CITY OF NAPLES AIRPORT AUTHORITY (NAA)  
Board of Commissioners  
Notice of Consultant Selection Committee Meeting

Final Agenda

Airport Office Building, 2nd Floor Conference Room  
200 Aviation Drive North  
Naples, Florida

Friday, January 11, 2019  
9:30 a.m. or Immediately Following Audit Committee Meeting

Commissioner Donna M. Messer – Chair and NCC Liaison  
Commissioner Michael Lenhard – Vice Chair and Consultant Selection Committee Chair  
Commissioner James Rideoutte – Audit Committee Chair, Consultant Selection Committee Member  
Commissioner Ted Brouseau – Legal Liaison  
Commissioner Kerry C. Dustin, Audit Committee Member  
Executive Director: Christopher A. Rozansky  
Authority Attorney: William L. Owens, Esq. of Bond, Schoeneck & King, PLLC

Welcome. If you wish to address the Consultant Selection Committee regarding an item listed on the Agenda, please complete a Speaker Registration form and hand it to the Executive Assistant prior to consideration of that item. We ask that speakers limit comments to 5 minutes and that large groups name a spokesperson whenever possible. All written, audio-visual, and other materials distributed to the Committee or staff during this meeting will become the property of NAA and will be a public record. Thank you for your interest and participation.

NOTICE

Formal action may be taken on any item listed on the Agenda below, or added to the Agenda before or during the meeting, or discussed during the meeting without being added to the Agenda. Also, the sequence of items may be changed as the meeting progresses.

Any person who decides to appeal a decision of this Committee with respect to any matter considered at this meeting (or hearing) will need a record of the proceeding and may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be heard.

Any person with a disability requiring auxiliary aids or services in order to participate in this proceeding for meetings at the City Council Chamber may call the City Clerk’s Office at 213-1015, or for meetings at the Airport Office Building, the NAA Executive Assistant’s Office at 643-0733, with requests at least two business days before the meeting.

Information on Action Items and other items which has been provided in advance of this meeting may be inspected at the office of the Executive Assistant, General Aviation Terminal Building, 2nd Floor, 160 Aviation Drive North. Minutes of this meeting will be prepared for Board approval, usually at the next Regular Meeting.
A. ROLL CALL

B. PLEDGE OF ALLEGIANCE

C. AGENDA (Add, delete or re-sequence items)

D. DISCUSSION ITEM
   1. Interviews and Rankings of Qualified Respondents for Employee Benefits Brokers Request For Qualifications
      a. Gehring Group 9:40 a.m.
      b. Baldwin Krystyn Sherman Partners 10:30 a.m.

E. PUBLIC COMMENTS (Public comments accepted for items not otherwise listed on the Agenda; 5 minute limit)

F. CORRESPONDENCE/COMMISSIONER COMMENTS & REQUESTS/MEETINGS

G. ADJOURN

Information on Discussion Items and other items which has been provided in advance of this meeting may be inspected at the office of the Executive Assistant, General Aviation Terminal Building, 2nd Floor, 160 Aviation Drive North. Minutes of this meeting will be prepared for Board approval, usually at the next Regular Meeting.

NOTE: The Consultant Selection Committee is comprised of Vice Chair Lenhard and Commissioner Rideoutte. All NAA Commissioners are welcome to attend and can “opt in” to participate and vote.
To: Honorable Chair and Commissioners  
From: Christopher A. Rozansky, Executive Director  
By: Virginia Bendle, Sr. Manager of Human Resources  
Meeting Date: January 11, 2019  
Re: DISCUSSION ITEM  

1. Interviews and Rankings of Qualified Respondents for Employee Benefits Brokers Request For Qualifications

**ACTION REQUESTED:** Committee interview and ranking of the responsive and qualified firms.

**BACKGROUND:** The last selection process conducted for an employee insurance benefits broker was in January 2014. Baldwin Krystyn Sherman Partners (BKS) was awarded a contract for three years with two one-year renewals.

A Request for Qualifications (RFQ) for Employee Benefits Broker was released December 7, 2018. The RFQ was advertised in the Naples Daily News, posted on the Authority's website, and e-mailed to insurance brokers who had expressed interest in working with the Naples Airport Authority. The closing date for responses was December 21, 2018. Four firms responded. One proposal arrived late and was disqualified. Of the three remaining proposals, two meet the basic qualifications required by the RFQ. The other submittal was considered unresponsive and disqualified.

The first ten (10) minutes of the meeting will be to open the meeting and allow time for Commissioner comments and questions for staff regarding the RFQ and selection process, if any. We have scheduled interviews at forty-five (45) minutes increments to allow for each firm to provide a brief overview of their firm and experience, allow sufficient time for the actual interviews, and time to transition from one firm to the next.

The Committee's ranking will be provided to the full Board of Commissioners at the January Regular Meeting. Following the Consultant Selection Committee Meeting, staff will work with the top ranked firm to complete a Professional Services Contract to be brought to the full Board at the same meeting.
We are providing the following link to the RFQ, questions received from interested firms along with responses to the questions.


Enclosed please find the RFQ response submittals for Gerhring Group and Baldwin Krystyn Sherman Partners as well as interview questions to assist in assessing each firm.

**COMMUNICATIONS PLAN:** Not applicable.

**FINANCIAL IMPACT:** Firm to be compensated through commissions from the insurance carriers.
EMPLOYEE BENEFITS BROKER INTERVIEW QUESTIONS

1. Briefly explain your firm’s procedures for soliciting/negotiating competitive bids from insurance carriers. How do you benchmark rates and benefit plans to ensure your clients are receiving “fair” pricing from carriers?

   - Looking for a response that demonstrates past success in not just negotiating a client’s rates down through increasing employee costs (copays/deductibles); but ensuring the carrier is truly evaluating claims costs and administrative costs of the client to give a good rate.

2. How do you see your firm participating in NAA’s efforts to contain increasing costs and/or enhancing benefits? Do you see your firm in a leadership role?

   - Looking for a partner who stays on top of the latest trends in the world of employer benefits and understands the impact that benefits have, not only on budgets, but also to productivity, absenteeism, and attracting and retaining employees.

3. Please tell us about any additional services your firm offers that you believe NAA should take advantage of and whether or not those services are included or require an additional fee.

   - Offering a last chance to highlight any other benefits they haven’t already mentioned.

4. NAA’s employees mostly work “in the field.” How does your firm partner with your clients to educate employees about benefits and programs when the employees have limited access to computers and time for meetings?

5. Our committee will be making a recommendation to the full Board on who should be selected. Why should we recommend your agency? What makes your company the best fit for NAA?
REQUEST FOR QUALIFICATIONS

Employee Benefits Broker

City of Naples Airport Authority
160 Aviation Drive North
Naples, FL 34104

RFQ Issue Date: December 7, 2018
RFQ Submittal Date: December 21, 2018
Employee Benefits Broker

The City of Naples Airport Authority is soliciting responses to a Request for Qualifications from qualified Employee Benefits Brokers, to provide health insurance and other employee benefits. Request for Qualifications documents may be obtained by contacting Naples Airport Authority, 160 Aviation Drive North, Naples, FL 34104, phone (239) 643-0733 or download from our website at http://flynaples.com. Responses are due no later than 3:00 PM, December 21, 2018. The City of Naples Airport Authority reserves the right to accept or reject any or all proposals and to waive any formalities or irregularities in the best interest of the Authority. The City of Naples Airport Authority is not liable for any costs incurred by the responding parties.
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I. INTRODUCTION

The City of Naples Airport Authority ("Authority") is soliciting responses to a Request for Qualifications (RFQ) from qualified Employee Benefits Brokers, to procure health insurance and other employee benefits on behalf of Naples Airport Authority. The firm selected from this RFQ process may be contracted for a period of up to five (5) years on an annual basis.

II. TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFQ Issue Date</td>
<td>December 07, 2018</td>
</tr>
<tr>
<td>Request for Information Deadline (Questions)</td>
<td>December 14, 2018, 4:00 P.M.</td>
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<tr>
<td>Addendum Issued</td>
<td>December 17, 2018, 4:00 P.M.</td>
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<tr>
<td>RFQ Submission Deadline</td>
<td>December 21, 2019, 3:00 P.M.</td>
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<td>RFQ Ranking</td>
<td>December 28, 2019</td>
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<td>Presentations and Interviews-NAA Consultant Selection Committee</td>
<td>January 11, 2019</td>
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<tr>
<td>Presentation of #1 Ranked Consultant to NAA Board</td>
<td>January 17, 2019</td>
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<tr>
<td>Professional Services Agreement Approval by NAA Board</td>
<td>January 17, 2019</td>
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</tbody>
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III. CITY OF NAPLES AIRPORT AUTHORITY

The Authority was created under Chapter 69-1326 Laws of Florida, as amended, as an independent Authority responsible for the operation of the Naples Airport. It is governed by a five (5) member volunteer Board of Commissioners who are appointed by the Naples City Council. Under their direction, an Executive Director manages the airport and its programs.

The Authority financially supports itself directly from aviation fuel sales and airport user fees, and indirectly by airport user taxes. No local, state or federal general taxes, such as property, utility, sales, intangible or income taxes directly support the Authority. The Authority receives, for certain capital projects, state and federal financial funds.

General information about the Authority can be obtained from their official website http://www.flynaples.com/.

IV. SCOPE OF SERVICES AND DELIVERABLES

A. Develop short and long range employee benefit goals and strategies.

B. Partner with human resources at the Authority in the administration of all group insurance plans including responding to questions from and providing information to staff, and providing other benefits-related advisory services throughout the plan year.
C. Review and analyze claims experience, claim service, and claims administration to ensure maximum benefit to the Authority.

D. Determine and recommend the most cost efficient funding methods for benefit programs. The successful broker must be able to quote employer services including COBRA, FSA and HSA programs.

E. Prepare bid specifications and solicit proposals, as needed, from insurance markets that specialize in group insurance plans.

F. Evaluate bids and bidders, including administration, coverage, claim payment procedures, customer service, networks, reserve establishment policies and financial solvency.

G. Provide the Authority with in-depth analysis of proposed alternatives and assist with the process of selecting the most favorable annual renewal options for each plan year (May 1 – April 30). The Authority will provide authorization to act as broker for the Authority after contract is awarded.

H. Apprise the Authority of local and national benefit trends and provide benchmark survey data to help calibrate program offerings with employee and employer costs compared to similar organizations.

I. Meet with and provide reports and presentations to various Authority representatives, including Senior Executives.

J. Assist the Authority with the implementation and communication of new programs or changes to existing programs, which may include attending and presenting information at Open Enrollment meetings when requested.

K. Work closely with human resources to develop and execute the benefits communication strategy.

L. Partner with the Authority to effectively manage the performance of vendors that provide insurance or related services to the Authority.

M. The Authority currently works with representatives of Colonial Life to provide various voluntary insurance policies to our employees. The successful broker must be able to either provide this same service or be willing to coordinate open enrollment with Colonial Life or other independent companies. The authority will provide authorization to act as broker for the Authority after contract is awarded.

N. Act as advisor on issues such as discrimination testing, 5500 filing, Section 125, COBRA, HIPAA, Medicare, FMLA, etc. Provide overall guidance to the Authority with Health and Welfare regulatory compliance.
O. Research and report any new developments in the employee benefits arena on an ongoing basis.

P. Recommend innovative ideas and new products, programs and services to ensure a competitive, valued and cost effective benefits program.

Q. Introduce proven programs and ideas to aggressively manage healthcare costs.

R. Assist the Authority in developing cost effective worksite wellness programs that empowers employees to adopt healthier lifestyles.

V. MINIMUM QUALIFICATIONS

Responses will be accepted from brokers with the following minimum qualifications:

A. Licensed as an insurance broker or agent in the State of Florida, with a least five (5) years of experience in providing services as outlined in this RFQ.

B. Professional liability insurance with a minimum limit of $5,000,000 per occurrence and other insurance in accordance with the Professional Services Agreement (Exhibit B).

C. Access to sufficient markets to obtain quotes from A-rated companies.

D. Ability to act as broker in procuring insurance as specified in Section IV.

VI. CONTENT OF RESPONSES

The following sections and contents are required:

A. A statement of qualifications, including experience in employee insurance benefit broker services and experience of the firm working with benefit broker services in the State of Florida. This should be accompanied by a one-page transmittal letter prepared on the respondent’s company letterhead, with firm name, including any alias, years in business, contact person, address, telephone number and email address and which is signed by an individual who is authorized to commit the firm to the services and requirements of the RFQ and consequent task orders. The transmittal letter shall also acknowledge any addenda pertaining to this RFQ. Any exceptions to the terms and provisions of the Professional Services Agreement (Exhibit B) must be noted in the transmittal letter. The Authority maintains the right to reject the respondent’s exceptions.

B. Identify the Lead Broker and key project team members and responsibilities. Provide a brief resume for each person outlining their credentials and experience.

C. List recent (within the last five years) experience of the firm in similar work and record of successful results of that work.
D. Provide three (3) recent (within the last five years) professional references from clients who are capable of providing information regarding the Lead Broker’s ability to manage similar contracts and quality and breadth of services provided on similar projects. For each reference, please provide the following:

   i. Reference name
   ii. Company name and address
   iii. Phone number and e-mail
   iv. Summary of scope of services

E. The firm’s ability to take on additional work, and the ability to offer the breadth and quality of services required for this project.

F. Provide your general understanding of the airport, project and issues regarding the identified project. Identify any potential challenges or special concerns that may be encountered and how they will be addressed.

G. Certificate of Insurance which meets the insurance requirements contained in the attached Professional Services Agreement (Exhibit B).

H. The response to this RFQ should be organized in the order set forth above.

I. If subcontracting or joint proposals are to be done, that fact, and the name of the proposed subcontracting firms, must be clearly identified in the proposal. Following the award of the contract, no additional subcontracting will be allowed without the express prior written consent of the Authority.

J. The Authority contemplates renewal of the agreement. Proposals shall include the proposed fees for each year that the agreement may be renewed. Renewals are contingent upon satisfactory performance evaluations by the Authority and subject to the availability of funds.

VII. SUBMISSION INSTRUCTIONS

A. Respondent shall carefully review and address all of the evaluation criteria outlined in this request. In order to be considered, respondent shall demonstrate the firm’s ability to provide the required services as listed in this RFQ. A copy of the Consultant Selection Committee Ranking Criteria to be used in assessing each submittal, including guidance as to the relative importance placed on each evaluation factor, is attached for your information (Exhibit C). Any data furnished by the Authority is for informational purposes only. The full response shall not exceed twenty-five (25) pages and shall include all resumes requested in section VI., however, the transmittal letter does not count towards the 25-page limit.

B. All responses to this RFQ must be submitted to:
Virginia Bendle
Human Resources
City of Naples Airport Authority
160 Aviation Drive North
Naples, FL 34104

No later than December 21, 2018 at 3:00PM

C. Submittals shall be sealed and clearly marked on the outside “Employee Benefits Broker: NAPLES AIRPORT AUTHORITY”. The delivery of the response to the Authority prior to the deadline is solely and strictly the responsibility of the responder.

D. One (1) unbound, one-sided, printed original submittal is required, along with five (5) unbound two-sided copies, and one (1) USB flash memory card scanned in advance for viruses (USB flash drive), containing the submittal, exactly like the unbound printed original, in Adobe Acrobat PDF format. Electronic format copy shall be one continuous file. Submissions via facsimile or email will not be accepted.

E. Responding to this RFQ shall in no way be construed as a commitment on the part of the Authority. The Authority reserves the right to reject any or all responses. The Authority may waive any irregularities in this RFQ or the submitted responses and may cancel, re-advertise, postpone or modify the RFQ schedule at any time. The Authority is not responsible for any costs incurred by the responding parties prior to the issuance of an executed agreement.

F. All submittals will become the property of the Authority. The Authority adheres to open records requirements of Florida State Statute Chapter 119, and as such, all materials submitted by the Respondent to the Authority are subject to public disclosure. The Respondent specifically waives any claims against the Authority related to the disclosure of any materials.

G. Questions concerning this RFQ shall be submitted in writing via email, in Microsoft Word format to Virginia Bendle, Sr. Human Resources Manager at vbendle@flynaples.com no later than 4:00 p.m. on December 14, 2018. Respondents are encouraged to verify receipt of questions emailed to the Authority. Questions will be answered and posted online as an addendum on the Authority’s website: http://flynaples.com/airport-information/bids-and-employment/ by the 4:00 p.m. on December 17, 2018. Responders are strongly advised to monitor this site for any additional information and/or addenda regarding this solicitation. Only emailed questions will be addressed and answered as an addendum. The issuance of such posted responses is the only official method by which interpretation, clarification or additional information will be given by the Authority. Only requests answered by formal written responses will be binding. Oral and other interpretations or clarifications will be without legal effect.

H. In order to protect the professional integrity of this procurement process by shielding it from undue influences prior to the recommendation of contract award, responders shall not
contact any City of Naples Airport Authority Employees, Agents, City of Naples Elected Officials, City of Naples Employees, Naples Airport Authority Board Members or the Naples Airport Authority Noise Compatibility Committee Members regarding this RFQ from advertisement date through Consultant Selection Committee Recommendation to the Authority Board, other than the designated contact person listed above.

I. The Authority reserves the right to request any supplementary information it deems necessary to evaluate responder’s experience, qualifications, or clarify or substantiate any information contained in the responder response.

J. The Authority recognizes fair and open competition as a basic tenet of public procurement. Respondents doing business with the Authority are prohibited from discriminating on the basis of race, color, creed, national origin, handicap, age or sex. The Authority has a progressive Disadvantaged, Minority, and Women-Owned Business Enterprises Program in place and encourages Disadvantaged, Minority, and Women-Owned Business Enterprises to participate in its RFQ process. All responding parties are required to make all efforts reasonably necessary to ensure that Disadvantaged, Minority and Women-Owned Business Enterprises have a full and fair opportunity to compete for this contract. Information pertaining to the DBE/MBE/WBE Certification requirements can be obtained by calling the Authority DBE Liaison Officer at 239-643-0733.

K. The Authority adheres to the Americans with Disabilities Act and will make reasonable accommodations for access to Airport services, programs and activities. Please call (239) 643-0733 for further information. Requests must be made at least 48 hours in advance of the event in order to allow the Authority time to provide the requested services.

VIII. SELECTION OF THE CONSULTANT

A Consultant Selection Committee will evaluate responses to this RFQ and shortlist no more than three firms for formal presentations and further evaluation. A copy of the Consultant Selection Committee Ranking Criteria is attached (Exhibit C). Publication of the shortlist will be posted on our website on December 28, 2018.

Interviews of the shortlisted firms are currently scheduled to occur January 11, 2018. The presenters for each firm will be limited to three (3) individuals, to include at least the proposed Lead Broker. You will have up to 20 minutes for your presentation to the Consultant Selection Committee, which should focus on your suggested approach to future goals for the employee benefits program at Naples Airport Authority. We would like to hear from your proposed Lead Broker and he/she will respond to all questions asked. After each presentation, there will be a 20 minute question and answer period.

IX. ASSURANCES

By responding to this RFQ, the firm assures the Authority that, if selected, it will:
A. Not assign or transfer the Authority’s account, or any portion of the Authority’s business, without the Authority’s prior written approval.

B. Act in the Authority’s best interest at all times.

C. Sign the Authority’s Professional Services Agreement for the agreed-upon work.

X. GENERAL CONDITIONS

Submission of a proposal indicates acceptance by the Respondent of the conditions contained in this RFQ.

A. Definitions

Unless otherwise indicated, the terms used in this solicitation shall have the following meanings:

Request for Qualifications (RFQ) – A procurement method used to obtain statements of qualifications from suppliers for a qualifications-based selection process.

The terms Consultant, Contractor, Offeror, Respondent and Vendor and are used interchangeably and shall have the same meaning.

All words used herein in the singular form shall extend to include the plural. All words used in the plural form shall extend to and include the singular. All words used in any gender shall extend to and include all genders.

B. The successful firm must supply the following certificates, as mandated by the State of Florida, in order for the Authority to ultimately enter into a contract with the firm.

i. A certificate that states that the firm is not participating in a boycott of Israel, on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or that it does not have business operations in Cuba or Syria.

ii. A truth-in-negotiation certificate that states that the wage rates and other factual unit costs supporting the compensation are accurate, complete, and current at the time of contracting and the original contract price and any additions thereto will be adjusted to exclude any significant sums by which the firm determines the contract price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs.

C. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a response on a contract to provide any goods or services to a public entity; may not submit a response on a contract with a public entity for the construction or repair of a public building or public work; may not submit a
response on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Florida Statutes, Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

D. The firm warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the firm to solicit or secure this agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the firm any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this agreement. For the breach or violation of this provision, the Authority shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

E. Pursuant to applicable Florida law, the Contractor's records associated with this Contract may be subject to Florida's public record laws, Florida Statutes 119.01, et seq, as amended from time to time. Contractor shall comply with all public records obligations set forth in such laws, including those obligations to keep, maintain, provide access to, and maintain any applicable exemptions to public records, and transfer all such public records to the Authority at the conclusion of this Contract, as provided for in Section 119.0701, Florida Statutes.

Upon request from the Authority, the Contractor shall provide the Authority with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law. Specifically, if the Contractor is acting on behalf of the Authority, the Contractor shall:

1. Keep and maintain public records that ordinarily and necessarily would be required by the Authority in order to perform the services provided by the Contractor.

2. Provide the public with access to public records on the same terms and conditions that the Authority would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.

4. Meet all requirements for retaining public records and transfer, at no cost, to the Authority all public records in possession of the Contractor upon the termination of the contract and destroy any duplicate public records that are
exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the Authority in a format that is compatible with the information technology systems of the Authority.

Failure by the Contractor to grant such public access shall be grounds for immediate unilateral cancellation of any agreement and/or contract by the Authority. The Contractor shall promptly provide the Authority with a copy of any request to inspect or copy public records in possession of the Contractor and shall promptly provide the Authority a copy of the Contractor’s response to each such request.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR’S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (239) 643-0733, DTERRILL@FLYNAPLES.COM OR CITY OF NAPLES AIRPORT AUTHORITY, 160 AVIATION DRIVE NORTH, NAPLES, FLORIDA, 34104.

F. The Respondent agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. If the Respondent transfers its obligation to another, the transferee is obligated in the same manner as the Respondent.

This provision obligates the Respondent for the period during which the property is owned, used or possessed by the Respondent and the airport remains obligated to the Federal Aviation Administration. This provision is in addition to that required by Title VI of the Civil Rights Act of 1964.

G. The Authority, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 USC §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders or offerors that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this RFQ and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

H. The successful Respondent, prior to the execution of a contract or agreement related to this procurement action, will be required to provide and maintain insurance coverages that are acceptable to the Authority, which requirements are set forth in the agreement. The policies of insurance shall be primary and written on forms acceptable to the Authority, and naming the City of Naples Airport Authority as additional insured.

I. An entity or affiliate who has been placed on the discriminatory vendor list may not submit
a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

J. More than one response from the same Respondent under the same or different names will not be considered. Reasonable grounds for believing that a Respondent is submitting more than one response will cause the rejection of all responses in which the Respondent is involved. Responses will be rejected if there is reason for believing that collusion exists among Respondents, and no participant in such collusion will be considered in any future solicitations for a period of six months following the submittal deadline.

K. The firm warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the firm to solicit or secure this agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the firm any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this agreement. For the breach or violation of this provision, the Authority shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

XI. EXHIBITS

Exhibit A: Current Medical Plans and Enrollment

Exhibit B: Sample Professional Services Agreement

Exhibit C: Committee Selection Criteria

Exhibit D: FAA Legally Required Provisions for Solicitations

Exhibit E: Florida Required Provisions for Solicitations
EXHIBIT A

Current Medical Plans and Enrollment
### Exhibit A
Current Plans and Enrollment

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<td>Coinsurance</td>
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<td>Individual</td>
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<td>Family (Individual/Family Maximum)</td>
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<td>Facility Services</td>
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<td>In-Patient Hospital</td>
<td>Option 1: 20% after Ded.</td>
<td>20% after $100 P&amp;D and Annual Deductible</td>
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<td></td>
<td>Option 2: 25% after Ded.</td>
<td>20% after Deductible</td>
<td>Option 2: $200</td>
</tr>
<tr>
<td>Outpatient - Hospital</td>
<td>Option 1: 20% after Ded.</td>
<td>20% after Deductible</td>
<td>Option 1: $600</td>
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<tr>
<td></td>
<td>Option 2: 25% after Ded.</td>
<td>20% after Deductible</td>
<td>Option 2: $500</td>
</tr>
<tr>
<td>Outpatient - Ambulatory</td>
<td>20% after Deductible</td>
<td>$250</td>
<td>$100</td>
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<tr>
<td>Emergency Room</td>
<td>20% after Deductible</td>
<td>$300</td>
<td>$100</td>
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<tr>
<td>Urgent Care</td>
<td>20% after Deductible</td>
<td>$70</td>
<td>$45</td>
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<td>Physician Services</td>
<td>Preventive</td>
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<td>$0</td>
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<tr>
<td></td>
<td>Primary Care Physician</td>
<td>20% after Deductible</td>
<td>$35</td>
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<td>Specialist</td>
<td>20% after Deductible</td>
<td>$65</td>
</tr>
<tr>
<td>Independent Lab and Diagnostic Testing Services</td>
<td>Lab</td>
<td>0% after Deductible</td>
<td>0%</td>
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<td></td>
<td>X-Ray</td>
<td>20% after Deductible</td>
<td>$50</td>
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<td>Advanced Imaging (MRI, PET, CT, etc)</td>
<td>20% after Deductible</td>
<td>$300</td>
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<td>Prescriptions</td>
<td>Preferred Generic:</td>
<td>$10 after Ded.</td>
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<td>Preferred Brand:</td>
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<td>Non-Preferred:</td>
<td>$80 after Ded.</td>
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<td>Specialty: Preferred / Non-Preferred</td>
<td>Mail Order Rx (30 day supply)</td>
<td>20% after Ded.</td>
<td>20% up to $200</td>
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<td>2.5 x Tier Copay</td>
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<td>Out of Network Benefits</td>
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<td>$9,000 / $18,000</td>
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</table>
EXHIBIT B

Professional Services Agreement
PROFESSIONAL SERVICES AGREEMENT

THIS PROFESSIONAL SERVICES AGREEMENT (this “Agreement”) is made effective as of the ____ day of _______ (the “Effective Date”) by and between the CITY OF NAPLES AIRPORT AUTHORITY, a political subdivision of the State of Florida (the “Authority”), and ______________________, a ________________ authorized to transact business in the State of Florida (the “Professional”) (collectively, the “Parties”).

RECITALS

A. The Professional is a ________________.

B. The Professional maintains insurance coverage as required under Paragraph 8 of this Agreement and has provided certificates of insurance evidencing all such insurance to the Authority.

C. The Authority anticipates instructing Professional to perform and provide the specific services described in Exhibit A attached hereto and made a part of this Agreement (the “Services”).

D. Professional represents and warrants it is willing and fully competent to perform the Services pursuant to the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the representations, warranties, covenants and agreements set forth under this Agreement, and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the Parties, the Authority and Professional agree as follows:

TERMS

1. Services. This Agreement sets forth the general terms and conditions under which Professional shall perform and provide the Services for the Authority as the Authority instructs from time to time. The precise Services to be performed by Professional for the Authority, and the term of this Agreement or deadline for satisfactory completion of all of the Services by Professional (the “Deadline For Satisfactory Completion”), are fully described and set forth in Exhibit A.

2. Term. The term of this Agreement is from the Effective Date until terminated as provided herein. Notwithstanding anything in this Agreement to the contrary, the Authority shall have the exclusive right to terminate this Agreement, without charge or penalty, at any time and for any reason, without charge or penalty, in its sole discretion, upon thirty (30) days written notice to Professional. In the event of such termination by the Authority, (a) Professional shall be entitled to a pro-rata amount of any compensation earned under this Agreement but not paid prior to the date of termination and (b) the Authority shall be entitled to a pro-rata refund of any unearned compensation subsequent to the date of termination paid in advance to Professional hereunder.

3. Termination Event. Notwithstanding anything in this Agreement to the contrary, upon the occurrence of any of the following events (each individually a “Termination Event”), all of the rights and privileges of Professional hereunder shall, at the Authority’s sole option, cease to exist and this Agreement shall automatically terminate:

   (a) Professional fails to strictly comply with, fulfill, perform, keep or observe any of Professional’s obligations, covenants or conditions under this Agreement within five (5) days after written demand from the Authority, time being of the essence;
(b) Professional makes any (i) intentional misrepresentation or (ii) unintentional yet material misrepresentation under this Agreement or other instrument or document delivered pursuant hereto;

(c) the loss of any of Professional’s licenses, registrations or permits necessary to perform the Services or other obligations under this Agreement;

(d) the appointment of a receiver to take possession, or the attachment, execution, or other judicial seizure, of all or any part of Professional’s assets or business;

(e) the Authority determines, in its reasonable discretion, that Professional is or will be unable to pay its debts as they become due in the ordinary course of Professional’s business; or

(f) any voluntary or involuntary petition, or similar pleading, under any bankruptcy act, filed by or against Professional, or any other voluntary or involuntary proceeding in any court instituted to declare Professional insolvent or unable to pay its debts. In the event that under applicable law the trustee in bankruptcy or Professional has the right to affirm this Agreement and continue to perform the obligations of Professional hereunder, such trustee or Professional shall, in such time period as may be permitted by the applicable court having jurisdiction, cure all defaults of Professional hereunder outstanding as of the date of the affirmance of this Agreement and provide to the Authority such adequate security and assurances as may be necessary to ensure the Authority the continued performance of Professional's obligations under this Agreement. Further, the Authority shall receive all of the protections available to creditors under the United States Bankruptcy Code including, but not limited to, section 365 thereof, as amended from time to time.

No right, power or remedy conferred upon or reserved to the Authority under this Agreement is intended to be exclusive of any other right, power or remedy, but each and every such right, power and remedy shall be cumulative and concurrent and shall be in addition to any other right, power and remedy given hereunder or now or hereafter existing at law or in equity or by statute.

Notwithstanding anything in this Agreement to the contrary, upon a Termination Event, the Authority may retain all payments due to Professional at the date of termination until all of the Authority’s damages have been established and deducted from payments due.

4. **Duties of Professional.** Professional shall perform and complete all of the Services on or before the Deadline For Satisfactory Completion to the satisfaction of the Authority in a good and professional manner consistent with that degree of care and skill ordinarily exercised by members of the same profession currently practicing under similar circumstances. In addition, Professional shall:

(a) furnish all of the expertise, management, information, assistance and other requirements necessary to perform the Services to the Authority’s satisfaction;

(b) furnish such professional and support staff, equipment and supplies, if any, as may be specifically required to perform the Services to the Authority’s satisfaction;

(c) deliver to the Authority all memoranda, reports, notes, analyses, documents and other instruments as may be reasonably requested from time to time by the Authority relating to the performance of the Services and Professional’s other obligations under this Agreement;

(d) provide the Authority with prompt notification of any anticipated delays or
difficulties in the performance of the Services;

(c) designate one or more individuals to act on behalf of Professional with respect to
the Services and with whom the Authority may confer with respect to the Services; and

(f) at all times conduct itself in a professional and cooperative manner in the discharge
of its obligations under this Agreement.

