



CBIZ Benefits & Insurance Services, Inc.

Visiting Nurse Association



VISITING
NURSE
ASSOCIATION



CBIZ

Table of Contents

Section	Page
Table of Contents.....	2
Cover Letter	3
Executive Summary	4
Key Objectives	5
Client Success Stories.....	7
Request for Information Questionnaire	8
Exhibits	48



Cover Letter

August 14, 2017

Mr. Brad Evans
Visiting Nurse Association
1500 Meadow Lake Parkway
Kansas City, MO 64114

Re: Visiting Nurse Association, Employee Benefit, Property & Casualty, Retirement and Consultant Services Request for Information

Dear Mr. Evans and members of the evaluation committee,

Thank you for the opportunity to respond to this important request for proposal. We are pleased to offer Visiting Nurse Association Corporation (VNAC) a proposal for benefits consulting and advisory services, property & casualty and retirement consulting services. In our unique approach and comprehensive scope of services, we are confident you will find that our unwavering commitment to all of our services align with VNAC's needs.

With a dedicated vertical market in not-for-profit and health care; focusing on employee benefits, property and casualty, retirement plan services, as well as accounting, tax, advisory, valuation, compensation, human resources and more. Rest assured that the engagement team selected for this response provides well-rounded industry expertise and laser focus for the services requested.

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 promise to be with you for the longer term. We will ask questions, learn your business, and earn your trust. We will set expectations and develop a multi-year strategy in line with VNAC's current and future objectives.

We believe we can bring you an integrated solution that will deliver value beyond working with three separate partners, particularly through an integrated wellbeing program that bridges occupational health, financial wellbeing and employee engagement. CBIZ has been developing award winning employee wellbeing programs for over 25 years and we are excited to share our innovations in this space with VNAC. Additionally, we will bring a fresh perspective to your current programs, challenging you to think creatively about your resource investment and the impact it can have on your employees and patients.

Understanding your needs and unique circumstances is paramount; as it drives what recommendations, ideas and solutions we bring to the table. CBIZ understands how important long lasting legacy is to VNAC, and admires your values of not only caring for your patients, but caring about them. It is our sincere goal to earn your respect by providing superior service and programs that work for you and your employees.

Thank you again for considering CBIZ to serve you. If you have any questions or need any additional information, please do not hesitate to give us a call.

Sincerely,



Polly Thomas, PT
President, Kansas City
CBIZ Employee Services Organization

Executive Summary

Providing quality patient care is your primary focus. Ours is prescribing the right health and welfare, risk and retirement plan services for your practice. From cost containment strategies, workers' compensation and retirement plan compliance to health care reform, cyber breaches and employee engagement, we've got you covered. Our in-depth knowledge of the risks facing not-for-profits and health care providers, coupled with our expertise in risk mitigation, allows us to help our clients manage risk across the organization.

As you will see in the contained proposal, we have built a team designed with a collaborative approach to deliver better outcomes for VNAC.

Our Understanding of Visiting Nurse Association's Needs

As a local specialist with national resources, the depth of which is unparalleled, your engagement team will quickly demonstrate the knowledge, experience and expertise necessary to exceed your expectations. Based on your objectives listed in the RFP, CBIZ is prepared to assist you with the following and more:

1. Identify the top challenges in all matters relating to VNA Corporation's health and welfare employee benefits, P&C plans, retirement plans, and make recommendations for changes based on VNA Corporation's financial needs, employee needs, industry trends or market conditions.
2. Model the cost impact of any recommended or mandated changes.
3. Assist in the administration of all group insurance plans, responding to questions from and providing information to staff, and providing other consulting services during the course of the plan year.
4. Assist VNA Corporation in complying with laws and regulations related to employee benefits, and P&C insurance plans.
5. Review an analysis of claims experience and other pertinent financial information.
6. Determine and recommend the most economically viable funding methods for the benefit programs.
7. Represent VNA Corporation in all negotiations with providers on all issues including those related to fees, premiums, benefit levels, plan design and special terms and conditions.
8. Meet with and provide reports to various VNA Corporation representatives.
9. Assist VNA Corporation with the implementation and communication of new programs or changes to existing programs, which will include drafting of communications and presentations.
10. Research and inform VNA Corporation of any new developments in the state and federal laws pertaining to employee benefits, P&C plans, and retirement plans on an ongoing basis.
11. As requested by VNA Corporation, prepare bid specifications and solicit proposals from insurance markets as needed. Evaluate bids and bidders, including administration, claim payment procedures, customer service, network and all other elements as appropriate.
12. Interface with insurance carriers as needed to assist VNA Corporation in the resolution of problems associated with the insurance plans.
13. Support VNA Corporation as needed in the event of acquisitions of other companies.
14. Meet with VNA Corporation HR, senior leadership and insurance benefits committee a minimum of quarterly per year, on-site, at the VNA Corporation corporate office and monthly claims reporting to VNA Corporation HR and senior leadership.



We're right on point
with what you need.

- Strong understanding of non-profit and healthcare employer needs
- Creative problem solvers
- Award winning integrated wellbeing strategies
- Recognized industry presence
- Easily accessible and responsive team
- Experienced technical experts
- Proven track record

Key Objectives

In this response we will address all questions outlined in your Request for Proposal, in addition to providing initial recommendations and solutions tailored to the needs of VNAC. The following are a few highlights from this proposal.

You desire recognized industry expertise.

With over 1,100 not-for-profit and 700 healthcare clients nationwide, we are excited about putting our experience to work for VNAC. Our collective experience in working with clients of your size and industry enable us to provide relevant benchmarking and best practices that are tailored to your employees. As recognized experts in the industry, your engagement leaders, Polly Thomas, Monte Giddings and Jack Keller, have spoken at events and conferences and serve on national committees in a variety of industries.

NOT-FOR-PROFIT CLIENT HIGHLIGHT

- | | |
|--|---|
| <ul style="list-style-type: none"> • Ability KC (Formerly Rehabilitation Institute of Kansas City) • Community of Christ • Housing Authority of Kansas City, Kansas • Kansas City Area Transportation Authority • Unity Village | <ul style="list-style-type: none"> • Ewing Marion Kauffman Foundation • ReDiscover • Samuel U Rodgers • Preservation of Affordable Housing • The Nelson Atkins Museum of Art |
|--|---|

You are searching for a partner who will challenge and expose you to new ways of thinking.

Balancing the financial needs of VNAC, as well as employee satisfaction and wellbeing, the CBIZ team will provide recommendations that will result in winning solutions for both VNAC and your employees. Through careful analysis, CBIZ will present the pros and cons of all recommendations through the lens of both VNAC and the employee. We will challenge you to say, “Why not?”

You deserve a proactive and analytical partner.

We look forward to delivering value beyond the scope of work to VNAC. Our unique industry experience and relationships, coupled with our highly skilled technical experts and data analytic tools, result in our ability to do more than just walk you through a process. We will provide recommendations that are backed by data and interventions that are able to be measured so that costs can be managed proactively rather than retrospectively.

You deserve a partner who is committed to legacy and community involvement.

We invest in the talent and resources necessary to support the needs of this niche, and have the people, skills and dedication that are essential to provide quality services to VNAC.

To support our dedication to this sector our CBIZ Kansas City office supports many local charitable organizations and not-for-profits throughout the year.

- American Cancer Society
- American Heart Association
- American Red Cross
- Big Brothers Big Sisters
- Boys and Girls Club
- Camps for Kids
- Camp Quality
- Children's TLC
- AbilityKC
- Developmental Disability Services of Jackson County
- Harvesters
- Heart Strings
- March of Dimes
- Make-A-Wish Foundation
- Marillac
- Ozanam
- Ronald McDonald House
- SAFEHOME
- Second Harvest Community Food Bank
- Special Olympics
- United Way

You seek experienced technical experts who excel at customer service.

VNAC can rest assured your engagement team has the resources to address complex issues and any questions that may surface. Your engagement team leaders are supported by a team of technical experts with an average tenure of 15 years who bring expertise in the areas of compliance, financial analysis, employee benefits, safety and occupational programming, wellbeing, and marketing and communications. CBIZ is committed to developing a partnership in which you know that you are our top priority. Our standard scope of services includes daily support and frequent face-to-face meetings. We promise to provide excellent service and we are willing to build a performance guarantee into our compensation structure. To demonstrate our commitment, we have provided testimonials from our 2017 Client Satisfaction survey.

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

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

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

"ALWAYS coming to the table with solutions."

"ALWAYS responsive to concerns."



95%

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

Data from the 2017 CBIZ Client Satisfaction Survey

Client Success Stories

Client Success Story A

Challenges

- Double digit increases multiple years prior to CBIZ engagement
- Plan under funded for claim liability
- Limited exposure to data and plan cost drivers
- Above average leave rate

Interventions

- Implemented data analytics provider for claims review
- PBM carve out
- Network repricing
- Stop loss and Medical RFP
- Leave Management outsourcing
- Consumerism migration
- LTD and Life RFP

Results

- \$1.6M in Medical and RX savings over 2 year period (20% reduction)
- 27% reduction in stop loss premium
- 21% savings for LTD and Life through RFP
- 48% in medical claims administration savings
- Multi year rate guarantees

Client Success Story B

Challenges

- Aging workforce with increasing health risks and poor compliance
- Geographically dispersed workforce with communication challenges
- Skeptical relationship between administration and union

Interventions

- Full time wellbeing coordinator
- Wellness premium differential
- Wellness portal with activity monitoring device
- Wellness committee
- 1:1 enrollment program and online benefit enrollment

Results

- 92% participation in biometric screenings
- 86% participation in wellness portal
- Zero percent increases on medical insurance for past three years
- Four year trend of 4% compared to 36% nationally
- Insurance refund checks totaling \$1.47M for past three years

Request for Information | Questionnaire

1. Please describe your firm’s overall business philosophy as it relates to corporate sponsored health, welfare, P&C plans, and retirement plans. What distinguishes your firm and its services from competitors?

Philosophy

The core philosophy of CBIZ is quite simple: We believe in making it easier for our clients to run their businesses. At CBIZ, our product is time and expertise. Like VNAC, we have invested significantly in our resources to create industry leading results in client retention, customer experience and satisfaction. We take pride in expertise, creative thinking and commitment to developing solid and lasting relationships with our clients. Our ultimate goal is to become your trusted advisor.

CBIZ is unique in its ability to provide integrated solutions from multiple disciplines to help businesses better manage their risks, finances and employee assets. Our service philosophy is one of open and constant communication. We take a proactive approach while providing responsive, value-added services. We will listen to your ideas and concerns and will bring creative solutions to you in both financial and other operational areas.

CBIZ ESO Vision

To be the **best-in-class employee benefits consulting and HR administration firm** for small and mid-sized businesses

CBIZ ESO Values

FINANCIAL STEWARDSHIP	ADMINISTRATIVE SUPPORT	EMPLOYEE EXPERIENCE
<p>We constantly have our clients' best financial interest top of mind, helping manage costs with expertise and efficiency.</p>	<p>We proactively exceed our clients' service needs big or small, completing requests with responsiveness and friendliness.</p>	<p>We consistently treat our clients' employees as our own, enhancing overall employee engagement with empathy and positivity.</p>



Health & Welfare Philosophy

Our employee benefits consulting services help you develop a foundation for success, providing you with high-touch service and guiding your overall strategy to ensure holistic health and benefit plan prosperity with the following breadth of services. A full detailed scope can be found in Exhibit A.



Property & Casualty Philosophy

Our Property & Casualty Services create tailored commercial and personal insurance solutions designed to protect your assets. We partner with you to go beyond the obvious risks and identify the exposures with the highest impact to your bottom line. And we monitor changes, assess impact and communicate regularly with you to make sure your insurance keeps pace. With this consultative approach, you get peace of mind knowing your assets are protected for the long-term.

Our practice is focused on serving the unique needs of organizations like VNAC. Our risk and insurance advisory services help you identify, manage and finance risk. Beyond traditional risk issues, our broad consulting expertise allows us to navigate through all facets of your risk. Our in-depth knowledge of the risks facing health care providers and life sciences organizations, coupled with our expertise in loss prevention and claims mitigation, allows us to help our clients manage risk across the enterprise. Below are proposed solutions for VNAC.

Solutions:

- Ambulance and non-emergency patient transportation
- Business continuity and emergency response planning
- Construction risk
- Data security and privacy liability
- Executive risk
- Liability for overseas operations
- Product liability, including clinical trials
- Professional and general liability
- Property and builder's risk coverage
- Alternative risk, including captive insurance and risk-retention group development
- Workers' compensation

Retirement Plans Services Philosophy

The awareness of a retirement plan / participant's success is currently of the utmost importance to CBIZ Retirement Plan Services (CBIZ RPS) and across the retirement plan industry. Historically, information has not been readily available for those organizations looking to benchmark and gauge their plan's success metrics.

In the end, organizations continue to struggle with understanding where their workforce fits into the retirement plan space and if their programs are viable for their employees in comparison to peer organizations. CBIZ Retirement Plan Services has created a proprietary “Plan Health Assessment” that effectively benchmarks Participation and Deferral Rates relative industry averages and peers. The result is an annual document that is provided to the Committee that tracks and monitors key participant/plan statistics to assist in leveraging internal discussions regarding plan features, employee engagement, communication campaigns, etc. This would be provided to VNA Corporation at no additional cost.

By helping our organizations manage their plans and tracking key metrics like plan participation (automatic enrollment), employee contributions (automatic escalation), improving the employee experience (CBIZ’s proprietary education series and Financial Wellness campaigns) and assisting in the negotiation of plan costs and services (investments, recordkeeping, etc.) we can truly optimize the experience and ensure plan success. A full detailed Scope of Services can be found in Exhibit A. and Sample Retirement Plan Services Implementation Timeline can be found in Exhibit J.

Why Choose Us?

Local Expertise, National Resources



The multidisciplinary structure of CBIZ allows clients to tap into the resources of the nation’s #1 benefits specialist, 18th ranked insurance brokerage firm and top 10 accounting firm. With over 4,000 associates in 100 plus offices across the country, CBIZ’s resources and services are uniquely suited to support the growth and success of our clients. Our Kansas City office is the largest CBIZ office and is located minutes from VNAC.

Not-for-Profit and Healthcare Client-Centered Approach



We have a dedicated team of not-for-profit specialists with expertise in serving the needs of not-for-profit organizations. Our proposed engagement team possesses the technical skills and specialized not-for-profit knowledge to provide the highest level of professional service. We bring unique insight to the table, not just the ability to guide you through your benefits brokerage and consulting needs. You will experience the value we bring from serving over 1,100 Not-For-Profit and over 700 healthcare clients nationwide.

CBIZ ESO Profile	
772	health care industry clients nationally
1,131	nonprofit clients nationally
200	consultants across the nation
#1	benefits specialist in the U.S.

Community Involvement



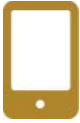
While we are a national firm with deep and sophisticated resources, our focused approach and dedication to the community allows us to offer very competitive fees for service and the best quality engagement team.

We Value Efficiency and Service



We understand the importance of creating efficiencies. 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 VNAC – at no additional cost.

Proactive Communication



It's true no one likes to be caught off guard in any situation, and this philosophy will continue to be applied to our relationship with you. You can expect proactive communication about new compliance issues, insights into emerging trends and other issues of importance to you. This includes free webinars, white papers, newsletters and other resources to keep you up to speed on issues pertinent to your organization. In addition we provide you with resources and materials for employee communication so your employees understand and appreciate their benefit package. Media and materials may include: custom benefit guides, websites, flyers, Brainshark videos and more. Please see Exhibit D for Sample Employee Communication.

Single Source Solution



CBIZ is able to provide an integrated solution providing employee benefits, property and casualty and retirement planning services. This translates to better value for VNAC.

2. Please describe your firm's approach to strategic planning. Please provide an example of a strategic planning presentation.

The CBIZ approach to strategic planning begins when a senior consultant establishes a relationship with each new client and stays with them throughout the entire process. That specialist works with the entire CBIZ team, *accessing resources, knowledge, and expertise to ensure every client gets the most of what CBIZ has to offer.* It starts with a comprehensive analysis of our client's business to understand their goals and help us customize a plan to each business case. We benchmark our client's current position, take an assessment and then work to build a strategic plan with key markers that deliver on our client's vision.

Health & Welfare

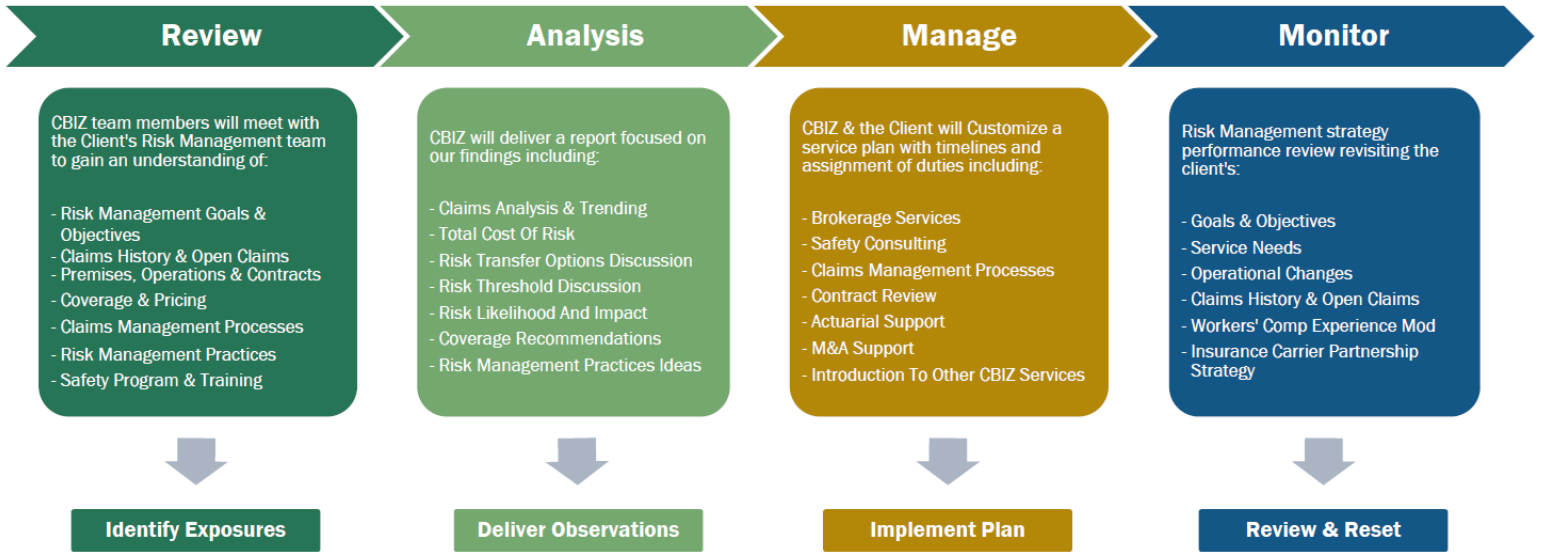
So how do we put this and other information into an actionable strategic plan? Collecting and analyzing data from multiple sources enables us to identify needs, risks, gaps in care, etc. that our customized strategic plan aims to address and allows us to measure its effectiveness. The process is illustrated in the following graphic.

Please see Exhibit B for Sample Strategic Plan and Scorecards.



Risk Management Process

CBIZ's overall program risk management process touches on all areas necessary for a comprehensive plan to address risk exposures. The following process would integrate into VNAC's Insurance/Risk Management practices. This process allows CBIZ and VNAC to develop, measure and reset risk management strategies as needed. This continuous process facilitates the communication to make CBIZ an integral part of VNAC's Team, not just a vendor.



