

Request for Qualifications Group Benefit Broker/Consultants



Joplin School District
February 19, 2018

CBIZ Employee Services Organization
A Division of CBIZ Benefits & Insurance Services, Inc.

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Co-Team Lead and Senior Consultant
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SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all terms and conditions as set forth in Joplin School District's RFQ for Benefit Broker/Consulting services.

My signature also certifies that the accompanying proposal is not the result of, or affected by, any unlawful act of collusion with another person or company engaged in the same line of business commerce, or any act of fraud.

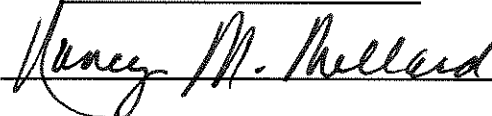
My signature also certifies that this firm has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to the Joplin School District, and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to the District, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with the Joplin School District.

I hereby certify that I am authorized to sign as a Representative for the Firm:

Complete Legal Name of Firm: CBIZ Benefits & Insurance Services, Inc.

Address: 700 W 47th Street, Suite 1100
Kansas City, MO 64112

Federal I.D. #: 31-1582098

Signature: 

Name (print/type): Nancy M. Mellard

Title: Executive Vice President

Telephone (816) 945 - 5500 Fax: (816) 897 - 1280

Date: 2/14/2018

To receive consideration for award, this signature sheet MUST be returned as part of your response to this Request For Qualifications.

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LETTER OF TRANSMITTAL

February 19, 2018

Ashley Jones
Director of Human Resources
Joplin School District
310 W. 8th Street
Joplin, MO 64801

Re: Joplin School District, Request for Qualifications Group Benefit Broker/ Consultant

Dear Ms. Jones and Members of the Evaluation Committee,

Thank you for inviting CBIZ to offer Joplin School District (the District) a proposal for benefits consulting services. We are confident you will find that our unwavering commitment to all of our services align with the District's needs and core values.

This response has been prepared to demonstrate our commitment to serving organizations like the District, as well as our in-depth resources, experience providing the services requested, and approach to employee benefits consulting and staff retention. Focusing specifically on matters that affect the education sector, you will receive an unmatched combination of expertise, understanding, solid advice, and the special attention you deserve.

Our experience and passionate approach to being the best professionals in our trade, combined with an unyielding commitment to serving our clients, creates a more powerful team. Our team has the experience to understand all plan and communication nuances to make such an implementation successful.

When you engage CBIZ, you can count on:

- A collaborative and strategic relationship with a team that understands client service;
- A local team of education focused and experienced benefit professionals;
- A national team of experts to support our local professionals;
- An innovative and creative benefits strategy and action plan; and
- A solid combination of robust services and reasonable fees.

At CBIZ, we are absolutely committed to excellence, innovation and superior service. We put our talent and expertise to work for you and your employees.

We understand that one size does not fit all. As part of our consultative service approach, CBIZ can provide you a multitude of options for ensuring that the District is offered the best benefit services and products available, while maintaining fiscal responsibility.



Request for Qualifications | Joplin School District

Thank you again for considering CBIZ. We will ask questions, learn your business, and earn your trust. We will set expectations and develop a multi-year strategy in line with the District's current and future objectives.

We would be honored to serve the District with employee benefits consultation services. If you have any questions or need clarification as you are reviewing, please do not hesitate to give us a call.

Sincerely,



Matt Krull
Co - Team Lead and Senior Benefit Consultant



Caitlin Waters
Co - Team Lead and Benefit Consultant



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GENERAL SCOPE OF SERVICES

Joplin's Scope of Services	CBIZ Ability to Perform
1. Reports of market conditions providing industry and geographical comparative data for the purpose of attracting and retaining quality employees.	✓
2. Analysis of potential insurers.	✓
3. Marketing reports.	✓
4. Assistance in resolving disputes with insurers;	✓
5. Assisting the District with employee benefit technical advice and expertise.	✓
6. Assist with the review and evaluation of the District's benefit components, specifically in the area of design, funding, cost and administration. This will include a review of current and proposed plan features and rate structures.	✓
7. Propose recommendations to include comparative alternatives, plan design changes, new products and compliance with all appropriate tax codes, as well as state and federal regulations governing benefit plans.	✓
8. Perform statistical analysis and claim reserve studies on the claims and utilization of the benefit plans, and make recommendations for appropriate rate structures based on this analysis.	✓
9. Review current legal plan documents for benefit plans and advise on recommended changes.	✓
10. Provide projections of benefit trends for the next five years and identify areas of potential concern.	✓
11. Conduct renewal negotiations with the carrier(s) utilized and prepare a complete and detailed accounting of all claim costs, provider access fees, administrative expenses, risk charges, investment performances, etc.	✓
12. Conduct an annual plan review to determine success, areas of focus, as well as reduction of liability.	✓
13. Advice on how to be a leader of healthcare and wellness initiatives, including web-site information & newsletters, health fair participation and incentive sponsorship, quarterly employee benefit committee meetings, carrier workshops, etc.	✓
14. Provide direction with predictive modeling tools, benefit summaries and benefit calculators.	✓



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GENERAL QUESTIONS

1. Provide a brief history of your firm, including office location that is being proposed to service this District. A regional office with significant executive authority is considered extremely important to the District.

Firm History



CBIZ is a leading provider of business services in the United States and employs more than 4,000 professionals in more than 100 locations, serving more than 90,000 clients nationwide.

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 are located in Cleveland, Ohio and our **benefits consulting practice is headquartered in Kansas City, Missouri.**

As a local specialist with national resources, the depth of which is unparalleled, your engagement team demonstrates the knowledge, experience and expertise necessary to exceed your expectations. Our consultative process will yield a thorough understanding of your organization and include appropriate recommendations, a documented strategic plan and measurable outcomes. The placement or “brokering” of insurance is the easy part of any engagement. Our value comes from knowing your current program and using that knowledge to execute the right cost containment tools to achieve the best possible outcomes.

National Presence

CBIZ is:

- No. 1 Benefits Specialists in the U.S. as ranked by Business Insurance 2016
- No. 1 America’s Best Employers in Consulting and Accounting as ranked by Forbes Magazine in 2016
- 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.



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Regional Presence

Our regional presence includes over 500 associates in offices located in Kansas City, Overland Park, St. Joseph and St. Louis.



This engagement will be led by team members from our Kansas City office. CBIZ Kansas City Employee Benefits practice was founded as Robert D. O'Byrne & Associates over 50 years ago and has long been recognized as one of the top employee benefits consulting firms in the region.

We have a specialized Benefits Consulting practice, serving many school districts in the Greater Kansas City area, in addition to many in the surrounding cities and counties. We are routinely recognized by vendors involved in our local market not only as one of the top firms with whom they do business, but also for our competence in representing our clients. We rely on this reputation and our strength to ensure optimal outcomes and long term client satisfaction.

Our regional group is led by Polly Thomas. Polly serves as the President of CBIZ Benefits & Insurance Services of Kansas City and not only has significant executive authority, but also serves as an employee benefits consultant and assisted in developing the National Onsite Clinic Consulting practice.

2. Describe the frequency in which you will review current benefits offered regarding plan design, funding and cost compared to the benefits offered to similar employers in the geographic area. This includes meetings with the Director of Human Resources, Benefits Coordinator & District Health Plan Advisory Committee.

CBIZ frequently reviews current benefits, funding, and cost, and will interact with the District based on the scope of your needs. On a monthly basis, CBIZ can conduct monthly service meetings, employee benefits committee meetings, send financial performance overviews, and ACA Checkpoint calls.

Additionally, we perform renewal projections nearly 12 months in advance and discuss plan changes that may be beneficial. We also share frequently updated benchmarking from school districts in Kansas and Missouri with which to compare the District's competitive position. For more details of a sample strategic plan, please visit Exhibit D.



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3. Will the District be assigned ONE designated customer service representative that will assist either the District or a plan member on a claim dispute or a billing issue? Submit a biography of customer service representative(s) expected to be assigned.

The designated local customer service representative assigned to Joplin School District will be Account Manager **Molly Harrison**. Molly is responsible for day-to-day service, open enrollment, managing the marketing process, employee communications and general administrative issues. Molly works closely with Senior Benefits Consultant, Matt Krull, on numerous client engagements. This high-touch client service team will work with the District and bring valued experience from working on a number of different public entity accounts. These team members have complementary skills, which benefit their clients. They understand and will exceed the District's expectations, while working closely with you to provide exceptional service.

In addition, **Jennifer McKee**, a Senior Account Executive who has been with CBIZ for over 25 years, is another team member who is accessible to the District. Together, the team would conduct employee benefits committee meetings with the District to consistently plan for upcoming activities. Your CBIZ team will work to prioritize projects and to bring in additional resources, as necessary. Working jointly, there is always assistance available to the District.

To see a full list and biographies of assigned service team members and consultants, please see Exhibit B.

4. How often do you anticipate providing claims analysis information to the management of the District? Are the reports strictly from the insurer? What service do you provide, as a broker, in regards to loss evaluations?

Claims Analysis

We provide monthly claims dashboards to the management team and benefits committee. We also maintain a monthly financial overview, so that the District can see where the plan is performing against YTD funding. Each of these is a CBIZ reporting tool developed by a certified actuary – we don't merely forward carrier reporting. Using health risk assessment data, CBIZ provides an annual comprehensive health risk analysis, evaluating the effectiveness of any wellbeing initiatives in place. Please see Exhibit G for more details regarding wellbeing and employee engagement strategies.

Claims Processing, Review and Utilization

A major challenge for many of our clients is the management of data. Rising health care costs are one of their top concerns. As advisors to many clients, we know the importance of keeping the decision makers and committees informed of the plan financials.



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As such, CBIZ provides periodic (monthly, quarterly, semi-annual) including:

Monthly Reports/Meetings:

- NavMD (subject to agreement)
- Dashboard Report
- Monthly financial overview and funding comparison
- General Plan Performance/Expense Overview
- Large Claim Reports

Quarterly Reports/Meetings Monthly Report Summary:

- Utilization Data Analysis
- Performance Standard Review – Vendor performance guarantees, if available

Annual Reports/Meetings Quarterly Summary:

- Financial Comparison
- Benchmark Review/Analysis (See Exhibit C for sample tools and reports)
- Performance Standard Review/Stewardship Report
- Wellbeing Scorecard
- Strategic Review
- Generational Analysis

Benchmarking and Benefit Plan Analysis

Our proposal includes tools with retroactive analysis and predictive modeling capabilities. Using these tools allows us to coordinate worker's compensation, medical claims, biometric screenings and disability data. This enables the District to make the most informed benefits decisions, effectively measure return on investment, and monitor plan budget in real-time.

CBIZ subscribes to numerous benchmarking resources that we make available to our clients. However, the most informative benchmarking we can provide to our school district clients is data from our other similar school district clients in the area. We can sort by group size, carrier, state in which they're located, and by features of their wellness initiatives.

The key differentiator with CBIZ' approach is how we use the analysis to help our clients make meaningful benefits modifications. CBIZ's strategic process will utilize analytic tools which measure controllable costs as identified in drill-down reports. Once trends are identified, actionable plans will be put in place to engage employees and potential plan designs to improve high cost drivers will be presented. The key to success is having all stakeholders involved in the development and execution of the programs. Stakeholders should include all vendors (Medical, Rx, Disability, Vision, and Dental) and community resources.



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NavMD

CBIZ clients are given access to the priority forecasting tool, NavMD. NavMD Analytics is a predictive healthcare 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 wellness. NavMD Analytics consists of three main components as outlined on the following page.

NavMD injects intelligence into the equation with best of breed episodic groupings. Unlike other systems that simply combine medical and pharmacy claims to give total costs, NavMD intelligently groups different types of claims and associates them to underlying medical conditions exposing the source of claims related activity.

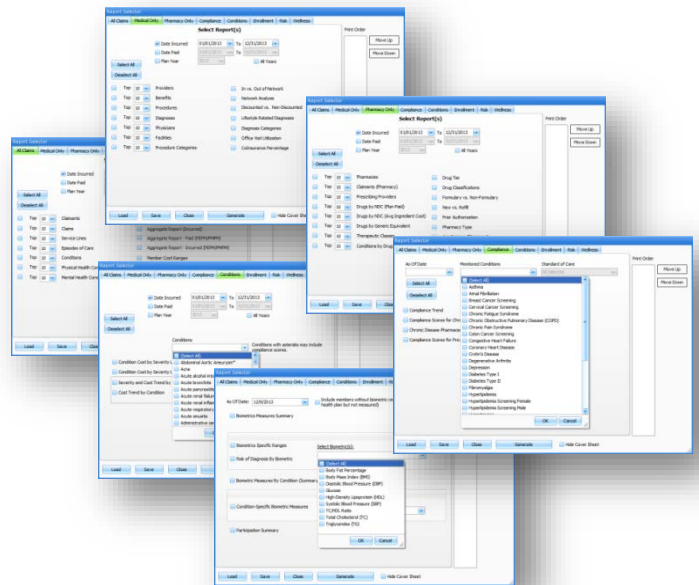
NavMD also provides standard of care measurements and best practice guidelines for chronic conditions to profile risk at the total population level, single member level, or anywhere in between.

Standards of care also include age appropriate preventive measures such as mammograms, colonoscopies and other preventative care procedures. The platform also uses the latest in classification methodologies to generate metadata attributes such as AMA for CPT-4, HCPCS, ICD-9 and ICD-10, FDA for NDC, CMS for Place of Service and Provider Specialty codes, BETOS for classifications of CPT-4s, and Symmetry ETG for a 3-tier classification of NDCs for complete and up-to-date viewpoints. These features allow our customers to see the whole truth about the prevalence and cost of real world chronic conditions impacting their populations, and in turn, their bottom line.

Components of NavMD

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

This service is available at no additional cost and allows the District to coalesce data regardless of carrier history. Please refer to Exhibit H for NavMD Dashboard Samples.



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5. How and when will your firm be analyzing the existing plan designs and identify insurer and funding alternatives for reducing annual costs to both the District and the employee? Describe the negotiation/bid process used.

Our engagement begins with an extensive new client onboarding process. CBIZ brings many resources and strong technical expertise, but to ensure our partnership is meaningful and successful we must first take the time to get to know the District – from your culture to the nuts and bolts of your benefit plan design. By investing the time to do this at the beginning of our relationship, your CBIZ team will be able to provide the most impactful strategic plan advice.

Our onboarding process includes:

- 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;
- Employee self-service objectives;
- Complete review of all contracts and plan documents;
- Eligibility and compliance review (Please see Exhibit I for more details about regulatory affairs and compliance);
- Reviewing health plan analytics including cost drivers and utilization patterns;
- Review current wellbeing programs with the CBIZ Wellbeing Solutions Assessment;
- Understanding and discussing key responsibilities within your organization, as well as current strengths and challenges with administering the current benefit programs;
- Establish bi-weekly client calls;
- Scheduling strategic planning meetings.

The CBIZ team will gather the documents and materials necessary to complete the onboarding activities and will schedule time with the District's team to further understand your corporate culture and priorities.



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Transition Plan

We will provide ongoing updates on our progress and at the completion of the onboarding phase be ready to guide the District through a strategic benefit planning process. Please see below for a sample transition plan.



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Sample Timeline

The timeline below illustrates an annual action plan for the District based upon a January 1, 2018 renewal date. This timeline is flexible to meet the timing needs of the District and will be finalized in partnership with the District to ensure we align on any key dates and/or milestones.

APRIL 2017	<ul style="list-style-type: none"> Onboarding, data collection, contracts, agreements, etc. Identify open and immediate service issues and establish biweekly onboarding call and monthly reporting call Establish annual service calendar Collect data from various insurers and third-party administrators
MAY/ JUNE 2017	<ul style="list-style-type: none"> Deliver findings from review (observations and recommendations) First Strategic planning meeting Conduct Employee Focus Groups and Employee Survey (as needed) Discuss strategies to mitigate increases Request any outstanding issue from current carriers Review Compliance Checklist and ACA Checklist Evaluate plan utilization Evaluate funding adequacy 2018 pre-renewal strategy meeting Financial overview
JUNE 2017	<ul style="list-style-type: none"> RFPs to market (based on need) Request renewal rates from current carriers Review any plan design proposed changes Financial overview
JULY 2017	<ul style="list-style-type: none"> Present results of any marketing efforts and choose finalist Financial overview
AUGUST 2017	<ul style="list-style-type: none"> Finalize plan design Begin development of new employee communications Decisions made regarding any vendor changes Plan for Open Enrollment process Set implantation plans with new vendors (as needed) Financial overview Evaluate reserve valuation
SEPTEMBER 2017	<ul style="list-style-type: none"> Design/update communication materials Finalize funding; contributions Financial overview
OCTOBER 2017	<ul style="list-style-type: none"> Continued renewal implementation Financial overview



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NOVEMBER 2017	Distribute Open Enrollment communications Finalize vendor implementations Review vendor SBC's renewal documents, etc. Financial overview
DECEMBER 2017	Complete Open Enrollment Review final contracts Continued implementation Financial overview
JANUARY 2018	Continue renewal implementation Reserve valuation Financial overview
FEBRUARY 2018	Review contracts and SPDs from carriers/vendors Open Enrollment recap meeting Present Final 2017 claims review, enrollment migration Financial overview
FEBRUARY/ MARCH 2018	Present claim analysis and CBIZ analytic review Evaluate funding adequacy 2019 pre-renewal strategy meeting Annual stewardship meeting Discuss strategies to mitigate increases Financial overview

Funding Alternatives

Routine evaluation of risk is built into our scope of services. We will analyze a variety of funding options, ranging from retrospectively funded or minimum premium, to self-funded and captive arrangements. This analysis is performed in conjunction with CBIZ's in-house actuarial team.

CBIZ has been working in the field of self-funded health and ancillary plans since the early 1980s. We are experts regarding stop-loss contracts, plan designs and funding techniques that are conducive to cost containment without alienating employees, multiple plans that increase flexibility and cutting-edge components of flexible benefit and cafeteria plans. We have the tools and intellectual capital to monitor the performance of the plans, forecast expenditures with consistent accuracy, identify areas for improvement with network discounts and administrative services, and obtain aggressive pricing terms within the markets.

The team assigned to the District has experience in moving clients from fully insured to self-funded arrangements. Many variables are taken into account including employer risk tolerance, cash reserves, reporting requirements, regulatory considerations and flexibility.



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Depending on the combination of these variables, the CBIZ team will assist the District with determining if alternate funding arrangements are viable alternatives and if so, at what speed to move to that funding arrangement. We find this timeline varies depending on the culture of each of our clients. For some clients, a hybrid funding arrangement that affords some of the benefits of self-funding with the protection of a fully-insured plan is a good interim step, while for other clients, moving directly to a self-funded plan is the best option. We review all funding types annually and determine the best approach for the District at that time.

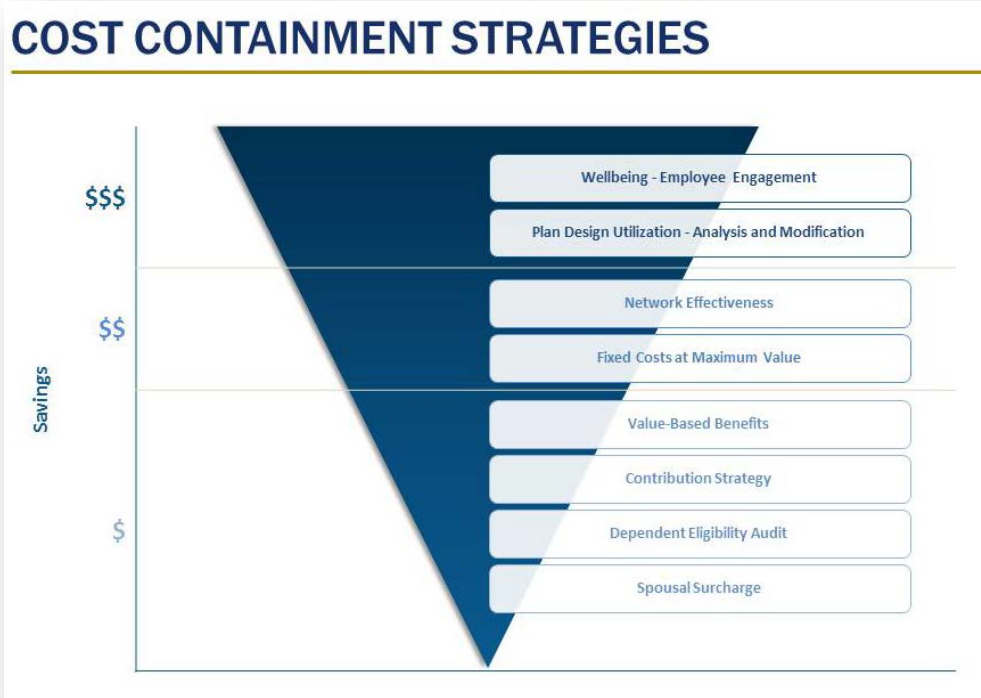
Cost Containment

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

Step one is development of a 3-5 year strategic plan which aligns with Unity’s overall vision and values. This plan incorporates wellbeing and benefits programs and resources. A holistic strategy would focus on increased employee engagement and cost control.

Cost Containment Strategies

This graphic represents strategies CBIZ utilizes to impact cost. CBIZ builds strategies around each which ultimately creates greater value for employees and the District. For more examples of cost containment strategies, please see Exhibit J.



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6. At a minimum, will you commit to assist with the development and dissemination of employee benefit communication pieces on a monthly basis and during enrollment? Give an example of one communication piece you authored for a client. Note any employee newsletters, online booklets, etc. that would be provided within your fee structure.

You have a significant investment in your employee benefits program, and CBIZ wants to make sure that you are getting the best return on your investment. Clear, effective communication is the key to success for any employee benefit plan. Health plans, in particular, are expensive programs that require employee decision-making, so it's essential to give employees the information and tools they need to enroll and make the most of the program.

Employee Communication

CBIZ provides employee communication services and consulting to all of our clients. Our employee communication strategy includes in-person, print, and online communication tools. In devising a communication strategy, we will:

- Examine the District's scope of operations and benefits landscape, including demographics, culture, mission, and value;
- Define objectives and desired outcomes, i.e. employee engagement and accountability, enrollment and utilization, and assessment of recent communication efforts;
- Explore available communication channels including online, mobile, and other resources at home and at work;
- 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.

Potential Engagement Channels



Email



Website



Presentations



Benefit Booklets



Mobile Apps



Posters & Flyers



Direct Mail



Brainshark Videos



Newsletter



Social Media



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Communication Media and Materials

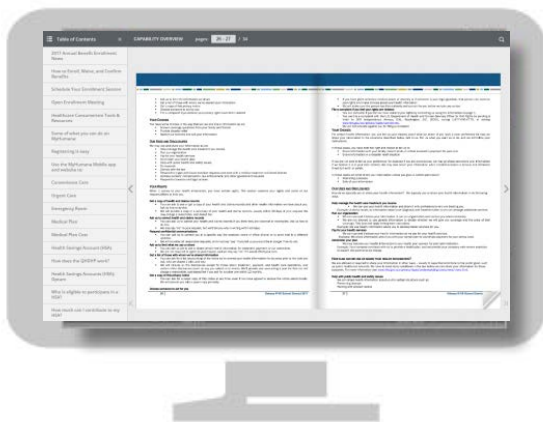
CBIZ offers a range of communication services, from basic enrollment support to customized communication campaigns. Materials and media may include:

- Web blast announcements;
- Online summaries, links to carrier sites, and benefit bulletins;
- Webinars (Please see Exhibit F for a full list of our webinars);
- YouTube videos;
- Newsletters;
- Benefit decision guides;
- Brochures;
- Subscription to Brainshark;
- Website and mobile technology;
- Posters and payroll stuffers; and
- Wellness bulletins.

Custom Printed Materials



Communication Tools



FlippingBook

In addition to the Access platform, CBIZ can utilize a software known as FlippingBook. This interactive online publishing site transforms files into digital, interactive online publications and can be used for employee communication and education. Sample FlippingBook Projects include:

- Employee Benefit Guide
- Benefits highlight brochure
- Open Enrollment materials
- HR/New Hire Handbook



This tool allows for benefit guides to be accessible online with direct links to websites and integrated videos.



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Brainshark Videos

CBIZ has partnered with Brainshark, a leading cloud-based platform for employer and employee education. Presentations can be viewed on-demand at the audience's convenience, "anytime, anywhere," including on mobile devices. Employees can review benefits communications as often as needed and easily share with others in their household.

