(This page should be Page 1 of bid submission packet for ease of location)

INVITATION FOR PROPOSALS

Date: December 8, 2023

City of Manchester
Attn: RFP Employment Benefit Broker Services
200 W. Fort Street
Manchester, TN 37355
Phone: 931-728-4652 Ext. 1303

Request for Proposals: Brokerage/Consulting Services for Group Insurance

Proposal Due: Monday, January 8, 2023 at 2 p.m.

Opening: 200 W. Fort Street, Manchester, TN 37355

SUBMIT: The proposal needs to have one (1) original, unbound copy **SIGNED IN BLUE INK**, one (1) bound copy,

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Name and Address of Proposer:

Sherrill D. Morgan + Associates Inc.
c/o Mark Morgan
525 W 5th St. Suite 310
Covington KY 41011

Telephone: (859) 291-6600

Email: mark@sherrillmorgan.com

Date: 1/4/24

Signature in Blue ink: Mark T Mg

Printed Name: Mark Morgan

Title: President

(This page should be Page 2 of bid submission packet for ease of location)

VIII. SIGNATURE PAGE

1. The undersigned Proposer proposes and agrees, that if this proposal is accepted and successful, to enter into an agreement with The City of Manchester, Tennessee to perform and/or furnish the goods and/or services at the prices indicated below in accordance with the terms and conditions detailed in the Request for Proposal.

2. This proposal is genuine and not made in the interest or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham proposal; Proposer has not solicited or induced any person, firm or corporation to refrain from proposing; and Proposer has not sought by collusion to obtain for itself any advantage over any other proposer or over The City of Manchester, Tennessee.

3. *Title VI of the Civil Rights Act of 1964.* All interested parties, without regard to race, color or national origin, shall be afforded the opportunity to propose and shall receive equal consideration. Please assist us with our compliance efforts by completing the optional statistical information requested below.

4. BOYCOTT OF ISRAEL. THE CONTRACTOR CERTIFIES THAT IT IS NOT CURRENTLY ENGAGED IN, AND WILL NOT FOR THE DURATION OF THE CONTRACT ENGAGE IN, A BOYCOTT OF ISRAEL AS DEFINED BY TENN. CODE ANN § 12-4-119. THIS PROVISION SHALL NOT APPLY TO CONTRACTOS WITH A TOTAL VALUE OF LESS THAN TWO HUNDRED FIFTY THOUSAND DOLLARS ($250,000) OR TO CONTRACTORS WITH LESS THAN TEN (10) EMPLOYEES.

Proposals must be delivered to the following address:

City of Manchester
Attn: RFP Employment Benefit Broker Services
200 W. Fort Street
Manchester, TN 37355

SIGNATURE PAGE

Authorized Signature: Mark T M[signature]

Printed Name: Mark Morgan

Title: President Submitted on January 8, 2024

Company Name: Sherrill D. Morgan & Associates Inc.

Address: 525 W 5th St. Suite 310 Phone (859) 291 - 6600

Covington KY 41011 Fax (859) 291 - 7805

Optional Title VI Information for Bidder:

Sex: Male ☒		Female ☐	
Race:	White Non-Hispanic ☒	Hispanic ☐	Black Non-Hispanic ☐
	Asian ☐	American Indian ☐	Other ☐

(This page should be Page 3 of bid submission packet for ease of location)

IX. FEE PROPOSAL

Describe your method of compensation for your services. If you are compensated on a fee basis, please provide your fee structure. If you are compensated on a commission basis, provide detail of compensation, including percentage of commission. If compensated on a commission basis, will your firm also receive additional "overrides", "incentives" and/or "bonuses" from any carrier or other provider?

Year 1	$ 34,500
Year 2	$ 34,500
Year 3	$ 34,500
Year 4	$ 34,500
Year 5	$ 34,500

Explanation of proposed fees:

We would charge the City a fixed fee of $34,500 annually for consultant services on the employer's health insurance program and accept standard commissions on the City's other voluntary product lines.

We would include our Deerwalk-Cedar Gate platform in our fee. The management of an employee health center would be an additional fee. The cost of printing employee booklets would be passed transparently through to the City.

We will not be accepting any additional overrides, incentives, or bonuses for providing consulting services for the City.

(This page should be Page 4 of bid submission packet for ease of location)

PUBLIC ACTS 109
(Iran Divestment
Act)

"By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization under penalties of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to §12-12-106"

Full text of Public Chapters can be found on the Tennessee Secretary of State's website: *http://tnsos.org/acts/PublicActs.109.php*.

Sherrill D. Morgan & Associates Inc
Company Name (Proposer/Contractor)

Print Name
Mark Morgan

MELISSA LYNN WOOSLEY
NOTARY PUBLIC
STATE AT LARGE - KENTUCKY
COMMISSION # KYNP66112
MY COMMISSION EXPIRES JANUARY 31, 2027

Signed Mark [signature]

Title
President

Subscribed and sworn before me this 4 day of January, 2024.

Signed [signature] Print Name Melissa Lynn Woosley

Title Notary Public

My Commission expires: Jan. 31st, 2027.

NOTE: Bids cannot be considered nor awards be made to anyone without the above required statement.

SHERRILL MORGAN

525 West 5th Street, Suite 310
Covington, KY 41011
859.291.6600
www.sherrillmorgan.com

January 8, 2024
2:00 pm

Request for Proposal

Employee Benefits Brokerage & Consulting Services

Presented To
City of Manchester

Presented By
SHERRILL MORGAN

Table of Contents

January 8, 2024

City of Manchester

Thank you very much for the opportunity to respond to your RFP for Employee Benefits Brokerage and Consulting Services. Our firm, SHERRILL MORGAN, has enclosed our response. The proposed team consists of both licensed agents and consultants, as well as legal staff, and we have the ability to meet the scope of services. We have reviewed and accept the City's terms and conditions. This proposal is valid for 120 days from the closing date and is of a proprietary nature.

SHERRILL MORGAN will bring innovative ideas to the City of Manchester for its health insurance program. Some of the cost-saving programs we would explore would include reference-based pricing and acquisition-cost index pricing for drugs. Our firm is uniquely experienced in working with governmental clients, and we understand the benefit needs of these unique entities. Our staff, and in particular the experience of the proposed team for the City, are what truly make us stand out from other consultants. Access to our on-staff attorney, licensed agents and consultants, and our data analytics program, as well as our independent pharmacy and hospital network consultants, is included in our services.

Because of our expertise with public entities and our innovative approach to employee benefits programs, we believe that we are uniquely qualified to represent the City of Manchester. We look forward to the opportunity to further demonstrate how we might be able to serve you.

Sincerely,

Mark Morgan, President
Sherrill D. Morgan & Associates, Inc.
DBA SHERRILL MORGAN
Phone: 859.291.6600
Fax: 859.291.7805
mark@sherrillmorgan.com

VI. QUALIFICATIONS:

To assist in the evaluation of potential Brokers/Consultants, please provide the following information:

1. Firm name, address and contact information.

SHERRILL MORGAN was incorporated in 1969 by Sherrill Morgan as Sherrill D. Morgan & Associates, Inc. in Covington, Kentucky. The agency is licensed in the state of Tennessee. We are located at 525 West 5th Street, Suite 310, Covington, KY 41011. The main contact for this RFP is Mark Morgan, President of SHERRILL MORGAN. He can be reached at markm@sherrillmorgan.com.

2. Telephone, Facsimile and Internet address.

We can be reached at 800.291.4222 or at info@sherrillmorgan.com. Our website is www.sherrillmorgan.com. Our fax number is 859.291.7805.

3. Type of firm; individual, partnership corporation or subsidiary.

We are a closely held S-corporation with a credit rating of A+.

4. Organizational structure of the firm; history, including number of years in existence.

For over 54 years, SHERRILL MORGAN has served our clients' needs by crafting quality employee benefits programs that fit within our clients' budgets. We offer a full range of employee benefits consulting and brokerage on health, life, disability, dental, and voluntary products, and we specialize in government employers. Our firm is headquartered in Covington, KY, but the City would be served by a team that includes local employees.

What Makes Us Unique:

65% of our clients are government or public employers in TN, OH, KY, MI, & IN

47% of our self-funded clients have more than 300 employees and $3 million in premium

100% of the team has 10 years of experience or more in the benefits industry

SHERRILL MORGAN

5. Describe the ability of your firm to provide service to the City.

Our firm believes that we have an exceptional ability to provide service to the City of Manchester. We would begin by meeting with the City, reviewing current benefits, and learning about what the City is hoping to accomplish with their benefits programs. During this analysis, we will review both cost history and the current trend, contracts, and possible benefit improvements. We will then work with the City to develop a strategic plan which will outline our plan moving forward. The plan will include a communication timeline and insights from data analysis.

The proposed work plan on the right is a general breakdown of the services we provide in a typical calendar year and illustrates how we would approach working with the City. In a typical year, we will meet with our clients as often as desired (typically quarterly) to ensure that we are present for all necessary meetings, reviews, and presentations and that we are meeting our goals and timelines. We are also very experienced at working with unions and presenting information at all necessary meetings.

We provide ongoing monitoring throughout the year. At each quarterly meeting, we provide information regarding plan performance and discuss any issues with vendors and insurance carriers. For service and performance issues, we have a customer service team which focuses on helping our clients with issues relating to new hires, terminations, and our clients' employees with issues relating to claim resolutions amongst other things. Additionally, we utilize systems that track customer service issues from the date of receipt to final resolution. We have excellent relationships with carriers across the country. These relationships allow us to work with and negotiate with carriers on issues as they come up.