Property & Casualty Strategic Risk Management Plan

Action Timetable

Property & Casualty Strategic Risk Management Plan Action Timetable

	Actual		CBIZ - Kansas	Visiting Nurse Association	Approval
	Start	Complete	Responsibility	Responsibility	
1. Planning Phase/Meeting					
a. Identify/introduce team members					
b. Notify carriers and establish meeting date to review open claims					
c. Establish communication channels through company flowchart					
d. Secure contact list by location					
e. Furnish list of all coverage lines and vendors					
f. Determine scope of project					
g. Discuss timetable					
h. Identify information needed to market					
i. Establish operating scenarios and response regimes					
2. Information Gathering					
a. Consider policies and loss area (5 years)					
b. Obtain financials					
c. Determine missing information					
d. Request missing information					
e. Compile information for step 3					
3. Perform Exposure Analysis					
a. Determine risk management objectives					
b. Review all encompassing risk management analysis					
c. Visit major domestic locations, perform exposure survey					
d. Perform exposure survey for foreign locations					
e. Present exposure survey results to Visiting Nurse Association					
f. Draft, read, refine risk management recommendations					
g. Present risk management recommendations					
4. Marketing Strategy					
a. Identify viable markets					
b. Develop market submissions					
c. Perform loss forecasting analysis					
d. Complete market submissions					
e. Evaluate quotes					
f. Negotiate contractual provisions					
g. Present renewal options					
5. CBIZ - Kansas and Carrier Service Plan					
a. Develop carrier service standards					
b. Obtain special service agreements with carrier					
c. Perform loss of cause analysis					
d. Identify top loss drivers					
e. Review top loss drivers with Visiting Nurse Association					
f. Review current loss control objectives					
g. Discuss loss control options with Visiting Nurse Association					
h. Establish CBIZ - Kansas service and loss control plan					
i. Approve, modify carrier and CBIZ - Kansas service plans					
j. Deliver respective service plans to Visiting Nurse Association					
6. Implementation					
a. Discuss market selection					
b. Confirm market					
c. Secure coverage					
d. Meet to discuss certificates of insurance needs					
e. Issue binders, OERs, auto ID cards					
f. Monitor progress of policy issuance and delivery					
g. Perform contract reviews					
h. Initiate performance service plan					

Retirement Plan Services Strategic Planning Process

CBIZ RPS believes that its diverse and integrated service offerings result in advantages for both the client and for CBIZ Retirement Plan Services. By providing custom solutions that help clients manage their finances and employees, CBIZ RPS enables its not-for-profit/501(c) clients to focus their resources on their own core values and operational competencies. Additionally, working with one provider for several solutions enables CBIZ RPS' clients to utilize their resources more efficiently by eliminating the need to coordinate with multiple service providers. The ability to combine several services and offer them through one trusted provider distinguishes CBIZ Retirement Plan Services and specifically CBIZ, Inc. from other service providers.

CBIZ Retirement Plan Services provides a unique depth of capabilities which allows us to offer a broad menu of services to our retirement plan clients. In addition, our comprehensive suite of services includes: project management, plan design consulting, plan management support, and a wealth of participant education tools, including financial wellness, we can also provide legal support through our internal ERISA attorneys as well as through external ERISA attorney retainer relationships.



3. Please indicate your firm's subject matter experts and resources in the following areas (please note whether or not these experts and resources are in-house):

Your CBIZ team starts with your local professionals and expands far beyond there. An entire group of specialized experts stands ready to ensure all of your specific, unique employee benefits and HR technology needs are met. In addition to the national experts below which are all in-house resources, CBIZ has selected an engagement team specializing in healthcare and non-profit employers such as VNAC.



Health & Welfare National Experts

Actuarial Services and Financial Analysis

DESCRIPTION



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

THE EXPERTS

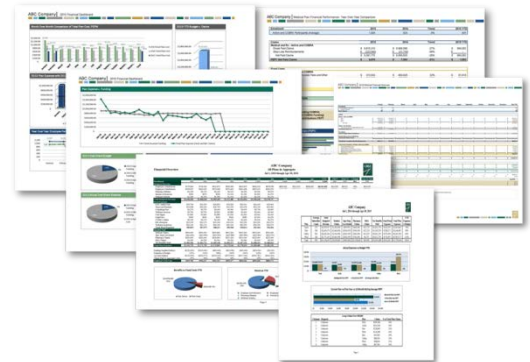


David Rubadue,
FSA, CLU, MAAA |
Practice Lead

RESOURCES

- Pricing Models
- Reserving Models
- Benefit Plan Change Financial Modeling
- Monte Carlo Stop Loss Simulation Model
- ACA Financial Impact Model (ACA Analyzer)
- NavMD
- Contribution Models
- Surcharge Models
- HHS Risk Adjustment Model
- Wellness ROI Model

SAMPLES



Compliance Attorneys

DESCRIPTION



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.

THE EXPERTS



Karen McLeese, Esq |
Practice Lead

RESOURCES

- In-house ERISA attorney (Karen McLeese)
- CBIZ publications
 - Health Reform Bulletins (HRB)
 - Benefit Beat
 - At Issue
 - For Your Benefit compliance booklet
- Live and recorded webinars
- Compliance Checklist
- HCR Analyzer

SAMPLES



Pharmacy Analytics

DESCRIPTION



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.

THE EXPERTS



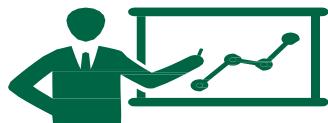
Michael Zucarelli, PharmD |
Practice Lead

RESOURCES

- Carrier or PBM pharmacy contract review
- PBM (procurement)
- Plan design and benefit management
- Annual pharmacy experience review and clinical recommendations

Clinical Data Analytics

DESCRIPTION



With increasing health care costs, the need to understand data is more important than ever. Our clinical data analysts will use our analytical tools to expose underlying causes of increasing cost and proactive risk management strategies. Further understanding how VNAC's plans benchmark to competitors is critical to maintaining a productive workforce.

THE EXPERTS

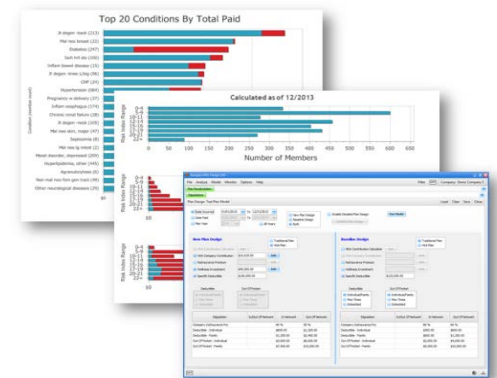


Erin Eason | Practice Lead

RESOURCES

- NavMD Data Analytics warehouse
- Zywave Plan Modeling and Decision support tool
- Provide recommendations on new services and plan designs based upon claims information
- Provide recommendations that integrate with plan design and health and productivity initiatives to increase employee health outcomes

SAMPLES



Data Analytics Tool

NavMD

CBIZ clients are provided access to our benchmark and forecasting tool, NavMD. Analytics from NavMD give a glimpse into predictive healthcare, delivering **actionable insight** to allow for better decisions for your population. Better decisions mean providing a higher quality of care at a lower cost with a focus on wellness.

NavMD Analytics generates information against actual claims data on monthly or quarterly updates. You have the power to monitor the progress of your healthcare objectives and manage your health plan, 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. Our tool

allows wellness data to be imported into the system so that you can see the direct correlation between biometric screenings, health risk assessment data and medical claims.

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

Wellness Consultants

DESCRIPTION



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.

THE EXPERTS



Emily Noll, MS | Practice Lead
Backed by team national team of Wellbeing Consultants, Wellbeing Account Managers, and Wellbeing Coordinators.

RESOURCES

- Employer Guide to Wellbeing
- Executive culture interview
- Senior Leadership wellbeing assessment and vision, mission and values development program
- Employee Interest Survey

SAMPLE

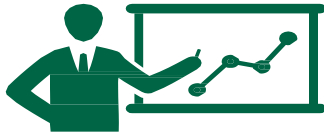


“Of the consulting firms we have worked with, CBIZ has demonstrated the greatest understanding of the fundamentals of ‘zero trends’ and has shown the competency to move their clients along the health management continuum into becoming ‘Champion Level’ companies.”

– DEE EDINGTON, Ph.D., Founder, University of Michigan Health Management Research Center

HR Consulting

DESCRIPTION



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.

THE EXPERTS



Claire Bissot, SPHR | Practice Lead

RESOURCES

1. HR Outsourcing
2. Job Descriptions
3. Assessments
4. CBIZ University

SAMPLE



HR Consulting

Our scope of services includes access to CBIZ HR Solutions, a comprehensive online HR information portal, providing information on crucial HR topics, including: Benefits and Compensation, Compliance, Equal Employment Opportunity, Risk Management & Safety; as well as resources, model documents and forms that can be downloaded and used as a foundation from which to build custom documents for your organization. Sample documents include; HR Policy Handbooks, COBRA Forms, Personnel Forms, Health & Safety Policies; and Productivity Tools, including: custom job descriptions. This tool serves as a great resource for topics that impact HR outside of benefits.

Employee Communications

DESCRIPTION



CBIZ Employee Services Organization utilizes leading-edge employee communication strategies to make sure your employees understand and utilize their employee benefits and appreciate your organization's investment in their health and wellness. We know what employee communication techniques work, ranging from benefit books and face-to-face meetings to webinars and intranet platforms. We then customize those strategies to your unique employee population to ensure optimal results.

THE EXPERTS



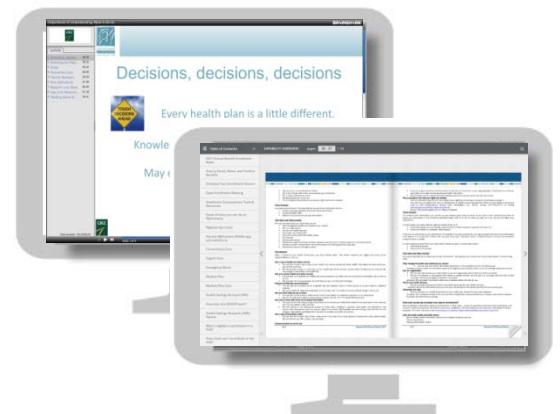
Alex Lanning | Director of Marketing and Communication

RESOURCES

- Custom Benefits Guides
- Communication Strategy Development
- Video
- FlippingBook Links
- Brainshark Presentations
- Advising next best practices
- Custom Benefits Websites

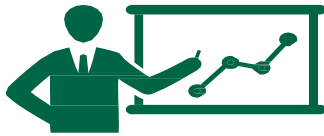
Please see Exhibit D for Sample Employee Communication.

SAMPLES



HR Benefit Technology

DESCRIPTION



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.

THE EXPERTS



Greg Callahan, SPHR, MBA |
Practice Lead

RESOURCES

- HRIS systems
- Benefit Administration Systems
- Concierge Services
- Mobile applications

We recognize that there are many solutions designed to enhance the employee enrollment experience as well as ease the employer’s administrative burden. At CBIZ we further distinguish ourselves by using a consultative approach for identifying, implementing and supporting human resources/ employee benefit related technology.

We have cultivated relationships with dozens of vendors to provide a wide array of services for organizations the size of VNAC. Below is a table indicating categories of enrollment solutions that we may review:

Category	Enrollment Firm	Carrier Subsidized 3 rd Party Technology	End to End Enrollment Technology
Online Enrollment	X	X	X
Non-medical insurance company carrier feeds	X	X	X
Medical insurance company carrier feeds	X	X	X
Payroll Interface	X		X
Mobile Access		X	X
Enrollment Counseling	X		
Call-Center Enrollment Support	X		
Estimated 1x Fees	\$0	\$1,200	\$3,000
Estimated PEPM	\$0	\$.60	\$4

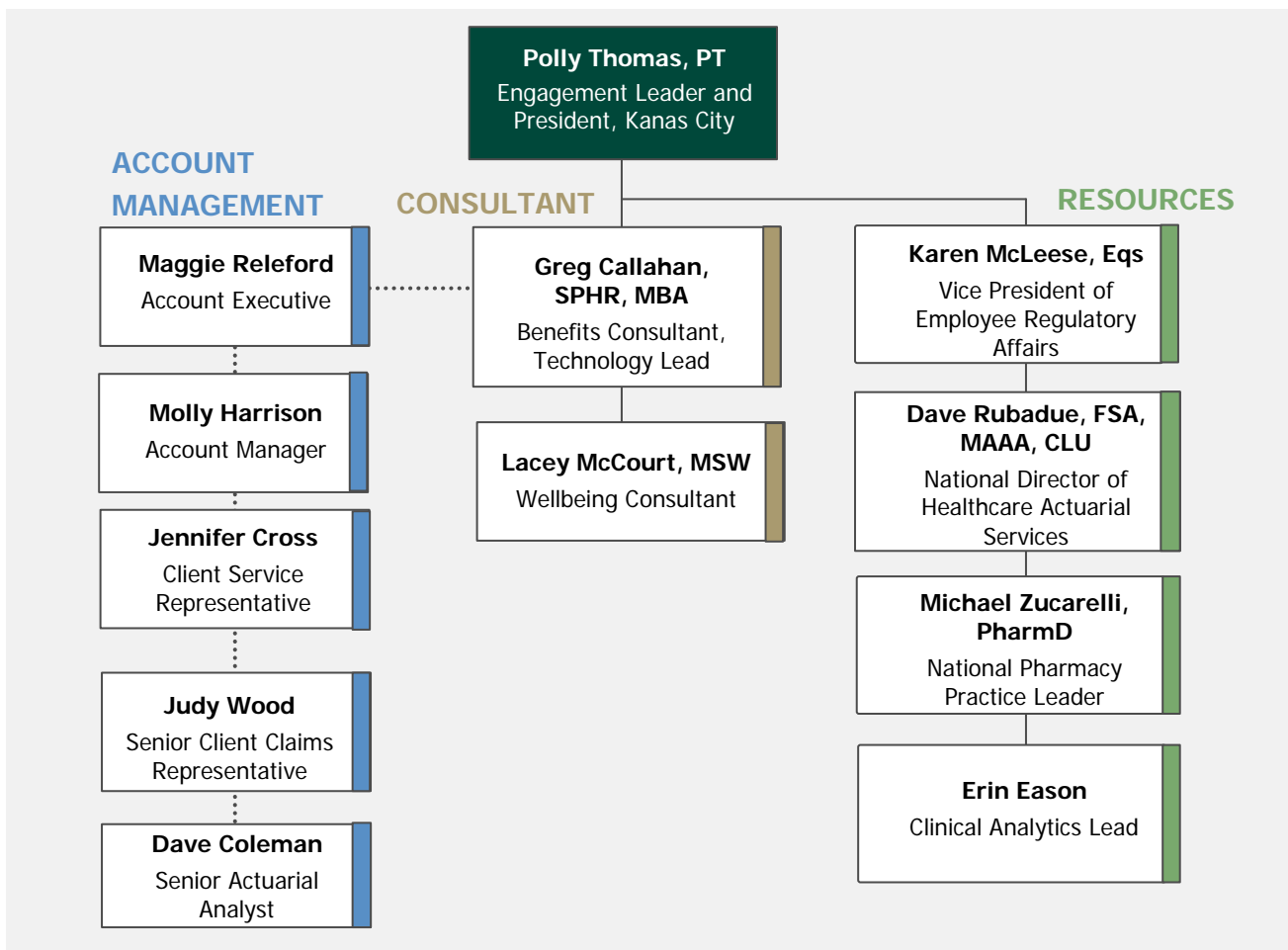
4. Please provide an organizational chart of your team, including biographies of each member who will be assigned to work with VNA Corporation.

As a multi-dimensional organization, your designated engagement team lead is Polly Thomas. Polly is responsible for marshalling resources and overall strategy execution, while being supported by the divisional team leads Monte Giddings, Property and Casualty and Jack Keller, Retirement Plan Services.

We have assembled the most skilled and knowledgeable engagement team to exceed your expectations.

- We have an entire team of specialists dedicated to serving the needs of not-for-profit organizations.
- We will assign professionals who possess the technical skills and specialized not-for-profit knowledge to provide the highest level of professional service to VNAC.
- Polly Thomas, your assigned Engagement Leader, is actively involved in the strategic planning process of not-for-profit organizations.
- Our professionals regularly attend national conferences and continuing education seminars that focus on the needs and issues of not-for-profit organizations.

Health & Welfare Organization Chart



Meet Your Employee Benefits Team

Local Employee Benefits Team



POLLY THOMAS

Engagement Leader and President, Kansas City

Polly is leading overall strategy development and population health initiatives. Polly is also responsible for assisting in the design of an impactful wellbeing/wellness strategy, calculating return on investment, identifying resources and more. Polly has 15 years of industry experience and worked for CBIZ the last 8 years.

Working with employers similar to VNAC, she has implemented countless unique initiatives to impact a wide variety employer challenges. With a great deal of analytics expertise combined with practical experience in strategic planning her dynamic skill set provides unparalleled results for clients.

816.945.5509 | pthomas@cbiz.com



GREG CALLAHAN

Senior Benefits Consultant, Technology Consultant

Greg is responsible for strategy development, innovation, risk funding and financing, contractual and renewal negotiations, marshalling resources and client relationship management. Greg began his career as a client services intern in 1989.

Greg's diverse background and experience within our organization allows him to leverage the right resources for an engagement while coordinating large teams of specialized experts for the purpose of creating better financial and non-financial outcomes for all stakeholders.

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

816.945.5198 | gcallahan@cbiz.com



MAGGIE RELEFORD

Senior Account Executive

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

816.945.5242 | mreleford@cbiz.com

"... Maggie Releford deliver(s) quality service all the time. The renewals are always well handled and strongly negotiated on our behalf and Maggie does an excellent job delivering all of our benefits information in group meetings as well as committee meetings. (She) really help(s) bring our benefits package together."

MOLLY HARRISON

Account Manager

Molly supports the 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. Molly also works closely with vendors to establish and preserve a solid business rapport.

816.945.5582 | molly.harrison@cbiz.com



JENNIFER CROSS

Client Service Representative

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

816.945.5287 | jcross@cbiz.com



LACEY MCCOURT

Wellbeing Consultant

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

816.945.5278 | lmccourt@cbiz.com



JUDY WOOD

Senior Client Claims Representative

Responsible for providing claim resolution for escalated claim issues, Medicare Secondary Payor issues and CMS audits in a HIPAA compliant format. Judy works with our client's employees to assist with complex claims issues and Medicare coordination issues.

816.945.5212 | jwood@cbiz.com



DAVE COLEMAN

Senior Actuarial Analyst

Responsible for reserve calculations, migration studies, financial projections, FASB assessments, tiering analysis, COBRA rate certification, and more.

816.945.5225 | david.coleman@cbiz.com

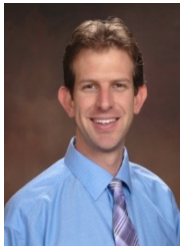
National Resources



KAREN MCLEESE

Vice President of Employee Regulatory Affairs

Responsible for analyzing and communicating federal and State legislation, including Health Care Reform. Karen R. McLeese is Vice President of Employee Benefit Regulatory Affairs for CBIZ Benefits & Insurance Services, Inc., a division of CBIZ, Inc. She serves as in-house counsel, with particular emphasis on monitoring and interpreting state and federal employee benefits law. Karen is involved in all of the projects listed as references and serves as a resource to the entire account team for all compliance and regulatory issues. Karen has been with CBIZ for 20 years.



MICHAEL ZUCARELLI

National Pharmacy Practice Leader

Responsible for working with plan sponsors to develop, implement and monitor a competitive and sustainable pharmacy benefit for their membership. Prior to joining CBIZ, Michael has worked over three years for Mercer as a member of their Managed Pharmacy Practice serving both large and jumbo self-insured clients. Michael also collaborated with actuarial teams responsible for capitated rate setting for Managed Medicaid plans providing valuable pharmacy consulting and clinical parameters used in actuarial modeling of prospective rates. Michael has also worked 7 years in retail pharmacy and continues to remain current in his practical experience. If necessary on this project, Mike will assist with evaluating pharmacy spend, identifying trends in PBM benefit design, determining if a PBM carve out would be beneficial to Grinnell, and reviewing the Onsite Clinic formulary. He will evaluate pharmacy contracts to ensure the most favorable terms are negotiated for VNAC.



DAVE RUBADUE

National Director of Actuarial Analyst

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

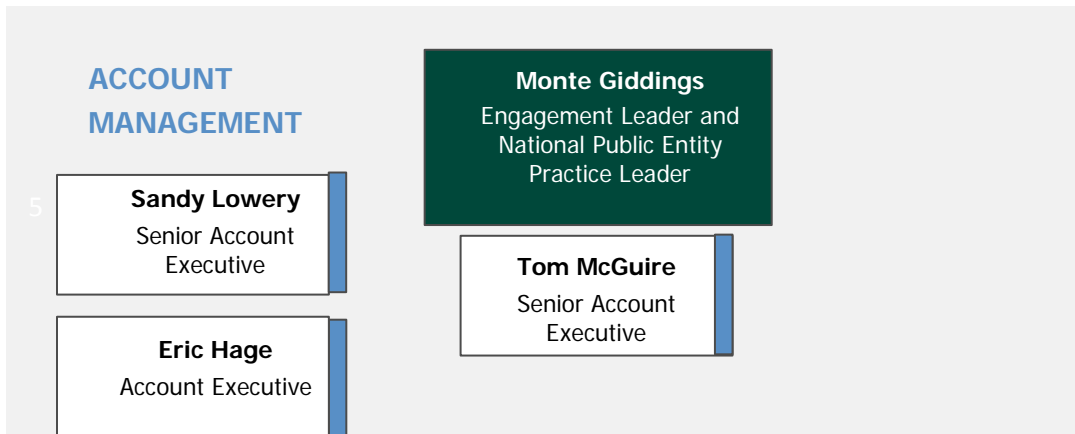


ERIN EASON

Clinical Consulting Lead

With increasing health care costs, the need to understand data is more important than ever. Our clinical data analysts will use our analytical tools to expose underlying causes of increasing cost and proactive risk management strategies. Further understanding how VNAC's plans benchmark to competitors is critical to maintaining a productive workforce.