CBIZ is able to script and produce these voice over benefits presentations to be given at large group meetings and posted on the Trust's intranet for 24/7 access. This tool has been used by CBIZ clients for the following:

- Educate employees on understanding their benefits and becoming better consumers;
- Teach the basics of HDHP and HSA programs;
- Explain how to use new or existing benefit enrollment solutions;
- Introduce new wellness programs;
- Explain the benefit program to new and existing employees.

CBIZ will provide communication development and distribution for all standard communication materials as part of the standard scope of services. If the project warrants, CBIZ can coordinate with a third party vendor, to develop highly customized communications materials.

We are pleased to provide all communication development at no additional cost. Please see Exhibit E for more sample employee communications.

7. Are you able to provide update information to the District regarding current and pending legislative information that may impact either the District or their employees? Identify how your firm keeps abreast of these updates and how you would relay such information to the District.

We understand that education clients like the District will have substantial needs related to compliance and the ACA. Policies and procedures related to measurement periods and Cadillac taxes (pending delayed application and repeal) are very real concerns for clients in this industry. Utilizing experience, expertise, and the tools below, we will provide you outstanding support for compliance. As a common practice for clients similar to the District, we have a standing conference call to review pending or enacted legislation. Doing so allows us to adjust policies, procedures and workflows in a timely manner. The below outlines how we keep you informed on updates, and we will continue to send these documents electronically.



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Established Programs for 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 the 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 help mitigate exposure.

ACA Support

The Affordable Care Act impacts every facet of group health plans, including plan design and eligibility, funding and tax issues, reporting, and disclosure requirements. Your engagement team is well-versed in 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 the ACA, implementing unique strategies for numerous clients to address taxes, fees and penalties and other challenges. We have the experience and expertise to assist with creating policies, procedures and workflows for an employer such as the District.

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. We bring our 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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More information about our CBIZ Compliance Materials can be found in Exhibit I.

Health Reform 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 A for more information on CBIZ ACA Checkpoint (additional cost).

ACA Policies and Procedures

During the initial analysis, CBIZ will conduct a careful review of current administrative policies and procedures. Doing so 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, your engagement team will share best practices as well as customized solutions for your business' specific needs.

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. Communications with ongoing updates are also provided through CBIZ Health Reform Bulletins, which are sent out as clarifications are released. 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.

Other Reporting

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



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9. Are you able to provide services related to Affordable Care Act (ACA) compliance such as 1094c/1095c preparation? Provide estimated cost for service.

Our fees for ACA Checkpoint compliance services for the current year are \$3,750, plus the cost of the paper stock should the District choose to purchase it from SyncStream. This is a modest fee that cuts back on substantial administrative time that would otherwise be necessary on the District’s part if they did not have CBIZ Solutions Custom and CBIZ ACA Checkpoint in place to complete the required reports.

10. Outline any additional services or areas of expertise that you believe will be of value to the District - be specific.

Wellbeing

CBIZ prides itself on a holistic wellbeing strategy, including social, physical, financial, career, and community wellbeing. This broader orientation of improving employee wellbeing plays a key role in controlling health care costs, but also becomes an integral part in the learning and development of employee recruitment, engagement, and retention strategy.



With a strategy that is focused on wellbeing and aligned with organizational goals, an employer can expect a significant return on their investment, including:

- 21% higher productivity
- 37% decreased absenteeism
- 22% higher profitability

Source: Gallup 2013, “State of the American Workplace: Employee Engagement Insights for US Business Leaders”

CBIZ has been successful in collaborating with school district clients to integrate wellness into a comprehensive benefits strategy. This can mean health risk reduction, and significantly below-trend cost for the cost of healthcare. Here are some of the 2017 results:

Resources and tools to develop wellness initiatives

CBIZ utilizes the approach outlined in the Six Pillars below for an effective and measurable Wellbeing and Risk Management System. The most important part of this process is understanding the values, goals and objectives of the District. It is equally important to understand the employee experience and empathize with their perspective of wellbeing offerings.



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This framework and process may incorporate some of the following tactics:

- Assessment of the organization's current state of wellbeing and scoring that categorizes the level of wellbeing readiness and defining characteristics;
- A gap analysis of the District's strengths and opportunities and a general strategy for moving toward the level of result desired by the District;
- Root-cause analysis based on identification and compilation of multiple relatable data sets and analysis to develop a clear understanding of the health related factors that are influencing health care spending. CBIZ looks at how, where and what costs are being generated;
- A Wellbeing Strategic Plan is co-developed with the District. This tool provides a clear road map, including specific goals, timelines, and communication strategies for moving forward with the design.

Success is ultimately measured by achieving the goals and objectives that have been established by the District. These may include lower annual trends, fewer high-risk and medium-risk employees, and a greater number of low-risk employees along with an overall increase in employee wellbeing, satisfaction, engagement, and retention.

11. Describe any problems you foresee in your ability to conduct the services outlined in this RFQ.

CBIZ is confident that we can provide the benefits consulting services outlined in this RFQ without any foreseeable problems.

12. In 200 words or less, answer why the District should select your firm as their broker of record by using two specific objective reasons.

We will never fail to deliver services we promise to provide for Joplin School District. We take our role as advisor and partner very seriously, and will always provide the consulting, reporting specialty resources, day-to-day support and long range planning as requested in the RFP. We are proactive in anticipating our clients' concerns and needs to provide service that goes beyond our initial commitment. We take pride in our consistent approach that leads to exceeding our client's expectations. Our staff members have the experience and industry knowledge to guide the District through the ever-changing landscape of employee benefits.

We recognize that a quality benefits package is integral to employee satisfaction and retention. Our philosophy is based on a collaborative partnership, in which we are continually learning about our clients, their employees, and their priorities. We then design, select, and implement solutions to meet current and future objectives. Our knowledge of the unique challenges facing school districts and other public entities provides valuable insight and proven strategies to meet client needs.



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ONLINE AND ENROLLMENT SERVICES

1. With your experience with an account the size of the District - exactly what is your involvement to be during the annual open enrollment process? Typically, how many of your employees do you anticipate to provide at enrollment meetings compared to the number of individuals sent by the insurer?

CBIZ provides qualified personnel with the necessary knowledge and experience to conduct or assist in annual open enrollment meetings, as well as new employee orientation meetings. In addition, our Medicare Specialist meets with those anticipating retirement a few times annually, both for group presentations and to take individual questions.

We enjoy the opportunity to be intimately involved in the process. Resources for open enrollment include, but are not limited to:

- Enrollment counseling
- Enrollment and Administrative Technology
- Benefit Statements
- Call Center Support
- Insourcing
- Benefits document center
- Mobile application
- Combination of the above

An effective open enrollment process is customized based on the attributes and desires of the covered population. We work closely with the Human Resources team and the benefit vendors in the communication program. CBIZ coordinates enrollment meetings designed to maximize employee participation. Very often, the benefit selection decisions are made by a participating spouse, so written communication is essential.

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 vendors including eligibility data;
- Develop employee communication materials including announcement letter, benefit summaries and custom materials as needed;
- Review vendor and/or client enrollment materials;
- Identify enrollment capabilities – internal or outside vendor;
- Facilitate employee meetings including PowerPoint presentations, carrier attendance and supplies; and
- Provide vendor interface throughout the enrollment season.

There may be some additional fees for third-party services.



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2. Confirm that the proposing broker has the ability to provide computer access by District personnel for email, physician directories, benefit descriptions, plan changes, health information, enrollment, claims information, etc. Identify any additional cost associated with these services or if this is the insurer's responsibility. Communication between the insurer and the employees is a concern and has to be worded in a more user-friendly method - confirm that your services will be available for such communication design.

CBIZ confirms we are able to provide technological communication resources to communicate with the District's employees. We believe in working with our clients to develop a custom communications strategy that meets the demands and expectations of the employees that goes above and beyond what the insurer provides. During this process, we review a variety of communication platforms, including online portals that would be able to house all information pertinent to employees regarding their current benefit options. We will work with the District to find the right platform that is user-friendly for its employees. Sample employee communication can be found in Exhibit E.

3. Will the Broker/Consultant provide reconciliation of Monthly funding with different carriers or would this be provided through the electronic process company/services.

CBIZ is committed to ensuring that your needs are consistently met, especially when it comes to communicating and working with your carriers to provide prompt and accurate funding reconciliation. Should CBIZ be retained as the District's benefits consultant, we will work as your partner to find a solution that is best fitted for accomplishing this.

4. Does the proposing broker have the capability to run "what if" scenarios regarding possible plan design changes and the impact that would have had on the past claims year or Predictive Modeling for potential claims.

CBIZ believes the use of predictive modeling when considering plan design and participant premium contributions is essential, and so has the capability to analyze potential scenarios to better prepare our clients for what is to come. This is particularly important when early retirees are involved. CBIZ enjoys the use of data forecasting tools, some of which are independently owned and others who are third parties to receive a variety of perspectives, in addition to the incumbent carrier's available tools. With internal actuarial capability, CBIZ has the expertise and experience not only to operate the tools, but to discern meaningful insight from the results. We use this combination to provide an independent perspective to the District. As a CBIZ client, the District is given access to the priority forecasting tool, NavMD. **NavMD Analytics is a unique health care system** that offers a business approach to managing health plan design. Providing in-depth claims data analytics, the system is designed to improve the financial health of a company along with the wellness of its employees.



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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. The system offers a wide range of claims analysis to determine areas of a health plan that can be addressed in order to mitigate claims expenditure, target cost savings, and increase wellness within a workforce.



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RENEWAL & MARKETING

1. Annually, on or before the first day of February of each year, the Broker/ Consultant will provide the District preliminary renewal projections based on claims analysis. (Dates may differ based on further discussion with the District.)

CBIZ agrees to these terms.

2. Annually, on or before the first day of March of each year, the Broker/ Consultant will provide the District with a written assessment of all insurance policies then in force for the benefit of the District and shall include recommendations for improved coverages.

CBIZ agrees to these terms.

3. Annually, on or before the first day of May of each year, the Broker/ Consultant will provide the District with Notification of any proposed insurance rate and/or service fee is to be received by the District. The District prior to implementation must approve all amendments and adjustments. The Board of Education approves rates in May of each year.

CBIZ agrees to these terms.

4. All negotiations with insurance carriers or other providers of insurance products, Broker/Consultant will act solely for the benefit of the District and its employees without regard for the benefit of the Broker/Consultant or any other person or entity. Confirm that the District's Superintendent, Chief Financial Officer, Human Resources Director and Benefits Coordinator will be in all negotiations involvement placing of the District's insurance programs.

CBIZ agrees to these terms.



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5. When a decision is made by the District, the broker is to market health, as well as any other insurance or benefit service program provider, by preparing proposal specifications, identifying insurer/service providers and negotiate with underwriters on the terms and conditions on coverage and price. Confirm that the proposed services and fees included herein go include this process, qualitative and quantitative spreadsheet analysis, provider network analysis, pooling point and administrative costs, including your written recommendation. Confirm that your firm will obtain at least two quotations for the product when requested to be marketed.

CBIZ agrees to these terms.

6. Broker/Consultant shall utilize only those insurance carriers that have an A.M. Best rating not lower than (A) - Excellent and a financial category of VII or higher. Any exception to this requirement must have prior written approval of the Superintendent or their designee. A summary of the financial information on each insurer utilized or being proposed for the District's consideration is to be provided the District annually.

CBIZ agrees to these terms.

7. In your opinion, recognizing that you may not have full knowledge of the account, how often do you recommend marketing their group benefit products and how can the District be sure they have gotten the most competitive product?

In general, CBIZ recommends the solicitation of competitive proposals for group benefit products every three to five years, or as directed by the District.

Specifically on the medical coverage, we analyze proposals as to 5 important criteria, as follows:

- Price
- Benefit Structure
- Providers (crossover and desired providers)
- Wellness Initiatives and support
- Overall administrative capabilities



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8. Does your firm have experience with marketing, comparing and implementing Health Reimbursement Accounts and Health Savings Accounts? Provide just a few brief pointed details on your experience with these programs.

We have presented numerous programs and services to our clients, including, but not limited to, High Deductible Health Plans associated with a Health Savings Account, and/or Health Reimbursement Account, transparency programs, benefit administration and online enrollment tools, on-site clinics, self-funded captive arrangements and a variety of wellness programs.

9. Confirm that your firm will have time to finalize negotiations, including make all renewal presentations, options, etc. to the District prior to their May 22 board meeting regarding the “renewal” of the current benefit programs if appointed as broker of record on March 28, 2018.

CBIZ confirms the above terms.



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FEES/COMMISSIONS

1. The District requires an all-inclusive cost structure, with the proposing broker’s plan on compensation for insurance placement and benefit consulting to be outlined in detail, along with any additional fees, if any for “non-included” services.

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
Onsite Clinic Resources	May require additional fees
Online Enrollment/Administration System	May require additional fees
Employee Communication Materials/Custom Benefits Website	Included
Actuarial Services	Included
Pharmacy Review	Included
NavMD	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
Travel	Included

*Please see Exhibit A and E for more information regarding the scope of services and sample deliverables.

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.



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CBIZ develops a compensation structure in alignment with the client’s business objectives and is flexible in the structure. While there are various compensation models, usually the following are 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.

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 the District’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.

2. The District understands that commissions or other fees are payable from the insurer to the broker for the broker’s involvement. Specifically identify your proposed commission structure for the programs outlined. The proposing broker is to disclose all anticipated fees, commissions, contingencies, overrides, bonus, etc., to be paid with regard to or in connection with products sold to or through the District. If any contingencies or overrides are suspended for 2018, identify if the suspension is anticipated to remain for 2018 and 2019. If not suspended for future years, be very clear how this will lower future commissions or cost impact for the District and their employees.

At CBIZ, our compensation usually ranges based on the client’s number of eligible employees. Typically, annual compensation for employers with over 1,000 employees can expect pricing to begin around \$100k. CBIZ is flexible on the compensation arrangement, and can further discuss once we better understand the needs of the District and



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can identify an appropriate scope of services. CBIZ would propose 2% of medical premiums, or a \$7-\$8 fee per eligible employee per month. We would welcome the opportunity to discuss a mutually agreeable fee and/or commission structure, and would provide performance guarantees for the District on our service.

3. The District expects full disclosure of ALL compensation received from any source resulting from being named the broker of record. An annual report of all fees, commissions, bonuses, contingencies, overrides, etc. on all insurance products is to be submitted annually to the Chief Financial Officer.

At CBIZ, we believe in 100% transparency of compensation. We will provide an annual (or as requested) report of revenues received from working and/or serving the District'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.

4. The District will NOT reimburse the broker for any expenses of any kind that are not fully disclosed and approved for by the District prior to incurring such expenses. Specifically identify any such instance that you, as the broker, may see this issue arise.

CBIZ cannot foresee any circumstance in which CBIZ would ask for reimbursement of any expenses without prior consent from the District.

5. Provide an opinion on how to address the issue if your proposed commissions and fees are less or more than that of the current broker's commission being paid from March 1, 2018 until the plan renews on October 1, 2018. The District will not modify their health rates to accommodate the differences.

CBIZ believes there are many opportunities to increase access to voluntary benefits for all employees, increase communication, and reduce the employer administrative burden. By reinvesting voluntary benefit commissions into a solution, services such as paperless enrollment, consolidated billing, ach/credit card billings are available to the District at no additional cost. In the event there are any excess commissions after expenses, CBIZ reserves the right to retain these dollars.

6. Identify typical "pass through" of fees that the District may experience, i.e., mass mailings, pre-approved travel, phone lines, etc.

All additional fees are listed above. The proposal includes travel and expense fees for meetings in Joplin and employee communication materials.



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EXPERIENCE

1. How does your firm serve as an advocate for public education?

School District Experience

CBIZ believes in a proactive approach when it comes to navigating potential policy modifications for our public entity clients. A recent example is the analysis our actuaries and account team produced regarding the potential requirement that all Kansas districts participate in a State Health Plan. Included in this report was the financial impact on some of our clients if the State were to permit a coalition of local school districts to establish their own plan. CBIZ aims to always be at the forefront of any proposed changes so our clients are prepared for what is to come in their region/state.

CBIZ Employee Services Organization	
366	education industry clients nationally
200	consultants who work with education clients
Top 20	largest broker of U.S. business

Our clients come in a variety of sizes and industries. Specifically, the public entity experience of CBIZ is unparalleled in the marketplace. With 366 education clients nationwide, and over 90 serviced from our regional offices, we have the expertise to handle any type of public entity, and understand their unique demands. With our large number of education clients, we are also able to accurately benchmark benefit plans and costs for our clients. A partial list of those clients:

School Districts

- Atchison USD #409 School District
- Blue Springs School District
- Center School District
- Clinton County R-III School District
- East Buchanan School District
- Grandview Consolidated School District
- Holden R-III School District
- Kansas City, Kansas School District
- Mid-Buchanan R-V School District
- Odessa R-VII School District
- Park Hill K-12 School District
- Shawnee Mission School District
- Raymore-Peculiar Schools
- Turner USD #202 School District
- Belton School District #124
- Blue Valley School District #229
- Bonner Springs School District
- De Soto School District
- Fort Osage R-I School District
- Independence School District
- Kansas City, Missouri Public Schools
- Lathrop R-II School District
- Lee's Summit R-7 School District
- Oak Grove R-VI School District
- Olathe School District
- Piper School District
- Tonganoxie School District
- Raytown School District

In working with many of the public entities within the Kansas City metropolitan area and beyond, CBIZ has exposure and experience to a variety of funding models most suited to the needs of public entity clients. Whether it be a Captive arrangement or a traditional fully-funded model, CBIZ is poised to aid the District in identifying the most cost-effective option for your valued employees.



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Key Service Highlights for School Districts

- **High-Touch Service** – Your dedicated service team has an average industry tenure of over 20 years. CBIZ is committed to developing a partnership in which you know that you are our top priority. Our standard scope of services include daily support backed by our service commitment and frequent face-to-face meetings.

“ALWAYS responsive to our needs and provides assistance for anything requested.”

-Raymore Peculiar School District

- **Forward Thinking** – We presented the District with a three-year strategy earlier this year. Given the fast-pace of school district financing and national legislation regarding healthcare, we will continue to adjust priorities identified in that strategy.

*“When you blend our representative’s professional and personal skills, **one would be hard pressed to come up with a better option** for guiding and directing school district benefit plans.”*

-Bonner Springs School District

- **Cost Containment Strategies** – CBIZ understands the goal of controlling health care costs and managing a fiscal budget, and so have invested in reporting and analytic resources to help you effectively and efficiently manage your plan.

“They understand our current budget constraints and attempt to help us with solutions, and the best available health care plans and processes.”

-Olathe Public School District

- **Effective Education and Communication** – Education is a critical part of our engagement. The resources CBIZ has made available to the District has grown since the start of our relationship. From simple memos at Annual Enrollment to a comprehensive website employees can view from their mobile devices, we have responded to every changing need.

*“I feel like I have their **undivided attention** when I call or email them with questions.”*

-Independence School District

- **Employee Health, Culture, and Productivity Management** – We understand the goal and desire to keep your population well. We bring extensive experience in implementing health and productivity programs, incorporating our national resources, and focus on cost effective approaches designed to bring impactful results.

“This support and expertise is second to none. We have come to depend on our group for not only our renewal negotiations, but with employee personal issues as well. Our staff has nothing but praise for our team.”

- Missouri School District Client



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2. Identify and provide information on the key team members that would be assigned to the District's account. If outside firms or individuals subcontractors are to be used in lieu of employees, be specific as to their role and how their services are coordinated and who is responsible for their activity and responses. Combining two brokerage firms in order to provide a complete broker service package will not be given primary consideration.

It is important to note the specialized roles of our consultants and engagement team leader. As a consulting firm, we differ from a traditional insurance brokerage that may have a figurehead or relationship manager leading the engagement team. At CBIZ, we believe our consultants should be experts driving strategy and marshalling resources to create optimal outcomes for clients like the District. For this engagement, your CBIZ team has complementary skills to exceed your expectations for customer service, cost containment, risk management, compliance and ACA guidance.

The Kansas City team, guided by Matt Krull and Caitlin Waters, Co – Team Leads and Benefits Consultants, will fully engage in strategic discussions and planning sessions.



Matt Krull

Co-Team Lead and Consultant

Email: mkrull@cbiz.com | Phone: 816.945.5222

Matt's employee benefits career started with CBIZ Benefits & Insurance Services in 1999. Matt's responsibilities include working with employers in the management of their employee benefit programs and specializing in health and welfare plans. Currently, Matt uses his 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 Matt's focus.



Caitlin Waters

Co-Team Lead and Consultant

Email: caitlin.waters@cbiz.com | Phone: 816.945.5559

Caitlin joined CBIZ in 2015, bringing her communications expertise to help employers communicate their benefits strategy to employees in a way that makes sense and clearly articulates the complicated, ever-changing insurance world. Prior to joining CBIZ, Caitlin worked at advertising/public relations firms with clients in the health insurance and financial services industry. Caitlin is passionate about helping her clients find customized solutions that fit the organization's goals, whether it be uncovering some cost-savings or increasing employee engagement.



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Jennifer McKee

Senior Account Executive

Email: jmckee@cbiz.com | Phone: 816.945.5205

At CBIZ, Jennifer supports our larger public entity and not-for-profit 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. Jennifer also works closely with vendors to establish and preserve a solid business rapport.



Molly Harrison

Account Manager

Email: molly.harrison@cbiz.com | Phone: 816.945.5582

At CBIZ, Molly is the assigned contact for the District and is responsible for day-to-day service, open enrollment, managing the marketing process, employee communications and general administrative issues.



Lacey McCourt

Wellbeing Consultant

Email: lmccourt@cbiz.com | Phone: 816.945.5278

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



David Coleman

Senior Actuarial Analyst

Email: david.coleman@cbiz.com | Phone: 816.945.5225

Responsible for reserve calculations, health care reform impact studies, migration studies, financial projections, GASB assessments, tiering analysis, COBRA rate certification, and more.



Alex Lanning

Director of Marketing and Communications

Email: alanning@cbiz.com | Phone: 816.945.5594

Alex is responsible for the overall strategic development and execution of the marketing and communication efforts for the Employee Benefits division. These marketing initiatives include creating sales and client service deliverables, employee communication strategies, website development, graphic design, email marketing, and direct campaign implementation. She also has experience fostering external vendor relationships, digital marketing, and social media tactics.



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National Resources



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
Erin Eason, MOT | 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
We will communicate and engage your workforce through technology and other resources. Often funded by voluntary benefits, we reinvest commissions into enrollment, communication and administrative processes to create more effective employee engagement.



WELLBEING SOLUTIONS
Emily Noll, MS | Practice Lead
Our team will work with you to advance your population health management initiatives by developing a robust strategic plan, introducing culture-building programs, facilitating stakeholder collaboration and evaluating outcomes.



CBIZ ESO™

National Expertise; Local, Personal Service

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HUMAN RESOURCES 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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3. Have you or any of your employees that will be assigned to the District participated in any conferences that pertain to governmental entities and benefit issues either as a presenter or member?

CBIZ employees consistently stay up-to-date on the latest innovations and trends in the industries they work on. The team specifically assigned to this engagement has extensive experience in implementing health and welfare benefit plans to public entity clients and have attended and spoken at several conferences. These include NACO, MOASBO, MASA, School Symposiums, etc.

CBIZ supports continuing education and professional growth and development. Our associates undergo regular education and training including:

- CBIZ University
- In-house seminars and webinars
- Compliance newsletters and e-alerts such as EBIA Weekly, BenefitsLink, etc.
- Continuing education
- Business and job-specific training

4. Has or does your firm put on any benefit seminars whereby the District could send a representative?

CBIZ aims to be constantly providing our clients with information on industry-relevant topics to keep them updated in the ever-changing landscape of Employee Benefits. Aside from a variety of communications throughout the year that address regulations, wellness, and a variety of industry topics, CBIZ launched the Executive Advantage Series (EAS). These quarterly events are designed to address topics that regularly affect our clients. Topics included “The Power of a Multi-Generational Workforce” and “Learn how to build a Thriving Work Culture.” Industry leaders are invited to give expertise in their designated areas, and questions are encouraged throughout the events. The January seminar was a huge success. Expert panelists addressed the opioid epidemic and how it is affecting healthcare nationally and for local employers.

We also regularly invite our school district clients to attend our “Benefits Management Academy” where we present on a topic of interest to Districts, and encourage our clients to share their internal practices and concerns with members of the group. In addition, CBIZ hosts a monthly webinar series. Our 2018 topics can be found in Exhibit F.



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5. Provide at least three references for the broker services being proposed, including contact name and phone number. Local governmental entity references are preferred compared to the size and geographic of the District.

