation	+	$	671,188
Account Claims Liability (8 Claimants Exceeding $200,000)	+	$	1,600,000
Total Trended & Pooled Claims	=	$	17,982,047
Average Setback Lives	/		1,521
Credit for Plan Changes (-1.4% HMCM - 8 Months)	x		0.991
Average Paid Claims Per Employee Per Year	=	$	11,712
Current In Force	x		1,528
Expected Claims	**=**	**$**	**17,896,200**
Fixed Costs			
Administrative Service Fee (No Increase)	+	$	666,514
Reinsurance Premium (15% Increase)	+	$	1,683,960
Total Fixed Costs	**=**	**$**	**2,350,474**
PPACA - Comparative Effectiveness Research Fee ($2.39 PMPY)*	+	$	7,619
Total Projected Annual Cost	**=**	**$**	**20,254,292**

Current Funding for this Period (based on current enrollment annualized)	**=**	**$**	**18,754,243**
Recommended Annual Funding	**-**	**$**	**20,254,292**
$ Increase Needed for 2018-2019 Plan Year	**/**	**$**	**1,500,049**
% Increase Needed for 2018-2019 Plan Year	**=**		**8.0%**

HRA Funding for 2018-2019 Plan Year	**+**	**$**	**4,059,000**
Overall Projected Cost for 2018-2019 Plan Year	**=**	**$**	**24,313,292**

Current membership = 3,188

Estimated claim reserve requirement 60 days: $2,941,841

This projection is for illustrative purposes only. Increased plan utilization and/or catastrophic events could affect overall plan performance.

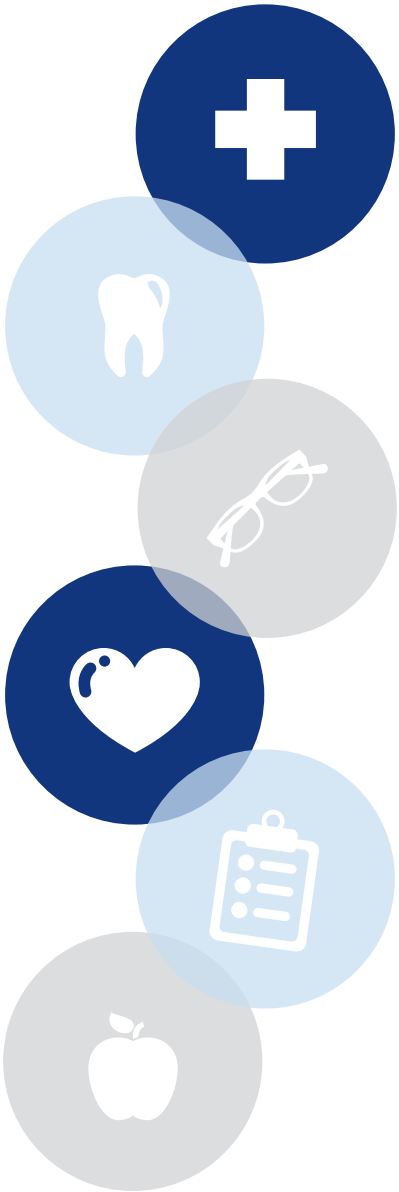
Exhibit B
Sample Annual Benefit Guide

GEHRING GROUP

Hernando County

2020-2021 EMPLOYEE BENEFIT HIGHLIGHTS

Table of Contents



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

Contact Information

	Human Resources Department	Mary Spencer	Direct Line: (352) 540-6643 Office: (352) 754- 4013 Email: mspencer@co.hernando.fl.us
	Online Benefit Enrollment	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/hernandocounty
	Medical Insurance	Florida Blue	Onsite Representative: Tony White Phone: (904) 625-1169 Email: tony.white@floridablue.com Customer Service: (800) 352-2583 www.floridablue.com
	General Benefits Questions	Florida Blue Care Consultants	Customer Service: (888) 476-2227
	Prescription Drug Coverage & Mail-Order Program	AllianceRx Walgreeens Prime	Customer Service: (888) 849-7865 www.alliancerxwp.com
	Diabetic Supplies & Durable Medical Equipment	Care Centrix	Customer Service: (877) 561-9910
HSA	**Health Savings Account**	HealthEquity	Customer Service: (866) 346-5800 www.healthequity.com
	Mental Health & Substance Abuse	New Directions	Customer Service: (866) 287-9569
	Dental Insurance	Florida Combined Life	Customer Service: (877) 325-3979 (DHMO) Customer Service: (888) 223-4892 (PPO) www.floridabluedental.com
	Vision Insurance	EyeMed	Customer Service: (866) 939-3633 www.eyemed.com
		Vision Service Plan (VSP)	Customer Service: (800) 877-7195 www.vsp.com
FSA	**Flexible Spending Accounts**	HealthEquity	Customer Service: (866) 346-5800 www.healthequity.com
	Basic, AD&D & Voluntary Life Insurance	The Hartford	Customer Service: (888) 747-8819 www.thehartford.com
	Voluntary Short Term Disability & Long Term Disability	The Hartford	Customer Service: (866) 945-4558 www.thehartfordatwork.com
	Employee Assistance Program	ComPsych Guidance Resources and Ability Assist	Customer Service: (800) 327-1850 www.guidanceresources.com Company ID: HLF902
	Supplemental Insurance	Aflac	Agent: Marianne Booth Phone: (727) 422-2602 Email: marbooth01@gmail.com
	Legal and Identity Protection	LegalShield	Agent: Barry Olfern Office: (954) 921-7707 Cell: (954) 655-2446 Email: barryolfern@legalshieldassociate.com Customer Service: (888) 807-0407 www.legalshield.com

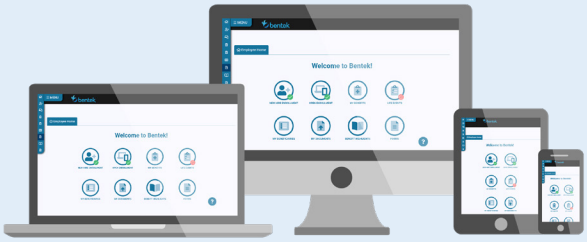
Introduction

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

Online Benefit Enrollment

The County provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period.

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



To Access the Employee Benefits Center:

- ✓ Log on to **www.mybentek.com/hernandocounty**
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

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

To access Employee Benefits Center online, log on to:
www.mybentek.com/hernandocounty

Please Note: *Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*

Group Insurance Premium Funding "Benefit Dollars"

Hernando County offers funding through "Benefit Dollars" to all benefit-eligible employees. These Benefit Dollars are to be used to contribute to the cost of insurance premiums that each employee incurs.

For more information regarding Benefit Dollars, please contact the Human Resources Department.

Medical Plan Opt-Out Benefit

In an effort to ensure equitable contribution to the health care of every employee, the County offers an "opt-out" option to eligible employees who have waived participation in the County's medical plan and who can show evidence of medical insurance under another medical plan. If an employee chooses to receive the "opt-out" benefit, they will receive $50 per pay period, ($944 per month for Property Appraiser employees) towards benefit elections.

Wellness Center Opt-In Benefit

Employees who elect to opt out of the medical plans offered by the County can choose to elect the Wellness Center Opt-In Benefit. This benefit allows employees to use the services offered by the Employee Wellness Center including primary healthcare visits, lab work, generic prescriptions, and all other programs offered to employees through the Wellness Center. The cost to the employee is $40 per pay period ($80 per month for Property Appraiser employees). Medical Plan Opt-Out benefit dollars can be used to pay for this benefit through payroll deduction. This benefit is offered to the employee only. Dependent family members of employees are not eligible for this benefit.

Benefits While Not Actively At Work

If an employee is out of work due to an approved leave of absence or Workers' Compensation, the employee may continue to have benefit coverage based on the type of leave they take.

Employees on an Approved FMLA Leave

If the employee is approved for FMLA leave, Hernando County will continue to provide employer contributions towards the employee's benefits. The employee is required to continue to pay the employee share for benefit elections while on leave. For further information regarding payments, please contact the Human Resources Department.

If the employee has not returned to active duty when FMLA leave ends, benefits may terminate at the end of that month. Employees may continue coverage for eligible insurance benefits by paying the total premium amount under COBRA. Upon expiration of benefits, a COBRA notice will be mailed to the home address on record to provide an opportunity to elect coverage. The Human Resources Department determines eligibility for FMLA.

Workers' Compensation

If an employee is placed out of work and receives Workers' Compensation benefits, Hernando County will continue to provide employer contributions for the employee's core benefits which include medical, dental, vision, EAP and life insurance. Employees are required to continue to pay the employee share for these core benefits and any supplemental benefits the employee may have while out on workers' compensation. For information on how to make payment arrangements, please contact the Human Resources Department.

At the expiration of benefits, the employee may continue insurance coverages by paying the total premium amount under COBRA. Upon the expiration of benefits, a COBRA notice will be mailed to the home address on record to provide an opportunity to elect coverage.

Group Insurance Eligibility

The County's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the County's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 60 days of employment. For example, if an employee is hired on April 11, then the effective date of coverage will be July 1.

Separation of Employment

If employee separates employment from the County, insurance will continue through the end of the month in which the separation occurred (Short Term Disability terminates coverage on the date in which separation occurs). COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

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

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

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

Please see Taxable Dependents if covering eligible over-age dependents.

Dependent Age Requirements *(continued)*

Dental Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 30.

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 30.

Disabled Dependents

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

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

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

Taxable Dependents

Employee covering adult child(ren) under the employee's medical, dental and vision insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employees W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact the Human Resources Department for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please note: There is no imputed income if the adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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

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

Examples of Qualifying Events:

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

IMPORTANT NOTES

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

Summary of Benefits and Coverage

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

From:	Human Resources Department
Address:	20 North Main Street, Room 264 Brooksville, FL 34601
Phone:	(352) 754-4013
Email:	mspencer@co.hernando.fl.us
Website URL:	www.mybentek.com/hernandocounty

SBC's are also posted on Bentek and EICE. The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the Human Resources Department at the following web address: www.mybentek.com/hernandocounty.

If there are any questions about the plan offerings or coverage options, please contact the Human Resources Department at (352) 754-4013.

Medical Insurance

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

Medical Insurance – BlueCare HMO Plan 60

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$574.95	$1,149.90
Employee + Spouse	$1,036.45	$2,072.90
Employee + Child(ren)	$1,018.65	$2,037.30
Employee + Family	$1,175.75	$2,351.50

Medical Insurance – BlueOptions 03748 Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$487.10	$974.20
Employee + Spouse	$878.85	$1,757.70
Employee + Child(ren)	$861.05	$1,722.10
Employee + Family	$992.40	$1,984.80

Medical Insurance – BlueOptions HDHP 5190/5191 Plan

Tier of Coverage	Employee Cost Per Pay		Plan Cost Per Pay		HSA Funding Per Pay*	Total HSA Funding Plan Year
Employee Only	$391.05	=	$247.30	+	$143.75	$143.75 × 24 = $3,450.00
Employee + Spouse	$526.30	=	$426.30	+	$100.00	$100 × 24 = $2,400.00
Employee + Child(ren)	$486.95	=	$386.95	+	$100.00	$100 × 24 = $2,400.00
Employee + Family	$693.72	=	$652.05	+	$41.67	$41.67 × 24 = $1,000.08
Tier of Coverage	**Employee Cost Monthly**		**Plan Cost Monthly**		**HSA Funding Monthly***	**Total HSA Funding Plan Year**
Employee Only	$782.10	=	$494.60	+	$287.50	$287.50 × 12 = $3,450.00
Employee + Spouse	$1,052.60	=	$852.60	+	$200.00	$200 × 12 = $2,400.00
Employee + Child(ren)	$973.90	=	$773.90	+	$200.00	$200 × 12 = $2,400.00
Employee + Family	$1,387.44	=	$1,304.10	+	$83.34	$83.34 × 12 = $1,000.08

*Health Savings Account (HSA) funding portion of employee costs is deposited into the employees HSA. An HSA is an interest bearing account where funds may be used to help pay employee and dependents current and future deductible, coinsurance and/or qualified medical expenses not covered by the plan.

Other Available Plan Resources

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

BlueCare HMO Plan 60 At-A-Glance

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueCare (HMO)** network.

Plan References

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

***Applies to Preferred Brand Name and Non-Preferred Brand Name only.*

Important Notes

Services received by providers or facilities not in the **BlueCare (HMO)** network will not be covered

Network	BlueCare (HMO)
Calendar Year Deductible (CYD)	**In Network**
Single	Does Not Apply
Family	Does Not Apply
Calendar Year Out-of-Pocket Limit	
Single	$1,500
Family	$3,000
What Applies to the Out-of-Pocket Limit?	Copays (*Includes Rx*)
Physician Services	
Primary Care Physician *(PCP)* Office Visit	$10 Copay
Specialist Office Visit	$25 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Blood Work)**	No Charge
X-rays	No Charge
Advanced Imaging at Independent Facility *(MRI, PET, CT)*	No Charge
Outpatient Surgery in Surgical Center	$200 Copay
Physician Services at Surgical Center	No Charge
Urgent Care *(Per Visit)*	$25 Copay
Hospital Services	
Inpatient Hospital *(Per Admission; 5 Day Maximum)*	$150 per Day
Outpatient Hospital *(Therapy Services; Per Visit)*	$25 Copay
Outpatient Hospital *(Other Services; Per Visit)*	$200 Copay
Physician Services at Hospital	No Charge
Emergency Room *(Per Visit; Waived if Admitted)*	$50 Copay
Mental Health / Alcohol & Substance Abuse	
Inpatient Hospitalization *(Per Admission)*	No Charge
Outpatient Services *(Per Visit)*	No Charge
Outpatient Office Visit	$25 Copay
Prescription Drugs *(Rx)*	
Calendar Year Rx Deductible *(Per Member)***	$150
Generic	$15 Copay
Preferred Brand Name	$30 Copay After Rx CYD
Non-Preferred Brand Name	$50 Copay After Rx CYD
Mail Order Drug *(90-Day Supply)*	2x Retail Copay (After Rx CYD**)

BlueOptions 03748 Plan At-A-Glance

Network	BlueOptions		
Calendar Year Deductible (CYD)	**In Network**		**Out of Network****
Single	$500*		$500*
Family	$1,500*		$1,500*
Coinsurance			
Member Responsibility	20%		40%
Calendar Year Out-of-Pocket Limit			
Single	$2,500		$5,000
Family	$5,000		$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays (*Includes Rx*)		
Physician Services			
Primary Care Physician *(PCP)* Office Visit	$15 Copay		40% After CYD
Specialist Office Visit	$30 Copay		40% After CYD
Non-Hospital Services; Freestanding Facility			
Clinical Lab *(Blood Work)*****	No Charge		40% After CYD
X-rays	$50 Copay		40% After CYD
Advanced Imaging *(MRI, PET, CT)*	$100 Copay		40% After CYD
Outpatient Surgery in Surgical Center	$100 Copay		40% After CYD
Physician Services at Surgical Center	No Charge		40% After CYD
Urgent Care *(Per Visit)*	$30 Copay		CYD + $30 Copay
Hospital Services			
Inpatient Hospital *(Per Admission; 30-Day Rehabilitation Limit Per Year)*	Option 1: $600 Copay***	Option 2: $900 Copay***	$750 Copay
Outpatient Hospital *(Therapy Services; Per Visit)*	Option 1: $45 Copay***	Option 2: $60 Copay***	40% After CYD
Outpatient Hospital *(Other Services; Per Visit)*	Option 1: $150 Copay***	Option 2: $250 Copay***	$300 Copay
Physician Services at Hospital	$5 Copay		$5 Copay
Emergency Room *(Per Visit; Waived if Admitted)*	$100 Copay		$100 Copay
Mental Health / Alcohol & Substance Abuse			
Inpatient Hospitalization *(Per Admission)*	No Charge***		$750 Copay
Outpatient Services *(Per Visit)*	No Charge***		$300 Copay
Outpatient Office Visit	No Charge		40% Coinsurance
Prescription Drugs *(Rx)*			
Calendar Year Rx Deductible *(Per Member)******	$150		Not Covered
Generic	$15 Copay		Not Covered
Preferred Brand Name	$30 Copay After Rx CYD		Not Covered
Non-Preferred Brand Name	$50 Copay After Rx CYD		Not Covered
Mail Order Drug *(90-Day Supply)*	2x Retail Copay (After Rx CYD*****)		Not Covered

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueOptions** network.

Plan References

**The deductible applies to limited services only.*

******Out-Of-Network Balance Billing:*** *For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage.*

****Option 1 and Option 2 Facilities are based off the contract between the hospital and Florida Blue. To determine if a hospital is Option 1 or Option 2, please contact Florida Blue's customer service for more information.*

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

******Applies to Preferred Brand Name and Non-Preferred Brand Name only.*

BlueOptions HDHP 5190/5191 Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueOptions** network.