Property & Casualty Organization Chart



Meet Your Property & Casualty Team



MONTE GIDDINGS

Engagement Leader and Public Entity Practice Lead

Responsible for ensuring CBIZ meets its client service obligations. Some of which includes collaborating with Account Executive to strategize on client service delivery, market access, and additional service needs. As well as ensuring all CBIZ corporate resources are available to the client.

816.945.5554 | mgiddings@cbiz.com



TOM MCGUIRE

Senior Consultant

Accountable for the overall delivery of strategy and services to the client. Tom is responsible for insurance program design and implementation. He is accessible to all CBIZ resources as needed by the client. He works with the client to identify and assess risk issues, both current and emerging. Tom coordinates with market placement specialists and industry resources. He also provides information on all issues and product lines, industry, insurers and emerging market trends. In addition, he ensures maximized coverage, innovative solutions and competitive pricing.

816.945.5293 | tmcguire@cbiz.com

SANDY LOWERY

Kansas City Service Leader and Account Executive

Responsible for management and implementation of all client services including marketing, coverage questions, certificates of insurance, etc.

816.945.5292 | slowery@cbiz.com



ERIC HAGE

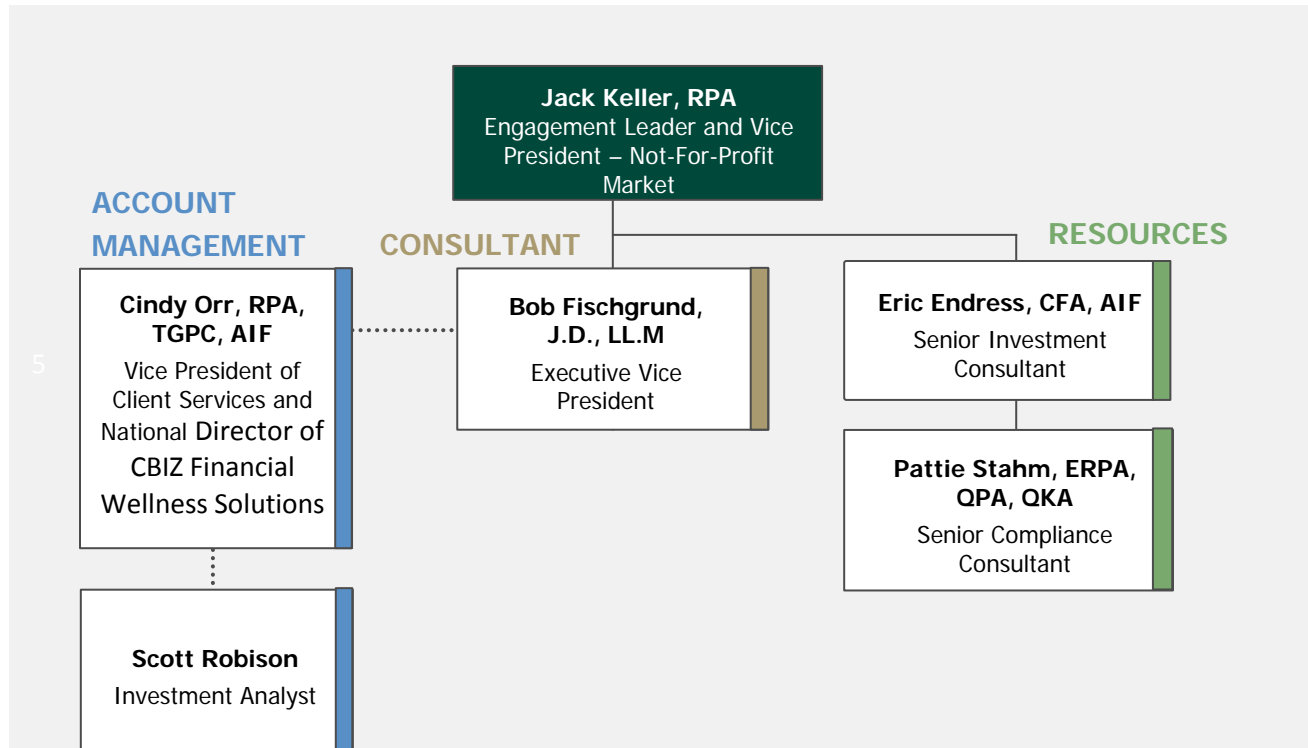
Account Executive

Responsible for all aspects of the insurance service needs of the client including coverage changes, billing questions, certificates of insurance, etc.

816.945.4005 | ehage@cbiz.com



Retirement Plan Services Organization Chart



Meet Your Retirement Plan Services Team



JACK KELLER, RPA

Vice President – Not-For-Profit Market

As a Vice President and Senior Consultant, Jack functions as the not-for-profit lead for CBIZ Retirement Plan Services’ in Kansas City. Jack manages the development and implementation of investment and fiduciary best practices on behalf of plan sponsors. He aids with 403(b) specific vendor relationships, communication, and retention of healthcare and 403(b) clientele.

816.945.5177 | jkeller@cbiz.com

“Cindy Orr... just finished leading us through the process to move our 403(b) and 457 plans to a single provider. Their leadership, along with the VALIC team made the transition very smooth.”



CINDY ORR, RPA, TGPC, AIF

Vice President of Client Services and National Director of CBIZ Financial Wellness Solutions

Cindy has been with CBIZ since 1993 in the Retirement Plan Services Department. Cindy takes an active role as liaison between clients and their service providers. Cindy has extensive experience in 401k, 403b and other defined contribution arrangements. Her responsibilities include assisting Plan Sponsors in developing a governance process, designing the plan to meet their corporate philosophy, conducting plan management reviews with the Committee, providing insightful employee education and being a helpful resource for Plan Sponsors.

816.945.5199 | corr@cbiz.com





SCOTT ROBISON

Investment Analyst

Scott has worked in the financial services industry since 2006 with the past seven years specializing in retirement plan services. Over this time period, Scott has assisted plan sponsors with the development of investment lineups, the monitoring of investments, plan implementation and conversion, as well as participant education. Scott also provides investment management services to high net worth individuals.

816.945.5250 | srobison@cbiz.com



BOB FISCHGRUND, J.D., LL.M.

Engagement Leader and Executive Vice President

Bob has over thirty years of experience in employee benefits, retirement programs and general business planning. Bob is an expert on the design, maintenance and compliance of benefit programs, with a focus on investments and fiduciary compliance for 401(k), 403(b), 457 and defined benefit plans.

816.945.5181 | bfischgrund@cbiz.com



ERIC ENDRESS, CFA, AIF

Senior Investment Consultant

Eric's core responsibility is to consult with institutional clients to help them better manage the various aspects of their retirement programs. He works with plan sponsors of public, private and non-profit organizations. Eric also establishes CBIZ's investment due diligence processes and manages its' team of Investment Consultants. Eric was named a top retirement plan advisor under age 40 by the National Association of Plan Advisors (NAPA).

216.520.6161 | eendress@cbiz.com



PATTIE STAHM, ERPA, QPA, QKA

Senior Compliance Consultant

Pattie has over twenty years of experience in qualified retirement plan design and administration. She specializes in defined contribution 401(k) and 403(b) plan consulting. She consults on all aspects of plan design, implementation and administration, for both small and large plans. Her expertise includes nondiscrimination testing, Form 5500 requirements, plan design and documentation issues, distribution and loan requirements, plan termination procedures and filings required under the various governmental agency corrections programs. In addition to her work with qualified retirement plans, Pattie also has extensive experience with the 5500 filing and disclosure requirements for welfare plans.

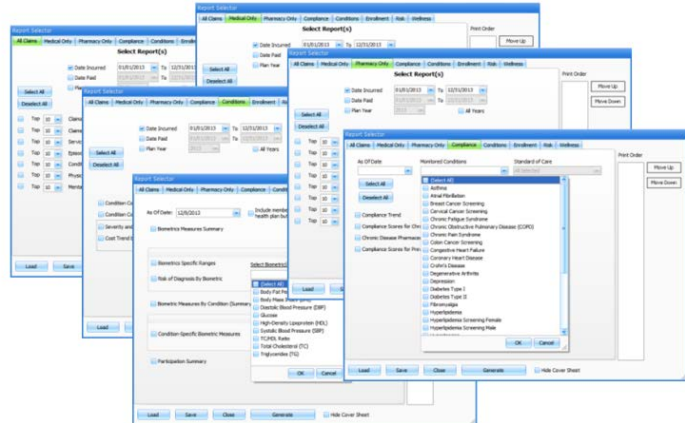
602.308.6632 | pstahm@cbiz.com

5. Please provide examples of the financial reporting VNA Corporation will receive and frequency for same.

Financial Reporting

In addition to monthly financial reporting packages, we provide clients plan performance and comprehensive annual reporting packages outlining benchmark and detailed plan utilization data. Using this information and tracking it in an **executive management scorecard**, together we will identify opportunities and “levers” for change and more effective plan management.

Executive Reporting



Monthly Reports/Meetings:

- Dashboard Report
- Monthly financial overview
- Large Claim Report

Quarterly Reports/Meetings Monthly Report Summary Plus:

- Utilization Data Analysis
- Performance Standard Review- Vendor performance guarantees
- Renewal projection for upcoming plan year to allow budgeting

Annual Reports/Meetings Quarterly Summary Plus:

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

Please see Exhibit E for additional Financial Reporting Samples.

6. Describe your firm's capabilities with regards to employee communication and provide samples.

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.

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;
- YouTube videos;
- Newsletters;
- Benefit decision guides;
- Brochures;
- Subscription to Brainshark;
- Website and mobile technology;
- Posters and payroll stuffers; and
- Wellness bulletins.

Employee Communications

Annual Enrollment Meetings

CBIZ understands employee education and utilization are crucial for maximizing your substantial investment in health and welfare benefits. CBIZ has made significant investments in tools and resources to ease the open enrollment process and has developed successful communication strategies leading employees to a better understanding. This in turn leads happier, healthier and more engaged employees. To help with the education process of open enrollment each year, CBIZ will provide the resources to coordinate and conduct group meetings, including meeting one-on-one with employees at scheduled annual enrollment meetings. We can prepare the presentation, invite carriers to attend and review each handout for content and accuracy.

In addition to the in-person meetings, CBIZ provides a customized employee enrollment guide. This guide has all pertinent information on eligibility, carrier networks, plan designs/benefits offered, carrier extras, compliance requirements, and contact information. These booklets become a one-stop-shop for all benefits information and employee needs.



Online Communication Examples

Brainshark Videos and FlippingBook Technology

In addition to print communication, CBIZ can provide online and video materials. As such, we have 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 VNAC's intranet for 24/7 access. In addition we can provide access to an interactive PDF software known as Flippingbook.

These tools have 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

This technology has been instrumental in engaging employees and has been utilized by many of our clients. An example of a recent Brainshark video can be found by visiting:

<https://www.brainshark.com/cbizillinois/vu?pi=zJMzuohZkzNoBiz0&intk=93288062>

Custom Benefits Website

Your communication team can also develop a customized benefits websites, utilizing a content management system. This tool has allowed this group to virtually eliminate their paper enrollment guide and allow employees to have search capabilities for specific benefits related topics and answers to frequently asked questions.

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

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



Email



Website



Presentations



Benefit Booklets



Mobile Apps



Posters &
Flyers



Direct Mail



Brainshark
Videos



Newsletter



Social Media

7. Describe the measures your firm takes to proactively assist clients from a compliance perspective. Provide specific information on your expertise with the Affordable Care Act.

Health & Welfare Compliance Resources

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

Legislative Updates & Compliance

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

Annual Compliance Manual – “FOR YOUR BENEFIT”

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

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

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

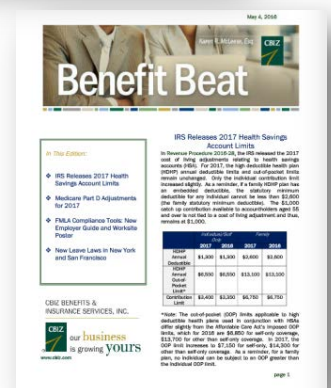
Annual Compliance Checklist

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

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 and has exceptional experience guiding organizations through ACA regulations and assisting you with adopting compliant policies and procedures. Further as an organization specializing in tax, benefits and payroll we provide a comprehensive view of ACA implementing unique strategies for numerous clients to address tax, fee and penalties and other challenges. We have the experience and expertise to assist with creating policies, procedures and workflows for employer such as VNAC.

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



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 F for more information on CBIZ ACA Checkpoint (additional cost).

ACA Policies and Procedures

During the initial analysis, CBIZ will conduct a careful analysis 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 our engagement team will share best practices as well as customized solutions for your unique business.

ACA Financial Analysis

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



Retirement Plan Services Compliance Support

Compliance support is an area where CBIZ RPS is uniquely positioned to support our plan sponsor clients. Through our proprietary Operational Compliance Assessment process, we often uncover operational compliance/fiduciary issues that go unnoticed because they are outside the scope of services of a traditional 401(k)/403(b) plan recordkeeper. Unfortunately, these problems can result in significant risk to the plan sponsor if left unnoticed. The following examples provide some of the major compliance/fiduciary issues that we regularly uncover in client's plan designs:



A. When was the last time I reviewed my plan document to see that I am following the provisions stated in the document and that my plan is up to date with regulatory amendments? Failure to comply with the terms of the plan will result in an operational failure that requires a correction to the plan.

B. Are each of the components of compensation flowing through your payroll treated correctly under both the terms of the plan and the IRS rules? Compensation issues are not usually caught by your recordkeeper and can continue for years leading to liability for incorrect contributions and potential loss of tax-qualified status.

C. Are the plan contributions being deposited in accordance with the Department of Labor (DOL) guidelines and in accordance with the Plan Document? Failure to remit participant deferral in a timely manner as described by the DOL can result in a costly error. It is also important to review the timing of submitting employer contribution.



CBIZ RPS' Retirement Plan Compliance Consultants act as an extension of your team, steering you towards successful plan administration and compliance. We ensure that all required filings and notices are successfully completed, properly administered according to the plan document, and that the plan remains in compliance. Our process helps you avoid costly fees and excise taxes that result from non-compliance.

8. Describe your firm's philosophy around wellness as a component of a healthcare plan and healthcare strategy. How do you use data to drive toward decisions? Please provide a sample wellness program evaluation/scorecard.

CBIZ is a national leader in developing and implementing population health management, including wellness, health and productivity and wellbeing strategies. CBIZ Wellbeing Solutions guides organizations in creating a thriving workplace culture characterized by high employee wellbeing, high engagement and low risk. We take time to understand the culture, needs and priorities of each employer, then co-design a multi-year wellbeing strategy.

Using the following six key components as a framework for strategy development, our experts collaborate with clients to advance their population health management initiatives and drive tangible results.

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

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

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



Organizational Commitment

Wellbeing is integral to business strategy. Commitment to a culture of wellbeing is evident and shared by leaders and managers across the organization.



Sustainable Culture

The built environment, physical work spaces, procedures, policies and engaged-employee champions support a culture of wellbeing and encourage healthy choices.



Communication & Engagement Methods

Communications have a recognizable wellbeing brand. Marketing methods reach all segments of the population and engage employees and their families in meaningful ways.



Actionable Data

Data is gathered and analyzed to identify wellbeing risks, needs and resources. Data is used to make environmental changes, introduce new benefits and increase engagement.



Wellbeing Programs, Benefits & Networks

Selection, design and delivery of programs and benefits address various aspects of wellbeing. Emphasis is on vendor/provider and employer collaboration, quality assurance and shared results.



Outcomes & Value of Investment

Analytical tools and benchmarks are used to evaluate the reach and impact of programs and practices and demonstrate the value of investing in wellbeing benefits.

We will provide specific guidance to capitalize on the existing wellness program and create a sustainable culture of health. CBIZ believes it is important to view Total Rewards and Benefits through the human-centric lens of wellbeing. Domains of wellbeing; purpose, social, financial, community and physical are how people think about and experience their lives - professionally and personally, at work and at home.

Research clearly illustrates a strong link between employee wellbeing and increased employee engagement and performance, lowered healthcare costs, improved staff morale and more.

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

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

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



Please see Exhibit G for a Sample Wellbeing Scorecards.

“...Our [Wellbeing] group are a steady and consistent resource as we look for innovative ways to improve our employees consciousness with regard to Wellness. [CBIZ] is the face of Wellness to employees, and I rely heavily on [them] to take our strategies from concept to implementation. [CBIZ] is a consummate team player, and a problem solver. No detail is too small for [them] to attend to ensure success...in summary I experience in so many areas, a CBIZ family that puts their clients first, and they consistently go beyond to ensure our needs are met.”

Combining Property & Casualty Programs into Overall Wellbeing Strategy

- Wellness and P&C go hand in hand especially in terms of workers compensation
- Healthier employees are less likely to get injured and tends to lead to a better overall culture
- CBIZ strongly believes that a wellness committee should work in conjunction with a safety committee
- We have utilized this strategy on several of our current clients with great success
- Healthier employers have seen decrease in the overall number and severity of claims thus leading to a lower overall premium
- There are also cost savings that are harder to track in terms of productivity and cost savings in terms of not having to restructure corporate structure (no substitutes/temporary workers) in order to fill the gap for an injured employee

Financial Wellbeing Resources

CBIZ Retirement Plan Services has leveraged our suite of participant education/financial wellness services to create a wellness plan in helping to increase participant engagement while balancing complex plan platforms to consider. Based on our knowledge of VNA Corporation's Retirement Plan, CBIZ RPS recommends the following action plan, as requested:

- Group or one-on-one meeting with a CBIZ advisor to discuss asset allocation, learning more about the plan and going over savings and retirement strategies
- Call center with dedicated advisors to provide information and advice to participants as well as a personalized asset allocation assessment
- Web based solution allowing participants to calculate the recommended contribution amounts necessary to meet retirement goals, allows participants to receive individual recommendations in where to allocate their money, provides information to expand employees' knowledge on retirement and provides specific plan information such as eligibility requirement and information on match.
- Online based financial wellness assessment that provides a personalized action plan at the employee level.
- Financial wellness presentations that can be presented live or can be provided as a recorded webinar with an attendance tracking feature for the employer.
- Topics include budgeting, living within your means, FICO score and credit overview, spending and savings, retirement investment strategies and protecting & organizing your assets.

9. Describe how you use benchmarking tools to ensure that VNA Corporation's programs are competitive in the marketplace. Please provide a sample benchmarking report.

Health & Welfare Benchmarking

Benchmarking and Review of Current Plans

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

Benchmarking Resources

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

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

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

Please see Exhibit H for a Sample Benchmarking Reports. There is no additional cost for access to the survey information.

Property & Casualty

CBIZ utilizes Advisen: the benchmarking, analytics and research leader for the property and casualty insurance industry. Advisen allows us to better understand the range of Council Rock School District's insurance program premiums, limits, and retentions based on a set of input parameters and by coverage type. With over 1.5 million programs worth of data, the Advisen arsenal surpasses all other publicly-available sources in breadth and depth terms. Our goal is to be proactive about market changes or events that could have an impact on your insurance and risk management program. CBIZ will take the responsibility to anticipate adjustments and avoid surprises.

Retirement Plan Services

CBIZ RPS will periodically document and benchmark your plan's fees and expenses versus industry averages and alternate service providers. Our analysis examines total plan costs including employee & employer paid fees and their various administrative and investment components. The outcome is a competitively priced retirement plan that is commensurate with the services provided.

Through our proprietary Plan Fee Benchmarking Index, CBIZ Retirement Plan Services is able to leverage VNA Corporation's current total recordkeeping costs and benchmark them against peer organizations across different recordkeeper platforms.

CBIZ regularly conducts Requests for Proposals to help clients select a “best fit” recordkeeper. Our RFP Manager™ solution is a proprietary process that we utilize for this purpose. After talking with our clients to understand their needs, goals, and concerns, we manage the entire RFP process and vendor search. Our goal is to provide our clients with high quality information that helps them make good business decisions. In addition, our size and scale give us leverage when negotiating on client’s behalf with vendors.

Please see below for samples of benchmarking reports.

The collage displays four sample benchmarking reports. The top-left report is titled 'ABC Company Retirement Plan Comparison'. The top-right report is a 'SUMMARY OF EXPENSES' table comparing four providers (Fidelity, Fidelity, Empower, Veeva) across categories like Recordkeeping Costs and Weighted Investment Expense. The bottom-left report is a 'DETAILED EXPENSES' table with columns for Original Pricing, Fidelity, and Veeva. The bottom-right report is a 'RETIREMENT PLAN PROVIDER ANALYSIS' table comparing various providers across multiple criteria like Investment Options, Plan Features, and Service Quality.