Olathe Unified School District #233

- Name: John Hutchison
 - Address: 14160 Blackbob Road, Olathe KS 66063
 - Phone Number: 913.780.7000
 - Email Address: jhutchinsonec@olatheschools.com
 - Years as consultant: 25 Years
-

Kansas City Unified School District #500

- Name: Dr. Kelli Mather
 - Address: 2010 North 59th Street, Kansas City KS 66104
 - Phone Number: 913.551.3200
 - Email Address: kemather@kckps.org
 - Years as consultant: 13 Years
-

Fort Osage R-I Schools

- Name: Jason Snodgrass
 - Address: 2101 N. Twyman Road , Independence, MO 64058
 - Phone Number: [816-650-7002](tel:816-650-7002)
 - Email Address: jsnodgrass@fortosage.net
 - Years as consultant: 25+
-

6. What is the estimated percentage of clients that you have fully insured vs. self-funded in their group health benefit program?

In the Kansas City office, approximately 30% are currently partial self-funded or in a risk participation arrangement (contingent premium, maximum refund, Cost Plus, etc.). The percentage is significantly higher when reviewing the employers over 500 employees as the option is more feasible. We routinely evaluate funding alternatives with each client over 500 employees to determine the best fit based on their current situation and characteristics.



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7. If the District made the decision to appoint your firm as their broker of record, how would the District rank either size (employees) or premium in proportion to the balance of your business (estimates are acceptable).

Joplin School District would be situated towards the top of our public entity target market of employers with 100 - 5,000 benefit eligible employees and retirees. Our local office services 78 clients with 100-500 employees, and 48 clients with 500 or more employees.



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INSURER RELATIONS

Joplin Schools is considering direct contract with a third party administrator, a national network with a third party administrator, and a school district consortium. Identify if your firm has current working agreements that align to the considerations of Joplin Schools.

CBIZ verifies that we have the experience and industry tenure to present a variety of funding and healthcare options to Joplin School Districts. Our in-house actuarial team is constantly running reports to study and review the feasibility of emerging trends, especially as the federal landscape continues to change.

CBIZ has long been known as an innovator in the employee benefits marketplace. As it continues to evolve and change from year to year, it is important that our clients have access to the best possible information specific to their industry. Capitalizing on our strong working relationships with carriers, healthcare providers, and third party vendors is an important part of our job. CBIZ knows that clients have a variety of needs, and that no two clients are the same.

In the Kansas City metro area alone, CBIZ has **\$226 million** in premiums solely from school district clients. Within the St. Louis metro area, CBIZ has an additional \$9 million in premiums from school district clients. Having worked with some of our school district clients for over 30 years, we are confident we can provide the creative problem-solving approach that keeps our clients at the head of their markets.



Joplin Schools RFQ – Group Benefit Broker/Consultants

WHY CHOOSE CBIZ

Throughout this proposal, we have described the features of our service as a top consulting firm offering an optimal array of services and our professional approach to meeting your 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. Our robust national resources include a financial analyst, national onsite clinic consulting practice, wellbeing solutions and a pharmacy director to serve Joplin School District.



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 Joplin School District – 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.



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CBIZ Client Satisfaction Survey Testimonials

9/10

of our clients would recommend CBIZ to a friend or colleague



Data from the 2017 CBIZ Client Satisfaction Survey

"ALWAYS there to help and work through the transitions of leadership and support here at the District and supported at CBIZ."

"ALWAYS responsive to our needs and provides assistance for anything requested."

"ALWAYS available to help us and provide us with information."

"ALWAYS prompt in responding and can count on thorough and complete responses."

"ALWAYS help or look into anything that comes up."



"ALWAYS responsive to concerns."

"ALWAYS coming to the table with solutions."



95%

of our clients believe that CBIZ understands the unique needs of our organization

Data from the 2017 CBIZ Client Satisfaction Survey



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Exhibit J – Best Practices for Innovation & Considerations

CBIZ Disclosure Statement:

The sample documents provided with this RFP response by CBIZ Benefits & Insurance Services, Inc. (CBIZ) are the sole and exclusive property of CBIZ. These documents have been shared for illustration purposes only, and may not be reproduced or used for your benefits, or the benefits of anyone else, without the prior written authorization of CBIZ. You are obligated to maintain the confidentiality of these documents. Thank you in advance for your cooperation.



Exhibit A: Scope of Services



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CBIZ Group Health & Welfare Services



Employee Benefits Core Services

New Client Implementation and Assessment

- See onboarding timeline (once awarded your business)

Strategic Planning

- 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
- 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

Financial Management and Actuarial Services

Financial Management

- Benchmarking & Claims Analysis
- Annual proprietary analytics
- Financial reporting – monthly



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Actuarial Services

- Employee Contribution Strategies & Calculations
- Model plan design changes, migration studies, contribution strategies and more

Pharmacy Benefit Consulting

- Carrier or PBM pharmacy contract review
- PBM (procurement)
- Plan design and benefit management
- Market check (as allowed in current contract)
- Annual pharmacy experience review and clinical recommendations

Plan Renewals and Management

Plan Review

- Monthly Claims Review
- Financial Overview
- Utilization Review Meeting
- Quarterly Claims Review Meeting
- Model Pricing Impact of Plan Design Alternatives
- Strategy/Planning Meeting with Client to include
- CBIZ Wellbeing Solutions Readiness
- CBIZ Updates and Capabilities Review
- Planning and understanding of client's goals and long term strategy
- Development and approval of timeline
- Stop loss Contract Review
- Case Strategy Document
- Compliance Checklist Review

Plan Management

- 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
- Draft bid specifications
- Negotiate renewal pricing and contract provisions
- Analyze, review and summarize bid responses
- Provide disruption analysis
- Make recommendations based on written strategy developed during assessment phase



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- Conduct finalist meetings and/or vendor site visits
- Detailed assistance with transition to or implementation of new vendors
- Review all renewal documents, including SBC's benefit summaries, contracts, plan documents and amendments, and open enrollment materials
- Provide updated benchmarking of plans, costs, and contributions as needed
- 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

Wellbeing

Wellbeing Solutions

- Wellbeing Insights Newsletter
- Wellbeing and engagement strategy, calendar, and budget development
- Evidence-based tactics to reduce health and wellbeing risks
- Wellbeing scorecard to measure impact
- RFP and oversight of vendor processes
- Return on Investment and Value of Investment analysis

Employee Education and Communication

Communication Strategy

- Review client strategic objectives
- Identification of communication objectives & challenges
- Enrollment resource analysis
- Vendor and technology support

Communication and Education

- Design announcement letters and benefit outline summaries
- Design a custom benefit booklet that meets your organization's compliance and fiduciary responsibilities (Printing subject to additional fees)
- Conduct onsite open enrollment meetings
- Create benefit presentation video link for intranet that can be viewed by employees at any time



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Ongoing Support and Day-to-Day Service

Account Services

- Assist employees with claims questions and problems
- Assist with billing, enrollment issues, ID cards, etc.
- Develop and coordinate enrollment materials for new employees
- Prepare and conduct educational benefit seminars/health fairs
- Provide proactive benefit updates

Compliance and Regulatory Affairs

- In-house Regulatory Affairs Attorney and Staff
- Assist with federal and state requirements (COBRA, FMLA, etc.)
- Provide proactive updates on pending legislative issues
- Provide "For Your Benefit Booklet" for HR department
- Compliance Checklist to be reviewed by CBIZ Account Managers and your client's HR Department
- Regulatory Updates - "Benefit Beat"
- Time Sensitive Communication - "At Issue"
- Health Care Reform Regulatory Updates

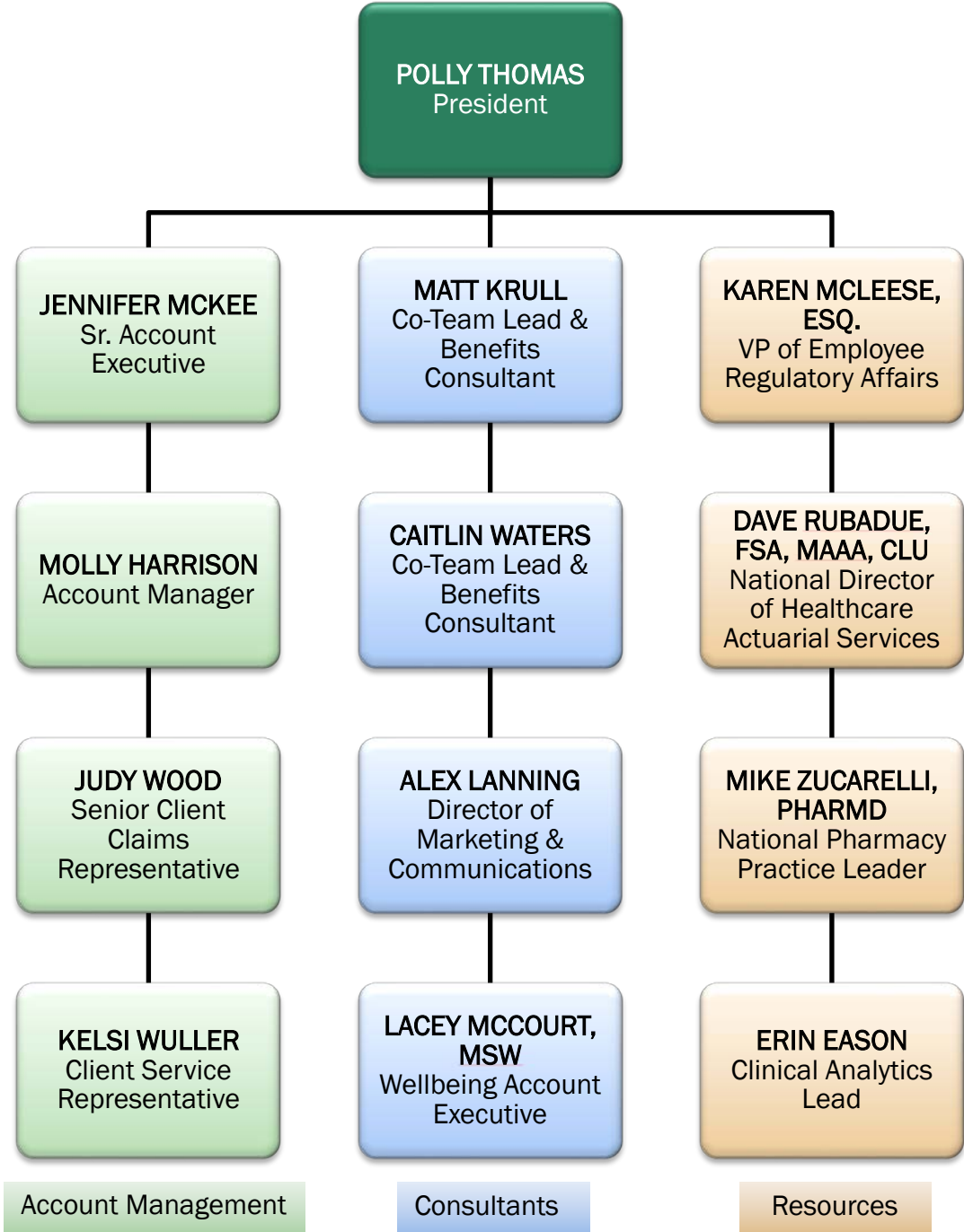


Exhibit B: Team Biographies & Organizational Chart



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Organizational Chart



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Matt Krull

Benefits Consultant
 CBIZ Employee Services
 Organization

A division of CBIZ Benefits &
 Insurance Services, Inc

(816) 945-5222
mkroll@cbiz.com

Business Experience

Matt's employee benefits career started with CBIZ Benefits & Insurance Services in 1999. Matt's responsibilities include working with employers in the management of their employee benefit programs and specializing in health and welfare plans. Currently, Matt uses his 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 Matt's focus.

Service Specialties

- Mid/Large Market Consulting
- Self Funding
- Health Care Reform
- Public Entity

Background

Education

Matt earned a Bachelor of Science in Marketing and International Business from Kansas State University.

Professional Designations

Matt has his GBA designation through The University of Pennsylvania's Wharton School of Business. He is an active member of the following organizations, Employee Benefits Professional Association, National Health Underwriters and Council of Insurance Agents & Brokers. He also served on United Health Care's Advisory Board. Matt is alum of the Centurion's Leadership Program, a 2 year leadership program through The Greater Kansas City Chamber of Commerce.

Community Involvement

Matt is active in several community organizations. He is President of the Rockhurst High School National Alumni Association and is an active member of Visitation Parish. Matt is currently participating in the FBI Citizen's Academy. The Citizen's Academy hosts a cross section of approximately 27 community, business, civic, religious, and non-profit leaders to learn firsthand about FBI operations and programs.



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Caitlin Waters

Consultant

CBIZ Employee Services
Organization

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Insurance Services, Inc

(816) 945-5559

caitlin.waters@cbiz.com

Business Experience

Caitlin joined CBIZ in 2015, bringing her communications expertise to help employers communicate their benefits strategy to employees in a way that makes sense and clearly articulates the complicated, ever-changing insurance world. Prior to joining CBIZ, Caitlin worked at advertising/public relations firms with clients in the health insurance and financial services industry. Caitlin is passionate about helping her clients find customized solutions that fit the organization's goals, whether it be uncovering some cost-savings or increasing employee engagement.

Education

Caitlin graduated Summa Cum Laude from the University of Missouri with a major in Strategic Communications and minors in Political Science and Business. Born and raised in Kansas City, she is actively involved in the community, including co-chairing the Living In Vitality Conference.



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Jennifer McKee

Senior Account Executive

CBIZ Employee Services
Organization

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Insurance Services, Inc

(816) 945-5205
jmckee@cbiz.com

Business Experience

Jennifer has over seventeen years of experience with CBIZ. She has worked for CBIZ since graduating from UMKC and has worked with groups ranging in size from two employees to over 5,000 employees. Jennifer's role at CBIZ is to provide the company's larger clients with management services as part of a team assigned to work with each client. She works with her clients and their service providers and insurers to manage plan costs while providing an appropriate level of benefits. She negotiates renewals and agreements on behalf of her clients and keeps them apprised of any legislative or industry trends that may impact their benefit plans.

Background

Education

Jennifer earned a Bachelor of Arts in Elementary Education degree from the University of Missouri at Kansas City.

Professional Designations

Jennifer is currently pursuing her CEBS designation. She holds the Group Benefits Associate designation awarded by the Wharton School of the University of Pennsylvania. She is a past Board member for the Greater Kansas City chapter of the Employee Benefit Professionals Association.



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Molly Harrison

Account Manager
CBIZ Employee Services
Organization

A division of CBIZ Benefits &
Insurance Services, Inc.

(816) 945-5582
molly.harrison@cbiz.com

Business Experience

Molly joined CBIZ Benefits & Insurance Services, Inc. in 2017 as an Account Manager. She received her life and health licenses in 2013. Molly has been working in the benefits industry for over 8 years. Prior to working at CBIZ, she worked as an Account Manager for another benefits and insurance company for four and a half years. She also worked as an intern assisting a benefit team for four years during college. Now as an Account Manager, Molly is part of our public sector team and assists employers in the management of their employee benefit programs specializing in health and welfare plans. She serves as a contact for the all day-to-day benefits and insurance needs and solutions. This requires an understanding of the client’s organization, procedures, internal politics, overall business needs and identification of value-added services that CBIZ can provide.

Background

Molly received her Bachelor of Science in Mass Communications with an Emphasis in Advertising and a Minor in Economics from Kansas State University. She also has Life and Health licenses in Missouri and Kansas.



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Business Experience

Lacey McCourt serves as a Wellbeing Account Executive with CBIZ, a national leader in developing and implementing health and productivity strategies and wellness programs. In her role, Lacey helps clients develop and implement strategies to build and maintain a culture of total wellbeing. Lacey works collaboratively with clients and vendor partners to develop effective and sustainable wellbeing solutions with the goal of helping individuals live healthier, more productive lives. Lacey plays a significant role in educating clients and key partners about the value of worksite wellbeing programs and the strategies to achieve high levels of employee engagement.

Before joining CBIZ, Lacey lead the Wellness and Employee Assistance Program team with a health care system in Rockville, MD. Lacey spent nearly 6 years with her previous employer in various roles including account management, business development and operational leadership.

Education

Lacey holds a Bachelor’s degree in Social Work from the University of Maryland, Baltimore County, and a Master’s degree from the University of Maryland School of Social Work, specializing in Employee Assistance Programs.

Lacey McCourt,
MSW

Wellbeing Account Executive
CBIZ Employee Services
Organization

A division of CBIZ Benefits &
Insurance Services, Inc

(913) 375-6454
lmccourt@cbiz.com



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Dave Coleman

Senior Actuarial Analyst
CBIZ Employee Services
Organization

A division of CBIZ Benefits &
Insurance Services, Inc

(816) 945-5225
david.coleman@cbiz.com

Business Experience

Dave joined CBIZ Benefit & Insurance Services as a Senior Actuarial Analyst in 2013. His expertise at CBIZ includes determination of adequate health care claim reserves, funding levels, claim projections, and benefit analysis for self-insured public and private clients. His experience encompasses premium rate development for individual companies, determining outstanding claims liability, benefit plan design pricing, analyzing, projecting trend levels and presenting the results to clients.

Prior to arriving at CBIZ, Dave was with Cigna for 20 years and Aetna for 4 years. During most of his time at Cigna he was a Senior Client Manager providing sales and service to large employers primarily in the Kansas City area. Prior to that role he was an Underwriting Account Manager producing the underwriting for group medical, pharmacy and dental clients and prospects in the Kansas City, St. Louis, Chicago, Dallas, Atlanta and Florida markets. While at Aetna he held the position of Account Executive and sold group medical, pharmacy and dental coverage to large employers in the Kansas City area.

Background

Education

Dave is a native of Newington, CT and earned his Bachelor of Business Administration in Banking and Finance from Hofstra University in Hempstead, NY. He also holds the designation of Health Insurance Associate.

Community Involvement

Dave is a member of the Greater Kansas City Employee Benefits Association, Leawood Middle School & Mission Trail Elementary School Parent Teacher Organizations and serves on the City of Leawood Planning Commission. He is also a former member of the City's Parks and Recreation Advisory Board.



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Alex Lanning

Director of Marketing and Communications
CBIZ Employee Services Organization
 A division of CBIZ Benefits & Insurance Services, Inc.

(816) 945-5594
alanning@cbiz.com

Business Experience

Alex joined CBIZ in 2014 working on the national marketing team for Myers and Stauffer, the government education accounting and consulting practice. She since joined the Benefits and Insurance Services practice in 2015 as Director of Marketing and Communications in Kansas City. In this role she is responsible for the overall strategic development and execution of the marketing and communications efforts for the Employee Benefits, Property and Casualty and Retirement Plan Services divisions. These marketing initiatives include all sales and client service deliverables, client and employee communication, website development, graphic design, email marketing, direct campaign implementation, sponsorship management, event planning, media relations and external communication, all social media efforts, prospect and industry research, and everything in between.

Alex developed a passion for multi-faceted marketing and communications in her previous marketing roles in the Real Estate, Government Entity and Accounting sectors. Alex oversees the Client Service Representative team and has worked with many of our public and private clients to develop an employee communications strategy.

Background

Education

Alex received a Bachelor of Science in Journalism and a Minor in Business with an emphasis in strategic communication from the William Allen White School of Journalism and Mass Communication

Community Involvement

Alex is actively involved in the Kansas City community and is on the on the board for genKC, network advantage leader of CBIZ Women's Advantage, steering committee for Starlight Center Stage, member of Underground Social – Women's Networking Group. In addition, she has been involved in fundraising events for Back in the Swing, The KC MLB Urban Youth Academy, Dress for Success and Awesome Ambitions.



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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



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Karen McLeese, J.D.

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.



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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

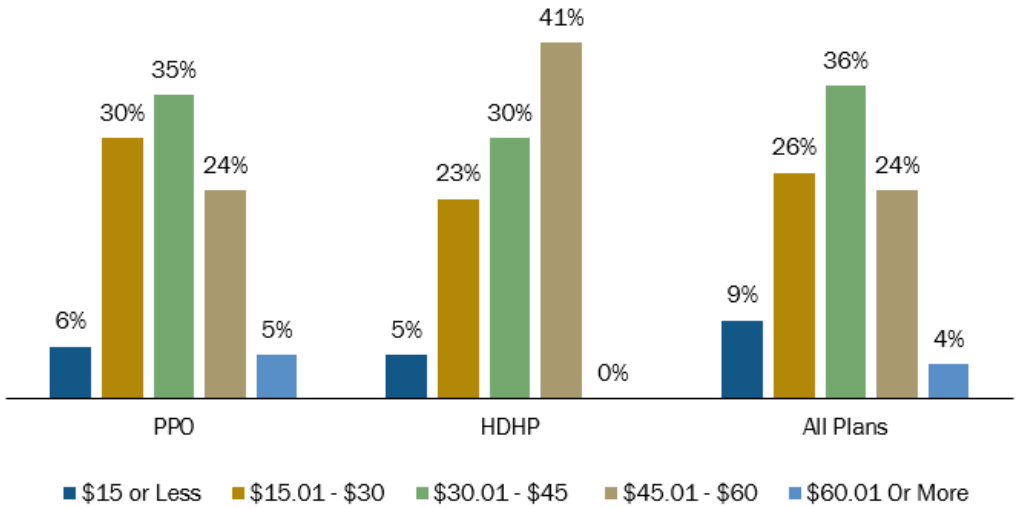


Exhibit C: Sample Benchmarking



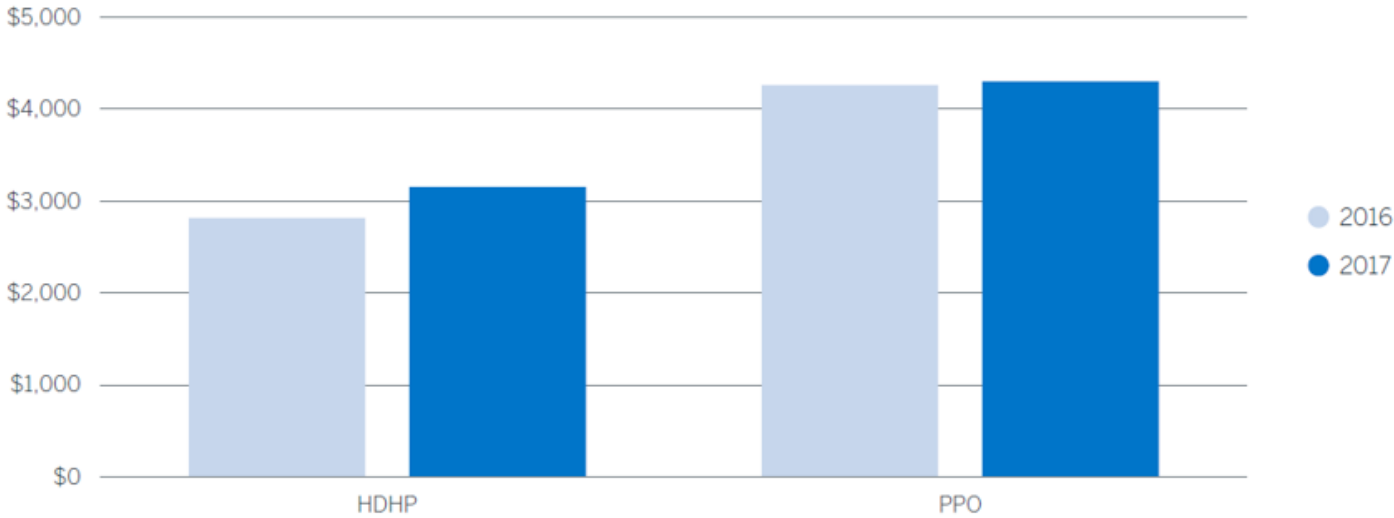
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Distribution of Co-Payments for a Specialist Physician Office Visit, by Plan Type



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2017

Figure 3.1: Average Annual Employee-Paid Premium by Plan Type | Family Coverage



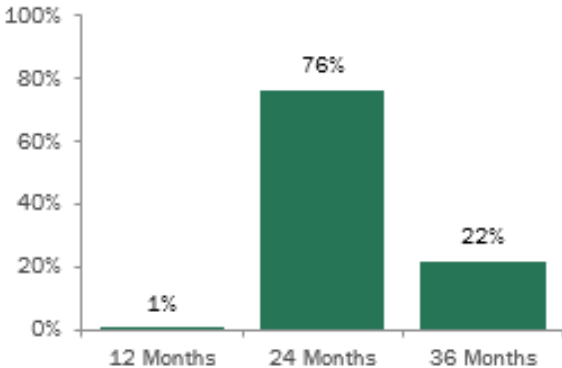
Employee-paid premiums for HDHPs rose more than 12 percent for family coverage, while employee-paid premiums for PPOs increased modestly in comparison.

