

To: The Honorable Mayor and Council Members

From: Alberto Destrade, Purchasing Director 

Date: July 9, 2019

RE: **A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, APPROVING THE EVALUATION COMMITTEE'S RESULTS AND THE SELECTION OF SAPOZNIK INSURANCE & ASSOCIATES, LLC, FOR EMPLOYEE BENEFIT PROGRAMS AGENT OF RECORD SERVICES IN ACCORDANCE WITH THE TERMS, CONDITIONS AND SPECIFICATIONS CONTAINED IN RFP NO. 35-18-19; PROVIDING FOR AN EFFECTIVE DATE AND FOR ALL OTHER PURPOSES.**

RECOMMENDATION

Staff is requesting that the Mayor and City Council hereby approve and award the Evaluation Committee's recommendation of Sapoznik Insurance & Associates, LLC, in response to ***Request For Proposals (RFP) No. 35-18-19 Agent of Record for Employee Benefit Programs*** to provide brokerage and consulting services for the City's employee benefit plans for an initial three (3) year period, with the option to renew for three (3) additional one-year periods, in accordance with the terms and conditions contained in the Solicitation.

BACKGROUND

On April 26, 2019, the City issued "***RFP No. 35-18-19 Agent of Record for Employee Benefit Programs***" seeking proposals from experienced and qualified firms. The scope of services to be provided under this contract include, but are not limited to, obtaining competitive market quotes, providing enrollment and administrative support services for a wide range of employer group and individual employee benefits as described in the Solicitation. Among the benefit plans offered by the City to its employees and retirees are the following:

- Health Insurance
- Dental Insurance
- Life Insurance
- Long-term Disability
- Short-term Disability
- Vision
- Voluntary Benefits Services

In response to this Solicitation, the City received and opened seven (7) proposals submitted on a timely basis on May 29, 2019. Of the seven (7) proposals, one of the firms was deemed non-responsive for failure to meet the minimum requirements stipulated in the Solicitation. The remaining six (6) firms were submitted to the Evaluation Committee for their review and evaluation.

On June 6, 2019, the Evaluation Committee conducted interviews with the eligible firms and the results of the interviews are as follows:

Firm	Final Score	Ranking
Sapoznik Insurance & Associates, LLC	420	1
Foundation Risk Partners Corporation	414	2
Gelin Benefit Group, LLC *	405.9	3
The Gehring Group, Inc.	405	4
FBMC Benefits Management, Inc.	393	5
CBIZ Benefit & Insurance Services	350	6

* Qualified for local vendor preference.

Given the above, staff is submitting the Evaluation Committee's recommendation for award of contract to the highest ranked firm Sapoznik Insurance & Associates, LLC, in response to "**RFP No. 35-18-19 Agent of record for Employee Benefit Programs**" for an initial term of three (3) years and the option to renew for an additional three (3) one-year periods, with the approval of the City Manager or duly authorized designee.

The actual fee for this contract shall be negotiated and finalized with the selected firm, but in no case shall it exceed 3.0% of the total premiums.

FUNDING SOURCE

Funding for this contract is allocated from the City's General Fund.

ATTACHMENTS

Proposed Resolution
Evaluation Committee Scores and Ranking
RFP No. 35-18-19
Addendums
Sapoznik Insurance & Associates, LLC Proposal

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, APPROVING THE EVALUATION COMMITTEE’S RESULTS AND THE SELECTION OF SAPOZNIK INSURANCE & ASSOCIATES, LLC, FOR EMPLOYEE BENEFIT PROGRAMS AGENT OF RECORD SERVICES IN ACCORDANCE WITH THE TERMS, CONDITIONS AND SPECIFICATIONS CONTAINED IN RFP #35-18-19; PROVIDING FOR AN EFFECTIVE DATE AND FOR ALL OTHER PURPOSES.

WHEREAS, on April 26, 2019, the City of North Miami (“City”) issued *Request for Proposals #35-18-19 – Agent of Record for Employee Benefit Programs* (“RFP”) seeking proposals from experienced and qualified firms to provide the City with services including obtaining competitive market quotes and providing enrollment and administrative support services for a wide range of employer group and individual employee benefits including health, dental, life, vision and disability insurance, in accordance with the terms, conditions and specifications contained in the RFP (“Services”); and

WHEREAS, a total of seven (7) firms submitted proposals in response to the RFP, of which one (1) firm was deemed nonresponsive, and six (6) firms were interviewed by the City’s Evaluation Committee; and

WHEREAS, Sapoznik Insurance & Associates, LLC (“Contractor”) was found to be the top ranked firm based on the results of the City’s Evaluation Committee, demonstrating to be the most advantageous to the City in the provision of Services; and

WHEREAS, the Mayor and City Council have determined that it is in the City’s best interest to approve the selection of Contractor.

NOW THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:

Section 1. Approval of Selection of Contractor. The Mayor and City Council of the City of North Miami, Florida, hereby approve the selection of Sapoznik Insurance & Associates, LLC, for Employee Benefit Programs Agent of Record services in accordance with the terms, conditions and specifications contained in Request for Proposals #35-18-19.

Section 2. Effective Date. This Resolution shall be effective upon adoption.

PASSED AND ADOPTED by a _____ vote of the Mayor and City Council of the City of North Miami, Florida, this ____ day of _____, 2019.

PHILIPPE BIEN-AIME
MAYOR

ATTEST:

VANESSA JOSEPH, ESQ.
CITY CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

JEFF P. H. CAZEAU, ESQ.
CITY ATTORNEY

SPONSORED BY: CITY ADMINISTRATION

Moved by: _____

Seconded by: _____

Vote:

Mayor Philippe Bien-Aime	_____ (Yes)	_____ (No)
Vice Mayor Carol Keys, Esq.	_____ (Yes)	_____ (No)
Councilman Scott Galvin	_____ (Yes)	_____ (No)
Councilwoman Mary Estimé-Irvin	_____ (Yes)	_____ (No)
Councilman Alix Desulme	_____ (Yes)	_____ (No)



EVALUATION COMMITTEE SCORES AND RANKING

RFP Title: Agent of Record for Employee Benefit Programs

RFP No.: 35-18-19

Meeting Date: June 6, 2019

Vendors:	Evaluator					Committee Scores	Local Preference	Adjusted Total	Ranking Order
	Miguel Augustin	Babette Friedman	Karen Muir	Angel Rivera	Ann Marie Sharpe				
CBIZ Benefit & Insurance Services	72	47	70	83	78	350	N/A	350	6
FBMC Benefits Management, Inc.	73	74	71	92	83	393	N/A	393	5
Foundation Risk Partners Corporation	83	72	75	94	90	414	N/A	414	2
Gelin Benefit Group, LLC *	80	51	65	83	90	369	Yes	405.9	3
Sapoznik Insurance & Associates, LLC	84	77	76	94	89	420	N/A	420	1
The Gehring Group, Inc.	85	68	77	84	91	405	N/A	405	4

* Local Business Preference



REQUEST FOR PROPOSALS

AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS RFP No. 35-18-19

DATE OF ADVERTISEMENT

MONDAY, APRIL 8, 2019

ADDITIONAL INFORMATION & CLARIFICATION DEADLINE

FRIDAY, APRIL 26, 2019 – BY NO LATER THAN 3:30 P.M. (LOCAL TIME)

PROPOSAL SUBMITTAL DEADLINE

MONDAY, MAY 20, 2019 – BY NO LATER THAN 3:30 PM (LOCAL TIME)

**CITY OF NORTH MIAMI
OFFICE OF THE CITY CLERK
CITY HALL, FIRST FLOOR
776 NE 125TH STREET
NORTH MIAMI, FLORIDA 33161-4116**

The responsibility for ensuring that a response to this Solicitation is received by the City of North Miami at the Office of the City Clerk prior to the Submittal deadline rests solely with the Respondent. The City of North Miami will not accept late submittals due to delays resulting from or caused by the United States Post Office, private courier services or any other means of delivery used by the Respondent for submittal of their Proposal.

Copies of this Solicitation may be obtained by contacting DemandStar by Onvia at www.demandstar.com or calling toll free 1-800-711-1712 or downloaded from the City's Purchasing Department website at:

http://northmiamifl.gov/departments/Purchasing/current_bids_proposals.aspx

Contact Person: Jean Joinville, Purchasing Agent
Email: Purchasing@northmiamifl.gov - Telephone: (305) 895-9886



The City of North Miami, Florida (“City”) is soliciting proposals from proposals from qualified and experienced firms to provide Brokerage and Consulting Services for the City’s Employee Benefit programs. The successful Respondent shall obtain competitive market quotes and will provide enrollment and administrative support services for a wide range of employer group and individual employee benefits for the City.

Please submit one (1) original Proposal, six (6) copies of the original Proposal and one (1) digital copy on compact disk (CD) or USB Flash Drive either by mail or hand delivery in response to this Solicitation. Proposals are to be submitted in a sealed envelope bearing the name of the individual and/or company, and the address as well as the number and title of this Solicitation by no later than the Submittal deadline specified in the Solicitation Timetable below. **All Proposals received on a timely basis shall be opened and read immediately after the Submittal deadline has passed in the City of North Miami Council Chambers, located on the Second Floor of City Hall.** Proposals received after said date and time **will not** be considered and no time extensions will be permitted. Proposals must be addressed to the City of North Miami, Office of the City Clerk, 776 N E 125th Street, North Miami, Florida 33161.

Please clearly mark Proposals as follows:

**“IMPORTANT - SOLICITATION ENCLOSED”
Agent of Record for Employee Benefit Programs
RFP No. 35-18-19**

The Solicitation Timetable is as follows:

Event	Date	Time
Advertisement Date	Monday, April 8, 2019	
Deadline for Questions or Request for Clarification	Friday, April 26, 2019	3:30 pm
Proposal Submittal Deadline	Monday, May 20, 2019	3:30 pm
Evaluation Committee Interviews	To Be Determined	
City Council Approval Date	To Be Determined	

***Note:** The City reserves the right to delay or modify scheduled dates and will post notice of any changes on the Purchasing Department website.*

CONE OF SILENCE

Please be advised that this Solicitation is issued subject to Sections 7-192 and 7-193 of the City’s Code of Ordinances, otherwise referred to as the Cone of Silence Ordinance, prohibiting certain types of communications as further detailed in the General Conditions section of this Solicitation, while the Cone of Silence is in effect (see **Appendix “C”** for further information).

We look forward to your participation in this Solicitation.

Sincerely,

Alberto Destrade

Alberto Destrade
Purchasing Director

Table of Contents

Section and Title

<u>Section</u>	<u>Page</u>
Section 1.0 Instructions to Proposers /General Terms and Conditions	4
Section 2.0 Special Conditions	12
Section 3.0 Scope of Services/Technical Specifications.....	18
Section 4.0 Proposal Format	21
Section 5.0 Evaluation Criteria/Selection Process.....	26
Appendix "A" Schedule of Fees	30
Appendix "B" Proposal Forms	33
Appendix "C" Cone of Silence Ordinance.....	37

All of our contract forms are fill-in able and can be found on the City's website at:

<http://northmiamifl.gov/departments/Purchasing/forms.aspx>

- A-1 Public Entity Crimes Affidavit
- A-2 Non-Collusive Certificate
- A-3 Local Preference Affidavit
- A-3(a) Statement of Intent
- A-4 Questionnaire Instructions
- A-5 Acknowledgement of Addenda
- A-6 Disclosure of Subcontractors and Suppliers
- A-7 General Insurance Requirements
- A-14 References

SECTION 1.0
INSTRUCTIONS TO PROPOSERS /
GENERAL TERMS AND CONDITIONS

1.1 DEFINITIONS

- a) "City" means the City of North Miami.
- b) "Contract" means a binding written agreement for the solicited Work and/or Services required by the City, including purchase orders, containing terms and obligations governing the relationship between the City and the Awarded Respondent.
- c) "Contractor" or "Awarded Vendor" means the Proposer or Respondent that is awarded a Contract pursuant to this Solicitation.
- d) "Proposal" means any and all documents submitted by a Proposer in response to this Solicitation.
- e) "Proposer" or "Respondent." Any and all individuals, companies, joint ventures or other type of business organization submitting a response to this Solicitation.
- f) "Scope of Services" or "Scope of Work" means the work to be performed by the selected Respondent under this Contract.
- g) "Solicitation" means this Request for Proposals (RFP) document, and all associated addenda and attachments.
- h) "Subcontractors" or "Sub-consultant" shall mean any person, Respondent, entity or organization, other than the employees of the Awarded Vendor, who contracts with the Awarded vendor to furnish labor, or labor and material, in connection with the Services to the City, whether directly or indirectly, on behalf of the Awarded vendor.
- i) "Work" or "Services" includes all labor, materials, equipment, supervision, expertise, maintenance, repair, and services to be provided by the Awarded Vendor to successfully perform the Services required under this Solicitation, as more specifically detailed under Section 3.0 herein.

1.2 CITY OVERVIEW

The City of North Miami, Florida (with a population of over 62,000 residents) is a diverse community, ideally located midway between Miami and Fort Lauderdale and encompasses approximately 9.5 square miles. As the sixth largest City in Miami-Dade County, North Miami is committed to growth in its business community, while also focusing on issues such as education, the arts, leisure activities and sustainability to provide a viable future for our residents and preserve the City's rich history since its incorporation in 1926.

The City currently has over 500 employees and provides a wide range of governmental services including public safety/police services, parks and recreation, public works, water and sewer, planning, building and zoning, code enforcement, and community development to its citizens.

The City is a very large consumer of goods and services and the purchasing decisions of our employees and awarded vendors can positively or negatively affect the environment. By including environmental considerations in our procurement decisions, along with our goal of identifying the most cost-effective and competitive pricing, we strive to remain fiscally responsible while promoting practices that improve public health and safety, reduce pollution, and conserve natural resources.

1.3 INVITATION

This invitation is extended to Respondents that can provide the requirement(s) specified herein. The requirements presented in this Solicitation represent the City's anticipated needs.

1.4 PUBLIC ENTITY CRIMES AFFIDAVIT

The Public Entity Crime Affidavit, (**Form "A-1"**) referenced in this Solicitation, includes documentation that shall be executed by an individual authorized to bind the Respondent. If the Public Entity Crime Affidavit is not submitted

as part of the Respondent's Proposal package, is altered in any manner or is not fully completed, the Respondent may be deemed non-responsive to the Solicitation requirements

1.5 PUBLIC ENTITY CRIME / DISCRIMINATORY RESPONDENT LIST

Any Respondent, or any of its suppliers, subcontractors/sub-consultants, vendors, or consultants who shall perform work which is intended to benefit the City, shall not be a convicted Respondent or included on the discriminatory Respondent list. If the Respondent or any affiliate of the Respondent has been convicted of a public entity crime or has been placed on the discriminatory Respondent list, a period longer than 36 months must have passed since that person was placed on the convicted Respondent or discriminatory Respondent list. The Respondent further understands and accepts that any Contract issued as a result of this Solicitation shall be either voidable or subject to immediate termination by the City. The City in the event of such termination, shall not incur any liability to the Respondent for any work or materials furnished.

1.6. LOBBYING

All Respondents, their agents and sub-consultants or sub-contractors, are hereby placed on notice that neither the City Council Members, any Evaluation Committee member, employees of the City or employees of any other sponsoring agency shall be lobbied either individually or collectively regarding this Solicitation. Respondents and their agents, sub-consultants or sub-contractors are hereby placed on notice that they are prohibited from contacting any of these individuals for any purpose relating to this Solicitation. Any Proposal submitted by a Respondent, its agents, sub-consultants or sub-contractors who violate these guidelines will not be considered for review. The Purchasing Department shall be the only point of contact for questions and/or clarifications concerning this Solicitation, the selection process and the negotiation and award procedures.

1.7. SUSPENSION OF AWARDED VENDORS FOR MATERIAL BREACH OF CITY CONTRACTS

Pursuant to Sec 7-160 of the City's Procurement Code, the City may temporarily or permanently suspend an Awarded Vendor from doing business with the City whenever said vendor materially breaches its Contract with the City, upon recommendation by the Purchasing Director. Any Proposal submitted by a Respondent, its sub-contractors, sub-consultants or vendors who are included on the City's "Suspension List" shall not be considered for review.

In addition, the principals of any Respondent or its sub-contractors, sub-consultants or vendors who are included on the City's "Suspension List" shall not attempt to do business with the City under a different name or form a new legal entity in order to do business with the City while they remain on said list. In the event of any intentional misrepresentation, the Respondent further understands and accepts that any Contract issued as a result of this Solicitation shall be subject to immediate termination for default and suspension procedures by the City. The City, in the event of such termination, shall not incur any liability to the Respondent for any work or material furnished.

1.8. POINTS OF CONTACT TIMETABLE FOR INQUIRES

Interested firms may contact the City's Purchasing Department regarding any general questions. However, questions relating to technical inquiries and/or clarification of specific criteria must be submitted to the Purchasing Department in writing, preferably via e-mail, to the address indicated on the cover page.

Technical questions or inquiries regarding clarification of criteria will not be entertained beyond the cut-off date indicated on the Solicitation Timetable, in order for the City to be able to provide answers to submitted questions on a timely basis. The City shall provide answers in the form of written addenda to be posted on the City's web site (www.northmiamifl.gov) and DemandStar by Onvia at www.demandstar.com or by calling toll free 1-800-711-1712 and requesting the corresponding document number.

1.9. ORAL REPRESENTATION

No oral representation made by the City staff shall be binding. The contents of this RFP and any subsequent addenda issued by the City shall govern all aspects of this Solicitation.

1.10. ADDENDA

If any revision to this Solicitation becomes necessary, the City will post written addenda on the City website at (http://www.northmiamifl.gov/departments/purchasing/current_bids_proposals.aspx) and on Demand Star by Onvia at www.demandstar.com at least seven (7) calendar days before the date scheduled for opening the responses. However, please be advised that the City may revise the deadline for response submittal at any time prior to the date and time scheduled for opening the responses. **It is the responsibility of each Respondent to inquire and confirm whether any addenda has been issued by the City before the Solicitation deadline by either calling or checking the City's website (www.northmiamifl.gov) and Demand Star and by Onvia at www.demandstar.com or calling toll free 1-800-711-1712 and requesting the corresponding document number, prior to submittal of their Proposal.** All addenda placed on the Demand Star can be downloaded.

1.11. CANCELLATION OF THE SOLICITATION

The City reserves the right to cancel this Solicitation and/or re-advertise and re-solicit the requirements at any time when determined to be in the best interest of the City.

1.12. PROTEST

If a potential Respondent protests any provisions of the Request for Proposal documents, a written protest must be filed with the City Clerk within five (5) business days prior to date set for opening of the Proposals. A written protest is considered filed when received by the City Clerk.

Any Proposer who files a formal written protest pursuant to Section 7-158, City Code, shall post with the City at the time of filing the formal written protest with the City at the time of filing

the formal written protest a filing fee in an amount equal to one percent (1%) of the amount of the bid or proposed Contract, or one thousand dollars (\$1,000), whichever is less. Failure to file a notice of protest within the time prescribed in Section 7-158, City Code, or failure to post the filing fee within the time allowed, shall constitute a waiver of such Proposer's right to file a protest.

Notice of written protest along with the filing fee, shall be timely filed with the City Clerk of the City of North Miami at 776 NE 125th Street, 1st Floor North Miami, FL 33161. The City will not accept receipt of any formal written protests filed at any location other than the City's Clerk's Office

1.13. CONTRACT

Proposers must understand that neither this Solicitation nor the responses submitted pursuant thereto shall not constitute a contract with the City. No contract is binding or official until responses are reviewed and accepted by appointed City staff, approved by the appropriate level of authority within the City and an official contract is duly executed by the parties. The selected Respondent shall be required to sign a Contract which the City determines to be fair, competitive and reasonable.

1.14. PROPOSAL COST

Neither the City nor its representatives shall be liable for any expenses incurred in connection with the preparation, submittal or presentation of a response to this Solicitation. All information in the response shall be provided at no cost to the City.

1.15. TAX EXEMPT STATUS

The City is exempt from Florida Sales and Federal Excise taxes on direct purchase of tangible property.

1.16. SUBMITTAL AND OPENING OF PROPOSALS

All responses shall be submitted in a sealed envelope by the deadline indicated on the cover page of this Solicitation. The response shall identify the Solicitation number and title specified

on the cover page of this Solicitation. Reference information shall also be marked on the outside of the sealed envelope, including the Respondent's return address. The City assumes no responsibility for responses not properly marked.

The City will not accept responses delivered after the established deadline. If the response is delivered after the established deadline, a Respondent shall be deemed non-responsive to the Solicitation requirements.

Receipts of a submittal issued by any City office, receptionist or personnel other than the Clerk's Office will not constitute "delivery" as required by this Solicitation. The City will not accept or consider responses submitted via facsimile transmission. The public is welcome to attend the Solicitation opening.

1.17. ASSIGNMENT OF RESPONSE

A Respondent shall not transfer or assign its response to a third party following submittal of a Proposal to the City.

1.18. WITHDRAWAL OF RESPONSE

Respondents shall withdraw their submitted Proposal by notifying the City either in writing or in person through an authorized representative at any time prior to the submittal deadline. Individuals making the withdrawal shall provide evidence of serving as an authorized representative of the Respondent. Once Proposals are submitted, they become the property of the City and will not be returned to Respondents even when they are withdrawn from consideration.

Proposals may not be withdrawn or modified once the City has opened them after the Submittal Deadline has passed, except for any request from the City for clarifying information or request for documents during Contract negotiations.

1.19. PUBLIC RECORDS AND EXEMPTIONS

Please be advised that Proposals received by the City become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Respondents must invoke the

exemptions to public records disclosure provided by law, if any, by citing the specific statutory authority for the claimed exemption, identifying the data or other materials to be protected, and stating the reasons why such exclusion from public disclosure is necessary. All Proposals shall be available for public inspection once the City posts notice of an intended decision or thirty (30) days after the opening of Proposals, whichever is earlier.

1.20. REJECTION OF RESPONSES

Pursuant to Section 7-136, City Code, the City reserves the right to reject any and all Proposals for reasons including, but not limited to, the following:

- a) When such rejection is in the interests of the City;
- b) If such Proposal is deemed non-responsive;
- c) If the Respondent is deemed non-responsive; or
- d) If the Proposal contains any materials irregularities.

Minor irregularities contained in a Proposal may be waived by the City. A minor irregularity is a variation from the Solicitation that does not affect the price of the Contract nor does it give a Respondent an advantage or benefit not enjoyed by other Respondents and does not adversely impact the City.

1.21. REVIEW OF PROPOSALS FOR RESPONSIVENESS

Each Proposal will be reviewed to determine if the Proposal is responsive to the submittal requirements stipulated in this Solicitation. A responsive Proposal is one which complies with the requirements of this Solicitation, includes all of the requisite documentation, is submitted in a timely manner and has the appropriate signature as required on each document. **Failure to comply with any of these requirements may result in a Proposal being deemed non-responsive.**

1.22. PROPOSAL EVALUATION AND COMMITTEE INTERVIEWS

An Evaluation Committee shall be established in accordance with the City's Procurement Code. The Committee shall be convened for the purpose of reviewing and evaluating the Proposals submitted in response to this Solicitation in accordance with the criteria outlined under Section 4.0 of this Solicitation. The Committee may decide to interview one or more Respondents or instead may choose to recommend the highest ranked Respondents for award, based solely on their review and evaluation of Proposals, to the City Council without conducting interviews.

In the event that the Committee chooses to interview one or more of the Respondents, the final ranking shall be based on the Committee's final evaluation following their interview of the selected firms. The Committee's results and recommendation for award shall be submitted to the City Council for review by the Purchasing Department.

1.23. CITY MANAGER'S REVIEW

The Purchasing Department shall submit the results and recommendation of the Evaluation Committee to the City Manager for review. Upon receipt, the City Manager may proceed as follows:

- a) Approve the Committee's recommendation and submit to City Council for approval;
- b) Reject the Committee's recommendation and direct the Committee to re-evaluate and make further recommendation; or
- c) Reject all Proposals.

1.24 CITY COUNCIL REVIEW

Upon receipt of the City Manager's recommendation, the City Council may:

- a) Approve the City Manager's recommendation and authorize the contract or contract negotiations;
- b) Reject all Proposals; or
- c) Reject all Proposals and direct staff to re-issue a new Solicitation.

1.25 CONTRACT AWARD

Prior to Contract execution, the awarded Respondent(s) shall submit documentation reflecting any required insurance coverage. The Contract number shall be included on the insurance documentation submitted to the City at the time of award execution and for all subsequent updates to the insurance coverage throughout the Contract period. Failure to execute the Contract and/or to provide evidence of any required insurance coverage in a timely manner shall be just cause for termination of the award.

1.26 PRICE PROPOSAL FORM

Not Applicable

1.27 NON-RESPONSIVE PROPOSALS

Proposals deemed to be Non-Responsive by the City shall not be considered for this Solicitation. A Proposal may be deemed Non-Responsive for various reasons including, but not limited to, failure to comply with the requirements of this Solicitation, failure to submit or fully complete prescribed forms, conditional responses, incomplete responses, indefinite or ambiguous responses, failure to meet deadlines and improper and/or undated signatures.

Other conditions which may cause rejection of Proposals include evidence of collusion among Respondents, obvious lack of experience or expertise to perform the required Work, submittal of multiple Proposals from the same Respondent and/or its principals, failure to perform or meet financial obligations on previous contracts, employment of unauthorized aliens in violation of Section 274A (e) of the Immigration and Nationalization Act, or in the event an individual, Respondent, partnership, or corporation is on the United States Comptroller General's List of Ineligible Design-Builder for Federally Financed or Assisted Projects.

Proposals will also be rejected if not delivered or received on or before the date and time specified as the submittal deadline.

1.28 CONE OF SILENCE

This Solicitation is issued pursuant to Section 7-192 of the City Code, Cone of Silence, which prohibits certain types of communication with City Council members, City staff and evaluation committee members upon issuance of said Solicitation (see Appendix "C").

Upon the Cone of Silence taking effect, the Purchasing Department shall issue public notice thereof by providing written notice to the affected City departments, the City Clerk's Office and to each City Council member. Notwithstanding any other provision of this section, the imposition of a Cone of Silence on a particular Solicitation shall not preclude the Purchasing Department from obtaining industry comment or performing market research provided all communication related thereto with a potential Respondent, Proposer, supplier, lobbyist or consultant are in writing or made at a duly noticed public meeting.

The Cone of Silence ordinance does not apply to communication at a Pre-Proposal conference, presentations before Selection Committees, negotiation meetings, presentations made to the City Council during any duly noticed public meeting or communications in writing at any time with any City Council member unless specifically prohibited by the applicable Solicitation documents. A copy of all written communications must be filed with the City Clerk.

1.29 SUBCONTRACTORS AND SUPPLIERS DISCLOSURE

This RFP requires that the Respondent must list any and all sub-contractors and/or sub-consultants who will perform any part of the Contract work and all suppliers who will supply equipment and/or products to the Respondent under this Contract. **Failure to comply with this requirement shall render the Proposal non-responsive.** Moreover, the selected Respondent shall not change or substitute sub-contractors, sub-consultants or suppliers from those listed in the Proposal without prior written approval of the City (see Form A-6).

1.30 BUSINESS ENTITY / RESPONDENT REGISTRATION

The City of North Miami requires companies and individuals who wish to do business with the City to complete a vendor registration application before doing business with the City. Respondents need not register with the City in order to submit a Proposal; however, the selected Respondent(s) must register prior to award of a Contract. Failure to register may result in withdrawal of recommendation to award. To register, please contact the Purchasing Department at (305) 895-9886 or you may download the vendor registration form at our website at www.northmiamifl.gov.

It is the sole responsibility of the business entity to contact the City and update any changes to their vendor registration profile such as new address, telephone number, commodities, etc. as soon as they occur.

1.31 EXCEPTION TO THE RFP

Respondents may take exceptions to any of the terms of this Solicitation unless it specifically states where exceptions may not be taken. If a Respondent takes exception where none is permitted, the Proposal will be rejected as non-responsive. All exceptions taken must indicate clearly what alternative is being offered to allow the City a meaningful opportunity to evaluate and rank Proposals, and the cost implications of the exception (if any). Where exceptions are taken, the City shall determine the acceptability of the proposed exceptions. After completing evaluations, the City may accept or reject the exceptions. When exceptions are rejected, the City may insist that the Respondent furnish the Services or goods described herein or negotiate an acceptable alternative.

All exceptions shall be referenced by utilizing the corresponding section, paragraph and page number in this RFP. However, the City is under no obligation to accept any exceptions. If no exception is stated, the City will assume that the Respondent will accept all terms and conditions.

1.32 PROPRIETARY/ CONFIDENTIAL INFORMATION

[See Section 1.19 above]

1.33 LOCAL VENDOR PREFERENCE

The evaluation of competitive Solicitations is subject to Section 7-151, City Code which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the Respondent shall submit in writing its compliance with any **two** of the following objective criteria (see Form A-3).

A local business shall be defined as:

A business located in the City with a current City business tax receipt issued prior to the City's issuance of the solicitation for supplies or services; and/or

Has at least ten (10) percent of its total workforce residing in the City prior to the City's issuance of the solicitation for supplies or services; or

Subcontracts at least ten (10) percent of the contractual amount of a City project with subcontractors who are physically located within the City (must submit Form A-3(a) as part of the Proposal).

The local business preference is used to assign a preference of ten (10) percent of the total evaluation point, or ten (10) percent of the total price to those Respondents who qualify for this preference.

The Respondent seeking local business preference has the burden to show that it qualifies for the preference, by submitting supporting documentation, to the satisfaction of the City. Failure to do so may result in being considered ineligible for local business preference.

1.34 RULES, REGULATIONS AND LICENSING REQUIREMENTS

The Respondent shall comply with all laws; ordinances and regulations applicable to the Services contemplated herein, especially those applicable to conflict of interest and collusion. Respondents are responsible for being familiar

with all Federal, State and Local laws, ordinances, codes, rules and regulations that may in any way affect the goods or Services offered.

1.35 MODIFICATION OF PROPOSAL

No unsolicited modification to the submitted Proposal will be permitted after the deadline for submittal of Proposals has passed.

1.36 TRUTH IN NEGOTIATION STATEMENT

The selected Respondent must provide a written statement stating "wage rates and other factual unit cost supporting the compensation are accurate, complete and current" prior to Contract execution.

1.37 LATE SUBMITTALS

The City will not accept Proposals received after opening time and encourages early submittal.

1.38 ATTORNEYS' FEES

In the event of any dispute arising under or related to this Solicitation and/or the Contract issued pursuant thereto, the prevailing party shall be entitled to recover all actual attorney fees, costs and expenses incurred by it in connection with that dispute and/or the enforcement of the Contract, including all such actual attorney fees, costs and expenses at all judicial levels, including appeal, until such dispute is resolved with finality.

1.39 CONFLICTS OF INTEREST

The City's Conflict of Interest guidelines, provided under Article XI, of the City Code, as amended, shall apply to this Solicitation and Contract. Respondents should be aware, that if awarded a Contract, no person under its employ who presently exercises any functions or responsibilities on behalf of the City in connection with this Solicitation has any personal financial interest, directly or indirectly, with awarded vendors or Respondents providing professional services on Work assigned to the selected Respondent. All Respondents are hereby placed on notice that if awarded a Contract pursuant to

this Solicitation, no person having such conflicting interest shall be employed by the Respondent.

1.40 CONSTRUCTION SERVICES

Not Applicable.

1.41 THE CITY OPTIONS

The City may, at its sole and absolute discretion, reject any or all responses, re-advertise this Solicitation, postpone or cancel this Solicitation process at any time, or waive any irregularities in this Solicitation or in the responses received as a result of this Solicitation.

The determination of the criteria and process whereby responses are evaluated, the decision as to who shall receive a Contract award, or whether an award shall ever be made as a result of this Solicitation, shall be the sole and absolute discretion of the City.

In no event will any successful challenger of these determinations or decisions be automatically entitled to the award of this Solicitation.

The submittal of a Proposal will be considered by the City as constituting an offer by the Respondent to provide the Services described in this Solicitation.

END OF SECTION

SECTION 2.0 SPECIAL CONDITIONS

2.1 PURPOSE

The purpose of this RFP is to solicit proposals from qualified firms to provide Brokerage and Consulting Services for the City's employee benefit services. The successful Proposer will obtain competitive market quotes and will provide enrollment and administrative support services for a wide range of employer group and individual employee benefits as further provided herein.

The City has approximately 600 employees and retirees participating in the benefit plans.

The benefit plans include the following, but is not limited to:

- Health Insurance
- Dental Insurance
- Life Insurance
- Long Term Disability
- Short Term Disability
- Vision
- Voluntary Benefits Services

2.2 TERM OF CONTRACT

The initial term of the Contract shall be for three (3) years commencing on the date of award by City Council.

2.3 OPTION TO RENEW

The City Manager or duly authorized designee reserves the sole option to renew this Contract for three (3) additional one (1) year periods. Each renewal of this Contract is contingent upon approval by the City Manager or his authorized designee and continued satisfactory performance by the Firm in accordance with the Scope of Work stated herein.

2.4 MINIMUM QUALIFICATIONS

The following mandatory minimum requirements have been established. Subject to the City's right to waive minor irregularities, Proposers that do not meet the mandatory minimum requirements will be deemed non-responsive and will not be considered for further evaluation.

- The Proposer must have experience with public, private and/or non-profit entities. As a minimum qualification, Proposer must provide references from no less than three (3) contracts with public, private and/or non-profit sector clients, with 600 employees or more (see Form A-14)
- The Proposer must hold the necessary business tax receipt and all required licenses (such as 2-15 Life/Health or 2-14 combined with a 2-40 or 2-20) within the State of Florida in order to provide the services contemplated by this RFP. Additionally, copies of the required licenses must be submitted with the proposal indicating that the entity, as well as the team assigned to the City's account, is properly licensed to perform the work included in the contract. Failure of the Proposer to submit required documentation may be grounds to deem Proposer non-responsive.

- The Proposer must be an active, registered business and have been in business for no less than five years from the release date of this RFP.
- The Proposer must satisfy City's minimum insurance requirements, including any requests to be named additional insured which are included in this RFP.
- Proposer shall be responsible for all actions of any subcontractor or outsourced service provider and shall assure that they hold all required licenses and carry the requisite insurance for the services it will perform.
- The Proposer and any subcontractor or outsourced service provider must provide all administrative and technical services contemplated by this RFP within the United States and shall not offshore any Employer data.

2.5 EMPLOYER BENEFITS INFORMATION

For purposes of responding to this RFP, the following chart represents City's Existing Benefit Plan Structure

Coverage Type	Current Provider	Eligible Groups
Medical	Aetna	Active/Retired/COBRA
Dental	Aetna	Active/Retired/COBRA
Vision	Aetna	Active/Retired/COBRA
Life Insurance	Lincoln Financial	Active/Retired/COBRA
Short-term Disability	Lincoln Financial	Active Employees
Long-term Disability	Lincoln Financial	Active Employees

Insurer or Administrator	Active Employees	Retirees
Medical	429	55
Dental	426	84
Vision	328	21
Short Term Disability	180	0
Long Term Disability	179	0
Group Term Life	448	169
Supplemental Life	267	0

2.6 JOINT VENTURES

All proposers intending to submit a proposal as a joint venture are required to have filed proper documents with the Florida Department of Business and Professional regulation and any other state or local licensing agency prior to submitting their proposal (see Section 489.119, Florida Statutes). Respondents shall submit a fully executed copy of their joint venture must also and submit evidence of being licensed to do business in the State of Florida in order to be considered for this project.

2.7 INSURANCE AND INDEMNIFICATION

Respondents must submit with their responses, proof of insurance meeting or exceeding the following coverage or a letter of intent to provide the following requirements if awarded a Contract:

2.7.1 COMMERCIAL GENERAL LIABILITY (OCCURRENCE FORM)

Minimum limit of \$1 Million per occurrence/ \$2 Million aggregate for bodily injury and property damage liability; this coverage shall also include personal, advertising injury and medical expense, independent contractors and contractual liability.

2.7.2 PROFESSIONAL LIABILITY (Errors and Omissions)

Minimum limit of \$1 Million covering any errors or omissions of the Contractor in the performance of Professional Services; the Self Insured Retention shall not exceed \$25,000. If the self-insured retention (SIR) or deductible exceeds \$25,000, the City reserves the right, but not the obligation, to review and request a copy of Contractor's most recent annual report or audited financial statement. Policies written on a "Claims-Made" basis shall include a Retroactive Date equal to or preceding the effective date of this Contract. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Contract, Contractor shall purchase a SERP with a minimum reporting period of not less than three (3) years. The requirement to purchase a SERP shall not relieve the Contractor of the obligation to provide replacement coverage. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage.

2.7.3 COMMERCIAL AUTOMOBILE LIABILITY

Minimum limit of \$1 Million, covering any auto including owned, non-owned, hired or leased. In the event Contractor owns no automobiles, the Commercial Auto Liability requirement shall be amended allowing Contractor to maintain only Hired & Non-Owned Auto Liability. If vehicles are acquired throughout the term of the contract, Contractor agrees to purchase "Owned Auto" coverage as of the date of acquisition. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or a separate Commercial Auto coverage form.

2.7.4 WORKER'S COMPENSATION

As required by the State of Florida and in accordance to F.S.440, with statutory limits, and Employer's Liability with a minimum limit of \$1,000,000 per accident for bodily injury or disease.

2.7.5 CYBER LIABILITY

Minimum limit of \$1,000,000 to include network security, privacy liability.

Both Commercial General and Automobile Liability insurance policies shall name the City of North Miami as “additional insured”. All insurance required herein shall be written as primary policies, not contributing to or in excess of any coverage that the City may carry.

Insurance policies required by Contract shall be maintained in full force and effect throughout the term period. The insurance carriers shall have a minimum of B+ rating based on the latest rating publication for Property and Casualty Insurers such as A.M. Best Company (or its equivalent). All insurers must be lawfully admitted to conduct business within the State of Florida. Required insurance coverage must be approved by the City’s Risk Director prior to signing of Contract. Contractor may produce any insurance under a “blanket” or “umbrella” insurance policy, provided that such policy or a certificate of such policy specify the amount(s) of the total insurance allocated to this Contract. Coverage limits shall equal or exceed the amount(s) required by this agreement and shall not be reduced for claims made on other projects undertaken by Contractor.

Contractor must submit, prior to signing of Contract, Certificates of Insurance evidencing all coverage requested in this RFP. Additional insured designation in favor of the City shall be included on the Commercial General Liability and Auto Liability Insurance. Contractor shall guarantee all required insurances (including endorsements) remain current and in effect throughout the term of Contract. Failure to maintain the required insurance shall be considered default of the Contract. The requirements contained herein, as well as the City’s review or acceptance of insurance maintained by the successful Contractor, are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the successful Contractor under the Contract.

Contractor shall indemnify and hold harmless the City of North Miami and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys’ fees and costs of defense, which the City or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of an Agreement by the Contractor or its employees, agents, servants, partners principals or Subcontractors.

Contractor shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the City, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney’s fees which may ensue thereon.

Contractor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Contractor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the City or its officers, employees, agents and instrumentalities as herein provided. Insurance policies provided under this contract shall be primary and non-contributory to any similar insurance policies maintained by or available for the benefit of the City of North Miami. Proposer’s policies shall include a Waiver of Subrogation Endorsement in favor of the City of North Miami with respect to work performed under this contract.

The Contractor must submit, no later than ten (10) days after award and prior to execution of Contract, a Certificate of Insurance evidencing all required coverage and naming the City of North Miami as additional insured where applicable.

2.8 FAILURE TO PERFORM

If in the opinion of the City's representative the Contractor refuses to execute contractual obligations as outlined in the Contract, produces an unsatisfactory performance, or neglects or refuses to address the deficit to provide a suitable resolution that meets the City's expectations, then City's representative may notify the Contractor that the City will terminate the contract.

If at any time the City's representative shall be of the opinion that service delivery is unnecessarily delayed and will not be completed within the prescribed time, then City's representative may notify the Contractor to discontinue all Work under Contract. The Contractor shall immediately respect said notice and cease said Work and shall forfeit the Contract.

The City may there-upon look to the next responsive and responsible Respondent to complete the Work or re-advertise for Proposals and let a contract for the uncompleted Work in the same manner as was followed in the letting of the Contract and charge the cost thereof to the original Respondent under Contract. Any excess cost arising therefore over and above the original Contract Price shall be charged to the Respondent.

2.9 FEDERAL AND STATE REGULATIONS

The Contractor shall comply with all applicable federal, state and local rules and regulations regarding provision of Services.

2.10 ACCEPTANCE OF SERVICES BY THE CITY

The Services to be provided hereunder shall be in full compliance with the specifications and requirements set forth in the Contract Documents.

2.11 NOTICE TO PROCEED

The Contractor shall neither commence any Work, nor enter City Work premises, until a written Notice to Proceed has been issued by the City directing the commencement of Work.

2.12 LABOR, MATERIALS AND EQUIPMENT SHALL BE SUPPLIED BY THE CONTRACTOR

Unless otherwise provided by in this Solicitation, the Contractor shall furnish all labor, materials, equipment and coordination of services as necessary for successful Contract performance.

2.13 NO DAMAGES FOR DELAY

The Contractor shall not be entitled to a claim for damages including, but not limited to, loss of profits, commissions, home office overhead expenses, equipment rental and similar costs, on account of delays in the progress of the service from any cause whatsoever including an act or neglect of the City, adverse weather conditions, an act of God, strike, war or national disaster or emergency, unusual delay in deliveries, unusual delay in service delivery, unavoidable problems with turnaround, or other causes beyond the Contractor's control, or by delay authorized by the City, or by other causes which the Contractor determines may justify delay. The Contractor's sole recovery and sole remedy for any such delay shall be a reasonable extension of time and a revision to the Service Schedule as determined by the City. However, additional costs to the Contractor or delays in the Contractor's performance caused by improperly timed activities shall not be the basis for granting a time extension. If the Contractor wishes to make a claim for an increase in time of performance, written notice of such claim shall be made to the City within ten (10) working days after the occurrence of the event, or the first appearance of the condition giving rise to such claim. The City's representative shall determine whether or not the Contractor is entitled to a time extension for the delay. The failure of the Contractor to give such notice shall constitute a waiver of any claim under this section.

2.14 COUNCIL MEETING

The Contractor must be available to attend City Council meeting when required. Contractor must be prepared to answer any questions and/or provide oral presentations (using presentation board, PowerPoint handouts) if requested by City Council and/or an authorized City representative.

2.15 SOLICITATION CLARIFICATIONS AND INQUIRIES

For any additional information concerning procedures for responding to this Solicitation, contact the Purchasing Department, at (305) 895-9886 or via email at purchasing@northmiamifl.gov. Such Contact is to be for procedural clarification purposes only. Any questions or requests for clarifications pertaining to the specifications or Scope of Work of this Request for Qualifications must be submitted in writing by email. The Solicitation number and title must be included on all correspondence. All responses to questions or clarifications will be addressed by written addendum to the Bid. No questions will be received verbally or after said deadline.

2.16 ACCEPTANCE/REJECTION/MODIFICATION TO PROPOSALS

The City reserves the right to reject any and all proposals and to waive minor irregularities in the procedure.

2.17 CONDITIONS OF PROPOSALS

2.17.1 Late Proposals – Proposals received by the City Clerk after the time specified for receipt will not be considered. Proposers shall assume full responsibility for timely delivery at the location designated for receipt of Proposals.

2.17.2 Completeness – All information required by this RFP must be supplied to constitute an acceptable Proposal.

2.17.3 Public Opening – All Proposals will be publicly opened at the time and place specified.

2.17.4 Award – The Evaluation Committee will make recommendations based upon the most responsive and responsible Respondent(s) whose qualifications conform to the RFP and is most advantageous to the City. Several firms may be designated as approved qualified vendors for the delivery of goods and/or services from this contract through the effective period of the award. Successful qualified Contractors shall be notified in writing of award.

2.17.5 Contract - A Contract (the “Agreement”) will be awarded in accordance with City Council approval, and Florida Statutes, by the City Council. The City Manager reserves the right to execute or not execute, as applicable, a contract with the Consultant(s) that is determined to be in the City’s best interests. The Agreement is provided herein as an attachment to this RFP. The City Manager reserves the right to award a contract to more than one Consultant as is in the City’s best interest.

2.18 TRADE SECRETS

The City of North Miami is subject to Chapter 119, Florida Statutes. Therefore, all documents, materials and data submitted as part of a Proposal in response to a Request for Qualifications are governed by the disclosure, exemption and confidentiality provisions relating to public records in the Florida Statutes.

Except for materials that are “trade secrets” or “confidential” as defined by Chapter 812, Florida Statute, ownership of all documents, materials and data submitted as part of Proposal in response to a Request for Qualifications shall exclusively to the City.

To the extent that the Proposer desires to maintain the confidentiality of materials that constitute trade secrets pursuant to Florida law, trade secret material submitted must be segregated from the portions of the Proposal that are not being declared as trade secrets. In addition, the Proposer shall cite for each trade secret being claimed, on each relevant page, the Florida Statute number which supports the designation. Furthermore, the Proposal shall contain a brief written explanation as to why the information is being claimed as trade secret fits the cited statute number. Finally, the Proposer shall submit one (1) additional hardcopy and one (1) additional digital copy that redacts all designated trade secrets.

END OF SECTION

SECTION 3.0 SCOPE OF SERVICES/ TECHNICAL SPECIFICATIONS

3.1 SCOPE OF SERVICES

The successful Proposer shall:

1. Serve as City's Broker of Record/Consultant and provide such brokerage services to the Employer to ensure comprehensive and cost-effective benefits are included in City's benefit plans for selection by City's eligible employees and retirees.
2. Present plan design recommendations that support City's benefits strategies and position Employer to comply with Federal, State and other regulatory requirements year after year.
3. Administer City's health and welfare plans, including setting reserves, reporting experience and projecting funding levels when applicable.
4. Provide ongoing advice on ERISA, COBRA, FMLA, and HIPAA reporting obligations, and other laws and regulations affecting City's benefit plans as it relates to the insurance products within this RFP.
5. Assist with City's reporting obligations, including but not limited to ACA, Section 125, and COBRA as it relates to the products within this RFP.
6. Provide comprehensive services (traditional and web-based) necessary to enroll eligible employees and retirees in the City's benefit plans.
7. Propose and develop communication materials for employee education on current plan designs, plan modifications and consumer education.
8. Provide comprehensive services necessary to serve as City's Section 125 and Voluntary Benefits Administrator, including enrollment support and election reconciliation.
9. Provide key contact(s) to facilitate immediate access by Employer to Successful Proposer for a speedy answer to questions and resolution to any challenges experienced by either party.
10. Provide a Call Center with representatives to respond to City's employees and retirees.
11. Shall agree that all data exchanged between selected Proposer, and Employer or prospective customers belongs to the Employer and shall be accessible at any time during the life of the contract for no additional fee.
12. The Proposer must provide a benefits administration technology platform to be accessible year-round for new hire enrollment and change in status elections of benefits.

13. Provide technical assistance to reduce the overall cost of providing these benefits through a variety of means including developing effective negotiations strategies to expeditiously reduce the absolute cost of health insurance benefits.
14. Solicit and negotiate annual renewal of existing coverage including soliciting multiple or alternative proposal coverage.
15. A comprehensive summary of responsive quotes from insurance carriers will be presented to the City and City Manager.
16. Respond to all employee issues and questions in a timely manner regarding their benefits.
17. Provide City with dedicated agents for any assistance needed.
18. Provide the City with support for the wellness program.
19. Support the City in organizing coordinating two (2) employee wellness fairs, annually.
20. Assist the City in the evaluation and implementation of a wellness and disease management program and measure the effectiveness of that program.
21. Provide program for ACA Tracking and 1095 reporting, which includes mailing out forms. Examples include:
 - a. Plan Source
 - b. Aatrix
 - c. Worxtime
 - d. Sovos, Inc.
22. Identify claims trends and anomalies in a timely manner and prepare recommendations to the City on actions to be taken, if any.
23. Review, process and administer all employee claims issues
24. Review historical claims experience, demographic data trends and plans performance from a financial prospective.
25. Coordinate and participate in the implementation and enrollment process and employee meetings.
26. Assist in the review and or creation of enrollment materials to enhance the overall perceived value of the benefits and compensation.
27. Coordination of annual benefits fair at no cost to the City.
28. Preparation of insurance applications, compile and format support information needed and requested by insurance company underwriters.
29. Compile and maintain historical underwriting information. Provide copies of this information to the City.
30. Development of annual employee benefit statements.

END OF SECTION

SECTION 4.0 PROPOSAL FORMAT

I. PROPOSAL FORMAT

Respondents should carefully follow the format and instructions outlined throughout this section, observing format requirements where indicated. All materials are to be submitted on 8 1/2" X 11" papers, paginated and separated by tabs to identify each required section, neatly typed with normal margins and spacing. All documents and information must be fully completed and signed as required. Also, when submitting your one (1) complete scanned electronic copy on CD, DVD, or USB Flash Drive in Adobe or Word format be sure to promptly label it with your company's name, Solicitation number, and title.

Please be concise in all responses. If any category is NOT APPLICABLE, so expressly state. Proposals which do not include the required documents may be deemed NON-RESPONSIVE and may not be considered for evaluation.

A. COPIES

Please submit an original Proposal and be sure to clearly mark it as "Original". In addition, six (6) duplicate copies of the original Proposal must also be submitted. Each copy of the Proposal is distributed to an Evaluation Committee Member. If your Proposal copies are incomplete your Proposal may be deemed Non-Responsive. One (1) compact disk (CD) or DVD (must be clearly labeled with Company Name, Solicitation No. & Title) or USB Flash Drive containing a digital copy of your proposal is also requested with this Solicitation.

B. SUBMITTAL

Proposals are to be submitted in a sealed envelope/box bearing the name of the Respondent, company and the address as well as the title and number of the Solicitation no later than the deadline specified in the Solicitation Timetable. Immediately after the deadline passes all Proposals received on a timely basis shall be opened and read in the City Council Chambers located on the Second Floor of City Hall.

PROPOSALS RECEIVED AFTER THIS TIME WILL NOT BE CONSIDERED AND NO TIME EXTENSIONS WILL BE PERMITTED.

Address your Proposal to the City of North Miami, Office of the City Clerk, 776 N E 125th Street, North Miami, Florida 33161 (**Please clearly mark your Proposal with the name and number of this Solicitation**).

II. MANDATORY SUBMITTAL REQUIREMENTS

The Proposal shall be written in sufficient detail to permit the City to conduct a meaningful evaluation. The proposal must include the following information:

A. Cover Page (Included in Appendix "B" of this RFP)

Include this sheet as the very first sheet of your Proposal. Please complete the form in its entirety. The contact person indicated should be someone the City may contact for any questions or provide any correspondence related to this RFP.

B. Table of Contents

The Table of Contents should outline, in sequential order, the major areas of the proposal. All pages of the proposal, including the enclosures, must be clearly and consecutively numbered

and correspond to the Table of Contents.

C. Letter of Introduction

Provide a brief introduction letter highlighting the overall experience and qualifications of the Respondent with respect to the services requested under this Solicitation.

D. Business Structure

Corporations, Joint Ventures, or Partnerships - Submit copy of State of Florida Department of State records indicating when corporation organized, corporation number, and date and status of most recent annual report. Provide copies of current City / County / State Occupational License(s) where applicable

Respondents submitting applications as joint ventures shall submit a copy of their joint venture agreement. Any firm(s) involved in a joint venture in its proposal will be evaluated individually, as each firm of the joint venture would have to stand on its own merits.

Give the location of the office, which will handle the City's account and the number of professional staff personnel at the office.

E. General Company Information

1. Please provide a brief overview of your organization, including history, year established, entry into the benefits brokerage field, ownership, and your operational structure.
2. Describe any mergers or acquisitions in the last five years.
3. Describe your firm's commitment to remain in the benefits administration, brokerage, and consulting business.
4. What, if any, financial interest does your firm have in any of the companies providing services that your firm might include in this RFP or recommend for inclusion in this RFP?
5. Describe the key characteristics of your firm that distinguishes you in the marketplace (unique capabilities, products or services).
6. Describe your approach to carrier and product selection.
7. Please provide additional background on your firm to include:
 - a. Total number of employees and the number of employees dedicated to benefits exclusively.
 - b. Total number of employees that are professionally licensed agents.
 - c. Home office location and location(s) of offices that will be involved in servicing this account.
 - d. Firm's annual revenue
 - i. Disclose annual revenue of the firm's employee benefits operations. Figure should include revenue from only the unit(s) that will be working with the Employer.
 - ii. Provide the most recent audited statement of your financial condition.
 - e. Disclose any state or federal regulatory actions against your firm and/or any key suppliers related to benefits administration and/or consulting services and final disposition.