10. How does your firm educate your clients on industry “best practices?” Please provide a sample “best practices” exhibit.

Health & Welfare

Our teams of dedicated not-for-profit specialists are committed to keeping clients informed through regular personal interactions, which include: speaking at regional and national conferences, hosting educational seminars and webinars and a variety of other thought leadership events. A Sample Webinar Series schedule is included in Exhibit C. We also host an Executive Advantage Series that brings relevant topics to our clients and provides the ability to network with other executives in the community.

Recent topics include pharmacy benefit innovations, turning an organization from struggling to thriving, and embracing a multi-generational workforce.

PLANNING RESOURCES AT YOUR FINGERTIPS



We also present trends and innovations with direct interaction to our clients during our strategic planning sessions. We outline trends and next practices and then prioritize with VNAC whether those are immediate or future implementation considerations. Please refer to Exhibit I for Sample Best Practices for Innovations and Considerations.

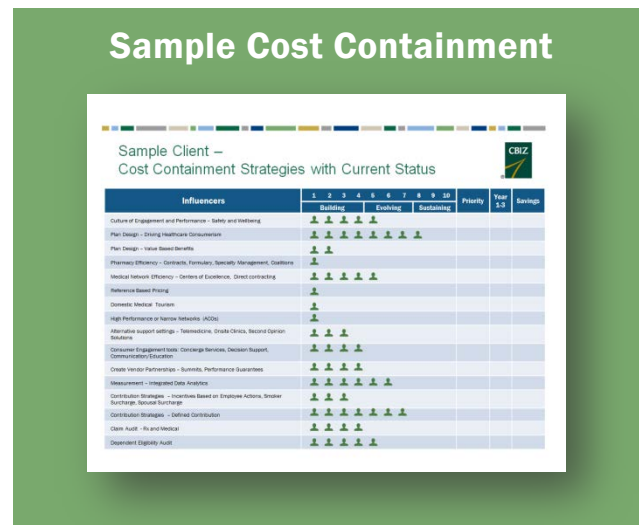
We are consistently researching the next innovations and solutions in employee benefits to stay ahead of the curve. With these values in mind, we believe in researching and testing solutions. The following is a brief list of trending cost containment strategies for an organization such as VNAC to consider:

Risk Management

- CBIZ proprietary Wellbeing Solutions is a tool used to evolve from wellness to wellbeing while leveraging the resources of current systems and processes
- Evaluating Network Performance related high performance or narrow networks
- Financial wellbeing resources integrating health and retirement benefits in a communication and education strategy to optimize employee engagement

Utilization

- Patient Center Medical Home adoption and copy differentials to drive behavior
- Alternate support settings, onsite clinics optimization and telemedicine as tools to lower utilization cost of health care
- Transparency tools to lower cost and employee out of pocket expense
- Programs such as Dialysis carve out as tools to reduce expense
- Shared primary health clinics or options similar to BCBS Spira clinics to ensure access to primary care for your members.



Funding

- Well-designed self-funded plans as a tool to reduce plan expense and minimize ACA fees and taxes, evaluate carve-out versus carve-in services
- Data analytics tools to benchmark, identify and mitigate costly utilization patterns and evaluate self-funding risk trends
- Captive insurance arrangements

Pharmacy

- Pharmacy management as a tool to eliminate redundancy of drugs, while managing at risk interactions
- Pharmacy concierge programs to assist members and the plan in how to best manage their pharmacy costs.

Open Enrollment Considerations

- Web applications and videos to make the employee education process more dynamic
- Independent counselors or call centers for the purpose of communication, education, consultation and enrollment data collection
- Private exchanges as an education and buying experience integrated with defined contribution employee contribution model to fix employer expense
- Low or no cost technology for the purpose of employee self-service and effective communication

Property & Casualty

CBIZ has focused on establishing best in class industry experts on nearly every facet of a company's insurance program. Collaboration between these experts and across our various offices allows us to remain on the cutting edge of our client's needs.

Education is essential to remain ahead of the curve and is taken very seriously at CBIZ. We provide various forms of education to our clients that include:

- Peer roundtables for sharing of ideas
- On-site training when appropriate delivered by industry experts
- Continuous communications with our clients through a variety of approaches when new and
- Innovative ideas are discovered.

CBIZ employees participate in a variety of professional organizations that allow our employees the chance to learn new ideas and then deliver value added solutions to our clients.

Retirement Plan Services

CBIZ RPS has created the CBIZ Resource Library™ which is a proprietary document repository for companies to help mitigate concerns that often arise through the operation of a retirement plan. CBIZ Retirement Plan Services has been solving retirement plan problems for over three decades, and our expertise has led to the development of educational white papers, legal opinions, and case studies. These tools give you access to solutions that can be implemented to either help solve or prevent common plan issues. We also offer webinars and education symposiums that explain new regulations and retirement plan features to help you and your participants stay up-to-date.

Delivery of the CBIZ Resource Library™ is customizable to each client engagement – delivery via hard copy, electronic, mail merge to Committee, or as part of retirement plan committee meetings. Please see the image to the right for more information.

11. Please provide an estimate for the amount of premium volume your firm has with our current carriers, listed under Section IIB.

Health & Welfare

BCBS KC: over
\$290,000,000
MetLife: \$35,000,000
Hartford: \$6,500,000
EyeMed: over \$3,500,000
Meritain: \$5,000,000

Property & Casualty

Travelers: \$27,072,878
ACE/Chubb: \$25,641,898
Allied World: \$240,645

Retirement Plan Services

Due to MetLife's retirement business being recently sold to Massmutual, CBIZ Retirement Plan Services has assisted more than 10 clients transition to an alternate recordkeeper following a vigorous RFP process. That said, CBIZ Retirement Plan Services still retains 4 clients with MetLife on our book of business nationally. In addition, CBIZ RPS is proud to serve more than 45 visiting nurse/home health care clients across the country similar in size, scope and scale to VNA Corporation.

12. Please describe how your firm evaluates health plan financing alternatives, determines optimal stop loss deductibles, plan design changes, employee contribution modeling and other relevant financial elements.

We take a data driven approach to analyzing all of the elements outlined above. It begins by taking an inventory of your claims experience through our data analytics tool- NavMD. We also use our actuarial team and other in house developed tools to assist with the data analysis so that we can provide information driven recommendations to the VNAC.

Funding and Financing

- CBIZ can use NavMD to measure prospective risk scores in your population to help determine whether taking on additional risk makes financial sense
- CBIZ will review the considerations of each funding option and assess the VNAC's level of risk tolerance
- CBIZ financial analysts run comparative analysis of all funding options to highlight fixed and variable costs
- Network adequacy and efficiency is analyzed to determine optimal financial solutions

Stop loss evaluation

- We conduct internal underwriting to determine the risk profile of the VNAC and use our analytics tool to forecast future risk and use that to negotiate optimal stop loss or pooling rates.
- Our actuarial team also has a stop loss model called a Monte Carlo Analysis that will predict out of 10,000 scenarios, which stop loss level or pooling point would be optimal the majority of the time.

Plan Design Modeling

- Using NavMD and the score card of key performance indicators we determine which plan design changes will result in reinforcing employee health behaviors and result in optimal plan performance.
- Data analytics tools to benchmark and determine market competitiveness of plan design
- NavMD allows for modeling plan design changes to determine number of employees impacted as well as financial impact to the plan. This allows a double check against how the carriers are evaluating plan changes and a more powerful negotiating position.

Contribution Modeling

- We have a dynamic contribution modeling tool that will allow the VNAC to determine employee and employer impact of any changes.
- The contribution model can accommodate wellness incentives and tobacco surcharges as well as spousal surcharges.
- This allows for an annual budget to be set, as well as measured

13. Describe your firm's proposed compensation for the work outlined in this RFP.

Health & Welfare

We continually strive to provide clients competitive, transparent fees without compromising quality. Several compensation options for VNAC's requested services are outlined below.

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 because it allows VNAC to share the cost of our services with employees and in the case of VNAC, BCBS would compensate CBIZ for the majority of the compensation necessary to provide the services requested in this proposal. CBIZ is a BCBS Blue Chip broker which is designated by BCBS and reserved for only a few firms in the area that they believe provide exceptional value to their clients and excel at managing costs. As a Blue Chip Broker, BCBS compensates CBIZ outside of the premium VNAC pays which allows VNAC to likely reduce the commissions that are currently built into premium in the form of an administrative service fee. This is the way the majority of our non-profit clients elect to compensate us. If VNAC will provide total premium volume we can easily calculate the amount you can reduce your commissions by and what our total compensation would be using this model.

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 VNAC'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.



Some firms provide low fee quotes, with the expectation that they will make up the difference by charging for add on work that falls within, or tangential to, the scope of work requested. At CBIZ, we don't believe in surprises. Our pricing reflects both what is explicitly spelled out in your request, as well as additional needs that we believe are necessary to complete your project, completely and accurately. We encourage you to do an apples-to-apples comparison in evaluating the pricing and scope of services to be provided.

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.

It's to VNAC's financial advantage to compensate using commission; the great majority of compensation can be compensated through Blue Cross.

Property & Casualty

CBIZ routinely works with clients similar in size on a fixed or graduated fee basis. Once we determine the scope of services to be provided, we will propose either a one or three year, fixed fee arrangement that we believe is consistent with the level of service required to help VNAC achieve an optimal result for its insurance and risk management program. Our fee will be based on our experience in serving the needs of organizations like yours and will contemplate a number of additional factors including:

- The value we place on building a partnership with VNAC
- Recognition that your reliance on our resources may be more acute in year one and will decline as our proposed services are implemented over time
- The number of loss control site visits, risk management services, and claim review meetings required

Whether it is a not-for-profit with multiple locations or a hospital system, we are capable of providing centralized services. With our wide scope of services, we recommend that insurance/risk management services be coordinated through one conduit.

Retirement Plan Services

We strive for full fee transparency and disclosure and therefore can work with VNAC to determine a mutually agreeable flexible fee arrangement.

The CBIZ RPS fee policy entails full disclosure and transparency. CBIZ RPS clients have various options on the payment of our fees, including periodic invoices, payment through plan assets or through the recordkeeper (flat fee or % of assets). Regardless, all of our clients are aware of the amount of revenue that CBIZ RPS receives pursuant to their retirement plan. Typically our fee is based upon frequency of plan sponsor meetings, employee meetings and the range of services that are requested by the Plan Sponsor. A final proposed fee will be determined after we have further discussions regarding the actual scope of service desired by VNA Corporation.

14. Please provide a detailed transition calendar should your firm be retained by VNA Corporation.

Health & Welfare Timeline

Sample

The timeline below illustrates an annual action plan for VNAC based upon your April 1, 2018 renewal date.

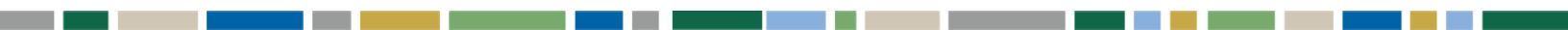
September 2017	<ul style="list-style-type: none"> Onboarding, data collection, contracts, agreements, etc. Identify open and immediate service issues and establish biweekly onboarding call and monthly reporting call Establish annual service calendar Collect data from various insurers Obtain signed agreement to begin carrier data feeds to NavMD Data Analytics Tool
October/November 2017	<ul style="list-style-type: none"> Deliver findings from review (observations and recommendations) First Strategic planning meeting with benchmarking 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 Provide preliminary renewal calculation 2018 pre-renewal strategy meeting Financial overview Review current administrative processes Open Enrollment Process Optimization Review
December 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
January/February 2018	<ul style="list-style-type: none"> Present results of any marketing efforts and choose finalist Financial overview 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) Design/update communication materials Finalize funding; contributions
March 2018	<ul style="list-style-type: none"> Distribute Open Enrollment communications Finalize vendor implementations Review vendor SBC's renewal documents, etc. Complete Open Enrollment Review final contracts Continued implementation Confirm ACA Filing Financial overview

April 2018	Continue renewal implementation Renewal recap meeting Financial overview
May 2018	Open Enrollment recap meeting Review contracts and SPDs from carriers/vendors Present Final 2017 claims review, enrollment migration Financial overview
June 2018	Finalize Scorecard and review baseline data Financial overview
July 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
August 2018	Revise three year strategic plan Financial Overview
September 2018	Communication Planning Financial Overview

Property & Casualty Timeline

CBIZ provides its services to VNAC as a broker rather than an agent. Technically an agent represents the insurers, while a broker stands with the customer and provides professional services as a member of the City’s team. This process is the beginning of our deliverables proposal. As with all programs, the beginning is extremely important. The following steps are enumerated in the section as follows:

1. In-depth analysis of current VNAC’s insurance program
2. Identification and analysis of VNAC’s insurance needs
3. Composition of RFP for insurance proposals
4. Submission of RFP and attached underwriting information to risk funding pools and insurers capable of providing services
5. Collation and comparative analysis of all proposals
6. Report of findings to VNAC staff with recommendations



Timeframe	Tasks
As soon as broker is assigned	<p>1. This initial stage requires review and analysis of the following:</p> <ul style="list-style-type: none"> Review of all current insurance policies and provisions Review of property, auto, and marine schedules, etc. Review of VNAC's goals and objectives Review of policy effective dates Review of claims information for trends and development <p>This information taken together determines the philosophy and design of the RFP that will be put together by CBIZ for VNAC.</p> <p>2. Identification and analysis of VNAC's insurance needs</p> <p>CBIZ does not base the insurance coverage purely upon the current insurance policies. Often, the current program is not addressing all of the concerns and needs of the client. This part of the program determines VNAC's real needs via an interview and survey of risks.</p>
120 days prior to renewal date	<p>3. Composition of RFP for insurance proposals</p> <p>Once the current program is analyzed, VNAC's philosophy determined, and all needs identified, CBIZ puts together an RFP that includes all of this information and requests a number of options to be considered.</p>
No later than 90 days prior to the renewal date	<p>4. Submission of RFP and attached underwriting information to insurers capable of providing services</p> <p>The RFP with accompanying underwriting data is then submitted to the general marketplace of insurers and pools that are committed to insuring municipality risks. This submission will include all information necessary to provide a clear picture of VNAC to the marketplace.</p>
Approximately 40 days prior to renewal	<p>5. Negotiation and comparative analysis of all proposals</p> <p>All of the markets responding are required to submit their programs with plenty of time for CBIZ to negotiate program enhancements and pricing. This critical stage of negotiation takes about one week. Then the comparative analysis is accumulated into a format that will be easy for VNAC staff to review.</p>
30 days prior to renewal	<p>6. Report of findings to VNAC staff with recommendations</p> <p>The final report generated from the above process is submitted to VNAC staff. It includes the following:</p> <ul style="list-style-type: none"> Comparison of coverage provisions Comparison of premiums Recommendation of best option in terms of pricing/coverage

Retirement Plan Services Timeline

First 6 Months – Proposed Scope of Work/ Timeline

September 1 – October 30	October 1 – October 30	September 1 – November 1	September 1 – November 1	November 15 – February 28
Modify Expense Structure <ul style="list-style-type: none"> • Reduce Employer Costs 	Plan Design Consultation <ul style="list-style-type: none"> • Plan Health Assessment 	403(b) Vendor RFP <ul style="list-style-type: none"> • Develop RFP • Options for Plan Expenses • Analyze responses • Handle provider communication • TPA vs. Bundled approach • Finalist Presentations • Negotiation 	Determine Investment Lineup <ul style="list-style-type: none"> • Fresh look • Target-date Roadmap/Analysis • Consider target-date Conversion • Emphasis on Low-cost/Fund Manager Ownership • Streamlined menu 	CBIZ Conversion Solution <ul style="list-style-type: none"> • Manage entire process • Lead weekly conversion calls • Consult on plan design and document issues • Coordinate payroll setup • Handle Participant Notices/Education

Ongoing – Proposed Scope of Work/ Timeline

Participant Experience <ul style="list-style-type: none"> • Focus on Financial Wellness Education • Plan Health Assessment • One-on-one Assistance 	Semi-Annual Investment Reviews <ul style="list-style-type: none"> • Target-date Focus as QDIA • CBIZ Co-Fiduciary Status 	Maintenance of Fiduciary Governance Processes <ul style="list-style-type: none"> • Annual Review of Charter/IPS • Fiduciary Training Updates • Feedback Loop to Board 	Periodic Fee Benchmarking <ul style="list-style-type: none"> • Leverage with Selected Provider 	Ongoing Compliance and Administrative Support <ul style="list-style-type: none"> • Document Support • Operational Review • Annual Compliance Checklist • Regulatory Updates • Day to day Interface • Extension of Benefits Department
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15. Please provide any value-added services your firm provides.

In addition to our Standard Scope of Services provided in the Exhibits, CBIZ also offers the following services:

- Accounting, Tax and Advisory
- Human Resources Consulting
- Compensation Consulting
- Retained Executive Search
- Payroll/ HRIS
- COBRA Administration
- Section 125 Administration
- CBIZ University
- CBIZ ACA Checkpoint

16. Please provide THREE active client references, to include name of client, contact information and size (employee count).

Health & Welfare References

"The CBIZ team has been a great partner with RIKC over the years and now as Ability KC. It's great to partner with a community business that recognizes the non-profit value in our community and demonstrates that thru support- both financially and in-kind efforts. The team has always been easy to work with while bringing the best benefit products to us that fit our needs."

- Amy Castillo, CEO

1. Ability KC

- **Contact Name:** Amy Castillo
- **Phone Number:** (816) 751-7700
- **Email Address:** Amy.Castillo@abilitykc.org
- **Size:** 166 employees

2. Samuel U. Rodgers Community Health Center

- **Contact Name:** Janelle Harvey-Jordan, Chief Human Resources Officer
- **Phone Number:** 816.889.4664
- **Email Address:** jajordan@rodgershelath.org
- **Size:** 180 Employees

3. Company Name: Rediscover Mental Health Services

- **Contact Name:** Alan Flory
- **Phone Number:** 816.347.3243
- **Email Address:** aflory@rediscovermh.org
- **Size:** 400 employees

4. Unity School of Christianity

- **Contact Name:** Deborah Cammisano
- **Phone Number:** 816.347.5577
- **Email Address:** cammisano@unityonline.org
- **Size:** 250 Employees

Property & Casualty References

1. Company Name: Independence School District

- **Contact Name:** Dr. Dale Hale
- **Phone Number:** 816.521.5300
- **Email Address:** dal_hale@idschools.org
- **Size:** 17,000+ Students

“CBIZ places a high value on its client service. They ensure the needs are constantly met for their client and are true partners while working through any claims.”

- Dr. Dale Hale, Superintendent

“CBIZ provides pro-active, thorough and client-based service to SMSD. They understand our individual challenges, the demands placed upon the district, and work diligently to address our needs so we are better able to serve our students.”