Plan References

**Minimum deductible allowed per IRS guidelines for 2020.*

******Out-Of-Network Balance Billing:*** *For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage.*

****Option 1 and Option 2 Facilities are based off the contract between the hospital and Florida Blue. To determine if the hospital is Option 1 or Option 2, please contact Florida Blue's customer service for more information.*

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

Network	BlueOptions		
Calendar Year Deductible (CYD)	**In-Network**		**Out of Network****
Single*	$1,400		$2,500
Family	$2,800		$5,000
Coinsurance			
Member Responsibility	20%		40%
Calendar Year Out-of-Pocket Limit			
Single	$5,000		$10,000
Family	$5,000		$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays (*Includes Rx*)		
Physician Services			
Primary Care Physician *(PCP)* Office Visit	20% After CYD		40% After CYD
Specialist Office Visit	20% After CYD		40% After CYD
Non-Hospital Services; Freestanding Facility			
Clinical Lab *(Blood Work)*****	CYD		40% After CYD
X-rays	20% After CYD		40% After CYD
Advanced Imaging *(MRI, PET, CT)*	20% After CYD		40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD		40% After CYD
Physician Services at Surgical Center	20% After CYD		40% After CYD
Urgent Care *(Per Visit)*	20% After CYD		20% After CYD
Hospital Services			
Inpatient Hospital *(Per Admission; 30-Day Rehabilitation Limit Per Year)*	Option 1: 20% After CYD***	Option 2: 25% After CYD***	40% After CYD
Outpatient Hospital *(Therapy Services; Per Visit)*	Option 1: 20% After CYD***	Option 2: 25% After CYD***	40% After CYD
Outpatient Hospital *(Other Services; Per Visit)*	Option 1: 20% After CYD***	Option 2: 25% After CYD***	40% After CYD
Physician Services at Hospital	20% After CYD***		20% After In-Network CYD
Emergency Room *(Per Visit; Waived if Admitted)*	20% After CYD***		20% After In-Network CYD
Mental Health / Alcohol & Substance Abuse			
Inpatient Hospitalization *(Per Admission)*	20% After CYD (*Option 1 & 2*)***		40% After CYD
Outpatient Services *(Per Visit)*	20% After CYD (*Option 1 & 2*)***		40% After CYD
Outpatient Office Visit	20% After CYD		40% After CYD
Prescription Drugs *(Rx)*			
Generic	$15 Copay After CYD		Not Covered
Preferred Brand Name	$30 Copay After CYD		Not Covered
Non-Preferred Brand Name	$50 Copay After CYD		Not Covered
Mail Order Drug *(90-Day Supply)*	2x Retail Copay After CYD		Not Covered

Health Savings Account

The Florida Blue High Deductible Health Plan (HDHP) 5190/5191 complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) current and future deductible, coinsurance and qualified medical expenses not covered by the plan.

2020-2021 Plan Year Funding:

- The HSA portion of employee's premium will fund the employee's HSA on a per pay period contribution basis, with an annual contribution amount as follows:
  - Employee Only: $3,450
  - Employee + Spouse: $2,400
  - Employee + Children: $2,400
  - Employee + Family: $1,000

Employee may opt to additionally fund an HSA to the IRS contributions listed below. This is done via pre-tax evenly dispersed payroll deductions or in a lump sum payroll deduction; this decision must be made during Open Enrollment. However, changes to employee HSA contributions can be made during the plan year.

- 2020 IRS Contribution Limitations: $3,550 (individual coverage) $7,100 (family coverage)
- 2021 IRS Contribution Limitations: $3,600 (individual coverage) $7,200 (family coverage)

Guidelines regarding the HSAs are established by the IRS.

What to know about an HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it or lose-it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA, however, participant may fund a Limited Purpose FSA for dental and vision expenses only.
- HSA funds earn interest.
- The HSA will be funded with employer contributions. If the employee desires to fund the remaining deductible balance they may do so with pre-tax payroll deductions.
- HSA dollars may be used tax-free for all eligible medical expenses.
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may write a check or withdraw funds with a Health Savings Account Debit Card.
- A monthly per account service fee determined by the bank may be deducted automatically from the HSA.
- Account holder can access HSA statements at any time to track account balance and activity online at www.healthequity.com.
- To be eligible to open an HSA, employee must be covered by a high deductible health plan. Employee may not be covered under another medical plan that is not a high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by the County employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if the dependent is covered under the medical plan as Federal law does not recognize them as a qualified dependent.
- If the employee is enrolled in Medicare, TRICARE or TRICARE for Life, the employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits the County from contributing HSA funds into the account. If the employee is not enrolled in Medicare, TRICARE or TRICARE for Life, then the employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare will receive the full family HSA funding. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse will not receive any HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

HealthEquity | Customer Service: (866) 346-5800 | www.healthequity.com

Dental Insurance

BlueDental Care DHMO P220 Plan

The County offers three (3) dental insurance plans through Florida Combined Life, a subsidiary of Florida Blue, to benefit-eligible employees. The costs per pay period for coverage for the BlueDental Care DHMO P220 Plan is provided in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to Florida Combined Life's summary plan document or contact Florida Combined Life's customer service.

Dental Insurance – BlueDental DHMO P220 Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$6.49	$12.98
Employee + 1 Dependent	$11.16	$22.32
Employee + Family	$17.18	$34.36

In-Network Benefits

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

The DHMO P220 plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule), which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible that needs to be met on this plan.

Plan Year Benefit Maximum

There is no benefit maximum.

IMPORTANT NOTES

- *Each covered family member may receive up to two (2) routine cleanings per plan year, once every six (6) months, covered under the preventive benefit.*
- *Should employee or dependent need to see a specialist under this plan (Oral Surgeon, Periodontist, Orthodontist, etc.), employee or dependent must be referred by Primary Dental Provider.*
- *Waiting periods and age limitation period may apply.*
- *Employee **must** receive services from facilities and providers in the **BlueDental Care** network for benefits to be covered.*
- *Employee may receive a 25% reduction of usual fees for services rendered by an in-network orthodontist or other dental specialist.*

Florida Combined Life
Customer Service: (877) 325-3979 | www.floridabluedental.com

BlueDental Care DHMO P220 Plan At-A-Glance

Network	BlueDental Care	
Plan Year Deductible (PYD)	**In-Network Only**	
Per Member	NONE	NONE
Per Family	NONE	NONE
Plan Year Maximum	NONE	NONE
Class I Services: Diagnostic & Preventive Care	**Code**	**In-Network**
Routine Oral Exam	0120	$0
Routine Cleanings *(1 Every 6 Months)*	1110/20	$0
Bitewing X-rays	0274	$0
Complete X-rays	0210	$0
Fluoride Treatments To Age 16	1203	$0
Sealants *(Per Tooth)*	1351	$10
Emergency Care to Relieve Pain *(During regular hours)*	9999	$20
Class II Services: Basic Restorative Care		
Fillings *(Amalgam)*	2140	$0
Fillings *(Composite; 2 Surfaces, Anterior/Posterior)*	2331/2392	$40/$80
Fillings *(Composite; 3 Surfaces, Anterior/Posterior)*	2332/2393	$50/$100
Root Canal Therapy *(Molar)**	3330	$250
Simple Extractions *(Erupted Tooth or Exposed Root)*	7140	$0
Surgical Removal of Tooth *(Impacted)*	7240	$85
Full Mouth Debridement *(Deep Cleaning)*	4355	$45
Class III Services: Major Restorative Care		
Bridges (*Porcelain Fused to High Noble Metal*)**	6240	$280
Crowns (*Porcelain Fused to High Noble Metal*)**	6750	$280
Dentures	5110/20	$300 + Lab

Locate a Provider

To search for a participating provider, contact Florida Combined Life's customer service or visit www.floridabluedental.com. When completing the necessary search criteria, select **BlueDental Care Prepaid** network.

Plan References

**Excluding Final Restoration.*

***Copays for these services do not include the additional cost of precious (High Noble) and semi-precious (Noble) metal. The additional cost of precious metal shall not exceed $125 per unit and $75 per unit for semi-precious metal.*

Dental Insurance

BlueDental Choice Plus PPO Base Plan

The County offers three (3) dental insurance plans through Florida Combined Life, a subsidiary of Florida Blue, to benefit-eligible employees. The costs per pay period for coverage for the BlueDental Choice Plus PPO Base Plan is provided below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to Florida Combined Life's summary plan document or contact Florida Combined Life's customer service.

Dental Insurance – BlueDental Choice Plus PPO Base Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$18.39	$36.78
Employee + 1 Dependent	$30.32	$60.64
Employee + Family	$45.94	$91.88

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

The BlueDental Choice Plus Base Plan requires a $75 individual and $225 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

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

BlueDental Maximum Rollover

Each year as employee or covered dependent(s) utilizes the dental plan and does not exceed the annual threshold amount allowed, members will receive Maximum Rollover (MR) dollars to cover future unexpected visits or higher out-of-pocket costs for complex procedures.

IMPORTANT NOTES

- *Employee may receive a 20% discount on orthodontia services.*
- *Enhanced dental benefits may be available for eligible members who have been diagnosed with certain conditions such as diabetes, coronary artery disease, oral cancer or are pregnant. Please refer to plan's Schedule of Benefits or contact Florida Combined Life's customer service for more details on these benefits.*

Florida Combined Life
Customer Service: (888) 223-4892 | www.floridabluedental.com

BlueDental Choice Plus PPO Base Plan At-A-Glance

Network	BlueDental Choice Plus	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$75	$75
Per Family	$225	$225
Waived for Class I Services?	Yes	Yes
Plan Year Benefit Maximum		
Per Member	$1,500	$1,500
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Plan Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Plan Year)*		
Bitewing X-rays *(1 Per Plan Year)*		
Complete X-rays *(1 Every 3 Years)*		
Class II Services: Basic Restorative Care		
Fillings *(Amalgam or Composite)*	Plan Pays: 70% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*
Simple Extractions		
Deep Cleaning *(1 Every 3 Years)*		
Endodontics *(Root Canal Therapy)*		
Periodontics *(1 Per Quadrant Every 2 Years)*		
Oral Surgery		
General Anesthesia *(Limitations Apply)*		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 30% After PYD *(Subject to Balance Billing)*
Dentures		
Bridges		
Implants		

Locate a Provider

To search for a participating provider, contact Florida Combined Life's customer service or visit www.floridabluedental.com. When completing the necessary search criteria, select **BlueDental Choice Plus** network.

Plan References

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

Important Notes

- *Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.*
- *For any dental work expected to cost $200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

Dental Insurance

BlueDental Choice Plus PPO High Plan

The County offers three (3) dental insurance plans through Florida Combined Life, a subsidiary of Florida Blue, to benefit-eligible employees. The costs per pay period for coverage for the BlueDental Choice Plus PPO High Plan is provided below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to Florida Combined Life's summary plan document or contact Florida Combined Life's customer service.

Dental Insurance – BlueDental Choice Plus PPO High Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$25.44	$50.88
Employee + 1 Dependent	$41.99	$83.98
Employee + Family	$63.60	$127.20

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

The BlueDental Choice Plus PPO High Plan requires a $75 individual and $225 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the dental plan will pay for each covered member is $2,500 for in-network and out-of-network services combined. All services, including preventive services, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

BlueDental Maximum Rollover

Each year as employee or covered dependent(s) utilizes the dental plan and does not exceed the annual threshold amount allowed, members will receive Maximum Rollover (MR) dollars to cover future unexpected visits or higher out-of-pocket costs for complex procedures.

IMPORTANT NOTES

- *Employee may receive a 20% discount on orthodontia services.*
- *Enhanced dental benefits may be available for eligible members who have been diagnosed with certain conditions such as diabetes, coronary artery disease, oral cancer or are pregnant. Please refer to plan's Schedule of Benefits or contact Florida Combined Life's customer service for more details on these benefits.*

Florida Combined Life
Customer Service: (888) 223-4892 | www.floridabluedental.com

BlueDental Choice Plus PPO High Plan At-A-Glance

Network	BlueDental Choice Plus	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$75	$75
Per Family	$225	$225
Waived for Class I Services?	Yes	Yes
Plan Year Benefit Maximum		
Per Member	$2,500	$2,500
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Plan Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Plan Year)*		
Bitewing X-rays *(1 Per Plan Year)*		
Complete X-rays *(1 Every 3 Years)*		
Class II Services: Basic Restorative Care		
Fillings *(Amalgam or Composite)*	Plan Pays: 70% After PYD	Plan Pays: 70% After PYD *(Subject to Balance Billing)*
Simple Extractions		
Deep Cleaning *(1 Every 3 Years)*		
Endodontics *(Root Canal Therapy)*		
Periodontics *(1 Per Quadrant Every 2 Years)*		
Oral Surgery		
General Anesthesia *(Limitations Apply)*		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*
Dentures		
Bridges		
Implants		

Locate a Provider

To search for a participating provider, contact Florida Combined Life's customer service or visit www.floridabluedental.com. When completing the necessary search criteria, select **BlueDental Choice Plus** network.

Plan References

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

Important Notes

- *Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.*
- *For any dental work expected to cost $200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

Vision Insurance

EyeMed Vision Care Plan

The County offers two (2) vision insurance plans to benefit-eligible employees. The costs per pay period for coverage for the EyeMed Vision Care Plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to EyeMed's summary plan document or contact EyeMed's customer service.

Vision Insurance – EyeMed Vision Care Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$2.83	$5.66
Employee + Family	$7.21	$14.42

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

EyeMed | Customer Service: (866) 939-3633 | www.eyemed.com

EyeMed Vision Care Plan At-A-Glance

Network	Select	
Services	**In-Network**	**Out-of-Network**
Eye Exam	$10 Copay	Up to $35 Reimbursement
Frequency of Services		
Examination	Every Plan Year	
Lenses	Every Plan Year	
Frames	Every Other Plan Year	
Contact Lenses	Every Plan Year	
Lenses		
Single	$25 Copay	Up to $25 Reimbursement
Bifocal	$25 Copay	Up to $40 Reimbursement
Trifocal	$25 Copay	Up to $60 Reimbursement
Frames		
Allowance	$120 Retail Allowance then 20% Discount Above $120	Up to $48 Reimbursement
Contact Lenses*		
Non-Elective *(Medically Necessary)*	Covered at 100%	Up to $200 Reimbursement
Elective *(Fitting, Follow-up & Lenses)*	$135 Allowance then 15% Discount Above $135	Up to $95 Reimbursement

Locate a Provider

To search for a participating provider, contact EyeMed's customer service or visit www.eyemed.com. When completing the necessary search criteria, select **Select** network.

Plan References

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

Important Notes

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

Vision Insurance

VSP Vision Service Plan

The County offers two (2) vision insurance plans to benefit-eligible employees. The costs per pay period for coverage for the VSP Vision Plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to VSP's summary plan document or contact VSP's customer service.

Vision Insurance – VSP Vision Service Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly Cost	Monthly Cost
Employee Only	$3.53	$7.06
Employee + Family	$7.59	$15.18

In-Network Benefits

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

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

Vision Service Plan (VSP)
Customer Service: (800) 877-7195 | www.vsp.com

VSP Vision Service Plan At-A-Glance

Network	VSP Choice	
Services	**In-Network**	**Out-of-Network**
Eye Exam	$10 Copay	Up to $45 Reimbursement
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses		
Single	$25 Copay	Up to $30 Reimbursement
Bifocal	$25 Copay	Up to $50 Reimbursement
Trifocal	$25 Copay	Up to $65 Reimbursement
Standard Progressive Lenses	Covered at 100%	Up to $50 Reimbursement
Frames		
Allowance	$130 Retail Allowance then 20% Discount Above $130	Up to $70 Reimbursement
Contact Lenses*		
Non-Elective *(Medically Necessary)*	Covered at 100%	Up to $210 Reimbursement
Elective *(Fitting, Follow-up & Lenses)*	Up to $130 Allowance	Up to $105 Reimbursement
LASIK		
Conventional, Custom and Bladeless	Discounted Fee Contact VSP for Details	Discount Programs Not Available

Locate a Provider

To search for a participating provider, contact VSP's customer service or visit www.vsp.com. When completing the necessary search criteria, select **Choice** network.

Plan References

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

Important Notes

Other lens options are available for an additional cost.

- *Standard progressive lenses $0*
- *Premium progressive lenses $95-$105*
- *Custom progressive lenses $150-$175*
- *Average 20-25% off other lens options*

Flexible Spending Accounts

The County offers Flexible Spending Accounts (FSA) administered through HealthEquity. The FSA plan year is from October 1 to September 30.

