PROPOSAL NO. RFP 2020-01

BENEFITS CONSULTING AND BROKERAGE SERVICES

SCOPE OF SERVICES

The City of Danville is seeking a highly qualified and experienced benefits consulting and brokerage firm to provide services for the optimization of its self-insured medical and fully insured ancillary insurance employee benefits and is looking for continuity of services in the rapidly changing area of employee benefits. The City is particularly interested in a broker who can offer creative, innovative approaches, with a proven track record, that allows the City to maintain quality programs and contain or reduce costs.
The selected consulting/brokerage firm will perform a full range of benefit program services related to the acquisition, implementation, maintenance, communication and enhancement of the City's employee insurance benefits. The selected consulting/brokerage firm shall provide services, including, but not limited to, the following:

Analysis and Reporting

Analyze existing coverage, identify and develop cost-saving alternative benefit strategies and plans. Provide innovative approaches to benefit challenges facing the City of Danville and recommendations for benefit plan changes.
• Assist in the development of short and long-range goals and strategies, including making projections of potential savings.
• Provide analysis and recommendations based on utilization and performance reports, statistical and financial reports, and plan specific data.
• Assist the City in being pro-active to monitoring and analyzing experience trends, provide timely alerts on changing patterns and suggest appropriate recommendations.
• Be available to prepare, provide and present various types of reports as needed, such as cost analysis for benefit changes, and other statistical, financial, forecasting, trend, or experience reports, as well as new products and audits, as requested.
• Maintain full and accurate records with respect to all matters and services provided on behalf of the City's benefit plans and programs. Provide City staff or officials all spreadsheets, assumptions and calculations upon completion of any project performed on behalf of the City's benefit plans and programs.
• Provide quarterly management reports for all benefit products. Monthly reports required on the health insurance plan, as well as periodic meetings to discuss data and strategy.
• Provide a high level of customer service to our organization to include evaluation of claims data, submission of executive reports and reconciliation of accounts.

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Liaison and Problem Intervention

Act as liaison with (and between) the City, insurance carriers and providers.
• Provide day-to-day consultation on plan interpretation and problem resolution, including, but not limited to, explanation of plans, assisting employees/ retirees with selecting plans that meet their needs and transitioning retirees from city plans to Medicare-coordinated plans.
• Provide timely customer service and assistance to City staff, employees and retirees with issues involving provider billing, claims, vendor service issues/problems, advocacy for services, disputes, interpretation of contracts and services, changes and general troubleshooting.
• Attendance, as needed, at meetings with City staff, elected officials, employees and/ or retirees to facilitate and assist in the management of the City's employee benefit plans.
• Act as an advocate or ombudsman in appeal, arbitration or court process between the City and the providers on unresolved issues if needed; provide advice when needed to enforce City, employee, retiree or their dependents' rights.
• Assist the City in proactive mitigation of negative impacts or disruption of services to employees and retirees from benefit and provider network changes.
• Represent the City of Danville in all negotiations with providers on all issues, including, but not limited to those related to fees, benefit levels, plan design, and special terms and conditions.
• Attend annual open enrollment meetings (on site at several City buildings) and continuing enrollment services as appropriate for both current and new City of Danville employees.

Compliance
• Assist with ongoing plan administration and ensure that City programs comply with State and Federal legislation.
• Review and disseminate information to City staff, on an ongoing basis, regarding new or revised State and Federal legislation that impacts benefit programs.
• Develop and assist in creating, as needed, various communication materials and tools including, but not limited to, open enrollment annual meetings, new hire orientation, qualifying events.

Annual Renewal Process and Evaluation
• Establish a strategy for benefits, both annually and three (3) to five (5) years in the future to determine goals and impacts. Consider trends, prospective legislations, new delivery systems, and forecast of market conditions, expectations of renewals and geographic health-care practices to make both short and long-term projections.
• Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, funding options, communications and quality of current employee and retiree benefit plans; recommendations of employee contributions as needed.
• Work with City Staff and help recommend appropriate premium rates and reserves/most economical funding methods to maintain the viability of each benefit plan to ensure that quality

and cost-effective benefits are provided by the plans, for both current plan year and upcoming year.

• Determine annual estimates of renewal rates and cost trends and assist City staff in preparation of budget figures.

• Prepare specifications and compile data, obtain quotes and proposals, analyze and compare proposals and negotiate rates.

• Make recommendations, as well as representations for items of negotiation with carriers, including, but not limited to, benefit levels and plan design, premiums/funding options, quality of service, performance measures and guarantees, contractual terms and conditions, quality assurance standards and return on investment, where applicable.

• Review rate proposals to ensure underlying assumptions are appropriate and accurate to the City.

• Provide communication and support for the annual open enrollment period, new benefit offerings and/or changes to the existing benefits offerings.

• Attendance at and assistance with coordination of the annual Employee Benefits Fair and Open Enrollment meetings.

Other Service Requirements

Assist, if needed, in the development, implementation and ongoing process of an employee wellness program, to improve employee health and reduce employee health-care costs, both in the short and long-term.

• Assist in the available options of web site technologies to support on-line enrollments, qualifying event changes and employee education to assist employees/retirees in self-management of benefits.

• Recommend and help develop enhancements and improvements for communications specific to the needs of the City's employees.

• Develop additional benefits communications specific to the needs of the City's employees and retirees.

• Attendance at, and assistance with, meetings with the City Manager and staff.

• Manage plan transitions as necessary.

• Review and evaluate current administrative processes related to enrollment and billing.

• Assist the City of Danville with the implementation and various communication options of new programs or changes to existing programs, which will include attending and presenting information at annual open enrollment meetings, along with any meetings during the plan year, as needed.

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CONSULTANT PROPOSAL REQUIREMENTS

I. Brokerage Services

a. Confirm that you are a licensed broker in the State of Kentucky and provide documentation.

John Clay – BetterSource Benefits

- **KY DOI Resident License #384976, NPN #7206733**
- **KY DOI Resident Licensed Insurance Consultant (Life & Health)**
- **Worker's Comp Cert en route to City of Danville**
    - **KEMI Policy # 304565; KEMI PHONE # 859-425-7800**

b. Briefly describe your company's organization, philosophy, and management. Also, provide a brief company history.