8. Provide an organizational chart that includes the key contact(s), and the employees assigned to service City's benefit plan. Include resumes and descriptions of each employee's expected role in the servicing of City's benefit plan. Identify any of these employees who are professionally licensed agents.
9. Identify primary contact for Employer including a description of their experience in evaluating and consulting for public entities.
10. Describe your code of ethics. How is it enforced?
11. Describe your approach to and compliance with state and federal privacy and security requirements.
12. Describe your business continuity plan as it relates to the services to be provided under this RFP.
13. Describe your procedures for measuring client satisfaction
14. What steps are you taking to be a market leader?

F. Benefits Brokerage and Consulting Services

1. List and then describe the full range of Employee Benefits Brokerage and Consulting Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP.
2. In which professional benefits associations does your firm participate?
3. If you are the Successful Proposer, what will be your first objective?
4. Explain, with examples, your experience in identifying potential cost containment controls and how you implement these controls.
5. Further outline the experience of the assigned staff in evaluating and employing alternative funding methods in relation to various benefit plans.
6. Describe and provide samples of on-going plan reporting and planning tools.
7. Describe your experience with negotiation and tracking of progress of performance guarantees on behalf of your clients, including the results of these guarantees.
8. Describe how you monitor the performance of insurance providers, in order to ensure the provider can meet the requirements of Employer. What is the notification process to the Employer if a provider has fallen below the acceptable financial rating?
9. Describe the full range of Regulatory Consulting Services that your firm provides. Explain your ability to monitor regulatory and legislative developments on the federal and state level that may impact City's benefit plans and how your firm will disseminate this information to Employer.
10. Does your organization publish newsletters or other descriptive publications that are routinely provided to clients? If so, please describe and provide a copy of a recent issue.
11. Does your organization sponsor periodic seminars on timely benefit issues? If so, what are the specific issues your firm has addressed during the last two years and where were the seminars presented?
12. Describe any innovative "outside the box" solutions your firm has provided to your clients.

G. Benefit Communication & Enrollment Services

1. Describe the full range of Benefits Communication and Enrollment Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP.
2. Explain the methodology of your firm in reference to employee education concerning the City's benefits program?
3. Describe how your firm will create a communication strategy for City's benefits plan; include examples of past strategies used with clients. Provide sample documents included in past campaigns, describe their purpose. Explain how you measure the success of a campaign.
4. If your materials have been recognized in trade publications or by trade associations, please provide examples of materials and cite any awards won.

H. Benefit Administrative Services

1. Describe the full range of Administrative Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP. Include the number of years you have provided administrative services to active employees, retirees, and COBRA beneficiaries.
2. Describe how your firm will provide the implementation, data exchange and data management services contemplated by the Scope of Services.
3. Provide a sample timeline associated with managing City's plan from contract award and implementation, through plan enrollment, ongoing data exchange, and preparation for plan renewal.
4. As part of your Administrative Services, does your firm outsource or maintain your own Call Center for employees who have special needs or questions? Describe the full range of services available to employees or retirees who call during Open Enrollment and throughout the benefits plan year, the number of service agents and hours of operation. Include the following in your response:
 - a. A description of the documentation your firm maintains on incoming calls.
 - b. The call monitoring system, call tracking and resolution procedures used by your firm.
 - c. The key performance indicators your Call Center tracks by client.
 - d. How customer satisfaction is assessed?
 - e. What is the process for resolving customer complaints/issues?
5. What type of formal reports or scheduled meetings can Employer expect? (Content, frequency, participants and objectives.)

I. Compensation

Provide your method of compensation e.g. Fee, commission, or combination of the two. Provide total annual dollar amount, if fee-based, or commission percentage, if commission based. Please see Appendix "A" for Proposed Schedule of Fees.

J. References

Indicate at least three (3) clients with whom the City may speak with during the evaluation phase. **(Form A-14)**

Proposer must provide references from no less than three (3) contracts with public, private

and/or non-profit clients, with 600 employees or more (see Form A-14). References must include organization name, contact name, telephone number, and email address.

K. Local Business Preference

This RFP is issued in accordance with the City of North Miami Code of Ordinances Sec. 7-151, which states that preference be given to local businesses, in the form of ten percent (10%) of the total evaluation points or ten percent (10%) of the total bid price. Respondents must submit Forms A-3 and A-3(a) (if applicable) with their submittal to receive local preference. **Failure to submit required documentation may render the Respondent ineligible for local preference.**

L. Additional Information

Provide any additional and/or relevant information regarding the firms' capability in regards to similar projects.

M. Litigation

Provide a listing of all lawsuits or proceedings involving the Respondent within the past ten (10) years, including case names and numbers, courts, nature of the actions and disposition or status of each case.

N. Insurance Requirements

All Respondents shall provide evidence of the ability to obtain appropriate insurance coverage. Respondents may fulfill this requirement by having their insurance agent either (1) complete and sign an insurance certificate which meets all requirements, or (2) issue a letter on the insurance agency's stationery stating that the respondent qualifies for the required insurance coverage levels and that an insurance certificate meeting the City's requirements will be submitted before final execution or issuance of the contract. **(Form A-7)**

O. RFP Forms

The following forms must be submitted in the following order:

- Form A-1 Public Entity Crimes Affidavit
- Form A-2 Non-Collusive Proposal Certificate
- Form A-3 Local Preference Affidavit *(if applicable)*
- Form A-3(a) Statement of Intent *(if applicable)*
- Form A-4 Questionnaire Instructions
- Form A-5 Acknowledgement of Addenda *(if applicable)*
- Form A-6 Disclosure of Subcontractors & Suppliers *(if applicable)*
- Form A-7 Insurance Requirements *(Provide copies of the required Insurance or letter of intent to provide required insurance)*
- Form A-14 References

All of our forms can be found on our website at:

<http://www.northmiamifl.gov/departments/purchasing/forms.aspx>

Please ensure to include all applicable forms with your Proposal documents signed and notarized as required.

In regards to "Form A-5 Acknowledgement of addenda", it is the sole responsibility of the Respondent to check the City's website for all applicable addenda issued at: http://www.northmiamifl.gov/departments/purchasing/current_bids_proposals.aspx

Completed responses shall include all the above information including all required forms included with this RFP or RFP submittal may be rejected.

FAILURE TO SUBMIT ALL OF THE ABOVE REQUIRED DOCUMENTATION AND DOCUMENTED PROPERLY MAY DISQUALIFY RESPONDENT.

END OF SECTION

SECTION 5.0

EVALUATION CRITERIA/SELECTION PROCESS

5.1 REVIEW OF PROPOSALS FOR RESPONSIVENESS

Each Proposal will be reviewed to determine if the Proposal is responsive to the submission requirements outlined in the Solicitation. A responsive Proposal is one which follows the requirements of this Solicitation that includes all documentation, is submitted in the format outlined in this Solicitation, is of timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may result in the Proposal being deemed non-responsive. The Contract(s) will be awarded to the most responsive proposer whose Proposal best serves the interest of and represents the best values to the City in conformity with Chapter 7, Article III of the City code.

By the submittal of a proposal, each firm acknowledges and agrees to all terms and conditions set forth in this RFP and agreement by the City of North Miami.

Each firm acknowledges and agrees that due care and diligence was exercised in the preparation of its proposal and all information contained therein is believed to be correct. The respondent acknowledges and accepts its responsibility for determining the full extent of the exposure to risk and verification by the City of all information in the proposal. Neither the City nor its representatives will be responsible for any error or omission in any proposal, or for the failure on the part of any respondent to determine the full extent of the exposure.

5.2 EVALUATION PROCESS

The City shall appoint an Evaluation Committee to review and evaluate the qualifications, prior experience, and proposed development of each Respondent.

Respondents who have met the responsiveness and responsibility conditions will be evaluated by the Committee in accordance with the criteria detailed under this Section. Evaluation Committee members will independently score the Proposals based on the merit of each Proposal, as determined by the Evaluation Committee members, to meet the requirements stated in this Solicitation. The total number of points scored by each Evaluation Committee member will be based on the maximum points available for each of the criteria described below.

Upon completion of the technical criteria evaluation, rating, and ranking, the Committee may choose to conduct oral presentation(s) with the Respondent(s), which the Evaluation/Selection Committee deems to warrant further consideration based on the best-rated proposal providing the highest quality of service to the City; scores in clusters; significant breaks in scoring; and/or maintaining competition. Upon completion of the oral presentation(s), the Committee will re-evaluate, re-rate and re-rank the proposals remaining in consideration based upon the written documents combined with the oral presentation.

5.3 EVALUATION OF PROPOSALS

Criteria will be scored on a scale of “0” to “100” per evaluator with the maximum number of points available for each criterion as noted in this section. Scoring is based on a point total per evaluator and not a percentage. The final ranking will be based on the sum total of the Committee’s score for each Respondent, adjusted by the Local Business Preference factor.

The evaluation criteria that will be utilized is as follows:

Evaluation Criteria	
Criteria	Points
<p>Qualifications and Experience/Ability of Professional Personnel/Financial</p> <ul style="list-style-type: none"> ▪ Expertise of human resources and employee benefits management, in public, private and/or non-profit sector ▪ Qualifications & experience of the firm, & its sub-contractors/suppliers relevant to the Scope of Work ▪ Availability of qualified personnel ▪ Ability to meet set standards ▪ Previous contracting experience with the other public, private and/or non-profit agencies (see references) ▪ Financial resources and capabilities per financial statements ▪ Evidence of insurance and/or bonding capacity ▪ Location of local office 	30
<p>Quality of Services</p> <ul style="list-style-type: none"> ▪ Conveyance of a willingness to work with City staff to maximize resources ▪ The ability to satisfactorily convey, via the completeness and responsiveness of their Proposal, a depth of understanding of the Scope of Work and the firm's capacity to accomplish it successfully ▪ High quality level of services to be provided to the City 	30
<p>Technical Approach to the Project / Scope of Work</p> <ul style="list-style-type: none"> ▪ Understanding of City needs ▪ Approach to the Project and Methodology ▪ Technical Soundness of the proposal ▪ Applicability of the services offered ▪ Meeting the Town's operational requirements 	25
<p>Proposed Fee</p> <ul style="list-style-type: none"> ▪ Pricing Structure ▪ Fee Schedule/Cost Proposal ▪ Any other additional costs 	15

5.4 ORAL PRESENTATIONS

Respondents may be invited to provide an Oral Presentation as a part of the evaluation process for this Solicitation. The Committee will schedule interviews only with selected Respondents. Notice of assigned presentation times will be communicated in advance to the Respondent but may be given short notice of appearance. The purpose of the presentation will be to clarify the Response and ensure a mutual understanding of the Scope of Services. The oral presentation may clarify but may not modify the prior written submission. Verbal exchanges between the presenter(s) and Evaluation Committee during presentations are intended only for purposes of providing clarification in response to questions from Evaluation Committee. These exchanges shall not be misconstrued as a "negotiation" of terms by either party. The City will not be liable

for any costs incurred by the proposer in connection with such interviews/presentations (i.e. travel, accommodations, etc).

5.5 LOCAL BUSINESS PREFERENCE

The evaluation of competitive solicitations is subject to Section 7-151 of the City's Purchasing Code which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the Respondent shall submit in writing its compliance with any two of the following objective criteria (see Form A-3).

Pursuant to Section 7-151, a "Local Business" is defined as a business meeting **two** of the following:

- a) A business located in the City with a current City business tax receipt issued prior to the City's issuance of the solicitation for supplies or services; or
- b) A business that has at least ten (10) percent of its total workforce residing in the City prior to the City's issuance of the solicitation for supplies or services; or
- c) A business that subcontracts at least ten (10) percent of the contractual amount of a City project with subcontractors who are physically located within the City (must submit Form A-3(a) as part of the Proposal).

The local business preference is used to assign a preference of ten (10) percent of the total evaluation point, or ten (10) percent of the total price to those Respondents who qualify for this preference.

Note: The Respondent seeking local business preference has the burden to show that it qualifies for the preference, to the satisfaction of the City, by submitting supporting documentation. Failure to do so may result in being considered ineligible for local business preference.

5.6 NEGOTIATION PROCESS

If the City and said Proposer(s) cannot reach an agreement on a Contract, the City reserves the right to terminate negotiations and may, at the City Manager's or designee's discretion, begin negotiations with the next qualified, responsible and responsive proposer. This process may continue until a Contract acceptable to the City has been executed or all Proposals are rejected. No Proposer shall have any rights against the City arising from such negotiations or termination thereof.

END OF SECTION



Appendix “A” Schedule of Fees



Schedule of Fees
Agent of Record for Employee Benefits Programs
RFP No. 35-18-19

Compensation shall be quoted in either of the following ways. Remuneration may consist of flat or variable fees, or commissions for each line of insurance. The successful firm shall provide an annual statement from each carrier confirming that the insurance carrier has paid no commissions if a flat fee has been agreed to as a method of compensation. Full disclosure of all compensation earned, either directly or indirectly is required. All fees and or commissions earned must be disclosed.

Insurance placed by agent-broker on behalf of the City will be invoiced based on agreed terms upon placement of the coverage. The City shall remit payment to the agreed party in accordance with the specified terms and conditions. **Please complete the information below regarding the proposed fees for each line (health, dental, vision, life & disability)**

Line of Business	Commission	Fee	Comments
Group Health Insurance			
Group Dental Insurance			
Group Vision Insurance			
Group Life Insurance			
Group Disability Insurance			

Note: Respondent should attach additional information (clarification) as part of their proposal regarding their proposed compensation for all services to be provided under this Solicitation.

1. Respondent, individual, partnership, corporation or association responding to this Solicitation certifies that all statements made in this document are true and correct to the best of their knowledge. Also, the Respondent agrees to hold this offer open for a period of ninety (90) days from the deadline for receipt of Response.
2. Respondent understands and agrees to be bound by the conditions contained in this Solicitation and shall conform to all the requirements.

Company Name

Authorized Company Representative (Print Name)

Date

Signature

Title



Appendix “B” Proposal Forms

Cover Page & Contact Information Form
Proposal Submittal Checklist



COVER PAGE & CONTACT INFORMATION

**RFP No. 35-18-19
AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS**

This form should be included as the very first page of your Proposal. Please complete the form in its entirety and have it signed by an authorized officer and/or principal of the Respondent. The "Contact Person" listed below should be an authorized designee of the Respondent whom the City may contact for any questions and/or to forward any correspondence related to this Solicitation.

Legal Name of
Proposer(s):

Federal Employee
Identification (FEIN)
Number:

Mailing Address:

City, State, Zip Code:

Contact Person:

Title:

Email Address:

Telephone Number:

Fax Number:



I hereby certify that I am authorized to act on behalf of the Respondent, individual, partnership, corporation or association making this Proposal and that all statements made in this document are true and correct to the best of my knowledge.

By submitting a Proposal, the Respondent certifies that it has fully read and understands this Solicitation and that it has full knowledge of the scope, nature, and quality of Work to be performed.

The Respondent, individual, partnership, corporation or association responding to this Solicitation certifies that all statements made in this document are true and correct to the best of their knowledge. Moreover, the Respondent agrees to hold this offer open for a period of one hundred and eighty (180) days from the deadline for receipt of Response.

Respondent understands and agrees to be bound by the conditions contained in this Solicitation and shall conform to all the requirements outlined herein.

Name of Company: _____

Authorized Signature: _____

Title of Officer: _____



RESPONSE SUBMITTAL CHECKLIST

**AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS
RFP No. 35-18-19**

This checklist is provided for Proposer’s convenience only and identifies the sections of this submittal document to be completed and submitted with each response. Any Bid received without any one or more of these sections may be rejected as being non-responsive. Please be advised that this checklist may not necessarily complete include all of the requirements listed throughout this Solicitation. It sets guidelines for consideration and may be added to as the need arises.

Company Name: _____

Tab/Page No.	Appendix Forms	OFFICE USE ONLY
	Cover Page/Information Sheet	
	Response Submittal Checklist	
Tab/Page No.	Narrative	OFFICE USE ONLY
	Table of Contents	
	Letter of Introduction	
	Business Structure	
	General Company Information	
	Benefits Brokerage and Consulting Services	
	Benefit Communication & Enrollment Services	
	Benefit Administrative Services	
	Compensation	
	Additional Information	
	Litigation	
Tab/Page No.	City Contract Forms	OFFICE USE ONLY
	A-1 Public Entity Crimes Affidavit	
	A-2 Non- Collusive Bid Certificate	
	A-3 Local Preference Affidavit <i>(if applicable)</i>	
	A-3(a) Statement of Intent <i>(if applicable)</i>	
	A-4 Questionnaire Instructions	
	A-5 Acknowledgement of Addenda <i>(if applicable)</i>	
	A-6 Disclosure of Subcontractors & Suppliers <i>(if applicable)</i>	
	A-7 Insurance Requirements	
	A-14 References	



Appendix "C"
Cone of Silence Ordinance

Cone of Silence Notification

Agent of Record for Employee Benefit Programs RFP No. 35-18-19

DIVISION 8. CONE OF SILENCE

Sec. 7-192. Cone of Silence.

(a) Purpose and intent. The requirements of section 2-11.1, Cone of Silence Ordinances of the Code of Miami-Dade County, Florida, as amended, shall be applicable to the city. It is the intent of this code to prevent potential bidders, offerors or service providers from communicating with city department heads, their staff or selection and evaluation committee members during the period of time in which the cone of silence is imposed.

(b) Cone of silence is defined to mean a PROHIBITION on:

(1) Any communication regarding a particular RFP, RFQ or IFB between a potential offeror, service provider, bidder, lobbyist, or consultant and the city's professional staff including, but not limited to, the city manager and his or her staff;

(2) Any communication regarding a particular RFP, RFQ or IFB between the mayor, city council or their respective staffs and any member of the city's professional staff including, but not limited to, the city manager and his or her staff;

(3) Any communication regarding a particular RFP, RFQ or IFB between a potential offeror, service provider, bidder, lobbyist, or consultant and any member of the selection committee or evaluation committee;

(4) Any communication regarding a particular RFP, RFQ or IFB between the mayor, city council or their respective staffs and any member of the selection committee or evaluation committee; and

(5) Any communication regarding a particular RFP, RFQ or IFB between a potential offeror, service provider, bidder, lobbyist, or consultant and the mayor, City Council and their respective staffs.

(c) The city manager and the chairperson of the selection committee may communicate about a particular selection committee recommendation, but only after the committee has submitted an award recommendation to the city manager and provided that should any change occur in the committee recommendation, the content of the communication and of the corresponding change shall be described in writing and filed by the city manager.

(d) Notwithstanding the foregoing, the cone of silence shall not apply to:

(1) Competitive processes for the award of CDBG, HOME, and SHIP funds and community-based organization (CBO) competitive grant processes, administered by the city;

(2) Communications with the city attorney and his or her staff;

(3) Duly noticed site visits to determine the competency of bidders regarding a particular bid during the time period between the opening of bids and the time the city manager makes a written recommendation;

(4) Emergency procurements of goods or services pursuant to section 7-144;

(5) Communications regarding a particular RFP, RFQ or IFB between any person and the director of the purchasing department or designee, provided the communication is limited strictly to matters of process or procedure already contained in the corresponding solicitation document; and

(6) Communications regarding a particular proposal, quotation or bid between the director of the purchasing department or designee and a member of the selection committee or evaluation committee provided the communication is limited strictly to matters of process or procedure already contained in the corresponding solicitation document.

Sec. 7-193. Procedure.

(a) A cone of silence shall be imposed upon each RFP, RFQ and IFB after the advertisement of said RFP, RFQ or IFB. At the time of imposition of the cone of silence, the director of the purchasing department or designee shall provide for public notice of the cone of silence. The director of the purchasing department shall issue a written notice thereof to the affected departments, file a copy of such notice with the city clerk, with a copy thereof to each city council member, and shall include in any public solicitation for supplies or services a statement disclosing the requirements of this ordinance. Notwithstanding any other provision of this section, the imposition of a cone of silence on a particular RFP, RFQ or IFB shall not preclude procurement staff from obtaining industry comment or performing market research provided all communications related thereto with a potential offeror, service provider, bidder, lobbyist, or consultant are in writing or are made at a duly noticed public meeting.

(b) The cone of silence shall terminate at the time the city manager makes his or her written recommendation of award; provided, however, that if the city manager refers the recommendation back to the director of the purchasing department for further review, the cone of silence shall be re-imposed until such time as the city manager makes a subsequent written recommendation of award. If the city manager rejects all bids or proposals submitted in response to an RFP or IFB and concurrently requests the re-issuance of an RFP or IFB, the rejected bids or proposals shall remain under the cone of silence until such time the city manager issues a written recommendation of award or until the city manager withdraws the re-issued RFP or IFB.

(c) Exceptions. The provisions of this code shall not apply to oral communications at pre-bid conferences, oral presentations before selection committees or evaluation committees, contract negotiations during any duly noticed public meeting, public presentations made to the city council during any duly noticed public meeting or communications in writing at any time with any city employee, official or member of the city council unless specifically prohibited by the applicable RFP, RFQ or IFB documents. The offeror or bidder shall file a copy of any written

communication with the city clerk. The cone of silence shall not apply to small purchases or emergency purchases, pursuant to this code.



ADDENDUM No. 1

MAY 3, 2019

Solicitation Title: Agent of Record for Employee Benefit Programs

Solicitation No.: RFP 35-18-19

Due Date: **Monday, May 20, 2019**
By 3:30 PM

Attention all potential bidders:

- MUST Addendum:** Read carefully and follow all instructions. Information included in this Addendum will have a material impact on the submittal for this solicitation. All "MUST" addenda are considered a matter of responsiveness. "MUST" addenda must be acknowledged on Form "A-5". Failure of a Submitter to acknowledge the addenda shall be cause for rejection of the bid.

Note: Please be advised that the opportunity to submit questions and/or requests for clarifications regarding this Solicitation is solely for the purpose of clarifying the scope of services, eligibility criteria, performance requirements and procedural matters related to the selection, award, and expectations of the City for this contract.

To all prospective bidders, please note the following questions and/or requests for clarifications:

-
- Q.1 Please provide the Medical Loss Ratio (MLR) for the trailing three years for your medical plan?
A.1 **The Medical Loss Ratio (MLR) are as follow:**
2018: 79%
2017: 61.1%
2016: 97%
- Q.2 What is your annualized medical premium spend?
A.2 **\$4,846,308.**
- Q.3 What percentage of your overall medical spend is on prescription drug costs?
A.3 **Not applicable, we are currently fully-funded.**
- Q.4 What percentage of your overall medical spend is on hospitalization?
A.4 **Not applicable, we are currently fully-funded.**
- Q.5 What percentage of your overall medical spend is on ambulatory surgical?
A.5 **Not applicable, we are currently fully-funded.**
- Q.6 Are any of your non-medical plans (Dental, Vision or Short Term Disability) self-funded?
A.6 **No.**

- Q.7 Please provide a copy of your benefits guide or plan summaries.
A.7 See "Attachment A".
- Q.8 What is the current benefits administration platform being utilized and is your current broker covering the cost of this solution?
A.8 PlanSource. The current broker pays for the platform and maintenance.
- Q.9 What platform are you currently utilizing for ACA reporting and is your current broker covering the cost of this solution?
A.9 PlanSource. The current broker pays for the platform and maintenance.
- Q.10 How frequently is your current broker partner on site for face-to-face support with your benefits team or your employees?
A.10 At least once a month for new employee orientation, once a year for Open Enrollment, and quarterly usage updates.
- Q.11 What are the hours of operation of the current call center being provided by your broker to support employees questions and issues relating to benefits?
A.11 Hours of availability are regular business hours from Monday to Friday.
- Q.12 How many call center representatives are available to support the City employees?
A.12 Currently, the call center has three (3) dedicated agents.
- Q.13 What is the average resolution time of issues being resolved by your call center?
A.13 The average resolution time is five (5) business days. Depends on the issue.
- Q.14 Do you obtain reporting and analytics to show you the types of issues being handled by your benefits call center?
A.14 No. We only receive information on issues as needed and that do not violate HIPPA.
- Q.15 Who is the current [Broker/Agent] of Record? Are they included in the [RFP/RFQ] process?
A.15 The current agent is Sapoznik Insurance & Associates LLC. They were not involved in the preparation of this Solicitation, but they are not prohibited from applying for this new contract.
- Q.16 How is the current [Broker/Agent] of Record compensated; i.e. fees, commissions, or a combination of both? Are there additional fees paid to the [Broker/Agent] of Record?
A.16 The rate of commission is 3.5% paid by the vendor.
- Q.17 Are commissions currently built into the products?
A.17 Yes.
- Q.18 Is it your expectation that the awarded consultant will receive compensation via commission?
A.18 Yes.
- Q.19 Is your current broker providing the same services as listed in the Scope of Services of this [RFP/RFQ]?
A.19 Yes.

Q.20 Are there key drivers to this [RFP/RFQ] other than what you have outlined, such as significant benefit changes or major benefit initiatives?

A.20 No.

Q.21 Is the plan currently fully funded or self-funded?

A.21 Fully Funded.

Q.22 What is the effective date for the insurance plans?

A.22 January 1st, 2020.

Q.23 Please confirm the plan year for all types of insurance.

A.23 Calendar year.

Q.24 Are any retirees included in these services? If so, please provide the number and explain how the premiums are collected.

A.24 This information was included on page 13 of the RFP. Premiums are paid to the city from retirees.

Q.25 Are you currently using any type of web-based or online enrollment system? If so, what system is currently in place and how is the cost covered?

A.25 PlanSource. The current broker pays for the platform and maintenance.

Q.26 Please describe your current enrollment process and timeframe?

A.26 Our Open Enrollment Event is in October or November every year for benefits going into effect January 1st of the following year. We invite all employees and retirees to attend the event to see the changes, if any, to the benefits plans. Employees and retirees have 30 days to make elections and/or changes. If no change is made in PlanSource their plan rolls over.

Q.27 Please provide a participation census as follows:

A.27

Type of Coverage	Carrier	Commission percentage	Number Enrolled	Annual Premium
Medical	Aetna	3.5%	484	\$4,156,096.80
Vision	Aetna	3.5%	349	\$46,838.88
Dental	Aetna	3.5%	510	\$274,920.72
Life & AD&D (Basic and Voluntary)	Lincoln Financial	3.5%	618	\$245,534.04
Disability (STD/LTD)	Lincoln Financial	3.5%	359	\$122, 933.16
Cancer	NA	NA	NA	NA
Critical Illness	NA	NA	NA	NA
Hearing	NA	NA	NA	NA

Q.28 Since private companies are not required to have audited financials, as this is an SEC requirement for publicly traded corporations; if a proposer is a privately-held corporation and does not possess audited financial statements, can a management-prepared balance sheet and income statement signed by the company's Chief Financial Officer satisfy this requirement? If not, please indicate what alternative documentation can be provided to satisfy this requirement.

- A.28 Yes, a management-prepared balance sheet and income statements will satisfy this requirement.
- Q.29 Pages 14 and 15 Section 2.7 INSURANCE – Please confirm if the City is willing to accept the Auto Liability based on Auto limits on any one accident or loss?
- A.29 Yes.
- Q.30 Pages 14 and 15 Section 2.7 INSURANCE – Please confirm if the City is willing to accept that our professional liability limits are each wrongful act/annual aggregate and our policy has a \$5 million retention. Our annual report is available online for the City to review.
- A.30 Yes.
- Q.31 Pages 14 and 15 Section 2.7 INSURANCE – With regards to WOS we would request that the waiver of the insurer’s subrogation rights with WC, EL, GL, and AI be removed or if not, will the City allow mutual waivers under the other party’s policies?
- A.31 The “Waiver of Subrogation” in favor of the City of North Miami shall remain. We can discuss allowing mutual waivers under the other party’s policies.
- Q.32 Pages 14 and 15 Section 2.7 INSURANCE – Please confirm if the City would allow the Awardee to advise that a canceled, or non-renewed policy would be replaced with no coverage gap and a current COI would be provided and not provide a cancellation notice since coverage will be replaced with no gap.
- A.32 The City must be notified in writing either by awardee or carrier of any intended policy changes such as a change in carrier, prior to submittal of the replacement policy, showing no gap.
- Q.33 Page 15 - Section 2.7.5 - Our primary policy limits are sufficient to meet the limits requirements in the agreement. We do not track claims that erode policy limits, if necessary we have Umbrella or Excess policy limits if primary limits are exhausted. Is this acceptable to the City?
- A.33 Yes.
- Q.34 Pages 14 and 15 – Indemnification: Please confirm if the City is willing to accept the indemnification be limited to losses and damages as a result of our negligence and covered under the terms of our general liability policy; any wrongful acts solely in rendering or failing to render professional services and covered under our professional liability policy; or, any claim alleging a security failure, privacy event or wrongful act and covered under our cyber liability policy (misappropriation of trade secret or, infringement of patent are exclusions in our cyber policy).
- A.34 Indemnification of loss and damage due to your negligence is acceptable.
- Q.35 Scope of Services – Item 5 – Are you requesting the Broker/Consultant pay for these services or just assist in the review of the process and current vendor?
- A.35 To pay for the platform and maintenance.
- Q.36 Scope of Services – Item 10 – How is the call center handled today, are these services outsourced or handled internally by the current consultant? What has been the utilization of these services (i.e. how many calls per month for the past 12 months)?
- A.36 The broker is to pay for the online enrollment system. Currently, the City uses PlanSource. The cost of the system is unknown to the City. The current broker pays for it. The City is open to changing systems.

- Q.37 Scope of Services – Item 10 – How is the call center handled today, are these services outsourced or handled internally by the current consultant? What has been the utilization of these services (i.e. how many calls per month for the past 12 months)?
- A.37 **Handled internally by the current consultant.**
- Q.38 Scope of Services – Item 17 - Clarify is “dedicated” agent can work on other clients or just the City?
- A.38 **They can work with other clients; however, the City does need an assigned agent.**
- Q.39 Scope of Services – Item 18 - Does the City currently have a wellness program in place? If so, what programs/services are being offered through the wellness program. Does the City have an established Wellness Committee?
- A.39 **Yes the City has a Wellness Program and Wellness Committee. The City currently, has fitness programs multiple times a week and vary quarterly.**
- Q.40 Scope of Services – Item 21 - Is the request for the broker/consultant to find a provider for these services or pay for these services?
- A.40 **Both.**
- Q.41 Scope of Services – Item 30 – Is this currently performed under the current agreement?
- A.41 **Yes.**
- Q.42 Can you provide the current agreement and annual compensation of the incumbent insurance broker?
- A.42 **Please see “Attachment B” for current agreement. The annual compensation rate of commission is 3.5% paid by the vendor.**
- Q.43 This RFP was out the middle of 2018, why is the RFP again so soon?
- A.43 **The previous RFP was canceled by the City.**
- Q.44 RFP Due Date: Would the City consider extending the closing date?
- A.44 **No.**

All other terms, conditions, and specifications remain unchanged for this Solicitation.

End of Addendum.



Attachment A



2019
EMPLOYEE BENEFITS
HIGHLIGHTS

CONTENTS

2019

IMPORTANT INFORMATION

Directory	3
Open Enrollment / New Hires	4
Benefit Highlights	5

FEATURED PLANS

Health Insurance	6
Aetna Mobile	8
Aetna Digital ID & Aetna TelaDoc	9
Dental Insurance	10
Vision Insurance	11
Life and AD&D Insurance	12
Short-Term and Long-Term Disability	13
Employee Assistance Program (EAP)	14
Supplemental Insurance	15
Legal Insurance	16



Welcome to
your new
benefit year.

FEDERAL LAWS AND DISCLOSURES

Definition of Dependent	17
Medicare Part-D	18
Section 125 HIPAA CHIP	19
Women's Health Mother's Health COBRA	20

EDUCATION AND WELLNESS

Prescription discounts	21
Where to go for care	22
Financial Wellness	23
Knowing your numbers	24
Notes	25
Plan Source	26



DIRECTORY



Personnel Administration Department

Babette Friedman
Employment & Benefits Manager

Telephone: (305) 895-9863
Fax: (305) 891-9375
bfriedman@northmiamifl.gov



Andrew Goodman
VP, Benefits Consultant
andrewg@sapoznik.com

Haydee Millan-Feliz
Benefits Account Champion
haydeem@sapoznik.com

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North Miami Beach, FL 33162
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www.sapoznik.com

HEALTH

Aetna
Telephone Number: (866) 253-0656
www.aetna.com

DENTAL

Aetna
Telephone Number: (877) 238-6200
www.aetna.com

VISION

Aetna
Telephone Number: (877) 973-3238
www.aetnavision.com

LIFE | AD&D | DISABILITY

Lincoln Financial Group
Telephone Number: (800) 423-2765
www.lincoln4benefits.com

EMPLOYEE ASSISTANCE PROGRAM

Lincoln Financial Group
Telephone Number: (800) 423-2765
www.lincoln4benefits.com

SUPPLEMENTAL INSURANCE

Aflac
Telephone Number: (800) 992-3522
www.aflac.com

Shelly Thompson
Telephone Number: (561) 762-6205

LEGAL INSURANCE

Legal Shield
Telephone Number: (800) 654-7757
www.legalshield.com

Representative: Mitchell Summer
summerbenefitsgroup@gmail.com

PLEASE NOTE: This Benefit Highlight Booklet is solely intended as a high-level overview and general reference guide on your employee benefits. This booklet is **NOT** your Summary of Benefits and Coverage (SBC) document required by the Affordable Care Act of 2010. As an enrollee, your actual SBC will be provided under separate cover, by your health carrier.

WELCOME TO YOUR OPEN ENROLLMENT

Open enrollment is your annual opportunity to review and change or update current coverage. You can also add, change and/or drop dependents.

Who is eligible?

If you're a full-time employee, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

Covering your family members

Some plans allow for dependents to be enrolled for coverage. Eligible dependents include:

- Your spouse.
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.

How to Make Changes

You must notify HR within 30 days from loss of eligible coverage. Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

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

**Annual open enrollment effective:
January 1, 2019**

**New hire enrollment effective:
The first of the month following
30 day of day of hire**

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

- **Loss of Coverage**
- **Marriage, Birth or Adoption**
- **Medicaid or CHIP**

Please see federal laws and disclosures for more details on special enrollment.

**Must notify HR within 30 days
of loss of eligible coverage or
life-changing qualifying event**



BENEFIT HIGHLIGHTS

AVAILABLE BENEFITS

- Medical
- Dental
- Vision
- Employer Paid Basic Life
- Voluntary Life
- Voluntary Short Term Disability
- Voluntary Long Term Disability
- Employee Assistance Program (EAP)
- Supplemental Insurance
- Legal Insurance



Sniff out savings on vet bills with pet insurance

If you have pets, you know how quickly vet bills can add up. Fortunately, as a City of North Miami employee/member, you're eligible for a discount on pet insurance from Nationwide®.

We offer coverage for your pet's injuries, illnesses and preventive care. Plus, you're free to use any vet, anywhere. Plans are available for dogs, cats, birds and exotic pets.

Rest easy with 24/7 veterinary help

All Nationwide pet insurance members receive free, 24/7 access to **vet helpline**® (\$150 value) for guidance on any pet health concern. This service is available exclusively from Nationwide.

As a City of North Miami employee, you're eligible for preferred pricing on coverage for your pets.*

Visit <http://www.petinsurance.com/northmiamifi> or call **877-738-7874** for more information or to get a no-obligation quote.



Terms to know

- **DEDUCTIBLE:** The amount you pay for covered health care services before your insurance plan starts to pay.
- **COINSURANCE:** The percentage of costs of a covered health care service you pay (20 percent, for example) after you've paid your deductible.
- **PREMIUM:** The amount you pay for a health plan in exchange for coverage.
- **OUT-OF-POCKET MAXIMUM (OPM):** The highest out-of-pocket amount paid for covered services during a benefit period.
- **OUT-OF-NETWORK SERVICE:** Health care you receive without a physician referral, or services received by a non-network service provider.

Provider Network: Aetna Health Network OnlySM (Open Access)

Plan Name	HNOnly OA \$2,500 Plan	HNOnly OA \$250 Plan
Network Access	In Network Only	In Network Only
Deductible: The city will reimburse \$125 for Employee Only / \$250 Dependent Coverage		
Deductible	\$2,500 / \$5,000	\$250 / \$500
Member Co-Insurance	10%	0%
Max Benefits		
Out of Pocket Maximum	\$5,000 / \$10,000	\$3,000 / \$6,000
Lifetime max	Unlimited	Unlimited
Physician Office Services		
Physician	\$25	\$15
Specialist	\$45	\$25
Preventive Care	Covered 100%	Covered 100%
Diagnostic Services		
Independent Clinical Lab (Quest Diagnostics)	Covered 100%	Covered 100%
MRI, MRA, CT & PET Scans	10% After Ded	\$200
ER and Urgent Care		
Emergency Room	\$350	\$350
Urgent Care	\$75	\$35
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	10% After Ded	0% After Ded
Inpatient Hospital	10% After Ded	\$500 Per Admit
Provider Services Inpatient Hospital	10% After Ded	0% After Ded
Pharmacy Services		
Prescription	\$10 / \$45 / \$70	\$10 / \$45 / \$70

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.



(866) 253-0656 | www.aetna.com

HEALTH
INSURANCE

Provider Network: Aetna Health Network OptionSM (Open Access)

Plan Name	HNOptions OA \$1,500 Plan (Retirees moving out of State)	
	In Network	Out of Network
Network Access	In Network	Out of Network
Deductible		
Deductible	\$1,500 / \$3,000	\$2,500 / \$5,000
Member Co-Insurance	0%	30%
Max Benefits		
Out of Pocket Maximum	\$2,000 / \$4,000	\$5,000 / \$10,000
Lifetime max	Unlimited	
Physician Office Services		
Physician	\$15	30% After Ded
Specialist	\$30	30% After Ded
Preventive Care	Covered 100%	Adult: Not Covered; Child: 30%
Diagnostic Services		
Independent Clinical Lab (Quest Diagnostics)	Covered 100%	30% After Ded
MRI, MRA, CT & PET Scans	\$250	30% After Ded
ER and Urgent Care		
Emergency Room	\$150	
Urgent Care	\$35	30% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded	30% After Ded
Inpatient Hospital	\$500 After Ded	30% After Ded
Provider Services Inpatient Hospital	0% After Ded	30% After Ded
Pharmacy Services		
Prescription	\$10 / \$30 / \$50	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

Aetna Mobile

You never know when you'll need it ... but you'll always know where to find it

www.aetna.com

Features of Aetna Mobile

Find what you need — wherever, whenever — with Aetna Mobile

That's why it's great to know you can use your cell phone with web access

to view your health plan information — whenever you want, wherever you are. The Aetna Mobile app works with iPhone[®] mobile digital devices and Android[™]-powered phones.

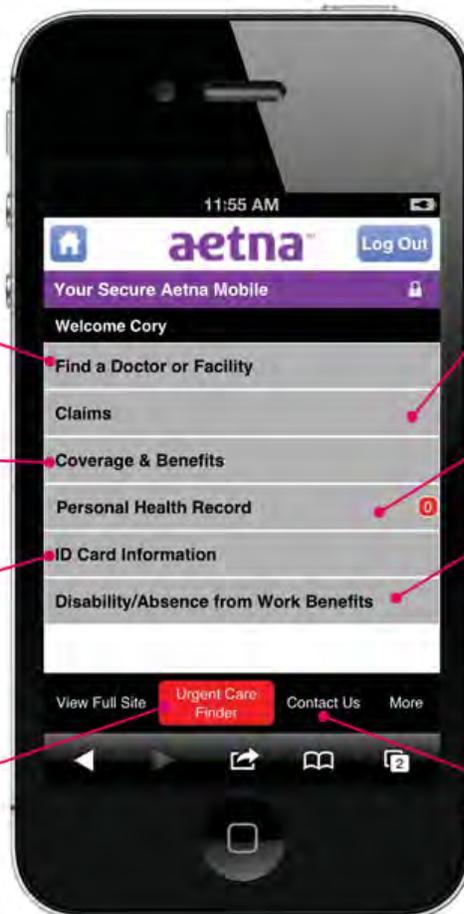
Use a different smartphone or mobile device? Instead of loading an app, just visit **www.aetna.com** and use the mobile web version of the site.

Find a doctor — it's easy to search for doctors, dentists and specialists in your area.

Check benefits and coverage information — just clear, accurate details when you click.

Pull up your medical and/or dental ID card information — if you left your ID card at home, it's no problem.

Use the Urgent Care Finder — it's for immediate help in an emergency — because every minute counts.



Search claims — no more guesswork when you don't have the paperwork with you.

Track your health and claims — with your Personal Health Record.

View your disability or leave information — reference your existing claims, leaves and payments while you're on the go.

Contact Us — for fast answers to your plan questions.

Two ways to download your FREE Aetna Mobile app:

- Text **Apps** to **44040** to download now*
- Scan the code with your mobile device



Learn more, visit us at www.aetna.com/mobile

* Standard text messaging rate may apply

Need a Member ID Card? Get a Digital ID Card

Here's how to get one

It's easy to get an ID card through your member website. And you can get whichever works better for you — paper or electronic.

To print a paper ID card from your computer:

- Log in to your member website at www.aetna.com.
- Choose "Get an ID Card."
- Follow the steps to print your card.

To display an electronic ID card on your smartphone or tablet:

- Log in to the mobile member website by typing www.aetna.com in your browser.
- Choose "ID Card Information."
- Show your ID card when you visit the doctor or dentist.



Not signed up yet?

There's no time like the present. Visit www.aetna.com to sign up for your member website today.

Forgot whether you already signed up?

Maybe you can't remember if you've used your member website before. That's okay. You can recover a **user name** and reset a **password** at www.aetna.com.

Here's a tip: You need to have your user name before you can reset your password.

If you've tried everything and still can't log in — that's okay, too. Tech support is at your service. Call toll-free at 1-800-225-3375.

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**



1

Online:

Go to Teladoc.com/Aetna and click "set up account".

Mobile app:

Download the app and click "Activate account" Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.



Teladoc.com/Aetna



1 (855) Teladoc
(1-855-835-2362)



DENTAL INSURANCE



(877) 238-6200 | www.aetna.com

Plan Name	DHMO Plan	PPO Plan	
Provider Network	DMO® / DNO	Dental PPO/PDN with PPO II	
Network Access	In Network Only <i>(Primary Dentist Election Required)</i>	In Network	Out of Network
Deductible	No Ded \$0 Office Visits	\$25/\$75	\$50/\$150
Ded waived for Preventive	None	Yes	Yes
Preventive	Some procedures Covered 100%	100%	100%
Basic	Co-Pays Apply	90%	80%
Major	Co-Pays Apply	60%	50%
Periodontics / Endodontics	Co-Pays Apply	Basic	
Annual Maximum Benefit	None	\$2,500	\$2,500
Out of Network Reimbursement Level	In Network Only	Fee	Fee
Orthodontic	Co-Pays Apply	50%	
Orthodontic Eligibility	Adult & Child	Adult & Child(ren)	
Orthodontic Maximum	None	\$2,500	
Dependent Child / Student Age	Up to Age 26 Benefit will Terminate at the end of month of Birth Date		

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.



(877) 973-3238 | www.aetnavision.com

VISION INSURANCE

Plan Name	Vision Plan	
Network Access	In Network Allowance	Out of Network Reimbursement
Eye Care Co-pay		
Eye Exam	\$10	Up to \$25
Frequency	12 Months	
Materials Co-pay	\$10	N/A
Lenses		
Single	\$0 After Co-pay	Up to \$20
Bifocal	\$0 After Co-pay	Up to \$40
Trifocal	\$0 After Co-pay	Up to \$65
Lenticular	\$0 After Co-pay	Up to \$65
Frequency	12 Months	
Frames		
Frames	Up to \$130 + 20% off Balance	Up to \$65
Frequency	12 Months	
Contact Lens Co-pay	In lieu of any other eyewear benefits	
Elective	Up to \$115	Up to \$80
Medically Necessary	Covered 100%	Up to \$200
Frequency	12 Months	
Dependent Child / Student Age	Up to Age 26 Benefit will Terminate at the end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further 11 information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

LIFE AND AD&D INSURANCE



(800) 423-2765 | www.lincoln4benefits.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Your benefits will reduce:

The City of North Miami provides Employer Paid Life Insurance to all Full-Time Employees eligible for benefits. For complete details on your specific level of Life Insurance benefit, please consult the Personnel Department or refer to your Plan Description.

35% at age 65
An additional 15% of original amount at age 70;
An additional 15% of original amount at age 75;
Benefits will terminate at retirement, unless eligible for retiree benefits

VOLUNTARY LIFE & AD&D

Employee Benefit Amount

Benefit Amount:

- Choice of \$10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount \$250,000

Guarantee Issue:

- Up to \$100,000 at initial enrollment

You or your Spouse may elect or increase insurance coverage equal to 2 benefit level on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.

Other Benefits Included:

- Living Care/ Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

Benefit Reduction:

- 35% at age 65
- An additional 15% of original amount at age 70;
- An additional 15% of original amount at age 75
- Benefits terminate at age 80 or retirement, unless eligible for retiree benefits

Spousal Benefit Amount

Benefit Amount:

- Choice of \$5,000 Increments
- Not to exceed 50% of Employee's elected amount
- Optional Life Benefit up to \$100,000
- Employee must elect coverage in order to enroll spouse

Guarantee Issue:

- Up to \$30,000 at initial enrollment

Dependent Children Benefit Amount

- \$250 child: 14 days to 6 months
- \$10,000 Child: 6 months to age 19 (to age 25 if full-time student)
- Employee must elect coverage in order to enroll children

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum Amount paid for Loss of Life due to an accident or loss of 2 or more members (Hand, Foot, Eye)

1/2 Principal Sum Amount paid for Loss of One Member (Hand, Foot, Eye)

Accidental Death and Dismemberment benefit amount will match your Life Benefit amount. Please see your benefit booklet for full schedule of benefits.

DEFINITIONS & REQUIREMENTS

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period for new hires. Late entrants are required to complete satisfactory Evidence of Insurability.

Eligibility Requirements: You must be a full-time active employee working at least 30 hours per week. You must also be a permanent employee and be actively at work* on the coverage effective date.

*Actively at work means the full-time performance of all customary duties of your occupation.

If Spouses and Dependent Children are in a 'Period of Limited Activity'* their effective date will not take effect until the day after: (1) his or her final discharge from the health care facility; or (2) resuming the normal activities of a healthy person of the same age and sex.

*Period of Limited Activity means a period when a spouse or child is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.

****Please see your enrollment kit for rate information**

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

Voluntary Short-Term Disability

Voluntary Long-Term Disability

**Maximum Weekly Benefit
60% Of Your Salary To \$1,500**

This is the amount of benefit you will receive when you are disabled.

**Maximum Monthly Benefit
To 60% Of Your Salary Up To \$7,000**

This is the amount of benefit you will receive when you are disabled.

**Elimination Period
30 Days Accident & 30 Days Sickness**

This is the number of days you must be disabled before benefit payments start .

Elimination Period of 90 Days

This is the number of days you must be disabled before benefit payments start.

Benefit Duration of 9 Weeks

This is the period of time that benefits will continue to be paid to you during a period of disability.

pre-existing 3/6

**Benefit Duration
To Age 65 Or Social Security Normal Retirement Age**

Own Occupation 2 years

This is the period of time that the employee need only be disabled from his/her own occupation.

pre-existing 3/12

DEFINITIONS & REQUIREMENTS

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to a non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week; be actively at work* on the coverage effective date.

* Actively at work means the full-time performance of all customary duties of your occupation.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



EmployeeConnectSM Practical Help For Life's Challenges (888) 628-4824

There are times in all of our lives when we need a little help. No matter what the issue is, Employee Connect is available 24 hours a day, seven days a week with support, guidance and resources. Employee Connect Includes:

- Assistance for you or an immediate household family member
- 24/7 telephone and Web access
- Telephone access to legal counsel
- A 25 % discount for services resulting from an attorney referral
- Confidentiality

LifeKeysSM Added benefits to insured, beneficiaries and dependents (855) 891-3684

LifeKeysSM services are provided at no additional cost with our term life and AD&D policies. These services provide assistance not just to beneficiaries but also to insured employees and their dependents. Many of these new services can be used as soon as the plan is in-force — not just when the insured passes away. Services include:

- Free online will preparation
- ID theft information
- Unlimited phone contact with grief counselors and legal and financial specialists
- A combination totaling six in-person sessions for grief counseling, or legal or financial information
- Memorial planning assistance

LifeKeysSM services, together with TravelConnectSM services, provide a full range of valuable assistance and guidance to insured employees, their dependents and beneficiaries.

TravelConnectSM Services A “no-cost benefit” providing you valuable services while traveling.

(800) 527-0218 - Provider I.D. Number 322541

Traveling just got easier.

As part of your employee benefits package, your Lincoln Financial Group life insurance coverage now includes our *TravelConnect* program, an employee benefit that includes travel, medical, and safety-related services while traveling.

Business or leisure travel – it’s covered.

The *TravelConnect* benefit is provided at no cost to you and includes a wealth of services when traveling just 100 miles or more from home. These services are provided regardless if you’re traveling for business or leisure. Whether you simply want the weather forecast for your travel destination or you need emergency medical assistance halfway around the world, UnitedHealthcare Global has the professional staff and resources to provide support, 24 hours a day, seven days a week.





(800) 992-3522 | www.aflac.com

SUPPLEMENTAL INSURANCE

ACCIDENT A35275

Coverage 24 hours a day – For Accidents On or Off-the-Job- Worldwide

HOSPITAL INDEMNITY PLAN

Coverage for Hospital Confinement due to Sickness, Surgery, Maternity or Injury

- Benefits payable for Hospital Confinement
- For surgery performed In-Patient or Out-Patient
- Wellness Benefit payable every anniversary for a check up

CANCER INDEMNITY PLAN

Coverage for Cancer Treatment

- First Occurrence Benefit for initial diagnosis of Internal Cancer
- Hospital Confinement benefit for Hospitalization due to Cancer
- Radiation, chemotherapy and experimental treatment benefits
- Surgery and Anesthesia benefits
- Cancer screening benefit for each covered person for each calendar year

CRITICAL CARE AND RECOVERY

Coverage for the treatment of specified health events including Heart Attack, Stroke, Coronary Artery Bypass Surgery and Third Degree Burns

- First occurrence benefit for the initial diagnosis
- Hospital confinement for a covered illness
- CU confinement benefit for illness and injury
- Continuing Care benefits including physical therapy, speech therapy, home health care and doctor visits

SPECIAL NOTE: *The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.*

Legal Shield

The City of North Miami's employees may elect to purchase Legal Insurance through LegalShield Pre-paid Legal on a voluntary basis through payroll deduction. Legal Insurance may be purchased to cover yourself, spouse and children. LegalShield offers sever insurance plan options. Rates and brochures may be obtained from Personnel Department.

Examples of Available Services: Traffic Ticket Defense Nationwide; Attorney Letters; Contract and Document Review Consultation for Divorce; Child Custody, Support, Probate, Bankruptcies - Chapter 7, 11 and 13; Immigration; Credit card liability resolution, credit and asset protection and much more; 24/7 on call in an emergency situation, i.e. accident or mistaken identity etc.

**Contact: Mitch Summer
Cell: (954) 562-2823**

Deferred Compensation

The City currently offers two deferred compensation programs through ICMA and VALIC. Representatives visit the City monthly.

Deferred compensation is a voluntary, **pre-income tax payroll reduction plan** available to all full-time employees. You choose an amount of money to be deferred from each paycheck which can be used at retirement to supplement your City pension and Social Security. For income tax purposes, the deferrals **are not** considered taxable income until withdrawn. Deferrals **are** considered taxable income for social security purposes. **If you will need these funds do not put them in a deferred compensation account. It is not a savings account; it is a pension plan.**

HOW MUCH MAY I CONTRIBUTE?