Phase 1	Initial Review of Current Benefits, Contracts, & Goal Development
Phase 2	Analysis & Budget Projection
Phase 3	Renewal/ Bid Process, Negotiation, & Selection
Phase 4	Implementation of Benefits with Open Enrollment Assistance (exploring online & app capabilities)
Phase 5	Quarterly Review, Goal Measurement, & Post Enrollment Analysis
Phase 6	Mid Year Meeting with an Evaluation of Future Direction, Goal Measurement, & Budget Projection
Phase 7	Quarterly Meeting, Goal Measurement, & Benchmark Comparison

Self Funded Services

With the City, we would conduct a self-funding analysis. When we began to see an increased benefit for our clients in self-funding, we developed a self-funding division over 30 years ago. SHERRILL MORGAN's vast experience with self-funded health plans and large number of self-funded clients gives us the insight needed to make sure clients are properly protected. We will examine a variety of innovative methods for cost control as part of our standard consulting services. Our self-funded government clients have consistently managed to control their healthcare costs while still providing quality benefits to their employees.

Stop loss is a uniquely specialized market, and a self-funded employer can face significant financial exposure if the proper safeguards are not in place within their stop loss coverage. SHERRILL MORGAN's vast experience with self-funded health plans gives us the insight needed to make sure clients are properly protected. In that regard, our standard recommendations include the following contractual features:

1. "No New Laser" Contracts

Our standard practice is to place clients on "no new laser" contracts. A "laser" is a higher specific deductible that a carrier places on potential high claimant. If a client has a no new laser contract, then no matter what the known or suspected risks are going into the next renewal their carrier cannot impose any new lasers.

This protection can be extremely valuable. To provide an example, several years ago a municipal client of Sherrill Morgan's had a very high claimant in two successive plan years.

In the first year, the stop loss carrier paid over $2.5 million in claims for this claimant. Because the client's contract was a "no new laser" contract, the carrier could not "laser" that individual at renewal. Other carriers who quoted the stop loss at renewal would have placed a $1 million laser on the claimant. The client was spared from what would have almost certainly been $1 million or more in additional liability by virtue of the fact that they were protected from new lasers at renewal.

2. Rate Caps

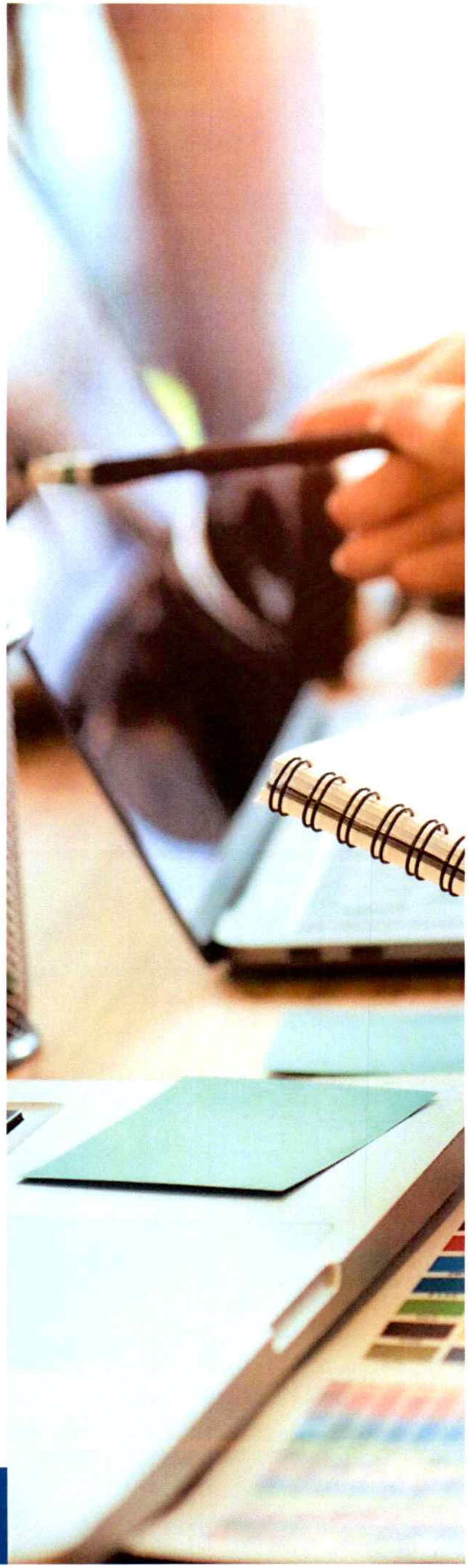
Another of SHERRILL MORGAN's standard practices is to have the carrier include a "rate cap" in their stop loss contract. This guarantees that premium cannot increase by more than a certain amount at renewal. This is invaluable protection when coupled with the "no new laser" protection described above. Without a rate cap, a no new laser contract provides incomplete protection, because it allows the carrier to build into premium the liability they cannot include in a laser.

In the example above, when the stop loss carrier incurred $2.5 million in liability and could not "laser" the claimant at renewal, they were prevented from building that liability into the client's premium. The rate cap at that time was a 40% cap, which was the increase they gave. While that was a sizeable increase, it would have undoubtedly been much worse had the carrier not been limited to a 40% increase.

The combination of a "no new laser" guarantee and a rate cap helped the client weather an extremely catastrophic claims situation. These features are not offered by most carriers unless specifically requested. While many consultants do not request these as a matter of course, probably because they come with a premium load of 10-15%, they are, in our view, imperative to financially protect the plan.

3. Aggregating Specific Deductibles

Another feature we request in many instances is an aggregating specific deductible. This is extra, one-time liability that the employer takes on in exchange for an equivalent amount of premium reduction. This feature is not commonly requested by the consultant community, largely because it reduces premium. When premium is reduced, commissions are also reduced. Because we are compensated on a fixed fee basis and not by commissions, we have no hesitation about reducing the premium.



4. Renewal Process

Our standard renewal process begins approximately five months prior to renewal. We obtain claims data, census, and other materials needed to obtain stop loss quotes. We then request quotes. Preliminary quotes typically start arriving approximately 90 to 120 days prior to renewal. We then review the quotes received, as well as any quotes obtained by the TPA to determine which preliminary quotes look the best. Once the field is narrowed to the most promising two or three carriers, we ask those carriers to firm their quotes. This consists of the carriers doing a "deeper dive" into the high claimants the group has.

Carriers will often ask to see case management notes on high claimant risks, and they will also ask for diagnosis/prognosis information and treatment plans, if any. After they finish this review, they will give a final quote. These firm and final quotes are then shared with the incumbent carrier to give them the opportunity to try to keep the case from moving to another carrier. Once the incumbent finishes this final look, all options are presented to the client for decision. Our goal is to have the stop loss "locked in" no later than 60 days prior to renewal.

6. Names and titles of all officers of the firm (name, title, phone numbers).

Mark Morgan
President
859-750-2879

Mike Williams
Chief Executive Officer
859-750-5416

Sherrill Morgan
Chairman of the Board
859-291-6600

7. List applicable certifications and licenses; include a copy of Errors and Omissions Insurance Certificate.

Please see **Attachment 1** for a copy of certifications and licenses.

8. The number of years your firm has provided insured employee benefits services.

We have been providing insured employee benefits services for 54 years.

9. Provide the names of at least three employers, preferably local governments for whom your firm has provided similar services within the past three years. List the number of employees for each. Please include the contact person and phone number of each organization.

Though SHERRILL MORGAN is best suited to work with you for many reasons, perhaps the most notable reason is that over 60% of our clients are public employers including: the Municipal Schools of Shelby County, the City of Tullahoma, Washington County, and the City of Columbia. Please see below for a list of references:

Municipal Schools of Shelby County

City of Tullahoma

Washington County

City of Columbia

Client Name: Municipal Schools of Shelby Cty
Client Contact Name: Teresa Winter
Client Phone Number(s): (901) 202-0855
Email: twinter@bartlettschools.org
Number of Employees: 3,450
Services Provided: Consultant Services
Length of Relationship: 6 years

Current Client Name: City of Tullahoma, TN
Client Contact Name: Susan Wilson
Client Phone Number(s): (931)455-2648, ext. 108
Email: swilson@tullahomatn.gov
Number of Employees: 144
Services Provided: Consultant Services
Length of Relationship: 8 years

Current Client Name: Washington County, TN
Client Contact Name: Jennifer Meade
Client Phone Number(s): 423-753-1822
Email: jmeade@washingtoncountytn.org
Number of Employees: 440
Services Provided: Consultant Services
Length of Relationship: 4 years

Current Client Name: City of Columbia, TN
Client Contact Name: Wanda McClain
Client Phone Number(s): 931-560-1570
Email: wmcclain@columbiatn.com
Number of Employees: 388
Services Provided: Consultant Services
Length of Relationship: 9 years

SHERRILL MORGAN

10. Describe the responsibility, experience and qualifications of comprised account service team members.

The City of Manchester would have a dedicated team of individuals with a vast array of experience and skills assisting them with their insurance. The proposed team has worked with many clients with union environments and routinely attends and presents information at benefits committee and board meetings. Lisa Stamm will be the primary contact for the City. She will be supported by the team illustrated in the diagram below. The team will also be supported by our other specialists. Our staff regularly attends conferences and other training sessions to further their knowledge and complete their continuing education requirements.

Lisa Stamm
VP, Consulting

Mark Morgan
President

Joe Jones
Customer Service

Terri Evans
Specialty Services

Karen Naccarato
VP, Business Devt.

Mike Williams
C.E.O.

Mark Morgan, Primary Contact
markm@sherrillmorgan.com

Mark Morgan would be the designated principal assigned to work with the City. Mark is a licensed consultant. He would be supported by Lisa and her self funded team.

Qualifications:

In his 34 years at SHERRILL MORGAN, Mark has accumulated a wealth of experience in establishing and managing employee benefit plans. As the founder of our group health division, he paved the way in developing a systematic approach to healthcare benefits for governmental clients. Mark helped develop our partial self-funding division which allows employers (especially government agencies) to have a measure of control over their healthcare costs. Mark is a leading proponent for transparency in healthcare costs and regularly speaks at conventions on benefits and healthcare reform.