Organization & Management: **BetterSource benefits is a Kentucky based, Subchapter S Corp formed in 1999. John Clay is its President and principal advisor. The BetterSource ownership model is one that encourages and rewards hard work and provides stability for customers. As client advisors build a client base valued at $375,000, they are offered the opportunity to join the partnership. Each partner owns their respective client base and joins with other BetterSource partners to build the support teams that service clients.**

<u>Lead Consultant:</u> John Clay, LIC

John Clay has been advising employers on health care cost reduction strategies for nearly two decades. An expert in self-funded medical plans, John has helped employers implement varied solutions focused on reducing the cost of health care, such as direct contracting, direct primary care, and others, as a means to return the crown jewel of employee benefit packages to its place of prominence rather than the liability that it has become for many. Understanding that pre-packaged fully insured medical plans eliminates all employer control over their health care supply chain, John Co-Wrote an Amazon Bestseller; *"Breaking Through the Status Quo, How innovative companies are changing the benefits game to help their employees and boost their bottom line"* which spawned the concept of the Total Control Health Plan. John is passionate about putting employers in a position to use the same techniques they use to manage all other aspects of their business on their health plans. By doing so, employers have not only experienced dramatic cost reductions and minimal annual increases, but they have done so while providing better plans to their employees. Since 2018, John has presented at industry conferences in Nashville, TN, Philadelphia, PA, and the World Healthcare Congress, Washington DC.

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John is a graduate of the University of Kentucky, Gatton College of Business & Economics, holding a bachelor's degree in Business Administration with Concentration in Supply Chain Management. John has served as a Board member and past-President of the Rotary Club of Somerset and other multiple non-profit organizations.

Account Manager: **Will Wilson**

Will has been serving employers as their key, day to day, contact since 2018. An expert in Benefit Administration systems, Will has thrived serving multiple location, highly complex, self-funded clients with the implementation of multiple technology platforms. Prior to joining BetterSource, Will managed a sustainable farming production facility and earned his degree in Physics and Mathematics from Emory & Henry College. Will oversees project implementation, reporting, and general service for our most complex clients.

- **Kathy Clay, M.Ed.**

Employee Benefits Account Coordinator. Kathy has 27.5 years of experience in Education. She began her career working for the Somerset Schools, and joined BetterSource after retirement from teaching, moving into the agency setting with BetterSource in 2018. Kathy is an Account Coordinator, helping to organize, schedule & service all BetterSource Benefits' clients.

Philosophy: ***Making a difference driving real strategy.*** **BetterSource does not view our role as that of a broker or that of a "middleman" who simply works to negotiate the best price on a commodity. Rather, we view ourselves as advisors/consultants whose role is to partner with our clients to help them achieve the best performing custom benefits plan for their business. Speaking with regards to health plans specifically, Our Cost Containment & Strategy Division using Total Control Health Plans is dedicated to delivering better healthcare outcomes with less risk at a lower price yet unique to each employer. We believe it is important for our compensation to be tied to the performance and success of the plans we advise on, so that our objectives and focus align with those of our clients. Our ideal client is one who believes that through access to information and effective management their health plan can be a benefit engine delivering high quality healthcare to plan participants.**

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c. Describe your contractual relationships, if any, with organizations or entities necessary to your proposal's implementation (i.e. actuarial services, data information services, etc.).

We are fiercely independent Insurance Agents & Brokers and Employee Benefits Consultants. We solve best fit with a variety of strategies, solutions and partners to design the best fit for potential clients and review and audit contracts on an ad hoc basis for each client's profile. Data Analytics, Actuarial Services and Contracts are audited in-house, and we partner with independent nationally known vendors and experts that deliver actionable data and advice. We have preferred partner access to over 21 Cost & Transparency tools.

d. How long has your organization been providing brokerage services?

- **Our Brokerage division has delivered optimization of fully insured ancillary insurance for over 20 years**
- **Our Cost Containment & Strategy division has delivered optimization of self-insured medical solutions for the last 5 years.**

e. Please provide a list of four verifiable references:

1. KCEOC Community Action Partnership, Inc.

i. services you provided: **Consulting**
ii. benefit programs addressed: **Medical & Rx**
iii. number of covered employees: **146**
iv. contact name and phone number: **Paul Dole, CEO 606 546-3152**

2. City of Corbin, KY

i. services you provided: **Consulting/Implementation/Ongoing Management**
ii. benefit programs addressed: **Medical, Rx, Dental Vision, Life Vol Life, Enhanced Vol**
iii. number of covered employees: **101**
iv. contact name and phone number: **Marlon Sams, City Manager 606 523-6521**

3. Lincoln County Fiscal Court

i. services you provided: **Consulting/Implementation/Ongoing Management**
ii. benefit programs addressed: **Medical, Rx, Dental Vision, Life Vol Life, Enhanced Vol**
iii. number of covered employees: **66**
iv. contact name and phone number: **Jim W. Adams, County Judge Exec 606 365-2534**

