

CBIZ BENEFITS & INSURANCE SERVICES

Employee Benefits Brokerage and Consulting Services

Presented to:

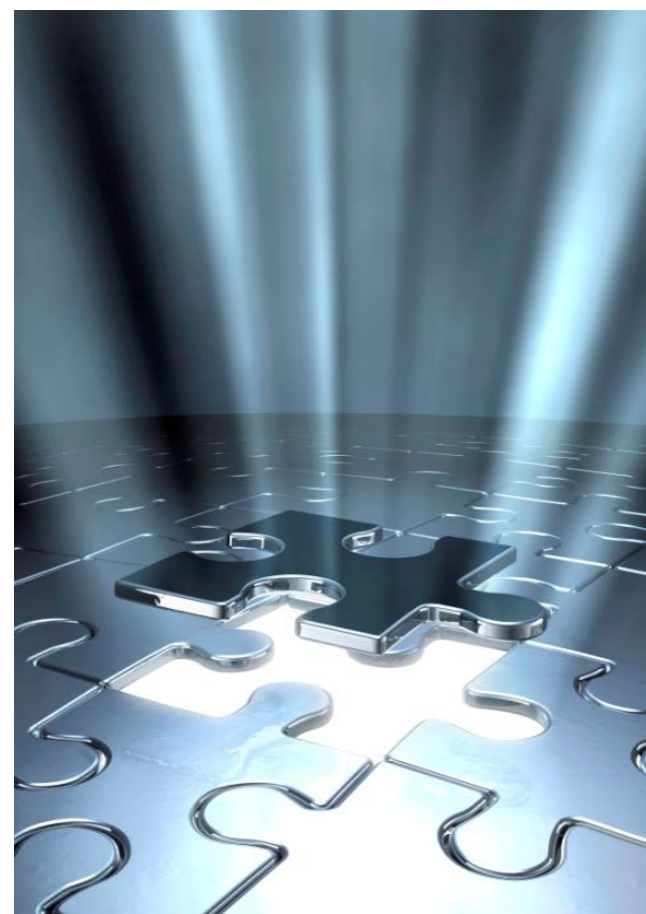


Unipres U.S.A.

Prepared by:

Ken Rideout, Vice President
Daniel Risen, Senior Consultant
Greg Callahan, Specialist

September 15, 2016



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

September 15, 2016

Unipres U.S.A.
Nicole McCaffery
201 Kirby Dr
Portland, TN 37148

Re: Unipres U.S.A. Request for Proposal: Employee Benefits Brokerage and Consulting Services

Ms. McCaffery,

Thank you for inviting CBIZ to offer Unipres U.S.A. (Unipres) a proposal for benefits consulting and strategic planning services. Having the opportunity to become acquainted with you, your organization and the detailed review of the request for proposal has allowed us to provide a thorough response.

Many consulting firms today tout their industry experience, credentials and expansive capabilities. While we certainly match up head-to-head in these areas, taking this approach leaves out the most important element – you.

This proposal focuses solely on your stated requirements, needs and plans for the future. Through our various conversations and the RFP requirements, it is apparent the following elements in a benefits broker/consultant matter most to you:

- A firm that offers innovative solutions, creativity and compliance support to the management of your program;
- A firm that understands Unipres' business objectives and respective needs;
- Provide a benefit offering that is cost-efficient, improves overall employee wellness and is valued by Unipres employees and their families;
- Partner with a broker/consultant that provides expertise and guidance in support of all health and welfare benefits including: risk management, cost, compliance, online enrollment, administration, technical matters, strategic planning, employee engagement, communication, and day to day support as needed.

We understand that service is critical to a successful partnership. While superior service is easy for us to talk about, it is difficult to demonstrate. We encourage you to look at the full-scope of our services, but more importantly, question our clients. New clients experiencing our model for the first time note the differences. We take a proactive vs. reactive approach to the management of your account compared to many of our competitors.



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Unipres will benefit from a team that understands the unique challenges facing organizations like yours. We will offer creative strategies, provide advice on technical issues, and bring value-added ideas to save you money. We look forward to further demonstrating our dedication to meet your needs and goals.

Best regards,

Ken Rideout
Vice President
CBIZ Employee Services
Organization

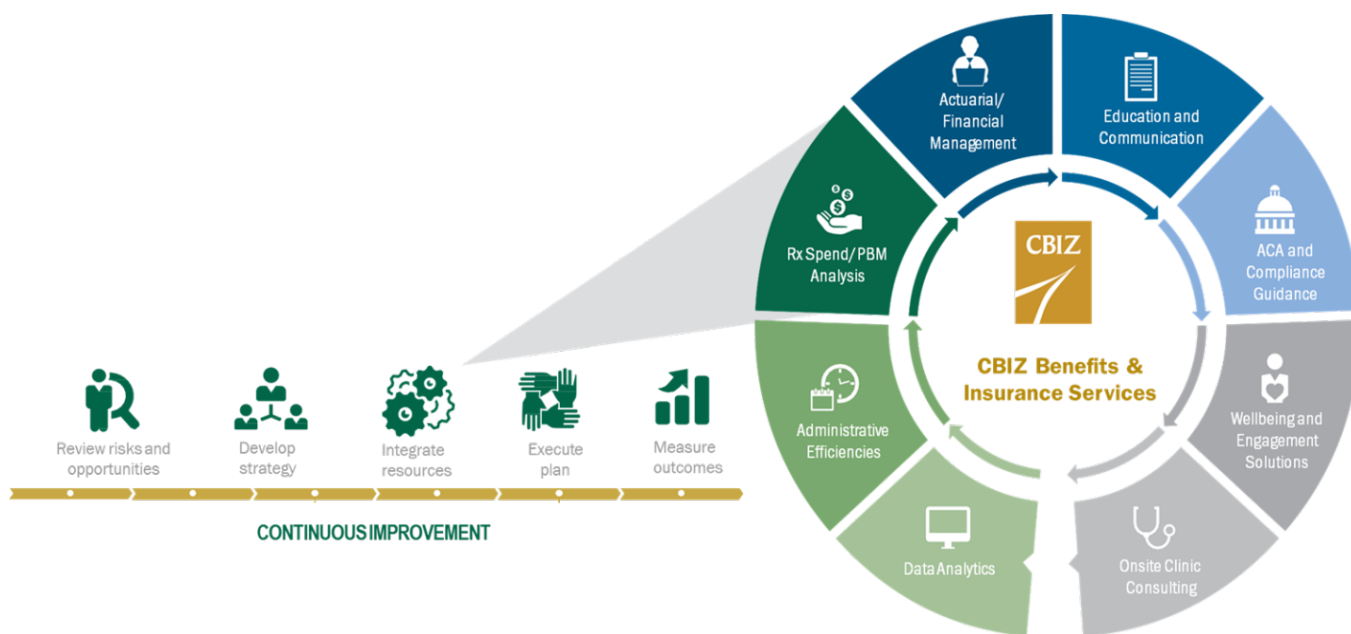
Daniel Risen
Senior Consultant
CBIZ Employee Services
Organization

Greg Callahan
Specialist
CBIZ Employee Services
Organization



Executive Summary

Unique to CBIZ is our process for onboarding new clients, identifying opportunities and threats and creating optimal outcomes for cost, compliance, communication, administration and employee wellbeing through strategic planning and execution. Known as the CBIZ signature process, it is designed to ensure that near-term needs are balanced against long-term strategy and together, managing towards continuous improvement.



While our proposal is comprehensive, it is possible to summarize in 14 key points::

1. There is no preference for fees or commissions.
2. We will establish the right level of compensation and utilize fees, commissions or both to achieve the desired outcome.
3. With a thoughtful process we will execute a smooth transition from your current insurance broker to the CBIZ consulting, advisory and support team.
4. We will provide a thorough review of all health and welfare benefits, with consideration of cost, claim utilization, compliance, communication, administration, wellbeing and clinic support.
5. Our review includes independent analysis of claims data utilizing NavMD claims review and modeling technology.
6. Our team will develop a statement of opportunities and threats as it relates to the above.
7. Together we will conceive the development of a strategic plan, implementation and management scorecard.
8. Our service model and financial proposal includes actuarial services.
9. Our consulting team includes dedicated specialists for compliance, pharmacy and Care Here clinic support.



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10. We have exceptional experience integrating clinic resources and health plans to create more efficient health care dollar spend.
11. Leverage CBIZ market position and national agreements to deliver cost effective solutions utilizing a comprehensive marketing process.
12. Develop a wellness strategy to create a sustainable and measurable return on investment.
13. Provide human resources and senior management utilization, financial and scorecard reporting to measure effectiveness.
14. Our team includes expertise for the selection and/or implementation of self-service communication and workflow utilizing employee self-service software, often funded or subsidized by voluntary benefit commissions.

When you engage CBIZ, our process assures that your budgetary needs are balanced against benefit preservation and employee wellbeing in the most efficient manner. Please see the chart below for more information related to typical results from the CBIZ Signature Process.



Typical Savings Resulting from CBIZ Signature Process



We're right on point with what you need.

KEY OBJECTIVE

Reduce Costs & Preserve Benefits

The CBIZ engagement team will review all documents, contracts, policies, claims, reports and procedures.

We will provide benchmark data and a comprehensive list of opportunities and risks to assist in the mutual development of a strategic plan.

Next Steps

1. Develop data collection
2. Comprehensive review
3. Service Calendar
4. Strategic plan
5. Execution
6. Implementation
7. Continuous improvement

COST SAVINGS OPPORTUNITIES

Medical Plan Category	Cost Reduction
Network analysis/ repricing	
Reinsurance carve out and statistical analysis (request for proposal)	
Reinsurance captive	
PBM clinical review	
PBM carve out	
Rx step therapy/ plan design modification	
Rx utilization/optimization	
Funding analysis/ reserve valuations	
Health plan clinical review and benchmarking (data analytics)	
Plan design modification/ modeling	
Dependent audit	
Direct provider contracting	
Wellbeing strategy (leverage wellness tasks and incentives)	
Telemedicine	
Matrix-based pricing	
Transparency solutions	
Minimum-value plan/ defined contribution	
High-performance networks	
Administration review (request for proposal)	

Non-Medical Category	Cost Reduction
Non-medical review (request for proposal)	
Funding analysis	
Voluntary benefits to fund communication and education and administration	
Claim data integration	
FML and absence management	

ORGANIZATIONAL RISKS

All Plans, Compliance and Processes	Risk Reduction
Section 105(h) non-discrimination	
Section 125 non-discrimination	
Compliance review/ checklist	
Benefits policies and procedures review	
Chart of notices	
ACA financial impact study	
Disability v. compensation (total) analysis	



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Section I Company Profile

1. Tell us about your company's history, growth, ownership structure (public vs. private, etc.) and the office that will serve our account. How does your organization distinguish itself from competitors in the area of employee benefit program consulting? Describe the area(s) of expertise for which your organization is known.

Company Overview

CBIZ, Inc. provides professional business services that help clients better manage their finances and employees. CBIZ provides its clients with financial services including accounting, tax, financial advisory, government health care consulting, risk advisory, real estate consulting, and valuation services. Employee services include employee benefits consulting, property and casualty insurance, retirement plan consulting, payroll, life insurance, HR consulting, and executive recruitment. With 100 offices in 34 states, CBIZ is one of the largest accounting, insurance brokerage and valuation companies in the United States.



CBIZ History and Financial Performance

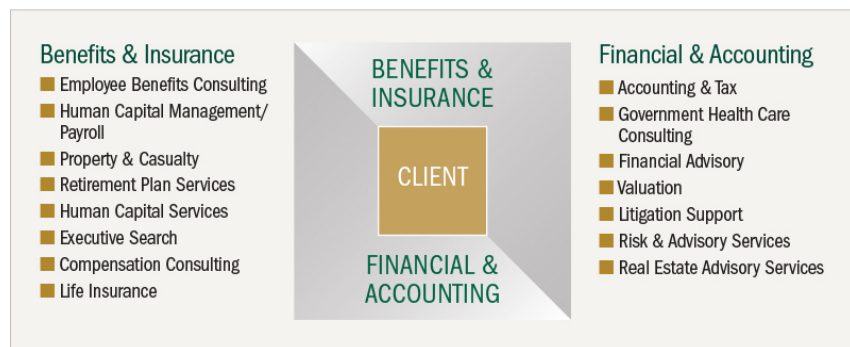
CBIZ has been operating as a professional services organization since 1997. We have grown and prospered by acquiring highly successful accounting, benefits, valuation, and other service firms throughout the U.S. Since August 2006, CBIZ stock has been publicly traded on the New York Stock Exchange under the ticker symbol "CBZ." We have made several key acquisitions in each of the past several years, and each has performed well, despite the lackluster economy. CBIZ completed three acquisitions during 2015 and one so far in 2016. During 2014, we completed six acquisitions. In 2013, we successfully integrated nine acquisitions and in 2012 we completed two additional acquisitions. Our financial condition remains strong, and we are well positioned for future growth.

For the year ending December 31, 2015, we achieved revenue growth of 4.3% over 2014. For the year ending December 31, 2014, we achieved revenue growth of 6.2% over 2013. Our 2015 Annual Report can be provided upon request and 2016 financial results can be found on our company website at the end of each quarter.

Visit www.cbiz.com and go to the "Investors" tab to find all of our SEC filings.



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**CBIZ Organization**

CBIZ, Inc. is structured into two divisions: Benefits & Insurance and Financial & Accounting. Our benefits consulting practice is part of the Benefits & Insurance division. Our corporate headquarters is located in Cleveland, Ohio and our benefits consulting practice is headquartered in Kansas City, Missouri.

National Presence

CBIZ is:

- No. 1 Benefits Specialists in the U.S. as ranked by Business Insurance 2015
- No. 1 America's Best Employers in Consulting and Accounting as ranked by Forbes Magazine in 2015
- 13th largest property & casualty firm in the U.S.
- 7th largest accounting firm in the U.S.
- 6th largest payroll services provider in the U.S.
- One of the largest valuation firms in the U.S.

Regional Presence

This engagement will be led by team members from our Tennessee offices, as well as our Kansas City office. Our CBIZ Tennessee Locations are comprised of over 130 employees. Our offices are located in Nashville, Knoxville, Memphis, Chattanooga and Johnson City, each with strong ties to the local community. CBIZ combines the personal, innovative approach of a local firm with the national resources and expertise of an industry leader.

Resulting from a long history of dedication and excellence, CBIZ has grown into one of the largest consulting firms specializing in health and welfare employee benefits.

Employee Benefits Expertise

As a national leader in employee benefits consulting, we provide our clients strategic guidance, solid advice and best in class ongoing support. With a long history of supporting manufacturing companies, rest assured we have the expertise to guide and support your team.

“Business Insurance” magazine ranked CBIZ Benefits and Insurance Services as one of the largest U.S. benefits specialist and a top 18 broker of U.S. business. We work with you every step of the way to improve health and wellbeing for your employees, resulting in better outcomes for your organization. At CBIZ, our product is time and expertise. We take pride in expertise, creative thinking and commitment to developing solid and lasting relationships with our clients. Our ultimate goal is to be your trusted advisor. Please refer to Exhibit A for a complete list of all of our services CBIZ offers to our clients.



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2. Describe your company's culture and philosophy regarding client management.**Client Focus**

Our mission and vision is to help our clients prosper and grow by providing them with a wide array of professional business and individual services, products and solutions to help them optimize and manage their human capital. We strive to provide superior, high-touch client service and build long-term client partnerships.

Our first priority is to serve our clients well. We consistently strive to provide superior service and solutions, and to build long-lasting relationships with our clients. Our philosophy is simple: we will work hard to earn your trust and gain your confidence. We promise to:

- Respond to urgent requests immediately and to phone and email messages within 24 hours;
- Always do what we say and finish what we start; and
- Measure your satisfaction through, annual stewardship meetings, periodic surveys and our web-based Client Service Review survey, which measures individual client satisfaction and benchmarks CBIZ against our competitors.

Our unwavering commitment to our clients is equaled by our commitment to our associates. With our clients as our central focus, CBIZ is committed to fostering a professional culture that is supportive and motivating to its associates by recognizing and rewarding high performance. Because one of our values is being a great place to work, we approach working for our clients with this same perspective. In 2015 we were honored by Forbes Magazine as one of the Top 50 Best Places to Work and many of our offices have also be recognized by local business publications as a best place to work.



40+
Best Places
to Work Awards

Our core principles further strengthen the capabilities of our staff, deepen our client partnerships, enhance the quality of our services and increase career wellbeing. Please see Exhibit H for our Service Promise.

3. Describe your firm's market leverage within the employee benefits marketplace.

As one of the nation's leading employee benefit consulting firms, we have cultivated relationships with every insurance company, third-party administrator, network, reinsurer, enrollment technology and pharmacy benefit manager built to serve your needs. In many cases, we have achieved "preferred" status with partners, such as Aetna, Blue Cross Blue Shield, Cigna, Humana, United Healthcare and many others, resulting in dedicated client service teams, underwriting and other services.



Section II Service Team

4. Please provide the name, title, professional experience and role for each individual of the core service team assigned to Unipres' account.

Our People

CBIZ's greatest strength and your greatest resource is our professional staff. We understand this business and are immersed in it every day. We are great listeners, and:

- We are a motivated, collaborative and caring group of professionals, committed to doing whatever it takes to serve our clients.
- Our benefits knowledge is deep and rich.
- Our employees are skilled, talented and experienced; some have carrier experience.
- 95% of our staff holds professional designations.
- Several of our senior leadership hold the Registered Health Underwriter Professional Designation and are active participants in the National Association of Health Underwriters.
- Awarded 2015 America's Best Employer by Forbes Magazine
- Awarded 2015 Best Places to Work

In addition to their technical expertise, CBIZ professionals have excellent people skills and are committed to building client relationships based on trust, integrity and mutual respect.

CBIZ and our Clients – a Strategic Partnership

We will work hard to become your trusted advisor. When you engage CBIZ, you can count on:

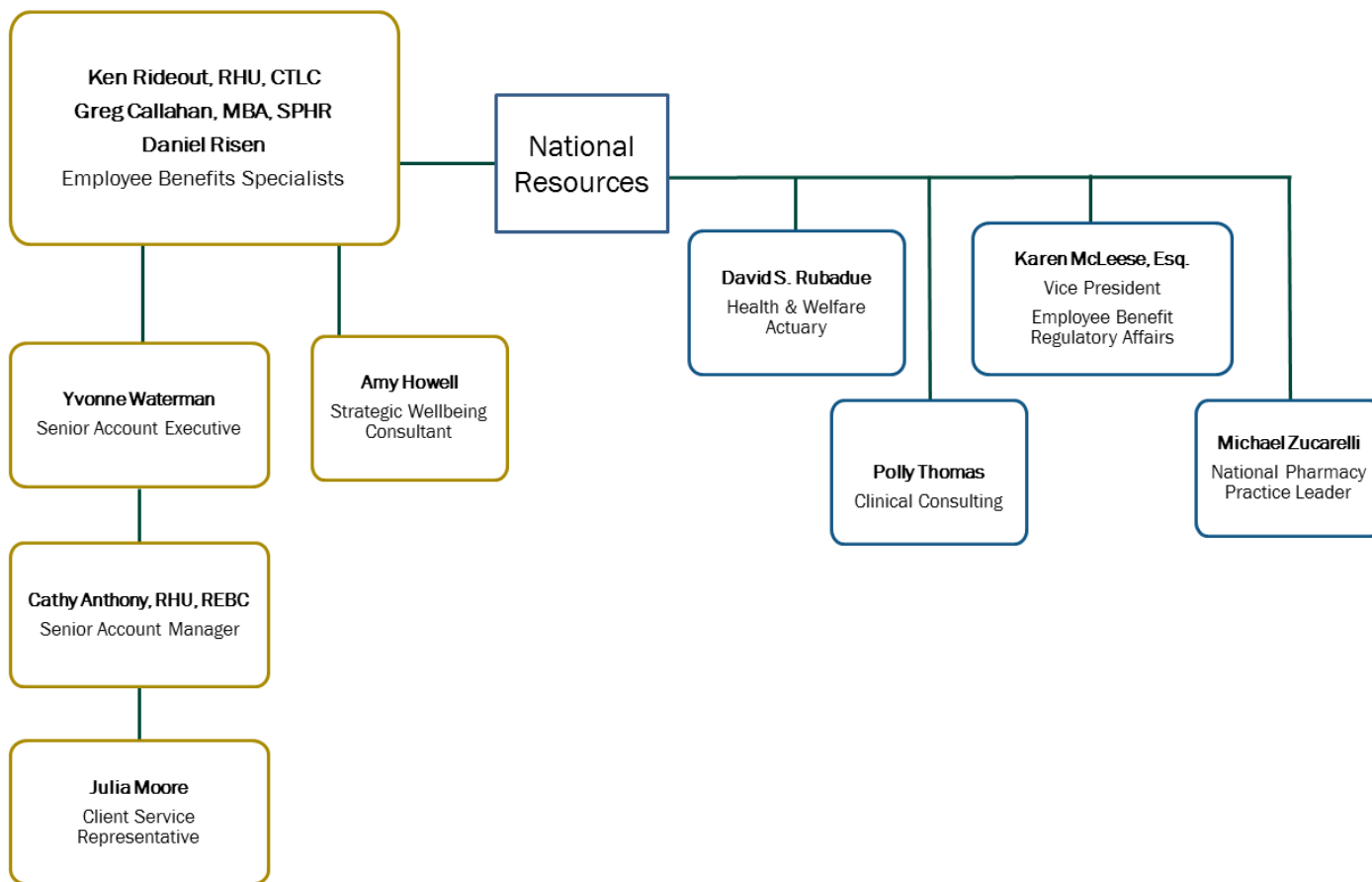
- A collaborative and strategic relationship;
- Our full attention as we learn more about your objectives, challenges, and business;
- An innovative and creative benefits strategy and action plan; and
- A talented and experienced account management team focused on your success.



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CBIZ Strategy Team

The dedicated CBIZ team, formed specifically for you, will be guided by Daniel Risen. Your highly experienced team will include:

**Ken Rideout, Greg Callahan and Daniel Risen – Employee Benefits Specialists**

Responsible for strategy development, innovation, risk funding and financing, contractual and renewal negotiations, marshalling resources and client relationship management. Currently, Ken, Greg and Daniel use their expertise to develop creative solutions for the many difficult challenges encountered in the employee benefits environment. Strategic planning, Health Care Reform consulting, cost containment, and effective communication for benefit programs have been Ken, Greg and Daniel's focus. In addition to his benefit consulting role, Greg Callahan leads our national practice for employee enrollment, communication and administrative technology as well as voluntary benefits.

Yvonne Waterman – Senior Account Executive

Responsible for overseeing the performance of the engagement team, executing the strategy set by the employer and consulting team members, reviewing financial and utilization data, assisting in renewal and contractual negotiations, compliance issues and assisting and monitoring day-to-day client service issues.



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Cathy Anthony – Senior Account Manager

At CBIZ, Cathy supports her private entity groups with client services ranging from conducting client meetings, serving as the day to day contact for employer needs and educating clients on benefits, plan designs and wellness solutions. Cathy also works closely with vendors to establish and preserve a solid business rapport.

Julia Moore – Client Service Representative

Responsible for day-to-day service, open enrollment, managing the marketing process, employee communications and general administrative issues.

Karen McLeese, Esq. – Vice President of Employee Regulatory Affairs

Responsible for analyzing and communicating federal and State legislation, including Health Care Reform.

Michael Zucarelli, Pharm.D. – National Pharmacy Practice Leader

Responsible for working with plan sponsors to develop, implement and monitor a competitive and sustainable pharmacy benefit for their membership.

Amy Howell – Wellbeing Consultant

Responsible for helping clients develop and implement strategies to build and maintain a culture of total wellbeing.

David Rubadue – Health & Welfare Actuary

Responsible for claim reserve valuations, OPEB valuations, Taft Hartley (or similar) valuations, MEWA financial reviews, pricing of all H&W lines of business, and financial reporting.

Please refer to Exhibit B for complete biographies of your CBIZ team.



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5. Does your firm employ the following in-house expertise? If yes, please provide their credentials and location.

Your CBIZ Employee Services Organization team starts with your local professionals and expands far beyond there. An entire group of specialized experts stands ready to ensure all of your specific, unique employee benefits and HR technology needs are met. In addition to the national experts below, CBIZ has selected an engagement team specializing in large self-funded, acquisitive employers such as Unipres. Specifically Greg Callahan leads national practices for enrollment and administrative technology, employee communication and voluntary benefits. Yvonne Waterman has exceptional experience with mergers and acquisitions and the impact it can have on self-funded plans.

At CBIZ we have strategically chosen to forego a medical director in favor more progressive population strategies. Polly Thomas is well recognized not only for her national practice related to clinic consulting, but her ability to leverage claims utilization data, wellbeing and other data to bend the health cost curve.

National Experts**ACTUARIAL SERVICES****David Rubadue, FSA, CLU, MAAA | Practice Lead**

We provide insightful actuarial and financial advice, analysis and certifications in compliance with actuarial standards of practice.

**CLINICAL CONSULTING SERVICES****Polly Thomas, PT | Practice Lead**

With increasing health care costs, onsite and near-site employer-sponsored clinics have become increasingly valuable. We can help with the initial analysis and identification of options, as well as ongoing evaluation and monitoring of performance.

**PHARMACY CONSULTING SERVICES****Michael Zucarelli, PharmD | Practice Lead**

We will consult with you to review past pharmacy experience and provide strategic recommendations specific to your organization's needs and culture, while also providing guidance around best practices for pharmacy management.

**REGULATORY AFFAIRS & COMPLIANCE SERVICES****Karen McLeese, Esq. | Practice Lead**

Our team interprets the federal and state laws, court decisions, administrative rulings and pronouncements that affect your employee benefits plan. We also assist in defining any relevant compliance issues and developing a roadmap for resolutions.

**VOLUNTARY BENEFITS SERVICES****Greg Callahan, SPHR, MBA | Practice Lead**

Offering voluntary benefits to employees can enhance your benefits package without increasing the output of benefits dollars. We can partner with you to design a voluntary benefits strategy best suited to your organization.

**WELLBEING SOLUTIONS****Emily Noll, MS | Practice Lead**

Our team will work with you to advance your population health management initiatives and deliver tangible results. We assess your organization's needs, risks and priorities, and then deliver a robust plan and support.

**CBIZ ESO™****National Expertise; Local, Personal Service**
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**HUMAN RESOURCES OUTSOURCING & CONSULTING SERVICES****Claire Bissot, SPHR | Practice Lead**

Whether your need is outsourcing or consulting support, we can enhance your human capital management by effectively addressing all aspects of HR in your organization.



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6. What is the employee turnover rate for each of the past three years at your servicing office?

The CBIZ servicing office has experienced less than 5% turnover in the last 3 years. Due to recent growth resulting from health care reform, we have added several new team members to enhance the service offered to our clients. The Unipres engagement team averages more than 10 years of experience.



Section III Consulting Services

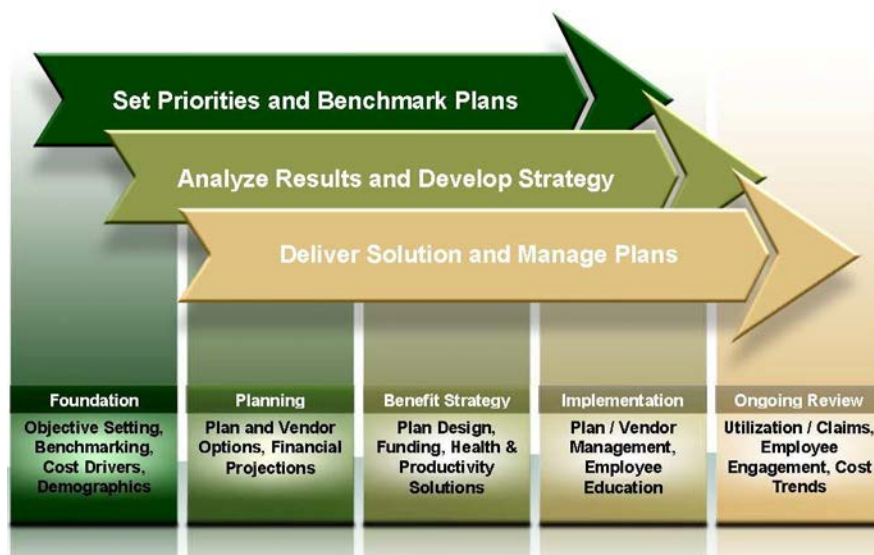
1. Describe how your firm will address Unipres' needs in the following areas:

a. Strategic Planning - creation of an optimal benefits strategy that is consistent with our business objectives.

Carefully analyzing the current employee benefit strategy, documents, administrative procedures, self-service options and benefit contracts allows our team to provide effective guidance. We use a thorough process to review cost, funding, financial and utilization reporting, compliance, communication, as well as administrative policies and procedures. Additionally, CBIZ has numerous benchmarking resources for claim utilization plan design and cost evaluation compared against national and regional databases. Through a comprehensive document request from insurers and the client, as well as a thoughtful stakeholder interview process, your engagement team will collect and synthesize information to customize a strategy for Unipres. Please refer to Exhibit C and D for more detailed information about our Sample Timeline and Strategy and Results.

Strategic Planning

Strategic planning is a hallmark of our partnership. Utilizing the information above, developing a well-documented strategy is the blueprint for success. Typically for a new engagement, CBIZ will work closely with your human resources and finance team to document a three to five year strategy. Our focus is to help you align employee benefits with organizational goals, legislative mandates, obtain the best pricing, manage compliance liability, and maximize employee satisfaction.



Employee benefits are a substantial investment affecting multiple facets of your business, from organization morale and employee retention to administrative efficiency and ultimately your bottom line.

That is why CBIZ begins each engagement with benefit and human resource objective setting, to ensure that your benefit initiatives support your organization's business and financial objectives.

Client Onboarding Process

To ensure our partnership is meaningful and successful we must first take the time to get to know your organization. By investing the time to do this at the beginning of our relationship, your CBIZ team will be ready to provide the most impactful strategic plan and advice.



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Our first step will be an in-depth review of your current situation. Together, we will explore:

- Organizational, business and financial objectives
- The role of employee benefits in your total rewards package
- Your business and benefits landscape including corporate culture, workforce characteristics, multi-generational issues and employee expectations
- Benefit plan design benchmarking
- Review current wellness programs and incentives
- Impact of health reform and other regulatory issues
- Employee self-service objectives

During our planning sessions, we will listen, ask questions and provide insights. We will consider a range of factors including benchmarking results, use of incentives, out-sourcing versus in-sourcing, vendor management, value-based plan designs, consumerism, and employee health and productivity.



The outcome of our strategy sessions will be **well-defined goals and objectives** for benefits in the next three years. Rather than supply “off-the-shelf” solutions, we will collaborate with you to develop a customized action plan to achieve the goals you set.

Based on our planning sessions, we will create an action plan that clearly defines:

- Your goals and objectives;
- A brief description of current benefit plans and possible actions to align benefits with the goals and objectives;
- Proposed services including potential renewals and marketing, funding analysis, health and productivity initiatives, communications, compliance activities, etc.;
- A timeline showing milestone activities, responsibility and completion dates; and
- A scorecard for measuring effectiveness.



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b. Industry Trends and Emerging Issues – timely consulting on benefits industry trends and emerging benefit issues.

You can expect top-notch customer service and regular legislative updates. CBIZ also offers regular seminars, webinars and other learning opportunities to help you stay abreast of breaking regulatory developments and benefit trends.

CBIZ clients receive regular updates on legislation, trends and best practices through a variety of sources:

- CBIZ legal resources, including compliance support and legislative updates from our in-house legal staff
- Regular online and print publications
- Web-based information sessions (webinars)
- Year-round access to CBIZ Client Portal Online, a comprehensive online HR portal that includes HR and benefits resources, compliance guides and employee education tools.

CBIZ National resources vet new trends and solutions routinely and based on that research provide updates to clients during our annual stewardship and strategic planning meetings or more frequently as needed.

Finally, our clients are kept abreast of industry trends and innovations through the benchmarking resources we provide. Benchmarking is provided from a variety of resources listed throughout our proposal.

Unparalleled Compliance Resources

One of CBIZ's greatest strengths is our compliance practice. Every CBIZ associate receives ongoing compliance training to ensure that the plans they design and manage are fully compliant with all state and federal mandates. Our associates are supported by CBIZ's in-house legal staff which is one of the best in the business. Their mission is to identify, research and analyze complex legislative issues so that our clients don't have to. Our legal professionals are knowledgeable about past, current and pending legislation and how it affects benefit plan sponsors and participants. CBIZ Legal is also adept at communicating complex issues in simple and actionable terms through a variety of client publications including free e-bulletins, newsletters, and handbooks. As a CBIZ client, you will have full access to our in-house counsel for guidance on compliance issues.

c. Benchmarking – tools and resources offered to assist with benchmarking.

Benchmarking, Benefit Plan Audit, and Review of Current Plans

As the competition to attract and retain highly qualified employees intensifies, you need to know how your benefit offerings measure up against those of your competitors. It's also essential to review your current plans in light of your organizational and financial objectives. CBIZ offers benchmarking analysis and plan audit services that can help.



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Benchmarking Resources

Our clients benefit from our consistent data tracking efforts. We benchmark our diverse book of business by plan design, enrollment, funding mechanisms and employer-employee cost on an ongoing basis. This database is often viewed by other firms as a critical component of strategic planning for recruiting and retention.

We evaluate all benchmarking sources to ensure that we are benchmarking Unipres to a data set, which matches the stated goals and objectives for the plans. In many situations industry or regional comparatives are not as beneficial as examining best practices of high performing organizations. CBIZ will evaluate the best source of comparison based on the goals we have collectively developed with Unipres.

In addition to the benchmarking information mentioned above, we provide an analysis of a client's benefits offerings, costs, plan designs, demographics and contributions compared to other employers.

As a result of our benchmarking analysis, we provide observations on a client's current plan design, areas that may be above or below the marketplace, recommend changes and funding alternatives. We describe how a client's benefits align with their organizational objectives and employee expectations. We will also explore the implications of any potential benefits changes.

When using traditional industry surveys, analysis and benchmarking studies, CBIZ will provide national or regional, industry and high performance comparative data. CBIZ has extensive library of national survey resources, which is provided in below. In addition, CBIZ has the capability of pulling data from our national database – CBIZSolutions.