The amount changes from year to year. As of October 2015, the maximum you may defer, according to the IRS is \$19,000 per calendar year except as amended by federal law or regulation. If Age 50 or older, you can defer \$24,000 per year using the Age 50 or older catch-up provision. If you will be retiring within 3 years you have the option of enrolling in the Catch-Up provision and contributing up to \$36,000 in unused deferrals.



DEFINITION OF DEPENDENT

FEDERAL LAWS DISCLOSURES NOTICES

Dependent - the Subscriber's legal spouse or a dependent child of the Subscriber or the Subscriber's spouse or a newborn child of an Enrolled Dependent. All references to the spouse of a Subscriber shall include a Domestic Partner. The term child includes any of the following:

- A natural child.
- A stepchild.
- A legally adopted child.
- A child placed for adoption.
- A child placed for foster care.
- A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse.
- A newborn child of an Enrolled Dependent. The newborn child may be covered from birth to 18 months of age.

To be eligible for coverage under the Contract, a Dependent must reside within the Service Area or reside with the Subscriber who works within the Service Area. **Note:** This does not apply to your Dependents who reside or work outside the Service Area if your Dependents have agreed to receive Covered Health Services from those providers who participate in our national network of preferred providers. Refer to the definition of "Network Benefits" below.

The definition of Dependent is subject to the following conditions and limitations:

- Under the Patient Protection and Affordable Care Act (PPACA), a Dependent includes any dependent child under 26 years of age.
- A Child's eligibility for dependent coverage under the PPACA is based solely on the child's age and his or her relationship to the participant. The plan or issuer may **not** deny or restrict coverage for a child who is under age 26 based on whether the Child is of the following:
 - The child is financially dependent on the participant; or
 - The Child resides with the participant or with any other person; or
 - The Child is a student or employed.
- A Child can join or remain on your plan even if they are:
 - Married
 - Not living with you
 - Attending School
 - Not financially dependent on you
 - Eligible to enroll in their employer's plan
- In the event that the Subscriber has a Dependent who meets the following requirements, extended coverage may be available for that Dependent to the end of the calendar year in which the Dependent reaches age 30. Contact your Enrolling Group for details. To be eligible for extended coverage, a Dependent must satisfy the following:

COC.DEF.H.09.FL.KA 65

Is unmarried and does not have dependent of his or her own;
Is a resident of Florida or a Student, and
Does not have coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

If such a Dependent's coverage is terminated after the end of the calendar year in which the Dependent reached age 25, the child is not eligible to be covered under the Contract unless the Dependent was continuously covered by Creditable Coverage without a gap in coverage of more than 63 days.

A child who is covered under extended coverage provisions set forth above ceases to be eligible as a Dependent on the last day of the calendar year following the child's attainment of the limiting age or when the child no longer meets the requirements.

The Subscriber must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.

A Dependent also includes a child for whom health care coverage is required through a *Qualified Medical Child Support Order* or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a *Qualified Medical Child Support Order*.

IMPORTANT NOTICE

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The City of North Miami Aetna plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **The City of North Miami** has determined that the prescription drug coverage offered by the **Aetna plans** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

This notice officially confirms

The fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15 to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about \$32-\$37/Month. If you do decide to enroll, coordination of benefits will be required.

FOR MORE INFO:



On Medicare Part D, you can read the "Medicare & You" Handbook which will be mailed to you during October

visit www.medicare.gov on the web
or call **1-800 MEDICARE (633-4227)**

TTY users should call 1-877-846-2048

If you are Medicare eligible please review the above notice and put it with your other important insurance papers. *If you have any questions, please feel free to contact your Human Resources Department.*

SECTION 125 | HIPAA | COBRA

FEDERAL LAWS DISCLOSURES NOTICES



SECTION 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

Examples of a Qualifying Life Event

- The birth/adoption/legal custody of a child
- A marriage
- A divorce
- A covered dependent is no longer eligible for coverage
- A dependent returns to full-time student status
- A spouse or dependent child dies
- An increase in your work hours from part-time to full-time
- A decrease in your work hours
- A spouse obtains employment
- A spouse's employment is terminated
- A child gains or loses coverage with an ex-spouse (responsibility for health coverage changes)

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

For More Information or Assistance

To request special enrollment or obtain more information, please contact your local Human Resources Department.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any of the following reasons provided below.



Employee:	<ul style="list-style-type: none"> • Reduction in hours of employment (that disqualifies group insurance participation eligibility); or • Termination of employment (for reasons other than gross misconduct).
Spouse of Employee:	<ul style="list-style-type: none"> • The death of your spouse; or • A termination of your spouse's employment (for reasons other than gross misconduct) or a reduction in your spouse's hours of employment; or • Divorce or legal separation from your spouse; or • Your spouse becomes entitled to Medicare
Dependent Child of Employee:	<ul style="list-style-type: none"> • The death of a parent; or • A termination of the parent's employment (for reasons other than gross misconduct) or a reduction in the parent's hours of employment with the Entity; or • Parent's divorce or legal separation; or • A parent becomes entitled to Medicare; or • The dependent child ceases to be a "dependent child" under the Entity's group health-plan.

Under the law, the employee or a family member has the responsibility to inform the entity group health plan Administrator of a divorce, legal separation or a child losing dependent status under the entity group health plan within 30 days of the date in which coverage would end under the plan because of the event, whichever is later. The Entity has the responsibility to notify the Plan Administrator of the employee's death, termination, reduction of hours of employment or Medicare entitlement.



FEDERAL LAWS & NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

AETNA	HNONLY OA \$2500	HNONLY OA \$250	HNOPTIONS OA \$1500
Individual	\$2,500	\$250	\$1,500
Family	\$5,000	\$500	\$3,000
Co-Insurance	10%	0%	0%

If you would like more information on WHCRA benefits, call your plan administrator.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444-EBSA (3272)**.



EDUCATION

BE A WISE
HEALTH CARE
CONSUMER

REDUCE YOUR PRESCRIPTION DRUG COSTS

If you take prescription medication, you can cut costs up to 90 percent by becoming an informed consumer and using the same buying techniques that you use when shopping for other goods and services. As more individuals comparison shop for drugs, more retailers will compete to win their business, which will drive prices lower. These strategies can help you become a savvy prescription drug consumer.

- Price comparison
- Drug substitution
- Bulk buying
- Generic medications
- Generic medications
- Pharmaceutical company assistance programs
- Over the counter drug substitutes (OTC)
- Discount prescription cards

PHARMACY CONVENIENCE STARTS HERE

Having access to a discount prescription program can be an enormous benefit to anyone who has a chronic condition. When you have to buy the same medications regularly, it makes a huge difference to save as much money as possible each and every time.

We encourage you to use local pharmacy discount programs available through your local pharmacy. When you do, it's important to remind the pharmacist NOT to process your prescription through your medical plan.

Visit your nearest drugstore to start saving on your generic prescriptions today.

PUBLIX
PHARMACY
Feeling well. Living better.®

Free Antibiotics Check with Publix for selections

www.publix.com/pharmacy

CVS
pharmacy™

\$11.99 | 90 day supply

www.cvs.com/pharmacy

CVSHealth **TARGET**

\$11.99 | 90 day supply

www.cvs.com/pharmacy

Walmart
Pharmacy

\$4 / 30 Day Supply
\$10 / 90 Day Supply

www.walmart.com/pharmacy

K
Kmart
pharmacy

\$5 / 30 Day Supply
\$10 / 90 Day Supply

www.kmart.com/pharmacy

Looking for ways to save money on your prescription medications? Check out these great tips and start saving today!



GoodRx

GoodRx is the #1 medical app for iOS and Android. Get prescription drug prices on-the-go, with coupons built into the app.



www.goodrx.com

- Type your drug name (like Lipitor, Gabapentin, etc.)
- Set your location
- Compare prices, print coupons, save up to 80%



**Deciding where to go for care...
Telemedicine, Doctor, Urgent Care or
Emergency Room?**

URGENT CARE CENTER OR FREESTANDING ER

Knowing the difference can save your money

Urgent Care Center and Freestanding Emergency Rooms (ERs) can be hard to tell apart. Freestanding ERs often look a lot like Urgent Care Centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like Urgent Care Center, but include Emergency in facility names.
- Are open 24-hours a day, seven days a week
- Are physically separate from a hospital
- Are subject to the same co-pay as hospital ER
- Are staffed by ER physicians

Who Provides Care	Telemedicine	Primary Care Physician	Urgent Care	Freestanding ER	Hospital Based ER
Sprains, Strains	●	●	●	<ul style="list-style-type: none"> ● Many life threatening or disabling conditions ● Many major injuries ● Typically do not accept ambulances ● Look like Urgent Care Centers, but can care for emergencies ● Open 24-hours a day, seven days a week ● Physically separate from a hospital ● Subject to the same copay and/or out pocket cost as hospital ER 	<ul style="list-style-type: none"> ● Sudden or unexplained loss or consciousness ● Chest pain; numbness in the face, arm or leg; difficulty speaking ● Major injuries ● Severe shortness of breath ● High fever with stiff neck, mental confusion or difficulty breathing ● Coughing up or vomiting blood ● Cut or wound that won't stop bleeding ● Possible broken bones ● Any life threatening or disabling conditions
Animal bites	●	●	●		
X-rays		●	●		
Stitches		●	●		
Mild Asthma	●	●	●		
Minor Headaches	●	●	●		
Back Pain	●	●	●		
Nausea, vomiting, diarrhea	●	●	●		
Minor allergic reactions	●	●	●		
Coughs, sore throat	●	●	●		
Bumps, cuts, scrapes	●	●	●		
Rashes, minor burns	●	●	●		
Minor fevers, colds	●	●	●		
Ear and sinus pain	●	●	●		
Burning with urination	●	●	●		
Eye swelling, irritation, redness or pain	●	●	●		
Vaccinations	●	●	●		

What about Financial Wellness?

Get out of debt and save for the future.

Many Americans are consumed with anxiety and frustration over the debt that they owe, and the lack of funds to pay it off. Furthermore, most people struggle to save a cushion of three to six months' worth of living expenses in case of an emergency - much less invest for the future. So, what is a hard worker like you supposed to do to stay above water and put some money away at the same time?

You could make some major strides in your financial status in as little as six months, if you take these proactive steps toward greater financial standing.



1. Track Your Spending

Create a balance sheet and list your debts in order from highest to lowest interest rate. Keep track of your typical expenses for each month, while also accounting for unexpected expenses for the entire year. Then, add up your liquid assets, including money in savings and investment accounts. Also list any major purchases that you will need to make in the next year. Subtract this amount from your liquid assets. The remainder will be what you have available to pay off your debts. If you have a deficit, you will need to trim your expenses.

2. Build Money in Savings

- Link your savings and checking account with an ATM card. Then, set up three savings accounts – one for emergencies, one for unexpected expenses (car repairs, medical bills, etc.) and one for investments.
- Carry your ATM card only when it is absolutely necessary, and withdraw only what you need for the week.
- When you receive a paycheck, place only what you need for the month into your checking account. The rest of the funds should be placed into your three savings accounts.
- If possible, put money equaling one month's expenses into the savings account for unexpected expenses. Then, if you need new brakes unexpectedly, you will have the money saved already, and will be less likely to charge the expense.
- Place "found" money into your investments savings account, such as money from birthdays, holidays, bonuses, profits from a garage sale, etc.

3. Reduce Your Debt

- Pay off your highest interest credit card debt first. Pay as much as you can each month— avoid paying just the minimum payment. Since credit card companies make their money from interest payments, the minimum balance payments are set extremely low on purpose. If you can afford to pay more than the minimum, you will pay far less in the long run.
- Transfer outstanding balances to credit cards with lower interest rates. Or, contact your credit card company and see if they will match the interest rate of another company so that they won't lose you as a customer.
- Cancel old credit cards so you are not tempted to use them. Only keep two and store them at home for emergencies.
- Contact the National Foundation for Credit Counseling to develop a structured debt payment plan at 800-388-2227 or at www.nfcc.org.

Your debt problem will not go away immediately, but you do have the power to make it better over time. If you combine these debt reducing and savings strategies, you will be more financially secure in the future and well on your way to becoming financially strong.

Knowing your four health numbers is key to a healthier you.

At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI-Body Mass Index).

- **Blood pressure:**

A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm Hg (upper number) Less than 120 and Diastolic mm HG (lower number) Less than 80 (120/80)

- **Cholesterol**

HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.

- **Blood Sugar**

A leading determinant for the onset of diabetes. What is a normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70–99 mg/dl. “Postprandial” sugars taken two hours after meals should be less than 140 mg/dl.

- **Body Mass Index (BMI)**

The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI. https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html



Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. Here’s where you should start:

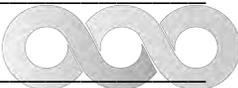
1. **Credit Score:** Your FICO credit score—a ratio determined independently by three credit bureaus and based primarily on your track record of paying bills on time – is about far more than just being approved for loans.
2. **Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary you should put aside for retirement, which experts peg at 15%.
3. **Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going toward fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com
4. **Net Worth:** People tend to think of this number as their “wealth,” says LearnVest’s von Tobel, but it’s not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.



NOTES



A series of horizontal lines for writing notes, with four vertical olive-green bars on the right side. The bars are of varying heights and are positioned at approximately 720px, 800px, 870px, and 940px from the left edge of the page. The lines are evenly spaced and extend across the width of the page.



ONLINE ENROLLMENT INSTRUCTIONS

1. Login

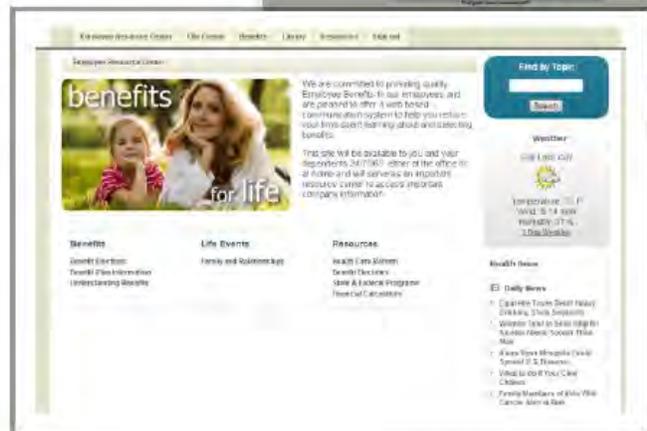
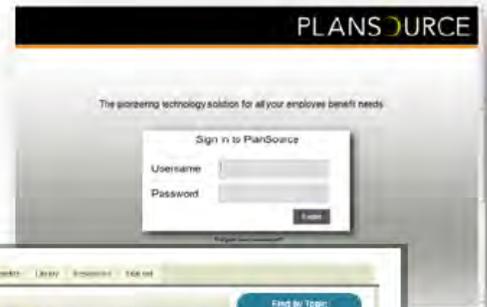
ENROLLMENT URL: <https://benefits.plansource.com>

USERNAME

- Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, your user name would be janders1234

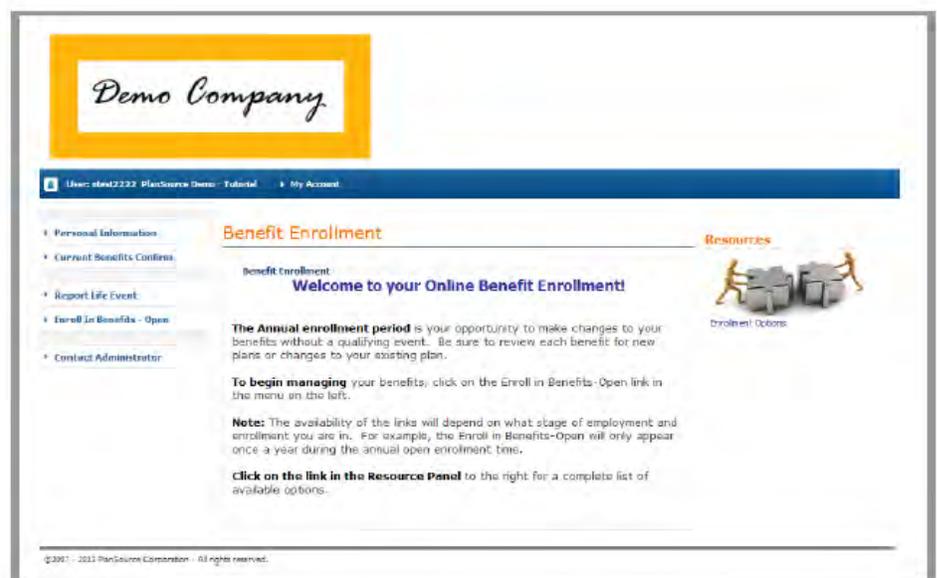
PASSWORD

- Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password



2. Launch Enrollment

- Click on “Enroll in Benefits” picture or “Benefit Elections” link to begin your enrollment
- Click on “Enroll in Benefits – Open” link at the left of the screen to begin your enrollment



3. Enroll

- Use the links on the left to make your selection
- Follow the enrollment through each step of the enrollment process from top to bottom
- In making your elections, choose the plan option of choice or select the "Decline" option and then select "Continue" after each election has been made

4. Confirm Enrollment Selections

- Once you complete all coverage elections, you will land on the Confirmation Statement. Click the "Confirm Enrollment" button at the bottom of the page to complete your enrollment process.





1100 NE 163 Street, North Miami Beach, Florida 33162
Telephone: (877) 948-8887 Fax: (305) 949-1099
www.sapoznik.com



Attachment B

**CITY OF NORTH MIAMI
FIFTH OPTION TO RENEW
PROFESSIONAL SERVICES AGREEMENT EXTENSION
(RFQ18-07-08 AGENT OF RECORD)**

THIS FIFTH OPTION TO RENEW PROFESSIONAL SERVICES AGREEMENT (“Fifth Option Agreement”) is made and entered into this 10th day of September, 2018, by and between the **City of North Miami**, a Florida municipal corporation, located at 776 NE 125th Street, North Miami, FL (“City”) and **Sapoznik Insurance & Associates, LLC**, a limited liability company organized and existing under the laws of the State of Florida, having its principal office at 1100 NE 163rd Street, 2nd Floor, North Miami Beach, FL 33162 (“Contractor”). The City and Contractor shall collectively be referred to as the “Parties”.

RECITALS

WHEREAS, on January 13, 2009, the City entered into an agreement with Contractor (“Agreement”) for the provision of Agent of Record Insurance Services for City employee’s benefits plan (“Services”), in accordance with the terms, conditions and specifications contained in the City’s *Request for Qualifications # 18-07-08, Agent of Record Services for City’s Employee Benefits Plans* (“RFQ”); and

WHEREAS, the initial term of the Agreement was five (5) years from the date specified in the City’s Notice to Proceed; and

WHEREAS, upon completion of the initial term, the City had the option to renew the Agreement for five (5) additional one-year terms, with the written consent of the Parties.

WHEREAS, the fourth one (1) year renewal term expires on December 31, 2018; and

WHEREAS, the City did not exercise the fifth and final option to renew the Agreement for one (1) year, opting to issue a solicitation for the agent of record services; and

WHEREAS, on May 25, 2018, the City issued “**RFP No. 54-17-18 Agent of Record for Employee Benefits Program**” seeking proposals from experienced and qualified firms.

WHEREAS, at the August 28, 2018 City Council Meeting, the Mayor and Council voted 5-0 to reject staff’s recommendation presented for **RFP No 54-17-18**, issue a new solicitation and extend the existing contract with Sapoznik for an additional one (1) year term, commencing on January 1, 2019 and concluding on December 31, 2019; and

WHEREAS, the Mayor and City Council determined that it was in the best interest of the City of North Miami for staff to proceed with a new RFP for the January 1, 2020 to December 31, 2020 term;

NOW THEREFORE, in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the Parties hereto agree as follows:

1. The City hereby extends the Agreement for Agent of Record Services for the Employee Benefits Plans for the one (1) year term commencing January 1, 2019, through December 31, 2019.
2. The Contractor hereby accepts the City's option to extend this Agreement for the provision of Services, for the one (1) year term commencing January 1, 2019, through December 31, 2019.
3. The City shall have no options to renew the Agreement remaining.
4. The Contractor agrees to provide Services in accordance with the terms, conditions and specifications contained in the Contract Documents at the reduced commission rate of 3.5%. Additionally, both parties mutually agree that the City shall have the option to administer and exercise full control of all wellness dollars appropriated by the City's insurance provider, if it so chooses at a later date.
5. The Parties agree that this Fifth one (1) year Option Agreement shall be made part of the Agreement previously executed by the Parties, attached hereto as Exhibit "A".
6. No modification or amendment hereto shall be valid unless in writing and executed by properly authorized representatives of the Parties.
7. This Fifth one (1) year Option Agreement shall be binding upon the Parties hereto, their successors in interest, heirs, executors, assigns and personal representatives.
8. All other terms of the Agreement, which have not been modified by this Fifth one (1) year Option Agreement, shall remain in full force and effect.

[The remainder of this page is intentionally left blank.]

IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective proper officers duly authorized the day and year first written above.

ATTEST:

Sapoznik Insurance & Associates, LLC, a Florida limited liability company:

Corporate Secretary or Witness:

“Contractor”

By: Kenneth Nahman

By: Andrew Goodman

Print Name: KENNETH NAHMAN

Print Name: ANDREW GOODMAN

Title: CFO

Title: V.P.

Date: 9/17/18

Date: 9/17/18

ATTEST:

City of North Miami, a Florida municipal Corporation: “City”

By: [Signature]
Michael A. Etienne, Esq.
City Clerk

By: [Signature]
Larry M. Spring, Jr.
City Manager

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

By: [Signature]
Jeff P.H. Cazeau, Esq.
City Attorney



ADDENDUM No. 2

MAY 16, 2019

Solicitation Title: **Agent of Record for Employee Benefit Programs**

Solicitation No.: **RFP 35-18-19**

Due Date: **Friday, May 24, 2019
By 3:30 PM**

Attention all potential bidders:

- MUST Addendum:** Read carefully and follow all instructions. Information included in this Addendum will have a material impact on the submittal for this solicitation. All "MUST" addenda are considered a matter of responsiveness. "MUST" addenda must be acknowledged on Form "A-5". Failure of a Submitter to acknowledge the addenda shall be cause for rejection of the bid.

Note: Please be advised that the opportunity to submit questions and/or requests for clarifications regarding this Solicitation is solely for the purpose of clarifying the scope of services, eligibility criteria, performance requirements and procedural matters related to the selection, award and expectations of the City for this contract.

To all prospective bidders, please note the following changes and clarifications:

1. The deadline for submittal for proposals has been extended as follows:

SUBMITTAL DEADLINE:
~~MONDAY, MAY 20, 2019~~ **FRIDAY, MAY 24, 2019, BY NO LATER
THAN 3:30 PM (LOCAL TIME)**

Please note the following changes:

AMENDED TO READ:

Section 2.4 now reads:

MINIMUM QUALIFICATIONS

The following mandatory minimum requirements have been established. Subject to the City's right to waive minor irregularities, Proposers that do not meet the mandatory minimum requirements will be deemed non-responsive and will not be considered for further evaluation.

- The Proposer must have experience with public, private and/or non-profit entities. As a minimum qualification, Proposer must provide references from no less than three (3) contracts with public, private and/or non-profit sector clients, with 600 employees or more (see Form A-14)

- The Proposer must hold the necessary business tax receipt and all required licenses (such as 2-15 Life/Health or 2-14 combined with a 2-40 or 2-20) within the State of Florida in order to provide the services contemplated by this RFP. Additionally, copies of the required licenses must be submitted with the proposal indicating that the entity, as well as the team assigned to the City's account, is properly licensed to perform the work included in the contract. Failure of the Proposer to submit required documentation may be grounds to deem Proposer non-responsive.
- The Proposer must be an active, registered business and have been ~~in business~~ **licensed** for no less than five years from the release date of this RFP.
- The Proposer must satisfy City's minimum insurance requirements, including any requests to be named additional insured which are included in this RFP.
- Proposer shall be responsible for all actions of any subcontractor or outsourced service provider and shall assure that they hold all required licenses and carry the requisite insurance for the services it will perform.
- The Proposer and any subcontractor or outsourced service provider must provide all administrative and technical services contemplated by this RFP within the United States and shall not offshore any Employer data.
- .

All other terms, conditions, and specifications remain unchanged for this Solicitation.

End of Addendum.



ADDENDUM No. 3

MAY 24, 2019

Solicitation Title: **Agent of Record for Employee Benefit Programs**

Solicitation No.: **RFP 35-18-19** Due Date: **Wednesday, May 29, 2019**
By 3:30 PM

Attention all potential bidders:

- SHOULD Addendum:** Information included in this Addendum is for clarification purposes. This Addendum SHOULD be acknowledged by checking the box indicated on the City's Contract Form A-5, Acknowledgement of Addendum(s), and submitted as part of your Proposal.

To all prospective bidders, please note the following changes and clarifications:

1. The deadline for submittal for proposals has been extended as follows:

SUBMITTAL DEADLINE:

~~FRIDAY, MAY 24, 2019~~ **WEDNESDAY, MAY 29, 2019,**
BY NO LATER THAN 3:30 PM (LOCAL TIME)

NOTICE

DUE TO THE BRIEF CLOSURE OF THE CLERK'S OFFICE DURING BID OPENING DAY, THE DEADLINE FOR SUBMITTAL OF PROPOSALS IN RESPONSE TO THIS SOLICITATION IS BEING EXTENDED AS INDICATED ABOVE IN ORDER TO ENSURE THAT ALL INTERESTED FIRMS HAVE AN OPPORTUNITY TO APPLY.

PLEASE BE ADVISED THAT ANY PROPOSALS PREVIOUSLY SUBMITTED SHALL REMAIN VALID AND IN CONSIDERATION FOR THIS SOLICITATION. NO RE-SUBMITTALS OF PREVIOUSLY SUBMITTED PROPOSALS IS NEEDED.

PLEASE CONTACT THE PURCHASING DEPARTMENT, AT (305) 895-9886, IF YOU HAVE ANY QUESTIONS.

All other terms, conditions, and specifications remain unchanged for this Solicitation.

End of Addendum

▶▶▶ REQUEST FOR PROPOSAL



**Agent of Record for
Employee Benefits Program**

PREPARED BY:

Andrew Goodman
VP, Benefits Consultant

877.948.8887
andrewg@sapoznik.com



COVER PAGE & CONTACT INFORMATION

**RFP NO. 35-18-19
AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS**

This form should be included as the very first page of your Proposal. Please complete the form in its entirety and have it signed by an authorized officer and/or principal of the Respondent. The “Contact Person” listed below should be an authorized designee of the Respondent whom the City may contact for any questions and/or to forward any correspondence related to this Solicitation.

Legal Name of Proposer(s)	Sapoznik Insurance & Associates, LLC.
<hr/>	
Federal Employee Identification (FEIN) Number:	65-0086146
<hr/>	
Mailing Address:	1100 NE 163 rd Street
<hr/>	
City, State, Zip Code:	North Miami Beach, FL 33162
<hr/>	
Contact Person:	Andrew Goodman
<hr/>	
Title:	VP, Benefits Consultant
<hr/>	
Email Address:	andrewg@sapoznik.com
<hr/>	
Telephone Number:	305.948.8887
<hr/>	
Fax Number:	305.949.1099
<hr/>	

I hereby certify that I am authorized to act on behalf of the Respondent, individual, partnership, corporation or association making this Proposal and that all statements made in this document are true and correct to the best of my knowledge.

By submitting a Proposal, the Respondent certifies that it has fully read and understands this Solicitation and that it has full knowledge of the scope, nature, and quality of Work to be performed.

The Respondent, individual, partnership, corporation or association responding to this Solicitation certifies that all statements made in this document are true and correct to the best of their knowledge. Moreover, the Respondent agrees to hold this offer open for a period of one hundred and eighty (180) days from the deadline for receipt of Response.

Respondent understands and agrees to be bound by the conditions contained in this Solicitation and shall conform to all the requirements outlined herein.

Name of Company: Sapoznik Insurance & Associates, LLC

Authorized Signature: _____

Title of Officer: President & CEO

Table of Contents

Tab A	Cover Sheet / Contact Information	pg. 2
Tab B	Table of Content	pg. 4
Tab C	Letter of Introduction	pg. 5
Tab D	Business Structure	pg. 8
Tab E	General Company Information	pg. 19
Tab F	Benefits Brokerage and Consulting Services	pg. 39
Tab G	Benefit Communication & Enrollment Services	pg. 58
Tab H	Benefit Administrative Services	pg. 67
Tab I	Compensation	pg. 73
Tab J	References	pg. 76
Tab K	Local Business Preference	pg. 78
Tab L	Additional Information	
	Decision Master Warehouse	pg. 79
	Plan Source	pg. 83
	Wellness / Open Enrollment Materials	pg. 89
	Disease Management Programs	pg. 94
	Performance Guarantee Sample	pg. 96
	eCR Sample Report Package	pg. 100
	Strategic Benefit Plan	pg. 121
	Claims Report Samples	pg. 130
	Sapoznik Code of Ethics Policy	pg. 134
Tab M	Litigation	pg. 140
Tab N	Insurance Requirements	pg. 141
Tab O	RFP Forms	
	A1 –Public Entity Crimes Affidavit	pg. 151
	A2 – Non-Collusive Proposal Certificate	pg. 153
	A4 – Questionnaire Instructions	pg. 156
	A5 – Acknowledgment Addenda	pg. 161
	A7- Insurance Requirements	pg. 162
	A14 – References	pg. 171

May 24, 2019

Alberto Destrade, Purchasing Director
City of North Miami
776 NE 125th Street
North Miami, FL 33161

Re: Agent of Record for Employee Benefits Program
RFP No. 35-18-19

Dear Alberto,

Sapoznik Insurance is pleased to participate in the RFP for the City of North Miami. We have served the City for almost two decades, and we are proud of what we have accomplished together. We are confident that our continued partnership will have a positive impact on your employee satisfaction and bottom line. We have prepared this reply to illustrate our continued enthusiasm to provide cost-effective benefit products, health and wellness solutions, time-saving services, including our robust technology solutions and creative cost containment strategies for the City.

Sapoznik has a reputation of excellence, however, we do not rest on our laurels nor take this relationship for granted. We serve the City, not the insurance carriers, and we work hard to earn your trust every day. We welcome the opportunity to demonstrate to the City that Sapoznik understands your employees' needs, demographics, challenges, and motivations. As your trusted partner, we use our knowledge of the specific needs of the City and its employees to drive our strategy, design and execution of your benefits. We will continue to help you manage the various programs in the face of escalating costs, regulatory pressures, and ongoing challenges in the healthcare industry.

Eighteen years ago, we accepted a challenge to improve the City's standings with the insurance carriers. We are elated that over our tenure, we have elevated the City to its current premier status, which was no easy feat. We stabilized your costs in a market of rising rates, and received multiple rate passes and premium reductions. We will continue to exercise our negotiating power to secure the best carrier contracts and provide comprehensive benefits while being mindful of the cost incurred by the employees. Last year we collaborated with the City Manager to seamlessly change carriers, reduce costs by 13%, improve benefits, and performed open enrollment in record time to name a few examples.

From paper to online enrollments, and everything in between, what allows us to remain nimble and to adjust our strategy and services are the advancements of technology that we employ. We use employee portals and customized websites to expedite employee communications to provide timely, and accurate information. To alleviate administrative burdens, we have automated manual processes such as the Affordable Care Act (ACA) tracking and reporting. With all of the advances made in technology, we are all still human. We believe that the key is to embrace technology while never losing sight of the importance of the human touch.

Both the City and Sapoznik have a passion for wellness, and we have worked together with the Personnel Department to enhance your wellness program each year, resulting in the City becoming a finalist two years in a row for the South Florida Business Journal's Healthiest Employers Awards and the Florida Worksite Wellness Awards. Here are some of the additional accomplishments we've achieved together:

- In excess of \$2 million of negotiated savings over the past five years
- Based on 2018 national averages, we saved the City approximately \$1.4 million dollars in 2018 (please see benchmarking document that follows)
- Maintained rich comprehensive benefit plans, with current actuarial value of 90%, while successfully reducing employee costs in 2019
- In 2018, we engaged the City with over 2,900 wellness touchpoints
- Implemented and maintained new technology platforms to streamline open enrollment, employee communications, ACA compliance, and telemedicine

At Sapoznik, we are not only concerned about empowering employees to achieve greater mental, physical, and financial well-being, but we also find it imperative to serve the community at large. Social responsibility is at the core of who we are because we believe that we can make a difference. We are proud to consistently be recognized as one of the top philanthropic companies in our community. We are **trustee members of the City of North Miami Chamber of Commerce** and **Haitian American Chamber of Commerce of Florida** where our **Wellness Director** sits on the **Small Business Loan Committee**. We participate in and **sponsor** numerous events for the City, including (please see full list In Section L – Additional Information):

- National Haitian Elected Officials Network
- City of North Miami – Mayor and Council's Annual Backpack Drives
- City of North Miami Employees Health Fair
- Get in Gear Bike Ride
- City of North Miami – Annual Employee Holiday Party Gala
- Haitian Heritage Month
- Black History Month
- Hispanic Heritage Month
- North Miami Chamber of Commerce – TRUSTEE MEMBER
- City of North Miami Annual Employee Picnic
- City of North Miami – Annual Toy Drive
- City of North Miami – Annual Thanksgiving Day Turkey Drive
- City of North Miami Police Athletic League Sponsor

The journey of Sapoznik Insurance and the City of North Miami is extraordinary. Together, we have propelled the interests of the City's employees by providing economical, comprehensive employee benefits and a proactive wellness program. Our respective organizations believe in a healthier city, and as such, have a responsibility to serve our employees and our community. We hope to have the privilege of continuing this grand undertaking together and to build upon the strong foundation we have established.

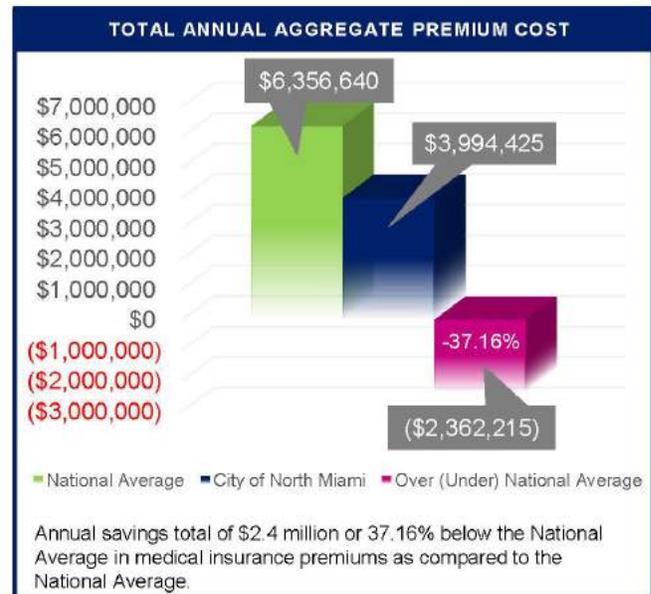
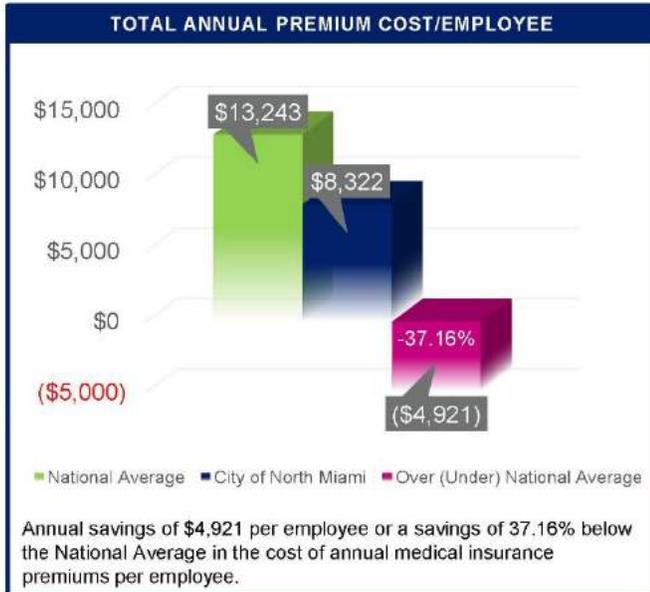
With gratitude,



Rachel

P.S. We hope you enjoy the **videos** throughout the presentation that we have created especially for you!

The presentation of graphs shown below illustrates that Sapoznik Insurance has provided the City of North Miami with the following significant savings in health insurance costs. We are proud of these accomplishments that demonstrate our expertise in providing benefit-rich medical insurance plans at substantial savings to the City and its employees.



D. Business Structure

Corporations, Joint Ventures, or Partnerships – Submit copy of State of Florida Department of State records indicating when corporation organized, corporation number, and date and status of most recent annual report. Provide copies of current City/County/State Occupational Licenses where applicable.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -4 PM 2:00

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
SAPOZNIK INSURANCE & ASSOCIATES, INC. K45963
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 17, 1988
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

SAPOZNIK INSURANCE & ASSOCIATES, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

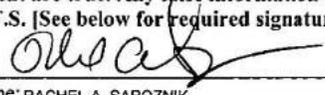
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this _____ day of JANUARY _____ 20 11 _____.

Signature of Member or Authorized Representative of Limited Liability Company:
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: 
Printed Name: RACHEL A. SAPOZNIK Title: MANAGING MEMBER

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: 
Printed Name: RACHEL A. SAPOZNIK Title: DIRECTOR

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of ALL General Partners.

All others:
Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
Sapoznik Insurance & Associates, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1100 NE 163rd Street, 2nd Floor
North Miami Beach, FL 33162

The mailing address of the Limited Liability Company is:
1100 NE 163rd Street, 2nd Floor
North Miami Beach, FL 33162

Article III

The purpose for which this Limited Liability Company is organized is:
The Company is organized to continue the business of Sapoznik Insurance & Associates, Inc. and to engage in any other lawful business permitted under the laws of the United States and the State of Florida.

Article IV

The name and Florida street address of the registered agent is:
Austin A. Frye
20900 W Dixie Highway
Aventura, FL 33180

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: _____

Austin A. Frye

Article V

The name and address of managing members/managers are:

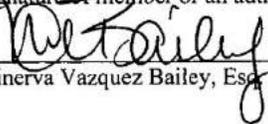
Title: MGRM
Rachel A. Sapoznik
1100 NE 163rd Street, 2nd Floor
North Miami Beach, FL 33162

Article VI

The effective date for this Limited Liability Company shall be:

(Date of filing)

~~Signature of member~~ or an authorized representative of a member


Minerva Vazquez Bailey, Esq.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -4 PM 2 00

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000015688

Entity Name: SAPOZNIK INSURANCE & ASSOCIATES, LLC**Current Principal Place of Business:**1100 NE 163RD STREET, 2ND FL
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1100 NE 163RD STREET, 2ND FL
NORTH MIAMI BEACH, FL 33162**FEI Number:** 65-0086146**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAPOZNIK, RACHEL A
1100 NE 163RD STREET, 2ND FL
NORTH MIAMI BEACH, FL 33162 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: RACHEL A. SAPOZNIK

04/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM/MBR
Name	SAPOZNIK, RACHEL A
Address	1100 NE 163RD STREET, 2ND FL
City-State-Zip:	NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL SAPOZNIK

MGRM

04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

City of North Miami Beach
Community Development Division
Business Tax Receipt
17050 NE 19 Avenue
North Miami Beach, FL 33162

Thank you for choosing the City of
North Miami Beach!

You can now visit us on-line at www.citynmb.com
or you can e-mail us at NMBBTR@citynmb.com

MAIL TO:
SAPOZNIK INSURANCE AND
1100 NE 163 STREET 2FL
NORTH MIAMI BEACH, FL 33162-4515



THIS IS YOUR 2018-2019 BUSINESS TAX RECEIPT.

Important Reminders:

Business Tax Receipts expire **September 30th** of each year. You must submit all fees and documents (if applicable) prior to that date or you may be subject to **delinquency fees**, an additional **Cost Collection Fee of \$250.00**, placement of a **lien on the property**, and/or **involuntary shutdown of this business by the Police Department**.

You are required to notify the City, in writing, if there have been any changes in ownership, location, nature of business, any contact information, and/or when this business ceases operations. **This is in order to ensure that you are not billed in error.** Failure to notify this office of such changes may result in the assessment of penalty fees and collection activities.

Have any more questions?

Our friendly staff is here to assist you by phone, (305) 948-2917, Monday-Friday from 8:30 a.m.- 5:00 p.m., or at our office Monday-Friday from 9:00 a.m.- 4:00 p.m. We would love to hear from you!

***** THIS IS NOT A BILL – DO NOT PAY *****



Please detach the below receipt and display in a conspicuous place.

2018-2019	City Of North Miami Beach BUSINESS TAX RECEIPT	Valid 10/01/2018 - 09/30/2019
No.: 181712 - RENEWAL		
Acct No: 603317		
DBA: SAPOZNIK INSURANCE AND		Taxes: 177.05
Location: 1100 NE 163 STREET 2FL		Penalty Fee: 0.00
NORTH MIAMI BEACH, FLORIDA		Credit: 0.00
Activity: INSURANCE AGENCY		TOTAL PAID: \$ 177.05
Remarks:		This receipt is non-transferable without City approval and is only valid at the location(s) listed herein

FLORIDA DEPARTMENT of FINANCIAL SERVICES

SAPOZNIK INSURANCE ASSOCIATES, LLC

1100 NE 163RD STREET
2ND FLOOR
NORTH MIAMI BEACH FL 33162

Agency License Number L056952

Location Number: 184301

Issued On 11/03/2014

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jimmy Patronis
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

RACHEL ABITBOL SAPOZNIK

License Number : A231974

Resident Insurance License	Issue Date
•0215 - LIFE INCL VAR ANNUITY & HEALTH	03/27/1982
•0216 - LIFE	06/16/1982
•0256 - LEGAL EXPENSE	02/04/1999
•0240 - HEALTH	05/16/1982
•0218 - LIFE & HEALTH	06/16/1982

Please Note: A license may only be used to provide insurance with an active appointment by an agent, broker or employee, if you are acting as a sales first agent, public adjuster, or insurance intermediary manager/producer. You should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services. Immediately, this license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such appointments expire, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a temporary examination offered by the Florida Department of Financial Services, the license is required to comply with continuing education requirements outlined in 62S.2915 or 62S.305. Failure to comply with continuing education requirements constitutes grounds for renewal in force. Applicable statute at <http://www.flsenate.gov>. To update the accuracy of this license you may review the individual license record under "License Owner" on the Florida Department of Financial Services website at <http://www.myfloridaclear.com/licenses/licenses>



Jeff Aronow
Chief Financial Officer
State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

ANDREW HOWARD GOODMAN

License Number : A100535

Resident Insurance License

- 0240 - HEALTH
- 0218 - LIFE & HEALTH

Issue Date

12/16/1995
12/16/1995

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-apply as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in §§28.2815 or 649.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at <http://www.flfd.com>. To validate the accuracy of this license you may review the individual license record under "License Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>



Jimmy Patronis
Chief Financial Officer
State of Florida

Give the location of the office which will handle the City's account and the number of professional staff personnel at the office.

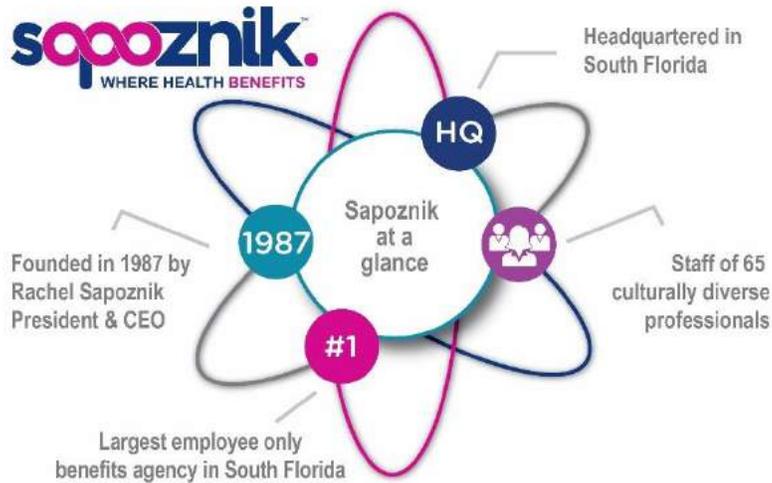
1100 NE 163rd Street
North Miami Beach, FL 33162

65 culturally diverse employees



E. General Company Information

1. Please provide a brief overview of your organization, including history, year established, entry into the benefits brokerage field, ownership and your operational structure.



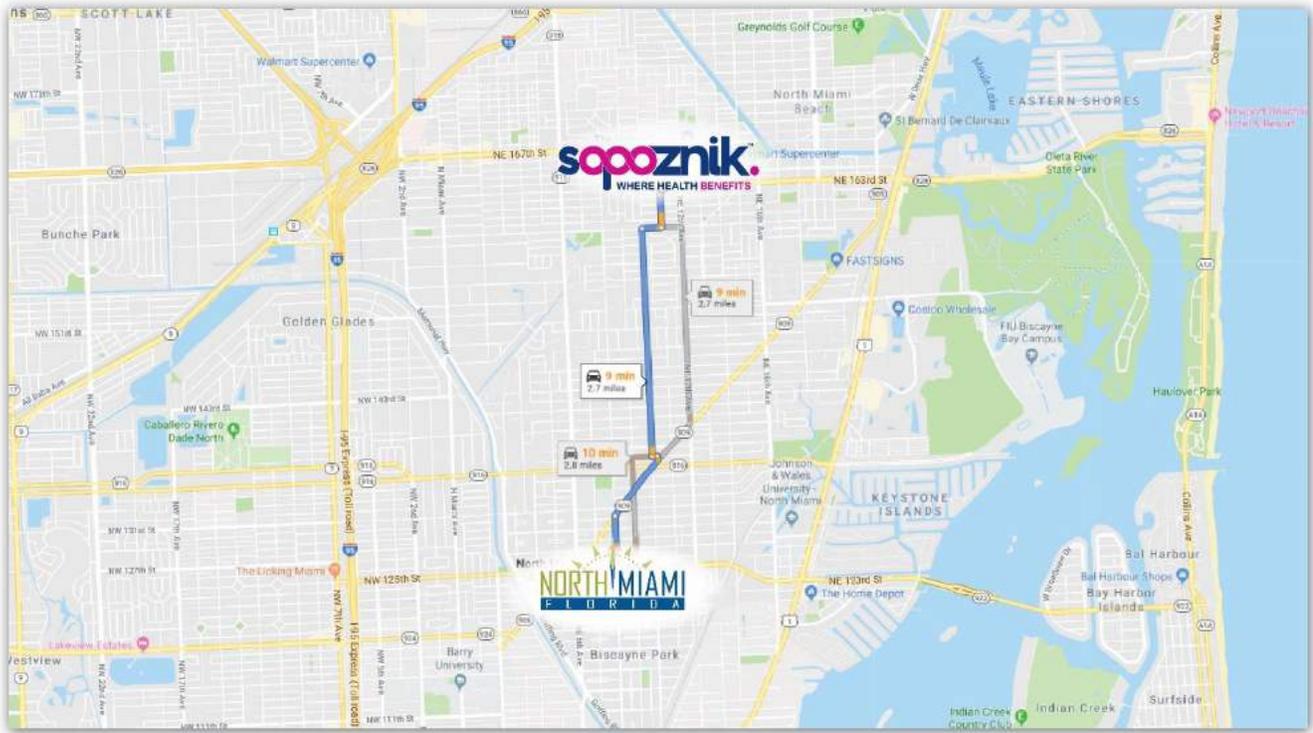
Sapoznik Insurance & Associates, LLC, is one of the largest independently-owned employee benefit companies in Florida. Our company is located in North Miami Beach, Florida, and was founded in 1987 by Rachel A. Sapoznik, who is still the President, CEO and owner. Our 32-year history of providing brokerage services began with our exceptional understanding of the need for an educational approach to employee benefits. Our philosophy on plan design and creative outside-the-box thinking in a historically standardized industry rapidly became the core differentiators in our service model. Our success translated to recognition among our

carrier partners not only for the growth of our business, but also for our remarkable rate of retention and consistency.

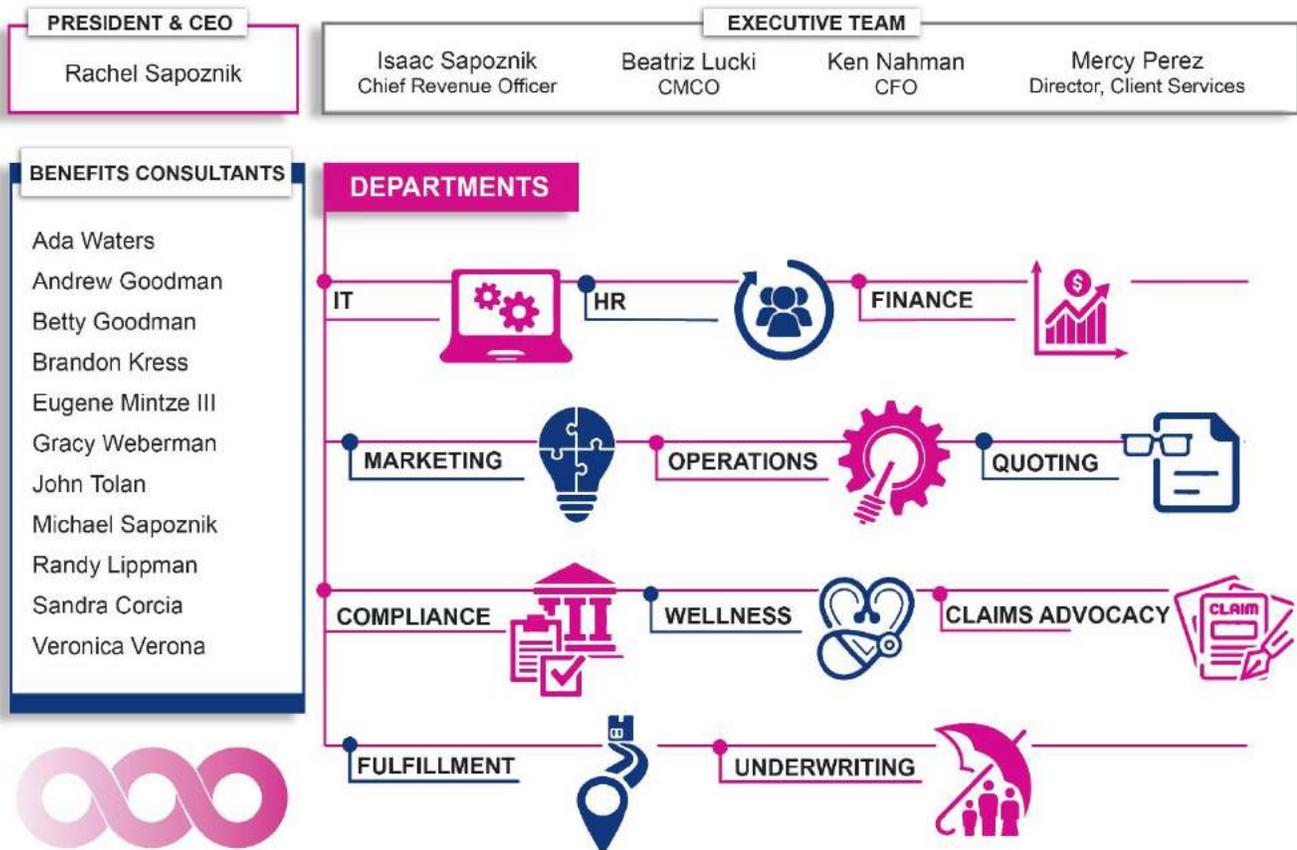
In response to this RFP, we will reaffirm Sapoznik Insurance’s ability to manage the employee benefits for the City of North Miami and to continue not only to meet, but to also exceed, the City’s expectations. Our responses will outline the unique view Sapoznik takes towards managing our clients’ benefits by providing **education**, helping our clients make sound choices regarding how they seek treatment, and helping them understand the importance of preventative treatment. By accomplishing this, we **promote physical, mental and financial well-being** for both the City of North Miami and its employees.

Our team consists of a tenured group of professionals who service organizations that are seeking a benefits consultant to bring them more than just competitive rates on an annual basis, but a partnership that works year-round to educate its employees and provide insight on how to utilize their benefits to the fullest. Our professional staff has and will continue to guide you through the ever-changing regulatory challenges, **utilizing technology** to assist your employees through their life cycle with your organization.