Source: BenefitFocus The State of Employee Benefits Survey, 2017

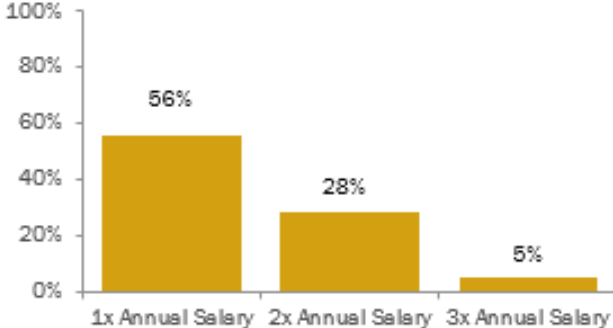


Benchmarking | Basic Life Plan Design

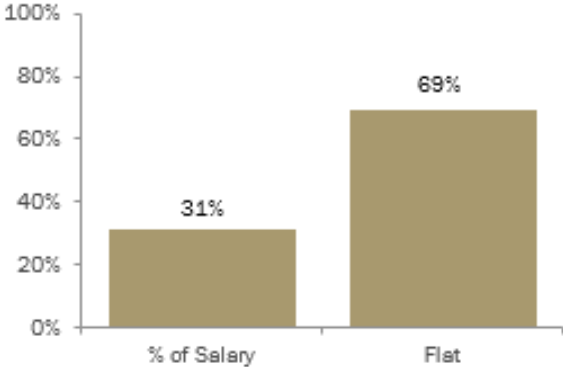
Rate Guarantee Period



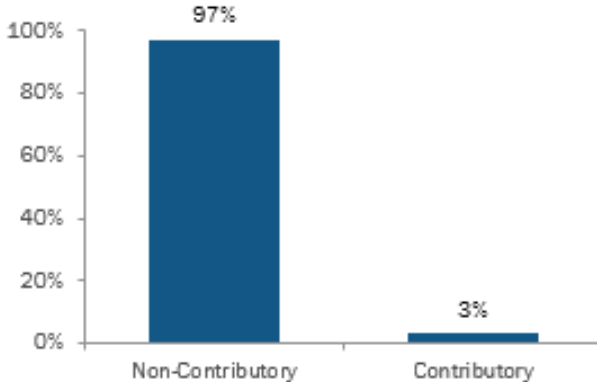
% of Salary



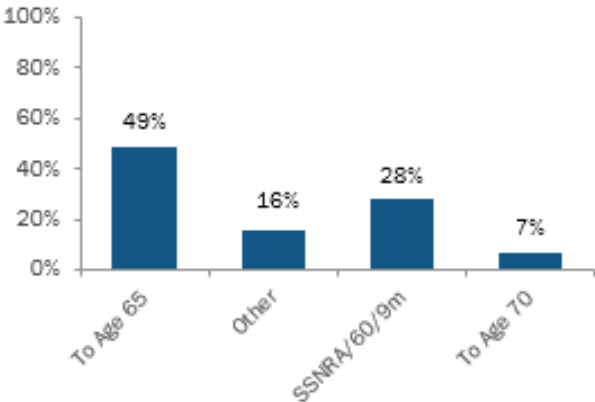
Plan Design



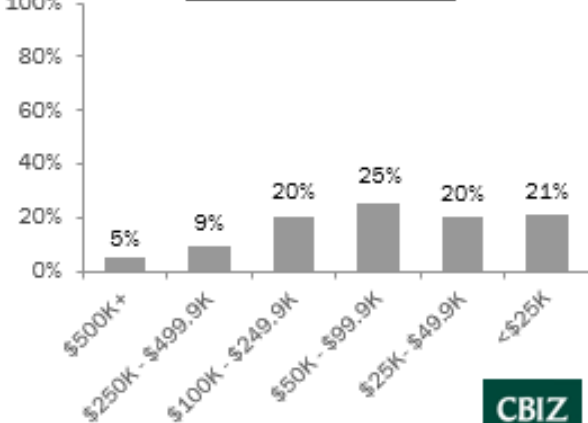
Contributory Basis



Waiver of Premium



Maximum Issue Limit

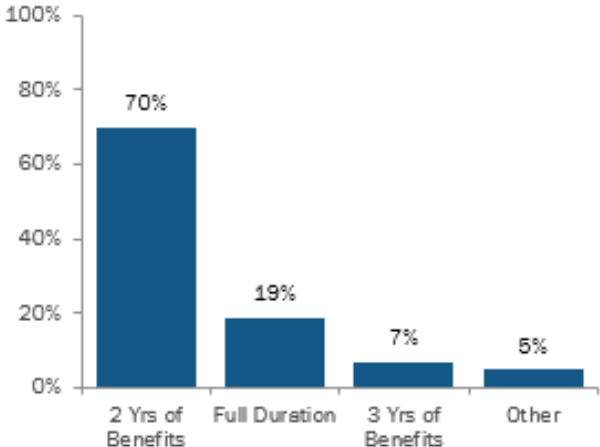


Source: Group Marketshare, LLC,
*Based on 31,418 cases (Industry Data including Guardian)

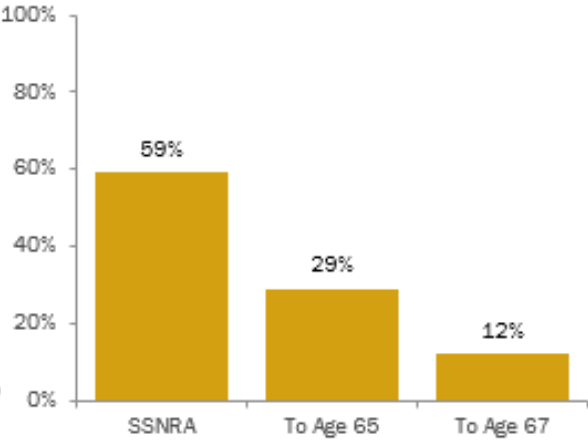


Benchmarking | Long Term Disability Plan Design

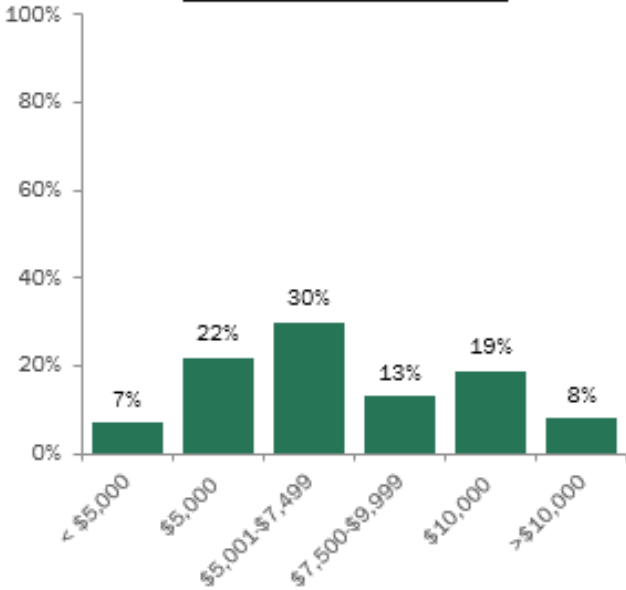
Own Occupation Period



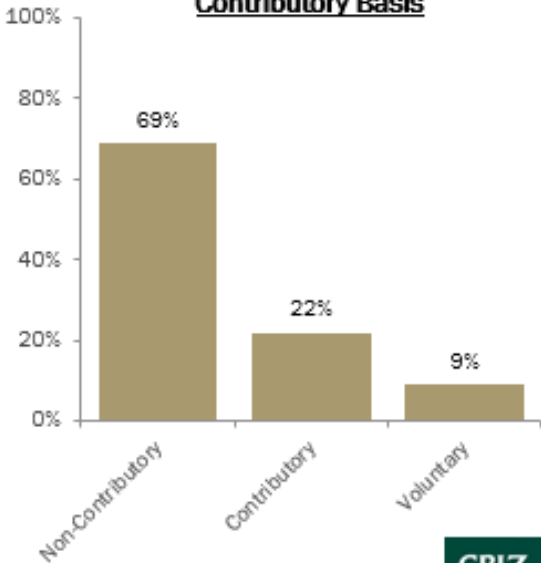
Maximum Benefit Period



Maximum Benefit Amount



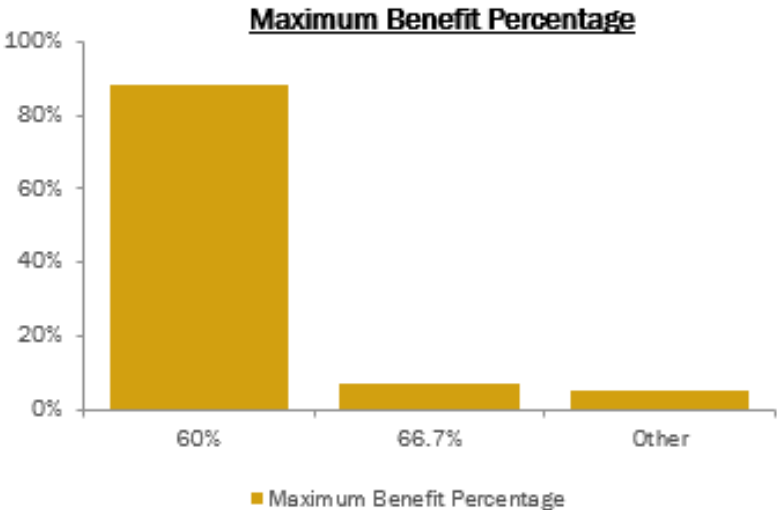
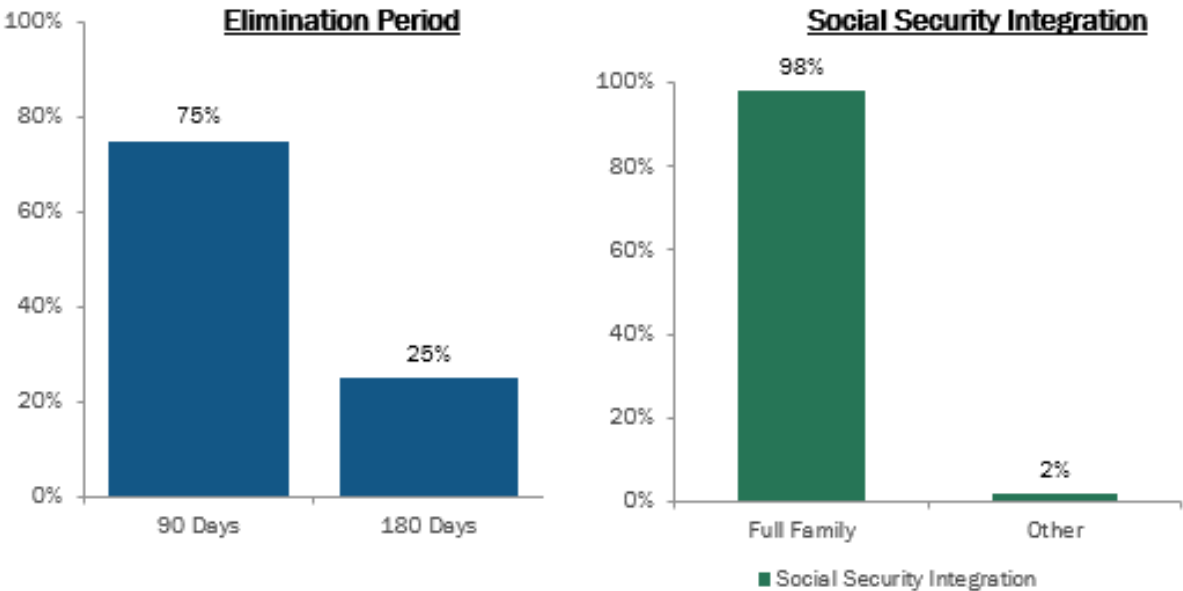
Contributory Basis



Source: Group Marketshare, LLC,
*Based on 31,418 cases (Industry Data including Guardian)



Benchmarking | Long Term Disability Plan Design

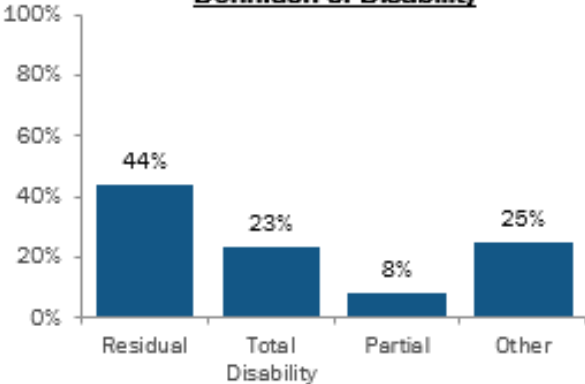


Source: Group Marketshare, LLC.
*Based on 31,418 cases (Industry Data including Guardian)

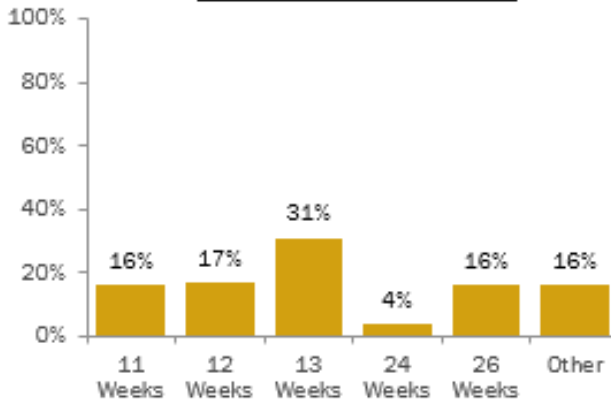


Benchmarking | Short Term Disability Plan Design

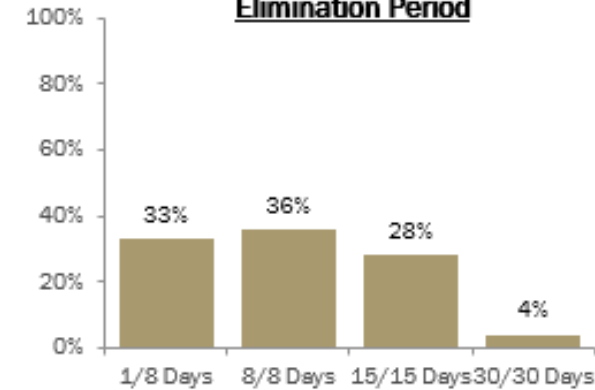
Definition of Disability



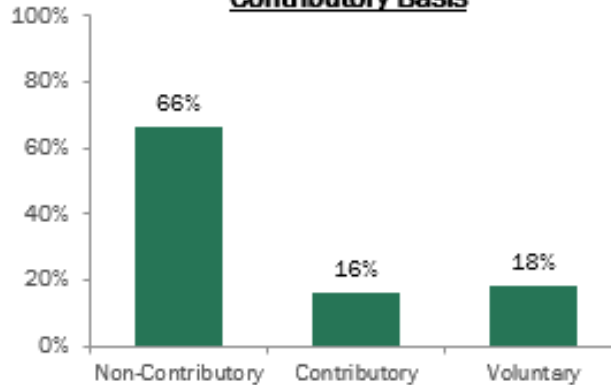
Maximum Benefit Period



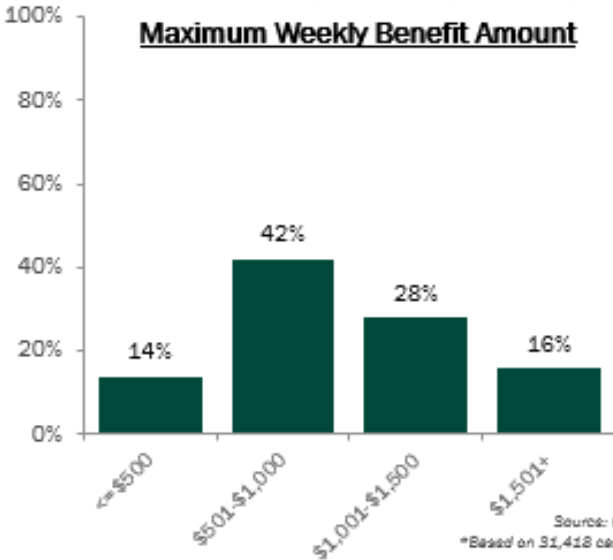
Elimination Period



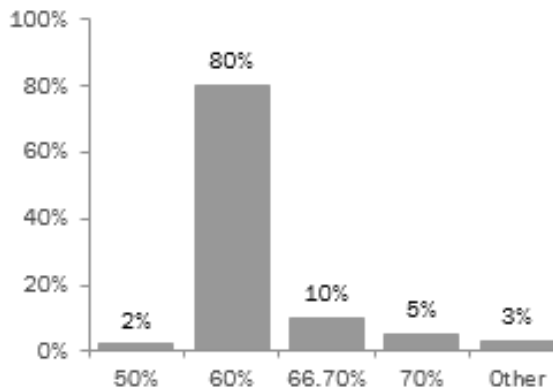
Contributory Basis



Maximum Weekly Benefit Amount



Maximum Benefit Percentage

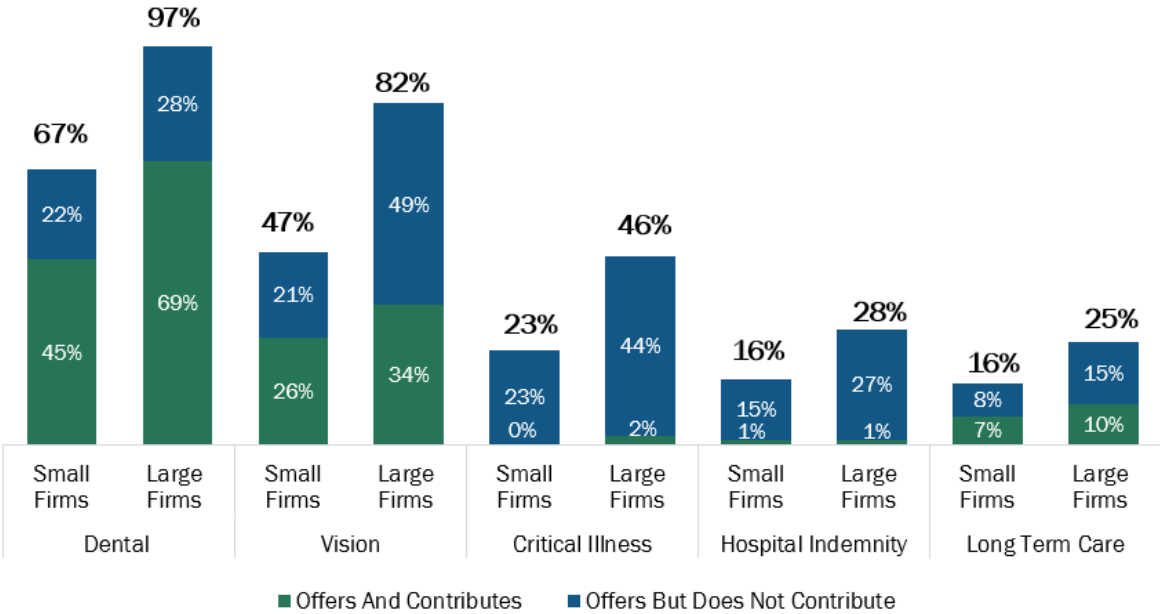


Source: Group MarketShare, LLC. *Based on 31,418 cases (Industry Data including Guardian)



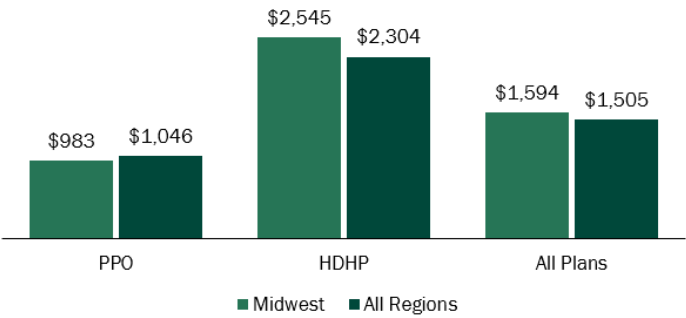
Joplin Schools RFQ – Group Benefit Broker/Consultants

Percentage That Offers Supplemental Insurance in Addition to Benefits Offered Through the Health Plan, by Firm Size



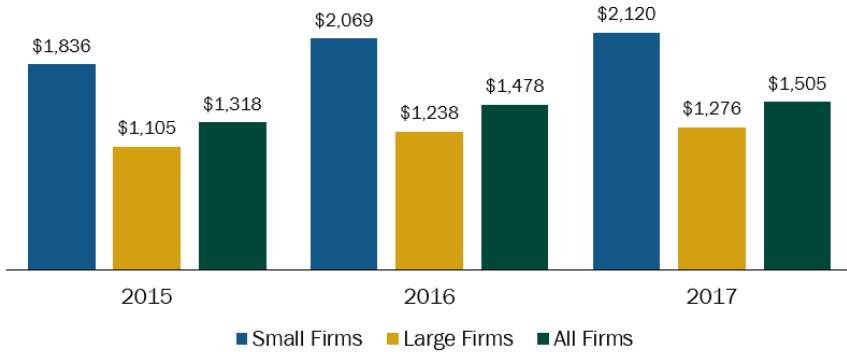
Source: Kaiser Family Foundation and Health Research 2017

Average Annual Deductible for Single Coverage, by Plan Type and Region



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2017

Average Annual Deductible for Single Coverage, by Firm Size



NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits-2017.



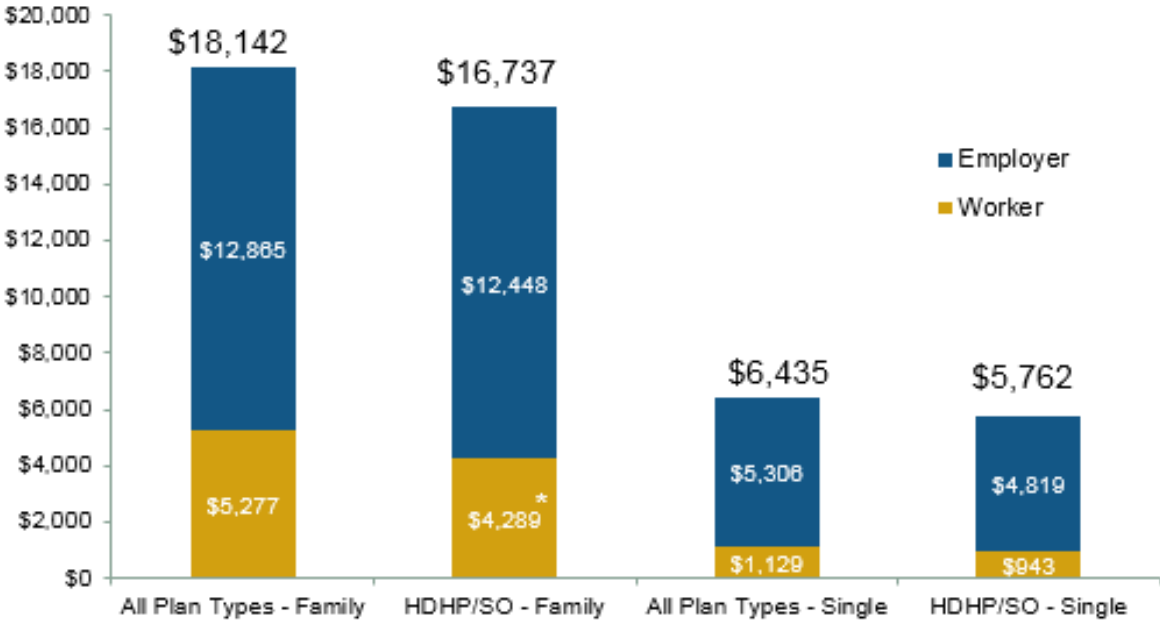
Benchmarking | Cost

Employee Contributions

Contribution as a % Total	Single Coverage	Dependent coverage
<10%	8%	4%
10%-14%	12%	8%
15%-19%	13%	8%
20%-24%	29%	26%
25%-29%	18%	20%
30%-39%	13%	18%
40%+	7%	16%

Source: Health and Well-Being Touchstone Survey Results PwC 2016

Average Annual Firm and Worker Premium Contributions and Total Premiums for Covered Workers for Single and Family Coverage, by Plan Type, 2016



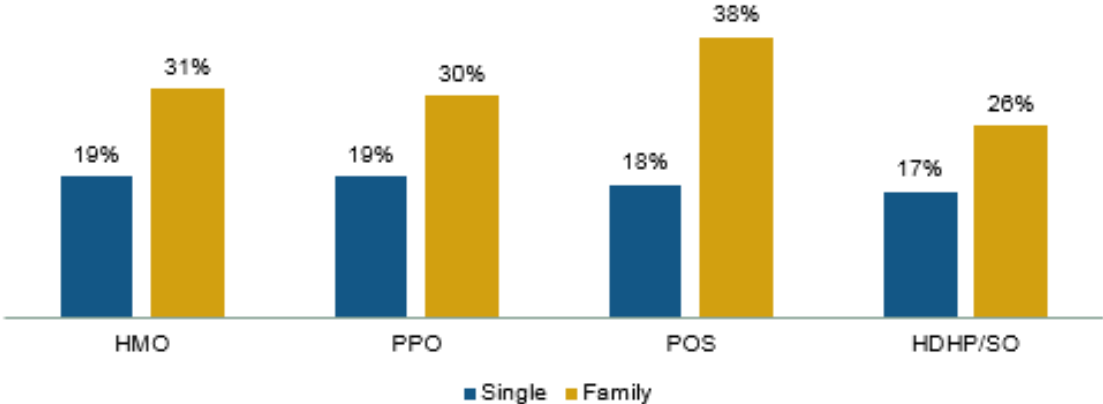
*Estimate is statistically different from All Plans estimate by coverage type (p<.05).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits-2016.