The following benchmarking resources will be used to provide a variety of customized benchmarks for Unipres to compare against:

- CBIZ Book of Business
- Decision Master Warehouse and Benchmarking Tools
- Truven health analytics
- U.S. Chamber of Commerce
- Kaiser Family Foundation and Health Research & Educational Trust Employer Health Benefits
- National Business Group on Health
- Health Enhancement Research Organization
- WELCOA
- Employee Benefits Research Institute (EBRI) Data Book on Employee Benefits
- Society of Human Resource Managers (SHRM) Benefits Survey
- Milliman Medical Index
- Segal Company Health Care Plan Trend
- Hewitt Associates Health Care Cost Surveys and other Custom Surveys
- Health Enhancement Research Organization(HERO)
- Mercer National Survey of Employer-Sponsored Health Plans



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Please see Exhibit L for a Sample Benchmarking Report. There is no additional cost for access to the survey information listed above.

d. Cost Projections - projecting plan cost and assisting with budgeting requirements.

Throughout the review and strategic planning process our team will expose you to innovative cost and risk management services. The placement or “brokering” of insurance is the easy part of any engagement. Our value comes from knowing how to execute the right cost containment tools to achieve the best possible outcomes. This combined with solid actuarial services allows our clients the best chance to predict and project financial outcomes. Actuarial services include, but are not limited to:

- Funding analysis (comparisons) including fully-insured, self-funding and alternative funding strategies
- Funding rate development
- COBRA rate development
- Reserve analysis
- Monte Carlo simulations for reinsurance projections
- FASB
- VEBA or other trust related reserve analysis
- Medicare replacement programs
- Retiree health care liability analysis

e. Actuarial Services - development of funding rates, COBRA rates, IBNR, plan design modeling, utilization analysis/cost drivers, contribution modeling and trend analysis.

Actuarial Expertise and Services

CBIZ provides a wide array of actuarial services that support and supplement our benefit consulting practices. Your CBIZ consultant and actuarial team will dissect the utilization and cost data provided by your vendors to assess what's driving plan costs. CBIZ is unique in the fact that we have benefit actuaries on staff to help our clients' better budget and prepare for health care costs each year. This team will provide a wide array of actuarial services that support and supplement our benefit review and analysis. Our actuarial team will help analyze your current plan costs against the marketplace, develop actuarially sound premium equivalent rates, analyze carrier renewals, and develop an actuarially sound contribution structure. The team will identify the issues driving plan costs and recommend responses that are tailored to address the causes.

Services include:

- Health care actuarial services including financial projections for funding, contributions, plan design and migration, with particular emphasis on best positioning for health care reform
- Actuarial, accounting and consulting support for post-retirement medical programs of private sector
- Medicare Part D certifications
- Healthcare Reform Financial Impact study



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- Financial reviews of healthcare programs including review of underwriting processes and analysis of rate calculations
- Projecting financials and claims
- Pricing and reserve calculations
- Stop-loss simulations

The actuarial team is led by Chief Actuary, David Rubadue, who manages reserve valuations, OPEB valuations (FASB, GASB, and IAS), Taft Hartley (or similar) valuations, MEWA financial reviews, pricing of all H&W lines of business, and financial reporting (appointed actuary).

Actuarial services and monthly financial reports are included in our standard scope of services with the exception of GASB valuations which are done on a separate project fee basis. Pricing for GASB valuations can be provided upon request.

f. Financial Reporting and Analysis – experience reporting, ongoing management assistance, including regular monitoring of claim activity reports.

The CBIZ philosophy is clear – data analysis is the “road map” to managing the ongoing health care strategic process. Reporting is a critical component in monitoring the effectiveness of the Health and Welfare benefits plans. CBIZ will provide monthly reporting of plan financial performance. CBIZ will provide an Integrated Report annually including a comprehensive integrated review, projections and modeling reports. The engagement team includes an actuarial analyst who will assist with financial and budget modeling as necessary. Funding alternatives are always reviewed and analyzed on an annual basis and presented as part of the strategic planning and renewal process. Additionally, we believe that what gets measured gets managed. As such, we typically negotiate performance metrics into vendor contracts which define the key success measures, rather those be financial, service or administrative in nature.

Reporting

Reporting is a critical component in monitoring the effectiveness of the Health and Welfare benefits plans. CBIZ provides periodic (monthly, quarterly, semi-annual) and year end historical comparisons as well as financial/ utilization reports and analysis for all lines of coverage. CBIZ will also accommodate special reports as needed or requested. Reports provided by carriers/vendors are available and monitored on a regular basis by CBIZ but our reporting is customized to each client. Please see Exhibit G for examples of our reporting and analysis.

Monthly Reports/Meetings:

- Dashboard Report
- Monthly financial overview and funding comparison



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- General Plan Performance/Expense Overview
- Large Claim Report

Quarterly Reports/Meetings Monthly Report Summary Plus:

- Utilization Data Analysis
- Performance Standard Review- Vendor performance guarantees
- NavMD

Annual Reports/Meetings Quarterly Summary Plus:

- Financial Comparison
- Benchmark Review/Analysis
- Performance Standard Review/Stewardship Report
- Wellbeing Scorecard
- Strategic Review
- Generational Analysis
- Risk Analysis

Actuarial Renewal Funding Evaluation Plus:

- Funding Projections
- Plan Modeling
- Migration Assessments
- Reserve Valuations
- Monte Carlo Simulations – Stop Loss Evaluation

g. Data Warehousing – capture detailed medical and pharmacy claims data, biometrics and eligibility. Please elaborate on the capabilities of your data warehousing tool, if applicable.

CBIZ uses data plan analytic tools to make informed decisions on medical, dental and pharmacy claims. Unipres' proposed team has access to multiple resources for quality, outcomes, population health management, chronic conditions and other key information.

CBIZ clients are given access to analytic tools which will incorporate data from medical, Rx, wellbeing, biometrics and other pertinent data sets. Based on the specific appetite for data and complexity of the plans, one of two resources will be accessed for clients. For example the priority forecasting tool, NavMD. NavMD Analytics is a predictive health care analytics application delivering actionable insight for better decisions about managing the health of a given population. Better decisions mean providing a higher quality of care at a lower cost with a focus on wellbeing. NavMD Analytics consists of three main components as outlined below.



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A powerful facet of NavMD Analytics is that it generates information against actual claims data as soon as it is updated. This allows you to examine the effectiveness of a health plan with relevant, up-to-date data. Additionally, you have the power to monitor the progress of your health care objectives and manage your health plan on a monthly basis, just as you would any other budget item.

NavMD also provides standard of care measurements and best practice guidelines for chronic conditions to profile risk at the total population level, single member level, or anywhere in between. Standards of care also include age appropriate preventive measures such as mammograms, colonoscopies and other preventative care procedures.

This capability allows ease of access around the following areas:

1. Analytics & Reporting
2. "What If" Plan Modeling
3. Performance Tracking & Monitoring

We have access to dozens of tools providing a range of solutions from retroactive benchmarking to predictive modeling and more.

h. Annual Renewals – the renewal process, including a description of the tasks undertaken and analysis performed.

Pre-Renewal Planning

Comprehensive pre-renewal planning ensures a smooth renewal and prevents any renewal surprises. It defines roles and responsibilities regarding renewal rates, benefit options, vendor options, and communication strategies. Based on our benchmarking and plan audit, we will flag for discussion any specific benefits areas that are above or below the marketplace. Our benchmarking analysis will focus on the current benefits and premiums of your company, as well as a forecast of benefits and premiums for the upcoming plan year. We will work with your vendors to refresh claims analysis, provide forecasted rate adjustments, and obtain commitments on when their renewal will be issued.

In addition to vendor selection, this is a good time to discuss:

- Implementing any long range benefit initiatives you have been considering; for example, the transition from being partially self-funded to a fully self-funded approach.
- Discuss employee communication strategies to announce benefit changes, wellness initiatives, or enrollment processes; gather valuable employee feedback regarding benefits through employee surveys, webinars, or focus groups.

Pre-Renewal Planning Outcome

A productive pre-renewal planning session ensures that all parties have a clear understanding of next steps regarding renewal rates, benefit options, vendor options, and communication strategies. Roles, responsibilities and milestone dates will be clearly defined either verbally or in a formalized timeline, whichever you prefer.



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Renewals

We request that renewals be delivered by carriers at least 75 to 180 days prior to the renewal date. During the renewal process, we will:

- Evaluate all renewals for technical accuracy, completeness, consistency, and use of up-to-date trend information;
- Negotiate renewal terms, conditions, and creative alternative plan design options on your behalf; and
- Help you develop a benefits budget forecast, if applicable.

To accept the renewal, we will complete all vendor forms and employer applications to “signature ready” condition. We will closely review all vendor documents, contracts, administrative forms, booklets, and summary plan descriptions, utilizing the expert eyes of our compliance team

i. Competitive Marketing and Placement of Plans – assisting with the development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations and placement.

Marketing

If our pre-renewal analysis calls for competitive bidding, we will draft specific, customized bid specifications, according to criteria approved by Unipres and submit them to potentially best-fit vendors. Upon their response, we will review and analyze each response in light of your objectives. We will then deliver to you:

- A detailed analysis and comparison of the vendors’ plan designs, provider match-up, and funding options;
- An assessment of which proposal is most compelling and why, any underlying nuances that should be considered and things to consider when making your final decision.
- An executive summary and presentation to management as necessary.
- We will also organize and facilitate vendor finalist meetings and offer an unbiased assessment of each presentation.

Market Relationships

CBIZ has preferred or platinum status with national and local insurance carriers, benefit administrators, and financial services companies. Regardless of your size or benefit plan design, we can help you select the right fit partner. We have cultivated goodwill and leverage with providers of medical, dental, vision, disability, life insurance, and other health and welfare benefit plans. We are preferred producers and sit on several Broker Advisory Councils for several major carriers.



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j. Annual Reporting Requirements – assist in meeting annual reporting deadlines, including Form 5500.

Our scope of services includes preparation and facilitation of annual reporting requirements including but not limited to 5500 preparation, Form 720 reporting, Summary of Benefits and Coverage, ERISA Wrap Documents, and other regulatory notices and filings.

k. Employee Communications – assist in developing employee communication and related tools. Please provide sample copies of employee benefit communication materials.

Employee Communications

The role of employee communication is to educate, inform and promote employee goodwill. It can inject a consumer focus and foster a sense of shared responsibility. Most importantly, it can change perceptions and influence employee actions. At the outset, we will identify specific short-term and long-term communication objectives, and identify ways to make small but measurable change now that will ultimately lead to long-term, sustained change.

Communication Strategy

In devising a communication strategy, we will:

- Examine your business and benefits landscape including demographics, culture, mission and values
- Define objectives and desired outcomes, i.e. employee engagement and accountability, enrollment and utilization
- Assess recent communication efforts – what works and why?
- Explore available communication channels including online employee communication and enrollment tools, customized benefit tutorial videos
- Develop messaging and identify appropriate mix of media (where appropriate, link benefit messages to organizational values and vision)
- Leverage internal resources/peer opinion leaders to enhance credibility and ensure consistent messages

Communication Media and Materials

CBIZ offers a range of communication services, from basic enrollment support to customized communication campaigns. Basic support is provided by CBIZ staff. Available media include printed materials, web content, audio-visual, and face-to-face meetings, depending upon your preference and your internal capabilities. Materials may include benefit decision guides, summary plan descriptions (SPDs), newsletters, announcement campaigns, wellness bulletins, web blast announcements, online summaries.



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Available media includes:

- Newsletters;
- Benefit decision guides;
- Brochures;
- Subscription to Brainspark;
- Custom Website development
- mobile technology;
- Posters and payroll stuffers;
- Wellness bulletins;
- Print materials; and

We can also conduct employee research including surveys and focus groups to assess perceptions, expectations and benefit needs. Please refer to Exhibit E, F and J for a list of our 2016 Webinar Series, Sample Employee Communications and information about CBIZ HR Solutions.

Enrollment Support

CBIZ takes a proactive approach to annual benefits enrollment. Starting early and staying on track are our specialties. We will:

- Coordinate the enrollment process with vendor including eligibility data;
- Develop employee communication materials including announcement letter, benefit summaries and custom materials as needed;
- Provide online enrollment tool showing benefit options and costs;
- Review vendor and/or client enrollment materials;
- Facilitate employee meetings via webcast or in person, including PowerPoint presentation and vendor support; and
- Provide vendor interface throughout the enrollment season.

In addition to facilitating annual open enrollment meetings or webcasts, we are available on an on-going basis to answer employee questions regarding plan benefits, covered and excluded services, pre-certification procedures, provider networks, claims, etc.

i. Employee Satisfaction – process and resources available for assessment of employee

CBIZ has extensive experience in developing and administering employee surveys and focus groups. Each of our clients is unique and the culture of an organization is so highly influential on the success of a given strategy, we believe it is critical to obtain feedback from employees.



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We often begin by developing a customized survey based upon the outcomes of our strategic planning sessions. After administering the survey we determine common themes or additional questions we may wish to obtain from employees. A focus group is often the ideal setting to ask follow up questions or seek clarification about survey data.

Additionally, CBIZ offers a range of communication services, from basic enrollment support to customized communication campaigns. Available media include printed materials, web content, audio-visual, and face-to-face meetings, depending upon your preference and your internal capabilities. The information gathered from surveys and focus groups helps craft the messages included in these various communication medium.

m. Wellness - resources your firm provides in the area of Wellness and Health Promotion Consulting.

CBIZ believes it is important to view Total Rewards and Benefits through the human-centric lens of wellbeing. Domains of wellbeing; purpose, social, financial, community and physical are how people think about and experience their lives - professionally and personally, at work and at home. Research clearly illustrates a strong link between employee wellbeing and increased employee engagement and performance, lowered healthcare costs, improved staff morale and more.

CBIZ is a national leader in developing and implementing population health management, including wellness, health and productivity and wellbeing strategies. Wellbeing evolves from wellness and includes physical, financial, social, community and career health. We will provide specific guidance to capitalize on the existing wellness program and create a sustainable culture of health.

Unipres' designated Wellbeing Account Executive will utilize several tools to help evaluate program initiatives, identify needs and areas of opportunity, and will help to refine the program over time. Examples of activities include:

- Analysis of claims data (as available) for inclusion on an annual Scorecard
- Review of past health risk assessment and biometric screening data
- Key informant interviews (e.g., Human Resources, Senior Leaders, Wellness committee members)
- Survey of employee needs and interests based on aspects of Wellbeing
- Organizational Assessment, including inventory of programs, resources, policies, practices and environment
- Benchmarking wellness program against national resources and our book of business



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CBIZ believes wellbeing and claim prevention are essential to controlling cost of health, pharmacy and prescription drugs. The processes and leadership role we take will make implementation in incremental stages feasible for HR and senior leadership.

We help clients develop strategies that meet their population's program and cultural needs by utilizing data analytics, understanding their resources, and conducting cultural assessments.

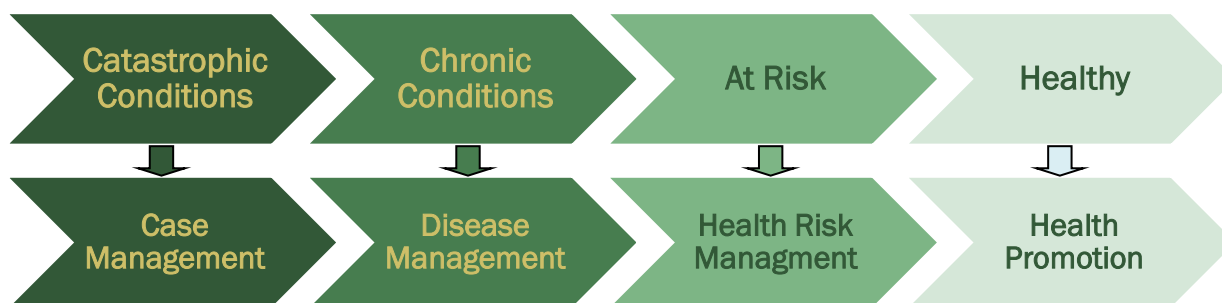
Tools designed to fully engage employees in the management of their own health are at the heart of the CBIZ approach.

The key elements of a successful wellbeing initiative are as follows:

- Establish a culture of health
- Gather the appropriate data
- Develop a strategic plan
- Establish an Employee Health & Productivity Team
- Provide evidence-based interventions
- Evaluate population outcomes
- Recommend and evolve incentive design
- National Preferred Vendor relationships
- Develop a scorecard to measure success

Continuum of Health and Productivity Initiatives

Health and Productivity solutions follow the continuum of health. From health promotion and wellness programs, to critical care management, it's important to target each population.



CBIZ's integrated approach addresses the needs of the individual and the financial impact of each group on your organization's bottom line. Please refer to Exhibit K for more information on Wellbeing Strategies and Employee Engagement.



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n. Vendor Management – assisting with vendor management.

Implementation and Vendor Management

Whether entering into a renewal contract or switching to a new vendor, CBIZ will coordinate and manage the implementation process and the ongoing vendor relationship. We will:

- Schedule planning and implementation meetings with vendors as needed;
- Coordinate eligibility data requirements and timing;
- Order vendor benefit booklets and/or certificates, ID cards;
- Review administrative forms and billing;
- Request and review contracts, SPDs and other vendor materials
- Provide ongoing employee support for claims, customer service, etc.;
- Proactively identify issues before they become problems; and
- Establish service level expectations and negotiate performance guarantees as appropriate.

CBIZ leverages our position in the marketplace to obtain the best value, prices and performance from all major vendors. During the vendor selection process we will obtain meaningful vendor commitments, ensure that their contracts accurately reflect their promises, and then manage the vendor performance on an ongoing basis. We insist that a significant percentage of dollars at risk be based on your subjective evaluation of service, and that any financial or clinical guarantees are aggressive and client-specific.

Plan Management

CBIZ provides ongoing plan management, monitoring Unipres' cost and utilization trends on an ongoing basis that identifies:

- Enrollment and claims trend;
- Percentage of claims paid on behalf of high claimants;
- Inpatient utilization and cost, including the top five diagnostic categories; and
- Pharmacy utilization and cost.

As part of our ongoing analysis, we will make recommendations on steps to control these costs. Plan management also includes compliance guidance, renewal meetings and annual review.



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2. Describe your organization's ability to assist in the selection process for a benefits administration provider and/or any other outsourcing needs.

Benefit Administration and Technology Solutions

CBIZ provides practical benefits administration consulting advice based upon our market research and experience in the industry and with our clients. We recognize that there are many administration and technology solutions designed to simplify the administration of your employee benefit programs and enable employee self-service. We also understand that one size does not fit all. Our clients have unique needs, and whether very simple or complex, we have a solution available that is the right fit.

We will work with your team to identify existing systems for payroll, HRIS, general ledger, etc. and identify third-party or enterprise solutions for enrollment, communication and administration of employee benefits. To minimize your expense, CBIZ believes in reinvesting certain employee paid or voluntary benefits commission dollars back into this type of technology to subsidize or eliminate expense.

Core Services	Advanced Services
Online access to information on crucial topics, including: Benefit & Compensation, Compliance, Performance & Productivity, Equal Employment Opportunity	Full Benefit Administration System
Model Documents and Forms	Online Enrollment
Productivity Tools	Carrier Interface
News and Articles	Payroll Interface
Benchmark Surveys and Statistics	Content Management
On-line Enrollment Work-Flow Tool	Customized Reporting
Employee Self-Service Platform	Decision Support Tools
Benefit and HR Intranet Site	HRIS Features
	Payroll Self-Service Portal
	HR Support Center
	Employee Educational Videos
	Health & Wellness Resource Tools

3. Please provide an overview of additional services and expertise you have available with regard to high-cost claim management.

CBIZ uses data analytic tools to make informed decisions on medical, dental and pharmacy claims. Unipres' account management team has access to additional resources for quality, outcomes, population health management, chronic conditions and other key information. Once utilization patterns, disease states and other information is gathered then your CBIZ consulting team works with insurance companies, third-party administrators and other partners to introduce programs and maximize return on investment.



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CBIZ has recommended several care management organizations for our clients to help control high cost claimants. Additionally we have experience in assisting clients with implementing incentive programs to for employees to participate in care management programs and reduce high claims. Finally, we have assisted numerous clients with outreach programs through their onsite clinic providers to control high cost claims.

Your team can also use CBIZ's National Pharmacy Benefit Management Practice, which is led by PharmD. Michael Zucarelli, when you need expert-level analysis on pharmacy claims. Both resources help our clients analyze medical and pharmacy claims so they get the most out of their investment.

We provide reports on these areas on an ad hoc, monthly, quarterly, annual basis, and as directed. We also always compare our client's data to national trends in their industry. We will make recommendations on steps to control these costs as part of our ongoing analysis.

4. Describe your organizations capability to provide bi-lingual assistance to our Japanese demographic.

CBIZ does not specifically provide bi-lingual content, but rather identifies third-party enrollment and communication partners to provide these services. Commonly, through these partners, we provide enrollment materials, online enrollment, and enrollment counseling (face to face or call-center) in a multitude of languages. Specifically for a Japanese speaking population it may be necessary to outsource to a communication company specializing in the Japanese language.

As discussed previously in this document, CBIZ believes in reinvesting voluntary benefit commissions to offset the additional cost of employee communication, administration and enrollment.



Section IV Compliance

1. Describe your firm's services with regard to directly assisting Unipres in maintaining compliance with federal regulations related to health and welfare plans. How does your firm inform clients about compliance-related issues? Please provide samples of any relevant materials.

We understand that a large employer like Unipres will have substantial needs related to compliance and the ACA. Utilizing experience, expertise and the tools below, we will provide you outstanding support for compliance. Commonly for clients similar to Unipres, we have a standing monthly conference call to review pending or enacted legislation. Doing so allows us to adjust policies, procedures and workflows in a timely manner.

Compliance Support

Many of our competitors outsource compliance to a third-party service or law firm. At CBIZ we have invested significantly in compliance resources to train our advisors and provide guidance for our clients. In addition to working with the well-trained compliance specialists in the industry, your organization should benefit from ability to identify problems, share best practices and reduce billable hours for traditional legal resources.

Included below is a brief description of several of our key compliance tools:

Annual Compliance Manual – “FOR YOUR BENEFIT”

CBIZ prepares an annual compliance manual with accompanying sample documents for federal guidelines. There is a state section for each applicable state. This is provided to each CBIZ client, at no additional cost.

Time Sensitive Communication – “AT ISSUE” and “BENEFITS BEAT”

Due to the regulatory environment in which we live, CBIZ understands the critical nature of these updates. CBIZ notifies more time sensitive information on an as needed basis through the “At Issue” and “Benefits Beat” newsletters. These publications can be provided electronically or hardcopy.

Annual Compliance Checklist

In addition to the aforementioned communications, CBIZ provides a “Compliance Checklist” which will be reviewed collaboratively with your staff and CBIZ Service Team. The Compliance Checklist is a 50 page checklist of compliance guidelines and necessary actions to mitigate exposure.

CBIZ ERISA attorney, Karen McLeese, V.P. of Regulatory Affairs, continuously advises the core CBIZ account services teams on all state and federal legislative issues. Karen also has a team of additional attorney's and paralegals assisting her. Webinars are conducted annually and as needed when significant legislation is going to be passed that requires employer compliance.



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Your local CBIZ team is available to conduct educational meetings on compliance issues to your committees or Boards. Karen serves as an invaluable resource for the account services teams to proactively monitor all legislative activity and enable us to advise clients of upcoming compliance issues and assist in the resolution of existing compliance issues. The services of our Regulatory Department are at no additional cost to Unipres U.S.A.

2. Describe your firm's Healthcare Reform practice and capabilities to assist with Healthcare Reform compliance.

The Affordable Care Act impacts every facet of group health plans, including plan design and eligibility, funding and tax issues, reporting, and disclosure requirements. CBIZ will provide Unipres with a Health Care Reform Financial Impact Study. This study will help employers re-evaluate their plans, pricing and funding in light of shifting enrollment, risk and tax implications. Your engagement team is well-versed and has exceptional experience guiding organizations through ACA regulations and assisting you with adopting compliant policies and procedures. Further as an organization specializing in tax, benefits and payroll we provide a comprehensive view of ACA implementing unique strategies for numerous clients to address tax, fee and penalties and other challenges. We have the experience and expertise to assist with creating policies, procedures and workflows for employer such as Unipres. Common among manufacturing firms are large numbers of variable hour employees and we can support you in developing strategies to manage and/or mitigate this risk.

Included on the following page is a brief description of several of our ACA compliance tools and more information about CBIZ Compliance Materials can be found in Exhibit I.

ACA Compliance Checklist

Our checklist is a detailed tool to assist our clients in understanding the impact of healthcare reform and ensure compliance. Content includes information regarding Employer/plan sponsor issues, reporting and disclosure requirements, tax issues, insurance market reforms, individual responsibilities, and Medicare issues. With regard to the Employer Shared Responsibility provisions of the ACA, employers face a number of new reporting and compliance requirements along with associated tax liabilities and penalties.

6055/6056 Reporting

Effective January 1, 2016, employers with greater than 50 employees are required to complete 6055 and/or 6056 reporting. Aimed at minimizing this ACA compliance risk, CBIZ ACA Checkpoint is an integrated management tool designed to provide continually updated ACA monitoring, reporting and documentation. See Exhibit I for more information on CBIZ ACA Checkpoint. We have provided pricing for this optional service in the fee section of this proposal.

Integrated Approach to Health Care Reform

CBIZ' National Advisory Council on Health Care Reform is comprised of experts in benefits, payroll, finance, tax, legal, and regulatory issues. They bring their collective expertise and talent to the complex, interdisciplinary requirements of Health Care Reform. No other consulting firm can match our truly integrated approach to this topic.



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ACA Policies and Procedures

During the initial analysis of CBIZ will conduct a careful analysis of current administrative policies and procedures. Doing allows us to identify opportunities and risks associated with, but not limited to:

- Measurement, administrative and stability periods
- Full-time, part-time and variable hour classifications for all employees including adjunct faculty

Upon completion of the initial analysis you engagement team will share best practices as well as customized solutions for your unique business.

ACA Financial Analysis

CBIZ provides a personalized Healthcare Reform analysis that covers the provisions applicable to client plans, required compliance dates, and potential plan impact both from a benefit and cost perspective. Update communications are also provided through CBIZ Health Reform Bulletins, which are sent out as clarifications are released.

ACA financial impact analysis includes a report dedicated to measuring the impact of this tax your plan as well as opportunities to mitigate future risk. As a CBIZ client, you will have full access to our in-house counsel for guidance on these and other employee benefit, HR and ERISA compliance issues.

ERISA and Other Reporting

CBIZ prepares signature ready 5500 filings for our fully-insured and self-funded clients. This service is included in our proposal at no additional cost.

Self-funded and certain alternatively funded clients are required to file IRS Form 720. Should you require this service it is available at a small additional cost. For an additional cost, CBIZ has the ability to provide ACA 6055 and 6056 reporting to integrate with your payroll system.

Health Care Reform-Client Tools

- Health Care Reform Analyzer-evaluates the current cost of the health plan, the employer penalties and taxes as well as cost savings strategies
- Health Reform Bulletins-issued each time a new law is enacted, changed, clarified, proposed or defined. These provide Unipres U.S.A. with both guidance and understanding of the impact of specific rules.
- CBIZ Health Reform Matrix-provides the comprehensive information needed on each provision of the ACA: an explanation of the provision, to which it applies, its effective date and the CBIZ Health Reform Bulletin tied to that provision.
- Grandfathered Plan Chart and Checklists
- Grandfathered Plan Allowable Increase Calculator
- White papers, articles and presentations on Health Care Reform



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3. Provide an example of an innovative or unique solution developed and implemented by your firm for a client.**Custom Benefits Website**

In order to communicate with a diverse population, one of our local offices developed a customized benefits website utilizing a content management system. This tool has allowed this group to virtually eliminate their paper enrollment guide and allow employees to have search capabilities for specific benefits related topics and answers to frequently asked questions.

Funds typically allotted for enrollment guide printing, were used to develop this online tool, ultimately saving the client future communication costs.

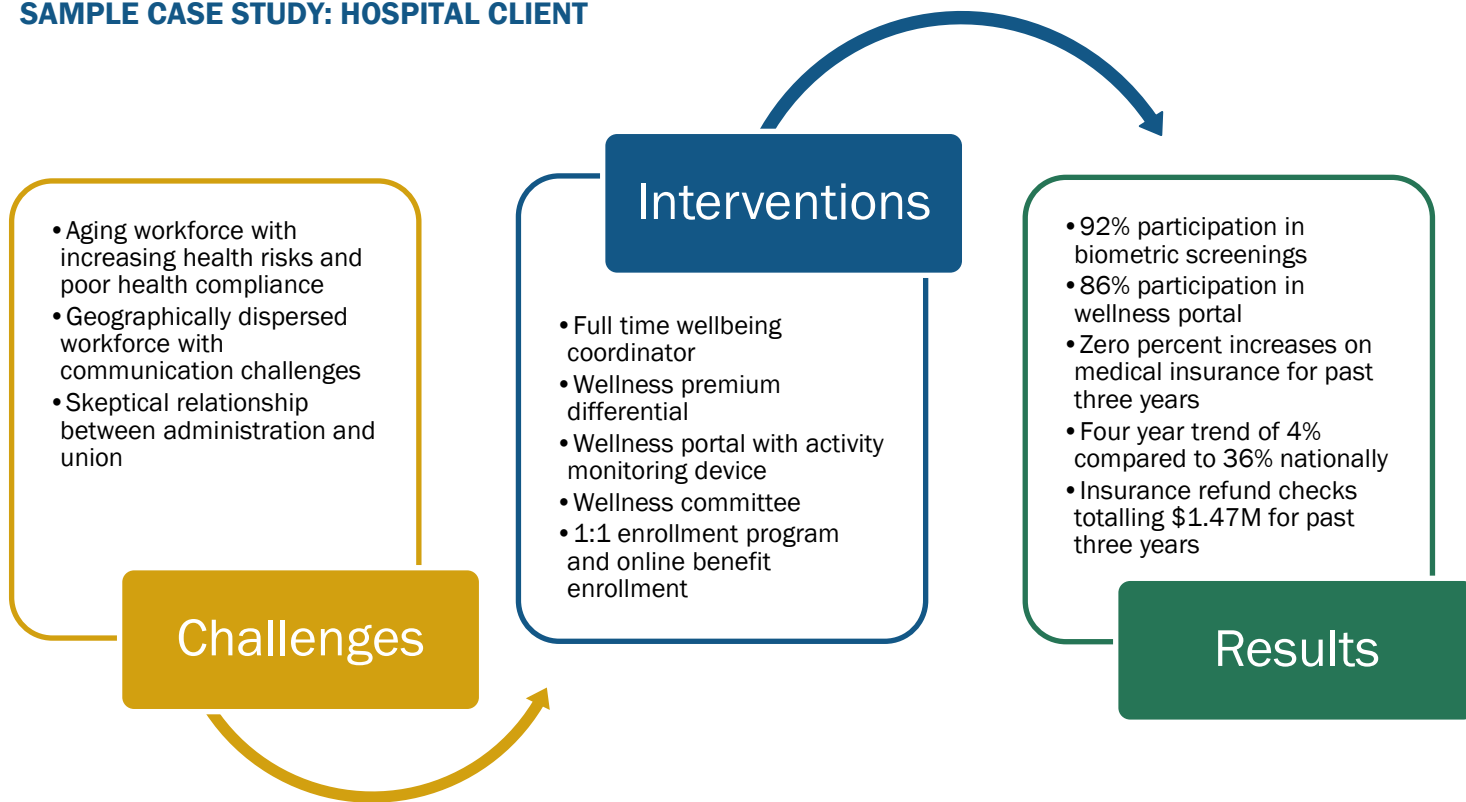
CBIZ will provide communication development and distribution for all standard communication materials as part of the standard scope of services. For an additional cost, CBIZ can coordinate with a third party vendor, to develop highly customized communications materials. Professional printing can also be arranged and coordinated by CBIZ; payment of hard costs associated with printing and mailing are not part of our proposal.

Mobile Messaging

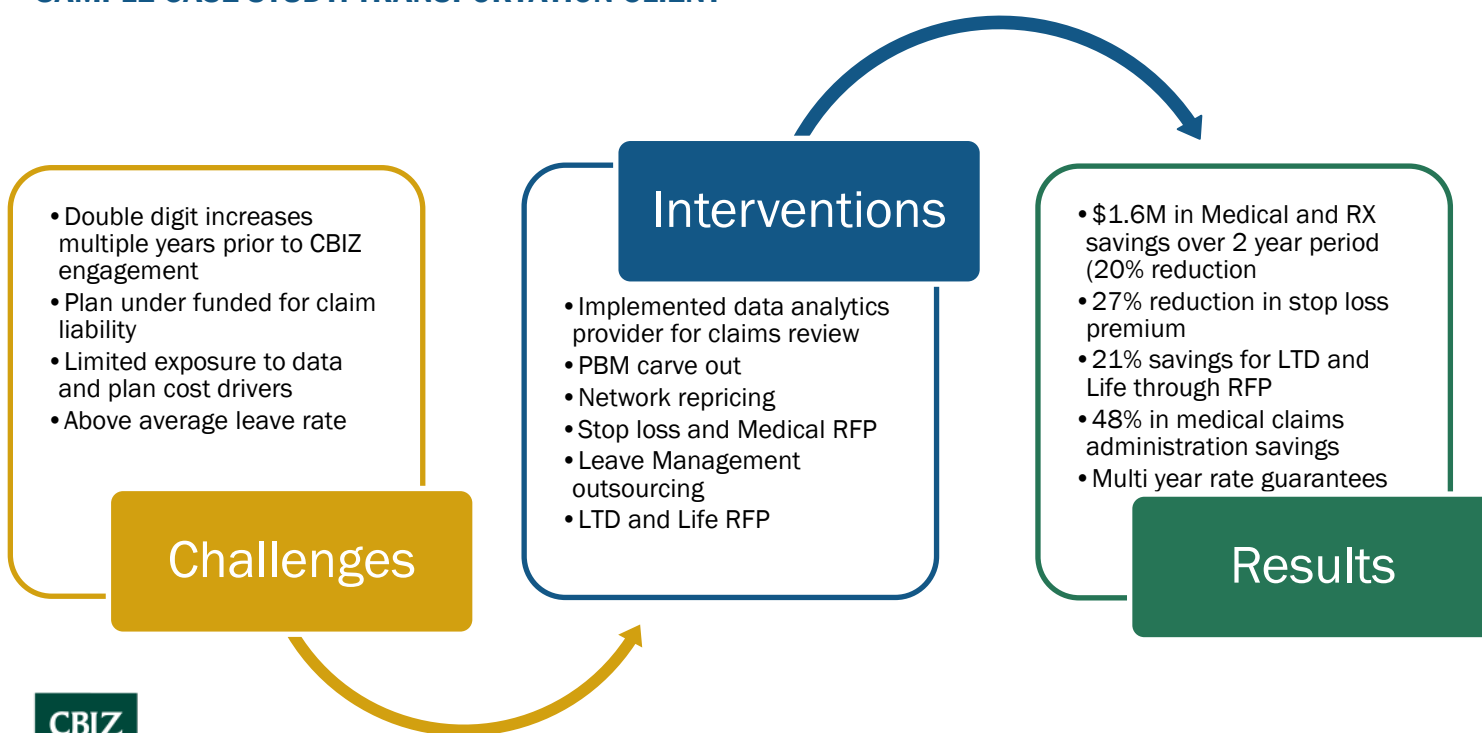
With more Millennials in the workplace and the increase in text messaging capabilities, we have recently used text messaging to effectively deliver messaging about benefits and wellbeing programs. These efforts have led to a sizable increase in adoption and engagement in these programs. At a recent client we achieved an 86% engagement rate when implementing a first year wellness portal and wearable fitness devices.