Professional covenants and agrees with the Authority that should Professional at any time become aware
of any act, occurrence or omission on the part of the Authority or the Authority’s commissioners, officers,
employees, insurers, attorneys, agents, lessees, licensees, invitees, successors and assigns which
Professional believes or has reason to suspect may give rise to a claim by Professional of bad faith,
negligence, fraud or any other form of liability against the Authority, Professional shall advise the
Authority in writing of such claim or potential claim within a reasonable period of time not to exceed
thirty (30) days of its discovery, or Professional shall be deemed to have waived the claim and be forever
barred from asserting that claim or a related claim against the Authority. The purpose of this provision is
to promptly advise the Authority of any potential claim and to allow the Authority to immediately
investigate, and, if necessary, remedy the allegation. Professional agrees that its failure to notify the
Authority of a claim or potential claim within a reasonable period of time of its discovery not to exceed
thirty (30) days shall be a complete bar to the pursuit of such claim against the Authority and the
Authority’s past and present commissioners, officers, employees, insurers, attorneys, agents, lessees,
licensees, invitees, successors and assigns, in their individual and representative capacities.

5. **Work Made for Hire; Assignment.** All work product, research, notes, drawings,
blueprints, models, reports, analyses, documents, instruments, data and other information prepared by
Professional in connection with the Services (collectively the “Work”) shall be deemed work made for
hire and made in the course of the Services rendered under this Agreement. To the extent that the Work
may not be considered work made for hire, all right, title and interest in the Work is hereby irrevocably
assigned to the Authority by Professional. As such, the Work shall belong exclusively to the Authority.

6. **Compensation and Written Invoices.**

(a) Subject to the terms and conditions of this Agreement, the Authority shall pay
Professional for the performance and completion of the Services at the rates and in the manner set forth in
Exhibit A. Upon completion and acceptance of the Services in accordance with the terms and conditions
of this Agreement to the satisfaction of the Authority, Professional shall send the Authority a written
invoice detailing the time and authorized charges for such Services. All such written invoices are payable
within sixty (60) days of receipt by the Authority.

(b) Notwithstanding anything in this Agreement to the contrary, should Professional
fail to commence, provide, perform or complete any of the Services in a timely and diligent manner, in
addition to any other rights or remedies available to the Authority, including the rights specified under
Paragraphs 2 and 3 herein, the Authority, in its sole discretion, may withhold any and all payments due
and owing to Professional until such time as Professional resumes performance of its obligations in such a
manner so as to satisfy the Authority.

(c) After being paid by the Authority, Professional shall immediately pay all
subcontractors who have submitted invoices for work already performed. If applicable, Professional shall
strictly comply with the provisions of Florida Statute sections 255.071 through 255.078. Failure of
Professional to pay any subcontractors shall, at the Authority’s option, be considered a material breach of
this Agreement and, therefore, a Termination Event hereunder.
7. Licenses. Professional represents and warrants to the Authority that it has the resources and expertise necessary to complete the Services in accordance with the terms and conditions of this Agreement. Professional agrees to obtain and maintain throughout the entire term of this Agreement all licenses, registrations and permits as are required to transact business in the United States, State of Florida, Collier County and the City of Naples, including, but not limited to, all licenses and permits required by the respective federal and state boards and other governmental agencies responsible for regulating and licensing the Services to be provided by Professional. The employees, personnel, subcontractors and agents assigned by Professional to perform the Services shall be qualified to perform the assigned duties and shall be individually licensed, registered and permitted to perform such duties if required by applicable law. Upon request of the Authority, Professional shall provide the Authority with copies of all applicable licenses, registrations and permits of Professional and Professional’s employees, personnel, subcontractors and agents required under this Paragraph 7.

8. Insurance. Professional shall maintain all of the insurance coverage set forth in this Paragraph 8 uninterrupted at all times while Professional is providing Services under this Agreement. In the event Professional becomes in default of any of the insurance requirements hereunder, the Authority reserves the right to take whatever legal actions are deemed necessary to protect its interest. Professional agrees that, to the fullest extent available, all insurance policies required hereunder shall provide that the Authority is an additional insured.

(a) Workers' Compensation / Employer's Liability. Professional shall maintain workers’ compensation/employer’s liability insurance, and the minimum limits of such insurance, inclusive of any amount provided by an umbrella or excess policy, shall be:

<table>
<thead>
<tr>
<th>Part One:</th>
<th>&quot;Statutory&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Two:</td>
<td></td>
</tr>
<tr>
<td>Each Accident</td>
<td>$100,000</td>
</tr>
<tr>
<td>Disease – Policy Limit</td>
<td>$500,000</td>
</tr>
<tr>
<td>Disease – Each Employee</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

(b) Commercial General Liability. Professional shall maintain commercial general liability insurance (or broad form property damage covering all Services and other work performed by Professional pursuant to this Agreement), and the minimum limits of such insurance, inclusive of any amounts provided by an umbrella or excess policy, without exclusion for independent contractors, shall be:

| General Aggregate        | $1,000,000 |
| Each Occurrence          | $1,000,000 |
| Personal and Advertising Injury | $1,000,000 |
| Products and Completed Operations | $1,000,000 |

The insurance required under this Paragraph 8(b) shall include coverage for liability resulting out of, or in connection with, ongoing operations performed by, or on behalf of, Professional under this Agreement or the use or occupancy of the Authority premises by, or on behalf of, Professional in connection with this Agreement.

(c) Business Auto Liability. Professional shall maintain business auto liability insurance (for all owned, hired and non-owned vehicles), and the minimum limits of such insurance, inclusive of any amounts provided by an umbrella or excess policy, shall be:
(d) **Professional Liability/Malpractice.** Professional shall maintain professional liability/malpractice insurance, and the minimum limits of such insurance, inclusive of any amounts provided by an umbrella or excess policy, shall be:

- Each Occurrence: $1,000,000
- Annual Aggregate: $2,000,000

The insurance required under this Paragraph 8(d) shall (i) include coverage for all Services and other work of Professional, including, but not limited to, areas with possible environmental impact, without any exclusions unless approved in writing by the Authority’s Executive Director, and (ii) notwithstanding anything herein to the contrary, be maintained and continued for a minimum uninterrupted period of four (4) years following the later of completion of all of the Services by Professional or termination of this Agreement.

(e) **General Requirements.** Renewal certificates evidencing all of the insurance required under this Paragraph 8 shall be sent by Professional to the Authority thirty (30) days prior to the expiration date of each applicable insurance policy. Each insurance policy required under this Paragraph 8 shall provide that the Authority shall receive at least thirty (30) days prior written notice in the event of any cancellation or modification of any insurance coverage. No insurance coverage required hereunder shall have a deductible amount in excess of $50,000 without the prior written approval of the Authority’s Executive Director. All insurance coverage of Professional shall be in addition to, and shall in no way be construed or interpreted to be a limitation of, Professional’s indemnification and other obligations to the Authority under Paragraph 9 of this Agreement. It is expressly agreed that Professional’s policies of insurance required under this Paragraph 8 shall be primary over any insurance which the Authority may maintain or carry, and that Professional shall obtain from its insurers an endorsement waiving any other insurance clauses which may be in conflict with this provision, and evidence of such waiver shall be indicated on all insurance policies or certificates of insurance furnished to the Authority. Professional shall be responsible and liable for insuring that all of Professional’s employees, personnel, subcontractors, agents, licensees or invitees who perform any of the Services carry and comply with the same insurance coverage and requirements required of Professional under this Paragraph 8. Upon the request of the Authority, Professional shall deliver to the Authority copies of all insurance policies required hereunder.

9. **Indemnification.** To the fullest extent permitted by applicable law, Professional shall indemnify, defend and hold harmless the Authority and the Authority’s past and present commissioners, officers, employees, insurers, attorneys, agents, lessees, licensees, invitees, successors and assigns, in both their individual and representative capacities, from and against any and all liabilities, damages, losses, penalties, causes of action, claims, demands and costs, including, but not limited to, reasonable attorneys’ fees and expenses of defense (through all appeals), arising out of or in connection with (a) the Services or other work performed by Professional pursuant to this Agreement, (b) the failure to fulfill any and all responsibilities, covenants and obligations of Professional under this Agreement and (c) any act or omission of Professional or Professional’s employees, personnel, subcontractors, agents, licensees or invitees. Nothing contained herein will be construed as a waiver of any immunity or limitation of liability the Authority may have under the doctrine of sovereign immunity under Florida Statute section 768.28 or otherwise. The Authority reserves the right, at its option, to participate in the defense of any suit, without relieving Professional of any of its obligations hereunder. The obligations of this Paragraph 9 will survive termination of this Agreement and will not be limited by the amount of any insurance required to be obtained or maintained under this Agreement. If the provisions of this Paragraph 9 are found to conflict in any way with Florida or other governing law, then this Paragraph 9 will be considered
modified by such laws to the extent necessary to remedy the conflict.

This Paragraph 9 shall also pertain to any claims brought against the Authority by any of Professional’s employees, personnel, subcontractors, agents, licensees and invitees and any other party claiming by or through Professional. Professional’s obligations under this Paragraph 9 shall not be limited in any way by Professional’s limit or lack of sufficient insurance protection.

10. **Rules and Regulations.** In performing the Services, Professional shall comply with each of the following:

   (a) any and all of the Authority’s (i) Rules and Regulations of the Naples Municipal Airport, Naples, Florida, as amended, (ii) regulatory and compliance regulations, as amended, and (iii) procedures, rules and other requirements on file in the offices of the Executive Director of the Authority or as hereafter promulgated, established or amended from time to time by the Authority in its sole discretion (collectively the “Airport Rules And Regulations”). The Airport Rules and Regulations are incorporated herein by reference and made a part of this Agreement. Upon request, Professional shall have the right to review any of the Airport Rules and Regulations during regular business hours at the offices of the Executive Director of the Authority; and

   (b) any and all applicable laws, statutes, ordinances, codes, rules, regulations, orders, and governmental permits and requirements.

11. **No Waiver.** The failure of the Authority to enforce at any time, or for any period of time, any one or more of the provisions of this Agreement shall not be construed to be, and shall not be, a waiver of any such provision or provisions or of its right thereafter to enforce each and every such provision. The waiver by the Authority of a breach of any provision of this Agreement shall not be deemed a continuing waiver, or a waiver of any subsequent breach of the same or any other provision hereof.

12. **Severability.** The invalidity of any one or more of the provisions of this Agreement shall not affect the enforceability of any or all of the remaining provisions hereof, all of which are included conditionally upon being valid in law, and, in the event that any one or more of the provisions of this Agreement shall be declared invalid, this Agreement shall be construed as if such invalid provisions had not been included.

13. **No Assignment.** Professional shall not voluntarily, involuntarily or by operation of law assign, transfer or otherwise encumber this Agreement, or any rights or privileges of Professional hereunder, in whole or in part, without first obtaining in each and every instance the prior written consent of the Authority, which consent may be granted or withheld in the Authority’s sole discretion for any reason whatsoever. Any assignment, transfer or encumbrance contrary to the foregoing shall be a material default and, therefore, a Termination Event under this Agreement.

14. **Independent Professional.** Neither Professional nor Professional’s employees, personnel, subcontractors, agents, licensees and invitees shall be deemed to be a servant, employee, partner or joint venturer of the Authority. Professional shall perform the Services and its obligations under this Agreement as an independent contractor. Neither Professional nor Professional’s employees, personnel, subcontractors, agents, licensees and invitees shall hold themselves out as having the power or authority to bind or create liability for the Authority. Professional shall not be treated as an employee for purposes of FICA, FUTA, federal, state or local income tax, and Professional shall be responsible for its own employment, social security and other tax payments, as well as any other statutorily required coverage, including insurance.
15. **Notices.** All notices and communications under this Agreement shall be in writing and shall be delivered by hand, by nationally recognized overnight courier or by certified United States mail, return receipt requested, to the respective Parties as follows:

As to the Authority:  
City of Naples Airport Authority  
Attention: Christopher A. Rozansky, Executive Director  
160 Aviation Drive North  
Naples, Florida 34104

With Copy to the Authority’s Attorney:

William L. Owens, Esq.  
Bond, Schoeneck & King, PLLC  
4001 Tamiami Trail North, Suite 250  
Naples, Florida 34103

As to Professional:  

Notice shall be deemed conveyed upon personal delivery or receipt confirmation. Either Party may change its mailing address by giving written notice to the other Party in accordance with the requirements of this Paragraph 15.

16. **Attorneys’ Fees.** In the event of any controversy, claim, dispute or litigation relating to this Agreement, or the breach hereof, the prevailing Party shall be entitled to recover from the non-prevailing Party the prevailing Party’s costs and expenses, including, without limitation, reasonable attorneys’ fees (through all appeals).

17. **Governing Law and Venue.** This Agreement shall be interpreted under, and its performance governed by, the laws of the State of Florida (excluding any conflict of law rule or principle that would refer to the laws of another jurisdiction). Each Party irrevocably submits to the jurisdiction of the Circuit Court of the State of Florida, Collier County, in any action or proceeding arising out of or relating to this Agreement, and each Party hereby irrevocably agrees that all claims with respect to any such action or proceeding must be brought and defended in such court; provided, however, that matters which are under the exclusive jurisdiction of the Federal courts shall be brought in the Federal District Court for the Middle District of Florida. Each Party consents to service of process by any means authorized by the applicable law of the forum in any action brought under or arising out of this Agreement, and each Party irrevocably waives, to the fullest extent each may effectively do so, the defense of an inconvenient forum to the maintenance of such action or proceeding in any such court. PROFESSIONAL AND THE AUTHORITY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT IT MAY LEGALLY AND EFFECTIVELY DO SO, TRIAL BY JURY IN ANY SUIT, ACTION OR PROCEEDING ARISING UNDER THIS AGREEMENT.

18. **Paragraph Headings.** None of the Paragraph headings of this Agreement shall be construed as a limitation upon the provisions hereof. Paragraph headings having been inserted as a guide and partial index and not as a complete index of the contents of any Paragraph or other provision of this Agreement. Whenever the singular or plural number, or the masculine or feminine or neuter gender, is used in this Agreement, it shall equally include the other.
19. **Counterparts.** This Agreement may be executed in any number of counterparts, each such counterpart being deemed to be an original instrument, and all such counterparts shall together constitute the same Agreement. Delivery of an executed signature page by facsimile or electronic mail shall be as effective as delivery of a manually signed counterpart.

20. **No Modification.** No modification or change to this Agreement shall be valid or binding upon the Parties unless in writing and executed by the Party or Parties intended to be bound by it.

21. **Encumbrances.** Professional hereby covenants and agrees that all of Professional’s rights and privileges under this Agreement are subject and subordinate to any and all rights, liens, licenses, leases, tenancies, mortgages, uses, encumbrances and other restrictions which may now or hereafter bind the Authority or encumber the Naples Municipal Airport, and to all renewals, modifications and extensions thereof. In addition, this Agreement shall be subject and subordinate to all of the provisions and obligations of the Authority under any existing or future laws, regulations, grant assurances, requirements or agreements by, from or with the United States Government or other governmental authority compliance with or the execution of which has been or will be required as a condition precedent to the operation (or granting of Federal or other governmental funds for the development) of the Authority or Naples Municipal Airport. Professional shall, upon request of the Authority, execute any subordination documents which the Authority may deem necessary, but no such documents shall be required to effectuate the subordination by Professional under this Paragraph 21.

22. **Further Assurances.** From and after the execution and delivery of this Agreement, Professional shall cooperate with the Authority in taking such actions, executing such instruments and granting such rights as may be reasonably necessary or requested by the Authority to effectuate the purposes of this Agreement or to evidence or perfect the rights and privileges granted and the obligations assumed hereunder.

23. **No Third Party Beneficiary Intended.** This Agreement is made solely for the benefit of Professional and the Authority, and their respective successors and assigns permitted hereunder, and no other person or entity shall have or acquire any right by virtue of this Agreement.


25. **Florida’s Required Provisions.** See attached Exhibit C, incorporated herein.

26. **Entire Agreement.** This Agreement represents the entire Agreement between Professional and the Authority and supersedes all prior agreements, oral or written, and all other communications relating to the subject matter hereof. Each Party has had the opportunity to review with counsel the terms of this Agreement and to negotiate the same. Therefore, any ambiguity in this Agreement shall not be construed against either Party by virtue of having drafted this Agreement.
IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

AUTHORITY:

CITY OF NAPLES AIRPORT AUTHORITY,
a political subdivision of the State of Florida

ATTEST:

By: ___________________________________________, Chairman

______________________________, Chairman

Christopher A. Rozansky
Executive Director

Approved as to form and legal sufficiency by:

______________________________
William L. Owens, Esq.
Counsel to the Authority

PROFESSIONAL:

______________________________

______________________________

By: ____________________________
Print Name: ______________________
Print Title: _______________________
Exhibit A

Description of Services: In addition to all of the obligations of Professional hereunder, the Services to be performed and provided by Professional pursuant to this Agreement are described in Schedule 1 (titled "__________") attached hereto and made a part of this Agreement.

Deadline For Satisfactory Completion: Except as otherwise provided in this Agreement, the Deadline For Satisfactory Completion of all of the Services by Professional is _______. The Agreement may be renewed for either the length of the initial term or three years, with any such renewal, or no renewal at all, being in the Authority's sole discretion. Renewals are contingent upon satisfactory performance evaluations by the Authority and subject to the availability of funds.

Rates and Manner of Compensation: Notwithstanding anything in this Agreement to the contrary, the total compensation due Professional from the Authority for the performance and completion of all of the Services in accordance with the terms and conditions of this Agreement to the satisfaction of the Authority is $__________. A description and breakdown of the tasks and expense categories are described in Schedule 2 (titled "__________") attached hereto and made a part of this Agreement.

Other Provisions and Obligations of Professional: In addition to the Professional's obligations set forth herein and all common law duties, Professional shall:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

574355.1 10/25/2018650000.1 7/30/2018
EXHIBIT B

FAA Required Contract Provisions,

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

(b) **Civil Rights — Title VI Assurances - Compliance with Nondiscrimination Requirements**. During the performance of this Agreement, Professional, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor” in this Paragraph 24(c)) agrees as follows:

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

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

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

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

(v) **Sanctions for Noncompliance**: In the event of Professional’s noncompliance with the Non-discrimination provisions of this Agreement, the Authority will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:

(A) Withholding payments to the Professional under this Agreement until the Professional complies; and/or in whole or in part.
(B) Cancelling, terminating, or suspending this Agreement,

(vi) **Incorporation of Provisions.** The Professional will include the provisions of Paragraphs 24(c)(i) through (vi) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The Professional will take action with respect to any subcontract or procurement as the Authority or the Federal Aviation Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the Professional becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Professional may request the Authority to enter into any litigation to protect the interests of the Authority. In addition, the Professional may request the United States to enter into the litigation to protect the interests of the United States.

(c) **Title VI List of Pertinent Nondiscrimination Acts and Authorities.** During the performance of this Agreement, Professional, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor” in this Paragraph 24(f)) agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);

- 49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);

- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);


- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 et seq.), (prohibits discrimination on the basis of age);

- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);

- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);

- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;

- The Federal Aviation Administration’s Non-discrimination statute (49 3) (prohibits discrimination on the basis of race, color, national origin, and sex);
• Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;

• Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100); and

• Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).

(d) Federal Fair Labor Standards Act. All contracts and subcontracts that result from this solicitation (including this Agreement) incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers. Professional has full responsibility to monitor compliance to the referenced statute or regulation. Professional must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division.

(e) Occupational Safety and Health Act. All contracts and subcontracts that result from this solicitation (including this Agreement) incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Professional must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. Professional retains full responsibility to monitor its compliance and their subcontractor's compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Professional must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.
(a) IF PROFESSIONAL HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO PROFESSIONAL’S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE AUTHORITY’S CUSTODIAN OF PUBLIC RECORDS AT (239)643-0733, ADMINISTRATION@FLYNAPLES.COM AND/OR 160 AVIATION DRIVE NORTH, NAPLES, FLORIDA 34104.

(b) Professional acknowledges and agrees that Professional shall be required to comply with Florida’s Public Records Laws, Chapter 119, Florida Statutes. Specifically, Professional hereby covenants and agrees that it shall:

(c) keep and maintain public records required by the Authority to perform the services under this Agreement;

   (i) upon request from the Authority’s custodian of public records, provide the Authority with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

   (ii) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of this Agreement if Professional does not transfer the records to the Authority; and

   (iii) upon completion of this Agreement, transfer, at no cost, to the Authority all public records in possession of Professional or keep and maintain public records required by the Authority to perform the services under this Agreement. If Professional transfers all public records to the Authority upon completion of this Agreement,
Professional shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Professional keeps and maintains public records upon completion of this Agreement, Professional shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Authority, upon request from the Authority’s custodian of public records, in a format that is compatible with the information technology systems of the Authority.

2. Florida Procurement Laws

(a) Convicted Vendor List. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

(b) Discriminatory Vendor List. An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

(c) Invoice Compliance. All invoices, bills, fees or other requests for compensation for services or expenses shall be submitted in detail sufficient for a proper preaudit and post audit thereof.

(d) Travel Expenses. Bills for any travel expenses shall be submitted in accordance with Florida Stat. 112.061. A state agency may establish rates lower than the maximum provided in s. 112.061.

(e) Public Records. The Authority may unilaterally cancel this Agreement if Professional refuses to allow the public access to all documents, papers, letters, or other material made or received by Professional in conjunction with the Agreement, unless the records are exempt from s. 24(a) of Art. 1 of the Florida State Constitution and s. 119.07(1).
(f) Duty To Cooperate With Inspector General. Professional agrees to comply with s.20.055(5), Florida Statutes and to incorporate in all subcontracts the obligation to comply with s.20.055, Florida Statutes.

(g) Truth In Negotiation Certificate. The wage rates and other factual unit costs supporting the compensation are accurate, complete, and current at the time of contracting and the original contract price and any additions thereto will be adjusted to exclude any significant sums by which the Professional determines the contract price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs.

(h) Prohibition Against Contingent Fees. The Professional warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the Professional to solicit or secure this agreement and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the Professional any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this agreement. For the breach or violation of this provision, the Authority shall have the right to terminate the Agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.
EXHIBIT C

Consultant Selection Criteria
### Exhibit C
Consultant Selection Criteria
City of Naples Airport Authority
Employee Broker Services

<table>
<thead>
<tr>
<th>Consultant Selection Criteria</th>
<th>%</th>
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<tbody>
<tr>
<td><strong>Experience of the Firm</strong> (experience and past record)</td>
<td>20</td>
</tr>
<tr>
<td>Experience working on projects of comparable scope and complexity</td>
<td></td>
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<tr>
<td>Communication experience with employee groups with regard to benefits comparable in nature</td>
<td></td>
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<tr>
<td><strong>Whether the firm is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Professional qualifications necessary for satisfactory performance (adequacy of personnel)</strong></td>
<td>15</td>
</tr>
<tr>
<td>Lead Broker and key team members are qualified to perform the work on the project</td>
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<tr>
<td><strong>Specialized experience and technical competence in the type of work required (capability)</strong></td>
<td>20</td>
</tr>
<tr>
<td>Consultant’s methodology consistent with scope</td>
<td></td>
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<tr>
<td>Samples of past projects demonstrate high level of expertise</td>
<td></td>
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<tr>
<td><strong>The capacity to accomplish the work in the required time (adequacy of personnel)</strong></td>
<td>15</td>
</tr>
<tr>
<td>Consultant has adequate staff and resources for this project</td>
<td></td>
</tr>
<tr>
<td>Consultant has the ability to offer the breadth and quality of services required for the work.</td>
<td></td>
</tr>
<tr>
<td><strong>Understanding of the project (capability)</strong></td>
<td>15</td>
</tr>
<tr>
<td>Consultant has demonstrated understanding of key elements of the project</td>
<td></td>
</tr>
<tr>
<td>Consultant has provided logical approach to tasks and issues of the project</td>
<td></td>
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<tr>
<td><strong>Cost of services</strong></td>
<td>10</td>
</tr>
<tr>
<td>Cost of services outside of those built into premiums through benefit carriers</td>
<td></td>
</tr>
<tr>
<td><strong>Quality of the interview/presentation (if scheduled)</strong></td>
<td>25</td>
</tr>
<tr>
<td>Presentation was clear and concise and demonstrates expertise in subject matter</td>
<td></td>
</tr>
<tr>
<td>Oral Presentation - communication techniques/ability consistent with project scope</td>
<td>100</td>
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</tbody>
</table>

*Scoring is based on a total of 100 points unless interviews are determined as necessary by the Authority. If interviews are scheduled, the scoring in each category (except certified minority enterprise) will be reduced by (5) five points to add 25 points to Quality of interview/presentation.*
Exhibit D

FAA Legally Required Provisions for Solicitations
Exhibit D
FAA Legally Required Provisions for Solicitations


(f) Civil Rights – General. Professional agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. This provision binds Professional and sub-tier contractors from the bid solicitation period through the completion of this Agreement. This provision is in addition to that required of Title VI of the Civil Rights Act of 1964.

(g) Civil Rights – Title VI Assurances - Compliance with Nondiscrimination Requirements. During the performance of this Agreement, Professional, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor” in this Paragraph 24(c)) agrees as follows:

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

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

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

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

(v) Sanctions for Noncompliance: In the event of Professional’s noncompliance with the Non-discrimination provisions of this Agreement, the Authority will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:
(A) Withholding payments to the Professional under this Agreement until the Professional complies; and/or in whole or in part.

(B) Cancelling, terminating, or suspending this Agreement,

(vi) Incorporation of Provisions: The Professional will include the provisions of Paragraphs 24(c)(i) through (vi) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The Professional will take action with respect to any subcontract or procurement as the Authority or the Federal Aviation Administration may deem as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the Professional becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Professional may request the Authority to enter into any litigation to protect the interests of the Authority. In addition, the Professional may request the United States to enter into the litigation to protect the interests of the United States.

(b) Title VI List of Pertinent Nondiscrimination Acts and Authorities. During the performance of this Agreement, Professional, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor” in this Paragraph 24(f)) agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);

- 49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);

- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);


- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 et seq.), (prohibits discrimination on the basis of age);

- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);

- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);

- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
• The Federal Aviation Administration’s Non-discrimination statute (49 U.S.C. 3) (prohibits discrimination on the basis of race, color, national origin, and sex);

• Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;

• Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100); and

• Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating based on sex in education programs or activities (20 U.S.C. 1681 et seq).

(i) Federal Fair Labor Standards Act. All contracts and subcontracts that result from this solicitation (including this Agreement) incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers. Professional has full responsibility to monitor compliance to the referenced statute or regulation. Professional must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division.

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

Florida Required Provisions for Solicitations
Exhibit E
Florida Required Provisions for Solicitations
Florida State Procurement Law Required Provisions for Solicitations

1. ANTI COLLUSION STATEMENT

Under no circumstances shall any prospective proposer, or any person or persons acting for or on behalf of any said prospective bidder, seek to influence or gain the support of any member of the Authority favorable to the interest of any prospective bidder or seek to influence or gain the support of any member of the Authority against the interest of any prospective bidder. Any such activities shall result in the exclusion of the prospective proposer from consideration by the Authority.

2. CONVICTED VENDOR LIST

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

3. DISCRIMINATORY VENDOR LIST

An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

4. INVOICE COMPLIANCE

All invoices, bills, fees or other requests for compensation for services or expenses shall be submitted in detail sufficient for a proper preaudit and post audit thereof.

5. TRAVEL EXPENSES

Bills for any travel expenses shall be submitted in accordance with Florida Stat. 112.061. A state agency may establish rates lower than the maximum provided in s. 112.061.

6. PUBLIC RECORDS
The Authority may unilaterally cancel this Agreement if Contractor refuses to allow the public access to all documents, papers, letters, or other material made or received by Contractor in conjunction with the Agreement, unless the records are exempt from s. 24(a) of Art. 1 of the Florida State Constitution and s. 119.07(1).

7. NO CONTACT

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

8. DUTY TO COOPERATE WITH INSPECTOR GENERAL

Contractor agrees to comply with s.20.055(5), Florida Statutes and to incorporate in all subcontracts the obligation to comply with s.20.055, Florida Statutes.
Request for Qualifications for
Employee Benefits Broker
ADDENDUM No. 1
December 17, 2018

The City of Naples Airport Authority Request for Qualifications for Employee Benefits Broker is amended by the following clarifications or additions. If any provisions of this Addendum conflict with the existing RFQ, then this Addendum will control and is hereby made a part of the RFQ documents. All other provisions in the RFQ remain in effect as previously published.

Proposers shall acknowledge receipt of any and all addenda in their transmittal letter.

QUESTIONS AND ANSWERS

Q1. Under Section VI., question F. Can City of Naples Airport Authority clarify the question? We are unclear as to the direction of the question.

"Provide your general understanding of the airport, project and issues regarding the identified project. Identify any potential challenges or special concerns that may be encountered and how they will be addressed."

A1. Naples Airport is asking for you to provide information demonstrating that you have a general understanding of our organization and any issues you may foresee in working with our group to provide the scope of services outlined in the RFQ.

Q2. What is the reason for the release of this RFQ solicitation (i.e. – are there any service or cost issues with the incumbent, services haven't been out to RFQ in a long time, etc.)?

A2. The current service agreement is for one year with four renewal terms of twelve months each. This service agreement with the current employee benefits broker expires February 2019. There are no service or cost issues with the incumbent.
Q3. Who is the current Broker of Record? Are they included in the RFQ process?

A3. The current employee benefits broker is Baldwin Krystyn Sherman Partners, LLC. They are invited to provide a proposal in response to the RFQ.

Q4. How is the current Broker of Record compensated; i.e fees, commissions, or a combination of both? Are there additional fees paid to the Broker of Record?

A4. The current service agreement includes terms for commissions for non-fee based services and fee based services for special projects.

Q5. Is your current broker providing the same services as listed in the Scope of Services of this RFQ?

A5. Yes, the current employee benefits broker is providing the services in the scope of the RFQ.

Q6. Are there key drivers to this RFQ other than what you have outlined, such as significant benefit changes or major benefit initiatives?

A6. No, there are no key drivers to this RFQ. However, Naples Airport is open to innovative ideas to enhance the employee benefits package that align with the mission, vision and values of the strategic plan.

Q7. What is the plan year/effective date? If it differs for each line of coverage, please provide the plan year/effective dates for each product?

A7. The plan year/effective date is May 1, 2018 to April 30, 2019. This is the same for all plans.

Q8. Is the medical self-funded or fully insured?

A8. The medical plan is fully insured.

Q9. Provide the number of employees that will be included in the services.

A9. There are currently 74 benefit eligible employees. There are 72 employees participating on the medical plan.

Q10. Are any retirees included in these services? If so, please provide the number.

A9. There are no retiree benefits offered in these services.
Our communities rely on the public sector. The public sector relies on Gehring Group.