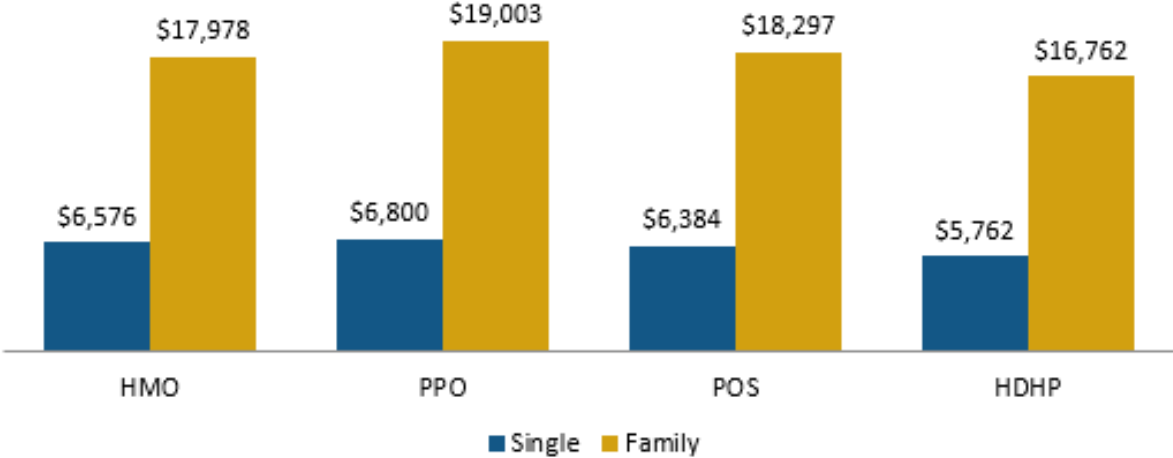


Benchmarking | Cost

Average Employee Contribution as a Percent of Premium (National)



Average Annual Premiums for Covered Workers by Plan Type & Current Plan Premiums



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016



Joplin Schools RFQ – Group Benefit Broker/Consultants

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

Annual HSA Census Survey

Published by Americas Health Insurance Plan (AHIP)

BCBS Medical Cost Reference Guide

Published by Blue Cross/Blue Shield

Employee Benefits in the United States

Published by Bureau of Labor Statistics

National Compensation Survey: Employee Benefits in the United States

Published by Bureau of Labor Statistics

Employee Benefits Study

Published by U.S. Chamber of Commerce

Employee Benefits Market Survey

Published by Council of Insurance Agents and Brokers

The Future of Employment-Based Health Benefits: Have Employers Reached a Tipping Point?

Published by Employee Benefit Research Institute

HMO/PPO Directory

Published by Grey House Publishing

Health Care Cost Survey

Published by Hewitt Associates

Benefits & Behavior: Spotlight on Group Medical

Published by Guardian Life Insurance

Employer Health Benefit Survey

Published by Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET)

National Survey of Employer-sponsored Health Plans

Published by Mercer

Milliman Medical Index

Published by Milliman

Behind the numbers: Medical cost trends

Published by PricewaterhouseCoopers

Health Plan Cost Trend Survey

Published by Sibson Consulting, a division of Segal Company

SHRM Benefits Survey Report

Published by Society for Human Resource Management

Health Care Cost Survey

Published by TowersPerrin

Pension and /or Retirement Surveys

Annual 401k Benchmarking Survey

Published by Deloitte Consulting LLP, the International Foundation and the International Society for Certified Employee Benefits Specialists

Retirement Confidence Survey (RCS)

Published by Employee Benefit Research Institute

PSCA's 51st Annual Survey of Profit Sharing and 401(k) Plans

Published by Profit Sharing/401k Council of America



Exhibit D: Sample Strategic Planning



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	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	2017	2018	2019
PLAN DESIGN AND BENEFITS	<ul style="list-style-type: none"> • Medical RFP • Refine Medical Plan to 1 PPO and 2 High Deductible Health care 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 benefits differential
ENGAGEMENT	<p>Incorporate Wellbeing in the Open Enrollment Communications</p> <ul style="list-style-type: none"> • Consider the following activities for 2018 <ul style="list-style-type: none"> ○ HRA ○ Biometrics ○ Smoking cessation/smoke free 	<ul style="list-style-type: none"> • 2018 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 2018 requirements
INCENTIVES	<ul style="list-style-type: none"> • Premium Differential – in 2018 	<ul style="list-style-type: none"> • Premium Differential • Evaluate Benefits Differential 	<ul style="list-style-type: none"> • Premium or Benefits 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 BENEFITSS	<ul style="list-style-type: none"> • Preventive pharmacy benefits 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 2017 • Calendar of events • Health Coaching • Incentive Tracking 	<ul style="list-style-type: none"> • Pending analytics
COMMUNICATION AND BENEFITS ENROLLMENT	<p>Participation requirements</p> <ul style="list-style-type: none"> • HRA / HSA education • 2018 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
HEALTH CARE REFORM	<ul style="list-style-type: none"> • Health care 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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Strategic Plan



2015 - Establish a Solid Understanding of Current State and Define Future State

- ✓ Hold Initial Observations/Recommendations Discussion
- Branding/Culture/Organizational Commitment
- ❖ Organizational Culture and Wellbeing Assessment
- ✓ Compliance Checklist Completion/Chart of Notices
- ❖ Assess Value of Third Party Discrimination Test
- ✓ Collaboratively Define Priorities for Strategic Plan
- ❖ Evaluate Data Integration
- Establish Scorecard Metrics
- ❖ Determine ACA Reporting tool
- ❖ Financial Analysis of ACA Strategy

- Introduce Consumer Driven Plans
- Rewarding Participation
- Expanding Employee-paid Benefit Options
- Increasing Engagement Through Multi-media Communication and 3rd Party Enrollment Partnership
- Maintain Consistent Performer Trend
- Market Analysis
- Implement Telemedicine

- Rewarding Achievement
- Reporting Outcomes
- Return on Investment
- Value on Investment

2016

2017

2018

- Ramp Up and Launch Wellbeing Platform
- Wellbeing Committee Strategy Development
- ❖ Market Analysis for 2017
- ❖ Onsite Clinic Optimization Study
- Establish Baseline Data/ Scorecard
- Focus groups for messaging
- Crafting Employee Message and begin Wellbeing and Consumerism Education
- Review Cost Containment Strategies to maintain Consistent Performer Trend
- ❖ Integration Absence Management (evaluation)
- ❖ Review London Medical Management and Telemedicine
- ❖ Analysis of 4-tier rate structure
- ❖ Health Nurse Advocate Collaboration

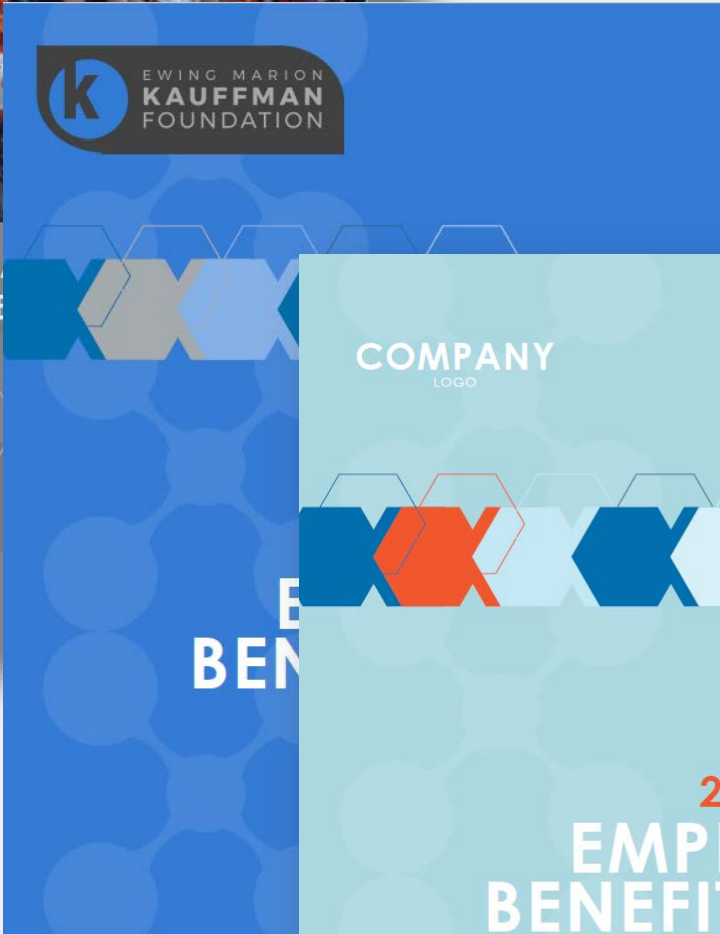
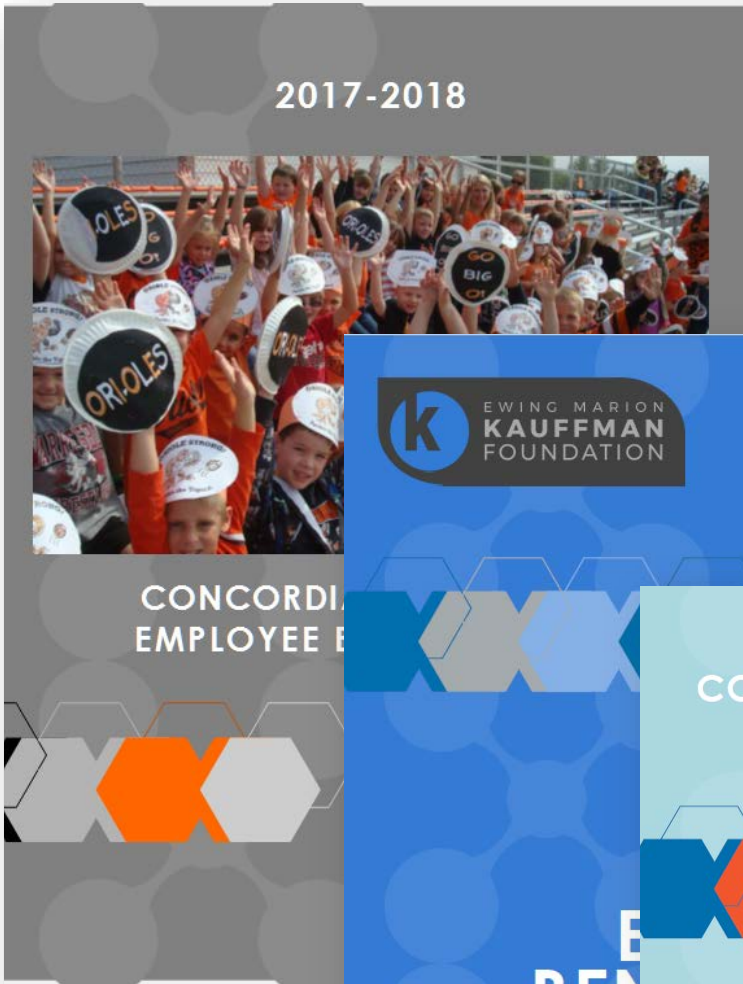
✓ Achieved in 2015 ➤ In process
 ❖ Achieved in 2016 Moved to Future Year



Exhibit E: Sample Employee Communications



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Joplin Schools RFQ – Group Benefit Broker/Consultants

HEALTH AND WELLNESS

8 HEALTH AND WELLNESS INITIATIVES



INITIATIVES

Unity values your health and well-being and has worked to provide you with resources to maintain a healthy lifestyle, including:

- A gym membership to the on-site fitness center
- Discounted personal training sessions through the gym
- Healthy dining options
- Informational classes on various health-related topics
- On-site biometric screenings, so you know your health status
- Employee Assistance Program (EAP) to address personal and work/life concerns

As health insurance premiums are directly tied to the health status of our population, we will continue to encourage employees enrolled in the health plan for activities that promote healthy living.

DO YOU WANT TO MAINTAIN A DISCOUNTED MEDICAL PREMIUM?

While participation is voluntary, you will need to actively participate in the health and wellness program in 2018 to maintain your wellness discount through 2019.

Medical Networks



You will continue to have four plans to choose from. Your Base QHDHP and PPO plans use the Blue Select Network while the Buy-Up QHDHP and PPO use the Preferred-Care Blue Network.

It is very important that you understand the network of providers, and review the providers and hospitals in the networks, using the provider search on bluekc.com, before selecting a plan.

If you elect the Base QHDHP or PPO, and use a provider or hospital outside the Blue Select Plus network, your out-of-pocket maximum will increase dramatically.

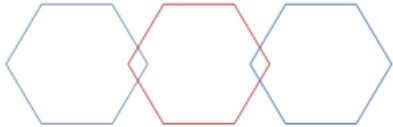


Blue Select Plus Hospitals are limited to:

- Children's Mercy Hospital
- Children's Mercy South
- Liberty Hospital
- North Kansas City Hospital

Network Differences

Preferred-Care Blue	Blue Select Plus
1) Applies to: Buy-Up QHDHP Buy-Up PPO	Applies to: Base QHDHP Base PPO
2) Larger network in Greater KC area as well as Nationally and Internationally	Smallest network, limited to 9 hospitals and approximately 3,300 providers
3) Provides out-of-network coverage	Providers in the Greater KC area, but not participating in the Blue Select Plus Network, are subject to the out-of-network deductible and out-of-pocket maximum. If you are outside of the Greater KC area and need care, you will have access to the BOBS national Blue Care PPO network and receive in-network benefits.



Joplin Schools RFQ – Group Benefit Broker/Consultants

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CONTACT INFORMATION

If you have any questions regarding your benefits, please contact [CARRIER NAME], or your [COMPANY NAME] Human Resources representative, or our CBIZ representative(s) listed below.

Medical
[MEDICAL CARRIER NAME]
[WEBSITE]
[PHONE NUMBER]

Dental
[DENTAL CARRIER NAME]
[WEBSITE]
[PHONE NUMBER]

Vision
[VISION CARRIER NAME]
[WEBSITE]
[PHONE NUMBER]

Basic Life and AD&D, Voluntary Life and AD&D, Dependent Life, Short-Term Disability and Long-Term Disability
[DISABILITY CARRIER]
[WEBSITE]
[PHONE NUMBER]

Virtual Benefits
[TELEHEALTH VENDOR NAME]
[WEBSITE]
[PHONE NUMBER]

Flexible Spending Account
[FLEX VENDOR NAME]
[WEBSITE]
[PHONE NUMBER]

Benefits Team
[COMPANY NAME]
[BENEFITS TEAM & HUMAN RESOURCES REPRESENTATIVE CONTACT INFORMATION]

CBIZ Representative(s)
[NAME]
[CONTACT INFORMATION]

- Welcome 2
- Contact Information & Table of Contents 3
- Understanding Medical Plan Options 4
- Care Options and When to Use Them 5
- TeleHealth 6
- Your Medical Insurance 7
- Understanding Health Savings Accounts 8
- Flexible Spending Accounts 9
- Voluntary Dental Insurance 10
- Voluntary Vision Insurance 11
- Basic Life and AD&D 12
- Voluntary Life and AD&D 13
- Disability Insurance 14
- Short-Term Disability 15
- Long-Term Disability 16
- Long-Term Care 17
- Critical Illness & Accidental Death and Dismemberment 18
- 401(k) Retirement Plan 19
- Paid Time Off Policy 20

2018 BENEFITS OVERVIEW

FOR BENEFITS EFFECTIVE 1/1/18-12/31/18

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. This year when we reviewed our employee benefits options, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees while offering multiple

COMPANY
LOGO

IMPORTANT DATES

Open enrollment runs
[START DATE] – [END DATE].

EMPLOYEE EDUCATION MEETINGS

We will be hosting informational sessions providing an opportunity for you to ask questions. Representatives from CBIZ (our insurance consultants) and [CARRIER NAME] will be present.

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

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[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

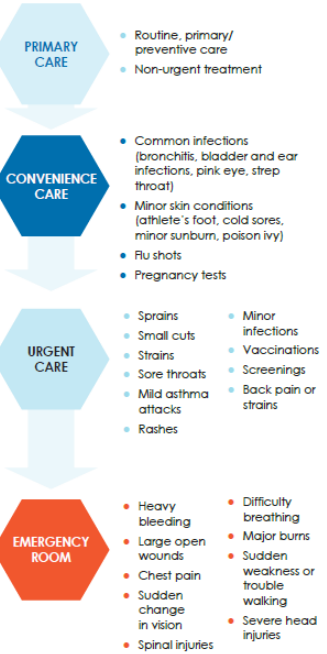
[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

[MONTH & DATE]
[ME] at [Location]

CARE OPTIONS AND WHEN TO USE THEM

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. And, be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting [MEDICAL CARRIER WEBSITE].



PRIMARY CARE

For routine, primary/preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.

CONVENIENCE CARE

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

URGENT CARE

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours—or if you can't be seen by your doctor immediately—you may consider going to an Urgent Care Center, where you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY ROOM

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in any of the following:

- Serious jeopardy to your health or the health of an unborn child
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If you obtain care at an emergency room, you will likely pay more out of pocket than if you were treated at your doctor's office, a Convenience Care Center, or Urgent Care facility.

Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 911, even if your symptoms are not described here. **CALL 9-1-1**



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Table of Contents x 2018 Benefit Changes & Information pages: 2-3 / 12

BENEFITS ANNUAL ENROLLMENT
Sun Valley School District # 228 - Benefits October 2017

Enroll in your 2018 Plan Year Benefits between October 10 - November 2, 2017
Employee Benefit Changes & Information Effective January 1, 2018
Changes to your plan benefits and programs are typically recommended by members of the Employee Benefits Committee in the Negotiations Committee and to the Board of Education. Plans, amounts, contract provisions, rates, carriers and providers are subject to change and/or termination.

District Benefit Fairs
District Benefit Fairs will be held in the District Office High Plains Room (lower level of Academic Services) on:
October 10th, 2017 Noon to 7 pm
October 11th, 2017 10 AM to 5 PM
Vendors and Benefits Department staff will be available to help answer your questions. A computer lab will be set up to help employees research their benefits for the 2018 Plan Year.

Want to Save Some Cash?
Then check out the **Revolving Cash** offering here: [Revolving Cash](#)

How can SPIRA help me save?
October 10th and 11th
Located in the Board Room of the District Office Administration

2018 Updates

- Enrollment Information
- BlueCross Updates
- Health/Disability Plan - SPIRA
- Auto/Health Plan - SPIRA
- Auto/Health Plan - SPIRA
- Auto/Health Plan - SPIRA
- Additional Benefits
- New! Short-Term Disability & Voluntary Life Insurance
- Vendor - Physical
- Health/Disability
- Retirement Plans
- Voluntary Life Insurance

TO ENROLL -

- Go online to www.cbiz.com/sunvalley
- Click on **HELP** for your USERNAME and PASSWORD

OR

- Call the Enrollment Center at: (888) 972-3430
Toll-free: 8:30 am and 5:08 pm
Monday - Friday

CONFIRM -
Once you have completed the enrollment process, a confirmation statement will be available for your review.

- If correct, click "Confirm." You will then receive a confirmation number.
- If incorrect, click "Change." You may change your enrollment as many times as necessary during your enrollment period.

You will receive a confirmation number when you complete the process and after each enrollment change.

Your enrollment is not complete until you receive your confirmation number.

Table of Contents x Ability KC 2018 Benefits Overview pages: 2-3 / 22

Welcome to the 2018 Benefits Open Enrollment
October 20th - November 1st

2018 BENEFITS AT A GLANCE

- No change to Enrollment or Plan
- No change to Enrollment or Plan
- No change to Enrollment or Plan

HOW TO MAKE CHANGES
Employees wishing to make any changes to their enrollment should log in to the Enrollment Center at www.cbiz.com/abilitykc and follow the prompts to make changes. If you are unable to make changes online, please contact the Enrollment Center at (888) 972-3430.

WHO IS ELIGIBLE?
Employees who are currently employed and have worked for Ability KC for at least 90 days are eligible to enroll in the 2018 Plan Year. Employees who are currently employed and have worked for Ability KC for at least 90 days are eligible to enroll in the 2018 Plan Year.

CONTACT INFORMATION
Blue Cross Blue Shield of Kansas City
Sun Valley School District # 228
1000 W. 12th St., Suite 100
Lawrence, KS 66044
(888) 972-3430

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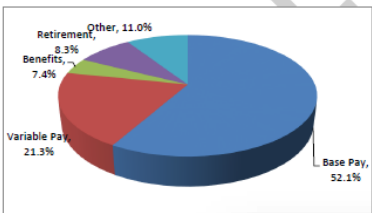
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Your ABC Company Job Offer

Prepared especially for John Smith

Shown below is the value of your ABC Company package, the amounts estimated to be paid to you and contributed on your behalf by the Company. The pie chart depicts the major categories of your ABC Company package. As you can see below, benefits paid by the Company will represent 26.7% of your total compensation package.

If you would like to model different benefit options to see the impact on the Company contributions, click on the following link: <http://www.tcoffers.com/abc-company/jsmith.html>



Compensation	
Base Salary:	
Variable Pay	
Bonus (15%):	
Signing Bonus:	
Long-Term Incentive Pay:	
Total Direct Compensation:	
Benefits	
Health and Welfare	
Medical Plan:	
Dental Plan:	
Vision Plan:	
Short-Term Disability Plan:	
Long-Term Disability Plan:	
Retirement	
Defined Contribution Retirement Plan:	
Social Security & Medicare:	
Other	
Paid Time Off	
Tuition Reimbursement:	
Company Cell Phone Allowance:	
Total Benefits:	
Total Compensation & Benefits:	

Page 2 of

Notes and Assumptions:

Base Salary	Base salary payable in 24 semi-monthly installments.
Bonus	Target bonus amount is contingent upon company performance and is paid on the third pay period of each fiscal year.
Medical Plan	Medical plan employer contribution is based on Blue Cross Blue Shield's \$2,500 deductible plan for employee only. Other plans may be modeled on the TCOffers website.
Dental Plan	Dental plan employer contribution is based on Delta Dental's employee only plan. Other plans may be modeled on the TCOffers website.
Vision Plan	Vision plan employer contribution is based on Blue Cross Blue Shield's employee only plan. Other plans may be modeled on the TCOffers website.
Defined Contribution Retirement Plan:	Defined contribution retirement plan is based on employer matching of 6% of annual salary.
Social Security & Medicare	Social Security & Medicare contributions are based on 6.2% of annual salary.
Short & Long-Term Disability	Short and Long-Term Disability amounts are based on employer cost for maximum level of coverage. Other benefit levels may be modeled on the TCOffers website.
Company Cell Phone Allowance	Company cell phone allowance is based on reimbursement amount of up to \$70 per month.



November 1, 2017

Mr. John Smith
123 Main St.
St. Louis, MO 63101

Dear John Smith,

Congratulations! This letter is to confirm our verbal offer to have you join ABC Company. Below you'll find specifics of your offer, compensation, and benefits. We're excited to have you join the team!

Offer Specifics:

Effective Date of Job Offer:	November 15, 2017
Job Title:	Accountant
Base Annual Salary:	\$38,000
Exemption Status:	Exempt
Target Bonus:	15%
Signing Bonus:	\$5,000

You will be eligible for 15 days of vacation, 8 holidays, and 5 sick days. See additional notes regarding these benefits on the following pages.

Your benefits will begin on the first of the month following one month of continuous employment. This letter is not a contract of employment. As an employee, you are an employee at-will. As you know, in the ordinary course of business, pay and benefit plans evolve as laws, employee, and/or business needs change. If, in the future, it becomes necessary to change any current benefit or compensation plans, these changes will apply to you as they do to other eligible employees.