We are located at 1100 NE 163rd Street, North Miami Beach, Florida – a very **short 3.8 miles** from the North Miami City Hall (please see map on the following page). The close proximity of our centralized headquarters facilitates our ability to make decisions quickly with no need to involve other offices or decision makers and it has ensured our **frequent on-site and hands-on approach**.



Our operational structure was designed with our clients in mind. Each department works together to ensure success through teamwork.



MISSION

Empowering employees to achieve physical and financial well-being.



& VISION CORE VALUES



W
Wow

Going above and beyond the call of duty



E
Efficient

Seeking efficient and friendly approaches



C
Communicate

Sharing information with others



A
Anticipate

Thinking ahead - preparing to take action for future needs



R
Respectful

Acknowledging other points of view and following through on commitments



E
Education

Increasing our knowledge and finding innovative solutions

BRAND PROMISE

- Consistently delivering a hassle free experience
- Delivering results for clients
- Providing guidance and direction

CORE CUSTOMER 100+ companies who care about their employee's health and wellness and will invest in a partner that delivers results

2. Describe any mergers or acquisitions in the last five years.

There have been no mergers or acquisitions in the last five years.

3. Describe your firm's commitment to remain in the benefits administration, brokerage, and consulting business.

Sapoznik Insurance is a premier employee **benefits-only** agency bringing wellness to people across the nation for over 30 years. We have not wavered from our **sole focus on employee benefits**, and our **hands-on educational approach** to delivering our services. We believe our mission of improving the health of others is a noble one and we will continue to seek ways to demonstrate this to our clients and their respective employees. Our commitment to continued growth in the employee benefits space was recognized by the South Florida Business Journal as are one of the Fastest Growing Companies in South Florida!



4. **What, if any, financial interest does your firm have in any of the companies providing services that your firm might include in this RFP or recommend for inclusion in this RFP?**

- US Health & Wellness LLC – an affiliated company through common ownership, wholly-owned by Rachel Sapoznik, and that provides our clients with exceptional, innovative and effective wellness programming (e.g. physical activities, challenges, wellness fairs, mental health seminars, financial education).

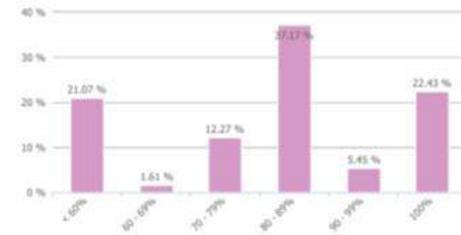
5. **Describe the key characteristics of your firm that distinguishes you in the marketplace (unique capabilities, products or services).**

No two companies are alike and neither is their ideal benefits plan. That is why at Sapoznik Insurance we promote and support new ways of doing things – looking at benefits from a different lens. With a **singular focus** on employee benefits for the past 32 years, we are proud of the characteristics that distinguish Sapoznik Insurance.

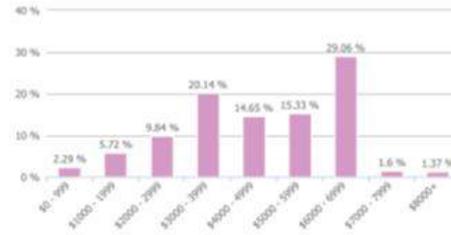
- **Being a local** company and having the CEO on-site provides a unique understanding of the market and can make quick decisions
- **Benefits only focus** equates to strong carrier relationships and negotiations
- Innovative **technology** solutions – tools, web based and mobile applications
- **Benchmarking, reporting and analytics** (see sample on the following page)
- **Unparalleled** proactive service approach
- Hands on **educational approach** with employees during on-site open enrollment and on-site monthly new hire meetings
- **In-house** Wellness Team
- **In-house** Claims Advocates
- **Out-of-the-box** thinking

The 2017 Health Plan Design Benchmark Report consists of data from nearly 30,000 employers and 45,000 plans* during the 2017 calendar year. It offers benchmarking information for the following key design measures:

Co-insurance



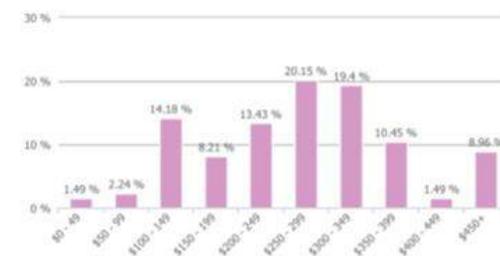
Individual Out-of-Pocket Maximum



Individual Deductible



Emergency Room Copay



Optimizing benefits isn't just about shopping for coverage from carriers. It involves a holistic approach to your overall company strategy, budgets, benefit plan design, Human Resource structure and even IT concerns. At Sapoznik Insurance, our most important differentiator is our commitment to service. Our philosophy is to provide the finest personal service, while bringing value to your employee benefits and insurance programs. We strive to fulfill every request and need that our clients have, surpassing expectations.

The cornerstones of our service philosophy are defined by responsiveness, support, health education, advocacy and technology. Furthermore, we are committed to utilizing our collective talent and technological advancements in the management of healthcare to support your employee benefits goals. We strive to identify activities that drive claim frequency, and implement an action plan to control health care costs and promote a healthy work environment for your employees. Sapoznik specializes in evaluating, negotiating with, and recommending insurers and providers to our clients. In this process, we employ a rigorous selection criteria and performance objectives when considering an insurance carrier.

Our philosophy on plan design and creative outside-the-box thinking in a historically standardized industry rapidly became the core differentiators in our service model. The unique view Sapoznik takes towards managing our client's benefits by providing education; helping our clients make sound choices regarding how they seek treatment and helping them understand the importance of preventative treatment. By accomplishing this, we provide physical and financial well-being for both the City and its employees.

In addition to the above, we take great pride in being recognized by the *South Florida Business Journal* as a top corporate citizen. We believe this differentiates us as an organization that strongly believes in giving back to the communities we serve. It is fundamental to who we are, because we wholeheartedly believe we can make a difference. It is at the very core of our foundation.



As evidenced in our long-term relationship with the City of North Miami, at Sapoznik Insurance, one of our most important differentiators is our commitment to service.

Suany,
 As always you answer every call and or email and every conversation has been a great experience because you're so easy to talk to, you always follow through and return with the best solution possible in a timely manner and no one could ask for more than that. I feel that your job knowledge is off the charts and you truly enjoy what you do please continue delivering excellent customer service.
 - Debra Smith

Suany,
 Your response to claim questions has always be timely and accurate. You also provide excellent customer service to myself and City employees.
 - Babette Friedman

Haydee,
 Thank you for your prompt attention to this. I truely appreciate all that you do for us.
 Best regards,
 Melissa Miller

The cornerstones of our service philosophy are defined by **responsiveness, support, health education, advocacy and technology**. We are committed to utilizing our collective talent and technological advancements in the management of healthcare to support your employee benefits goals. We strive to identify activities that drive claim frequency, and implement an action plan to control health care costs while promoting a healthy work environment for your employees.

Our Service Approach

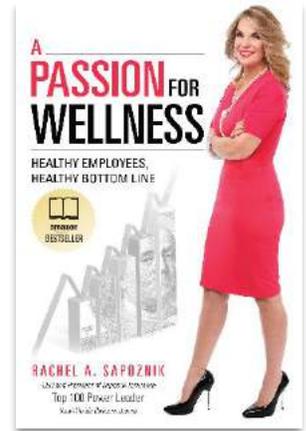
Sapoznik’s approach to supporting client programs is based upon a prescribed process whose foundation lies in effective and consistent communication. Teamwork is essential to designing optimized benefits solutions. We partner with clients to give them products and services that fit the unique needs of their workforce. We meet with our clients monthly to understand their needs and the nature of support that best suits their work environment. The ultimate goal is providing a program which is supported and accepted by your employees who understand the goal of the program and desired results. Our service delivery approach is to provide timely, consistent communication with a “hands on” attitude to develop an optimal client-service relationship.

Exceptional customer service starts with people and communication. Therefore, City employees have always been and will continue to be able to **speak with a live person** – whether to ask a simple question or administrate a complicated claim. Our phones are answered by on-site team members to address any needs of the City’s employees or their covered dependents. Telephone calls and emails are documented to provide a real time view of each and every contact and ensure the City’s needs are addressed in a timely manner. The City of North Miami team has the personal cell phone numbers of their brokers and our executive management team – this is how personal and important the City’s satisfaction is to us. Our team can be reached at any time, day or night, in the event of an emergency. Few companies can make this claim and implement it.

Wellness Department

Another major differentiator that other benefits brokers don't provide is access to a **full-time, full-service, in-house** Wellness Department. What makes our wellness program unique is our “boots on the ground” approach, ensuring that everyone is **engaged**. We **communicate** with our clients, and their employees and respective dependents, keeping them informed of their progress every step of the way.

Led by a CEO who shares her passion for wellness, we focus on all aspects of well-being, and because our programs are so highly customized, we appeal to employees across all generations. We create **innovative** wellness programs that people love, and as a result they remain committed throughout the entire wellness journey. Our wellness programs are a **recruiting and retention tool**, making a difference when employees consider looking for another job. We serve over 18,000 associates and we remember their names! We don't look at it as “just” a wellness program. We design a program that is focused on **behavior change**. We **anticipate** the employees' needs and as a result we deliver **creative** solutions.



6. Describe your approach to carrier and product selection

Selection Considerations:

- Carrier/plan agnostic
- Carrier evaluation
- Plan/product analysis
- Network analysis
- Provider disruption analysis
- Detailed prescription drug analysis
- Wellness program evaluation
- Contract analysis
- Underwriting workup and renewal commitment evaluation
- Value added program assessment

Sapoznik is dedicated to securing impartial, objective benefit quotes every year, typically, a minimum of three to six months prior to the renewal date. A key element of this process includes the identification of **new product offerings and funding mechanisms** which may contribute to savings and improved plan offerings. The process continues with us aggressively negotiating with health insurance providers and underwriters to secure the most competitive rates for the most effective level of coverage.

Our strong uninterrupted relationship with our carrier partners and the strength that comes from being the largest independent broker, helps us negotiate the best possible rates for our clients. Sapoznik only transacts business with insurance carriers who are at least “**A**” **rated by A.M. Best Rating Services**. These carriers also rank Sapoznik Insurance as a top agency, not only in this marketplace, but throughout the country. This top ranking provides our clients with significant flexibility and advantages in rates and plan options accorded only to companies with such stature. (Please see our rankings with top carriers on the following page.)

<p>Florida Blue Blue Diamond Producer</p>	<p>Aetna 8th PL Prime Producer S. Florida Mid-Market 10th PL Under 100 Segment</p>
<p>Colonial Life #1 Producer Privately Owned Brokerage</p>	<p>Humana #8 Producer S. Florida</p>
<p>Lincoln Financial #3 in Florida In-force Premium</p>	<p>MetLife #1 Region Independent Brokerage in the State of Florida</p>
<p>UnitedHealthcare UHC/NHP #1 in S. Florida NHP Holding Most Memberships</p>	<p>Transamerica #13 in the Country</p>

**What's
our rating
with top
carriers?**



7. Please provide additional background on your firm to include:

- a. Total number of employees and the number of employees dedicated to benefits exclusively**

Sapoznik Insurance currently has 65 employees, with all 65 dedicated to employee benefits

- b. Total number of employees that are professionally licensed agents**

20 of our employees are 2-15 licensed by the State of Florida

- c. Home office location and location(s) of offices that will be involved in servicing this account**

1100 NE 163 Street
North Miami Beach, FL 33162

- d. Firm's annual revenue**

- i. Disclose annual revenue of firm's employee benefits operations. Figure should include revenue from only the unit(s) that will be working with the Employer.**

\$13,600,000

ii. Provide the most recent audited statement of your financial condition.

Due to the Company being privately-held, financial statements are not audited, nor published. However, we have provided a Balance Sheet and Income Statement as of and for the year ended December 31, 2018 for Sapoznik Insurance & Associates, LLC that is certified by management to properly reflect the financial condition of the Company. Please refer to **sealed envelope** in proposal box containing one original and six copies of the Balance Sheet and Income Statement.

Such financial statements are being submitted as Confidential Trade Secret Information and Exempt from Public Disclosure Pursuant to Florida Statutes, Chapter 688, and Sections 812.081 and 815.045. Please note that Sapoznik Insurance & Associates, LLC is a privately-held enterprise and that exclusion from public disclosure of the Company's financial statements is necessary, as such disclosure to the public would damage the Company's competitive position in the marketplace with respect to both competitor insurance agencies and clients and/or potential clients.

e. Disclose any State or Federal regulatory actions against your firm and/or any key suppliers related to benefits administration and/or consulting services and final disposition.

There is no past, pending, threatened or potential regulatory actions against our firm or any key suppliers.

8. Provide an organizational chart that includes the key contact(s), and the employees assigned to service City’s benefit plan. Include resumes and descriptions of each employee’s expected role in the servicing of City’s benefit plan. Identify any of these employees who are professionally licensed.





Rachel A. Sapoznik is the founder, Chief Executive Officer and President of Sapoznik Insurance, an industry leader in employee benefit and wellness solutions serving clients nationwide. She founded Sapoznik Insurance in 1987 from her home. Celebrating 32 years in business, Sapoznik is currently the largest employee benefits agency and one of the largest independently owned agencies in the South Florida region.

In an increasingly complex legislative landscape, Rachel is recognized as one of South Florida's leading healthcare reform experts being featured in several national mediums such as CNBC.com, as well as other online publications such as Yahoo! Finance, MarketWatch, Reuters, MorningStar and the Street. Locally, she has been featured in *Invest Miami*, *The Miami Herald*, *The South Florida Business Journal*, *Crain's Miami*, *South Florida Business & Wealth Magazine*, *Employee Benefit Adviser*, *Miami Today* and The Biz radio talk show. She is a pioneer and thought leader in employee wellness initiatives. Rachel recognized early on the importance of education and wellness and building strong programs for her clients. She continues to champion the cause of personal responsibility in health and wellness as it is the main struggle facing healthcare providers and insurers alike. A true visionary, Rachel has built the roadmap to navigate today's healthcare challenges and provide solutions for a healthier tomorrow. Her belief in education and the ability to influence a culture of wellness are her guiding principles, helping hundreds of companies across the country develop healthier employees while positively impacting the bottom line. She authored a book, *A Passion for Wellness: Healthy Employees, Healthy Bottom Line*, which was on Amazon's best seller list for new releases. Rachel shares her many years of health, corporate wellness and insurance expertise through the book.

Aside from her numerous business accomplishments, Rachel has always made it a priority to help the communities she serves. As a leading philanthropist in South Florida, she is deeply involved in a number of charities, with a focus on those that are dedicated to improving the lives of children - JAFCO and The Education Fund. Rachel and Sapoznik Insurance have teamed up with the Education Fund to present the Sapoznik Insurance Alumni Achievement Awards that honor successful graduates from Miami-Dade County public high schools. She is well respected as a dedicated leader who truly understands the importance of exhibiting compassion and kindness. Her greatest sense of accomplishment and personal satisfaction are derived from continuously challenging herself to find new ways to provide support and valuable contributions to her community.

Awards/recognitions she has received in the past three years:

- Employee Benefit Adviser Top Women in Benefit Advising, 2018
- South Florida Business Journal's Top Women-Owned Businesses, 2015 - 2018
- The Silver Stevie Award for Female Entrepreneur of the Year, Business Services 2017
- Enterprising Women of the Year Award Honoree, 2017
- South Florida Business Journal's 2016 South Florida Ultimate CEO
- The Education Fund Red Star Award, 2016
- The Commonwealth Institute Top 50 Woman-Led Businesses in Florida, 2015-2018
- South Florida Business Journal's Top Insurance Agencies in South Florida, 2015 - 2018
- South Florida Business Journal's Top Corporate Giving/Corporate Foundations, 2015, 2017, 2018

Rachel currently serves on:

- The Education Fund, Board Member
- BBVA Compass South Florida Advisory Board
- JAFCO, Board Member
- Engage PEO, Board Member
- Member of the Strategic Forum



Andrew Goodman, Vice President, Benefits Consultant

As an employee benefits professional with 20 years of experience and knowledge in the insurance industry, Andrew has successfully guided local and national clients with innovative employee benefits solutions. With a focus on employee education and wellness, he knows first-hand the difference this has made and the positive long-term impact it has for his clients and their respective employees. Education of employees and their understanding of their benefits program has contributed to improved employee engagement and satisfaction as well as having a positive impact to their bottom line. Andrew has a sincere passion for delivering value and unparalleled personal service to Sapoznik clients; serving a wide range of industries, including municipalities, automobile dealerships and resorts.

Andrew started his career in Canada, but has been a resident of South Florida for over 30 years. He was honored to have been recognized by the City of North Miami for contributions to National Employee Wellness Month as well as receiving an award from the North Miami Police Athletic League in recognition of his continuing support. As a firm believer of giving back to the community, he is particularly involved in events and charities that benefit children including being a JAFCO Godfather supporter; ensuring that they learn about the importance of good nutrition and exercise at an early age. Andrew is 2-15 licensed and HIPPA certified.



Haydee Millan-Feliz currently serves as a Benefits Account Champion for Sapoznik Insurance. In this capacity, she has been working with the City of North Miami for 11 years. She has 20+ years of experience in the insurance world, is HIPAA certified and has a wealth of knowledge in the medical insurance industry. Prior to joining the Sapoznik team, Haydee worked for John Hancock. She has an AA Degree from Bay State College and grew up in Boston. She is the proud mom of a six-year old son.

9. Identify primary contact for Employer including a description of their experience in evaluating and consulting for public entities.

Andrew Goodman will continue to be the primary contact for the City. He has more than 20 years of experience as a licensed insurance agent and has vast experience with public entities, including the following municipalities:

- City of North Miami
- Town of Cutler Bay
- Town of Lauderdale by the Sea
- City of North Miami Beach
- City of Lauderdale Lakes
- Village of El Portal
- City of South Miami
- City of Miami Springs
- The Town of Golden Beach
- City of Opa Locka

10. **Describe your code of ethics. How is it enforced?**

While being a health benefits broker requires for companies to navigate through heavy federal and state-sanctioned regulations, these regulations do not cover the day-to-day conduct of employees, nor does it ensure the higher level of ethical standards that we have come to expect from our team and that our clients have come to expect from us.

We understand that enforcing a code of ethics is an important part of protecting the integrity of our profession and establishing fair and responsible practices. In order to implement the code of ethics we created procedures for investigating allegations and imposing sanctions on those who violate the code.

We have written policies that clearly and thoroughly explain ethics and employee obligations. We have presented and reviewed these policies during meetings with employees and used various examples and case studies centered on ethical issues that might be encountered and how employees should address these issues.

Our team has discussed with our employees the sanctions that will be imposed for violating the code of ethics. Depending on the violation, these sanctions can include a letter of reprimand, dismissal and possible criminal charges or civil lawsuits. We have posted the code of ethics in our office and make it available on the public drive to serve as a constant reminder of a person's ethical obligations and the repercussions that come along with violating the rules.

We have formed a code of ethics committee that meets with executive-level staff who have exemplary performance records. The goal of the committee is to review and investigate allegations of ethical misbehavior. We have created a set of guidelines for assessing questionable ethical behavior and outlined the series of steps that employees must take in order to address the committee with an allegation of misconduct.

We have carefully explained to employees the protocol for reporting questionable ethical behavior, ensuring that all allegations must be submitted in written form so as to properly document the incident. If an individual violates the Code of Ethics, a hearing before the ethics committee is held and the ethics committee must decide upon disciplinary action.

Sapoznik Insurance Code of Ethics Policy

It is the policy of Sapoznik to provide our Code of Ethics and Business Conduct, which will serve as a guide to proper business conduct for all employees. We expect all of our employees to observe the highest standards of ethics and integrity in their conduct. This means that they are expected and required to follow a basic code of ethical behavior that includes the following categories (detailed plan provided in the Additional Information section L):

- **Build Trust and Credibility**
- **Respect for the Individual**
- **Create a Culture of Open and Honest Communication**
- **Set the Tone at the Top**
- **Uphold the Law**
- **Competition**
- **Proprietary Information**
- **Selective Disclosure**
- **Avoid Conflicts of Interest**

- **Accepting Business Courtesies**
- **Offering Business Courtesies**
- **Set Metrics and Report Results Accurately: Accurate Public Disclosures**
- **Corporate Recordkeeping**
- **Accountability**
- **Compliance of Code of Ethics**

11. Describe your approach to and compliance with State and Federal privacy and security requirements

While privacy and security requirements may seem daunting, Sapoznik’s Compliance Officer and account team, have a comprehensive process for ensuring compliance. Any regulatory changes or updates are communicated to our clients immediately.

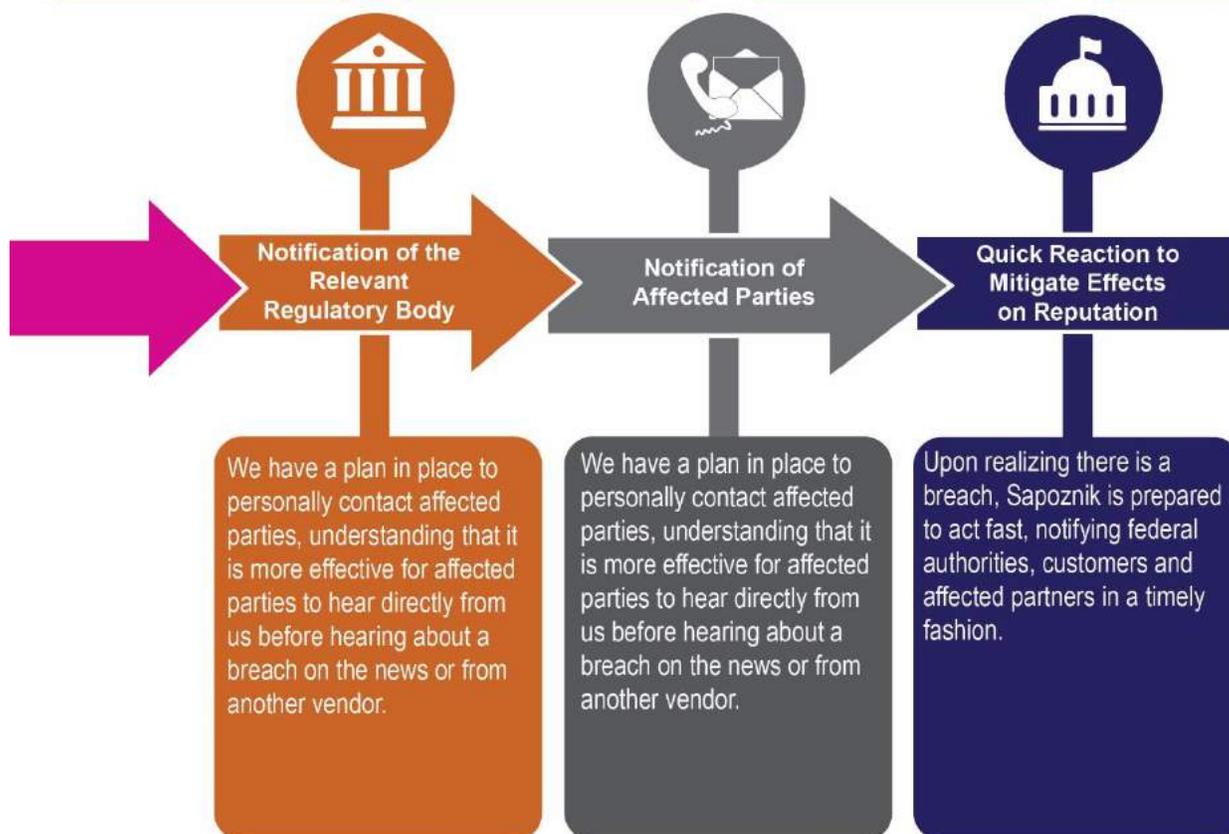
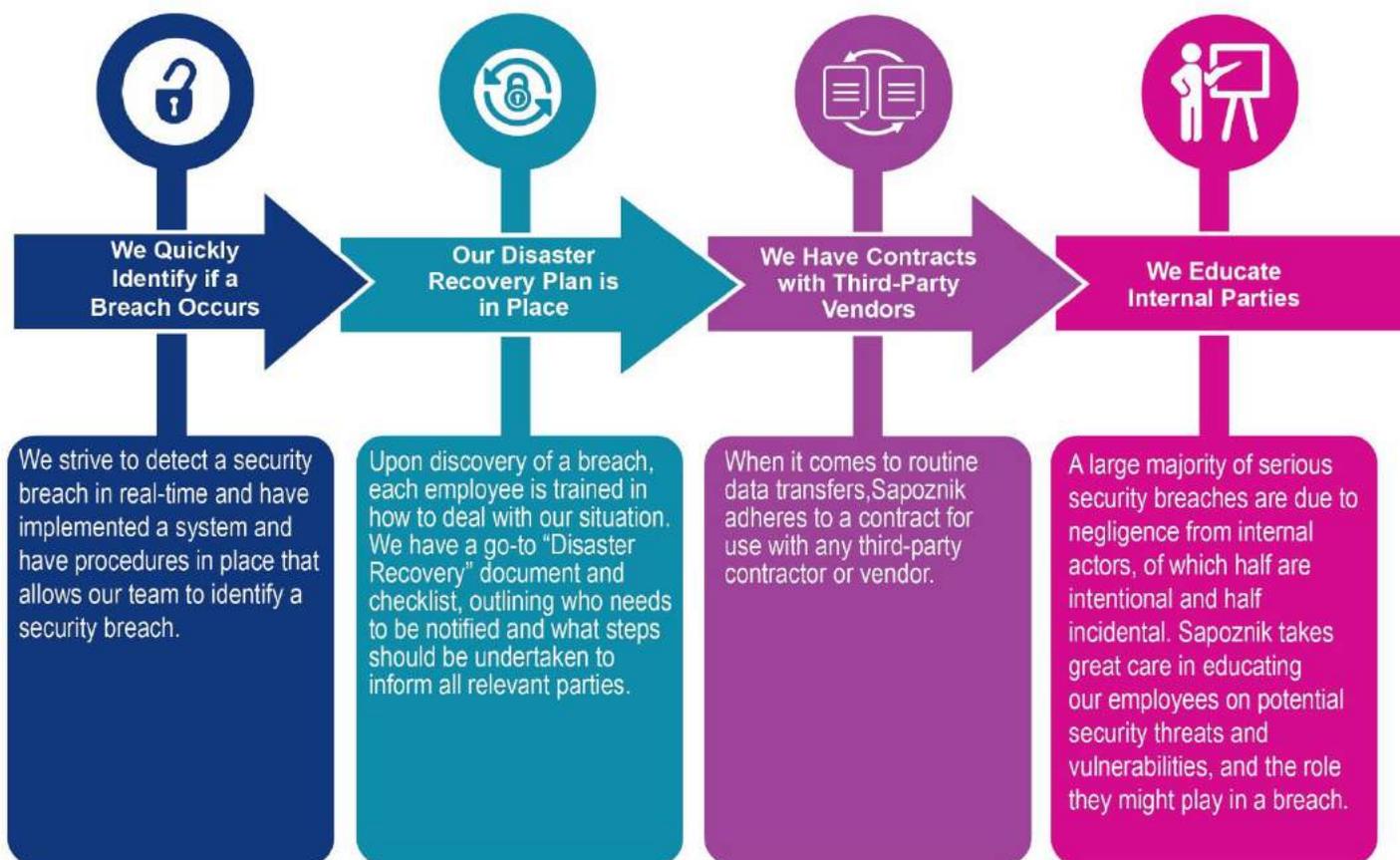
Approved documents are available to our clients and their employees to educate them on their rights under the **HIPAA** laws. In order for an employee’s information to be disclosed to any third-party entity, we require

that the employee provide written authorization to proceed. Our in-house Claims Department gives the City a buffer between them and their employees’ HIPAA protected information, reducing liability and increasing efficiencies by allowing employees to deal directly with Sapoznik, and assisting them in claims resolution. In addition, all external electronic correspondence that may include an employee’s private information is sent through a secure, encrypted, and password protected user name to ensure confidentiality.

Sapoznik insurance understands that being HIPAA compliant does not equate to being secure. Our organization has taken measured steps to ensure the continuous implementation of an effective personal information security breach response plan which enables us to fulfill our responsibilities to the individuals and entities that entrust our organization with personal information. With the assistance of our IT consulting firm and a full-time, in-house IT team, Sapoznik has developed a thorough security breach response plan in order to ensure that we can comply

promptly with the legal requirements that apply to our firm as an owner and custodian of personal information, and to reduce the risk of data security breaches.





Actions to Be Taken Immediately upon Identification of an Incident

1. Notification Process
 - Notify privacy and security officers
 - Initiate security incident report form
 - Record name and contact information of reporter
 - Gather description of event
 - Identify location of event
2. Investigation Steps
 - Establish security incident response team (e.g., security officer, privacy officer, risk manager, administration, and others as needed) and identify team leader (e.g., privacy or security officer)
 - Identify and take immediate action to stop the source (e.g., hacking) or entity responsible (e.g., work force member, vendor)
 - Identify system, application, or electronic PHI compromised and then immediately begin identification process of those parties whose information was compromised and what data elements were included (e.g., name, age, date of birth, Social Security number, diagnosis)
 - Determine need to notify key internal stakeholders not represented on the team:
 - Claims advocacy department (if necessary to sequester records)
 - Benefits Account Champion
 - Human resources department (if a work force member is suspected)
 - Vendor relations or purchasing leadership
 - Others as necessary
 - Identify the source or suspects involved in event:
 - If the source is identified as a vendor or business associate, determine if business associate agreement has been established (collect as evidence)
 - If the source is identified as a work force member, establish existence of criminal background check, privacy and security education and training, etc. Coordinate with human resources to determine appropriate sanctions.
 - If the source is external, work with law enforcement agency to determine appropriate actions
 - Carry out IT forensic investigation to gather evidence and determine course of events as well as identify electronic PHI compromised
 - Identify and sequester pertinent medical records, files, and other documents (paper and electronic)
 - Determine need for external notification or involvement (see individual sections following):
 - Legal counsel (identify all communications as “Privileged and Confidential Attorney-Client Communication/Work Product”)
 - IT forensics support
 - Law enforcement agency (local and federal)
 - Media
 - Victims

- Determine need to contact other additional external stakeholders:
 - Corporate office
 - Licensing or accrediting agencies
 - Centers for Medicare and Medicaid Services, Office for Civil Rights (self-reporting is not required by regulation, it is an organizational decision)
 - Business associates, clients, or partners

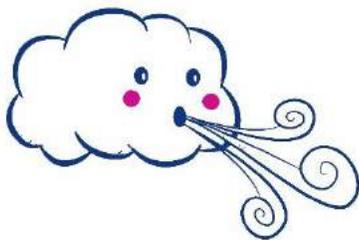
Other Actions as Applicable

1. Contact Law Enforcement Officials
 - Verify event constitutes a crime and is reportable
 - Determine appropriate law enforcement agency and contact
 - In cooperation with local law enforcement officials, determine the need to involve other external law enforcement agencies (e.g., FTC, FBI, Social Security Administration, Inspector General)
 - Obtain name of law enforcement contact to provide upon victim request
2. Collection of Evidence
 - Security incidence response form
 - IT forensic evidence (e.g., reports, logs, audits)
 - Records of communications (e.g., phone logs, e-mail, letters)
 - Law enforcement agency and police reports
 - Legal counsel guidance
3. Notification of Victims
 - Determine need to notify victims. Consider:
 - Likelihood of harm (e.g., stolen laptop protected by password or encryption, PHI limited to first names and dates only)
 - Recipient of information, if known (e.g., if recipient is known covered entity, there is less risk than if PHI was disclosed to other individuals)
 - Regulatory reporting and disclosure requirements (review state regulations)
 - Type of incident (e.g., targeted theft of data or incidental as part of crime of opportunity such as laptop left unaccompanied in airport waiting area)
 - Actions of other organizations if involved in event (e.g., information system of vendor hacked containing multiple healthcare clients)
 - Historical responses by others involved in similar events
 - Prepare a communication plan to cover oral and written communications to victims as well as information to assist them with personal needs (FTC guidance) and organizational contact person for questions and concerns (privacy officer)
 - Provide information regarding law enforcement contacts
 - Consider provision of credit monitoring services (e.g., fees paid by Sapoznik? If so, how long?)

Actions to Be Taken Immediately upon Identification of an Incident

4. Communication with Media
 - Determine need to proactively contact media or prepare press release in response to inquiries. Consider:
 - Likelihood of media awareness or investigation
 - Scope of event (e.g., number of individuals impacted, type of information disclosed, threat of harm to victims)
 - Potential for harm to individuals (e.g., clients, business associates, others)
 - Organizational preventive safeguards and practices
 - Mitigation efforts
 - Preparation of talking points for public relations department outlining organizations privacy and security safeguards
 - Limitations of disclosure as advised by legal counsel or law enforcement
 5. Other Organizational Processes to Be Considered
 - Determine how best to account for disclosures of PHI (HIPAA requirement):
 - Update each health record (paper or electronic) with disclosure information
 - Provide list of parties to privacy officer in response to accounting of disclosure requests (may be preferred for large numbers of disclosures)
 - If event is result of a business associate's failure to safeguard PHI, consider need to terminate relationship (refer to business associate agreement)
-
- #### Follow-Up Activities, Identifying Opportunities for Improvement
1. Evaluation of Security Incident Response (Document on Form)
 - Identify actions:
 - Identification measures (incident verified, assessed, options evaluated)
 - Evidence collected
 - Eradication measures
 - Recovery measures
 2. Follow-Up
 - Determine:
 - How well did the work force members respond to event?
 - Were documented procedures followed? Were they adequate?
 - What information was needed sooner?
 - Were there any steps or actions that might have inhibited recovery?
 - What could work force members do differently the next time an incident occurs?
 - What corrective actions can prevent similar events in the future?
 - What additional resources are needed to detect, analyze, and mitigate future incidents?
 - Can missing electronic PHI be recreated to provide continuity of care?
 - What external resources and contacts proved helpful?
 - Other conclusions or recommendations
 - Security incident response form completed and supporting documentation made part of form or filed as attachments (consider restricting access to the form)
 - Policy and process review completed and all necessary changes made based on shortcomings identified through managing event
 - Training, education, and awareness activities carried out (balancing need for awareness with disclosure of event)
 - Event documented as educational case study (de-identified) for internal use
 3. Other
 - Consider the offer of a reward for return of lost or stolen equipment ❖

12. Describe your business continuity plan as it relates to the services to be provided under this RFP.



At Sapoznik Insurance, we understand that disruptions to business can happen at any moment – flood, fire, hurricane, cyber-attack, power outage – and this is why we invest resources and time in ensuring that our firm is prepared for any event that we may encounter.

Our goal is simple: to ensure that our organization can continue to function with as little disruption as possible and that our clients are not negatively impacted or affected.

We've implemented a step-by-step plan for the future should an emergency situation occur and have invested in the operational efficiencies and infrastructure required to ensure continuity. Over the last decade, as technology evolves and we are faced with new and continuous risks, Sapoznik has taken the time to define our plan, communicate to our staff and train them on the proper protocols. We've invested in identifying threats and risks, conducting a business impact analysis, communicating the operational plan and test, exercising and improving our plan routinely. Our business continuity plan addresses: data backup and recovery; all mission critical systems; financial and operational assessments; alternative communications with customers, employees, and service partners; alternate physical location of employees; regulatory and compliance reporting; and assuring our customers prompt access to information about claims processing.

Our business continuity plan is designed to permit our firm to resume operations as quickly as possible, given the scope and severity of the significant business disruption. Two of the areas we have made significant investments over the last decade are in ensuring that we have detailed Disaster Recovery Plan. With the help of our partnership with Palindrome and our on-site, full-time Information Technology team, our continuity strategies include:

We utilize a hosted email platform which guarantees 99.9% uptime. We also have a file server and accounting platform which is backed up every few hours and copied to multiple redundant offsite locations. Our on-site servers are stored in secure, climate-controlled environments.

We believe in being proactive and having systems in place to *prevent* any disaster from striking. In preparing for a possible data breach or hack of any kind we've invested in an on-site Information Technology team as well as in the installation of malware and anti-virus software installed on all of our company's computers.

We would be happy to provide a complete plan upon request.

13. Describe your procedures for measuring client satisfaction

When it comes to client satisfaction, we are laser focused. As we've demonstrated, we deliver on our commitment to provide best in class customer service, which has always been a key differentiator for our company. As such, we ensure that all client requests and needs are met in a reasonable timeframe. We systematically **track all customer service and claims related matters** for all City employees. These requests are tracked through our customer relationship management platform, which time stamps these requests and monitors progress through completion of the request. These activities are constantly monitored to ensure that we meet and exceed customer commitments through constant communication and frequent meetings.

Sapoznik Insurance employs the **Net Promoter Score (NPS)** methodology to measure our customer satisfaction on an individual and collective basis. Knowing our customers in real-time, means that we not only learn about the employee experience, but that we have the tools to act immediately to improve each customer's experience.

The Net Promoter question is easy, on a scale from 0 to 10 it asks our customers:

“How likely are you to recommend Sapoznik Insurance to your friends, family or business associates?”

Depending on their response, customers are divided into three categories: **detractors**, **passives**, and **promoters**.

The NPS score is equal to the percentage of promoters minus the percentage of detractors. A positive NPS means you have more promoters than detractors. A NPS of 71 or more demonstrates exceptional customer support.

-100 to 0: The majority of people experiencing your product or brand are having a bad experience and are spreading the word that you should be avoided.

1 to 30: This an acceptable range to be in, but there is a lot of opportunity to improve.

31 to 50: This is where most companies tend to live. A company in this range places value on a quality customer experience and are generally delivering it.

50 to 70: These companies are doubling down in customer experience and it shows. Some of the most beloved brands have an NPS in this range.

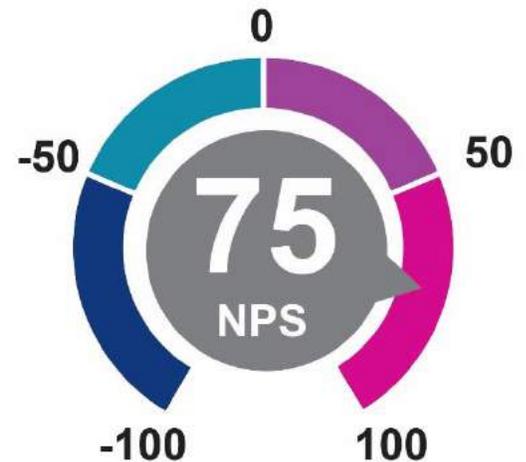
71 to 100: This is the Holy Grail of NPS, and rarely attainable. The range is reserved for the absolute best companies in the world.

In addition, Net Promoter Scores vary by industry. Here are some [NPS industry benchmarks](#):

- Healthcare: 71
- B2B service providers: 69
- Education: 69
- Technology: 60
- **Insurance: 56**
- Consumer brands: 48
- Travel and hospitality: 48

We are proud to present the overall NPS score for all activities conducted by your Sapoznik team in 2018.

Best in class at 75!



We are happy to share a sampling of the comments from City of North Miami employees:



14. What steps are you taking to be a market leader?

Leadership is not about taking the easy way out. It is about doing what is right for our clients. Through careful planning and hard work, we have taken the steps to become a market leader by – focusing on our clients, creating a strong brand, growing smartly, prudently controlling costs, having a clear vision, investing in our employees, keeping up with all regulatory and compliance legislation impacting our space, and investing in technology. For these reasons and more, Sapoznik prides itself in being recognized as a leader in our industry. This is demonstrated on many fronts, including:

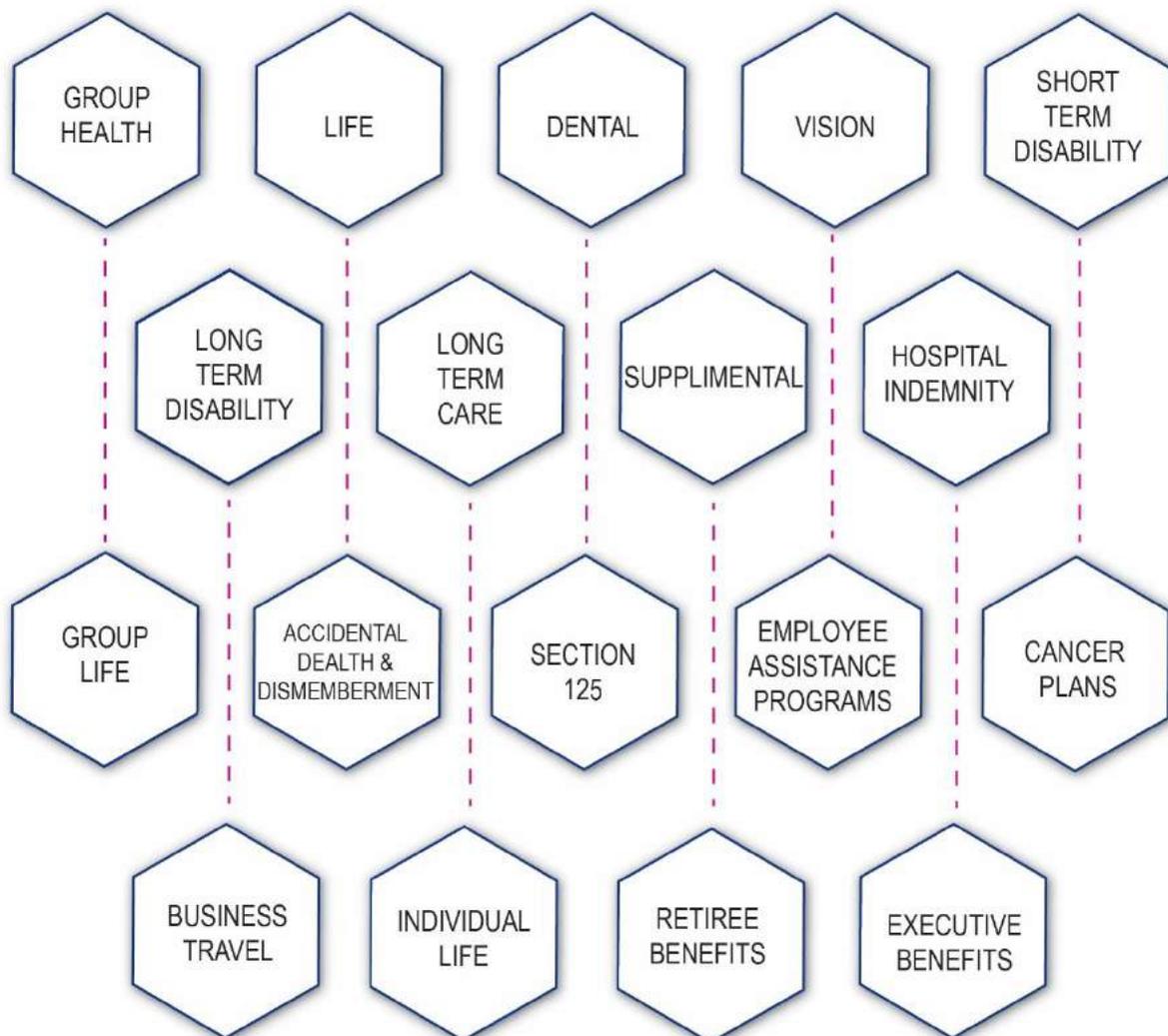
- **Participation in industry panels** including: South Florida Business & Wealth Magazine, The Miami Herald, South Florida Business Journal, The Sun Sentinel, Greater Miami Chamber of Commerce CEO Roundtable, etc.
- We produce and **host seminars and roundtables**; topics include: *Working in a Multigenerational Workforce*, *Innovative Strategies for Controlling Employer Healthcare Costs*, and *Medical Marijuana in the Workplace, Are You Ready?*
- We keep our team members and clients in compliance through **training and monitoring** with timely legislation and compliance information and we provide unlimited support including other educational materials, plus tools such as webinars, surveys, checklists, letters, and forms.
- Our **in-house claims advocates**, investigate medical bills ensuring accuracy while identifying errors and questionable charges, and negotiate denied claims, outrageous bills, and correct errors.
- **Invest in the latest technological advances**, including creating custom benefit platforms, telemedicine, online enrollment solutions, and more based on an agnostic approach meeting the needs of the City.
- **Active social media presence** providing information on relevant industry and general business topics and trends.
- Our **CEO was honored** by the South Florida Business Journal as an “Ultimate CEO” and Employee Benefits Advisor Most Influential Woman in Benefits.
- Nominated twice for the South Florida Business Journal **Healthiest Employer Awards**®.
- **Developing green initiatives** to minimize footprint on the environment such as implementing digital benefits guides, and online enrollment forms.



F. Benefits Brokerage and Consulting Services

- List and then describe the full range of Employee Benefits Brokerage and Consulting Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP.**

Sapoznik Insurance is an independent, full-service brokerage and consulting firm with national coverage and a complete suite of services, including:



SERVING INDUSTRIES NATIONWIDE



Municipalities



Non-Profits



Healthcare



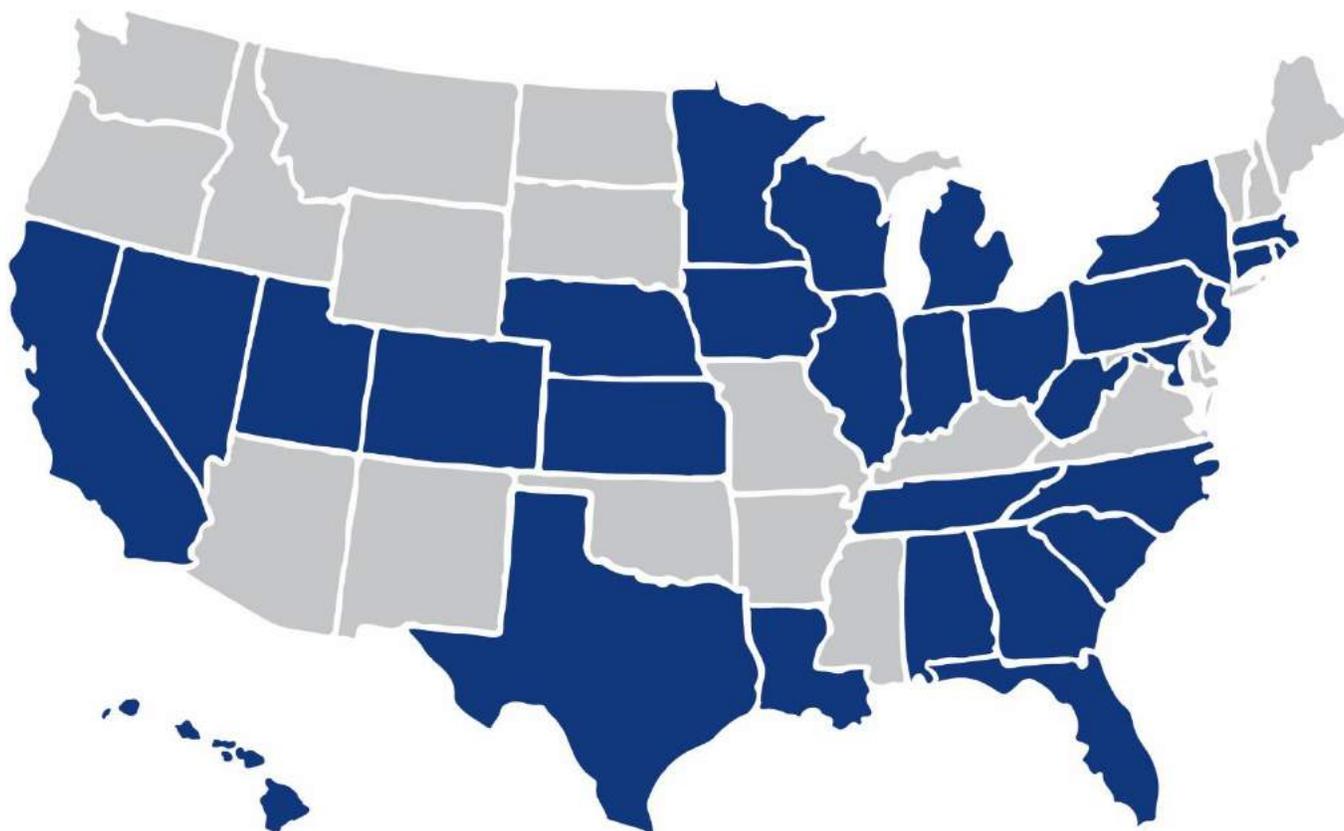
Automotive



Hospitality



Technology



From compliance to communications, Sapoznik provides a full spectrum of employee benefits solutions. A list of services available, but not limited to, is provided below:

EXCEEDING EXPECTATIONS: EMPLOYEE BENEFITS

- ACA & DOL Compliance
- 6055/6056 Reporting
- 1094/1095 Filing
- HR Assistance
- Employee Benefits Statements
- Employee Handbook
- Online Enrollment
- Onboarding/Offboarding Assistance Plan
- Design Decision Support
- Employee Portal/HR Intranet
- Health & Wellness Information Healthy
- Lifestyles/Fitness Programs Employee
- Newsletters & Videos Employee
- Communications
- Quote Plans
- Claims & Billing Assistance
- Negotiate Renewal
- Plan Comparison
- Coverage & Policy Expertise Application
- Submission
- Benchmarking
- Plan Design & Selection Support
- Medical & Prescription Analytics
- Plan Disruption Analysis
- Employee Retention Strategies



The City of North Miami is assigned to a team of professionals who are dedicated to serving your needs. This is the same team that has been serving the City for over a decade. Our account team prides itself on excellent service, and are dedicated to using their experience and expertise to meet the City's benefits objectives. Their goal is to help the City save money through proper implementation and management of your benefits program, and they are committed to anticipating and fulfilling your needs and concerns.

Brokerage and Consulting Services

- Insurance guidance
- Strategic planning
- Collect and analyze information
- Plan design consultation
- Benefit and cost analysis
- Network disruption analysis
- RX analysis
- Cost containment strategies
- Monthly on-site new hire orientation meetings
- Quarterly claims and plan performance reviews
- Compliance and legislative guidance and support
- In-house claims advocacy
- Communications and marketing support
- Insurance technology platforms
- On-line enrollments – employee portal
- Onboarding/offboarding assistance
- Health & wellness programs through in-house wellness team
- Year-round support of benefits program – extension of Personnel Department

Monthly Commitment

Sapoznik continuously evaluates our support structure to ensure that the needs of our clients have direct and personal attention at all times. **Every month**, Sapoznik will schedule a specified day to be **onsite**, just as we do so now. During that time, we make ourselves available for questions from your employees, conduct new hire benefit meetings and make sure your plan for wellness and education is being reinforced and working as planned. Your Benefits Account Champion is available to assist in the day to day activities and provide prompt service and guidance with respect to the overall benefits package. Our Benefits Account Champion is supported by Benefits Support Ambassadors. These support personnel are HIPAA certified and crossed trained to ensure adequate depth of support and have invaluable insight when it comes to negotiating with carriers and designing cost effective health insurance plans.

Sapoznik believes that there should be a monthly priority that pertains to employee benefits. For most brokers, there is always a presence during open enrollment, but for our company there is continued service in the 10 months outside of this period. Please see sample calendar on following page.

As Human Resources departments have taken on increased workloads and responsibilities, Sapoznik Insurance will provide the following elements to support the City of North Miami's Personnel Department and allow them to focus on their core responsibilities.