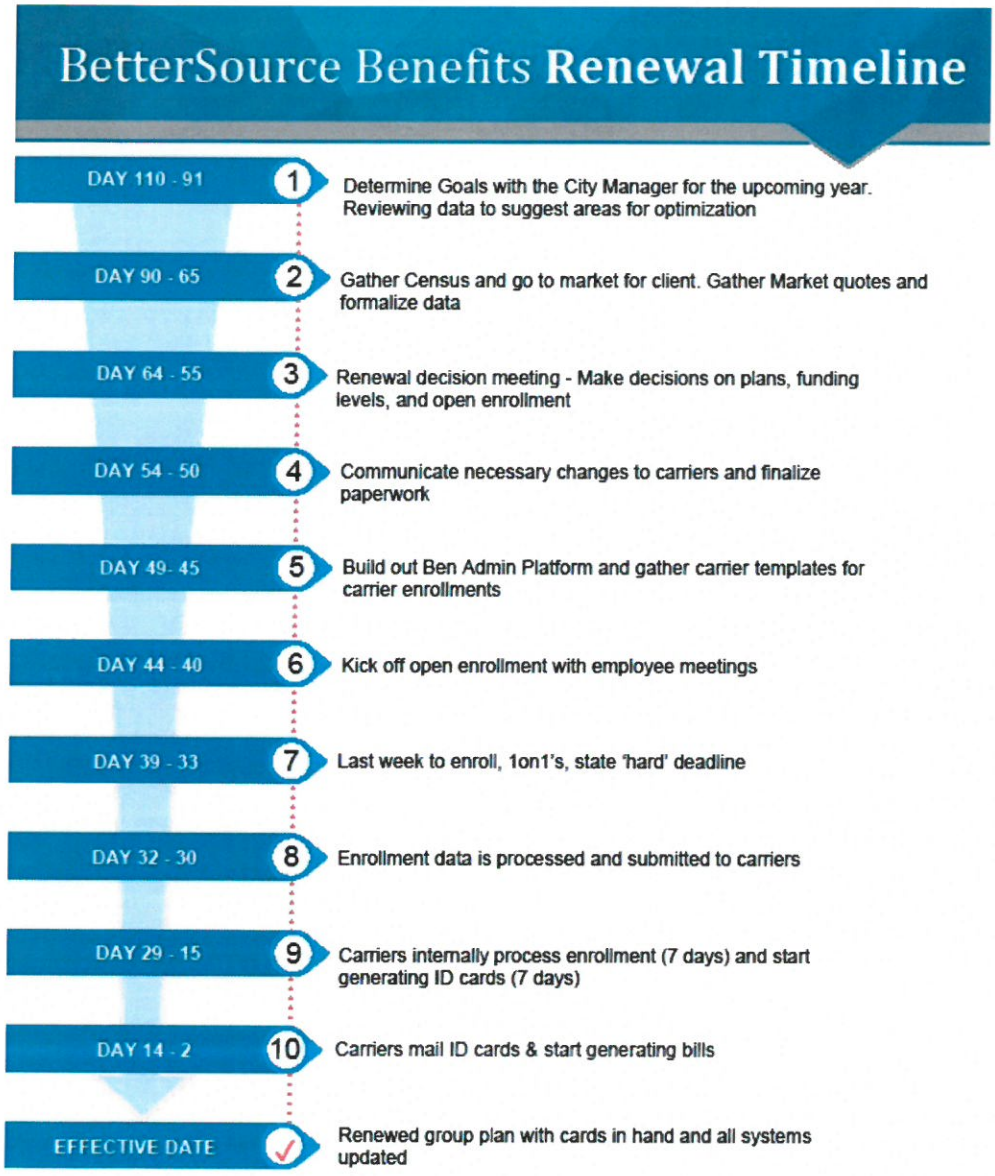
4. Rockcastle County Fiscal Court

i. services you provided: **Consulting/Implementation/Ongoing Management**
ii. benefit programs addressed: **Medical, Rx, Dental Vision, Life Vol Life, Enhanced Vol**
iii. number of covered employees: **78**
iv. contact name and phone number: **Howell Holbrook, County Judge Executive, 606 256-1293**

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f. Describe your organization's anticipated involvement in the annual renewal process. Include information regarding process timeframes, negotiation of rates and Consultant selection.



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g. How will you facilitate or participate in the implementation, communication, and enrollment process to assure a seamless product transition?

Employers and their associates want confidence, clarity and control over their employee benefits. See f. above. In addition, we work to help facilitate organizing the group's 'change agents' to meet and design the best possible communications strategy for any major changes that are implemented.

We develop custom benefit booklets annually and work with clients to implement The Benefits App. Our Benefits App delivers Telemedicine and Advocacy services along with access to policy details and ID cards from your smartphone. This feature can blast information to each employee and their dependents with reminders for flu shots and other messaging. The Benefits App also evacuates the cost and time involved in some office visits and adds value to the plan.

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h. Provide any additional information regarding your organization or services that you feel would be beneficial in helping the City of Danville to select a benefits broker.

I. MARKET EXPERIENCE & EXPERTISE:

- **Health and Welfare – BetterSource Benefits has been advising employers on Health and Welfare plans for over 30 years. We are experts in this area.**

- **Legal Counsel/Compliance – BetterSource Benefits takes compliance very seriously, believing that it is our role to ensure our clients have the tools and knowledge necessary to stay in compliance with all applicable laws and regulations. As a result, we not only leverage internal experts, but rely on outside resources such as our ongoing partnership with the General Counsel and ERISA Health Care Attorney, Doug Aldeen, Esq. We regularly consult with Our HR Hotline to ensure our clients can make informed decisions.**

We leverage multiple online resources to facilitate compliance including Compliance Dashboard, as well as, providing clients with an annual Compliance Report Card.

- **Benchmarking – BetterSource leverages multiple sources for Benchmarking information, including but not limited to:**

  - **Zywave**
  - **The Employers Association**
  - **Kaiser Family Foundation**
  - **SHRM**
  - **NextGen Benefits Mastermind Partnership**
  - **Carrier books of business**

- **Research and Technical Services –**

The BetterSource team is highly skilled at research and technical services as demonstrated by publishing an industry recognized book. When researching complex items, we leverage the following as key sources of information:

- **The vast amount of experience among the BetterSource Team**
- **Our peers from the select national groups, Health Rosetta &NextGen Benefits Mastermind Partnership**
- **Our key vendor partners**
- **Other industry recognized publications**
- **Independently validated websites**

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- **Benefits Administration – The BetterSource team that would be serving the City of Danville has knowledge of multiple benefit administration platforms, including but not limited to:**

- **EaseCentral**
- **Employee Navigator**
- **BerniePortal**
- **Benefits Guide**
- **B-swift**
- **Plansource**
- **Paycor**
- **Dominion**

BetterSource currently offers access to multiple benefit administration platforms for various clients.

- **Benefits Communication**

BetterSource takes benefit communication very seriously as this is the key to achieving the stated goals of the plans we help implement. Starting with re-naming "Open Enrollment" meetings to "Benefit Education" meetings, we focus heavily on helping individuals understand how to get the most out of their health plans. The reason behind the name change is that the objective of the annual meetings is far greater than simply getting individuals enrolled in their benefits.

We follow up our benefit education meetings with video recordings for future reference, and then implement our custom Benefit Marketing Plan. These plans are month by month plans outlining the topics and related collateral that will be distributed to plan participants throughout the year.

We have also assisted clients with successfully implementing the Benefits App, which is a highly flexible and customizable platform for benefit communication.

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2. What size clients does your firm generally support? – **As a corporate insurance agency, BetterSource has corporate clients ranging in size from 2 employees to 400 employees. The team that will be working with City of Danville specifically has an average client size of 100+ employees.**

3. If your firm is selected, how would you propose we transition our account?

The first step in transition will be to sit down with the proper parties to determine the state of the employee benefit plan, identify priorities and create a timeline so all objectives will be met in a timely manner. An example of a proposed course of action is:

Day 1: Agent of Record letters and Business Associates Agreement(s) generated and submitted to City of Danville

Day 2 – 10: AOR's submitted to incumbent carriers and all related plan information requested from carriers.

Day 2 – 30: All received plan information reviewed and monthly reporting templates established.

Day 2 – 60: Multiple meetings with City of Danville to clearly establish short, mid, and long-term objectives, deliverables, and timeline for execution.

4. Describe your approach to supporting our programs throughout the plan year.

Our approach for supporting programs throughout the year falls into two different categories:

- **General Customer Service:**

BetterSource is committed to assisting those on the front lines interacting with employees daily. We are available outside of traditional business hours to support our clients and their employees, wherever they are located. We understand that when issues occur, we treat them like payroll issues – they need immediate resolution, especially if they have risen to the level of the HR department. At that point, the customer (the employee) is frustrated

and quite possibly in serious need of help. When serving our clients and their employees we always ask ourselves the following question with regards to each customer service issue:

- **Who is our end customer? (likely the employee or their spouse)**
- **What are they looking for?**
- **Did your answer provide that to them?**

We sometimes encounter a situation where someone wants a health plan to cover a claim, which it simply can't do. Rather than just relay that message to a plan participant, we look further and deeper to determine what other tools are available to help the member get what they are looking for (the solution to the problem).