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

NAPLES AIRPORT AUTHORITY
RFQ EMPLOYEE BENEFITS BROKER
Due Date: Friday, December 21, 2018 @ 3:00 p.m.
<table>
<thead>
<tr>
<th>Section A: Transmittal Letter &amp; Statement of Qualifications</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Section B: Project Team</td>
<td>5</td>
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<tr>
<td>Section C: Project Experience</td>
<td>9</td>
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<tr>
<td>Section D: Professional References</td>
<td>12</td>
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<tr>
<td>Section E: Firm’s Capacity</td>
<td>14</td>
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<td>Section F: Project Approach</td>
<td>15</td>
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<td>Section G: Insurance Requirements</td>
<td>25</td>
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<td>Section H: Subcontracting/Cost of Services</td>
<td>25</td>
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<tr>
<td>Section I: Cost of Services</td>
<td>25</td>
</tr>
</tbody>
</table>
December 17, 2018

Re: RFQ – Employee Benefits Broker

Dear Ms. Bendle:

Gehring Group is pleased to provide this proposal in response to Naples Airport Authority’s RFQ for Employee Benefits Broker. Gehring Group is unique in our qualifications to be your broker/consultant for three notable reasons: 1) we are public sector experts as public sector is our only industry specialty; 2) our unique non-producer corporate organizational structure allows us to offer our clients a broad depth of value added services and a deep bench of expertise; and 3) our all-inclusive service model allows our clients the opportunity to utilize our resources without concern for additional cost.

First, public sector is (and for the past 25 years has been) our only specialty industry, and accordingly it influences how we think, and how we tailor our services and processes – specifically for the unique needs and nuances of this very important sector of employer organizations. Gehring Group has provided insurance related services for over 100 public sectors throughout Florida. Our extensive public sector focus and expertise affords us the ability and experience to provide real time benchmarking studies and related case study comparatives for consideration.

Second, our organization is a collaborative advisory firm, rather than an agency of producers. Our team members, including our benefits consultants, are paid a salary rather than a commission. What this means for our clients is a depth of centralized resources and a think tank of seasoned experts and professionals committed to serving all clients’ needs. It also means resources – we employ our own wellness coordinators, ACA experts and graphic designers, and tap into necessary outside focused resources to benefit our clients such as employment attorneys, Affordable Care Act attorneys, and actuaries with health program specialty.

Third, Gehring Group is unique in that we offer an all-inclusive model. Our core services exceed those requested in the Scope of Services outlined in the RFQ, with no additional fees.

Finally, we acknowledge receipt of Addendum 1 and confirm that Gehring Group meets and exceeds the minimum requirements of the RFQ as outlined on page 6 of the RFQ. As public sector experts with a unique model, along with an exceptional level of service, we would provide the Authority with additional relevant valuable resources. We thank the members of the selection committee in advance for the review of our comprehensive response and stand ready to provide any additional required clarification upon review of this proposal’s contents.

Sincerely,

Kurt Gehring, CEO
Section A: Statement of Qualifications

A statement of qualifications, including experience in employee insurance benefit broker services and experience of the firm working with benefit broker services in the State of Florida. This should be accompanied by a one-page transmittal letter prepared on the respondent’s letterhead, with firm name, including any alias, years in business, contact person, address, telephone number and email address and which is signed by an individual who is authorized to commit the firm to the services and requirements of the RFQ and consequent task orders. The transmittal letter shall also acknowledge any addenda pertaining to this RFQ and consequent task orders. The transmittal letter shall also acknowledge any addenda pertaining to this RFQ. Any exceptions to the terms and provisions in the Professional Services Agreement (Exhibit B) must be noted in the transmittal letter. The Authority maintains the right to reject the respondent’s exceptions.

Statement of Qualifications

Gehring Group, Inc. is a Florida corporation incorporated in 1992 headquartered in Palm Beach Gardens, Florida. Gehring Group has been providing expert employee benefits consulting and risk management services to Florida public sector clients for over 25 years and has grown to become one of the most respected insurance and risk management consulting agencies in the state. During the past 25 years, Gehring Group has experienced consistent growth year over year in staff and expanded the number of public sector clients we serve. Gehring Group clients have successfully implemented leading edge concepts such as Consumer Directed Health Plans, Onsite Clinics and Innovative Wellness Programs. In addition, Gehring Group developed BenTek®, an internet based employee benefits administration system in order to meet the growing benefit administration needs of the public sector. Gehring Group and BenTek currently employ over 90 full-time staff members and continues to specialize in serving the public sector.

In addition to expert level benefits consulting services, we are also known for the value-added services that we provide to our clients including:

- Affordable Care Act Consulting
- Employee Advocacy Services
- Custom Graphics and Employee Communications Division
- Actuarial Services (via subcontracted resources)
- Wellness Program Consulting
- Employee Health Center (Clinic) Consulting
- Human Resources and Compliance Resources

Having served over 100 public sector entities in Florida, Gehring Group has significant expertise in servicing all lines of employee benefits coverage under various funding arrangements for all types of public sector entities. Public Sector is not just a division of our firm – it’s all we do. Our team has a comprehensive level of experience in conducting all phases of the procurement process, analysis and recommendation process for all lines of employee benefits coverage, whether fully insured or self-insured. Our involvement is comprehensive as we compile the RFP data for submission to the insurance market and work with the procurement division to maintain integrity with the bid process. Our team has vast experience in the solicitation of all types of insurance and funding arrangements, and we are confident that acquisition of various competitive options will be accomplished. We are also very experienced in giving recommendation presentations to employee committees, union groups, Councils and Commissions, and various boards and union groups.
We also support our clients in our role as advisor in the face of health care reform and have assisted, and continue to assist our clients through the compliance steps mandated by the Acts. We routinely guide our clients with compliance and preparing financially in anticipation of legislative regulations. During this time of legislative change, Gehring Group has taken on the role of becoming an educational resource for our clients by consistently hosting informative seminars and webinars on relevant topics. As part of our commitment to keeping our clients informed and educated, Gehring Group also hosts an annual two-day *Insurance Education, Innovation, and Excellence Summit* specifically for Public Sector organizations. During the summit, we provide engaging sessions on Leadership Training, Wellness, Legislative/Compliance Updates, and Innovation and Trends in Employee Benefits and Risk Management.

Gehring Group also has proven track record of assisting clients to control spiraling benefit costs. We continually ensure clients are up to date and informed on the latest market trends. We recommend that our clients make employee benefits management a strategic initiative by defining objectives and developing an action plan based on meeting those objectives and ensuring an organized, complete approach to fulfilling our clients’ benefits needs.

Serving Florida public sector entities for over 25 years, our team has accumulated a vast amount of work experience relevant to what is necessary to serve the needs of the Authority.

The advantages of choosing Gehring Group can be quickly summarized as follows:

- **INDEPENDENT & LOCAL**
- **PUBLIC SECTOR FOCUSED – 100+ GOVERNMENT CLIENTS**
- **LONG TERM STRATEGY & INNOVATIVE SOLUTIONS**
- **LEGISLATIVE COMPLIANCE & PLANNING**
- **COST SAVINGS & BENEFITS VALUE**
- **VALUE ADDED RESOURCES & TECHNOLOGY**
- **TRANSPARENT & WORK IN THE SUNSHINE**
- **ALL FEES ARE NEGOTIABLE**
Section B: Project Team

Identify the Lead Broker and key project team members and responsibilities. Provide a brief resume for each person outlining their credentials and experience.

Gehring Group holds a strong commitment to hiring talented high caliber professionals for our team and remaining on the cutting edge of industry innovation. Such strategic hires include former risk management personnel with public sector experience as well as former insurance carrier personnel with significant client service and underwriting experience. We also have former insurance carrier underwriters, who bring their significant experience and expertise into the negotiation of carrier renewals and rates, to the direct benefit of our clients. All Gehring Group team members that will work with the Authority have acquired their Florida insurance license and are legally able to provide advice regarding employee benefits insurance products.

At Gehring Group, we rely on our clients to be our references, and work toward not only being excellent technicians but also excellent communicators and a valued resource for all their benefits needs. Our staff understands the value of our reputation and the importance of meeting our clients’ expectations. We are always communicating not only with our clients, but also internally to ensure that we are on track with meeting client expectations and delivering quality service and expertise to each and every client with no limitations on travel to attend onsite meetings.

Our service team model for Naples Airport Authority is represented as follows:

Proposed Service Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>License #</th>
<th>Years of Industry Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Benefits Consultant</td>
<td>Shawn Fleming</td>
<td>E059700</td>
<td>15 years</td>
</tr>
<tr>
<td>Benefits Consultant (Backup)</td>
<td>Athena Erhard</td>
<td>A078425</td>
<td>22 years</td>
</tr>
<tr>
<td>Employee Benefits Analyst</td>
<td>Lawrence Anchel</td>
<td>E045576</td>
<td>10 years</td>
</tr>
<tr>
<td>Senior Account Manager</td>
<td>Karen Walker</td>
<td>E006948</td>
<td>23 years</td>
</tr>
</tbody>
</table>

In addition to the above service team, the district will also have direct access to additional staff resources with varying specialties including:

- Kurt Gehring, CEO
- Kate Grangard, CPA, CGMA, CFO – Certified Healthcare Reform Specialist
- Anna Maria Studley, Director of Client Development
- Christian Bergstrom, CHRS – Certified Healthcare Reform Specialist
- Shawn Fleming, CSFS, Senior Benefits Consultant – Certified Self-Funding Specialist
- Joelle Kantor, CHES, CCWS – Wellness Coordinator
- Kimberly Hall, Analytical Services Supervisor (Underwriter)
Resumes

Senior Benefits Consultant: Shawn Fleming, CSFS
Professional Licenses: Life, Health & Variable Annuity, Certified Self-Funding Specialist
Education: University of Missouri
Degree: B.S., Business Administration
Years in Industry: 15 years

Expertise and Qualifications

In Shawn’s role as Senior Benefits Consultant, he will spearhead strategic and budget planning as it relates to the entity’s employee benefits program, making recommendations as necessary and providing guidance with regard to compliance with health care reform and other legislation. He will be available as needed for meetings with decision makers and is available to make presentations to executive staff, employee committees and Boards as required.

Shawn began his insurance career in 2002 pursuant to earning his Bachelors of Science Degree in Business Administration from the University of Missouri. He has served as a Financial Representative for Northwestern Mutual, and immediately prior to joining Gehring Group in 2007, worked with another large brokerage firm. Shawn’s responsibilities included analyzing current benefit plans for partners and employees, developing RFP’s, and providing plan analysis to clients. While there, Shawn earned a reputation for using his detailed contract, demographic, and product analysis to ensure proper plan design and selection. Shawn has brought his extensive analytical and presentation skills to his position as Senior Benefits Analyst for the Gehring Group.

Approaching 11 years at Gehring Group, Shawn’s focus has remained focused on serving the public sector. He has provided employee benefits consulting services for groups with 50 to 5,000 employees, implementing various benefits program strategies and steadily refining his level of expertise in all types of insurance programs and funding arrangements. In addition, Shawn also pioneered Gehring Group’s efforts with regards to onsite clinic/wellness center consultation, a role in which he spearheaded the process for over a dozen Gehring Group clients throughout the state in the successful implementation of an onsite clinic, with additional clients currently in the evaluation and/or implementation process. His expertise in this area combined with his knowledge of the health insurance market makes Shawn a valuable asset to any employer considering managing a self-insured health plan that integrates wellness services via an onsite clinic. Shawn currently serves as the Senior Benefits Consultant for such public sector entities as the City of Clearwater, City of Dunedin, Hernando and Charlotte Counties.

Shawn is also well respected as an insurance expert among the vendors with whom Gehring Group maintains a relationship. He was requested to serve and remains a current member of Cigna’s Agent Advisory Committee for the Florida Region which provides him with advanced notice of new product offerings as well as the opportunity to share feedback regarding carrier service issues and make recommendations to improve products and services.
Benefits Consultant: Athena Erchard
Professional Licenses: Life, Health & Variable Annuity
Education: Palm Beach Atlantic University
Degree: B.A., Marketing & Psychology
Years in Industry: 22 years

Expertise and Qualifications

Athena Erchard is an experienced employee benefits professional with 22 years of experience in the industry including time at an international brokerage and consulting firm. During the course of her career, she has worked in multiple roles allowing her the unique opportunity to gain an understanding of the client perspective from different vantage points. Athena has spent over 10 years working specifically in the public sector large group space analyzing benefit plans, funding arrangements and insurance carrier data, researching and developing employer tools for comparing programs and managing open enrollments, benefit fairs and wellness programs.

Her work history is rich, working with all major carriers and large group employers, assisting through the navigation of healthcare reform and the options afforded in this cycle of the benefits arena. Athena has worked as a Senior Marketing Analyst, Account Executive and as an Employee Benefits division manager which provides her clients with an in-depth understanding through organizing and analyzing data to best fit the needs of employer group.

Her communication skills and industry knowledge fosters a dynamic relationship with both clients and carriers. Her collaborative spirit helps maintain interpersonal relationships between brokers, clients and employees. She has been instrumental in developing strategies that include various funding arrangements based on client objectives with consideration of the insurance marketplace, budget objectives, benchmarking and legislative compliance.

Athena is a member of the National Association of Health Underwriters, Florida Association of Health Underwriters and Tampa Bay Underwriters organizations.

Senior Employee Benefits Analyst: Larry Ancher
Professional Licenses: Life, Health & Variable Annuity
Education: University of South Florida
Degree: B.S., Marketing
Industry Tenure: 10 years

Expertise and Qualifications

Larry Ancher will work closely with your assigned Consultant regarding all aspects of the analytical services functions including the RFP and evaluation process as well as renewal negotiations. In addition, He will monitor claims utilization (if available based on size of group) on a monthly basis in order to better anticipate future cost increases and make recommendations regarding utilization patterns as well as providing budget and renewal projections.

As a member of the Gehring Group Analytical Services team, Larry is a seasoned professional, having spent more than ten years of his career working specifically in various employee benefits analytic roles. Prior to
joining the Gehring Group team, he was leading a team of Benefit Analysts for a national benefits consulting firm. He has also mastered the ability to build relationships with clients, negotiating on their behalf with insurance vendors to achieve the most advantageous options for their benefit dollars. He has deep knowledge of claims analyses and geographic market trends and has worked with both public and private sector clients ranging from two to 12,000 employees.

Larry began his career as a Financial Advisor, where he specialized in retirement planning for the Public Sector market, including School Districts, Police and Fire in the Tampa area and surrounding counties.

A graduate of the University of South Florida, Larry earned his Bachelor of Science degree in Marketing. Our clients count on Larry to be responsible for all aspects of the analytical functions of servicing their programs and monitoring claims data and associated trends.

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**Senior Account Manager: Karen Walker**

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

**Expertise and Qualifications**

Karen Walker will serve as Account Manager, assisting the Authority and its employees with their day-to-day benefits related issues. She will be a direct contact regarding all service aspects of the benefits program including implementation, open enrollment, employee claim issues, and various compliance issues.

Karen Walker is an experienced professional, having 23 years of combined Human Resources and Employee Benefits experience. Karen began her career as a Broker Account Representative for Southern Health Services (Coventry Health Care). Karen's exposure amongst the health carrier industry provides unparalleled practical experience within a learned understanding of their internal processes.

Prior to joining Gehring Group 2015, Karen spent 19 years as an independent broker of employee benefits. Her work history is rich working with all major carriers, small and large group employers, assisting through the navigation of healthcare reform and the options afforded in this cycle of the benefits arena. Karen has an in-depth understanding with compliance documentation providing clients guidance with COBRA, HIPAA, ERISA, and legislative compliance.

Karen joined the Gehring Group as a member of the Account Management Department, where she immediately contributed to the team and earned our clients' confidence. Her communication skills and industry knowledge fosters a dynamic relationship with both clients and carriers. Her collaborative spirit helps maintain interpersonal relationships between carriers, clients and their employees. Some of Karen's current clients include the City of Oviedo, City of Clearwater, City of Dunedin, and the City of Satellite Beach.
List recent (within the last five years) experience of the firm in similar work and record of successful results of that work.

As stated above, since Gehring Group's sole focus is on the public sector, therefore, our firm is uniquely qualified in its understanding of public entity issues. We understand the bid process and public record laws while maintaining familiarity with the constantly changing and complex Statutes that apply to governmental organizations, and we are familiar with presenting at public meetings including to County Commissions, City Councils, union groups, Boards of Directors, employee committees and more. This specialized knowledge is especially vital when negotiating renewals and program changes with insurance carriers, Florida insurance trusts, and health insurance consortiums. We have access to benchmark information and are familiar with the public sector market as a whole.

Experience with Employee and Departmental Committees
We believe it is especially important as your insurance professional to develop credibility and a strong communication base with the Risk Management, Human Resource, Finance and Administrative Departments as well as other overseeing committees in order to ascertain an impartial and thorough analysis of all proposed options. Members of our team actively participate in many of our clients' employee benefits and wellness committees in various roles, often as an advisor or facilitator. The participation of all parties involved in these meetings and the feeling that an objective, experienced insurance professional has assisted in the coordination of the process, will serve to make any potential transition as smooth as possible. These meetings will also ensure that any changes or recommendations are communicated back to the employee base in a positive and effective manner.

Experience with Program Design and Strategic Planning
Gehring Group remains on the forefront of the industry, recommending creative solutions that help our clients save money. There are many examples in which Gehring Group has aggressively pursued a cost effective benefits program for its clients. The following includes a case study of a current Gehring Group client who has experienced notable savings due to Gehring Group's expert consulting, experience, service and product offerings.

Over the past six years, Gehring Group has worked closely with the City and its health partner, CIGNA, to build a health improvement program to improve the well-being of its employees, but also help them realize the financial rewards of a healthy workforce. Creating a culture built on management support for healthy change has been crucial to the City's successful wellness journey. And the results of this five-year strategy have been record-breaking and award-winning by many standards.

Starting Simple
Recognizing that employees perform best when healthy, the City implemented a voluntary wellness incentive program, rewarding employees for health actions, encouraging them to reach targets such as:

1. Achieve a BMI of less than 30
2. Achieve a blood sugar level of less than 100 mg/dl
3. Achieve a total cholesterol level of less than 239 mg/dl
4. Achieve a LDL cholesterol level of less than 129 mg/dl
5. Achieve a blood pressure level of 139/89 or less
6. Successfully participate in tobacco cessation program

To participate and meet these targets, employees were required to work with their primary care doctors, participate in biometric screenings plus health assessments. And when they successfully meet their targets, employees receive an additional $500 in the Health Reimbursement Account.

Building on Success
As the program gained traction, the City added Cigna’s MotivateMe program to enhance their wellness efforts. Providing coaching online and over the phone, this program gives employee even more opportunities to be rewarded for achieving wellness goals. The coaching encourages employees to reach previously unattainable targets by improving nutrition, exercising, learning to manage stress, working toward a healthier weight, and ending tobacco use.

Each year, the City comes closer to its strategic goal of behavior change. In 2015, participation in the wellness incentive program rose to 99% with increased funding from the City, employees’ Health Reimbursement Account funding became dependent upon completion of a biometric screening and health assessment.

Results
Today, the wellness program includes an extensive roster of strategies, ranging from exercise and healthy cooking programs to fitness challenges and health fairs. Through their Onsite Wellness Coordinator, the City has developed strategies and funding options that enable employees to use Cigna-provided programs as well as local resources. And as employees have become more engaged in their well-being, the efforts have shown significant improvement in workforce health and productivity – all of which contributes to greater fiscal well-being for the City and the City budget. Most notably, the City has not had to change plan funding for four years in a row nor change what employees pay for their benefits. In addition to this, the City has also accomplished the following achievements:

- 4 years with no rate increase to health plan
- 99% Participation in Wellness Incentive Program
- 22% increase in preventive care visits (60% vs. norm 25%)
- $288,000 in actual ROI from various programs
- 11% reduced catastrophic claims cost per covered life
- 7% decrease in blood pressure & 23% reduction in cholesterol risk levels
- 4% decrease in High Risk Levels and 7% increase in Low Risk Levels
- Platinum Employer by AHA — BlueZone Approved — 2016 CIGNA WellBeing Award

Based upon the program adjustments in year one and two along with the current implementation of the Wellness Incentive Program, the City has experienced a significant reduction in average claims costs along with a reduction in a reduced trend and overall paid claims.

The City’s most recent strategy includes the addition of a smoker surcharge for those employees unable to complete the non-smoker affidavit or who are unwilling to participate in a smoking cessation program.
Experience with Employee Advocacy

Members of your service team are not only available to benefits administration staff and decision makers, but are also directly accessible by employees and retirees to assist in the resolution of unresolved claim issues. In addition to your assigned account manager, Gehring Group also provides three in-house Client Service Specialists specifically for this purpose. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider’s office to seek resolution. The internal Client Service Specialists are also intricate in helping to resolve escalated claims issues by assisting with writing appeal letters in the event a claim has been denied.

Two examples of Gehring Group’s intervention that resulted in significant savings to employees include:

1. Assisting an employee in resolving $19,000 of denied claims. The employee’s dependent child had specific surgical procedure and was billed over $19,000. The claims were denied because the carrier claimed a lack of medical necessity. Our team worked closely with both the provider and the insurance carrier to provide the medical necessity information and documentation in order to have the claims reprocessed and paid, resulting in the employee only owing his $500 deductible and a $150 facility copay.

2. The dependent of an employee was an accident and received emergency care out of state. After the surgery, he received a “boot” from an out-of-network durable equipment provider. The carrier denied this claim, stating that it was considered a non-covered service and the member was then billed $966. Our team worked with the employee to write an appeal letter on the member’s behalf and provided all medical documentation for the carrier to reconsider covering the expense. The appeal was approved and this claim for $966 was processed and paid in-network at 100%.

Our Gehring Group team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

These are just a few examples of our team’s successes in communication, employee advocacy and strategic planning. Based on our tenure in the benefits marketplace and concentration in the public sector, Gehring Group has significant expertise in providing employee benefits and insurance services to clients with needs similar to those of the Authority.
Section D: Professional References

Provide three (3) recent (within the last five years) professional references from clients who are capable of providing information regarding the Lead Broker’s ability to manage similar contracts and quality and breadth of services provided on similar projects. For each reference, please provide the following:

I. Reference name
II. Company name and address
III. Phone number and email
IV. Summary of scope of services

The following includes four current client references of public entities similar in scope to the Naples Airport Authority.

City of Naples
735 8th Street
Naples, FL 34102
Contact: Lori McCullers
Title: Human Resources officer
Tel: 239-213-1833
Email: lmccullers@naplesgov.com
Number of Employees: 430
Client Since: 5/5/2010

Services Provided:
Comprehensive employee benefits consulting services including RFP & evaluation, open enrollment coordination and attendance, claims analysis and budget projections, provision of BenTek® Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, actuarial services, employee advocacy and claims resolution, and additional services as needed.

Charlotte County BOCC
18500 Murdock Circle, Room 130
Port Charlotte, FL 33948
Contact: Janine Hewitt
Title: Risk/Benefits Coordinator
Tel: 941-743-1260
Email: janine.hewitt@charlottecountyfl.gov
Number of Employees: 1330
Client Since: 9/26/2000

Services Provided:
Comprehensive employee benefits consulting services to:
- Board of County Commissioners
- Property Appraiser
- Tax Collector
- Clerk of Court
- Airport Authority
- Peace River Water District

...including RFP & evaluation, open enrollment coordination and attendance, claims analysis and budget projections, provision of BenTek® Online Enrollment System, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, actuarial services, employee advocacy and claims resolution, and additional services as needed.
City of Sanibel
800 Dunlop Road
Sanibel, FL 33957
Contact: Jim Isom
Title: Director of Administrative Services
Tel: 239-472-3700 ext. 357
Email: jim.isom@mysanibel.com
Number of Employees: 130
Client Since: 2/1/2003

Services Provided:
Comprehensive employee benefits consulting services including RFP & evaluation, open enrollment coordination and attendance, claims analysis and budget projections, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, employee advocacy and claims resolution, and additional services as needed.

City of Marco Island
50 Bald Eagle Drive
Marco Island, FL 34145
Contact: Leslie Sanford
Title: HR Administrator/Grants Coordinator
Tel: 239-389-3970
Email: lsanford@cityofmarcoisland.com
Number of Employees: 180
Client Since: 7/5/2011

Services Provided:
Comprehensive employee benefits consulting services including RFP & evaluation, open enrollment coordination and attendance, claims analysis and budget projections, creation and printing of annual employee benefits highlights and other communications, wellness program consulting, actuarial services, employee advocacy and claims resolution, and additional services as needed.

Gehring Group’s successful experience with Florida public sector entities is further evidenced by the number of current Florida public sector clients provided below.

<table>
<thead>
<tr>
<th>Public Sector Clients</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Boynton Beach, City of</td>
<td>Naples, City of</td>
</tr>
<tr>
<td>Brooksville, City of</td>
<td>North Palm Beach, Village of</td>
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<td>Cape Coral, City of</td>
<td>North Port, City of</td>
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<td>Cape Coral Professional Firefighters HIT</td>
<td>Oakland Park, City of</td>
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<td>CareerSource Palm Beach County</td>
<td>Oldsmar, City of</td>
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<tr>
<td>Charlotte County BOCC</td>
<td>Osceola County Sheriff's Office</td>
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<td>Children’s Services Council of PB County</td>
<td>Oviedo, City of</td>
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<tr>
<td>Citrus County BOCC</td>
<td>Palm Harbor Fire Rescue District</td>
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<tr>
<td>Clearwater, City of</td>
<td>Palm Bay, City of</td>
</tr>
<tr>
<td>Clerk &amp; Comptroller, Palm Beach County</td>
<td>Palm Beach, Town of</td>
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<tr>
<td>Cocoa, City of</td>
<td>Palm Beach County Sheriff's Office</td>
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<td>Cocoa Beach, City of</td>
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<td>Coconut Creek, City of</td>
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<td>Coral Springs, City of</td>
<td>Pasco County Clerk</td>
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<td>Dania Beach, City of</td>
<td>Pinellas Suncoast Fire and Rescue</td>
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<tr>
<td>Davie, Town of</td>
<td>Pinellas Suncoast Transit Authority</td>
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<td>Dunedin, City of</td>
<td>Port Richey, City of</td>
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<td>Delray Beach, City of</td>
<td>Port St. Lucie, City of</td>
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<tr>
<td>Estero Fire &amp; Rescue District</td>
<td>Rockledge, City of</td>
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<td>Royal Palm Beach, Village of</td>
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<td>Public Sector Clients</td>
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<tr>
<td>Fellsmere, City of</td>
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<tr>
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<td>Sarasota County Sheriff's Office</td>
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<tr>
<td>Hernando County BOCC</td>
<td>Sarasota County BOCC</td>
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<td>Highlands County BOCC</td>
<td>Satellite Beach, City of</td>
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<tr>
<td>Hollywood, City of</td>
<td>Seacoast Utility Authority</td>
</tr>
<tr>
<td>Islamorada, Village of Islands</td>
<td>Sebastian, City of</td>
</tr>
<tr>
<td>Juno Beach, Town of</td>
<td>Solid Waste Authority of Palm Beach County</td>
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<tr>
<td>Jupiter Island, Town of</td>
<td>Southern Manatee Fire Rescue District</td>
</tr>
<tr>
<td>Key West Housing Authority</td>
<td>Southwest Florida Water Management Dist.</td>
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<tr>
<td>Key West, City of</td>
<td>South Florida Water Management District</td>
</tr>
<tr>
<td>Keys Energy Services</td>
<td>St. Lucie County Sheriff's Office</td>
</tr>
<tr>
<td>Lake Park, Town of</td>
<td>Stuart, City of</td>
</tr>
<tr>
<td>Lake Worth, City of</td>
<td>Tampa Bay Water Authority</td>
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<tr>
<td>Lee County Sheriff's Office</td>
<td>Tax Collector, Palm Beach County</td>
</tr>
<tr>
<td>Lighthouse Point, City of</td>
<td>Tequesta, Village of</td>
</tr>
<tr>
<td>Loxahatchee River District</td>
<td>Govt. of the US Virgin Islands</td>
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<tr>
<td>Manalapan, Town of</td>
<td>Venice, City of</td>
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<tr>
<td>Marco Island, City of</td>
<td>Virgin Islands Water &amp; Power Authority</td>
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<td>Margate, City of</td>
<td>Wellington, Village of</td>
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<tr>
<td>Martin County BOCC</td>
<td>West Manatee Fire &amp; Rescue District</td>
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<td>Martin County School District</td>
<td>West Palm Beach, City of</td>
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<tr>
<td>Martin County Sheriff’s Office</td>
<td>West Palm Beach PBA</td>
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</tbody>
</table>

**Section E:**

**Firm’s Capacity**

The firm’s ability to take on additional work, and the ability to offer the breadth and quality of services required for this project.

Gehring Group provides a comprehensive level of benefit consulting to all its benefit clients and has a long-standing commitment to quality assurance that starts with the hiring of outstanding talented professionals who work under a team approach to servicing clients, ensuring that client requests are responded to thoroughly and with expertise. We ensure each service team has the capacity to provide a superior service level by considering many factors such as group size, location, renewal date and overall program complexity. Each service team has a diverse portfolio of clients which includes groups that range from small to large, varying in complexity, and with varying funding arrangements and renewal dates in order to accommodate the needs of each throughout the year. Each team services 15 – 20 clients based on these variables with the goal of maintaining consistency among team members. We have 25 account management department staff, 14 analytical department staff, 5 benefit consultants, and a management and executive team that are not only available, but accessible to support our team members and clients as needed. Over 40 members of our team are properly licensed in the state of Florida.
Section F: Project Approach

Provide your general understanding of the airport, project and issues regarding the identified project. Identify any potential challenges or special concerns that may be encountered and how they will be addressed.

Gehring Group is a leading provider of employee benefits consulting and brokerage services whose success is driven by our expertise, experience, independence and integrity as well as our people and our commitment to remain the broker of choice to our clients. Our goal is to help you save money through the efficient implementation and management of your benefits programs, and we are committed to anticipating and meeting all of your needs and concerns. Through our extensive experience over the past 25 years serving as Benefits Consultant/Broker for over 100 Florida public sector entities, we are confident that our firm will offer efficiencies, value-added services, in-depth public sector experience and an unparalleled service standard. Gehring Group’s core services have been designed to meet and exceed those requested in the Scope of Services and Deliverables as outlined on pages 4-6 of the RFQ. Our approach is comprehensive. We provide sophisticated solutions to complex problems and utilize technology and administrative capabilities to assist our clients in gaining efficiencies and developing long range strategies to conform to the entity’s overall financial goals. We remain in contact with our clients continuously throughout the plan year, preparing renewal projections and monitoring available claims experience as well as assisting employees with claims issues and enrollments.

At the foundation of Gehring Group’s technical project approach is a commitment to transparency, flexibility and responsiveness. Gehring Group’s approach to employee benefits advisory services is based upon sophisticated analysis of data, awareness of local and regional options, and the strategic focus to help our clients chart a course for the long term and not just the renewal or the next open enrollment.

Project Approach

When onboarding a new client, Gehring Group’s first priority is to meet with Staff to determine what they deem to be the positive aspects of their program as well as any areas of particular concern. This includes a review of all lines of coverage, additional benefits and wellness initiatives included in their total employee benefits program package. We understand the Authority’s desire to offer employees a competitive benefit package to attract and retain valued employees. Gehring Group’s approach to employee benefits advisory services is based upon sophisticated analysis of data, awareness of local and regional options, and the strategic focus to help our clients chart a course for the long term and not just the renewal or the next open enrollment. Part of our strategic approach is to challenge our clients to think “over the horizon” and to plan today’s actions regarding health care and employee benefits based on tomorrow’s needs. As an independent consultant, our goal is to ascertain that all available products and insurers are considered to ensure that each client finds the best match for its needs. Inherent in this process is marketing and renewal analysis, renewal negotiations, the RFP and evaluation process, recommendations to staff, assistance with compliance issues and providing ongoing service throughout the year.