SAMPLE CASE STUDY: HOSPITAL CLIENT



SAMPLE CASE STUDY: TRANSPORTATION CLIENT



Section V Partnership Structure/ Fiduciary Requirements

1. How do you ensure the objectivity of your analysis and recommendations in areas where your firm offers a proprietary product?

We have a commitment to transparency for our clients. Whether for commission compensation, or third-party services such as Section 125 Administration, COBRA Administration or other services, we remain committed to delivering advice based on facts and circumstances. Our obligation is to serve our clients and to provide the best possible solutions, which meet their needs and obligations. We partner with our clients, even at the expense of short term profitability for our firm. We will protect Unipres' interests and provide the best consulting solutions to suite your needs.

2. Describe the amount of professional liability or errors and omissions insurance currently carried by your company. Please indicate if you have had any claims filed against you for errors and omissions in the last five years and provide a short description of such claims. Do you limit your liability to Unipres for your errors and omissions? If so, how?

CBIZ, Inc., secures various and applicable insurance coverages under the corporate master insurance and risk management program.

Coverages include but are not limited to Workers Compensation, General Liability, Automobile Liability, Crime (also known as 'Bonded'), Technology, Cyber and Professional Liability (sometimes referred to as Errors& Omissions Insurance). Limits are commensurate with a firm the size of CBIZ Inc., and are no less than \$1,000,000. Some of the coverages contain retentions (deductibles) which are commensurate with the size and nature of our business.

Coverages are provided by insurance carriers that maintain, at minimum, a rating of A- by A.M. Best.

As an \$840M company, with over 4,000 employees and over 100 locations, we have insurance and claims commensurate with a company our size and nature of business. Much of the information contained in the claim files is private and not subject to disclosure. A sample will be provided specific to your requirements upon request.



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3. Confirm that your firm will fully disclose all types, sources and amounts of compensation received from servicing the Unipres account including, but not limited to: commissions, contingency commissions, fees from acting as “managerial general agent,” retainers, bonus payments from vendors, administrative service fees or insurance contracts built into ASO contracts or insurance plans or any other compensation that is not reportable on the Form 5500 Schedule A, etc.

CBIZ confirms with Unipres, we will full disclose all account fees and compensation received. We are prepared to discuss any questions about compensation, including all forms of compensation, when Unipres is ready to begin that part of the process. We believe those discussions should always be transparent.



Section VII Compensation

1. Discuss the various methods by which you are compensated by your clients (i.e. fee-for-service, retainer, etc.). Specify your preferred means of compensation and explain why this method is preferred.

CBIZ develops a compensation structure in alignment with the client's business objectives and is flexible in the structure. While there are countless compensation models, in general the following represent the most common.

Commissions:

Commission dollars are paid to CBIZ by the insurance carriers for all lines of coverage. Commissions are built into the premium dollars. Many clients still compensate CBIZ in this manner.

Capped Commissions:

Compensation is still paid to CBIZ through the carriers but we put a cap either per member per year or capped out on a flat fee basis (i.e. annual maximum cap of commissions not to exceed a specific dollar amount).

Flat Fee Basis:

Compensation paid directly to CBIZ by you on a monthly, quarterly or annual basis. Insurance products for all lines of coverage would be quoted "net of commissions" in this case.

Combinations:

CBIZ is open to a combination of commission and fees. However, our preferred approach is to determine the appropriate overall compensation level, and then determine the most efficient method to obtain those dollars.

As needed, we will provide a report of revenues received from working and/or serving as UNIPRES's benefits brokerage and consulting partner. As part of our engagement we would expect to negotiate a service and fee agreement which details the terms and conditions under which we are compensated. As part of our standard scope of services we provide an annual stewardship report. The annual revenue summary in stewardship reports may serve to fulfill any accounting or reporting requirements.

Voluntary Benefits:

Certain voluntary or 100% employee paid benefits such as accident, cancer, critical illness, identity theft, long-term care, etc. have commissions built into the product structure. At CBIZ we believe in reinvesting these commission dollars through "co-broker" partnerships thus resulting in enrollment, communication and administrative processes at a subsidized cost. In the event there are commissions in excess of enrollment expenses, CBIZ will retain these dollars.



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2. Would specialized services provided by your firm be rendered to Unipres on an a la carte basis (whether charged to your local office or to Unipres)? Specialized services such as: Actuarial, Compliance, Wellness, Communications etc.

Typical client engagements are comprehensive in nature and all health and welfare-consulting services are included in one fee. The following table represents a general list of services included in our fee and those services, which may require additional fees.

Service	Fee Status
Client Onboarding	Included
Initial Review	Included
Statement of Opportunities and Risks	Included
Strategic Plan	Included
Implementation Support	Included
Health and Welfare Scope of Support Services*	Included
Compliance Checklist	Included
Wellbeing Consulting	Included
Wellness Coordinator	May require additional fees
Onsite Clinic Support	Included
Onsite Clinic Resources	May require additional fees
Online Enrollment/Administration Consulting/Implementation	Included
Online Enrollment/Administration System	May require additional fees
Employee Communication Materials/Custom Benefits Website	Included
Actuarial Services	Included
Pharmacy Review	Included
NavMD	Included
5500 Preparation	Included
Form 720 Preparation	Fee proposal available upon request
CBIZ ACA Checkpoint (ACA Reporting)	Fee proposal available upon request
CBIZ COBRA Administration	Fee proposal available upon request
CBIZ Section 125 Administration	Fee proposal available upon request
Compensation Consulting	Fee proposal available upon request

*See exhibits section for more information regarding the scope of services and sample deliverables.



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It is important to note that clients are not required to utilize CBIZ third-party services such as those listed above (e.g. COBRA administration) and each will be evaluated independently and compared to other market options.

3. Do you limit the frequency (e.g.: number of meetings, iterations) of any of your services?

Unless stated otherwise, CBIZ does not limit the frequency of any services.

4. How do you charge for travel and other expenses?

All additional fees are listed above. The financial proposal will include travel and expense fees for meetings in Tennessee.

5. Are there any services that fall inside/outside of the proposed scope for which the cost would be paid by a vendor or other parties-in-interest?

Voluntary Benefits

As previously outlined in this document, CBIZ commonly reinvests certain voluntary benefit commission dollars back into the enrollment, administration and communication processes.

Wellness Funds

Most CBIZ clients the size of Unipres receive substantial wellness/wellbeing fund investments from third-party administrators and insurance companies. These dollars may be utilized for the purpose of developing wellbeing programming, a dedicated wellbeing coordinator and more.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

Section VII Scope of Services

Please complete the following chart identifying each item as either (a) scheduled/ongoing, or (b) as requested (but not both) and provide additional fee amount, if applicable.

New Client On-Boarding Process	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Data collection, benefit plan overview, audit, etc.	Scheduled		Included, No Limit
Baseline assessment	Scheduled		Included, No Limit
Strategic Planning	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Executive management meetings and benefits philosophy development	Scheduled, Ongoing		Included, No Limit
Develop multi-year strategy	Scheduled, Ongoing		Included, No Limit
Benchmarking	Scheduled, Ongoing		Included, No Limit
Provide specific recommendations to address Unipres' chronic disease conditions, risk factor prevalence, gaps in care and utilization patterns	Scheduled, Ongoing		Included, No Limit
Employee contribution strategies	Scheduled, Ongoing		Included, No Limit
Development of cost-containment strategies, including plan design changes	Scheduled, Ongoing		Included, No Limit
Develop employee engagement strategies	Scheduled, Ongoing		Included, No Limit



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Evaluation and Analysis	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Optimize employee healthcare decision making and consumerism	Scheduled, Ongoing		Included, No Limit
Evaluate current and alternative network strategies	Scheduled, Ongoing		Included, No Limit
Measure and report vendor and network performance	Scheduled, Ongoing		Included, No Limit
Research, analyze and recommend strategies to improve efficiency of administration and delivery	Scheduled, Ongoing		Included, No Limit
Evaluation of current and alternative healthcare vendor capabilities	Scheduled, Ongoing		Included, No Limit
Actuarial	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Budget development	Scheduled, Ongoing		Included, No Limit
Monthly reporting - actual plan expenses compared to budget	Scheduled, Ongoing		Included, No Limit
COBRA and Retiree rate development	Scheduled, Ongoing		Included, No Limit
Multi-year cost projections and forecasting	Scheduled, Ongoing		Included, No Limit
IBNR	Scheduled, Ongoing		Included, No Limit
Plan design change modeling	Scheduled, Ongoing		Included, No Limit
Experience Monitoring, including: <ul style="list-style-type: none"> - Trend analysis - Utilization analysis - Variance analysis to budget - Large claim monitoring 	Scheduled, Ongoing		Included, No Limit
Contribution modeling	Scheduled, Ongoing		Included, No Limit
Workforce demographic analysis	Scheduled, Ongoing		Included, No Limit
Renewals and RFPs	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit



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Renewal negotiations: <ul style="list-style-type: none"> - ASO/TPA - PBM - Dental - Vision - Life and Disability - Cobra, Section 125, etc. RFPs - Stop Loss - Insured Plan(s) 	Scheduled, Ongoing		Included, No Limit
Development, coordination and negotiation of RFPs: <ul style="list-style-type: none"> - ASO/TPA - PBM - Dental - Vision - Life and Disability - Cobra, Section 125, etc. RFPs - Stop Loss - Insured Plan(s) 	Scheduled, Ongoing		Included, No Limit
Clinical Services	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Data warehouse platform	Scheduled, Ongoing		Included, No Limit
Annual utilization review <ul style="list-style-type: none"> - Clinical interpretation of utilization data - Recommend interventions to contain/reduce cost - Recommend industry best-practices for coverage determinations - Utilize data warehousing tools to provide population health recommendations 	Scheduled, Ongoing		Included, No Limit
ERISA Appeals Support	Scheduled, Ongoing		Included, No Limit
Large claim analysis - Identify care redirection and cost-containment opportunities	Scheduled, Ongoing		Included, No Limit
Wellness	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Develop wellness strategy based on Unipres' culture, program goals and objectives	Scheduled, Ongoing		Included, No Limit



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

Identify appropriate vendor partners based on strategy	Scheduled, Ongoing		Included, No Limit
Measure/monitor performance and results	Scheduled, Ongoing		Included, No Limit
Ongoing wellness vendor management and reporting	Scheduled, Ongoing		Included, No Limit
Employee Wellness Survey	Ongoing		Included, No Limit
Compliance	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Deliver analysis and advice concerning all applicable legislative/regulatory requirements	Scheduled, Ongoing		Included, No Limit
Provide Healthcare Reform advice and strategies	Scheduled, Ongoing		Included, No Limit
Review service agreements, contracts, and SPDs from vendors	Scheduled, Ongoing		Included, No Limit
Update current SPDs and plan documents	Scheduled, Ongoing		Included, No Limit
Develop and maintain annual compliance calendar	Scheduled, Ongoing		Included, No Limit
Provide updates and employer guides on relevant topics impacting health and welfare plans	Scheduled, Ongoing		Included, No Limit
HIPAA privacy and security training and toolkit	Scheduled, Ongoing		Included, No Limit
File-ready Form 5500s for Health and Welfare Plans	Scheduled, Ongoing		Included, No Limit
Implementation Services	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Review final agreements and contracts to ensure they conform to final vendor proposed services	Scheduled, Ongoing		Included, No Limit
Renewals - coordinate with vendor(s) on plan changes & implementation timelines	Scheduled, Ongoing		Included, No Limit



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

New carrier - manage implementation of new vendors (if applicable)	Scheduled, Ongoing		Included, No Limit
Manage a post -implementation debriefing with Unipres and vendors to discuss performance and opportunities for improvement	Scheduled, Ongoing		Included, No Limit
Verify accuracy of ID cards and other employee materials	Scheduled, Ongoing		Included, No Limit
Confirm plan data is configured properly for claim payment system	Scheduled, Ongoing		Included, No Limit
Communication Services	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Total Compensation Statements	Scheduled, Ongoing		Third-Party Service, May Require Additional Fees
Project management of all vendors involved in the production and distribution of open enrollment and other communication materials	Scheduled, Ongoing		Included, No Limit
Monthly benefits newsletter and ongoing communication support based on Unipres' needs	Scheduled, Ongoing		Included, No Limit
Creation of open enrollment guide and annual enrollment materials based on Unipres' branding	Scheduled, Ongoing		Included, No Limit
Enrollment meeting support during annual enrollment (locations to be determined)	Scheduled, Ongoing		Included
Vendor Management and Ongoing Services	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Drive ongoing projects and manage an outstanding issues log	Scheduled, Ongoing		Included, No Limit
Problem avoidance and resolution	Scheduled, Ongoing		Included, No Limit
Claims advocacy and resolution	Scheduled, Ongoing		Included, No Limit
Dedicated resource for ongoing claim issues and day to day administrative support	Scheduled, Ongoing		Included, No Limit



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Ongoing vendor management, including: - Monitor performance guarantee metrics - Lead periodic meetings with vendors	Scheduled, Ongoing		Included, No Limit
Technology	Scheduled / Ongoing	As Requested	Additional Fee and/or Frequency Limit
Access to internet-based portal for Unipres benefit staff employees		As Requested	Third-Party Service, May Require Additional Fees
Online resources through client specific portal for HR Department		As Requested	Third-Party Service, May Require Additional Fees



References

National Seating & Mobility

- **Name:** Ann Mahaffey
 - **Phone Number:** (615) 595-1115 Ext. 214
 - **Email:** ann.mahaffey@nsm-seating.com
 - **Coverage:** Benefits Consulting
-

RaceTrac

- **Name:** Kisma Stephenson
 - **Phone Number:** (770) 431-7600 Ext. 1324
 - **Email:** kstephenson@racetrac.com
 - **Coverage:** Benefits Consulting
-

Blount County Government

- **Name:** Jenny Morgan
 - **Phone Number:** (865) 273-5781
 - **Email:** jmorgan@blounttn.org
 - **Coverage:** Benefits Consulting
-

Raytown School District

- **Name:** Dr. Steve Shelton
 - **Phone Number:** (816) 568-7010
 - **Email:** steve.shelton@rayotwnschools.org
 - **Coverage:** Benefits Consulting
-



Why Choose CBIZ

Throughout this proposal we have described the features of our service as top consulting firm offering an optimal array of services and professional approach to meeting Unipres' needs today and in the future. Our dedicated specialists will work with you every step of the way to improve health and wellbeing for your employees resulting in better outcomes for your organization.



WE BUILD RELATIONSHIPS, NOT CLIENT LISTS.

We will partner with you throughout the year to build a strong organization supporting your program goals. Whether through scheduled quarterly meetings or as needed phone calls, we are always available to discuss ongoing issues and technical matters.



COMMUNITY INVOLVEMENT.

While we are a national firm with deep and sophisticated resources, our focused approach and dedication to the community allows us to offer very competitive fees for service and the best quality engagement team.



NATIONAL RESOURCES.

Engagement teams remain intact and are composed of experienced professionals specifically trained in dealing with issues facing organizations similar in size.



INDUSTRY KNOWLEDGE.

Cutting-edge technology resources and local practice professionals deliver quality and efficiency for all client engagements and are always leading industry standards.



PROACTIVE COMMUNICATION.

We listen to your ideas and concerns and bring practical solutions to you in both financial and operational areas. Expect us also to provide proactive communication about new compliance and regulatory issues, insights into emerging risks, and other issues of importance to the Unipres U.S.A. – at no additional cost.



STRATEGIC PARTNER.

Thought leadership and resources shared are an added, cost-free benefit which includes newsletter, seminars, webinars, white papers, blogs, and other resources developed by CBIZ Employee Services (CBIZ Benefits & Insurance Services, CBIZ Property and Casualty, CBIZ Retirement Plan Services and CBIZ Payroll) as well as, CBIZ MHM Financial Services.



VALUE.

Our mission and vision is to help our clients prosper by providing them with a wide array of professional business and individual services, products, and solutions to help them better manage their risk.



Exhibits

Exhibit A – Scope of Services

Exhibit B – Biographies

Exhibit C – Sample Timeline

Exhibit D – Strategy and Results

Exhibit E – 2016 Webinar Series

Exhibit F – Sample Employee Communications

Exhibit G – Sample Financial and Actuarial Reports

Exhibit H – Service Promise

Exhibit I – ACA Navigation & Compliance Materials

Exhibit J – CBIZ HR Solutions

Exhibit K – Wellbeing Strategies and Employee Engagement

Exhibit L – Sample Benchmarking Reports



Exhibit A: Scope of Services



Health/Welfare Scope of Services

New Client Implementation & Assessment

- Conduct series of Implementation to gather historical information, establish goals and develop strategy
- Complete a compliance review of federal and State employee benefit rules and regulations
- Review insurance contracts, employment policies, administrative procedures and communication materials to ensure consistency
- Conduct a population demographic analysis of employees and dependents
- Develop a written assessment with benchmarking, observations, risks and opportunities of current employee benefits, contracts, culture and strategy
- Historical analysis of financial performance and benefit changes

Strategy

- Develop a 3-year strategic plan designed to positively impact plan design, wellbeing engagement, healthy outcomes, and financial metrics, resulting in a more productive workforce
- Develop a customized management dashboard to monitor progress and recommendations, and measure strategy effectiveness
- Assess the impact of ACA, other legislation and market factors impacting your business
- Enrollment, communication and administrative needs assessment
- Provide client with upcoming and current innovations to contain costs and improve health, such as high performance networks, direct pay relationships, telemedicine, onsite clinics, and incentive and reward design
- Ongoing management of strategic plan to include optimal integration of group health plans with safety, workers compensation and wellbeing strategies



Ongoing Support Activities

- Provide ongoing support for the addition of any new lines of coverage or services that may be implemented by client
- Provide updated Benchmarking of plans, costs, and contributions as needed
- Notify client of pending or enacted legislation or insurance company policies that may impact administration, plan design or pricing
- Review renewal, amended or new, plan documents for accuracy and effectiveness
- Provide annual stewardship reports for the purpose of reviewing, measuring and modifying written 3-year strategy
- Manage vendor relations and issues
- Assist in conducting and/or presenting at benefits committee meetings, wellbeing committee meetings, Board meetings, and/or employee focus group sessions

Day-To-Day Service

- Enrollment, election, qualifying events, and other billing support
- COBRA/retiree issues
- Employee Medicare assistance
- CMS Audit/ Medicare Secondary Payor assistance
- Basic and escalated claim questions/ resolutions
- Issue log tracking of open and pending client service items assigned by human resources team or resulting from employee interactions
- Medical child support orders and related issues
- Research compliance issues and provide adhoc notices of pending legislation



Plan Renewals

- Conduct mid-year Renewal Strategy meeting and develop timeline for accomplishing all renewal tasks
- Based on 3-year strategic plan, design and implement or request proposals utilizing a proprietary process and industry leverage to facilitate competitive proposals
- Evaluate alternative funding mechanisms
- Draft bid specifications
- Negotiate renewal pricing and contract provisions
- Analyze, review and summarize bid responses
- Provide disruption analysis
- Model plan design and contribution strategy adjustments
- Make recommendations based on written strategy developed during assessment phase
- Assist in designing employee communications and provide support and coordination for annual open enrollment meetings
- Review all renewal documents, including SBC's, benefit summaries, contracts, plan documents and amendments, and open enrollment materials
- Conduct finalist meetings and/or vendor site visits
- Detailed assistance with transition to or implementation of new vendors

Financial Management & Actuarial Services

- Funding rate development for alternatively funded plans
- Determine COBRA rates
- Financial and claim projections
- Provide pricing IBNR and reserve calculations
- Prepare periodic financial and utilization reporting
- Annually provide proprietary health plan analytics utilizing CBIZ, insurance company and third-party benchmarking resources for claims, utilization and plan design modeling
- Model plan design changes, migration studies, contribution strategies and more
- Assess the financial impact of ACA based on employer and employee characteristics



Wellbeing Solutions

- Review current wellness program and facilitate development and support of written 3-year strategy
- Identify, coordinate and utilize insurance company and other resources in the most cost effective manner
- Review and recommend turn-key and third-party resources for health risk assessment, bio-metric screenings, incentive and outcome tracking, other screenings, transparency, outcomes management and more
- Proprietary assessment tool to measure the impact of a given wellness strategy
- Develop a wellness scorecard to track progress of financial and non-financial objectives

ACA

- Review CBIZ proprietary ACA Checklist
- Provide ongoing ACA update bulletins with customized advice on impact of changes
- ACA client-specific overview document
- ACA Executive Summary talking points
- Healthcare Reform financial impact study
- Cadillac Tax estimates and mitigation strategies
- CBIZ ACA Checkpoint- tracking and 6055/6056 reporting tool (additional fees apply)



Compliance & Regulatory Affairs

- Review and interpret federal and State laws and regulations impacting employee benefits
- Monitor case law impacting employee benefit laws and regulations
- Provide annual “For Your Benefit” reference guide for all employee benefit rules and regulations
- Review proprietary compliance checklist of Federal and State Employee Benefit rules and regulations
- Provide “Benefit Beat” and “At Issue” monthly and periodic publications notifying you of pending or enacted legislation
- Provide technical support regarding employee benefit laws and regulations
- Provide technical assistance with COBRA, Section 125, HRA and HSA administration
- Provide periodic seminars and webinars on important legislative matters
- Preparation of annual form 5500 filing
- Preparation of annual form 720 (when applicable- additional fee may apply)

Additional Information

- Fee and/or commission transparency with full disclosure of all direct and indirect compensation; reported initially and annually
- Fee or commission based arrangements
- Performance based compensation arrangements
- Customers may receive preferred pricing, client service, reporting and wellness resources provided by insurance companies, third-party administrators and other providers



Other Services

- Payroll Administration
- COBRA, Retiree, and Section 125 Administration
- Benefits Administration systems, online enrollment and ongoing administration tools for employee benefit plans
- Onsite clinic assessment, market research, implementation and support
- Compensation consulting
- Executive Benefits
- Retirement plan consulting
- CBIZ HR Solutions, an online resource and phone support center for human resources managers and executives
- Retained executive search
- Assistance in Wellness Incentive Tracking
- PBM/Pharmacy analysis



Exhibit B: Biographies



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Daniel Risen

Employee Benefits Consultant
CBIZ Employee Services Organization
(615) 742-0315
DRisen@cbiz.com

Business Experience

Daniel began his career with CBIZ in 2010 as an Employee Benefits Consultant. In his role, he helps clients confirm their employee benefit objectives and constraints, review alternative strategies and select the most cost-effective and valuable benefits for their employees. To do this, he takes a consultative approach to analyzing current corporate strategies. The tools to implement this approach include: Health Care Reform impact studies, Compliance Standards, Pharmacy Benefit Management, Value-Based Purchasing, Benefit Design, Communications, Ease of Administration, Long-Term strategies, Wellness, and much more. In addition, he has access to services including Payroll, Actuarial Services, Human Resources, Workers Compensation, 401(k), Outside Accounting, Claim Analytics Tools, and Corporate Wellness Programming.

Background

Bachelor of Arts in Marketing with a Minor in Spanish from the University of Tennessee

Community Involvement

Middle Tennessee SHRM Young Professionals Committee Member





Ken Rideout

Executive Vice President
 CBIZ Employee Services Organization
 (615) 742-0300
 KRideout@cbiz.com

Business Experience

Ken Rideout is the President and Lead Employee Benefits Specialist for CBIZ Benefits & Insurance Services of Tennessee. He specializes in large & mid-size group sales. He has served on the BlueCross BlueShield and United Health Care advisory boards and was on the original board which founded the Chattanooga Chapter of National Association of Health Underwriters.

Background

Education/Professional

- Bachelor of Science- Accounting, University of North Alabama
- Registered Health Underwriter
- Certified Long-Term Care
- Nashville Broker Advisory Council for BCBST, Humana and United HealthCare

Service Specialties

- Healthcare Reform Impacts
- Compliance Standards
- Pharmacy Benefit Management
- Value-Based Purchasing
- Benefit Design
- Communication
- Wellness



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Greg Callahan

Benefits Consultant and National
Director of Employee Engagement
Technology

CBIZ Employee Services Organization
(816) 945-5198
gcallahan@cbiz.com

Service Specialties

- Healthcare Reform
- Financial Analysis
- Strategic Planning
- Creating Problem-Solving
- Captive, Self-Funding, Alternative Funding, etc.
- Online Enrollment, Administrative and “Look Back” technology

Business Experience

Greg Callahan, who has been with CBIZ since 1989, is a consultant and strategist partnering with clients to develop and implement health benefits and wellness programs designed to positively affect the organization’s financial profile and its employees’ health and well-being. Utilizing a combination of financial analysis, actuarial, benchmarking, creative thinking and open communication, Greg develops a well-defined benefits and wellness plan with measurable outcomes for employers of all sizes and industries. He is unique in that he takes a highly analytic, financial-oriented approach intended to not only maximize the success of the plan, but assist HR teams in reporting to the financial officers while giving financial officers tools to measure the progress for a given strategy. Greg has the experience to strike a careful balance between employee needs and corporate budgets.

In addition to Greg’s in-depth analytical skills, he possesses extensive expertise in identifying and implementing custom online enrollment and benefits technology solutions that maximize his clients’ administrative and enrollment efficiencies. The breadth and depth of his third-party vendor relationships enable him to implement the right technology for organizations of every size and budget.

Also key to Greg’s approach is his focus on communication. He is an expert in developing a communication strategy that is unique and relevant to each company’s employees so that they are engaged in the benefits and wellness programs and take action. The ultimate goal is achieving corporate objectives (financial and non-financial) and maximizing employee health and wellness – all while working within the client’s budget and culture.

Background

Education

Greg earned a Bachelor of Arts in History from the University of Missouri, an MBA from Rockhurst University and a certification as a Senior Professional in Human Resources (SPHR).

Community Involvement

Foundation, SHRM, SHRM Kansas City and United Way.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

**Business Experience**

Yvonne brings 21 years of experience in employee benefits management, with extensive practice in Self Funding Healthcare plans. She has significant experience working on both the broker and the carrier side of the benefits industry. Yvonne joined CBIZ in 2011 as a Senior Account Executive, and is responsible for coordinating all aspects of client employee benefit programs and works with the broker/consultant in helping oversee benefit plan performance.

Community Involvement

Yvonne is an active member of the Employee Benefits Professional Association and the Greater Kansas City Health Underwriters Association.

Yvonne Waterman

Senior Account Executive
CBIZ Employee Services Organization
(816) 945-5229
ywaterman@cbiz.com





Cathy Anthony

Senior Account Manager
 CBIZ Employee Services Organization
 (615) 742-0311
 canthony@cbiz.com

Business Experience

Cathy is experienced as a Senior-level Account Manager who guides clients toward effective benefit plan offerings, as well as, understanding and navigating the current complexities associated with Health Care Reform. She is a strategic thinker and takes the "big picture" into account while formulating plans and advice to those she serves.

Community Involvement

Yvonne is an active member of the Employee Benefits Professional Association and the Greater Kansas City Health Underwriters Association.

Background

Education/Professional

- Registered Health Underwriter
- Certified Long-Term Care
- Registered Employee Benefits Consultant
- PPCA Certified
- Chair of education for the Tennessee Health Underwriters

Service Specialties

- Strategic Planning
- Government Contracting
- Benefit Procedures and Policies
- Benefit Program Evaluation and Development



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Julia Moore

Client Service Representative
CBIZ Employee Services Organization
(816) 945-5508
jmoore@cbiz.com

Business Experience

Julia joined CBIZ in 2016 as a Client Service Representative. Prior to joining CBIZ, Julia worked in Kansas City at a major local hospital where she focused on providing patient care and gained exposure to the health care industry. Julia is the back-up contact for day-to-day administration of CBIZ Employee Benefits' primarily supporting large-group team both Private and Public entities. She is responsible for coordinating and resolving general administrative issues, procedures, and preparing and finalizing employee communications.

Education

Julia graduated from the Honors College at the University of Missouri in Columbia with a major in Health Sciences, a minor in Psychology, and a Certificate in Digital Global Studies. Born and raised in Kansas City, she loves to be involved in the community. She looks forward to being a key team member for clients.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Polly Thomas

Director of On-Site Clinic Consultant
CBIZ Employee Services Organization

(816) 945-5509

pthomas@cbiz.com

Business Experience

Polly joined CBIZ as a full-time benefits consultant in 2009. Her focus is on assisting employers with strategic health and welfare plans that are focused on long term cost containment and health improvement. Polly has assisted numerous clients throughout the country with implementing and integrating onsite clinics or direct provider relationships into their total rewards strategy. Polly's current clients have a variety of funding mechanisms including self-funding, partially self-funded and fully insured.

Polly leads national workshops for clients interested in onsite health centers on topics including: measuring return on investment, optimizing existing onsite health centers, and integrating clinics into total rewards programs.

Prior to joining CBIZ, Polly spent eight years working at Cerner Corporation, utilizing her clinic experience to help optimize clinical process utilizing technology and implementing Cerner's onsite health center for employees.

Polly serves as a lead in CBIZ's women's advantage program, and is on the board of directors at Turner House Children's Clinic.

Service Specialties

- Strategic Benefit Planning
- Population Health Management
- Wellness Programming
- Self Funding
- Onsite Health Centers
- Change Management
- Healthcare Reform

Education

Polly Thomas earned a Bachelor of Science in Physical Therapy from the University of Missouri-Columbia in 1999, graduating Magna Cum Laude.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Karen McLeese

Vice President of Employee
Regulatory Affairs
CBIZ, Inc.
(816) 945-5213
kmcleese@cbiz.com

Business Experience

Karen R. McLeese is Vice President of Employee Benefits Regulatory Affairs for CBIZ Benefits & Insurance Services, Inc., a division of CBIZ, Inc. She serves as in-house counsel, with particular emphasis on monitoring and interpreting state and federal employee benefits law:

- Author of At Issue, a CBIZ client newsletter that provides information of general interest regarding employee benefits law and legislation.
- Author of For Your Benefit, a CBIZ compliance/reference guide to welfare benefits.
- Author of Benefit Beat, a monthly CBIZ e-newsletter containing regulatory updates.
- Reviews and interprets federal and state laws and regulations impacting employee benefits.
- Monitors federal and state legislation impacting employee benefits.
- Provides information in response to technical questions regarding employee benefits.
- Provides technical support in response to employee benefits issues.
- Follows and analyzes trends in employee benefits.
- Monitors case law impacting employee benefits

Education

Karen received a Bachelor of Arts degree from the University of Notre Dame and her Juris Doctor from Duke University.

She is a member of the Kansas City Metropolitan Bar Association and the Missouri Bar Association. She is also a member of the Kansas Bar Association, and the Health Law Forum and Labor & Employment Law Sections of the American Bar Association.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



David Rubadue,
FSA, MAAA, CLU
 National Director of Health Care
 Actuarial Services
 CBIZ, Inc.
 (614) 793-2458
 drubadue@cbiz.com

Expertise

- Morbidity Claim Reserve & Pricing Actuarial Certifications
- Morbidity Risk Assessments
- PPACA Financial Impact Assessments
- Statutory Financial Statement Opinions (Qualified Actuary)
- Pricing and Price Certifications
- Health care cost increase assessments
- Medical (Dental) underwriting guidelines and metrics
- Claim Reserve and Contingency Fund Actuarial Certifications

Business Experience

A recognized leader, Mr. Rubadue is periodically quoted via media on Health Care Reform and other issues. He has been an invited speaker and lecturer at many functions, most recently at the Captive 101 Seminar, Tri-State Actuarial Club and the Insurance, Accounting and Systems Association (IASA) National meeting in Dallas, TX. He has performed expertise work (retiree medical), special morbidity studies (AIDS/Asbestos Related Diseases), and many unique forecasting projects that utilize his actuarial experience and education. Dave has more than 27 years of experience. Prior to joining the organization, Dave was Co-founder and President of EBS, Inc. a benefits and actuarial firm acquired by CBIZ, Inc. in 1999.

Service Specialties

- Premium Rate and Reserve Adequacy Development
- Reserve and Contingency Fund Assessments
- Financial Reporting (Qualified Actuary to form opinions on the Adequacy of Reserves and other Financial Statement items)
- PPACA (Health Care Reform) Financial Valuations
- Retiree Health and Welfare Benefits, including OPEB Valuations under GASB, FASB, and IAS
- Flexible Benefit Compensation Programs (Wrote and Graded Actuarial Exams on this subject matter)
- Health and welfare insurance Captive development, including feasibility studies and financial opinions

Background

Education

- Bachelor of Arts, Michigan State University, Accounting
- Fellow of the Society of Actuaries
- Member of the American Academy of Actuaries
- Certified Life Underwriter
- Past Member of the Exam and Education Committee Society of Actuaries (Flexible Benefit Compensation Programs)
- Member of the Tri-State Actuarial Club
- Qualified Actuary

Community Involvement

- Chief Actuary and CFO for the Physicians' Assurance Company
- Consulting Actuary, Coopers & Lybrand
- Health Care Actuary, Nationwide Life Insurance Company



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Michael Zucarelli, PharmD

National Pharmacy Practice Leader
CBIZ, Inc.
(602) 308-6658
mzucarelli@cbiz.com

Background

Education

Michael holds a Bachelor of Science in chemistry and Doctor of Pharmacy degree from the University of Arizona, Tucson, Arizona.