Lisa Stamm, VP, Consulting Division
lisa@sherrillmorgan.com

Lisa Stamm and her team oversee all self-funded groups. She will be the City's primary contact for regulation, compliance, and health care reform questions. She has an outstanding track record in reducing and maintaining plan costs. She and her team are available on a daily basis.

Qualifications:

Lisa is a graduate of Northern Kentucky University and the University of Cincinnati College of Law. She has been with SHERRILL MORGAN since 2005, and manages health and welfare benefit plans, particularly in the self-funded arena. As a licensed attorney, she can consult clients regarding applicable state and federal laws regarding health plans. She is also available to answer questions regarding compliance with applicable laws, including federal health care reform, COBRA, ERISA, and HIPAA. Lisa is also an expert and featured speaker on regulatory issues, particularly as they relate to health care reform. She has been a member of the Kentucky Bar Association since 1992.

Mike Williams, Fully Insured Representative
mike@sherrillmorgan.com

Mike will be overseeing any fully insured lines of coverage. Mike has over twenty years' worth of experience at SHERRILL MORGAN and almost three decades' worth in the industry. He will work closely with your account management team. He is a licensed agent and consultant.

Qualifications:

Mike joined SHERRILL MORGAN in 1998. A graduate of the University of Cincinnati, he has a diverse background in the health insurance industry and has held positions with Humana and United Healthcare. He has extensive health insurance knowledge of claims issues, state laws and guidelines, and customer service. Mike is responsible for preparing client renewals and new business quotes and is a primary contact for any client service issues. Mike is a Consultant and licensed Agent.

Terri Evans, Specialty Service Contact
tevans@employeradvisoryservices.com
Terri Evans will serve the City as the Specialty Service Contact and can facilitate specialty projects such as onsite clinics. Terri will also be at all major meetings including initial meetings, plan design meetings, analysis meetings, mid-year review, bid meetings, council meetings, and carrier interviews.

Qualifications:

Terri Evans guides an experienced team for EAS Health, a health care contracting and coordination agency based in Tennessee. Terri works to meet the needs of healthcare providers and employers by establishing contractual arrangements in order to provide quality health and pharmacy benefits. In addition to developing and executing these contracts, Terri also assists employers with selecting and implementing employee health and wellness centers in order to improve the financial position of their health insurance programs.

Joe Jones, Customer Service Director
joe@sherrillmogan.com
Joe and his customer service team are available to administration and employees. Joe's team is available to work through the enrollment process with your HR team. He can also assist in new hire enrollment and resolving claims issues with your selected carrier. His team is available on a daily basis. He is a licensed agent.

Qualifications:

Joe joined SHERRILL MORGAN in 2012 and works as the liaison between carriers and providers and the employees. If there is a problem, Joe will find a solution. He works hard to ensure that all employees know about enrollment, how their plan works, and how any changes affect them. Joe takes some of the burden away from the employer by acting as the middleman.

Karen Naccarato, VP, Business Development
karen@sherrillmorgan.com
Karen will serve on the team for the City and is available daily. Karen will attend all major meetings including initial meetings, plan design meetings, analysis meetings, mid-year review, bid meetings, council meetings, and carrier interviews. She has over 25 years of experience in the industry and can advise on the latest human resource trends.

Qualifications:

Karen Naccarato is the Vice President of Business Development. Before joining SHERRILL MORGAN, she was the Employee Benefits Supervisor for Bartlett City Schools in Bartlett, TN. In addition to her duties for SHERRILL MORGAN, she is the Plan Administrator of a 40M Health Trust for the Municipal School Districts of Shelby County in Memphis, TN. Karen has experience in self-funded governmental insurance programs, online enrollment platforms, budget preparation, and the planning, implementation, marketing, and communication of benefits. She has an MBA from Keller Institute of Management and has served in leadership roles on a number of committees and boards.

11. Describe your firm's resources or methods to provide education on legal, regulatory changes and market trends.

Our team includes an on-staff attorney, Lisa Stamm, who is available for questions from our clients regarding compliance and other issues and an on-staff CPA, Michelle Middendorf, who assists with budget preparation. We are always monitoring regulatory and legislative developments at both the state and federal level and communicate pertinent information to our clients. The proposed team for the City is available for questions regarding compliance with applicable laws, including the ACA, COBRA, ERISA, and HIPAA. We can also assist with and coordinate the distribution of notice requirements and health and welfare plan regulatory compliance. The benefits selected by the City would automatically be reviewed for compliance issues by our on-staff attorney Lisa Stamm throughout the year. The team will: obtain provider agreements and review for compliance with current federal and state laws or regulations; develop, implement, & renew agreements with selected providers in accordance with Client timelines and regulations; and communicate changes in regulations that may impact employee benefit plans and programs in a timely manner.

We will notify the City of changes through a variety of ways. We send out email notifications, and we provide compliance updates at every meeting. We also host an annual healthcare innovation conference for our clients. It is a completely free event for our clients that details the latest regulatory updates in our industry and new products and services. In 2023, it was held on 9/14-9/15 at the Cincinnati Museum Center.

We provide online employee services and education through a variety of different methods. Our firm has the capability to survey employees throughout the year, provide virtual open enrollment meetings, and allow access to an online enrollment platform called Ease. This platform allows employees to select their benefits and view payroll deductions. It will also prompt them to complete their enrollment.

12. If you publish newsletters and other informative publications that are routinely provided to your clients, please provide recent sample copies.

Please see **Attachment 2** for copies of informative publications.

13. Describe the resources your firm has available in the area of developing technical employee benefit communications. If this service is outsourced, please provide the name of the firm used and their web address.

As part of our strategic planning process, we will help to develop a communication strategy for employees. Our team can help develop materials for employees explaining their benefits including open enrollment booklets, presentations, and mailings. We can also coordinate employee surveys as well. Our employee communication strategy can incorporate plans for incentivizing different benefits strategies such as health risk assessment blood draws and wellness challenges. All of this would be developed in house. For a sample employee benefit booklet, please see **Attachment 3**.

We can help conduct employee meetings, staff meetings, and open enrollment meetings to explain insurance trends, changes to the plan, paperwork, and answer questions. We are also available to attend benefit fairs for employees.

14. Outline your firm's ability to provide expertise and experience in the area of wellness program design.

SHERRILL MORGAN can help clients design wellness programs that meet our client's individual needs. The proposed team for the City is experienced in developing wellness programs in which the employer can track certain health conditions, such as high blood pressure. We offer one free wellness workshop and four free wellness challenges each year to our clients.

We are very experienced with employee health and wellness centers and with the incorporation of these centers into our client's health plans. We have over 30 clients with clinics in operation. We work with clients to make sure they are getting the maximum impact, and therefore the maximum savings, out of their centers. In order to do this, we explore options such as employee incentive programs, health risk assessments, and pharmacy options. Employee health centers have been a proven method of cost reduction for employers, as well as a benefit for employees. The ability to detect minor and major health conditions can result in significant savings for a plan through increased care.

Health Center Information

15. Describe your firm's resources available to provide plan analysis, rate determinations, plan savings.

We provide ongoing monitoring throughout the year for all of our clients. At each meeting, we provide information regarding plan performance, plan savings, and discuss any issues with vendors, TPAs, and insurance carriers. We will provide the City with innovative recommendations for plan design changes that will benefit the City and their employees. We will assist with budget projections as well as part of our standard services. The City would have access to our specialized consulting services and our actuarial partner. We will work to bring innovative ideas to the City, as well as to accurately predict the impact of these new strategies on the City's plan.

There are a variety of claim audits that may be performed and various audits in general that are recommended by SHERRILL MORGAN for our clients. Examples of audits that may be performed in house and provided under our SHERRILL MORGAN fee for this service consulting agreement include Contractual performance and vendor guarantee audits, Employment policy audits, and PBM pass through / transparency audits.

Data Analytics

We also have several data analysis tools available. We can provide the City with the Deerwalk-Cedar Gate platform with expanded proprietary Rx analytics if desired. Deerwalk is a platform that enables us to drill down on medical and pharmacy data through ad hoc reports. The program connects directly with the City's vendors so that we have real time data. This platform is unique in that both the City and our staff can access it and the reporting options are vast. Please scan the QR code for a sample report.

Sample Report

We use the TPMA Survey and the KY Government Benefits Survey as regional benchmarks. These surveys are of over 7,000 Kentucky and Tennessee governmental employees conducted, collected, and compiled by SHERRILL MORGAN each spring and fall. We use the Kaiser Benefits Survey as a national benchmark.

16. Describe the exceptional, value-added features of your proposal.

SHERRILL MORGAN is an experienced employee benefits firm with a long history of achieving significant savings for our clients through innovative benefits practices. Our clients typically stay with us long-term, and we foster these relationships by focusing on transparency, employee satisfaction, and client goals. We also are unique in that we focus specifically on government employers which helps us meet their unique needs. Please see below for examples of success:

- Saved the City of Covington **$1.3 million** in 1 year by switching to a reference-based pricing plan
- Saved the City of Brentwood approximately **$300,000** in one year by carving specialty drugs from the city's plan and finding alternative funding sources for those drugs
- The City of Bardstown's plan has trended at less than **1%** over the last decade due in part to their innovative pharmacy plan
- Reduced the Municipal Schools of Shelby County's pharmacy costs by **19%**

We are also dedicated to customer service, and we focus on making benefit management as smooth possible. At each quarterly meeting, we will address any outstanding issues to ensure that there are no ongoing issues. We believe that this helps us to stay on top of any problems and ensure that our customers are always happy. We also offer our clients direct access to management as well.