Should Gehring Group be selected to serve the insurance needs of the Authority, our approach to the project is as follows:
STEP 1  Discovery Process

The first step in the procurement process is the gathering of all information pertinent to your current programs. This includes interviewing staff regarding what they deem to be the positive aspects of their program as well as any areas of particular concern. Discussion of future goals and objectives will be analyzed. We would also collect all relevant plan documents and benefit summaries in order to become familiar with the details of each policy. In addition, a review of your available claims experience, prescription drugs and large claims information, premium rates, wellness initiatives and all other information would take place in order to evaluate your in force program. At that time, we will determine a tentative schedule for monthly or quarterly meetings, setting a timetable for the release of any RFP’s that may be necessary.

STEP 2  Presentation of Initial Analysis & Strategic Planning

Upon our review of the current program, Gehring Group will produce a concise analysis of each line of insurance to include any compliance concerns. Due to our specialization in the public entity market, we maintain access to comparative data from numerous other public sector entities that is often used to determine how your benefits program equates to those of other like entities. With this information, we can offer insight regarding the implementation of additional programs, such as consumer driven healthcare options and onsite clinics, and make recommendations regarding potential changes to your current program. It is our job to educate you on any new product in the industry that may reduce administrative burden or aid in the reduction of costs.

STEP 3  Market Solicitation (The RFP Process)

Gehring Group would assist in conducting all phases of the procurement process for those lines of insurance deemed suitable for bidding. Our involvement in this process can be as comprehensive as you wish. We will work with staff to compile all RFP’s for submission to the insurance market. This includes negotiating renewal rates, working with the procurement division to maintain integrity with the bid process as well as issuing bid specifications directly to the market.

To effectively market an employee benefits plan, we at Gehring Group consider many factors. We must present and negotiate a plan that is in line with our clients’ goals, contribution structure, plan design, network availability and entity structure. In addition to the required information such as census data, plan design and claims experience, we also consider the various other aspects involved in the decision making process. Another important consideration is the physical location of the entity. Location with the state may have an impact on how robust each provider network is as well as the level of provider discounts.
**STEP 4** Proposal Evaluation & Recommendation

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

At this time, we will also compare provider networks to determine which proposers may be considered viable options in addition to performing a network disruption and network discount analysis. During this stage in the procurement process, Gehring Group will meet with Staff to review our initial findings. Once our analysis has determined that particular vendors are viable, we then attempt to clear up any details that must be established prior to making a recommendation. This process is a second level request for clarification and is developed following the review of submitted proposals. As insurance is one of the few areas in public entity purchasing regulations where simultaneous negotiations can take place, it is always important for the RFP process to include a “best and final” process within the RFP timeline.

After such finalist negotiations and continuous communication with staff, we will provide our formal evaluation and recommendation, based on the needs and goals of the entity.

**STEP 5** Program Implementation & Enrollment

After the RFP and evaluation process, Gehring Group team members remain involved to assist with program implementation and enrollment. Our team will be as involved as needed. Planning for open enrollment begins well before renewal time. Gehring Group’s approach to open enrollment starts with the development of a renewal timeline detailing all aspects of the process, working backwards from the desired open enrollment period. Your Gehring Group Account Manager would be intricately involved throughout the process, helping to coordinate the various steps of the process including but not limited to:

- Assisting in coordinating and attending employee informational and enrollment meetings at all sites as determined by the client. Inherent in this process is determining whether enrollment meetings will be mandatory or optional.
- Determining open enrollment meeting format (i.e. health fair style vs. group informational meetings vs. one-on-one);
- Coordinating meeting locations, times, collateral needed and if carrier representatives are requested;
- Developing communication collateral (i.e. open enrollment announcement posters, annual employee benefits guide, etc.);
- Facilitating technology partner implementation (if applicable);
• Facilitating cancellation or renewal of current insurer upon written acceptance;
• Ensuring that applications and contracts for all new vendors are complete and accurate and forwarded to the applicable vendors in a timely manner; and
• Review all vendor contracts and continue project along same format.

We are available to assist with the annual open enrollment to conduct meetings, give presentations, and meet with employees individually to clarify any questions regarding their coverage. In addition, we can provide additional licensed staff to attend meetings at multiple locations and time slots if necessary. We can also conduct new-hire enrollments on a scheduled basis.

**STEP 6** **Ongoing Service**

As part of our continuous service, Gehring Group staff also conducts detailed reviews, analysis and projection sessions with decision makers at key points throughout the year. We consistently track the available claims utilization data of your program throughout the plan year in order to more effectively prepare for the renewal process and develop strategies for ensuring that your group gets the most value for its health care dollar. We will provide monthly claim reports and review available claims utilization reports to determine whether your programs are running favorably and utilize this claims data to forecast renewal projections and negotiate with vendors. With this information and by conducting a local entity survey, we can partner with you to develop an action plan to accomplish the goals of the Authority.

Additional services provided during our year-round presence at our clients include:

• Annual compliance review
• Employee communications and graphics services
• Health care reform consulting and advisory services
• Legislative updates, seminars and webinars throughout the year regarding numerous legislative compliance issues
• Assistance with claims and billing issues (employee advocacy)
• Assistance coordinating health and wellness fairs
• Implementing/maintaining wellness programs and initiatives
• Onsite clinic consulting (if applicable)
• Collecting all data necessary for the actuary to perform its 112.08 annual filing of actuarial soundness filing with the State of Florida

Additional details regarding Gehring Group's value added services are outlined below.
Gehring Group’s three main objectives are to control costs, streamline administration, and provide first class customer service to you and your employees. Our superior service includes but is not limited to:

**BENEFITS CONSULTING/BROKER SERVICES**

<table>
<thead>
<tr>
<th>EMPLOYEE BENEFITS PROGRAM REVIEW</th>
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<tbody>
<tr>
<td>□ Review and make recommendations regarding existing benefits and program administration to include:</td>
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<tr>
<td>o Benefit plan design review and cost structure analysis</td>
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<tr>
<td>o Employer/employee contribution analysis</td>
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<tr>
<td>o Evaluate core and voluntary coverage offerings and check for coverage gaps</td>
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<tr>
<td>o Network disruption and discount analysis</td>
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<tr>
<td>o Periodic review of market trends and innovative product rollouts</td>
</tr>
<tr>
<td>o Consistent monitoring and analysis of claims experience to pinpoint areas of over utilization and recommend plan modifications if necessary (based on carrier’s capabilities)</td>
</tr>
<tr>
<td>o Assistance with administration of online enrollment and administration system</td>
</tr>
</tbody>
</table>

**RENEWAL & BENEFITS MARKETING SERVICES**

| □ Conduct pre-renewal meeting 5-6 months prior to renewal to discuss changes within your organization, satisfaction with existing carriers, and marketing strategy |
| □ Develop renewal/market assessment timeline of expectations |
| □ Formulate independent renewal projections |
| □ Request early renewal |
| □ Review renewals and negotiate with current carriers to obtain best possible rates |
| □ Market all lines of coverage as required, request quotes for alternate plans and pertinent information necessary for carrier selection |
| □ Analyze a variety of funding alternatives such as self-insurance, fully-insured plans, minimum premium, contingent premium, participating contracts, and high deductible plans to determine the most cost-effective option |
| □ Present renewal with competitive alternatives and creative strategies |
| □ Provide renewal recommendation including any plan changes or employer contribution alternatives |
| □ Spearhead annual actuarial filing data collection and submittal to actuary (if applicable) |

**BENEFIT PROGRAM IMPLEMENTATION SERVICES**

| □ Spearhead the implementation of new benefits programs and/or plan changes |
| □ Coordination and attendance at open enrollment |
| □ Coordination and participation in implementation calls and meetings with client and applicable carriers/vendors |
| □ Coordinate and review all SPD’s and plan documents and summary plan descriptions |
| □ Review insurance contracts for conformity with client administration of programs |
| □ Review initial invoice to ensure correct rates |
| □ Graphic Design & Printing Services – Design and print annual employee benefits highlights booklet and other communication materials such as payroll stuffers and posters |
| □ Generate additional customized employee education materials as requested |
BENEFITS CONSULTING/BROKER SERVICES

ONGOING PROGRAM ADMINISTRATION AND SERVICE
☐ Act as the liaison between client and the insurance carriers in coordinating all activities relating to your employee benefits program including Medical, Dental, Life, Vision, Disability, Voluntary Insurance and all other applicable lines of coverage
☐ Be available to employees and their dependents to assist with claim issues or answer benefits questions
☐ Provide member educational sessions as needed
☐ Expedite employer resolution of contractual, coverage, eligibility, service and billing disputes
☐ Consistent monitoring of claims experience, large claims data and all related financial information related to the employee benefits program with monthly reporting to client
☐ Large claim monitoring and assistance with stop loss reimbursement filing (if applicable)
☐ Conduct detailed reviews, analysis and projection sessions with your Benefit/Management team at key points throughout the year to discuss organizational changes, provide legislative updates and industry trends present renewal projections and claims reports (depending on carrier’s capabilities) and address servicing issues
☐ Available for all meetings as needed

HEALTHCARE REFORM AND LEGISLATIVE COMPLIANCE
☐ Affordable Care Act (ACA) consulting including periodic educational training sessions (seminars & webinars) and newsletters to educate staff/decision makers regarding legislative requirements
☐ Access to educational seminars and webinars, including playback on client portal
☐ Presentations to Staff, including department directors and managers
☐ Access to ACA legal advice through Gehrings Group legal partner resources
☐ Resource for legislative and compliance questions on health care reform, COBRA, ERISA, Section 125, HIPAA, etc. and other legislative updates

VALUE ADDED SERVICES
☐ Planning and implementation of Wellness Initiatives and Health Fairs
☐ Onsite clinic consulting
☐ Access to ThinkHR, only Human Resources research tool
☐ BenTek Benefit Resource Center
☐ Benchmark and Employee Surveys
☐ Producing annual employee benefits guide, enrollment, wellness and other communications
☐ Assist with annual actuarial filing, rate setting and reserve review of self-funded health plan

Additional details regarding Gehrings Group’s comprehensive services are included below:

Health Care Reform Compliance
Gehrings Group is proactively addressing each of the requirements on behalf of all of our clients to ensure that all policy renewals subject to the mandates are in compliance with the Health Care Reform legislation. We continue to host various educational seminars and webinars on the continuously evolving requirements of the laws for our clients so that they have all the information needed to be adequately prepared for the upcoming mandates. Topics have included MLR Rebate Distribution, W-2 Reporting of Employer Sponsored Health Coverage, Determining Seasonal and Variable Employees and the Employer Shared Responsibility Penalty (a.k.a. Pay or Play), Filing the PCORI and TRF Fees, and Reviewing Forms 1094 & 1095. As Health
Care Reform continues to evolve, Gehring Group will diligently review all newly available product offerings to ensure that our clients are always presented with the best available options while complying with all mandates and requirements of the health care reform legislation.

**Clinic Consulting**
Gehring Group also assists our clients in the decision of whether to open an on-site health clinic. If requested, Gehring Group will conduct a feasibility analysis to determine if our clients can take advantage of the potential cost saving benefits of opening an on-site or near-site clinic. By shifting costs from the medical plan to the clinics, many groups have been better able to manage specific areas of claims costs, while providing additional access to medical care to their employees. Gehring Group has experience in conducting the bid process to determine which clinic provider and clinic model would best meet the needs of our clients, and in addition, is available to oversee the implementation process once a decision has been made.

**The Request for Proposal Process**
Gehring Group will conduct all phases of the procurement process for those lines of insurance as requested, from RFP development through the proposal analysis and recommendation process. Our involvement in this process is very comprehensive. We feel it is our job to educate you on any new products in the industry that may reduce administrative burden or aid in the reduction of health care costs. Gehring Group maintains strong relationships with all the major insurance carriers and only places business with financially stable and highly rated companies.

**Plan & Proposal Evaluation**
Gehring Group will consistently provide thorough examination of all proposals received during a bid process. We will compare all proposals to the in-force program and illustrate the program differences to include the advantages and disadvantages of each. This will include a detailed cost comparison which outlines the total cost of the program in addition to breaking down the costs related to employer and employee contributions. During this process, we will also compare provider networks to determine which proposers may be considered viable options.

**Plan Renewals & Effective Negotiations**
In addition to bidding your employee benefits program, Gehring Group will also negotiate renewals with your incumbent carriers. As previously stated, our leverage in the market provides us with the credibility to negotiate with insurance carriers more effectively. We get results. Our highly trained staff is able to negotiate more effectively due to the high quality of our own analysis.

**Program Implementation**
Gehring Group provides extensive assistance during program implementation and the open enrollment process. After the RFP and evaluation process, Gehring Group staff remains involved in:

- Assisting in coordinating and attending employee informational and enrollment meetings at all sites as determined by the client;
- Determining open enrollment meeting format (i.e. health fair style vs. group informational meetings vs. one-on-one);
- Coordinating meeting locations, times, collateral needed and if carrier representatives are requested;
- Developing communication collateral (i.e. announcement posters, annual employee benefits guide, etc.);
• Facilitating cancellation or renewal of current insurer upon written acceptance;
• Ensuring that applications and contracts for all new vendors are complete and accurate and forwarded to the applicable vendors in a timely manner; and
• Review all vendor contracts to ensure they are in line with what was proposed and presented.

Again, our team is available to assist with the annual open enrollment to conduct meetings, give presentations, and meet with employees individually to clarify any questions regarding their coverage. In addition, we can provide additional licensed staff to attend meetings at multiple locations and time slots if necessary. We can also conduct new-hire enrollments on a scheduled basis.

**Employee Benefits Handbook**
At the beginning of each new plan year we compile all of the information regarding your insurance coverages and summarize it in an employee friendly benefit booklet. This booklet has proven to be a valuable resource to our client’s employees and has reduced the number of inquiries received by our client’s HR and Benefits staff. This service is offered at no additional cost. We will provide you with enough copies for open enrollment and as needed for new-hire orientations throughout the plan year.

**Professional Employee Communications**
Gehring Group employs an in-house Graphics Department which enables us to assist our clients with various types of employee communication materials. As part of our services, we draft and produce employee communication pieces such as payroll stuffers, department posters, well brochures, etc. This allows our clients to better communicate its employee benefit offerings and keep their employees well educated with regard to their employee benefit options and responsibilities. All work product is created and produced in house with client approval.

**Ongoing/On-site Service**
In addition to the processes above, your Gehring Group Account Manager will maintain continuous communication throughout the plan year to provide support to staff with administrative, legislative, enrollment and billing questions. Each renewal year, Gehring Group and the client determine a convenient schedule to meet. These meetings can take place quarterly, semi-annually or as needed. Gehring Group strives to be available to our clients whenever the need arises, and there is never any charge for travel for onsite meetings. Gehring Group is also available as needed to assist our clients’ staff with the resolution of claim problems and other issues such as policy interpretation. In addition, Gehring Group staff is always available to provide on-site assistance with new-hire orientations and employee benefits fairs.

**Wellness Program Consulting**
Gehring Group has assisted numerous clients in implementing a structured wellness program with the goal of encouraging employees toward a culture of wellness. We are available to assist our clients in developing a concrete wellness strategy with written goals and are there each step of the way. Gehring Group coordinates services between carriers, health and wellness vendors, and the client to facilitate the delivery of appropriate and coordinated health management and care management services through various outlets including clinics, educational seminars, management programs offered through the carrier, carrier resources, programs developed by the Gehring Group wellness team, and health improvement wellness challenge platform vendors. Gehring Group’s Wellness Coordinator is also available to advise and assist in designing and implementing programs to help achieve effective population health management practices for your organization. Gehring Group’s Wellness Coordinators have knowledge of various effective wellness vendors and can provide you with an overview of which services may be in your best interest.
Claims Monitoring & Analysis
As part of our continuous service, Gehring Group staff conducts detailed reviews, analysis and projection sessions with decision makers at key points throughout the year. We consistently track the available claims utilization data of your program throughout the plan year in order to more effectively prepare for the renewal process. We review available claims utilization reports to determine whether your programs are running favorably and utilize this claims data to forecast renewal projections and negotiate with vendors.

Employee Advocacy
Members of your service team are not only available to benefits administration staff and decision makers but are also directly accessible by employees and retirees. We are available to assist our clients and their employees in the resolution of unresolved claim issues. In addition to your assigned account manager, Gehring Group also provides three in-house Client Service Specialists specifically for this purpose. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider’s office to seek resolution. The internal Client Service Specialists are also intricate in helping to resolve escalated claims issues by assisting with writing appeal letters in the event a claim has been denied. Our Gehring Group team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

Employee Surveys
One of the most effective ways to acquire employee feedback regarding their benefits program, or any other topic of interest, is through an employee survey. Gehring Group has the ability to accomplish this via paper survey form, or electronically, via the internet. These surveys have proven to generate effective results that aid in future decision making.

Legislative Compliance & Updates
Gehring Group provides its clients with regular updates client alert emails, compliance publications and newsletters regarding any changes in applicable laws and how they might affect your benefits program. We make a special effort to remain knowledgeable on industry trends and new legislation and employs several methods of informing our clients about changes in federal, state, and/or local laws including newsletters, seminars and webinars, our client portal and of course, face-to-face meetings.

Produce Formal Proposals / Make Presentations
Gehring Group is available to make presentations to all staff groups or employee committees as needed. We can create PowerPoints and customized spreadsheets and recommendations based on the specific purpose of the presentation and needs of your group.

ThinkHR Workplace Pro - Online Human Resources Research Tool
Gehring Group provides Think HR to all clients at no additional charge. Think HR offers a one-stop resource for quick answers to thousands of human resources and employee benefits questions covering such issues as record-keeping, employment law, wages and withholding, workers’ compensation, harassment, ERISA, COBRA and FMLA. Think HR provides you with easy and immediate access to expert HR advisors who will provide information and answers in a timely manner to minimize the exposure and risk associated with legal and regulatory matters. These answers are provided via phone, web or email, followed up with a written response to summarize the issue and result. This service also includes over 200 safety training courses and the ability to assign and track completion of training.
ThinkHR Live includes:

**HR Hotline** – Immediate, unlimited help from PHR and SPHR Advisors via phone or email.
- Phone access to HR advisers anytime Mon-Fri, 9am-8pm EST
- Written/email follow-up on complex issues or researched matters
- National and regional expertise

**HR Library** – Immediate access to HR resources to solve your HR concerns.
- Thousands of forms, documents, tools and checklists for every HR department
- Job description builder and salary benchmarking tools

**Learn Pro** – More than 200 online training courses that ensure compliance, reduce risk and drive employee engagement.
- Intuitive administrative dashboard
- Risk and Safety content
- Robust reporting

Gehring Group provides Think HR to all clients at no additional charge. Please refer to Exhibit E for additional information regarding ThinkHR.
Section G: Insurance Requirements

Certificate of Insurance which meets the insurance requirements contained in the attached Professional Services Agreement (Exhibit B).

Gehring Group meets all of the insurance requirements contained within the Professional Services Agreement included in the RFQ. Copies of certificates are available upon request.

Section H: Subcontracting

If subcontracting or joint proposals are to be done, that fact, and the name of the proposed subcontracting firms, must clearly be identified in the proposal. Following the award of the contract, no additional subcontracting will be allowed without the expresses prior written consent of the Authority.

Gehring Group does not anticipate the use of any subcontractors in the performance of the scope of services outlined herein.

Section I: Cost of Services

Gehring Group agrees to accept compensation in the form of commissions payable directly by the applicable insurance carriers. There will be no additional costs to the Authority outside of those built into the premiums through benefit carriers. Our proposal also includes access to ThinkHR (online human resources research tool) and the creation and printing of an annual employee benefits guide at no additional cost to the Authority.
December 21st, 2018

Virginia Bendle  
Human Resources  
City of Naples Airport Authority  
160 Aviation Drive North  
Naples, FL 34104

Re: Request for Qualifications Employee Benefits Broker for City of Naples Airport Authority

Dear Virginia:

Baldwin Krystyn Sherman Partners (BKS Partners) is pleased to submit our response to the City of Naples Airport Authority request for qualifications for an Employee Benefits Broker.

As required by the RFQ, we have included the following information:

Firm Name: Baldwin Krystyn Sherman Partners (BKS Partners)  
Years in Business: 12 Years  
Contact Person: Garrett Gardi, Partner and Lead Broker  
Address: 1185 Immokalee Road, Suite 200, Naples, FL 34112  
Telephone Number: 239.284.1495  
Email Address: ggardi@bks-partners.com

Garrett Gardi of Baldwin Krystyn Sherman Partners is the individual authorized to legally bind services and requirements of the RFQ and consequent task orders.

Baldwin Krystyn Sherman Partners acknowledges receipt of the December 17th, 2018 Addendum No. 1 and accepts all terms, conditions and any addenda pertaining to this RFQ.

Please do not hesitate to contact me regarding any additional information or questions. We look forward to the opportunity to continue to work with the City of Naples Airport Authority.

Sincerely,

Garrett Gardi  
Partner  
T 239.284.1495 | E ggardi@bks-partners.com  
www.bks-partners.com
REQUEST FOR QUALIFICATIONS
Employee Benefits Broker
December 21st, 2018
Section VI. CONTENT OF RESPONSES:

A. Statement of Qualifications:

FIRM HISTORY
Baldwin Krystyn Sherman Partners (BKS-Partners) is a privately held firm with a deep commitment to each of our Stakeholders – Clients, Colleagues, Partners, Insurers and our Community. We have the expertise and technology of a best-in-class firm combined with the personal touch of knowing, understanding and serving our Clients. Our goals are to be the go-to resource for insurance protection and counsel, one of Florida’s Best Places to Work and a Leader in Community Engagement. Our ability to achieve our goals, many of which we have reached, is built on a solid foundation of core values, business basics, kept promises and our founding belief: Trust is the key to our success and is earned by coming through in any situation demanding discretion, performance and results.

Founded in 2006 by three insurance and risk management consulting veterans, BKS-Partners has grown into one of the largest privately held insurance brokerage firms in the southeast by offering the alternative in insurance brokerage: a client-centric approach of a boutique firm with the resources and specialty intellectual capital of a national firm. Licensed in all states, we offer our clients a full range of independent risk management products and services in the following specialties:
EMPLOYEE BENEFIT CONSULTING SERVICES

BKS Partners provides a full range of employee benefit consulting services to meet our clients and employees' needs and objectives. The below grid is a complete listing of our employee benefit services as well as a more thorough description of services that are applicable and currently being provided to the City of Naples Airport Authority, meeting the needs outlined in the RFQ scope of services and deliverables.

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<thead>
<tr>
<th>Actuarial Services</th>
<th>Data Analytics</th>
<th>Predictive Modeling</th>
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</thead>
<tbody>
<tr>
<td>Acquisition/Merger Due Diligence</td>
<td>Eligibility Management</td>
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<td>Auditing</td>
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<td>Benchmarking</td>
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<td>Compliance</td>
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<td>Contribution Modeling</td>
<td>Market Leverage &amp; Negotiations</td>
<td>Vendor Management</td>
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<td></td>
<td>Member Advocacy</td>
<td>Wellness</td>
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</tbody>
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SHORT AND LONG TERM EMPLOYEE BENEFIT PLANNING

We understand the need for a well-structured benefits plan designed to attract and retain employees has never been greater. Nor has the need for your employees to understand how their behaviors can impact the overall cost of employee benefits. The need for strategic planning is a necessary element for the continual success and sustainability of an employee benefits program. Therefore, BKS Partners evaluates and educates their clients throughout the year on new products, concepts, trends, services and cost containment solutions while balancing the impact on cost, culture, compliance and business continuity.
Our strategic planning approach consists of the following:

- Goal Setting
- SWOT Analysis
- Historical Claim Trends
- Healthcare Innovators and Emerging Trends
- Cost Analysis
- Creation of Plan Objective Road Map and Execution

MARKETING FROM A POSITION OF STRENGTH

We are fortunate to work with many insurance companies, stop loss carriers, third party administrators, as well as a wide variety of ancillary providers to meet the diverse needs of our clients. With many of our A-rated carrier partners, we have preferred relationships. These preferred relationships allow us the opportunity to:

- Receive preferred pricing on behalf of our clients
- Have a designated underwriter assigned to BKS-Partners and/or have direct access to underwriters
- Dedicated account management team
- Priority marketing development
- First notification of product/plan changes
- Develop and maintain meaningful relationships with leaders throughout the insurer organizations locally, regionally and nationally

Because many of our clients have national presence and we have served some of them for over 25 years, we are well positioned to respond to industry trends and garner preferred pricing at all levels: locally, regionally and nationally.

360° PROPOSAL EVALUATION

BKS-Partners evaluates insurance company proposals on several criteria including many which evaluate cost saving effectiveness such as:

- Network evaluation by market to express network discounts on a weighted average based on enrollment and historical claims
- Pricing consistency against independent actuarial evaluation (both positive and negative variances will be communicated)
- Multi-year pricing guarantees on various components such as administrative fees, network access fees and disease management charges
- Favorable terms for possible future claims audits
- Guarantee of renewal pricing methodology
- Evaluation of technology and EDI capabilities for efficient administration of the plans
- Guaranteed ROI for disease management and wellness program recommendations
ACTUARIAL SERVICES
BKS-Partners' actuarial experts specialize in providing a wide range of services, including, but not limited to, the following:
- Insured renewal strategy and negotiations
- Actuarial accrual models for plan performance reporting
- Claim cost projections and COBRA rate development
- Creditable coverage determination
- IBNR/Reserves determination
- Large claim expectation and stop loss cost/benefit analysis
- Self-funded feasibility analysis
- Trend analysis

BENCHMARKING
BKS Partners benchmarks benefit plans to standards for our clients' industry, geography and market segment. This is a valuable litmus test for attracting and retaining talent. BKS-Partners typically benchmarks:

- Total costs
- Cost-sharing measures
- Plan designs
- Voluntary offerings and ancillary coverages
- Healthcare Reform implications

In 2017 we conducted a thorough employee benefit benchmark study for the City of Naples Airport Authority and incorporated many of those suggestions and recommendations in the 2018 renewal. We use a variety of third parties to collect benchmarking data, depending on the objective of the benchmarking projects. Our resources include:

- ZyWave (Multi-year subscription required)
- Kaiser Family Foundation (Not-for-Profit charitable research organization)
- Mercer (Annual subscription required)
- PriceWaterhouseCoopers (Public data)
- Society for Human Resource Management (SHRM - membership required)
- International Foundation of Employee Benefit Plans (IFEBP - membership required)
- Variety of insurance company reports and "normative" data
Data Analytics Vendor’s Book of Business
BKS-Partners Book of Business specific to local employer market and industry.

EMPLOYEE COMMUNICATION
Investing resources in employee education is a critical component of a comprehensive benefits strategy and BKS Partners provides a variety of communication opportunities throughout the year to maximize employee understanding and appreciation of the benefits provided by their employer.

We use a variety of approaches—live meetings, webinars (both live and on-demand), and printed collaterals to appeal to different learning styles and demographics. We also create a theme that brands the benefits offered for the year. While this is not always necessary, it can be an effective way to generate interest in the benefits program. Our standard collaterals include recruiting collaterals, new hire benefit guides, and an open enrollment guide. To supplement the materials, we can provide custom webinar recording highlighting benefit plans and their features. This is an education option available to employees and their dependents on-demand, 24 hours a day.

ATTRACTION

RETAIN

ENGAGE
MEMBER ADVOCACY | EMPLOYEE CARE CENTER (ECC)
We understand the benefit needs of individuals vary. To ensure that all employees and their dependents are aware of all their benefit options, BKS Partners provides a toll-free telephone number and email for individuals to contact our ECC specialists. We are ready to be the first point of contact for your employees and their dependents for benefit, eligibility and claims issues and questions, especially during Open Enrollment. We help members determine the best benefit selection for themselves and their family, understanding the group plan is not always the best option. Our team is prepared to assist not only with the group coverage offered by The City of Naples Airport Authority, but also explore other options such as individual, marketplace plans, or government sponsored programs. While in most cases the group plan is most beneficial to the members, better understanding the options puts greater value on the coverages provided by the employer. After open enrollment, our ECC team is your employees’ advocate for claim issues and questions.

The ECC interacts on an ongoing basis with individual employees, who have questions or issues regarding plan selection, claims and eligibility. Our ECC handles more than 12,000 claim issues annually, with 50% successfully resolved within 24 hours, 80% resolved within three days and 90% resolved within six days including first and second level appeals.

CLIENT STEWARDSHIP
We will help in all aspects of the management of your insurance and benefit programs. Specifically:

- **Management of Insurance/ Benefit Programs:** We will provide management oversight of City of Naples Airport Authority benefits vendors/carriers/networks. This oversight will ensure City of Naples Airport Authority is getting the best possible service and that the vendors are providing the services guaranteed.

- **Claims Activity Reports:** We will provide claims activity reports (if applicable) outlining the metrics important to City of Naples Airport Authority.

- **Executive Summary Reports:** Executive Summary Reports will accompany all analysis and presentations. In addition, we are always available to present our findings to any of your staff and/or leadership.

- **Underwriting Analysis:** We will review all of City of Naples Airport Authority vendor’s underwriting analysis for accuracy and to ensure that it follows generally accepted underwriting principles. We will also work with the actuaries to develop an independent analysis of the renewal underwriting. Where appropriate, we will work with the underwriters to negotiate alternative calculation methods to provide City of Naples Airport Authority with the most beneficial outcome.

- **Annual Financial Projections for Budgeting Purposes:** We will work with actuaries to prepare and present the financial projections for City of Naples Airport Authority fiscal budgeting year.
• **Alternate Funding Analyses:** Our Alternate Funding Analyses services also include calculating and validating the most appropriate levels of specific and aggregate stop loss. We have experience structuring a variety of alternative stop loss programs, including aggregating specifics and the feasibility of transplant carve-out programs. We also have extensive experience in determining when it no longer is necessary to purchase specific and/or aggregate coverage.

**BENEFIT ADMINISTRATION TECHNOLOGY**
The enrollment period is a daunting time for both employers and employees; it is a lot of work for companies and can be a confusing process for employees. However, by using technology-based enrollment, the process is more efficient and user-friendly for all parties. To assist employers with enrollment, BKS Partners offers a variety of enrollment methods and technology platforms to our clients. In addition to open enrollment, technology can be used throughout the year to allow members ease in accessing the benefit information they need. This streamlines all carrier information and portals into a single, easily accessible site.

Since City of Naples Airport Authority currently utilizes ADP Workforce Management Technology Platform, BKS Partners can assist in establishing carrier connections as well as review current processes and make recommendations to improve efficiencies.

**CORPORATE WELLNESS**
Services surrounding wellness programs are determined on a client by client basis and are delivered by our in-house Director of Wellness engineering, Dr. Patricia Fuller, PhD. Pat has more than 15 years of experience designing and delivering wellness programs for clients of all sizes and industries. With health expertise in stress management and coaching for behavior change and business expertise as a CPA, Pat brings a unique perspective to the services surrounding our wellness programs.