Professional Designations

- Licensed pharmacist in Arizona, Missouri, and North Carolina
- Member, Academy of Managed Care

Business Experience

Michael Zucarelli is a practicing pharmacist and leads CBIZ's National Pharmacy Practice, a specialty practice within CBIZ's Benefits and Insurance Group. He serves as the lead pharmacy consultant for clients, providing financial and clinical guidance to optimize a group's pharmacy program and overall benefits strategy that is cost-effective, compliant and sustainable. Michael's approach focuses on client satisfaction with the pharmacy benefits value and PBM relationship. He assists clients with financial models, pharmacy program analysis, and clinical evaluation. Upon completion of this analysis, he presents these results concisely and offers strategic recommendations. He is a graduate of the University of Arizona and joined CBIZ in 2013.

Service Specialties

- Lead clients through pharmacy benefits plan evaluation including procurement, contract review, and implementation of pharmacy benefits management for self-insured plan sponsors
- Lead planning and strategy meetings with clients to produce and maintain a cost-effective and sustainable pharmacy benefits for their employees and dependents
- Leverage PBM and carrier relationships to advocate vendor accountability and best practices on the client's behalf
- Employ and update proprietary modeling tools to determine pricing benchmarks consistent with the marketplace environment
- Proactively advise the core CBIZ account services teams on relevant State and Federal pharmacy issues
- Foster an environment of continuous learning by leading regular, topical pharmacy discussions with CBIZ associates
- Serve as a resource for clients and CBIZ associates specific to pharmacy benefits operations, clinical programs, and member experience

Recognitions and Awards

- Contributed to the development of a whitepaper on best practices for Medicaid pharmacy that was published and presented to the State of New York (<http://www.uhfnyc.org/publications/880758>)
- Created reporting models used by State Medicaid departments and health plans to benchmark plan performance
- Created reporting models used by State Medicaid departments and health plans to benchmark plan performance



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Amy Howell

Wellbeing Account Executive
 CBIZ Employee Services Organization
 (865) 251-5152
 arhowell@cbiz.com

Business Experience

Amy Howell is corporate wellbeing consultant with CBIZ Benefits and Insurance. She works with clients in Tennessee and other states, to understand their business needs and identify the unique factors contributing to health and productivity costs within their organization. She provides CBIZ Wellbeing Solutions programs that integrate with carrier and vendor resources to help clients meet their business goals.

Service Specialties

- Compliance with Federal Regulations governing corporate wellness programs
- Incentive Design
- Gap analysis and culture assessment
- Vendor partnerships
- Industry best practices

Professional Memberships

- Corporate Health and Wellness Association (CHWA)
- The Wellness Council of America (WELCOA)
- CBIZ Women's Advantage

Education

Education

Bachelor of Science – Business Administration, University of Tennessee – Knoxville

Professional Designations

Certified Corporate Wellness Specialist (CCWS)
 Licensed in Health, Life and Accident Insurance in Tennessee

Community Involvement

East Tennessee Wellness Roundtable



Exhibit C: Sample Timeline



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Sample Onboarding Timeline



Exhibit D: Sample Strategy and Results



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

	Building	Evolving	Sustaining
Plan Design	<ul style="list-style-type: none"> •Consumer Driven Plans •< 20% on HRA/HSA 	<ul style="list-style-type: none"> •CDHP 20-50% •Move to HSA 	<ul style="list-style-type: none"> •CDHP 50%+ •HRA/HSA
Network Effectiveness	<ul style="list-style-type: none"> •Broad Network •Limited OON Cost Sharing 	<ul style="list-style-type: none"> •High OON cost Sharing •Optimal Network and Pharmacy Discounts 	<ul style="list-style-type: none"> •Narrow market models •Network designs: ACOs/PCMHs •Onsite network integration
Clinical Resources/ Integration	<ul style="list-style-type: none"> •Traditional case management for high risk patients •Voluntary participation •Onsite clinic 	<ul style="list-style-type: none"> •Comprehensive Outreach •DM if illness burden warrants •Quarterly engagement opportunities 	<ul style="list-style-type: none"> •Total Population Management •Needs-based model
Contribution Strategy	<ul style="list-style-type: none"> •3 tier •Tobacco Surcharge 	<ul style="list-style-type: none"> •4 tier •Spouse Surcharge •Defined Contribution 	<ul style="list-style-type: none"> •Drive desired Enrollment
Rewards and Incentives	<ul style="list-style-type: none"> •Limited to none (e.g. health assessment reward < \$200) 	<ul style="list-style-type: none"> •Activity based rewards up to \$1000 •Limited Biometrics •Rewards include spouses 	<ul style="list-style-type: none"> •Outcomes and Compliance based •Value Based Benefits •Tangible and Intangible
Definition of Wellness	<ul style="list-style-type: none"> •Physical Health 	<ul style="list-style-type: none"> •Physical and Financial health 	<ul style="list-style-type: none"> •Include all components of Wellbeing
Employee Engagement	<ul style="list-style-type: none"> •Employee understands requirements 	<ul style="list-style-type: none"> •Managers and leaders understand wellbeing is a part of their job 	<ul style="list-style-type: none"> •Integrated Safety •Part of Company Mission and Vision
Data Analytics	<ul style="list-style-type: none"> •Review Plan Financial Performance •Health Risk Assessment Reports 	<ul style="list-style-type: none"> •Scorecard measuring success •Medical, Pharmacy annual review •Biometrics, Labs, Wellness Participation 	<ul style="list-style-type: none"> •Integrated Data Analytics & Modeling •Components of Wellbeing •Analytics drive plan design •Data shared with employees
Communications & Technology	<ul style="list-style-type: none"> •Open Enrollment Communications •Limited Media (Print, Web) 	<ul style="list-style-type: none"> •Behavioral Management •Branding •Culture of Health •Consumerism 101 •Cost Transparency Tools & Resources •Multimedia 	<ul style="list-style-type: none"> •Manager Training •Promotion of Healthy Decisions •Biometrics •Targeted communications •Personalized scorecards •Promotion of value-based designs

Cost Savings and Company Profitability



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Strategy	2016	2017	2018
PLAN DESIGN AND BENEFITS	<ul style="list-style-type: none"> • Medical RFP • Refine Medical Plan to 1 PPO and 2 High Deductible Healthcare plan options • Maintain current contribution strategy or as close as possible • Value Based Benefit Provisions • Evaluate Efficient Pharmacy Provisions 	<ul style="list-style-type: none"> • 40% Engagement in Consumer Driven Plan • Evaluate High Performance Network • Step Therapy for pharmacy - • Evaluate expanded EAP 	<ul style="list-style-type: none"> • Evaluate consumer driven plans as sole plan options • Evaluate High Performance Network with benefit differential
ENGAGEMENT	<ul style="list-style-type: none"> • Incorporate Wellbeing in the Open Enrollment Communications • Consider the following activities for 2015 <ul style="list-style-type: none"> ○ HRA ○ Biometrics ○ Smoking cessation/smoke free 	<ul style="list-style-type: none"> • 2014 requirements plus: • Spouse HRA • Evaluate Preventive Exam/Medical home 	<ul style="list-style-type: none"> • Define patient centered medical home • Employee Healthy Outcomes • Spouse preventive Exam • Employee and Spouse Completes Preventive Exam in addition to 2015 requirements
INCENTIVES	<ul style="list-style-type: none"> • Premium Differential – in the 2015 	<ul style="list-style-type: none"> • Premium Differential • Evaluate Benefit Differential 	<ul style="list-style-type: none"> • Premium or Benefit Differential
POPULATION HEALTH STATUS	<ul style="list-style-type: none"> • Implement Comprehensive Total Population Health Program 	<ul style="list-style-type: none"> • Measure effectiveness and evaluate resources 	<ul style="list-style-type: none"> • Additional improvement
VALUE BASED BENEFITS	<ul style="list-style-type: none"> • Preventive pharmacy benefit on all plans 	<ul style="list-style-type: none"> • Evaluate based on analytics 	<ul style="list-style-type: none"> • Evaluated based on analytics • High Performance Networks
WELLNESS	<ul style="list-style-type: none"> • Develop Scorecard and strategic plan • Consider food and vending policies • Part time wellness coordinator • Focus senior leadership and Organizational commitment • Design Wellness Logo • Tobacco Policy 	<ul style="list-style-type: none"> • Build on progress in 2014 • Calendar of events • Health Coaching • Incentive Tracking 	<ul style="list-style-type: none"> • Pending analytics
COMMUNICATION AND BENEFITS ENROLLMENT	<ul style="list-style-type: none"> • Participation requirements • HRA / HSA education • 2015 coming requirements • Annual Enrollment • Eligibility requirement of 30 hours • Technology Solution for Enroll 	<ul style="list-style-type: none"> • Price transparency tools – mobile devices • Price Comparison communication pieces • Exchange education • Healthy outcomes 	<ul style="list-style-type: none"> • Communicate outcomes and progress Improve and continue
HEALTHCARE REFORM	<ul style="list-style-type: none"> • Healthcare Reform • Exchange Education 	<ul style="list-style-type: none"> • Affordability test • “Play or Pay” financial analysis • Minimize “Shared Responsibility” exposure Copays apply to OOPM when valuing plan 	<ul style="list-style-type: none"> • Affordability test includes wellness incentive



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Completed		Provided By Carrier/ Vendor	Provided By Client
General			
	Complete list of benefit administrators, carriers, clinic vendors, etc.		Client
	Complete list of services/lines of coverage for each carrier		Client
	Policy numbers for each line of coverage		Client
	Renewal dates for each line of coverage		Client
	Copies of Employee communication materials (new hire, open enrollment, etc.)		Client
	Wrap document		Client
	Target dates for renewal, decisions, open enrollment, etc.		Client
	Corporate Structure (subsidiaries, holding companies, etc.)		Client
Medical Benefits			
	Contracts/plan documents/SPDs	Carrier	
	Claims data and utilization reports (most recent 2 years)	Carrier	
	Financial reporting (most recent 2 years)		Client
	Rates (premium equivalents) and contribution strategy		Client
	Past 2 years renewal projection information (Milliman reports)	Carrier	Client
	Recent billing statement	Carrier	
	105(h) non-discrimination testing		Client
Wellbeing*			
	Copies of employee communication materials		Client
	Physical: Health risk assessment and biometric data reports (most recent 2 years)	Carrier	
	Purpose/Career: Any career development/training resources		Client
	Community: Corporate of local opportunities for employee community involvement; foundations, etc.		Client
	Financial: 401(k)/pension overview (may be in handbook)		Client
	Social: Web connectivity for employees; group activities; local social events		Client
	Wellness committee makeup (meeting recurrence, list of participants, etc.)		Client
Aca Strategy			
	Administrative documentation, internal policies, procedures, etc.		Client
	Employee communications		Client
	Prior analysis used for decision making		Client
	ACA reporting		Client
Dental Benefits			
	Plan document/SPDs	Carrier	



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	Claims data	Carrier	
	Rates and contribution strategy		Client
Vision Benefits			
	Plan document/SPDs	Carrier	
	Claims data	Carrier	
	Rates and contribution strategy		Client
Group Life, Ad&D And Disability			
	Insurance contract/ employee certificates	Carrier	
	Unit rates and estimated volume premium / premium invoice	Carrier	
	Supplemental coverage (Contract and Rates)	Carrier	
	Executive policies	Carrier	
	Renewal history	Carrier	
	Claims history	Carrier	
	Contributory disability? (gross-up/2004-55)		Client
All Voluntary Benefits			
	Identify all voluntary plans (Hospital, Disability, Accident, Critical Illness, Cancer, etc.)		Client
	Plan document(s)	Carrier	
	Premium invoice(s)	Carrier	
	Employee contribution rates		Client
	Renewal history	Carrier	
	Claims history	Carrier	
Employee Assistance Plan			
	Plan document/SPDs	Carrier	
	Premiums/rates	Carrier	
	Face-to-face sessions	Carrier	
	Availability (all employees vs health plan participants, etc.)	Carrier	
Section 125			
	Plan year	Carrier	
	Plan document	Carrier	
	Fee structure (including debit cards)	Carrier	
	Participation in each account	Carrier	
	Discrimination testing		Client
Health Savings Account			
	Payroll deduction agreement/ fees		Client
Cobra Administration			
	COBRA agreement		Client
	COBRA administration services and fees		Client



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Absence Management			
	FML Administration (internal or third party)		Client
	Leave policies (PTO, vacation, sick, personal leave, etc.)		Client
	Any leave of absence provisions that vary by location, class, or contract		Client

Completed	Other Information To Review With Client	Provided by Carrier/ Vendor	Provided By Client
	Census data including bonus and incentive compensation		Client
	Definition of eligible employee classifications (all full-time/part-time employees working ____ hours per week, part-time employees working _____ hours per week)		Client
	Waiting period applicable to eligible employee classifications		Client
	ERISA plan structure		Client
	5500 Annual Report copies - past two years		Client
	Copy of Employee Handbook		Client
	HIPAA privacy policy		Client
	PDS enrollment structure		Client
	PDS super-user training		Client
	PDS EDI status		Client
	Employee survey data		Client
	Employee Communication Materials		Client
	▪ Open Enrollment		
	▪ New Hire		
	▪ On-going employee access to materials		




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Scorecard (continued)




Metric	Benchmark	[year] Goals	[year]
Population Risk Stratification			Low
Disease Management Participation			
Risk Prevalence			
Participant Satisfaction			

Scorecard



Metric	Benchmark	[year] Goals	[year]
Total Employees	N/A		2333
Biometric Screening Participation	85-95%	35% <small>(70% with premium differential)</small>	7%
HRA Participation	85-95%	35% <small>(70% with premium differential)</small>	9%
Program Participation	30% or greater?	30%	Undetermined

Tactics and Timelines (continued)



Tactic	Message(s)	Goal/Objective	Media	Timing
Create and Launch Health/Wellness Portal Tab on [client] Website	[Wellness program] is a worksite based program designed to help you achieve your wellness goals. Check on the what	To increase awareness and enhance program identity while providing a central	Email/ Web Portal/ Print	Create- (month year)
Open Enrollment/ Vendor Benefits Fair	Select based on what Look w			

Tactics and Timelines



Tactic	Message(s)	Goal/Objective	Media	Timing
Share Communication Plan with BOE, the Cabinet and District Administration	The most important thing [client] can do to manage long-term health care costs is to empower and engage employees to maintain or improve their health. We have an incredible opportunity to create a culture of health in [client] with strong support from Administration.	Share Communication Plan, get feedback and make necessary changes. Gain Administrative buy-in and support.	Print Presentation	[month year]
Review/Share Aggregate Health Screening Reports (baseline data)	These are the population risk factors affecting staff, decreasing health and productivity, and increasing health care costs.	To identify modifiable risk factors and program initiatives to address target risk factors.	Print	[month year]



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ABC COMPANY
Executive Wellbeing Dashboard

Domain	Area	Metric	Units/Source of Measurement	Actual	Actual	Current	Pilot	Goal	Goal	Goal	Comments
				2012	2013	2014	2015	2015	2016	2017	
Global		Wellbeing Score	Aggregate score for MyWellbeing Profile	NA	3.80	3.95		Annual Improvement	>4.0		
		Employee Engagement Survey	Average NPS	NA	73%	77%		Annual Improvement	> 80%		
		It is Our Company	NPS on employee survey	NA	53%	64%		Annual Improvement	>70%		
		Employee net promoter of ABC COMPANY	NPS on employee survey	NA	74%	76%		Annual Improvement	> 85%		
		LifeMatters Utilization	% of eligible members participating	NA	6%	8%					
		*Wellbeing Incentive Participation	% participation in three wellbeing steps								
Physical/Safety	Overall	MyWellbeing Profile - Physical Wellbeing	Physical Wellbeing Score	NA	3.78			Annual Improvement	> 4.0		
	Safety	TRIR	Number	2.5	1.4	0.9		<1.0	<1.0	< 0.8	
		ILF Survey - Beginning of Year	Average NPS	74%	75%	81%					
	Health Assessment	*Health Assessment Completion	Better Health Guarantee Percentage	NA	46%	~43%					
	Healthcare	Healthcare Costs	Costs PMPY (employee + company)	\$3,132	\$3,564						
	Risk Categories	Cumulative Risks	% low risk	NA	65%			Annual Improvement	>80%		
Financial	Overall	MyWellbeing Profile - Financial Wellbeing	Financial Wellbeing Score	NA	3.75			Annual Improvement	> 4.0		
	401(k)	Average contribution %	Salaried employees Hourly employees								
	Health Savings Acct. (HSA)	Average balance	Salaried employees Hourly employees								
	ABC COMPANY Stock Compensation	Annual stock appreciation	% appreciation	11.4%	14.6%			>10%	>10%	>10%	
		Base pay compared to market rate	Variance/standard deviation by position								
Career	Overall	MyWellbeing Profile - Career Wellbeing	Career Wellbeing Score	NA	3.92			> 4.0	> 4.0	> 4.0	
	Longevity	Total turnover	% of salaried % of hourly	15.7%	14.5%			Annual Improvement	< 10%		
	Advancement and Recognition	Recognition for doing well	NPS on employee survey	NA	47%	56%		Annual Improvement	< 25%		
	Internal Referrals	New employees from ABC COMPANY referrals	% of all new employees	NA	42%					35%	
	Education	ABC COMPANY University curriculum	% of employees who complete at least 10 catalog classes / yr	NA	NA	2.6%					
Social	Overall	MyWellbeing Profile - Social Wellbeing	Social Wellbeing Score	NA	4.02			> 4.0	> 4.0	> 4.0	
	Social Platform	Hits on all social sites / communities		NA	5108	6718					
Community	Overall	MyWellbeing Profile - Community Wellbeing	Community Wellbeing NPS	NA	3.77			Annual Improvement	> 4.0		
	Foundation	Volunteerism	% of offices completing at least three charitable events in their local community								
		Grants / Scholarships	Grants / scholarships awarded as % of gross revenue	Number awarded	0.02%	0.1%			TBD	TBD	0.1%
				20	28	30					

Bold = Established Strategic Plan Metrics

*The Wellbeing Incentive Participation calculates the total participation in ABC COMPANY's three wellbeing steps, whereas the Health Assessment Completion calculates the total participation in the Health Assessment (including coinciding biometric screenings), per the Cigna Better Health Guarantee.



Exhibit E: 2016 Webinar Series



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ES0: Benefits & HR Technology · Compliance · Wellbeing Solutions · Human Capital Services
Property & Casualty · Retirement Plan Services · Life Insurance Solutions



B&I Webinar Series 2016

Make the Connection

Need an update on the Affordable Care Act, a look at consolidating benefits and payroll systems, the latest on compensating executives in privately held companies, or a check-in on wellbeing programs? The 2016 CBIZ Benefits & Insurance Services (B&I) webinar series brings you all these topics and more. Gain insight into some of today's most compelling workplace subjects via our convenient, cost-effective webinar format. Learn and grow from our expert speakers. Sign up for free today.

MARCH

AFFORDABLE CARE ACT UPDATE: HAS THE DUST SETTLED YET?

TUES., MARCH 8 - 10:30 TO 11:30 A.M. CENTRAL TIME

Revisits the ACA, including a look at which of the late-2015 changes could impact group health plans and what benefit changes to expect in 2016.

Presenters: Karen McLeese, VP of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.; Bill Smith, Managing Director, CBIZ MHM National Tax Office

For: HR executives or anyone else responsible for HR compliance, COOs and CEOs. Employers of all sizes are welcome to attend.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

EXECUTIVE COMPENSATION IN PRIVATELY HELD COMPANIES: BEST PRACTICES IN TODAY'S COMPETITIVE WORLD

TUES., MARCH 29 - 10:30 TO 11:30 A.M. CENTRAL TIME

Looks at setting pay philosophy, measuring and establishing pay levels, designing annual and long-term incentive plans, and understanding executive employment and benefit arrangements in privately held companies.

Presenter: Hal Wallach, Director, Executive Compensation Consulting, CBIZ Human Capital Services

For: Privately held company C-suite and board members, HR executives and compensation specialists. Employers of all sizes are welcome.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

APRIL

THE EVOLUTION OF BENEFITS AND PAYROLL INTEGRATION: ADVANCING YOUR OPTIONS

TUES., APRIL 19 - 10:30 TO 11:30 A.M. CENTRAL TIME

Looks at how the integration of benefits and payroll has evolved over the past decade and what you can do to identify the best combined solution for your organization.

Presenters: Jim O'Connor, CEO, and Wendia Johnson, Chief Business Development Officer, CBIZ Employee Services Organization

For: HR professionals and C-suite executives. Employers of all sizes are welcome to attend.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

MAY

FROM WELLNESS TO WELLBEING: TAKE A HEALTHY LOOK AT YOUR WORKPLACE

TUES., MAY 10 - 10:30 TO 11:30 A.M. CENTRAL TIME

Reviews how employers can benefit from expanding traditional wellness programs to include a wider range of wellbeing initiatives. Learn the keys to creating a culture in which employees can sustain high wellbeing.

Presenters: Lacey McCourt and Amy Howell, CBIZ Wellbeing Consultants; Emily Noll, National Director of CBIZ Wellbeing Solutions

For: HR and benefits managers, executive and financial officers, and anyone responsible for managing employee health and wellness. Employers of all sizes are welcome.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

JUNE

IMPACT POSITIVE: WHY YOU SHOULD COORDINATE WELLBEING AND WORKPLACE SAFETY

WED., JUNE 1 - 10:30 TO 11:30 A.M. CENTRAL TIME

Addresses how coordinating wellness/well-being and risk management programs within an organization can help prevent workplace-related injuries and illnesses – and lead to overall improvement in workplace safety.

Presenters: Rob Kaelin, Midwest-West Regional President, CBIZ Insurance Services, Inc.; Jack Bastable, Executive Wellbeing Consultant, CBIZ Wellbeing Solutions; Paul Beck, CSP, ARM, OHST, Sr. Risk Consultant, CBIZ Insurance Services, Inc.

For: CEOs, CFOs, HR directors and managers, risk managers. Employers of all sizes are welcome to attend.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

AUDIT ALERT: HOW TO KEEP YOUR BENEFITS PLANS IN GOOD ORDER

TUES., JUNE 21 - 10:30 TO 11:30 A.M. CENTRAL TIME

Focuses on being prepared for a benefits plan audit, whether from the Department of Labor, the IRS or Treasury Department, the Department of Health and Human Services, or simply from your own internal auditors.

Presenter: Karen McLeese, VP of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.

(continued on back page)

HRCI-APPROVED PROGRAMS!



Each of the activities listed here has been approved for HR (General) recertification credit toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute. See the individual listings for the amount of credit. The use of this seal is not an endorsement by the HR Certification Institute of the quality of the activity. It means that the activity has met the HR Certification Institute's criteria to be pre-approved for recertification credit.

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FOR MORE INFORMATION send an email to juditha@cbiz.com

All information listed on these pages, including dates, times, presenters and other webinar details, is subject to change without notice.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



B&I Webinar Series 2016

AUDIT ALERT (continued from front page)

For: HR executives or anyone else responsible for HR compliance, chief operating officers and chief executive officers. Employers of all sizes are welcome.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

JULY

SELF-FUNDING FOR THE MID-SIZED EMPLOYER: CAN IT SAVE YOUR COMPANY TIME, MONEY AND RESOURCES?

TUES., JULY 19 - 10:30 TO 11:30 A.M. CENTRAL TIME

Covers the opportunities and options available for mid-sized employers now and in the near future as they consider self-funding as a way to mitigate health care costs, ease administrative burdens and improve their employees' experiences.

Presenter: Cole Harris, Vice President of Sales and Marketing, CBIZ Benefits & Insurance Services, Inc., Tennessee

For: HR professionals at all levels and C-suite executives. For employers with 50 to 1,000 employees.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

AUGUST

NEXT PRACTICES IN WORKPLACE WELLBEING: HOW TO SUCCESSFULLY ENGAGE YOUR ORGANIZATION

TUES., AUG. 2 - 10:30 A.M. TO NOON CENTRAL TIME

Showcases the innovative strategies of the 2015 winners of the Edington-CBIZ Next Practice awards in wellbeing. Learn about best practices for creating a culture of workplace wellbeing that helps employees thrive.

Presenters: Dr. Dee Edington, Founder of Edington Associates, LLC, author of several books on wellbeing; Jack Bastable, CBIZ Executive Wellbeing Consultant; and winners of the 2015 Edington-CBIZ Next Practice Award

For: HR and benefits managers, executive and financial officers, and anyone else responsible

for managing employee health and wellness. Employers of all sizes are welcome to attend.

Credit: Approved for 1.5 HR (General) recertification credit hours toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

RETIREMENT PLAN TRENDS IN TODAY'S HEALTH CARE MARKET: BEST PRACTICES IN A CHANGING LANDSCAPE

TUES., AUG. 16 - 10:30 TO 11:30 A.M. CENTRAL TIME

Looks at retirement plan trends in the health care marketplace, specifically hospitals – focusing on plan design, employer contribution rates and income replacement ratios, and more.

Presenter: Mike Kasacamp, CPFA, QKA, Vice President, Retirement Plan Consultant, CBIZ Retirement Plan Services

For: CFOs, CEOs, HR professionals and anyone else responsible for managing employee benefits in the health care industry. Employers of all sizes are welcome.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

SEPTEMBER

PROTECTING EMPLOYEE PERSONAL INFORMATION: KNOW THE RIGHT THING TO DO

TUES., SEPT. 20 - 10:30 TO 11:30 A.M. CENTRAL TIME

Focuses on how employers can best protect the personal information they have on their employees.

Presenter: Karen McLeese, VP of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.

For: HR executives or anyone else responsible for HR compliance, COOs and CEOs. Employers of all sizes are welcome to participate.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

OCTOBER

SHIELDING YOUR BUSINESS AGAINST THE LOSS OF A KEY EMPLOYEE

TUES., OCT. 18 - 10:30 TO 11:30 A.M. CENTRAL TIME

A webinar on why key-person life insurance is so important to your business. Discusses several important advantages of this type of insurance, from protecting against the business's loss of revenue upon the death of a key person to generally income-tax free death benefits, and more.

Presenter: Don Kim, Director of Product and Carrier Intelligence, CBIZ Life Insurance Solutions, Inc.

For: HR managers and chief financial officers. Geared toward organizations with 50 to 100 employees.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

NOVEMBER

LEGISLATIVE UPDATE: THE YEAR IN REVIEW

TUES., NOV. 15 - 10:30 TO 11:30 A.M. CENTRAL TIME

Annual review of benefits and other employer/-employee-related laws that affect your business, including any additional new and relevant legislation on the books.

Presenter: Karen McLeese, Vice President of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc., and Bill Smith, Managing Director, CBIZ MHM National Tax Office

For: HR executives or anyone else responsible for HR compliance, COOs and CEOs. Employers of all sizes are welcome.

Credit: Approved for 1 HR (General) recertification credit hour toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute.

TO REGISTER for 2016 webinars, go to www.cbiz.com and look under "Webinars & Events." (If you are viewing an electronic PDF of this flyer, click on the webinar title to link to the corresponding registration page.)

FOR MORE INFORMATION send an email to juditha@cbiz.com

All information listed on these pages, including dates, times, presenters and other webinar details, is subject to change without notice.

HRCI-APPROVED PROGRAMS!



Each of the activities listed here has been approved for HR (General) recertification credit toward California, GPHR, HRBP, HRMP, PHR and SPHR recertification through the HR Certification Institute. See the individual listings for the amount of credit. The use of this seal is not an endorsement by the HR Certification Institute of the quality of the activity. It means that the activity has met the HR Certification Institute's criteria to be pre-approved for recertification credit.

Exhibit F: Sample Employee Communications



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Is Your Wellbeing Thriving?

Measure Yourself with the MyWellbeing Profile

Terracon is providing you resources to easily assess, reflect and understand where you can enhance your strengths or overcome challenges. This will help your life at Terracon as well as your overall personal wellbeing. Wellbeing can be measured by obtaining your perceptions and feelings toward each of the five domains as shown on the right by answering easy, straightforward questions. Do you want to know how your wellbeing measures?

Terracon's partner, LifeMatters, your Personal Resource provider, has created a series of questions similar to a quiz on Facebook or in a magazine for all Terracon employees. This is a very personal questionnaire, administered by a third party, and your answers and corresponding results are confidential and will not be shared with anyone, including HR. Your results will generate a Life Wheel which shows the balance between your five domains, and will give you a better understanding of where your wellbeing currently stands, and you can decide which of the five domains you want to enhance.

I DO
MyWellbeing Profile

I DISCOVER

- My Wellbeing Measurement
- My Wellbeing Life Wheel
- My Wellbeing Readiness to Change

I GROW

by Accessing Free Resources at:

- mylifematters.com
Company Code TERRACON3
- Work/Life Consultations
- Self-Assessments
- Forms and Calculators
- Webinars
- TerraNet "Life at Terracon" Page
- myCigna.com
(Cigna participants only)

Easy Ways to Access the MyWellbeing Profile

- * Link on TerraNet (Staying Healthy)
- * Link on mylifematters.com using Company Code TERRACON3
- * Choose the MyWellbeing Profile tab in the center of the page
- * Go to <https://www.mywellbeingprofile.com/start>

At MyWellbeing Profile website:

1. Login using TERRACON3
2. Create your account
3. Complete MyWellbeing Profile
4. Submit completion to Cigna

TOOLS FOR



Coming Next Quarter

FINANCIAL WELLBEING **PHYSICAL WELLBEING**

Terracon

Terracon



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

Is Your Wellbeing Thriving, Struggling or Suffering?

An overall thriving wellbeing is about the combination of the vibrancy of your physical health, your love for what you do each day, the security of your finances, the quality of your relationships and the pride you take in what you have contributed to your community. Most importantly, it's about how these five domains work together.

There are three different measures for each domain:

- Thriving: You have wellbeing domains of strength to build on.
- Struggling: You have wellbeing domains that need attention.
- Suffering: You have wellbeing domains that are areas of challenge.

As a Teracon employee, you could be thriving, struggling or suffering in any of the domains and it is normal to be stronger in one area at any given time. Most of us have stress in different areas of our jobs and lives. Managing your wellbeing in all five areas is important, because even incremental gains in your overall wellbeing can lead to more days where you feel healthier, have more energy and can achieve more.

No matter how you define wellbeing, one thing is clear: It's a choice. The decision to make choices toward a healthy and positive lifestyle is active, ongoing and personal. In other words, it's not just a one-time event, but rather a manner of being. Everyone has their own reasons for wanting a thriving wellbeing; yours could be keeping up with your kids, enjoying your retirement, making new friends and building relationships or having a community you feel proud to call home. The important thing is to define what is important to you and continuously improve upon that area. Life can be hard and stressful, but when you are able to develop your own sense of wellbeing you will be better equipped to deal with the ups and downs.

Living Your Best Life



PHYSICAL WELLBEING What is it?

There are hundreds of moments each week when we make seemingly small decisions that can have a great impact on our overall health. Making healthy menu choices, choosing to exercise or doing your job safely, can add up to longer, healthier lives.

People with thriving Physical Wellbeing effectively manage their health. They make good dietary choices. They get enough sleep to wake up feeling well-rested. They look better, feel better and will live longer.

Ways for Enhancing Your Physical Wellbeing

1. Get at least 20 minutes of physical activity each day – ideally in the morning to improve your mood throughout the day.
2. Sleep enough to feel well-rested (generally seven to eight hours), but no more than nine hours for adults.
3. Load up on natural foods that are red, green and blue when you grocery shop.

CAREER WELLBEING What is it?

At a fundamental level, we all need something to do. In fact, when people first meet, they ask each other, "What do you do?" If your answer to that question is something you find fulfilling and meaningful, you are likely thriving in your Career Wellbeing.

People with thriving Career Wellbeing have a deep purpose, enjoy life, have better relationships and love what they do each day. In most cases, they have a leader or manager who makes them enthusiastic about the future.

Ways for Enhancing Your Career Wellbeing

1. Every day, use your strengths.
2. Identify someone with a shared mission who encourages your growth. Spend more time with this person.
3. Opt into more social time with people and teams you enjoy being around at work.

FINANCIAL WELLBEING What is it?

Income, debt and net worth are some of the most common metrics we use to evaluate the overall health of our finances. Financial security is the perception that you have more than enough money to do what you want to do than your income level.

People with thriving Financial Wellbeing are satisfied with their standard of living, don't worry about money and have confidence in their financial future. In short, managing your finances well allows you to do what you want when you want to do it.

Ways for Enhancing Your Financial Wellbeing

1. Establish systems and habits that lessen daily worry about money.
2. Donate time and resources to help others.
3. Buy experiences that create lasting memories – such as outings with friends and loved ones.

SOCIAL WELLBEING What is it?

When you reflect on the most memorable events in your life, you'll notice that they have something in common: the presence of another person. The best moments occur when people interact with each other.

People with thriving Social Wellbeing have several close relationships that help them achieve goals, enjoy life and be healthy. They are surrounded by people who give them positive energy and encourage their growth and development.

Ways for Enhancing Your Social Wellbeing

1. Spend six hours a day interacting with friends, family and colleagues (this time includes work, home, phone, email and other communications).
2. Strengthen your mutual connections in your network.
3. Mix social time with physical activity. For example, take a long walk with a friend so you can motivate each other to be healthy.

COMMUNITY WELLBEING What is it?

Experiencing community wellbeing starts with the basics: feeling safe in your neighborhood and at work. After you feel the security of your community, the next step is making sure it is a good fit for your personality, family, interests and other pursuits.

People with thriving Community Wellbeing take pride in their community. This can result in them wanting to give back and having a profound impact on the community.

Ways for Enhancing Your Community Wellbeing

1. Identify how you can contribute to your community based on what's important to you.
2. Tell people about your passions and interests so they can connect you with relevant groups and causes.
3. Opt-in to a community group or event. Even if you start small, start now.

Now What? **Take a Step Towards Achieving Thriving Wellbeing**

Complete the MyWellbeing Profile (LifeMatters, your Personal Resource provider). See back page for information on how to take your steps to Thriving Wellbeing.