Plan strategy and performance:

The health plans we help our clients design and implement are not a static creation. The goal is implementing a plan that management wants, and usually helps the members get the best possible care, while at the same time running as efficiently as possible. As a result, we provide monthly high-level reporting as to how the plan is running and why. We meet quarterly to dive more deeply into specific aspects of the plan such as pharmacy contracting, provider contracting, or stop-loss purchasing. Finally, we are interacting with the selected vendors weekly as specific situations arise that need attention, such as bringing additional resources around a plan participant based upon a diagnosis.

Ultimately the plans we assist with are always in a state of evolution and we are continually monitoring their performance.

5. In your opinion, what are the two major challenges cities our size face and how will your firm help meet these challenges?

In our opinion, the two major challenges facing employers like Danville are the following:

- **Attraction and Retention of employees**
  (Due to Record Low Unemployment and Massive Retirements)

- **The rising costs of healthcare and the inability to effectively address it with the solutions that have historically been presented to employers. Even at a nominal annual increase rate of 5%, healthcare costs would double in 15 years. That is not a sustainable reality for most employers and change needs to occur.**

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BetterSource is uniquely positioned to help The City address both challenges in the following way. As the creator of the Total Control Health Plan strategy, BetterSource specializes in putting employers in the position to be able to control and reduce the costs associated with their health plan. As a result, the employers we work with have found themselves able to:

1. Reduce the employee liability associated with the health plan (both in contributions and out of pocket expenses)
2. Enhance the benefit offerings, returning healthcare benefits to the status of a competitive advantage they once occupied.

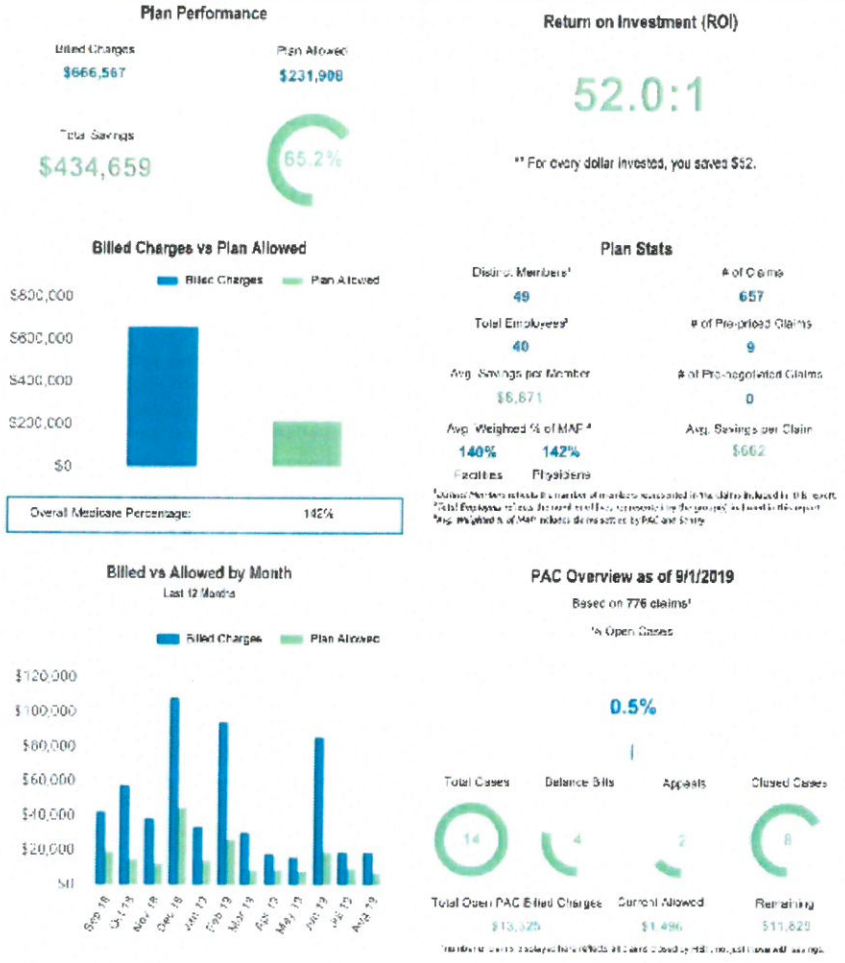
Performance in action:

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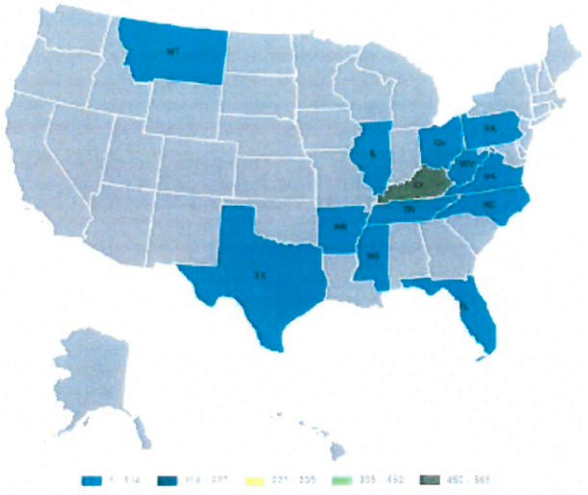
Top 5 Utilized Facilities

Facility Name	# of Claims
Ephraim McDowell Regional Medical Center, KY	60
Baptist Health Lexington, KY	12
Fort Logan Hospital, KY	6
Lake Cumberland Regional Hospital, KY	6
Saint Joseph London, KY	6

Top 5 High Dollar Claims

Facility Name	$ Dollar	$ Plan Allowed
University of Kentucky Hospital, KY	$48,276	$ 15,842
Baptist Health Lexington, KY	$47,866	$9,869
The University Hospital of Arkansas, AR	$42,348	$ 12,905
Baptist Health Lexington, KY	$21,115	$4,887
Lake Cumberland Regional Hospital, KY	$10,129	$5,746

Claims Distribution by State



Top 5 Inpatient Procedures

DRG	# of Claims
805 - Other Antepartum Diagnoses Without O.R. Procedure Without Comorbidities	1
807 - Vaginal Delivery Without Sterilization and C Without Comorbidities	1
794 - Neonate With Other Significant Problems	1
787 - Cesarean Section Without Sterilization With Cc	1

Top 5 Outpatient Procedures

Procedure	# of Claims
77067 - Screening Mammography Bi 2-View Breast Inc Cad	13
J0696 - Injection Ceftriaxone	12
96402 - Chemotx Admn Subq/Im Hormonal Anti-Neo	11
36415 - Collection Venous Blood Venipuncture	9
77063 - Screening Dig Tal Breast Tomosynthesis Bi	9

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i. Please detail your administrative capabilities on benefits plan compliance issues.

Legislative / Compliance

- **We use multiple methods for assisting clients with ensuring compliance, with the key components including:**
  - **Access to the online compliance tracking platform, Compliance Dashboard (at an additional cost)**
  - **Annual review of our proprietary Compliance Report Card**
  - **Annual review of compliance changes during the renewal process**
  - **Monthly compliance updates via email.**

II. HIPAA/COBRA

a. Do you provide COBRA administrative services?