At BKS Partners, we view wellness in a much broader way and we measure the ROI through employee engagement.
- One-on-one wellness coaching
- Workshops on a variety of topics including stress management, creating capacity, nutrition, exercise, work/life balance, rest and relaxation and making meaningful change
- Biometric testing complimented with “know your numbers” and “move your numbers” campaigns
- Lifestyle challenges
- On-line wellness tracking
- Premium differences based on participation and results

A wellness needs assessment typically begins by mapping your enterprise to an employer wellness maturity model and performing a census driven health risk assessment.
COMPLIANCE

Baldwin Krystyn Sherman Partners prides itself on communicating with our clients in a proactive manner, keeping them up-to-date about current trends, legislative updates and compliance awareness. We work hard at reducing our clients' liability and exposure and focus on the key compliance trends:

Our compliance consulting services include the following:

- Easy-to-read Legislative Briefs that summarize recent federal legislative developments in insurance and employee benefits.
- Answers to common COBRA, Health Care Reform, FMLA, HIPAA, HIPAA Privacy, Medicare Part D, 5500 filing, Section 125 and discrimination testing questions.
- Commonly used forms in COBRA, FMLA, Health Care Reform, HIPAA, HIPAA Privacy, Medicare Part D and Section 125 administration.
- A community of knowledgeable colleagues from all over the country to share resources and information via the community’s interactive forum.
- A variety of insurance, employee benefits and human resources websites and articles, all in one convenient location.
- HR Labor and ERISA attorney on retainer.
B. Lead Broker and Team Project Team Members:

One of the BKS-Partners promises is collaboration. We recognize that while we have the ability make a great impact as individuals, we are strongest and most knowledgeable when we lean on each other’s expertise. Below are the “passionate insurance geeks,” that take great pride in working with the City of Naples Airport Authority:

GARRETT GARDI
Partner

Garrett has over fifteen years of consulting experience in employee benefit plans; specializing in underwriting, consumer driven platforms, benefit administration, and self-funded / alternative funding methodologies. His specialty is designing effective employee benefit programs that take a proactive approach to health care. Prior to joining Baldwin Krystyn Sherman Partners, Garrett spent seven years with a regional agency where his primary responsibilities included sales management and client retention in the Employee Benefits division. Garrett spent the first five years of his career at Insperity, Inc. where he opened the Boston office and demonstrated his expertise in underwriting, benefit administration and plan development.

Garrett is a graduate of Leadership Collier 2006 and former board and active member of the Human Resource Association of Collier County (HR Collier) and Hospitality Financial Technology Partners (HFTP). Garrett holds a bachelor’s degree from Cornell University and holds a 2-15 Health, Life and Annuity license (FL E088675) for Florida.

JENNIFER RYAN, SPHR, SHRM-SCP
Senior Benefits Consultant

Jennifer Ryan joined Baldwin Krystyn Sherman Partners in 2015 as a Senior Benefits Consultant for the Employee Benefits Group. In her role, Jennifer is responsible for strategic planning and execution of our clients’ benefit programs. Jennifer has an impressive 20 years of experience in both Employee Benefit Management and Human Resources and has worked directly with City of Naples Airport Authority for the past 4 years.

Previously, she was with a national insurance brokerage firm for 6 years serving as a Senior Account Manager for key clientele in Southwest Florida, maintaining the largest book of business within the team. Jennifer has also been employed many premier employers in Southwest Florida, spending three years at LCEC as a Senior Benefits Specialist and seven years at WCI Communities as a Benefits Manager. This deep professional benefit and human resource experience has allowed Jennifer to become an expert in client onboarding, client renewal management, carrier and vendor facilitation and claim analytics.
LORI KILCZEWSKI
Marketing Director

Lori began her career in employee benefits in 1989, specializing in marketing insurance coverages for employers of all sizes.

Most recently, Lori was Vice President of Wells Fargo Insurance Services where she managed the Marketing Team in the Employee Benefits Division. Lori was responsible for generating new sales and enhancing client retention by effectively matching insurance products to clients’ needs.

As Marketing Director, Lori is responsible for managing the Employee Benefits Marketing Segment for Tampa, Naples and Sarasota. Lori has developed extremely strong relationships with our carrier partners to help ensure our clients receive the most competitive benefits package. Lori works very closely with the Advisors, Benefit Directors and Senior Benefits Consultants to develop a marketing strategy for our clients and prospects which is communicated to our carrier partners in the form of a Request for Proposal. The carrier’s response enables Lori to create a formal evaluation and analysis of the marketing results. In addition, Lori maintains a Carrier Resource Library in order to stay abreast of the ever-changing marketplace and updates the benefits team accordingly.

Lori is a Certified Personal Trainer through the American College of Sports Medicine and believes strongly in the wellness philosophy embodied at BKS-Partners.

LAUREN LEVINE
Marketing Analyst

As a Marketing Analyst for the Employee Benefits Business Segment, Lauren assists the marketing director in gathering and analyzing benefit plan options for select clients and helps maintain strong relationships with our insurance company partners. In addition, Lauren is responsible for generating a variety of reports including our client stewardship reports.

Lauren graduated magna Cum Laude from Florida State University with a Bachelor of Arts Degree in Marketing and communications. Most recently, she worked for the Tampa Bay Buccaneers organization marketing their online news source, The Pewter Report. Lauren exudes our core behavioral tenants of energy, focus and grit. We are excited to have her here growing the future of the BKS partners employee benefits team.
PATRICIA FULLER, PHD  
Director, Wellness Engineering

Patricia Fuller has dedicated the last fifteen years to designing and delivering wellness programs as a project manager and contractor for PricewaterhouseCoopers, LLP. Prior to concentrating in wellness, Pat taught accounting and auditing as an adjunct professor at the University of Tampa. She earned her CPA designation in 1992 as a senior associate for Coopers & Lybrand. She has a Master's in Business Administration from the University of Utah.

Pat has a PhD in holistic nutrition. In 2010 she was board certified by the Holistic Nutrition Credentialing Board. Her areas of research include stress management and eating habits. She is a Certified Wellcoach and member of the Institute of Coaching.

NERISSA CASANOVA  
Director of Employee Care Center

As Director of the Employee Care Center, Nerissa is responsible for leading the Employee Care Center team in providing benefits and enrollment services to large accounts. In addition to coordinating all aspects of client care, she has a focus on eligibility system management.

Nerissa has spent the last 15 years in various industries creating training material and perfecting what she considers the PEER fundamental of Customer Service - Professionalism, Empathy, Education and Respect. Prior to joining BKS-Partners in 2011, Nerissa spent seven years of her career on the carrier side of Assurance Employee Benefits working in ancillary benefits. Many of her duties included conducting enrollment meetings, handling escalated customer service issues, submitting amendments, negotiating renewals and processing enrollment requests. In both Washington State and Maine, she has volunteered as a Crisis Counselor leader.
BKS Partners has achieved record growth within the last 5 years. In 2017 organic revenues grew by 24.7% while at the same time mitigating premium increases for our clients whenever practical. Our growth reflects our ability to deliver consistent performance results and success for our clients.

OUR GROWTH & PERFORMANCE

5-YEAR COMPOUNDED GROWTH RATE
2017 ORGANIC GROWTH
2017 GROWTH TOTAL

OUR GROWTH HELPS US ATTRACT & DEVELOP THE BEST TALENT

ANNUALIZED COLLEAGUE RETENTION
87 NEWHRES YTD

YEAR OVER YEAR COLLEAGUE GROWTH

INTERNAL COLLEAGUE REFERRALS
11 COLLEGUES ONBOARDED THROUGH INTERNSHIP PROGRAM

47 CLASSES DELIVERED IN 2018
INCLUDING: CAREER PATHING, BRP 101, EMOTIONAL INTELLIGENCE, PREDICTIVE INDEX
Over the years our passionate employee “benefit geeks” have developed a record of successful results for our clients and are demonstrated below in the following examples:

**WELLNESS PERFORMANCE RESULTS**
BKS-Partners believes implementing wellness is not just about incenting employees to make healthy choices, but about creating a culture that makes taking care of oneself simply “what we do!” As a result of our efforts, our clients have reaped the rewards for their efforts:

<table>
<thead>
<tr>
<th>Category</th>
<th>Comparison</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Days /1000</td>
<td>179.4</td>
<td>-17.6% from norm*</td>
</tr>
<tr>
<td>Rx Paid PMPM</td>
<td>$57.73</td>
<td>-30.1% from norm</td>
</tr>
<tr>
<td>High Cost Claims</td>
<td>$103.08</td>
<td>-16.8% from norm*</td>
</tr>
<tr>
<td>Paid PMPM</td>
<td>$257.11</td>
<td>-19.7% from norm*</td>
</tr>
</tbody>
</table>

*Adjusted for plan design differences

**MARKETING PERFORMANCE RESULTS**
Employee Benefits is a numbers business! Whether updating accruals and future cost projections for our self-funded clients or assisting our fully insured clients with their renewal calculations, our professionals make it a priority to understand the dynamics of your business and the bottom line impact your benefits program has. We aggressively manage our client costs and as a result of our efforts, our clients have shared in our success:

**Medical Results**

- **11.4%** Avg. Initial Renewal
- **6.8%-5.0%** Avg. Final Renewal
- **40% - 55.9%** Avg. negotiated reduction
COST MANAGEMENT STRATEGIES
We also assist our clients in getting the best pricing by working to establish better claims outcomes. BKS-Partners’ resources will allow you to evaluate yesterday’s performance, uncover today’s engagement and forecast tomorrow’s improvements. Below are several strategies we have implemented for our clients, many of which have been implemented and are applicable to the City of Naples Airport Authority.

<table>
<thead>
<tr>
<th>Plan Design</th>
<th>Add additional low cost plans for additional EE Choice</th>
<th>10% Shift in AV values</th>
<th>Total Replacement CDHP (70-60% AV)</th>
<th>60% Minimum Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>10-15% Reduction in Dependent Contributions</td>
<td>Defined Contribution approach, based off low plan, Maintain current % Contributions</td>
<td>Spousal Surcharge to eliminate employer contributions</td>
<td>50% Contribution to Employee Only based off lowest offered plan, Eliminate H.S.A Funding</td>
</tr>
<tr>
<td>Funding</td>
<td>Fully Insured</td>
<td>Level Funding</td>
<td>Self-Funded Captives</td>
<td>Self-Funded / Reference Based Reimbursement</td>
</tr>
<tr>
<td>Consumerism</td>
<td>Ongoing, consistent communications and Member Advocacy</td>
<td>Health Advocacy Programs and Decision Support Tools</td>
<td>No Cost Telemedicine and Site Based Pricing</td>
<td>Reference Based Pricing Model</td>
</tr>
<tr>
<td>Wellness</td>
<td>Participation Based Program</td>
<td>Outcome Based Incentive Program</td>
<td>Compliance Based Incentive Program</td>
<td>Holistic Well-Being</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Affidavit for Covered Dependents at Time of Hire / Qualifying Event</td>
<td>Working Spousal Exclusion</td>
<td>Affidavit for Covered Dependents at Open Enrollment</td>
<td>Full Eligibility Audit</td>
</tr>
</tbody>
</table>


D. Client References

- **Reference name:** Larisa Zadorecky, VP of Human Resources  
  **Company name / address:** Moorings Park, 120 Moorings Park Drive, Naples, FL 34105  
  **Phone number and email:** 239.643.9108  
  **Summary of scope of services:** Consulting services with emphasis on consumer driven participation, claims analytics, wellness incentive and strong employee communications and education.

- **Reference name:** Melissa Leo, Director of Human Resources  
  **Company name / address:** Stock Development | 2639 Professional Circle, Suite #101, Naples, FL 34119  
  **Phone number and email:** 239.592.7344  
  **Summary of scope of services:** Consulting services with emphasis on self-funding data analytics, and artificial intelligence / care coordination via a healthcare virtual assistant mobile app.

- **Reference name:** Evelyn Gomez, Human Resources Manager  
  **Company name / address:** Port Royal Club | 2900 Gordon Drive Naples, FL 34102  
  **Phone number and email:** 239.261.7615  
  **Summary of scope of services:** Consulting services with emphasis on broad plan choice, employee education, telemedicine and cultural enhancements.
E. Firms Ability to Take on Additional Work and Ability To Offer Breath and Quality of Services

We have been fortunate to achieve extraordinary growth, which has compelled us to focus on ensuring an ongoing sustainability in our pace. We continue to invest heavily into nearly every area of our operations, both with talent and tools to support the exceptional level of vanguard counsel, advice and solutions that sets us apart from our industry peers. The commitment to achieving a best-in-class experience for our colleagues, business partners and clients has been second to none. If chosen to continue to represent City of Naples Airport Authority's employee benefit program as their broker, our current infrastructure, talent and service capabilities are in place and can scale with growth. Below is a high-level overview of our team bench depth to support our clients. We are ready to exceed the needs of City of Naples Airport Authority and continue to provide exemplary services.
F. Provide your general understanding of the airport, project and issues regarding the identified project. Identify any potential challenges or special concerns that may be encountered and how they will be addressed.

BKS Partners has been privileged to work with the City of Naples Airport Authority for the past several years, so we have a deep understanding of the airport, proposed project and any possible issues.

First and foremost, the City of Naples Airport Authority’s mission statement of “We serve to operate, develop and maintain the Naples Airport with a commitment to enhancing the quality of life throughout the community” can only be executed by great performing employees. Engaging employees are the ones that deliver safe and modern facilities, responsible service to our community and assure the fiscal health and integrity of the airport. Therefore, to support this mission, our job at BKS Partners is to build and maintain an employee benefit program that will support an engaging workforce and great performing employees.

We also understand that revenue generated by the airport predominately comes through fuel sales and airport user fees and taxes. As a result of these narrow revenue streams, BKS Partners recognizes the immense importance in aggressively managing the City of Naples Airport Authority’s group health insurance costs year after year. Medical insurance most likely represents the second largest expense line item within the City of Naples Airport Authority and BKS Partners understands the importance of selecting a qualified employee benefits broker as an integral partner to help the City of Naples Airport Authority keep these medical costs low while working hard to enhance the employer / employee relationship, financially protect employees and their family members, to attract and retain key employees and to enhance the workforce culture.

While we don’t see any initial issues regarding the identified project, we do foresee the rising cost of benefits and the shortage of qualified applicants in a very competitive work environment to be future challenges for the City of Naples Airport Authority. Recruiting applicants from large government entities or national airports will require a robust and competitive benefit package. BKS Partners can reduce and counter these future challenges by doing the following for The City of Naples Airport Authority:

- Bring market leverage, innovative solutions and resources to aggressively manage healthcare costs year after year.
- Provide local and industry employee benefit benchmark data to ensure workforce competitiveness
- Provide nontraditional benefits and cultural enhancements to increase employee engagement resulting in increased customer service and profitability
- Act as a support partner and extension to human resources, allowing leadership to access the necessary tools to create an employer of choice environment
G. Certificate of Insurances

**CERTIFICATE OF LIABILITY INSURANCE**

*This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.*

**Important:** If the certificate holder is an additional insured, the policy(ies) must have additional insured provisions or be endorsed. If subrogation is waivered, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**Producer:** Baldwin Krystyn Sherman  
4010 W Boy Scout Blvd  
Suite 200  
Tampa FL 33607

**Insured:** Baldwin Krystyn Sherman Partners LLC  
Baldwin Risk Partners, LLC  
4010 W. Boy Scout Blvd. Suite 200  
Tampa FL 33607

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<tr>
<td><strong>A COMMERCIAL GENERAL LIABILITY</strong></td>
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<table>
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<tbody>
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<tr>
<td>DAMAGE TO SYSTEM</td>
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<tr>
<td>PREMISES (Ex除外)</td>
<td>$100,000</td>
</tr>
<tr>
<td>MED EXP (Any person)</td>
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<tr>
<td>PERSONAL &amp; ADV INJURY</td>
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<tr>
<td>GENERAL AGGREGATE</td>
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<tr>
<td>PRODUCTS - COM/OP AGG</td>
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</table>

<table>
<thead>
<tr>
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<tbody>
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<td>$5</td>
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<tr>
<td>PROPERTY DAMAGE (Per accident)</td>
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</table>

<table>
<thead>
<tr>
<th>UMBRELLA LIABILITY</th>
<th>LIMITS</th>
</tr>
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<tbody>
<tr>
<td>EACH OCCURRENCE</td>
<td>$20,000,000</td>
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<tr>
<td>AGGREGATE</td>
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</table>

**TER STATUTE**  
E L EACH ACCIDENT  
E L DISEASE - EA EMPLOYED  
E L DISEASE - POLICY LIMIT
H. The response to this RFQ is organized in the order set forth by the RFQ

I. Subcontracting Firms:
The following firms that will be subcontracted and evaluated from a price and service delivery by BKS Partners on annual basis are as follows:

- **Cobra** – Total Administrative Services Corporation (TASC)
- **Section 125 / FSA** – Total Administrative Services Corporation (TASC)
- **SPD WRAP and Compliance Plan Documents** – Medcom
• Health Savings Account – HealthEquity
• Telemedicine – Teledoc
• Medical Advocacy / Price Transparency Program – Delphi of Florida, Inc.

J. Compensation Disclosure:
BKS-Partners is open to work on either a fee or commission basis. We are flexible to accept compensation in the manner preferred by our clients and do not have a preference. We will fully disclose all compensation related to the servicing of insurance programs each year.

• **Commission & Fee:** BKS-Partners can receive our compensation through a combination of both commissions and fees. Commissions are paid directly to BKS-Partners through the carriers. Fees will be billed on a monthly basis.

• **All Commission:** All compensation would be paid through the carriers. (In most cases, commissions are paid to BKS-Partners on a monthly basis for benefits.) Commission % range for City of Naples Airport Authority group size and scope of service range at 5% to 6% medical commission and 10% ancillary coverage (dental, vision, life insurance, disability) per year. These can be adjusted based on scope of work changing and or an abnormally high renewal increase.

• **All Fee:** If straight fee schedule is elected, the commissions would be removed from all premiums. Fees will be billed on a monthly basis. (To offset clients absorbing the entire fee on employee benefits, employer benefit contributions can be adjusted to share in the cost.)

**Service Fee Guarantee:** If at any time, it is determined that we have not performed to your expected standards, we will return 100% of the current quarter’s service fee.
EMPLOYEE BENEFITS
PARTNERSHIP COMMITMENT
2019
OUR CORE VALUES

- DISCERNING - Seeking & weighing a broad range of perspectives, while being nimble
- GRIT - Embracing opportunities and overcoming obstacles
- GENUINE - Making it easy for others to know and trust us
- ENGAGING - Showing respect and dignity for others
- PURPOSE - Acting and thinking beyond our ourselves and self-interests
- DREAMING - Setting our imagination free to determine what is possible, but not yet done
ABOUT BKS-PARTNERS

Baldwin Krystyn Sherman Partners (BKS-Partners) is an award-winning independent insurance brokerage firm providing private risk management, commercial risk management, employee benefits, and Vitality™ programs to clients wherever life takes them throughout the U.S. and internationally. One of the largest privately held firms in Florida, BKS-Partners takes a holistic and boutique approach to insurance architecture and risk management. The firm builds personalized client relationships and utilizes a proprietary process called RiskMapping™ to examine client lifestyles, passions, professions and business ventures. This innovative approach generates a 360° view of each client's unique risk profile. BKS Holistic Protection™ is then custom designed, which provides integrated coverage for all areas of a client's life. Headquartered in Tampa, with eight offices located throughout the state of Florida, BKS-Partners is driven to make a difference in the community, rewarding colleagues' community involvement and supporting more than 45 charitable organizations.

BKS HOLISTIC PROTEC-

We design holistic insurance and risk management architecture that protects entrepreneurs and leadership teams from the intersections of risk and exposure to loss that emanate from the pursuit of personal, professional and enterprise objectives.

Our BKS Holistic Protection™ highlights where your risk and exposure to loss intersect. We will learn and understand your business to create a 360° view of your unique risk profile.
STRATEGY

BKS-Partners creates a unique strategy that considers each organization’s long-term objectives and the desired positioning of the benefits program in the employer/employee relationship. We focus on the need for sustainability and the need to remain in compliance to minimize unnecessary expenses and distractions.

Costs  Compliance  Culture  Continuity

STRATEGIC PLANNING

BKS-Partners believes that establishing expectations, objectives and timeframes up front leads to a much more stream-lined and successful execution of our collective goals. We spend time getting to know your organization’s financial and benefits objectives, your leadership team, and your unique culture.

- **Goal Setting**
  Develop short and long term strategic goals of benefits program

- **SWOT Analysis**
  Identify your organization’s Strengths, Weaknesses, Opportunities and Threats in the context of the benefits it offers to your employees and their dependents

- **Historical Trends**
  Consider the historical plan performance to help predict the future prior to modifications

- **Healthcare Innovators**
  Understand emerging trends to identify future opportunities for your plan

- **Cost Analysis**
  Evaluate the financial impact of any changes to the plan compared to the impact to your employees and their dependents

- **Road Map**
  Create a Road Map outlining plan objectives that can be shared with employees

---

BKS-Partners provides a full range of consulting services to meet your and your employees’ objectives, including:

- Actuarial Services
- Acquisition/Merger Due Diligence
- Auditing
- Benchmarking
- Captives
- Claims Analysis
- Compliance
- Contribution Modeling
- Data Analytics
- Eligibility Management
- Employee Communications
- Healthcare Reform
- HR Portal
- Labor Relations
- Long Term Planning
- Market Leverage & Negotiations
- Member Advocacy
- Predictive Modeling
- Private Exchanges
- Stewardship
- Stop Loss Modeling
- Surveys
- Technology
- Training
- Vendor Management
- Wellness
ACTUARIAL SERVICES

Employee Benefits is a numbers business! Whether updating accruals and future cost projections for our self-funded clients, or assisting our fully insured clients with their renewal calculations, our professionals communicate actuarial findings directly to you in a way that’s easy to understand. We make it a priority to understand the dynamics of your business and the impact your benefits program has on it so that we can make sure you fully understand the logic and data behind the analysis we perform on your behalf.

BKS-Partners actuarial experts specialize in providing a wide range of services, including, but not limited to, the following:

- Insured renewal strategy and negotiations
- Actuarial accrual models for plan performance reporting
- Claim cost projections and COBRA rate development
- Creditable coverage determination
- Large claim expectation and stop loss cost/benefit analysis
- Benefit Valuation (Relative Benefit Value vs Actuarial Value)
- Migration modeling
- Captive feasibility modeling
- Self-funded feasibility analysis
- IBNR/Reserves determination
- Contribution Analysis
- Trend analysis

DATA ANALYTICS

To reveal cost drivers and gauge plan efficacy, we develop key performance indicators and ROI metrics. By providing a concise and desirable picture to underwriters, we also assist our clients in getting the best pricing by working to establish better claims outcomes. BKS-Partners’ resources will allow you to evaluate yesterday’s performance, uncover today’s engagement and forecast tomorrow’s improvements.

- Financial Modeling
- Predictive Forecasting with projected migration assumptions
- Custom reporting on entire population and targeted demographic characteristics
- Claims and Risk Stratification
- Opportunities for interventions based on risk factors and claims
- Identifying gaps in care and building rewards for compliant management
CARRIER PARTNERSHIPS

BKS-Partners is licensed in all states within the continental United States. Additionally, we have access to every employee benefits insurance market throughout the country. We are fortunate to work with many insurance companies, stop loss carriers, third party administrators, as well as a wide variety of ancillary providers to meet the diverse needs of our clients.

Our preferred relationships allow BKS-Partners the opportunity to:

- Receive preferred pricing on behalf of our clients
- Have a designated underwriter assigned to BKS-Partners and have direct access to underwriters
- Engage with dedicated account management team
- Receive prioritized marketing responses
- Communicate first notification of product/plan changes
- Develop and maintain meaningful relationships with leaders throughout the insurer organizations locally, regionally and nationally

FOCUS ON PHARMACY

By the year 2020, it’s estimated that Rx spend with equal 50% of medical spend. *

**SEVERITY**

**FREQUENCY**

**MOMENTUM**

**Opportunities:**

- Clinical programs
- Networks
- Formularies
- Carve-outs

*Source: Health Affairs “National Health Spending Projections Through 2020: Economic Recovery and reform Drive Faster Spending Growth”*
STEWARDSHIP

We appreciate the opportunity to work with your organization to help meet your employee benefits objectives. In order to adapt to the changing needs of your organization, BKS-Partners has invested in deep technical talent and cutting-edge technology. We take nothing for granted and will always work in the best interest of our clients.

DOCUMENTATION

Our dedicated account service team is focused on accountability. Each member of the team is assigned appropriate responsibilities, all managed and reported through our Client Management System. We track expected due dates and resolution dates, as well as related third parties, such as specific client plans and/or insurance companies. By holding ourselves accountable, we are able to report our results back to you, highlighting our successes as well as seeking valuable constructive criticism on how to improve.

ACCOUNT STEWARDSHIP

Our professionals pride themselves on excellent service, and are dedicated to using their experience and expertise to meet our clients’ benefits objectives. Our account management team’s goal is to help save money through proper implementation and management of our client’s benefits programs, and they are committed to anticipating and fulfilling your needs and concerns.

Our Account Management System allows all involved in the servicing of an account to see where any issue is at any time, in real time, including targeted due dates. This provides our clients with peace of mind that any issue presented to us, or any commitment made by us, will be fulfilled.

Of the activities primarily handled by our Employee Care Center (ECC) team, the majority were associated with Open Enrollment.
COMMUNICATION
We provide employee communication services to our clients' employees. We understand that each employee learns and processes information differently. BKS-Partners provides a variety of communication opportunities throughout the year to maximum employee understanding and appreciation of the benefits provided by their employer.

CUSTOM COLLATERALS
Our customized collaterals are designed to match the culture of your organization. They help orient employees to the benefits available, while highlighting any changes or new coverages. Our collaterals are visually interesting and informative, and focus on attracting, retaining and engaging great talent!

ATTRACT  RETAIN  ENGAGE

EMPLOYEE CARE CENTER
Our Employee Care Center (ECC) handles over 13,000 activities on behalf of our clients each year.

- Support and advocacy for your members
- The ECC team helps members:
  - Navigate Benefit Options
  - Enroll in Benefits
  - Resolve Claim Issues
  - Support Employee Decision Making
- All ECC members are HIPAA Compliant
- Bilingual Services Available
- All documentation is kept in our agency management system and accessible to all service colleagues
TECHNOLOGY

In addition to Open Enrollment, technology can be used throughout the year to allow members ease in accessing the benefit information they need. This streamlines all carrier information and portals into a single, easily accessible site.

**PREFERRED RELATIONSHIPS INCLUDE***:  
- Employee Navigator  
- Plan Source  
- Asure (formerly: Compass HRM)  

**ABILITY TO SUPPORT***:  
- Paylocity  
- Paycom  
- Paycor  
- ADP  
- Ultimate

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COMPLIANCE

BKS-Partners will help ensure that your organization meets their compliance obligations. We assist in every step of the benefits process to guarantee simplicity and accuracy to reduce your exposure and liability. Our compliance consulting services include:

- Easy-to-read Legislative Briefs that summarize recent federal legislative developments in insurance and employee benefits  
- Answers to common COBRA, Health Care Reform, FMLA, HIPAA, HIPAA Privacy, Medicare Part D and Section 125 questions  
- Commonly used compliance forms and documents  
- Support with filing 5500s, ACA fees, and ACA forms  
- A community of knowledgeable colleagues from all over the country to share resources and information via the Community’s interactive forum  
- A variety of insurance, employee benefits and human resources websites and articles, all in one convenient location

**LEGAL ADVICE**  
BKS-Partners has long-term relationships with the area’s largest ERISA practice as well as a dedicated labor relationship law firm.

**HUMAN RESOURCE PORTAL**  
To assist in quickly accessing plan information, compliance resources and sample employee communications, we provide each client with a customized portal.

**LEGISLATIVE UPDATES**  
We provide relevant legislative updates to your plan to keep you ahead of the requirements in the changing world of employee benefits.

*This is a partial listing of the vendors BKS-Partners works with to support our clients benefit administration needs. Our preferred relationships allow us the ability to build and support the benefits administration platform in house.
WELLBEING

BKS-Partners believes implementing wellness is not just about incenting employees to make healthy choices, but about creating a culture that makes taking care of oneself simply “what we do!”

Our Director of Wellness Engineering is part of our Core Service Team!

WHAT DOES WELLBEING LOOK LIKE TO YOU?

OUR RESULTS

Comparing BKS-Partners to one of our carrier partners book of business, our clients plan’s perform better than the norm.

- 179.4 Inpatient Days /1000
  - 17.6% from norm*

- $103.08 High Cost Claims
  - 16.8% from norm*

- $57.73 Rx Paid FMPM
  - 30.1% from norm

- $257.11 Paid PMPM
  - 19.7% from norm*

*Adjusted for plan design differences
CONTINUITY

ASSET & INCOME PROTECTION

Advanced life insurance, disability insurance and long-term care strategies will ensure your liquidity needs are met, your business operations continue uninterrupted, your personal and business assets are transitioned in an efficient manner so that the impact of estate and business taxation are effectively minimized.

BUSINESS INCOME

Many closely held business owners have not properly addressed the company's ownership interest in the event of an owner's untimely death or disability. A well structured and funded buy-sell agreement permits an orderly transfer of the business in the event of an owner's untimely death or disability.

KEY-PERSON INSURANCE

Most organizations employ at least one individual who is essential to the company's success, such as a partner, majority stockholder or team member with expertise that is unmatched. If this departure is unplanned due to an untimely death or a disabiling accident, the company is exposed to financial risks. Key-person life insurance will bring you the peace of mind of knowing your organization remains solvent while providing protection for investors and lenders.

INDIVIDUAL DISABILITY

The total from employer benefits, Social Security, and other programs, along with your own resources, may not be close to your pre-disability, after-tax income. Disability income insurance can make up the difference.

LONG-TERM CARE

The average annual cost of nursing home care is now over $83,000 for a private room. For an average claim of three years, the cost may total over $200,000. Long-term care insurance provides peace of mind that you will receive the care you need where and when you need it, whether it's at home, in an assisted care facility or at a skilled nursing facility.
THE BKS PROMISE

Our culture of accountability extends to our colleagues, too. “Powered by People” is more than a motto. It’s our mantra. It drives us to attract and nurture people who are smart, forthright, and creative who strive for constant improvement.

That doesn’t mean we can’t also have fun. Whether it’s celebrating our successes or learning not to take ourselves too seriously, fun is the glue that binds us together and the spark that ignites our enthusiasm.

WITH BKS

Baldwin, Krystyn, Sherman Partners
Insight Beyond Insurance

www.bks-partners.com | 866.279.0698
BETTER together

2016 - 2017 ANNUAL REPORT

BALDWIN
KRYSTYN SHERMAN
insight beyond insurance
Our Vision

Deliver indispensable, tailored insurance and risk management insights and solutions to ensure our clients have the peace of mind to pursue their dreams, purpose and passions.

Our Purpose

To be regarded as the preeminent insurance advisory firm fueled by relationships, powered by people and exemplified by client adoption and loyalty, colleague development and engagement and operational acumen.

During the 2016-2017 fiscal year, we found ourselves at an inflection point. Our canvas had been stretched and primed and we were ready to begin painting the picture that would define the next decade of our legacy. The first 10 years of BKS were a compilation of our trials and tribulations, our dreams and successes as we successfully navigated growth milestones to get to this point. When reflecting on what we accomplished in our eleventh year, we can't help but feel proud of the beautiful balance our team found as we grew both fundamentally and operationally. As we embarked colleagues and adopted new processes to support our dream to see what is possible, but not yet done, our theme for the year fittingly became "Better Together." Having a close-knit group of passionate and intelligent colleagues who live and breathe the essence of BKS, we've always known we were growing in the right direction. Our team is accustomed to moving forward with a spirit of grit, accountability and fun. As we set out to reimagine new ways in which we can delight our clients and deliver solutions on the vanguard, we felt it was timely to craft a clear picture of our shared purpose and vision.