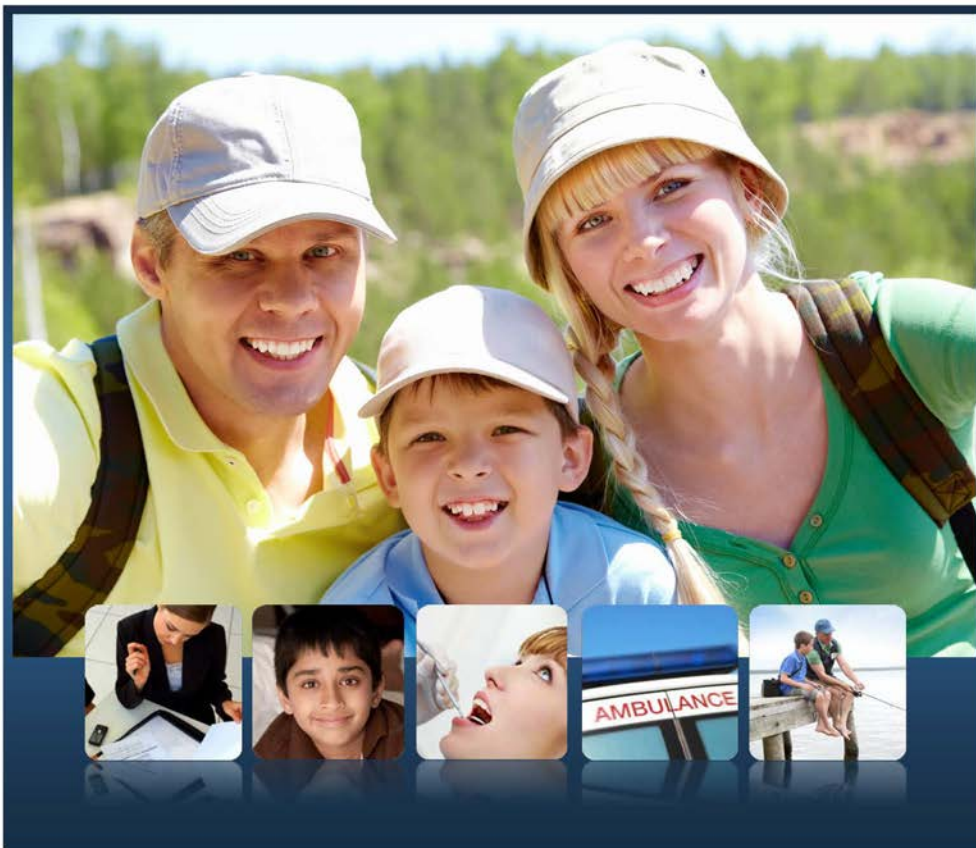
Information is based on the book *Wellbeing: The 5 Essential Elements* by Tom Rath and Jim Harter



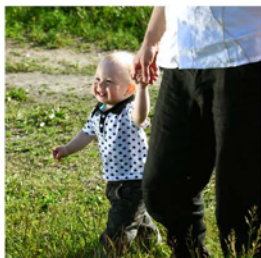
Company
Logo



ABC Company - Sample Employee Benefits Enrollment Guide



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Who is Eligible?

If you are a full-time employee you are eligible to enroll in the benefits described in this guide. Spouses and dependent children to the age of 26 are eligible for coverage as well.

Benefits are effective the first of the month following date of hire.



How to Enroll

The first step is to review your benefit elections. You will automatically be enrolled in the exact same plan options you currently carry unless you turn in an enrollment form. If you are not currently enrolled, if you would like to change plans, or if you would like to add/drop your spouse and/or dependents then you will need to complete the attached enrollment form. Some coverages offered will require additional forms to apply or increase coverage. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualifying event.



When to Enroll

The open enrollment period runs from May 2nd through May 25th. The benefits you elect during open enrollment will be effective from July 1, 2012 through June 30, 2013.

The benefit summaries in this packet are intended only to highlight your benefit options. A complete summary will be available at the open enrollment meetings and is also available on the Company website.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.



What's New for 2012



ABC Company will introduce a new medical plan option for the 2012 plan year. This plan is Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA). Please review the information about this plan provided in this packet to determine if this is a plan that will fit the needs of your family. We will provide additional information during the enrollment meeting on May 2nd.

We are pleased to be able to offer an outstanding benefit package to ABC Company employees and their dependents. We recognize that making plan elections can be an overwhelming process. It is important to look at the needs of your family which includes reviewing the benefits you and your spouse both have available to you. If at any time you have questions, please do not hesitate to ask. We are here to help you through this process.

Your CBIZ Team 11440 Tomahawk Creek Parkway, Leawood, KS 66211	
CBIZ Representative Title Direct Line: 913-234-XXXX Fax: 913-458-XXXX employee@cbiz.com	CBIZ Representative Title Direct Line: 913-234-XXXX Fax: 913-234-XXXX employee@cbiz.com

Medical and Prescription Drugs: Carrier Name

Medical and Prescription Drugs: Carrier Name

employee@cbiz.com Fax: 913-458-XXXX Direct Line: 913-234-XXXX Title CBIZ Representative	employee@cbiz.com Fax: 913-234-XXXX Direct Line: 913-234-XXXX Title CBIZ Representative
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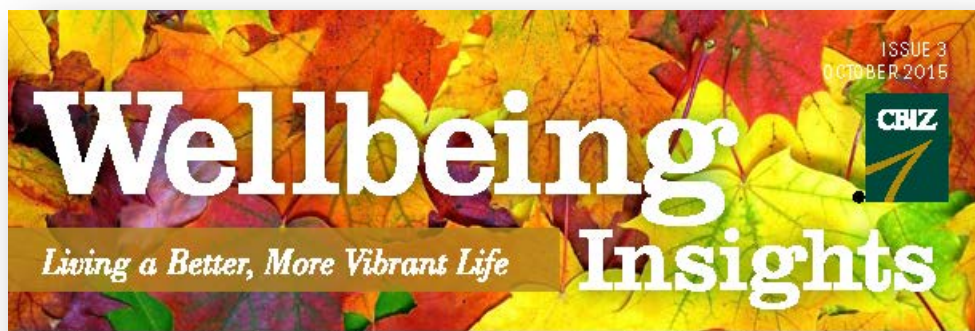
We are very pleased to announce that there are no changes to our current medical and prescription drug benefits for the upcoming plan year. As was previously mentioned we will add a third plan option, the Qualified High Deductible Health Plan (QHDHP). This new plan will use the Carrier PPO network. This is the same network our Base PPO uses.

As a reminder, the HMO plan does not provide coverage when you use out-of-network providers. Our PPO and QHDHP plans allow you the freedom to use providers in and out-of-network. The following chart compares the in-network benefits for the three plans that will take effect July 1, 2012.

You can find a list of participating providers at www.carrierwebsite.com or call 1-888-989-8842.

	QHDHP	Base PPO	Buy-Up HMO
Network	Carrier PPO	Carrier PPO	Carrier HMO
Deductible			
- Individual	\$2,400	\$1,000	None
- Family	\$4,800	\$2,000	None
Coinsurance	0%	20%	0%
Out of Pocket Maximum			
- Individual	\$2,400	\$2,500	\$2,000 per person per calendar year
- Family	\$4,800	\$5,000	
Physician Office Visits			
- Primary Care Physician	Subject to Deductible	\$25	\$20
- Specialist	Subject to Deductible	\$25	\$40
Preventive Care			
- Adult & Child Routine Physicals	Covered 100%	Covered 100%	Covered 100%
- Routine Mammogram	Covered 100%	Covered 100%	Covered 100%
- Routine Colonoscopy	Covered 100%	Covered 100%	Covered 100%
Hospital Services			
- Inpatient	Subject to Deductible	Deductible then 20%	\$400 per day up to \$2,000 per calendar year per person
- Outpatient surgical	Subject to Deductible	Deductible then 20%	
- Hi-Tech Scans (MRI, CT, PET)	Subject to Deductible	Deductible then 20%	
Emergency Room Urgent Care	Subject to Deductible Subject to Deductible	\$100 then Ded. then 20% \$25	\$100 \$40
Prescription Drugs			
- Deductible	Medical Deductible then:	N/A	N/A
- Tier 1 Generic	\$0	\$12	\$12
- Tier 2 Preferred	\$0	\$35	\$35
- Tier 3 Non-Preferred	\$0	\$60	\$60
- Mail order (120 day supply)	\$0	\$36/\$105/\$180	\$36/\$105/\$180





National Breast Cancer Awareness Month

Awareness campaigns for breast cancer have gained momentum over the past several years with a great deal of attention in the media as well as the medical community... and rightfully so. One in eight women will be diagnosed with breast cancer in their lifetime. More than 40,000 people die of breast cancer each year. However, diagnosis, treatment

and survival rates have greatly improved over the past six decades. In fact, when detected in its early stages, the five-year survival rate for breast cancer is 98%! Survivors are speaking out with a clear message to continue to reduce the impact of this disease: Know your risk, know your breasts and have a prevention plan.


Continued on next page

In This Issue

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Pack Up Symptom Relief	4
Mindful Minute	5
Trick or Treat: Halloween Tips	5
Top 10 Tips for Saving at the Grocery Store	6

Breast Cancer Awareness Continued from page 1



Know Your Risk

Along with increasing age and being female, these things put you at higher risk for breast cancer:

- Family history of ovarian or breast cancer
- High breast density on a mammogram
- Never having children or first child after 35
- 12 or younger at first period
- Current or recent use of birth control pills
- Not breastfeeding
- Alcohol and tobacco use
- Being overweight or sedentary
- Being Caucasian

Know Your Breasts

Perform a monthly self-breast exam one week after your period. Do not ignore these signs:

- A lump, hard knot or thickening inside the breast or underarm
- Swelling, warmth, redness or darkening of the breast
- Change in size or shape
- Dimpling or puckering of the skin
- Itching, scaly or sore nipples
- Nipple discharge
- New pain that is persistent

Know Your Prevention Plan


Early detection can save your life! Be sure to follow these guidelines:

- In your 20s and 30s, have a clinical breast exam at least every three years.
- Beginning at age 40, have a clinical breast exam and mammogram every year.
- Perform a breast self-exam every month. For instructions visit nationalbreastcancer.org/breast-self-exam.

“Don’t let what you CAN’T do interfere with what you CAN do.”

– John Wooden

App in a Snap



Name: MapMyWalk
Price: Free
Focus: Physical Activity

October is sometimes referred to as Walktober; the pleasant weather entices us to start, or boost, a walking or fitness routine. Let MapMyWalk do the work by picking a route from their database or create your own. The app will be your companion with real-time updates on your time and distance traveled. After your walk, enjoy a comprehensive view of your trip, including the capability to save your route, estimate calories burned and compare your previous walks. If you are ready to step it up a notch, MapMyWalk has the functionality to track running, biking and other activities as well. This app is great tool for everyone from the casual walker who wants to try out a new route to the serious runner who needs to work on pacing for a race or beat yesterday’s time.

CBIZ Wellbeing Insights - October 2015

Page 2



What Moves You?

Find Your Inspiration



Health is personal, and so are the reasons for wanting to be or stay healthy. For me, what inspires and moves me to action is wanting to be an integral part of my grandchildren's lives for as long as I can. I want to help teach them right from wrong and to open their eyes to the wonders of the world. And I want to be there when Harrison and Juliette **both** make their first three-point shot or **both** receive a standing ovation at a recital.

Steve Ferrell



What Moves You?

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Steve Jersund



CBIZ

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This year's wellness theme is "What Moves You?"

We all know that real, lasting changes happen when we're inspired to do something, not because we're told what we "should" do. What motivates us to become healthier could be a person, a goal or even a fear. But whatever inspires us to change has personal meaning. It could be wanting to see a certain number on the scale. Or feeling your best as you walk your daughter down the aisle. Or running a race instead of watching from the sidelines. This year, we encourage you to think about **What Moves You** and the steps you can take to improve your health — and we're here to help you every step of the way.



Steven Geratz, CEO

CBIZ rewards you for the healthy steps you take every day through our Great Health Personal Rewards Program, now in its 15th year. The 2015 Personal Rewards Program has been designed to be even easier, but the basics are the same. By completing Health Actions, you earn points toward an incentive that lowers your medical premium in 2016. These and all of your other points are tracked and recorded on your UnitedHealthcare Personal Rewards Scorecard.

Since we know the discounts matter to you, we're giving you plenty of time to complete your Health Actions and earn your premium discount for 2016. This year's program started on September 1, 2014, and runs through August 31, 2015.

The discounts you earn are a great way to lower your monthly premium costs. But by discovering what moves you to be healthier and embracing a healthier lifestyle, you can also improve your overall quality of life. That's why we hope you and your spouse or partner take advantage of the Health Actions and other resources we provide to reach your health and wellness goals in 2015. Review this brochure and see which Health Actions you can start right away. We'll also be offering new ways to earn points this year. Check It Out reminds you about the importance of screenings and how they can support your efforts to be well. And in the spring, when new year's resolutions may have fallen by the wayside, we'll be announcing the Mid-Year Great Health Resolution Program, so stay tuned.

At CBIZ, we want you to be your very best. Great Health is a free, confidential resource for you and your family to help you achieve your goals. The reasons you have for making changes are extremely personal and when you make a personal decision to be healthier, the ultimate reward is for you and those you love. I challenge you to think about **What Moves You** and use that as motivation to get healthier this year. On the back of this brochure, there's space to record your thoughts; I suggest posting this where you can see it every day. I hope to highlight a few of your stories this year and I'll check in with you from time to time to see how your journey is going.

Steven Geratz

Take action. Get rewarded.

What's new in 2015

Since September 1, 2014, UnitedHealthcare® has been administering all components of the UnitedHealthcare Personal Rewards Program internally. This means you now have:

Single sign-on to myuhc.com
Get direct access to your Scorecard by visiting myuhc.com and selecting the Health & Wellness tab.

Easy ways to submit and review completed Health Actions via myuhc.com

To submit completed Health Actions:
• Select *Reporting My Health Actions* under *Featured Links* to download a form.

You'll receive an email when your form has been received and processed.

To view completed Health Actions on your Scorecard:
• Select *I Get* under the *Health & Wellness* tab.

Comprehensive member support
• UnitedHealthcare advisors, nurses and coaches will have access to your medical records and pending/completed Health Actions, so you'll get the help you need when you need it.

Reward eligibility

Enrolled in one of these medical plans



Points and rewards

Health Action points earned 0 to 239	Health Action points earned 240 to 359	Health Action points earned 360+
Annual premium discount \$0	Annual premium discount Silver: \$240* (\$20 per month)	Annual premium discount Gold: \$360* (\$30 per month)

*A minimum of 240 or 360 points per participant is needed to receive the full \$20 or \$30 monthly medical premium discount in 2016.

Earn your incentives between September 1, 2014 – August 31, 2015.



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Getting started is easy

- 1** Review your Scorecard for available Health Actions. View your Scorecard any time by logging into myuhc.com and selecting the *Health & Wellness* tab.
- 2** Take the Health Assessment. This is found under the *I Am* tab on the *Health & Wellness* site. **80 POINTS**
- 3** Complete biometric testing. An easy way to see if you're at risk for heart disease or diabetes is to have your LDL cholesterol, fasting blood sugar, blood pressure and body mass index checked. You can do this at select on-site events (if enrolled in the CBIZ medical plan) or at your doctor's office as part of your annual preventive exam. **SCREENING: 40 POINTS**
PREVENTIVE EXAM: 80 POINTS

4 Review your biometric results and take action if needed.

Screening	Target Value for 2015
LDL Cholesterol	Less than 130
Fasting Blood Sugar or A1c	Less than 100 or A1c less than 5.7%
Blood Pressure	Less than 140/90
Body Mass Index	≤ 27.5kg/m ²

30 POINTS FOR EVERY TARGET VALUE YOU ACHIEVE

- 5** More ways to earn points
 - Telephonic or online health coaching**
60 POINTS
 - Diabetes Prevention & Control Program**
60 POINTS
 - Tobacco Cessation**
40 POINTS
 - CBIZ-sponsored Health Actions
 - NEW! Check it Out**
60 POINTS
 - NEW! Mid-Year Great Health Resolution**
60 POINTS
- For more details on all of these programs, visit the ESC website at www.cbizesc.com.

Other Great Health resources
myuhc.com: Turn your goals into reality.
 Whether you're looking to make healthier food choices, improve your sleeping habits, manage your weight or reach other health goals, check out myuhc.com. When you click the *Health and Wellness* tab, you'll find helpful articles, quizzes, trackers and more to help motivate you and keep you accountable as you journey toward success.



Every day, we make personal decisions — including those about our health. Who or what moves you to be healthier? Do you want to be around for loved ones or accomplish a long-term fitness goal? Write down your reasons for choosing healthy behaviors and post it somewhere to keep you motivated. Or, if you'd like to motivate others, share your story by emailing it to whatmovesyou@cbiz.com.

✂



Participation in the health assessment is voluntary. Your health assessment responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities. The biometric screening program is administered by Optum, a health and well-being company that provides information and support as part of your health or wellness plan. On-site screening services are provided by Wellness, Inc., an affiliate of Optum, or other partner. Participation is voluntary and is not a substitute for your doctor's care. The screening and your results are provided for informational purposes only and are not intended to diagnose problems or provide treatment recommendations. Your screening results will be kept confidential in accordance with the law, and with your consent, will be shared with your plan for administration of your wellness and other plan activities. **This Wellness Coach program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** The information provided through the Wellness Coach program is for informational purposes only and provided as part of your health plan. The Health and Wellness team cannot diagnose problems or recommend treatment and is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The Wellness Coach program is not an insurance program and may be discontinued at any time.



Exhibit G: Sample Financial and Actuarial Reports



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ABC Company | 2015 Medical Financial Overview

	January	February	March	April	May	June	July	August	September	October	November	December	Plan YTD
Enrollments													
Active Employees Participants	918	927											921
COBRA Participants	45	44											24
Total Participants	978	971											945
Claims													
Medical - Active and COBRA													
Plan 1	\$ 295,642.79	\$ 299,396.52	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 595,039.31
Plan 2	\$ 27,892.49	\$ 41,368.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 69,260.95
Plan 3	\$ 27,214.72	\$ 17,392.53	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,607.25
Sub-Total	\$ 310,749.99	\$ 358,157.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 688,907.51
Medical - Non-Act Clauses													
2015 Non-Act Clauses (Combined Medical and Rx)	\$ 19,779.91	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,779.91
Total Medical Claims Paid	\$ 330,529.90	\$ 358,157.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 718,224.41
Prescriptions													
Total Prescription Claims Paid (All Plans)	\$ 151,237.26	\$ 17,830.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 179,067.72
Specific Reimbursements (\$200.00 DL)													
Total Specific Reimbursements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Medical, Prescription & Specific Reimbursements	\$ 481,767.17	\$ 381,884.96	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 863,652.13
Fixed Costs (Combined - All Plans, Active and COBRA)													
Current Subscription Billing	\$ 17,241.14	\$ 18,370.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,611.64
Current Stop-Loss Premium	\$ 40,347.63	\$ 41,469.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 81,817.09
Health Savings Account Employer Funding	\$ 2,544.97	\$ 2,649.67	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,194.64
Estimated ACA Transitional Reinsurance Fee	\$ 7,293.26	\$ 7,842.79	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,136.05
Estimated ACA PCORI	\$ 377.55	\$ 320.41	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 697.96
Total Fixed Costs	\$ 68,834.55	\$ 70,642.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 139,476.37
Total Plan Expenses (Fixed & Claims)	\$ 1,144,607.81	\$ 1,144,607.81	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,144,607.81
Employer and Employee Fundings													
Employee Funding	\$ 298,394.46	\$ 295,541.93	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 593,936.39
Employer Funding	\$ 547,821.72	\$ 552,442.39	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,100,264.11
COBRA Funding (Assumed)	\$ 9,248.95	\$ 10,348.15	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,597.10
Total Assumed Funding	\$ 855,465.13	\$ 858,332.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,713,797.60
Funding Surplus/Deficit	\$ -288,142.64	\$ -286,275.34	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -564,417.94
Plan Funding vs. Expenses Ratio	77.22%	75.27%	%	%	%	%	%	%	%	%	%	%	72.95%
Plan Cost Summary													
Total Plan Cost PEPH	\$ 425.56	\$ 428.30											\$ 853.86
Total Claims Cost PEPH	\$ 527.52	\$ 541.08											\$ 1,068.60
Employer Plan Cost PEPH (Net of EE Contributions)	\$ 291.93	\$ 314.53											\$ 606.26

Note: Data used is based on a snapshot in time. Actual enrollment may vary from what is reported here.

Footnotes:

- 1. Enrollment is calculated using Cool Credit's HEC system. The enrollment count is generalizing enrollment data as of the first day of the month. Fixed costs are a function of enrollment that this report may or may not track with monthly invoices.
- 2. Current Administration includes \$1.00 PEPH for Health Plan and \$1.00 PEPH for Cost of Insurance. The numbers also include \$1.25 PEPH for claim liability fees.
- 3. ACA Contributions are an estimate.
- 4. Like enrollment, funding is a function of employee participation and actual totals may or may not match actual accruals. Further, COBRA Funding, assumes premiums were actually collected.



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

ABC Company | Medical Plan Financial Performance - Year Over Year Comparison

Enrollment	2013	2014	Trend	2015 YTD
Active and COBRA Participants (Average)	1,004	924	-8%	935

Claims	2013	2014	Trend	2015 YTD
Medical and Rx - Active and COBRA				
Gross Paid Claims	\$ 9,615,315	\$ 6,988,566	-27%	\$ 984,262
Stop-Loss Reimbursements	\$ (223,540)	\$ (31,738)	-86%	\$ -
Net Paid Claims	\$ 9,391,775	\$ 6,956,828	-26%	\$ 984,262
PEPY Net Paid Claims	\$ 9,579	\$ 7,563	-21%	\$ 1,053

Fixed Costs	2013	2014	Trend	2015 YTD
All Fixed Costs - Active and COBRA				
Administration, Network Access Fees and Other	\$ 373,034	\$ 493,928	32%	\$ 81,414
Stop-Loss Premium	\$ 891,937	\$ 436,359	-51%	\$ 82,348
ACA	\$ -	\$ 141,050	100%	\$ 16,584
Total Fixed	\$ 1,264,971	\$ 1,071,337	-15%	\$ 180,346
PEPY Fixed	\$ 1,260	\$ 1,159	-8%	\$ 193

Stop-Loss Premium Loss Ratio	25%	7%	-71%	0%
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Plan Cost Summary	2013	2014	Trend	2015 YTD
Total Plan Cost PEPY (Including COBRA)	\$ 10,617	\$ 8,688	-18%	\$ 1,246.24
Total EE Cost PEPY (Net of COBRA Funding)	\$ 2,086	\$ 2,454	18%	\$ 439.66
Total ER Cost Net of EE Contributions PEPY	\$ 8,617	\$ 6,125	-29%	\$ 571.36



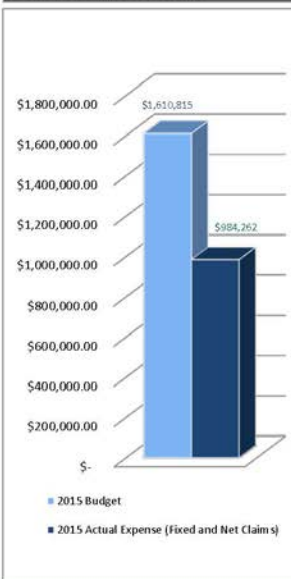
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ABC Company | 2015 Financial Dashboard

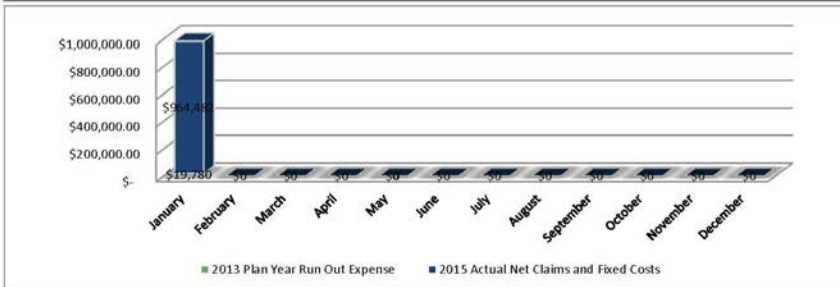
Month Over Month Comparison of Total Plan Cost, PEPM



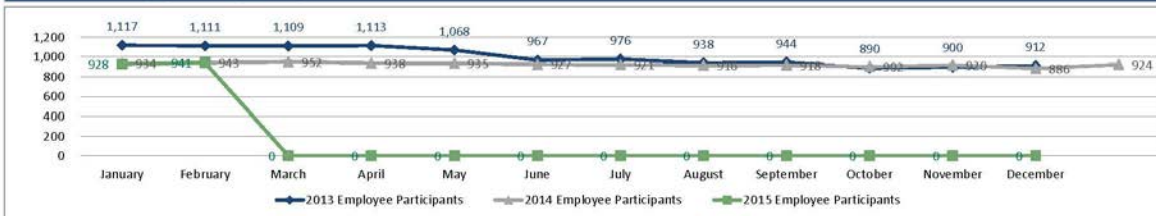
2015 YTD Budget v. Claims



2015 Plan Expense with 2013 Run-Out



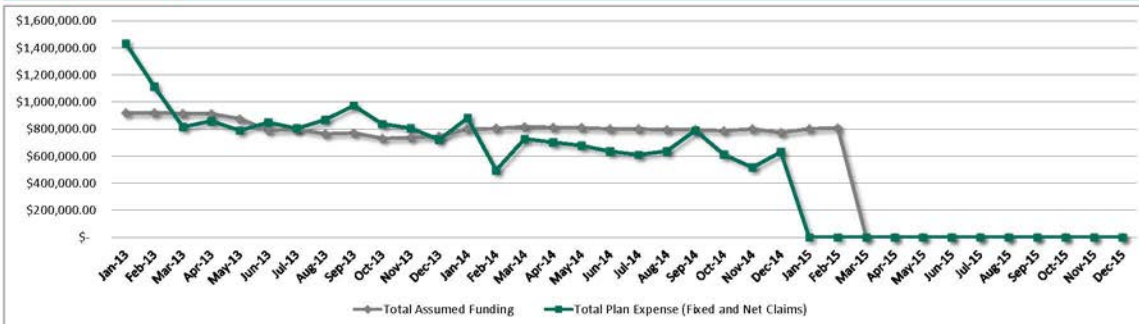
Year Over Year Employee Participation by Month



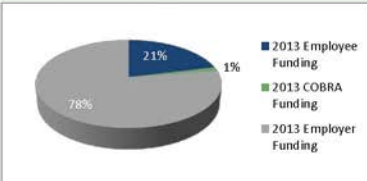
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ABC Company | 2015 Financial Dashboard

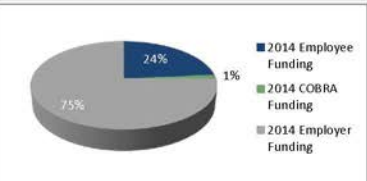
Plan Expense v. Funding



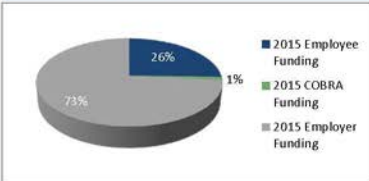
2013 Cost Share Budget



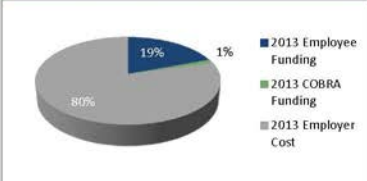
2014 Cost Share Budget



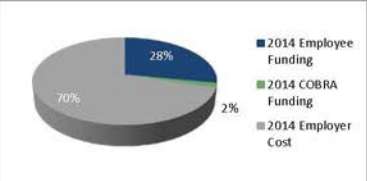
2015 Cost Share Budget



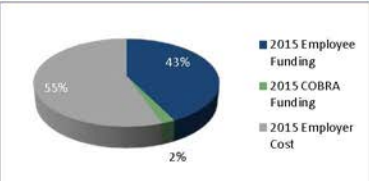
2013 Actual Cost Share Expense



2014 Actual Cost Share Expense



2015 Actual Cost Share Expense



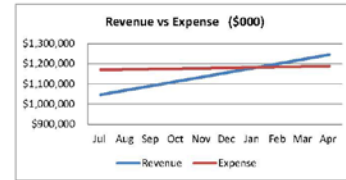
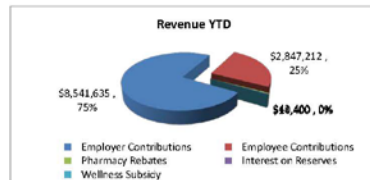
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Financial Overview

ABC Company
All Plans in Aggregate
Jul 1, 2010 through Apr 30, 2011



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	PEPY	Prior Yr	Change	Last 12 Mos
	900	920	940	960	980	1,000	1,020	1,040	1,060	1,080	9,900	990	918	8%	978
Enrollment															
Budgeted Revenue															
Employer Contributions	\$779,840	\$796,356	\$812,873	\$829,389	\$845,905	\$862,422	\$878,938	\$895,454	\$911,971	\$928,487	\$8,541,635	\$10,353	\$8,311	25%	\$10,035
Employee Contributions	\$259,947	\$265,452	\$270,958	\$276,463	\$281,968	\$287,474	\$292,979	\$298,483	\$303,990	\$309,496	\$2,847,212	\$3,451	\$2,770	25%	\$3,345
Pharmacy Rebates	\$4,150	\$4,170	\$4,190	\$4,210	\$4,230	\$4,250	\$4,270	\$4,290	\$4,310	\$4,330	\$42,400	\$51	\$46	11%	\$44
Interest on Reserves	\$950	\$970	\$990	\$1,010	\$1,030	\$1,050	\$1,070	\$1,090	\$1,110	\$1,130	\$10,400	\$13	\$11	11%	\$13
Wellness Subsidy	\$1,350	\$1,370	\$1,390	\$1,410	\$1,430	\$1,450	\$1,470	\$1,490	\$1,510	\$1,530	\$14,400	\$17	\$16	11%	\$17
Total Budgeted Revenue	\$1,046,236	\$1,068,318	\$1,090,400	\$1,112,482	\$1,134,564	\$1,156,646	\$1,178,727	\$1,200,809	\$1,222,891	\$1,244,973	\$11,456,047	\$13,886	\$11,155	24%	\$13,455
Fixed Expenses															
UHC Admin Fees	\$23,796	\$24,325	\$24,854	\$25,382	\$25,911	\$26,440	\$26,969	\$27,498	\$28,026	\$28,555	\$261,756	\$317	\$305	4%	\$323
Stop Loss Premium	\$19,908	\$20,350	\$20,793	\$21,235	\$21,678	\$22,120	\$22,562	\$23,005	\$23,447	\$23,890	\$218,988	\$265	\$253	5%	\$301
Consulting Fees	\$4,275	\$4,370	\$4,465	\$4,560	\$4,655	\$4,750	\$4,845	\$4,940	\$5,035	\$5,130	\$47,025	\$57	\$45	27%	\$61
Wellness Services	\$2,700	\$2,760	\$2,820	\$2,880	\$2,940	\$3,000	\$3,060	\$3,120	\$3,180	\$3,240	\$29,700	\$36	\$36	0%	\$30
Case Mgmt	\$1,800	\$1,840	\$1,880	\$1,920	\$1,960	\$2,000	\$2,040	\$2,080	\$2,120	\$2,160	\$19,800	\$24	\$24	0%	\$20
Legal Fees	\$900	\$920	\$940	\$960	\$980	\$1,000	\$1,020	\$1,040	\$1,060	\$1,080	\$9,900	\$12	\$12	0%	\$10
COBRA Admin	\$2,150	\$2,170	\$2,190	\$2,210	\$2,230	\$2,250	\$2,270	\$2,290	\$2,310	\$2,330	\$22,400	\$27	\$12	126%	\$23
HR Allocation	\$10,150	\$10,170	\$10,190	\$10,210	\$10,230	\$10,250	\$10,270	\$10,290	\$10,310	\$10,330	\$102,400	\$124	\$12	934%	\$106
Wellness Incentives	\$20,150	\$20,170	\$20,190	\$20,210	\$20,230	\$20,250	\$20,270	\$20,290	\$20,310	\$20,330	\$202,400	\$245	\$12	1944%	\$209
Total Fixed Expenses	\$85,829	\$87,075	\$88,321	\$89,568	\$90,814	\$92,060	\$93,306	\$94,552	\$95,799	\$97,045	\$914,369	\$1,108	\$712	56%	\$1,084
Benefits Paid															
Medical Claims	\$900,000	\$900,400	\$900,800	\$901,200	\$901,600	\$902,000	\$902,400	\$902,800	\$903,200	\$903,600	\$9,018,000	\$10,931	\$7,863	39%	\$10,398
Spec Stop Loss Reimb	(\$40,600)	(\$40,596)	(\$40,592)	(\$40,588)	(\$40,584)	(\$40,580)	(\$40,576)	(\$40,572)	(\$40,568)	(\$40,564)	(\$405,820)	(\$492)	(\$824)	-40%	(\$1,179)
Pharmacy Claims	\$220,000	\$220,400	\$220,800	\$221,200	\$221,600	\$222,000	\$222,400	\$222,800	\$223,200	\$223,600	\$2,218,000	\$2,688	\$1,799	49%	\$2,581
HRA Claims	\$4,500	\$4,520	\$4,540	\$4,560	\$4,580	\$4,600	\$4,620	\$4,640	\$4,660	\$4,680	\$45,900	\$56	\$231	-70%	\$48
Net Benefits Paid	\$1,083,900	\$1,084,724	\$1,085,548	\$1,086,372	\$1,087,196	\$1,088,020	\$1,088,844	\$1,089,668	\$1,090,492	\$1,091,316	\$10,876,080	\$13,183	\$9,070	45%	\$11,847
Total Plan Expenses	\$1,169,729	\$1,171,799	\$1,173,869	\$1,175,940	\$1,178,010	\$1,180,080	\$1,182,150	\$1,184,220	\$1,186,291	\$1,188,361	\$11,790,449	\$14,291	\$9,781	46%	\$12,931
Funding Surplus/(Deficit)	(\$123,493)	(\$103,481)	(\$83,469)	(\$63,458)	(\$43,446)	(\$23,434)	(\$3,423)	\$16,589	\$36,600	\$56,612	(\$334,402)	(\$405)	\$1,373	-130%	\$524
Expenses vs Budget	112%	110%	108%	106%	104%	102%	100%	99%	97%	95%	103%	103%	88%	17%	96%
Account Balance	(\$123,493)	(\$226,973)	(\$330,443)	(\$433,913)	(\$537,383)	(\$640,853)	(\$744,323)	(\$847,793)	(\$951,263)	(\$1,054,733)	(\$1,158,203)	(\$334,402)	(\$334,402)		
Claims Paid vs Aggregate Limit	97%	96%	95%	94%	93%	92%	91%	90%	89%	88%	89%				
Employer's Net Cost	\$909,782	\$906,347	\$902,912	\$899,477	\$896,041	\$892,606	\$889,171	\$885,736	\$882,300	\$878,865	\$8,943,237	\$10,840	\$7,011	55%	\$9,586

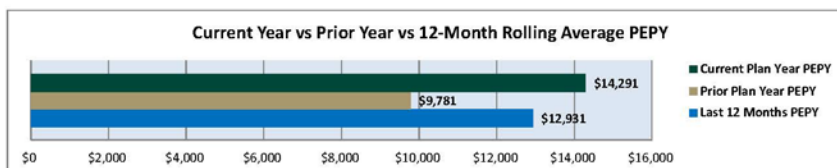
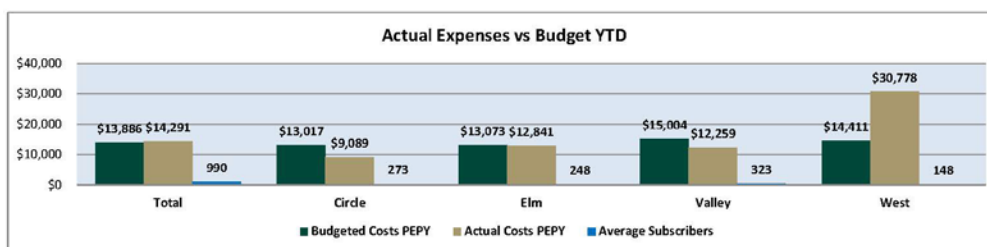


Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

ABC Company
Jul 1, 2014 through Apr 30, 2015



Plan	Average Subscriber Count	Total Budgeted Revenue	Medical Claims	Spec Stop Loss Reimb	Pharmacy Claims	HRA Claims	Net Benefits Paid	Total Fixed Expenses	Total Plan Expenses	YTD Expenses vs Budget
Circle	273	\$2,955,917	\$1,504,500	(\$99,955)	\$404,500	\$12,725	\$1,821,770	\$242,295	\$2,064,065	70%
Elm	248	\$2,696,373	\$2,004,500	(\$100,955)	\$504,500	\$12,225	\$2,420,270	\$228,217	\$2,648,487	98%
Valley	323	\$4,032,346	\$2,504,500	(\$101,955)	\$604,500	\$14,225	\$3,021,270	\$273,450	\$3,294,720	82%
West	148	\$1,771,410	\$3,004,500	(\$102,955)	\$704,500	\$6,725	\$3,612,770	\$170,407	\$3,783,177	214%
Total	990	\$11,456,047	\$9,018,000	(\$405,820)	\$2,218,000	\$45,900	\$10,876,080	\$914,369	\$11,790,449	103%



Large Claims Over \$50,000

Claimant	Diagnosis	Plan	Claims	% of Total Plan Claims
1	Unknown	West	\$399,406	44%
2	Unknown	Circle	\$314,184	34%
3	Unknown	Elm	\$228,805	25%
4	Unknown	West	\$142,085	16%
5	Unknown	Elm	\$94,385	10%
6	Unknown	Valley	\$88,490	10%
7	Unknown	West	\$98,844	11%
8	Unknown	Valley	\$87,585	10%



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



ABC Company

Definitions for the 2014 Financial Overview



Revenue

Employer Contributions	Amounts are based on the premium equivalents and monthly enrollment, less the amounts contributed by the employees
Employee Contributions	Amounts are based on the employee contribution rates and monthly enrollment.
Pharmacy Rebates	Amounts are based on the contribution rates with the 2% surcharge and monthly enrollment.
Interest on Reserves	Amounts are based on the retiree contribution rates and monthly enrollment.
Wellness Subsidy	Amounts reflect the \$1200 per month the employer contributes towards the cost of running the wellness program.