YES

If yes, please explain the services provided and whether there is an additional fee associated with this service.

COBRA Notices, Administration & management: $250 Setup Fee and $150.00 per month.

b. Do you provide HIPAA administrative services? If yes, please explain the services provided and whether there is an additional fee associated with this service.

Yes, we do - At BetterSource safeguarding protected health information is a major priority. BetterSource stores all paper client PHI files in a locked filing cabinet. Discarded paperwork is shredded onsite and recycled. We store electronic protected health information in our database software, which is maintained by OnSite Solutions, with strict password protection and HIPAA compliance, or on a secure server with encryption and password protection. All our PHI emails to carriers are sent using Sharefile encryption by Citrix, and we offer free encrypted uploads to Sharefile for PHI from clients. When there is a need to transport PHI electronically to an offsite location, we use an EAS encrypted USB stick.

There is no additional charge for this – part of doing business in our field.

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III. Broker / Value Added Services

a. Describe how you help control the cost of healthcare to the City employees.
   i. **We offer to control the frequency & severity of claims optimizing the healthcare supply chain with transparency, active management and strong communication skills.**
   ii. **Once implemented, we regularly monitor and communicate data, emergent trends, benefit adjustment options, steerage and Rx management along the way.**

b. How do you improve the quality of benefits to City employees?
   i. **Eliminating waste on valueless components will improve benefits for the City of Danville:** https://www.fiercehealthcare.com/payer/cigna-sees-2019-profit-nearly-double-year-over-year-reaching-5-1b
   ii. **Actionable Data will lead to better benefits while regular communication of benefits and their value are emphasized**
   iii. **For those interested in allowed claims per member per year, see Chart Below. For PEPY, most would be 1.9 to 2.1x higher.**

Some useful data points pulled from the 2020 CMS actuarial value tool are summarized below. This includes 4 different metal levels based on standard populations and data represent 50M commercially insured lives. Numbers will vary by size, industry, geography but this is a good starting point.

Metal Level/Allowed Claims	Platinum	Gold	Silver	Bronze
Medical	$4,567	$4,303	$4,052	$4,013
Rx	$1,237	$1,100	$1,091	$959
Total	$5,804	$5,403	$5,142	$4,972

   iv. **If you want to read more about the methodologies, etc. there's this** https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2020-AV-Calculator-Methodology.pdf

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Exhibit 1: Professional Fees

Our Service	Per RFP 2020-01 SCOPE OF SERVICES	Benefit for You
Implementation Services	TPA & Carrier Enrollment and Coordination	Access to superior administrators and high management.
	PBM Implementation & Integration	Implementation to administrator and Rx sourcing vendors.
	Specialty Rx Coordination	Coordination between vendors and eligible employees to access specialty and name brand medications.
	HRA Implementation	Implementation of HRA to vendors and employees.
	Risk Management Set Up	Implementation of risk management strategies.
	Advocacy Implementation	Implementation of advocacy service to vendors and employees.
Renewal Services	Creating actuarial rates	Appropriate rates created based on your claims history.
	Claims analysis to isolate problematic areas	Cost and utilization data benchmarked against nationally recognized norms to compare performance with others in the field for a single period.
	Interpretation of claims analysis and development of action plan	Interpret the claims analysis and develop an action plan including benefit plan design, communication and disease management recommendations, etc.
	Mid-year renewal	Better budgeting and forecasting.
	Insurance carrier contract renewal	Negotiated reductions in rates and plan alternatives from carriers.
	Carrier evaluation	Best carriers, provider networks on a regional and national basis, based on financial stability, quotes from existing

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		and new carriers and unique company needs.
	Voluntary needs analysis and market study	Best carriers and plans for your unique needs, benchmarking with voluntary benefits nationwide.
	Plan Design Modeling	Informed plan recommendations through experimentation with potential options through proven actuarial factors.
Strategic Services	Employee questionnaire	Accurate picture of employees' needs and priorities through implementation of an extensive questionnaire.
	Creation of employee benefits strategic plan	Creation of plan identifying critical areas and recommended actions.
	Access to Achieve Health Alliance Group Purchasing Coalition	Providing exclusive rates for stop loss and vendor management.
Employee Communications	Benefits education campaign	Materials for employee benefits education, promoting smart benefits use.
	Employee benefit statements	Improved morale and appreciation of benefits package with statements that educate employees about their "hidden paycheck."
Risk Management Solutions	Specialty RX Sourcing	MAP program access to eligible members
	International RX Sourcing	Specialty medication sourcing from tier 1 countries.
	Medical Tourism	Coordination to medical tourism programs.
	Center of Excellence Program	Access to programs that provide 2nd opinions at pre contracted facilities
	Direct Contracting	Access to pre-contracted surgery network
	Fiduciary PBM	Return of all rebates to client.

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Compliance Support	**Prepare signature-ready Form 5500**	**$300 fee**
	SPD Wrap Document Review	**Wrap Document $650 Year 1 Fee**
	Section 125 testing	**Ongoing Review of Benefits**
	Compliance Review	**Review of SPD, Contract, agreements, plan documents, etc.**
	Annual Reporting	**Annual reporting review of 5500**
	Coordinate gathering of Schedule A reports to facilitate preparation of form 5500	**Included in Fee**
	COBRA Administration	**$250 Set-Up Fee. $150 monthly Fee.**

Exhibit 2: Fee Detail

Fees – Initial implementation			
$16,000	**Data review and SWOT analysis**	**2.19.2020**	**SWOT Due within 2 weeks**
Plan Management			
-Monthly	**36 Month Contract – Benefit Management Fee**	**2.19.2020 – 2.19.2023**	**$40 PEPM**
-Quarterly	**PEPY Settlement**	**2.19.2020 – 2.19.2023**	**25% of savings from original date**
Carrier	**Line**	**Commission**	**Estimated Annual Commission**
TPA	**Medical**	**$40.00 PEPM**	**$67,200**
Dental	**Dental**	**0%**	**$0.00**
Vision	**Vision**	**0%**	**$0.00**

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Basic Life	**Group Life & AD&D**	**0%**	**$0.00**
Voluntary Life	**Vol Group Life & AD&D**	**15%**	**$TBD**
Enhanced Benefits	**Worksite**	**Variable**	**$TBD**
BenAdmin	**Ben Admin**	**0%**	**$0.00**
Benefits App	**Teledoc & Advocacy**	**0%**	**Included**

* **FEES** All consulting and/or insurance services provided by BetterSource Benefits Co., Inc. as set forth in Exhibit 1 will be performed for the following compensation:

- An annual fee in the amount of $67,200.00 offset by commission in Exhibit 2
- Base commissions calculated as a percentage of premiums on those insurance placements so referenced in Exhibit 2

- **<u>TRANSPARENCY</u>: Full disclosure of all compensation with no hidden fees, rebates, overrides or bonuses paid to the Consultant, or brokerage.**
- **<u>TECHNOLOGY:</u> BetterSource offers you a choice of our Benefits Administration platform, BerniePortal, or if you prefer another Benefits Administration platform or have a payroll system that can integrate with another Benefits Administration platform, we can place that for you as well.**

- **<u>ACCESS:</u> BetterSource has clients in and around Danville for over 30 years, so we are available via text, e-mail, phone or in-person for service opportunities.**

BETTERSOURCE BENEFITS. OPTIONS. SOLUTIONS! hr Health Rosetta Certified Professional SELF-FUNDING CERTIFIED NAHU

PROPOSAL NO. RFP 2020-01

BENEFITS CONSULTING AND BROKERAGE SERVICES

ACKNOWLEDGEMENTS

__X__ We acknowledge that we take no exceptions to the specifications.

OR

_____ We acknowledge that we do take exceptions to the RFP requirements and specifications and an itemized list of exceptions is attached.