The leadership team wrote these to codify our aspirations and to reflect our fundamental values and beliefs in a way that inspires the words and actions of recent and future colleagues. The concepts, behaviors and aspirations embedded in these words and the words of our Axumus serve to achieve higher colleague satisfaction and fulfillment, increased client retention, abundant community involvement, industry leading growth and exceptional operational execution.

Vision: Deliver indispensable, tailored insurance and risk management insights and solutions to ensure our clients have the peace of mind to pursue their dreams, purpose and passions.

Purpose: To be regarded as the preeminent insurance advisory firm fueled by relationships, powered by people and exemplified by client adoption and loyalty, colleague development and engagement and operational acumen and evolution.

As part of our growth path this year, the founding entrepreneurs repurposed certain long held roles and responsibilities to further refine and focus our personal and professional contributions. We set out to better align with our strongest skills, personal attributes and passions. This is a natural refection of our growing scale and the organizational imperative to broaden our leadership team, increase our role specialization, expand our resource enrichment and further nurture our colleague education and training.

In the pages that follow you will meet some of our terrific new leaders and colleagues that are assuming responsibility for future growth and success. These talented individuals bring fresh energy to our practice. When combined with our existing leadership team, their new skills, perspective and experience make the BKS leadership group one of our industry's most seasoned and advised.

We have been privileged to represent and grow with an ever-expanding group of successful entrepreneurs and families who have entrusted their most valued assets to our care, stewardship and protection. We are incredibly appreciative and thankful for their unwavering trust, confidence and loyalty.

Our colleagues and clients alike are Better Together. We look forward to hearing from you and growing as you tell others about us. Thank you for being a part of our picture!
growth & PERFORMANCE
June 2016 - June 2017

Financial Growth

- Locations
  - Clearwater
  - Fort Myers
  - Miami
  - Naples
  - Tampa
  - Tallahassee
  - The Villages

- Client Base
  - Employees who value their employees' financial security and stability
  - Successful individuals & families
  - Voluntary entrepreneurs, partnerships, and corporations promoting a long-term view of insurance, and value our Holistic Risk Management™ Concept

- 2016
- 2017
- 2018
- 2019

- $36,511,410
- $20,474,071

Colleague Growth

- 280
- 145

Growth Performance

- Commercial Risk: 42.0%
- Employee Benefits: 19.2%
- Private Risk: 31.5%
- Asset & Income Protection: 139.4%

Source: Rosen Security
Honing our edge

In 2016 we entered the second decade of our firm's legacy. To kick off this new era, we took a magnifying glass to our knowledge, relationships and operations to find opportunities for growth and refinement. Using the insights gained, we invested in new colleagues who bring additional expertise and experience to the table. Our leadership team went through an intensive SmartTribes training course to align our purpose and vision. And our operations, including the technology behind them, have begun to evolve to better serve our clients.

Innovation built on a solid foundation has made us a leader in the industry and will be a powerful element of our sustainable growth in the years to come.

BKS University

This year our BKS University program for colleagues has included over 130 learning opportunities on topics ranging from in-depth technical training to seminars about physical and financial wellness.

We consider BKS University to be a staple of our daily operations for all colleagues regardless of their seniority. Learning as a group allows us to support each other's personal growth and become better together. Our senior team members often learn from early career team members and vice versa. It is a part of our growth path and ingrained in our holistic DNA.

Expanded capabilities

Since the founding of the firm, we have worked with family office clients to holistically manage risk - from a private, commercial and employee benefits perspective. We have expanded our family office clients to include single family and multi-family offices throughout the southeast. In early 2017, we expanded our family office service offering to formally include additional resources including: security and loss prevention, benchmarking to evaluate coverages and limits, catastrophe modeling, predictive claim analytics to understand, predict and lessen future claims, and proactive counsel and education for families. We have added additional colleagues with significant experience in the area of claim consulting, analytics and security to further assist our current clients and expand our banner offering to families across the globe.

Recent accomplishments

Over the past year, along with receiving awards from Tampa Bay Business Journal and The Tampa Bay Times for our innovative services, we are proud to have been recognized nationally by Private Asset Management Magazine, Florida Trend, Insurance Journal and Business Insurance. BKS advocates for a culture that is most conducive to the growth and success of its colleagues. Thank you to each of our colleagues who make BKS one of the best places to work year after year.

Also highlighted by the following publications

Florida Trend
Using Playtime to Bolster Business

Rough Notes
All Work and No Play - No Thanks!

Insurance Journal
Best Agency to Work For - Overall

Insurance Business America
Patience First and Implement a Strong Set of Values to Achieve Success

Agency Nation
How an Independent Agency Partner Fosters a Culture That's Won 9 Awards
Why These 3 Agency Partners Think Millennials Are Generous
3 Simple Numbers Reveal Agency Culture ROI

In 2016 & 2017, BKS ranked as one of the best!

Best Places to Work Certified
Elite Women, Insurance Business America
Five Stars, Risk & Insurance

Top 100 Risk, Tampa Bay Business Journal
Top 50 Fastest Growing, Tampa Bay Times
Top Team, Lumina Foundation
Top 50 Fastest Growing, Tampa Bay Business Journal
Top Team, Tampa Bay Business Journal
Top Team, Insurance Business America
Top Team, BABA

Baldwin-Risk Partners
Fast 50, Tampa Bay Business Journal
Inc. 500
Best Practices, BABA
Intern program

BKS Partners completed the third successful year of our Summer Intern Program. The internship is a 10-week program for students graduating college within the next 12 months. This year, we had interns in our Human Resource and Marketing teams as well as in a rotation program designed to provide highly motivated, Type A individuals with the opportunity to gain experience in Commercial, Private Risk and Employee Benefits. Interns in the rotation program spend time with each business segment to obtain a holistic view of risk management and a better understanding of how we identify an individual's unique risks. The exposure gained allows our interns to explore potential future career paths and provides us with fresh perspective.

We consistently create a culture where commitment, collaboration, and initiative are rewarded, and hard work is aligned with well-deserved, light-hearted fun. We are proud of these future passionate insurance geeks. In 2017, we recruited 114 from Florida State University, University of South Florida, Florida Southern College, University of Tampa, and University of Mississippi. We have more than a 70% acceptance rate for full-time offers to join our team.

Technology

To hone our edge, we’ve invested in a human resources information system. Halogen Talent Management System provides a platform that allows us to centrally manage all aspects of human resources from recruiting and on-boarding through succession and leadership. With this new technology, we are able to streamline and automate several processes, giving us the agility to keep pace with the firm’s growth.

Protecting our clients’ information is a top priority at BKS. Over the past year, we’ve invested in several initiatives to help strengthen our data security. From encryption tools to firm-wide cybersecurity training, we’re constantly working to minimize risk of breaches and data loss. These investments enable BKS to adopt security measures to reduce our vulnerability to cybercrime.

Our colleagues need quick and easy access to information to better serve our clients. To that end, we’ve invested in Microsoft’s Office 365 suite of tools, including collaboration tools such as Yammer and SharePoint. These tools enable our colleagues to share knowledge and put everything they need at their fingertips.
INVESTING IN THE FUTURE

A major inflection point for us this year was broadening our leadership team to increase our scale specialization, expand our resource deployment and further nurture our colleagues development. Our new BSX leaders assumed responsibility for the future growth and success of our Employee Benefits segments, Business Development, Marketing and Technology. We also are pleased to bring on a new team of leaders at BSX who have broadened our scope of services. These talented individuals bring new skills, perspective and experience that, when combined with our existing leadership team, make the BSX leadership group one of our industry’s most seasoned and admired.

CHRIS TIMPSON
MANAGING DIRECTOR OF EMPLOYEE BENEFITS

A new addition to the team in the Spring of 2017, Chris leads the Employee Benefits group. Including all areas of business development, the client experience and colleague development as well as expanding our suite of services to meet the evolving needs of employers throughout the Southeast. Prior to joining BSX, Chris was a Senior Account Executive with UnitedHealthcare where he developed a relationship with our team. He is a graduate of the University of Miami with an Accounting degree and has over 13 years of experience in employee benefits, specializing in large fully insured and self-funded plans.

CHRIS HUBER
BUSINESS DEVELOPMENT DIRECTOR

Chris joined BSX in late 2015. He brings over 10 years of diverse insurance industry experience from local, regional, and national brokers and is responsible for driving top-line growth, mentoring advisors, and continually finding ways to add value to existing clients. Chris has a Bachelor of Science in Business Administration (BSBA) with a major in Economics from the University of Florida, where he graduated with honors. He is a credentialed insurance professional with many designations and has been recognized as a Distinguished Graduate of the ABI Program at the American Institute of Certified Property & Casualty Underwriters (AICP).

JO COOEY
INFORMATION TECHNOLOGY DIRECTOR

Jo became part of the team in 2015 and is responsible for the overall strategic direction of technology solutions. She ensures the security of systems, data and assets, and drives client-facing innovation projects. Jo brings nearly 15 years of experience in all facets of IT. She has a BS in Internet Systems & Software Technology from Bellevue University in Nebraska, an MBA in Business Analytics from the Kelley School of Business at Indiana University and is a Microsoft Certified Professional in the JET Framework and IT Service Foundations.

RACHEL CARR
MARKETING DIRECTOR

A new member of our family as of 2017, Rachel is responsible for the overall marketing, public relations, branding and internal communication strategies for the firm. She brings over 12 years experience in communications with a focus on enabling customer intimacy, the media and international advertising. In addition to a Bachelor’s in Communications from Alfred University in New York, Rachel has advanced certifications in PROSCI Change Management and Inbound Marketing.

In early 2017, BSX partnered with D&M Insurance Solutions, LLC (D&M), a Clearwater, Florida-based insurance consulting and brokerage firm. D&M is a nationally recognized independent insurance firm focused on working with financial institutions and renewable energy. D&M’s partnership with BSX will bring a substantial amount of support for continued growth in these areas across the country.
client TESTIMONIALS

"Tim Liberty & Patrick Kelby, thanks again for visiting us last week and providing us valuable claims insight and lunch. I really appreciate your due diligence and support in helping us manage our workers' compensation claims. You guys are welcome here anytime."

Bill, Commercial Risk Management Client

"Diana Miller, you are incredibly responsive and knowledgeable. You keep us abreast of current trends and various options. As you know, I hate thinking about insurance and I appreciate your friendly reminders to keep us all on track! I don't know what I would do without you!"

Lisa, Private Risk Management Client

"Thank you for saving us time and money whether we have needed some help with a claim or shopping for the best insurance plans for our employees. The professionalism and eagerness to help with any situations is like no other. They are the insurance Sherpas that help us navigate the complex hills and trials of the American healthcare system. BRS always works with several carriers to get us the best fit possible. Thank you, Cheryl, Kris, Kristy, Tiff, Garrett, Andy, Pat Fuller and Maria Casonoval!"

Sarah, Employee Benefits Client

"Larry Baldwin, Elizabeth Kryszyn, Jacklyn Massoak, Amber Miller, Pat Fuller - it has been a pleasure to work with you. I found you and the members of your BRS team to be highly knowledgeable, exceptionally personable and above all a true business partner. Please extend my "special thanks" to the BRS team for meeting and exceeding the deliverables outlined in the consulting proposal."

Patricia, Legal Consultant

our core values fuel
our client experience

painting A VISION

Baldwin Risk Partners

Baldwin Risk Partners (BRP) is an award-winning independent insurance holding company delivering solutions that give our clients the peace of mind to pursue their dreams, purpose and passions. The core focus of BRP is to support our clients, colleagues, insurers, and communities through the deployment of best in class resources and capital to fuel innovative and partnership growth. Together with our partner firms, we are innovating the industry by taking a holistic and tailored approach to risk management, insurance, and employee benefits. Our growth path includes increased geographic representation across the U.S., expanded client value propositions and new lines of insurance to meet the needs of modern America's lifestyles, evolving business risks, and healthcare funding. BRP is a destination employer supported by an acclaimed culture of collaboration.

A network of agents providing consultative and solutions to Medicare eligible individuals

Baldwin Risk Partners
BETTER together
Why socks? In May of 2017, BKS partnered with Resilience to design custom socks for Pat in honor of his infamous cheeseburger in paradise sock-off champion socks. Founded by a lymphoma survivor, Resilience works with patients to bring light to the cancer treatment process. A portion of the proceeds from “Pat’s Cheeseburger in Paradise” socks is donated back to the Markey family. Our BKS family is proud to rock these socks in honor of our dear friend. Visit www.resilience.gives/products/markey-burgers-in-paradise to purchase a pair.
Request for Qualifications for Employee Benefits Broker
Consultant Selection Committee Presentation
January 11, 2019
Gehring Group Advantage

INDEPENDENT & LOCAL

PUBLIC SECTOR FOCUSED - 100+ GOVERNMENT CLIENTS

LONG TERM STRATEGY & INNOVATIVE SOLUTIONS

LEGISLATIVE COMPLIANCE & PLANNING

COST SAVINGS & BENEFITS VALUE

VALUE ADDED RESOURCES & TECHNOLOGY
Industry Leaders

Preferred Status with Insurance Carriers
- Negotiating Clout
- Additional Resources & Support
- Participants on Agent Advisory Panels
- Access to Public Sector Government Trusts

Featured Speakers at Conferences and Associations
- Florida Association of Special Districts
- Florida Government Finance Officers Association/GFOA
- Florida Public Human Resource Association - SHRM
- Florida City & County Management

Legislative Compliance
- Sunshine Laws
- Federal
- State
- Healthcare Reform
- Statute 112.08
- GASB - OPEB
Employee Benefits Team

Senior Benefits Consultant
Shawn Fleming

Backup Benefits Consultant
Athena Erhard

Senior Account Manager
Karen Walker
Backup Account Manager

Senior Employee Benefits Analyst
Larry Anchel
Backup Benefits Analyst

Client Service Specialists & Quality Assurance Manager

Graphics & Communications Team

Wellness Coordination

ACA Consulting
Kate Grangard, CPA, CGMA
Employee Benefits Planning

**Program Structure**
- Review existing plan designs & contribution strategy
- Compare year over year utilization & trends
- Network & pharmacy performance review
- Identify any coverage gaps
- Funding alternatives
- Employee Survey

**Market Analysis**
- RFP development & and/or renewal negotiation
- Network discount & disruption analysis
- Evaluation and presentation of analysis to staff/committee
- Recommendations
- Commission approval

**Wellness**
- Establish goals of program
- Develop multi-year wellness plan
- Committee formation
- Employee communication and program launch
- Implement targets with payroll incentives and/or pre-tax funding to promote ongoing engagement

**Innovation**
- Telemedicine options
- Disease & medical management programs
- Notional plans
- Health Center
- Digital therapeutics
Quality Assurance

- Client Experience Director
- Quality Assurance & Peer Reviews
- Contract Reviews & Data Integrity
- Performance Survey
- Data Reporting Integrity
- Legislative Compliance
Regulatory, Legislative Compliance

- Gehring Group Legislative & Compliance Update Newsletters
- Gehring Group Client Portal & Think
- Face-to-Face Meetings with Annual Compliance Checklist & Review
- Client Seminars & Webinars
- Insurance Education, Innovation & Excellence Summit

Affiliated with:
- Council for Insurance Agents & Broker
- National Association of Health Underwriters
- Seyfarth Shaw
Responsiveness and Service

**Year Round Service**
- 24 Hour Response Time
- Team Backups
- Open Enrollment
- Ongoing benefits administration support
- Member education

**Employee Advocacy**
- Centralized service database
- Claims assistance
- Appeals
- 800#
- Custom email address

**Employee Communications**
- In house graphics department
- Customized Benefit Books, Posters, and Wellness Documents
Open Enrollment & Service

- Benefit Guides
- Custom Employee Communications
- Enrollments Meeting Planning & Attendance
- Process Renewal Decisions
- Carrier & Vendor Coordination
- Ongoing Team Support
- Employee Advocate
- Claims Assistance
- Legislative Updates
- Federal & State Compliance
- Year Round Service
- Appeal Coordination
- Ongoing Member Education
- Annual Notices

Gehring Group
Employee Benefits | Risk Management
Gehring Group Advantage

- Public Sector Experts
- Innovative Solutions
- Negotiating Clout
- Value Added Services
- Realtime Benchmarking
- Legislative Compliance
- Long Term Relationships
Gehring Group is a leading provider of employee benefits consulting services whose success is driven by our expertise, experience, independence and integrity as well as our people and our commitment to remain the consultant of choice amongst our clients.

Gehring Group clients benefit from a team of professionals dedicated to providing the technical knowledge as well as numerous value-added resources to serve your needs. Your Gehring Group team takes pride in providing a superior level of service, and are dedicated to using their experience and expertise to help you meet your benefits and financial objectives. Our goal at Gehring Group is to help your company save money through the efficient implementation and management of your benefits programs, and we are committed to anticipating and fulfilling your needs and concerns. Our three main objectives are to control costs, streamline administration, and provide first class customer service for you and your employees. Our superior level of service includes but is not limited to:

### BENEFITS CONSULTING/BROKER SERVICES

#### EMPLOYEE BENEFITS PROGRAM REVIEW
- Review and make recommendations regarding existing benefits and program administration to include:
  - Benefit plan design review and cost structure analysis
  - Employer/employee contribution analysis
  - Evaluate core and voluntary coverage offerings and check for coverage gaps
  - Network disruption and discount analysis
  - Periodic review of market trends and innovative product rollouts
  - Consistent monitoring and analysis of claims experience to pinpoint areas of over utilization and recommend plan modifications if necessary (based on carrier’s capabilities)
  - Assistance with administration of online enrollment and administration system

#### RENEWAL & BENEFITS MARKETING SERVICES
- Conduct pre-renewal meeting 5-6 months prior to renewal to discuss changes within your organization, satisfaction with existing carriers, and marketing strategy
- Develop renewal/market assessment timeline of expectations
- Formulate independent renewal projections
- Request early renewal
- Review renewals and negotiate with current carriers to obtain best possible rates
- Market all lines of coverage as required, request quotes for alternate plans and pertinent information necessary for carrier selection
- Analyze a variety of funding alternatives such as self-insurance, fully-insured plans, minimum premium, contingent premium, participating contracts, and high deductible plans to determine the most cost effective option
- Present renewal with competitive alternatives and creative strategies
- Provide renewal recommendation including any plan changes or employer contribution alternatives
- Spearhead annual actuarial filing data collection and submittal to actuary (if applicable)
## BENEFITS CONSULTING/BROKER SERVICES

### BENEFIT PROGRAM IMPLEMENTATION SERVICES
- Spearhead the implementation of new benefits programs and/or plan changes
- Coordination and attendance at open enrollment
- Coordination and participation in implementation calls and meetings with client and applicable carriers/vendors
- Coordinate and review all SPD’s and plan documents and summary plan descriptions
- Review insurance contracts for conformity with client administration of programs
- Review initial invoice to ensure correct rates
- Graphic Design & Printing Services – Design and print annual employee benefits highlights booklet and other open enrollment communication materials such as payroll stuffers and posters
- Generate additional customized employee education materials as requested

### ONGOING PROGRAM ADMINISTRATION SERVICES
- Act as the liaison between client and the insurance carriers in coordinating all activities relating to your employee benefits program including Medical, Dental, Life, Vision, Disability, Voluntary Insurance and all other applicable lines of coverage
- Be available to employees and their dependents to assist with claim issues or answer benefits questions
- Provide member educational sessions as needed
- Expedite employer resolution of contractual, coverage, eligibility, service and billing disputes
- Consistent monitoring of claims experience, large claims data and all related financial information related to the employee benefits program with monthly reporting to client
- Large claim monitoring and assistance with stop loss reimbursement filing (if applicable)
- Conduct detailed reviews, analysis and projection sessions with your Benefit/Management team at key points throughout the year to discuss organizational changes, provide legislative updates and industry trends present renewal projections and claims reports (depending on carrier’s capabilities) and address servicing issues
- Available for all meetings as needed

### HEALTHCARE REFORM AND LEGISLATIVE COMPLIANCE
- Affordable Care Act (ACA) consulting including periodic educational training sessions (seminars & webinars) and newsletters to educate staff/decision makers regarding HCR and other requirements
- Access to educational seminars and webinars, including playback on client portal
- Presentations to Staff, including department directors and managers
- Access to ACA legal advice through Gehring Group legal partner resources

### VALUE ADDED SERVICES
- Planning and implementation of Wellness Initiatives and Health Fairs
- Onsite clinic consulting
- Access to Gehring Group Client Portal
- Access to ThinkHR, only Human Resources research tool
- BenTek Benefit Resource Center
- Benchmark and Employee Surveys
- Production of annual employee benefits guide, enrollment, wellness and other communications
- Provision of custom Gehring Group email address for member issues
- BenTek Online Enrollment & Administration System (based on size of group)
- Assist with annual actuarial filing, rate setting and reserve review of self-funded health plan
- Affordable Care Act/Legislative Compliance to include educational seminars & webinars
- Resource for legislative and compliance questions on health care reform, COBRA, ERISA, Section 125, HIPAA, etc. and other legislative updates
Additional details regarding Gehring Group’s comprehensive services are included below:

**Health Care Reform Compliance**
Gehring Group is proactively addressing each of the requirements on behalf of all of our clients to ensure that all policy renewals subject to the mandates are in compliance with the Health Care Reform legislation. We continue to host various educational seminars and webinars on the continuously evolving requirements of the laws for our clients so that they have all the information needed to be adequately prepared for the upcoming mandates. Topics have included MLR Rebate Distribution, W-2 Reporting of Employer Sponsored Health Coverage, Determining Seasonal and Variable Employees and the Employer Shared Responsibility Penalty (a.k.a. Pay or Play), Filing the PCORI and TRF Fees, and Reviewing Forms 1094 & 1095. As Health Care Reform continues to evolve, Gehring Group will diligently review all newly available product offerings to ensure that our clients are always presented with the best available options while complying with all mandates and requirements of the health care reform legislation.

**Clinic Consulting**
Gehring Group also assists our clients in the decision of whether to open an on-site health clinic. If requested, Gehring Group will conduct a feasibility analysis to determine if our clients can take advantage of the potential cost saving benefits of opening an on-site or near-site clinic. By shifting costs from the medical plan to the clinics, many groups have been better able to manage specific areas of claims costs, while providing additional access to medical care to their employees. Gehring Group has experience in conducting the bid process to determine which clinic provider and clinic model would best meet the needs of our clients, and in addition, is available to oversee the implementation process once a decision has been made.

**The Request for Proposal Process**
Gehring Group will conduct all phases of the procurement process for those lines of insurance as requested, from RFP development through the proposal analysis and recommendation process. Our involvement in this process is very comprehensive. We feel it is our job to educate you on any new products in the industry that may reduce administrative burden or aid in the reduction of health care costs. Gehring Group maintains strong relationships with all the major insurance carriers and only places business with financially stable and highly rated companies.

**Plan & Proposal Evaluation**
Gehring Group will consistently provide thorough examination of all proposals received during a bid process. We will compare all proposals to the in-force program and illustrate the program differences to include the advantages and disadvantages of each. This will include a detailed cost comparison which outlines the total cost of the program in addition to breaking down the costs related to employer and employee contributions. During this process, we will also compare provider networks to determine which proposers may be considered viable options.

**Plan Renewals & Effective Negotiations**
In addition to bidding your employee benefits program, Gehring Group will also negotiate renewals with your incumbent carriers. As previously stated, our leverage in the market provides us with the credibility to negotiate with insurance carriers more effectively. We get results. Our highly trained staff is able to negotiate more effectively due to the high quality of our own analysis.

**Program Implementation**
Gehring Group provides extensive assistance during program implementation and the open enrollment process. After the RFP and evaluation process, Gehring Group staff remains involved in:

- Assisting in coordinating and attending employee informational and enrollment meetings at all sites as determined by the client.
- Determining open enrollment meeting format (i.e. health fair style vs. group informational meetings vs. one-on-one);
Coordinating meeting locations, times, collateral needed and if carrier representatives are requested;
Developing communication collateral (i.e. announcement posters, annual employee benefits guide, etc.);
Facilitating cancellation or renewal of current insurer upon written acceptance;
Ensuring that applications and contracts for all new vendors are complete and accurate and forwarded to the applicable vendors in a timely manner; and
Review all vendor contracts to ensure they are in line with what was proposed and presented.

Again, our team is available to assist with the annual open enrollment to conduct meetings, give presentations, and meet with employees individually to clarify any questions regarding their coverage. In addition, we can provide additional licensed staff to attend meetings at multiple locations and time slots if necessary. We can also conduct new-hire enrollments on a scheduled basis.

**Employee Benefits Handbook**
At the beginning of each new plan year we compile all of the information regarding your insurance coverages and summarize it in an employee friendly benefit booklet. This booklet has proven to be a valuable resource to our client's employees and has reduced the number of inquiries received by our client's HR and Benefits staff. This service is offered at no additional cost. We will provide you with enough copies for open enrollment and as needed for new-hire orientations throughout the plan year.

**Professional Employee Communications**
Gehring Group employs an in-house Graphics Department which enables us to assist our clients with various types of employee communication materials. As part of our services, we draft and produce employee communication pieces such as payroll stuffers, department posters, well brochures, etc. This allows our clients to better communicate its employee benefit offerings and keep their employees well educated with regard to their employee benefit options and responsibilities. All work product is created and produced in house with client approval.

**Ongoing/On-site Service**
In addition to the processes above, your Gehring Group Account Manager will maintain continuous communication throughout the plan year to provide support to staff with administrative, legislative, enrollment and billing questions. Each renewal year, Gehring Group and the client determine a convenient schedule to meet. These meetings can take place quarterly, semi-annually or as needed. Gehring Group strives to be available to our clients whenever the need arises, and there is never any charge for travel for onsite meetings. Gehring Group is also available as needed to assist our clients' staff with the resolution of claim problems and other issues such as policy interpretation. In addition, Gehring Group staff is always available to provide on-site assistance with new-hire orientations and employee benefits fairs.

**Wellness Program Consulting**
Gehring Group has assisted numerous clients in implementing a structured wellness program with the goal of encouraging employees toward a culture of wellness. We are available to assist our clients in developing a concrete wellness strategy with written goals and are there each step of the way. Gehring Group coordinates services between carriers, health and wellness vendors, and the client to facilitate the delivery of appropriate and coordinated health management and care management services through various outlets including clinics, educational seminars, management programs offered through the carrier, carrier resources, programs developed by the Gehring Group wellness team, and health improvement wellness challenge platform vendors. Gehring Group's Wellness Coordinator is also available to advise and assist in designing and implementing programs to help achieve effective population health management practices for your organization. Gehring Group's Wellness Coordinators have knowledge of various effective wellness vendors and can provide you with an overview of which services may be in your best interest.
Claims Monitoring & Analysis
As part of our continuous service, Gehring Group staff conducts detailed reviews, analysis and projection sessions with decision makers at key points throughout the year. We consistently track the available claims utilization data of your program throughout the plan year in order to more effectively prepare for the renewal process. We review available claims utilization reports to determine whether your programs are running favorably, and utilize this claims data to forecast renewal projections and negotiate with vendors.

Employee Advocacy
Members of your service team are not only available to benefits administration staff and decision makers, but are also directly accessible by employees and retirees. We are available to assist our clients and their employees in the resolution of unresolved claim issues. In addition to your assigned account manager, Gehring Group also provides three in-house Client Service Specialists specifically for this purpose. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider’s office to seek resolution. The Internal Client Service Specialists are also intricate in helping to resolve escalated claims issues by assisting with writing appeal letters in the event a claim has been denied. Our Gehring Group team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

Employee Surveys
One of the most effective ways to acquire employee feedback regarding their benefits program, or any other topic of interest, is through an employee survey. Gehring Group has the ability to accomplish this via paper survey form, or electronically, via the internet. These surveys have proven to generate effective results that aid in future decision making.

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

- Gehring Group Newsletters
  Gehring Group provides you with updates regarding any changes in applicable laws and how they might affect your benefits program via our Gehring Group newsletters which are distributed via email and posted on our client portal.

- Gehring Group Client Portal
  Our client portal website allows us to post our newsletters as well as legislative updates and documents for clients to review, so that as the landscape of health care reform evolves, we can ascertain that they have timely access to relevant documents and analysis to help them navigate through this period of change.

- Client Seminars & Webinars
  During this time of legislative change, Gehring Group has taken on the role of becoming an educational resource for our clients by hosting numerous informative seminars and webinars on relevant topics. Each year, we seminars on the topic of health care reform, HR topics, innovative health strategies and other legislative topics in order to ensure that our clients have all the information needed to be adequately prepared for any regulatory changes on the horizon. As part of our commitment to keeping our clients informed and educated, Gehring Group also hosts an annual two-day Insurance Education, Innovation, and Excellence Summit specifically for the Public Sector organizations. During the summit, we provide engaging
sessions on Leadership Training, Wellness, Legislative/Compliance Updates, and Innovation and Trends in Employee Benefits and Risk Management.

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

**Produce Formal Proposals / Make Presentations**
Gehring Group is available to make presentations to all staff groups or employee committees as needed. We can create PowerPoints and customized spreadsheets and recommendations based on the specific purpose of the presentation and needs of your group.

**ThinkHR Workplace Pro**
Gehring Group provides Think HR to all clients at no additional charge. Think HR offers a one-stop resource for quick answers to thousands of human resources and employee benefits questions covering such issues as record-keeping, employment law, wages and withholding, workers’ compensation, harassment, ERISA, COBRA and FMLA. Think HR provides you with easy and immediate access to expert HR advisors who will provide information and answers in a timely manner to minimize the exposure and risk associated with legal and regulatory matters. These answers are provided via phone, web or email, followed up with a written response to summarize the issue and result.

ThinkHR Workplace Pro includes:

**HR Hotline** – Immediate, unlimited help from PHR and SPHR Advisors via phone or email.
- Phone access to HR advisers anytime Mon-Fri, 9am-8pm EST
- Written/email follow-up on complex issues or researched matters
- National and regional expertise

**HR Library** – Immediate access to HR resources to solve your HR concerns.
- Thousands of forms, documents, tools and checklists for every HR department
- Job description builder and salary benchmarking tools

**Learn Pro** – More than 200 online training courses that ensure compliance, reduce risk and drive employee engagement.
- Intuitive administrative dashboard
- Risk and Safety content
- Robust reporting
Gehring Group provides workers compensation consulting services and employs risk management and administrative professionals that specialize in implementing and managing risk insurance programs. We prepare, provide, and present creative, informative risk management and loss control materials to clearly illustrate information, thus providing effective communication to individuals who are not normally involved in insurance and risk management issues on a daily basis.

Gehring Group provides innovative services for innovative companies in various industries. We understand the unique needs of our clients and do not provide cookie cutter solutions. In our experience, the best way to manage a property and liability insurance program is comprehensively and proactively. The evaluation of a client’s insurance program entails a balance between the desired limits of risk and the cost to insure against these risks.