Additionally, we utilize systems that track customer service issues from the date of receipt to final resolution. We have excellent relationships with carriers across the country. These relationships allow us to work with and negotiate with carriers on issues as they come up. We have a toll-free support number (1-800-291-4222) and an online support portal (www.sherrillmorgan.com/support). It is the policy of SHERRILL MORGAN to return all calls within 24 hours.

At SHERRILL MORGAN, customer satisfaction is at the core of everything we do. We believe that our customers are our partners and their needs are our top priority. We have a team of experienced professionals who are dedicated to addressing any issues that our customers may have.

17. Please list any third-party payroll providers you have worked with in the past.
We have clients who are working with Payroll Partners, ADP, Paycor, and various other payroll providers. We can work with whatever payroll provider our clients prefer.

18. Please describe any additional services not previously mentioned in the RFP that will be available to The City of Manchester.
We have several governmental pools in which clients pool risk. We have one located in Northern Kentucky and one located in Tennessee. We also have a shared use employee health center collaborative located in Northern Kentucky and Ohio. This collaborative is made up of both private companies and government employers and allows employees to access the employee health centers of all participating employers. This helps increase utilization for everyone and improve overall employee health.

SHERRILL MORGAN

License & Insurance

SHERRILL D MORGAN & ASSOCIATES INC
525 W FIFTH ST # 310
COVINGTON KY 41011

State of Tennessee

License No: 2002493

NPN: 7221199

Department of Commerce and Insurance

SHERRILL D MORGAN & ASSOCIATES INC

This is to certify that all requirements of the State of Tennessee have been met.

LICENSE TYPE	LICENSE EXPIRATION DATE
Business Entity Producer	03/01/2025

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited.
The insurance producer must complete continuing education, renew the license and pay fees.

IN-1313
Department of
Commerce and Insurance

State of Tennessee

Department of
Commerce and Insurance

KAREN TURNAGE NACCARATO

LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION DATE

KAREN TURNAGE NACCARATO
1527 ST. PAUL ROAD
MILLINGTON TN 38053

State of Tennessee

License No: 3002068153

Department of Commerce and Insurance

NPN: 20413271

KAREN TURNAGE NACCARATO

This is to certify that all requirements of the State of Tennessee have been met.

LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health Life	04/30/2025

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The insurance producer must complete continuing education, renew the license and pay fees.

IN-1313
Department of
Commerce and Insurance

State of Tennessee

Department of
Commerce and Insurance

MICHAEL W WILLIAMS

LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION DATE

MICHAEL W WILLIAMS
169 BIELBY RD
LAWRENCEBURG IN 47025-1132

State of Tennessee

License No: 1015737

Department of
Commerce and Insurance

NPN: 1738886

MICHAEL W WILLIAMS

This is to certify that all requirements of the State of Tennessee have been met.

LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health Life	04/30/2025

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The insurance producer must complete continuing education, renew the license and pay fees.

IN-1313
Department of
Commerce and Insurance

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/10/2023

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 Association Member Benefits Advisors, LLC In CA dba Assn. Member Benefits & Insurance Agency P.O. Box 850179 Minneapolis, MN 55485-0179	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): EMAIL ADDRESS:
INSURED Sherrill D. Morgan and Associates Inc. Suite 310 525 West 5th Street Covington, KY 41011	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: St. Paul Fire and Marine Insurance	24767
INSURER B:	
INSURER C:	
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	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC / OTHER						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	OTHER: Insurance Agents' Professional Liability Insurance RETRO DATE: 08/14/2009			PL106730156	08/14/2023	08/14/2024	DEDUCTIBLE PER CLAIM LIMITS PER CLAIM AGGREGATE	$15,000 $2,000,000 $5,000,000

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

Covered Agents: Sherrill Morgan, Mark Morgan, Michael Williams, Joseph Adams-Jones, Adam Cahill, Blair Pickerill, Melissa Woosley, Teresa L. Evans, Karen Naccarato

CERTIFICATE HOLDER	CANCELLATION
Sherrill D. Morgan and Associates Inc. Suite 310 525 West 5th Street Covington, KY 41011	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

SHERDMO-02 MALCORN

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2023

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.

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PRODUCER
Cincinnati Insurance Company
Cincinnati Customer Care Center
P.O. Box 145496
Cincinnati, OH 45250-5496

CONTACT NAME: Mary Alcorn
PHONE (A/C, No, Ext): (877) 687-1291 FAX (A/C, No): (513) 881-8114
E-MAIL ADDRESS: CincinnatiCerts@cinfin.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Cincinnati Insurance Company	10677
INSURER B : Cincinnati Indemnity Company	23280
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Sherrill D. Morgan & Associates, Inc.
525 W 5TH ST
COVINGTON, KY 41011

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; CLAIMS-MADE; X OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT X LOC; OTHER:	X	X	ECP 0313343	4/30/2022	4/30/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY: ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY	X	X	ECP 0313343	4/30/2022	4/30/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR; EXCESS LIAB CLAIMS-MADE; DED RETENTION $	X	X	ECP 0313343	4/30/2022	4/30/2025	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		EWC 0377950	4/30/2023	4/30/2024	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							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)
Kenton County Airport Board is additional insured on a Primary Non-Contributory basis on General Liability and Automobile Liability including waiver of subrogation

Regarding umbrella additional insured (from US101 9/20, Section II-Who Is An Insured, 3.): "At [the insured's] option and subject to the terms and conditions of this insurance, any other person or organization not addressed by Paragraphs 1 and 2 above but covered in the "underlying insurance" listed in the Schedule of Underlying Insurance are

Umbrella Non-Contributory coverage applies

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Mary A. Alcorn

SHERRILL MORGAN

Attachment 2: Informative Publications

ACA COMPLIANCE BULLETIN

Final Notice of Benefit and Payment Parameters for 2020

OVERVIEW

On April 19, 2019, the Department of Health and Human Services (HHS) released its **final Notice of Benefit and Payment Parameters for 2020**. This rule describes benefit and payment parameters under the Affordable Care Act (ACA) that apply for the 2020 benefit year. Standards included in the rule relate to:

- ✓ Annual limitations on cost sharing;
- ✓ The individual mandate's affordability exemption;
- ✓ Direct enrollment in the Exchanges; and
- ✓ Special enrollment periods in the Exchanges.

HHS also sought comments on issues to address in the future, such as the practice of "silver loading," the automatic re-enrollment process through the Exchanges and any additional measures that would reduce eligibility errors and potential government misspending. Although the final rule does not finalize any policies related to these issues, HHS noted that it intends to take the comments received in response to the proposed rule into consideration in future rulemaking.

HIGHLIGHTS

- The ACA's out-of-pocket maximum limit increases to $8,150 (self-only coverage) and $16,300 (family coverage) for 2020.
- The required contribution percentage for the individual mandate's affordability exemption will decrease for 2020.
- The final rule does not implement any policies to address the practice of "silver loading."

IMPORTANT DATES

April 19, 2019
The 2020 Final Notice of Benefit and Payment Parameters was issued.

2020 Benefit Year
The changes included in the final rule generally apply for the 2020 benefit year.

Provided By:
SHERRILL MORGAN

SHERRILL MORGAN

Annual Limitations on Cost Sharing

The ACA requires non-grandfathered plans to comply with an overall annual limit—or an out-of-pocket maximum—on essential health benefits. The ACA requires the out-of-pocket maximum to be updated annually based on the percent increase in average premiums per person for health insurance coverage.

- ✔ For 2016, the out-of-pocket maximum was **$6,850 for self-only coverage** and **$13,700 for family coverage**.
- ✔ For 2017, the out-of-pocket maximum was **$7,150 for self-only coverage** and **$14,300 for family coverage**.
- ✔ For 2018, the out-of-pocket maximum is **$7,350 for self-only coverage** and **$14,700 for family coverage**.
- ✔ For 2019, the out-of-pocket maximum is **$7,900 for self-only coverage** and **$15,800 for family coverage**.

HHS' proposed Notice of Benefit and Payment Parameters for 2020 (proposed Notice) would have increased the out-of-pocket maximum to $8,200 for self-only coverage and $16,400 for family coverage. However, the final rule implements slightly lower out-of-pocket maximums for 2020 of **$8,150 for self-only coverage** and **$16,300 for family coverage**.

Individual Mandate's Affordability Exemption

Under the ACA, individuals who lack access to affordable minimum essential coverage (MEC) are exempt from the individual mandate penalty. For purposes of this exemption, coverage is considered affordable for an employee if the required contribution for the lowest-cost, self-only coverage does not exceed **8% of household income**, adjusted annually, as follows:

- ✔ For 2015, the required contribution percentage was **8.05% of household income**.
- ✔ For 2016, the required contribution percentage was **8.13% of household income**.
- ✔ For 2017, the required contribution percentage was **8.16% of household income**.
- ✔ For 2018, the required contribution percentage **decreased** to **8.05% of household income**.
- ✔ For 2019, the required contribution percentage **increased** to **8.3% of household income**.

Under the proposed Notice, the required contribution percentage would have increased in 2020 by 0.09 of a percentage point, to 8.39%. However, the final rule provides that, for 2020, an individual would be exempt from the individual mandate penalty if he or she must pay more than **8.24% of his or her household income** for MEC. This is a **decrease of 0.07 of a percentage point** from 2019.

The 2018 tax reform bill, called the Tax Cuts and Jobs Act, **reduced the ACA's individual mandate penalty to zero, effective beginning in 2019**. As a result, beginning in 2019, individuals will no longer be penalized for failing to obtain acceptable health insurance coverage. However, despite this repeal, the final rule notes that individuals may still need to seek this exemption for 2019 and future years (for example, in order to be eligible for catastrophic coverage).