Expenses

UHC Admin Fees	\$26.44 per employee per month.
Stop Loss Premium	\$22.12 per employee per month.
Consulting Fees	\$4.75 per employee per month.
Wellness Services	\$3.00 per employee per month.
Case Mgmt	\$2.00 per employee per month.
Legal Fees	\$1.00 per employee per month.
Paid Claims:	Paid claims reflect the claims paid during the month by the administrator, regardless of when the services were rendered.

Funding Surplus/(Deficit)

The funding position is revenue minus benefits and fixed expenses for the month.

Expenses vs Budget

The account balance represents the starting balance of \$0, plus the year-to-date funding surplus or deficit.

Account Balance

The ratio of expenses to funding based on the premium equivalents.

Claims Paid vs Aggregate Limit

The ratio of paid claims year-to-date to the year-to-date aggregate stop loss limit. A ratio over 100% means that claims have surpassed the aggregate limit.

Employer's Net Cost

All plan expenses (benefits and fixed costs), less employee contributions.

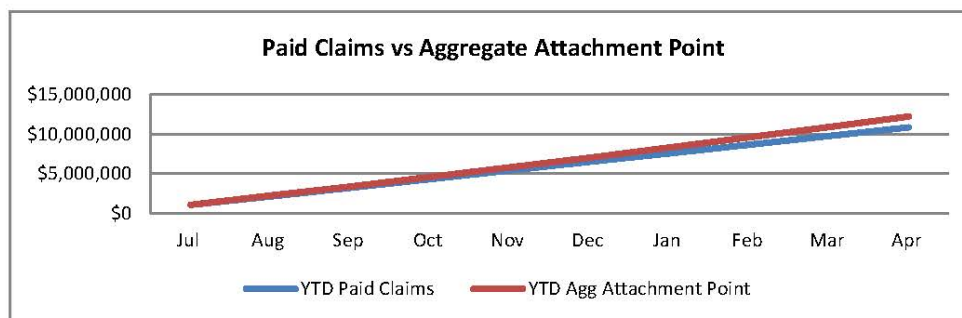
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ABC Company Aggregate Stop Loss Accounting

Jul 1, 2014 though Apr 30, 2015

Month	YTD Paid Claims	YTD Max Limit	YTD Client Bill	YTD Amount Over Aggregate
7/1/2010	\$1,083,900	\$1,113,831	\$1,083,900	\$0
8/1/2010	\$2,168,624	\$2,252,414	\$2,168,624	\$0
9/1/2010	\$3,254,172	\$3,415,748	\$3,254,172	\$0
10/1/2010	\$4,340,544	\$4,603,835	\$4,340,544	\$0
11/1/2010	\$5,427,740	\$5,816,673	\$5,427,740	\$0
12/1/2010	\$6,515,760	\$7,054,263	\$6,515,760	\$0
1/1/2011	\$7,604,604	\$8,316,605	\$7,604,604	\$0
2/1/2011	\$8,694,272	\$9,603,698	\$8,694,272	\$0
3/1/2011	\$9,784,764	\$10,915,544	\$9,784,764	\$0
4/1/2011	\$10,876,080	\$12,252,141	\$10,876,080	\$0



SAMPLE UNDERWRITING/ACTUARIAL REPORTS

Funding Projections



ABC Company Medical Funding Rate Projection
For a July 1, 2014 Effective Date for 12 Months (July 1, 2014 thru June 30, 2015)

1. Current Funding (Based on December 2013 Bookends)

	2013	2014	2015	2016	2017
Employee Cost	\$1,124.48	\$61.14	\$64.46	\$1,234.40	\$1.27
Employer Charges	\$144.46	\$1,131.32	\$64.46	\$1,131.32	\$1,131.32
Funds	\$1,487.58	\$1,192.46	\$1,198.92	\$1,198.92	\$1,198.92
Net/Fund	\$1,487.58	\$1,192.46	\$1,198.92	\$1,198.92	\$1,198.92

2. Required Rate Change

Medical Funding +0.3%

3. Required Rate Funding (Effective December 2013 Bookends)

	2013	2014	2015	2016	2017
Employee Cost	\$1,124.48	\$61.14	\$64.46	\$1,234.40	\$1.27
Employer Charges	\$144.46	\$1,131.32	\$64.46	\$1,131.32	\$1,131.32
Funds	\$1,487.58	\$1,192.46	\$1,198.92	\$1,198.92	\$1,198.92

4. Required Rate Funding for 2014 Plan Year

	2014	2015	2016	2017
Employee Cost	\$61.14	\$64.46	\$1,234.40	\$1.27
Employer Charges	\$1,131.32	\$64.46	\$1,131.32	\$1,131.32
Funds	\$1,192.46	\$1,198.92	\$1,198.92	\$1,198.92

ABC Company Medical Funding Rate Projection
For a July 1, 2014 Effective Date for 12 Months (July 1, 2014 thru June 30, 2015)

1. Assumptions

- Medical Fund: 75% Funded by Reg. Medical
- Employer: 75% Employer Rate Assumed
- Plan Year: Based on 12 months of 2014
- Plan Cost: Annual Growth Rate of 12.5% with 100% Reg. Med
- Benefit Cost: Based on 2014 Plan Design

2. Algorithm

	2014	2015
Plan Design Medical	\$1,192,460	\$1,198,920
Plan Design Non-Medical	\$64,460	\$64,460
Adjusted Plan Design Total	\$1,256,920	\$1,263,380
Change in Plan Design Total	100%	100%
Medical Fund	95%	95%
Adjusted Plan Design Total	\$1,192,460	\$1,198,920
Non-Medical Fund	50%	50%
Total Required Plan Design Total	\$2,384,920	\$2,527,760
Annual Premium Contribution (Estimated) 11/1/13 to 12/31/13	\$1,192,460	\$1,198,920
Medical Fund Total	1,192,460	1,198,920
Non-Medical Fund Total	1,192,460	1,198,920
Total Required Plan Design Total	2,384,920	2,527,760
Annual Premium Contribution (Estimated) 11/1/14 to 10/31/15	2,384,920	2,527,760
Medical Fund Total	2,384,920	2,527,760
Non-Medical Fund Total	2,384,920	2,527,760
Total Required Plan Design Total	4,769,840	5,055,520

ABC Company Funding Projections
Data for 12 Months (July 1, 2014 thru June 30, 2015)

Year	2014	2015	2016	2017	2018
Medical Fund	\$1,192,460	\$1,198,920	\$1,198,920	\$1,198,920	\$1,198,920
Non-Medical Fund	\$64,460	\$64,460	\$64,460	\$64,460	\$64,460
Total Required Plan Design Total	\$1,256,920	\$1,263,380	\$1,263,380	\$1,263,380	\$1,263,380
Annual Premium Contribution (Estimated)	\$1,192,460	\$1,198,920	\$1,198,920	\$1,198,920	\$1,198,920
Medical Fund Total	\$1,192,460	\$1,198,920	\$1,198,920	\$1,198,920	\$1,198,920
Non-Medical Fund Total	\$64,460	\$64,460	\$64,460	\$64,460	\$64,460
Total Required Plan Design Total	\$1,256,920	\$1,263,380	\$1,263,380	\$1,263,380	\$1,263,380

Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

Reserve Valuations



ABC Company
Transit Report
Internal, Primary and Dental Reserve for All Plan (2009) Report
For December 31, 2013

Member Information: 10/1/00
Health & Dental: 1/1/00
Annual Review: 1/1/00

Month	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Plan Assets	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Liabilities	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Reserve	0	0	0	0	0	0	0	0	0	0	0	0

ABC Company
Claim Reserve Valuation Estimates as of December 31, 2013
(Excludes Retirees)

Category	Estimated Reserve	Actual Reserve
Medical	100,000	100,000
Dental	100,000	100,000
Life Insurance	100,000	100,000
Disability	100,000	100,000
Other	100,000	100,000

ABC Company
Claim Reserve Valuation Estimates as of December 31, 2013
(Excludes Retirees)

CBZ, Inc. is a member business (not a partner) of CBZ and does not have a direct or indirect ownership interest in CBZ. The information herein is provided for informational purposes only and does not constitute an offer of insurance or any other financial product. This information is not to be used for any other purpose.

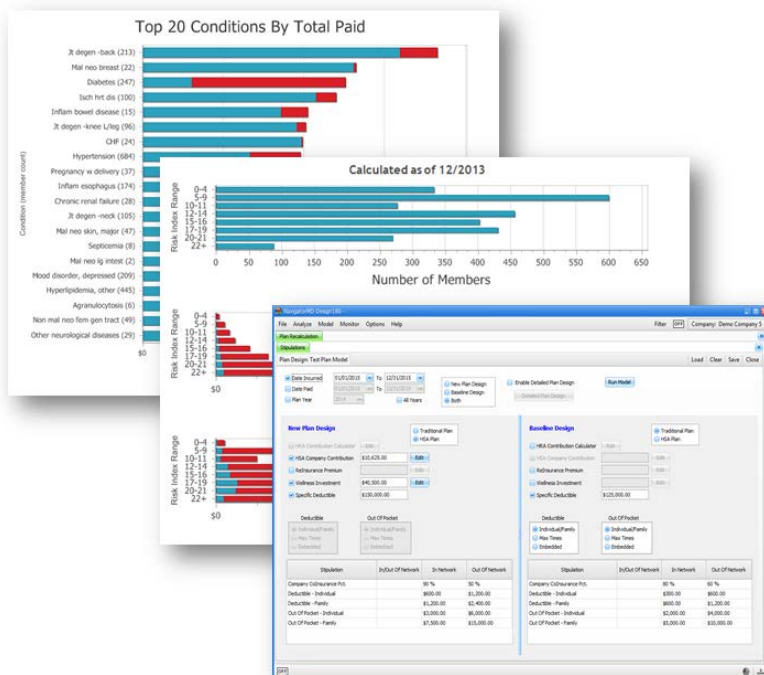
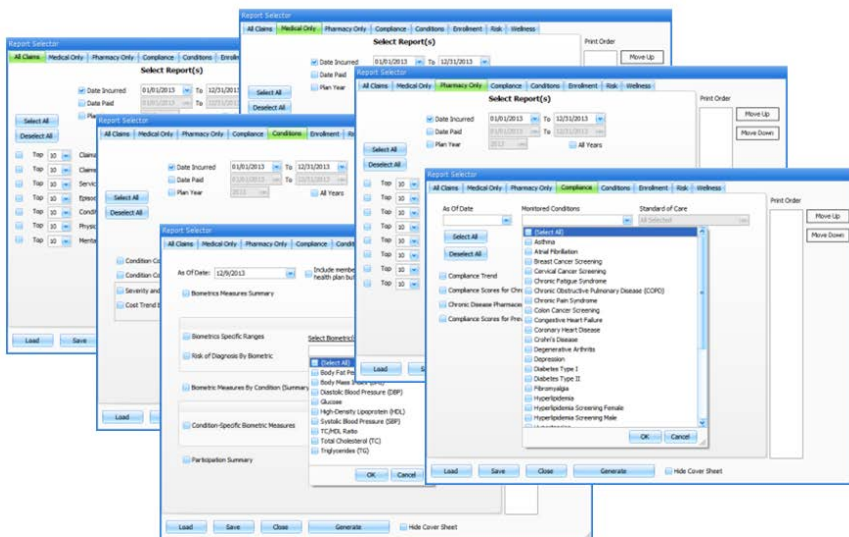
Category	Estimated Reserve	Actual Reserve
Medical	100,000	100,000
Dental	100,000	100,000
Life Insurance	100,000	100,000
Disability	100,000	100,000
Other	100,000	100,000

ABC Company
CLAIM BALANCE SHEET FOR
December 31, 2013

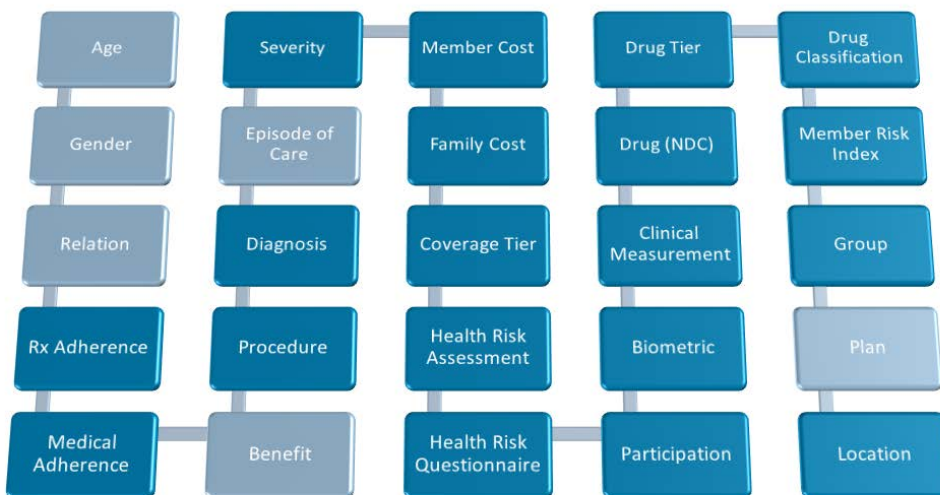
Category	Amount
Medical	100,000
Dental	100,000
Life Insurance	100,000
Disability	100,000
Other	100,000



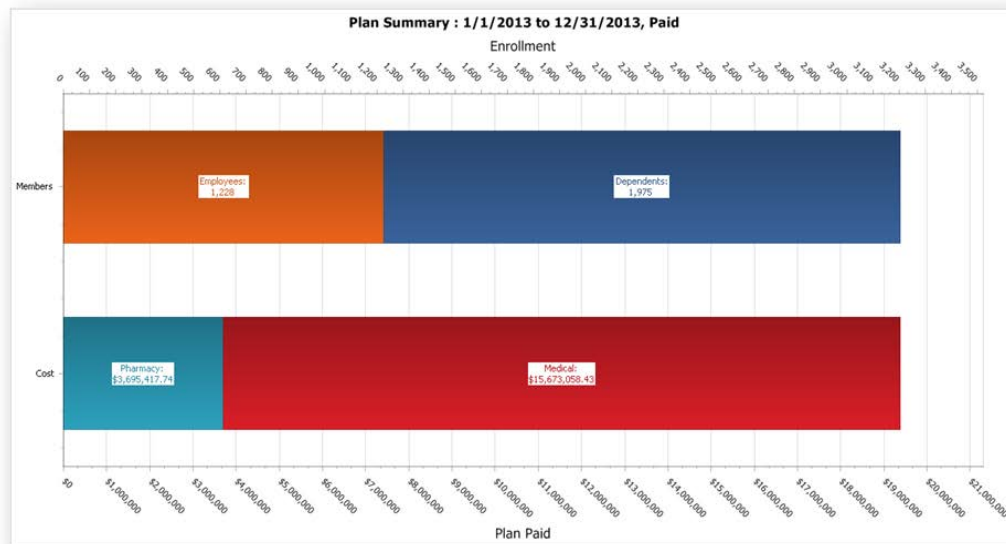
NavMD Reporting Executive Reporting



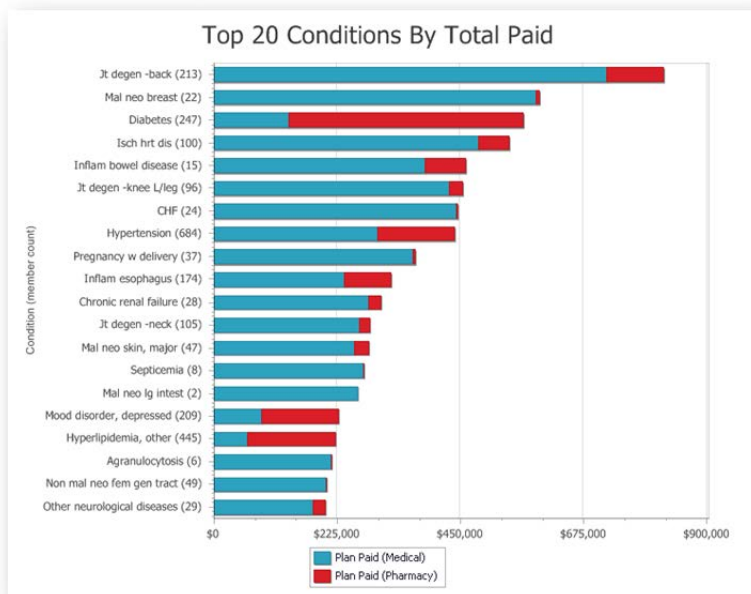
Global Filter Combinations



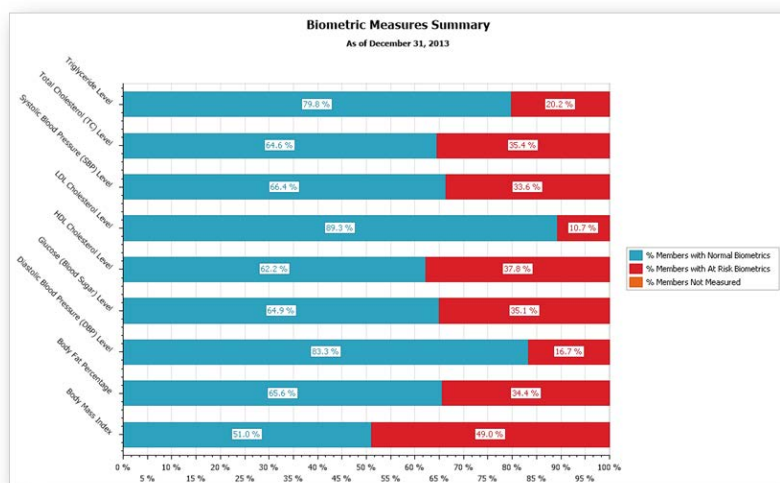
Plan Summary (Sample Only)



Top Conditions by Cost (Sample Only)



Biometric Risk (Sample Only)



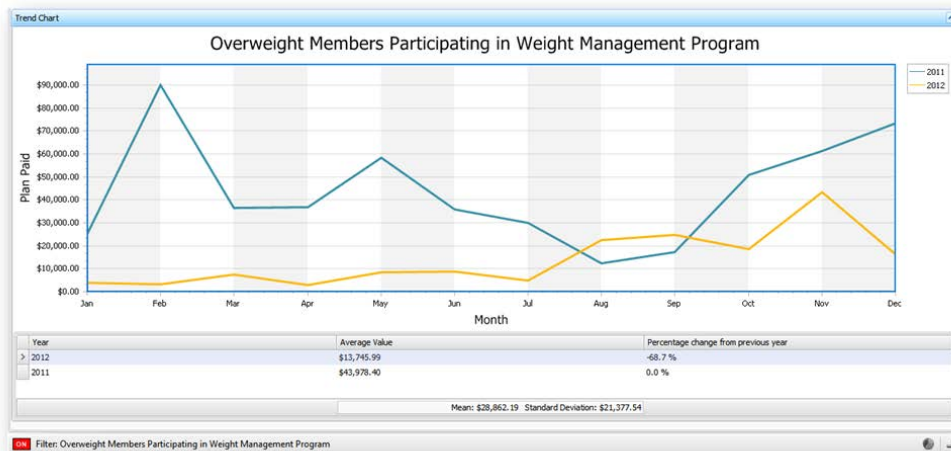
Biometric Risk by Condition (Diabetic Members) (Sample Only)

Condition	# of Members with Episodes	% Members with Normal Biometric Measures	% Members with At Risk Biometric Measures	Ratio of At-Risk to Normal
Asthma	41	31.71 %	68.29 %	2.15:1
Cancer	39	30.77 %	69.23 %	2.25:1
Diabetes	88	1.14 %	98.86 %	87:1

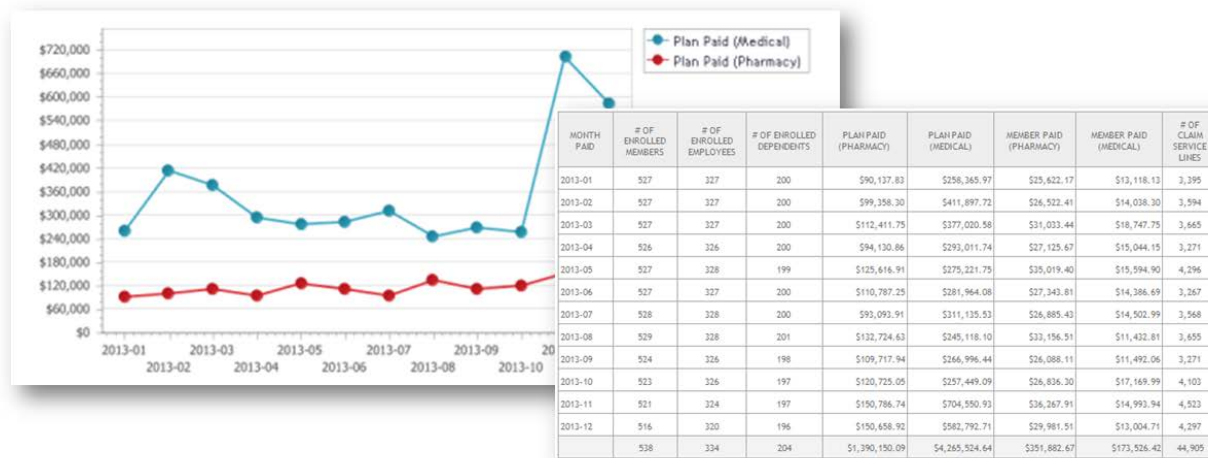
Biometric	# of Members	% Members with Normal Biometric Measures	% Members with At Risk Biometric Measures	Ratio of At-Risk to Normal
Body Fat Percentage	83	43.37 %	56.63 %	1.31:1
Body Mass Index	88	23.86 %	76.14 %	3.19:1
Diastolic Blood Pressure ...	88	84.09 %	15.91 %	0.19:1
Glucose (Blood Sugar) L...	88	10.23 %	89.77 %	8.78:1
Systolic Blood Pressure (...)	88	38.64 %	61.36 %	1.59:1
Total Cholesterol (TC) L...	88	71.59 %	28.41 %	0.40:1

Heart Disease and Stroke	125	12.80 %	87.20 %	6.81:1
Hyperlipidemia	206	6.80 %	93.20 %	13.71:1
Hypertension	275	12.36 %	87.64 %	7.09:1
Joint Degeneration/Derangement	213	30.52 %	69.48 %	2.28:1
Liver Disease/Failure	10	10.00 %	90.00 %	9:1
Obesity	58	6.90 %	93.10 %	13.5:1

Measuring Performance – Tracking Value of Wellness Strategies (Sample Only)



Rx Compliant Hypertension Population 'At or above 80% Rx Compliance' (Sample Only)



Hypertension Diagnosed Members Age Distribution Pareto Analysis (Sample Only)

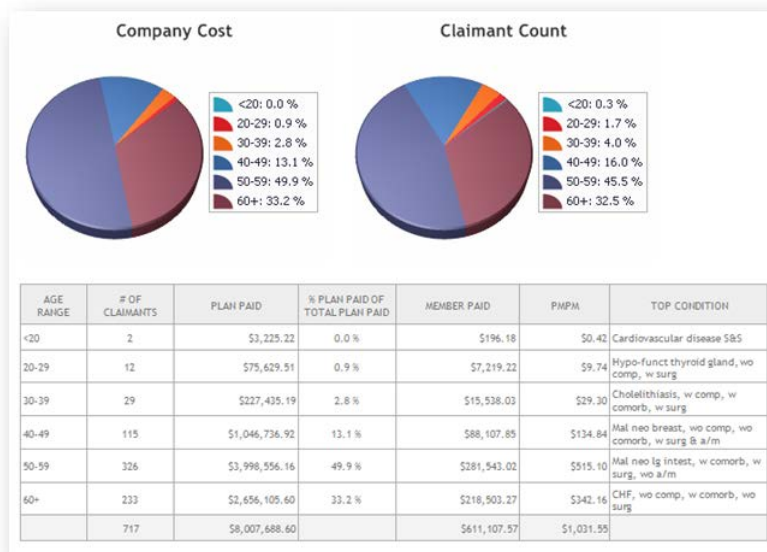


Exhibit H: Service Promise



Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP

CBIZ SERVICE PROMISE



WE PLEDGE TO PROVIDE AN EXCEPTIONAL SERVICE EXPERIENCE TO EVERY CBIZ CLIENT.

- **Individual Attention:** We will treat each client with the utmost care; we will develop and maintain a strong personal relationship; we will provide service with a commitment to professionalism, trust and the highest level of personal and professional integrity.
- **Responsive:** We will respond to a client's urgent need immediately; we will return all voicemail and e-mail communications within 24 hours; we will deliver and review all work product on a timely and as agreed basis.
- **Proactive:** We are committed to understanding the goals and needs of our clients, responding to such needs with our best service, advice and products. We will strive to provide our clients with innovative solutions and opportunities to improve and grow their business.

OUR GUARANTEE: IF YOU ARE NOT SATISFIED WITH OUR RESPONSIVENESS AND THE SERVICE WE HAVE PROVIDED, TELL US IMMEDIATELY—WE WILL CORRECT THE SITUATION TO YOUR SATISFACTION.



Your Business Just Got Easier.

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Exhibit I: ACA Navigation & Compliance Materials



IRS Reporting | Requirements

Who Must File



Employers with 50+ FTEs

Forms to be Filed



Forms 1094 and 1095 B & C

Purpose



To provide evidence to employees and the IRS that the employer has offered **minimum essential health care coverage (MEC)** meeting **minimum value** at an **affordable rate** to its Full-Time Employees

Filing Deadlines



For Calendar Year 2015, filing in 2016 – then annually to employees by **January 31st**.
Employers with > 250 FTEs must electronically file copies with the IRS and submit a transmittal Form 1094-C by **March 31st**.

Information Required



- Number of FTEs for each month during calendar year
- Identifying information for each FTE including
 - ✓ Name
 - ✓ Address
 - ✓ Taxpayer ID/SS#
- Certification by month that FTEs were given opportunity to enroll in minimum essential coverage
- Monthly information about plan coverage, including employee's share of cost

IRC 6055
6056

ACA Annual Reporting



ANALYZE



Count Full-Time & Full-Time Equivalents

- ✓ Determines applicable large employer (ALE) status



Affordability

- ✓ Determine whether the Plan is affordable to those covered



MANAGE



Measurement Periods

- ✓ Allows administration via console



Transition

- ✓ Move employees between various measurement periods



Different Groups

- ✓ Hourly
- ✓ Salaried
- ✓ By State
- ✓ By Location



TRACK



Measurement Periods at Multiple Levels

- ✓ Company
- ✓ Class
- ✓ Job Type
- ✓ Individual



Employee Status

- ✓ Leave of Absence
- ✓ FMLA
- ✓ Re-hire



Offer of Coverage

- ✓ Track the offer and the response



REPORT



Hours Worked

- ✓ Per Day
- ✓ Per Week
- ✓ Per Pay Period
- ✓ Per Month



To Meet Requirements

- ✓ To Employees
- ✓ To IRS for Section 6055/6056



In Aggregate

- ✓ Report who is in what measurement pool

With regulations like the **Employer Shared Responsibility Tax** coming into effect in **2015**, employers can expect to face a number of reporting and compliance requirements along with associated tax liabilities and penalties.

Aimed at minimizing one's ACA compliance risk, **CBIZ ACA CheckPoint** is an integrated management tool designed to provide continually updated ACA monitoring, reporting, and documentation.



CBIZ ACA CheckPoint

Powered by SyncStream





Getting ready: Monthly tracking

To prepare for 2016, applicable large employers need to track information each month in 2015, including:

- Whether you offered full-time employees and their dependents minimum essential coverage that meets the minimum value requirements and is affordable.
- Whether your employees enrolled in the self-insured minimum essential coverage you offered. (See glossary on back.)

You need to track this information because you could be subject to an employer shared responsibility payment if either:

- You offered coverage to fewer than 70% (for 2015; after 2015 this threshold changes to 95%) of your full-time employees and their dependents and at least one full-time employee enrolled in coverage through the Health Insurance Marketplace and receives a premium tax credit, or
- You offered coverage to at least 70% (for 2015) of your full-time employees and their dependents, but at least one full-time employee receives a premium tax credit (because coverage offered was not affordable, did not provide minimum value or the full-time employee was not offered coverage). After 2015, this threshold changes to 95%.

Glossary

Affordable coverage: If the lowest cost self-only health plan is 9.5% or less of your full-time employee's household income then the coverage is considered affordable. Because you likely will not know your employee's household income, for purposes of the employer shared responsibility provisions, you can determine whether you offered affordable coverage under various [safe harbors](#) based on information available to the employer.

Minimum essential coverage: For purposes of reporting by applicable large employers, minimum essential coverage means coverage under an employer-sponsored plan. It does not include fixed indemnity coverage, life insurance or dental or vision coverage.

Minimum value coverage: An employer-sponsored plan provides minimum value if it covers at least 60 percent of the total allowed cost of benefits that are expected to be incurred under the plan.

For additional guidance on whether an employer-sponsored plan provides minimum value if the plan fails to substantially cover in-patient hospitalization services or physician services, see [Notice 2014-69](#). Under existing guidance, employers generally must use a [minimum value calculator](#) developed by HHS to determine if a plan with standard features provides minimum value. Plans with nonstandard features are required to obtain an actuarial certification for the nonstandard features. The guidance also describes certain safe harbor plan designs that will satisfy minimum value.

Premium tax credit: A tax credit for eligible individuals and families with low or moderate incomes. The credit offers premium assistance to help them afford health insurance purchased through the Health Insurance Marketplace.

More Information

See [ACA Frequently Asked Questions for Employers](#) on IRS.gov for detailed information about employer reporting requirements and more.

Learn more about the Affordable Care Act at www.irs.gov/aca

Publication 5196 (2-2015) Catalog Number 67464S
Department of the Treasury Internal Revenue Service www.irs.gov

Affordable Care Act: Reporting Requirements for Applicable Large Employers

Understanding employer reporting requirements of the health care law

Under the Affordable Care Act, applicable large employers – those with 50 or more full-time employees, including full-time equivalent employees – are required to take some new actions. These employers must file information returns with the IRS and also provide statements to full-time employees about health coverage the employer offered or to show the employer didn't offer coverage.

Information reporting was **voluntary** for calendar year 2014. All applicable large employers are **required** to report health coverage information for the first time in early 2016 for calendar year 2015.

To be prepared to report this information to the IRS and issue the new Form 1095-C to employees, you'll need to:

- Determine if your organization is an applicable large employer.
- Determine the kind of health insurance coverage you offered to full-time employees and their dependents, if any.
- Identify who your full-time employees are for each month and track health coverage information in 2015 to help complete new IRS forms.



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Reporting for applicable large employers

Are you an applicable large employer?

Your organization is an applicable large employer if you or other entities that must be combined together with your organization (for instance, other members of an aggregated group) employed an average of at least 50 full-time employees, including full-time equivalent employees, on business days during the **preceding calendar year**. For example, your 2014 employee count determines if you'll be required to track employee and health coverage information in 2015 to report in 2016. A special rule applies for 2015 for determining if you are an applicable large employer. Under this special rule you may use any consecutive six-month period during 2014, rather than being required to use all 12 months of 2014.