2019-20

Sapoznik Insurance's Commitment to Year-Round Support

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
<p>Annual Renewal Process begins</p> <ul style="list-style-type: none"> Create Census, renew with City of North Miami Create and gather quoting reports & data Evaluate and determine timeline <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<ul style="list-style-type: none"> Format RFP for release to all vendors Transmit RFP to all carriers, vendors, and all lines of coverage Discuss objectives and timelines with carrier <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<ul style="list-style-type: none"> Answer carrier questions Provide additional information Receive Renewal from Incumbent Negotiate all proposals Develop/negotiate alternatives plans and strategies Formulate Open Enrollment / Wellness Day Events decisions with City of North Miami <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<ul style="list-style-type: none"> Present Renewal offerings to City Manager Interview carriers, incumbent, and finalist with City Manager Final Decision: City Manager Annual Flu Shot on-site <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<ul style="list-style-type: none"> Notify carriers of results Contract carriers with City of North Miami Order Open Enrollment Supplies Create Open Enrollment custom materials Create Benefit Booklet and Powerpoint Presentation City Commission Meeting <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<ul style="list-style-type: none"> First Open Enrollment & Wellness: 2 day event Answer all questions and help with elections On-site Biometrics event
DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
<ul style="list-style-type: none"> Finalize Open Enrollment Create reports Transmit to carriers 	<ul style="list-style-type: none"> Reconcile Audit bills VS. Open Enrollment Reports <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<ul style="list-style-type: none"> On-site Biometrics event <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges



Managing Healthcare Costs

We understand that healthcare costs continue to be a serious concern. Sapoznik Insurance can help by:

- Managing and reducing redundancy of claims
- Establishing proper plan designs
- Implementing wellness programs to improve employee health, reduce elevated risks and healthcare costs

We offer a complete suite of resources to help employees become smarter health care consumers and promote consumerism strategies that can drive costs down.

At Sapoznik Insurance, our most important differentiator is our commitment to service. Our philosophy is to provide the finest personal service, while bringing value to your employee benefits and insurance programs. We strive to fulfill every request and need that our clients have, surpassing expectations.

The cornerstones of our service philosophy are defined by **responsiveness, support, health education, advocacy and technology**. We are committed to utilizing our collective talent and technological advancements in the management of healthcare to support your employee benefits goals. We strive to identify activities that drive claim frequency, and implement an action plan to control health care costs and promote a healthy work environment for your employees. Sapoznik specializes in **evaluating,**

negotiating with, and recommending insurers and providers to our clients. In this process, we employ a rigorous selection criteria and performance objectives when considering an insurance carrier.

Our Signature Service Philosophy

- **Contact:** We meet with clients monthly to ensure carriers, coverage and costs are meeting expectations.
- **Educate:** We conduct employee meetings and provide custom communication materials for employees based on your specific plan.
- **Advocate:** We work on your behalf to bring an unbiased perspective to all situations, with no allegiance to any specific carrier or vendor.
- **Personnel:** We hire and maintain a professional, experienced staff and ensure that they are up to date on all the latest trends and information.
- **Inform:** We have information and expertise that allows us to negotiate comprehensive, competitive benefits programs and we provide the most accurate responses to your insurance, employee benefits and human resources questions.

Our Brokerage and Consulting Service Approach

Exceptional customer service starts with people and communication. Therefore, you will always be able to talk to a **live person**, whether you have a simple question or a complicated claim. Our phones are answered by an onsite administrator and forwarded to one of our professionals to address any need of the City of North Miami team. Calls and emails are documented so you can get a real time view of each and every contact and ensure your needs are addressed in a timely manner.

Your Dedicated Benefits Consultant

Your Benefits Consultant, Andrew, is responsible for collecting and analyzing information, compiling reports and conducting financial analyses, as well as negotiating with carriers to provide the best possible plans and price structure at renewal. Andrew has always been and will continue to be onsite during open enrollment at the City of North Miami’s locations presenting the benefits package to all employees. We will provide ongoing support, coaching, and education to each member of the City of North Miami’s team of employees.

The City of North has its own set of unique needs, which Sapoznik has kept track of and identified by analyzing current benefits, trends and employee health demographics. We are constantly determining what your baseline is, and readjusting your short and long-term goals.

Your Dedicated Benefits Account Champion

The City of North Miami will access our team of professionals and the resources they provide through a **dedicated point of contact**, making working with our firm seamless and easy. Our dedicated Benefits Account Champion, Haydee, will continue to be an extension of the City’s Personnel Department, so that the City’s team can have more time available for other responsibilities. Our Benefits Account Champion is available for the Personnel Department’s day-to-day activities and to City employees to answer questions regarding medications, available physician network, claims just to name a few.

Haydee is onsite at our headquarters and available to service the City of North Miami employees directly. She and her team are responsible for fielding customer service calls, processing enrollments and terminations, and reconciling bills for accuracy.

Every team member of Sapoznik Insurance who is involved with the servicing of the City is accessible to you by phone (office and cell), email, and in person. We realize that many of the issues you may face are urgent, and we are committed to responding to and resolving these matters in a timely manner.

In-House Wellness Department

Our full-service, **in-house Wellness Department** is also actively servicing the City. Their focus is on designing and overseeing programs aimed at improving the health and well-being of the City’s employees. The Sapoznik Wellness Team is led by Rodica Charles, our Wellness Manager. Rodica’s team brings years of expertise in health screenings, wellness fairs, nutritional campaigns, mental health initiatives and team building activities. In our experience, we have found that healthier employees are happier, have fewer absences – with studies showing that happier employees are 20% more productive – and contribute to controlling the cost of healthcare benefits.



Claims Representation

When an employee has a claim that becomes a concern, we want your employees focused on work. Therefore, some claims will be escalated to our **claims advocates** to follow through and get resolution. These can include difficult claims, incorrect billing or coding issues, which our claims advocates have over **20 years of experience** in handling. In order to be able to share confidential information, our claims advocates are HIPAA certified. This alleviates your Personnel Department from this specific risk.

Customer and Claims Support

Sapoznik Insurance customer support guarantees our clients a **24-hour response time**. We understand that in many cases, dealing with insurance claims and processing can be urgent and our team doesn’t take this responsibility lightly.

The inbound calls are handled by individuals who possess 20+ years of claims and medical system knowledge. They act as a liaison between providers, hospitals, clients and HR departments. Our claims department boasts a **90% success rate** in negotiating claims, *the highest in the industry*.

- Review adjudicated medical claims, determine levels of completeness, accuracy and timeliness
- Completely prepare and deliver appeal and grievance letters to carriers and providers
- Monitor completed work processes and cross reference with state and federal law
- Identify overpaid claims, payment errors, coding errors and missing information on claims

- Determine and establish medical necessity negotiations with providers for utilization of out-of-network services
- Negotiate claims with 90% success rate
- Assistance with prescription issues and copay discrepancies

2. In which professional benefits associations does your firm participate?

- Society for Human Resource Management
- Human Resources Association of Broward County
- Total Rewards Association of South Florida

3. If you are the Successful Proposer, what will be your first objective?

In our country’s current employment environment, organizations are increasingly focused on attracting and retaining employees; making healthcare benefits an important component of the employee value proposition. As the incumbent for the City of North Miami, we will continue on our journey of **optimizing your health plan, reducing healthcare costs** with minimal impact to the City’s rich benefits package, while continuing to **improve culture**.

We begin each year with the pre-quoting process described in detail in the Strategic Benefit Plan document found in Section L of this RFP - Additional Information. We approach the market with first-hand knowledge of all your specific needs, goals and your short- and long-term strategies. All subsequent recommendations to your Personnel Department and the City Manager are made after careful consideration of all pertinent data and always with what is in the best interest of the City and its employees.

4. Explain, with examples, your experience in identifying potential cost containment controls

Sapoznik prides itself in our dedication to making your organization successful. This dedication includes identifying cost containment strategies. There is no better example than the strategic changes that have been implemented at the City. Last year after careful consideration and analysis, we determined that the best option was to change carriers. This resulted in enhanced benefits, the elimination of the weekly \$10 employee only payroll deduction, and reduced costs for your employees; all while delivering a reduction to the City budget.

We would like to share three client scenarios that further demonstrate our ability to successfully implement cost containment strategies.

Scenario #1

During renewal, Client #1 received a proposed 36% increase from Florida Blue. They budgeted a 15% increase for the upcoming year. We created a new plan with no change in co-pays to primary care physicians, specialists, and urgent care facilities. The reasoning behind this was to educate and encourage the use of urgent care facilities for non-life-threatening cases. We educated employees regarding the advantages of urgent care facilities versus the use of hospital emergency rooms. This ultimately reduces the cost of the plan and protects against higher renewal rates.

Plan design changes were instrumental in reducing costs for the current year renewal, but also looking to reduce employee out of pocket expenses. Emergency room costs went from a \$200 to a \$300 co-pay, and moved inpatient from a \$700 co-pay to a deductible + 20%. By instituting a GAP plan, we would negate the employees’ expense of inpatient expenses and educating on the value and use of GAP insurance.

By adding a \$6,500 inpatient Gap with a \$3,250 for outpatient, we covered the deductible and the coinsurance at 100% for inpatient stays. The employees first \$3,250 was paid by the GAP for any outpatient procedure. By implementing these changes and adding the Gap plan, the total increase was less than 1%. The renewal was at a 7% increase and the following year would be a 4% increase. If you split the 12% over the three-year period, it is an average of 4% on a yearly basis. We were still below the budgeted 15% increase.

The group and members love the plan and the Gap. They have learned to utilize the plan to its fullest through ongoing education. The education is shared with the employer and the employee to keep the overall premium and payroll deductions stable. Education is focused on preventative care and how and where to seek care when needed.

Company/Plan	<u>Current</u>		<u>NEW PLAN W/REVISIONS</u>	
	BCBS- BlueOptions 3768		BCBS BlueOptions 03566 Mod	
	In-Network	Out-Network	In-Network	Out-Network
Physician	\$10 CO-PAY	\$40 CO-PAY	\$10 CO-PAY	DED & 50%
Specialist	\$25 CO-PAY	\$60 CO-PAY	\$25 CO-PAY	DED & 50%
Adult & Child Wellness Adult Wellness Max	COVERED 100% AFTER OFFICE VISITS CO-PAY (NO MAX)		COVERED 100% (NO MAX)	50% (NO MAX)
Mammograms	COVERED 100%	DED & 50%	COVERED 100%	DED & 50%
Emergency Room - Waived if Admitted	\$200 CO-PAY	DED & 50%	\$300 CO-PAY \$0 With GAP**	
Urgent Care	\$50 CO-PAY	DED & 50%	\$50 CO-PAY \$0 With GAP**	DED & 50%
Independent Clinical Lab	COVERED 100%	DED & 50%	COVERED 100%	DED & 50%
Diagnostic Testing / MRI, CAT Scans	\$200 CO-PAY	DED & 50%	\$200 CO-PAY \$0 With GAP**	DED & 50%
Outpatient Surgery - Ambulatory Surgical Center	\$200 CO-PAY	DED & 50%	DED & 80% \$0 With GAP**	DED & 50%
Provider Services Ambulatory Surgery Center	\$10/\$25 CO-PAY	\$40 CO-PAY	DED & 80% \$0 With GAP**	DED & 50%
Outpatient Surgery - Hospital	\$300 / \$600 CO-PAY	DED & 50%	DED & 80% \$0 With GAP**	DED & 50%
Inpatient Hospital	\$700 / \$1000 CO-PAY	DED & 50%	DED & 80% \$0 With GAP*	DED & 50%
Provider Services Hospital	\$50 CO-PAY		IN-NET DED & 80%	
Home Health	DED THEN 100% 75 VISITS	DED & 50% 75 VISITS	DED & 80% 20 VISITS	DED & 50% 20 VISITS
Outpatient Therapy	\$45 / \$60 CO-PAY 75 VISITS	DED & 50% 75 VISITS	\$45/\$60 CO-PAY 35 VISITS	DED & 50% 35 VISITS
Deductible	\$250/\$750	\$1000/\$3000	\$5000/\$10000 \$0 With GAP*	
Deductible Included in Out of Pocket Max	YES		YES	
Co-Insurance	100%	50%	80%	50%
Maximum Out of Pocket	\$3000/\$6000	\$6000/\$12000	\$6350/\$12700 \$0 With GAP*	\$10000/\$20000 \$0 With GAP*
Out of Pocket Includes	DED, CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX	
Prescription	Retail: \$100 DED & 50% In-Net Mail Order: \$20/50/80		\$100 RX DED & \$10/\$60/\$100	50%
Lifetime Maximum	UNLIMITED		UNLIMITED	
Premium Breakdown	Current	Negotiated		Plan w/GAP
Comments		Increase 24.20%		Increase 7.52%
Monthly Total		\$248,362.19		\$215,005.09

Scenario #2

The Client received a very large increase due to high utilization. A plan was developed to reduce premium cost with a minimum increase to employees. This plan was designed to change behavior while reducing claims. The client had concerns regarding high deductible plans and its effect on its employees. By conducting a thorough analysis of the claims, we found the biggest problem to be hospital stays, which in turn was the number one cost driver for their claims.

The Client could not buy down the cost of the plan, in terms of deductibles and services covered, due to the premium increase it would create. We developed a plan to increase deductibles, but keep the same co-pays for most frequently used services, such as doctor office visits and prescriptions. We created a new plan option with a higher deductible and co-insurance. In addition, a GAP plan was added giving employees first dollar coverage for emergency room visits, urgent care centers, and major diagnostics while eliminating or reducing cost for outpatient services and providing 100% coverage for inpatient hospital stays.

The cost of the program with the GAP plan was reduced from an increase of 24.2% to .56% while providing more comprehensive coverage to the vast majority of their employees.

This strategy represented a total **savings of \$343,956**, and provided richer benefits to all employees.

Company/Plan	BCBS- BlueOptions 3768		BCBS BlueOptions 03566 Mod	
	In-Network		In-Network	
Physician	\$10 CO-PAY		\$10 CO-PAY	
Specialist	\$25 CO-PAY		\$25 CO-PAY	
Adult & Child Wellness Adult Wellness Max	COVERED 100% AFTER OFFICE VISITS CO-PAY (NO MAX)		COVERED 100% (NO MAX)	
Mammograms	COVERED 100%		COVERED 100%	
Emergency Room - Waived If Admitted	\$200 CO-PAY		\$300 CO-PAY Elig. For Reim W/ Gap \$3250	
Urgent Care	\$50 CO-PAY		\$50 CO-PAY Elig. For Reim W/ Gap \$3250	
Independent Clinical Lab	COVERED 100%		COVERED 100%	
Diagnostic Testing / MRI, CAT Scans	\$200 CO-PAY		\$200 CO-PAY Elig. For Reim W/ Gap \$3250	
Outpatient Surgery - Ambulatory Surgical Center	\$200 CO-PAY		DED & 80% Elig. For Reim W/ Gap \$3250	
Provider Services Ambulatory Surgery Center	\$10/\$25 CO-PAY		DED & 80% Elig. For Reim W/ Gap \$3250	
Outpatient Surgery - Hospital	\$300 / \$600 CO-PAY		DED & 80% Elig. For Reim W/ Gap \$3250	
Inpatient Hospital	\$700 / \$1000 CO-PAY		DED & 80% Elig. For Reim W/ Gap \$6500	
Provider Services Hospital	\$50 CO-PAY		IN-NET DED & 80%	
Home Health	DED THEN 100% 75 VISITS		DED & 80% 20 VISITS	
Outpatient Therapy	\$45 / \$60 CO-PAY 75 VISITS		\$45/\$60 CO-PAY 35 VISITS	
Deductible	\$250/\$750		\$500/\$1000	
Deductible Included in Out of Pocket Max	YES		YES	
Co-Insurance	100%		80%	
Maximum Out of Pocket	\$3000/\$6000		\$6350/\$12700 Elig. For Reim W/ Gap \$3250 Outpatient \$6500 Inpatient	
Out of Pocket Includes	DED, CO-PAY & CO-INS		DED, CO-PAY, CO-INS & RX	
Prescription	Retail: \$100 DED & 50% In-Net Mail Order: \$20/50/80		\$100 RX DED & \$10/\$60/\$100	
Lifetime Maximum	UNLIMITED		UNLIMITED	
Premium Breakdown		Current	Renewal	W/ GAP
Employee	149	\$590.10	\$796.64	\$519.63
Employee/Spouse	14	\$1,248.54	\$1,685.53	\$1,099.47
Employee/Child(ren)	4	\$1,254.71	\$1,693.86	\$1,104.87
Employee/Family	6	\$1,808.61	\$2,441.62	\$1,591.27
Comments	173	Current	35.00%	-11.95%
Monthly Total		\$121,274.96	\$163,721.94	\$106,784.55
				\$121,949.75

Scenario #3

Client #3 experienced an uptick in claims resulting in a higher than budgeted increase to plan premium for the upcoming year. Our objective was to bring down the increase to meet budgetary requirements. This also had to be accomplished with a minimum increase in employee payroll deductions. Benefits were always considered a major component of their compensation program. We were able, through claims analysis, to identify key services where small incremental changes over a multi-year period, combined with a strong educational platform, would result in a change of utilization behavior.

These changes were:

- Planned increase in ER co-pays from \$150 to \$350 over a 3-year period
- Keeping the urgent care co-pay relatively stable - \$25 to \$35 over a 3-year period
- Added a \$250 co-pay to diagnostic services, outpatient services and inpatient hospital stays instead of paying 100%
- Client paid 50% of the deductible for employees as a cost share
- Client had savings based on the small population using these services (instead of a premium increase related to these services)
- Kept generic co-pay on pharmacy constant at \$10
- Added preferred and non-preferred in pharmacy, while instituting Good RX and mail order pharmacy

As a direct result, the majority of employees were able to get services delivered in a more cost-effective manner, while allowing the client to meet their budget and save, cumulatively, over \$290,000 in premiums over that three-year period.

Continuous Improvement and Cost-Effectiveness of Wellness Program

As it pertains to City's wellness programming, we are proud that our program offerings and participation levels have continuously improved year-over-year. This is in large part due to the fact that our wellness team administers all programming conducted onsite and consistently collects feedback on satisfaction levels and keeps track of participation. This way, we are able modify programming in real-time. The feedback surveys administered after each wellness program allows us to understand why activities may not have been well attended, for example, and we can move programming to better fit more employees' schedules or replace the programming with a new offering.

Our wellness department was able to review contracts and service agreements with vendors who built a relationship with the City and continue delivering a high standard of services and renegotiate lower fees to allow for either additional classes or activities to be added to the program or to free-up funds for other initiatives. The wellness budget is always updated in real-time and during quarterly meetings, it is consistently reviewed together with the client to plan for adjustments.

City of North Miami Wellness Snapshot, 1/1/18-12/31/18

42.9%
2017-2018

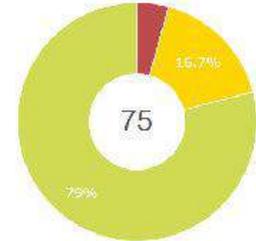
Biometric screening participation

53.7%
2018-2019

Net Promoter Score (NPS) measures the loyalty that exists between a provider and a consumer.

2,900+
Touchpoints

- A1C Panel Challenge
- Biometric Screenings
- Mindfulness Seminar
- Meditation Sessions
- Cardio Kickboxing
- Weight Lifting
- Power Walk
- Flu Clinic
- Zo's 5K
- Yoga
- Zumba
- Boot Camp
- Total Re-Haul
- AngioScreens
- Healthy Lunches
- Stress Relief Days
- Weekly Fruit Baskets
- Weight Loss Challenge
- Mercedes Corporate Run



Every day behavioral choices influence *health* and *wellness*!

2018-2019	City of North Miami	National
High BMI	65%	70.7% ¹
High Systolic BP	26%	32% ²
High Diastolic BP	6%	32% ²
High Glucose	15%	30.2% ³

2018 Goals

Programs measure by engagement

Data to measure health initiatives

Guide employees' care

Measure results and predict *future* outcomes

Sources: <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm> ¹ https://www.cdc.gov/dhisp/data_statistics/fact_sheets/fs_bloodpressure.htm ² <https://www.cdc.gov/diabetes/pdf/data/statistics/national-diabetes-statistics-report.pdf> ³

Sapoznik Insurance, Corporation | Winter, 01/2019

5. Further outline the experience of the assigned staff in evaluating and employing alternative funding methods in relation to various benefit plans.

We understand the complexities of today's healthcare system and have experts knowledgeable in all areas of health plan management. The changing landscape of healthcare can make benefits decisions at an organizational level overwhelming. With the latest data and expert analytics, the Sapoznik team will help you navigate all of the funding options available for your employee benefits package. We will continue to focus on controlling costs and adopting the right funding mechanism to meet the needs of the City. We have presented some of these options to the City in previous years and are fully prepared to implement any alternative funding method. Funding options evolve over time and it is important to constantly review the options.

- Fully Insured
- Level Funded
- Self-Insured
- Reference Based Pricing
- Cooperative
- Consortium



OVERVIEW

OF COMMON PAYMENT MODELS

*Sapoznik Insurance is here to help.
Contact us today!*

FULLY INSURED

- The carrier assumes the financial risk of providing health insurance, and the employer is charged a flat monthly fee.
- The employer typically knows the costs ahead of time since it pays a flat fee every month.
- Fully insured plans are subject to state rules and regulations
- With this type of payment model, costs are unlikely to decrease, even with a low previous year utilization.

LEVEL FUNDING

- Level funding models are sometimes thought of as a hybrid of fully insured and self-insured payment models.
- In this type of model, the employer pays a set amount each month to a carrier, and the carrier then pays employees' claims throughout the year.
- If the employer's monthly payments exceeded the amount of claims filed, the employer will receive a refund from the excess they paid in monthly claim allotments. If the employer's monthly payments did not exceed the amount of claims filed, stop-loss insurance will typically cover the overage amount, if allowed by state law.
- Typically, an employer will be assisted or advised by a TPA on the previous two bullet points.
- Companies with smaller numbers of employees may benefit differently than those with larger numbers.

SELF-INSURED

Traditional | Cooperative Plan | Referenced Based Pricing | Consortium

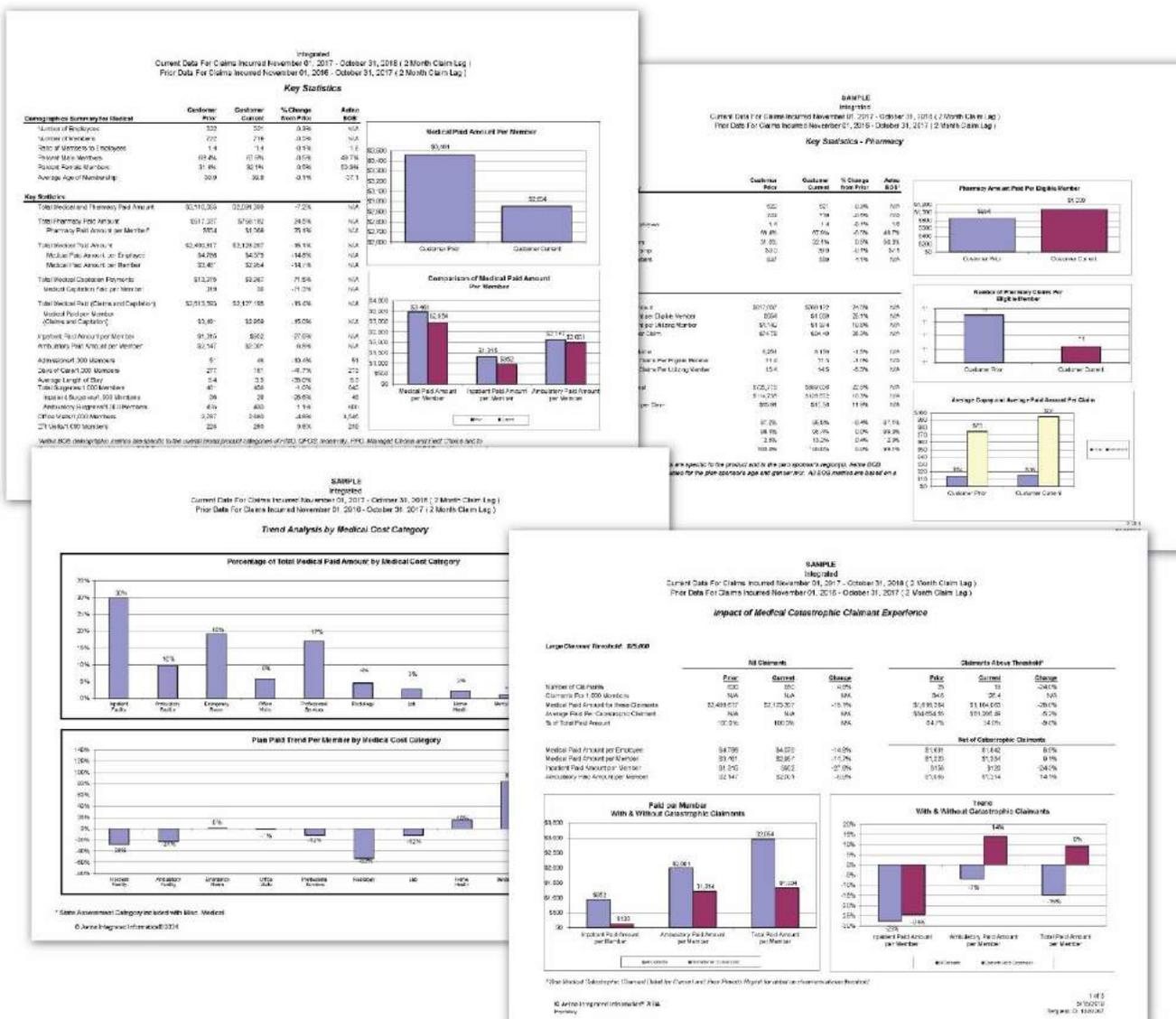
- The employer assumes the financial risk of providing health insurance and pays for medical claims out of pocket.
- These models can be more easily customized to fit the specific needs of an employer's workforce.
- The employer can contract with providers, or a particular provider network, that will best meet the needs of its employees.
- The employer will typically work with a third-party administrator (TPA), which assumes claims administration duties.
- Self-insured health plans are not subject to state health laws, but rather federal laws. These plans are not subject to state health insurance premium taxes.

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6. Describe and provide samples of on-going plan reporting and planning tools.

On-going plan reporting and planning tools play an integral part of our process providing critical data, both claim specific and, in the aggregate, in a myriad of specific categories. By then identifying the most at-risk parts of your population by status, age, gender, disease classification and RX category, we are quickly able to determine the best possible proactive actions needed to improve performance and reduce future costs. Examples of actions implemented include, targeted employee education campaigns, on-site medical services, plan modifications to modify employee over-utilization or promote cost effective utilization, change in contribution strategies and/or wellness participation credits and many other possibilities.

The style, depth and look of these available on-going reporting and planning tools varies greatly based upon many factors such as funding mechanism (fully insured or alternative funding methods previously discussed), carrier chosen and type of plan. We have included some examples of the various reports and results in Section L of this RFP - Additional Information.



7. Describe your experience with negotiation and tracking of progress of performance guarantees on behalf of your clients, including the results of these guarantees.

We often partner with clients to develop custom performance guarantees. We understand the importance of these guarantees to our clients. We negotiate with the carriers to determine the right guarantees based on the products and services contracted. Our account team monitors these performance guarantees and respective reporting to ensure compliance and if necessary, assist in the enforcement process. Please see sample plan with tracking mechanism in Section L of this RFP - Additional Information.

8. Describe how you monitor performance of insurance providers, in order to ensure the provider can meet the requirements of Employer. What is the notification process to the Employer if a provider has fallen below the acceptable financial rating?

Sapoznik specializes in **evaluating, negotiating with, and recommending insurers and providers to our clients**. In this process, we employ a rigorous selection criteria and performance objectives when considering an insurance carrier.

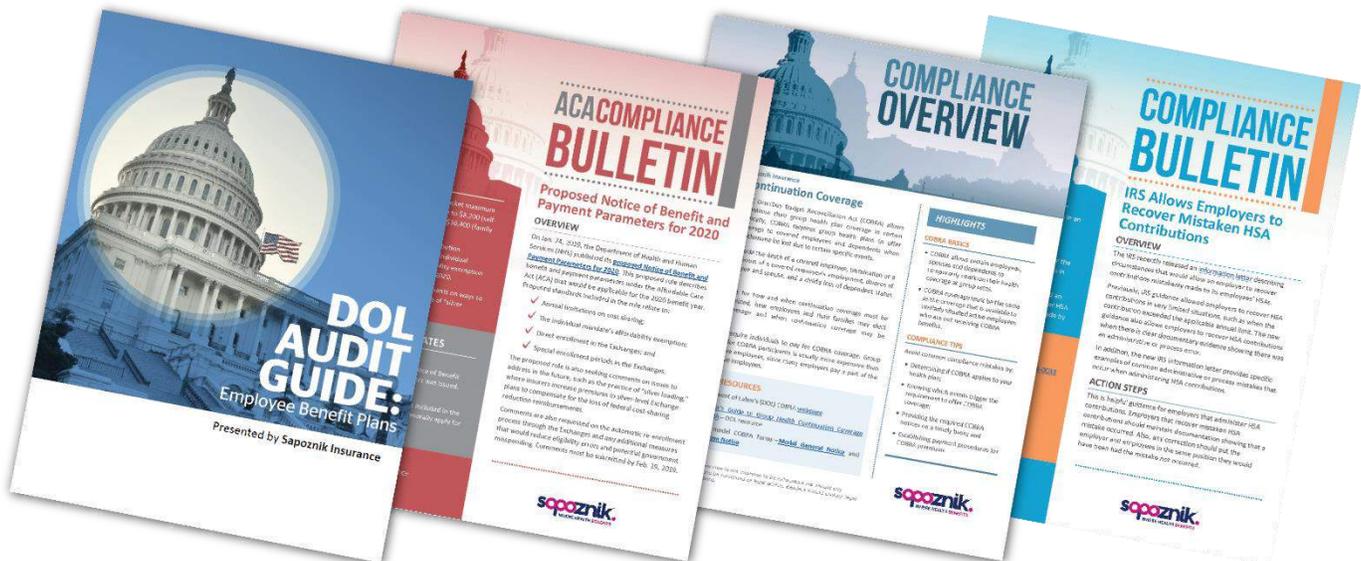
Your Benefits Consultant will work with the City to establish the desired notification requirements, timeframes, and methods during implementation. Based on the notification requirements agreed upon with the City, your Benefits Account Champion will communicate the results of standard performance requirements such as turn-around time, claim processing accuracy, customer service response, etc. If the plan falls below the guaranteed level, the Benefits Consultant will call the client directly to discuss why the plan fell below guaranteed levels and what our plan is to improve performance.

9. Describe the full range of Regulatory Consulting Services that your firm provides. Explain your ability to monitor regulatory and legislative developments on the Federal and State level that may impact City’s benefits plans and how your firm will disseminate this information to Employer.

Sapoznik has many sources to provide information that ensures we are current with all legislation, compliance, trends and new products and services. Our primary sources are Zywave and ThinkHR – both are industry-leading solutions platforms for benefit brokers. In addition, we have full access to ERISA attorneys, legislative resources for education purposes, and we provide regular updates for important legislative information. We provide **Legislative Brief** educational articles to help you understand the different regulations and remain in compliance. Our materials cover **Health Care Reform, COBRA, HIPAA, FMLA, Medicare Part D, ADA, State-Specific Legislation** and more. Our benefits consultants also take a proactive approach and call or meet with our clients in regards to important updates or changes.

Additionally, after an extensive review of technology platforms, we implemented a **fully customized online technology platform to track and report ACA compliance** on behalf of the City. We also take on the majority of the plan implementation and maintenance responsibilities to reduce burden on City Personnel Department.

Please find some samples of our recent communications below:



Benefits BULLETIN

2nd Quarter 2019
Benefit Tips Brought to You by Sapoznik Insurance

In This Issue

- PAGE 1 2020's Proposed Notice of Benefit and Payment Parameters
- PAGE 2 Compliance Strategies for Workplace Success
- PAGE 3 DOL Increased Civil Penalty Amounts for 2019
- PAGE 4 The DOL and the Exchange Market

2020's Proposed Notice of Benefit and Payment Parameters

Early this year, the Department of Health and Human Services (HHS) published its proposed Notice of Benefit and Payment Parameters for 2020. This proposed rule describes benefit and payment parameters that would be applicable for the 2020 benefit year.

What's Included in the Proposed Rule for 2020?

Proposed standards included in the rule relate to:

- Annual cost-sharing limitations
- The individual mandate's affordability exemption
- Direct enrollment in the Exchanges
- Special enrollment periods in the Exchanges
- Cost-sharing Limitations

Additionally, the proposed rule would establish a new special enrollment period for off-Exchange enrollees who experience a decrease in household income and are determined to be eligible for the premium tax credit through the Exchange. This would allow enrollees to enroll in a more affordable Exchange plan when their household income decreases.

Compliance Strategies

For more information on the proposed rule, contact Sapoznik Insurance.

COMPLIANCE STRATEGIES FOR 2019

With many cost-sharing events occurring in 2019, it is important to ensure that your plan complies with the ACA's requirements for large employers.

LINKS AND RESOURCES

- Model COBRA notices are available on the DOL's web.
- Model ERISA notices are available through the DOL's Hour Division.
- Creditable coverage disclosure notices under Medicare Part D are available through CMS.
- Model CHLPPA notice.

KNOW YOUR BENEFITS.

COMPLIANCE OVERVIEW

Provided by Sapoznik Insurance

DOL Health Plan Audits: Checklist of Requested Documents

The Department of Labor (DOL) has broad authority to investigate or audit an employer benefit plan's compliance with the Employee Retirement Income Security Act (ERISA). Audits are performed by the DOL's Employee Benefits Security Administration (EBSA).

A DOL audit will generally include a request for a list of plan-related documents. Employers that receive audit letters may be surprised and overwhelmed by the number of documents requested by the DOL auditor. It is important for employers to maintain employee benefit documents in an organized fashion so they can respond to a DOL audit request in the event this occurs.

This Compliance Overview includes a checklist of documents that are commonly requested in a DOL audit.

LINKS AND RESOURCES

- EBSA website on ERISA enforcement
- ERISA insurance for employers on health plan compliance

This Compliance Overview is not intended to be exhaustive nor should it rely on this site or anyone be construed as legal advice. Readers should consult legal counsel for legal advice.

Benefits 101: Benefits Basics

Proposed Notice of Benefit and Payment Parameters for 2020

Recently, the Department of Health and Human Services (HHS) published its proposed Notice of Benefit and Payment Parameters for 2020. This proposed rule describes benefit and payment parameters that would be applicable for the 2020 benefit year. Proposed standards included in the rule relate to:

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

HHS is also seeking comments on other issues, like "lower loading" of the automatic re-enrollment through the Exchanges, and any measures that would potentially reduce eligibility errors and government mispending.

Proposed Changes

The out-of-pocket maximum (OOPM) and the ACA's affordability exemption threshold would both increase with the new rule.

- OOPM: \$8,200 for self-only coverage and \$16,400 for family coverage in 2020
- Affordability threshold: 8.39 percent of household income

The proposed rule would also expand opportunities for individuals to directly enroll in Exchange coverage by enrolling through the websites of certain third parties rather than through HealthCare.gov.

Contact us today to discuss these and other potential impacts the proposed rule may have on your business.

DOL Increases Civil Penalty Amounts for 2019

In January, the Department of Labor (DOL) increased the civil penalty amounts that may be imposed on employers under the following federal laws:

- The Fair Labor Standards Act (FLSA)
- The Employee Retirement Income Security Act (ERISA)
- The Family and Medical Leave Act (FMLA)
- The Occupational Safety and Health Act (OSHA Act)

These increased amounts apply to civil penalties that are assessed after Jan. 23, 2019.

Employers should become familiar with the new penalty amounts and review their policies, benefit plan administration and safety protocols to ensure compliance with federal requirements.

Speak with Sapoznik Insurance for a complete list of penalty amount increases for 2019.

sapoznik.
WHERE HEALTH BENEFITS

Benefits tips provided to you by Sapoznik Insurance

11. Does your organization sponsor periodic seminars on timely benefit issues? Is so, what are the specific issues your firm has addressed during the last two years and where were the seminars presented?

Sapoznik Insurance strongly believes in education and part of that education is done through seminars and webinars. In the past two years, we've sponsored and hosted the following seminars/webinars:

- ACA Guidance Review webinar
- Healthy, Wealthy & Wise
- Innovative Strategies for Finance, Wellness and Performance
- Motivating & Managing Generational Diversity
- Recruiting and Retaining in a Multi-generational Workforce
- Innovative Strategies for Controlling Employer Healthcare Cost
- Medical Marijuana in the Workplace – Are You Ready?



12. Describe any innovative “outside the box” solutions your firm has provided to your clients.

Sapoznik Insurance prides itself on consistently thinking “outside of the box” and innovating on behalf of its clients. One example for the City of North Miami:

Example One:

After reviewing claims and utilization reports, the Sapoznik Team identified specific at-risk segments of the population that we wanted to help improve their health, reduce possible claims and help stabilize plan costs. We identified this specific segment that was least likely to participate in a wellness program that could help address some of their risk factors.

We collaborated with an outside vendor for fitness and nutrition plans and created a custom program for these City of North Miami employees. This program was very successful with strong participation. The results were amazing - with employees losing weight and eliminating medications that were no longer necessary.

Almost all of the employees that participated lost weight and one of the employees lost a very significant percentage of weight and was exercising for the first time in years. He brought his biometric readings in line, was able to reduce or eliminate a couple of medications and reported he felt better than he could

ever remember. The City also benefited not just from RX cost improvement, but most importantly from the reduced risk of the likelihood of these employees having a catastrophic event and claim related to it.

It was so successful that the City requested it several times over the years. The most rewarding outcome was that City employees, in a high-risk category, truly made a lifestyle change and we were able to make a major impact on their lives.

Example Two:

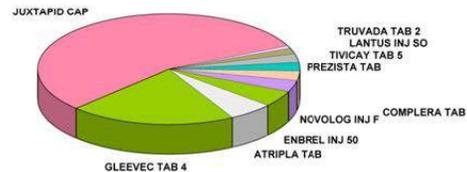
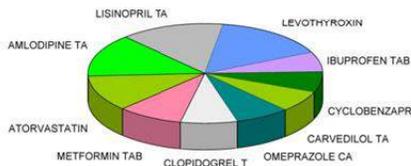
A second example is being able to analyze data, understand it and figure out solutions that benefit the employee and the employer. In reviewing a claims report, a Sapoznik Benefits Consultant noticed an unusually high RX cost – 18% of the total premium. Upon further examination, the agent investigated options for substituting the medication. He uncovered that the employee was taking it in pill form and there was an injectable option. The cost of the medication (pill to injectable) went from \$330,000/year to \$84,000 – for an annual savings of \$246,000!

Top Ten Brand Utilization w/Chart

Page 1 of 1
Run Date: 09/03/2015
Version 2.5



Top Ten Drug Brand Names--Based on Total Number of Prescriptions					Top Ten Drug Brand Names--Based on Total Dollars Paid				
Drug Name	Number of Prescriptions	Percentage	Total Paid Amount	PMPM	Drug Name	Number of Prescriptions	Percentage	Total Paid Amount	PMPM
LEVOTHYROXIN	75	3.63 %	\$439.81	\$0.12	JUXTAPIID CAP	9	48.67 %	\$256,890.21	\$71.56
LISINOPRIL TA	71	3.44 %	\$11.38	\$0.00	GLEEVEC TAB 4	11	18.11 %	\$95,582.81	\$26.62
AMLODIPINE TA	69	3.34 %	\$45.91	\$0.01	ATRIPLA TAB	12	4.76 %	\$25,125.72	\$7.00
ATORVASTATIN	57	2.76 %	\$174.73	\$0.05	ENBREL INJ 50	8	4.19 %	\$22,120.20	\$6.16
METFORMIN TAB	44	2.13 %	\$26.87	\$0.01	NOVOLOG INJ F	6	3.04 %	\$16,062.89	\$4.47
CLOPIDOGREL T	38	1.84 %	\$125.91	\$0.04	COMPLERA TAB	6	2.34 %	\$12,348.16	\$3.44
OMEPRAZOLE CA	37	1.79 %	\$83.77	\$0.02	PREZISTA TAB	10	2.28 %	\$12,048.45	\$3.36
CARVEDILOL TA	35	1.69 %	\$0.00	\$0.00	TIVICAY TAB 5	9	2.13 %	\$11,247.80	\$3.13
CYCLOBENZAPR	32	1.55 %	\$3.79	\$0.00	LANTUS INJ SO	13	1.34 %	\$7,082.40	\$1.97
IBUPROFEN TAB	32	1.55 %	\$0.00	\$0.00	TRUVADA TAB 2	4	0.97 %	\$5,130.82	\$1.43
Totals for Top Ten:	490	23.72 %	\$912.17	\$0.25	Totals for Top Ten:	88	87.86 %	\$463,639.46	\$129.15
All Other:	1,576	76.28 %	\$526,879.50		All Other:	1,978	12.14 %	\$64,152.21	
Totals for All:	2,066		\$527,791.67		Totals for All:	2,066	100.00 %	\$527,791.67	



Claim cost from one medication = 18% of premium

Confidential and Proprietary Data. This media may contain individually identifiable health information that is protected by law and is subject to a Business Associate or Confidentiality Agreement. User is responsible for any unauthorized access, use, reproduction, or dissemination.

Example Three:

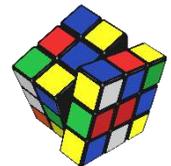
We recognize diseases that gradually affect the population, such as **dementia** which is increasing by nearly 10 million cases per year, and it's set to reach 152 million by 2050. This disease is a major cause for disability and dependency amongst the elderly and it affects individuals, their careers, their families and ultimately the *employers*. While there is no cure for dementia, the proactive management of modifiable risk factors can delay or slow down the progression of the disease. Studies from WHO show that dementia leads to increased costs for governments, communities, families and individuals, and to *loss in productivity* for economies.

Our wellness team is at the forefront regarding cognitive decline as part of the overall well-being. We are taking a proactive approach promoting awareness and reinforcing making lifestyle changes that can have an impact on delaying cognitive decline and dementia. Therefore, as part of our wellness offering, we have implemented **FDA cleared cognitive computerized tests of cognitive functions**, assessments that identify patients at risk earlier. By offering this opportunity at the employee’s place of work, we are looking to reduce the time employees would otherwise be away to get these tests done at a medical facility, and *save the employer* the unnecessary expenses associated with claims from participants who think they “may” exhibit symptoms. Overall, this type of offering is meant to provide access to quality healthcare services that meet the *essential* employees’ needs.

G. Benefit Communication & Enrollment Services

1. Describe the full range of Benefits Communication and Enrollment Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP.

54% of employees say that selecting a health plan is more complicated than solving a Rubik’s cube.



The way that employers communicate benefits information to employees has a tremendous impact on how well the programs are understood, utilized and perceived by employees. Sapoznik Insurance has a team of **experienced, full-time, in-house Marketing and Communications specialists**, ensuring that a wide variety of communications tactics across a large span of topics are effectively reaching your employees. We believe that multiple forms of communication tools help us reach, educate and engage the maximum number of employees. From customized print materials, digital forms of communication including web-based portals and videos, to in-person educational seminars and one-on-one meetings – Sapoznik Insurance has all bases covered.

In today’s technology-driven world, there are multiple ways to communicate employee benefits with your workforce. As your current partner, we continuously evaluate how your employees prefer to be communicated with and then develop plans to tap into these resources when creating communications. We also offer customized on-line surveys, which can be anonymous and used to help us solicit communication preferences and specific areas and topics they would like covered. Areas of communication include:

Printed and Marketing Documentation

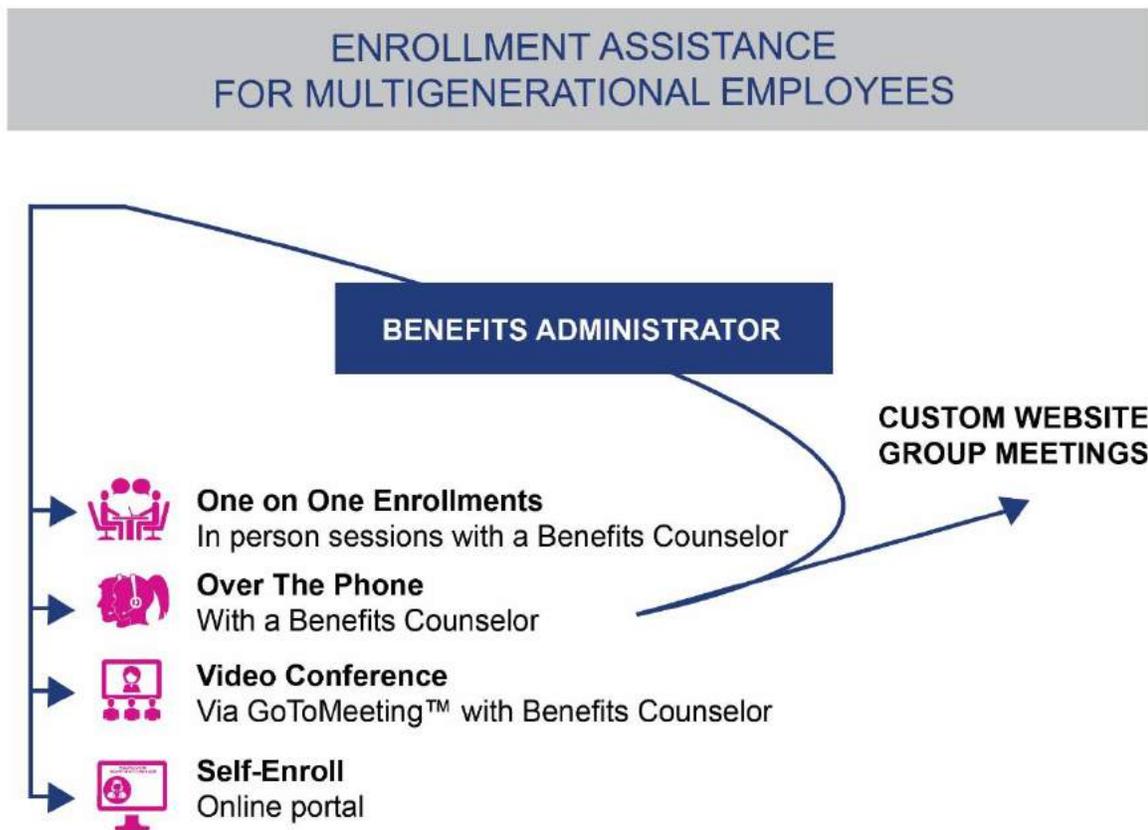
From one-page printed to full-scale **marketing campaigns**, Sapoznik can create written and printed documentation to communicate employee group benefits information. This can be very effective because information can quickly be disseminated to all employees at any time of the year. Marketing communications can also be beefed-up during peak times, such as open enrollment and employee on-boarding processing. Additionally, written and printed documentation of benefits information can be edited as benefit plans change.

All written documentation includes access to plan detailed explanation of benefits. We will create a set of printed benefits documents for employees that include rate schedules and coverage amounts; and a separate set of documents that are designed to provide basic benefit information to candidates before they are recruited for employment. In an increasingly multi-cultural environment, we also recommend, if applicable, that our clients allow us to create a set of documents that are translated into other languages for ease in communicating benefits to all employees.

Benefit Information Meetings

Whether handled informally or via formal sessions, benefit meetings are an effective way of getting plan information and questions answered quickly. We facilitate the meetings and lead them from start-to-finish. We make sure that all new hires have access to speak with a benefit plan administrator before selecting any benefits for the coming year.

Throughout the year, the Sapoznik team comes on-site to your offices and are available to schedule meetings with employees, one-on-one, to answer specific questions about how to use their benefits. This can be especially important if there are claims issues. During open enrollment, we make sure that our team is available to conduct talks that highlight important updates to the benefit plan and encourage more employees to participate in the group offering.

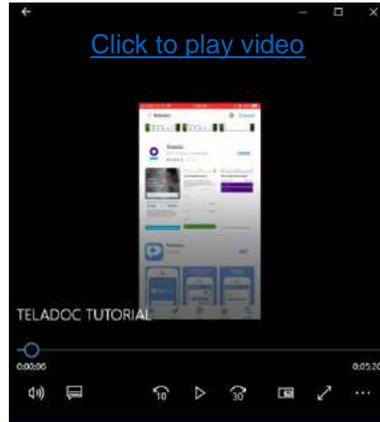


Digital Communication Methods

We live in a world where digital communication has become the norm. Digital communication includes **emails, text messaging, instant messaging, mobile apps, video** and more. We use all available methods to get benefit information out to your employees on a regular basis in order to remind them of all the perks that they have available to them.

For example, as part of our on-going wellness challenges, during the beginning of the year many of your employees will be thinking about getting fit or reaching important health goals. We use this to our advantage – and yours – by seeing this as an opportunity to share information about the Sapoznik Wellness programs, fitness challenges, and even to help employees stop smoking.

Open enrollment is a time period when we like to share information about the new benefits that employees have access to and include information about how they can learn more. Here’s an example of an introductory video for Teledoc.



Corporate Benefits Portals and Website Technology Platforms

Sapoznik Insurance offers your company a web-based benefit portal that hosts employee benefits information and resources. This is a secure way for the City to share important benefits information and instructions for enrolling in benefit plans. Benefit websites are encrypted to the highest level possible and designed with a single-sign-on process in order to protect personal health information and other data, locked behind user credentials.

Employees can **access this portal anytime** through their password protected login. They can view their benefit elections, summaries and are provided links to all pertinent carriers. In addition, we all know the importance of our cellular phones. Mobile is a must-have for today’s employees. Employees can now shop for and enroll in benefits using a tablet on their sofa or on a mobile phone while taking an Uber. We have created a web-based employee benefits landing page specifically for the City. Please see below.



Social Media Communications

Social media can also be a very effective way of communicating employee benefits, as well as important updates including information about benefit plans and reminders about programs and activities available to them.

The Sapoznik team will work together with your benefits administrator to **create benefits messages** that encourage participation in the group plans. We will create content and customized images that can be shared by your team on your social media accounts featuring health and wellness tips, financial responsibility tips, and updates to enrollment periods. Content can also include success stories and pictures of employees meeting their wellness goals.

Total Compensation Statements

In order to make a bigger impact when communicating benefits, Sapoznik Insurance helps **design an annual statement** of total compensation to all employees. This is a document that is organized by salary, benefits, and other perks that the company offers to employees. It is a written document that shows in black and white how much the company is investing in every employee. As evidenced by research, many employees don't realize how much the workplace benefits them - so a total compensation statement can create a meaningful dialogue between you and employees.

Sapoznik Insurance contracted PlanSource, a Cloud-Based Benefits Administration and HCM system years ago on behalf of the City of North Miami. This continues to be part of our commitment of providing the best in benefit solutions. This cutting-edge technology is fully customized for the City and all employees. It enhances the employee benefit experience by providing a complete on-line paperless enrollment platform. Additionally, the Affordable Care Act mandates required numerous new regulatory tracking and reporting provisions for the City. Sapoznik added the ACA compliance services module at no cost to the City to help with all the additional compliance responsibilities. Although the PlanSource platform and system are turn-key, there is a significant amount of set up and time needed to upload data, test the system and several other tasks that are typically the employer's responsibility. Our internal team has provided the majority of the administrative function initially required as well as managing the annual requirements needed to maintain the system. There has been limited additional burden and no additional costs to the City.

Details on the PlanSource system and all its capabilities are included in Section L of this RFP.

2. Explain the methodology of your firm in reference to employee education concerning the City's benefit program?

If employees don't understand their benefits plan, it can create poor utilization and unnecessary strain on your Personnel Department. Creating a methodology with an effective employee benefits communication strategy will help increase understanding and engagement. Employee education is a key component of our methodology.

1. Discuss the **goals** of the City's employee benefits program (e.g. 75% participation in wellness program)
2. **Review prior/current communications** and educational efforts and discuss where there are areas for improvement
3. Determine best **channels for communication and engagement**. In today's workforce composed of five different generations, it is imperative to be able to communicate through a number of diverse channels. Sapoznik ensures that all applicable communications channels are used to engage your entire employee population.
 - Email
 - Instant messaging

- Online videos
 - Telephone
 - Mobile
 - Newsletters
 - Face-to-Face meetings
 - Web based customized benefits information page
 - Text
4. Develop **communications plan** and **yearly events calendar**
 5. Conduct open enrollment meeting – benefit education through presentation and one-on-one, face-to-face meetings
 6. Conduct **monthly new hire meetings** to ensure understanding of benefits program and continued employee education
 7. Receive **quarterly feedback** through meetings and surveys
 8. Course correct as necessary

It is important to reiterate that **employee education is a year-round effort**, but starts during the open enrollment period. Here are some of the things we do to improve the open enrollment experience:

- Communicate frequently with employees regarding their health coverage options (whether it is during open enrollment, after open enrollment or assistance with a claim)
- Use simple terms to explain changes
- Partner with the Personnel Department to ensure that there is a good understanding of the plans and that they meet the goals of the City
- Sapoznik team is onsite to answer questions and help with plan decisions
- Discuss the “Five C’s” of enrollment to employees: cost, coverage information, changes to plans, comparisons to last year’s plan and current options

3. Describe how your firm will create a communication strategy for City’s benefits plan; include examples of past strategies used with clients. Provide sample documents included in past campaigns, describe their purpose. Explain how you measure the success of a campaign.