Direct Enrollment in the Exchanges

In an effort to provide greater flexibility in how consumers shop for health insurance coverage, the 2020 final rule enhances direct enrollment through the Exchanges. Specifically, the final rule expands opportunities for individuals to directly enroll in Exchange coverage by enrolling through the websites of certain third parties—called direct enrollment entities—rather than through HealthCare.gov. The final rule also implements several changes intended to streamline the regulatory requirements applicable to these direct enrollment entities.

Direct enrollment is a mechanism for issuers and web brokers to enroll applicants in Exchange coverage through a non-Exchange website in a manner that would be considered to be through the Exchange. Initially implemented for the 2019 plan year, the final rule enhances the direct enrollment pathway to allow approved direct enrollment partners to host the Exchange eligibility application and enrollment service for Exchange applicants on their non-Exchange websites without redirecting to HealthCare.gov.

New Special Enrollment Period Through the Exchanges

Under the Exchanges, certain special enrollment periods (SEPs) are available for people who lose health insurance during the year or experience other qualifying events. The 2020 final rule establishes a new SEP, available at the option of the Exchange, for off-Exchange enrollees who experience a decrease in household income and are determined to be eligible for the premium tax credit through the Exchange.

Silver Loading

On Oct. 12, 2017, the White House announced that it would no longer reimburse insurers for cost-sharing reductions made available to low-income individuals through the Exchanges, effective immediately. Because Congress did not pass an appropriation for this expense, the Trump administration has taken the position that it cannot lawfully make the cost-sharing reduction payments.

In response to this, many issuers increased premiums in 2018 and 2019 only on silver level qualified health plans (QHPs) to compensate for the cost of those cost-sharing reduction payments—a practice sometimes referred to as "silver loading" or "actuarial loading." Because premium tax credits are generally calculated based on the second-lowest-cost silver plan offered through the Exchange, "silver loading" has led to consumers receiving higher premium tax credits.

Because there has been no congressional appropriation for the cost-sharing reduction reimbursements, the proposed Notice of Benefit and Payment Parameters for 2020 requested comments on ways to address the practice of silver loading for future plan years. Since HHS did not propose any changes to silver loading in the proposed rule, the final rule does not finalize a policy related to silver loading. However, HHS noted that it will take the comments received in response to the proposed rule into consideration in future rulemaking.

Source: Department of Health and Human Services

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Coverage of COVID-19 Testing

Sherrill Morgan is closely monitoring the regulatory and other implications of COVID-19. To date the only regulatory change announced by federal agencies can be found in IRS Notice 20-15 (please see link below), which allows high deductible health plans to cover testing for the virus at 100% prior to the plan's deductible and still remain an HSA-qualified plan. If other federal or state guidance is issued, we will keep you informed.

Many of our clients already cover diagnostic testing at 100%, but if your plan does not, and you wish to cover FDA/CDC-approved COVID-19 testing at 100%, please let us know. This change will be subject to stop loss carrier approval. At least one carrier has announced that they will allow 100% coverage of testing to apply toward stop loss without their prior approval.

If you have any questions or concerns about your plan's current coverage, don't hesitate to contact us.

https://www.irs.gov/pub/irs-drop/n-20-15.pdf

For further information, contact Lisa Stamm at Sherrill Morgan at 1-800-291-4222.

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Coverage of COVID-19 Testing

On March 18, 2020 the President signed the Families First Coronovirus Response Act (FFCRA) into law (please see link below). This law contains important provisions for group health plans and the way they cover COVID-19 testing. No cost sharing (copays, deductibles, or coinsurance), prior authorization requirements or other medical management requirements may be imposed for the following:

- FDA-approved, in vitro testing for the virus that causes COVID-19
- Items or services furnished during an office visit (whether in-person or through telehealth), urgent care visit, or ER visit that result in an order for such testing, but only to the extent that the items and services relate to the testing or evaluation of the need for testing

As I mentioned in my last update, many of our clients already cover diagnostic testing at 100%, but most do not cover the associated office visits, etc. at 100%, so your plan will likely require an amendment to be in compliance. These changes must be effective until December 31, 2020.

The Act also contains important provisions expanding the Family and Medical Leave Act (FMLA).

If you have any questions or concerns about your plan's current coverage, don't hesitate to contact us. We will continue to update you with implications for your group health plan as the situation unfolds.

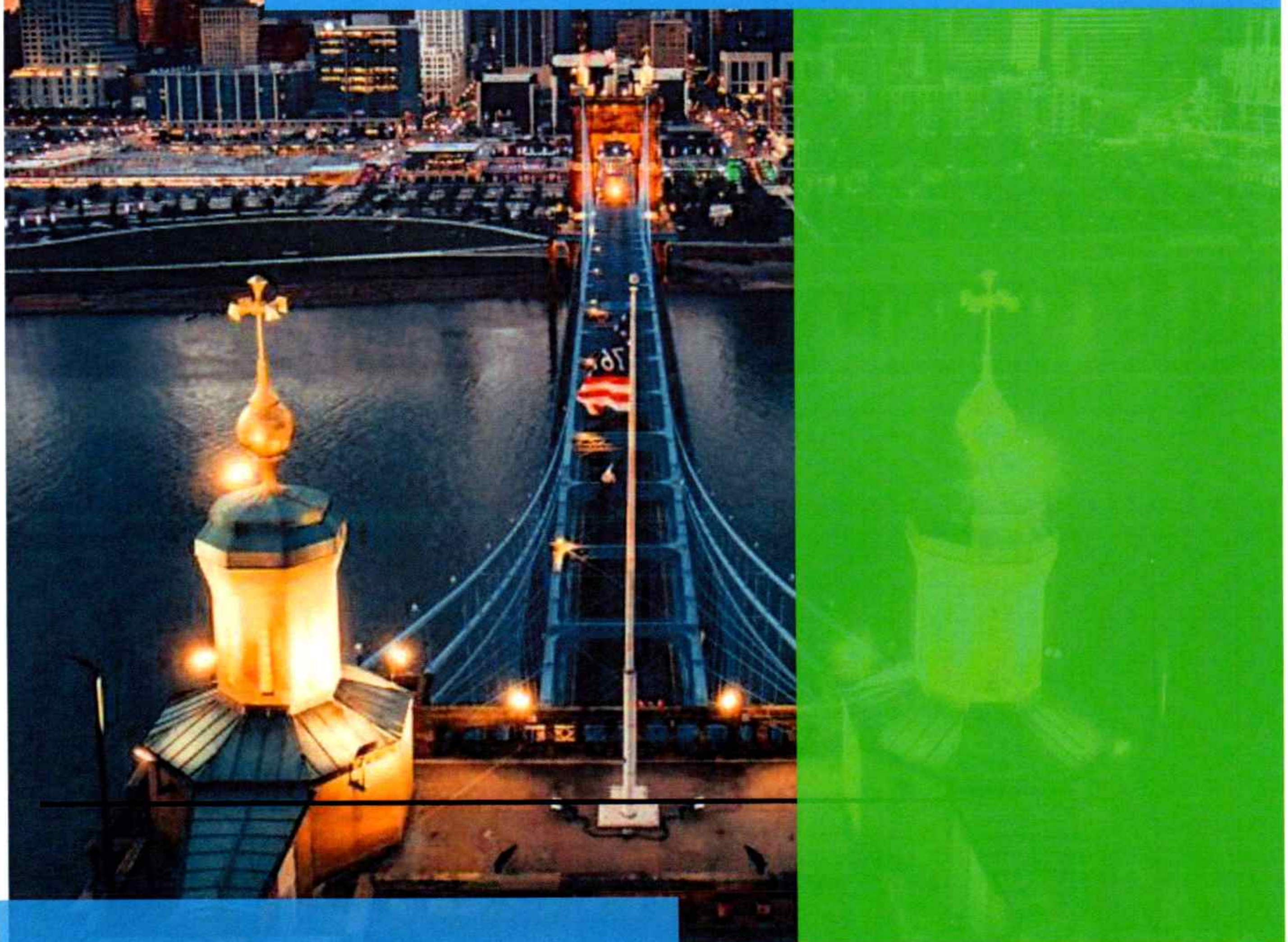
https://www.congress.gov/bill/116th-congress/house-bill/6201/text

For further information, contact Lisa Stamm at Sherrill Morgan at 1-800-291-4222.

SHERRILL MORGAN

Attachment 3: Sample Employee Benefit Booklet

Client A
2024 Benefits Enrollment Guide
January 1, 2024 - December 31, 2024



SHERRILL MORGAN

UNDERSTANDING YOUR BENEFITS

CHOOSING YOUR BENEFITS:

Client A strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we've put together this Benefit Enrollment Guide. Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Client A offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2024. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to Human Resources

WHO IS ELIGIBLE FOR COVERAGE?

If you are a full-time employee at Client A, you are eligible to enroll in the benefits outlined in this guide. Full Time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental, and vision coverage:

- Spouse
- Children under the age 26
- Disabled dependents regardless of age

WHEN DOES MY INSURANCE BECOME EFFECTIVE?

New hires are eligible the 1st of the month following two complete months of full-time employment.

HOW DO I ENROLL?

The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

- Complete an enrollment form and return to HR
- The enrollment form MUST BE COMPLETED for your benefits for January 1, 2024 - December 31, 2024 or the benefits will be FORFEITED

HOW CAN I MAKE CHANGES?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period which means what you choose stays in place from January 1, 2024 to December 31, 2024.

Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

You must notify HR/Benefits of changes to your coverage within 30 days of the qualifying event. Documentation verifying changes may be required such as a marriage license or birth certificate. It is YOUR responsibility to both notify HR/Benefits and to provide the proper document or no changes can be made to your benefits until the next open enrollment.

WHAT IF I LOSE COVERAGE?

In some instances, if you lose coverage, you may be allowed to continue coverage through COBRA. You will be responsible for the premium payment and must complete the required documentation before the coverage can continue.