Reporting requirements apply starting in 2015

Applicable large employers are subject to certain reporting requirements for full-time employees.

The reporting requirements apply to all applicable large employers starting in 2015, even to those employers with special circumstances that qualify for [transition relief](#) from employer shared responsibility payments for 2015.

Certain reporting requirements also apply to employers that sponsor self-insured coverage, even if the employer is not an applicable large employer.

Which employees count when determining if you're an applicable large employer

Employers average their number of employees across the months in the year to see whether they will be an applicable large employer for the next year. To determine if your organization is an applicable large employer for a year, count your organization's full-time employees, full-time equivalent employees and, if you are a member of a combined group, the full-time employees and full-time equivalent employees of all members of the group for each month of the prior year and then average the numbers for the year.

In general:

A full-time employee is an employee who is employed on average, per month, at least 30 hours of service per week (or at least 130 hours of service in a calendar month).

A full-time equivalent employee is a combination of employees, each of whom individually is not a full-time employee (has fewer than 30 hours of service per week), but who, in combination, are equivalent to a full-time employee.

An aggregated group is commonly owned or otherwise related or affiliated employers, which must combine their employees to determine their workforce size.

There are many additional rules on determining who is a full-time employee, including what counts as hours of service. For more information on these rules, see the employer shared responsibility [final regulations and related questions and answers](#) on IRS.gov.

Preparing to fill out new IRS forms in 2016

1 Form 1095-C

Employer Provided Health Insurance Offer and Coverage

- Provide to full-time employees to use when filing their tax returns.
- File with the IRS as an information return.
- Reports information about health insurance coverage offered and any safe harbors or other relief available to the employer, or reports that no offer of coverage was made.
- Reports enrollment information from employers who offer self-insured plans and information about employees and individuals who enrolled in minimum essential coverage.
- Helps the IRS determine if your organization potentially owes an employer shared responsibility payment to the IRS.
- Helps the IRS determine whether your full-time employees and their dependents are eligible for the premium tax credit.

What you'll need for Form 1095-C

- Who is a full-time employee for each month.
- Identifying information for employer and employee such as name and address.
- Information about the health coverage offered by month, if any.
- The employee's share of the monthly premium for lowest-cost self-only minimum value coverage.
- Months the employee was enrolled in your coverage.
- Months the employer met an affordability safe harbor with respect to an employee and whether other relief applies for an employee for a month.
- If the employer offers a self-insured plan, information about the covered individuals enrolled in the plan, by month.

2 Form 1094-C

Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns

- File with the IRS as a transmittal document for Forms 1095-C, *Employer Provided Health Insurance Offer and Coverage*.
- Provides a summary to the IRS of aggregate employer-level data.
- Helps the IRS determine whether an employer is subject to an employer shared responsibility payment and the proposed payment amount.

What you'll need for Form 1094-C

- Identifying information for your organization.
- Information about whether you offered coverage to 70% of your full-time employees and their dependents in 2015. (After 2015 this threshold changes to 95%.)
- For the authoritative transmittal
 - » Total number of Forms 1095-C you issued to employees.
 - » Information about members of the aggregated applicable large employer group, if any.
 - » Full-time employee counts by month.
 - » Total employee counts by month.
 - » Whether you are eligible for certain transition relief.

For more information, visit www.irs.gov/aca



ACA Employer Shared Responsibility Reporting

FULLY INSURED PLANS		
	Insurer Files	Employer/Plan Sponsor Files
Non-FTE Covered	1095-B with transmittal 1094-B	N/A
Non-FTE Not Covered	N/A	N/A
FTE Covered	1095-B with transmittal 1094-B	1095-C, Part I + II with transmittal 1094-C
FTE Not Covered	N/A	1095-C, Part I + II with transmittal 1094-C

SELF INSURED PLANS		
	Insurer Files	Employer/Plan Sponsor Files
Non-FTE Covered	N/A	1095-C, Part III with transmittal 1094-C
Non-FTE Not Covered	N/A	N/A
FTE Covered	N/A	1095-C, Part I, II, III with transmittal 1094-C

Notes:

- Collect the following information on each employee for each month beginning January 1, 2015:
 - 1) employee status as full-time or part-time, 2) affordability standard of coverage offered, 3) minimum value of plan coverage, and 4) any limited non-assessment period such as a waiting period or initial measurement period. Dependent social security numbers required for self-insured plans to complete Part III of 1095-C.
- “Non-employees” (Partners, Sole Proprietors, 2% Stakeholders of S-Corps, Retirees, and COBRA Participants) are not reported on 1095-C Parts I & II. If covered under plan, however, would be reported on B-Series form by carrier for fully-insured plans or Part III of 1095-C for self-funded plans for proof of minimal essential coverage.
- FTE is defined by the ACA as a full-time employee, averaging at least 30 hours per week or has worked a total of at least 130 hours in the month.



ABC Company Administrative Documentation

New Hire/Initial Measurement Period
12 consecutive months measured from date of hire.

New Hire/Initial Administrative Period
30 days

New Hire/Initial Stability Period
12 consecutive months measured from the 1st of the month following the Initial Measurement Period and Initial Administrative Period.

Standard Measurement Period
November 1st through October 31st of the subsequent year, beginning with November 1, 2013 through October 31, 2014 and each year thereafter.

Standard Administrative Period
November 1st through December 31st, beginning with November 1, 2014 through December 31, 2014 and each year thereafter.

Standard Stability Period
Calendar Year beginning with January 1, 2015 and each year thereafter.

What are the guidelines for when an employee becomes eligible to elect one of the health insurance coverage options?

Answer: The employee is considered to be a **Full-Time Employee**.

What is the waiting period and on what day does coverage begin for new and existing employees?

Answer: The **Waiting Period** is zero days.

- a. For new hires in positions in which an employee is expected to work 30 hours or more per week, coverage begins **the first of the month following Date of Hire**.
- b. For new hires in positions in which hours per are variable on a week to week basis and are *not* known or expected to be at least 30 hours per week, coverage is not offered until that employee averages at least 30 hours or more of service for the initial measurement period, and coverage would not begin until the first day of the month following a 30-day administrative/enrollment period thereafter. No coverage would be offered to any employees who averaged less than 30 hours of service per week during that initial 12 month employment service period.
- c. For current Full-Time, Variable, and Part-Time employees hired between the months of December 1st, 2013 through October 1st, 2014 in positions *known* to work 30 hours per week, coverage will be offered effective January 1, 2015.
- d. For current Variable and Part-Time employees who have averaged 30 hours during the initial standard measurement period of **November 1, 2013 through October 31, 2014**, coverage will be offered with the plan year beginning January 1, 2015. [These employees will continue to be measured each standard measurement period thereafter or until they are moved into a position known to work 30 or more hours per week]



Who will be responsible for enrolling new employees? What is the process for enrollment? Answer: HR will contact eligible employees with enrollment information and eligible employees will have 30 days to make enrollment elections by submitting elections to HR.

When do benefits end?

Answer: Benefits end as of the earliest of the last day through which full-time eligibility is met, monthly premiums are paid, or the end of the month in which employment service is terminated; COBRA continuation coverage options may be available thereafter (unless coverage ends due to non-payment of premiums).

Do Re-hires have to start over with a measurement period or eligibility?

Answer: If an employee is terminated and rehired within 13 weeks from their previous date of termination, his/her eligibility or employment service calculation may continue from the previous period of employment. If more than 13 weeks have passed since the previous employment service period ended, that employee would then start the process again as another new hire and would become eligible for coverage based on the circumstances and criteria stated above.



April 3, 2015

Benefit Beat



Author: Karen R. McLeese, Esq.

In This Edition:

- ❖ **PLAN COMMUNICATION IS KEY**
- ❖ **ANNUAL FEE DISCLOSURE TIMING CLARIFIED**
- ❖ **MYRA PROGRAM: WEBSITE TOOLS FOR EMPLOYERS**
- ❖ **EXPIRATION DATE OF FMLA FORMS EXTENDED AGAIN**
- ❖ **UPDATED IRS PUBLICATION 969**
- ❖ **SAN FRANCISCO HCSO: 2014 EMPLOYER ANNUAL REPORTING FORM DUE APRIL 30TH AND HCSO AMENDMENT REMINDERS**

PLAN COMMUNICATION IS KEY

Two recent events remind us about the importance of plan communication. Plans subject to ERISA must be documented by a written plan document. Participants of the plan must be given a summary of that plan document, known as a summary plan description. There are many other types of plan communications that are very important. How these communications are delivered is equally important.

The Department of Labor (DOL) allows the use of modern technology, such as electronic distribution, for distributing plan communications but only if the method of delivery results in actual receipt of the documents by plan participants (these requirements are set forth in **29 CFR 2520.104b-1(c)**). It should be noted that the requirements for electronic distribution are far more onerous if the individual does not have regular employment-based access to the employer's system. In a recent DOL fiduciary webinar, the DOL underscored the importance of distinguishing between *furnishing* the document, which is what ERISA requires, and simply *making it available*.

Similarly, a recent court decision (**Thomas v. CIGNA Group Ins.**, 2015 WL 893534, E.D.N.Y. 2015) highlights this point. The question in this matter related to posting a document on a company's intranet. According to this court, as bolstered by the DOL, posting a document on an intranet, while perfectly permissible, does not satisfy the distribution obligation. The obligation to distribute the document requires the document be actually furnished.

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INSURANCE SERVICES, INC.



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Continued from Page 1

A document can be furnished electronically to plan participants in several ways. For example, the document could be e-mailed; the document could be attached to an e-mail; or a link to the document could be included in an e-mail; however, in all instances, with appropriate explanation of the importance of the document and how to access it.

Again, posting a document on an intranet is fine as an additional method of communication; but it, in and of itself, does not satisfy the obligation to furnish the document.

ANNUAL FEE DISCLOSURE TIMING CLARIFIED

For several years now, plan sponsors of participant-directed account plans, such as 401(k) plans and 403(b) plans subject to ERISA, have been required to disclose certain plan information to plan participants. Specifically, participants must be provided plan-related information on an annual basis prior to an individual's ability to make an investment. In addition, plan sponsors must also provide investment-related information to plan participants that identifies performance and benchmarking data together with fees and expenses in comparative format.

There are two types of participant level fee disclosures: one is an annual disclosure and one is a quarterly disclosure. With regard to the annual disclosure requirement, the DOL's Employee Benefit Security Administration **recently modified** the timing of the annual disclosure to permit up to 2-month grace period to furnish the disclosure. Annual disclosures must be provided at least once in any 14-month period, without regard to whether the plan operates on a calendar-year or fiscal-year basis.

This rule takes effect on June 17, 2015.

MYRA PROGRAM: WEBSITE TOOLS FOR EMPLOYERS

The Treasury Department was charged to develop a new Roth IRA-type plan option for employers of any size who do not currently offer a retirement plan. This "myRA" program allows an employer to set up a payroll direct deposit process wherein participating employees make contributions to their myRA accounts (see article from January's *Benefit Beat*, **Are Employers Required to Offer Retirement Plans?**). Recently, the Treasury Department posted additional employer resources for employee communications and tools for setting up the program including an employer guide, posters, brochures, internet banners, FAQs and other tools. For additional information, visit the myRA website (<https://myra.treasury.gov/employers/>).

EXPIRATION DATE OF FMLA FORMS EXTENDED AGAIN

As mentioned in last month's *Benefit Beat*, the expiration date of several model Family and Medical Leave Act (FMLA) forms had been revised to display an expiration date of March 31, 2015. The DOL has again extended the expiration date on these FMLA forms to April 30, 2015. While there has not been any change in the content of these forms, employers are encouraged to use these updated versions until further notice:

- ♦ WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition
- ♦ WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition
- ♦ WH-381 Notice of Eligibility and Rights & Responsibilities
- ♦ WH-382 Designation Notice
- ♦ WH-384 Certification of Qualifying Exigency For Military Family Leave
- ♦ WH-385 Certification for Serious Injury or Illness of Current Servicemember for Military Family Leave
- ♦ WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Benefit **Beat**



UPDATED IRS PUBLICATION 969

A 2014 edition of the IRS' **Publication 969. Health Savings Accounts and Other Tax-Favored Health Plans** has been released. While there have been few substantive changes made to the 2014 edition, this publication may be helpful to individuals who have a health savings account, a flexible medical spending account, a medical savings account, or a health reimbursement arrangement.

SAN FRANCISCO HCSO: 2014 EMPLOYER ANNUAL REPORTING FORM DUE APRIL 30TH AND HCSO AMENDMENT REMINDERS

As a follow-up to our February *Benefit Beat* article (**San Francisco's HCSO Annual Reporting Updates**), the 2014 Employer Annual Reporting Form and related instructions are now available on the Office of Labor Standards Enforcement (OLSE) **website**. This Form is to be completed by employers subject to San Francisco's Health Care Security Ordinance (HCSO) who are required to annually report their health care expenditures. A business is covered by the HCSO if it engages in business within the City and employs 20 or more employees per week. Nonprofit employers with fewer than 50 employees, and small employers with fewer than 20 employees, are exempt from the HCSO. The 2014 reporting form has been updated to reflect the requirements for excepted benefits health reimbursement arrangements (HRAs).

The deadline for submitting the Annual Reporting Form is April 30, 2015. Employers who fail to submit an annual report on time may be subject to penalties of \$500 for each quarter that the violation occurs.

In addition, for 2015, at least 60% of the required health care expenditures for each covered employee must be irrevocable. These irrevocable expenditures must be made within 30 days of the end of the calendar quarter. Expenditures for the first quarter of 2015 are due by April 30, 2015.

ABOUT THE AUTHOR: Karen R. McLeese is Vice President of Employee Benefit Regulatory Affairs for CBIZ Benefits & Insurance Services, Inc., a division of CBIZ, Inc. She serves as in-house counsel, with particular emphasis on monitoring and interpreting state and federal employee benefits law. Ms. McLeese is based in the CBIZ Leawood, Kansas office.

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April 3, 2015

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At issue

December 19, 2014



AN EMPLOYEE BENEFITS REGULATORY AFFAIRS BULLETIN • Karen R. Mcleese, Esq.

In This Edition:

- ❖ SAME-SEX MARRIAGE
- ❖ NEW PAID SICK LEAVE LAWS
- ❖ NEW FEDERAL LAWS
- ❖ PLAN AMENDMENT REMINDERS
- ❖ 2014 FORM 5500 AND FORM M-1
- ❖ 2015 BENEFIT PLAN LIMITS AND COST OF LIVING ADJUSTMENTS
- ❖ YEAR-END REMINDERS
- ❖ ANNUAL NOTICE REMINDERS

CBIZ BENEFITS &
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Looking back over 2014, the benefits plate has been full. The Affordable Care Act (ACA), of course, continues to garner a significant amount of time and attention. Other hot topics for the year include same-sex marriage and sick leave laws.

SAME-SEX MARRIAGE

Since the Supreme Court's decision in the *U. S. v. Windsor* on June 26, 2013, matters relating to same-sex marriage continue to develop. Many federal government agencies, including the Internal Revenue Service and Treasury Department, the Department of Labor, and the Social Security Administration, have issued guidance relating to the employee benefits provided to same-sex couples. In a nutshell, for federal tax and benefit purposes, a spouse is a spouse.

Generally, marriage is defined by state law and the status of state recognition of marriage continues to evolve. At the beginning of this year, there were approximately 18 states sanctioning same-sex marriage; the number has increased two-fold since then.

For employee benefit plan purposes, the required definition of spouse depends on the type of benefit. For example, retirement plans subject to ERISA require that the federal definition of spouse be used, i.e., any legal spouse qualifies as a spouse for retirement plan purposes. ERISA does not mandate a spouse definition for welfare benefit plan purposes; however, a state insurance law may require a particular definition. If the plan is self-funded and 'spouse' is to be limited to opposite-sex spouses, caution should be exercised to ensure no violation of any federal, state or local jurisdiction's equal protection laws. It is very important to work with legal counsel to ensure an appropriate definition.

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Unipres U.S.A. Employee Benefits Brokerage and Consulting Services RFP



Continued from page 1

Following are points for plan sponsors to consider when reviewing their benefit plans in light of the *Windsor* decision:

- Review all health and welfare plans, retirement plan documents and employment policies to identify how spouse is defined to ensure that all spouses are treated properly. For example:
 - ♦ Make certain that all spouses are offered COBRA continuation coverage and HIPAA special enrollment opportunities.
 - ♦ For pension and retirement plans subject to ERISA, the definition of spouse must clearly include any legal spouse.

As a general statement, if 'spouse' is defined as "legal spouse" in a plan document, then no change may be needed. If the definition of spouse is limited to the "state definition of spouse", or "opposite-sex spouse", or includes reference to the Defense of Marriage Act, then all plan documentation should be reviewed and modified if necessary.

- For all plan purposes, make certain the definition of spouse is consistent with the employer's intent. If intent is to use a limited definition of spouse, for example, "opposite-sex spouse", consult with legal counsel to avoid running afoul of discrimination rules.
- If the definition of spouse needs to be changed in benefit plan(s), communicate the change(s) to plan participants.
- Encourage all employees to update their marital status for payroll, employment policy and benefit purposes, including beneficiary designation forms
- Be aware that additional guidance will continue to be issued on these matters.
- Monitor developments in state income tax implications for same-sex spouses.

- Work with payroll vendors to make any necessary payroll and withholding changes.

NEW PAID SICK LEAVE LAWS

State and local governments continue the trend of requiring employers to provide paid sick leave to their employees working within their jurisdictions. In 2014 alone, paid sick leave laws have been put in place statewide and locally in California, Massachusetts and Connecticut, as well as in local jurisdictions in New Jersey, New York, Oregon, Washington, Pennsylvania and Wisconsin, among others. And, some states have passed laws prohibiting local jurisdictions from passing their own sick leave laws. Summaries of these laws have been tracked by our monthly CBIZ **Benefit Beat** newsletters.

Following is a summary of the most recently enacted paid sick leave laws in the Commonwealth of Massachusetts and the City of Oakland, California. Both of these new laws contain employer and employee notification requirements, as well as recordkeeping and enforcement provisions.

MASSACHUSETTS EARNED SICK LEAVE

Beginning July 1, 2015, public and private employers employing 11 or more employees in the Commonwealth of Massachusetts are required to provide a minimum of one hour of earned sick time for every 30 hours worked by an employee. The earned sick time can be used to care for an illness, injury or medical condition of the employee, or the employee's spouse, child, parent or parent of a spouse. In addition, leave may be taken to address the psychological, physical or legal effects of domestic violence. Employees can begin to use the accrued leave following their 90th day of employment. Up to 40 hours of accrued leave can be carried over year to year, but is capped at 40 hours per calendar year.

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CITY OF OAKLAND, CALIFORNIA – PAID SICK LEAVE

Beginning March 2, 2015, the *City of Oakland's Paid Sick Leave Ordinance* requires employers to provide one hour of paid sick leave for every 30 hours worked by the employee. Eligible employees are those who receive minimum wages and work at least two hours per week within the geographical boundary of the City of Oakland. Affected employers include any-sized commercial entity, including corporations and partnerships, whether domestic or foreign. Accrued sick leave may be carried over year to year but can be capped at 72 hours (40 hour accrual cap for small businesses employing less than 10 employees per week).

An employer providing its own paid sick leave program need not provide additional leave as long as its policy provides for the same or equivalent benefits as contained in the Ordinance. Employees can use the paid sick leave to attend to his/her own illness, injury, medical condition, or to provide care or assistance in the event of an illness, injury or medical condition of the employee's spouse or registered domestic partner, child, parent, legal guardian or ward, sibling, grandparent or grandchild.

NEXT STEPS FOR EMPLOYERS

While historically, sick leave has been within the purview of the employer, as described above, there are now many mandates that may befall the employer. To that end, it is prudent to take a moment to review your current employment policies, with particular emphasis on the paid time off and sick leave policies.

- Review, and as appropriate, create, modify or otherwise update sick leave policies with particular attention to any mandates that may be applicable. Pay particular attention to the 'who', 'what' and 'how much' questions:

- ♦ *Who is entitled to the leave?* The answer to this question may, in certain instances, surprise you. For example, in California, both private and public sector California employers must provide one hour of paid sick leave for every 30 hours their employees work. This benefit is available to full-time, part-time, seasonal, and in certain circumstances, temporary employees.
- ♦ *What reasons can leave be taken?* Note, it may be that leave could be taken for the employee's own illness but, in certain instances, also for the employee to care or tend to the illness of family members.
- ♦ *How much leave can be taken?* This can vary anywhere from 24 hours to 40 or more hours per year.
 - Documentation is also crucial. Some of the laws require employers to provide general information to their employees, such as in the form of a posting describing the benefits of the law. Some of the laws require regular reporting indicating available leave with each payroll. Further, the laws vary on the types of documentation the employer can request from employees. The general principal to bear in mind, though, is that consistency is important.
 - Accrual issues must also be considered. Some of the laws require leave accrual from year to year, which adds to the record keeping burden.
 - Finally, employers with employees in multiple jurisdictions may be in a position to have to coordinate many requirements. It may be that the employer would want to design its general sick leave policy to satisfy all of the requirements of the laws, rather than having different policies for employees working in different jurisdictions.



NEW FEDERAL LAWS

As we go to press, Congress passed a bill (**H.R. 5771**, "Tax Increase Prevention Act of 2014") that includes a broad array of tax extenders, among other provisions. The President is expected to sign this law.

Of particular note, this law reinstates parity in the exclusion for employer-provided mass transit and parking benefits of a qualified transportation program. For 2014 and 2015, the limit on commuter highway vehicle (van pooling) and transit pass is \$130; the qualified parking limit is \$250. For the 2014 tax year only, this law would increase the van pooling and transit pass limit to match the parking limit. In most situations, this will have little practical import since it is coming so late in the year.

On December 16, 2014, President Obama signed into law, the *Expatriate Health Coverage Clarification Act of 2014*, as part of the *Consolidated and Further Continuing Appropriations Act 2015* (**H.R. 83**). This law makes expatriate health plans exempt from certain ACA mandates applicable to group health plans. Look for an upcoming CBIZ *Health Reform Bulletin* containing a summary of this new law.

PLAN AMENDMENT REMINDERS

As laws change and guidance is issued throughout the year, plan sponsors should annually review and modify, if necessary, their benefit plans to ensure that all of their plans and programs comply with the ever-changing legal landscape.

- Employers sponsoring plans of any size should review the terms and conditions of their plans, especially the eligibility provisions to ensure that they accurately meet the employer's intent. Of particular note, the definition of spouse should be reviewed, as should employee eligibility. The deadline for adopting an amendment to a qualified pension or retirement plan to reflect changes

made by the *Windsor* decision must be accomplished by December 31, 2014.

- Review and amend the health plan and cafeteria plan eligibility provisions, if necessary. Be aware of two new status change events that were authorized for cafeteria plans specifically allowing a change in election due to a Marketplace open or special enrollment period and the other relating to a reduction in hours to less than 30 hours a week (see *New Cafeteria Plan Status Change Events* in the CBIZ Health Reform Bulletin, **IRS Pronouncements**, 10/6/14). If a cafeteria plan intends to permit these status change events, make certain the plan is amended by the end of the 2015 plan year. Also note, the cafeteria plan status changes are available to employer-sponsored cafeteria plans of any size.

2014 FORM 5500 AND FORM M-1

On December 15, 2014, advanced copies of the 2014 edition of the Form 5500 were released. This advanced version of the form is for informational purposes only and cannot be used to file the actual report. A few changes to note in the **Instructions** to the **2014 Form 5500** include:

- *Form 5500-Form M-1 Compliance Information*. Beginning with the 2013 Form 5500 report, all welfare benefit plans required to file a Form M-1 are required to file the Form 5500 regardless of the plan size or type of funding. The exemption from filing for small unfunded, fully insured, or combination unfunded/fully insured plans does not apply to plans required to file the Form M-1.

The Form M-1 compliance information had been required to be filed as an attachment to the 2013 Form 5500 now appears as Part III of the 2014 Form 5500. This section consists of 3 questions that require plans to affirm whether they are subject to the Form

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- M-1 reporting requirement, and if so, whether it is currently in compliance and further requests the receipt confirmation code for the 2014 Form M-1 annual report filing.
- The instructions include a caution to check the Filing Status for any error messages for purposes of determining whether a valid electronic signature may need to be corrected.
 - *Form 5500-Active Participants Information.* A new question, "Total number of active participants at the beginning of the plan year", has been added to Line 6a(1). In prior years, this line only requested the number of participants as of the end of the plan year.

In addition, the **2014 Form M-1 packet** has been released. The 2014 version of the form has been updated with only minor clarifications and without any substantive changes from the 2013 form. See the Form M-1 discussion under the *Year End Reminders*, below.

2015 BENEFIT PLAN LIMITS

In **Revenue Procedure 2014-61**, the IRS released 2015 inflationary or cost of living adjustments relating to several types of benefits, as follows.

SMALL BUSINESS TAX CREDIT. The small business tax credit (SBTC) phases out for eligible small employers when the number of its full-time employees (FTEs) exceeds 10; or, when the average annual wages for the FTEs exceeds \$25,800 in the 2015 tax year (the phase-out wage limit for 2014 was \$25,400). As a reminder, only qualified health plan coverage purchased through a SHOP marketplace is available for the SBTC, and only for a 2-consecutive year period.

FSA CAP. The amount that can be contributed to a health flexible spending account (FSA) through voluntary salary reductions in 2015 is increased to \$2,550, up from \$2,500 in 2014.

As a reminder, an FSA plan document and related plan material, such as a summary plan description or benefit statement, should be reviewed to determine whether the plan states a specific dollar amount or whether it allows for an automatic change resulting from future cost of living adjustments. For example, if an FSA plan specifies a \$2,500 cap, the plan and related documents would need to be amended to reflect the 2015 increase to \$2,550. In the alternative, the plan language could be amended to provide for an automatic change to this limit based on future cost of living adjustments when announced by the IRS. Of course, a plan is certainly permitted to limit salary reductions to an amount lower than the limit allowed by law.

QUALIFIED TRANSPORTATION FRINGE BENEFITS

For 2014 and 2015, the transportation expenses reimbursed by an employer and excludable from the employee's income under a qualified transportation program are:

	2014	2015
Commuter Highway Vehicle (van pooling) and Any Transit Pass	\$130*	\$130
Qualified Parking	\$250	\$250

**See "New Federal Laws" above. If signed into law, the Tax Increase Prevention Act of 2014 would increase the exclusion amount for the 2014 tax year to \$250. Unless another extension is enacted, this amount would then reduce to \$130 for the 2015 tax year.*

As a reminder, employees who use their bicycles for traveling between home and their place of employment are entitled to receive a reimbursement of up to \$20 per month (\$240 annually) for qualified bicycle expenses. This limit is not indexed nor tied to a cost of living adjustment.

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QUALIFIED ADOPTION ASSISTANCE REIMBURSEMENT PROGRAM (IRC §137)

An employer-provided adoption assistance program that meets the qualifications of IRC §137, allows participants to recover expenses relating to adoption, such as reasonable adoption fees, court costs, attorney's fees and traveling expenses. Below are the exclusion limits and AGI phase-out limits for 2014 and 2015:

	2014	2015
Exclusion Limit	\$13,190	\$13,400
AGI Phase-out Limits	Between \$197,880 and \$237,880	Between \$201,010 and \$241,040

HEALTH SAVINGS ACCOUNTS. Please note that the 2015 annual limits applicable to health savings accounts were released earlier this year (see *IRS issues 2015 HSA Limits and Other Cost-Sharing Matters*, *Benefit Beat*, 5/8/14).

ARCHER MEDICAL SAVINGS ACCOUNTS. The Archer MSA pilot project ended on December 31, 2007; therefore, no new MSAs could be established after that date. For existing MSAs, the annual deductible limit of a HDHP and out-of-pocket expense limit in an Archer medical savings account for 2015 are slightly increased:

	2015	
	SINGLE	FAMILY
HDHP ANNUAL DEDUCTIBLE	Between \$2,200 and \$3,300	Between \$4,450 and \$6,650
OUT-OF-POCKET EXPENSES	\$4,450	\$8,150

LONG-TERM CARE PREMIUMS. The IRS limitations relating to eligible long-term care premiums includible as medical care, as defined by IRC §213(d) are:

AGE AT END OF TAX YEAR	2015 PREMIUM LIMIT
<40	\$380
>40 but <50	\$710
>50 but <60	\$1,430
>60 but <70	\$3,800
>70	\$4,750

PREMIUM TAX CREDIT FOR COVERAGE UNDER A QUALIFIED HEALTH PLAN

Individuals who buy coverage through the marketplace and meet certain income criteria may be eligible for an advance credit payment wherein a portion of the premium is made directly to the insurer to cover the cost of coverage. The amount of an individual's premium tax credit is reduced by the amount of any advance credit payments made during the year. If the advance credit payment for a taxable year exceeds the premium tax credit limit, the individual would owe the excess as additional tax, subject to certain inflationary limits.

For tax years beginning in 2015, the limitation on tax imposed for excess advance credit payments is determined using the following table:

Household Income (as percent of poverty line)	Limitation amount for unmarried individuals (other than surviving spouse and head of household)	Limitation amount for all other taxpayers
Under 200%	\$300	\$600
Between 200% and 300%	\$750	\$1,500
Between 300% and 400%	\$1,250	\$2,500



2015 SOCIAL SECURITY COST-OF-LIVING ADJUSTMENT

The 2015 cost of living adjustment to the Social Security wage base is increased from \$117,000 to \$118,500. The Medicare tax is generally assessed on all wages. The combined tax rate remains at 7.65% - the Social Security portion is 6.2% on wages up to the applicable maximum taxable amount; the Medicare portion is 1.45% on all wages. Additional adjustments are included in the SSA's Fact Sheet: **2015 Social Security Cost-of-Living Adjustments**.

2015 PENSION AND RETIREMENT PLAN LIMITS

The 2015 plan limits, applicable to defined benefit and defined contribution plans, have been issued by the IRS (highlights below).

	2014	2015
DEFINED BENEFIT PLAN ANNUAL LIMIT	\$210,000	\$210,000
DEFINED CONTRIBUTION PLAN ANNUAL LIMIT	\$52,000	\$53,000
ELECTIVE DEFERRAL LIMIT FOR PURPOSES OF CASH OR DEFERRED ARRANGEMENTS (401(K) PLANS) AND TAX-SHELTERED ANNUITIES (403(B) PLANS)	\$17,500	\$18,000
MAXIMUM DEFERRAL LIMIT FOR 457 PLANS	\$17,500	\$18,000
>AGE 50 CATCH-UP CONTRIBUTION LIMIT TO 401(K), 403(B) OR 457(B) PLANS	\$5,500	\$6,000
MAXIMUM DEFERRAL LIMIT FOR SIMPLE PLANS	\$12,000	\$12,500
>AGE 50 CATCH-UP CONTRIBUTION LIMIT TO SIMPLE PLANS	\$2,500	\$3,000
MINIMUM COMPENSATION CONSIDERED IN DETERMINING ELIGIBILITY FOR A SEP	\$550	\$600

	2014	2015
THRESHOLD FOR HIGHLY COMPENSATED EMPLOYEE	\$115,000	\$120,000
KEY EMPLOYEE COMPENSATION LIMIT FOR TOP HEAVY PLAN PURPOSES	\$170,000	\$170,000
ANNUAL COMPENSATION LIMIT	\$260,000	\$265,000

Sources:

- IRS News Release
- IRS COLA Table (includes 2013-2015 limits)

2015 MEDICARE PARTS A AND B: PREMIUM AND DEDUCTIBLE RATES

The Centers for Medicare and Medicaid Services has released the applicable Medicare Part A and Part B premium and deductible rates for 2015.

2015	Part A
Premium	<input type="checkbox"/> No monthly Part A premium for those with 40+ quarters of Medicare-covered employment. <input type="checkbox"/> \$407 per month for people who are not otherwise eligible for premium-free hospital insurance and <30 quarters of Medicare-covered employment.
Deductible	<input type="checkbox"/> \$1,260 for first 60 days of inpatient care; <input type="checkbox"/> Additional \$315 per day for days 61 through 90; <input type="checkbox"/> Additional \$630 per day beyond the 90th day.

Part B Premium and Deductible

The standard Medicare Part B monthly premium (\$104.90) the Part B deductible (\$147) for 2015 remains unchanged from 2014.

Source: Medicare 2014 & 2015 costs at a glance

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❖ YEAR-END REMINDERS

❖ COBRA

If you employed 20 or more employees on at least 50 percent of the business days in 2014, and if you sponsor a group health plan, COBRA will be applicable to the plan in 2015, unless another exception applies.

❖ FORM W-2 REMINDERS

- ❑ **Aggregate Cost of Health Coverage**
Pursuant to the Affordable Care Act, the Form W-2 must include the aggregate cost of health coverage. For details about this mandatory reporting, see these CBIZ Health Reform Bulletins, **Reminder: Fast Approaching Form W-2 Reporting Requirement** and **Additional IRS Guidance on W-2 Reporting Requirement**. The aggregate cost information is to be reported in Box 12, using Code DD. As a reminder, employers exempt from electronic W-2 filing requirement, i.e., file fewer than 250 Form W-2s per year, remain exempt from reporting the aggregate cost of health coverage on the Form W-2 until future IRS guidance is issued.
- ❑ **Health Savings Accounts.** Employer contributions (including amounts employees elect to contribute via an IRC §125 cafeteria plan) to an HSA are reported in Box 12 - Code W.
- ❑ **Disability Income.** Any employee receiving sick pay benefits from a third party payer, such as an insurance company, must be provided a Form W-2 reflecting these amounts. The employer is responsible for providing the Form W-2 if the third party payer has notified the employer accordingly. The third party payer will provide the employer with the relevant information to be included on the Form W-2.

This information must be given to the employee by January 31, 2015, for benefits paid in 2014.

- ❑ **Group Term Life Insurance.** The cost of group term life insurance over \$50,000 (Table I rates only, as below) is reported in Boxes 1, 3 and 5. Also, show the amount in Box 12 - Code C.