During your on-boarding experience, you and your manager will set expectations and establish goals. To accept this offer, please sign and return this offer letter.

Regards,

Jane Smith
Recruiter
JSmith@abccompany.com
800-555-5555

Signature: _____ Date: _____

Page 1 of 3



Exhibit F: 2018 Webinar Series



Joplin Schools RFQ – Group Benefit Broker/Consultants



B&I Webinar Series 2018

ESO: Benefits & HR Technology · Compliance · Wellbeing Solutions
Talent & Compensation Solutions · Property & Casualty · Retirement Plan Services

The CBIZ Benefits & Insurance Services (B&I) webinar series returns in 2018 with a fresh lineup of programs to help you grow as a professional as you help to grow your business. Our expert speakers will bring you timely information in a convenient, cost-effective format. Mark your calendar and make the connection! Sign up for free today.

<p>Tuesday, Jan. 23 1 to 2 p.m. Central Time</p>	<p>7 Trends in Total Compensation – A Guide to Maximizing Your Organization's Value Make sure your company is more than just a paycheck to the employees you want on your team. Stay informed – stay competitive – by keeping up with the latest in total compensation! Approved for 1 HR (General) recertification credit through the HR Certification Institute.</p>	<p>Presenter: Ed Rataj of CBIZ Talent & Compensation Solutions. Who Should Attend: Human resources professionals, chief financial officers and any management team members interested in compensation program design. Employers of all sizes are welcome.</p> 
<p>Tuesday, Feb. 27 1 to 2 p.m. Central Time</p>	<p>Benefits-Law Tax Reform: What Changes Are In Store? What is the status of employee benefits law as it relates to tax reform – and what does it all mean for employers? Help yourself stay up to date as we review the lay of the land on benefits-related taxes. Approved for 1 HR (General) recertification credit through the HR Certification Institute.</p>	<p>Presenters: Karen McLeese of Regulatory Affairs for CBIZ Benefits & Insurance Services, Inc., and Bill Smith of the CBIZ MHM National Tax Office. Who Should Attend: Human resources executives or anyone else responsible for HR compliance, chief operating officers and CEOs. Employers of all sizes are welcome.</p>  
<p>Tuesday, March 20 1 to 2 p.m. Central Time</p>	<p>Cybersecure? How to Prevent Liability Exposure and Mitigate Risk at Your Organization Protect your organization from cyber liability exposures by exploring the causes of data breaches, how to mitigate cyber risk and why you should look into cyber liability insurance. Approved for 1 HR (General) recertification credit through the HR Certification Institute.</p>	<p>Presenters: Damian Caracciolo of CBIZ's Executive Protection Practice and Christopher Roach of CBIZ Risk & Advisory Services. Who Should Attend: Chief financial officers, CEOs, HR managers, chief information officers, chief technology officers and information technology specialists. Employers of all sizes are welcome.</p>  
<p>Tuesday, April 17 1 to 2 p.m. Central Time</p>	<p>Exploring Self-Funded Benefits Strategies Discover self-insurance strategies your organization may be able to implement to manage health care costs, reduce human resources' administrative burdens and improve employee experience. Approved for 1 HR (General) recertification credit through the HR Certification Institute.</p>	<p>Presenter: Jim Pajauskas of CBIZ Employee Services Organization (ESO). Who Should Attend: Human resources professionals, finance leaders and C-suite executives. Recommended for organizations with 50 to 1,000 employees.</p> 
<p>Tuesday, May 15 1 to 2 p.m. Central Time</p>	<p>Why You Should Invest in the Financial Wellness of Your Employees From student loan management to retirement planning, much of the workforce could use some help. Come explore how a financial wellness program can enhance your employee benefit offerings. Approved for 1 HR (General) recertification credit through the HR Certification Institute.</p>	<p>Presenter: Eric Endress of CBIZ Retirement Plan Services. Who Should Attend: C-suite executives and human resources professionals. Open to companies of all sizes.</p> 

(Continued on back page)

TO REGISTER for 2018 B&I webinars, go to www.cbiz.com and look under "Webinars & Events." If you are looking at an electronic PDF of this calendar, click on the webinar title(s) or date(s) listed here to link directly to the corresponding registration page. All information listed on these pages is subject to change. **FOR MORE INFORMATION:** Email juditha@cbiz.com.

The use of this seal confirms that each activity listed here has met the HR Certification Institute's® (HRCI®) criteria for recertification credit pre-approval.



Joplin Schools RFQ – Group Benefit Broker/Consultants



B&I Webinar Series 2018

ES0: Benefits & HR Technology · Compliance · Wellbeing Solutions
Talent & Compensation Solutions · Property & Casualty · Retirement Plan Services

(Continued from front page)

Tuesday,
June 19
1 to 2 p.m. Central Time

Your Wellness Program and the Law: Weighing in on Compliance Issues

Wellness programs are subject to a gauntlet of legal requirements! Help keep your wellness program in tip-top shape by joining us for a review of the current status of the laws impacting these programs.

Approved for 1 HR (General) recertification credit through the HR Certification Institute.



Presenters: Karen McLeese of Regulatory Affairs for CBIZ Benefits & Insurance Services, Inc., and Emily Noll of CBIZ Wellbeing Solutions.



Who Should Attend: Human resources executives or anyone else responsible for HR compliance, chief operating officers and CEOs. Employers of all sizes are welcome.

Tuesday,
July 17
1 to 2 p.m. Central Time

Safeguarding Your Business With Management and Professional Liability Coverage

If you offer professional services, you are liable if a mistake is made, which can harm your reputation, business and livelihood. Learn how to reduce your exposure to potential professional liability claims.

Approved for 1 HR (General) recertification credit through the HR Certification Institute.



Presenter: Damian Caracciolo of the CBIZ Executive Protection Practice.

Who Should Attend: CEOs, risk management consultants, chief financial officers and human resources personnel. Employers of all sizes are welcome.

Tuesday,
Aug. 14
1 to 2 p.m. Central Time

Culture Is Key: How to Re-Energize Your Company With a Standout Wellbeing Program

More effective strategies for engaging employees in workforce wellbeing have recently emerged. Come learn how to enhance your organization's culture, build a more productive workforce and more!

Approved for 1 HR (General) recertification credit through the HR Certification Institute.



Presenter: Emily Babcock Price of CBIZ Wellbeing Solutions.

Who Should Attend: Human resources executives and anyone responsible for managing employee health/wellbeing programs, chief financial officers and CEOs. Employers of all sizes are welcome.

Tuesday,
Sept. 18
1 to 2 p.m. Central Time

The Compatibility Factor: Making HSAs Work With Your Employee Benefits Plan

Can employers play a role in helping employees manage their health care costs? Health savings accounts (HSAs) may be one answer, but they must be set up properly. Learn how!

Approved for 1 HR (General) recertification credit through the HR Certification Institute.



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

Who Should Attend: Human resources executives or anyone else responsible for HR compliance, chief operating officers and CEOs. Employers of all sizes are welcome.

Tuesday,
Oct. 16
1 to 2 p.m. Central Time

Ensuring Your Organization's 401(k) or 403(b) Plan Is Compliant

The ever-changing retirement plan world requires that employers offering 401(k)s and 403(b)s maintain proper plan compliance and understand current issues. Join us to learn more!

Approved for 1 HR (General) recertification credit through the HR Certification Institute.



Presenter: Brad Sleniawski of CBIZ Retirement Plan Services.

Who Should Attend: Presidents, CEOs, CFOs, VPs of finance, controllers, committee and board members, HR directors, and benefits and compensation managers/-directors. Employers of all sizes are welcome.

Tuesday,
Nov. 13
1 to 2 p.m. Central Time

Year-End Legal Update

Join us for a review of 2018 legal developments involving benefits and other employer-related laws affecting businesses. We will also look toward 2019 and what we can expect in the world of welfare benefit plans.

Approved for 1 HR (General) recertification credit through the HR Certification Institute.



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

Who Should Attend: Human resources executives or anyone else responsible for HR compliance, chief operating officers and CEOs. Employers of all sizes are welcome.

TO REGISTER for 2018 B&I webinars, go to www.cbiz.com and look under "Webinars & Events." If you are looking at an electronic PDF of this calendar, click on the webinar title(s) or date(s) listed here to link directly to the corresponding registration page. All information listed on these pages is subject to change. **FOR MORE INFORMATION:** Email juditha@cbiz.com.

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12/17



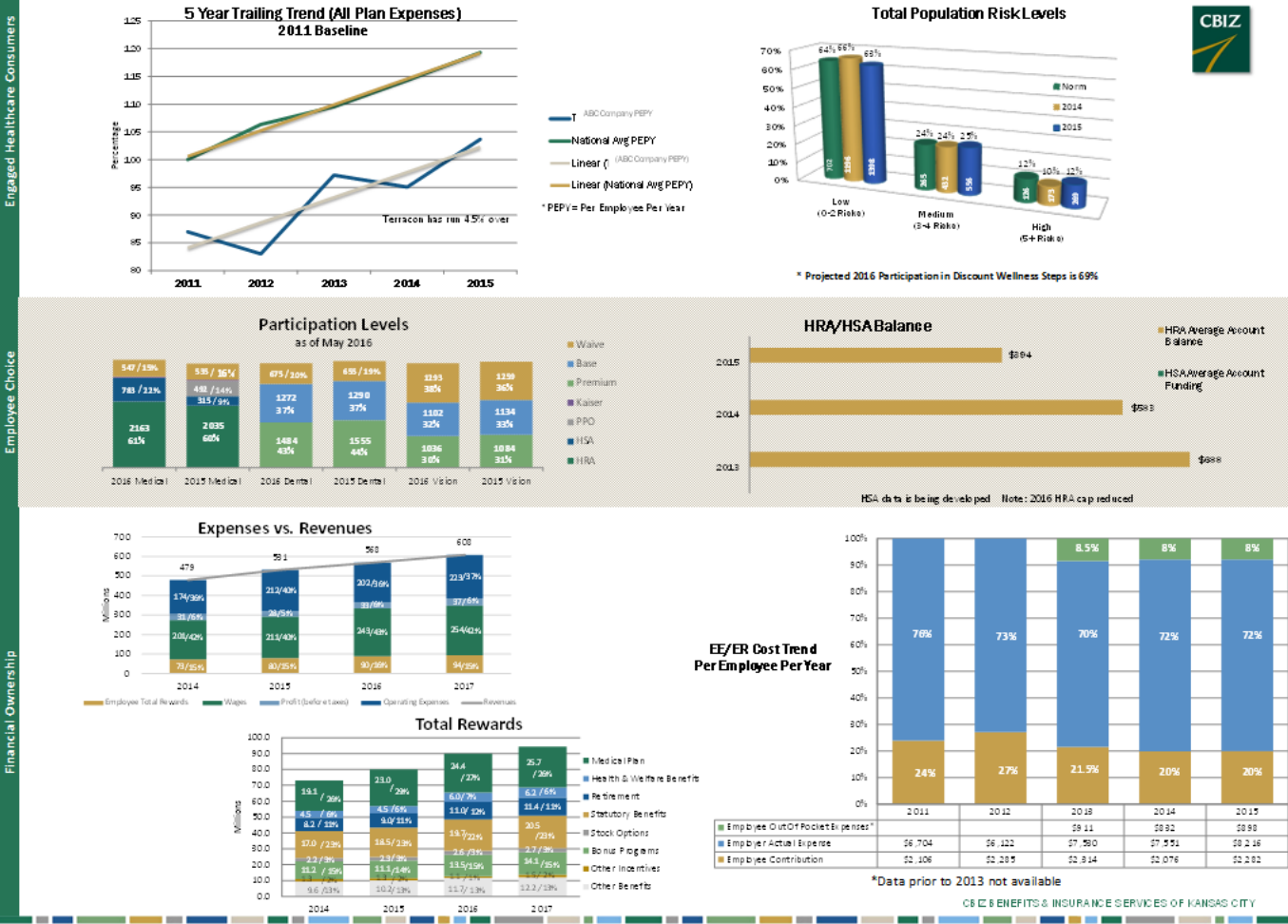
Exhibit G: Wellbeing and Employee Engagement Strategies



Joplin Schools RFQ – Group Benefit Broker/Consultants

ABC Company Annual Goals Dashboard

- GOALS**
- Engage Healthcare Consumers
 - 5 Year Trailing Trend
 - Risk Levels
 - Employee Choice
 - Participation
 - HRA/HSA Balances
 - Financial Ownership
 - EE/ER Cost Trend
 - Portfolio Mix Target



*Charts updated annually: 5 Year Trailing Trend, Total Population Risk Levels, HRA/HSA Balance, Total Rewards, Expenses vs. Revenues and EE/ER Cost Trend.



Joplin Schools RFQ – Group Benefit Broker/Consultants

ABC Company - Scorecard

	Measure	2014	2015	2016
Demographics	Total Employee Count	795	795	800
	Number of Total Members Enrolled in Medical Plan	1331	1376	1336
	Number of Active Employees Enrolled in Medical Plan	585	603	584
	Employee Average Age in Medical Plan	36.2	36.2	35.9
	Measure	2014	2015	2016
Wellness Incentive	Earned Premium Discount (Completed both the HRA and screenings)	~82%	~86%	482 (83%)
	HRA Participation	484	524	606
	Biometric Screening Participation	86%	91%	87.50%
	Average Age on HumanaVitality	N/A	N/A	48
	Average Vitality Age	N/A	N/A	55
	Percent Over Vitality Age	N/A	N/A	96.0%
	Earned Platinum Humana Vitality Status	N/A	N/A	48
	Earned Gold Humana Vitality Status	N/A	N/A	67
	Earned Silver Humana Vitality Status	N/A	N/A	126
Earned Bronze Humana Vitality Status	N/A	N/A	366	
	Measure	2014	2015	2016
HRA and Biometric Data	Most Prevalent Population Risks based on HRA data:			
	BMI - Low Risk (< 24.9)	11.0%	10.1%	7.2%
	BMI - Moderate Risk (25.0-29.9)	24.8%	23.3%	23.9%
	BMI - High Risk (>30.0)	64.3%	66.6%	68.1%
	Blood Pressure- Low Risk	43.2%	36.6%	38.7%
	Blood Pressure - Moderate Risk (Sys > 120 and <140; Dias > 80 and <90)	45.0%	50.0%	57.4%
	Blood Pressure - High Risk (Sys 140 and/or Dias > 90)	10.3%	11.8%	3.5%
	Total Cholesterol - Low Risk (TC <200)	69.2%	71.8%	69.8%
	Total Cholesterol - Moderate Risk (TC 200-239)	20.7%	18.7%	23.9%
	Total Cholesterol - High Risk (TC >240)	7.6%	6.5%	6.4%
	Glucose - Low Risk (Fasting <100 mg/dl; Non-Fasting <140)	81.8%	81.1%	84.0%
	Glucose - Moderate Risk (Fasting 100-125 mg/dl; Non-Fasting 140-199 mg/dl)	11.2%	12.0%	11.3%
	Glucose - High Risk (Fasting > 126 mg/dl; Non-Fasting >200 mg/dl)	4.8%	4.2%	4.7%
Tobacco use	13.4%	11.3%		
	2014	2015	2016	
Engagement Opportunities	List the following for each program:			
	Festus Safety and Wellness Event	175	175	250
	Community Service Involvement: Bowling For Charity Events	75 (1st event)	200+ (2 events)	
	Walk At Work Participation	144	154	
	Employee Wellness Survey: May 2014	110 participants	-	
	The Produce Man Wednesdays weekly KCATA Summer 2014	Summer/Fall 2014	-	
	Truman Healthy Harvest Mobile Market 1x a month all year 2014	Year Round	Partial Year	
	Breen Wellness Center Participation	611 June-Dec	915	
	Building One Wellness Center Participation	142 June - Dec	386	
	Health Consults onsite with wellness coordinator-	142 June - Dec	252	
	Exercise classes onsite total participation	June-Dec	230	
	Sign up for health screening and Sandwich May 18th & 22nd Participation	270 (2 events)	235 (2 events)	
	Blood Pressure Kiosks Utilization (monthly average)	72 (Jun - Dec)	228	210
	Colorful Choices (BCBS program Fall 2014)	104	-	
	Holiday Hold Down (Weight management program)	196	-	
	Healthy Wage (Employees Self-Pay) in 2015	-	34	
	Walk At Work - Meet New Wellbeing Coordinator	-	-	70
	Walk At Work - September	-	-	105
	Walk At Work - Veteran's Day			95
	Lunch N Learn - Journey to Platinum			65
	Lunch N Learn - Food Diary			35
	Lunch N Learn - Sleep Class			22
	Community Blood Drive - August			35
	October Health Fair - HumanaVitality Health Assessment Completion			370
	HumanaVitality Platinum Status Recognition Plaques			48
	Water Challenge - Maintain Don't Gain			99 out of 106 maintained
	Average Onsite Fitness Center Usage			measure in 2017
Halloween Gym Open House			65	



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	Measure	2014	2015	2016
	Behavioral Health / EAP	Total Employee Count		
Total Cases				
Total Clients Served				
EAP Annualized Rate (national average is 4-6%)				
Case Type				
Marital/Family				
Psychological/Emotional				
Legal				
Financial				
Formal Management Referral				
Alcohol/Drug				
Relationship				
Anxiety/Depression/Stress				
Work Related				
Productivity Measures	Measure	2014	2015	2016
	Sick Time Average Hours Per Employee			
	Average Tenure			
	Average Missed Routes			
	Worker's Compensation - Number of New Claims			
	Worker's Compensation - Average Claim Cost			
	FMLA - New Leave Requests			
	FMLA - Average Leave Duration (running 12 months)			
	Long Term Disability - New Claims			
	Measure	2014	2015	2016
Medical Plan	Percent of Members Preventive Exam Compliance	26.50%	27.90%	30.50%
	Primary Care Visits/1000	1941.90	1901.80	1903.10
	Monthly Plan Spend PMPM	\$1,162.00	\$1,111.00	\$1,219.00
	Number of Large claims in excess of \$50,000	16	20	20
	Number of Large claims from \$30,000 to \$50,000	26	21	30
	Percentage of all paid expenses attributed to high cost claimants (>30K)	37.30%	37.90%	42.30%
	Overall Expenses (Paid PMPM)	August 13 to July 14	August 14 to July 15	August 15 to July 16
	Inpatient Facility	\$59.77	\$53.45	\$76.04
	Outpatient Facility	\$129.30	\$115.80	\$149.72
	Professional	\$110.50	\$109.05	\$123.61
	Management Services	\$5.55	\$5.58	\$5.46
	Total Medical	\$305.12	\$283.88	\$354.83
	Pharmacy	\$83.03	\$103.75	\$99.32
	Emergency Room Visits/1000	291.0	290.4	316.0
	Generic Dispensing Rate	82.9	83.50%	85.10%
	Annual Trend	7.0%	0.0%	0.0%
	Refund Amount	\$601,960.00	\$667,492.00	\$909,225.00
WELCOA Benchmarks	Benchmark	2014	2015	2016
	Capturing Senior Level Support	N/A	73	
	Creating A Cohesive Wellness Team	N/A	56	
	Collecting Data to Drive Results	N/A	59	
	Crafting An Annual Operating Plan	N/A	88	
	Choosing Appropriate Health Promotion Interventions	N/A	60	
	Creating A Supportive Environment	N/A	69	
	Carefully Evaluating Outcomes	N/A	100	



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Sample Timeline

Task Deadline	Tasks
December 2017	Review Wellness Participation Numbers Analyze Outside Wellness Vendors/View Demos
January 2018	Wellness Vendor Decision
February - April 2018	Wellness Vendor Implementation Process (90 days) <ul style="list-style-type: none"> Plan wellness s Develop comm
April 2018	Educate employees
May 2018	Program/Wellness

Program Snapshot – Biometric Risk Sift

Measure	2014 - 2015	2015 - 2016	2016-2017
Blood Pressure- Low Risk	32%	30%	32%
Blood Pressure - Moderate Risk	51%	57%	47%
Blood Pressure - High Risk	17%	13%	22%
Cholesterol ratio - Low Risk	n/a	n/a	77%
Cholesterol ratio - Moderate Risk	n/a	n/a	17%
Cholesterol ratio - High Risk	n/a	n/a	6%
Glucose - Low Risk	84%	77%	74%
Glucose - Moderate Risk	14%	19%	19%
Glucose - High Risk	1%	5%	7%
BMI - Low Risk	24%	23%	43%*
BMI - Moderate Risk	32%	35%	12%*
			44%
			14%
			37
			TBD
			TBD

Excess Healthcare Costs By Risk

This data is from employees who completed the biometric screening. It is not based on a cohort.

Biometric	Definition	Excess Cost Per Risk	2014/2015		2015/2016		2016/2017	
			# of High Risk Employees	Excess Health Care Cost	# of High Risk Employees	Excess Health Care Cost	# of High Risk Employees	Excess Health Care Cost
Blood Pressure	≥ 140/90 mmHG	\$1,442	24	\$34,608	19	\$27,398	28	\$40,376
Total Cholesterol	≥ 240 mg/dl	\$1,005	14	\$14,070	23	\$23,115	22	\$22,110
Glucose	Fasting ≥ 126 mg/dl or Non-Fasting ≥ 200 mg/dl	\$3,214	2	\$6,428	7	\$22,498	9	\$28,926
Body Mass Index (BMI)	≥ 30.0	\$2,645	73	\$193,085	64	\$169,280	57	\$150,765
Tobacco Use	Attested During Open Enrollment	\$1,580	42	\$66,360	38	\$60,040	37	\$58,460
Total Annual Excess Cost			\$314,551		\$302,331		\$300,637	



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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

October | Breast Cancer Awareness Month

- National Breast Cancer Awareness Month 1
- App in a Snap 2
- On the Menu: Pumpkins 3
- Flu Shot Myth Buster 4
- Pack Up Symptom Relief 4
- Mindful Minute 5
- Trick or Treat: Halloween Tips 5
- Top 10 Tips for Saving at the Grocery Store 6



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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



Candice Janco, CBIZ Account Manager, stays motivated to walk further, faster using MapMyWalk to compare her times.

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.



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KANSAS CITY AREA
TRANSPORTATION AUTHORITY

CASE STUDY

CBIZ

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

EMILY NOLL | NATIONAL DIRECTOR OF CBIZ WELLBEING SOLUTIONS
CBIZ BENEFITS AND INSURANCE SERVICES, INC. | 443.259.3287 | ENOLL@CBIZ.COM

CBIZ

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BLUE VALLEY SCHOOL DISTRICT CLIENT CASE STUDY SITUATION

2,500+
PARTICIPANTS
ON THE
HEALTH PLAN

10+
YEARS AS CBIZ
CLIENT

LARGE SCHOOL DISTRICT
CLIENT OFFERING
BENEFITS AS A MEANS
TO ATTRACT THE BEST
EMPLOYEES IN ORDER
TO MAINTAIN STATUS AS
NATIONALLY RANKED
DISTRICT



Organizational Commitment

- Managers are empowered and held accountable to contribute to the development and maintenance of a wellbeing culture.
- Commitment to a culture of wellbeing is evident, and shared by leaders at all levels of the organization.
- Wellbeing is integral to the business strategy and program objectives align with company's business goals and values.
- Vision, mission, goals and budget in place for wellbeing program



Wellbeing Programs, Benefits & Networks

- Programs and resources available to support employees on Career/Purpose, Financial, Social, Community and Physical Wellbeing.
- Programs are meaningful and easily accessible, further making the healthiest choice the easiest choice.
- Emphasis on integration and collaboration among service providers, assurance of quality and shared accountability.

STRATEGIES



Actionable Data

- Data is gathered from the majority of employees and spouses to identify the risks and needs.
- The analysis yields recommendations on planning efforts, environmental changes, programming and engagement tactics
- Examples of data include Health Risk Assessments, demographics, claims, biometrics, community and geographic data, employee interests, audit of current wellbeing resources, organizational assessment, etc.



Sustainable Culture

- The built environment, physical work spaces, procedures and policies support culture of wellbeing and encourage healthy choices.
- A wellbeing team, which may include an advisory group, employee committee/ champions and staff dedicated to executing the strategy, such as a wellbeing coordinator, is in place to support initiatives



Communication and Engagement Methods

- Branded communication and marketing to reach all segments of a population through a variety of methods.
- Created custom benefits mobile-enabled website with concise content and intuitive design
- Both intrinsic and extrinsic incentives are used to motivate, recognize and reward healthy behaviors and outcomes.