Effective employee communication is a vital aspect of the employer-employee relationship. In today’s workplace environment, the communication options are seemingly endless. However, it is important to balance face-to-face contact with technology. As discussed in question one of this section, all of Sapoznik’s communication and educational efforts are **client focused** and we believe that they *must* be because there is no one-size-fits-all communications strategy. We work with the City to determine what the goals are for the year and then come up with the strategy to accomplish those goals.

The purpose of these campaigns is to educate employees on understanding their benefits, minimizing costs and promoting wellness from a physical, mental and financial standpoint. We measure success through a number of metrics: participation, NPS, employee surveys, end result (e.g. percentage of employees losing weight), analysis of claims reports and overall **employee engagement** in our campaigns. Below please find a sample wellness communications calendar as well as wellness materials that were developed to communicate the campaigns.

2019 Wellness Calendar / City of North Miami

<p>January Cervical Health Aetna Wellness Benefits Seminar - 1/23/19 12:30 PM - 1:30 PM</p> <p>Weekly Classes: Cardio Kickboxing (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>April Astham Flexation Day - 4/3/19 12 PM - 2 PM Cancer or Diabetes Seminar 4/17/19 12:30 PM - 1:30 PM</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>July ER vs Urgent Care Flexation Day 7/3/19 12 PM - 2 PM AngioScreening Day 7/17/19 9 AM - 5 PM</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>October Healthy Lung Flexation Day 10/2/19 12 PM - 2 PM Cognitive Screenings 10/16/19 11 AM - 2 PM Wellness Meeting 10/3/19</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p>	<p>February Smart Health Consumer Massage Day 2/6/19 12 PM - 2 PM Self Defense Seminar 2/21/19 12:30 PM - 1:30 PM Wellness Meeting 2/26/19</p> <p>Weekly Classes: Cardio Kickboxing (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>May Asthma & Allergy Flexation Day 5/8/19 12 PM - 2 PM Meditation / Mindfulness Mondays 5/6, 5/13, & 5/20 Wellness Meeting 5/23/19</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>August Questions to Ask Your Doctor Flexation Day 8/7/19 12 PM - 2 PM AngioScreening Day 8/21/19 9 AM - 5 PM Wellness Meeting 9/18/19</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>November Alzheimer's Disease Wellness Day/Biometrics 11/6/19 Wellness Day/Biometrics 2 11/7/19</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p>	<p>March MS Awareness Massage Day 3/6/19 12 PM - 2 PM Cooking Demo Seminar 3/21/19 12:30 PM - 1:30 PM</p> <p>Weekly Classes: Cardio Kickboxing (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>June National Safety Acupuncture 6/6/19 12 PM - 2 PM Financial Seminar 6/19/19 12:30 PM - 1:30 PM</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>September Childhood Obesity Massage Day 9/4/19 12 PM - 2 PM Antibiotic Screenings & Seminar 9/18/19 11 AM - 2 PM</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p> <p>December Drunk & Drugged Driving Prevention Massage Day 12/4/19 12 PM - 2 PM</p> <p>Weekly Classes: Zumba (Thais) Mon/Weight Lifting (Herve) Tue & Thur Total Re-Haul (Bridgette) Wed/ Zumba (Thais) Wed/ Yoga (Monica) Tue & Fri</p>
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2019 Yearly Commitment Calendar / City of North Miami

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
<p>Annual Renewal Process begins</p> <ul style="list-style-type: none"> • Create Census, review with City of North Miami • Create and gather quoting reports & data • Evaluate and determine timeline <p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges 	<ul style="list-style-type: none"> • Format RFP for release to all vendors • Transmit RFP to all carriers, vendors, and all lines of coverage • Discuss objectives and timelines with carrier <p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges <p>Quarterly Events:</p> <ul style="list-style-type: none"> • Claims Review • Lunch & Learn Wellness Events • Wellness Strategy Meeting 	<ul style="list-style-type: none"> • Answer carrier questions • Provide additional information • Receive Renewal from Incumbent • Negotiate all proposals • Develop proposals, alternatives, terms and conditions <p>Monthly Events:</p> <ul style="list-style-type: none"> • Formalize Open Enrollment / Wellness Day Events decisions with City of North Miami • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges 	<ul style="list-style-type: none"> • Present Renewal offerings to City Manager • Interview carriers, insurance, and contract with City Manager • Final Decision: City Manager • Annual Roll-out on-site Monthly Events • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges 	<ul style="list-style-type: none"> • Notify carriers of results • Contract carriers with City of North Miami • Order Open Enrollment Supplies • Create Open Enrollment custom materials • Create Benefit Booklet and Powerpoint Presentation • City Commission Meeting <p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges <p>Quarterly Events:</p> <ul style="list-style-type: none"> • Claims Review • Lunch & Learn Wellness Events • Wellness Strategy Meeting 	<ul style="list-style-type: none"> • First Open Enrollment & Wellness: 2 day event • Answer all questions and help with a carrier • On-site Biometrics event
DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
<ul style="list-style-type: none"> • Finalize Open Enrollment • Create reports • Transmit to carriers 	<ul style="list-style-type: none"> • Reconcile Audit bills VS. Open Enrollment Reports <p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges <p>Quarterly Events:</p> <ul style="list-style-type: none"> • Claims Review • Lunch & Learn Wellness Events • Wellness Strategy Meeting 	<ul style="list-style-type: none"> • On-site Biometrics event <p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges 	<p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges 	<p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges <p>Quarterly Events:</p> <ul style="list-style-type: none"> • Claims Review • Lunch & Learn Wellness Events • Wellness Strategy Meeting 	<p>Monthly Events:</p> <ul style="list-style-type: none"> • Agent on-site New Hire Meetings • Monthly Newsletter • Wellness Events/Challenges



4. If your materials have been recognized in trade publications or by trade associations, please provide examples on materials and cite any awards won.

As an industry thought leader, Sapoznik has been recognized by a variety of publications and associations for numerous recognitions, honors and awards. These include the following:

Recent Press:

- *South Florida Business Journal* CEO Roundtables:
 - Volunteering can bring staffs together
 - [Giving back starts at the top](#)
 - [South Florida CEOs tackle issues impacting how they do business](#)
- *South Florida Business Journal* Mentoring Monday
- *South Florida Business Journal* [Sapoznik Insurance CEO on the Importance of Travel Insurance](#)
- Sapoznik Insurance Miami Dade County Public School Alumni Award
- *Corporate Wellness Magazine* [Interview with a wellness manager](#)
- *Corporate Wellness Magazine* Putting Wellness Training to Work – [A Case Study with Sapoznik](#)
- [How Florida employee benefit firms are preparing for Hurricane Irma](#)
- *Sun Sentinel* [People on the Move](#)
- [Invest: Miami speaks with Rachel Sapoznik](#)
- [Mentoring Matters: Think of this Like Speed-Dating but for Mentors & Mentees](#)
- An Insightful Conversation at What Motivates and Drives Today's Workforce

Recent Speaking Engagements:

- Fried on Business – [The Healthcare Debate and you](#)
- *Florida Trend* – [Miami business leaders step up to take up the teaching challenge](#)
- National Association of Women Business Owners: [Women, wine and wellness](#) (Guest Speaker)
- American Business Women's Association (Guest Speaker)
- Circle of Women Industry Sector Group (Guest Speaker)
- Greater Miami Chamber of Commerce CEO Roundtable (Guest Speaker)

Recent Awards:

- 100 Outstanding Women of Broward County, 2017
- [Enterprising Women of the Year Award Honoree](#), 2017
- Silver Stevie Award for Women in Business, 2017
- *South Florida Business Journal's* Top Corporate Giving/Corporate Foundations, 2014-2018
- *South Florida Business Journal's* Top Insurance Agencies in South Florida, 2014-2019
- The Commonwealth Institute Top 50-Woman-Led Businesses in Florida, 2011-2019
- *South Florida Business Journal's* [2018 Fastest Growing Companies](#) 2018
- Top Wellness Champions by Corporate Health Wellness Association, 2018
- Entrepreneur Extraordinaire Leadership Award, 2018
- [Top Women in Benefit Advising](#), 2018
- Healthcare Revolution Innovation Awards, Recognition in Healthcare Award 2018
- Sapoznik finalist in SFBJ Healthiest Employer awards 2018 & 2019
- *South Florida Business Journal's* 2019 [South Florida Woman-Owned Businesses](#), 2017 - 2019
- *South Florida Business Journal's* Top Insurance Agencies, 2017- 2019
- *South Florida Business Journal's* Top Corporate Giving/Philanthropy, 2018 & 2019

enterprising Women **FRIED** ON BUSINESS **W** CORPORATE WELLNESS **SFBW** SOUTH FLORIDA BUSINESS & HEALTH
MAGAZINE.COM

Employee Benefit News **ebn** **Florida Trend**
The Issues, People and Ideas that Define Florida Business



Employee Benefit Adviser



THE STEVIE® AWARDS
The World's Premier Business Award Competitions



4 CBS Miami MIAMI LIVING **ci** THE COMMONWEALTH INSTITUTE

From the Editor-in-Chief: Giving back often starts at the top



Roundtable Series: South Florida CEOs tackle issues impacting how they do business

There's an adage that "Charity begins at home." And, while that may be true, many people may also support and practice social responsibility. Not surprisingly, many of these corporate efforts...

Local CEOs like what they see from their view at the top, but the about the increasingly uncertain business climate.

That was the general consensus of the CEO Roundtable discussion at the Business Journal's BizTalk offices. Some of the region's top business leaders, including local, technology and nonprofit firms, reported their businesses and how their leadership helps...

Roundtable Series: South Florida CEOs tackle issues impacting how they do business



Connecting people when they want making the kind of business. B

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About the List: Sapoznik Insurance CEO on the importance of travel insurance



IF YOU DON'T KNOW YOUR NUMBERS, YOU DON'T KNOW YOUR BUSINESS

Rachel Sapoznik, founder, chief executive officer and president of Sapoznik Insurance, based in North Miami Beach, was recently named the 2017 Silver Steve Award winner for Women in Business...



Interview with a Wellness Manager, Sapoznik Insurance

The Sapoznik & Wells Association recently sat down with Edie Chalko, who is the director of wellness at Sapoznik Insurance. She has worked for private employers, has always been a health and wellness enthusiast, and has been in the industry for over 10 years...



2018 South Florida Business Journal's Healthiest Employers Award Winners

Putting Wellness Training to Work - A Case Study with Sapoznik

The connection between health and productivity is well known. A fact for employers to seek well-being programs for their employees. There are many that have concluded to invest the well-being program into the culture of their company philosophy and the results are profound...

Mentoring Matters: Think Of This Like Speed-Dating But For Mentors & Mentees

People on the move: Nonprofit executive recognized as Fundraiser of the Year

Rachel Sapoznik, founder, chief executive officer and president of Sapoznik Insurance, based in North Miami Beach, was recently named the 2017 Silver Steve Award winner for Women in Business...

RACHEL SAPOZNIK: THE HEALTHCARE DEBATE AND YOU

Episode 412: 03-23-17

0:00 / 10:30

Jim Fried of Fried On Business talks to Rachel Sapoznik, Founder, Chief Executive Officer and President of Sapoznik Insurance in Miami. Sapoznik is an industry leader in employee benefit and wellness solutions serving clients nationwide. She founded Sapoznik Insurance in 1987 from her home. Today, Sapoznik is the largest employee benefits agency and one of the largest independently owned agencies in the South Florida region. Jim and Rachel discuss the healthcare debate, the changing landscape in healthcare and...

Invest: Miami speaks with Rachel Sapoznik, President & CEO, Sapoznik Insurance

What is the potential for telemedicine in South Florida?

I think the potential for telemedicine is tremendous. We have such a lack of primary care physicians here. If you need to go to the doctor right away, many times you can't get an immediate appointment. Telemedicine would provide us with instant access to a network of doctors and allow employees to get their prescriptions without having to leave work, thus minimizing absenteeism. However, there is still a barrier to entry. We need to continue educating both doctors and patients on the benefits to ensure the concept takes hold.

What are the challenges in educating people about personal responsibility in using their healthcare insurance?

One of our biggest challenges is at the C-level. Executives look at their employee benefits as a costly line item as opposed to something crucial for their employees. Critical information is lost when using web portals as the whole landscape of healthcare is changing. We have found that the employers that really believe in and care about their employees have less turnover and fewer claims.

How competitive is the health insurance market?

Miami has always been known as one of the most competitive and expensive insurance markets in the country. One of the reasons why is because the population has historically been on the older side. However, our population is getting younger and over the next decade we will see a reduction in the average age. If we continue the wellness journey, people...

Women, Wine & Wellness!

Don't want to miss this great event!

Make new connections and expand your network with successful business women.

Amazing networking with local business owners

Heavy appetizers to satisfy your appetite

Workplace wellness tips by Rachel Sapoznik

BOD installation performed by Olga Ramudo

...and of course, wine!

Press Release: Miami business leaders step up to take the teaching challenge

8/21/2018

The Education Fund, a nonprofit organization that develops innovative programs for public schools in Miami-Dade County, is challenging business leaders to test their savvy and skill and teach an hour in a local public school.

The Education Fund's Teach-A-Thon, presented by Wells Fargo, is all about understanding the job of a teacher and what is happening in our public school classrooms. The only way to really know about the job is to do it.

Who is stepping up to the teaching challenge? Wells Fargo, Assurant, Sapoznik Insurance, and South Florida Business Journal are all in and they are helping The Education Fund recruit local business executives.

The Teach-A-Thon experience spans all grades, K-12, and all professions. Each volunteer or Teacher Champion selects the grade level, subject, and geographic area where they want to teach. Each volunteer is matched with a public school teacher who helps them prepare a lesson and teach a class.

By participating, the Teacher Champions learn what it is like to be a teacher.

The Education Fund's goals are for each Teach-A-Thon volunteer to share their experience in the classroom, spread the word about why the community needs to better support our teachers, and raise needed funds for public school classrooms.

Already, many top executives have committed, including: Hector Ponte, Wells Fargo; Rachel Sapoznik, Sapoznik Insurance; Melanie Dickinson, South Florida Business Journal; Nick Tootin, Kaufman Rossin; Beth Bailey, Verizon; Ana Vaiga Milton, Jose Milton Foundation; Zack Bush, Ball and Chain; Carlos Orta, Carnival Corporation; Penny Schaffer, Florida Blue; Jose Mallica,

Biscayne Bay Brewing Company; Phillis Oeters, Baptist Health South Florida; Ernest Modock, Ford Motor Company; Alan Alvarez, Miami Marlins, and 50 others.

Tags: Education, Non-profit/Philanthropy

H. Benefits Administrative Services

1. Describe the full range of Administrative Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP. Include the number of years you have provided administrative services to active employees, retirees, and COBRA beneficiaries.

For more than 30 years Sapoznik Insurance has been providing benefits administrative services. With respect to the City of North Miami, we have provided benefits administration for 18 years to employees, retirees, and Cobra beneficiaries. Our Benefits Consultants are onsite during open enrollment presenting the benefits package to all employees. They provide ongoing support, coaching, and education to all City of North Miami employees, its retirees and COBRA beneficiaries. Additionally, all current and future **City retirees** receive our personal attention with assistance reviewing individual and Medicare options and plan enrollment.

- A. Online enrollment & HR support
 - B. On-boarding/Off-boarding assistance
 - C. Plan decision support
 - D. Employee portal/HR Intranet
- A. Sapoznik Insurance implemented a comprehensive on-line benefit administration system with PlanSource (please refer to details regarding the system in Section L of this RFP - Additional Information) for the City many years ago. All current and future **City retirees** receive our personal attention with assistance reviewing individual and Medicare options and plan enrollment. In addition to **funding 100%** of the costs related to this system, we have taken on the financial and staffing burdens necessary for the setup, buildout, maintenance and annual data uploading and updating of this system. This eliminates the need for additional staffing and financial burdens that would otherwise be assumed by the City.

Open enrollment tools are provided through: checklists, guides and presentations, including benefits booklet, OE flyers, PowerPoint presentation by your agent at every enrollment meeting, Benefits Account Team, led by Haydee Millan-Feliz, at open enrollment meetings to help employees enroll and understand their plan options.

- B. On-boarding assistance
 - a. Our Benefit Consultants **personally conduct** and participate in all **on-site** open enrollment meetings
 - b. At monthly new hire meetings
 - c. Throughout the year as needed by your Benefits Consultant
 - d. Administrative work required for PlanSource performed by the Sapoznik team
 - i. Compile and format
 - ii. Import plan summaries
 - iii. Import premium structures for all lines of coverage (7 classes of employees)
 - iv. Import payroll deductions for all lives of coverage (7 classes of employees)
 - v. Transmit fully completed structure to PlanSource to initiate testing
 - vi. Edit/revise online profile to correct all errors
 - vii. Transmit corrected fields to PlanSource for next testing cycle – repeat until there are no errors
 - viii. Staff training
 - ix. Employee enrollment assistance

- C. Plan decision support is critical for cost containment.
 - a. We can show you how your group’s healthcare claims compare to the industry and regional norms, to identify cost and utilization disparities
 - b. Our sophisticated analytics help us dig deep into your real claims data, to isolate specific cost drivers that we can address with targeted plan decision strategies to help manage high healthcare costs.
 - c. Altering plan design is one strategic solution we can implement after analyzing your data. We go one step further by using a plan modeler to evaluate different scenarios and the impact of those changes, prior to making any decisions.
 - d. Help you make educated plan design changes with actuarial plan modeling

D. Employee portal/HR Intranet

Your PlanSource website portal for benefits includes features such as:

- A simple system for accessing the portal online and through mobile devices
- Valuable content that relates to the benefits and wellness goals specific to employees
- A central contact number where employees can get live help
- Updates and plan documents that can be downloaded on demand
- Benefits website is linked to the company intranet
- A 508 compliant website so that all employees have access
- Content that is available in other languages
- A glossary of basic benefit terminology and a library of benefit topics

Specifically, the City receives the following benefits through PlanSource:

- Benefits shopping
- Enrollment
- Standard billing
- ACA compliance
- Printing and mailing 1095c documents
- Decision support
- Educational videos
- Cost calculators
- Document storage
- Reporting
- Eligibility management
- Carrier EDI feeds

Please refer to PlanSource materials in Section L of this RFP - Additional Information.

2. Describe how your firm will provide the implementation, data exchange and data management services contemplated by the Scope of Services.

Sapoznik insurance combines the **best in technology** with our hands-on approach to service in order to provide the absolute best experience when it comes to **implementation, data exchange and data management** to the City and its employees. We know that the best technology without assistance and guidance both for City and its employees, on site at open enrollment, monthly with new hires and all year long will not be effective.

As we also mentioned in Section G, this leading-edge technology is fully customized for the City and all employees. It enhances the employee benefits experience by providing a complete on-line paperless enrollment platform. Sapoznik utilizes a **custom insurance technology** for the data management program

to house, manage and track all the City’s employee benefits plan information including employee information and elections, on-going customer service and claims issues with tracking and performance, to name just a few.

Additionally, the Affordable Care Act mandates required numerous new regulatory tracking and reporting provisions for the City. Sapoznik added the ACA compliance services module at no cost to the City to help with the additional compliance responsibilities.

Although the PlanSource platform and system are turn-key, there is a significant amount of set up and time needed to upload data, test the system and several other tasks that are typically part of the employer’s responsibility. Our internal team has provided the majority of the administrative function required as well as managing the annual requirements needed to maintain the system. There has been limited additional burden and no additional costs to the City.

Details on the PlanSource system and all its capabilities are included in Section L of this RFP.

3. Provide sample timeline associated with managing City’s plan from contract award and implementation, through plan enrollment, ongoing data exchange, and preparation for plan renewal.

As the long-time employee benefits partner for the City of North Miami, Sapoznik Insurance is uniquely positioned to understand the needs of your workforce and as such, to anticipate, plan and implement plans more effectively and efficiently. There is no better example than our transition from United HealthCare to Aetna that was implemented last year. The transition went exceptionally well with little, if any, disruption or issues even with the very compressed timeline.

2019-20

Sapoznik Insurance’s Commitment to Year-Round Support

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
<p>Annual Renewal Process begins</p> <ul style="list-style-type: none"> Create Census, renew with City of North Miami Create and gather quoting reports & data Evaluate and determine timeline <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<ul style="list-style-type: none"> Format RFP for release to all vendors Transmit RFP to all carriers, vendors, and all lines of coverage Discuss objectives and timelines with carrier <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<ul style="list-style-type: none"> Answer carrier questions Provide additional information Receive Renewal from Incumbent Negotiate all proposals Develop/negotiate alternatives plans and strategies Formulate Open Enrollment / Wellness Day Events decisions with City of North Miami <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<ul style="list-style-type: none"> Present Renewal offerings to City Manager Interview carriers, Incumbent, and finalist with City Manager Final Decision: City Manager Annual Flu Shot on-site <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<ul style="list-style-type: none"> Notify carriers of results Contract carriers with City of North Miami Order Open Enrollment Supplies Create Open Enrollment custom materials Create Benefit Booklet and Powerpoint Presentation City Commission Meeting <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<ul style="list-style-type: none"> First Open Enrollment & Wellness: 2 day event Answer all questions and help with elections On-site Biometrics event
DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
<ul style="list-style-type: none"> Finalize Open Enrollment Create reports Transmit to carriers 	<ul style="list-style-type: none"> Reconcile Audit bills VS. Open Enrollment Reports <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<ul style="list-style-type: none"> On-site Biometrics event <p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges 	<p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges <p>Quarterly Events</p> <ul style="list-style-type: none"> Claims Review Lunch & Learn Wellness Events Wellness Strategy Meeting 	<p>Monthly Events</p> <ul style="list-style-type: none"> Agent on-site New Hire Meetings Monthly Newsletter Wellness Events/Challenges

4. **As part of your Administrative Services, does your firm outsource or maintain your own Call Center for employees who have special needs or questions? Describe the full range of services available to employees or retirees who call during Open Enrollment and throughout the benefits plan year, the number of servicing agents and hours of operation. Include the following in your response:**

A. A description of the documentation your firm maintains on incoming calls

Sapoznik Insurance knows the importance of being able to reach and speak to a “live person” when in need of assistance. We are unique in that we do not rely on automated systems, voice response units or voice mail to fulfill this obligation. During our business hours, Monday - Friday from 8:30AM - 5:30PM, you will always reach a live person who is backed by our fully staffed in-house support teams, including but not limited to enrollment services support, customer service, claims guidance and advocacy. In case of real emergencies, other than those that require 911 assistance, we educate and provide employees with several **24/7 resources** that are available to them. These include but are not limited to, toll free carrier assistance, Employee Assistance Program, Travel Assist Program, Nurse Line and much more.

B. The call monitoring system, call tracking and resolution procedures used by your firm

One of the pillars of service that are part of the foundation Sapoznik is built upon is our commitment to unparalleled service. When an employee calls as mentioned in question above, all relevant information such as: name, time/date, subject, internal employee working on it, action being taken, next action date, anticipated completion date are entered into our proprietary system that will alert internal staff members as appropriate when next action is needed make sure we are always on track. Reports are generated and reviewed by Managers, your Agent and other team members on a daily basis in order to track and insure all our timeline commitments are always met.

Whatever the situation the City’s employee has called regarding, it is our responsibility to make sure that situation is properly addressed and resolved in a timely manner that meets or exceeds the service commitments we have made to you. One of the main reasons we do not use an external call center is, our employees all are trained specifically on your plans and know exactly what the City’s employees are entitled to. They understand that we represent the carriers but we work for the City and its employees. They will not stop until that happens and has been communicated back to the appropriate parties involved.

C. The key performance indicators your Call Center tracks by client

Throughout this document, we’ve discussed the importance Sapoznik Insurance places on customer service. In order to ensure we provide the very best level of service, we have always elected for our call center to be in-house. When an employee calls, a trained Sapoznik representative answers, identifies the caller’s need and a Sapoznik specialist is then able to assist. Our in-house call center also allows for your employees to consistently be provided the opportunity of speaking to the same person. This encourages a level of comfort and efficiency in understanding the need.

All calls are entered into a CRM system which tracks activities – time, date, representative who handled call, representative last working on the situation, next action to be taken, time/days since inception as well as a notes section which provides the progress to date. Reports are generated and reviewed on a daily basis to ensure they are being handled not just as efficiently as possible in the most expeditious manner. These reports are also utilized for internal performance reviews for all Sapoznik employees and for accountability purposes. Performance on these reports is part of our employee evaluation and reviews process for accountability purposes. We track the following KPIs:

- First call resolution
- Response times (**100% of the contacts answered in 24 hours**)
- Resolution time frames based on the need (e.g. need for insurance card vs claims resolution)

In the near future, Sapoznik will be implementing an email survey platform to receive additional input from City employees.

D. How customer satisfaction is assessed?

We have described above the meticulous documented procedures and lengths we go to in order to meet or exceed your expectations. We assess the success both internally through the reporting and evaluation procedures in place and externally, we are in constant communication with the Personnel Department. We conduct surveys after every event and open enrollment period. Additionally, we utilize the NPS Survey system described in detail in Section E question 13.

E. What is the process for resolving customer complaints/issues?

One of the pillars of service that are part of the foundation Sapoznik is built upon is our commitment to an unparalleled level of service. When an employee calls Sapoznik, as mentioned in the question above, all relevant information such as: name, time/date, subject, Sapoznik team member working on it, action being taken, next action date, and anticipated completion date are entered into our system. It will alert internal staff members as appropriate when the next action is needed or that the timeline parameters are being adhered to. Reports are generated and reviewed by managers, your Agent and other team members on a daily basis.

When a City employee calls about any issue, it is our responsibility to make sure that situation is properly addressed and resolved in a timely manner that meets or exceeds the service commitments we have made to you. One of the main reasons we do not use an external call center is that our employees all are trained specifically on your plans and know exactly what the City's employees are entitled to. They understand that we serve as an intermediary with the carriers, but we work for the City and its employees. They will not stop until that happens and has been communicated back to the parties involved.

Sapoznik strives to deliver a **consistent, high-quality** and **measurable** response to complaints/issues. Our process is as follow:



5. What type of formal reports or scheduled meetings can Employer expect? (Content, frequency, participants and objectives).

- Monthly on-site new hire enrollment meetings – to educate all new hires on their benefits and facilitate their understanding and choice of benefits (agent and account team)
- Quarterly review of claims reports – ensure we are on top of any trends that would increase costs, as well as analyze for high claimants and potential solutions (agent and City Personnel Department)
- Quarterly Wellness reviews – review metrics to quantify and qualify events/activities and design future events (Sapoznik Wellness Team & City Personnel Department)
- Mid-year review of program – review of entire program and any course corrections that need to be made (account team and City Personnel Department)
- Typical reports
 - Executive Plan Performance Report
 - Detailed Claims Analytics including- full medical detail, RX detail
 - Network utilization
 - Disruption reports
 - Biometric data reports
 - Wellness program reports

I. Compensation

Provide your method of compensation e.g. fee, commission, or a combination of the two. Provide total annual dollar amount, if fee based, or commission percentage, if commission based. Please see Appendix “A” for Proposed Schedule of Fees.

As one of the largest line items in your organization’s budget and the continued escalation of healthcare costs, having a partner that works tirelessly to contain costs and is transparent about their compensation, is critical. For almost two decades, we have shown our commitment to cost containment strategies, saving the City substantial money while not negatively impacting the benefits. We are happy to be able to provide you with the following compensation structure while providing the distinctive level of service to which you are accustomed to receiving.



Schedule of Fees
Agent of Record for Employee Benefits Programs
RFP No. 54-17-18

Compensation shall be quoted in either of the following ways. Remuneration may consist of flat or variable fees, or commissions for each line of insurance. The successful firm shall provide an annual statement from each carrier confirming that the insurance carrier has paid no commissions if a flat fee has been agreed to as a method of compensation. Full disclosure of all compensation earned, either directly or indirectly is required. All fees and or commissions earned must be disclosed.

Insurance placed by agent-broker on behalf of the City will be invoiced based on agreed terms upon placement of the coverage. The City shall remit payment to the agreed party in accordance with the specified terms and conditions. **Please complete the information below regarding the proposed fees for each line (health, dental, vision, life & disability)**

Line of Business	Commission	Fee	Comments
Group Health Insurance	3%		
Group Dental Insurance	3%		
Group Vision Insurance	3%		
Group Life Insurance	3%		
Group Disability Insurance	3%		

Note: Respondent should attach additional information (clarification) as part of their proposal regarding their proposed compensation for all services to be provided under this Solicitation.

1. Respondent, individual, partnership, corporation or association responding to this Solicitation certifies that all statements made in this document are true and correct to the best of their knowledge. Also the Respondent agrees to hold this offer open for a period of ninety (90) days from the deadline for receipt of Response.
2. Respondent understands and agrees to be bound by the conditions contained in this Solicitation and shall conform to all the requirements.

Sapoznik Insurance & Associates, LLC

Company Name

Rachel Sapoznik

Authorized Company Representative (Print Name)

June 18th, 2018

Date

President & CEO

Signature

Title

J. References



Click thumbnail to view video or follow link: <https://www.youtube.com/watch?v=o9wc4HZH4ro>



REFERENCES (Form A-14)

List a minimum of three (3)

Name: Goodwill Industries Contact: David Lansberg
 Address: 2121 NW 21 Street
 City: Miami State: FL Zip: 33142
 Contact Person: David Lansberg
 Phone: 305.326.4112 E-Mail: dlandsberg@goodwill.org
 Type of Job Performed & Cost Agent of Record for Employee Benefits

Name: Craig Zinn Auto/ Lexus of North Miami Contact: Paul Rotmil
 Address: 14100 Biscayne Blvd.
 City: North Miami State: FL Zip: 33181
 Contact Person: Paul Rotmil
 Phone: 786.528.3731 E-Mail: protmil@gmail.com
 Type of Job Performed & Cost Agent of Record for Employee Benefits Program

Name: Bean Automotive Group Contact: George Wiltz / Jiselle Perez
 Address: 13750 SW 136th Street
 City: Miami State: FL Zip: 33186
 Contact Person: George Wiltz 305.665.6581 / Jiselle Perez 305.728.6819
 Phone: see above E-Mail: george.wiltz@kendalltoyota.com
 Type of Job Performed & Cost Agent of Record for Employee Benefits Program
 E-Mail: jiselle.perez@beanauto.com

PRINT

K. Local Business Preference

This RFP is issued in accordance with the City of North Miami Code or Ordinances Sec. 7-151, which states that preference be given to local businesses, in the form of ten percent (10%) of the total evaluation points or ten percent (10%) of the total bid price. Respondents must submit Forms A-3 and A-3(a) (if applicable) with their submittal to receive local preference. Failure to submit required documentation may render the Respondent ineligible for local preference.

Although we do not meet the required criteria to qualify for “Local Vendor Preference,” it is important to highlight the efforts we make in order to meet our commitment to corporate social responsibility, particularly in the communities we serve. Here are examples of some of those efforts:

- Utilization of local North Miami vendors whenever possible (events, food, fitness personnel, etc.)
- Trustee member of the North Miami Chamber of Commerce
- We support numerous local charitable organizations (referenced in the cover letter as well as in Section L – Additional Information)

L. Additional Information

Provide any additional and/or relevant information regarding the firms' capability in regards to similar projects.



Turn health care data into bottom-line savings

305-948-8887

<http://www.sapoznik.com>

1100 NE 163 Street

North Miami Beach, FL

33162

Do you have access to reliable health care benchmarking data?

We can show you how your group's health care claims compare to industry, regional and state norms, in order to identify cost and utilization disparities.

Where are the cost drivers in your group's health spending?

Our sophisticated analytics help us dig deep into your real claims data to isolate specific cost drivers that we can address with targeted solutions in order to help manage high health care costs.

Do you have the tools you need to make educated plan design decisions?

Altering plan design is one strategic solution we can implement after analyzing your data, but then we take it one step further. With our plan modeler, we let you "test drive" potential changes so that you can see the impact of a change—before making any decisions.



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Decision Master[®] Warehouse

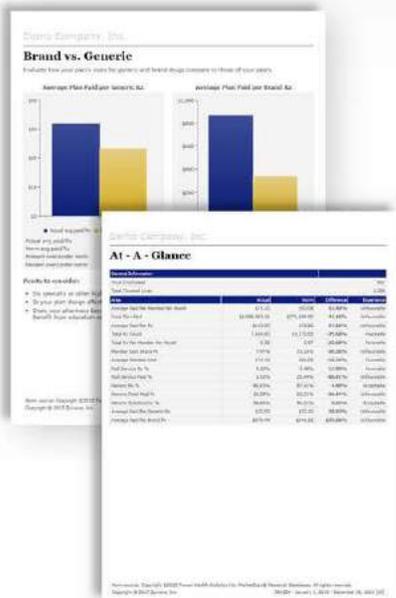
Turn health care data into bottom-line savings



Management Report

This easy-to-read report benchmarks your data against a normative set—with over \$82 billion in claims annually—from Truven Health Analytics and the Kaiser Family Foundation, and breaks down comparisons by location, industry and plan type. Explore data comparisons, such as the following items:

- Total health plan costs
- Inpatient and outpatient claims
- Emergency room and office visit utilization and costs
- Claims by major diagnostic categories
- Wellness



Prescription Management Report

We also offer a prescription drug analysis report to help us assess whether your costs are appropriate and where problem areas may exist. The following are among the categories analyzed:

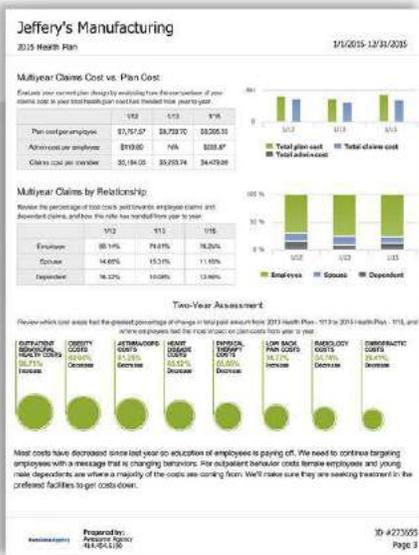
- Paid summary
- Total member cost share
- Mail service utilization
- Brand name versus generic utilization

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Decision Master[®] Warehouse

Turn health care data into bottom-line savings



Multiproject Reporting

The Multiproject Reporting function allows us to compare up to four different data sets. We can track data trends from year to year, or compare between multiple divisions or locations to isolate opportunities. We've found this useful for strategic long-term planning and evaluation.

Emergency Room

	Charges	Prod	Facility	Visits	Charges per Visit	Charges per Day	Prod per Day	Prod per Visit
Outpatient System	\$857,749.79	\$85,057.85	30	42	\$2,042.52	\$2,245.33	\$1,282.00	\$1,637.91
Diagnostic System	\$226,271.78	\$21,571.78	10	76	\$2,452.10	\$2,284.77	\$1,500.00	\$1,478.28
Manufacturing System	\$83,012.00	\$82,713.38	44	39	\$2,024.44	\$2,019.41	\$331.24	\$495.49
All Other Plans and Events	\$33,314.88	\$30,271.88	48	84	\$3,776.24	\$3,225.44	\$394.40	\$384.34
Med. Rehabilitation, Therapy and Services	\$28,119.80	\$21,177.48	44	46	\$639.02	\$379.53	\$147.12	\$313.19
Respite	\$24,117.30	\$20,117.30	24	37	\$1,004.89	\$543.41	\$269.60	\$355.79
Home, Personal and Family Effects or Care	\$23,711.87	\$13,149.72	24	36	\$987.96	\$359.69	\$323.32	\$452.83
Service System	\$20,314.88	\$27,443.08	26	18	\$7,824.21	\$1,586.36	\$1,286.36	\$,284.63
Other and Other Types	\$20,241.75	\$10,932.48	11	30	\$1,493.83	\$1,269.29	\$1,223.91	\$750.83
Economic, Healthcare and Related	\$18,754.36	\$32,160.65	13	18	\$2,475.79	\$1,732.46	\$1,209.03	\$1,207.04
Home, Long-term Health Care	\$11,877.28	\$1,179.28	13	14	\$839.78	\$745.42	\$544.88	\$493.23
Software and Service Charges	\$11,571.88	\$1,767.17	13	11	\$1,233.99	\$1,233.99	\$429.72	\$327.02
Healthcare and Services	\$10,849.48	\$1,813.24	4	8	\$1,456.24	\$1,208.80	\$1,136.17	\$1,402.11
Medical Equipment and Supplies	\$10,814.40	\$9,919.39	4	9	\$1,601.37	\$1,168.33	\$479.20	\$399.40
Programs, Consulting and Other	\$2,714.00	\$1,481.18	4	6	\$452.50	\$146.75	\$21.30	\$135.24
Pharmacy	\$2,561.88	\$1,411.87	5	4	\$1,132.17	\$405.74	\$405.74	\$321.33
Plan	\$4,317.00	\$1,791.72	4	8	\$1,073.25	\$1,005.21	\$400.43	\$400.43
Service	\$3,984.87	\$4,444.84	4	8	\$1,629.00	\$1,205.00	\$384.47	\$384.47
Home, Personal and Family Effects or Care	\$3,441.12	\$1,179.28	4	4	\$1,610.28	\$1,402.28	\$1,287.96	\$1,364.36
Home and Rehabilitation	\$1,514.16	\$1,776.78	5	3	\$302.83	\$594.76	\$486.92	\$486.92
Total (Excludes Administrative)	\$891,744.66	\$485,090.60	270	462	\$1,930.40	\$1,741.43	\$1,446.39	\$999.20

Dec 7, 2016 1 7:23:38

Ad Hoc Analysis

This sophisticated analysis feature allows us to get to the source of problem areas quickly by using IBM Cognos. We offer customized reporting to discover areas of opportunity to help you reduce benefits plan costs. Find health and prescription plan answers, such as the following:

- What diagnoses do my high-cost claimants fall under? What other diagnoses and comorbidities are they affected by?
- Where are the most cost-effective places to go for specific procedures? How much would we save by renegotiating with the providers that have high costs?
- Who is utilizing mail-order versus traditional pharmacy? What is the cost differential?
- How often are generics being utilized when available?



Decision Master[®] Warehouse

Turn health care data into bottom-line savings



Demo Company, Inc.

Actuarial Modeling

Model Scenario: ER Costs Change

Total Paid Comparison	Current	ER & Co Only	PPACA GOP Plan	Recommended
Value of Plan Changes	0	11	128	172
Value of Plan Changes	15.2%	16.8%	18.8%	13.2%
Total Value of Plan Changes	34,408,240.00	37,974,000.00	40,848,000.00	23,976,000.00
Total Paid of Plan	1,228,500.00	1,228,500.00	1,228,500.00	1,228,500.00
Total of Proposed Paid	\$1,194,060.00	\$1,205,500.00	\$1,229,300.00	\$1,194,576.00

Members Affected Comparison	Current	ER & Co Only	PPACA GOP Plan	Recommended
Total Members	6,975	6,975	6,975	6,975
Total Affected	664	664	664	664
Members Affected	100	100	100	100
% of total members	1.4%	1.4%	1.4%	1.4%
Members Affected	30	30	30	30
% of total members	0.4%	0.4%	0.4%	0.4%
Members Affected	10	10	10	10
% of total members	0.1%	0.1%	0.1%	0.1%
Members Affected	0	0	0	0
% of total members	0%	0%	0%	0%
Members Affected	0	0	0	0
% of total members	0%	0%	0%	0%

Total Paid Comparison	Current	ER & Co Only	PPACA GOP Plan	Recommended
Value of Plan Changes	0	11	128	172
Value of Plan Changes	15.2%	16.8%	18.8%	13.2%
Total Value of Plan Changes	34,408,240.00	37,974,000.00	40,848,000.00	23,976,000.00
Total Paid of Plan	1,228,500.00	1,228,500.00	1,228,500.00	1,228,500.00
Total of Proposed Paid	\$1,194,060.00	\$1,205,500.00	\$1,229,300.00	\$1,194,576.00

Alternative Plan Modeling

After identifying cost drivers, you may want to tweak your plan design. The modeling feature helps us try out plan design alternatives to see how changes would impact both your budget and your employees.

For instance, try out different copay or deductible amounts, or model an entirely new plan, such as a health savings account plan.



Disease Profiler

Using reliable data from Truven Health Analytics, the Disease Profiler can show average costs of claims by disease category. With this tool, we can help you achieve the following benefits:

- Predict future costs and budget.
- Negotiate more accurate rates with stop-loss carriers.
- Design and implement a disease management program.



Claims Diagnosis Dashboard

You don't have to be a claims expert to diagnose problem areas and improve profitability within your health plan. You now have a one-click analysis of who, why, what, where and when.

You also have fast access to relevant management reports and recommendations for problem areas.

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ACA Compliance



PLANSOURCE
One Source. Many Benefits.

As employers search for ways to deal with the numerous requirements of the Patient Protection and Affordable Care Act (PPACA), they're increasingly turning to technology as an essential element for their healthcare administration. That's where PlanSource can help – our benefits administration technology platform was built for healthcare, with the power and flexibility to help you with your compliance concerns.

AUTOMATIC ENROLLMENT

Employers with 200+ full time employees will be required to automatically enroll new employees in the employer's group health plan. (The Dept. of Labor anticipates final regulations will be available by 2015.)

PlanSource supports automatic enrollment for new hires into a specific health plan offered by the employer, as well as waivers of coverage options.

6055 AND 6056 REPORTING

Under the Employer Mandate, employers must report Section 6055 information about the entity providing coverage and which individuals enrolled (including the months which they were covered). For Section 6056, employers must report the number of full-time employees and what coverage (if any) was available, including the lowest cost of self-only employee coverage offered.

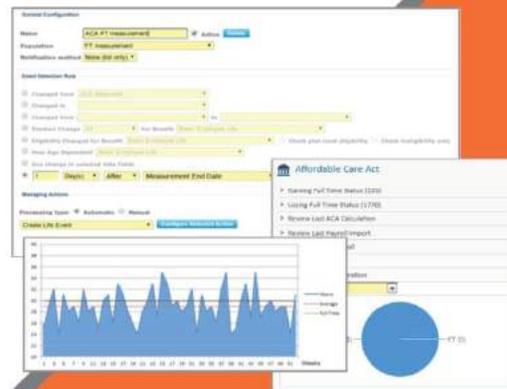
PlanSource supports Sections 6055 and 6056 reporting.

LOOK BACK PERIOD CALCULATIONS*

Beginning in 2015, employers with 100 or more full-time employees or the equivalent (beginning in 2016 for employers with 50-99 employees) will be required to track and report on all employees who work an average of more than 30 hours per week. Employers must offer affordable health coverage that meets minimum requirements to all eligible employees, or pay a pre-determined penalty for non-compliance.

PlanSource offers powerful technology to simplify ACA compliance tracking and status requirements. Our robust measurement and data management tool ensures that you have the right data to manage the benefits eligibility of your variable workforce – information that is crucial for offering benefits and responding to IRS inquiries.

* Available on request, for additional fee



SUMMARY OF BENEFITS AND COVERAGE

Employers are required to provide all employees with an easy-to-understand SBC (Summary of Benefits and Coverage) during open enrollment and on an ongoing basis.

PlanSource offers an easy-to-use document upload utility to electronically post SBCs for all benefits-eligible employees to access.

EMPLOYEE NOTICE OF EXCHANGE

The Department of Labor has issued guidance that notices must be distributed to all employees about the availability of the Health Insurance Marketplace.

PlanSource offers integrated communication tools so that system administrators can easily send electronic notification on the availability of public exchanges.

WELLNESS PROGRAM MANAGEMENT

The maximum incentive for wellness programs has increased to 30% of the cost of coverage (up to 50% for programs to reduce or prevent tobacco use). Along with changes in community rating provisions, employers can focus on high-value programs that can positively impact employee health and be used with the new rating rules.

The PlanSource platform allows for the creation and tracking of wellness programs and incentives that have a high value for both employer rates and employee health.

This document provides information of a general nature. None of the information contained herein is intended as legal advice or opinion relative to specific matters, facts, situations, or issues. You should consult with a lawyer about your particular circumstances before acting on any of this information because it may not be applicable to you or your situation.

www.plansource.com | sales@plansource.com | (877) 735-0468 | f | t | in |

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FORM W-2 REPORTING

Employers that issue at least 250 W-2s must report healthcare costs for employee / employer contributions on each W-2.

PlanSource offers administrators access to reports that work with your payroll system to ease the burden of the reporting requirements for employers with 250+ W-2s. Healthcare costs can be included on W-2s and on periodic payroll files, as well as on year-end reports. We also support W-2 reporting for mid-year terminations.

SUMMARY

As an employer, healthcare reform is creating significant administrative complexity for your organization. The implementation of ACA provisions began in 2010 and continues into 2018, causing an unprecedented shift in requirements for employee tracking and administration. PlanSource provides you with a technology platform to automate these processes and ensure compliance.



Decision Support



PLANSOURCE
Use Source. Many Benefits.

Insurance products are extremely complex, so a big challenge for HR departments is to educate employees about what the products are and why they need them. PlanSource helps consumers understand the benefits that are offered to them, and make the right choices based upon their unique needs.

PlanSource provides personalized plan recommendations for all types of benefits. In addition, educational videos, tools and content can be displayed to help consumers understand their benefits options.

Personalized Plan Recommendations

During the shopping and enrollment process, consumers select preferences and estimate expected usage of their benefits. For example, consumers can identify preferred providers and other preferences for specific plan features such as prescription drug coverage. Then consumers can use typical usage patterns based on people like them or estimate their specific number of outpatient visits, ER visits, hospital stays and prescriptions for their families. The recommendation engine considers both the expected out-of-pocket cost for each plan as well as the employee's stated preferences in order to present the "best match" plan.

In the same way that consumers are accustomed to shopping for other products online, consumers can sort and filter available plans using a variety of criteria such as:

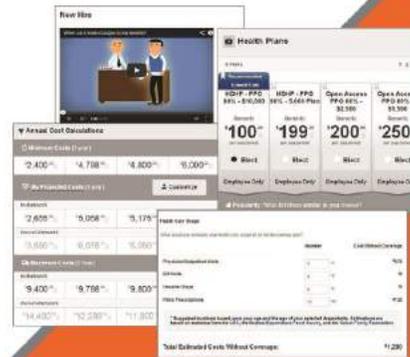
- Out-of-pocket cost estimates
- Monthly premiums
- Dependent coverage
- HSA eligibility
- Prescription drug coverage
- and more...

Our objective throughout the consumer purchasing process is to ask only the most relevant questions in context of the shopping experience. In addition, we educate consumers about why a certain plan has been recommended, as this is the best way to help them understand and instill confidence in their decisions.

Personalized Content and Tools

PlanSource also provides technology for content management that supports personalization based upon consumer demographics and other factors. PlanSource can display relevant content to consumers based upon their unique characteristics. Examples of content and tools that can be displayed based upon age, gender, parental status, geographic location, work status, and any other criteria are:

- Plan documents
- Plan comparison tool
- Help videos
- Provider lookup
- Cost calculators
- Life event planning tools
- Financial planning tools
- Wellness resource



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Mobile App™



PLANSOURCE
One Source. Many Benefits.

Streamlined App for On-the-Go Employee Self-Service

Empowering Consumers with Quick, Easy Benefits Access

The PlanSource Mobile App™, available for free download through the Apple® App Store® and Google Play Store®, allows employees of organizations who use the PlanSource Platform™ quick and easy access to all of their benefits in one location via their mobile device.

Developed to be streamlined and simple to use, the PlanSource Mobile App puts convenience and control in the hands of consumers so they can easily look up the details of the health, life, disability and other benefits they are currently enrolled in and make informed choices related to their benefits all year long.

Within the App, consumers can instantly access relevant details anytime about each elected plan, share their ID cards and store relevant healthcare contacts right in the palm of their hands.

Additionally, the App gives employers a way to seamlessly communicate with employees about benefits, events and other important information through push notifications.

Key Features:

- **Secure authentication** — Secure authentication ensuring safety and privacy of information.
- **Quick & easy access** — Conveniently lookup important details (coverage levels, effective dates, co-pays, etc.) for all selected benefits anytime.
- **Store & send ID cards** — Store ID cards and share electronically with providers when needed.
- **Receive communications** — Receive messages from employers about benefits, events and other important information.
- **Store useful contacts** — Store useful benefits contacts including physicians, nurse lines, important health links and more.



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Compatibility: Requires iOS 7.0 or later. Compatible with iPhone®, iPad®, iPad Mini® and iPod touch®.

Better Technology for a Better Benefits and HR Experience

PLANSOURCE

We offer flexible and intuitive software for:



A Benefits-Centric HCM solution with full-service HCM with benefits at its core

2008 founded	HCM provider since 1997	550+ employees	5 locations	SSAE16 SOC2 Type 2 Audited
600+ brokers	~3.5M consumers on our platform	15,000+ data exchange connections	700+ system integrations	+74 NPS ~3x industry average

A National Presence with Offices in:



Orlando, FL
(Headquarters)



Grand Rapids, MI



Charleston, SC



Minneapolis, MN



Salt Lake City, UT

WELLNESS AT A GLANCE | 2019



AETNA WELLNESS TOOLS AND HEALTH ENGAGEMENT OPPORTUNITIES:

- Member discount Program – including discount gym offers
- **\$50 gift card** - complete health assessment and one online coaching session
- 24-hour nurse line
- Online health coaching - smoking cessation, diabetes, physical activity, healthy eating and more
- Online tools and resources – mobile app, member online portal
- Get Active - healthy challenges
- Onsite biometric screenings
- Beginning Right Maternity – provides personalized and supportive experience for expectant mothers
- Access to Minute Clinic - walk-in clinics inside select CVS pharmacy locations
- **AbleTo** – behavior health coaching through video conferencing or telephonic
- Teladoc – convenient and affordable alternative for non-emergency medical care
- Aetna In Touch Care and Aetna Concierge – A nurse in the family and member services to help address member's clinical and service needs.

ON-SITE WELLNESS WEEKLY CLASSES

Mondays & Wednesdays

- 5:00 PM - 6:00 PM : Zumba (Thais)

Tuesdays & Thursdays

- 4:30 PM – 5:30 PM : Weight Lifting (Herve)

Tuesdays & Fridays

- 12:15 PM - 1:00 PM : Yoga (Monica)

Wednesdays

- 4:30 PM – 5:30 PM : Total Re-Haul (Bridgette)

aetna®

sppoznik™
WHERE HEALTH BENEFITS

**STAY
TUNED!**

For the on-site Monthly Seminars and additional events!
Participate in the activities to increase your chances to win incentives and raffle prizes!