- Dr. Jim Hinson, Superintendent

2. Company Name: Shawnee Mission School District

- **Contact Name:** Dr. Jim Hinson
- **Phone Number:** 913.993.6200
- **Email Address:** jimhinson@smsd.org
- **Size:** 27,500+ Students

3. Company Name: Family Health Center of Boone County

- **Contact Name:** Darren Stice
 - **Phone Number:** 573.214.2314
 - **Email Address:** dstice@fhcmo.org
 - **Size:** 140 Employees
-

Retirement Plan Services References

1. Company Name: John Know Village

- **Contact Name:** Ms. Betty Freeman-Boots
 - **Phone Number:** 816.347.2163
 - **Email Address:** bfreeman@jkv.org
 - **Size:** 260 employees
-

4. Company Name: Pathways Home Health & Hospice

- **Contact Name:** Ms. Carol Parkinson
 - **Phone Number:** 408.773.4462
 - **Email Address:** cparkinson@pathwayshealth.org
 - **Size:** 190 employees
-

5. Company Name: New Liberty Hospital Corporation

- **Contact Name:** Ms. Valerie Pounders
 - **Phone Number:** 816.781.7200
 - **Email Address:** valerie.pounders@libertyhospital.org
 - **Size:** 200 employees
-

Exhibits

Exhibit A – Scope of Services

Exhibit B – Sample Strategy and Scorecards

Exhibit C – 2017 Webinar Series

Exhibit D – Sample Employee Communications

Exhibit E – Sample Financial and Actuarial Reports

Exhibit F – Sample ACA Navigation & Compliance Materials

Exhibit G – Wellbeing Strategies and Employee Engagement

Exhibit H – Sample Benchmarking Reports

Exhibit I – Sample Best Practices for Innovations and 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



CBIZ Group Health & Welfare Services



New Client
Implementation
and Assessment



Strategic
Planning



Financial
Management
& Actuarial
Services



Pharmacy
Benefit Plan
Management



Plan
Renewals



Wellbeing
Solutions and
Onsite Clinic
Consulting



Employee
Education
And
Communication



Ongoing
Support
Day to Day
Service



Compliance &
Regulatory
Affairs



ACA Guidance

Employee Benefits Core Services

New Client Implementation and Assessment

- See onboarding timeline (per request)

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

- Funding Development/Projection
- Premium Equivalents
- Employee Contribution Strategies & Calculations
- Reserve valuation
- 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
- 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 coordinators to execute strategy
- 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

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

SCOPE OF SERVICES -RPS

1. *CBIZ RPS Fiduciary Services*

- Develop recommended investment options menu (recommended portfolio)
- Recognize in writing fiduciary responsibilities relating to the selection, monitoring and replacement of the investment options in the plan
- Review fund lineup for diversified asset class coverage and recommend investment options to fill gaps if necessary
- Prepare **semi-annual** investment due diligence report and present to the retirement plan committee in person which includes:
 - Market Commentary (review of economy & financial markets)
 - Holdings Allocation
 - Style Allocation
 - Comparative Fund Performance (Benchmarking)
 - Fund-specific Commentary/Recommendations
 - Maintenance of investment option “watch list” for funds that violate the CBIZ due diligence criteria
- Prepare investment detail report summarizing analysis of alternatives to funds recommended for replacement

2. *CBIZ RPS Non-Fiduciary Services*

a. **Plan Governance**

- Draft and maintain Retirement Plan Committee Charter
- Draft and maintain the Investment Policy Statement (IPS) (Defines roles and responsibilities of Retirement Plan Committee, Consultant/RIA and Vendor/Custodian)

b. **Annual Plan Management Review**

- Develop long-term objectives for the retirement plan(s)

Provided annually, the Plan Management Review concentrates on all aspects of your Retirement Plan, providing documentation of your process to minimize fiduciary risk:

 - Plan Check-Up reviewing participation and average deferral rates
 - Identify areas that may need further review and attention
 - Investment Review with recommendations and commentary
 - Updates on Regulatory Issues
 - Benchmarking data regarding participation, plan design, etc.
- Provide guidance on areas in which may require plan design changes, Roth 401(k), automatic enrollment, Safe Harbor, etc.
- Provide Retirement Plan Committee meeting notes of meeting and “to do” list
- Follow up as needed to assure that “to do” list is completed in a timely manner

c. Plan Sponsor Services

- Maintain file which includes all relevant plan documents and service provider agreements in order to assist the Plan Sponsor with questions relating to specific plan provisions
- Publish and distribute to Plan Sponsor quarterly economic newsletter to Plan Contacts
- Answer Plan Sponsor inquiries and provide assistance as necessary
- Remind Plan Sponsor of plan entry dates and coordinate enrollment material delivery
- Provide guidance relating to situational issues and problem resolution
- Assist with day-to-day administration questions and concerns, as needed
- Assist participants with rollovers, distributions and enrollment, as needed
- Prepare periodic benchmarking of investment option expenses
- Preparation of new investment option change communications
- Prepare provider communication and participant communication for investment changes
- Review provider paperwork or draft letter of authorization for fund changes
- Follow up to ensure investment changes have occurred

d. Participant Communication

- Publish and distribute to Plan Sponsor the quarterly CBIZ's participant newsletter "Retirement Matters™" which includes the following:
 - Economic updates
 - Prudent investment strategies for retirement investing
 - Toll free phone number to call a licensed CBIZ investment advisor to review their retirement plan investments and provide guidance
- _____ [frequency or number] enrollment meetings and/or webinars for newly eligible and/or non-participating employees highlighting the following subjects:
 - An overview of the Plan's highlights (eligibility, vesting, contribution limits and ER contributions)
 - The need to save for retirement
 - How much should be saved
 - The power of compounding
 - How to build a diversified Portfolio
 - How to enroll in the Plan
- _____ [frequency and number] participant educational meetings and/or webinars covering a variety of retirement and financial matters
- Provide confidential one-on-one guidance for participants _____ (hours/days) per year
 - Coordinate with Plan Sponsor on-site and/or webinar meeting times
 - Provide announcement, sign-up sheet and profile quiz for dissemination
 - Meet in 20-30 minute increments with participant; answer questions. assist with enrollment, asset allocation, explanation of plan benefits and accessing their account online
- Answer participant inquiries and provide guidance
- Assist participant in the rollover of existing qualified plans into the Plan

e. Fee and Expense Documentation

- Provide a review of and evaluate the current fees and expenses of all current service providers (i.e. vendor, third party administrator, consultant, and investment managers)
- Prepare periodic benchmarking of service provider fees for fiduciary file
- Prepare periodic comparison of the total plan expense to industry averages for plans of similar size and/or alternative service providers
- Request and provide annual fee disclosure from service providers

f. Vendor Interface

- Intermediary with Plan Sponsor and Vendor providing guidance relating to situational issues and problem resolution
- Coordinate services, reports and servicing calendar with Vendor
- Draft a contact list of service providers relating to retirement plan(s)

g. RFP Services

- Prepare and distribute a Request for Proposal
- Receive, analyze and condense the responses received from proposed vendors
- Present RFP report to Committee
- Provide guidance and expertise of the RFP process, the responses and the fee structure to the Committee
- Coordinate finalist interviews
- Provide guidance and expertise in the RFP grading and elimination process, based upon client's objectives

h. Conversion Services

- Coordinate and attend conversion meetings and calls with Vendor and Committee
- Provide documentation of decisions made during or before conversion process
- Provide guidance and suggestions during the conversion process to the Committee
- Assist Client in meeting deadlines and keep vendor on track
- Assure notices and communication pieces are generated in a timely and accurate fashion
- Bridge the gap (if necessary) of Vendor provided education and communication

i. Participant Investment Advice with Passport

- On-demand mailing to employees' home providing an asset allocation, utilizing the core investment options within the Plan, based upon their completion of an on-line or paper risk profile quiz

j. CBIZ Financial Wellness Series™

- Delivery of CBIZ Financial Wellness Series to plan sponsor for distribution to participants via email link:
 - Recorded webinars cover six financial wellness topics
 - Webinars can be viewed on computer or smart phone

- Topics include the Benefits of Financial Wellness, Living Within Your Means, FICO Scores and Debt, Spending and Saving, Retirement Investment Strategies, and Protecting Your Assets
- Optional activities included with each session
- Consult with plan sponsor on marketing plan, use of incentives, and program implementation
- Provide templates for program announcement and overview of series/optional activities
- Provide periodic email communication templates to plan sponsor for distribution of webinar links to participants encouraging them to view webinars
- Provide attendance tracking for recorded webinars

k. Operational Compliance Assessment

- Comprehensive analysis of the six most common compliance issues experienced by 403(b) Plan Sponsors:
 - Evaluate whether all compensation components are flowing through payroll correctly under the terms of the plan and complex Internal Revenue Code rules
 - Determine if all employees who must be offered the plan are being given the opportunity to participate and have been provided with the proper notices
 - Determine if any Committee members sit on the Committee of another organization and any conflicts of interest that may arise
 - Assess if new (and/or rehired) employees entering the plan are doing so in accordance with the plan document and IRS regulations
 - Ensure that the contributions made by the organization meet the nondiscrimination requirements and have been calculated correctly
 - Evaluate whether the plan document has been updated as required by law and that a complete and accurate form 5500 is being filed timely

l. CBIZ Fiduciary Governance Solutions

- Provide fiduciary training program to Retirement Plan Committee, topics include:
 - An overview of fiduciary responsibility
 - Establishing a prudent process
 - Common pitfalls and conflicts of interest
 - Investing 101
- Provide Plan Sponsor with proactive reminders of the following compliance deadlines:
 - Annual census deadline
 - Testing refund deadlines
 - Form 5500 and extension deadlines
 - SAR distribution deadline (mailing to all employees is available through CBIZ)
 - Excise tax deadline
 - 70 ½ distributions
 - Forfeitures
 - Employer contribution deadlines
 - Automatic enrollment annual notice
 - Summary Plan Description\SMM mailing
 - Plan Limit Updates
 - QDIA Notice Reminder

- Amendment Deadline Reminders

m. Administration

- Provide QDIA Notice to Plan Sponsor and insert in enrollment material
- Mail annual QDIA Notice to Employees for Plan Sponsor within required legal timeframes
- Provide Automatic Enrollment Notice to Plan Sponsor and insert in enrollment material
- Nondiscrimination testing analysis and review (actual test will be performed by TPA)
 - Coordinate with service provider testing is completed on a timely basis
 - Review Testing for consistency with prior years (i.e. HCE's, %'s if using prior year) (if applicable)
 - Review HCE List for reasonableness based on last year's information (if applicable)
 - Review completed ACP Test to compare current match formula (if applicable)
 - Ensure correct testing method was applied. (Prior year versus current year); If prior year testing method used make sure the numbers from last year's test are being used (if applicable)
 - Ensure that Employee Deferral 402(g) Test is completed and review for reasonableness
 - Ensure that Top Heavy 416 Test is completed and review for reasonableness based on prior test
 - Ensure that Coverage 410(b) Test is completed and review for reasonableness
 - Ensure that 415 Annual Additions Test is completed and review for reasonableness
- Form 5500 Filing Follow up (actual form to be completed by TPA)
 - Coordinate with service provider to ensure Form 5500 is completed on a timely basis
 - Review Form 5500 and all schedules for reasonableness and evaluate its consistency from the previous year
 - Provide data (as needed) to complete Schedule C
 - Review the basic plan and company information to ensure accuracy
 - Train Plan Administrator on e-filing of Form 5500 (if necessary)
- Mail SAR for Plan Sponsor to all participants in the plan within required legal timeframes

Note: Services deemed to be outside of the parameters listed above will be approved by the Client prior to the commencement of such services for an agreed upon fee arrangement. Additional services available upon request. Additional fees quoted at time of request.

Scope of Services – P&C

Strategic Planning

- Identify goals, challenges, and strategies relevant to business operations
- Develop strategies to meet established objectives
- Provide periodic progress updates in accordance with established timeline
- Marketplace overview
- Discuss satisfaction with current vendors and carriers
- Explore alternative risk financing methodologies
- Evaluate/review current scope of insurance and risk management package
- Analyze total cost of risk
- Benchmarking
- M&A Due Diligence

Vendor & Carrier Marketing

- Develop strategy to identify goals
- Determine vendor and carrier selection criteria
- Analyze marketplace and vendor and carrier options as requested
- Prepare and distribute submission to selected vendors and carriers
- Support vendors and carriers through quoting/proposal process
- Evaluate vendor and carrier proposals
- Compile due diligence of finalists
- Negotiate pricing and financing arrangements
- Compare with incumbent vendors and carriers and identify finalists
- Propose coverage and premiums
- Facilitate decision-making process
- Communicate decisions to all vendors and carriers
- Process binders, certificates of insurance and automobile identification cards

Day-To-Day Administration and Management

- Review and deliver vendor/carrier policies/contracts
- Assist with policy interpretations
- Assist with billing questions/issues
- Assist in daily administration of policy changes, service issues and/or questions
- Process certificates of insurance as requested
- Provide contractual review of customer contracts related to insurance program
- Presentation to Senior Management or Board of Directors as requested

Renewal Analysis and Marketing

- Establish renewal timeline and goals
- Review exposures, values, loss experience and claims
- Coordinate all related values, exposures coverage changes to vendors and carriers
- Negotiate renewals with respective vendors and carriers
- Provide renewal alternatives with coverage and cost impact

- Communicate decisions to all vendors and carriers
- Process binders, certificates of insurance and automobile identification cards

Claim Advocacy and Management

- Summarize claims and loss ratios - The District, semi-annual or annual
- Monitor open claims and high cost losses
- Summarize claims and loss ratio
- Trending analysis (graphs)
- Analyze financial impact on the mod based on individual claims or groups of claims
- Mod Promulgation (estimate of future Workers' Compensation Experience Modifier)
- Review reservation of rights letters

CBIZ RISK & CONSULTING SERVICES

Proactive loss control and loss prevention can lead to a reduction in insurance costs. In fact, controlling losses at the source remains the most effective way to contain insurance costs. Risk management means the minimization of the cost of risk, which includes the cost of insurance, the cost of accidents and injuries, and the loss of productivity due to accidents. Every dollar reduction in total cost of risk goes straight to the company's bottom line. CBIZ can assist you in reducing your losses by:

- Identifying and evaluating risks to life and property through a technical review of operations.
- Conducting comprehensive evaluations of safety and property protection management systems.
- Designing practical risk control programs tailored to safety and property protection needs.
- Providing consultation regarding special or unusual risks.
- Assisting in the investigation and evaluation of losses.
- Providing guidance to prevent a recurrence of a specific loss.
- Determining training needs and developing practical training programs.
- Analyzing loss experience and proposing appropriate management action.

CBIZ Risk Control Services

- Risk Management
- Risk control audits
- Facility surveys
- Regulation compliance
- Training programs
- Safety program development
- OSHA compliance consultations
- Business Continuity Planning

Fleet Safety

- Driver selection, training and motivational programs
- Accident investigation & analysis
- Driver review techniques
- Hazardous materials and material handling reviews
- Regulation compliance audits

Product Safety

- Quality control/assurance program evaluation
- Recordkeeping programs
- Design review program evaluation
- Recall programs
- Labeling and packaging evaluation

Construction

- Fleet safety
- Job site evaluations
- Pre-construction surveys
- Customized training programs
- 10 hour and 30 hour OSHA training courses

Property

- Special hazard evaluation
- Fire protection evaluation
- Law and code compliance
- Life safety evaluations
- Physical security analysis
- Emergency procedures programs
- Building appraisals

Employee Safety

- Employee hiring practices
- Employee training and orientation program audits
- Accident investigation
- Accident analysis
- Safety promotion
- Return-to-work programs
- Safety committee development/training to meet state certification requirements
- Ergonomic evaluations
- 10 hour and 30 hour OSHA general industry training programs
- Industrial Hygiene Analysis and Survey

Exhibit B: Sample Strategy and Scorecard



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



Strategy	2016	2017	2018
PLAN DESIGN AND BENEFITS	<ul style="list-style-type: none"> • Medical RFP • Refine Medical Plan to 1 PPO and 2 High Deductible 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 2015 <ul style="list-style-type: none"> ○ HRA ○ Biometrics ○ Smoking cessation/smoke free 	<ul style="list-style-type: none"> • 2014 requirements plus: • Spouse HRA • Evaluate Preventive Exam/Medical home 	<ul style="list-style-type: none"> • Define patient centered medical home • Employee Healthy Outcomes • Spouse preventive Exam • Employee and Spouse Completes Preventive Exam in addition to 2015 requirements
INCENTIVES	<ul style="list-style-type: none"> • Premium Differential - in the 2015 	<ul style="list-style-type: none"> • Premium Differential • Evaluate 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 2014 • 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 • 2015 coming requirements • Annual Enrollment • Eligibility requirement of 30 hours • Technology Solution for Enroll 	<ul style="list-style-type: none"> • Price transparency tools - mobile devices • Price Comparison communication pieces • Exchange education • Healthy outcomes 	<ul style="list-style-type: none"> • Communicate outcomes and progress Improve and continue
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



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
- ❖ Achieved in 2016
- In process
- ❑ Moved to Future Year

ABC COMPANY
Executive Wellbeing Dashboard

Domain	Area	Metric	Units/Source of Measurement	Actual	Actual	Current	Pilot	Goal	Goal	Goal	Comments	
				2012	2013	2014	2015	2015	2016	2017		
Global		Wellbeing Score	Aggregate score for MyWellbeing Profile	NA	3.80	3.95		Annual Improvement	>4.0			
		Employee Engagement Survey	Average NPS	NA	73%	77%		Annual Improvement	> 80%			
		It is Our Company	NPS on employee survey	NA	53%	64%		Annual Improvement	>70%			
		Employee net promoter of ABC COMPANY	NPS on employee survey	NA	74%	76%		Annual Improvement	> 85%			
		LifeMatters Utilization	% of eligible members participating	NA	6%	8%						
		*Wellbeing Incentive Participation	% participation in three wellbeing steps									
Physical/Safety	Overall	MyWellbeing Profile - Physical Wellbeing	Physical Wellbeing Score	NA	3.78			Annual Improvement	> 4.0			
	Safety	TRR	Number	2.5	1.4	0.9		<1.0	<1.0	< 0.8		
		IIF Survey - Beginning of Year	Average NPS	74%	75%	81%						
	Health Assessment	*Health Assessment Completion	Better Health Guarantee Percentage	NA	46%	~43%						
	Healthcare	Healthcare Costs	Costs PMPY (employee + company)	\$3,132	\$3,564							
Risk Categories	Cumulative Risks	% lowrisk	NA	65%			Annual Improvement	>80%				
Financial	Overall	MyWellbeing Profile - Financial Wellbeing	Financial Wellbeing Score	NA	3.75			Annual Improvement	> 4.0			
	401(k)	Average contribution %	Salaried employees									
	Health Savings Acct. (HSA)	Average balance	Hourly employees									
	ABC COMPANY Stock Compensation	Annual stock appreciation	% appreciation	11.4%	14.6%			>10%	>10%	>10%		
		Base pay compared to market rate	Variance/standard deviation by position									
Career	Overall	MyWellbeing Profile - Career Wellbeing	Career Wellbeing Score	NA	3.92			> 4.0	> 4.0	> 4.0		
	Longevity	Total turnover	% of salaried	15.7%	14.5%			Annual Improvement	< 10%			
			% of hourly	29.4%	27.7%			Annual Improvement	< 25%			
	Resourcecenter and Awards	Recognition for doing well	NPS on employee survey	NA	47%	56%		Annual Improvement	>70%			
	Internal Referrals	New employees from ABC COMPANY referrals	% of all new employees	NA	42%					35%		
Education	ABC COMPANY University curriculum	% of employees who complete at least 10 catalog classes / yr	NA	NA	2.6%							
Social	Overall	MyWellbeing Profile - Social Wellbeing	Social Wellbeing Score	NA	4.02			> 4.0	> 4.0	> 4.0		
	Social Platform	Hits on all social sites / communities		NA	5108	6718						
Community	Overall	MyWellbeing Profile - Community Wellbeing	Community Wellbeing NPS	NA	3.77			Annual Improvement	> 4.0			
	Foundation	Volunteerism	% of offices completing at least three charitable events in their local community									
		Grants / Scholarships	Grants / scholarships awarded as % of gross revenue		0.02%	0.1%			TBD	TBD	0.1%	
		Number awarded		20	28	30						

Bold = Established Strategic Plan Metrics

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

Measure	2014	2015	2016
Earned Premium Discount (completed both the HRA and Screening)	~82%	~86%	482 (83%)
Earned Platinum Status	N/A	N/A	48
Earned Gold Status	N/A	N/A	67
Earned Silver Status	N/A	N/A	126
Earned Bronze Status	N/A	N/A	366
Group Average Age	N/A	N/A	48
Group Average Go365 Age	N/A	N/A	55
Percent of Population Over Actual Age	N/A	N/A	96%

Measure	2014	2015	2016
Blood Pressure- Low Risk	43.2%	36.6%	38.7%
Blood Pressure - Moderate Risk	45.0%	50.0%	57.4%
Blood Pressure - High Risk	10.3%	11.8%	3.5%
Total Cholesterol - Low Risk	69.2%	71.8%	69.8%
Total Cholesterol - Moderate Risk	20.7%	18.7%	23.9%
Total Cholesterol - High Risk	7.6%	6.5%	6.4%
Glucose - Low Risk	81.8%	81.1%	84.0%
Glucose - Moderate Risk	11.2%	12.0%	11.3%
Glucose - High Risk	4.8%	4.2%	4.7%
BMI - Low Risk	11.0%	10.1%	7.2%
BMI - Moderate Risk	24.8%	23.3%	23.9%
BMI - High Risk	64.3%	66.6%	68.1%
Tobacco Use			42%

Engagement Activities	2016	2017
Walk at Work average	90	100
Lunch N Learn average	40	35
Community Blood Drive	35	19 (snow storm)
October Health Fair – HumanaVitality Health Assessment Completion	370	
Water Challenge – Maintain Don't Gain	99 out of 106 maintained	
Blood Pressure Kiosks Utilization (monthly average)	210	
Trolley Run	50	70
Food Demo Average		125
Nutrition Challenge		70
Healthy Wage Weight Loss Challenge		37

Measure	2014	2015	2016
Percent of Member Preventive Exam Compliance	26.50%	27.9%	30.5%
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
Monthly Plan Spend PMPM	\$1,162	\$1,116	\$1,219
Annual Trend	7%	0%	0%
Emergency Room Visits/1000	291	290.4	316
Disease Management- bio directional calls			9% (BOB is 4%)
Little Stars Engagement			3 out of 7

Exhibit C: 2017 Webinar Series



Switch On to Something More ...