_____ We acknowledge we have signed and attached the two (2) Consultant and Sub Consultant Affidavits.

__X__ We acknowledge that service will commence within City's required time frame.

COMPANY NAME: **BetterSource Benefits Company, Inc.**

SIGNATURE: _____

PRINTED NAME: John Clay

TITLE: PRESIDENT DATE: February 7, 2020

BETTERSOURCE BENEFITS OPTIONS SOLUTIONS! Health Rosetta Certified Professional SELF-FUNDING CERTIFIED NAHU

LICENSES

ERRORS
&
OMMISSIONS
CERTIFICATE

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COMMONWEALTH OF KENTUCKY

MATTHEW G. BEVIN

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

JOHN DANIEL CLAY

SOMERSET, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT CONSULTANT LIFE & HEALTH

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.

DEPARTMENT OF INSURANCE COMMONWEALTH OF KENTUCKY FRANKFORT · KENTUCKY

Nancy G. Atkins

Commissioner

This license shall at all times be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the licensee shall promptly deliver said license to the Commissioner of Insurance.

DOI ID : 384976 Print Date : 9/18/2019

NPN ID : 7206733

#236266-19-1

COMMONWEALTH OF KENTUCKY

MATTHEW G. BEVIN

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

JOHN DANIEL CLAY

SOMERSET, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT AGENT FOR: **HEALTH AND LIFE INSURANCE**

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.

DEPARTMENT OF INSURANCE COMMONWEALTH OF KENTUCKY FRANKFORT · KENTUCKY

Nancy G. Atkins

Commissioner

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DOI ID : 384976 Print Date : 9/18/2019

NPN ID : 7206733

#236268-1-2

COMMONWEALTH OF KENTUCKY

MATTHEW G. BEVIN

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

BETTER SOURCE BENEFIT COMPANY INC

SOMERSET, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT AGENT FOR: **HEALTH AND LIFE INSURANCE**

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.

DEPARTMENT OF INSURANCE COMMONWEALTH OF KENTUCKY FRANKFORT · KENTUCKY

Nancy G. Atkins

Commissioner

This license shall at all times be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the licensee shall promptly deliver said license to the Commissioner of Insurance.

DOI ID : 564388 Print Date : 1/15/2019

NPN ID :

#493906-2-2

COMMONWEALTH OF KENTUCKY

MATTHEW G. BEVIN

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

WILLIAM LAFAYETTE WILSON

SOMERSET, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT AGENT FOR: **HEALTH AND LIFE INSURANCE**

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.

DEPARTMENT OF INSURANCE COMMONWEALTH OF KENTUCKY FRANKFORT · KENTUCKY

Nancy G. Atkins

Commissioner

This license shall at all times be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the licensee shall promptly deliver said license to the Commissioner of Insurance.

DOI ID : 1019226 Print Date : 11/21/2018

NPN ID : 18973546

#1272705-1-2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/21/2019

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 Brown & Brown Program Insurance Services, Inc. DBA: CITA Insurance Services P.O. Box 7048 Orange, CA 92863-7048	CONTACT NAME: PHONE (A/C, No, Ext): (800) 280-7250 FAX (A/C, No): (714) 978-2692 E-MAIL ADDRESS: LIFE@CITAInsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : American Family Home Insurance Company	23450
INSURED Better Source Benefits Company Inc 340 Clifty St Ste 4 Somerset, KY 42501 13624537	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 5884006 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		☐	☐				MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	☐ POLICY ☐ PROJECT ☐ LOC						GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY	☐	☐				BODILY INJURY (Per accident)	$
	☐ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	☐ HIRED AUTOS ONLY							$
	☐ NON-OWNED AUTOS ONLY							
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE	☐	☐				AGGREGATE	$
	☐ DEDUCTIBLE							$
	☐ RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N ☐	N/A	☐				PER STATUTE ☐ OTH-ER	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	OTHER							
	☒ Errors & Omissions Liability	☐	☐	3TA5PL0000337-01	6/1/2019	6/1/2020	Each Wrongful Act	$2,000,000
	CLAIMS MADE AND REPORTED						Aggregate	$2,000,000
							Deductible	$5,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Claims Made And Reported

Coverage applies only to the wrongful acts as the result of Professional Services as defined in the policy and subject to all terms, conditions and exclusions of the policy and all its endorsements.

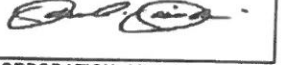
CERTIFICATE HOLDER

Better Source Benefits Company Inc
340 Clifty St Ste 4
Somerset, KY 42501

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



ACORD 25 (2016/03)

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DELIVERABLES

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Provided by BetterSource Benefits

2020 Open Enrollment Checklist

To prepare for open enrollment, group health plan sponsors should be aware of the legal changes affecting the design and administration of their plans for plan years beginning on or after Jan. 1, 2020. Employers should review their plan documents to confirm that they include these required changes.

In addition, any changes to a health plan's benefits for the 2020 plan year should be communicated to plan participants through an updated summary plan description (SPD) or a summary of material modifications (SMM).

Health plan sponsors should also confirm that their open enrollment materials contain certain required participant notices, when applicable—for example, the summary of benefits and coverage (SBC). There are also some participant notices that must be provided annually or upon initial enrollment. To minimize costs and streamline administration, employers should consider including these notices in their open enrollment materials.