TABLE I - UNIFORM PREMIUMS FOR \$1,000 OF GROUP TERM LIFE INSURANCE PROTECTION

5-year Age Bracket	Cost per \$1,000 of Protection for one Month
Under 25	\$0.05
25 to 29	.06
30 to 34	.08
35 to 39	.09
40 to 44	.10
45 to 49	.15
50 to 54	.23
55 to 59	.43
60 to 64	.66
65 to 69	1.27
70 and above	2.06

- ❑ **Dependent Care Assistance Programs.** Amounts reimbursed through a dependent care assistance program and amounts in excess of the maximum \$5,000 exclusion must be reported in Box 10 of the Form W-2. Amounts over the \$5,000 exclusion amounts must be included in Boxes 1, 3 and 5.
- ❑ **Additional Medicare Tax Withholding on High Earners.** Beginning with the 2013 tax year, the ACA imposes a 0.9% increase in the individual's Medicare tax rate, applicable on earnings in excess of \$200,000 in a calendar year.

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On the Form W-2, the employer would enter the total employee Medicare tax (including any Additional Medicare Tax) withheld on Medicare wages and tips in Box 6 ("Medicare tax withheld").

The employer is also required to report any individual's wages paid during the quarter exceeding the \$200,000 withholding threshold for the year, as well as the withholding liability for Additional Medicare Tax on those wages on the Form 941 series.

❖ FORM M-1 FOR MEWAS

If you sponsored a multiple employer welfare arrangement (MEWA) in 2014, make certain that you file the Form M-1 annual report by March 1, 2015.

As a reminder, all welfare benefit plans required to file a Form M-1 are required to file the Form 5500 regardless of the plan size or type of funding (see the *Form M-1 Compliance Information* discussion above).

In addition, MEWAs are subject to increased reporting and disclosure requirements relating to its financial condition and prior to beginning operations (see CBIZ Health Reform Bulletin, *Final Rules Relating to Multiple Employer Welfare Arrangements and Form M-1*, 3/8/13).

❖ MEDICARE PART D DISCLOSURE NOTICE TO CMS

The annual report, *Creditable Coverage Disclosure Form*, must be submitted to CMS describing whether the prescription drug coverage is creditable or not creditable. This filing must be accomplished electronically, and is due within 60 days of the commencement of the plan year. For details about this notice, see CMS *guidance and instructions*.

❖ ANNUAL NOTICE REMINDERS

Following are certain plan sponsor notification obligations that must be provided on an annual basis to plan participants.

❑ **Summary Annual Report**

Plans subject to Form 5500 reporting are required to provide a Summary Annual Report with specific information derived from Form 5500. The SAR is required to be provided to plan participants within 9 months after close of plan year.

❑ **Annual Women's Health and Cancer Rights Act (WHCRA) Notice**

This notice describes plan coverage of mastectomy, reconstructive surgery, prosthesis and treatment for physical complications. It can be provided as a separate written notification, or included in a plan's annual enrollment materials.

❑ **Medicaid/CHIP Premium Assistance Notice**

This notice describes availability of premium assistance from Medicaid or CHIP toward employer-sponsored coverage. It must be provided to all employees who reside in states offering premium assistance. The notice can be distributed as a separate written document, or included in a plan's annual enrollment materials.

❑ **Medicare Part D - Creditable Coverage Disclosure Notice**

This notice must be provided prior to Medicare's annual enrollment period (October 15th through Dec 7th). The notice must be provided to all Medicare-eligible individuals, including employees, former employees, and Medicare-eligible dependents, who are covered by the plan, or who become eligible to enroll in the plan.



□ **401(k) Plan Notices**

Participants in 401(k) plans must be furnished certain information relating to the plan, including annual and quarterly fee disclosures. A comparative investment chart must be included with the annual participant disclosure.

In addition, 401(k) plans are obligated to provide an annual notice of automatic enrollment and qualified default investment alternative (QDIA) notice, if applicable to the plan.

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Subject: 1) HHS Benefit and Payment Parameters for 2016; and 2) Preview of Cadillac Tax Implementation
Date: March 3, 2015

HHS BENEFIT AND PAYMENT PARAMETERS FOR 2016

On February 27, 2015, the Department of Health and Human Services (HHS) published [final rules](#), together with a [Fact Sheet](#), relating to Benefit and Payment Parameters for 2016. These uniform standards are intended for health insurers and the marketplace to ensure health coverage options for consumers, as well as provide planning guidance for insurers and employers. Following are certain highlights of these rules that may be of interest to employers.

Cost-sharing Requirements

The Affordable Care Act imposes certain cost-sharing restrictions, such as deductible and out-of-pocket limits on health plans. These annual out of pocket limits apply to insured plans offered through the marketplace, and insured and self-funded plans offered outside marketplace. Below are cost sharing limitations for 2014 through 2016:

	SELF-ONLY COVERAGE	OTHER THAN SELF-ONLY COVERAGE
2014	\$6,350	\$12,700
2015	\$6,600	\$13,200
2016	\$6,850	\$13,700

HHS Inflationary Percentage for 2016

The Affordable Care Act directs the Secretary of HHS to determine an annual premium adjustment percentage that is used to set the rate of increase for three parameters detailed in the law:

1. The maximum annual limitation on **cost sharing** (as above);
2. The required contribution percentage by individuals for minimum essential health coverage for purposes of determining eligibility for a **hardship exemption under the individual shared responsibility requirement** (IRC Section 5000A). One of these exemptions occurs if the cost to the individual to purchase coverage exceeds 8% (8.05% for 2015) of household earnings. In 2016, the required contribution percentage increases to 8.1% of household earnings for purposes of exemption from the individual shared responsibility requirement. This affordability standard is distinct from the employer's shared responsibility affordability standard and distinct from the affordability standard for being entitled to premium assistance.
3. The assessable payment amounts under **IRC Section 4980H(a)** (the \$2,000 excise tax penalty) and **IRC Section 4980H(b)** (the \$3,000 excise tax penalty) relating to **employer shared responsibility**. This percentage is calculated based on the projections of average per enrollee employer-sponsored insurance premiums from the National Health Expenditures Accounts that is calculated by the CMS Office of the Actuary. For 2015, the percentage is 4.213431463%. In 2016, the inflationary

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adjustment jumps to 8.316047520%. What this means is that the potential penalty assessment pursuant to IRC Section 4980H(a) would increase from \$2,080 in 2015 to \$2,160 in 2016. The IRC Section 4980H(b) penalty would increase from \$3,120 in 2015 to \$3,240 in 2016.

Transitional Reinsurance Fee. The goal of a transitional reinsurance program is to stabilize premiums in the individual market to offset the expenses of the eligible individuals enrolling in the marketplace. For 2014, the contribution rate was \$63 per covered life, \$44 per covered life in 2015; the amount for 2016 drops to \$27 per covered life.

Annual Open Enrollment Period. For the 2016 plan year, the annual open enrollment period for obtaining coverage through the marketplace or the Small Health Options Program (SHOP) will run from November 1, 2015 through January 31, 2016.

Federal Exchange User Fees. Insurers participating in the federal marketplace are subject to a user fee to help pay for the operational expenses of the marketplace. For 2014 and 2015, the user fee rate is 3.5% of the monthly premium charged by the insurer. Based on CMS' enrollment and premium projections, the 3.5% user fee in 2016 remains the same.

Minimum Value Standard

These regulations affirm the November, 2014 guidance that in order to meet the minimum value (MV) standard, a plan must not only meet 60% medical expense reimbursement standard but also a benefit package standard pursuant to which the plan must cover hospitalization and physician services. This provision generally applies immediately to all employer-sponsored group plans, except for plans entered into November 4, 2014 with plan years beginning by March 1, 2015.

Health Plan Design

While these regulations primarily relate to plans offered through the marketplace, the above-referenced provisions are important for employers to understand. In addition, the regulations address some issues, while directed at qualified health plans offered through the marketplace, that are important conceptually for employers to be aware of. The regulations intend to ensure that individuals have fair access to health services.

In particular the rules finalize several standards relating to the 10 essential health benefits (EHB) to be included in base benchmark plan, including habilitative services, coverage of pediatric services, and prescription drug coverage.

- In particular, the rules provide for a uniform definition of habilitative services for purposes of differentiating these types of services with rehabilitative services. Further, plans required to provide EHB cannot impose limits on coverage of habilitative services that are less favorable than those limits imposed on coverage of rehabilitative services.
- The regulations address drug formularies with regard to the "exception process" pursuant to which a covered individual or his/her physician can request approval for clinically appropriate drugs not covered by the plan. This process must also include an expedited review process based on exigent circumstances such as when the individual has a serious health condition that may seriously jeopardize his/her life, health, or ability to regain maximum function, or the individual is undergoing a current course of treatment using a non-formulary drug. In addition, if a plan denies the exception request for the non-formulary drug, the plan must have a process for the individual or

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his/her physician to request an independent review organization to review the exception request and the plan's denial of coverage.

The regulations caution against any plan design that expressly or implicitly discriminates against individuals by, for example, pushing high claimants into more expensive plans.

The regulations also address network and provider adequacy and reserve the right to provide future guidance on these matters. The take-away from all of this is that the government intends health plans to provide adequate services to individuals.

PREVIEW OF CADILLAC TAX IMPLEMENTATION

On February 23, 2015, the Internal Revenue Service issued the first in what it anticipates being a series of notices relating to the Affordable Care Act's IRC Section 4980I ("Cadillac" tax) provision. This guidance ([IRS Notice 2015-16](#)) is not law or regulation. What the government appears to be doing is issuing a series of notices to try to get a sense of how regulations should be written. After information is gathered, proposed regulations will be issued, presumably with a comment period, followed by final regulations. The IRS Notice addresses three subjects: applicable coverage, cost of coverage and annual statutory limits.

Beginning in 2018, the Cadillac tax imposes a 40% excise tax on the amount paid for high cost employer-sponsored health coverage that exceeds certain threshold limits. The type of coverage subject to the Cadillac tax would generally include all health coverage, whether insured or self-funded; but would generally not include excepted benefits. According to this Notice, applicable coverage would include employer contributions and salary contributions to flexible medical spending accounts, health savings accounts and medical savings accounts; but would not include after-tax contributions to such plans. Coverage would include on-site medical clinics; but the government is considering excluding on-site clinics that provide limited services such as de minimis medical care and occupational injury only.

As for the cost of coverage, it is anticipated that the COBRA methodology would be used to calculate the cost of coverage. The Notice (sort of) implies that the government might be finally looking at getting us rules on how to calculate COBRA premium using the past service and actuarial methods.

Finally, the Notice addresses the statutory limits. The annual statutory limit to which the Cadillac tax would be imposed is individual coverage exceeding \$10,200, or \$27,500 for family coverage. However, these numbers are only placeholders, as there would be various calculations that could increase these annual figures. Specifically, in 2018, the first year the tax would be imposed, a health cost adjustment percentage would be applied to the baseline dollar limit. In 2019 and beyond, a cost of living adjustment would be imposed.

Much could happen over the years before this provision takes effect. Again, this Notice is only an initial foray into how regulations might finally look.

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Exhibit J: CBIZ HR Solutions



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CBIZ HRSOLUTIONS

CBIZ HRSolutions is a comprehensive online HR Information Portal and Live Hotline, providing you with quick access to the resources, information, and answers you need...when you need them. CBIZ HRSolutions is your HR Lifeline that helps you manage day-to-day human resources issues, thereby freeing up your valuable time.

FEATURES

LIVE HOTLINE that gives you the support of a full team of Human Resources specialists who are prepared to provide you with the answers and practical advice you need. Every month you have access to four (4) hours of HR assistance – via phone or email – so that you can:

- Submit questions and receive thorough answers
- Address HR issues while they are small and manageable
- Have a safety net and extra support when needed
- Save time!

INFORMATION BY HR TOPIC
INFORMATION & RESOURCES LINKS



CBIZ SERVICES LINKS EMAIL FORM PHONE LINE



INFORMATION on crucial HR topics, including:

- Benefits & Compensation
- Compliance
- Leaves of Absence
- Performance & Productivity
- Equal Employment Opportunity
- Risk Management & Safety
- Recruiting, Selection & Staffing

The CBIZ HRSolutions team provides practical human resources consulting advice based upon our research and experience in the industry and with our clients. We do not provide legal or tax advice and encourage you to consult with your labor attorney or tax accountant.



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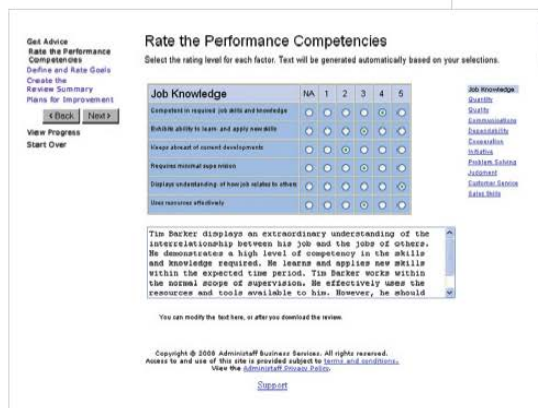
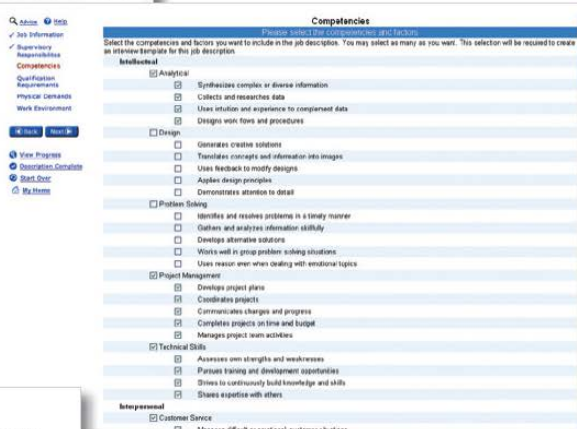


RESOURCES, MODEL DOCUMENTS AND FORMS that can be downloaded and used as a foundation from which to build custom documents for your organization, such as:

- HR Policy Handbook
- COBRA Forms
- Personnel Forms
- Promotion & Transfer Policies
- Handbook Receipt Form
- Health & Safety Policy
- Leave Policies & Forms

PRODUCTIVITY TOOLS, including:

- Custom Job Descriptions: a library of thousands of job descriptions and a tool to create your own custom descriptions within minutes
- Performance Now: a tool that facilitates preparation of employee reviews



NEWS AND ARTICLES on current trends, timely subjects, best practices, and more.

VISIT US at www.cbiz.com/hr solutions to view a brief demo.



Exhibit K: Wellbeing and Employee Engagement Strategies



EMPLOYEE ENGAGEMENT

Why it matters?

IMPACTS:

- FINANCIAL SUCCESS
- PRODUCTIVITY
- PROFITABILITY
- CUSTOMER RATINGS
- RETENTION
- RECRUITMENT
- HEALTH CARE COSTS
- SAFETY



> UNDERSTANDING YOUR EMPLOYEES AND THEIR EXPECTATIONS IS KEY TO ENGAGEMENT

> ENGAGED EMPLOYEES ARE MOST LIKELY TO DRIVE THE INNOVATION, GROWTH & REVENUE THAT COMPANIES NEED TO HAVE A **COMPETITIVE ADVANTAGE** IN TODAY'S MARKET.

DIRECT LINK TO YOUR BUSINESS OUTCOMES

MANAGERS ACCOUNT FOR AT LEAST 70% OF VARIANCE IN EMPLOYEE ENGAGEMENT SCORES



70% OF AMERICAN WORKERS ARE "NOT ENGAGED" OR "ACTIVELY DISENGAGED" AND ARE EMOTIONALLY DISCONNECTED

What is it?

- > PSYCHOLOGICAL STATE AND BEHAVIORAL OUTCOMES THAT LEAD TO BETTER PERFORMANCE
- > EMPLOYEES ARE ENTHUSIASTIC, COMMITTED TO WORK AND INVESTED IN ORGANIZATION
- > MAKING MEANINGFUL CONTRIBUTIONS

Ways to accelerate engagement

- 1 SELECT THE RIGHT MANAGERS AND EMPLOYEES AND IMPROVE COMMUNICATION
- 2 HELP EMPLOYEES IDENTIFY AND DEVELOP THEIR STRENGTHS
- 3 INTEGRATE WELLBEING INTO ORGANIZATION'S BELIEFS, BEHAVIORS AND SYSTEMS



WHEN EMPLOYEES BELIEVE THEIR EMPLOYER CARES ABOUT THEIR WELLBEING, THEY ARE

38%

MORE ENGAGED

WITH THESE FINDINGS IN MIND, WHAT WILL YOU DO TO DRIVE EMPLOYEE ENGAGEMENT?

GREG CALLAHAN | SR. CONSULTANT, DIRECTOR OF EMPLOYEE ENGAGEMENT STRATEGIES
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EMPLOYEE ENGAGEMENT

How can you help?



EXECUTE

THE STRATEGY

CULTIVATE

SELF LEADERS

DEVELOP

EFFECTIVE MANAGERS

BUILD

A CULTURE OF ENGAGEMENT

- EMPLOYEES ARE YOUR MOST VALUABLE RESOURCE
 HELP EMPLOYEES BRING STRENGTHS TO THE WORKPLACE
 - OPEN AND HONEST SENIOR LEADERSHIP
 - COMMUNICATE VALUE OF ENGAGEMENT
 - MAKE WORKPLACE AN ENJOYABLE AND STIMULATING ENVIRONMENT

- FOCUS ON EMPLOYEES' STRENGTHS
 - CLEARLY DEFINE TASKS AND PROVIDE ADEQUATE RESOURCES
 - CONNECT DAILY TO BUILD RELATIONSHIPS AND TRUST
 - SHARE INFORMATION AND PROVIDE INPUT
 - ENCOURAGE EMPLOYEES TO SHARE IDEAS AND OPINIONS
 - HELP BALANCE WORKLOAD EXPECTATIONS AND PERSONAL NEEDS
 - SUPPORT WELLBEING
 - LEAD BY EXAMPLE

- GIVE BACK TO THE ORGANIZATION
 - TAKE PERSONAL RESPONSIBILITY
 - MANAGE STRESS, OVERCOME BARRIERS/ ADVERSITY
 - PROVIDE PEER SUPPORT AND MAKE POSITIVE TEAM CONTRIBUTIONS
 - SELF LEADERS ARE RELIABLE, TRUSTWORTHY AND HAVE INTEGRITY

ENGAGED EMPLOYEES ARE MOST LIKELY TO DRIVE THE INNOVATION, GROWTH & REVENUE THAT COMPANIES NEED TO HAVE A COMPETITIVE ADVANTAGE IN TODAY'S MARKET.

MORE WAYS TO IMPROVE EMPLOYEE ENGAGEMENT

- INVEST IN WELLBEING (CAREER, SOCIAL, PHYSICAL, FINANCIAL AND COMMUNITY)
- HELP EMPLOYEES KNOW AND ACCESS STRENGTHS
- EFFECTIVE TEAM BUILDING UTILIZING COMPLIMENTARY STRENGTHS
- CONSIDER EMPLOYEE'S FEEDBACK AND TAKE ACTION BASED ON FINDINGS

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RECENT STUDY ON EMPLOYERS WHO VALUE EMPLOYEE ENGAGEMENT

20% More revenue per employee

16%
Higher market value

Say medical costs are lower than competitors

3.5x

4.5x
More likely reported lower long-term disability costs

More likely to report lower sick leave costs

5x

Higher shareholder returns

57%



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ABC COMPANY

Health and Productivity Balanced Scorecard

2009-2013

	Measure	Goal/Benchmark	2009-2013					
			2009	2010	2011	2012	2013	
Population	Total Employee (as of December)		1,207	1,296	1447	1549	1742	
	Total Employees Enrolled in Medical		1,047	1,053	1,159	1,231	1,261	
	Total Members Enrolled in Medical		2,156	2,189	2,462	2,600	2,721	
	Number of Employees Enrolled in CDHP		408	436	454	478	474	
	Percentage of Female Employees?		56.2%	56.2%	56%	57.7%	57.8%	
	Average Enrolled Employee Age		44.5	44.5	44.3	44.3	44.3	
	Average Member Age		34.3	34.0	33.9	34.1	34.3	
Finance	Claims/Financial			2009	2010	2011	2012	2013
	PEPY Total Plan Cost		\$9,947	\$10,236	\$10,374	\$10,623	\$11,197	
	PEPY Claims Cost		\$8,440	\$7,551	\$8,154	\$9,353	\$10,943	
	Number of Claims over \$100,000		7/5	6 / \$896,091	4 / \$849,829	13/\$2,243,329	15/\$2,625,542	
	Worker's Compensation - PEPY Cost		N/A	291	291	300		
	FMLA - New Leave Requests		97	91	100	112		
	FMLA - Average Leave Duration (running 12 months average)		5.1 Weeks	5.9 Weeks	5.7 Weeks	6.0 Weeks		
	Disability - New Claims Number / Net Monthly Benefit (LTD)		3 / \$1667	1 / \$6500	2 / \$7120	2/\$20,000		
	Disability - Average Leave Duration (running 12 months LTD)		2 < 2 Years	ongoing	ongoing	1 ongoing		
	Absence Due to Illness		Unavailable	Unavailable	Unavailable	Unavailable		
Risk Status			2009	2010	2011	2012	2013	
	Thriving							
	Struggling							
	Suffering							
Clinical	Measure			2009	2010	2011	2012	2013
	HRA Participation Total (employees)		49	24	359	474	478	
	Biometric Participation Total (employees)		292		430	585	588	
	Risk Stratification (Score)							
	Average Wellness Score vs HMRC Average						86.6/86.5	
	Low				71.3%	72.2%	67.4%	
	Moderate				17.0%	19.2%	23.0%	
	High				11.7%	8.6%	9.6%	
	Average Number of Risks				2	2		
	Most Prevalent Population Risks Biometric Data:							
	Body Mass Index						64%	
	Stress (HRA Self-Reported)						22%	
	Blood Pressure						61%	
	Disease Prevalence - Top Diagnosis Groups Based on Claimants per 1,000	Peer						
	Other Conditions	693		630	629	649	735	
	Respiratory System	395		358	360	382	347	
	Infectious and Parasitic Disease	415				359	372	
Nervous System and Sense Organs	360		335	335	323	342		
Genitourinary System	338		329	333	333	316		
Measure			2009	2010	2011	2012	2013	
Common Diagnosis Categories - claimants per 1,000	Peer							
Diabetes	51		53	46	49	51		
Hypertension	71		79	82	72	78		
Intervertebral Disc Disorders	104		84	77	80	91		
Asthma	34		33	32	30	30		
Preventive Screening/Exam Compliance	Norm							
Wellness Exams	35%		45%	45%	46%	48%		
Cholesterol	38%		36%	35%	37%	36%		
Colon Cancer Screenings	13%		13%	17%	20%	19%		
Prostate Cancer Screenings	15%		18%	18%	18%	n/a		
Cervical Cancer Screenings	33%		34%	34%	37%	36%		
Breast Cancer Screenings	38%		39%	43%	48%	49%		
Wellness Program Encounters								
Total Encounters		91 / \$6447	107 / \$8264	114 / \$7997	159 / \$10,025	155 / \$9,828		
Smoking		5 / \$424	10 / \$1008	10 / \$631	3 / \$127	0 / \$0		
Fitness Center Subsidy		81 / \$5886	93 / \$7046	98 / \$7036	125 / \$8,607	123 / \$8,388		
Weight Management		5 / \$137	4 / \$210	6 / \$330	31 / \$1,290	32 / \$1,440		
UHC Programs (list)								
Culture	Measure			2009	2010	2011	2012	2013





KANSAS CITY AREA
TRANSPORTATION AUTHORITY

CASE STUDY

Using Technology to Increase Engagement

SITUATION

600 EMPLOYEES ON THE HEALTH PLAN **45** YRS IN THE TRANSPORTATION INDUSTRY

Through their partnership with CBIZ and strong leadership commitment, the Kansas City Area Transportation Authority (KCATA) has long supported employee wellbeing. Despite having robust wellbeing resources, their unique industry posed communication challenges that limited their ability to obtain optimal engagement. The KCATA recognized the need to expand their program and go beyond what their current infrastructure provided. With the help of CBIZ, they devised a successful communication strategy that incorporated technology and key wellness partners to expand the reach of the current wellbeing program.

STRATEGIES

- 1** 1:1 ENROLLMENT COUNSELING
Individual consultation with Explain My Benefits supported employees in making informed health care and benefit decisions.
- 2** WELLNESS PORTAL IMPLEMENTATION
HumanaVitality Wellness Portal offers opportunities to earn rewards for making positive lifestyle choices both at home and at work. Portal integration with activity devices connects employees across the organization.
- 3** ACTIVITY DEVICE INCENTIVE
By engaging in enrollment counseling and utilizing the wellness portal, employees were given a free Garmin VivoFit 2. This incentive not only piqued employees interest, but provided opportunities for continuous engagement in the overall wellbeing program.

RESULTS



HIGHEST PARTICIPATION OF ANY WELLBEING INITIATIVE TO DATE



RECOGNIZED AS HEALTHIEST EMPLOYER BY THE KANSAS CITY BUSINESS JOURNAL



INCREASED MORALE AND APPRECIATION FOR LEADERSHIP'S COMMITMENT TO EMPLOYEE WELLBEING



EXPANDED SOCIAL CONNECTEDNESS WITH PEERS THROUGH USE OF THE WELLNESS PORTAL AND ACTIVITY DEVICE

"SUCCESS IS MEASURED IN A LOT OF WAYS, BUT WHEN I CONSISTENTLY HEAR EMPLOYEES ASK EACH OTHER 'HOW MANY STEPS HAVE YOU TAKEN TODAY?' I KNOW WE ARE MAKING AN IMPACT." - JIM FIGHT, CHIEF HR OFFICER

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E.E. NEWCOMER ENTERPRISES



Success story

E.E. Newcomer Enterprises' decision to improve the well-being of employees and their families while controlling company health care spending may not appear unique. However, a dynamic senior management commitment enabled this company to implement a wellness strategy that not only increased employee engagement, but helped 50% of these engaged employees shift to a lower health risk category.

Senior leaders take on the challenge

Headquartered in Olathe, Kansas, with business locations around the country, E.E. Newcomer began its relationship with Cigna in 2012, with a senior management team and broker who were already fully engaged in bringing better health to some 638 employees and their dependents. As a company specializing in the manufacturing, sales and installation of overhead garage doors, the majority of E.E. Newcomer employees work in the field versus a corporate office, so getting their attention is a challenge.

What made this less of a challenge for the Cigna team was the company's leadership and their visible commitment to wellness. Led by the CEO, the senior management actively promoted programs as a leadership team and also got personally involved as individuals.

Population facts

- › Approximately 640 employees/1,400 customers
- › 52.8% male/47.2% female
- › 21 locations spread across 10 states
- › Individuals with chronic health conditions drive 65.2% of the cost

Actions

- › Demonstrated commitment by senior management who led by example
- › Reinforced concept of health care consumerism through a consumer-driven plan design
- › Significant premium reduction incentives tied to wellness visits, health assessments and working with a health coach
- › Wellness strategy focused on setting and meeting goals
- › Invested in wellness resources such as an onsite wellness coordinator and onsite classes

Outcomes

- › Non-catastrophic medical costs were 11.2%* lower than the base period.
- › 76% of the population identified for health coaching engaged in at least two coaching calls
- › 83.4% of individuals identified for lifestyle management coaching were considered engaged with a coach
- › 50% risk shift in high and medium risk population
- › 67% of employees completed the health assessment in both periods; 65% with biometrics
- › Cigna's suite of health advocacy programs helped EE Newcomer avoid an estimated \$912,100 in health care costs over the past two years.

*catastrophic claims excluded

Together, all the way.™



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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CBIZ

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E.E. Newcomer's wellness strategy is committed to creating a framework of tools and a culture that allow employees the opportunity to live a healthy lifestyle. Their wellness strategy includes:

- › Implementing a consumer-driven plan to help all health plan members better understand and manage their health and health spending.
- › Providing rewards and incentives for employees and spouses who choose to participate in health improvement opportunities.
- › Investing in tools and programs that would enable all members on the health plan to be more successful at managing their health.

The company's CEO drafted a letter to employees explaining why E.E. Newcomer was investing in the wellness strategy, and invited employees to take part in living a healthy lifestyle by completing the steps needed to earn an incentive. He also met with managers to reinforce the importance of this strategy to the company's overall mission, and went on to lead by example, participating in the Kansas City division's Corporate Challenge.

Commitment to wellness goes company-wide

During Cigna's first year with E.E. Newcomer, the team focused on a seamless integration of Cigna's resources into their wellness strategy. A key component in year two was a significant premium differential incentive offered to employees and their spouses for having a well visit, including a physician verification form with biometric information and completing a health assessment with biometric information entered into the assessment. To receive the incentive, employees also had to work with a Cigna health coach to achieve a goal.

Today, from the tried and true to the innovative and new, there are many facets to E.E. Newcomer's wellness strategy:

- › **A communication program**, created in partnership with Cigna and their broker, included custom home mailings, leadership letters, newsletter articles, emails, and phone calls. All geared to keeping employees informed and engaged in their personal well-being.

- › **The onsite wellness coordinator** educates employees on the importance of annual preventive care visits, encourages participation and measures improvement. After reviewing a decline in flu shot compliance, the wellness coordinator was instrumental in bringing onsite flu shots to office locations and offering the service at no charge to employees.
- › **Vending machines** are now stocked with healthy foods and beverages, and cold vending machines now offer healthy options like salads, yogurt and hard-boiled eggs.
- › **Healthcare consumerism education**, the first year the consumer-driven plan and incentive program was rolled out, employees and spouses were able to have a 1:1 session with a benefits counselor on company time to ensure every employee had an opportunity to ask questions about the program.
- › **Onsite wellness activities** included lunch and learns, healthy cooking demonstrations, health challenges, corporate challenge and an annual health fair.

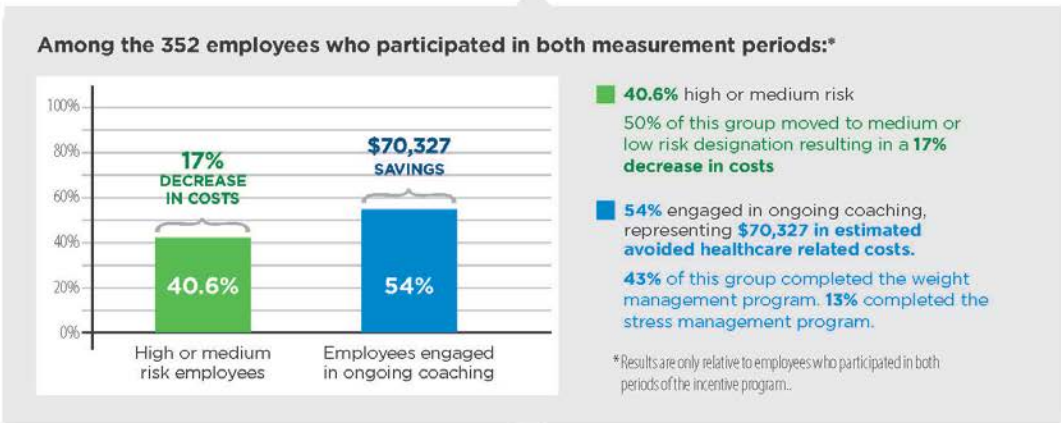
50 percent of ongoing engaged employees shifted from high to medium risk or medium to low risk.



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BIG INCENTIVE BRINGS BIG RESULTS

So what did this company-wide wellness commitment do for E.E. Newcomer? Employees and spouses took advantage of the premium-reduction incentive and completed a health assessment (including submitting their biometric information). Employees also were required to achieve a goal with a health coach.



Comparison with the company's entire population

Individuals that achieved the risk shift demonstrated higher medication adherence and were better overall consumers of the health plan compared to the total E.E. Newcomer population enrolled in the Cigna health plan.

	PARTICIPANTS THAT ACHIEVED RISK SHIFT	TOTAL COMPANY'S POPULATION
Preventive utilization	82.3%	60.6%
Medication adherence	85%	80%
Emergency room use	25.5% lower	
Inpatient admissions	61% lower	

Strong results are just the beginning

E.E. Newcomer attributes a great deal of its success to teamwork with their broker and Cigna. The team continues to work closely with formal well-being strategy development, as well as ongoing biweekly project timeline meetings to help ensure the strategy is being executed effectively.

Among E.E. Newcomer's ongoing plans, they have implemented a biometric outcome approach, and would like to see greater spousal engagement in the program. The goal will be to continue providing resources and rewards to keep the healthy population healthy, and improve the health of others. Ultimately, creating a work environment that supports a culture of well-being.



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Exhibit L: Sample Benchmarking Reports



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CBIZ Benefits & Insurance Services, Inc. has established an extensive library of national survey resources which are shared amongst the various CBIZ Benefits & Insurance Services' national offices. This library includes:

Health and/or General Benefit Benchmarking Sources

<p>Annual HSA Census Survey Published by Americas Health Insurance Plan (AHIP)</p> <p>BCBS Medical Cost Reference Guide, 2008 Edition Published by Blue Cross/Blue Shield</p> <p>Employee Benefits in the United States (March, 2008) Published by Bureau of Labor Statistics</p> <p>National Compensation Survey: Employee Benefits in the United States (March 2008) Published by Bureau of Labor Statistics</p> <p>2008 Employee Benefits Study Published by U.S. Chamber of Commerce</p> <p>Employee Benefits Market Survey Published by Council of Insurance Agents and Brokers</p> <p>The Future of Employment-Based Health Benefits: Have Employers Reached a Tipping Point? (December, 2007) Published by Employee Benefit Research Institute</p> <p>2009 HMO/PPO Directory Published by Grey House Publishing</p> <p>2008 Health Care Cost Survey Published by Hewitt Associates</p>	<p>Benefits & Behavior: Spotlight on Group Medical Published by Guardian Life Insurance</p> <p>Employer Health Benefit Survey, 2008 Edition Published by Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET)</p> <p>National Survey of Employer-sponsored Health Plans, 2008 Published by Mercer</p> <p>Milliman Medical Index 2008 Published by Milliman</p> <p>Behind the numbers: Medical cost trends For 2009 Published by PricewaterhouseCoopers</p> <p>2009 Health Plan Cost Trend Survey Published by Sibson Consulting, a division of Segal Company</p> <p>2008 SHRM Benefits Survey Report Published by Society for Human Resource Management</p> <p>2009 Health Care Cost Survey Published by TowersPerrin</p>
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Pension and /or Retirement Surveys

<p>Annual 401k Benchmarking Survey (2008 edition) Published by Deloitte Consulting LLP, the International Foundation and the International Society for Certified Employee Benefits Specialists</p> <p>Retirement Confidence Survey (RCS) Published by Employee Benefit Research Institute</p> <p>PSCA's 51st Annual Survey of Profit Sharing and 401(k) Plans Published by Profit Sharing/401k Council of America</p>
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