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

The County offers: Health Care FSA, Limited Purpose FSA, and Dependent Care FSA

- **Health Care FSA:** Available to eligible employee who is not enrolled in the BlueOptions High Deductible Health Plan (HDHP) 5190/5191 with an HSA. The Health Care FSA covers medical, dental, and vision expenses that are not paid by insurance.
- **Limited Purpose FSA:** Available to eligible employee who is enrolled in the BlueOptions High Deductible Health Plan (HDHP) 5190/5191 with an HSA. A Limited Purpose Health Care FSA may be used for qualified dental and vision expenses.
- **Dependent Care FSA:** Covers day care expenses for qualified dependents necessary for employee and legal spouse, if married, to work.

Health Care FSA

This account allows participant to set aside up to an annual maximum of $2,750. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

Dependent Care FSA

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

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

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

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

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

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

**These items are eligible expenses under the Limited Purpose FSA.*

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

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over $500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. Dependent Care funds cannot be carried over.
- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 to September 30).
- When a plan year ends and all claims have been filed with the exception of the $500 rollover for the Health Care FSA, all unused funds will be forfeited and not returned.
- Employees may enroll in either or both of the FSAs only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services they have not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

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

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. HealthEquity may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the County. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!

Employee earning $30,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $41.66 based on a 24 pay period schedule. As a result, the health care expenses are paid with tax-free dollars, giving the employee a tax savings of $227.

	With a Health Care FSA	Without a Health Care FSA
Salary	$30,000	$30,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$29,000	$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	- $6,568	- $6,795
After Tax Expenses	- $0	- $1,000
Spendable Income	$22,432	$22,205
Tax Savings	**$227**	

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the $500 carry over allowed for the Health Care FSA.* ***This rule is known as "use it or lose it."***

HealthEquity
Customer Service: (866) 346-5800 | www.healthequity.com

Basic Life and AD&D Insurance

Basic Term Life Insurance

The County provides Basic Term Life insurance, paid by employee benefit dollars, for all eligible employees through the Hartford. Benefit-eligible employees will receive a benefit amount of $10,000.

Accidental Death & Dismemberment

Also, at no cost to employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- Reduces to 65% of the original benefit amount at age 70
- Reduces to 50% of the original benefit amount at age 75
- Coverage cancels if employment with the County is terminated.
- Eligible retirees may continue Life insurance at own expense.

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

The Hartford | Customer Service: (888) 747-8819 | www.thehartford.com

Voluntary Life Insurance

Voluntary Employee Life and AD&D Insurance

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

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of six (6) times annual salary or $190,000, whichever is less**.

Employees who ARE currently enrolled with Voluntary Employee Life coverage may increase coverage amount in **one (1) increment of $10,000 without submitting EOI during Open Enrollment**.

Employees NOT currently enrolled with Voluntary Employee Life coverage may elect coverage in **one (1) increment of $10,000 without submitting EOI during Open Enrollment.**

Voluntary Life Insurance *(Continued)*

- Units can be purchased in increments of $10,000, but cannot exceed the lesser of six (6) times annual salary or $190,000.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of the original benefit amount at age 70
  - Reduces to 50% of the original benefit amount at age 75
- Coverage cancels if employment with the County is terminated.
- Eligible retirees may continue Life insurance, at own expense.

Voluntary Dependent Spouse / Child(ren) Life Insurance

New Hires may purchase Voluntary Dependent Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $10,000.**

- Employee must participate in the Voluntary Employee Life plan for dependent(s) to participate.
- Employee may elect coverage in flat amounts of $2,500, $5,000 or $10,000.
- Eligible unmarried dependent child(ren) may be covered starting at six (6) months of age. A $250 and $500 benefit is available for child(ren) age two (2) weeks to six (6) months.
- Maximum age covered for dependent child(ren) is age 26.

Employee or Spouse Voluntary Life/AD&D Rate Table

Rate Per $10,000 (Based on EE Age)

Age Bracket *(Based On Employee Age)*	Semi-Monthly Premium	Monthly Premium
<34	$0.39	$0.78
35-39	$0.51	$1.01
40-44	$0.79	$1.58
45-49	$1.14	$2.27
50-54	$1.71	$3.42
55-59	$3.09	$6.18
60-64	$4.70	$9.40
65-69	$8.96	$17.91
70-74 *(Per $6,500)*	$9.41	$18.82
75+ *(Per $5,000)*	$7.24	$14.48

The Hartford
Customer Service: (888) 747-8819 | www.thehartford.com

Voluntary Short Term Disability

The County offers two (2) options for Voluntary Short Term Disability (STD) insurance to all eligible employees through The Hartford. The STD benefit pays a percentage of weekly earnings if the employee becomes disabled due to an illness or non-work related injury.

Voluntary Short Term Disability (STD) Benefits Option 1

- STD provides a benefit of 66.67% of weekly earnings, up to a benefit maximum of $750 per week.
- Employee must be disabled for 29 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will begin on the 30th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 22 weeks.
- Employee deemed unable to return to work after the STD 22 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD) with completed application.
- Benefits may be reduced by other income.

Voluntary Short Term Disability (STD) Benefits Option 2

- STD provides a benefit of 66.67% of weekly earnings, up to a benefit maximum of $750 per week.
- Employee must be sick for 14 consecutive days or injured for seven (7) days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will begin on the 8th day after the employee is disabled due to non-work related injury or 15th day after the employee is disabled due to non-work related illness.
- The maximum benefit period is 26 weeks.
- Employee deemed unable to return to work after the STD 26 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD) with completed application.
- Benefits may be reduced by other income.

The Hartford
Customer Service: (866) 945-4558 | www.thehartfordatwork.com

Long Term Disability

Long Term Disability (LTD) insurance is available to all eligible employees through The Hartford. The LTD benefit pays a percentage of monthly earnings if the employee becomes disabled due to an illness or non-work related injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings, subject to a maximum of $5,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 181st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

The Hartford
Customer Service: (866) 945-4558 | www.thehartfordatwork.com

Employee Assistance Program

The County cares about the well-being of all employees on and off the job and provides a comprehensive Employee Assistance Program (EAP) through ComPsych Guidance Resources and Ability Assist. EAP offers the employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employees gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect the employee or family member's well-being. Coverage includes three (3) face-to-face visits through both ComPsych Guidance Resources and Ability Assist with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

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

Are Services Confidential?

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

ComPsych Guidance Resources and Ability Assist
ComPsych Guidance Resources: (800) 327-1850
Ability Assist: (800) 964-3577 | www.guidanceresources.com
County ID: HLF902
County ID Name: Abili

Supplemental Insurance - Aflac

Aflac offers a variety of supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction on a pre-tax basis. Aflac pays money directly to the employee, regardless of what other insurance plans the employee may have. To learn more about these Aflac plans and/or to schedule a personal appointment, contact the local Aflac agent. Details regarding available Aflac plans and services are also available online at www.aflac.com.

Available plans include:

- ✓ Accident Advantage Plan
- ✓ Cancer Protection Assurance Plan
- ✓ Critical Care Plan
- ✓ Hospital Choice Plan (Option 1 & 2)
- ✓ Vision Now Plan

Aflac | www.aflac.com
Agent: Marianne Booth | Phone: (727) 422-2602
Email: marbooth01@gmail.com

Supplemental Insurance - Aflac *(Continued)*

Accident Advantage Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Semi-Monthly Plan A (Clerical)	$10.66	$17.49	$19.05	$27.56
Semi-Monthly Plan B (Non-Clerical)	$12.16	$19.11	$21.58	$29.51
Monthly Plan A (Clerical)	$21.32	$34.97	$38.10	$55.12
Monthly Plan B (Non-Clerical)	$24.31	$38.22	$43.16	$59.02

Cancer Protection Assurance Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Semi-Monthly	$19.04	$32.94	$19.04	$32.94
Monthly	$38.08	$65.87	$38.08	$65.87

Critical Care Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Semi-Monthly				
Age 18-35	$8.45	$16.25	$14.36	$18.40
Age 36-45	$11.96	$21.52	$16.96	$23.40
Age 46-55	$17.68	$33.08	$21.84	$35.10
Age 56-70	$24.44	$47.19	$30.81	$50.50
Monthly				
Age 18-35	$16.90	$32.50	$28.73	$36.80
Age 36-45	$23.92	$43.03	$33.93	$46.80
Age 46-55	$35.36	$66.17	$43.68	$70.20
Age 56-70	$48.88	$94.38	$61.62	$101.00

Hospital Choice Option Plan 1 & 2	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Semi-Monthly				
Age 18-49	$14.43 / $23.66*	$23.47 / $40.37*	$22.82 / $35.56*	$27.70 / $44.86*
Age 50-59	$15.47 / $27.30*	$25.68 / $49.15*	$23.41 / $37.91*	$28.22 / $52.47*
Age 60-75	$15.80 / $31.21*	$26.13 / $55.51*	$23.93 / $42.98*	$29.13 / $60.53*
Monthly				
Age 18-49	$28.86 / $47.32*	$46.93 / $80.74*	$45.64 / $71.12*	$55.38/$89.70
Age 50-59	$30.94 / $54.60*	$51.36 / $98.30*	$46.82 / $75.82*	$56.44 / $104.94*
Age 60-75	$31.60 / $62.42*	$52.26 / $111.02*	$47.86 / $85.96*	$58.26 / $121.06*

Please note: There is a Hospital Choice Buy-Up (Option 2) Plan available. Please contact your Aflac representative for more information.
*A Hospital Stay and Surgical Care Rider can be purchased for an additional fee, but requires approval from underwriting.

Vision Now Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Semi-Monthly				
Age 18-39	$5.40	$8.52	$8.91	$11.25
Age 40-49	$7.35	$12.42	$10.27	$14.56
Age 50-70	$11.05	$19.05	$12.81	$19.44
Monthly				
Age 18-39	$10.80	$17.04	$17.82	$22.50
Age 40-49	$14.70	$24.84	$20.54	$29.12
Age 50-70	$22.10	$38.10	$25.62	$38.88

Legal & Identity Theft Plan

The County offers employees the opportunity to participate in a voluntary pre-paid legal program offered through LegalShield. By enrolling in the legal plan, a participant and their family will have direct access to a nationwide network of law firms who will provide direct access for a variety of situations. The plan provides assistance, but is not limited to the following benefits:

- ✓ Divorce
- ✓ Child Custody & Support
- ✓ Civil Litigation
- ✓ Bankruptcy
- ✓ Name Changes
- ✓ Criminal Defense
- ✓ Traffic Tickets
- ✓ Wills & Living Trusts
- ✓ Real Estate
- ✓ Credit Report Issues
- ✓ Contract Review
- ✓ Adoption

The County also offers employees the opportunity to participate in an identity theft plan IDShield through LegalShield which protects employee, spouse and children. IDShield can provide consultation with licensed fraud investigators, credit report with analysis, privacy & security monitoring, credit monitoring and full restoration benefits should the employee or covered family member become a victim of identity theft. There are many additional features offered along with the plan benefits such as licensed investigators available 24 hours a day, seven (7) days a week, lost wallet assistance and fraud alerts.

There are several levels of coverage options that may be purchased. The cost for each option is listed below:

Semi-Monthly Cost	LegalShield	IDShield	Combined (LegalShield & IDShield)
Individual	$7.98	$3.48	$10.95
Family	$7.98	$6.48	$13.50

Monthly Cost	LegalShield	IDShield	Combined (LegalShield & IDShield)
Individual	$15.95	$6.95	$21.90
Family	$15.95	$12.95	$27.00

Plan benefits include unlimited phone consultations. For additional information please contact the County's dedicated Agent Barry Olfern as listed below.

LegalShield
Customer Service: (888) 807-0407 | benefits.legalshield.com/hernandocounty
Agent: Barry Olfern | Office: (954) 921-7707 | Cell: (954) 655-2446
Email: barryolfern@legalshieldassociate.com

457 Deferred Compensation Plans

The County offers employee a 457 Deferred Compensation Plan for retirement savings through Nationwide Retirement Solutions. For information regarding the 457 Deferred Compensation plan, please contact Human Resources or the Nationwide service representatives listed below.

Nationwide Retirement Solutions
Agent: Steve M. Duganieri, CRC- Retirement Specialist
Phone: (877) 677-3678 | Cell: (631) 767-2308 | Fax: (866) 902-1457
Email: dugans4@nationwide.com

Agent: Denny Davis, MBA, ChFC, CLU, CRC-Retirement Specialist
Phone: (877) 677-3678 | Cell: (813) 973- 8382 | Fax: (877) 677-4329
Email: davisd53@nationwide.com

Florida Retirement System – FRS

The FRS offers employees valuable support to help make informed decisions about personal retirement goals. The services are free, unbiased and confidential. To learn more about this plan, please contact Florida Retirement System at (844) 377-1888.

MyFRS Financial Guidance Line
Phone: (866) 446-9377 *(Mon-Fri. 9am - 8pm)* | www.myfrs.com

Hernando County Wellness Center

The Wellness Center Offers Many Benefits!

Available to all employees, spouses and dependents (age 2 and up) on the medical plan.

- ✓ Completely Confidential
- ✓ Minimal Waiting Room Time
- ✓ Full-Service Primary Care
- ✓ On-Site Lab Draws
- ✓ On-Site Generic Prescriptions
- ✓ Personal Health Assessment (PHA)
  - PHA blood draw to identify risk factors
  - PHA LIVE - Video based personal PHA Summaries
  - CONFIDENTIAL PHA booklet mailed home which displays results as well as tips for improvement
  - Friendly follow-up by phone for urgent results
  - Physician follow-up in clinic
- ✓ Health Coach Services
- ✓ Wellness Program Classes
- ✓ Health Passport Wellness Program Website
- ✓ CareATC App
- ✓ CareATC Virtual Visits - Telemedicine visits and phone appointments with a CareATC provider
- ✓ Convenient Prescription Mail Service (90 Day Supply)
- ✓ Wellness Challenges

What Can be Treated?

- ✓ Adult Immunizations
- ✓ Allergies
- ✓ Asthma
- ✓ Cold and Flu
- ✓ Congestion
- ✓ Diabetes Management
- ✓ Headaches
- ✓ High Blood Pressure
- ✓ High Cholesterol
- ✓ Lab Work/Tests
- ✓ Physicals
- ✓ Tobacco Cessation
- ✓ Pre Employment Health Screenings
- ✓ Health Coaching

Location and Hours

Hernando County Wellness Center
20186 Cortez Blvd., Brooksville, FL 34601 | Phone: (800) 993-8244
Visit: patients.careatc.com | Download: Careatc App

Hours of Operation

Monday	7:30 am – 5:00 pm
Tuesday	7:30 am – 5:00 pm
Wednesday	7:00 am – 6:00 pm
Thursday	7:30 am – 5:00 pm
Friday	7:00 am – 5:00 pm

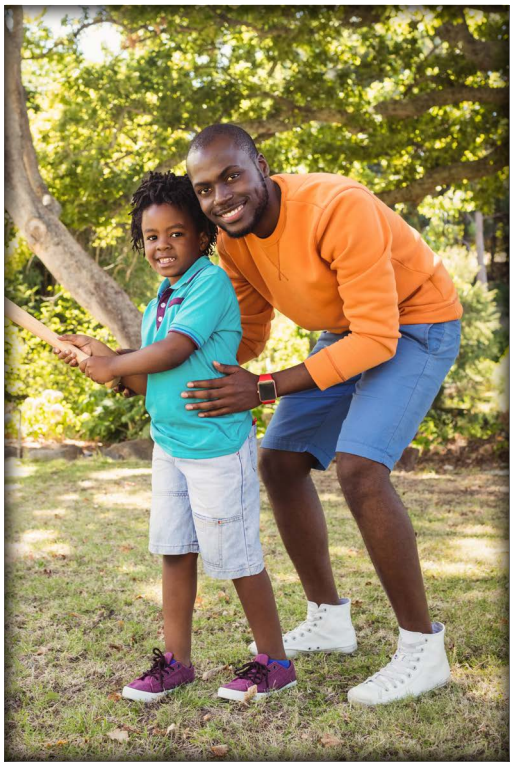
GEHRING® GROUP

EMPLOYEE BENEFITS | RISK MANAGEMENT

4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970
www.gehringgroup.com

FINAL Revised 1
Last Modified: September 25, 2020 8:58 AM

Exhibit C
Sample Employee Communications



Employee Benefits Open Enrollment

Plan Year Effective October 1, 2019 through September 30, 2020

Open Enrollment information, including tobacco testing can be found on the Employee Intranet and/or the BOCC Website. Please feel free to contact Human Resources at 352-527-5370 for more information.
Open Enrollment changes will be accepted on July 15th through August 16th.