FOR MORE INFORMATION, PLEASE CONTACT:

Janina Acosta

786.828.7461 | jacosta@northmiamifl.gov

NORTH MIAMI
FLORIDA

2019





JANUARY 9, 2019

LOCATION:

Police Dept. Community Room
700 NE 124th St, (1st Floor)
North Miami, FL 33161

TIME:

12:00 PM - 2:00 PM

TOP 10 REASONS TO GET A
MASSAGE

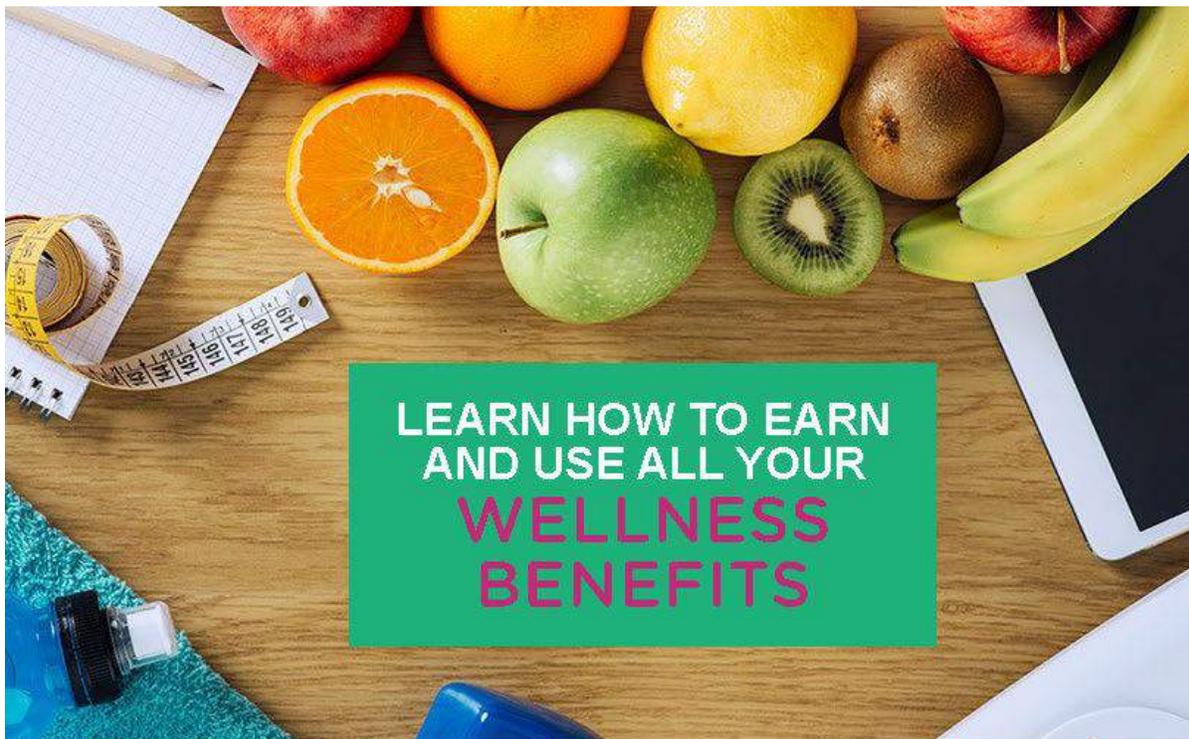
To schedule your 10 minute massage, email Janina Acosta (jacosta@northmiamifl.gov), with your time slot preference.

Hurry, slots fill up quickly!

1. Relieve stress
2. Manage lower-back pain
3. Reduce muscle tension
4. Sleep Better
5. Improve cardiovascular health
6. Lower blood pressure
7. Decrease migraine frequency
8. Promote relaxation
9. Ease symptoms of depression
10. Enhance exercise performance



www.sapoznik.com



LEARN HOW TO EARN
AND USE ALL YOUR
**WELLNESS
BENEFITS**

DATE: WEDNESDAY
JANUARY 23, 2019
LOCATION:
700 NE 124th St,
North Miami, FL 33161
Held at Community Room

TIME:
12:30 PM - 1:30 PM

HEALTHY LUNCH WILL BE PROVIDED

 Register with Aetna Navigator

 Complete a Health Assessment

 Complete an online health coaching



aetna[®]
**LET'S GET
STARTED!**
Now as part of Aetna Healthy Commitments Enhanced, Premier, and Aetna Health Promise wellness packages, Aetna plan members can earn a \$50 gift certificate for doing something simple and smart for their health. Come join us and see how.

sapoznik.[™]
WHERE HEALTH BENEFITS
 www.sapoznik.com
877.948.8887



ATTENDANCE IS MANDATORY!

BENEFIT ELECTIONS MUST BE COMPLETED IN PLANSOURCE BY DECEMBER 14, 2018.

ENROLLMENT INSTRUCTIONS WILL BE PROVIDED IN YOUR EMPLOYEE BENEFIT BOOKLET.

FUN FITNESS CORNER

- Fun Fitness Activities
- Jeans and Sneakers Allowed



RAFFLE PRIZES

Mountain Bike, Fitbit and much more. For attendees and participants.

ANNUAL EMPLOYEE HEALTH BENEFITS FAIR

2019 OPEN ENROLLMENT

Open Enrollment is the Time to Learn More About Your Employee Benefits & Enroll for the 2019 Plan Year.

This will be your only chance to make changes (unless you have a qualifying event, such as childbirth, divorce, etc.) until next year's open enrollment.

GROUP MEETINGS

Dates	Times
Wednesday, December 5, 2018	8:15am - 10:15am 10:15am - 12:15pm
Thursday, December 6, 2018	1:15pm - 3:15pm

Location

Joe Celestin Center
1525 NW 135th Street
North Miami, FL 33161

Refreshments will be provided.

Carrier representatives will be on-site to answer any questions you may have regarding your benefits and to help you sign up!

Policy Effective: January 1, 2019



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877.948.8887



HEALTH | DENTAL | VISION | LIFE | DISABILITY | SUPPLEMENTAL



UnitedHealthcare
Disease Management Programs



Help your employees improve their health.

Health care costs continue to increase, especially for chronic conditions. We offer Disease Management programs for people living with asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes and heart failure. These are diseases that require longer and more sophisticated clinical support to help members make informed decisions about their care and lower their medical costs.

Addressing the needs of members.

Our Disease Management programs are designed to help:

- Members enhance their self-care.
- Identify warning signs.
- Access resources for assistance, which may reduce the need for urgent or emergent services.

Providing appropriate support.

We start by identifying the right people at the right time through:

- Health assessments.
- Nurse triage.
- Direct referrals.
- Inpatient and outpatient notifications.
- Predictive modeling.
- Claims data.

We then enroll members using effective engagement strategies personalized to meet their needs.

The chronic disease epidemic.

1 in 4 adults has two or more chronic conditions.¹

17.7 million adults have asthma.²

Every **42 seconds** someone has a heart attack.³

49 professional sports teams could be bought with the expected **\$49 billion** in expected COPD medical costs by 2020.⁴

1 in 3 adults could have diabetes by 2050.⁵

1 in 5 Americans will develop heart failure.⁶

About **85%** of health care costs come from people with chronic diseases.⁷



Our integrated care team closes gaps in care.

Once members are enrolled in a program, a nurse assesses their needs and connects them to appropriate resources — including behavioral health services and community resources. Members are also supported by a team that includes medical directors, clinical care managers and pharmacists. Their nurse collaborates with their physician to help make sure they're following their prescribed treatment plan and getting the most out of their care.



*Only applies to those using OptumRx® as their pharmacy benefit services provider.

Better results.



Employees:

- Better understand and manage their condition.
- Recognize symptoms and address questions.
- Decrease unnecessary hospitalizations and emergency room visits.
- Improve their quality of life.



Employers see:

- Reduced absenteeism and higher productivity.
- Improved employee health and satisfaction.
- Reduced medical costs.

Offering Disease Management programs lets your employees know that you value their health. It also helps you manage current and future health care costs. By identifying individuals with chronic conditions, we can help them more effectively manage their health. When they do, they avoid unnecessary emergency room visits and hospitalizations — which helps them stay healthy, be more productive and improve their quality of life.

Results by the numbers.



Employers save between **\$.90 and \$4.00** per member per month with our suite of Disease Management programs.⁸



94–98% overall program satisfaction, depending on the program.⁹

For more information:



To learn more about our Disease Management programs and how to help your employees take control of their health, contact your UnitedHealthcare representative.



1. Centers for Disease Control and Prevention. Chronic Diseases: The Leading Causes of Death and Disability in the United States. <http://www.cdc.gov/chronicdisease/overview/>.
 2. Ibid, National Center for Health Statistics. www.cdc.gov/nchs/fastats/asthma.htm. Last updated January 2017.
 3. CDC Foundation, April 2015. Heart Disease and Stroke Cost America Nearly \$1 Billion a Day in Medical Costs, Lost Productivity. <https://www.cdcfoundation.org/pr/2015/heart-disease-and-stroke-cost-america-nearly-1-billion-day-medical-costs-lost-productivity>.
 4. Centers for Disease Control and Prevention. Increase Expected in Medical Care Costs for COPD. <https://www.cdc.gov/features/ds-copd-costs>. Accessed August 2016.
 5. Ibid. Diabetes: Working to Reverse the U.S. Epidemic At a Glance 2016. <https://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm>. July 2016.
 6. Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics — 2016 update: a report from the American Heart Association. *Circulation*. 2016;133:e38–e360.
 7. Centers for Disease Control and Prevention. At a Glance 2016: National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/resources/publications/aag/nccdp.htm>.
 8. 2010 through 2015 performance: National Accounts and Key Accounts, >8,000 members, buying all five Disease Management conditions.
 9. Voice of Integrated Consumer Experience Study, UnitedHealth Group book of business, 2016.

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Performance Guarantee Standards

Category	Standard Offering
Effective Date:	Beginning with 7th month after client effective date
Calculation & Reporting	Performance Reporting - at 6 months and again at 12 months Risk Measurement Period - based on full 12 months
Risk:	Recommend risk based on category. See below. Maximum Fees at Risk - 5%
Claim Accuracy	Standard Offering
Financial Accuracy	98.0%
Risk:	>=98% - 0% >=97.5% and <98% - .5% >=97.0% and <97.5% - .75% less than 97.0% - 1%
Payment Accuracy	95.0%
Risk:	>=95% - 0% >=94.5% and <95% - .5% >=93.5% and <94.5% - .75% less than 93.5% - 1%
Claim Timeliness	Standard Offering
Claim Turnaround Time	90% within 14 calendar days of receipt of a clean and/or completed claim
Claim Turnaround Time	98% within 30 calendar days of receipt of a clean and/or completed claim
Risk:	<= 14 calendar days - 0% 15 calendar days - .25% 16 calendar days - .50% 17 calendar days - .75% 18 or greater calendar days - 1%
Customer Service	Standard Offering
Average Speed of Answer	35 seconds or less for member calls
Risk:	<= 35 seconds - 0% <= 45 seconds and > 35 seconds - .5% <= 55 seconds and > 45 seconds - .75% Greater than 55 seconds - 1%
Call Abandonment Rate	3% or less for member calls
Risk:	<= 3% - 0% <= 3.5% and > 3% - .5% <= 4% and > 3.5% - .75% Greater than 4% - 1%

Table of Contents

EXHIBIT A –Performance Guarantees and Penalties	3
Section 1. – Term and Termination	5
Section 2. – Definitions	5
Section 3. – Conditions Precedent	6
Section 4. – Evaluation of Performance and Payment Amounts	6
Section 5. – Measurement Methodology/Changes	7
Section 6. – Agreement Modification	7
Section 7. – Laws Governing Contract	7
Section 8. - Resolution of Disputes.....	8
Section 9. – Third Party Beneficiaries	9
Section 10. – Assignment and Subcontracting	9
Section 11. – Nondisclosure	9
Section 12. – Waivers	9
Section 13. – Headings	9
Section 14. – Survival	9
Section 15. – Force Majeure	9
Section 16. – Notices	10
Section 17. – Entire Agreement	10
Signatures	10
EXHIBIT B1 - IMPLEMENTATION	11
EXHIBIT B2 - SERVICE	13
EXHIBIT B3 – “BETTER HEALTH. GUARANTEED.” GUARANTEE	17
EXHIBIT B4 - CLAIM COST	19

Cigna Health and Life Insurance Company Performance Guarantee Agreement
 Client:
 Effective Date 2018
 Account Number(s) involved in Performance Guarantee(s)



EXHIBIT A –Performance Guarantees and Penalties

IMPLEMENTATION

<p><u>Identification Card Delivery</u> Implementation ID Card Timeliness. 98% of the ID cards will be mailed by the agreed upon commitment date in the Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Claim Readiness</u> Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Call Readiness</u> Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Implementation Satisfaction</u> Implementation Satisfaction. Score of no less than three (3) on Statement 1 of the Cigna HealthCare Implementation Survey. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>

SERVICE

<p><u>Claim Time-to-Process</u> Medical Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 92% of Claims processed w/in 14 Calendar Days. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Claim Time-to-Process</u> Medical Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 98% of Claims processed w/in 30 Calendar Days. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Financial Accuracy</u> Medical Financial Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 99% of total audited claim dollars are correctly paid. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Processing Accuracy</u> Medical Processing (Overall) Accuracy. Measured for the term of the Agreement, results will meet or exceed: 95% of total audited claims correctly processed. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>



Cigna Health and Life Insurance Company Performance Guarantee Agreement

Client:

Effective Date: 2018

Account Number(s) involved in Performance Guarantee(s):

SERVICE

<p><u>Payment Accuracy</u> Medical Payment Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 97% of total audited claims are correctly paid. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Average Speed of Answer</u> Medical ASA. Measured for the Term of the Agreement, results will not exceed: 45 seconds to answer a phone call. Results measured at Special Account Queue.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Call Abandonment Rate</u> Medical Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 3% of calls received by Call Center(s) terminated. Results measured at Special Account Queue.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>First Call Resolution</u> Medical First Call Resolution. 90% of calls resolved on first inquiry, 45 day look back/forward. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>CSA Quality</u> Medical CSA Quality. 95% quality standard. Results measured at Office Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Automated Maintenance Eligibility Processing</u> Medical Auto Eligibility Processing. Measured for the Term of the Agreement, results will meet or exceed: 99% files processed in 2 Business Days after the receipt of clean eligibility. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>
<p><u>Account Management</u> Medical Account Management. Composite Score (all categories) of 3.0 or better on the Account Management Report Card based on four (4) quarterly scorecards. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$2,500.00</p>

"BETTER HEALTH, GUARANTEED"

Better Health Guaranteed
Better Health - 20% Risk Shift. See Exhibit B3 for details

CLAIM COST

Claim Cost Guarantee. See Exhibit B4 for details.

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Financial

Claim Expenses by Size of Payment

Payment Category	Metrics	Number of Claimants	% Claimants	Payments	% Payments
Total		2,043	100.0%	\$3,028,750.32	100.0%
<\$.01		19	0.9%	(\$4,365.19)	(0.1%)
\$.01-\$49		195	9.5%	5,472.25	0.2%
\$50-\$99		202	9.9%	\$14,834.39	0.5%
\$100-\$249		420	20.6%	\$69,991.81	2.3%
\$250-\$499		380	18.6%	\$135,179.03	4.5%
\$500-\$999		302	14.8%	\$215,372.49	7.1%
\$1,000-\$2,499		324	15.9%	\$503,095.44	16.6%
\$2,500-\$4,999		103	5.0%	\$361,542.33	11.9%
\$5,000-\$9,999		52	2.5%	\$363,521.02	12.0%
\$10,000-\$14,999		22	1.1%	\$257,225.76	8.5%

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Claim Lag Study

Book Year/Month	Metrics Service Year/Month	Payments						Total
		2008-01	2008-02	2008-03	2008-04	2008-05	2008-06	
2008-01		\$111,394	\$0	\$0	\$0	\$0	\$0	\$111,394
2008-02		\$216,056	\$167,146	\$0	\$0	\$0	\$0	\$383,202
2008-03		\$64,015	\$350,339	\$135,190	\$0	\$0	\$0	\$549,544
2008-04		\$8,916	\$37,311	\$303,377	\$166,481	\$0	\$0	\$516,086
2008-05		\$10,550	\$18,506	\$18,923	\$258,669	\$182,371	\$0	\$489,019
2008-06		\$2,222	\$6,085	\$21,927	\$19,803	\$250,822	\$185,902	\$486,760
Total		\$413,152	\$579,387	\$479,417	\$444,953	\$433,193	\$185,902	\$2,536,004

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Large Loss Claim Payments

Claimant	Relationship	Subscriber	Employment Status	Medicare Status	Policy Number	Suffix	Account	Product	HMO Account Division	Payments
First name	Child	0000000012 LASTNAME, X.	Not Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$231,861.76
	Total									\$231,861.76
First name	Child	00000300123 LASTNAME, X.	Not Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$4,443.58
First name	Total									\$4,443.58
First name	Other Dependent	00000001234 LASTNAME, X.	Not Active	Non-Medicare	000001234	AC	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$166,597.75
First name	Total									\$166,597.75
First name	Spouse	00000012345 LASTNAME, X.	Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$102,951.52
First name	Total									\$102,951.52
Total										\$505,854.61

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Payments by Benefit Type

Benefit Type	Relationship Group Metrics	Subscriber Payments	Spouse Payments	Dependent/Other Payments	Total Payments
50	Dental	\$83,151.90	\$64,115.31	\$68,766.18	\$216,033.39
70	Orthodontia	\$0.00	\$0.00	\$8,669.29	\$8,669.29
200	Medco Health	\$351,820.43	\$218,479.41	\$112,327.41	\$682,627.25
260	Inpatient Hospital Room & Board	\$92,086.43	\$40,053.51	\$56,042.84	\$188,182.78
270	Inpatient Hospital Miscellaneous	\$336,389.41	\$94,304.29	\$31,004.03	\$461,697.73
300	Outpatient Hospital Miscellaneous	\$123,245.79	\$126,805.98	\$71,471.47	\$321,523.24
310	Emergency Room	\$34,311.85	\$19,655.80	\$20,616.91	\$74,584.56
320	Surgery	\$79,494.60	\$88,983.14	\$28,898.83	\$197,376.57
330	Anesthesia	\$28,999.63	\$20,529.74	\$6,595.97	\$56,125.34
350	Assistant Surgical	\$10,909.06	\$1,453.11	\$97.53	\$12,459.70
360	Inpatient Medical	\$19,294.39	\$2,400.78	\$14,588.36	\$36,283.53
380	Other Medical	\$9,095.17	\$261.14	\$1,077.58	\$10,433.89
390	Chemotherapy	\$127.18	\$4,399.91	\$789.11	\$5,316.20
400	Radiation Therapy	\$10,490.98	\$53.84	\$0.00	\$10,544.82
410	Outpatient X-Ray and Lab	\$197,836.80	\$121,870.14	\$52,511.69	\$372,218.63
420	Outpatient Psychiatric	\$7,369.57	\$9,068.03	\$6,776.30	\$23,213.90
450	Comprehensive Medical Expenses	\$33,353.46	\$96.04	\$109.13	\$33,558.63
470	Supplemental Accident	\$7,251.83	\$5,189.65	\$15,177.14	\$27,618.62
Total		\$1,628,755.97	\$970,515.94	\$654,695.40	\$3,253,967.31

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Premium vs Claims – Paid

Bill/Book Year/Month	Members	Restated Billed Subscribers	Actual Restated Billed Members	Restated Billed Premium	Restated Billed Premium PSM	Restated Billed Premium PMPM	Capitation Payments	Managed Pharmacy Payments	HMO In-Network Claim Payments	Other Claim Payments	Total Payments	Total Payments PSM	Total Payments PMPM	Claim to Premium Ratio
2008-01		214	416	\$116,858	\$546.07	\$260.91	\$3,396	\$11,063	\$2,411	\$7,036	\$23,906	\$111.71	\$57.47	0.20
2008-02		216	417	\$118,399	\$548.15	\$283.93	\$3,308	\$13,114	\$23,188	\$29,644	\$69,254	\$320.62	\$166.08	0.58
2008-03		209	406	\$116,236	\$556.16	\$286.30	\$3,174	\$23,295	\$29,437	\$75,492	\$131,399	\$628.70	\$323.64	1.13
2008-04		209	411	\$115,994	\$555.00	\$282.22	\$3,283	\$36,278	\$18,084	\$58,724	\$116,369	\$556.79	\$283.14	1.00
2008-05		205	395	\$113,373	\$553.04	\$287.02	\$3,242	\$24,532	\$19,373	\$48,125	\$95,272	\$464.74	\$241.20	0.84
2008-06		207	398	\$114,166	\$551.53	\$286.85	\$3,162	\$25,252	\$31,270	\$22,243	\$81,928	\$395.79	\$205.85	0.72
Total		1,260	2,443	\$695,028	\$551.61	\$284.50	\$19,565	\$133,534	\$123,764	\$241,264	\$518,127	\$411.21	\$212.09	0.75

Current Service Months Only

Bill/Book Year/Month	Members	Restated Billed Subscribers	Actual Restated Billed Members	Restated Billed Premium	Restated Billed Premium PSM	Restated Billed Premium PMPM	Capitation Payments	Managed Pharmacy Payments	HMO In-Network Claim Payments	Other Claim Payments	Total Payments	Total Payments PSM	Total Payments PMPM	Claim to Premium Ratio
2008-01		214	416	\$116,858	\$546.07	\$260.91	\$3,384	\$16,842	\$27,597	\$43,519	\$91,343	\$426.84	\$219.57	0.78
2008-02		216	417	\$118,399	\$548.15	\$283.93	\$3,269	\$13,054	\$26,403	\$38,797	\$81,523	\$377.42	\$195.50	0.69
2008-03		209	406	\$116,236	\$556.16	\$286.30	\$3,171	\$23,295	\$30,368	\$76,492	\$133,227	\$637.93	\$328.29	1.15
2008-04		209	411	\$115,994	\$555.00	\$282.22	\$3,283	\$36,455	\$18,161	\$65,034	\$122,934	\$588.20	\$299.11	1.06
2008-05		205	395	\$113,373	\$553.04	\$287.02	\$3,242	\$24,532	\$19,966	\$48,655	\$96,395	\$470.22	\$244.04	0.85
2008-06		207	398	\$114,166	\$551.53	\$286.85	\$3,162	\$25,252	\$31,591	\$22,118	\$82,124	\$396.73	\$206.34	0.72
Total		1,260	2,443	\$695,028	\$551.61	\$284.50	\$19,512	\$139,431	\$154,087	\$294,616	\$607,645	\$482.26	\$248.73	0.87

All Service Months

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Managed Pharmacy

Key Generic Substitution Indicators by Month

Service Year/ Month	Metrics	% of Total Prescriptions - Generic	Ingredient Cost Paid per Prescription - Generic	Generic Substitution Rate	% of Total Prescriptions - Single Source	Ingredient Cost Paid per Prescription - Single Source	% of Total Prescriptions - Multi Source	Ingredient Cost Paid per Prescription - Multi Source	% Multi Source-Physician DAW	% Multi Source-Patient DAW	% Multi Source-State Law DAW	% Multi Source-Other DAW
2008-07		39.6%	\$17.70	79.2%	50.0%	\$89.57	10.4%	\$31.19	17.5%	18.5%	3.7%	60.2%
2008-08		41.3%	\$18.84	81.1%	49.0%	\$88.64	9.6%	\$41.81	18.8%	17.7%	3.7%	59.8%
2008-09		40.9%	\$17.83	80.8%	49.4%	\$90.68	9.7%	\$47.30	18.4%	19.1%	3.0%	59.4%
2008-10		41.2%	\$17.45	80.2%	48.6%	\$90.25	10.2%	\$37.26	15.7%	18.7%	2.7%	63.0%
2008-11		41.1%	\$17.49	81.2%	49.4%	\$88.63	9.5%	\$34.67	15.6%	19.2%	2.5%	62.6%
2008-12		42.1%	\$18.27	81.2%	48.1%	\$84.38	9.8%	\$45.70	15.5%	18.8%	2.7%	63.0%
Total		41.1%	\$17.87	80.6%	49.1%	\$88.67	9.9%	\$39.56	16.9%	18.7%	3.0%	61.4%

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Managed Pharmacy Cost and Utilization by Month

Service Year/ Month	Number of Subscribers	Number of Members	Retail Generic Number of Prescriptions	Retail Brand Number of Prescriptions	Retail Total Number of Prescriptions	Home Delivery Generic - Number of Prescriptions	Home Delivery Brand - Number of Prescriptions	Home Delivery Total - Number of Prescriptions	Total Generic Number of Prescriptions	Total Brand Number of Prescriptions	Total Number of Prescriptions	Net Paid	Net Paid per Prescription	Net Paid per Member
2008-01	916	2,346	756	1,154	1,910	31	94	125	787	1,248	2,035	\$101,862	\$50.06	\$43.42
2008-02	926	2,377	769	1,120	1,889	37	82	119	806	1,202	2,008	\$111,531	\$55.54	\$46.92
2008-03	916	2,365	817	1,299	2,116	28	101	129	845	1,400	2,245	\$135,222	\$60.23	\$57.18
2008-04	910	2,351	723	1,165	1,888	42	108	150	765	1,273	2,038	\$120,943	\$59.34	\$51.44
2008-05	902	2,340	724	1,187	1,911	37	95	132	761	1,282	2,043	\$109,386	\$53.54	\$46.75
2008-06	903	2,349	681	1,199	1,880	29	71	100	710	1,270	1,980	\$139,880	\$70.65	\$59.55
Total	5,473	14,128	4,470	7,124	11,594	204	551	755	4,674	7,675	12,349	\$718,824	\$58.21	\$50.88

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Managed Pharmacy Critical Indicators

Metrics	Submission Method	Retail	Home Delivery
Number of Claimants		1,556	172
Number of Prescriptions		11,594	755
Prescriptions PMPY		9.85	0.64
Prescriptions per Claimant		7.40	4.39
% of Total Prescriptions - Single Source		51.4%	62.8%
% of Total Prescriptions - Multi Source		10.0%	10.2%
% of Total Prescriptions - Generic		38.6%	27.0%
Generic Substitution Rate		79.4%	72.6%
% Multi-Source Physician DAW		15.3%	20.8%
% Multi-Source Patient DAW		24.2%	1.3%
% Multi-Source State Law DAW		5.2%	3.9%
% Multi-Source Other DAW		55.3%	74.0%
Average Net Paid PMPN		\$44.20	\$6.68
Average Net Paid per Claimant per Period		\$398.79	\$548.41
Average Net Paid per Prescriptions		\$53.86	\$124.94
Average Copay per Prescription		\$14.48	\$37.48
Average Days Supply		23.68	83.18
Average Ingredient Cost Paid per Day of Therapy		\$2.80	\$1.95

Metrics	
Number of Claimants	1,619
Number of Prescriptions	12,349
Prescriptions PMPY	10.49
Prescriptions per Claimant	7.63
% of Total Prescriptions - Single Source	52.1%
% of Total Prescriptions - Multi Source	10.0%
% of Total Prescriptions - Generic	37.8%
Generic Substitution Rate	79.1%
% Multi-Source Physician DAW	15.6%
% Multi-Source Patient DAW	22.8%
% Multi-Source State Law DAW	5.1%
% Multi-Source Other DAW	56.5%
Average Net Paid PMPN	\$50.80
Average Net Paid per Claimant per Period	\$443.99
Average Net Paid per Prescriptions	\$58.21
Average Copay per Prescription	\$15.89
Average Days Supply	27.32
Average Ingredient Cost Paid per Day of Therapy	\$2.64

Current Period - Detail Current Period - Total

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Managed Pharmacy Plan Performance

Tier Level	Submission Method Category	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	Retail	1,109	4,470	\$89,543	\$75,368	\$9,451	\$222	\$0	\$32,223	\$0	\$2.28	\$52,817	\$11.82	\$3.74
	Home Delivery	71	204	\$12,819	\$10,829	\$0	\$6	\$0	\$3,237	\$0	\$0.23	\$7,598	\$37.24	\$0.54
Tier 2	Retail	1,080	5,300	\$107,443	\$527,314	\$9,414	\$865	\$0	\$81,966	\$0	\$5.80	\$455,627	\$85.97	\$32.25
	Home Delivery	136	450	\$29,856	\$92,985	\$0	\$34	\$0	\$18,341	\$0	\$1.30	\$74,678	\$165.95	\$5.29
Tier 3	Retail	642	1,824	\$33,497	\$166,146	\$3,183	\$438	\$0	\$53,713	\$0	\$3.80	\$116,053	\$63.63	\$9.21
	Home Delivery	52	101	\$5,908	\$18,757	\$0	\$13	\$0	\$6,720	\$0	\$0.48	\$12,050	\$119.31	\$0.85

Detail

Tier Level	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	1,135	4,674	\$102,362	\$96,196	\$9,451	\$228	\$0	\$35,460	\$0	\$2.51	\$60,415	\$12.93	\$4.28
Tier 2	1,146	5,750	\$137,298	\$620,300	\$9,414	\$899	\$0	\$100,307	\$0	\$7.10	\$530,306	\$92.23	\$37.54
Tier 3	676	1,925	\$39,404	\$184,903	\$3,183	\$450	\$0	\$60,433	\$0	\$4.28	\$128,103	\$66.55	\$9.07

Subtotals by Tier

Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
1,619	12,349	\$279,064	\$891,399	\$22,047	\$1,578	\$0	\$196,200	\$0	\$13.99	\$718,824	\$58.21	\$50.88

Total

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Top Drug Utilization Ranked by Net Paid

Drug Name	FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
TEMODAR	ANTINEOPLASTICS		1	14	\$40,037.90	0.1%	5.6%	\$2,859.85	19.64	\$146.51
	Subtotal		0	14	\$40,037.90	0.1%	5.6%	\$2,859.85	19.64	\$146.51
NEXIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		65	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
	Subtotal		0	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
GLEEVEC	ANTINEOPLASTICS		1	5	\$22,834.98	0.0%	3.2%	\$4,567.00	30.00	\$152.99
	Subtotal		0	5	\$22,834.98	0.0%	3.2%	\$4,567.00	30.00	\$152.99
LIPITOR	LIPOTROPICS		77	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
	Subtotal		0	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
Subtotal			0	483	\$130,951.08	3.9%	18.2%	\$271.12	38.79	\$7.45

Top Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,604	11,866	\$587,873.14	96.1%	81.8%	\$49.54	26.86	\$2.36

All Other Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,619	12,349	\$718,824.22	100.0%	100.0%	\$58.21	27.32	\$2.64

All Drugs

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Top Drug Utilization Ranked by Volume

Drug Name	FDB Standard Therapeutic Class	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
ZYRTEC	ANTIHISTAMINES	113	278	\$11,717.49	2.3%	1.6%	\$42.15	32.19	\$1.73
	Subtotal	0	278	\$11,717.49	2.3%	1.6%	\$42.15	32.19	\$1.73
LIPITOR	LIPOTROPICS	77	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
	Subtotal	0	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
SYNTHROID	THYROID PREPS	53	217	\$1,065.02	1.8%	0.1%	\$4.91	37.18	\$0.52
	Subtotal	0	217	\$1,065.02	1.8%	0.1%	\$4.91	37.18	\$0.52
NEXIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS	65	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
	Subtotal	0	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
SINGULAR	BRONCHIAL DILATORS	67	193	\$13,622.25	1.6%	1.9%	\$70.58	32.88	\$2.64
	Subtotal	0	193	\$13,622.25	1.6%	1.9%	\$70.58	32.88	\$2.64
	Subtotal	0	1,147	\$77,257.82	9.3%	10.7%	\$67.36	36.21	\$2.30

Top Drugs

Metric	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,578	11,202	\$641,566.40	90.7%	89.3%	\$57.27	26.41	\$2.69

All Other Drugs

Metric	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,619	12,349	\$718,824.22	100.0%	100.0%	\$58.21	27.32	\$2.64

Total Drugs

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Top Therapeutic Class Utilization Ranked by Net Paid

FDB Standard Therapeutic Class	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
MISCELLANEOUS	199	482	2.42	26.61	\$71,098	\$5.03	\$147.51	13.9%	72.6%	13.5%	50.8%
ANTINEOPLASTICS	17	55	3.24	28.51	\$66,536	\$4.71	\$1,209.75	54.5%	40.0%	5.5%	90.9%
PSYCHOSTIMULANTS-ANTI-DEPRESSANTS	258	1,041	4.03	33.44	\$62,423	\$4.42	\$59.96	33.0%	64.4%	2.6%	92.7%
ANTI-ULCER PREPS/GASTROINTESTINAL PREPS	141	463	3.28	35.20	\$54,591	\$3.86	\$117.91	7.6%	92.2%	0.0%	100.0%
LIPOTROPICS	141	565	4.01	37.88	\$46,464	\$3.43	\$65.78	2.5%	97.0%	0.5%	82.4%
Subtotal	0	2,606	0	33.35	\$303,112	\$21.45	\$116.31	18.8%	77.4%	3.8%	83.4%

Top Therapeutic Classes

Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
1,527	9,743	6.38	25.71	\$415,712	\$29.42	\$42.67	42.9%	45.4%	11.7%	78.6%

All Other Therapeutic Classes

Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
1,619	12,349	7.63	27.32	\$718,824	\$50.88	\$59.21	37.8%	52.1%	10.0%	79.1%

All Therapeutic Classes

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Top Therapeutic Class Utilization Ranked by Volume

FDB Standard Therapeutic Class	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	258	1,041	4.03	33.44	\$62,423	\$4.42	\$59.96	33.0%	64.4%	2.6%	92.7%
SYSTEMIC CONTRACEPTIVES	183	629	3.44	37.53	\$14,736	\$1.04	\$23.43	49.4%	31.8%	18.8%	72.5%
ANTIHISTAMINES	270	626	2.32	29.96	\$25,643	\$1.82	\$40.96	10.1%	89.6%	0.3%	96.9%
NARCOTIC ANALGESICS	271	595	2.20	11.87	\$13,681	\$0.97	\$22.99	79.0%	10.4%	10.6%	88.2%
OTHER HYPOTENSIVES	140	572	4.09	39.18	\$14,908	\$1.06	\$26.06	42.8%	54.0%	3.1%	93.2%
Subtotal	0	3,463	0	30.79	\$131,390	\$9.30	\$37.94	41.4%	52.0%	6.6%	86.3%

Top Therapeutic Classes

Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
1,464	8,886	6.07	25.97	\$587,434	\$41.58	\$66.11	36.5%	52.2%	11.4%	76.3%

All Other Therapeutic Classes

Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
1,619	12,349	7.63	27.32	\$718,824	\$50.88	\$58.21	37.8%	52.1%	10.0%	79.1%

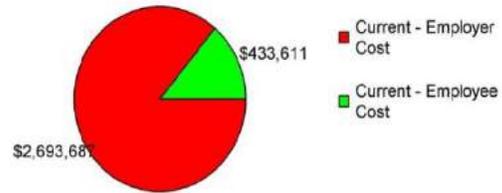
All Therapeutic Classes

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Claim Experience

Metrics	Type of Coverage	Medical	Pharmacy
Prior - Average Number of Subscribers		875	811
Current - Average Number of Subscribers		951	912
% Change - Average Number of Subscribers		8.6%	12.5%
Prior - Average Number of Members		2,251	2,169
Current - Average Number of Members		2,402	2,355
% Change - Average Number of Members		6.7%	8.6%
Prior - Contract Size		2.57	2.67
Current - Contract Size		2.53	2.58
% Change - Contract Size		(1.8%)	(3.5%)



Metrics	Prior Employer Cost	Prior Employer Cost Sharing	Current Employer Cost	Current Employer Cost Sharing	% Change Employer Cost Sharing
	\$2,861,220	87.0%	\$2,693,687	86.1%	(1.0%)

Benefit Cost Sharing Detail

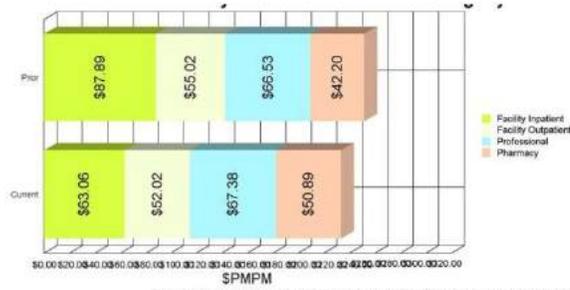
Enrollment Detail



Prior Benefit Cost Sharing (Prior to COB)

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Note: Professional Consists of Primary Care, OB/GYN, Specialty and Allied Health

Claim Cost by Healthcare Cost Category

Healthcare Cost Category Rollup	Metros	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1 Facility Inpatient		\$1,187,027	\$909,820	\$97.89	\$63.06	(29.2%)
2 Facility Outpatient		\$747,608	\$749,809	\$55.35	\$52.03	(6.0%)
3 Physician - Primary Care		\$201,937	\$219,713	\$14.95	\$15.25	2.0%
4 Physician - OB/GYN		\$46,464	\$85,142	\$3.59	\$5.91	64.6%
5 Physician - Specialty		\$531,352	\$566,510	\$39.34	\$39.31	(0.1%)
6 Allied Health		\$116,745	\$99,699	\$8.54	\$6.92	(20.8%)
7 Managed Pharmacy		\$544,779	\$718,824	\$41.87	\$50.88	21.5%
Total		\$3,377,912	\$3,348,526	\$251.64	\$239.36	(7.3%)

Claim Cost by Healthcare Cost Category Detail

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Cost and Utilization Summary

Metrics	Prior Period	Current Period	Change
Highlights			
Demographics			
Average Enrolled Subscribers	0	978	0
Average Enrolled Membership	0	2,318	0
Average Contract Size	0	2.4	0
Average Family Size	0	3.3	0
Age/Gender Factor	0	0.9	0
Claimants per 1,000	0	301.2	0
Covered Expenses PMPM			
Total Covered Expenses PMPM	\$0.00	\$122.14	0
Standard Medical Covered Expenses PMPM	\$0.00	\$108.37	0
Mental Health/Substance Abuse Covered Expenses PMPM	\$0.00	\$0.24	0
Managed Pharmacy Covered Expenses PMPM	\$0.00	\$13.53	0
Total Net Paid PMPM			
Total Net Paid PMPM	\$0.00	\$65.31	0
Standard Medical Total Net Paid PMPM	\$0.00	\$61.14	0
Mental Health/Substance Abuse Total Net Paid PMPM	\$0.00	\$0.28	0
Managed Pharmacy Total Net Paid PMPM	\$0.00	\$3.89	0
Benefit Adequacy			
Percent of Covered Expenses (before COB) Paid by the Plan	0.00%	47.70%	47.7
High Cost Claimants (\$50,000+)			
Number of Claimants	0	0	0
Total Net Paid PMPM	\$0.00	\$0.00	0
Percent of Total Net Paid	0.00%	0.00%	0
Inpatient Utilization			
Admissions per 1,000	0	5.6	0
Days per 1,000	0	10.8	0
Average Length of Stay	0	1.92	0
Average Paid per Day	\$0	\$3,529	0
Network Indicators			
Eligible Medical Expenses Paid at Network Benefit Level	0.00%	92.80%	92.8
Eligible Medical Expenses from Participating Providers	0.00%	91.80%	91.8

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Average UHC Participating Provider Discount	0.00%	35.40%	35.4
Total UHC Network Provider Discount PMPM	\$0.00	\$59.82	0
Details			
High Cost Claimants (\$50,000+)			
High Cost Claimants per 1,000	0	0	0
Average Paid per High Cost Claimant	\$0	\$0	0
Percent of Total Net Paid	0.00%	0.00%	0
Standard Medical - Total Net Paid PMPM (excludes MH/SA)			
Standard Medical - Total Net Paid PMPM	\$0.00	\$61.14	0
Physician	\$0.00	\$24.40	0
Primary Care	\$0.00	\$9.37	0
Specialists (including OB/GYN)	\$0.00	\$16.03	0
Facility	\$0.00	\$34.72	0
Inpatient	\$0.00	\$19.18	0
Outpatient	\$0.00	\$15.53	0
Allied Health	\$0.00	\$2.02	0
Medical Pharmacy	\$0.00	\$0.00	0
Standard Medical - Total Net Paid Unit Costs (excludes MH/SA)			
Inpatient Facility Total Net Paid per Admission	\$0	\$8,052	0
Medical	\$0	\$2,847	0
Surgical	\$0	\$11,825	0
Maternity (includes Well Newborn)	\$0	\$4,051	0
Other Newborn	\$0	\$0	0
Non-Acute	\$0	\$0	0
Inpatient Facility Total Net Paid per Day	\$0	\$4,187	0
Medical	\$0	\$1,898	0
Surgical	\$0	\$5,913	0
Maternity (includes Well Newborn)	\$0	\$2,025	0
Other Newborn	\$0	\$0	0
Non-Acute	\$0	\$0	0
Outpatient Surgery Total Net Paid per Encounter	\$0	\$2,057	0
Emergency Room Total Net Paid per Visit	\$0	\$539	0
Inpatient - Total Net Paid per Physician Visit	\$0.00	\$65.71	0
Primary Care	\$0.00	\$72.57	0
Specialist	\$0.00	\$61.13	0
OB/GYN	\$0.00	\$0.00	0
Outpatient - Total Net Paid per Physician Visit	\$0.00	\$59.30	0

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Distribution of Discounts

Healthcare Cost Category Detail	Metrics	Contracted Discount	Special Negotiated Discount	Shared Savings Discount	Prompt Payment Discount	Customer Specific Discount	Other Discount	Total Discounts
Physician - Primary Care		\$129,634	(\$85)	\$1,626	\$0	\$0	\$23	\$131,198
Physician - OB/GYN		\$73,766	\$0	\$81	\$0	\$0	\$349	\$74,196
Physician - Specialty		\$451,563	(\$129)	\$5,233	\$0	\$0	\$371	\$457,038
Allied Health		\$45,572	\$25	\$2,414	\$0	\$0	\$0	\$48,010
Facility Inpatient		\$700,953	\$3,886	\$894	\$0	\$0	\$0	\$705,733
Facility Outpatient		\$593,213	\$1,653	\$1,550	\$0	\$0	\$5,423	\$601,839
Medical Pharmacy		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total		\$1,994,701	\$5,349	\$11,797	\$0	\$0	\$6,166	\$2,018,013

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Distribution of Ineligible Charges

Healthcare Cost Category Detail	Metrics	Duplicate Bill	R&C Reduction	Benefit Limits	Pre-existing Conditions	Abuse and Fraud	Medical Claim Review	Other Ineligible Charges	Total Ineligible Charges
Physician - Primary Care		\$21,875.47	\$1,891.62	\$3,904.51	\$0.00	\$2,969.50	\$235.00	\$18,380.06	\$49,256.16
Physician - OB/GYN		\$52,385.14	\$2,331.40	\$5,566.00	\$0.00	\$0.00	\$0.00	\$9,657.32	\$69,939.86
Physician - Specialty		\$57,079.55	\$11,481.18	\$1,639.34	\$0.00	\$1,239.00	\$1,147.96	\$69,955.96	\$142,542.99
Allied Health		\$7,243.65	\$6,145.02	\$8,143.50	\$0.00	\$0.00	\$2,719.48	\$14,771.02	\$39,022.67
Facility Inpatient		\$77,414.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122,977.87	\$200,392.09
Facility Outpatient		\$74,785.67	\$5,233.05	\$1,621.60	\$0.00	\$450.00	\$1,230.16	\$91,277.54	\$174,598.02
Medical Pharmacy		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,063.47	\$1,063.47
Total		\$290,783.70	\$27,082.27	\$20,874.95	\$0.00	\$4,658.50	\$5,332.60	\$328,083.24	\$676,815.26

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Healthcare Cost Management Summary

Metrics	Physician Primary Care	Physician - OB/GYN	Physician - Specialty	Allied Health	Facility Inpatient	Facility Outpatient	Medical Pharmacy	Total
Submitted Charges	\$460,902	\$253,332	\$1,280,446	\$248,791	\$1,870,877	\$1,686,926	\$1,290	\$5,802,563
Savings Due to Ineligible Charges	\$49,256	\$69,940	\$142,543	\$39,023	\$200,392	\$174,598	\$1,063	\$676,815
Eligible Charges	\$411,646	\$183,392	\$1,137,903	\$209,768	\$1,670,485	\$1,512,328	\$226	\$5,125,748
Savings Due to Discounts	\$131,198	\$74,196	\$457,038	\$48,010	\$705,733	\$601,839	\$0	\$2,018,013
Covered Amount	\$280,447	\$109,196	\$680,866	\$161,758	\$964,752	\$910,490	\$226	\$3,107,735
Savings due to Deductibles	\$14,591	\$4,819	\$33,332	\$25,152	\$4,823	\$57,338	\$0	\$140,054
Savings due to Coinsurance	\$6,109	\$7,528	\$41,612	\$20,774	\$44,444	\$80,000	\$0	\$200,468
Savings due to Copays	\$37,697	\$4,949	\$22,910	\$14,240	\$0	\$13,193	\$0	\$93,088
Gross Payable	\$222,051	\$91,900	\$583,011	\$101,492	\$915,485	\$759,960	\$226	\$2,674,124
Other Savings	\$2,338	\$6,759	\$16,492	\$1,792	\$6,665	\$10,265	\$112	\$44,422
Net Paid	\$219,713	\$85,142	\$566,519	\$99,699	\$908,820	\$749,694	\$115	\$2,629,702
Net Paid PMPM	\$15.25	\$5.91	\$39.31	\$6.92	\$63.06	\$52.02	\$0.01	\$182.48
Net Paid as a % of Grand Total	8.4%	3.2%	21.5%	3.8%	34.6%	28.5%	0.0%	100.0%

HCCMS excluding Managed Pharmacy

Metrics	Submitted Charges	Savings Due to Discounts	Savings due to Deductibles	Savings Due to Coinsurance	Savings due to Copays	Net Paid	Net Paid PMPM	Net Paid as a % of Grand Total
	\$1,194,088	\$279,064	\$0	\$0	\$196,200	\$718,024	\$50.88	100.0%

HCCMS Managed Pharmacy Costs

Metrics	
Total Deductible as a % of Total Covered Amount	3.5%
Total Coinsurance as a % of Total Covered Amount	5.0%

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Inpatient Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period Number of Admissions	Current Period Number of Admissions	Prior Period Number of Days	Current Period Number of Days	Prior Period Average Length of Stay	Current Period Average Length of Stay	Prior Period Covered Amount	Current Period Covered Amount	Prior Period Covered Amount per Admission	Current Period Covered Amount per Admission	Prior Period Covered Amount per Day	Current Period Covered Amount per Day
INFECTIOUS & PARASITIC DIS		1	0	6	0	6.0	0	\$12,150	0	\$12,150	0	\$2,025	0
NEOPLASMS		8	9	68	35	8.5	3.9	\$347,886	\$169,091	\$43,486	\$18,788	\$5,116	\$4,831
ENDCR NUTRI METABOLIC IMMUN		3	4	6	9	2.0	2.3	\$6,970	\$10,019	\$2,323	\$2,505	\$1,162	\$1,113
BLOOD & BLOOD FORM ORGANS		0	1	0	2	0	2.0	0	\$12,850	0	\$12,850	0	\$6,425
MENTAL DISORDERS		4	6	155	43	38.8	7.2	\$27,893	\$47,370	\$6,973	\$7,895	\$180	\$1,102
NERVOUS SYS SENSE ORGANS		3	2	11	2	3.7	1.0	\$15,362	\$7,198	\$5,127	\$3,599	\$1,396	\$3,599
CIRCULATORY SYSTEM		8	7	57	86	7.1	12.3	\$165,415	\$403,919	\$20,677	\$57,703	\$2,902	\$4,697
RESPIRATORY SYSTEM		6	3	48	17	8.0	5.7	\$76,403	\$27,528	\$12,734	\$9,176	\$1,592	\$1,619
DIGESTIVE SYSTEM		14	9	79	26	5.6	2.9	\$142,894	\$45,130	\$10,207	\$5,014	\$1,809	\$1,736
GENITOURINARY SYSTEM		5	3	37	11	7.4	3.7	\$131,706	\$16,468	\$26,341	\$5,489	\$3,560	\$1,497
PREGNANCY CHILDBIRTH PUERP		9	19	28	49	3.1	2.6	\$32,935	\$88,917	\$3,660	\$4,680	\$1,176	\$1,815
MUSKULO CNCTV TISSUE		4	1	8	3	2.0	3.0	\$67,773	\$10,376	\$16,943	\$10,376	\$8,472	\$3,459
CONGENITAL ANOMALIES		1	1	1	4	1.0	4.0	\$1,965	\$27,380	\$1,965	\$27,380	\$1,965	\$6,845
PERINATAL PERIOD		3	3	12	9	4.0	3.0	\$10,964	\$7,083	\$3,655	\$2,361	\$914	\$787
INJURY AND POISONING		8	9	49	49	6.1	5.4	\$159,147	\$106,151	\$19,893	\$11,795	\$3,248	\$2,166
OTHER CONDITIONS		4	3	15	15	3.8	5.0	\$29,884	\$43,085	\$7,471	\$14,362	\$1,992	\$2,872
Total		81	80	580	360	7.2	4.5	\$1,229,369	\$1,022,564	\$15,177	\$12,782	\$2,120	\$2,840

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Strategic Benefit Plan Action Timetable

1. Planning Phase/Meeting - June & July Annually

- Release Broker of Record letters to all parties
- Establish communication channels through company flowchart/contacts
- Furnish list of all coverage lines and vendors
- Determine objectives of consolidation
- Determine scope of project
- Discuss timetable
- Identify information needed for Market Specifications
- Create employee benefit data including census needed for RFP
- Transmit to City/review/approval RFP data created
- Meet with main vendors

2. Information Gathering - June & July Annually

- Review historical information in files and determine missing information
- Request missing information
 - Historical claims data
 - Summary Plan Descriptions
 - Master Plan Document and Amendments
 - Rate, benefit and financial history
- Develop benefit summary matrix (CRITICAL)
- Review funding alternatives
- Determine funding alternatives to include in market specifications

3. Discuss Potential Plan Design Changes - July & August

Strategic Benefit Plan Action Timetable

- Discuss claims analysis options
 - Run health care claims analysis
- Evaluate analysis findings
 - Provide relevant benchmarking information and survey results
- Evaluate current plan design offerings
- Discuss projected rate increases
- Discuss potential changes based on claims analysis, benchmarking, etc.
 - Examine cost-cutting measures such as changing deductible, copay, other employee-cost sharing mechanisms
 - Discuss employee vs. employer contributions - where are they, where do you want them to be?
- Discuss consumer-directed health plan options (HRA, HSA, FSA):
 - Discuss impact on recruiting and retention efforts
 - Evaluate how your company culture aligns with CDHP options
 - Decide if CDHP would replace existing plan or be side-by-side
 - Discuss need for high-deductible health plan if choosing HSA or HRA
 - Choose deductible and how much company will contribute to HSA or HRA
 - Select bank to partner with
 - Evaluate administrative fees for company and if you will pass those costs to employees
 - Discuss implementation plan, including timeline and employee education
 - Create employee communication plan (pre-enrollment promotion, open enrollment education and ongoing resources)
 - Incorporate into benefit plans and implement

Strategic Benefit Plan Action Timetable

- Decide on all plan design changes, additions, deletions -September
- Update relevant plan documents - September

4. Voluntary Benefits - July

- Evaluate current voluntary offerings
- Discuss implementing coverage gaps as cost control measure, supplemented by voluntary offerings
- Finalize list of voluntary benefits you will offer
- Develop employee communication plan to promote offerings

5. Develop Vendor Bid Specifications - July

- Inventory current services provided
- Review contractual obligations of current vendors
- Discuss desired vendor services and create list
 - Wellness vendor?
 - HSA/HRA/FSA vendor?
 - Others?
- Determine bidding requirements, including market specifications
- Prepare final specifications

6. Vendor Solicitation - August & September

- Identify vendors and send them our specifications
- Answer vendor questions/provide additional information
- Receive proposals

7. Vendor Selection - August

Strategic Benefit Plan Action Timetable

- Conduct preliminary review of proposals
- Request clarification/missing information
- Conduct reference checks
- Evaluate proposals
- Develop report & recommendations regarding finalists
- Conduct on-site review of finalists
- Evaluate results of on-site visits
- Conduct rate negotiations with finalists
- Review contracts of finalists
- Negotiate contractual provisions
- Select successful bidders

8. Plan and Implement Wellness Initiatives - August

- Review current wellness offerings
- Revise goals and objectives of wellness program based on recent data
- Discuss enhancements to make to wellness offerings or new programs to implement
- Create updated implementation plan to roll out new initiatives
- Create updated communication plan to promote and support new and ongoing wellness initiatives
- Discuss plan in place for periodic measurement and evaluation of wellness program goals and effectiveness

9. Retirement - September

- Decide on changes to plan structure or type
- Discuss legal obligations as plan sponsor and ensure you are fulfilling these responsibilities

Strategic Benefit Plan Action Timetable

- Discuss services being provided to Retiree's

10. Enrollment - August

- Evaluate past open enrollments; identify areas to improve
- Discuss options to improve enrollment process, both for HR and employees
- Develop enrollment plan and timeline, including changes to be made
- Plan employee communications
 - Promote and educate in advance of open enrollment, including any changes made to benefit offerings
 - Plan benefits meeting(s)
 - Determine other communication strategies and resources for employees prior to and during open enrollment
 - Provide plan documents and benefits summaries to employees
- After enrollment period, evaluate process immediately and make notes for next year

11. Total Compensation - August / September

- Examine how your benefit plan fits into employees' total compensation
- Discuss additional perks or benefits to potentially add
- Distribute benefits statements to educate employees on the value of their total compensation

12. Employee Communications - August / September

- Review prior/current communications
- Discuss where communications are lacking and where you would like to add
- Develop new communication plan - includes creation and printing of:

Strategic Benefit Plan Action Timetable

- Custom Color Employee Benefits Booklet
- Health and wellness materials
- Benefits education (new benefits rollout and/or how to use current benefits)
- Health care consumerism education
- Health care reform education
- HR communications
- Services provided by Sapoznik to employee's & dependents

13. HR Support - September

- Discuss areas your HR department may be lacking or additional resources that may be helpful
- Provide consistent access to relevant educational HR materials
- Identify tools that would be helpful to access (such as surveys, applications, checklists, forms, etc.)
- Evaluate Employee Handbook and company policies to identify needs or areas to improve
 - Enhance handbook with broker-provided resources, customizing to company needs

14. Compliance - August

- Discuss any hurdles or concerns with compliance
 - Employee benefits regulations and laws
 - Employment laws
 - Health care reform
 - Retirement benefits
 - Wellness plan
 - State-specific compliance

Strategic Benefit Plan Action Timetable

- Update existing plan for addressing these compliance challenges
 - Broker-provided educational resources
 - Steps to bring company, procedures and benefit plan into compliance where problems exist
- Review plan for maintaining compliance in future and staying up to date on new developments

15. Hiring and Retention - August

- Evaluate recruiting process to identify areas of need or that could be improved
- Create a plan to improve recruiting process, through altered processes, additional resources or other strategies
- Discuss retention goals and evaluate if you are meeting those objectives
 - Conduct exit interviews and evaluate results
 - Implement an annual survey to measure employee satisfaction and engagement
 - Evaluate the survey and discuss ways the company can improve to increase satisfaction and boost retention
 - Create a plan to increase employee satisfaction and retention

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Performance Rewards

Retro-Rated Funding Program

Experience the rewards of having healthy employees and the security of being fully insured.