Gehring Group’s team of staff and resources can create customized risk management solutions by identifying opportunities and key risk factors unidentified by the client. We remain involved with our clients on a year round basis, not only at renewal time. We perceive our commitment to be an ongoing extension of your risk management team. This hands-on approach enhances our ability to address the specific needs of each of our clients by becoming more familiar with the client’s staff, properties, and assets, thus enabling us to provide the most efficient recommendations regarding their risk management program.

### WORKER’S COMPENSATION SERVICES

#### INJURY MANAGEMENT
- Assist with establishing written policies and procedures for work place injuries
- Assist with establishing incident and injury reporting procedures
- Provide training and education to supervisors and employees regarding workers’ compensation procedures and statutory requirements
- Work with medical providers to implement consistent treatment and reporting policies
- Provide service to assist management with initial claim assessment
- Review injuries within forty-eight (48) hours of occurrence upon request
- Assist with establishing written policy and assignment of “light duty”
- Act as liaison to adjuster to facilitate complete treatment, MMI assessment and release to “full duty”
- Assist in open claims review meetings with carrier or Third-Party Administrator to ensure efficient and expeditious resolution.

#### LEGAL ADMINISTRATION SUPPORT
- Assist in production of records to claimant counsel
- Act as liaison to claimant attorney and carrier assigned counsel as needed
- Assist with mediation following through to claim settlement as needed

#### SAFETY PROGRAMS
- Provide written safety procedure templates as requested
- Provide safety training and education to supervisors & employees
- Conduct monthly/quarterly departmental safety meetings as required
- Provide literature and topics for monthly safety meetings
- Assist with updating safety programs as necessary
- Participate and assist with on-site safety inspections
- Act as liaison to safety/loss control inspections with outside examiners
- Provide research and recommendations regarding safety incentive programs
- Write safety incentive program and present to management
- Implement safety incentive program
**WORKER'S COMPENSATION SERVICES**

### ANALYTICAL SERVICES
- Produce annual audit, based on actual payroll and exposure
- Provide projected workers' compensation costs for budgetary purposes
- Review quarterly losses and aid in the assessment of reserves with adjuster as necessary
- Produce RFP for workers' compensation coverage
- Evaluate RFP submittals consistent with the needs of the Client
- Prepare final written recommendation for coverage
- Present evaluation recommendation to management and staff

### PROPERTY, CASUALTY & LIABILITY SERVICES

#### CLAIM AND LOSS MANAGEMENT
- Assist with establishing written policies and procedures for losses, incident investigations, accidents and liability claims
- Assist with establishing property loss, incident and accident reporting procedures
- Provide training and education to management regarding reporting procedures
- Work with adjusters, appraisers and investigators to research and assess losses, accidents and claims
- Provide service to assist management with initial claim and loss assessment
- Review losses, accidents and incidents within forty-eight (48) hours of occurrence upon request
- Assist in claim filing and notification to carrier
- Act as liaison to adjuster to facilitate closing of claim
- Assist with restitution recoveries and in-house subrogation
- Assist with open claims review meetings with carrier or TPA to ensure efficient and expeditious resolution

#### LEGAL ADMINISTRATION SUPPORT
- Assist in production of records to claimant/plaintiff counsel
- Act as liaison to claimant/plaintiff attorney and carrier assigned counsel as needed
- Assist with compilation of Requests to Produce
- Assist with mediation following through to claim settlement

#### LOSS CONTROL PROGRAMS
- Provide written loss control policies and procedure templates
- Provide loss control training and education to management and supervisory staff
- Update loss control programs as necessary
- Participate and assist with on-site loss control inspections
- Act as liaison to loss control inspections with outside examiners

#### ANALYTICAL SERVICES
- Assist with production of annual audit, based on actual budget, schedules and exposure
- Provide projected coverage costs for budgetary purposes
- Review quarterly losses and assess reserves with adjuster as necessary
- Assist with annual property appraisals
- Review contracts for coverage sufficiency
- Assist with compilation of property schedules
- Produce RFP for property, casualty and liability coverage
- Evaluate RFP submittals consistent with the needs of the Client
- Prepare final written recommendation for coverage
- Present evaluation recommendation to staff
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<th>Public Sector Clients</th>
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<tr>
<td>Boynton Beach, City of</td>
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<tr>
<td>Martin County BOCC</td>
<td>West Palm Beach, City of</td>
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Refresh: Minimum Essential Coverage & Applicable Large Employer (ALE) Reporting

- A review of the 2018 Forms 1095/1094 B and C and instructions
- Refresh on coding
- Filing deadlines
- Healthcare legislation update
- Questions
- A review of available BenTek reports to assist in validating data

Employer Health Insurance Reporting

Sections 6055 & 6056 of ACA:

1. Issuer/Employer reporting of minimum essential coverage (MEC) for plan subscribers
   Used to report to taxpayers and IRS the individuals covered by MEC and therefore not liable for Individual Shared Responsibility payment (ISRP)

2. Applicable Large Employer (ALE) reporting of employer sponsored offer of coverage, cost, and employee enrollment
   Used for: 1) determining if an Employer owes a payment under the ESRP under section 4080H (a & b penalty); and 2) determining employee’s eligibility for premium tax credit
What’s New – Form 1094-C

Other 1094/5 Considerations

• Other Notable Updates:
  - Affordability % & Federal Poverty Level
    - 9.66 for 2016 = $11,770 = $94.75
    - 9.69 for 2017 = $11,880 = $95.93
    - 9.66 for 2018 = $12,280 = $96.88
    - 9.66 for 2019 = $12,340 = $99.75
  - § 4980H(a) Penalty - 95% of eligible FT Employees
    -section A
      - § 4980H(a) penalty - $21,190 per year ($295.25/month)
      - § 4980H(b) penalty - $58,800 per year/12 months
    - $20 per return not furnished to employee + $270 per return not filed with IRS
      - $500 total (= $2,750, 500 + $5,275, 500 respectively)
  - Aggregated Group
    - Section 144 rules for private sector companies
    - Reasonable good faith interpretation for public sector entities

Other 1094/5 Considerations

• Other Notable Items:
  - Reporting requirement
    - 1 report for each employee eligible even 1 month of year
    - Must complete all 12 months of return if reporting requirement
    - If employee ONLY in Limited Non Assessment period during year and never had eligible month – no reporting requirement
  - Offer of Health Coverage
    - Effective offer if allow employee to enroll/decline coverage at least once per plan year (12 consecutive months)
    - If don’t provide effective opportunity to decline the dependent coverage, the employer is treated as having offered EE only coverage

What’s New – Form 1095-C

Other Notes & Takeaways:
1. Self-insured Major Medical and HRA (Integrated) – only report under one form (major medical)
2. HRA no major medical – must report for individual (ex. Retiree HRA accounts)
3. No client left behind – please email us how you are filing and if you need our assistance
4. Cindy is point person on all things 1094/1095 – Cindy@bhnegroup.com including systems we work with
5. Worst-case sold out to Equifax
6. Make year enrollment corrections timely – right time line with January 31st date!
7. BenTek users - audit reports (Monthly ACA Audit report) available to mitigate coding errors. Start reviewing now.

2018 Reporting Deadlines

<table>
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<th>Action</th>
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<tr>
<td>Send 1095-Cs to Employees</td>
<td>January 31, 2019</td>
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<tr>
<td>Submit Forms to IRS (Paper File)</td>
<td>February 28, 2019</td>
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<tr>
<td>Submit Forms to IRS (E-File)</td>
<td>April 1, 2019</td>
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Other 1094/5 Considerations

- Be Prepared!
  - Review employee records before year end
    - Completeness – dependent info, address info, SSN
    - Start/termination dates – especially conflicts
  - Vendor selection
    - Reach out now
    - Verify contracting in place
    - Get system update (ERP) as needed
    - Review deadlines for printing/mailing
    - Understand/mitigate time constraints

Resources

Forms 1094-C & 1095-C - IRS site: https://www.irs.gov/uac/about-form-1094c

Forms 1094-B & 1095-B - IRS site: https://www.irs.gov/uac/about-form-1095-b

Healthcare Reform & Legislative Update

Status Update on the ACA
Continuing Resolution – 1/22/18
- Cadillac Tax delayed until January 2022
- Health Insurer Fee abolished for 2019
- Medical Device Tax - 2.3% delayed until 2022
- 6 Year Extension of CHIP

Enforcement
- 226 J Letters – inquiries on Forms 1094/S-C (ESRP)
- 227 Letters Issued in Response to 226J (L&M need further follow-up; a penalty still remains)
- 2016 Penalty Letters Issued – 95% VS 75% MEC Offer

PCORI fee due July 31, 2018
- No longer assessed for plan years ending after 9/30/19
- Calendar year plans last assessment is 2018 calendar year

Healthcare Reform & Legislative Update

Executive Orders
- Expand access to association health plans for small employers
- Review regulations that limit the duration of short-term health plans
- Expand the flexibility and use of health reimbursement accounts (HRA)

Associated Health Plans
- Creates class of AHPs that are entitled to large group plan status at the federal level
- Does so by reinterpreting the ERISA section 3(5) definition of "employer" to include a qualifying group or association of employers
- Compared to past guidance on what constitutes a "bona fide employer association," updates the rules for purposes of when an association can sponsor the new qualifying AHP and obtain large group treatment

Healthcare Reform & Legislative Update

Associated Health Plans
- AHPs can be offered (i) to employers within a geographically limited area across industries, or (ii) to employers in the same industry without geographic restrictions
- AHPs can include small or large employers
- AHPs can include (or even be limited to) sole proprietors, including those without any other employees. (The Final Rule refers to these individuals as "working owners")
- AHPs must be sponsored by a qualifying group of employers or associations
- AHPs must comply with certain nondiscrimination requirements
- AHPs be self-funded or fully insured under federal law; but many states prohibit self-funded AHPs
- State law is key – AHP/ADA
- State health coverage mandates
Healthcare Reform & Legislative Update

Executive Orders
- Expand access to association health plans for small employers
- Review regulations that limit the duration of short-term health plans
- Expand the flexibility and use of health reimbursement accounts (HRAs)

Short term duration health plans
- Short-term limited-duration plan rule authorizes:
  - Plans up to 36 months
  - Non-renewable for up to 36 months
- Challenge focuses on rules undermining ACA and Exchanges
- Healthy will leave the Exchanges, hampering ACA risk pool and increasing prices
- Potentially infinite STLD plan term (back to back policies) alleged to violate statutory intent that STLD plans be "short-term" and of "limited duration"

Healthcare Reform & Legislative Update

Some important changes made by the executive branch (HHS, DOL, IRS, Executive order)
- Broadened exemption for birth control (religious morality)
- End of Cost Sharing Reduction Subsidy Payments (McConnell never brought to vote)
- Additional cuts to marketing individual Market enrollment and enrollment assistance
- 21st Century Cures Act:
  - MHPPAA additions – Mental Health Parity Addiction Equity Act – Provide basis for determinations
  - OSEHRAs (Small Employer, reimburse individual policies, no subsidy, $5,500/Ind, $10,250 family, universally available to all employees)
  - New template for Summary of Benefits and Coverage
- None of the changes alter the basic structure of the ACA or most of the protections guaranteed under the law

Healthcare Reform & Legislative Update

2018 Agenda
Congressional Republican Priorities
- Market Stabilization
- Prescription Drug Costs
- Opioid Epidemic
- Limit Private Insurer Consolidation (Per HHS Deputy Derek Harben)

Other Considerations: Baselines, OTC & Behind the Counter: Expansion, Drug Importation

Healthcare Reform & Legislative Update

American Patients First - Blueprint to Lower Drug Prices & Reduce Out of Pocket Costs

Message from the Secretary

American Patients First
Healthcare Reform & Legislative Update

**Procedures, Audits, & Lawsuits**
- New disability claims procedures in effect 4/2018
  - Modifies claims procedures/denials
  - Disability claims now subject to Claims procedures from ACA (right to appeal)
  - Culturally & linguistically appropriate standards
- Next round of HIPAA privacy audits from Office of Civil Rights
  - Questionnaire to HIPAA supplemental questionnaire/pending audit
  
- **DOL audit targets:**
  - From Form 5500 filings or employee complaint
  - HIPAA compliance, wellness programs (ACA rules), and OON reimbursement (emergency services parity; greater of a) Medicare rate b) in network rate or c) plan usual & customary rate

**Individual Mandate**
- Elimination of tax for individual mandate through tax credits and jobs act - 2019
- Nine States (and D.C.) considering Individual Mandate rules:
  - Maryland
  - California
  - Connecticut
  - Hawaii
  - Minnesota
  - New Jersey
  - Rhode Island
  - Vermont
  - Washington
- Marks shift in authority over healthcare from federal government to states
- May lead to significant coverage differences between states

**The individual, ACA-subsidized market is stabilizing.**
- Early indications: prices are holding steady or even dropping
- Silver plan loading will continue - gross premiums and gross subsidies higher for these funded plans, so net premiums will be lower for consumers.
- Concern last year on plan availability in some counties - much less concern for 2019.
- Several insurers have expanded their offerings or reentered the individual, subsidized market. Others have entered for the first time.
- More competition means better pricing for consumers.
- More broker participation in the market
- All of these factors are signs of an improving market and true to the intent of the ACA.

**Individual Mandate Elimination Marketplace Concerns:**
- 9.2 Million Americans on health exchange in 2017
- 8.8 Million Americans on health exchange in 2018 (shortened enrollment)
- Concern individual mandate elimination and short term duration plans (don’t meet ACA requirements) may impact enrollment for 2019

**Looking Forward & On the Hill**
- Comprehensive Healthcare Reform Round II
  - Currently constant chipping away of ACA
  - Currently political nightmare
  - Lame Duck majority
  - Employer Mandate?
  - * Cadillac Tax
  - * Health Insurance Tax
  - 40 Hour Work week
  - HSA Improvement Act - broadly expand to allow for more types of coverage without disqualifying HSA
  - Fix the Cost Sharing Reductions
  - Fund with pro-life protections

\*

\* indicates provisions have been blocked by ACA legislation.

\* indicates provisions have been repealed by ACA legislation.
Healthcare Reform & Legislative Update

Looking Forward & On the Hill
- Medicare & Medicaid Reform - expanding access
- GOP effort to rework Medicaid
  - Institute premiums for beneficiaries
  - Tightening standards for eligibility
  - Purchasing coverage on exchanges
  - Work requirements
- Current Bills on the Hill - (NAHU Employer Working Group)
  - Cassidy Draft Bill - Balance Billing
  - FAA Reauthorization Bill - Air Ambulance
  - Employer Reporting Bill - Prospective reporting

Questions?

BenTek Client Data Review
- Supported 1094/1095 Filing Vendors
  - PSST ACA Track
  - Greatland/Yearli
  - Worktime
- Resource to clients using alternate vendors
- Monthly ACA Audit
  - Highlights employees with potentially invalid data within a specified date range
  - Should be reviewed prior to exporting data from BenTek for import to above filing vendors

Healthcare Reform & Legislative Update

Looking Forward & On the Hill
- Midterm elections: Florida/Nevada/Wisconsin/Indiana/Arizona toss up states
  - Senate: Current control Republicans at 53 seats.
    - 33 Senate seats up for re-election: 23 Democrats/2 Independents/8 Republicans
  - House: 435 seats up for re-election
    - 37 Republicans and 13 Democrats not running for re-election
      (Retiring: 25 Republicans/10 Democrats. 33 running for seats/9 running for State Governor)
    - Lots of new Reps to Educate on Healthcare!

Monthly ACA Audit
- Can be found at:
**Monthly ACA Audit**

- Run report for 1/1/2018 – 12/31/2018
- Descriptions of the tabs in the Excel file can be found here: (also included at the end of this slide deck)
- Review Monthly ACA Audit and make applicable corrections by December 3rd

**BenTek Export Deadlines**

If Gehring Group or BenTek is assisting you with your filing:

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
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<tbody>
<tr>
<td>Review Monthly ACA Audit and make applicable corrections by</td>
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<td>ACA Track – Data available for review in ACA Track by</td>
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<td>Greatland – Data file available for review on:</td>
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**Monthly ACA Audit – Tab Descriptions**

**Well Period Discrepancy**

Any employee coverage records set for the report will show here if the employer’s coverage starts outside of the calculated eligibility period for the employee. The eligibility start date for the employee is calculated based on the Employee’s Benefit Class Effective Date.

**Missing Elig. or Waiting Period**

Any employee coverage records set for the report will show here if the employee’s coverage exists but is not calculated Eligibility or Waiting period for the employee record. If a benefit class was removed BUT the coverage was not removed or if there was an error calculating the period or if the period does not exist in the time frame, but the coverage does.

**Active, No Waiting Period**

Any employee who has an active benefit class that begins within the date range of this report will be listed within this tab if the active benefit class does not have a waiting period.

**Status-Termed Benefit Class Action**

Any employee status will show on this tab if the employment status is terminated, but its corresponding benefit class is NOT terminated. This will not apply to those who switch statuses and continue coverage (i.e., Employees switching from Part Time to Full-Time).

**Monthly ACA Audit – Tab Descriptions**

**Personal Name Issue**

Employee and Dependent records will appear within this tab if the employee or dependent has an unusual first, last, or middle name that may be incorrect due to uncommon characters appearing in the name. For example, an employee or dependent record may appear in this tab if their suffix is listed as part of their last name: “smith Jr.”

** Bundled Coverage Discrepancy**

For some clients, there is a bundled coverage setup for the offering. This tab will show an employee that has the primary coverage and the bundled coverage. BUT these coverages have different effective or termination dates. For example, if a Health Coverage Includes Rx, but there is an employee with an Medical Plan that starts 1/2 with no end date and this coverage is tied to a Rx plan that starts for the employee on 1/1 with no end date. This employee will show on this tab.

**Secondary Coverage Overlap**

For some clients, there is a bundled coverage setup for the offering. This tab will show an employee with a bundled coverage that overlaps another bundled coverage associated with it. For example, if a Health Coverage Includes Rx, but there is an employee with an Medical plan and 2 Rx plans, one Rx plan starts 1/2/ with no end date, the other Rx plan starts 3/2 with no end date.
Monthly ACA Audit – Tab Descriptions

Overlapping Dependent Coverage
Any dependent coverage record will show on this tab if, for the same coverage type, there exists multiple plans at the same time. For example, if an employee has Dental Family coverage starting 1/1 with a start date and covers Dependent A starting 1/1 and ending 6/1 and another record covering Dependent A 2/2 with no end date.

Incorrect Number of Days
Any dependent coverage record will show on this tab if, for a particular list, the number of dependents covered is not correct. For example, if an employee has Dental Employee + 1 coverage and covers 2 dependents for the record, or if an employee has Dental + Family coverage and does not list any dependents as covered.

Plan Doesn’t Allow Relationship
Any dependent coverage record will show on this tab if, for a particular list, the type of dependents covered is not correct. For example, if an employee has Dental Employees + Children coverage and covers a Spouse.

Monthly ACA Audit – Tab Descriptions

The generated audit file may also contain the following optional tabs:

Missing Primary Coverage
For some clients, there is a bundled coverage setup for the offering. This tab will show an employee that has the bundled coverage, but not the primary coverage associated with it. For example, if a Health Coverage includes Rx, but there is an employee with no Rx plan and no Medical plan. This employee will show on this tab.

Missing Secondary Coverage
For some clients, there is a bundled coverage setup for the offering. This tab will show an employee that has the primary coverage, but not the bundled coverage associated with it. For example, if a Health Coverage includes Rx, but there is an employee with no Medical plan and no Rx plan. This employee will show on this tab.

THE END

Questions?
City of Naples
A Case Study

2017

GEHRING GROUP
INSURANCE BROKERS & CONSULTANTS
A Case Study

City of Naples

- Creating a culture change built on management support for healthy change has been crucial for program success
- Results have been record-breaking and award-winning by many standards

- No Benefit or Premium Change in 4-Years with Gained Surplus
- Incentive Plan Design through Transparency of Provider Network
- 99% Participation in Wellness Incentive Program
- 22% increase in preventive care visits (60% vs. norm 25%)
- $288,000 in actual ROI from various programs
- 11% reduced catastrophic claims cost per covered life
- 7% decrease in blood pressure & 23% reduction in cholesterol risk levels
- 4% decrease in High Risk Levels and 7% increase in Low Risk Levels
- Platinum Employer by AHA – BlueZone Approved – 2016 CIGNA WellBeing Award
A Case Study

City of Naples – Actions

• Year One
  – Plan Design Changes to enhance transparency
  – Health Reimbursement Account plan targeted for enrollment

• Year Two
  – Set appropriate & actuarially sound premium rate equivalents
  – Tier of coverage & demographic claims study
  – Dependent Audit

• Year Three
  – Formal Wellness Incentive Program that incorporates measurable targets and incentive rewards on a voluntary basis
A Case Study

City of Naples

- Year Four
  - Maintains Year Three Goals & brings Wellness In-House
  - Hired a Wellness Coordinator
  - Onsight Wellness Screenings & Coaching
  - Tobacco Usage Fee Imposed
  - No new hiring of tobacco users

- Year Five
  - Wellness and program participation are key to obtaining health reimbursement account funding & bonus funding
  - Telehealth / Webhealth services included at no claims cost to employees & dependents
A Case Study

A JOURNEY TO EMPLOYEE HEALTH AND FISCAL WELLNESS

City of Naples Case Study

Over the past six years, the City of Naples has worked with Gehring Group and its health partner, CIGNA, to build a health improvement program to improve the well-being of its employees, but also help them realize the financial rewards of a healthy workforce. Creating a culture built on management support for healthy change has been crucial to the City’s successful wellness journey. And the results have been record-breaking and award-winning by many standards.

Outcomes

- 99% participation in wellness incentive program
- 22% increase in preventive care (60% vs. 25% norm)
- $288,000 in actual return-on-investment from various disease management programs
- 11% reduced catastrophic cost per member

Starting Simple

Recognizing that employees perform best when healthy, the City implemented a voluntary wellness incentive program. They rewarded employees for health actions, encouraging them to reach targets such as:

1. Achieve a BMI of less than 30
2. Achieve a blood sugar level of less than 100 mg/dl
3. Achieve a total cholesterol level of less than 239 mg/dl
4. Achieve a LDL cholesterol level of less than 129 mg/dl
5. Achieve a blood pressure level of 139/89 or less
6. Successfully participate in tobacco cessation program

To participate and meet these targets, employees were required to work with their primary care doctors, participate in biometric screenings plus health assessments. And when they successfully meet their targets, employees receive an additional $500 in the Health Reimbursement Account.

Population Facts

- Southwest Florida Local Government
- Three Benefit Bargaining Units
- 436 employees/1,005 total lives
- 51% male/49% female; average age being 35-47

Actions

- Incentives reward employees for healthy behaviors
- Implemented wellness coaching & disease management
A Case Study

Building on Success
As the program gained traction, the City added Cigna's MotivateMe program to enhance their wellness efforts. Providing coaching online and over the phone, this program gives employee even more opportunities to be rewarded for achieving wellness goals. The coaching encourages employees to reach previously unattainable targets by improving nutrition, exercising, learning to manage stress, working toward a healthier weight, and ending tobacco use.

Each year, the City comes closer to its strategic goal of behavior change. In 2015, participation in the wellness incentive program rose to 99% with increased funding from the City, employees' Health Reimbursement Account funding became dependent upon completion of a biometric screening and health assessment.

Today, the wellness program includes an extensive roster of strategies, ranging from exercise and healthy cooking programs to fitness challenges and health fairs. Through their Onsite Wellness Coordinator, the City has developed strategies and funding options that enable employees to use Cigna-provided programs as well as local resources.

And as employees have become more engaged in their well-being, the efforts have shown significant improvement in workforce health and productivity—all of which contributes to greater fiscal well-being for the City and the City budget. The City of Naples has not had to change plan funding for four years in a row nor change what employees pay for their benefits.

<table>
<thead>
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<th>Risk Level</th>
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<th>Medium</th>
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<td>23.2%</td>
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<td>2014</td>
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<td>25.7%</td>
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<th>Risk Reduction</th>
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<td>16.1%/-23%</td>
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<tr>
<td>2014</td>
<td>34.7%</td>
<td>39.1%</td>
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</table>
A Case Study

Preventive Care Engagement

Taking Wellness to a New Level
Today, the ideals of health and wellness are part of the City of Naples' culture. In fact, the City's employee benefits fund mission statement states it will "offer comprehensive benefits at a competitive cost, provide quality health care services in a cost-effective manner, and offer innovative, cutting edge benefits and wellness programs." The support and advocacy from senior management including the Mayor and City Council have proven vital to the City's successful program.

In 2014, the City became the first employers in Naples to pledge support for the Blue Zone project in Naples. The Blue Zone project is a community-wide health improvement initiative where individuals, employers, restaurants, grocers, schools and governments work together so that the health choice becomes the easy choice. The City has incorporated the Blue Zone into its wellness program, members of City staff now volunteer to serve on various committees and 43% of City employees have pledged to make healthy choices.

Making a Difference in 2016
Recognizing its commitment to employee health and well-being the City has received:
Platinum level recognition as a Fit Friendly Worksite by the American Heart Association
Blue Zone Approved!
2016 Cigna Well-Being Award
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This booklet is merely a summary of your benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of Naples reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.
## Contact Information

| Human Resources | Human Resources | Phone: (239) 213-1810
www.naplesgov.com |
<table>
<thead>
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<td>Human Resources</td>
<td><a href="http://www.naplesgov.com">www.naplesgov.com</a></td>
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| Medical Insurance | Cigna | Customer Service: (800) 244-6224
www.cigna.com |
| Prescription Drug Coverage and Mail-Order Program | Cigna Home Delivery | Customer Service: (800) 835-3784
www.cigna.com |
| Health Reimbursement Account | Cigna | Customer Service: (800) 244-6224
www.cigna.com |
| Dental Insurance | Cigna | Customer Service: (800) 244-6224
www.cigna.com |
| Vision Insurance | Vision Service Plan (VSP) | Customer Service: (800) 877-7195
www.vsp.com |
| Flexible Spending Accounts | Cigna | Customer Service: (800) 244-6224
www.cigna.com |
| Basic Life and AD&D Insurance | Cigna | Human Resources |
| Voluntary Life Insurance | Cigna | Human Resources |
| Long Term Disability Insurance | Cigna | Human Resources |
| Supplemental Insurance | EarQ | Customer Service: (866) 432-7500
www.earq.com |
| Cigna Telehealth Connection | Cigna | Amwell Customer Service: (855) 667-9722
www.AmwellforCigna.com |
| MDLIVE Customer Service: (888) 726-3171
www.MDLIVEforCigna.com |
| Employee Assistance Program | Cigna | Customer Service: (877) 622-4327
www.mycigna.com
Employee ID: con |
| Online Benefit Enrollment | BenTek Support | Customer Service: (888) 5-BenTek (523-6835)
www.mybentek.com/naples |
| Supplemental Retirement Plans | ICMA | Natasha Barone, Retirement Specialist
Phone: (866) 886-8025
Email: nbbarone@icmarc.org |
Introduction

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

2018-2019 Plan Year News

Open enrollment is mandatory!

All employees are required to:
- Elect or waive coverage
- Update life insurance beneficiary information
- Indicate tobacco usage

Effective October 1, 2018 through September 30, 2019, the following plan options will be available:

Medical Insurance — Cigna will continue to be the City's medical insurance provider and offers the following plan:
- Consumer Driven Health Plan (CDHP) with a Health Reimbursement Account (HRA).

Tobacco Surcharge — Employees who enroll in the City's medical plan will be assessed a $25 surcharge per pay if they use tobacco products. It does not apply to covered spouses or dependents at this time, but, will be automatically applied to any employee who does not provide their electronic signature to the Non-Tobacco Use Statement online (www.myBenTek.com/Naples) during the open enrollment process. Participants may also provide a certificate of completion from a tobacco cessation program at anytime throughout the year to eliminate the surcharge. For additional program details concerning the Tobacco Surcharge, please see page 6 or contact Human Resources.

Dental Insurance — Cigna will continue to be the City's dental insurance provider.

Vision Insurance — VSP will continue to be the City's vision insurance provider.

Flexible Spending Accounts (FSA)
- Cigna is the Flexible Spending Account (FSA) administrator.
- Any employee wishing to contribute to a FSA can do so during open enrollment.
- Previous election amounts do not automatically continue to the new plan year and MUST be re-elected.
- Please note, based on IRS regulations, the maximum contribution to a medical FSA is $2,650.

Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D)

Cigna is the City's life insurance provider. Please be sure to update beneficiaries in BenTek.

Wellness Incentive Program

This voluntary program is available to participants (employees and retirees) enrolled in the City's Consumer Driven Health Plan. Employees who complete a biometric screening and health risk assessment are eligible for the City's contribution to the HRA. Employee results from the biometric screening can count towards wellness targets as outlined on the Wellness Incentive Program page 10 in this booklet. Each target is worth $100. The maximum number of targets participants can achieve is five, for a total of $500, which can be applied toward the medical plan deductible.

Employer Provided Benefits

The following benefits are provided to eligible employees at no cost:
- Employee Only Dental Insurance through Cigna.
- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Cigna.
- Long Term Disability (LTD) through Cigna (Police and Fire excluded from LTD coverage).
- Employee Assistance Program (EAP) through Cigna Behavioral Health.
Online Benefit Enrollment

The City provides employees with an online benefits enrollment platform through BenTek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment period, New Hire Orientation, or Qualifying Events.

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

To Access the Employee Benefits Center:

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

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

To access group insurance benefits online, log on to:
www.mybentek.com/naples

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

The City’s group insurance plan year is October 1 through September 30.

Employee Eligibility

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

Termination

If an employee separates employment from the City, insurance will continue through the end of month in which separation occurred. COBRA continuation of coverage may be available as applicable by law.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:
- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the City began prior to age 26.

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

Taxable Dependents

Employee covering adult child(ren) under employee’s medical insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee’s W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child. Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee’s tax return. Contact Human Resources for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term “child” includes any of the following:
- A natural child
- A stepchild
- A legally adopted child
- A newborn (up to age 18 months old) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant’s spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of calendar year in which they turn 26. An over-age dependents may continue to be covered on the medical plan to the end of the calendar year in which the dependent reaches the age of 30, if the dependent meets the following requirements:
- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

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

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents over age 26.
Qualifying Events and IRS Code Section 125

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

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

Examples of Qualifying Events:
- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee’s spouse and/or other dependent(s) die(s)
- Employee, employee’s spouse or dependent(s) terminate or start employment
- An increase or decrease in employee’s work hours cause eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer’s plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (Including Florida Kid Care) program (60 day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60 day notification period)
- Enrollment in a qualified health plan offered through an Exchange during a special enrollment period

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

The City offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Consumer Driven Health Plan

Bi-Weekly Payroll Deductions – Per Pay Period Cost

<table>
<thead>
<tr>
<th>Tier of Coverage</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$40.75</td>
</tr>
<tr>
<td>Employee + 1 Dependent</td>
<td>$80.37</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$132.42</td>
</tr>
<tr>
<td>Over Age Dependents</td>
<td></td>
</tr>
<tr>
<td>(Age 26 – 33)*</td>
<td>$159.79</td>
</tr>
</tbody>
</table>

*In addition to Family Premium per dependent. See the Taxable Dependent section on the Group Insurance Eligibility page for more information.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com

Summary of Benefits and Coverage

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

From: Human Resources
Address: 735 8th Street South
         Naples, FL 34102
Phone: (239) 213-1810
Email: lbervard@naplesgov.com
At Website URL: www.mybenitek.com/naples

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the certificate of coverage can be reviewed and obtained by contacting Human Resources.