...like the latest in benefits compliance and wellbeing programs, sound communication and coaching techniques, and innovative strategies for developing the best health care plan for your growing organization. Our 2017 CBIZ Benefits & Insurance Services (B&I) webinar series is offered in a convenient, cost-effective format that links you to some of our most knowledgeable thought leaders – speakers who will discuss topics that matter to employers now. Make the connection.

Sign up for free today.

TO REGISTER for 2017 webinars, go to www.cbiz.com and look under "Webinars & Events." (If you are viewing an electronic PDF of this filer, click on the webinar title to link to the corresponding registration page.)

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

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



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

B&I Webinar Series 2017

FEBRUARY

HOW TO IMPROVE COMMUNICATION AND DEVELOP A COACHING CULTURE
Tues., Feb. 21 - 1 to 2 p.m. Central Time

Learn how to have more effective, productive conversations with your employees using the Socratic method, a time-honored coaching technique.

PRESENTER: Leslie Anderson, Managing Consultant, Executive Coaching and Career Transition Services, CBIZ Talent and Compensation Solutions, EFL Associates

FOR: HR personnel, managers, executives and anyone else interested in improving communication with subordinates. All employer sizes are welcome.

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

MARCH

THE ACA: WHAT YOU MUST BE DOING TODAY!
Tues., March 21
1 to 2 p.m. Central Time

This webinar will focus on current requirements of the Affordable Care Act. If there is any indication about where the current administration might be taking health care reform, a glimpse of future rule making will also be discussed.

PRESENTER: Karen McLeese, Vice President of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.

FOR: Human resources executives or anyone else responsible for HR compliance, chief operating officers and

chief executive officers. Employers of all sizes are welcome.

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

APRIL
CAPTIVES: ALTERNATIVE INSURANCE SOLUTIONS FOR YOUR ORGANIZATION
Tues., April 18 - 1 to 2 p.m. Central Time

Take control of your property and casualty risk management and insurance program through captive insurance solutions. Design coverages tailored to your organization's specific needs.

PRESENTERS: Tony Consoil, President, Mid-Atlantic Region, CBIZ Insurance Services, Inc.; Mark D. Stoltz, Director of Business Development, Southwest Region, CBIZ Insurance Services, Inc.

FOR: CFOs, CEOs, business owners and anyone else responsible for the company's risk management and insurance program. Employers of all sizes are welcome.

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

MAY
THE BUSINESS CASE FOR UNDERSTANDING BENEFITS AND HR TRENDS
Tues., May 16 - 1 to 2 p.m. Central Time

Use historical, current, and future trends in employee benefits and human capital management to overcome roadblocks to successful benefits/HR programs and administration. See how this can

fit within your company's business and growth strategy.

PRESENTERS: Wendra Johnson, SPHR, Chief Business Development Officer, CBIZ Employee Services Organization; Zack Pace, Senior Vice President, Employee Benefits, CBIZ Employee Services Organization. Zack is a contributing writer for Employee Benefit News.

FOR: HR professionals and C-suite executives. For companies with 50 to 1,000 employees.

CREDIT: Approved for 1 Business recertification credit hour through the HR Certification Institute.

JUNE
HEALTH COVERAGE CONTINUATION: COBRA, LEAVES OF ABSENCE AND THE LIKE
Tues., June 6 - 1 to 2 p.m. Central Time

We'll review the requirements of COBRA law, as well as address issues that arise when individuals take a leave of absence, the impact of alternative coverage on an individual's right to COBRA, and the impact of Medicare entitlement on the right to continue health coverage.

PRESENTER: Karen McLeese, Vice President of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.

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

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

WELLBEING BENEFITS: WHAT'S OUT, WHAT'S IN AND WHAT'S ON THE HORIZON
Tues., June 27 - 1 to 2 p.m. Central Time

Find out which wellbeing programs employers are conducting less often, which programs they are replacing them with and why. Learn about emerging wellbeing programs and practices that show promise.

PRESENTERS: Emily Noll, National Director of CBIZ Wellbeing Solutions; Angie Schmidt, Senior CBIZ Wellbeing Consultant

FOR: Human resources executives and anyone responsible for managing employee health and wellbeing programs, CFOs and CEOs. Employers of all sizes are welcome.

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

(continued on back page)



HRCI-APPROVED PROGRAMS

Each of the activities listed here has been approved for recertification credit through the HR Certification Institute (HRCI).

See the individual listings for the amount and type of credit. The use of this seal is not an endorsement by the HR Certification Institute of the quality of the activity. It means that the activity has met the HR Certification Institute's criteria to be preapproved for recertification credit.

ESQ: Benefits & HR Technology • Compliance • Wellbeing Solutions
Talent & Compensation Solutions • Property & Casualty • Retirement Plan Services

CBIZ

B&I Webinar Series 2017

(continued from front page)

JULY

THE EVOLUTION OF SELF-FUNDED BENEFITS STRATEGIES: A FIT FOR YOUR ORGANIZATION?

Tues., July 25 - 1 to 2 p.m. Central Time

This webinar covers creative employee benefits plans available to you now and in the future, including a look at pharmaceutical options - and can help you evaluate if self-funding is right for your organization.

PRESENTERS: Lou Amato, Northeastern Regional President, CBIZ Employee Services Organization; Mike Zucarelli, National Director, Managed Pharmacy Practice, CBIZ Employee Services Organization

FOR: Human resources professionals and C-suite executives. Recommended for organizations with 50 to 1,000 employees.

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

AUGUST

NEXT PRACTICES IN WORKPLACE WELLBEING: HONORING THE EDINGTON CBIZ AWARD WINNERS

Tues., Aug. 22
1 to 2:30 p.m. Central Time

Hear both the wellbeing-strategy successes and challenges faced by some of today's most forward-thinking employers who have earned the prestigious Edington CBIZ Next Practice Award.

PRESENTERS: Dr. Dee Edington, Author and Founder of Edington Associates, LLC; Jack Bastable, CBIZ Executive Wellbeing Consultant

FOR: Human resources executives and anyone responsible for managing employee health and wellbeing programs, CFOs and CEOs. Employers of all sizes are welcome.

CREDIT: Approved for 1.5 HR (General) recertification credit hours through the HR Certification Institute.

SEPTEMBER

EMPLOYEE BENEFITS PLAN ADMINISTRATION: FROM SOUP TO NUTS

Tues., Sept. 19 - 1 to 2 p.m. Central Time

This webinar will review employee benefits plan documentation, plan reporting and disclosure requirements, plan administration requirements, and record-retention requirements.

PRESENTER: Karen McLeese, Vice President of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.

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

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

OCTOBER

EMERGING RETIREMENT PLAN SOLUTIONS FOR THE SMALL-BUSINESS OWNER

Tues., Oct. 17 - 1 to 2 p.m. Central Time

Learn about a quality retirement plan that can help you attract and retain good employees; save you time and resources; and allow you to share the administrative risk with an outside vendor, enjoy a state-of-the-art recordkeeping platform and completely integrate your program with payroll.

PRESENTER: Robert Auster, J.D., Executive Vice President, CBIZ Retirement Plan Services

FOR: Small-business owners with fewer than 100 employees and any professional groups, such as accountants and attorneys, who assist these small-business owners.

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

NOVEMBER

LEGISLATIVE UPDATE: THE YEAR IN REVIEW

Tues., Nov. 14 - 1 to 2 p.m. Central Time

Join us for our annual review of benefits and other employer-employee related laws that affect your business, including any additional new and relevant legislation on the books.

PRESENTER: Karen McLeese, Vice President of Regulatory Affairs, CBIZ Benefits & Insurance Services, Inc.

FOR: Human resources executives or anyone else responsible for HR compliance, chief operating officers and chief executive officers. Employers of all sizes are welcome to participate.

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

TO REGISTER for 2017 webinars, go to www.cbiz.com and look under "Webinars & Events." (If you are viewing an electronic PDF of this flyer, click on the webinar title to link to the corresponding registration page.)

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

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



HRCI-APPROVED PROGRAMS

Each of the activities listed here has been approved for recertification credit through the HR Certification Institute (HRCI). See the individual listings for the amount and type of credit. The use of this seal is not an endorsement by the HR Certification Institute of the quality of the activity. It means that the activity has met the HR Certification Institute's criteria to be preapproved for recertification credit.

Exhibit D: Sample Employee Communications



Is Your Wellbeing Thriving?

Measure Yourself with the MyWellbeing Profile

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

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



Easy Ways to Access the MyWellbeing Profile

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

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

TOOLS FOR



I GROW
by Accessing Free Resources at:

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



Coming Next Quarter



Terracon

Terracon





ABC COMPANY— SAMPLE



EMPLOYEE BENEFITS ENROLLMENT GUIDE



Medical Insurance

Understanding Your Health Plan Options

As an employee of [COMPANY NAME] you have the choice between two medical plan options. Regardless of the plan you choose to elect, the deductible will run on a calendar year basis (January 1—December 31). These options are re-evaluated every year and are effective each February 1st. You have the choice of a Traditional PPO and an HSA Qualified High Deductible Health Plan.

While each plan gives you the option of using out-of-network providers, it is to your advantage to use in-network providers because UnitedHealthcare has negotiated significant discounts with in-network providers. If you choose to go out-of-network, you will be responsible for the difference between the actual charge and UnitedHealthcare's UCR (Usual, Customary and Reasonable) charge for the service or procedure plus any deductible and coinsurance associated with your service or procedure.

The major advantage the Qualified High Deductible Health Plan has over the Traditional PPO Plan is the Qualified High Deductible Health Plan offers you significantly lower premiums than the PPO Plan. You can establish a Health Savings Account (HSA) banking arrangement with a bank of your choice and contribute all or part of the premium savings into the HSA. The HSA can be used to cover medical expenses including deductibles. These funds are yours forever even if you leave [COMPANY NAME]. They are not forfeited at the end of the year.

The HSA Qualified Plan offers several benefits:

- Lower premium contributions and potential maximum out of pocket expenses.
- Routine preventive exams are covered at 100%.
- Catastrophic coverage.
- The HSA banking arrangement is owned by the employee.
- This type of arrangement offers you more control over your health care dollars.

Get the most out of your insurance by using in-network providers.



✓ Frequently Asked Questions

How many hours per week must I work to be eligible for the insurance benefits?

- ✓ You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

Will I receive a Medical ID card?

- ✓ You will receive an ID card in the mail if you are electing medical coverage.

Does the deductible run on a calendar year or policy year basis?

- ✓ The deductible runs on a calendar year basis.

When will my benefits become effective?

- ✓ Your medical benefits insurance will begin on the first of the month following thirty (30) days of employment for regular full-time employees.

How long can I cover my dependent children?

- ✓ Dependent children are eligible until the end of the month in which they turn age 26.

The traditional plan may be for you if:

- You are not interested in establishing a Health Savings Account.
- You would rather pay more in monthly premiums and less on medical expenses when they occur.
- You expect to incur medical expenses at the beginning of the year and don't have the resources to pay for them.

We are very pleased to announce that there are no changes to our current medical and prescription drug benefits for the upcoming plan year. As was previously mentioned we will add a third plan option, the Qualified High Deductible Health Plan (QHDHP). This new plan will use the Carrier PPO network. This is the same network our Base PPO uses.

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

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

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

Exhibit E: Sample Financial and Actuarial Reports



ABC Company | 2015 Medical Financial Overview

	January	February	March	April	May	June	July	August	September	October	November	December	Plan YTD
Enrollment													
Active Employees Participants	316	307											307
COBRA Participants	0	14											14
Total Participants	316	321											321
Claims													
Medical - Active and COBRA													
Plan 1	\$ 296,642.79	\$ 299,398.52	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 596,041.31
Plan 2	\$ 27,892.49	\$ 41,398.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 69,290.95
Plan 3	\$ 27,924.72	\$ 17,865.51	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,790.23
Sub-Total	\$ 352,459.99	\$ 358,662.49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 691,122.50
Medical - Run-Out Claims													
2015 Run-Out Claims (Combined Medical and Rx)	\$ 19,779.91	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,779.91
Total Medical Claims Paid	\$ 372,239.90	\$ 358,662.49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 710,902.41
Prescriptions													
Total Prescription Claims Paid (All Plans)	\$ 191,297.26	\$ 10,830.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 202,127.72
Specific Reimbursements (\$100,000 DL)													
Total Specific Reimbursements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Medical, Prescription & Specific Reimbursements	\$ 463,537.17	\$ 369,492.95	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 833,030.12
Fixed Costs (Combined - All Plans, Active and COBRA)													
Current Administration Fees	\$ 37,342.34	\$ 39,375.59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,717.93
Current Stop-Loss Premium	\$ 40,393.41	\$ 41,869.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 82,262.87
Health Savings Account Employer Funding	\$ 2,554.17	\$ 2,641.67	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,195.84
Estimated ACA Transitional Reinsurance Fee	\$ 7,393.26	\$ 7,642.79	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,036.05
Estimated ACA PCORI	\$ 377.02	\$ 376.41	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 753.43
Total Fixed Costs	\$ 49,060.19	\$ 51,805.92	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,565.35
Total Plan Expenses (Fixed & Claims)	\$ 872,333.84	\$ 892,274.27	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,764,608.11
Employer and Employee Funding													
Employee Funding	\$ 296,318.46	\$ 299,511.01	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 595,829.47
Employer Funding	\$ 597,821.73	\$ 602,842.33	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200,664.06
COBRA Funding (Assumed)	\$ 9,341.15	\$ 10,341.15	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,682.30
Total Assumed Funding	\$ 892,481.34	\$ 902,694.49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,795,175.83
Funding Surplus/Deficit													
Plan Funding vs. Expenses Ratio	230,135.72	216,879.58	%	%	%	%	%	%	%	%	%	%	448,205.79
	71.22%	73.27%											72.20%
Plan Cost Summary													
Total Plan Cost PEPFM	\$ 425.56	\$ 438.32											\$ 863.88
Total Claim Cost PEPFM	\$ 527.52	\$ 541.69											\$ 1,069.21
Employer Plan Cost PEPFM (Net of EE Contributions)	\$ 294.33	\$ 314.53											\$ 598.86

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

Footnotes:
 1. Enrollment is calculated using 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 thus this report may or may not tie with monthly invoices.
 2. Current Administration includes \$10 PEPFM for Health Plan and \$10 PEPFM for COBRA Data Fees. The number also includes \$1.25 PEPFM for claim/Miscellaneous fees.
 3. ACA Contributions are an estimate.
 4. The enrollment, funding is a function of employee participation and account totals may or may not match actual account. Further, COBRA Funding, assumes premiums were actually collected.



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

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

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

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

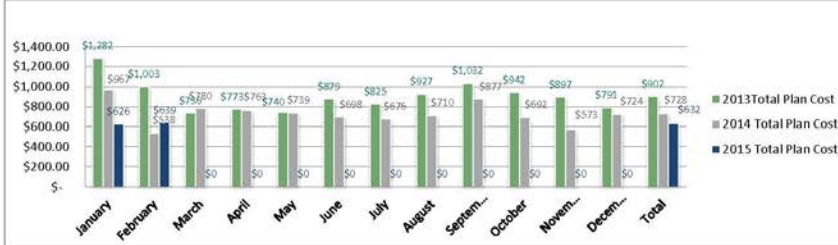
Stop-Loss Premium Loss Ratio	25%	7%	-71%	0%
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Plan Cost Summary	2013	2014	Trend	2015 YTD
Total Plan Cost PEPY (Including COBRA)	\$ 10,617	\$ 8,688	-18%	\$ 1,246.24
Total EE Cost PEPY (Net of COBRA Funding)	\$ 2,086	\$ 2,454	18%	\$ 439.66
Total ER Cost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

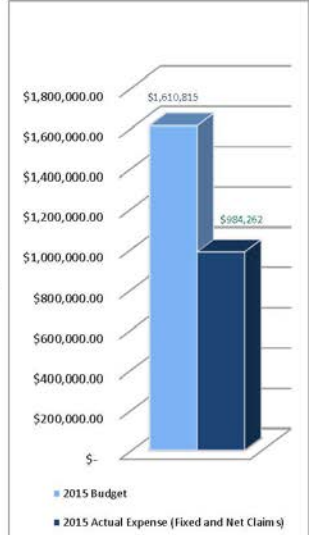


ABC Company | 2015 Financial Dashboard

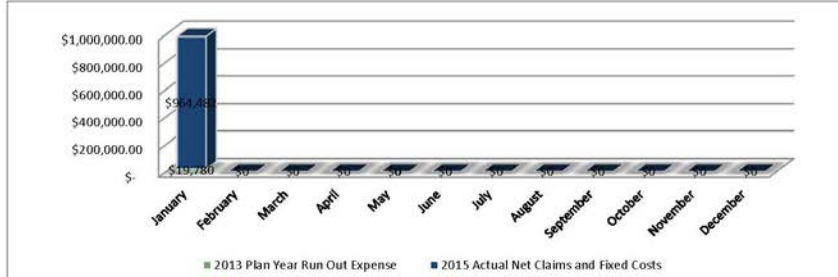
Month Over Month Comparison of Total Plan Cost, PEPM



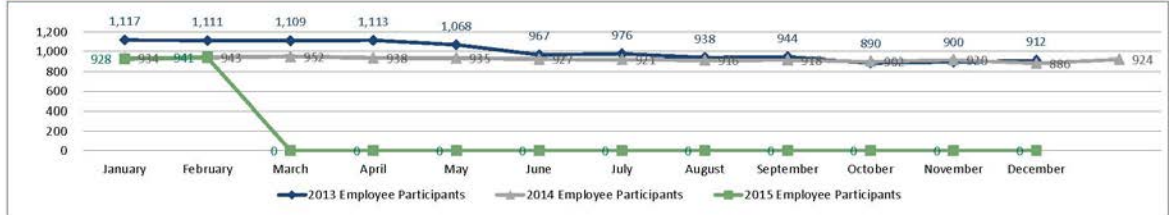
2015 YTD Budget v. Claims



2015 Plan Expense with 2013 Run-Out

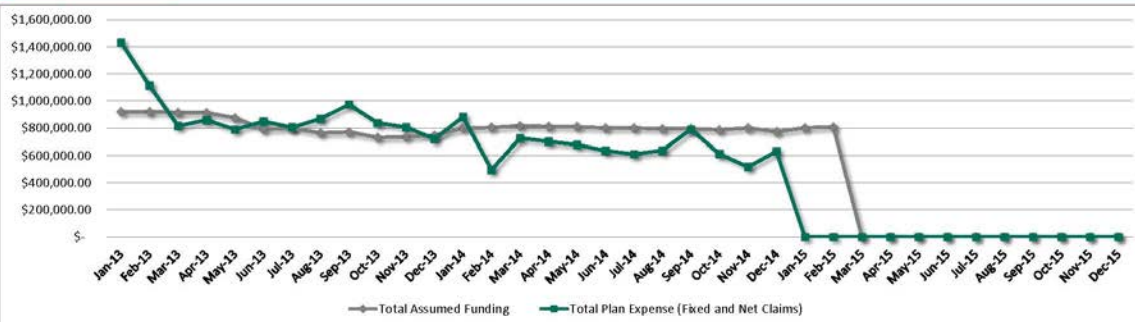


Year Over Year Employee Participation by Month

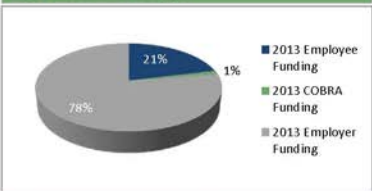


ABC Company | 2015 Financial Dashboard

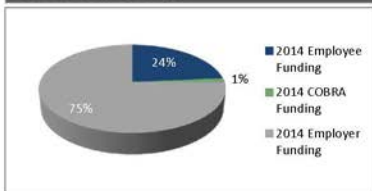
Plan Expense v. Funding



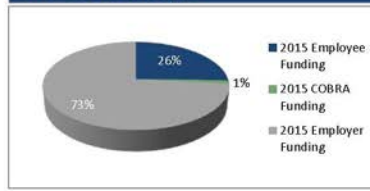
2013 Cost Share Budget



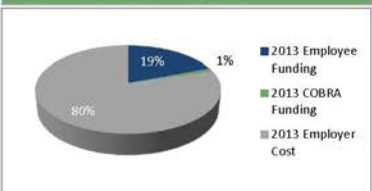
2014 Cost Share Budget



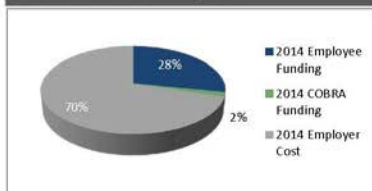
2015 Cost Share Budget



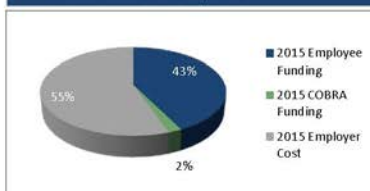
2013 Actual Cost Share Expense



2014 Actual Cost Share Expense



2015 Actual Cost Share Expense

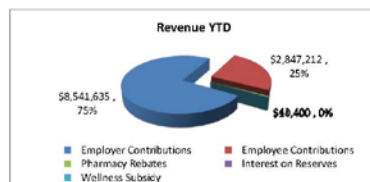
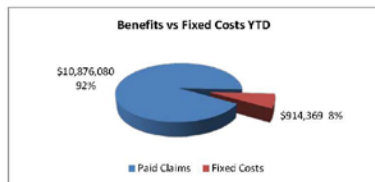