All benefit eligible employees may make new insurance elections or changes to their current coverage for the new plan year effective October 1, 2019. To learn more about your insurance benefits, you may attend one of the following informational meetings:

Tuesday, July 16, 2019	Wednesday, July 17, 2019	Thursday, July 18, 2019	
Inverness Court House (Board Chambers)	Lecanto Government Building (Room 280)	Transit Complex	Community Resource Center (Training Room)
7:30 a.m. - 8:30 a.m.	7:00 a.m. - 8:00 a.m.	7:30 a.m. - 8:30 a.m.	11:00 a.m. - 12:00pm
9:00 a.m. - 10:00 a.m.	8:00 a.m. - 9:00 a.m.	9:00 a.m. - 10:00 a.m.	1:30 p.m. - 2:30 p.m.
10:30 a.m. - 11:30 a.m.	9:30 a.m. - 10:30 a.m.		3:00 p.m. - 4:00 p.m.
1:00 p.m. - 2:00 p.m.	11:00 a.m. - 12:00 p.m.		
	1:30 p.m. - 2:30 p.m.		
	3:00 p.m. - 4:00 p.m.		

Tobacco testing sites will be open during the July 15th through August 16th Open Enrollment period.

HERNANDO COUNTY FLORIDA

2019-2020 EMPLOYEE BENEFIT ON-LINE OPEN ENROLLMENT

BEGINS MONDAY, JULY 22 - ENDS FRIDAY, AUGUST 2

OPEN ENROLLMENT ONE-ON-ONE SERVICE DATES

Mon., July 22	Tues., July 23	Wed., July 24	Thurs., July 25	Fri., July 26
DPW 7:30am - 4:30pm	**Wiscon HCUD** 7:30am - 11:30am **Landfill** 1:00pm - 4:00pm	**HCFR Westside Training Room** 8:00am - 11:30am **Building Dept.** 1:00pm - 4:30pm	**West Hernando Library** 10:00am - 12:00pm **HCUD Admin.** 1:30pm - 4:30pm	**HCUD Admin.** 8:00am - 11:00am
Mon., July 29	**Tues., July 30**	**Wed., July 31**	**Thurs., August 1**	**Fri., August 2**
Spring Hill Library 9:00am - 11:00am **BOCC Chambers** 1:00pm - 4:30pm	**Health Department Classroom B** 8:30am - 11: 30am **Wiscon HCUD** 1:00 pm - 3:30 pm	**HCFR Headquarters** 8:00 am - 12:00 pm **Parks & Rec.** 1:00 pm - 4:00 pm	**HCFR Headquarters** 8:00 am - 12:00 pm **Animal Services** 1:00 pm - 4:00 pm	**BOCC Chambers** 8:30am - 4:00pm

During Open Enrollment, employees may view current benefit elections and make plan changes as well as UPDATE Life insurance beneficiaries on Bentek!

www.mybentek.com/hernandocounty

Bentek Support Line: (888) 5-Bentek (523-6835)

OPEN ENROLLMENT IS HERE!

Plan Year: January 1, 2021 - December 31, 2021

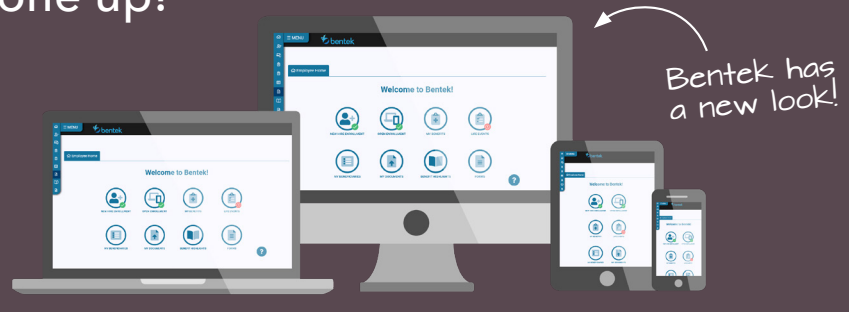
OPEN ENROLLMENT

Benefit eligible employees may make new benefit elections or changes to their current elections during the 2021 Open Enrollment period which begins October 19th through November 13th. All new elections or changes made during Open Enrollment will be effective January 1, 2021.

An Aflac Representative and Benefits Administrator will be available during the dates listed below to assist employees with questions and/or making benefit changes in Bentek.

This will be appointment only so space is limited which will allow us to properly socially distance and disinfect the area in between each appointment for your safety. If you are interested in scheduling an appointment please email Ashley Collier acollier@martin.fl.us to set one up!

To access the site go to:
www.mybentek.com/martincounty



MEETING SCHEDULE

DATE	TIME	LOCATION
Thursday, October 22	9:00am – 11:00am 2:00pm – 4:00pm	**Administration Building** 4th Floor Workshop Conf Rm
Wednesday, October 28	8:00am – 10:30am	**Fire Rescue** Public Safety Complex, Conf Rm 286
Thursday, October 29	8:00am – 10:30am	**Fire Rescue** Public Safety Complex, Conf Rm 286
Friday, October 30	8:00am – 10:30am	**Fire Rescue** Public Safety Complex, Conf Rm 286
Friday, November 13	9:00am – 11:00am 2:00pm – 4:00pm	**Administration Building** 4th Floor Workshop Conf Rm

OPEN ENROLLMENT
AUGUST 1 – 30

CHARLOTTE COUNTY
FLORIDA

2019 | 2020

Open Enrollment Reminder – If you are not making any changes to benefit elections or dependents your elections will automatically re-enroll in current coverage.

If making benefit changes for the 2019-2020 Plan year, such as adding or deleting dependents, changing beneficiaries, or adding/changing coverage please login and follow these simple steps:

1. Log on to https://mybentek.com/charlottecounty
2. Enter Username and Password or choose Forgot Username and Password to create new
3. Click on MENU and select Employee Benefits Center and click on Open Enrollment
4. Once you complete your elections, click SUBMIT

Remember to add your email address to Bentek

We are asking all employees to login to Bentek and add/update your personal e-mail address. This will enable us to communicate better so you and your family can receive important benefit information.

1. Login to https://www.mybentek.com/charlottecounty
2. Enter Username and Password > Home Page will prompt you to add your email address
3. Enter email address and select "SAVE ABOVE EMAIL ADDRESS AND SEND CONFIRMATION EMAIL"
4. Go to personal email you have linked to your Bentek account, you should have received an email from no-reply@mybentek.com and click the Confirm Email Address to receive notifications

Benefit Enrollment Has Never Been Easier!

To access your benefits online, visit the Employee Benefits Center at:

www.mybentek.com/charlottecounty

WORKING *Our Way To* WELLNESS

You're invited to our Health Fair on Friday, September 14th at The Village of Palm Springs

Time: 10:00am – 2:00pm
Location: Council Chambers

Join us in meeting the participating vendors and learn from the variety of information they will have to offer to you. There will be raffles, giveaways and healthy snacks for you.

Employees will have the option to have a finger stick screening. Results are immediate and included is an 1-1 consultation with the Coach to review the numbers. **Space is limited, so please contact the Human Resources Department to reserve your time slot. Fasting is NOT required.**

If you have any questions, please contact:
Janette M. Piedra | Phone: (561) 434-5082
jpiedra@vpsfl.org

THE VILLAGE OF PALM SPRINGS
Garden Spot of Palm Beach County
FLORIDA

Martin County

BOARD OF COUNTY COMMISSIONERS

PLAN YEAR: JANUARY 1, 2014 - DECEMBER 31, 2014

OPEN ENROLLMENT

Benefit eligible employees may make new benefit elections or changes to their current elections during the 2014 Open Enrollment period which begins October 21st and runs through November 19th.

All new elections or changes made during Open Enrollment will be effective January 1, 2014.

All benefit eligible employees are invited to attend one of the Open Enrollment information meetings scheduled below.

MEETING SCHEDULE

Tuesday, October 22 – 10:00 AM & 11:00 AM
Martin County Property Appraiser's

Thursday, October 24 – 9:00 AM
Martin County Tax Collector (Willoughby Blvd)

Thursday, October 24 – 11:00 AM
Martin County Public Safety Complex –
Fire Rescue Conference Room

Thursday, October 24 – 1:30 PM & 3:30 PM
Martin County Courthouse - Jury Assembly Room

Friday, October 25 – 8:30 AM
Martin County Public Safety Complex –
Fire Rescue Conference Room

Friday, October 25 – 11:00 AM
Martin County General Services – GSD Conference Room

Friday, October 25 – 2:00 PM
Martin County Admin Bldg - Workshop Conference Room

Monday, October 28 – 9:00 AM
Building Department - BD Conference Room

Monday, October 28 – 11:00 AM
Martin County Admin Bldg - Workshop Conference Room

Monday, October 28 – 2:00 PM ***RETIREES ONLY***
Martin County Admin Bldg - Commission Chambers

Tuesday, October 29 – 9:00 AM
Martin County Tax Collector (Hobe Sound)

Tuesday, October 29 – 11:00 AM
Martin County Public Safety Complex –
Fire Rescue Conference Room

Wednesday, October 30 – 9:00 AM
Parks Department - Frances Langford Dockside Pavillion

Tuesday, November 19 – 9:00 AM - 4:00 PM
Martin County Admin Bldg –
Growth Management Conference Room

THIS IS THE LAST DAY TO MAKE CHANGES!
A Benefits Administrator and Aflac Representative will be onsite to assist those with last minute changes.

BENEFITS FAIR

WEDNESDAY, OCTOBER 23, 2013

9:00 AM - 1:00 PM

Blake Library – John F. Armstrong Wing
2351 SE Monterey Road, Stuart, Florida

2016-2017
OPEN ENROLLMENT

August 29th - September 13th, 2016

Attendance is not mandatory; however, it is strongly recommended. Representatives will be available on site to answer any questions you may have. Spouses and children are more than welcome to attend.

OPEN ENROLLMENT SCHEDULE

Tuesday, August 23rd
2:00 p.m. – 4:00 p.m.
Location: Commission Chambers
Event: General Assembly

Wednesday, August 24th
9:00 a.m. – 11:00 a.m.
Location: Commission Chambers
Event: General Assembly

ONE STOP SHOP ON:

Wednesday, August 31st
1:00 p.m. – 6:00 p.m.
Location: P&Z Room & Commission Chambers
Event: One Stop Shop

Thursday, September 1st
6:30 a.m. – 1:00 p.m.
Location: P&Z Room & Commission Chambers
Event: One Stop Shop

Monday, September 12th
1:00 p.m. – 6:00 p.m.
Location: P&Z Room & Commission Chambers
Event: One Stop Shop

Tuesday, September 13th
6:30 a.m. – 1:00 p.m.
Location: P&Z Room & Commission Chambers
Event: One Stop Shop

City of Coconut Creek Florida

If you have any questions, please contact Human Resources at 954-956-1451.

2020 | 2021 BENEFITS FAIR

Open Enrollment is the time of year employees can make changes to their benefit elections; such as add dependents, drop dependents, enroll into coverage, drop coverage, or change plans.

All new elections and changes made during Open Enrollment will be effective October 1, 2020. The Open Enrollment period this year begins July 20 and ends on August 14. Employees are required to complete the **mandatory** Employee Benefits Enrollment via ADG/Timecard. **Online enrollment must be completed by Friday, August 14.**

Please stop by the Main Sheriff's Office on one of the following dates and times:

Main Sheriff's Office | 2601 E Irlo Bronson Memorial Hwy, Kissimmee, FL 34744

Date	Time	Location
Tuesday, July 21, 2020	11:00am - 6:00pm	Training Room B & C
Wednesday, July 22, 2020	11:00am - 6:00pm	Training Room C & Patrol Briefing Room
Tuesday, July 28, 2020	11:00am - 6:00pm	Training Room B & C
Wednesday, July 29, 2020	11:00am - 6:00pm	Training Room B & C
Spouses are welcome to attend sessions.		

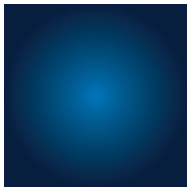
Vendors will be available to meet with you, answer questions and review benefits.

- MyHealth Onsite
- The Standard *(Life & Disability)*
- Aflac*
- Colonial*
- LegalShield*
- New York Life*
- ICMA-RC*
- PBA*

Employees must meet with these vendors to enroll or make changes to current benefits.

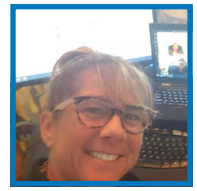
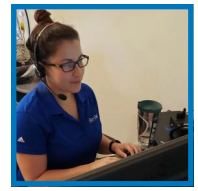
OCSOWell

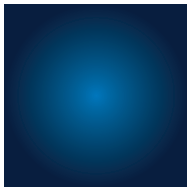
We look forward to seeing everyone then!



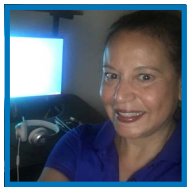


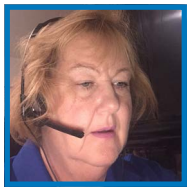


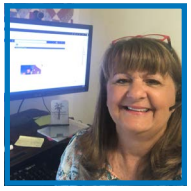





During this unprecedented time...We are working from home but working hard to support you!







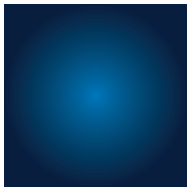
DO YOU HAVE QUESTIONS ABOUT YOUR EMPLOYEE INSURANCE BENEFITS?
ARE YOU RECEIVING BILLS FROM A PROVIDER AND NOT SURE WHY?

Let us help you!

Contact our team at the Gehring Group for assistance with any questions or concerns.
Call Toll Free (800) 244-3696

Please include the following information if leaving a message:	For your privacy, please **do not** include:
▪ First & Last Name ▪ Brief Description of Your Question ▪ Your Contact Information ▪ Your Employer's Name	▪ Social Security Number ▪ Date of Birth ▪ Member ID

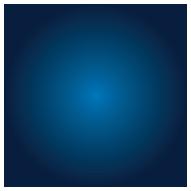
A member of our team will contact you via a secure email or telephone call to gather additional information that may be necessary to further assist you.









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Essential Resources in Challenging Times

Taking care of yourself, family and friends during the outbreak of COVID-19 is challenging and many of us may be experiencing:

- Stress and Anxiety
- Loneliness/Isolation
- Depression
- Grief
- Relationship Issues
- Financial Concerns

We have listed below free resources available to help you through these challenging times. By clicking on the underlined statements below, the website for each resource can be accessed.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Provides access to licensed mental health professionals through a program protected by state and federal laws
- Available 24 hours a day/7 days a week
- Confidential

New Directions | (800) 624-5544 | www.ndbh.com | Access Code: SGE3F

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

- Coping with Stress and COVID-19

CDC Website Stress and Coping

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

- Coping with Grief and COVID-19

APA Coping with Grief during COVID-19

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) – (800) 662-4357

- A treatment referral and information service for individuals and families facing mental and/or substance use disorders

SAMHSA Helpline

NATIONAL DOMESTIC VIOLENCE HOTLINE
(800) 799-7233

- Provides immediate support to empower victims

Domestic Violence Hotline

VICTIM CONNECT RESOURCE CENTER
(855) 484-2846

- National Hotlines for Domestic Violence

Victim Connect Resource

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- Protecting Your Mental Health during COVIV-19

American Foundation for Suicide Prevention

NATIONAL SUICIDE PREVENTION HOTLINE
(800) 273-8255

NATIONAL CRISIS TEXT LINE: Text HOME to 741741

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During these unprecedented times... We are working hard to support you while keeping everyone safe!

This year benefit education meetings may require a different presentation style. As a result, our team has prepared creative options for your upcoming Open Enrollment Season.

- **Live Virtual Open Enrollment Presentation** – prepared and presented through Microsoft Teams, (or other safe host platform), utilizing scheduled meeting times with your staff and presented live by your Gehring Group Account Manager.
- **Pre-recorded Open Enrollment Presentation** – prepared and presented by your Gehring Group Account Manager and sent as a safe link to share with staff through your internal intranet or email. This option can be viewed as a scheduled meeting or posted for accessibility when convenient on laptops, tablets, smart phones, or desktops. This presentation can also serve as an additional resource for future New Hire Orientation meetings.
- **Pre-recorded Voiceover PowerPoint Presentation** – prepared pre-recorded presentation with accompanied PowerPoint. Once complete the pre-recorded presentation will be sent as a safe link to share with staff through your internal intranet or email. This option can be viewed as a scheduled meeting or posted for accessibility when convenient on laptops, tablets, smart phones, or desktops. This presentation can also serve as an additional resource for future New Hire Orientation meetings.
- **Bentek Admin Assist** - a new and convenient virtual option to assist employees with the Bentek enrollment process. This is recommended as a scheduled appointment meeting, individual assist format.

Contact your Gehring Group Account Manager to discuss the most effective option for your team and organization.