If employees have any questions about the plan offerings or coverage options, please contact Human Resources at (239) 213-1810.

Tobacco Use Surcharge

The City recognizes the impact tobacco use has on medical expenses and insurance costs. Employees who enroll in the City's medical plan will be charged a $25 surcharge per pay period if they use tobacco products (any lighted or unlighted cigarette, cigar, nicotine dispensing device, pipe, or any other types of smoking products including smokeless tobacco such as spit tobacco, dip, chew or sniff in any form). It does not apply to covered spouse or dependent(s) at this time. It will be applied automatically to any employee who does not provide an electronic signature to the Non-Tobacco Use Statement online during open enrollment in BenTek. During the open enrollment process, employees will be directed to answer questions in BenTek. Please contact Human Resources for free cessation resources. An employee who falsifies a document or violates the Tobacco Free Workplace policy, and/or fails to be truthful is in violation of the City of Naples Personnel Policies & Procedures and will be subject to disciplinary action up to and including termination.

Anti-Tobacco Rx costs will be paid 100% by the plan at no cost to the employee.

Covered Treatment Options for Tobacco Cessation

- If your doctor feels these medications are medically inappropriate, have them call 1-800-CIGNA-24 or 1-800-244-6224. Brands may be available with no cost-sharing to you.
- Generic nicotine replacement therapy (so called "store-brands" are available at no cost-sharing to you, even though they may not be listed here).
- Prescription from physician is required.

- Chantix
- Bupropion (generic Zyban*) may also be known as: Bupropion HCI SR 12HR nicotine replacement therapy patches, gum and lozenges. may also be known as:
  - Nicoderm
  - Nicorelief
  - Nicorette

Quantity Limitations Apply
Other Available Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the summary of benefits and coverage document or contact Cigna’s customer service at (800) 244-6224 or visit www.mycigna.com.

**Health Assessment**

Cigna’s Health Assessment is a short, simple, online assessment that individuals complete to create a personalized health profile and action plan. Each health assessment triggers personalized Cigna health advocacy interventions designed to simultaneously optimize the individual's health.

Log on to or register at www.mycigna.com and select Take My Health Assessment.

**Lifestyle Management Program 1.855.246.1873**

Whether looking for help with weight, tobacco or stress management, Cigna’s Lifestyle Management Programs are here for employees. Each program is easy to use, available where and when needed, and is always no cost.

Log on to www.mycigna.com now. Click the My Health tab, and then click Health Programs & Resources.

**My Health Assistant**

Let’s face it; everyone has health and wellness goals. But reaching them can sometimes seem impossible. That is until now. With My Health Assistant, employees have an online, interactive coaching program to help make those big changes possible in a fun, flexible and motivating way.

Visit www.mycigna.com, click the My Health tab and select My Health Assistant Online Coaching.

**Health Information Line 1.800.Cigna24**

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven (7) days a week, 365 days a year to provide health and medical information and direction to the most appropriate resource.

**The myCigna Mobile App**

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM. With the myCigna mobile app, members can:

- Find a doctor, dentist or health care facility
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- And, much more!

**Healthy Babies 1.800.615.2906**

This program is designed to help mothers to be and baby stay healthy during pregnancy and in the days and weeks following baby’s birth.

Logon to www.mycigna.com now. Click the My Health tab, and then click Health Programs & Resources.

**Healthy Rewards 1.800.870.3470**

With Cigna coverage, employee has the choice to use Healthy Rewards. The program is separate from medical coverage, so the services do not apply to copays or coinsurance. No doctor's referral or claim forms are required. Employee can set appointments and show their ID card when paying for services and enjoy the savings.

- Weight Management and Nutrition
- Fitness (Gym Discounts)
- Tobacco Cessation
- Alternative Medicine
- Lasik
- Hearing Care

Log on to register at www.mycigna.com and select Review My Coverage, and then Discount Programs - Healthy Rewards.

**Register today. It's this easy:**

1. Go to www.mycigna.com and select “Register.”
2. Enter name, address and date of birth.
3. Confirm identity with secure information such as Cigna ID, social security number or complete a security questionnaire. This will confirm only employee can access personal information.
4. Create a user ID and password.
5. Review and submit.

Employee is able to log in to personal, secure www.mycigna.com. See how the site has been "designed to click with you," making it easy to navigate and find what employee needs:

- Find doctors and medical services
- Manage and track claims
- See cost estimates for medical procedures
- Compare quality of care ratings for doctors and hospitals
- Access a variety of health and wellness tools and resources
# Cigna Consumer Driven Health Plan At-A-Glance

<table>
<thead>
<tr>
<th>Network</th>
<th>Open Access Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA Funding (City Contribution)*</td>
<td>In-Network</td>
</tr>
<tr>
<td>Employee / Employee + 1 Dependent / Employee + Family</td>
<td>$750 / $1,250 / $1,500</td>
</tr>
<tr>
<td><strong>Plan Year Deductible (PYD)</strong></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$1,500</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$2,250</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
</tr>
<tr>
<td>Member Responsibility</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Limit</strong></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$3,000</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$4,500</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$6,000</td>
</tr>
<tr>
<td>What Applies to the Out-of-Pocket Limit?</td>
<td>Deductible and Coinsurance (Includes Rx)</td>
</tr>
</tbody>
</table>

### Physician Services
- Primary Care Physician (PCP) Office Visit: 20% After PYD / 50% After PYD
- Specialist Office Visit (No Referral Required): 20% After PYD / 50% After PYD
- Telehealth: No Charge / Not Covered

### Non-Hospital Services; Freestanding Facility
- Clinical Lab (Blood Work): LabCorp or Quest***: 20% After PYD / 50% After PYD
- X-rays/Advanced Imaging (MRI, PET, CT): 20% After PYD / 50% After PYD
- Outpatient Surgery in Surgical Center: 20% After PYD / 50% After PYD
- Physician Services at Surgical Center: 20% After PYD / 50% After PYD
- Urgent Care (Per Visit): 20% After PYD / 50% After PYD

### Hospital Services
- Inpatient Hospital (Per Admission): 20% After PYD / 50% After PYD
- Physician Services at Hospital: 20% After PYD / 50% After PYD
- Emergency Room (Per Visit; Waived if Admitted): 20% After PYD / 50% After PYD

### Mental Health/Alcohol & Substance Abuse
- Inpatient Hospitalization (Per Admission)***: 20% After PYD / 50% After PYD
- Outpatient Services (Per Visit)***: 20% After PYD / 50% After PYD

### Prescription Drugs (Rx)
- Generic: 30% After PYD / 50% After PYD
- Preferred Brand Name: 40% After PYD / 50% After PYD
- Non-Preferred Brand Name: 50% After PYD / 50% After PYD

---

*To be eligible for the City's contribution, employees must complete a biometric screening and health risk assessment. Employees may also be eligible to receive additional HRA contributions from the City in the amount of $100 per wellness target achieved up to a maximum of five (5) targets ($500), which can be applied towards the deductible.

**Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the plan's summary of benefits and coverage document.

***LabCorp or Quest are the preferred labs for bloodwork through Cigna. When using labs other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.
Health Reimbursement Account

The City provides employees who participate in the Cigna Consumer Driven Health Plan, a Health Reimbursement Account (HRA) through Cigna. HRA monies are funded by the City and can be used for any qualified medical expenses such as, copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, etc. The HRA monies provide tax-free funds to cover those expenses incurred under the medical plan.

To be eligible for the City’s initial contribution participants must complete a biometric screening and health risk assessment. Participants may also be eligible to receive additional HRA contributions from the City. Please refer to the Wellness Incentive Program page for more information.

Health Reimbursement Account (HRA) Funding

Employees must complete a biometric screening and health risk assessment to be eligible to receive the following HRA funding for 2018/2019.

- $750 (Employee Only)
- $1,250 (Employee + 1 Dependent)
- $1,500 (Employee + Family)

- Unused funds roll over year to year up to the maximum out of pocket limit.
- If employees contribute to a HealthCare Flexible Spending Account (FSA), the HRA pays first, then the FSA.

Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical related expenses if needed to verify a claim for Cigna or for IRS taxes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

How To Check Available HRA Balance

Participants may check available balance, activity and account history anytime online at www.mycigna.com or by calling Cigna at (800) 244-6224.

Please Note: The Plan Year Deductibles exceed the HRA funding amounts. Members will be responsible for any amount over the HRA funding until the Plan Year Deductible and Out-of-Pocket Limit have been met.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com
Wellness Incentive Program

The City of Naples is committed to health and wellness and continues to adopt plans to encourage employees in healthy behaviors. This voluntary program is available to participants (employees and retirees) enrolled in the City's Consumer Driven Health Plan and includes incentives. Covered dependents are not eligible to participate at this time. Employees may enroll in the program one time per year.

Health Reimbursement Account (HRA) Funding

To receive the initial City funding, participants are required to:

- Complete a biometric screening at a city sponsored onsite event or at a Quest Patient Service Center using the city code no later than August 31, 2018.
- Complete an online health assessment at www.mycigna.com no later than September 17, 2018.

Employees who complete the requirements above will receive the City's initial funding in a Health Reimbursement Account (HRA) that may be used towards deductible costs:

- $750 (Employee Only)
- $1,250 (Employee + 1 Dependent)
- $1,500 (Employee + Family)

Wellness Target HRA Funding

Participants are eligible for additional funding of $100 for each wellness targets achieved (up to $500). All of these targets and employee results will be tracked by Cigna's MotivateMe Program. Employees will be able to log in to www.mycigna.com to see results as MotivateMe will be the primary source to track the wellness incentives employees have earned throughout the 2018/2019 plan year.

Wellness Targets for 2018-2019

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Preventive Physical Exam</td>
<td>Complete a Preventive Physical Exam during the plan year (must be completed between 10/1/17 to 9/30/18)</td>
</tr>
<tr>
<td>Total Cholesterol Level</td>
<td>Achieve a level of less than or equal to 239 mg/dl or complete alternative activity</td>
</tr>
<tr>
<td>LDL Cholesterol Level</td>
<td>Achieve a level of less than or equal to 129 mg/dl or complete alternative activity</td>
</tr>
<tr>
<td>Blood Sugar Level</td>
<td>Achieve a blood sugar level of less than 100 mg/dl or complete alternative activity</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Systolic – less or equal to 139 Diastolic – less or equal to 89 or complete alternative activity</td>
</tr>
<tr>
<td>Alternative Activity</td>
<td>Online or telephonic coaching, participation in wellness program and/or as prescribed by a physician</td>
</tr>
</tbody>
</table>

*Please Note: Alternative Activities must be completed no later than March 31, 2019.*

Alternative Activities:

Employees unable to meet one or more of the wellness targets will be able to complete an alternate activity through the MotivateMe program, such as online and/or telephonic coaching. Through Cigna's MotivateMe program, employees will have the added opportunity to work directly with their primary care physician to provide an alternative activity that is appropriate or a waiver from completing the activity.

The MotivateMe Health Coach is highly qualified and is dedicated to understanding the needs of employee. The coach will work with the employee one-on-one for support and be available to listen and help create solutions. An action plan will be established to help employee move toward their goals. To achieve a wellness target and receive funding, employee must take action and receive results. Each goal is funded separately, as long as progress is being made.

Getting Started:

Employees must complete a biometric screening and health risk assessment and then visit www.mycigna.com and select the Incentive Awards Programs. Once set up with MotivateMe, employees will be able to view a list of available healthy actions and goals, details on how to get started and instructions on how to earn and redeem rewards.
Dental Insurance

Cigna Dental PPO Plan

The City offers dental insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the summary plan document or contact Cigna’s customer service.

Dental Insurance — Cigna Dental PPO Plan
Bi-Weekly Payroll Deductions - Per Pay Period Cost

<table>
<thead>
<tr>
<th>Tier of Coverage</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$16.40</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$25.20</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$46.00</td>
</tr>
<tr>
<td>Over Age Dependent</td>
<td>$11.29</td>
</tr>
</tbody>
</table>

In-Network Benefits

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

Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage Network or DPPO Network. However, members using the Cigna Advantage Network will see additional cost savings from the added discount allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.

Out-of-Network Benefits

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

Plan Year Deductible

The dental PPO plan requires a $50 individual or a $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

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

Cigna | Customer Service: (800) 244-6224 | www.mycigna.com
## Cigna Dental PPO Plan At-A-Glance

<table>
<thead>
<tr>
<th>Network</th>
<th>Cigna Total DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible (PYD)</strong></td>
<td>\n</td>
</tr>
<tr>
<td>Per Family</td>
<td>$150</td>
</tr>
<tr>
<td>Waived for Class I Services?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Plan Year Benefit Maximum</strong></td>
<td>\n</td>
</tr>
<tr>
<td><strong>Class I Services: Diagnostic &amp; Preventive Care</strong></td>
<td>\n</td>
</tr>
</tbody>
</table>
| Benefit (Children and Adults) | \n
### Locate a Provider
To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Cigna Total DPPO network.

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

** Late Entrant Limitations will apply.

### Important Notes
- Teeth missing prior to coverage under the Cigna Dental Plan will not be covered.
- Pretreatment review is available on a voluntary basis when extensive dental work is expected to exceed $200. The member must request that the dentist submit the pretreatment review to Cigna since it is not required, only recommended.
- Late entrant provisions, age limitations and waiting periods may apply.
Vision Insurance

VSP Vision Plan

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

<table>
<thead>
<tr>
<th>Tier of Coverage</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.62</td>
</tr>
<tr>
<td>Employee + 1 Dependent</td>
<td>$3.80</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$6.82</td>
</tr>
</tbody>
</table>

Vision Insurance – VSP Vision Plan
Bi-Weekly Payroll Deductions - Per Pay Period Cost

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

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

In-Network Benefits

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

<table>
<thead>
<tr>
<th>Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>$10 Copay</td>
<td>Up to $45 Reimbursement</td>
</tr>
<tr>
<td><strong>Frequency of Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td>24 Months</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$30 Copay</td>
<td>Up to $30 Reimbursement</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
<td>Up to $50 Reimbursement</td>
</tr>
<tr>
<td>Trifocal</td>
<td></td>
<td>Up to $65 Reimbursement</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Glass Frames</td>
<td>$130 Retail Allowance; then 20% Discount Over Allowance</td>
<td>Up to $70 Reimbursement</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective (Includes Fitting, Evaluation &amp; Follow-up)</td>
<td>Up to $130 Allowance After Applicable Copay</td>
<td>Up to $105 Reimbursement</td>
</tr>
<tr>
<td>Non-Elective; Medically Necessary (Prior Authorization Required)</td>
<td>$30 Copay</td>
<td>Up to $210 Reimbursement</td>
</tr>
<tr>
<td><strong>LASIK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discount Programs</td>
<td>15-20% Off Retail Price or 5% Off Promotional Pricing Contact VSP for Details</td>
<td>Not Available Out-of-Network</td>
</tr>
</tbody>
</table>

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

## Plan References
*Contact lenses are in lieu of spectacle lenses and a frame.*
Flexible Spending Account

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

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

### Health Care FSA

This account allows participant to set aside up to an annual maximum of $2,650. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

### Dependent Care FSA

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

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

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

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

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

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

Flexible Spending Account (Continued)

FSA Guidelines
- The Health Care FSA and Dependent Care FSA allow a grace period at the end of the plan year (September 30, 2019). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- The City's grace period allows employees to incur claims through December 15 and file claims by December 30, 2019.
- When a plan year and grace period ends and all claims have been filed, all unused funds will be forfeited and will not be returned.
- Employees can enroll in either or both of the FSAs only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and dependent(s) cannot be reimbursed for services not received.
- Employees and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

Filing a Claim

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

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

<table>
<thead>
<tr>
<th></th>
<th>With a Health Care FSA</th>
<th>Without a Health Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>FSA Contribution</td>
<td>- $1,000</td>
<td>- $0</td>
</tr>
<tr>
<td>Taxable Pay</td>
<td>$29,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Estimated Tax 22.65% + 7.65% FICA</td>
<td>- $6,568</td>
<td>- $6,795</td>
</tr>
<tr>
<td>After Tax Expenses</td>
<td>- $0</td>
<td>- $1,000</td>
</tr>
<tr>
<td>Spendable Income</td>
<td>$22,432</td>
<td>$22,205</td>
</tr>
<tr>
<td>Tax Savings</td>
<td></td>
<td>$227</td>
</tr>
</tbody>
</table>

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

Claims Mailing Address
PO Box 182223, Chattanooga, TN 37422 | Fax: (423) 553-8953

Cigna | Customer Service: (800) 224-6224 | www.mycigna.com

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Basic Life and AD&D Insurance

**Basic Term Life**

The City provides Basic Term Life Insurance to eligible employees at no cost through Cigna. Full-time employees working a minimum of 20 hours per week are covered for a benefit amount as follows:

- **Class I: General Employees** — Two times (2x) Basic Annual Earnings (BAE) rounded to the next higher $1,000, with a $300,000 maximum.

- **Class II: Police/Fire Employees** — One time (1x) Basic Annual Earnings (BAE) rounded to the next higher $1,000, with a $225,000 maximum.

**Accidental Death & Dismemberment**

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

**Life Insurance Imputed Income**

The IRS requires the imputed cost of employer paid Employee Life Insurance benefit, in excess of $50,000, be included in income and subject to Social Security and Medicare taxes.

*Always remember to keep beneficiary information updated. Beneficiary information may be updated anytime through BenTek by visiting www.mybentek.com/naples.*

Cigna | Customer Service: (800) 732-1603 | www.mycigna.com

Voluntary Life and AD&D Insurance

**Voluntary Employee Life and AD&D Insurance**

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

New Hire may purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of $250,000.

- **Option 1:** One time (1x) Basic Annual Earnings (BAE) rounded to the next higher $1,000, with a $10,000 minimum and a $350,000 maximum.

- **Option 2:** Two times (2x) Basic Annual Earnings (BAE) rounded to the next higher $1,000, with a $10,000 minimum and a $350,000 maximum.

- The AD&D benefit amount equals the Voluntary Employee Life amount.

- Benefit amounts for employees are subject to a 50% age reduction at age 72.

- Check BenTek for rate calculations.

**Voluntary Spouse and/or Dependent Child(ren) Life**

- Dependents are eligible for coverage as long as the employee is eligible for coverage (employee does not need to be enrolled).

- Voluntary Dependent Life Insurance coverage may be purchased separately or as a family unit.

- A flat $10,000 benefit is offered for Voluntary Spouse coverage.

- Spouse coverage ends at age 100.

- A flat $5,000 benefit is offered for eligible unmarried child(ren), from 14 days up to age 25 if a full-time student.

- Dependent Life Insurance coverage is a flat $.99 biweekly deduction, whether purchased as a single unit or a combined family unit.

- AD&D is not available for spouse and/or dependent child(ren).

*Please Note: The rate for spouse and/or dependent child(ren) coverage is $.99 per pay period, or $2.14 per month. The rate is the same if you are covering a spouse only, covering eligible dependent children only, or covering a spouse plus eligible dependent children.*
Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Rate Table
Monthly Rates

<table>
<thead>
<tr>
<th>Age Bracket (Based On Employee Age)</th>
<th>Employee (Rate Per $1,000 of Benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 30</td>
<td>$0.118</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.128</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.176</td>
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<tr>
<td>40-44</td>
<td>$0.265</td>
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<tr>
<td>45-49</td>
<td>$0.411</td>
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<tr>
<td>50-54</td>
<td>$0.636</td>
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<tr>
<td>55-59</td>
<td>$1.050</td>
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<tr>
<td>60-64</td>
<td>$1.410</td>
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<tr>
<td>65-69</td>
<td>$2.260</td>
</tr>
<tr>
<td>70-74</td>
<td>$3.560</td>
</tr>
<tr>
<td>75+</td>
<td>$5.780</td>
</tr>
</tbody>
</table>

Always remember to keep beneficiary information updated. Beneficiary information may be updated anytime through BenTek by visiting www.mybentek.com/naples.

Cigna | Customer Service: (800) 732-1603 | www.mycigna.com

Long Term Disability

The City provides Long Term Disability (LTD) to all eligible full-time employees (excluding Police and Fire) working at least 24 hours per week, at no cost through Cigna. The LTD pays a percentage of an employee's monthly earnings if employee becomes disabled due to an illness or non work related injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings, up to a benefit maximum of $6,000 per month.
- Employee must be disabled for 90 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 91st day of disability.
- LTD benefits may be offset with other income benefits, such as sick pay, Social Security, Workers' Compensation or retirement benefits.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- Periodic evaluations may occur at the discretion of Cigna.
- Employee will continue to receive benefits for 60 months if they are unable to return to employee's own occupation.
- After 60 months, if the employee can return to any occupation in which they are suitably trained, educated, and capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).
- The maximum benefit period is determined based on age at the time of the disability.

Cigna | Customer Service: (800) 362-4462 | www.mycigna.com
Cigna Telehealth Connection

City employees and covered dependents are eligible to participate in Cigna's Telehealth services, Amwell and MDLIVE.

- Provides fast and convenient access to a board certified Amwell and MDLIVE doctors 24/7/365 via phone or video chat.
- By pre-registering, employees can speak to a doctor at all hours for help with a variety of health issues, such as:
  - Sore Throat
  - Headache
  - Stomachache
  - Fever
  - Cold and Flu
- Telehealth services are provided by the City at no cost to the employee.

MDLIVE | Customer Service: (888) 726-3171 | www.MDLIVEForCigna.com

Supplemental Insurance - EarQ

The City provides employee with a Family Hearing Plan at no cost through EarQ. This discount plan provides annual coverage for preventive hearing checkups, as well as discounts on purchase of hearing aids for participants and family member(s).

Some of the benefits employee may receive through this program include:

- 35% off EarQ manufacturer suggested retail price
- Family coverage includes parents, dependents, and other extended family members
- Free annual hearing checkup
- 50-day satisfaction guarantee
- The EarQ 4-Year Warranty for repairs, cleaning and adjustments and a nationwide service plan

For detailed coverages, exclusions and stipulations, please contact EarQ's Customer Service or visit www.earq.com.

EarQ Family Hearing Plan
Customer Service: (866) 432-7500 | www.earq.com

Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Cigna. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employees gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members/domestic partners free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes five (5) face-to-face, visits with a specialist, per person, per issue per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

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

Are Services Confidential?

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

To Access Services

Employee and family member(s) must register and create a user ID on www.mycigna.com to access EAP services.

Cigna | Customer Service: (877) 622-4327
www.mycigna.com | Access Code: con
General Employees' Retirement Plan

The City offers general employees an opportunity to participate in a retirement plan. The information about the plan is provided here for general information only, and not all information is included. For details about eligibility and how the rules apply, please see the governing ordinances.

The General Employees' Retirement System is governed by the following statutes/ordinances:

1. Code of Ordinances for the City of Naples, Florida, Chapter 29, Article III
2. Chapter 112, Florida Statutes
3. Internal Revenue Code

The General Employee Retirement System covers all city employees except:

- Those in Police, Fire or other pensions
- Contractual employees
- Part-time, temporary and seasonal workers
- The Mayor or members of the City Council

For employees in the General Employees' Retirement Plan, normal retirement can occur when either of these milestones are met:

**Current Employees (Hired prior to September 30, 2011)**
- Age 60 with five years of credited service, or
- Total age plus service equals 85 years

**New Employees**
- Age 65 with eight years of credited service, or
- 33 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement with a multiplier of 2.5 percent of final average compensation for every year of credible service prior to September 30, 2011 and 1.6 percent of final average compensation for every year of credible service after September 30, 2011.

There is an early retirement option for current employees who are 55 and have completed five years of credited service, but the benefit is reduced by 3 percent per year by which the early retirement date precedes age 60. The early retirement penalty is 5 percent for new employees.

Employees hired prior to September 30, 2011 contribute 5 percent of compensation and new employees contribute 3 percent of compensation.

The pension plan is managed by a Board of Trustees, who serve a four-year term. They establish the investment policies of the plan, determine the plan administrators, and select counsel and other professionals who serve.

Firefighters' Retirement Plan

The City offers eligible firefighters the opportunity to participate in the Firefighters' Retirement System. The information about the plan is provided here for general information only, and not all information is included. For details about eligibility and how the rules apply, please see the governing ordinances.

The Firefighters' Retirement System is governed by the following statutes/ordinances:

1. Code of Ordinances for the City of Naples, Florida, Chapter 29, Article IV
2. Chapter 112, Florida Statutes
3. Internal Revenue Code

For employees in the Firefighters' Pension Plan, Normal Retirement can occur when either of these milestones are met:

**Current Employees (Hired prior to May 31, 2013)**
- Age 55 with five years of credited service
- Age 50 with 20 years of credited service
- 25 years of credited service

**New Employees (Hired after June 1, 2013)**
- Age 55 with eight years of credited service
- 25 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement with a multiplier of 4 percent of final average compensation for every year of creditable service prior to May 31, 2013 and 3 percent of final average compensation for every year of creditable service after June 1, 2013. For example, an employee with 10 years of creditable service will get 40 percent of their final average compensation multiplier. Current employee retiring after June 30, 2005 receives a 3 percent increase in benefits on October 1 of each year starting at age 50 to benefits accrued prior to May 31, 2013. COLA is not applicable to benefits accrued after May 31, 2013.

Early retirement can occur when a firefighter reaches age 50, but the normal retirement benefit is reduced by 0.25 percent for each month by which the early retirement date precedes age 55.

Employees, if hired prior to May 31, 2013, contribute 5 percent of compensation.

New employees contribute 3 percent of compensation.

The pension plan is managed by a five-member Board of Trustees, who serve two-year terms. The Board of Trustees establishes the investment policies of the plan, determine the plan administrators, and select counsel and other professionals who serve.
Police Officers’ Retirement Plan

The City offers police officers the opportunity to participate in a retirement plan. The information about the plan is provided here for general information only, and not all information is included. For details about eligibility and how the rules apply, please see the governing ordinances.

The Police Officers' Retirement System is governed by the following statutes/ordinance:

1. Code of Ordinances for the City of Naples, Florida, Chapter 29, Article V
2. Chapter 185, Florida Statutes
3. Chapter 112, Florida Statutes
4. Internal Revenue Code

The membership of the Police Officers' Retirement System includes only city police officers, defined as a full-time State Certified Police Officers employed by the City as a member of the Naples Police Department.

For employees in the Police Officers' Pension Plan, normal retirement can occur when either of these milestones are met:

Current Employees (Hired prior to March 31, 2012)
- Age 50 with five years of credited service, or
- 25 years of credited service

New Employees (Hired after April 1, 2012)
- Age 60 with eight years of credited service, or
- 30 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement with a multiplier of 3.63 percent of final average compensation for credited service through March 31, 2012 and 3 percent for every year of creditable service after March 31, 2012.

The pension plan is managed by a five-member Board of Trustees, who serve two year terms. The Board of Trustees establish the investment policies of the plan, determines the plan administrators, and select professionals who serve.

Supplemental Retirement Plans

401(a) Defined Contribution Plan

Benefit-eligible employees (excluding Police and Fire) are eligible to contribute three percent (3%) of their gross pay into a 401(a) Defined Contribution Plan which will be matched by an additional two percent (2%) provided by the City. Eligible employees may enroll after they have been employed with the City for six continuous months. Eligible employees may elect to waive participation. If participation is waived, employees will not be eligible at a later date.

457(b) Deferred Compensation Plan

The tax advantages, plus plan features and benefits, make the 457 (b) Deferred Compensation Plan an ideal way to help accumulate funds for employee's retirement. Employee determines investment allocations(s) among many accounts available and maintains control through allocation changes and transfer options within the vendors system. Eligible employee may enroll anytime during the plan year.

ICMA

Natasha Barone, Retirement Specialist
Phone: (866) 886-8025
Fax: (305) 235-9132
Email: nbarone@icmarc.org

Please contact Human Resources for additional information.

If any additional information on Employee Self Service is needed, please contact Human Resources at (239) 213-1810.
Healthy Habits Reimbursement Program

Employees and covered spouses enrolled in the City's health insurance plan are eligible to earn a "Healthy Habits" reimbursement in their paycheck for active participation in a qualified physical activity or weight management program. Employees are eligible to earn $30 dollars a month (additional $30 with a participating spouse) paid quarterly.

To earn the reimbursement, employees can participate in one or a combination of the following:

**Fitness Club Membership and Classes**
Employees must provide proof of gym attendance and/or group classes (e.g., pilates, yoga, indoor cycling, aerobics, Zumba, tai chi, martial arts, boot camp, etc.), with a credentialed instructor at a verified studio or club a minimum of three (3) times per week.

**Nutrition/Weight Management Programs**
Employees must provide proof of a minimum of four (4) face-to-face sessions per month from a qualified nutrition or weight management program. Examples may include Weight Watchers, Jenny Craig and Nutrisystem.

**Other Trackable Activities**
Employees must provide proof of tracking 10,000 steps a day or five (5) miles by using an activity tracker (i.e., Fitbit, Nike app, Garmin, Strava, etc.) a minimum of three (3) days a week (screenshots accepted). Employees may also submit proof of 50+ minutes of physical activity 3 times per week (must be trackable).

*See Human Resources for consideration of other activities*

A Healthy Habits Reimbursement Form and proof of attendance must be submitted to Human Resources quarterly. Please contact Human Resources for more information.

**Employee Self Service**

Employee Self Service (ESS) is the Munis Self Service application created specifically for current employees. ESS accesses information from, and stores information in, the Munis HR/Payroll programs. When employee updates information in MSS, the updates also occur in the applicable Munis programs.

ESS provides access to personal information, accrual balances, print pay stubs and updates W-4 tax information for employee.

Employee must have a valid MSS login to access the ESS application. Registered applicants receive a personal identification number (PIN) for accessing profile.

Employee may access ESS through the City’s website at www.naplesgov.com.

At the home page select Naples Applications — Self Serve.

**Login:**
- User Name: First Initial, Last Name and last 4 numbers of the employee's social security number.
- Password: Last 4 numbers of the employee's social security number.

**Human Resources | Phone: (239) 213-1810**
Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.
Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors’ names and addresses or prescription medications.
Open Enrollment Reminder - If you are not making any changes to benefit elections or dependents your elections will automatically re-enroll in current coverage.

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

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

If making benefit changes for the 2018-2019 Plan year, such as adding or deleting dependents, changing beneficiaries, or adding/changing coverage please login and follow these simple steps:

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

Benefit Enrollment Has Never Been Easier!
To access your benefits online, visit the Employee Benefits Center at:
www.mybentek.com/charlottecounty
2018-2019 OPEN ENROLLMENT

The City of Marco Island Group Insurance Plan Year Begins November 1, 2018.

Open Enrollment is the time when benefit eligible employees can make new benefit elections, or changes to their current elections, for the upcoming 2018-2019 plan year.

All new elections or changes made during Open Enrollment will be effective November 1, 2018.

Gehring Group will be present to answer your questions.

INFORMATIONAL MEETINGS

WEDNESDAY, OCTOBER 10

11:00 a.m. – 12:00 p.m.
1:00 p.m. – 2:00 p.m.
3:30 p.m. – 4:30 p.m.

THURSDAY, OCTOBER 11

10:00 a.m. – 11:00 a.m.
1:00 p.m. – 2:00 p.m.

All meetings are located in the 1st Floor Conference Room at City Hall
50 Bald Eagle Drive, Marco Island, FL