MEDICAL BENEFITS

WHAT DOES MY MEDICAL INSURANCE COVER?

We offer medical benefits through Insurance Company. Employees and dependent spouses can voluntarily participate in the Wellness Program to be eligible for a lower premium cost. Client A will offer one plan design which will allow **all employees** to have a lower deductible and lower out of pocket maximum. If you have any questions about the program, please call Human Resources to learn how easy it is to complete the program! Visit www.website.com to find an in-network provider or facility in the S Network.

IN-NETWORK BENEFITS– NETWORK S	
Calendar Year Deductible *(amount you must pay)*	Individual $1,000/ Family $2,000
Out-Of-Pocket Maximum *(includes deductibles, copays, and coinsurance)*	Individual $3,000/ Family $6,000
Office Visit *(PCP or Specialist)*	$35 Copay
Chiropractic Visits *(30 visits per year)*	You pay 20% after Deductible
Preventative Care/Wellness Visit *(refer to SPD for list of covered services)*	No Charge
Diagnostic Lab *(x-ray, bloodwork)*	You pay 20% after Deductible
Advanced Imaging *(CT scan, MRI, nuclear medicine)*	You pay 20% after Deductible
Outpatient Surgery *(preauthorization required on certain procedures/ per visit)*	You pay 20% after Deductible
Inpatient Hospital *(preauthorization required/facility charges)*	You pay 20% after Deductible
Emergency Room *(copay waived if admitted/ advanced imaging is not included in ER)*	$250 Copay
RX *(30 day supply)*	$15 25% up to $40 25% up to $60 25% up to $150
RX *(90 day supply)*	$30 25% up to $80 25% up to $120

** Please see page 5 and 6 for more information on this program*

Your Prescription Benefit

RETAIL PHARMACY (UP TO 30 DAYS' SUPPLY)	
Generic	$15
Formulary	25%, max $40
Non-Formulary	25%, max $60
Brand w/ Generic	Brand copay + Difference in cost

SAV-RX MAIL ORDER PHARMACY (UP TO 90 DAYS' SUPPLY)	
Generic	$15
Formulary	25%, max $80
Non-Formulary	25%, max $120
Brand w/ Generic	Brand copay + Difference in cost

WALK IN MAIL (UP TO 90 DAYS' SUPPLY)	
Generic	$15
Formulary	25%, max $80
Non-Formulary	25%, max $120
Brand w/ Generic	Brand copay + Difference in cost

SPECIALTY PHARMACY (UP TO 30 DAYS' SUPPLY)	
Generic	$15
Formulary	$150
Non-Formulary	$150
Brand w/ Generic	Brand copay + Difference in cost

SAV-RX

Covered Medications

- Most maintenance medications are covered by your plan. These include, but are not limited to: insulin, cholesterol medications, and blood pressure medications. Please refer to your Summary Plan Description for specific coverage rules.
- Certain products are excluded from coverage such as over the counter medications, devices and appliances, and medications used for infertility, weight loss or cosmetic purposes.
- Some medications may be subject to quantity limitations or require prior authorization for coverage.

Where to Use Your Benefit

Sav-Rx Retail Pharmacy Network:

How to Make Use of the Network

- To locate a pharmacy near you, visit www.savrx.com and enter the Group on your ID card and your zip code.
- To access the benefit, present your Sav-Rx ID card at your pharmacy.

Sav-Rx Mail Order Pharmacy:

Benefits

- Cost-effective option for long-term maintenance and specialty medications
- All orders shipped directly to your door for no additional charge

How It Works

- Send in prescription
- Pay at the time of order
- Orders shipped to you
- Convenient refills by phone, the Sav-Rx website, or the Sav-Rx App

How to Send in Prescriptions (3 Options)

1. Ask your doctor to send the prescription electronically to Sav-Rx in Fremont, NE
2. Ask your doctor to fax us the prescription at 402-753-2890.
3. Call Sav-Rx with your prescription drug names and your physician's contact information, and we will do the rest!

Prescription Drug Plan
Administered by:

SAV-RX

1-800-228-3108

Tips to Reduce Drug Cost

Review Medications Every Six Months
Eliminate unnecessary drugs (and lower your risk of side effects and drug interactions) by reviewing medications with your physician or pharmacist.

Talk with Your Doctor about Cost
Let your doctor know that cost and therapeutic effectiveness both matter. Ask if there is a generic or lower-cost substitute available.

Shop around and Compare Prices
Look in supermarket pharmacies, chain pharmacies, independent pharmacies, and Sav-Rx mail order pharmacy.

Avoid Free Samples
Free samples are usually brand name and more expensive in the long run.

Ask for Smaller Amounts of New Meds
Consider asking your doctor for a smaller quantity of a new medication until you know it is right for you. This is especially helpful if you are paying cash or have a high copay.

Ask your Pharmacist for Guidance
Pharmacists can be helpful in guiding you and identifying other options if you are unable to afford your medications.

Call Sav-Rx at 1-800-228-3108
Call Sav-Rx for assistance in reducing your overall drug costs. There will be a live representative available to take your call 24 hours a day, 7 days a week, and 365 days a year.

Convenient Patient Portal

Use the QR code below or visit app.savrx.com/login to use our secure patient portal!

Use the Portal to:

- View prescriptions on file
- Order multiple refills at once
- Download your claims history
- View current order status
- Track your orders
- Update your profile and method of payment
- Download and see an electronic ID Card.
- Receive Mail Order notification when your refills are due!

For more information, visit www.savrx.com

Call 1-800-228-3108

To speak at any time 24/7/365 with a live, Sav-Rx representative

MEDICAL BENEFITS

HOW TO KEEP YOUR MAXIMUM OUT OF POCKET COSTS DOWN?

- Utilize the Employee Health Center. It is easy and available at no cost to you!
- Call Insurance Company Telehealth for common ailments. There is no copay for this service, and it is available 24 / 7 / 365 anywhere in the USA.
- Make sure you take your preventative medications. Some medications are available through the Employee Health Center at no charge to you. You can save money be utilizing a 90 day preventative prescription. Visit wwww.website.com for more information.
- Go to your annual preventative/wellness visits. The federal law requires preventative visits to be covered at 100%, but the physician must designate the visit as preventative. For more information on what qualifies as a preventative visit go to www.healthcare.gov and search "preventative care benefits".
- If in State, you will utilize the Insurance Company - Network. If you are outside of State, you will utilize Insurance Company Network. In non-emergency situations, if you do not use an in-network provider or facility, you can be subject to out of network charges. This can dramatically increase your cost for care.
- Seeking care at the Employee Health Center, utilizing Telehealth, or being seen at an Urgent Care facility could provide the medical attention you and your family need without the need of an ER visit. ER visits are expensive for you.

You can be a good consumer and choose your pharmacy wisely. Looking to websites such as GoodRx or Blink Health can provide you the lowest price for your particular medication. You can see whether going to CVS, Kroger, Food City, or any other local pharmacy allows you to spend less. Remember—many medications are available through the Employee Health Center at no additional cost to you.

EXAMPLE OF PRICING AT DIFFERENT PHARMACIES:

Medication Example: Lipitor – this is a medication that lowers cholesterol and triglycerides. Generic versions cost less.

Food City Pharmacy – Listed retail price is $191.00

Your portion of the copay – 25% = $47.75

Kroger Pharmacy – Listed retail price is $36.41

Your portion of the copay – 25% = $9.10

CVS Pharmacy – Listed retail price is $126.00

Your portion of the copay – 25% = $31.50

Walgreens – Listed retail price is $128.00

Your portion of the copay – 25% = $32.00

SPECIALTY MEDICATION BENEFIT—Certain specialty medications must be administered at a provider's office. In order to help contain costs for both the Client and our employees, Insurance Company provides specific medications through their specialty pharmacy program. The provider orders the medication through the specialty pharmacy and it is shipped directly to the provider. Insurance Company care representatives will contact any employee or covered dependent who receives one of these specialty medications and will coordinate the program. There is also access to patient care coordinators and clinical pharmacists over the phone should there be a need. **This program only applies to certain provider administered specialty medications and does not impact any specialty medication you administer at home**.

MEDICAL BENEFITS

HOW TO FIND A PROVIDER WITH INSURANCE COMPANY

1. Go to www.website.com
2. Click Find Care
3. Click Browse by Category and search for coverage
4. Click the all network dropdown box and select Network S
5. Use the search criteria to generate an accurate list of providers
6. Click search

You can also download the app from the App Store to access information.

FREE IDENTITY THEFT PROTECTION WITH INSURANCE COMPANY

Insurance Company has partnered with Company to provide the following identity protection service as a part of your medical, dental, or vision plan at no cost to you:

- Company provides credit monitoring and fraud protection resolution support to adults with Insurance Company coverage Each covered member age 18 or older will need to enroll separately

To Enroll:

- Log into your account at www.website.com
- Look for Tools & Information section on your Homepage
- Click the ID Protection Link

You'll be taken to a secure site to enroll in the service and an engagement number will be provided through your Account. You may also enroll by calling 123.456.7890.

Participation now requires annual enrollment for this benefit.

Don't miss the opportunity to utilize this free program!

Extra Support When You Need It for Chronic Conditions

A little extra help can go a long way when it comes to taking care of your health.

We're here to give you personalized, one-on-one support if you have a long-term health condition like asthma, coronary artery disease, congestive heart failure, COPD, depression or diabetes.

If you have one of these conditions, you can talk with a nurse, behavioral health specialist or another member of your care team for help:

- Understanding your condition so you can make decisions about treatment options
- Creating a personalized care plan that helps you be successful in reaching your health goals
- Managing your medications

Talk to Us

In some cases, we may contact you by phone, mail or email. But you can also call us at **1-800-818-8581** (TTY: **1-800-848-0298**).