Financial Overview

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



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	PEPY	Prior Yr	Change	Last 12 Mos
	900	920	910	960	980	1,000	1,020	1,040	1,060	1,080	9,900	990	918	8%	978
Budgeted Revenue															
Employer Contributions	\$779,819	\$796,356	\$812,873	\$829,389	\$845,905	\$862,422	\$878,938	\$895,454	\$911,971	\$928,487	\$8,541,635	\$10,353	\$8,311	23%	\$10,035
Employee Contributions	\$259,947	\$265,432	\$270,918	\$276,403	\$281,888	\$287,374	\$292,859	\$298,345	\$303,830	\$309,316	\$2,847,212	\$3,451	\$2,770	24%	\$3,345
Pharmacy Rebates	\$4,150	\$4,170	\$4,190	\$4,210	\$4,230	\$4,250	\$4,270	\$4,290	\$4,310	\$4,330	\$42,400	\$51	\$46	11%	\$44
Interest on Reserves	\$950	\$970	\$990	\$1,010	\$1,030	\$1,050	\$1,070	\$1,090	\$1,110	\$1,130	\$10,400	\$13	\$11	11%	\$13
Wellness Subsidy	\$1,350	\$1,370	\$1,390	\$1,410	\$1,430	\$1,450	\$1,470	\$1,490	\$1,510	\$1,530	\$14,400	\$17	\$16	11%	\$17
Total Budgeted Revenue	\$1,046,236	\$1,068,318	\$1,090,400	\$1,112,482	\$1,134,564	\$1,156,646	\$1,178,727	\$1,200,809	\$1,222,891	\$1,244,973	\$11,456,047	\$13,886	\$11,155	24%	\$13,455
Fixed Expenses															
UHC Admin Fees	\$23,796	\$24,325	\$24,854	\$25,382	\$25,911	\$26,440	\$26,969	\$27,498	\$28,026	\$28,555	\$261,756	\$317	\$305	4%	\$323
Stop Loss Premium	\$19,908	\$20,359	\$20,793	\$21,235	\$21,678	\$22,120	\$22,562	\$23,005	\$23,447	\$23,890	\$218,988	\$265	\$253	5%	\$301
Consulting Fees	\$4,275	\$4,370	\$4,465	\$4,560	\$4,655	\$4,750	\$4,845	\$4,940	\$5,035	\$5,130	\$47,025	\$57	\$45	27%	\$61
Wellness Services	\$2,700	\$2,760	\$2,820	\$2,880	\$2,940	\$3,000	\$3,060	\$3,120	\$3,180	\$3,240	\$29,700	\$36	\$36	0%	\$30
Case Mgmt	\$1,800	\$1,840	\$1,880	\$1,920	\$1,960	\$2,000	\$2,040	\$2,080	\$2,120	\$2,160	\$19,800	\$24	\$24	0%	\$20
Legal Fees	\$900	\$920	\$940	\$960	\$980	\$1,000	\$1,020	\$1,040	\$1,060	\$1,080	\$9,900	\$12	\$12	0%	\$10
COBRA Admin	\$2,150	\$2,170	\$2,190	\$2,210	\$2,230	\$2,250	\$2,270	\$2,290	\$2,310	\$2,330	\$22,400	\$27	\$12	120%	\$23
HR Allocation	\$10,150	\$10,170	\$10,190	\$10,210	\$10,230	\$10,250	\$10,270	\$10,290	\$10,310	\$10,330	\$102,400	\$124	\$12	934%	\$106
Wellness Incentives	\$20,150	\$20,170	\$20,190	\$20,210	\$20,230	\$20,250	\$20,270	\$20,290	\$20,310	\$20,330	\$202,400	\$245	\$12	1944%	\$209
Total Fixed Expenses	\$85,829	\$87,075	\$88,321	\$89,568	\$90,814	\$92,060	\$93,306	\$94,552	\$95,799	\$97,045	\$914,369	\$1,108	\$712	56%	\$1,084
Benefits Paid															
Medical Claims	\$900,000	\$900,400	\$900,800	\$901,200	\$901,600	\$902,000	\$902,400	\$902,800	\$903,200	\$903,600	\$9,018,000	\$10,931	\$7,863	39%	\$10,398
Spec Stop Loss Reimb	(\$40,600)	(\$40,596)	(\$40,592)	(\$40,588)	(\$40,584)	(\$40,580)	(\$40,576)	(\$40,572)	(\$40,568)	(\$40,564)	(\$405,820)	(\$492)	(\$824)	-40%	(\$1,179)
Pharmacy Claims	\$220,000	\$220,400	\$220,800	\$221,200	\$221,600	\$222,000	\$222,400	\$222,800	\$223,200	\$223,600	\$2,218,000	\$2,688	\$1,799	49%	\$2,581
IRA Claims	\$4,500	\$4,520	\$4,540	\$4,560	\$4,580	\$4,600	\$4,620	\$4,640	\$4,660	\$4,680	\$45,900	\$56	\$231	-70%	\$48
Net Benefits Paid	\$1,083,900	\$1,084,724	\$1,085,548	\$1,086,372	\$1,087,196	\$1,088,020	\$1,088,844	\$1,089,668	\$1,090,492	\$1,091,316	\$10,876,080	\$13,183	\$9,070	45%	\$11,847
Total Plan Expenses	\$1,169,729	\$1,171,799	\$1,173,869	\$1,175,940	\$1,178,010	\$1,180,080	\$1,182,150	\$1,184,220	\$1,186,291	\$1,188,361	\$11,790,449	\$14,291	\$9,781	46%	\$12,931
Funding Surplus/(Deficit)	(\$123,493)	(\$103,481)	(\$83,469)	(\$63,458)	(\$43,446)	(\$23,434)	(\$3,423)	\$16,589	\$36,600	\$56,612	(\$334,402)	(\$405)	\$1,373	-130%	\$524
Expenses vs Budget	112%	110%	108%	106%	104%	102%	100%	99%	97%	95%	103%	103%	88%	17%	96%
Account Balance	(\$123,493)	(\$226,973)	(\$310,443)	(\$373,900)	(\$417,346)	(\$440,781)	(\$444,204)	(\$427,615)	(\$391,014)	(\$334,402)					
Claims Paid vs Aggregate Limit	97%	96%	95%	94%	93%	92%	91%	91%	90%	89%	89%				
Employer's Net Cost	\$909,782	\$906,347	\$902,912	\$899,477	\$896,041	\$892,606	\$889,171	\$885,736	\$882,300	\$878,865	\$8,943,237	\$10,840	\$7,011	55%	\$9,586



SAMPLE UNDERWRITING/ACTUARIAL REPORTS

Funding Projections



ABC Company
Multi-Year Funding Projection Report
For a July 1, 2014 Effective Date For 12 Months (July 1, 2014 thru June 30, 2015)

1. General Funding (Based on Standard W/Underlies)

	2014	2015	2016	2017	2018
Expense - Cash	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00
Expense - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Revenue - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Total	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00

2. Suggested Funding (Based on Standard W/Underlies)

	2014	2015	2016	2017	2018
Expense - Cash	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00
Expense - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Revenue - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Total	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00

3. Suggested Funding (Based on Standard W/Underlies)

	2014	2015	2016	2017	2018
Expense - Cash	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00
Expense - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Revenue - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Total	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00

4. Suggested Funding (Based on Standard W/Underlies)

	2014	2015	2016	2017	2018
Expense - Cash	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00
Expense - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Revenue - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Total	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00

5. Assumptions

- 1. Mortality: Standard mortality table
- 2. Interest Rate: 4.00%
- 3. Expense: 1.00%
- 4. Revenue: 1.00%
- 5. Inflation: 3.00%
- 6. Withdrawal: 1.00%
- 7. Surrender: 1.00%
- 8. Termination: 1.00%
- 9. Other: 1.00%

6. Projections

	2014	2015	2016	2017	2018
Expense - Cash	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00
Expense - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Revenue - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Total	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00

7. Summary

	2014	2015	2016	2017	2018
Expense - Cash	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00
Expense - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Revenue - Other	1,125.00	1,125.00	1,125.00	1,125.00	1,125.00
Total	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00

Reserve Valuations



ABC Company
Comprehensive Report
Period Ending 12/31/2013

Statement of Assets, Liabilities & Net Worth
December 31, 2013

ASSETS	12/31/12	12/31/13	12/31/14	12/31/15	12/31/16	12/31/17	12/31/18	12/31/19	12/31/20	12/31/21	12/31/22	12/31/23	12/31/24	12/31/25	12/31/26	12/31/27	12/31/28	12/31/29	12/31/30
Current Assets	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Fixed Assets	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Liabilities	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Net Worth	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000

ABC Company
Claim Reserve Valuation Estimates as of December 31, 2013
(Excludes Workers' Compensation)

Line	Description	Reserve	Unpaid	Accrued	Contingency	Total
1	Medical	100,000	100,000	100,000	100,000	400,000
2	Pharmacy	100,000	100,000	100,000	100,000	400,000
3	Dental	100,000	100,000	100,000	100,000	400,000
4	Other	100,000	100,000	100,000	100,000	400,000
5	Unpaid	100,000	100,000	100,000	100,000	400,000
6	Accrued	100,000	100,000	100,000	100,000	400,000
7	Contingency	100,000	100,000	100,000	100,000	400,000
8	Total	400,000	400,000	400,000	400,000	1,600,000

ABC Company
Claim Reserve Valuation Estimates as of December 31, 2013
(Excludes Workers' Compensation)

CBEI Specialty & Services Services, Inc. prepared an estimate of the claim reserve but not the ABC Company liability (including interest) as of December 31, 2013. The estimated ABC Company liability for the following 2013 reserves:

Category	Class Reserve Estimate	Class Provisional Reserve (Net of Current Bank Account)	Administrative Expense on Forecast (Monthly)	Total
Medical	\$1,711,534	\$1,520,000	\$191,534	\$3,423,068
Pharmacy	30	100,000	0	130,000
Dental	111,011	0	0	111,011

Final Reserve Estimate: **\$3,664,079**

In making the estimates, CBEI relied upon the following information:

- Monthly Billing and lost workdays - None Reported
- Class in the Course of Settlement - Partial claim information from CSR, was received and the address was considered in the setting of the final medical 2013 estimate
- Large Claims - There were 2 individuals with claims greater than the stop loss deductible of \$250,000 and Standard 2013/12 was considered in the determination of the final reserve estimate
- Speed of Payment - At 1,791 months of estimated unpaid medical claims versus 1,122 one year prior. The speed of payment for medical claims has been consistent in setting the final medical 2013 estimate
- Reinsurance - Total Reinsurance at 11/30/12 versus 11/30/11 was 1.4% lower. This change has been considered in setting the final medical 2013 estimate
- 2013 Reserve Estimate - Last year 2013 Reserve Estimate as of 12/31/12 was \$645,000 versus the actual one off in 2013 of \$195,761
- Contractual Arrangements - Submissions regarding claims not processing occur were noted
- Liability for legal fees or counseling fees related to claim investigation and settlement - None Reported
- Definition of Inured Date - Date of service
- Complete system conversions and/or other transactions - None Reported
- Data Availability - Available data begins in 1/1/12 for both Medical and Dental estimates
- Class Provisional that Has Closed Bank Account - Accounts for the lag between when a claim is reported as well as the results system annual physical withdrawal from ABC Company's banking account

The conclusions shown in this report are based on the assumptions outlined. There is no guarantee that ABC Company's actual experience will match the estimates as provided.

ABC Company
CLAIM BALANCE SHEET FOR
RE YEAR ENDING: December 31, 2013

Category	Balance	Change
UNPAID CLAIMS	100,000	100,000
ACCUMULATED CLAIMS	100,000	100,000
RESERVE FOR UNPAID CLAIMS	100,000	100,000
RESERVE FOR ACCUMULATED CLAIMS	100,000	100,000
RESERVE FOR UNPAID AND ACCUMULATED CLAIMS	400,000	400,000
RESERVE FOR UNPAID CLAIMS	100,000	100,000
RESERVE FOR ACCUMULATED CLAIMS	100,000	100,000
RESERVE FOR UNPAID AND ACCUMULATED CLAIMS	400,000	400,000
TOTAL	1,600,000	1,600,000

NOTE: This is an estimated liability claim provision that does not include a CBEI CBEI and other fees, which are set forth in the fee schedule on page 10.

NavMD Reporting

Executive Reporting

The screenshot displays the NavMD Report Selector interface. It features multiple overlapping windows for selecting reports. The main window shows filters for 'All Claims', 'Medical Only', 'Pharmacy Only', 'Compliance', 'Conditions', 'Enrollment', 'Risk', and 'Illness'. A 'Select Report(s)' dropdown is set to 'All Claims'. The 'Date Incurred' range is from 9/18/2013 to 12/31/2013. A 'Report Selector' dialog is open, showing a list of report categories such as 'As of Date', 'Nonstandard Conditions', and 'Standard of Care'. The 'Standard of Care' list includes items like 'Abuse', 'Alcohol Poisoning', 'Breast Cancer Screening', 'Cervical Cancer Screening', 'Chronic Fatigue Syndrome', 'Chronic Obstructive Pulmonary Disease (COPD)', 'Chronic Pain Syndrome', 'Colon Cancer Screening', 'Congestive Heart Failure', 'Coronary Heart Disease', 'Cystitis Disease', 'Degenerative Arthritis', 'Depression', 'Diabetes Type I', 'Diabetes Type II', 'Hypertension', 'Hypertension Screening Panels', and 'Hypertension Screening Panel'.



The screenshot shows the NavMD Design tool interface. It includes a menu bar (File, Analyze, Model, Monitor, Options, Help) and a toolbar. The main area is divided into 'Blue Plan Design' and 'Bronze Plan Design' sections. Each section has a 'Plan Design Test Plan Model' and a 'Start Model' button. Below these are detailed tables for 'Deductible' and 'Out of Pocket' amounts for 'Individual' and 'Family' members, categorized by 'In-Network' and 'Out of Network'.

Category	In-Network	Out of Network
Individual	\$0	\$1,200
Family	\$0	\$2,400

Category	In-Network	Out of Network
Individual	\$0	\$1,200
Family	\$0	\$2,400

Category	In-Network	Out of Network
Individual	\$500	\$1,000
Family	\$1,000	\$2,000

Category	In-Network	Out of Network
Individual	\$500	\$1,000
Family	\$1,000	\$2,000

Exhibit F:
**Sample ACA Navigation &
Compliance Materials**



IRS Reporting | Requirements

Who Must File



Employers with 50+ FTEEs

Forms to be Filed



Forms 1094 and 1095 B & C

Purpose



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

Filing Deadlines



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

Information Required



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

IRC 6055
6056

ACA Annual Reporting



ANALYZE



Count Full-Time & Full-Time Equivalents

- ✓ Determines applicable large employer (ALE) status



Affordability

- ✓ Determine whether the Plan is affordable to those covered



MANAGE



Measurement Periods

- ✓ Allows administration via console



Transition

- ✓ Move employees between various measurement periods



Different Groups

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



TRACK



Measurement Periods at Multiple Levels

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



Employee Status

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



Offer of Coverage

- ✓ Track the offer and the response



REPORT



Hours Worked

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



To Meet Requirements

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



In Aggregate

- ✓ Report who is in what measurement pool

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

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

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CBIZ ACA CheckPoint

Powered by SyncStream

FULLY INSURED PLANS

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

SELF INSURED PLANS

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

Notes:

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

May 4, 2016



In This Edition:

- ❖ IRS Releases 2017 Health Savings Account Limits
- ❖ Medicare Part D Adjustments for 2017
- ❖ FMLA Compliance Tools: New Employer Guide and Worksite Poster
- ❖ New Leave Laws in New York and San Francisco

CBIZ BENEFITS &
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IRS Releases 2017 Health Savings Account Limits

In Revenue Procedure 2016-28, the IRS released the 2017 cost of living adjustments relating to health savings accounts (HSA). For 2017, the high deductible health plan (HDHP) annual deductible limits and out-of-pocket limits remain unchanged. Only the individual contribution limit increased slightly. As a reminder, if a family HDHP plan has an embedded deductible, the statutory minimum deductible for any individual cannot be less than \$2,600 (the family statutory minimum deductible). The \$1,000 catch up contribution available to accountholders aged 55 and over is not tied to a cost of living adjustment and thus, remains at \$1,000.

	<i>Individual/Self Only</i>		<i>Family</i>	
	2017	2016	2017	2016
HDHP Annual Deductible	\$1,300	\$1,300	\$2,600	\$2,600
HDHP Annual Out-of-Pocket Limit ^a	\$6,550	\$6,550	\$13,100	\$13,100
Contribution Limit	\$3,400	\$3,350	\$6,750	\$6,750

^aNote: The out-of-pocket (OOP) limits applicable to high deductible health plans used in conjunction with HSAs differ slightly from the Affordable Care Act's imposed OOP limits, which for 2016 are \$6,850 for self-only coverage, \$13,700 for other than self-only coverage. In 2017, the OOP limit increases to \$7,150 for self-only, \$14,300 for other than self-only coverage. As a reminder, for a family plan, no individual can be subject to an OOP greater than the individual OOP limit.



Medicare Part D Adjustments for 2017

The Centers for Medicare and Medicaid Services have released the 2017 adjustments for Medicare Part D prescription drug benefits. The following are select modified limits relating to the standard drug benefit and the retiree drug subsidy.

Standard Benefit Design		
	2016	2017
Deductible	\$360	\$400
Initial coverage limit	\$3,310	\$3,700
Out-of-pocket Threshold	\$4,850	\$4,950
Maximum Cost Sharing in Catastrophic Coverage Portion of Benefit:		
• Generic/Preferred Multi-Source Drug	\$2.95	\$3.30
• Other	\$7.40	\$8.25
Retiree Drug Subsidy Amounts		
	2016	2017
Cost Threshold	\$360	\$400
Cost Limit	\$7,400	\$8,250

FMLA Compliance Tools: New Employer Guide and Worksite Poster

Of interest to employers subject to the Family and Medical Leave Act (FMLA), the Wage and Hour Division of the Department of Labor released two new items: an Employer's Guide and a revised work site poster.

As background, the FMLA provides for up to 12 weeks of unpaid job-protected leave to employees for baby bonding, or to attend and care for a serious health condition of the employee, or his or her family member. The FMLA applies to private or public sector employers engaged in commerce, or any industry or activity affecting commerce, who employ 50 or more employees on each working day in at least 20 or more calendar weeks in the current or preceding calendar year.

Employer Guide. To assist employers in their compliance with the FMLA, the DOL has prepared an Employer Guide to the Family and Medical Leave Act. This Guide provides an overview of employer compliance obligations under the law, together with guidance to assist employers in administering FMLA leave.

Worksite Poster. FMLA covered employers are required to post a general notice of FMLA information in their worksite locations. To this end, the DOL recently released an updated poster that employers can use to notify their employees of their rights and protections under the law. While there is no substantive difference in the language contained in DOL's model worksite poster released in February, 2013, the updated version is organized in a more user-friendly format. The DOL indicated that the 2013 version of the FMLA poster is still valid and can continue to be used in satisfying the posting requirement.

As a reminder, the FMLA poster must be posted in a conspicuous place where it can be readily seen by employees and applicants. The employer must also provide this notice/poster to any eligible employee by including it in an employee handbook, or other written document that sets forth employee benefits or leave rights, and given to each new employee upon hiring. The notice/poster can be posted and provided electronically, as long as the employee has access to employer's electronic system. Employers can duplicate the text of the notice/poster, or use a different format than the DOL's model notice, as long as all of the information contained in the alternate form is replicated, and the text is large enough to be easily read.

New Leave Laws in New York and San Francisco

States and local jurisdictions continue the trend of enacting leave laws. Of particular note, New York enacted a statewide paid family leave law, while the City and County of San Francisco obligates employers to provide supplemental compensation to employees receiving paid leave benefits under California's Paid Family Leave program. Following are highlights of these laws.

New York Paid Family Leave

On April 4, 2015, Governor Andrew Cuomo signed a law (Ch. 54 (Section 55 of S. 6406, L. 2015)) that will require New York private-sector employers, regardless of size, to provide family leave to their full and part-time employees following 26 consecutive weeks of employment. The paid leave benefit is strictly funded by employees and takes effect January 1, 2018.