Outcomes & Values of Investment

- Comprehensive analysis of program performance (participation, engagement, outcomes) as well as claims data, risk status, etc. used to determine impact of wellbeing program and drive strategy modification.
- Annual score card

RESULTS

- Dedicated full-time Wellbeing Coordinator
- Robust plan based incentive design to reward making incremental changes to health – managed by Bravo
- Wellbeing Platform through Live Anew
- Social connectedness
- Communication engagement goals developed based on back-end analytics
- Quarterly Engagement Programs
- Recognition Programming and Rewards including Edington CBIZ Next Practice Award Winners and HealthyKC Chamber Award
- Engaged Wellbeing Champions
- Strong Leadership Support – Engaged Principals
- Programs and activities offered throughout the year that focus on total wellbeing – raffle prizes awarded
- Strong Community Partnerships

- Savings between \$500,000 - \$2,000,000 over past five years on health care plan costs compared to other CBIZ School District clients
- Over 90% Wellbeing Program Engagement
- Biometric Screening risks of BMI, Glucose and Blood Pressure are substantially lower than Bravo BOB



Exhibit H: Sample Financial Reports



Joplin Schools RFQ – Group Benefit Broker/Consultants

Monte Carlo/Stop Loss Reporting Samples

The image displays several overlapping reports from a Monte Carlo/Stop Loss analysis. Key components include:

- Summary Table (YEAR 1):** A table showing monthly enrollment and claim data.

Month	Med/Rs Enrollment	Dental Enrollment	Paid Medical Claims	Paid Pharmacy Claims	Paid Dental Claims
Jan-15	847	862			
Feb-15	852	863	\$175,189	\$134,464	\$27,184
Mar-15	855	860	\$248,790	\$167,613	\$36,887
Apr-15	857	861	\$229,090	\$173,816	\$40,433
May-15	875	875	\$192,164	\$239,778	\$35,712
Jun-15	888	888	\$502,828	\$389,313	\$36,705
Jul-15	892	899	\$214,882	\$338,369	\$24,238
Aug-15	893	900	\$447,838	\$337,238	\$37,161
	903	903	\$634,852	\$347,960	\$37,673
	900	907	\$471,862	\$397,608	\$26,714
	921	851	\$399,157	\$286,697	\$29,508
	936	948	\$633,013	\$278,844	\$36,310
	957	972	\$653,039	\$398,332	\$43,207
Total			\$4,369,470	\$2,388,221	\$495,039
- Stop Loss Summary:** A table showing financial metrics for 'Stop Loss' and 'Medi-Cal' categories, including 'Using Claims above \$10,000' and 'Claims Incurred up to \$10,000'.
- Medi-Cal Summary:** A table showing financial metrics for 'Medi-Cal' categories, including 'Using Claims above \$10,000' and 'Claims Incurred up to \$10,000'.
- Stop Loss Details:** A table showing 'Stop Loss' details with columns for 'Stop Loss' and 'Medi-Cal'.
- Summary Table (Bottom):** A table showing 'Summary' data with columns for 'Summary' and 'Medi-Cal'.



Joplin Schools RFQ – Group Benefit Broker/Consultants

ABC Company | 2015 Medical Financial Overview

	January	February	March	April	May	June	July	August	September	October	November	December	Plan YTD
Enrollments													
Active Employees Participants	915	907											907
COBRA Participants	23	14											14
Total Participants	938	921											921
Claims													
Medical - Active and COBRA													
Plan 1	\$ 295,642.79	\$ 299,306.52											\$ 596,649.31
Plan 2	\$ 27,992.49	\$ 41,946.45											\$ 69,938.94
Plan 3	\$ 27,504.72	\$ 17,995.53											\$ 45,500.25
Sub-Total	\$ 311,140.00	\$ 379,248.50											\$ 692,148.50
Medical - Run-Out Claims (Combined Medical and Rx)													
2015 Run-Out Claims (Combined Medical and Rx)	\$ 19,779.91												\$ 19,779.91
Total Medical Claims Paid	\$ 331,279.91	\$ 379,248.50											\$ 710,528.41
Prescriptions													
Total Prescription Claims Paid (All Plans)	\$ 191,297.26	\$ 10,826.46											\$ 202,123.72
Specific Reimbursements (\$200,000 DL)													
Total Specific Reimbursements													
Total Medical, Prescription & Specific Reimbursements	\$ 482,877.17	\$ 390,074.96											\$ 872,952.13
Fixed Costs (Combined - All Plans, Active and COBRA)													
Current Administration Fees	\$ 37,842.64	\$ 38,370.39											\$ 76,213.02
Current Stop-Loss Premium	\$ 40,897.63	\$ 41,469.46											\$ 82,367.09
Health Savings Account Employer Funding	\$ 2,554.17	\$ 2,641.67											\$ 5,195.84
Estimated ACA Transitional Reinsurance Fee	\$ 7,992.26	\$ 7,642.79											\$ 15,635.05
Estimated ACA PCORP	\$ 377.52	\$ 279.41											\$ 656.93
Total Fixed Costs	\$ 89,664.22	\$ 89,993.71											\$ 179,657.93
Total Plan Expenses (Fixed & Claims)	\$ 572,533.44	\$ 660,274.27											\$ 1,232,807.71
Employer and Employee Funding													
Employer Funding	\$ 298,204.40	\$ 295,551.10											\$ 593,755.50
Employee Funding	\$ 532,421.72	\$ 592,442.39											\$ 1,124,863.91
COBRA Funding (Assumed)	\$ 9,348.15	\$ 10,341.15											\$ 19,689.30
Total Assumed Funding	\$ 839,974.27	\$ 898,334.64											\$ 1,738,308.91
Funding Surplus/Deficit	\$ 267,440.83	\$ 238,060.37											\$ 505,501.20
Plan Funding vs. Expenses Ratio	71.32%	71.22%											71.20%
Plan Cost Summary													
Total Plan Cost PEPFM	\$ 425.51	\$ 426.30											\$ 425.91
Total Claim Cost PEPFM	\$ 627.52	\$ 541.60											\$ 1,169.12
Employer Plan Cost PEPFM (Net of EE Contributions)	\$ 231.51	\$ 214.55											\$ 216.74

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

Footnotes:
 * Enrollment is calculated using Core's HEC system. The enrollment count is generated using enrollment data as of the first day of the month. Fixed costs are a function of enrollment that this report may or may not fact with monthly invoices.
 ** Current Administration includes \$1.00 PEPFM for Health FE and \$1.00 PEPFM for Gender Data Fields. This number also includes \$1.25 PEPFM for claim history fees.
 *** ACA Contributions are an estimate.
 **** An enrollment, funding is a function of employee participation and accrual totals may or may not match actual accruals. Further, COBRA Funding, assumes premiums were actually collected.



Joplin Schools RFQ – Group Benefit Broker/Consultants

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	\$ 7,583	-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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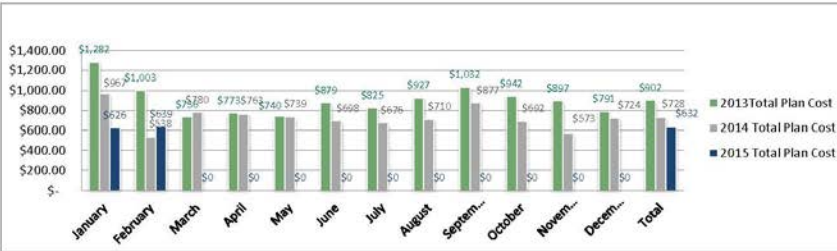
Plan Cost Summary	2013	2014	Trend	2015 YTD
Total Plan Cost PEPY (Including COBRA)	\$ 10,617	\$ 8,688	-18%	\$ 1,246.24
Total EE Cost PEPY (Net of COBRA Funding)	\$ 2,086	\$ 2,454	18%	\$ 439.66
Total ER Cost Net of EE Contributions PEPY	\$ 8,617	\$ 6,125	-29%	\$ 571.36



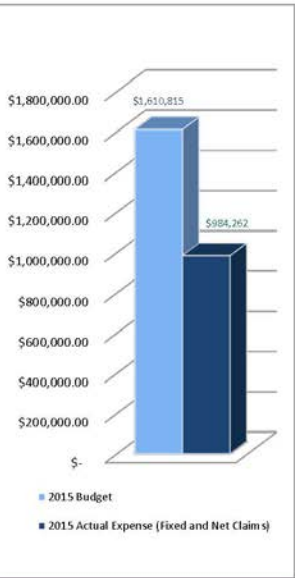
Joplin Schools RFQ – Group Benefit Broker/Consultants

ABC Company | 2015 Financial Dashboard

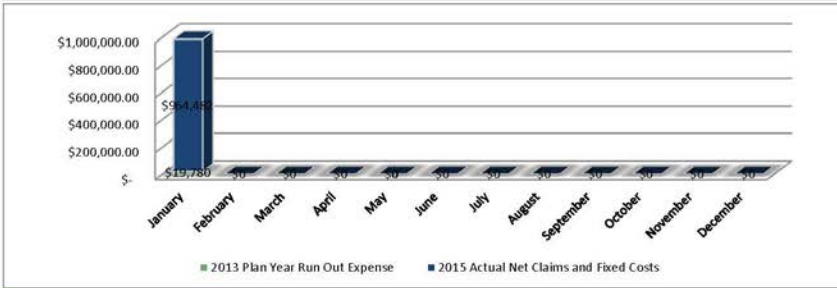
Month Over Month Comparison of Total Plan Cost, PEPM



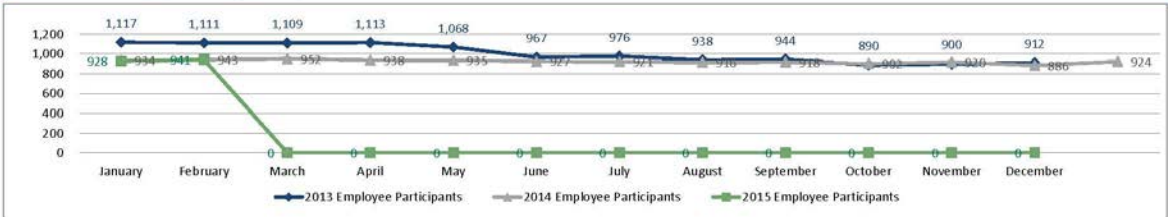
2015 YTD Budget v. Claims



2015 Plan Expense with 2013 Run-Out



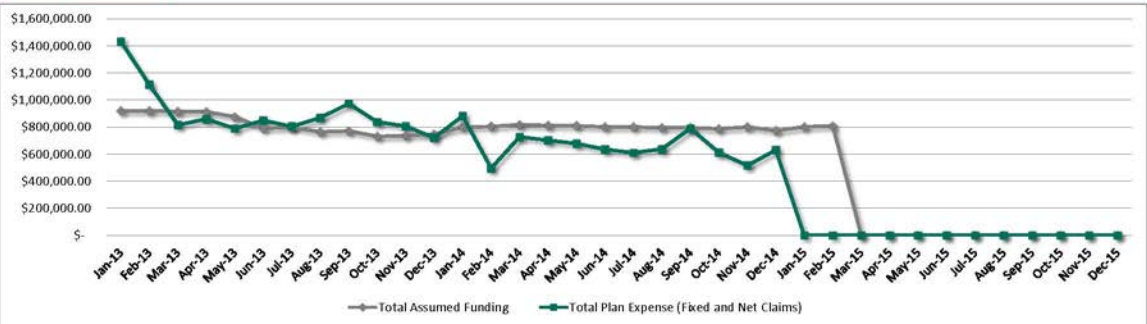
Year Over Year Employee Participation by Month



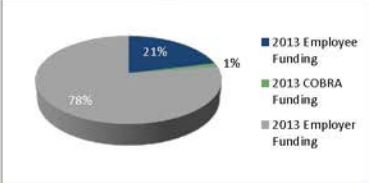
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ABC Company | 2015 Financial Dashboard

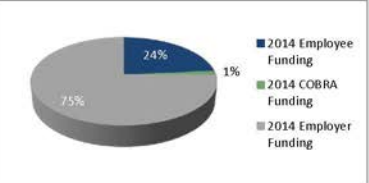
Plan Expense v. Funding



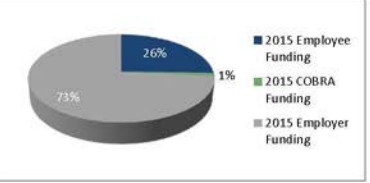
2013 Cost Share Budget



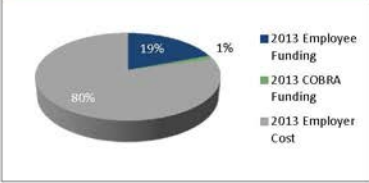
2014 Cost Share Budget



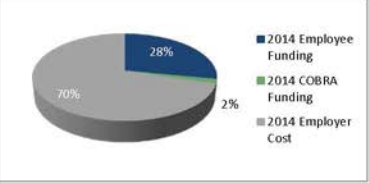
2015 Cost Share Budget



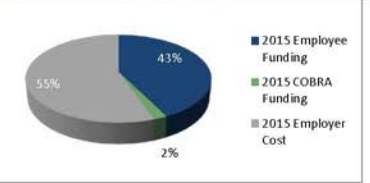
2013 Actual Cost Share Expense



2014 Actual Cost Share Expense



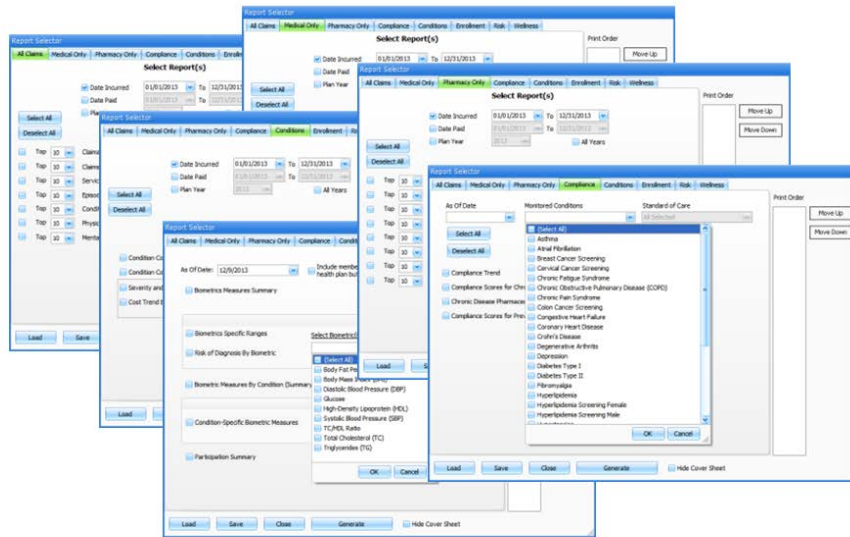
2015 Actual Cost Share Expense



Joplin Schools RFQ – Group Benefit Broker/Consultants

NavMD Reporting

Executive Reporting

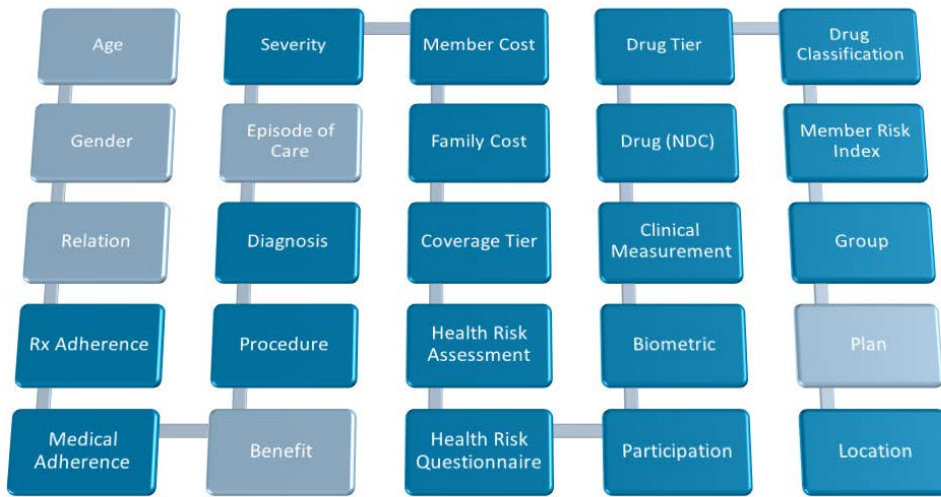


Company Colleague Pct	In-Network	Out-of-Network
Individual	95.00%	95.00%
Family	\$1,200.00	\$1,400.00
Individual	\$2,000.00	\$6,000.00
Family	\$1,500.00	\$5,000.00



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Global Filter Combinations



Plan Summary (Sample Only)

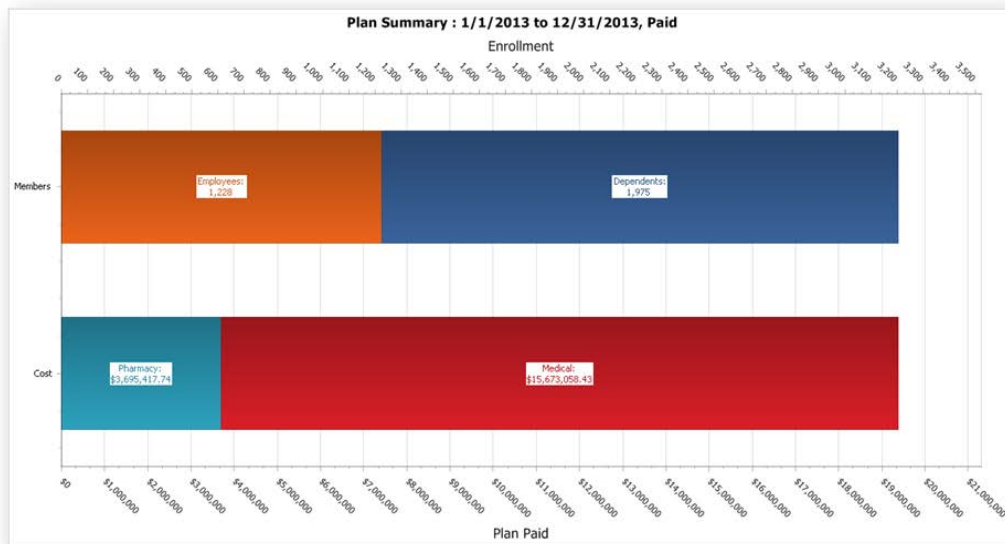


Exhibit I: ACA Navigation and Compliance Materials



Joplin Schools RFQ – Group Benefit Broker/Consultants

January 4, 2018

*In This Edition:*

- ❖ TAX REFORM: IMPACT ON BENEFITS
- ❖ WELLNESS RULE REVIEW FAST TRACK
- ❖ MSP MINEFIELD
- ❖ SICK AND FAMILY LEAVE UPDATES: CALIFORNIA, MARYLAND, NEW YORK AND WASHINGTON
- ❖ INFLATIONARY ADJUSTMENTS TO CERTAIN REPORTING AND DISCLOSURE FAILURES



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TAX REFORM: IMPACT ON BENEFITS

The *Tax Cuts and Jobs Act (Public Law 115-97)*, enacted on December 22, 2017, makes broad sweeping changes to the existing tax code in many ways. While the bulk of the law addresses a variety of topics relating to changes to individual and corporate tax matters, there are some provisions impacting employee benefits.

Benefit-related Changes Impacting Individuals

- ♦ **Repeal of Individual Shared Responsibility Penalty.** As background, beginning in 2014, all individuals residing in the United States are required to maintain a minimum level of health coverage, or be subject to a tax penalty. This tax penalty is repealed, effective for tax years beginning January 1, 2019.
- ♦ **The medical deduction threshold is reduced from 10% to 7.5% for the 2017 and 2018 tax year.**
- ♦ **Beginning in 2018, up to \$10,000 in tax-free distributions from a qualified tuition program, known as a 529 Plan, can be used to pay tuition, fees, academic tutoring, special needs services, books, supplies, and other equipment expenses in connection with enrollment or attendance at elementary or secondary public, private, or religious school.**

Benefit-related Changes Impacting Businesses

- ♦ **Employer Credit for Paid Family and Medical Leave**
Under the tax law, employers subject to the Family and Medical Leave Act (FMLA) are entitled to claim a general business tax credit based on wages paid to qualifying employees during any period in which such employees are taking FMLA leave.

Employers eligible for credit. An employer entitled to the credit is one who has a written FMLA policy in place that allows all qualifying full-time employees a minimum of two weeks of annual paid FMLA leave, and which policy also permits non-full time qualifying employees a comparable amount of leave on a pro rata basis.

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Continued from Page 1

For purposes of this requirement, leave paid by a state or local government is not taken into account. Paid leave such as vacation leave, personal leave, or other medical or sick leave provided by the employer, is not to be considered leave for which the credit would be available.

For purposes of the credit, a *qualifying employee* is one who has been employed by the employer for at least one year, and whose compensation for the preceding year does not exceed 60% of the compensation threshold for highly compensated employees (less than \$72,000).

Amount of credit. For leave payments of 50% of normal wage payments, the credit amount is 12.5% of wages paid on leave. If the leave payment is more than 50% of normal wages, then the credit is raised by 0.25% for each one percent by which the rate is more than 50% of normal wages. Thus, if the leave payment rate is 100% of the normal rate, i.e., is equal to the normal rate, then the credit is raised to 25% of the on-leave payment rate. The maximum leave allowed for any employee for any tax year is 12 weeks.

Effective date. The FMLA tax credit is only available for a two-year period beginning January 1, 2018 and ends December 31, 2019. It is anticipated that the IRS will issue guidance and clarifications relating to claiming the credit.

Fringe Benefit Changes

- ♦ Beginning January 1, 2018, the **qualified bicycle commuter benefit** is suspended until 2026. Under prior law, if an employer sponsors a qualified bicycle fringe benefit plan, a participating employee who uses a bicycle for traveling between his/her home and place of employment was entitled to receive a reimbursement of up to \$20 per month (\$240 annually) for qualified bicycle expenses.
- ♦ Under a **qualified transportation program** (IRC Section 132(f)), certain expenses such as parking, mass transit fares, and van pooling are deductible by the employer and are excludable from the employee's income. Beginning January 1, 2018, the qualified transportation deduction is no longer available to employers; however, the tax credit available to employees is retained. The tax law did not make changes to salary reduction qualified transportation programs – these types of programs remain permissible, allowing employees to make pre-tax contributions toward the benefit.

Important to note that affected employers in jurisdictions that mandate qualified transportation benefits, such as in the District of Columbia, New York City, and San Francisco Bay Area, by way of example, must review these tax changes prior to modifying their transportation benefit programs.

Pension and Retirement-related Changes

- ♦ **Elimination of rule allowing re-characterization of IRA contributions.** Under current law, individuals are permitted to re-characterize a contribution to his/her traditional or Roth IRA to another type of IRA by making a trustee-to-trustee transfer prior to the due date of the individual's tax return. This rule is repealed effective for tax years beginning January 1, 2018.
- ♦ **Extended rollover period for rollover of plan loan offset amounts.** Currently, if an individual ceases making payments toward a loan from a qualified retirement plan, such as a 401(k) plan, prior to repaying the loan, the balance of the loan is generally treated as a distribution and subject to the 10% early distribution tax penalty unless the unpaid loan balance or offset is rolled over into an eligible retirement plan within 60 days. The tax reform law extends the deadline of the plan loan offset from 60 days to the due date, including extensions, of the participant's tax return for the year the distribution occurs.
- ♦ **Relief from the early withdrawal tax for qualified disaster distributions.** Generally, early distributions from a qualified retirement plan, including a tax-sheltered annuity plan or IRA, is subject to a 10% early withdrawal penalty. This penalty is waived for distributions made between January 1, 2016 and December 31, 2017 for Presidentially-declared disasters occurring in 2016. The amount can either be includible as income ratably over 3 years, or can be contributed back to the plan over three years. The qualified plan can be amended to provide for this, as long as the amendment is adopted by the last day of the end of plan year that begins in 2018.

Change in Computation of Cost of Living Adjustments

Currently, cost of living adjustments applicable to income, as well as certain benefit-related tax code provisions, such as health flexible spending account salary reduction contributions, wage limits applicable to the small business tax credit, dollar limits under a qualified transportation program, and the like, are based on the Consumer Price Index for all Urban Consumers ("CPI-U") computation formula.

January 4, 2018

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Joplin Schools RFQ – Group Benefit Broker/Consultants



The tax reform law requires such computation indexing based on a chained CPI-U (“C-CPI-U”) index. This will likely result in a slower increase in the cost of living adjustments in the future.