At UnitedHealthcare, we understand the health care affordability problem and continue to lead the industry in administrative efficiency and accuracy. We also bring innovative products and programs to the marketplace, such as Performance Rewards, to help meet the various needs of employers.

The Performance Rewards program is a fully insured, retro-rated funding program, designed for employers with at least 150 participating employees who are wavering between the security of a fixed-cost, fully insured plan and the potential savings of self-funding.

Now you can experience real rewards in the years when your claims performance meets certain criteria. And you don't have to worry or pay more when claims fluctuate. That's right ... in unfavorable years, we assume the risk; in good years, you don't overpay.

Performance Rewards: Simple Operation – Sophisticated Data

With the Performance Rewards program, you fund your premiums each year in the ordinary way. There are no separate bank accounts or complex reconciliations. Then, after the normal renewal rating process is over (usually about 15 months from the original effective date), we perform a full year plan accounting exercise to determine the actual plan cost.

- If the experience shows a positive balance versus the predetermined target, 50% of the premium balance is credited, up to 8% of the actual premium cost.
- Even if results are negative, there is no deficit to carry forward or deficit accumulation.
- You will receive a complete package of actionable claims data at the end of the year.

If warranted, you receive a premium credit in the subsequent year after renewing your policy with UnitedHealthcare (usually three months after your renewal effective date).

Performance Rewards Features:

- Gives the security of being fully insured along with the value of being self-funded
- Enables customers to take advantage of lower costs affiliated with their healthy group population
- Provides the ability to receive a premium credit of up to 8% of premium cost
- Requires a nominal risk adjustment of just 1% premium load



In addition to our innovative products and programs, our approach provides improved health care quality and cost efficiency for our customers and members:

- Clinical data and evidence-based medicine is at the core of everything we do.
- The UnitedHealth PremiumSM designation program focuses on leading clinical protocols, care professionals and facilities.
- Proactive care programs support your employees, regardless of their current health condition.
- As conditions intensify, your employees have information, tools and programs to help them get the right care from the right care professional at the right time.
- Comprehensive tools exist to help both you and your employees become more active in health care decisions.

Here's How the Program Works

With the Performance Rewards program, you can experience the flexibility and rewards of self-funding – even though you enjoy complete protection from unexpected claims fluctuations by being fully insured. And since there's no deficit to carry forward, there is never an impact on subsequent years.

Please note the table below includes examples of how the Performance Rewards calculation works in providing a credit within the second year. The amounts shown are for illustrative purposes only. Specific reserve and retention amounts as a percentage of premium cost will be based on the characteristics of your particular group.

Definitions of credit calculation elements:

- **Premium Cost** – Annual total cost of premium.
- **Incurred Claims** – Annual paid claims plus ending reserve minus beginning reserve.
- **Beginning Reserve** – Reserve from prior year's Performance Rewards credit calculation or a percentage of prior year's UnitedHealthcare Premium Cost (\$0 for new business).
- **Ending Reserve** – Premium Cost multiplied by reserve percentage.
- **Retention** – Premium Cost multiplied by retention percentage.
- **Credit Amount** – Fifty percent (50%) of positive balance, with maximum readjustment credit of 8% of Premium Cost.

Examples of Annual Performance Rewards Retro-Rated Funding Calculation (in thousands)

Credit Calculation Elements	Example 1 New Business	Example 2 New Business	Example 3 New Business	Example and Renewal
A. Premium Cost	\$1,000	\$1,000	\$1,000	\$1,000
B. Incurred Claims				
B1. Paid Claims	\$625	\$755	\$495	\$680
B2. Beginning Reserve	\$0	\$0	\$0	\$102
B3. Ending Reserve	\$105	\$105	\$105	\$110
B4. Incurred Claims (B1+B3-B2)	\$730	\$850	\$600	\$688
C. Retention	\$230	\$230	\$230	\$300
D. Balance (A-B4-C)	\$40	(\$90)	\$170	\$12
E. Credit Amount	\$20	\$0	\$80*	\$6

*Credit maximum (8% of Premium Cost – \$80,000)

Contact Us to Learn More

Please contact your broker or UnitedHealthcare representative to learn more about the Performance Rewards program.

uhc.com



Actual results will vary based on case size and the underlying plan design. Performance Rewards program may not be available in all states. Performance Rewards credit provided in subsequent year only if customer remains with UnitedHealthcare.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of the Midwest, Inc.

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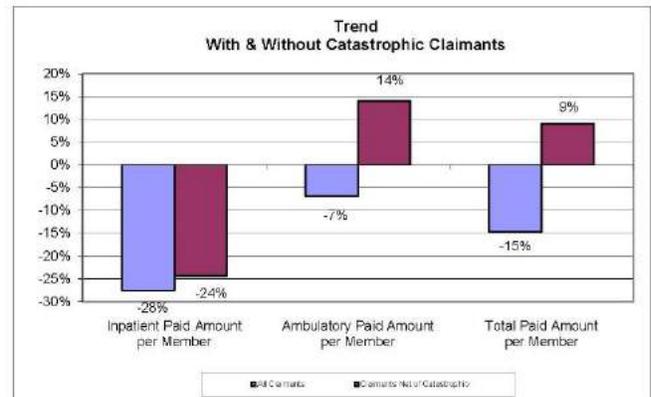
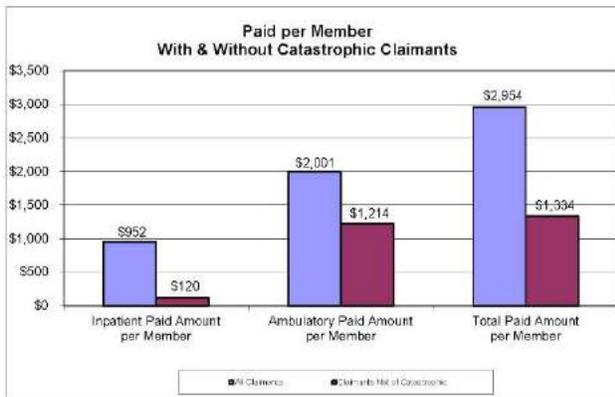
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Current Data For Claims Incurred November 01, 2017 - October 31, 2018 (2 Month Claim Lag)
Prior Data For Claims Incurred November 01, 2016 - October 31, 2017 (2 Month Claim Lag)

Impact of Medical Catastrophic Claimant Experience

Large Claimant Threshold: \$25,000

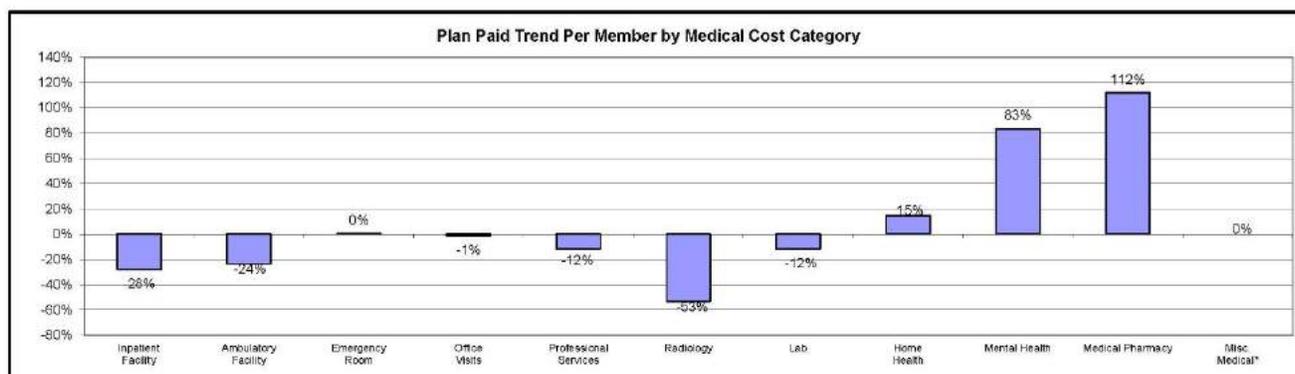
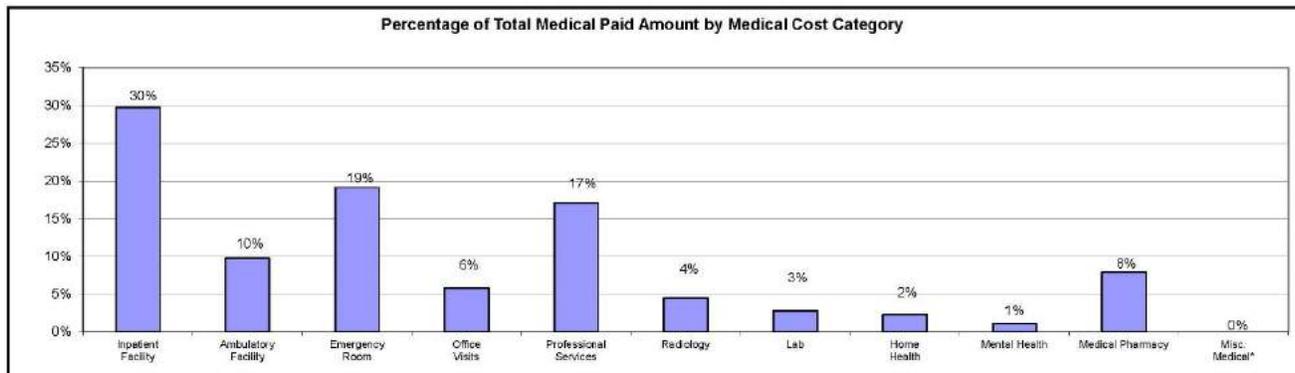
	All Claimants			Claimants Above Threshold ¹		
	Prior	Current	Change	Prior	Current	Change
Number of Claimants	620	650	4.8%	25	19	-24.0%
Claimants Per 1,000 Members	N/A	N/A	N/A	34.6	26.4	N/A
Medical Paid Amount for these Claimants	\$2,469,617	\$2,123,207	-15.1%	\$1,616,364	\$1,164,063	-28.0%
Average Paid Per Catastrophic Claimant	N/A	N/A	N/A	\$64,654.55	\$61,266.49	-5.2%
% of Total Paid Amount	100.0%	100.0%	N/A	64.7%	54.8%	-9.8%
				Net of Catastrophic Claimants		
Medical Paid Amount per Employee	\$4,786	\$4,079	-14.8%	\$1,691	\$1,642	8.9%
Medical Paid Amount per Member	\$3,461	\$2,954	-14.7%	\$1,223	\$1,334	9.1%
Inpatient Paid Amount per Member	\$1,315	\$952	-27.6%	\$156	\$120	-24.3%
Ambulatory Paid Amount per Member	\$2,147	\$2,001	-6.8%	\$1,065	\$1,214	14.1%



¹ See Medical Catastrophic Claimant Detail for Current and Prior Periods Report for detail on claimants above threshold.

SAMPLE
Integrated
Current Data For Claims Incurred November 01, 2017 - October 31, 2018 (2 Month Claim Lag)
Prior Data For Claims Incurred November 01, 2016 - October 31, 2017 (2 Month Claim Lag)

Trend Analysis by Medical Cost Category



* State Assessment Category included with Misc. Medical

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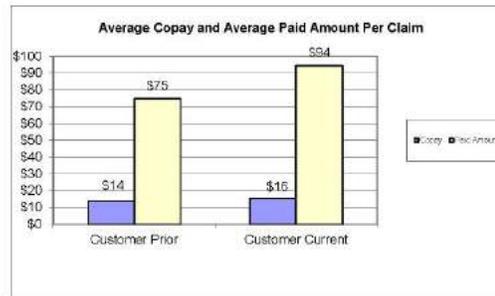
Current Data For Claims Incurred November 01, 2017 - October 31, 2018 (2 Month Claim Lag)
Prior Data For Claims Incurred November 01, 2016 - October 31, 2017 (2 Month Claim Lag)

Key Statistics - Pharmacy

Demographics Summary	Customer Prior	Customer Current	% Change from Prior	Aetna BOB'
Number of Employees	522	521	-0.3%	N/A
Number of Members	722	719	-0.5%	N/A
Ratio of Members to Employees	1.4	1.4	-0.1%	1.8
Percent Male Members	88.4%	87.9%	-0.5%	49.7%
Percent Female Members	31.6%	32.1%	0.5%	50.3%
Average Age of Membership	39.9	39.9	-0.1%	37.1
Number of Utilizing Members	537	559	4.1%	N/A

Key Statistics	Customer Prior	Customer Current	% Change from Prior	Aetna BOB'
Total Pharmacy Paid Amount	\$617,037	\$768,192	24.5%	N/A
Pharmacy Paid Amount per Eligible Member	\$854	\$1,059	25.1%	N/A
Pharmacy Paid Amount per Utilizing Member	\$1,149	\$1,374	19.6%	N/A
Average Paid Amount per Claim	\$74.78	\$94.49	26.3%	N/A
Number of Pharmacy Claims	8,251	8,130	-1.5%	N/A
Number of Pharmacy Claims Per Eligible Member	11.4	11.3	-1.0%	N/A
Number of Pharmacy Claims Per Utilizing Member	15.4	14.5	-5.3%	N/A
Calculated Ingredient Cost	\$725,778	\$889,006	22.5%	N/A
Total Copay Amount	\$114,736	\$126,502	10.3%	N/A
Average Copay Amount per Claim	\$13.91	\$15.56	11.9%	N/A
Generic Utilization	87.2%	86.8%	-0.4%	87.1%
Generic Substitution	98.4%	98.4%	0.0%	99.0%
Brand Utilization	12.8%	13.2%	0.4%	12.9%
Formulary Utilization	100.0%	100.0%	0.0%	99.1%

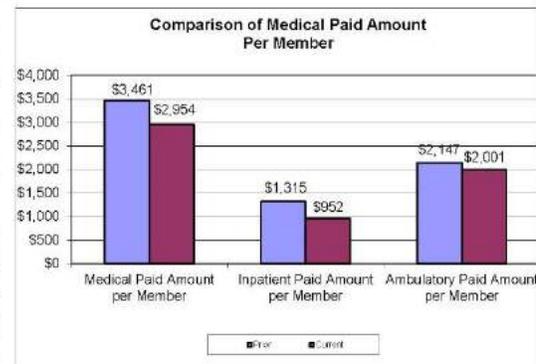
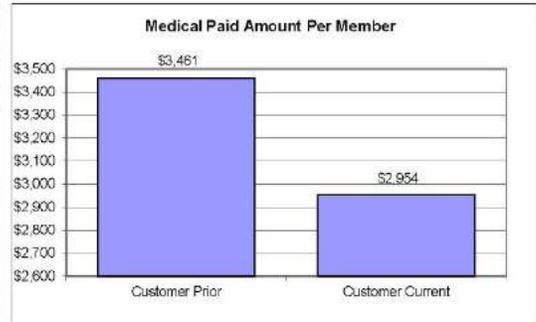
Aetna BOB demographic metrics are specific to the product and to the plan sponsor's region(s). Aetna BOB utilization metrics are further adjusted for the plan sponsor's age and gender mix. All BOB metrics are based on a 12 month incurred time period.



Integrated
 Current Data For Claims Incurred November 01, 2017 - October 31, 2018 (2 Month Claim Lag)
 Prior Data For Claims Incurred November 01, 2016 - October 31, 2017 (2 Month Claim Lag)

Key Statistics

	Customer Prior	Customer Current	% Change from Prior	Aetna BOB ¹
Demographics Summary for Medical				
Number of Employees	522	521	-0.3%	N/A
Number of Members	722	719	-0.5%	N/A
Ratio of Members to Employees	1.4	1.4	-0.1%	1.8
Percent Male Members	68.4%	67.9%	-0.5%	49.7%
Percent Female Members	31.6%	32.1%	0.5%	50.3%
Average Age of Membership	39.9	39.9	-0.1%	37.1
Key Statistics				
Total Medical and Pharmacy Paid Amount	\$3,116,655	\$2,891,399	-7.2%	N/A
Total Pharmacy Paid Amount	\$617,037	\$766,192	24.5%	N/A
Pharmacy Paid Amount per Member ²	\$854	\$1,069	25.1%	N/A
Total Medical Paid Amount	\$2,499,617	\$2,123,207	-15.1%	N/A
Medical Paid Amount per Employee	\$4,766	\$4,079	-14.8%	N/A
Medical Paid Amount per Member	\$3,461	\$2,954	-14.7%	N/A
Total Medical Capitation Payments	\$13,975	\$3,987	-71.5%	N/A
Medical Capitation Paid per Member	\$19	\$6	-71.3%	N/A
Total Medical Paid (Claims and Capitation)	\$2,513,593	\$2,127,195	-15.4%	N/A
Medical Paid per Member (Claims and Capitation)	\$3,461	\$2,959	-15.0%	N/A
Inpatient Paid Amount per Member	\$1,315	\$952	-27.6%	N/A
Ambulatory Paid Amount per Member	\$2,147	\$2,001	-6.8%	N/A
Admissions/1,000 Members	51	46	-10.4%	51
Days of Care/1,000 Members	277	161	-41.7%	273
Average Length of Stay	5.4	3.5	-35.0%	5.3
Total Surgeries/1,000 Members	461	458	-1.0%	643
Inpatient Surgeries/1,000 Members	36	26	-26.6%	43
Ambulatory Surgeries/1,000 Members	425	430	1.1%	600
Office Visits/1,000 Members	2,787	2,660	-4.6%	3,545
ER Visits/1,000 Members	228	250	9.6%	239



¹Aetna BOB demographic metrics are specific to the overall broad product categories of HMO, QPOS, Indemnity, PPO, Managed Choice and Elect Choice and to the plan sponsor's region(s). Aetna BOB financial and utilization metrics are further adjusted for the plan sponsor's age and gender mix. All BOB metrics are based on a 12 month incurred time period with a two month lag.

² Membership for Pharmacy is found on the Key Statistics - Pharmacy Report

Sapoznik Insurance Code of Ethics Policy

It is the policy of Sapoznik to provide our Code of Ethics and Business Conduct, which will serve as a guide to proper business conduct for all employees. We expect all of our employees to observe the highest standards of ethics and integrity in their conduct. This means that they are expected and required to follow a basic code of ethical behavior that includes the following:

Build Trust and Credibility

The success of our business is dependent on the trust and confidence we earn from our employees, customers and vendors. We gain credibility by adhering to our commitments, displaying honesty and integrity and reaching company goals solely through honorable conduct.

Respect for the Individual

We all deserve to work in an environment where we are treated with dignity and respect. Sapoznik Insurance is committed to creating such an environment because it brings out the full potential in each of us, which, in turn, contributes directly to our business success.

Create a Culture of Open and Honest Communication

At Sapoznik Insurance everyone should feel comfortable to speak his or her mind, particularly with respect to ethics concerns. Our management team and brokers have a responsibility to create an open and supportive environment where employees feel comfortable raising such questions. We all benefit tremendously when employees exercise their power to prevent mistakes or wrongdoing by asking the right questions at the right times.

Sapoznik Insurance will investigate all reported instances of questionable or unethical behavior. In every instance where improper behavior is found to have occurred, the company will take appropriate action. We will not tolerate retaliation against employees who raise ethics concerns in good faith.

Set the Tone at the Top

Sapoznik Insurance upper management has the added responsibility for demonstrating, through their actions, the importance of this Code. In any business, ethical behavior does not simply happen; it is the product of clear and direct communication of behavioral expectations, modeled from the top and demonstrated by example. Again, ultimately, our actions are what matters.

To make our Code work, managers must be responsible for promptly addressing ethical questions or concerns raised by employees and for taking the appropriate steps to deal with such issues. Managers should not consider employees' ethics concerns as threats or challenges to their authority, but rather as another encouraged form of business communication. We want the ethics dialogue to become a natural part of daily work.

Uphold the Law

Our commitment to integrity begins with complying with laws, rules and regulations where we do business. Further, each of us must have an understanding of the company policies, laws, rules and regulations that apply to our specific roles. If we are unsure of whether a contemplated action is permitted by law or Company policy, we should seek the advice from the resource expert. We are responsible for preventing violations of law and for speaking up if we see possible violations.

Competition

We are dedicated to ethical, fair and vigorous competition. We will sell a variety of products and services based on their merit, superior quality, functionality and competitive pricing. We will make independent pricing and marketing decisions and will not improperly cooperate or coordinate our activities with our competitors. We will not offer or solicit improper payments or gratuities in connection with the purchase of goods or services for Sapoznik Insurance or the sales of its products or services, nor will we engage or assist in unlawful boycotts of particular customers.

Proprietary Information

It is important that we respect the property rights of others. We will not acquire or seek to acquire improper means of a competitor's trade secrets or other proprietary or confidential information. We will not engage in unauthorized use, copying, distribution or alteration any intellectual property.

Selective Disclosure

We will not selectively disclose (whether in one-on-one or small discussions, meetings, presentations, proposals or otherwise) any material nonpublic information with respect to Sapoznik Insurance, our business operations, plans, financial condition, results of operations or any development plan. We should be particularly vigilant when making presentations or proposals to customers to ensure that our presentations do not contain material nonpublic information.

Avoid Conflicts of Interest

We must avoid any relationship or activity that might impair, or even appear to impair, our ability to make objective and fair decisions when performing our jobs. At times, we may be faced with situations where the business actions we take on behalf of Sapoznik Insurance may conflict with our own personal or family interests because of the course of action that is best for us personally may not also be the best course of action for Sapoznik Insurance. We owe a duty to Sapoznik Insurance to advance its legitimate interests when the opportunity to do so arises. We must never use Sapoznik Insurance property or information for personal gain or personally take for ourselves any opportunity that is discovered through our position with Sapoznik Insurance.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict of interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the Human Resources department.

Accepting Business Courtesies

Most business courtesies offered to us in the course of our employment are offered because of our positions at Sapoznik Insurance. We should not feel any entitlement to accept and keep a business courtesy. Although we may not use our position to obtain business courtesies, and we must never ask for them, we may accept unsolicited business courtesies. Employees who award contracts or who can influence the allocation of business, who create specifications that result in the placement of business or who participate in negotiation of contracts must be particularly careful to avoid actions that create the appearance of favoritism or that may adversely affect the company's reputation for impartiality and fair dealing. The prudent course is to refuse a courtesy from a supplier/provider when Sapoznik Insurance is involved in choosing or reconfirming a supplier or under circumstances that would create an impression that offering courtesies is the way to obtain Sapoznik Insurance business.

Offering Business Courtesies

Any employee who offers a business courtesy must assure that it cannot reasonably be interpreted as an attempt to gain an unfair business advantage or otherwise reflect negatively upon Sapoznik Insurance. An employee may never use personal funds or resources to do something that cannot be done with Company resources. Accounting for business courtesies must be done in accordance with approved company procedures.

Sapoznik Insurance brokers may provide non-monetary gifts (i.e., company logo apparel or similar promotional items) to our customers whose companies allow them to accept such gifts. Further, management may approve other courtesies, including meals, refreshments or entertainment of reasonable value, provided that:

- The practice does not violate any law or regulation or the standards of conduct of our or the recipient's organization.
- The business courtesy is consistent with industry practices and is lawful.
- The business courtesy is properly reflected on the books and records of Sapoznik Insurance.

Set Metrics and Report Results Accurately: Accurate Public Disclosures

We will make certain that all disclosures made in financial reports are full, fair, accurate, timely and understandable. This obligation applies to all employees, including all financial executives, with any responsibility for the preparation for such reports, including drafting, reviewing and signing or certifying the information contained therein. No business goal of any kind is ever an excuse for misrepresenting facts or falsifying records.

Employees should inform management in Human Resources and Compliance if they learn that information in any filing or public communication was untrue or misleading at the time it was made or if subsequent information would affect a similar future filing or public communication.

Corporate Recordkeeping

We create, retain and dispose of our company records as part of our normal course of business in compliance with all Sapoznik Insurance policies and guidelines, as well as all regulatory and legal requirements.

All corporate records must be true, accurate and complete, and company data must be promptly and accurately entered in our books in accordance with Sapoznik Insurance's and other applicable accounting principles.

We must not improperly influence, manipulate or mislead any audit, nor interfere with any auditor engaged to perform an independent audit of Sapoznik Insurance books, records, processes or internal controls.

Accountability

Each of us is responsible for knowing and adhering to the values and standards set forth in this Code and for raising questions if we are uncertain about company policy. If we are concerned whether the standards are being met or are aware of violations of the Code, we must contact the Human Resources department. We take seriously the standards set forth in the Code, and violations are cause for disciplinary action up to and including termination of employment.

Integral to our business success is our protection of confidential company information, as well as nonpublic information entrusted to us by employees, customers and other business partners. Confidential and proprietary information includes such things as pricing and financial data, customer names/addresses or nonpublic information about other companies, including current or potential suppliers and vendors. We will not disclose confidential and nonpublic information without a valid business or legal purpose and proper authorization.

Compliance of Code of Ethics

Compliance with these principles is an essential element in our business success. Our Compliance Committee is responsible for ensuring these principles are communicated to and understood and observed by all employees. Day to day responsibility is delegated to all management members who are responsible for implementing these principles, if necessary, through more detailed guidance. Assurance of compliance is monitored and reported each year. Compliance with the code is subject to review by the board and subject to audit review. Employees are expected to bring to managements' attention any breach or suspected breach of these principles. Provision has been made for employees to be able to report in confidence.

From time to time, employees will likely have questions as to how this Code of Ethics and Business Conduct applies in particular situations. We expect all employees with such questions to discuss the exact circumstances with our Vice President of Human Resources and Compliance. Should the Vice President of Human Resources and Compliance be uncertain on what actions should be taken to ensure compliance with this Code of Ethics and Business Conduct, he/she will obtain further guidance by consulting with the Compliance Committee.

M. Litigation

Provide a listing of all lawsuits or proceedings involving the Respondent within the past ten (10) years, including case names and numbers, courts, nature of the actions and disposition or status of each case.

There are no lawsuits or proceedings involving Sapoznik Insurance in the past 10 years.

N. Insurance Requirements

All respondents shall provide evidence of the ability to obtain appropriate insurance coverage. Respondents may fulfill this requirement by having their insurance agent either (1) complete and sign an insurance certificate which meets all requirements, or (2) issue a letter on the insurance agency's stationery stating that the respondent qualifies for the required insurance coverage levels and that an insurance certificate meeting the City's requirements will be submitted before final execution or issuance of the contract. (Form A-7)

As the incumbent Broker of Record for the City of North Miami, Sapoznik Insurance has provided copies of Insurance policies/certificates required under the terms of this RFP. Sapoznik insurance commits to make modifications to required policies/certificates and will submit before final execution or issuance of the contract.



Form “A-7”

General Insurance Requirements

Bidders must submit with their bid or proposal, proof of insurance meeting or exceeding the following requirements.

- Workers’ Compensation Insurance – Statutory limits and Employer’s Liability Insurance - \$1,000,000
- Fidelity / Dishonesty Coverage - \$500,000 per occurrence
- Professional Liability (Errors and Omissions) Insurance –
 1. \$1,000,000 per occurrence, \$2,000,000 aggregate on dedicated project limits with a deductible (if applicable) not to exceed \$25,000.00 per claim (audited financial statements required). The certificate of insurance shall reference any applicable deductible;
 2. Claims made policy must have an extended coverage reporting period of two years past the coverage completion date;
 3. For Deductible programs or Self Insured Retention Programs an Irrevocable Letter of Credit or performance Bond for amount of SIR/Deductible is required.
- Commercial General Liability Insurance – preferably written on an occurrence form with \$1,000,000 for each occurrence, to include contractual liability, personal & advertising injury, and products/completed operations.
- Automobile Liability Insurance – \$1,000,000 combined single limit bodily injury & property damage.

The successful Bidder(s) must submit, prior to signing of contract, a Certificate of Insurance including the City of North Miami as additional insured for Commercial General Liability and Auto Liability Insurance. Consultant shall guarantee all required insurance remain current and in effect throughout the term of contract.

Please note: The insurance requirements listed above are general in nature and should only be used as an indication of the most frequently required levels of coverage. Actual requirements may vary and will be fully documented within each individual IFB/RFP.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/17/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Libertate Insurance Services, LLC 707 East Washington Street Orlando, FL 32801 www.libertateins.com	CONTACT NAME: Engage PEO Certificate of Insurance Dept. PHONE (A/C, No, Ext): 727-565-2950 FAX (A/C, No): 727-214-9088 E-MAIL ADDRESS: wc@engagepeo.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Technology Insurance Company, Inc 42376 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED The S2 HR Group, LLC dba Engage PEO 3001 Executive Drive, Suite 340 St. Petersburg FL 33762	

COVERAGES **CERTIFICATE NUMBER: 48771735** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	TWC3767332	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

PEO Client: Sapoznik Insurance & Associates, LLC #121003 Effective: 12/31/2015
 Coverage is extended to the leased employees of alternate employer in all states except in monopolistic states.

CERTIFICATE HOLDER 121003 Sapoznik Insurance & Associates, LLC 1100 NE 163rd St Suite 200 North Miami Beach FL 33162	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Paul R. Hughes
---	--

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

48771735 | ENGAPBO-01 | AmTrust 1-1-19 WC Master | Kyle Sadler | 5/17/2019 4:21:27 PM (BDT) | Page 1 of 1
 This certificate cancels and supersedes ALL previously issued certificates.

Fidelity/ Dishonesty Coverage - \$500,000 per occurrence

Covered under Sapoznik umbrella policy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SPR Insurance Group, LLC 18305 Biscayne Blvd Suite 218 Aventura FL 33160	CONTACT NAME: Cynthia Hernandez PHONE (A/C, No, Ext): (305) 397-0500 FAX (A/C, No): (305) 760-2908 E-MAIL ADDRESS: CHERNADEZ@SPRINGGROUP.COM														
INSURED Sapoznik Insurance & Associates, LLC, DBA: Sapoznik Insurance 1100 NE 163rd Street, 2nd Floor North Miami Beach FL 33162	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Allied World Assurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Allied World Assurance Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Allied World Assurance Co															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 18-19 E & O **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			03086949	11/14/2018	11/14/2019	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Professional Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Proof of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

Additional Named Insureds

Other Named Insureds

Sapoznik Insurance Associates LLC

Doing Business As



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

(A stock insurance company, herein the "Company")

Policy No. RPS-P-50149629M

Cyber and Privacy Liability Insurance Policy

94.111 (06/18)

NOTICE: THE POLICY CONTAINS ONE OR MORE COVERAGES. CERTAIN COVERAGES ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION (\$). PLEASE READ THIS POLICY CAREFULLY.

POLICY DECLARATIONS

ITEM 1.	NAMED INSURED	Sapoznik Insurance & Associates LLC
	ADDRESS	1100 NE 163rd St., Miami, Florida, 33162-4501
ITEM 2.	POLICY PERIOD	FROM: April 29, 2019 TO: April 29, 2020 (12:01 A.M. Standard time at the address shown in Item 1.)
ITEM 3.	POLICY LIMITS OF LIABILITY AND COVERAGES PURCHASED	A. Aggregate Limit of Liability: \$1,000,000 (Aggregate for Each and Every Claim including Claims Expenses) B. Sublimit of Liability for Individual Coverage(s) Purchased: \$1,000,000 "Nil" or "N/A" Sublimit of Liability for any coverage indicates that the coverage was not purchased

COVERAGE	PER CLAIM SUBLIMIT OF LIABILITY INCLUDES CLAIM EXPENSES	AGGREGATE SUBLIMIT OF LIABILITY
A. Privacy Liability (including Employee Privacy)	\$1,000,000	\$1,000,000
B. Privacy Regulatory Claims Coverage	\$1,000,000	\$1,000,000
C. Security Breach Response Coverage	\$1,000,000	\$1,000,000
D. Security Liability	\$1,000,000	\$1,000,000
E. Multimedia Liability	\$1,000,000	\$1,000,000
F. Cyber Extortion	\$1,000,000	\$1,000,000
G. Business Income and Digital Asset Restoration	\$1,000,000	\$1,000,000
H. PCI DSS Assessment	\$1,000,000	\$1,000,000
I. Electronic Fraud		



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

1. Telephone Hacking	\$100,000	\$100,000
2. Funds Transfer Fraud	\$100,000	\$100,000

ITEM 4. RETENTION (including Claims Expenses):

COVERAGE	EACH CLAIM
A. Privacy Liability (including Employee Privacy)	\$10,000
B. Privacy Regulatory Claims Coverage	\$10,000
C. Security Breach Response Coverage	\$10,000
D. Security Liability	\$10,000
E. Multimedia Liability	\$10,000
F. Cyber Extortion	\$10,000
G. Business Income and Digital Asset Restoration	\$10,000 / 12 hrs waiting period
H. PCI DSS Assessment	\$10,000
I. Electronic Fraud	
1. Telephone Hacking	\$10,000
2. Funds Transfer Fraud	\$10,000

ITEM 5. PREMIUM \$7,563.00

TRIA PREMIUM: \$76.00

ITEM 6. TERRITORIAL LIMITS Worldwide

ITEM 7. RETROACTIVE DATE Full Prior Acts

ITEM 8. NOTICE OF CLAIM 2 Steps:

1. Call Baker Hostetler at the 24 Hour Security Breach Hotline:
1-866-288-1705
2. File your claim with:

rpscyberclaims@clydeco.us
 Clyde & Co. US LLP
 101 Second Street, 24th Floor
 San Francisco CA 94105
 USA

ITEM 9. NOTICE OF ELECTION RPS National Claims
 190 New Camellia Blvd.
 Covington, LA 70433
 USA

ITEM 10. SERVICE OF SUIT Risk Situated in California:
 Eileen Ridley
 FLWA Service Corp.



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

c/o Foley & Lardner LLP
555 California Street, Suite 1700, San Francisco, CA 94104-1520

Risks Situated in All Other States:
Mendes & Mount
750 Seventh Avenue, New York, NY 10019

ITEM 11. CHOICE OF LAW

Florida

ITEM 12. WAITING PERIOD:

12 hrs waiting period

**FORMS AND ENDORSEMENTS
EFFECTIVE AT INCEPTION**

94.200 (06/17) CYBER AND PRIVACY LIABILITY POLICY FORM
94.102 (01 15) Nuclear Incident Exclusion
94.103 (01 15) Radioactive Contamination Exclusion
94.805 (06/17) Breach Response Team Endorsement
94.801 (06/17) FLORIDA Amendatory
94.527 FL (09/18) Coverage Enhancements Endorsement
94.528 (06/18) FTF Coverage Endorsement
94.551 (01 15) Coverage for Certified Acts of Terrorism
94.558 FL (01 15) War and Terrorism Endorsement (Certified Acts Coverage Accepted)

O. RFP Forms

FORM A-1



**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of North Miami
[print name of public entity]
by Sapoznik Insurance & Associates LLC - Rachel A. Sapoznik, CEO
[print individual's name and title]
for Sapoznik Insurance & Associates LLC - Rachel A. Sapoznik, CEO
[print name of entity submitting sworn statement]
whose business address is 1100 NE 163rd Street, North Miami Beach, FL 33162
and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0086146 (If the
entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes**, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

FORM A-1



6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**
- Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Rachel A. Sppoznik
[signature]

Sworn to and subscribed before me this 17th day of May, 2019.

Personally known ✓

OR Produced identification _____ Notary Public - State of Florida

My commission expires 3/19/22
(Type of Identification)

(Printed typed or stamped Commissioned name of Notary Public)





FORM "A-2"
NON-COLLUSIVE BIDDER CERTIFICATE
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, on this day personally appeared Rachel A. Sapoznik (Authorized Officer), who being by me duly sworn, deposes and says:

1. That he/she is the CEO of the corporation/partnership known and styles as Sapoznik Insurance & Associates, LLC., duly formed under the laws of the State of Florida, on November 17, 1988, 20 , is duly authorized to represent such corporation/partnership in the making of this Affidavit and certification.

2. That Sapoznik Insurance & Associates, LLC. (corporation/partnership) has not, within 6 months next preceding the date of this affidavit, entered into any combination, contract, obligation, or agreement to create nor that may tend to create or to carry out any restriction on secret, competitive bidding on the procurement of Sapoznik Insurance & Associates, LLC., to fix, maintain, increase, or reduce the price set out in the Proposal (bid) on the Project; to fix or maintain any standard or figure whereby the price bid in the Proposal is or has been in any manner affected, controlled, or established; or in any other manner to prevent or lessen competition in the bidding for the Project.

3. That Sapoznik Insurance & Associates, LLC. (corporation/partnership) has not, during such time, entered into, executed, or carried out any contract, obligation, or agreement with any person, corporation, or association of persons not to bid on this Project below a common standard or figure, to keep the price thereof at fixed or graded figures, to preclude a fair and unrestricted competition in the bidding of this Project, to regulate, fix or limit the bidding on the Project, or to abstain from engaging in the bidding on the Project, or any portion thereof.

4. That Sapoznik Insurance & Associates, LLC. (corporation/partnership) has not within 6 months next preceding the date of this Affidavit, either directly or through the instrumentality of trustees or otherwise, acquired assets shares, bonds, franchise, or other rights in or physical properties of any other corporation or partnership for the purpose of preventing or lessening, or in a manner that tends to affect or lessen, competition in the bidding on this Project.

5. That Sapoznik Insurance & Associates, LLC. (corporation/partnership) has not within such time entered into any agreement or understanding to refuse to buy from or sell to any other person, corporation, firm, or association of person who bids on the Project.



6. That no officer of Sapoznik Insurance & Associates, LLC. has, within Affiant's knowledge, during such 6 months made on behalf of its or for its benefit any such contract or agreement as is specified in this Affidavit.

7. That these representations and warranties will be true at the time of the bid opening.

SAPOZNIK INSURANCE & ASSOCIATES, LLC
By: Rachel A. Sapoznik
Its: CEO
Authority Warranted

SWORN TO and subscribed before me this 17th day of May, 2019.

[Signature]
Notary Public
My Commission Expires:
3/19/22





FORM "A-4"

QUESTIONNAIRE INSTRUCTIONS

PROJECT:

OWNER:

CITY OF NORTH MIAMI

BIDDER:

INSTRUCTIONS

- A. All questions are to be answered in full, without exception. If copies of other documents will answer the question completely, they may be attached and clearly labeled. If additional space is needed, additional pages may be attached and clearly labeled.
- B. The City of North Miami shall be entitled to contact each and every person/company listed in response to this questionnaire. The Bidder, by completing this questionnaire, expressly agrees that any information concerning the Bidder in possession of said entities may be made available to the City.
- C. Only complete and accurate information shall be provided by the Bidder. The Bidder hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Bidder also acknowledges that the City is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a questions was provided by the Bidder, knowing it was false, it shall constitute grounds for immediate disqualification, termination, or rescission by the City of any subsequent agreement between the City and the Bidder.
- D. If there are any questions concerning the completion of this form, the Bidder is encouraged to contact the Purchasing Department via email at purchasing@northmiamifl.gov or via phone: (305) 895-9886.



QUESTIONNAIRE

Bidder's Name: Sapoznik Insurance & Associates, LLC.
Principal Office Address: 1100 NE 163rd Street
North Miami Beach, FL 33162

Official Representative: Rachel Sapoznik
Individual
Partnership (Circle One)
Corporation

If a Corporation, answer this:

When Incorporated: November 17, 1988

In what State: Florida

If Foreign Corporation:

Date of Registration with
Florida Secretary of State: _____

Name of Resident Agent: _____

Address of Resident Agent: _____

President's Name: Rachel Sapoznik

Vice President's Name: Isaac Sapoznik

Treasurer's Name: Ken Nahman, CPA

Members of Board of Directors: Rachel Sapoznik, Isaac Sapoznik

If a Partnership:

Date of Organization: _____

General or Limited Partnership*: _____



B. List all judgments from lawsuits in the last five years: None

C. List any criminal violations and/or convictions of the Bidder and/or any of its principals:

None

7. Conflicts of Interest. The following relationships are the only potential, actual or perceived conflicts of interest in connection with this proposal: (If none, so state).
None

The Bidder understands that information contained in this Questionnaire will be relied upon by the City of North Miami in awarding the proposed Agreement and such information is warranted by the Bidder to be true. The undersigned Bidder agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the Bidder, as may be required by the City Manager.

The Bidder further understands that the information contained in this questionnaire may be confirmed through a background investigation conducted by the City of North Miami Police Department. By submitting this questionnaire, the Bidder agrees to cooperate with this investigation, including but not necessarily limited to fingerprinting and providing information for credit check.



I certify that the information and responses provided on this Questionnaire are true, accurate and complete. The Owner of the Project or its representatives may contact any entity or reference listed in this Questionnaire. Each entity or reference may make any information concerning the Contractor available to the Owner.

Dated May 17, 2019

CONSULTANT:

SAPOZNIK INSURANCE & ASSOCIATES, LLC

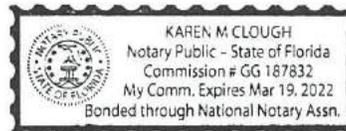
By Rachel A. Sapoznik
Its PRESIDENT & CEO

Sworn to and subscribed before me this 17th day of May, 2019

[Signature]
Notary Public

My Commission Expires:

3/19/22





FORM A-5

ADDENDUM TO BID DOCUMENTS

BID NUMBER: 35-18-19

BID OPENING DATE: April 8, 2019

To All Bidders:

It is the Bidder's responsibility to assure receipt of all addenda. The Bidder should verify with the designated Contracting Officer prior to submitting a proposal that all addenda have been received. Bidder's are required to acknowledge the number of addenda received as part of their proposals.

This form must be returned with your bid as acknowledgement of receipt of all addenda issued for this RFP,RFQ or IFB and must be signed in the space provided below. Bidder's failure to return this form will be deemed non-responsive and will not be considered for contract award.

Please initial to acknowledge receipt of addenda pertaining to this contract:

- Addendum No. 1 RS
- Addendum No. 2 RS
- Addendum No. 3 _____
- Addendum No. 4 _____
- Addendum No. 5 _____
- Addendum No. 6 _____
- Addendum No. 7 _____
- Addendum No. 8 _____
- Addendum No. 9 _____
- Addendum No. 10 _____

Acknowledged by:

Name: Rachel Sapoznik
 Signature: *Rachel A. Sapoznik*
 Date: 5-17-19



Form “A-7”

General Insurance Requirements

Bidders must submit with their bid or proposal, proof of insurance meeting or exceeding the following requirements.

- Workers’ Compensation Insurance – Statutory limits and Employer’s Liability Insurance - \$1,000,000
- Fidelity / Dishonesty Coverage - \$500,000 per occurrence
- Professional Liability (Errors and Omissions) Insurance –
 1. \$1,000,000 per occurrence, \$2,000,000 aggregate on dedicated project limits with a deductible (if applicable) not to exceed \$25,000.00 per claim (audited financial statements required). The certificate of insurance shall reference any applicable deductible;
 2. Claims made policy must have an extended coverage reporting period of two years past the coverage completion date;
 3. For Deductible programs or Self Insured Retention Programs an Irrevocable Letter of Credit or performance Bond for amount of SIR/Deductible is required.
- Commercial General Liability Insurance – preferably written on an occurrence form with \$1,000,000 for each occurrence, to include contractual liability, personal & advertising injury, and products/completed operations.
- Automobile Liability Insurance – \$1,000,000 combined single limit bodily injury & property damage.

The successful Bidder(s) must submit, prior to signing of contract, a Certificate of Insurance including the City of North Miami as additional insured for Commercial General Liability and Auto Liability Insurance. Consultant shall guarantee all required insurance remain current and in effect throughout the term of contract.

Please note: The insurance requirements listed above are general in nature and should only be used as an indication of the most frequently required levels of coverage. Actual requirements may vary and will be fully documented within each individual IFB/RFP.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/17/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Libertate Insurance Services, LLC 707 East Washington Street Orlando, FL 32801 www.libertateins.com	CONTACT NAME: Engage PEO Certificate of Insurance Dept. PHONE (A/C, No, Ext): 727-565-2950 FAX (A/C, No): 727-214-9088 E-MAIL ADDRESS: wc@engagepeo.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Technology Insurance Company, Inc 42376 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED The S2 HR Group, LLC dba Engage PEO 3001 Executive Drive, Suite 340 St. Petersburg FL 33762	

COVERAGES **CERTIFICATE NUMBER: 48771735** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	TWC3767332	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

PEO Client: Sapoznik Insurance & Associates, LLC #121003 Effective: 12/31/2015
 Coverage is extended to the leased employees of alternate employer in all states except in monopolistic states.

CERTIFICATE HOLDER 121003 Sapoznik Insurance & Associates, LLC 1100 NE 163rd St Suite 200 North Miami Beach FL 33162	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Paul R. Hughes
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48771735 | ENGAPBO-01 | AmTrust 1-1-19 WC Master | Kyle Sadler | 5/17/2019 4:21:27 PM (BDT) | Page 1 of 1
 This certificate cancels and supersedes ALL previously issued certificates.

Fidelity/ Dishonesty Coverage - \$500,000 per occurrence

Covered under Sapoznik umbrella policy

Additional Named Insureds

Other Named Insureds

Sapoznik Insurance Associates LLC

Doing Business As



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

(A stock insurance company, herein the "Company")

Policy No. RPS-P-50149629M

Cyber and Privacy Liability Insurance Policy

94.111 (06/18)

NOTICE: THE POLICY CONTAINS ONE OR MORE COVERAGES. CERTAIN COVERAGES ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION (\$). PLEASE READ THIS POLICY CAREFULLY.

POLICY DECLARATIONS

ITEM 1.	NAMED INSURED	Sapoznik Insurance & Associates LLC
	ADDRESS	1100 NE 163rd St., Miami, Florida, 33162-4501
ITEM 2.	POLICY PERIOD	FROM: April 29, 2019 TO: April 29, 2020 (12:01 A.M. Standard time at the address shown in Item 1.)
ITEM 3.	POLICY LIMITS OF LIABILITY AND COVERAGES PURCHASED	A. Aggregate Limit of Liability: \$1,000,000 (Aggregate for Each and Every Claim including Claims Expenses) B. Sublimit of Liability for Individual Coverage(s) Purchased: \$1,000,000 "Nil" or "N/A" Sublimit of Liability for any coverage indicates that the coverage was not purchased

COVERAGE	PER CLAIM SUBLIMIT OF LIABILITY INCLUDES CLAIM EXPENSES	AGGREGATE SUBLIMIT OF LIABILITY
A. Privacy Liability (including Employee Privacy)	\$1,000,000	\$1,000,000
B. Privacy Regulatory Claims Coverage	\$1,000,000	\$1,000,000
C. Security Breach Response Coverage	\$1,000,000	\$1,000,000
D. Security Liability	\$1,000,000	\$1,000,000
E. Multimedia Liability	\$1,000,000	\$1,000,000
F. Cyber Extortion	\$1,000,000	\$1,000,000
G. Business Income and Digital Asset Restoration	\$1,000,000	\$1,000,000
H. PCI DSS Assessment	\$1,000,000	\$1,000,000
I. Electronic Fraud		



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

1. Telephone Hacking	\$100,000	\$100,000
2. Funds Transfer Fraud	\$100,000	\$100,000

ITEM 4. RETENTION (including Claims Expenses):

COVERAGE	EACH CLAIM
A. Privacy Liability (including Employee Privacy)	\$10,000
B. Privacy Regulatory Claims Coverage	\$10,000
C. Security Breach Response Coverage	\$10,000
D. Security Liability	\$10,000
E. Multimedia Liability	\$10,000
F. Cyber Extortion	\$10,000
G. Business Income and Digital Asset Restoration	\$10,000 / 12 hrs waiting period
H. PCI DSS Assessment	\$10,000
I. Electronic Fraud	
1. Telephone Hacking	\$10,000
2. Funds Transfer Fraud	\$10,000

ITEM 5. PREMIUM \$7,563.00

TRIA PREMIUM: \$76.00

ITEM 6. TERRITORIAL LIMITS Worldwide

ITEM 7. RETROACTIVE DATE Full Prior Acts

ITEM 8. NOTICE OF CLAIM 2 Steps:
 1. Call Baker Hostetler at the 24 Hour Security Breach Hotline:
 1-866-288-1705
 2. File your claim with:

rpscyberclaims@clydeco.us
 Clyde & Co. US LLP
 101 Second Street, 24th Floor
 San Francisco CA 94105
 USA

ITEM 9. NOTICE OF ELECTION RPS National Claims
 190 New Camellia Blvd.
 Covington, LA 70433
 USA

ITEM 10. SERVICE OF SUIT Risk Situated in California:
 Eileen Ridley
 FLWA Service Corp.



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

c/o Foley & Lardner LLP
 555 California Street, Suite 1700, San Francisco, CA 94104-1520

Risks Situated in All Other States:
 Mendes & Mount
 750 Seventh Avenue, New York, NY 10019

ITEM 11. CHOICE OF LAW

Florida

ITEM 12. WAITING PERIOD:

12 hrs waiting period

**FORMS AND ENDORSEMENTS
 EFFECTIVE AT INCEPTION**

- 94.200 (06/17) CYBER AND PRIVACY LIABILITY POLICY FORM
- 94.102 (01 15) Nuclear Incident Exclusion
- 94.103 (01 15) Radioactive Contamination Exclusion
- 94.805 (06/17) Breach Response Team Endorsement
- 94.801 (06/17) FLORIDA Amendatory
- 94.527 FL (09/18) Coverage Enhancements Endorsement
- 94.528 (06/18) FTF Coverage Endorsement
- 94.551 (01 15) Coverage for Certified Acts of Terrorism
- 94.558 FL (01 15) War and Terrorism Endorsement (Certified Acts Coverage Accepted)



REFERENCES (Form A-14)

List a minimum of three (3)

Name: Goodwill Industries Contact: David Lansberg
 Address: 2121 NW 21 Street
 City: Miami State: FL Zip: 33142
 Contact Person: David Lansberg
 Phone: 305.326.4112 E-Mail: dlandsberg@goodwill.org
 Type of Job Performed & Cost: Agent of Record for Employee Benefits

Name: Craig Zinn Auto/ Lexus of North Miami Contact: Paul Rotmil
 Address: 14100 Biscayne Blvd.
 City: North Miami State: FL Zip: 33181
 Contact Person: Paul Rotmil
 Phone: 786.528.3731 E-Mail: protmil@gmail.com
 Type of Job Performed & Cost: Agent of Record for Employee Benefits Program

Name: Bean Automotive Group Contact: George Wiltz / Jiselle Perez
 Address: 13750 SW 136th Street
 City: Miami State: FL Zip: 33186
 Contact Person: George Wiltz 305.665.6581 / Jiselle Perez 305.728.6819
 Phone: see above E-Mail: george.wiltz@kendalltoyota.com
 Type of Job Performed & Cost: Agent of Record for Employee Benefits Program
 E-Mail: jiselle.perez@beanauto.com