LINKS AND RESOURCES

- Revenue Procedure 2019-25, which includes the inflation-adjusted limits for HSAs and HDHPs for 2020
- Model notices for group health plans, including the Women's Health and Cancer Rights Act (WHCRA) Notice
- Model COBRA notices for group health plans

HIGHLIGHTS

PLAN DESIGN ISSUES

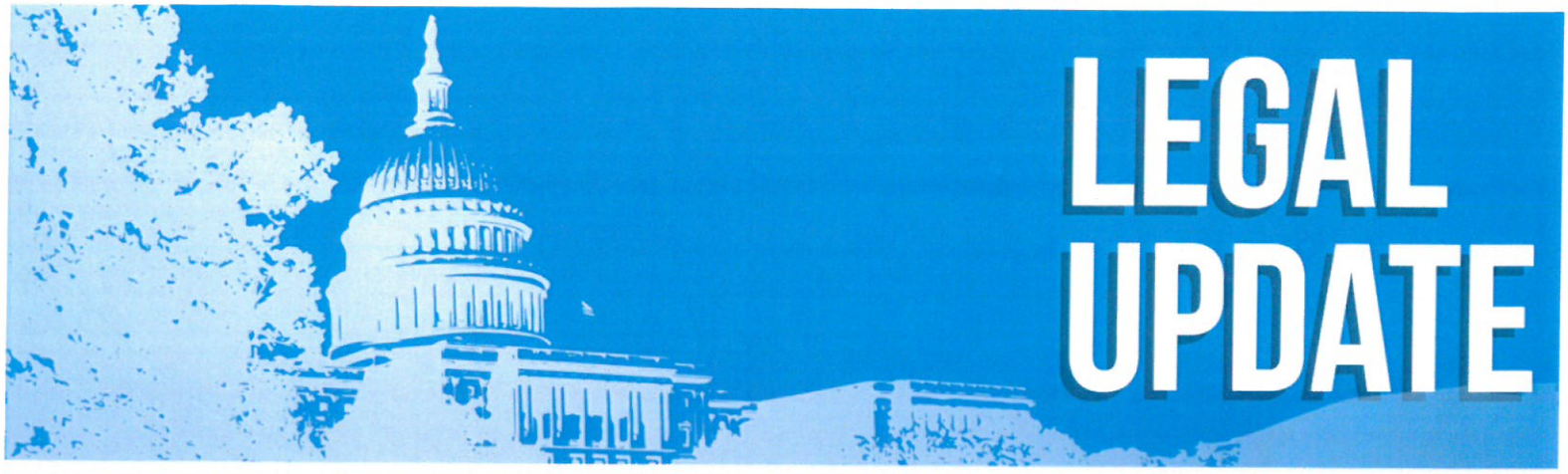
- Confirm that your plan's out-of-pocket maximum complies with the ACA's limits for 2020.
- For HDHPs, confirm that the plan's deductible and out-of-pocket maximum comply with the 2020 limits.
- Communicate any plan design changes to employees as part of the open enrollment process.

NOTICES TO INCLUDE

- Annual CHIP notice
- Medicare Part D creditable coverage notice
- Notice of grandfathered status (if applicable)
- Annual notice regarding coverage requirements for mastectomy-related benefits (WHCRA notice)

This Compliance Overview is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

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HHS Increases Civil Penalties for HIPAA Violations

On Jan. 17, 2020, the Department of Health and Human Services (HHS) published a final rule increasing the civil monetary penalties for violations of laws enforced by HHS, including the HIPAA privacy and security rules. HHS is required to adjust these penalties for inflation each year to improve their effectiveness and maintain their deterrent effect. The new penalty amounts are effective for **penalties assessed on or after Jan. 17, 2020**.

2020 HIPAA Civil Penalties

HHS may assess civil penalties when it discovers a HIPAA violation. The penalty amount depends on the facts involved.

- For violations where the covered entity does not know about the violation (and by exercising reasonable diligence, would not have known about the violation) the penalty amount is between $119 and $59,522 for each violation.
- If the violation is due to reasonable cause, the penalty amount is between $1,191 and $59,522 for each violation.
- For corrected violations that are caused by willful neglect, the penalty amount is between $11,904 and $59,522 for each violation.
- For violations caused by willful neglect that are not corrected, the penalty amount is $59,522 per violation, with an annual cap of $1,785,651 for all violations of an identical requirement.

Resolution Agreements

Instead of imposing civil penalties for HIPAA violations, HHS will often pursue a resolution agreement that requires the covered entity to take corrective action and pay a settlement amount (which is usually much less than the applicable penalty amount). However, if an agreement cannot be reached, HHS may pursue civil penalties.

Common HIPAA Violations

According to HHS, the compliance problems most frequently reported under HIPAA are:

- Impermissible uses or disclosures of protected health information (PHI)
- Lack of safeguards on PHI
- Lack of patient access to their PHI
- Lack of administrative safeguards for electronic PHI
- Use or disclosure of more than the minimum necessary PHI

Because HIPAA's civil penalties are substantial, employers with group health plans should periodically review their compliance with HIPAA's rules.

Provided to you by **BetterSource Benefits**

This Legal Update is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice. ©2020 Zywave, Inc. All rights reserved.

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HR Q&A

Legal Compliance

Courtesy of BetterSource Benefits

Q **What types of employer conduct are prohibited under federal law?**

A Federal law prohibits discrimination in many different forms, including:

- Rejecting job candidates, terminating employees or discriminating against them in any way due to their race, color, religion, sex or national origin
- Limiting, segregating or classifying candidates or employees in any way that deprives them of employment opportunities or affects them adversely as employees due to their race, color, religion, sex or national origin

Discrimination in employment is in violation of the Civil Rights Act. Here are some examples of prohibited discrimination:

- National origin discrimination, such as making it mandatory that employees speak only English at work, is prohibited unless it is necessary for business.
- Not providing religious accommodation, such as forbidding an employee to take his or her breaks at nonstandard times for prayers, is prohibited unless doing so would cause undue hardship for the employer.
- Sexual harassment, such as unwelcome flirtation or requests for sexual favors is prohibited.
- Pregnancy-based discrimination, such as rejecting an obviously pregnant candidate because you anticipate that she may be taking maternity leave shortly, is prohibited.
- Age discrimination (based on the Age Discrimination in Employment Act, or ADEA), such as specifying age preferences or limitations in job postings, rejecting or terminating a qualified candidate or employee due to his or her age, or providing fewer benefits to older employees is prohibited. Specifying age preferences or limitations may, in rare instances, be permitted if being a specific age is pertinent to the job being advertised.

NEWS BRIEF

Provided by: BetterSource Benefits

The State of the Union Address and the Employee Benefits Market

On Tuesday, Feb. 4, 2020, President Donald Trump delivered the 2020 State of the Union Address (SOTU). The SOTU is an annual message delivered by the president to a joint session of Congress at the beginning of each year.

At this year's SOTU, President Trump's speech covered topics that have the potential to impact the employee benefits industry, including a strong economy with low unemployment, private health care, federal paid family leave and the potential for further prescription drug cost reform.

Economy and Unemployment

In the SOTU, President Trump highlighted that the country's unemployment rate continues to decrease. According to the most recent data from the Bureau of Labor Statistics, the nationwide average unemployment rate is 3.5%. The unemployment rate reached a 50-year low in late 2019.

The labor market, which has been a tight market for the past few years, continues to demonstrate the effects of low unemployment and a strong economy. Employers will continue to feel the effects of a tight labor market, which includes difficulty hiring qualified candidates and retaining top talent.