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Important Change to FSA, HSA and HRA* Eligible Expenses

The "Coronavirus Aid, Relief, and Economic Security Act" (the CARES Act) was signed and passed on March 27, 2020. One aspect of the Act repeals the rule enacted in the Affordable Care Act that prohibited over-the-counter medicines (i.e., non-prescribed) other than insulin from being "qualified medical expenses."

NEWLY DEFINED ELIGIBLE EXPENSES

Over the counter (OTC) drugs and medicines are now eligible for reimbursement from a Flexible Spending Account (FSA), Health Savings Account (HSA), or, if applicable* Health Reimbursement Account (HRA). Menstrual products are also now eligible for reimbursement. This is a permanent change.

HOW SOON CAN I USE MY DEBIT CARD ON THESE NEWLY ADDED ELIGIBLE EXPENSES?

Retailers systems may not recognize this newly passed legislation or instantaneously accept an FSA debit card. Cards issued by FSA administrators are controlled by various systems to confirm the cards are only used for eligible expenses. Retailers such as CVS, Walgreens, Wal-Mart, Publix, as well as smaller stores use IIAS (Inventory Information Approval Systems) Merchant Certification along with their own inventory and point-of-sale systems to verify that the merchandise being purchased with a FSA card is an eligible medical expense.

The ability to use an FSA card for these newly defined OTC items at all retailers may not come online at the same time. The larger retailers will likely come on first, and the smaller ones may not be "live" for months.

***Please Note:** HRA monies are funded by your employer. Some funding arrangements may only allow monies to be used for expenses, such as copayments, deductibles, and coinsurance. Please contact HRA administrator for more details.*

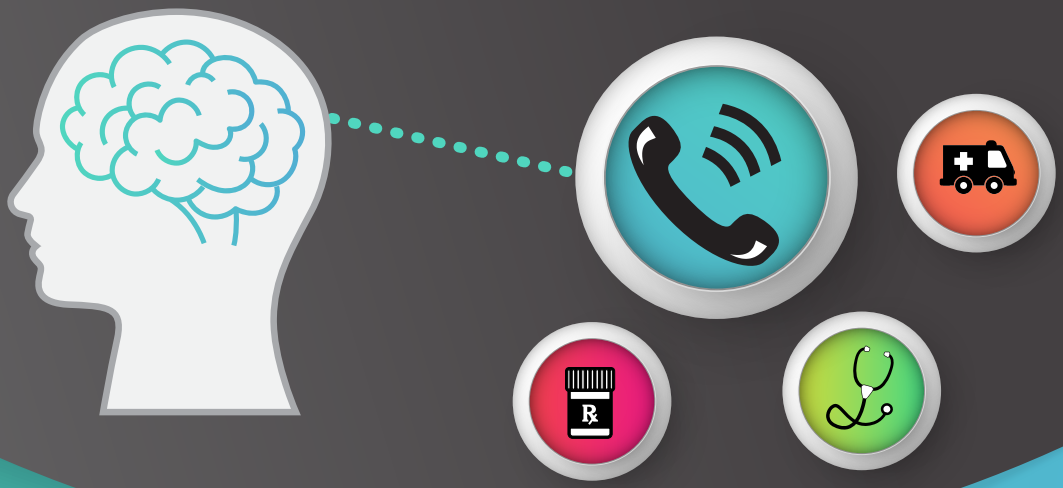
Questions About Eligible Expenses?

If issues arise with using your debit card for newly allowable expenses, you may:

1. Check with larger retailers first as it is expected their systems will recognize the newly allowable expenses sooner.
2. Pay at "point of sale" and submit documentation for reimbursement to your FSA administrator. For additional information on your FSA administrator and contact information please refer to your Employee Benefit Highlights booklet or contact:

Chard Snyder | Customer Service: (800) 982-7715; (833) 212-1988 | www.chard-snyder.com

First Line of Defense to Screen for COVID-19



Virtual Care and the Coronavirus

Cigna provides access to virtual care services as part of the medical plan. AmWell and MDLIVE are convenient phone and video consultation companies that provides immediate medical assistance for many conditions.

As concerns about the COVID-19 continue to rise and spread, AmWell and MDLIVE are available should a member believe that they are showing symptoms of the virus. It is recommended that a member call their PCP or use virtual care services prior to going to their PCP's office, urgent care or an emergency room. This is to protect patients who are seeking medical attention who are more susceptible to contract the virus.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues.

For further information please contact AmWell and MDLIVE.

Cigna

AmWell | Customer Service: (855) 667-9722 | www.AmWellforCigna.com
MDLIVE | Customer Service: (888) 726-3171 | www.MDLIVEforCigna.com

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Health Benefits Fair

SEPTEMBER 4
9:00 AM - 1:00 PM

at the

DAVID R. SCHECHTER CENTER GYM

ALL FULL-TIME EMPLOYEES ARE REQUIRED TO STOP IN

REQUIRED ONLINE ENROLLMENT THROUGH BENTEK

Visit www.mybentek.com/satellitebeach

Open Enrollment is online! BenTek is an internet based benefits enrollment system that allows you to do the following 24 hours a day / 7 days a week during the Open Enrollment period:

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

Please note the City's online benefits enrollment system,
BenTek will be open from Monday, September 2nd to Friday, September 13th

2016 Fit2Serve Event

March 1, 2016 • 10AM - 3PM

Parks and Recreation, 6199 NW 10th Street, Margate

Let's show Cigna that we are Fit2Serve

Biometric Testing

All City of Margate full-time employees eligible to receive free biometric testing (*If you do not have City of Margate health insurance, please see HR for alternate arrangements for rewards*).

1. Complete your mycigna.com health assessment
2. Bring any written form of proof of physical activity
   (ex. 1 week workout log, printout of gym log ins, activity tracker log)
3. Complete a Biometric test on site, or bring proof of 2016 Biometric check

Receive on-site a $50 American Express Gift Card!
(taxed as income)

- **Wellness Vendors**
- **Mammovan**
- **MDNow Urgent Care**
- **Cigna Health Insurance**
- **Cigna Life Insurance**
- **OneBlood Van**
- **Nationwide 457**
- **Pre-Paid Legal**
- **HCA Northwest Medical**
- **Employee Assistance Plan and more...**

Have an activity tracker or pedometer and don't know how to use it?

Bring it to the event, and we'll show you how to get the most out of what you already have!

CITY OF MARGATE
Together We Make It Great

CITY OF
MARGATE

Protect yourself and those around you.

Get a Free Flu Shot.

According to the Centers for Disease Control and Prevention (CDC), the best way to prevent the flu is by getting vaccinated each year.

Flu Shots are free for employees and their dependents who participate in the health insurance programs offered through the City of Parkland. If you are a part-time employee or are currently not enrolled in the City's medical plan, but would like a flu shot (or have a dependent who wants a flu shot), please see Human Resources for more details.

FRIDAY
OCTOBER 21, 2016

LOCATION: CITY HALL

TIME: 10:00AM - 12:00PM

- ✓ **FREE for Insured Employees**
  (Accepting most insurance carriers)
- ✓ **Please bring Insurance ID and Photo ID**
- ✓ **Uninsured cost of vaccination is $26.99**

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

GEHRING GROUP

Exhibit D
Sample Employee Benefit Newsletters

Proposed Rules on Wellness Program Incentives Withdrawn

On Feb. 12, 2021, the Equal Employment Opportunity Commission (EEOC) withdrew two proposed rules it previously issued in January 2021, on wellness programs under the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA).

Overview of the Proposed Rules

These proposed rules were issued in response to a federal court decision that vacated a portion of EEOC regulations describing the incentives that an employer could offer:

- Under the ADA as part of wellness programs that ask about employees' health and/or ask them to undergo medical examinations; or
- Under GINA to an employee whose spouse provides information about the spouse's manifestation of disease or disorder as part of a wellness program.

The proposed rules would have generally allowed only *de minimis* incentives to be offered for wellness program participation. Exceptions allowing larger incentives would have applied to health-contingent wellness programs that are part of, or qualify as, group health plans under the ADA rules.

Withdrawal

These proposed rules were withdrawn because they were not published by Jan. 20, 2021, the time of President Joe Biden's inauguration. Upon inauguration, the president issued a memorandum requiring all agencies to immediately withdraw any proposed rules that had not yet been published.

As a result, the next steps for these proposed rules are currently under consideration by the EEOC. This means that significant confusion remains for employers regarding what incentives, if any, they may offer employees.

Gehring Group will host a webinar in coordination with Seyfarth once new guidance is issued by the current administration.

Highlights

- The EEOC removed the incentive limits from prior final rules, effective Jan. 1, 2019, due to a court ruling that invalidated the limits.
- The proposed rules would have established a *de minimis* incentive limit to be offered for wellness program participation.
- The next steps for these proposed rules are currently under consideration.

These rules were withdrawn due to a Jan. 20, 2021, White House memorandum requiring all unpublished proposed rules to be withdrawn.

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EMPLOYEE BENEFITS | RISK MANAGEMENT

DOL Guidance on COVID-19 Relief for Employee Benefit Plans

On Feb. 26, 2021, the Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) issued Disaster Relief Notice 2021-01 to provide guidance on the duration of the COVID-19-related relief regarding certain employee benefit plan deadlines during the Outbreak Period.

The relief requires employers to disregard the Outbreak Period when enforcing certain employee benefit plan deadlines and gives plan sponsors additional time to distribute plan notices and disclosures. Under federal law, this period cannot exceed one year. Because the Outbreak Period began on March 1, 2020, the relief was expected to expire on Feb. 28, 2021. However, this guidance allows the relief to extend beyond this date in some situations.

Application of the One-year Limit

The DOL Notice interprets the one-year limit on the relief related to the Outbreak Period to begin on the date the action would otherwise have been required in a given situation. Specifically, individuals and plans will have the applicable periods disregarded until the earlier of:

- One year from the date they were first eligible for relief; or
- 60 days after the announced end of the National Emergency (the end of the Outbreak Period).

On the applicable date, the time frames for individuals and plans with periods that were previously disregarded will resume. In no case will a disregarded period exceed one year.

Examples

The Notice provides the following examples to illustrate EBSA's guidance on the duration of the relief:

- If a qualified beneficiary would have been required to make a COBRA election by March 1, 2020, that requirement is delayed until Feb. 28, 2021. This date is the earlier of one year from March 1, 2020, or the end of the Outbreak Period (which remains ongoing).
- If a qualified beneficiary would have been required to make a COBRA election by March 1, 2021, that election requirement is delayed until the earlier of one year from that date (that is, March 1, 2022) or the end of the Outbreak Period.

Outbreak Period

- Began on March 1, 2020.
- Continues until 60 days after the announced end of the COVID-19 National Emergency (or other date announced in a future notification).
- By law, cannot exceed one year.
- Separate from the public health emergency declared by the Department of Health and Human Services, which expires after 90 days unless an extension is issued. The most recent extension lasts through April 20, 2021.

Plan administrators should continue to make reasonable accommodations to prevent the loss of or delay in payment of benefits.

- If a plan would have been required to furnish a notice or disclosure by **March 1, 2020**, the relief would end with respect to that notice or disclosure on **Feb. 28, 2021**. The responsible plan fiduciary would be required to ensure that the notice or disclosure was furnished on or before March 1, 2021.

In all of these examples, the delay for actions required or permitted that is provided by the Notices does not exceed one year.

Reasonable Accommodations

The DOL recognizes that plan participants and beneficiaries may continue to encounter problems when the relief described above is no longer available, due to the one-year limit. Accordingly, plan fiduciaries should make reasonable accommodations to prevent the loss of or undue delay in payment of benefits in these cases and should take steps to minimize the possibility of individuals losing benefits because of a failure to comply with pre-established time frames.

- The administrator or other fiduciary should consider affirmatively sending a notice regarding the end of the relief period when individuals are at risk of losing coverage.
- Plan disclosures issued prior to or during the pandemic may need to be reissued or amended if those disclosures failed to provide accurate information regarding the time in which participants and beneficiaries were required to take action (for example, COBRA election notices and claims procedure notices).
- In the case of ERISA group health plans, plans should consider ways to ensure that participants and beneficiaries who are losing coverage under their group health plans are made aware of other coverage options that may be available to them, including the opportunity to obtain coverage through the Exchange in their state.

The DOL also acknowledges that full and timely compliance with ERISA's disclosure and claims processing requirements by plans and service providers may not always be possible. In the case of fiduciaries that have acted in good faith and with reasonable diligence under the circumstances, the DOL's approach to enforcement will be marked by an emphasis on compliance assistance, and includes grace periods and other relief.

Health FSA Limit will Remain the Same for 2021

The Affordable Care Act (ACA) imposes a dollar limit on employees' salary reduction contributions to health flexible spending accounts (FSAs) offered under cafeteria plans. This dollar limit is indexed for cost-of-living adjustments and may be increased each year.

On Oct. 27, 2020, the IRS released Revenue Procedure 2020-45 (Rev. Proc. 20-45), which announced that the health FSA dollar limit on employee salary reduction contributions will **remain at $2,750 for taxable years beginning in 2021**. It also includes annual inflation-adjusted numbers for 2021 for a number of other tax provisions.

Employers should ensure that their health FSAs will not allow employees to make pre-tax contributions in excess of $2,750 for the 2021 plan year, and communicate the 2021 limit to their employees as part of the open enrollment process.

Employer Limits

An employer may continue to impose its own dollar limit on employees' salary reduction contributions to health FSAs, as long as the employer's limit does not exceed the ACA's maximum limit in effect for the plan year. For example, an employer may decide to limit employee health FSA contributions for the 2021 plan year to $2,500.

Per Employee Limit

The health FSA limit applies on an employee-by-employee basis. Each employee may only elect up to $2,750 in salary reductions in 2021, regardless of whether he or she also has family members who benefit from the funds in that FSA. However, each family member who is eligible to participate in his or her own health FSA will have a separate limit. For example, a husband and wife who have their own health FSAs can both make salary reductions of up to $2,750 per year, subject to any lower employer limits.

Highlights

- The IRS announced that the health FSA dollar limit will remain at $2,750 for 2021.
- Employers may continue to impose their own dollar limit on employee salary reduction contributions to health FSAs, up to the ACA's maximum.
- Employers should communicate their 2021 limit to their employees as part of the open enrollment process.

The health FSA dollar limit on employee salary reduction contributions will remain at $2,750 for taxable years beginning in 2021.

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EMPLOYEE BENEFITS | RISK MANAGEMENT

Final Forms and Instructions for 2020 ACA Reporting Released

The Internal Revenue Service (IRS) released **final 2020 forms and instructions** for reporting under Internal Revenue Code (Code) Sections 6055 and 6056.

- **2020 Form 1094-B and Form 1095-B (and related instructions)** will be used by providers of minimum essential coverage (MEC), including self-insured plan sponsors that are not ALEs, to report under Section 6055.
- **2020 Form 1094-C and Form 1095-C (and related instructions)** will be used by applicable large employers (ALEs) to report under Section 6056, as well as for combined Section 6055 and 6056 reporting by ALEs who sponsor self-insured plans.

These forms and instructions include a number of changes and clarifications related to 2020 reporting.

- The deadline for furnishing statements to individuals under Sections 6055 and 6056 has been **extended to March 2, 2021**.
- **Relief from penalties** for reporting incorrect or incomplete information, and providing individual statements under Section 6055 only upon request, has been extended to 2020 reporting.
- **The "Plan Start Month" box is now required for 2020 reporting**.

Changes were also made to Forms 1095-B and 1095-C related to offers of individual coverage health reimbursement arrangements (ICHRAs).

Action Steps

Employers should become familiar with these forms and instructions for reporting for the 2020 calendar year. Individual statements must be furnished by March 2, 2021, and IRS returns must be filed by Feb. 28, 2021 (March 31, 2021, if filed electronically).

Highlights

- Final forms and instructions for 2020 reporting under Sections 6055 and 6056 are now available.
- The "Plan Start Month" box on the Form 1095-C is now required for 2020 reporting.
- Form 1095-C includes additional codes in Code Series 1 related to ICHRAs.
- Form 1095-B includes letter G for use on line 8, Origin of the Health Coverage, to indicate coverage under an ICHRA.

Important Dates

Feb. 28, 2021

IRS returns for 2020 must be filed by Feb. 28, 2021 (March 31, 2021, if filed electronically).

March 2, 2021

The deadline for furnishing individual statements for 2020 was extended to March 2, 2021.