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 as 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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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.



Subject: 1) ACA Reporting and Fee Reminders: Section 6055/6056, PCORI Fees and Transitional Reinsurance Fees; 2) Final HHS Rules address Nondiscrimination in Health Plans; and 3) Update on Women's Preventive Health Services
 Date: May 31, 2016

ACA Reporting and Fee Reminders

❑ Section 6055/6056 Reporting

The due date for electronically submitting the Affordable Care Act's (ACA) required reports to the IRS is fast approaching. All 2015 Forms 1094-B and 1095-B, and the 2015 Forms 1094-C and 1095-C reports must be submitted electronically by June 30, 2016. The paper versions of these reports must have been filed with the IRS by May 31, 2016. In addition, individuals must have been given the relevant 2015 Form 1095-B and/or 1095-C benefit statements by March 31, 2016.

As background, the ACA imposes two Internal Revenue Code sections. One requires reporting of minimum essential coverage; the other requires employers subject to the employer shared responsibility provisions to report on offers of coverage. The forms for both of these reporting requirements are the Form 1094 transmittal and Form 1095 benefit statement. IRC Section 6055 reporting is accomplished on the B series of the form; the employer shared responsibility reporting is accomplished on the C series. A self-funded employer subject to shared responsibility can satisfy both its IRC Sections 6055 and 6056 reporting obligations by completing all parts of the Form 1095-C.

Any errors to the information contained in the forms that have already been submitted to the IRS must be corrected as soon as possible following discovery of the error. The [Form 1094/1095 instructions](#) provide the process for correcting the forms, depending on whether the forms have been submitted to the IRS and/or furnished to individuals.

The IRS' [ACA Information Center for Applicable Large Employers webpage](#) provides information, forms, as well as helpful tools and videos to assist entities in completing their reporting obligations.

❑ PCORI Annual Fees

July 31st is fast approaching and it's time to begin planning payment of the ACA's Patient-Centered Outcomes Research (PCOR) fee. Virtually, all health plans, whether insured or self-funded are subject to these fees. The PCOR fee is assessed on the average number of lives covered under the policy or plan. For policy and plan years ending between October 1, 2015 and October 1, 2016, the fee is \$2.17 per covered life.

CBIZ Health Reform Bulletin

The fee is to be paid once a year in connection with IRS Form 720, *Quarterly Federal Excise Tax Return*. For insured plans, the Form 720 is due by July 31st following the close of the policy year. For self-funded plans, the Form 720 is due by July 31st of the calendar year following the plan year end.

For additional information about the PCOR fee, see the IRS' [webpage, questions and answers and chart of plans subject to the fees](#).

Transitional Reinsurance Fee

This will be the last year for collection of the transitional reinsurance fee. As background, the ACA imposes the transitional reinsurance fee, the goal of which is to help stabilize premiums in the individual market due to enrollment of higher risk individuals in the marketplace. All insurers and plan sponsors of self-funded plans are required to contribute to this reinsurance fund over a three year period from 2014 through 2016. The contribution rate for the 2016 benefit year is \$27 per covered life. The annual enrollment count (based on first 9 months of year) must be submitted to HHS by November 15, 2016 on the "ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission Form" available via www.pay.gov. The reporting form will auto-calculate contribution amounts and allow payments to be made in one or two installments.

Final HHS Rules Address Nondiscrimination in Health Plans

On May 18, 2016, the Department of Health and Human Services (HHS) released [final rules](#) relating to nondiscrimination in health plans, programs and activities pursuant to Section 1557 of the Affordable Care Act. In general, these rules mirror the [proposed regulations](#) released last fall, with a few clarifications.

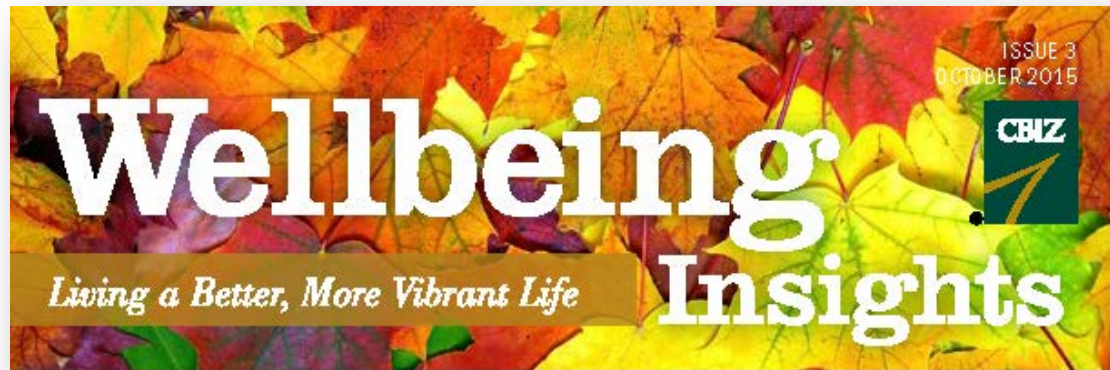
As background, Section 1557 of the ACA provides for open access to health coverage, programs and activities by all individuals. In other words, individuals cannot be discriminated against or prohibited from participating in health related programs or denied health coverage on the basis of race, color, national origin, sex, age, or disability. With regard to sex discrimination, the final rules clarify that individuals cannot be denied or provided limited coverage for health services based on transgender matters.

Generally, these rules impact insurers who operate within or outside the federal and state marketplaces, including the Small Business Health Option Program (SHOP), both in the individual and group marketplaces who receive federally funding. The rules also apply to third-party administrators (TPAs) who administer employer group health plans. These rules do not apply directly to most employers. However, an employer subject to Title VI of the Civil Rights Act of 1964 (race, color, national origin), Title IX of the Education Amendments of 1972 (sex), the Age Discrimination Act of 1975 (age), or Section 504 of the Rehabilitation Act of 1973 (disability) must ensure that any act it takes including the design of its employee benefit plan is not discriminatory.

In addition, the final rules formally adopt the principle that affected entities must take steps to provide reasonable access for individuals with limited English proficiency, such offering a qualified interpreter if needed in order to ensure individuals understand their rights. The rules also provide a process for individuals to seek remedies for alleged discriminatory actions. Part of this process entails an initial review of the complaint by HHS to determine whether the alleged discriminatory decision or action rests with the employer or TPA.

Exhibit G: **Wellbeing and Employee Engagement Strategies**





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

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.

EMPLOYEE ENGAGEMENT

Why it matters?

DIRECT LINK TO YOUR BUSINESS OUTCOMES

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

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

IMPACTS:

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

10 icons representing employees

> UNDERSTANDING YOUR EMPLOYEES AND THEIR EXPECTATIONS IS KEY TO ENGAGEMENT

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

What is it?

- > PSYCHOLOGICAL STATE AND BEHAVIORAL OUTCOMES THAT LEAD TO BETTER PERFORMANCE
- > EMPLOYEES ARE ENTHUSIASTIC TO WORK AND INVEST
- > MAKING MEANINGFUL CONTRIBUTIONS

Ways to accelerate engagement

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

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

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

How can you help?

EXECUTE
THE STRATEGY

CULTIVATE
SELF LEADERS

DEVELOP
EFFECTIVE MANAGERS

BUILD
A CULTURE OF ENGAGEMENT

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

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

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

MORE WAYS TO IMPROVE EMPLOYEE ENGAGEMENT

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

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Exhibit H:
Sample Benchmarking
Reports



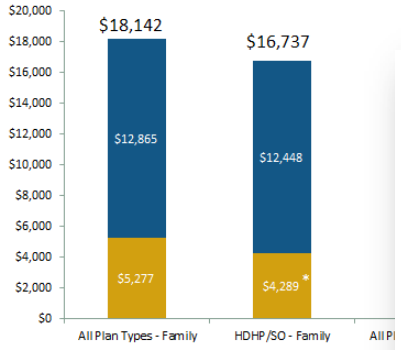
Benchmarking | Cost

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

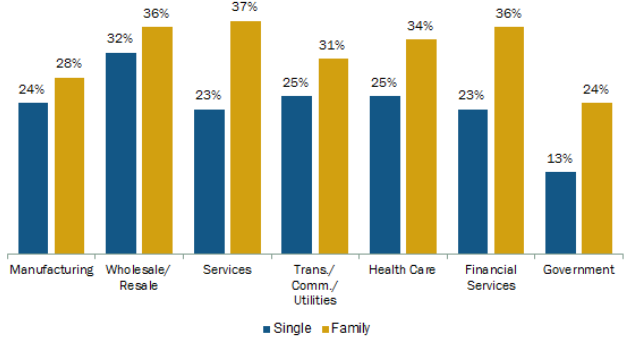


*Estimate is statistically different from All Plans estimate by coverage type (p < .05).

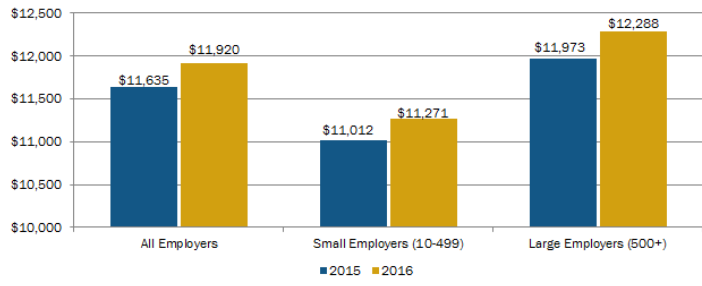
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits-2016.

Benchmarking | Cost

Average Employee Contribution as a Percent of Premium (PPO/POS)



Average Total Health Benefit Cost Per Employee



Source: Mercer National Survey of Employer-Sponsored Health Plans, 2016 (Released in 2017)



Benchmarking | Plan Design

Single In-Network Deductible	
\$0	10%
\$1-\$499	18%
\$500-\$999	23%
\$1000-\$1999	29%
\$2,000+	20%

ABC Company – HRA \$2,000; HSA \$2,600

Primary Care Office Visit	
<\$19 Copay	8%
\$20-\$24 Copay	17%
\$25-\$29 Copay	19%
\$30-\$34 Copay	12%
\$35+	7%
Coinsurance	37%

ABC Company – Deductible + Coinsurance

Specialist Office Visit	
<\$30 Copay	11%
\$30-\$39 Copay	15%
\$40-\$49 Copay	18%
\$50+	17%
Coinsurance	39%

ABC Company – HRA Ded./Coins.; HSA Ded.

Employee Coinsurance (for most services)	
0%	17%
1%-19%	28%
20%-29%	49%
30%+	6%

ABC Company – HRA 20%; HSA 0%

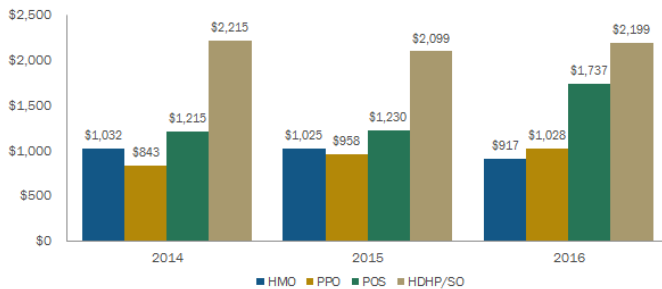
Single Out-of-Pocket Max (Includes Deductible)	
<\$2,000	15%
\$2,000-\$2,999	25%
\$3,000-\$4,999	40%
\$5,000+	20%
Unlimited	0%

ABC Company – HRA \$4,000; HSA \$2,600

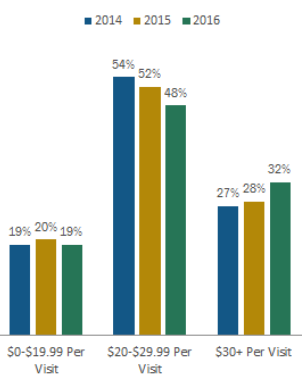
Average Retail Prescription Drug Copays (30 Day Supply)	
Preferred Generic	\$11
Non-Pref. Generic	\$16
Brand (Formulary)	\$35
Brand (Non-Form.)	\$48
Preferred Specialty	\$58

Benchmarking | Plan Design

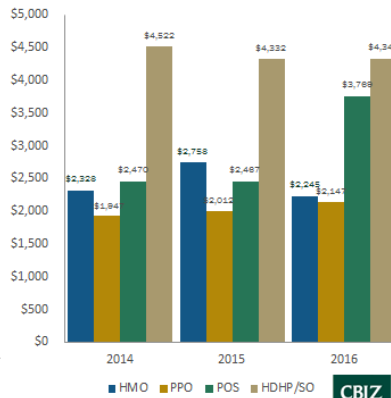
Average Single Deductible



Distribution of Co-Payments for Plans with a Primary Care Office Visit Co-Pay



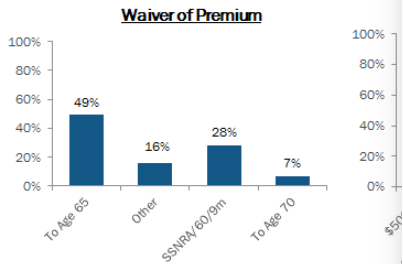
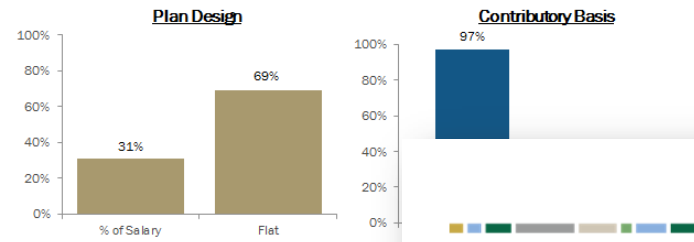
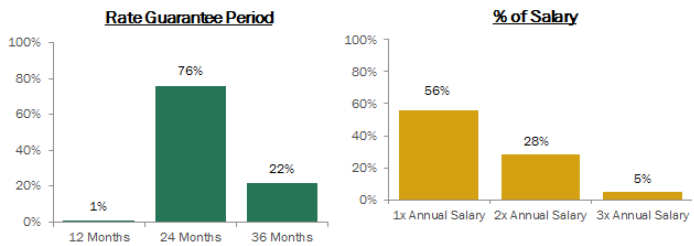
Average Family Deductible



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

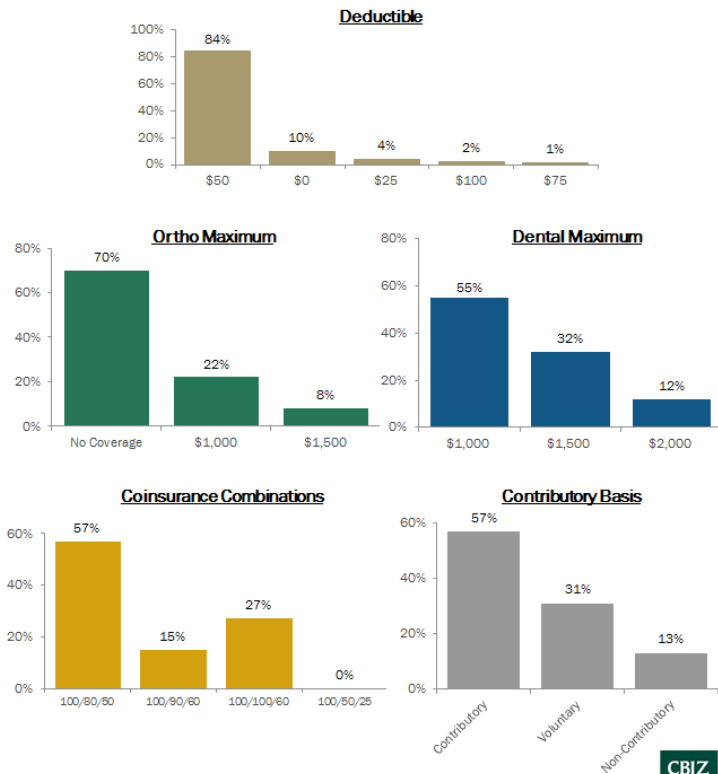


Benchmarking | Basic Life Plan Design



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

Benchmarking | Dental Plan Design



Source: June 2016 Dental GAGE Extract (Guardian Only)



Exhibit I:
**Sample Best Practices for
Innovations and
Considerations**



Sample Client – Cost Containment Strategies 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	●	●	●	●	●								

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.
- 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 / 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, programs management (Step Therapy, Mandatory Generic) and the effectiveness of coalitions.
- Medical Network Efficiency – Centers of Excellence, Direct Contracting**
 - 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.
- Reference Based Pricing**
 - This concept does provide significant plan savings. The plan defines what will be paid for facility charges, for example, either 120% of Medicare or 110% of Cost. There is no network involved for these services. The member may be balance billed for charges over the plan limit. Significant education and support for assistance in the balance billing reconciliation is necessary.
- Domestic Medical Tourism**
 - Domestic Medical Tourism has grown in an effort to control the rising costs of health care. More employers are implementing surgical benefit programs that encourage their employees to receive care at facilities with proven outcomes, even if they're hundreds of miles away.
- High Performance or Narrow Networks (Accountable Care Organizations)**
 - Narrow/Premier Networks are being developed based on quality of care and cost per episode of care. Efficiencies are achieved by driving utilization to these preferred sources through limiting access to "Premier" providers or by adding a third tier to the plan design.
 - ACO: Population health is the goal. There is better chance of managing outcomes and healthcare costs, which is greater value, when there is closer alignment with carriers and employers. Providers are the most influential element in consumer healthcare decisions so directing employees to having a medical home is essential.

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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 members in making wise healthcare choices for medical and pharmacy choices.
- Successful Communication/Education is accomplished through multiple modes incorporating websites, apps, compensation statements, etc. to engage consumers.
- Second Opinion Solutions provides a third party expert network to guide members during episodes of care that are complex.

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 ROI (Return 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 analytic resources are provided by an independent third party collecting information from disability, absences, safety, wellbeing, employee demographics, medical, dental, vision, etc.

Contribution Strategies – Incentives Based on Employee Actions, Smoker Surcharge, Spousal Surcharge

- Surcharges must be carefully evaluated for each population. Cost saving strategies could also cause a degree of anti-selection as well as some angst among employees.

Contribution Strategies – Defined Contribution

- Defined contribution strategy is setting contributions at a certain value to stabilize the employer's cost and to provide transparency of cost to employees of the plans they are purchasing. This approach also provides a true sense to employees of the value of the plan they are selecting.

Dependent Eligibility Audit

- An eligibility audit validates that all members of the plan meet the eligibility requirements. This audit is recommended every 5 years. The Audit provides a complete review and update of documentation and typically result in some removal of membership.
- This project must balance cost savings with employee dissatisfaction.

Claim Audit – Rx and Medical

- Audit medical and Rx claims to identify any inconsistencies in application or overpayments to providers

CBIZ

Rx Strategies

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.

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

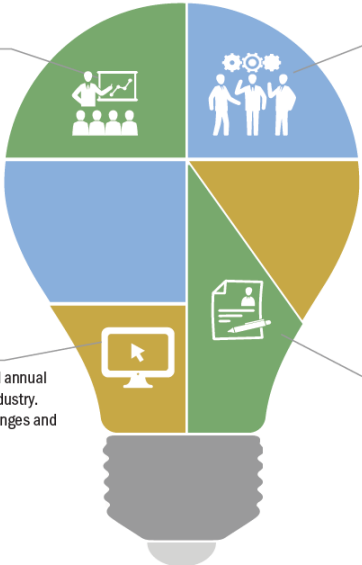
Coordinating open enrollment logistics for clients can be a challenge. Through our process known as "Engagement Consulting" we have the ability to leverage existing or new technology, as well as other resources, to communicate and administer benefits more effectively. This includes knowledge of the following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



Trends & Innovations

You'll be kept up to date about new developments in insurance and employee benefits, the impact on you and tips to maximize your current investment.



PCMH

A successful cost and quality improvement strategy for clients with a population located in one metropolitan area with data to support enhanced outcomes.

Result in lower premiums and better outcomes



High Performance Network

Normally smaller networks of providers with proven efficiencies.



Financial Finesse

Comprehensive financial wellness solution through Financial Finesse to improve your employees' financial health, physical health, and focus on their day to day responsibilities.



IMPROVE FINANCIAL LITERACY AND WELLBEING

Pharmacy Innovations

CBIZ's Pharmacy Consultants analyze the feasibility of achieving savings through contract evaluation and purchasing coalitions.



IMPROVE PRICE TRANSPARENCY

Technology

Leverage technology and apply best practices to enhance employee engagement, education and consumerism. Also used to assist with executive decision making.



Referenced Based Pricing

Outside of a traditional hospital network, high cost claims are negotiated by a cost management firm resulting in substantial savings.



ACO

Better chance of managing outcomes and healthcare costs, which is greater value, when there is closer alignment with carriers and employers.