Just follow the prompts when you call.

Log in at bcbst.com so you can chat with a nurse about health-related questions, use our symptom checker, get discounts on health and wellness-related products and services, and more.

LIVING HEALTHY

Staying healthy can be a challenge, but living a healthy lifestyle is about making good choices every day. Program is designed to provide you the tools to keep you healthy and happy every day of the year. This program offers great discounts such as:

- Fitness gear
- Gym membership for only $29 a month
- Jenny Craig and other healthy eating options
- Discounts at major and local retailers

Register now at www.website.com to take advantage!

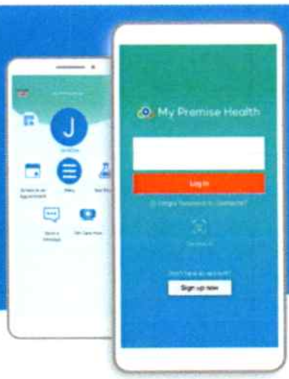
EMPLOYEE HEALTH CENTER

Our employees, spouses, and children over the age of two who participate in the Client's health insurance program are eligible to receive care at NO COST at the health center. The center is located at this address.

WHAT SERVICES ARE PROVIDED?

- Chronic Disease Management
- Health Coaching
- Treatment of Infections
- Cold, Flu, & Allergies
- Well-Women Exams*
- Well-Child Checkups*
- Telehealth
- Routine Blood Work
- Annual Health Screenings
- Wellness Programs
- Wound Care
- Minor Stitches
- Sports/School Physicals*
- DOT Physicals*
- Skin Exams
- Biopsies
- Birth Control
- Smoking Cessation
- Immunizations (Shingles, Tetanus, Pneumonia, etc.)

[illegible]et, stay and be connected.



My Premise Health

My Premise Health is your secure patient portal that you can access online at **mypremisehealth.com** or through the **My Premise Health app**. It provides you with convenient access to your providers, health records, vital history, test results and more.

Convenience

- Schedule appointments
- Conduct virtual visits
- Get appointment confirmations and reminders
- Complete forms before your visit

Health management

- View lab results
- Manage medications
- Pay your bill
- View your visit history

Activate your account.

My Premise Health app | mypremisehealth.com

Employee Health Center
Mon[illegible] Thursday, 7 a.m. - 2 p.m.
Tuesday & Wednesday, 8:30 a.m. - 6 p.m.
Friday, 7 a.m. - 11 a.m.
(423) 597-6079

Premise Health

The My Premise Health App is powered by MyChart® licensed from Epic Systems Corporation, © 1999 - 2022

My Premise Health

Helpful resources

- Find directions, hours and contact information
- Access to health and wellness education

Secure communication

- Exchange private, secure messages with your providers
- Ask a question, get advice, confirm a result or get an update on your condition

Virtual health

- Online and mobile visits allow you to engage your providers remotely
- eVisits offer treatment for common conditions via secure messaging – without the need for a face-to-face encounter

How to activate your account:

1 Download the My Premise Health app or visit mypremisehealth.com.

2 Select "Sign up now." For assistance, call your wellness center or email mypremisehealthsupport@premisehealth.com. You can also visit mypremisehealth.com and click "Contact Support."

Managing your healthcare just got easier.

- Schedule appointments
- Conduct virtual visits
- View lab results
- Message your providers
- Manage medications
- Complete forms
- Pay your bill
- And more

EMPLOYEE HEALTH CENTER

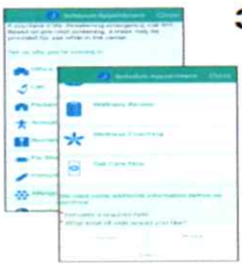
How to schedule an appointment at

Follow these steps to schedule your appointment using the My Premise Health app or online at mypremisehealth.com or call (423) 597-6079.

1 Log in to your My Premise Health account with your username and password. If you don't have an account, you can create one using the "Sign Up Now" option.

For support, call your wellness center, email mypremisehealthsupport@premisehealth.com or visit mypremisehealth.com and click "Contact Support" for assistance.

2 In the dashboard, select "Schedule an Appointment."



3 Select your desired appointment type from the available options.

4 If prompted, confirm whether you want to be seen in person or by phone or video.

Get started today.

Log in or sign up for your account on the My Premise Health app or mypremisehealth.com.

5 Select a date, time and provider.

6 Confirm appointment details. In the specified box, please provide any information you'd like your provider to know, such as questions or symptoms you may have. If this is your first time scheduling through the portal, you may be prompted to verify personal information before confirming appointment details.

7 Your appointment is confirmed. eCheck-In is not required for in-person appointments, but you may complete the process if you would like.

Premise Health.

HEALTH CENTER NO SHOW FEE

A $15 no show fee will be charged through payroll deduction for any employee or covered dependent that does not show up for their scheduled appointment or fails to cancel the appointment (preferably 2 hours prior to their appointment time), or if the patient is more than 10 minutes late to their appointment. **Each person will be allowed one no show per calendar year without the penalty being assessed.** It is very important for patients to be on time so all patients can be seen at their allotted time. This ensures all employees have access to the Employee Health Center and that the clinic operates without increased costs.

It is very simple to cancel you appointment and you can do so by visiting www.mypremisehealth.com and click on the delete link next to your appointment and confirm cancel appointment. You can also call Employee Center at (423) 597-6079 or cancel your appointment through the My Premise Health app on your mobile phone or digital device.

When: *February 1 – December 15, 2024 (for the 2024 year)*

Who: *Employees and Spouses Enrolled in Health Plan*

What:

Step 1

Schedule your appointment at the Employee Health Center

Month	Last Name Begins With
March	A, B
April	C, D
May	E, F, G
June	H, I, J, K
July	L, M, N, O
August	P, Q, R
September	S
October	T, U, V, W, X, Y, Z

Step 2

Biometrics Exam at Employee Health Center

Measurement of height, weight, BMI, blood pressure, blood cholesterol, and blood glucose

Step 3

Follow Up with Provider

This can either be in person or by phone.

Identify potential warning signs to alert you of areas of concern, thus giving you an opportunity to improve your health.

Why bother? *75% of Health Care costs are due to chronic conditions that are preventative! By knowing your health risks, you can take measures to avoid chronic illness.*

DENTAL & VISION INSURANCE

DENTAL INSURANCE

More healthcare professionals are emphasizing the importance of dental health. Your Dental plan from Insurance Company offers comprehensive dental coverage and allows you and your family to keep your teeth healthy. The dental plan makes seeing your dentist affordable. Preventive and diagnostic treatment is covered at 100% for in-network dentists making routine check-ups easy. If you go to a provider that is not in-network, you may pay additional charges over and above your normal portion of the costs. Visit www.website.com to find an in-network dentist.

IN-NETWORK BENEFITS	PREFERRED NETWORK
ANNUAL MAXIMUM *(per covered person per calendar year / does not include preventive services)*	Plan pays up to $2,500
PREVENTIVE AND DIAGNOSTIC TREATMENT *(routine exams and cleanings, fluoride treatments, sealants, x-rays)*	Plan pays 100%
BASIC SERVICES *(pulling teeth, fillings, root canal therapy, and some oral surgeries)*	You pay 20%
MAJOR SERVICES *(dentures, bridge and crowns, and some oral surgeries)*	You pay 50%
ORTHODONTIC TREAMENT	Not Covered

VISION INSURANCE

Your eyes are invaluable to you. An annual eye exam is another important key to the good health of you and your family. This benefit provides a basic level of coverage, subject to exclusions and limitations, for eye examinations, lenses, frames, or contacts. Visit www.website.com to find an in-network provider.

IN-NETWORK BENEFITS	BCBS UTILIZIES THE EYEMED NETWORK
VISION EXAM *(once per 12 months)*	$10 Copay
VISION EXAM - CONTACTS *(once per 12 months)*	Standard Fit and Follow-Up: $55 Copay | Premium Fit and Follow-Up: 10% off retail
FRAMES *(once per 24 months)*	No Copay; $150 Allowance; 20% off balance over $150
STANDARD PLASTIC LENSES *(once per 12 months)*	Copays - Single: $10 | Bifocal: $10 | Trifocal: $10
UV COATING	$15 Copay
TINT	$15 Copay
STANDARD SCRATCH RESISTANT	$15 Copay
STANDARD POLYCARBONATE	Adult: $40 Copay | Under age 19: No Copay
STANDARD ANTI-REFLECTIVE	$45 Copay
PROGRESSIVE LENSES *(add on to bifocals)*	Standard: $65 Copay | Premium: $65 Copay; 20% off retail price less $120 allowance
CONTACTS *(once per 12 months in lieu of glasses)*	Conventional: $0 Copay; $150 Allowance; 15% off balance over $150 Disposable: $0 Copay; $150 Allowance Medically Necessary: Paid-in-Full

MONTHLY PAYROLL DEDUCTIONS

The Client covers 90% of employee and dependent premiums for medical, dental and vision benefits. The cost of benefits that you are responsible for are listed below and will be automatically deducted from your paycheck before taxes are calculated. Other benefit deductions are taken post tax, such as life insurance. By taking deductions before taxes, you have more money in your paycheck.