Final Forms and Instructions for 2020 ACA Reporting Released

Background

The Affordable Care Act (ACA) created reporting requirements under Code Sections 6055 and 6056. Under these rules, certain employers must provide information to the IRS about the health plan coverage they offer (or do not offer) or provide to their employees. Each reporting entity must annually file all of the following with the IRS:

- A separate statement (Form 1095-B or Form 1095-C) for each individual who is provided with minimum essential coverage (for providers reporting under Section 6055), or for each full-time employee (for ALEs reporting under Section 6056); and
- A transmittal form (Form 1094-B or Form 1094-C) for all of the returns filed for a given calendar year.

Reporting entities must also furnish related statements (Form 1095-B or 1095-C) to individuals, subject to the relief for furnishing individual statements under Section 6055 described below.

Forms must generally be filed with the IRS no later than Feb. 28 (March 31, if filed electronically) of the year following the calendar year to which the return relates. Individual statements must generally be furnished to individuals on or before Jan. 31 of the year immediately following the calendar year to which the statements relate.

2020 Forms and Instructions

The 2020 instructions include a number of changes and clarifications related to 2020 reporting.

- **Extension of due date for furnishing statements.** The due date for furnishing Forms 1095-B and 1095-C to individuals has been extended from Jan. 31, 2021, to **March 2, 2021**.
- **Relief for failure to furnish statements.** The IRS has extended relief from penalties for failure to furnish individual statements under Section 6055 for 2020 calendar year reporting. Specifically, the IRS will not impose a penalty for reporting entities that furnish Form 1095-B to individuals only upon request, if certain conditions are met.
- **Extension of good faith relief for reporting and furnishing.** The IRS has extended good faith relief from penalties related to 2020 calendar year reporting. Specifically, the IRS will not impose a penalty for reporting incorrect or incomplete information on the Forms 1095-B or 1095-C, as applicable, if the reporting entity makes a good faith effort to comply with the information reporting requirements.
- **Individual coverage health reimbursement arrangement (ICHRA)**. For plan years beginning on or after Jan. 1, 2020, employers may offer HRAs integrated with individual health insurance coverage or Medicare, subject to certain conditions (ICHRAs).
    - ***Section 6055:*** Generally, an HRA, including an ICHRA, is a self-insured group health plan and, therefore, is an eligible employer-sponsored plan. A new code G must be entered on Form 1095-B, line 8 "Origin of Health Coverage," to identify an ICHRA.
    - ***Section 6056:*** On Sept. 30, 2019, the IRS issued proposed regulations clarifying the application of the employer shared responsibility (pay or play) rules to ICHRAs and providing proposed safe harbors for the application of those provisions to ICHRAs. Form 1095-C has been modified to add new codes in Code Series 1 for reporting offers of ICHRAs and new lines for reporting required information.
- **Plan start month.** The "Plan Start Month" box is now required for the 2020 Form 1095-C. This section has previously been optional for each prior year of reporting.

Specific Changes Related to ICHRAs

Certain additions were also made to the 2020 Forms 1095-B and 1095-C related to ICHRAs. Specifically, Form 1095-B includes an additional letter for line 8 to identify the origin of the health coverage. Letter G indicates coverage under an ICHRA.

In addition, the Form 1095-C includes the following additional codes in Code Series 1:

- **1L.** ICHRA offered to employee only with affordability determined by using employee's primary residence location zip code.
- **1M.** ICHRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location zip code.
- **1N.** ICHRA offered to employee, spouse and dependent(s) with affordability determined by using employee's primary residence location zip code.
- **1O.** ICHRA offered to employee only using the employee's primary employment site zip code affordability safe harbor.
- **1P.** ICHRA offered to employee and dependent(s) (not spouse) using the employee's primary employment site zip code affordability safe harbor.
- **1Q.** ICHRA offered to employee, spouse and dependent(s) using the employee's primary employment site zip code affordability safe harbor.
- **1R.** ICHRA that is NOT affordable offered to employee; employee and spouse or dependent(s); or employee, spouse and dependents.
- **1S.** ICHRA offered to an individual who was not a full-time employee.
- **1T-1Z.** Reserved for future use.

The 2020 Form 1095-C also includes a **new section to enter the zip code** used to determine affordability for an ICHRA, if one was offered to the employee. In addition, Part II of the 2020 Form 1095-C includes a **new section to enter the employee's age on Jan. 1**.

Additional Resources

The 2019 versions of these forms are currently available on the IRS website:

- Form 1094-B and Form 1095-B (and related instructions); and
- Form 1094-C and Form 1095-C (and related instructions).

These forms must have been filed with the IRS no later than Feb. 28, 2020 (March 31, 2020, if filing electronically). However, the IRS extended the due date for furnishing individual statements for 2019 from Jan. 31, 2020, to March 2, 2020.

According to the IRS, information returns under Sections 6055 and 6056 may continue to be filed after the filing deadline (both on paper and electronically). Employers that missed the filing deadline should continue to make efforts to file their returns as soon as possible.

Final Forms and Instructions for 2020 ACA Reporting Released

The IRS also previously released:

- Q&As on Section 6055 and Q&As on Section 6056; and
- A separate set of Q&As about Information Reporting by Employers on Form 1094-C and Form 1095-C.

More Information

Please contact Gehring Group for more information on reporting under Code Sections 6055 and 6056.

REMINDER: PCORI Fees Reinstated Through 2029

A federal spending bill enacted at the end of 2019 included several provisions affecting benefit plans. The bill repealed three major taxes and fees under the Affordable Care Act (ACA)—the Cadillac tax, the medical devices excise tax and the health insurance providers fee.

The law also **extended the PCORI fees for an additional 10 years**. These fees will continue to apply for the **2020-2029 fiscal years**.

Overview

The ACA created the Patient-Centered Outcomes Research Institute (PCORI) to help patients, clinicians, payers and the public make informed health decisions by advancing comparative effectiveness research. The Institute's research is funded, in part, by fees paid by health insurance issuers and sponsors of self-insured health plans.

Under the ACA, the PCORI fees were scheduled to apply to policy or plan years ending on or after Oct. 1, 2012, and before Oct. 1, 2019. The PCORI fee is calculated based on the average number of lives covered under the policy or plan. The fee amount is set by the IRS each year and was $2.45 per covered life for the most recent reporting year (plan years ending on or before October 1, 2018 and September 30, 2019.)

Action Steps

- Determine which employee benefit plans are subject to the PCORI fees.
- Assess plan funding status (insured vs. self-insured) to determine whether the employer or a health policy issuer is responsible for the fees.
- For any self-insured plans, select an approach for calculating average covered lives.

Important Dates

Oct. 1, 2019

The PCORI fees were scheduled to expire for policy or plan years ending before Oct. 1, 2019; and the fee for the 2018 plan years was $2.45 times the average number of covered lives for the period.

Extended to 2020-2029 Fiscal Years

Under the new law, the PCORI fees will now apply for the 2020-2029 fiscal years. For plans that end between October 1, 2019 and October 1, 2029 will now be subject to the PCORI fee annually under Sections 4375 and 4736

July 31, 2020

PCORI fees are required to be paid annually on IRS Form 720 by July 31 of each year. **The next PCORI fee payment will be due July 31, 2020 and will equal $2.54 per covered life** as determined based on the current methods allowed pursuant to sections 4375 and 4376 for plans whose years ended between October 1, 2019 and September 30, 2020. (See **IRS Notice 2020-44** for more information.) The most common methods used by our clients are the snapshot method and the actual count method. We expect the IRS to update the Form 720 now that they have released this information.

For **Bentek** clients, Bentek will continue to make the PCORI fee report available to assist you in calculating covered lives through 2029.

REMINDER: PCORI Fees Reinstated Through 2029

Paying PCORI Fees

PCORI fees are reported and paid annually using IRS Form 720 (Quarterly Federal Excise Tax Return). These fees are due each year by July 31 of the year following the last day of the plan year. It will generally cover plan years that end during the preceding calendar year.

For plan years ending in 2018, the PCORI fees were due by July 31, 2019. For plan years ending in 2019, the next PCORI fee payment will be due July 31, 2020. The IRS instructions for filing form 720 include information on reporting and paying the PCORI fees.

Reporting the PCORI Fee on Form 720

Issuers and plan sponsors will file Form 720 annually to report and pay the PCORI fee, no later than July 31 of the calendar year following the policy or plan year to which the fee applies. The PCORI fee applies separately to "specified health insurance policies" and "applicable self-insured health plans," and is based on the average number of lives covered under the plan or policy.

Using Part II, Number 133 of Form 720, issuers and plan sponsors will be required to report the average number of lives covered under the plan separately for specified health insurance policies and applicable self-insured health plans. That number is then multiplied by the applicable rate for that tax year, as follows:

- **$1** for plan years ending before Oct. 1, 2013 (that is, 2012 for calendar year plans).
- **$2** for plan years ending on or after Oct. 1, 2013, and before Oct. 1, 2014.
- **$2.08** for plan years ending on or after Oct. 1, 2014, and before Oct. 1, 2015 (see Notice 2014-56).
- **$2.17** for plan years ending on or after Oct. 1, 2015, and before Oct. 1, 2016 (see Notice 2015-60).
- **$2.26** for plan years ending on or after Oct. 1, 2016, and before Oct. 1, 2017 (see Notice 2016-64).
- **$2.39** for plan years ending on or after Oct. 1, 2017, and before Oct. 1, 2018 (see Notice 2017-61).
- **$2.45** for plan years ending on or after Oct. 1, 2018, and before Oct. 1, 2019 (see Notice 2018-85).
- **$2.54** for plan years ending on or after Oct. 1, 2019, and before Oct. 1, 2020 (see Notice 2020-44).

The fees for specified health insurance policies and applicable self-insured health plans are then combined to equal the total tax owed.

HSA/HDHP Limits Increase for 2021

On May 20, 2020, the IRS released Revenue Procedure 2020-32 to provide the inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs) for 2021. The IRS is required to publish these limits by June 1 of each year.

These limits include:

- The maximum HSA contribution limit;
- The minimum deductible amount for HDHPs; and
- The maximum out-of-pocket expense limit for HDHPs.

These limits vary based on whether an individual has self-only or family coverage under an HDHP.

Eligible individuals with self-only HDHP coverage will be able to contribute **$3,600** to their HSAs for 2021, up from $3,550 for 2020. Eligible individuals with family HDHP coverage will be able to contribute **$7,200** to their HSAs for 2021, up from $7,100 for 2020. Individuals who are age 55 or older are permitted to make an additional $1,000 "catch-up" contribution to their HSAs.

The minimum deductible amount for HDHPs remains the same for 2021 plan years ($1,400 for self-only coverage and $2,800 for family coverage). However, the HDHP maximum out-of-pocket expense limit increases to $7,000 for self-only coverage and $14,000 for family coverage.

Action Steps

Employers that sponsor HDHPs should review their plan's cost-sharing limits (minimum deductibles and maximum out-of-pocket expense limit) when preparing for the plan year beginning in 2021. Also, employers that allow employees to make pre-tax HSA contributions should update their plan communications for the increased contribution limits.

Highlights

- Each year, the IRS announces inflation-adjusted limits for HSAs and HDHPs.
- By law, the IRS is required to announce these limits by June 1 of each year.
- The adjusted contribution limits for HSAs take effect as of Jan. 1, 2021.
- The adjusted HDHP cost-sharing limits take effect for the plan year beginning on or after Jan. 1, 2021.

Important Dates

January 1, 2021

The new contribution limits for HSAs become effective.

2021 Plan Years

The HDHP cost-sharing limits for 2021 apply for plan years beginning on or after Jan. 1, 2021.

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

HSA/HDHP Limits Increase for 2021

HSA/HDHP Limits

The following chart shows the HSA and HDHP limits for 2021 as compared to 2020. It also includes the catch-up contribution limit that applies to HSA-eligible individuals who are age 55 or older, which is not adjusted for inflation and stays the same from year to year.

Type of Limit		2020	2021	Change
HSA Contribution Limit	Self-only	$3,550	$3,600	**Up $50**
	Family	$7,100	$7,200	**Up $100**
HSA Catch-up Contributions *(not subject to adjustment for inflation)*	Age 55 or older	$1,000	$1,000	No change
HDHP Minimum Deductible	Self-only	$1,400	$1,400	No change
	Family	$2,800	$2,800	No change
HDHP Maximum Out-of-pocket Expense Limit *(deductibles, copayments and other amounts, but not premiums)*	Self-only	$6,900	$7,000	**Up $100**
	Family	$13,800	$14,000	**Up $200**

RISK INSIGHTS

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Protecting Workers From Coronavirus

As concerns about the COVID-19 continue to rise, many employers are left to wondering what they can do to protect their workforce. This Risk Insights will examine what coronavirus is, how it spreads, and what employers can do to protect their workforce.

What Is Coronavirus?

According to the World Health Organization (WHO), coronavirus is a family of viruses that cause illnesses ranging from the common cold to more severe diseases. Common signs of infection include headache, fever, cough, sore throat, runny nose and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Individuals who are elderly or pregnant, and anyone with preexisting medical conditions are at the greatest risk of becoming seriously ill from coronaviruses.

How Does Coronavirus Spread?

Although the ongoing outbreak likely resulted from people who were exposed to infected animals, COVID-19 can spread between people through their respiratory secretions, especially when they cough or sneeze.

According the Centers for Disease Control and Prevention (CDC), the spread of COVID-19 from person-to-person most likely occurs among close contacts who are within about 6 feet of each other. It's unclear at this time if a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

CDC Interim Guidance

In order to help employers plan and respond to COVID-19, the CDC has issued interim guidance. The CDC recommendations include:

- **Actively encourage sick employees to stay home**. Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of signs of a fever and any other symptoms of COVID-19 for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines. What's more, employees should be instructed to notify their supervisor and stay home if they are sick.

- **Separate sick employees**. Employees who appear to have acute respiratory illness symptoms (e.g., cough or shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their nose and mouth with a tissue when coughing or sneezing.

- **Emphasize hand hygiene.** Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60%-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.

- **Perform routine environmental cleaning**. Employers should routinely clean all frequently touched

surfaces in the workplace, such as workstations, countertops and doorknobs.

Additional Best Practices

In addition to following the CDC's interim guidance, employers should consider the following best practices to help prevent the spread of COVID-19:

- Educate employees on the signs and symptoms of COVID-19 and the precautions that can be taken to minimize the risk of contracting the virus, without causing panic.
- Appoint a single individual or department as the point of contact within your organization for employee questions about COVID-19.
- Review safety programs and emergency action plans to ensure that they include infectious-disease protocols.
- Implement travel guidelines and procedures for approving travel to and from China.

Stay Informed

Despite the current low level of risk for the average American employee, it is important to understand that the COVID-19 situation evolves and changes every day. Employers should closely monitor the CDC and WHO websites for the latest and most accurate information on COVID-19.

Attachment "A-1"
Contractor's Best & Final Cost Proposal

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

Corporate Headquarters
4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, FL 33410

561.625.6767 office
800.244.2696 toll free
561.625.6510 fax

April 6, 2021

Angela Etheridge
Contracts & Lease Coordinator
Okaloosa County Purchasing

VIA EMAIL

Re: **Gehring Group Best & Final Cost Proposal**

Dear Angela:

Gehring Group is pleased to provide this best and final cost proposal to Okaloosa County for Employee Benefits Consulting Services. I am confident that Gehring Group is uniquely positioned to support the needs of the County and its members as broker/consultant based on our industry expertise and focus on the public sector.

Contract Year	Gehring Group Consulting Services Only	Gehring Group Consulting Services + Bentek* Online Enrollment & Administration System
Years 1 - 3	$267,000	$342,000
Year 4	$95,000	$120,000
Year 5	$95,000	$120,000

**Note: Payroll integration is available and can be added to Bentek® for an additional fee*

The proposed annual fee is inclusive of, but not limited to, each of the following services:

- Production of annual employee benefits handbook & employee communications (including printing costs)
- Wellness planning and assistance
- Online HR research tool *Think HR*
- All travel costs

It is important to note that Gehring Group does not participate in any provider relationships that would prevent us from acting independently and providing objective advice and guidance. We do not accept indirect compensation such as gifts or trips and we practice full disclosure relating to all compensation. Gehring Group is an independent agency, not affiliated with any particular insurance companies or provider networks. We do not have a fund or trust that we or a related entity holds, and we do not sell related third-party insurance products. The relationships and recognitions Gehring Group does have with carriers are based on premium volume providing us with significant negotiating clout. As one of the top producing brokers/consultants for public sector entities throughout the state, our philosophy has always been to offer complete revenue disclosure upon request which we will continue to practice with the County.

We thank you in advance for your consideration and stand ready to provide any clarification upon the committee's review of the materials provided during the finalist presentations.

Sincerely,

Anna Maria Studley

Anna Maria Studley
Director of Client Development

Attachment "B"
Insurance Requirements

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 01/2/2019

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.

2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.

3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation on the Certificate of Insurance.

5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.

6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.

7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.

8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the

Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.

2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.

3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than $1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.