Additional Information. More highlights of this law are included in our December, 2017 edition of *At Issue*. The Accounting and Tax Division of CBIZ also have several articles and analysis of this tax reform law available on the CBIZ.com website. In addition, as part of our 2018 CBIZ B&I webinar series, we will be hosting a webinar on February 27th to discuss the changes made by the *Tax Cuts and Jobs Act*. To sign up for this webinar, please visit the webinar webpage on CBIZ.com.

WELLNESS RULE REVIEW FAST TRACK

Wellness programs are governed by many laws, two of which, the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA), have been under the microscope recently.

As background, the ADA and GINA require that any collection of medical information be voluntary unless the collection is used in conjunction with a bona fide medical plan and employees are neither required to participate nor penalized for non-participation. In 2016, the Equal Employment Opportunity Commission (EEOC) issued final regulations governing wellness programs; specifically, these rules address what constitutes the voluntary collection of medical information, and the use of financial incentives based on the collection of medical information. According to these rules, the use of incentives, such as a reward or penalty, is permissible but cannot exceed 30% of the cost of coverage.

The American Association of Retired Persons (AARP) challenged whether these EEOC standards comply with the spirit of the voluntary aspect of the ADA and GINA. In August, 2017, Judge D. John Bates for the U.S. District Court for the District of Columbia determined that the EEOC had not adequately proven a basis for the up to 30% risk reward (see *Wellness Rules Under Scrutiny, Benefit Beat, 9/11/17*). He directed the EEOC to further consider its rules, specifically for validation of the 30% standard. In the initial Court Order, Judge Bates did not vacate the rules as requested by the AARP; his position was that it would be too disruptive to employer plans and participants to vacate the rules at that time.

Following the court decision, the EEOC indicated that it intended to issue a proposed rule addressing the voluntary standards by August, 2018, and final regulations in late 2019, with an anticipated effective date of the change to be sometime in 2021.

On December 20, 2017, Judge Bates modified the initial court order based on the painfully slow progress being made by the EEOC. Judge Bates determined that a year would be ample time for employers to make modifications to their plans. Thus, according to his **revised order**, the current EEOC regulations allowing up to 30% risk or reward would be vacated on January 1, 2019. In the meantime, he suggested the EEOC to issue proposed regulations by August 31, 2018, and requested a progress report toward that end by March 31, 2018.

This state of uncertainty places employers sponsoring wellness programs that collect medical information in a bit of a quandary. Calendar-year plans should begin reviewing how they want to address their programs, based on the fact that this portion of the EEOC regulations will be vacated as of January 1, 2019.

Important to note, this Court decision impacts the ADA and GINA wellness regulations. It does not impact the HIPAA-Affordable Care Act wellness rules except to the extent that a particular wellness program would be impacted by both sets of regulations. What this means is that an HIPAA-ACA wellness program that does not involve the collection of medical information or physical exam is not impacted by this Court decision. By way of example, activity-based wellness programs such as one that requires walking a certain amount each week, or a health risk assessment that asks how much broccoli or quinoa you eat each week, can continue uninterrupted. Of course, reasonable alternatives must be made available, in accordance with the HIPAA-ACA rules in appropriate circumstances.

As part of our 2018 CBIZ B&I webinar series, we will be hosting a webinar on June 19th to discuss compliance issues surrounding wellness programs. Hopefully, by that time, additional guidance and clarifications will be available. To sign up for our June 19th webinar, please visit the webinar webpage on CBIZ.com.

MSP MINEFIELD

A recent decision from the U. S. District Court, N.D. Indiana, Fort Wayne Division, offers an opportunity to reflect on the Medicare secondary payor (MSP) rules. The MSP rules require, in certain instances, that a group plan pay primary to Medicare.

In *Renal Care Grp. Indiana, LLC v. City of Fort Wayne* (2017 WL 4990618 (N.D. Ind. 2017)), a retiree was receiving dialysis for his end-stage renal disease (ESRD).

January 4, 2018

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Joplin Schools RFQ – Group Benefit Broker/Consultants

May 25, 2016



IN THIS SPECIAL EDITION:

WELLNESS:

THE ADA AND GINA

ARE THE RULES CLEAR YET?

On May 17, 2016, the Equal Employment Opportunity Commission (EEOC) released two sets of rules. One set clarifies the rules under the Americans with Disabilities Act (ADA) relating to incentives used to encourage participation in wellness programs wherein individuals are required to respond to disability-related inquiries and/or undergo medical examinations. The second set of EEOC rules clarifies the rules under the Genetic Information Nondiscrimination Act of 2008 (GINA) to address permissible incentives relating to spouses of employees who participate in employer-sponsored wellness programs. As discussed below, two important takeaways from these final EEOC rules are that the ADA and GINA rules apply without regard to whether a wellness program is part of health plan; and secondly, the rules create differences in the offering of wellness incentives.

As background, wellness programs are governed by many laws including the ADA, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), GINA, the Affordable Care Act (ACA), the Age Discrimination in Employment Act (ADEA), as well as many state employment discrimination laws. It is very important to remember that all laws applicable to a particular situation must be coordinated. Compliance with one law does not mean compliance with other relevant laws.

The ADA Rules

Looking back to 1990, Congress enacted the ADA, which was later amended by the Americans with Disabilities Amendments Act of 2008. These laws (collectively referred to ADA herein) require that any collection of medical information be "voluntary" unless the collection is used in conjunction with a bona fide medical plan.



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Joplin Schools RFQ – Group Benefit Broker/Consultants



CBIZ Benefits & Insurance Services, Inc.

Continued from page 1

Over the past several years, the EEOC has pondered employer-sponsored wellness programs specifically relating to programs that offer financial incentives to encourage participation. The EEOC's focus has been the issue of whether the practice of incenting individuals to participate in wellness programs violates the "voluntary" aspect of the collection of medical information in compliance with the ADA.

The HIPAA and ACA Rules

In 1996, HIPAA was enacted, providing specifics for wellness programs that are a part of a health plan. Under the HIPAA rules, as well as the EEOC rules, a wellness program, such as a health promotion or disease prevention program, must be designed to incent good health, and not discriminate against participating employees on the basis of health factors. The ACA, as enacted in 2010, codified the HIPAA wellness rules and increased the incentive that can be used to drive wellness. Both the HIPAA and ACA rules only apply to wellness programs that are a part of a health plan. This is an important distinction since the ADA and GINA apply to wellness programs without regard to whether it is part of a health plan or independent of a health plan.

In accordance with the current HIPAA and ACA rules, a wellness program that is part of a health plan can be designed as a participation-only program, or as a contingent program. A *participation-only program* is one based strictly on taking part in the program, such as a program that covers the cost of a fitness center membership or provides a reward for attending monthly no-cost health education seminar. A participation-only program must be made available to all similarly situated individuals and the reward for participation is not limited in any way.

A *contingent program* can take one of two forms: it can either be an activity-only program or an outcome-based program:

- ◆ An *activity-only program* is one in which individuals are encouraged to participate in a specific activity in order to obtain a reward but does not require the individual to attain a specific health outcome. Examples of activity-only programs include a walking program, a diet program, or an exercise program.
- ◆ An *outcome-based wellness program* requires achievement of an outcome-based goal in order to obtain the reward. Examples include a health premium discount as a result of a successful smoking cessation program or attaining and maintaining certain levels in biometric screenings, such as cholesterol or BMI levels.

Both HIPAA and the ACA require activity-only and outcome-based programs to meet five standards; they are:

1. The reward, taken together with all rewards from other wellness programs, cannot exceed 30% of the cost of single coverage; or, if the wellness program is made available to the family, then the cost of the relevant coverage (for example, full family, or individual + one). If the program relates to tobacco free standards, the incentive can be as much as 50%.
2. The program is reasonably designed to promote health or prevent disease and is neither overly burdensome to participants nor designed in a way that would evade the purposes of the law.
3. Individuals must be able to qualify for the program, at least once annually.
4. The program is available to all similarly situated individuals and offers reasonable alternative methods of compliance in appropriate circumstances.
5. Plan materials must include information about any alternative options available under the wellness program, including options when recommended by an individual's health care provider.

May 25, 2016

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Joplin Schools RFQ – Group Benefit Broker/Consultants



Health Reform Bulletin

Subject: 1) Repeal of Individual Penalty Mandate, 2) Review of Penalties for Compliance Failures, 3) Updates on Women's Preventive Health Services, and 4) Year-end Reminders

Date: December 22, 2017

While there has been much energy over the past year focused on repealing, replacing, or repealing and replacing the Affordable Care Act (ACA), the bulk of the law remains in full force and effect.

This notwithstanding, Congress passed the "Tax Cuts and Jobs Act" (H.R. 1) on December 20, 2017; the President is expected to sign the bill into law. This tax reform bill **repeals the individual penalty mandate**. As background, beginning in 2014, all individuals residing in the United States are required to maintain a minimum level of health coverage, or be subject to a tax penalty. This tax penalty will be repealed, effective for tax years beginning January 1, 2019.

Even so, employers should continue to be diligent in ensuring compliance with all of the other provisions of the law. The **reporting and disclosure obligations and penalties** for not offering adequate and affordable health coverage, at least if you are a large employer remain intact.

As a reminder, the IRS has begun its process for issuing penalty assessments relating to the Affordable Care Act's employer shared responsibility (ESR) provisions (see *Employer Shared Responsibility Penalty Assessment Procedures*, CBIZ HRB 134, 11/17/17). These ESR requirement provides that if an applicable large employer (ALE) fails to offer adequate, affordable coverage to its full time employees, and at least one employee qualifies for premium assistance, then one of two penalties can be assessed: a 'no coverage' excise tax (IRC Section 4980H(a)), or an 'inadequate or unaffordable' excise tax penalty (IRC Section 4980H(b)).

The initial notification, IRS Letter 226J, would be sent to an ALE explaining a potential penalty assessments based on the 2015 calendar year reporting. An ALE receiving such Letter 226J should ensure that it responds to the IRS within the timeframe specified in the Letter (generally, within 30 days) either affirming that it agrees that the excise tax is due, or that it does not believe the excise tax is due. Additional information about this process can be found on the IRS website:

- *Understanding your Letter 226-J*; and
- Q&As 55-58 contained in the "Making an Employer Shared Responsibility Payment" discussion of the *Questions and Answers on Employer Shared Responsibility Provisions Under the Affordable Care Act*.

In addition, there are also penalties applicable to plans that fail to comply with the ACA's insurance market provisions and internal and external claims review procedures. A plan that fails to satisfy any of these requirements could be subject to an excise tax of \$100 per day per affected individual. The self-reporting is done on the IRS Form 8928. The reporting must be done by the employer or other responsible entity's tax return filing due date, without extensions. Failure to self-report a violation can result in penalties, which can be as much as 25 percent of the tax due, as well as interest. There is a 'reasonable cause' and 'not-willful' neglect exception available; in which case, interest and penalties would not be imposed as long as a correction of the violation is made within 30 days.

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CBIZ Health Reform Bulletin

UPDATES ON WOMEN'S PREVENTIVE HEALTH SERVICES

❑ Preliminary Court Injunction Issued

As summarized in our prior Health Reform Bulletin (see *Broadened Accommodations for Women's Health Services*, CBIZ HRB 133, 10/16/17), two sets of interim final regulations issued in October significantly broaden the entities entitled to receive an accommodation, or the exemption, from providing certain women's health preventive services, specifically, coverage for contraceptive services. The first set of rules provides that virtually any non-government plan, including one sponsored by closely-held and publicly traded entity, private entities, as well as institutions of higher education and private universities offering student health coverage, can either choose the accommodation, i.e., the insurer or third party administrator (TPA) would provide the services at no cost to their population for some or all of the contraceptive services, or choose to be exempt altogether from providing some or all contraceptive services. The second set of rules provides an accommodation or exemption for a slightly narrower group of entities, specifically, all non-government, non-publicly traded entities based on a moral opposition to providing contraceptive services.

The issuance of these regulations have resulted in numerous legal challenges, two of which have resulted in a nationwide preliminary injunction. The first was imposed by the U.S. District Court for the Eastern District of Pennsylvania on December 15, 2017, in the matter of the *Commonwealth of Pennsylvania v. Trump* by Judge Wendy Beetlestone. The second preliminary injunction was imposed by the U.S. District Court for the Northern District of California on December 21, 2017, in the matter of the *State of California v. HHS* by Judge Haywood Gilliam. According to the nationwide injunction imposed by Judge Gilliam, the Obama era rules are reinstated for the duration of the injunction. For a preliminary injunction to be issued, the court must determine that the plaintiffs 1) have standing, i.e., the right to bring legal action; and significantly for this action, it must be determined that the plaintiffs would likely succeed on the merits; 2) that irreparable harm would occur in absence of the injunction; 3) that equity would be served by imposing the injunction; and, 4) that the public interest would be served through the imposition of the injunction. The presiding judges in these cases speak at great length about how each of these standards have been met, thus, resulting in the issuance of the preliminary injunction to block enforcement of the contraceptive coverage rules.

Given the unsettled nature of these matters, entities interested in this issue should stay tuned.

❑ CMS Guidance: Notice requirements

Entities seeking an accommodation from providing coverage for contraceptive services may do so by filing a notice with the insurer, or with the Department of Health and Human Services, stating their objection to providing the services and leaving it to the insurer or third party administrator (TPA) to provide or offer the services to the insureds. As an aside, a TPA can seek an offset on the cost of providing the benefit against its federal exchange user fee.

On November 30, 2017, the Centers for Medicare and Medicaid Services released guidance to assist employers and plan sponsors seeking an accommodation from providing the objectionable benefit in its group health plan. According to this guidance, the entity must communicate the change to plan participants and beneficiaries.

If an entity using the accommodation method described above wishes to revoke the accommodation, CMS provides two methods to accomplish this:

1. The *general method* requires the notice be distributed to plan participants at least 30 days prior to the first day of the plan year for which the revocation will apply.
2. The second method (the *60-day method*) requires that if the accommodation is described in the summary of benefits and coverage (SBC), then a 60-day advanced notice of the change to the SBC can be provided to plan participants. If the accommodation is not described in the SBC, then a 60-day notice method can be used, as long as all plan modification rules, such as the requirement to provide the summary of material modification, is followed.

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CBIZ Health Reform Bulletin

YEAR-END REMINDERS

☐ EMPLOYER SHARED RESPONSIBILITY PROVISIONS

- ♦ **Applicability.** For purposes of the ACA’s employer shared responsibility requirement as well as the reporting and disclosure requirements, applicable large employer (ALE) status is determined each calendar year, based on the average size of the employer’s workforce during the prior year. Thus, if you averaged at least 50 full-time employees, including full-time equivalent employees, during 2016, you are most likely an ALE for 2017 and are subject to the reporting and disclosure requirements due in early 2018.
- ♦ **Affordability Standard.** For purposes of determining affordability, coverage under an employer-sponsored plan is deemed affordable if the employee’s required contribution to the plan does not exceed 9.69 percent (indexed for 2017; 9.56 percent in 2018) of the employee’s household income for the taxable year, based on the cost of single coverage in the employer’s least expensive plan.
- ♦ **Increase in Excise Tax Penalties.** The chart below reflects the amount of penalties for purposes of calculating the ‘no coverage’ excise tax pursuant to Code Section 4980H(a), and the ‘inadequate or unaffordable’ excise tax pursuant to Code Section 4980H(b) for 2017 and 2018, as well as the proposed amounts for 2019. These are the excise taxes that could apply if an applicable large employer is found not to have offered health coverage to a full-time employee.

'NO COVERAGE' EXCISE TAX IRC § 4980H(a)		'INADEQUATE OR UNAFFORDABLE' EXCISE TAX IRC § 4980H(b)	
2017	\$2,260	2017	\$3,390
2018	\$2,320	2018	\$3,480
2019 (proposed)	\$2,020	2019 (proposed)	\$3,120

- ♦ **Reporting and Disclosure Obligations.** The Forms 1094 and 1095 are used to satisfy the IRC Section 6055 and 6056 reporting requirements. The Form 1094-B and 1095 B-series is used for reporting minimum essential coverage (MEC) by insurers and sponsors of self-funded plans. The Form 1094-C and 1095-C series is used for reporting employer provided coverage by an applicable large employer subject to the ACA’s shared responsibility requirement.

Deadlines

- ✓ The Forms 1094 and 1095 must be filed with the IRS by February 28, 2018 (by April 2, 2018 if filing electronically)
- ✓ The Form 1095 must be furnished to individuals listed in Forms 1094 and 1095 by January 31, 2018.

- ☐ **2017 Small Business Tax Credit Form.** The IRS has released the 2017 edition of the Form 8941, together with its instructions, for purposes of calculating the small business tax credit (SBTC). As a reminder, small businesses and tax-exempt employers who provide health care coverage to their employees under a qualified health care arrangement are entitled to a tax credit.

To be eligible for the SBTC, the employer must employ fewer than 25 full-time equivalent employees whose average annual wages are less than \$53,400 (indexed for 2018; the wage ceiling in 2017 was \$52,400). The tax credit 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 \$26,700 in the 2018 tax year (the phase-out wage limit for 2017 was \$26,200).

Only qualified health plan coverage purchased through a SHOP marketplace is available for the tax credit, and only for a 2-consecutive year period. The Form 8941 is filed annually on the employer’s tax return as a general business credit; tax exempt entities would file the Form 8941 with its Form 990-T.



Exhibit J: Best Practices for Innovation and Considerations



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Thought Leadership

Conferences/Speaking

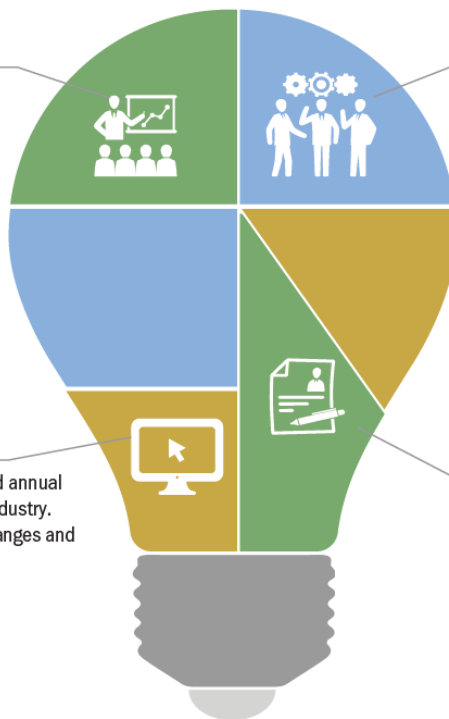
Your CBIZ consultants stay up-to-date on the latest innovations and trends in employee benefits and are frequently asked to speak at various conferences and seminars, as well as contribute to white papers.



Webinars & Seminars

CBIZ offers clients monthly webinars, periodic seminars and annual symposiums to keep our clients on top of the health care industry. These seminars are feature topics like state and federal changes and trends in employee benefits services. A sampling includes:

- Benefits & Insurance National Webinar Series
- Benefits Management Academy
- Executive Advantage Series
- Human Capital Services Webinars



Enrollment/Communication

Coordinating open enrollment logistics for clients can be a challenge. Through our process known as “Engagement Consulting” we have the ability to leverage existing or new technology, as well as other resources, to communicate and administer benefits more effectively. This includes knowledge of the following market resources:

- Transparency Tools (i.e. Pre-Service Pricing)
- Comparison Shopping
- Stage of Life Decision Support
- Concierge Services
- Elder Care Options
- Communication
- Mobile applications
- Retiree Support

Publications

CBIZ clients receive regular updates on legislation, trends, and best practices with research vetted by national resources 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.



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Cost Containment Strategies

Sample Client –
Best Practices with Current Status



Influencers	1	2	3	4	5	6	7	8	9	10	Priority	Year 1-3	Savings
	Building			Evolving			Sustaining						
Culture of Engagement and Performance – Safety and Wellbeing	█	█	█	█	█								
Plan Design – Driving Healthcare Consumerism	█	█	█	█	█	█	█	█					
Plan Design – Value Based Benefits	█	█											
Pharmacy Efficiency – Contracts, Formulary, Specialty Management, Coalitions	█												
Medical Network Efficiency – Centers of Excellence, Direct contracting	█	█	█	█	█								
Reference Based Pricing	█												
Domestic Medical Tourism	█												
High Performance or Narrow Networks (ACOs)	█												
Alternative support settings – Telemedicine, Onsite Clinics, Second Opinion Solutions	█	█	█										
Consumer Engagement tools: Concierge Services, Decision Support, Communication/Education	█	█	█	█									
Create Vendor Partnerships – Summits, Performance Guarantees	█	█	█	█									
Measurement – Integrated Data Analytics	█	█	█	█	█	█							
Contribution Strategies – Incentives Based on Employee Actions, Smoker Surcharge, Spousal Surcharge	█	█	█										
Contribution Strategies – Defined Contribution	█	█	█	█	█	█	█						
Claim Audit - Rx and Medical	█	█	█	█									
Dependent Eligibility Audit	█	█	█	█	█								



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Cost Containment Strategies – Overview of Concepts



Culture of Engagement & Performance – Safety and Wellbeing

- Wellbeing has a direct impact on medical/Rx costs and employee engagement/productivity and energy.
- Wellbeing is modifiable, with the relationship between managers and employees being a key driver. Leaders/managers/supervisors need to understand why and how to model wellbeing, thus leading to higher engagement.
- Greater understanding of consumer healthcare preferences leads to higher health engagement.

Efficiency – Centers of Excellence

- Employers with large concentrated populations are most effective at negotiating direct contracts. The national carriers have developed Centers of Excellence which drives usage for specific types of care to facilities/providers that specialize and have the highest quality and outcomes, thus lowest cost per episode of care. Direct contracting through such programs as Dialysis PPO and Reference Lab carve outs are other specific direct contracting alternatives.

Plan Design – Driving Consumerism

- Plans designs which expose the true cost of healthcare to the member and encourage wise healthcare purchases.

Plan Design – Value Based Benefits

- Plans designs which reward compliance with preventive or disease management. Opportunities are typically found for disease compliance in areas such as Diabetes, High blood pressure, etc.

Pharmacy Efficiency – See Rx Strategies

- Pharmacy costs are the highest trending cost for health plans, expected to surpass inpatient expenses in the near future. Management of costs is accomplished through contract evaluation inclusive of discounts, program management

Cost Containment Strategies – Overview of Concepts



Alternative support settings – Telemedicine, Onsite Clinics

- Telemedicine provides a convenient, alternative solution to Urgent Care at a low cost through a telephonic discussion with a physician.
- On-Site/ Shared Clinics allow for employees to receive medical services while at work or on the job.

Consumer Engagement Tools: Concierge Services, Decision Support Resources, Communication/Education

- Concierge Services provide advocates for members assisting with balance billing, claim disputes, cost effective care alternatives, pre-authorizations and navigating their healthcare needs.
- Decision support resources are evolving with a variety of tools to assist

Create Vendor Partnerships- Summits, Performance Guarantees

- The ability to drive strategy is based on the level of partnerships developed between all stakeholders. Collaborative relationships do lead to greater financial effectiveness.

Measurement – Integrated Data Analytics

- A single repository for data provides a focus on broader impact on VOI (Value on Investment). More data cohesively combined leads to a greater understanding of the effectiveness of interventions and creates the ability to make more informed decisions. These

Rx Strategies



Contribution Incentive Employee And Surcharges

- Surcharges must be evaluated for each saving strategy. Degree of anti-se some angst among

Carve Out Pharmacy Benefit Manager (PBM) – Coalition

- Multiple coalitions leverage large volumes and purchasing power for members. Savings may be significant. Consideration must be given to the coordination and required interface with multiple vendors by members and plan administrators.

Formulary Structure

- Formularies vary in structure, some being open (all drugs are found on one of the tiers within the plans) to closed (specific drugs are excluded if similar drugs are available). This is typically a way to increase rebates and reduce overall costs.

Step Therapy; Prior Authorization, Clinical Edits

- Step Therapy, Prior Authorizations and Clinical Edits bring awareness to alternative drugs or appropriateness of use to a certain drug category.

Specialty Drug Management

- Specialty Drug Management provides additional services around use of a drug, single source provider, medical necessity and limited day supply to ensure medical necessity with appropriate use.

Consumer Decision Support Tools

- Understanding the cost of the prescription drugs, the use of the drugs and the alternative drugs available make members better consumers of prescription drugs. (Savings is dependent on the ability to engage members in the use of these resources.)

Pharmacy Audits

- Pharmacy Audits ensure the contract written is being administered correctly. The cost to have a party perform the audit runs from \$30,000 upwards to \$60,000 dependent on the terms of the audit

Narrow Networks

- Narrow networks result in greater discounts and rebates on drugs by removing the competition of retail chains. This concept is becoming more commonly available throughout the nation

Coupon and Rebate Management

- Impact Plan's financials through managing application of coupons and rebates on medications. This strategy must include an evaluation of the cost savings to the plan and the disruption to members.