MONTHLY DEDUCTIONS—MEDICAL, EMPLOYEE CLINIC, DENTAL, VISION	EMPLOYEE ONLY COST	EMPLOYEE + 1 COST	FAMILY COST
STANDARD	**$80.05**	**$157.08**	**$212.89**
TOBACCO USER SURCHARGE* *($25 a month)*	**$105.05**	**$182.08**	**$237.89**
SPOUSAL SURCHARGE** *($50 a month)*	N/A	**$207.08**	**$262.89**
NON-WELLNESS SURCHARGE*** *($100 a month)*	$180.05	$257.08	$312.89
TOBACCO USER/SPOUSAL SURCHARGE/ NON-WELLNESS SURCHARGE	$205.05	**$332.08**	**$387.89**

* TOBACCO SURCHARGE

Tobacco User Surcharge: Applies to any type of tobacco product usage of any type of tobacco product. This includes but is not limited to cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip or any other products that contains tobacco), clove cigarettes, e-cigarettes and any other smoking devices that use tobacco (ex. hookahs) four (4) or more times a week within the last six (6) months. For the purpose of this policy, this does NOT include nicotine patches, nicotine gum or other items used as a tobacco cessation aids. Premise Health can help you with a Tobacco Cessation Program. The Tobacco Cessation program must be completed within the plan year. When you complete the Tobacco Cessation Program and provide a copy of the completion certificate, the Tobacco Surcharge can be waived for the remainder of the plan year.

** SPOUSAL SURCHARGE

Spousal Surcharge is an additional charge when a spouse is offered insurance through their employer. If the spouse does not have coverage through their employer, the spousal surcharge does not apply. This charge also does not apply to spouses who work for Client A or have primary coverage through their employer and secondary coverage with the Client.

*** NON-WELLNESS SURCHARGE

Non-Wellness Surcharge is an additional charge when the employee and/or a dependent spouse do not complete the Wellness Program. This program is a simple process. The steps are complete a biometric screening and follow up at the employee health center for review of lab results. The wellness incentive must be completed by December 15, 2024.

GYM MEMBERSHIP REIMBURSEMENT

Client A believes that employees who get physical activity are more productive, healthier and happier individuals so we incentivize employees that work out at a dedicated fitness center. If you have any questions about fitness reimbursement, please contact Human Resources for more information.

FAQ'S

Q: *Why is the Fitness Membership Reimbursement Program being offered?*

A: The Client offers fitness membership reimbursement to encourage you to take steps to improve your health and to ensure it is affordable. Physical activity is important, and we want to help you get and stay fit!

Q: *How much will be reimbursed?*

A: For each visit, up to 100 visits each reimbursement period, you will receive \$3. The maximum reimbursement for a 6-month period is \$300. Only one visit per day will be reimbursed.

Q: *What is the reimbursement period?*

A: The reimbursement period is January 1 to June 30 and July 1 to December 31.

Q: *What if I miss the submission deadline?*

A: We will not extend any deadlines. If you do not submit a form within 10 days of the reimbursement period ending, you will miss out on the reimbursement opportunity for that period.

Q: *How will reimbursement be paid to me?*

A: Your reimbursement will be processed through payroll and included as additional taxable income on your paycheck.

Q: *Who is eligible to receive the Fitness Membership Reimbursement?*

A: All full time employees of Client A are eligible to receive the reimbursement. The reimbursement is not available for part time employees, spouses, or dependents of employees.

Q: *How do I apply for a Fitness Membership Reimbursement?*

A: Step 1 - Complete all sections of the Fitness Membership Reimbursement Form.

Step 2 - Provide proof of attendance and the number of visits at your fitness center. Membership in sports clubs, other clubs, weight loss clinics, spas or similar facilities are not eligible.

Step 3 - Submit your completed form within 10 days following the reimbursement period.

EAP, LIFE INUSRANCE, & SUPPLEMENTAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

As a valued member of our team, the Client is providing you and your dependents access to an Employee Assistance Program administered by Benefits Company. The EAP provides confidential counseling by experienced licensed counselors.

Each eligible employee and covered dependents can share 6 FREE counseling and/or medication management visits per year. After the 6th visit, the provider will bill your health insurance until the next benefit year. You will have access to a comprehensive network of providers with expertise in the following:

- ADHD Testing
- Behavioral Conduct/CBT
- Children & Divorce
- Depression & Grief Counseling
- Pre-Marital & Marital Counseling
- Stress and Mediation Techniques
- Play Therapy – Children 5 years and Older
- Pet Therapy
- Substance Abuse/Addiction
- Anxiety
- Bipolar Disorder
- Conflict Resolution/Parent & Child Conflicts
- Divorce Counseling
- PTSD Post Traumatic Stress
- Workplace Stressors
- Emotional Eating
- EMDR Treatment for Trauma
- Adolescent: Peer Pressure/Bullying

Client A Employees

123.456.7890

Other Employees

098.765.4321

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

As a benefit eligible Client employee, the Client automatically carries $25,000 of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. With Accidental Death and Dismemberment coverage, if you should die in an accident, your benefits are doubled. Coverage amounts for ages 65 and older reduce due to age reductions.

SUPPLEMENTAL BENEFITS

We want to provide you an opportunity to purchase additional life insurance to ensure your family will be financially protected.

When considering estate planning you may want to ask a few questions. Would your family be able to keep your home? Would your spouse be able to pay the bills? Would your children be able to start or continue their education? For these reasons, in addition to the $25,000 of coverage provided by the Client, you can purchase voluntary life and AD&D insurance. You may also wish to purchase other supplemental benefits for you and your dependents. The premiums for these benefits are paid by you via payroll deduction.

VOLUNTARY GROUP LIFE & AD&D

Voluntary Group Life and AD&D coverage is available for purchase for you and your dependents through Insurance Company. Premiums are determined by the amount of insurance purchased, and the age of the insured based on age-banded rates and premiums. All premiums are fully paid by the employee. If employment terminates, you may elect to continue the coverage; however, the rates may change. You may add AD&D coverage to your Insurance Company Voluntary Group Life Plan. If you add this coverage and should you die as a result of a covered accident, your benefit is doubled.

Newly eligible employees have a Guarantee Issued amount of $150,000. If you request an amount over the Guaranteed Issued amount, you will need to complete an Evidence of Insurability Form. Employees past their initial eligibility period will also have to fill out an Evidence of Insurability Form. These forms are subject to underwriting and coverage can be declined.

SUPPLEMENTAL INSURANCE

We also offer supplemental insurance plans underwritten by Insurance Company. Some of these plans may be purchased pre-tax as allowed by federal law. The plans available are whole life, short term disability, cancer, hospitalization, accident, and specified event coverage. The premium is based on the coverage level that you choose (individual, individual and spouse, or family), your age, and type of coverage. Your coverage can be continued if you leave your employment with the Client.

FLEXIBLE SPENDING ACCOUNT & RETIREMENT PLANNING

FLEXIBLE SPENDING ACCOUNT (FSA)

OPEN ENROLLMENT IS IN DECEMBER

A Flexible Spending Account is a tax and interest free way of having money when you need it most for eligible medical expenses. Benefits Company administers the Flexible Spending Account and you have the ability to use a debit card to make your eligible purchases or file for reimbursement at a later date.

Use your healthcare FSA for:

- Dental Work or Orthodontia
- Deductibles and Copays for Medical, Prescriptions, Dental and Vision
- Qualified Healthcare Expenses Not Reimbursed by Medical, Dental or Vision Plans

The IRS determines what expenses are eligible and ineligible. These may change from time to time, but you can view eligible and ineligible expenses for healthcare FSAs online at www.website.com.

The contribution limit for 2024 is $3,200. The funding occurs on a calendar year and any amount over $500 after the runout period ends on 02/28/25 will be forfeited. Any monies under $500 can be credited to your 2025 account. The runout period is a time for you to continue to file claims that incurred between January 1st and December 31st, 2024. You may elect to move your carryover funds at any time by logging into your account.

The two ways you can pay for the qualified expenses are:

1. Use the FSA spending account debit card at the time of purchase. You will receive this card once you enroll. You may also request an additional card free of charge for eligible dependents. Do not discard your card after you use your available funds. It will be reloaded the following year.
2. Reimbursement claims can be filed online. Claim forms are available at www.website.com.

SAVING FOR THE FUTURE WITH RETIREMENT PLANNING

Living longer, healthier lives allows us to enjoy our retirement years. Preparing for a long retirement requires planning and to help you with your goals, we offer you the opportunity to participate in 401(k)/457 retirement plans. The amount you contribute is automatically deducted from your paycheck. You won't see the money, so you won't spend the money. With these plans, you can make changes throughout the year.

With the 401(k)/457, you choose how much to contribute and where you want to invest. Whatever money you contribute to a 401(k) or 457 plan is yours even if you leave your job. You can roll the money into an eligible individual retirement account (IRA) or your new employer's plan where it can continue to grow tax deferred.

Saving as little as $20 per pay period can mean better retirement down the road. Empower representatives are available to assist you understand the plan options and can assist you in determining how to best prepare for your retirement.

FOR MORE INFORMATION OR TO SET UP AN APPOINTMENT CONTACT:

DIRECTOR: PH:(123) 456-7890: EMPLOYEE@COMPANY.COM

CONTACT US

WHO TO CONTACT WHEN YOU HAVE QUESTIONS:

We are committed to providing you excellent customer service during open enrollment and year-round. Most questions or issues can be resolved through the insurance carrier websites, by calling the Customer Service Department, or in some situations contacting the benefit's agent. The contact list below provides a way to quickly find the companies that will allow you to get the help you need to solve most issues. Of course, contacting Human Resources is another great resource to help you navigate your benefits.

Client A Human Resources

Director | (123) 456-7890 | employee@company.com

Client A Other Department

Director | (123) 456-7890 | employee@company.com

Insurance Company

(123) 456-7890 | www.yourinsurance.com

ID Theft Protection

(123) 456-7890 | www.yourinsurance.com/ProtectMyID

Employee Health Center Managed by Insurance Company

(123) 456-7890 | www.yourhealthcenter.com

Benefits Company

(123) 456-7890 | www.benefitscompany.com

Life Insurance Company

Director | (123) 456-7890 | employee@company.com

Employee Assistance Program (EAP)

Client A | Insurance Company | (123) 456-7890

Retirement Company

Director | (123) 456-7890 | employee@company.com

The information in this Employee Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.