2. Commercial General Liability coverage shall include the following:

    1.) Premises & Operations Liability
    2.) Bodily Injury and Property Damage Liability
    3.) Independent Contractors Liability
    4.) Contractual Liability
    5.) Products and Completed Operations Liability

3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

		LIMIT
1.	Workers' Compensation	
	1.) State	Statutory
	2.) Employer's Liability	$500,000 each accident
2.	Business Automobile	$1,000,000 each accident (A combined single limit)
3.	Commercial General Liability	$1,000,000 each occurrence for Bodily Injury & Property Damage
		$1,000,000 each occurrence for products and completed operations
4.	Personal and Advertising Injury	$1,000,000 each occurrence

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

CERTIFICATE OF INSURANCE

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County BCC, 5479A Old Bethel Road, Crestview, Florida, 32536.

2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day

prior written notice of cancellation; ten (10 days' prior written notice if cancellation is for nonpayment of premium).

3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, Florida 32536.

4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.

5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.

6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.

7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.

8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

Attachment "C"
Civil Rights Clauses

Attachment "C"

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "Contractor"), as applicable, agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 USC § 2000d *et seq*., 78 stat. 252) (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination in Federally-assisted programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 USC § 4601) (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973 (29 USC § 794 *et seq*.), as amended (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended (42 USC § 6101 *et seq*.) (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982 (49 USC § 471, Section 47123), as amended (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987 (PL 100-209) (broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 USC §§ 12131 – 12189) as implemented by U.S. Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration's Nondiscrimination statute (49 USC § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 USC 1681 et seq).

Attachment "D"
Scrutinized Contractors Certificate

VENDORS ON SCRUTINIZED COMPANIES LISTS

By executing this Certificate, the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed 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, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

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

DATE: March 16, 2021

SIGNATURE: 

COMPANY: The Gehring Group, Inc.

NAME: Kurt N. Gehring
(Typed or Printed)

ADDRESS: 3500 Kyoto Gardens Drive
Palm Beach Gardens
Florida 33410

TITLE: CEO and President

E-MAIL: cindy.thompson@gehringgroup.com

PHONE NO.: (561) 626-6797 | (800) 244-3696

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement") by and between Okaloosa County Board of Commissioners ("Client"), and The Gehring Group, Inc. ("Gehring Group") is made and entered into effective April 15, 2021.

RECITALS

WHEREAS, Client is a "covered entity" as those terms are defined in 45 C.F.R. § 160.103; and

WHEREAS, Gehring Group provides consulting services to Client; and

WHEREAS, as a result of such functions, Client has identified Gehring Group as a "business associate," as defined in 45 C.F.R. § 160.103, of Client for purposes of the privacy and security requirements under the Health Insurance Portability and Accountability Act of 1996, (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) and the regulations issued thereunder; and

WHEREAS, Gehring Group acknowledges that it is a business associate, as defined in 45 C.F.R. § 160.103, of Client that may create, use, or disclose Protected Health Information or Electronic Protected Health Information on behalf of Client; and

WHEREAS, Client desires to obtain written assurances that Gehring Group will safeguard Protected Health Information or Electronic Protected Health Information created or received by or on behalf of Client.

NOW, THEREFORE, the parties agree as follows:

1. DEFINITIONS

1.1 "Breach" shall have the meaning set forth in 45 C.F.R. §164.402.

1.2 "Data Aggregation" shall have the meaning as the term "data aggregation" in 45 C.F. R. § 164.501.

1.3 "Designated Record Set" shall mean a group of health-related records about an Individual as provided in 45 C.F.R. § 164.501.

1.4 "Electronic Health Record" shall mean an electronic record of health-related information with respect to an Individual that is created, gathered, managed and consulted by authorized healthcare clinicians and staff.

1.5 "Electronic Protected Health Information" or "Electronic PHI" means information that Gehring Group or its agent, including a subcontractor, creates, receives, maintains or transmits from or on behalf of Client that comes within paragraphs 1(i) or 1(ii) of the definition of "protected health information" at 45 C.F.R. § 160.103.

1.6 "Genetic Information" shall have the meaning assigned to such term in 45 C.F.R. § 160.103.

1.7 "HIPAA" shall mean the health information privacy provisions under the Health Insurance Portability and Accountability Act of 1996, and regulations issued thereunder at 45 C.F.R. Parts 160 and 164, as amended by HITECH.

1.8 "HITECH" shall mean the Health Information Technology for Economic and Clinical Health Act and the regulations issued thereunder.

1.9 "Individual" shall mean a person who is the subject to the Protected Health Information of the Client, and shall include a person who qualifies as the Individual's personal representative in accordance with 45 C.F.R. § 164.502(g).

1.10 "Limited Data Set" shall have the meaning assigned to such term in 45 C.F.R. §164.514(e)(2).

1.11 "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information created or received by Gehring Group from or on behalf of Client. Genetic Information shall be considered PHI.

1.12 "Required by Law" shall mean a mandate contained in an applicable state, federal, or local law that compels Client (or business associates acting on behalf of Client) to make a use or disclosure of PHI that is enforceable in a court of law.

1.13 "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, as defined at 45 C.F.R. § 164.304. However, certain low risk attempts to breach network security, such as the incidents listed below, shall not constitute a Security Incident under this Agreement, provided they do not penetrate the perimeter, do not result in an actual breach of security and remain within the normal incident level:

- pings on the firewall;
- port scans;
- attempts to log on to a system or enter a database with an invalid password or username;
- denial-of-service attacks that do not result in a server being taken off-line; and
- malware such as worms or viruses.

1.14 "Subcontractor" shall have the meaning as the term in 45 C.F.R. § 160.103.

1.15 "Unsecured Protected Health Information" or "Unsecured PHI" shall have the meaning assigned to such term in 45 C.F.R. § 164.402 and guidance issued thereunder.

2. OBLIGATIONS OF THE PARTIES

2.1 Gehring Group shall safeguard all PHI and Electronic PHI created or received by Gehring Group on behalf of Client in accordance with HIPAA. Gehring Group shall implement administrative, physical and technical safeguards that prevent use or disclosure of the Electronic Protected Health Information other than as permitted by the Security Rules. Specifically, Gehring Group agrees to implement policies and procedures in accordance with 45 C.F.R. § 164.316 that:

i. Prevent, detect, contain and correct security violations in accordance with the administrative safeguards set forth in 45 C.F.R. § 164.308;

ii. Limit physical access to electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed in accordance with the physical safeguards set forth in 45 C.F.R. § 164.310; and

iii. Allow access to electronic information systems that maintain Electronic PHI to only those persons or software programs that have been granted access rights in accordance with the technical safeguards set forth in 45 C.F.R. § 164.312.

2.2 Gehring Group shall not use or disclose PHI or Electronic PHI except as permitted or required by Article 3 of this Agreement or as Required by Law. Gehring Group shall notify Client of all requests for the disclosure of PHI and Electronic PHI from a law enforcement or government official, or pursuant to a subpoena, court or administrative order, or other legal request as soon as possible prior to making the requested disclosure. Gehring Group shall provide to Client all PHI and Electronic PHI necessary to respond to these requests as soon as possible, but no later than ten (10) business days following its receipt of a written request from Client.

2.3 Client shall provide to Gehring Group, and Gehring Group shall request from Client, disclose to its affiliates, subsidiaries, agents and subcontractors or other third parties, only a Limited Data Set or, if necessary or otherwise permitted by HHS regulations, the minimum PHI or Electronic PHI necessary to perform or fulfill a specific function required or permitted under the Agreement. "Minimum necessary" shall be interpreted in accordance with HITECH, and in any event shall not include any direct identifiers of individuals such as names, street addresses, phone numbers or social security numbers, except for a unique identifier assigned by Client as necessary for the strategic analysis.

2.4 Gehring Group shall comply with all granted restrictions on the use and/or disclosure of PHI, pursuant to 45 C.F.R. § 164.522(a), upon written notice from Client; provided, however, that Client shall not grant any restriction that affects Gehring Group's use or disclosure of PHI without first consulting with Gehring Group.

2.5 Gehring Group shall comply with all granted requests for confidential communication of PHI, pursuant to 45 C.F.R. § 164.522(b), upon written notice from Client.

2.6 Gehring Group shall report to Client any use or disclosure of PHI not permitted by this Agreement of which Gehring Group becomes aware within fifteen (15) business days of its becoming aware, and will take such corrective action necessary, or as reasonably directed by Client, in order to prevent and minimize damage to any Individual and to prevent any further such occurrences.

2.7 Following the discovery of a Breach of Unsecured PHI, Gehring Group shall notify the Client without unreasonable delay and in no case no later than fifteen (15) days after discovery of the Breach. The notification shall include the identification of each Individual whose Unsecured PHI has been or is reasonably believed by Gehring Group to have been accessed, acquired, used or disclosed during the Breach. Gehring Group shall provide the Client with any other available information that the Client requires to notify affected individuals under the Privacy Rule.

2.8 Gehring Group shall make reasonable efforts to mitigate, to the extent practicable or as reasonably directed by Client, any harmful effect that is known to Gehring Group resulting from a breach of this Agreement or HIPAA that is directly caused by Gehring Group.

2.9 Gehring Group shall report to Client any Security Incident within five (5) business days of when it becomes aware of such Security Incident. Gehring Group shall mitigate to the extent practicable or as reasonably directed by Client any harmful effect that is known to Gehring Group of a Security Incident by Gehring Group.

2.10 Gehring Group shall take reasonable steps to ensure that any Subcontractor performing services for Client agrees in writing to the same restrictions and conditions that apply to Gehring Group with regard to its creation, use, and disclosure of PHI and Electronic PHI in accordance with 45 C.F.R. §§ 164.308(b)(2), 164.502(e)(1)(ii) and 164.504(e)(5). Gehring Group shall, upon written request from Client, provide a list of any Subcontractors with whom Gehring Group has contracted to perform services for Client. Gehring Group shall advise Client if any Subcontractor breaches its agreement with Gehring Group with respect to the disclosure or use of PHI or Electronic PHI. If Gehring Group knows of a pattern of activity or practice of its Subcontractor that constitutes a material breach or violation of the Subcontractor's duties and obligations under its agreement with the Subcontractor ("Subcontractor Material Breach"), Gehring Group shall cure the breach or provide a reasonable period for Subcontractor to cure the Subcontractor Material Breach; provided, however, that if Gehring Group cannot, or Subcontractor does not, cure the Subcontractor Material Breach within such period, Gehring Group shall terminate the agreement with Subcontractor, if feasible, at the end of such period.

2.11 Gehring Group shall, upon written request from Client, provide to Client a copy of any PHI or Electronic PHI in a Designated Record Set, as defined in 45 C.F.R. § 164.501, created or maintained by Gehring Group, and not also maintained by Client, within thirty (30) days of receipt of the request.

2.12 Gehring Group shall, upon written request from Client, make any amendment to PHI in a Designated Record Set maintained by Gehring Group within thirty (30) days of receipt of

the request unless Gehring Group can establish to Client's satisfaction that the PHI at issue is accurate and complete.

2.13 If an Individual's PHI is held in an Electronic Health Record, Gehring Group shall provide requested copies in electronic format to the individual or to an entity or person designated by the Individual, provided such designation is clearly and conspicuously made by the Individual or Client.

2.14 Gehring Group shall make its internal practices, written policies and procedures, books, records, and other documents relating to the use and disclosure of PHI and/or Electronic PHI created or maintained by Gehring Group on behalf of Client available to the Secretary of the Department of Health and Human Services, or his or her designee, for purposes of the Secretary determining Client's compliance with HIPAA.

2.15 Gehring Group shall make available the information required to provide an accounting of disclosures made on and after the Effective Date, as necessary for Client to comply with 45 C.F.R. § 164.528, within twenty (20) business days of receipt of the request. Gehring Group shall provide one such accounting within a twelve month period without charge, but may make a reasonable charge for any additional such accountings within the same twelve month period.

2.16 Gehring Group shall maintain all records, other than those records that are also maintained by Client, for six (6) years from the date created or last in effect, whichever is later, as necessary for Client to comply with 45 C.F.R. § 164.530(j)(2).

3. PERMITTED USES OF PHI

3.1 Gehring Group may use and disclose PHI and Electronic PHI as necessary to provide services to Client, subject to Section 2.3 of this Agreement and consistent with the requirements of HIPAA.

3.2 Gehring Group may use and disclose PHI and Electronic PHI as necessary for the proper management and administration of Gehring Group or to carry out Gehring Group's legal responsibilities, subject to Section 2.4 of this Agreement and consistent with the requirements of HIPAA; provided, however, that Gehring Group may disclose the PHI and Electronic PHI for such purposes only if:

i. the disclosure is Required by Law, or

ii. Gehring Group obtains reasonable assurances that the party to whom the PHI or Electronic PHI is disclosed (a) will protect the confidentiality of the PHI and Electronic PHI, (b) will not further disclose the PHI or Electronic PHI except as Required by Law or for the purposes for which it was disclosed to the other party, and (c) will report any improper use or disclosure of the PHI and/or Electronic PHI to Gehring Group.

3.3 Except as otherwise limited in this Agreement, and to the extent provided for under this Agreement, Gehring Group may use PHI and Electronic PHI to provide Data Aggregation services to Client, as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

4. TERMINATION OF AGREEMENT

4.1 Except as described in Section 4.3, this Agreement shall continue in effect so long as Gehring Group provides service to Client involving maintaining, using or disclosing PHI or Electronic PHI, or otherwise retains a copy of PHI or Electronic PHI provided to Gehring Group by Client.

4.2 Client may terminate this Agreement at any time if Client discovers that Gehring Group has materially breached any provision of this Agreement.

4.3 If Gehring Group becomes aware of a pattern of activity or practice of the Client that constitutes a material breach or violation of the Client's duties and obligations under the Agreement, Gehring Group shall take reasonable steps and provide a period of thirty (30) calendar days for the Client to cure the material breach or violation. If the Client does not cure the material breach or violation within such 30-day period, Gehring Group shall terminate the Agreement, if feasible, at the end of such 30-day period.

4.4 Upon the expiration of Client's relationship with Gehring Group, and contingent upon the payment of all outstanding fees, Gehring Group shall return PHI and Electronic PHI to Client or Client's designated agent upon Client's request. If return of all PHI and Electronic PHI is not feasible, the provisions of this Agreement shall continue to apply to Gehring Group until such time as all PHI and Electronic PHI is either returned to Client or destroyed pursuant to Gehring Group's document retention policy, provided that Gehring Group shall limit further use of PHI and Electronic PHI only to those purposes that make the destruction or return of the PHI and Electronic PHI infeasible. Following the expiration of the relationship, Gehring Group agrees not to disclose PHI and Electronic PHI except to Client or as Required by Law.

5. NOTICES

Whenever, under this Agreement, Gehring Group is required to give notice to Client, such notice shall be sent via First Class Mail to:

Okaloosa County Board of County Commissioners
5479A Old Bethel Road
Crestview, FL 32536
Attention: Privacy Officer

Whenever, under this Agreement, Client is required to give notice to Gehring Group, such notice shall be sent via First Class Mail to:

Katherine Bellantoni, CHP, Privacy Officer
Gehring Group, Inc.
3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410

6. INDEMNIFICATION

Gehring Group agrees to indemnify Client, and any employees, directors, officers of Client (collectively "Client Indemnitees"), against all actual and direct losses resulting from or in connection with any breach of this Agreement by Gehring Group, or its partners, employees or other members of its workforce. Actual and direct losses shall include, but shall not be limited to, judgments, liabilities, fines, penalties, costs, and expenses (including reasonable attorneys' fees) which are imposed upon or incurred by Client Indemnitees by reason of any suit, claim, action, investigation, or demand by any Individual, government entity, or third party. This obligation to indemnify shall survive the termination of this Agreement.

To the extent allowed by law, Client agrees to indemnify Gehring Group and any employees, directors, officers of Gehring Group (collectively "Gehring Group Indemnitees") against all actual and direct losses resulting from or in connection with any breach of this Agreement by Client, or any violation of HIPAA resulting from any improper use or disclosure of PHI and Electronic PHI pursuant to Client's direction. Actual and direct losses shall include, but shall not be limited to, judgments, liabilities, fines, penalties, costs, and expenses (including reasonable attorneys' fees) which are imposed upon or incurred by Gehring Group Indemnitees by reason of any suit, claim, action, investigation, or demand by any Individual, government entity, or third party. This obligation to indemnify shall survive the termination of this Agreement. This provision shall not be construed as a waiver of Client's sovereign immunity pursuant to section 768.28, Florida Statutes.

7. AMENDMENT

The parties agree to negotiate in good faith any amendments necessary to conform this Agreement to changes in applicable law. Gehring Group further agrees to promptly attempt to amend its agreements with its subcontractors and agents to conform to the terms of this Agreement. In the event Gehring Group is unable to amend this Agreement or its agreements with its subcontractors in a way that is sufficient to satisfy the requirements under HIPAA, Client may terminate this Agreement in accordance with Section 4 upon thirty (30) days written notice.

8. TERMS OF AGREEMENT GOVERN

Any ambiguity in this Agreement shall be resolved in a way that permits compliance with HIPAA. In the event of a conflict between the terms of this Agreement and any other contract or agreement between Client and Gehring Group, this Agreement shall govern.

9. REGULATORY REFERENCES

A reference in this Agreement to a section in the Privacy Rules or Security Rules means the section as in effect or as amended, and for which compliance is required.

* * *

IN WITNESS HEREOF, the parties have executed this Agreement by their respective duly authorized officers or representatives.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

By: Carolyn N. Ketchel

Carolyn N. Ketchel,

Title: Chariman

Date: MAY 0 4 2021

GEHRING GROUP, INC.

By: Kurt Gehring

Kurt N. Gehring

Title: President & CEO

Date: April 27, 2021

BOARD OF COUNTY COMMISSIONERS OF OKALOOSA COUNTY, FLORIDA SEAL

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement") by and between Okaloosa County Board of County Commissioners, ("Customer"), and Bentek, Inc. ("Bentek") is made and entered into effective April 15, 2021.

RECITALS

WHEREAS, Customer is a "covered entity" as those terms are defined in 45 C.F.R. § 160.103; and

WHEREAS, Bentek provides consulting services to Customer; and

WHEREAS, as a result of such functions, Customer has identified Bentek as a "business associate," as defined in 45 C.F.R. § 160.103, of Customer for purposes of the privacy and security requirements under the Health Insurance Portability and Accountability Act of 1996, (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) and the regulations issued thereunder; and

WHEREAS, Bentek acknowledges that it is a business associate, as defined in 45 C.F.R. § 160.103, of Customer that may create, use, or disclose Protected Health Information or Electronic Protected Health Information on behalf of Customer; and

WHEREAS, Customer desires to obtain written assurances that Bentek will safeguard Protected Health Information or Electronic Protected Health Information created or received by or on behalf of Customer.

NOW, THEREFORE, the parties agree as follows:

1. DEFINITIONS

1.1 "Breach" shall have the meaning set forth in 45 C.F.R. §164.402.

1.2 "Data Aggregation" shall have the meaning as the term "data aggregation" in 45 C.F. R. § 164.501.

1.3 "Designated Record Set" shall mean a group of health-related records about an Individual as provided in 45 C.F.R. § 164.501.

1.4 "Electronic Health Record" shall mean an electronic record of health-related information with respect to an Individual that is created, gathered, managed and consulted by authorized healthcare clinicians and staff.

1.5 "Electronic Protected Health Information" or "Electronic PHI" means information that Bentek or its agent, including a subcontractor, creates, receives, maintains or transmits

from or on behalf of Customer that comes within paragraphs 1(i) or 1(ii) of the definition of "protected health information" at 45 C.F.R. § 160.103.

1.6 "Genetic Information" shall have the meaning assigned to such term in 45 C.F.R. § 160.103.

1.7 "HIPAA" shall mean the health information privacy provisions under the Health Insurance Portability and Accountability Act of 1996, and regulations issued thereunder at 45 C.F.R. Parts 160 and 164, as amended by HITECH.

1.8 "HITECH" shall mean the Health Information Technology for Economic and Clinical Health Act and the regulations issued thereunder.

1.9 "Individual" shall mean a person who is the subject to the Protected Health Information of the Customer and shall include a person who qualifies as the Individual's personal representative in accordance with 45 C.F.R. § 164.502(g).

1.10 "Limited Data Set" shall have the meaning assigned to such term in 45 C.F.R. §164.514(e)(2).

1.11 "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information created or received by Bentek from or on behalf of Customer. Genetic Information shall be considered PHI.

1.12 "Required by Law" shall mean a mandate contained in an applicable state, federal, or local law that compels Customer (or business associates acting on behalf of Customer) to make a use or disclosure of PHI that is enforceable in a court of law.

1.13 "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, as defined at 45 C.F.R. § 164.304. However, certain low risk attempts to breach network security, such as the incidents listed below, shall not constitute a Security Incident under this Agreement, provided they do not penetrate the perimeter, do not result in an actual breach of security and remain within the normal incident level:

- pings on the firewall;
- port scans;
- attempts to log on to a system or enter a database with an invalid password or username;

- denial-of-service attacks that do not result in a server being taken off-line; and
- malware such as worms or viruses.

1.14 "Subcontractor" shall have the meaning as the term in 45 C.F.R. § 160.103.

1.15 "Unsecured Protected Health Information" or "Unsecured PHI" shall have the meaning assigned to such term in 45 C.F.R. § 164.402 and guidance issued thereunder.

2. OBLIGATIONS OF THE PARTIES

2.1 Bentek shall safeguard all PHI and Electronic PHI created or received by Bentek on behalf of Customer in accordance with HIPAA. Bentek shall implement administrative, physical and technical safeguards that prevent use or disclosure of the Electronic Protected Health Information other than as permitted by the Security Rules. Specifically, Bentek agrees to implement policies and procedures in accordance with 45 C.F.R. § 164.316 that:

i. Prevent, detect, contain and correct security violations in accordance with the administrative safeguards set forth in 45 C.F.R. § 164.308;

ii. Limit physical access to electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed in accordance with the physical safeguards set forth in 45 C.F.R. § 164.310; and

iii. Allow access to electronic information systems that maintain Electronic PHI to only those persons or software programs that have been granted access rights in accordance with the technical safeguards set forth in 45 C.F.R. § 164.312.

2.2 Bentek shall not use or disclose PHI or Electronic PHI except as permitted or required by Article 3 of this Agreement or as Required by Law. Bentek shall notify Customer of all requests for the disclosure of PHI and Electronic PHI from a law enforcement or government official, or pursuant to a subpoena, court or administrative order, or other legal request as soon as possible prior to making the requested disclosure. Bentek shall provide to Customer all PHI and Electronic PHI necessary to respond to these requests as soon as possible, but no later than ten (10) business days following its receipt of a written request from Customer.

2.3 Customer shall provide to Bentek, and Bentek shall request from Customer, disclose to its affiliates, subsidiaries, agents and subcontractors or other third parties, only a Limited Data Set or, if necessary or otherwise permitted by HHS regulations, the minimum PHI or Electronic PHI necessary to perform or fulfill a specific function required or permitted under the Agreement. "Minimum necessary" shall be interpreted in accordance with

HITECH, and in any event shall not include any direct identifiers of individuals such as names, street addresses, phone numbers or social security numbers, except for a unique identifier assigned by Customer as necessary for the strategic analysis.

2.4 Bentek shall comply with all granted restrictions on the use and/or disclosure of PHI, pursuant to 45 C.F.R. § 164.522(a), upon written notice from Customer; provided, however, that Customer shall not grant any restriction that affects Bentek's use or disclosure of PHI without first consulting with Bentek.

2.5 Bentek shall comply with all granted requests for confidential communication of PHI, pursuant to 45 C.F.R. § 164.522(b), upon written notice from Customer.

2.6 Bentek shall report to Customer any use or disclosure of PHI not permitted by this Agreement of which Bentek becomes aware within fifteen (15) business days of its becoming aware, and will take such corrective action necessary, or as reasonably directed by Customer, in order to prevent and minimize damage to any Individual and to prevent any further such occurrences.

2.7 Following the discovery of a Breach of Unsecured PHI, Bentek shall notify the Customer without unreasonable delay and in no case no later than fifteen (15) days after discovery of the Breach. The notification shall include the identification of each Individual whose Unsecured PHI has been or is reasonably believed by Bentek to have been accessed, acquired, used or disclosed during the Breach. Bentek shall provide the Customer with any other available information that the Customer requires to notify affected individuals under the Privacy Rule.

2.8 Bentek shall make reasonable efforts to mitigate, to the extent practicable or as reasonably directed by Customer, any harmful effect that is known to Bentek resulting from a breach of this Agreement or HIPAA that is directly caused by Bentek.

2.9 Bentek shall report to Customer any Security Incident within five (5) business days of when it becomes aware of such Security Incident. Bentek shall mitigate to the extent practicable or as reasonably directed by Customer any harmful effect that is known to Bentek of a Security Incident by Bentek.

2.10 Bentek shall take reasonable steps to ensure that any Subcontractor performing services for Customer agrees in writing to the same restrictions and conditions that apply to Bentek with regard to its creation, use, and disclosure of PHI and Electronic PHI in accordance with 45 C.F.R. §§ 164.308(b)(2), 164.502(e)(1)(ii) and 164.504(e)(5). Bentek shall, upon written request from Customer, provide a list of any Subcontractors with whom Bentek has contracted to perform services for Customer. Bentek shall advise Customer if any Subcontractor breaches its agreement with Bentek with respect to the disclosure or use of PHI or Electronic PHI. If Bentek knows of a pattern of activity or

practice of its Subcontractor that constitutes a material breach or violation of the Subcontractor's duties and obligations under its agreement with the Subcontractor ("Subcontractor Material Breach"), Bentek shall cure the breach or provide a reasonable period for Subcontractor to cure the Subcontractor Material Breach; provided, however, that if Bentek cannot, or Subcontractor does not, cure the Subcontractor Material Breach within such period, Bentek shall terminate the agreement with Subcontractor, if feasible, at the end of such period.

2.11 Bentek shall, upon written request from Customer, provide to Customer a copy of any PHI or Electronic PHI in a Designated Record Set, as defined in 45 C.F.R. § 164.501, created or maintained by Bentek, and not also maintained by Customer, within thirty (30) days of receipt of the request.

2.12 Bentek shall, upon written request from Customer, make any amendment to PHI in a Designated Record Set maintained by Bentek within thirty (30) days of receipt of the request unless Bentek can establish to Customer's satisfaction that the PHI at issue is accurate and complete.

2.13 If an Individual's PHI is held in an Electronic Health Record, Bentek shall provide requested copies in electronic format to the individual or to an entity or person designated by the Individual, provided such designation is clearly and conspicuously made by the Individual or Customer.

2.14 Bentek shall make its internal practices, written policies and procedures, books, records, and other documents relating to the use and disclosure of PHI and/or Electronic PHI created or maintained by Bentek on behalf of Customer available to the Secretary of the Department of Health and Human Services, or his or her designee, for purposes of the Secretary determining Customer's compliance with HIPAA.

2.15 Bentek shall make available the information required to provide an accounting of disclosures made on and after the Effective Date, as necessary for Customer to comply with 45 C.F.R. § 164.528, within twenty (20) business days of receipt of the request. Bentek shall provide one such accounting within a twelve-month period without charge but may make a reasonable charge for any additional such accountings within the same twelve-month period.

2.16 Bentek shall maintain all records, other than those records that are also maintained by Customer, for six (6) years from the date created or last in effect, whichever is later, as necessary for Customer to comply with 45 C.F.R. § 164.530(j)(2).

3. PERMITTED USES OF PHI

3.1 Bentek may use and disclose PHI and Electronic PHI as necessary to provide services to Customer, subject to Section 2.3 of this Agreement and consistent with the requirements of HIPAA.

3.2 Bentek may use and disclose PHI and Electronic PHI as necessary for the proper management and administration of Bentek or to carry out Bentek's legal responsibilities, subject to Section 2.4 of this Agreement and consistent with the requirements of HIPAA; provided, however, that Bentek may disclose the PHI and Electronic PHI for such purposes only if:

i. the disclosure is Required by Law, or

ii. Bentek obtains reasonable assurances that the party to whom the PHI or Electronic PHI is disclosed (a) will protect the confidentiality of the PHI and Electronic PHI, (b) will not further disclose the PHI or Electronic PHI except as Required by Law or for the purposes for which it was disclosed to the other party, and (c) will report any improper use or disclosure of the PHI and/or Electronic PHI to Bentek.

3.3 Except as otherwise limited in this Agreement, and to the extent provided for under this Agreement, Bentek may use PHI and Electronic PHI to provide Data Aggregation services to Customer, as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

4. TERMINATION OF AGREEMENT

4.1 Except as described in Section 4.3, this Agreement shall continue in effect so long as Bentek provides service to Customer involving maintaining, using or disclosing PHI or Electronic PHI, or otherwise retains a copy of PHI or Electronic PHI provided to Bentek by Customer.

4.2 Customer may terminate this Agreement at any time if Customer discovers that Bentek has materially breached any provision of this Agreement.

4.3 If Bentek becomes aware of a pattern of activity or practice of the Customer that constitutes a material breach or violation of the Customer's duties and obligations under the Agreement, Bentek shall take reasonable steps and provide a period of thirty (30) calendar days for the Customer to cure the material breach or violation. If the Customer does not cure the material breach or violation within such 30-day period, Bentek shall terminate the Agreement, if feasible, at the end of such 30-day period.

4.4 Upon the expiration of Customer's relationship with Bentek, and contingent upon the payment of all outstanding fees, Bentek shall return PHI and Electronic PHI to Customer

or Customer's designated agent upon Customer's request. If return of all PHI and Electronic PHI is not feasible, the provisions of this Agreement shall continue to apply to Bentek until such time as all PHI and Electronic PHI is either returned to Customer or destroyed pursuant to Bentek's document retention policy, provided that Bentek shall limit further use of PHI and Electronic PHI only to those purposes that make the destruction or return of the PHI and Electronic PHI infeasible. Following the expiration of the relationship, Bentek agrees not to disclose PHI and Electronic PHI except to Customer or as Required by Law.

5. NOTICES

Whenever, under this Agreement, Bentek is required to give notice to Customer, such notice shall be sent via First Class Mail to:

Okaloosa County Board of County Commissioners
5479A Old Bethel Road
Crestview, FL 32536
Attention: Privacy Officer

Whenever, under this Agreement, Customer is required to give notice to Bentek, such notice shall be sent via First Class Mail to:

Katherine Bellantoni, CHP, Privacy Officer
Bentek, Inc.
3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410

6. INDEMNIFICATION

Bentek agrees to indemnify Customer, and any employees, directors, officers of Customer (collectively "Customer Indemnitees"), against all actual and direct losses resulting from or in connection with any breach of this Agreement by Bentek, or its partners, employees or other members of its workforce. Actual and direct losses shall include, but shall not be limited to, judgments, liabilities, fines, penalties, costs, and expenses (including reasonable attorneys' fees) which are imposed upon or incurred by Customer Indemnitees by reason of any suit, claim, action, investigation, or demand by any Individual, government entity, or third party. This obligation to indemnify shall survive the termination of this Agreement.

To the extent allowed by law, Customer agrees to indemnify Bentek and any employees, directors, officers of Bentek (collectively "Bentek Indemnitees") against all actual and direct losses resulting from or in connection with any breach of this Agreement by Customer, or any violation of HIPAA resulting from any improper use or disclosure of PHI and Electronic PHI pursuant to Customer's direction. Actual and direct losses shall include, but shall not be limited

to, judgments, liabilities, fines, penalties, costs, and expenses (including reasonable attorneys' fees) which are imposed upon or incurred by Bentek Indemnitees by reason of any suit, claim, action, investigation, or demand by any Individual, government entity, or third party. This obligation to indemnify shall survive the termination of this Agreement. This provision shall not be construed as a waiver of Customer's sovereign immunity pursuant to section 768.28, Florida Statutes.

7. AMENDMENT

The parties agree to negotiate in good faith any amendments necessary to conform this Agreement to changes in applicable law. Bentek further agrees to promptly attempt to amend its agreements with its subcontractors and agents to conform to the terms of this Agreement. In the event Bentek is unable to amend this Agreement or its agreements with its subcontractors in a way that is sufficient to satisfy the requirements under HIPAA, Customer may terminate this Agreement in accordance with Section 4 upon thirty (30) days written notice.

8. TERMS OF AGREEMENT GOVERN

Any ambiguity in this Agreement shall be resolved in a way that permits compliance with HIPAA. In the event of a conflict between the terms of this Agreement and any other contract or agreement between Customer and Bentek, this Agreement shall govern.

9. REGULATORY REFERENCES

A reference in this Agreement to a section in the Privacy Rules or Security Rules means the section as in effect or as amended, and for which compliance is required.

* * *

IN WITNESS HEREOF, the parties have executed this Agreement by their respective duly authorized officers or representatives.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

By: _____
Carolyn N. Ketchel

Title: Chairman

Date: MAY 0 4 2021

BOARD OF COUNTY COMMISSIONERS OF OKALOOSA COUNTY, FLORIDA SEAL

BENTEK, INC.

By: _____
Julie Fink

Title: Vice President of Product & Client Success

Date: April 27, 2021