Private Health Care

President Trump offered support for the efficacy of employer-sponsored private health care for the majority of Americans and rejected a government-run health care system.

Moreover, he affirmed that transparency in health care will continue to bring overall costs down. In 2019, the Trump administration passed legislation requiring enhanced transparency for the cost of care, which will go into effect in 2021. This transparency will help families save "money for substantially better care."

Finally, and similar to the 2019 SOTU, President Trump announced that the administration will "always protect patients with pre-existing conditions," which has been a key concern for the past few years.

Federal Paid Family Leave

Public pressure continues to mount over the issue of paid family leave, and states are proposing and passing their own versions of this type of leave. In the SOTU, President Trump referenced and called upon Congress to pass the bipartisan Advancing Support for Working Families Act, a law that would provide new parents within the federal workforce paid family leave. He stated that this law, if passed, would serve as a model for the rest of the country to extend paid leave to parents across the nation.

Prescription Drug Cost Reform

Lowering prescription drug costs has been a focus of the Trump administration. In past years, steps have

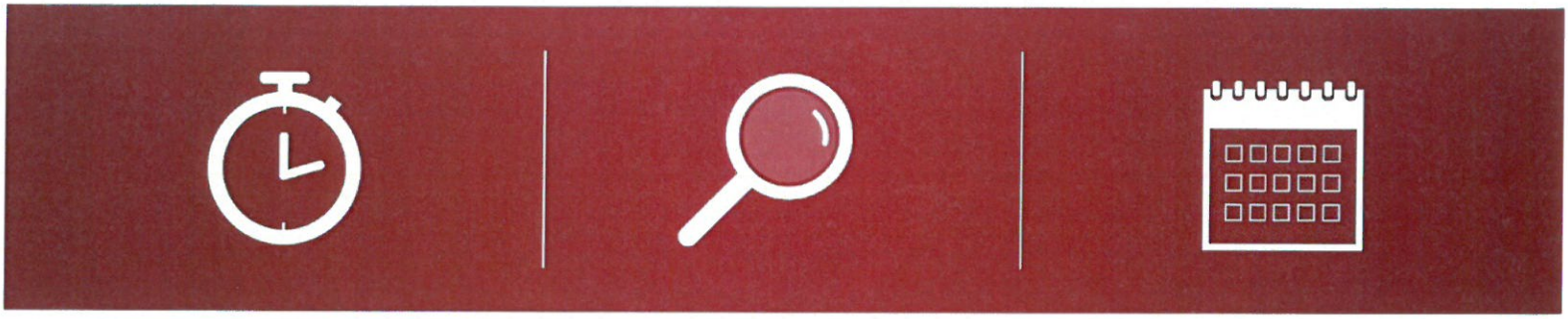
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The content of this News Brief is of general interest and is not intended to apply to specific circumstances. It should not be regarded as legal advice and not be relied upon as such. In relation to any particular problem which they may have, readers are advised to seek specific advice. © 2020 Zywave, Inc. All rights reserved.

Live Well, Work Well

Health and wellness tips for your work, home and life—brought to you by the insurance professionals at BetterSource Benefits



CORONAVIRUS

According to the Centers for Disease Control and Prevention (CDC), coronaviruses are common in animal species, and most don't affect humans. As of now, only seven different coronaviruses are known to infect humans. In their lifetime, most people will be infected with at least one common human coronavirus.

What are the symptoms of coronavirus?

Common coronaviruses typically cause mild to moderate upper-respiratory tract illness, and those affected exhibit cold-like symptoms. The most common symptoms include:

- Headache
- Cough
- Fever
- Sore throat
- Runny nose

Some cases of coronavirus can be more severe, and individuals experience more serious lower-respiratory tract illnesses like bronchitis and pneumonia. For the elderly, infants and those with weakened immune systems, coronavirus can be even more dangerous.

How is coronavirus diagnosed?

If you're exhibiting coronavirus symptoms, you should call your doctor, especially if you're experiencing symptoms and have traveled to countries where outbreaks have been reported. Your doctor will likely order a lab test to detect coronavirus. Be sure to disclose any recent travel to your doctor.

Deadly Outbreaks of Coronavirus

The 2019 novel coronavirus, as well as two other human coronaviruses, have caused severe symptoms. In 2012, the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) outbreak caused severe illness—nearly 4 out of 10 people infected died. The severe acute respiratory syndrome coronavirus (SARS-CoV), which was first reported in Asia in 2003, spread to two dozen countries, infected 8,098 people and caused 774 deaths before it was contained.

How can I prevent coronavirus infection?

Most common cases of coronavirus occur in the fall and the winter, but can happen at any time throughout the year. Unfortunately, there is not a vaccine that can protect you from human coronavirus infection. However, because human coronavirus is believed to be spread through person-to-person contact, the CDC recommends the following prevention strategies:

- Avoid touching your eyes, nose or mouth with unwashed hands.
- Avoid contact with those who are sick.
- Wash your hands often with soap and water.

For more information about coronavirus, click here.

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KEEP YOUR FOOD SAFE



Focus on clean—wash hands and surfaces often:

- Always wash hands with soap and warm water before handling food.
- Always wash cutting boards, knives, utensils, dishes and countertops used to cut meat with soapy, hot water right away—before you use them for other foods.
- Consider using paper towels or disposable wipes to clean up kitchen surfaces.

Don't cross-contaminate:

- Store raw meat, chicken, turkey and seafood in a sealed, wrapped container in the refrigerator.
- Keep raw meat, chicken, turkey and seafood away from foods that will not be cooked and foods that are already cooked.
- Never place cooked food on a plate or cutting board that previously held raw meat, chicken, turkey or seafood.

Cook to proper temperatures:

- Use a food thermometer to make sure meats, chicken, turkey, fish and casseroles are cooked to a safe internal temperature.
  - Cook roasts and steaks to at least 145 degrees F.
  - Cook ground meat to at least 160 degrees F.
  - Cook whole chicken or turkey to 180 degrees F.
- Cook eggs until the yolk and while are firm, not runny. Don't use recipes in which eggs remain raw or only partially cooked.
- Cook fish until it flakes easily with a fork.

Refrigerate properly:

- Thaw frozen foods in the refrigerator, not on the counter.
- Refrigerate or freeze leftover foods right away.
- Keep your refrigerator at 40 degrees F or below. Don't pack it too full; cool air needs to circulate.

Provided by: BetterSource Benefits

340 Clifty St, Suite 4

Somerset, KY 42501

Tel: (877) 251-8741

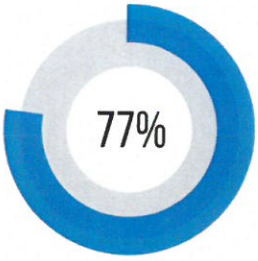
Source: U. S. Department of Agriculture. Design © 2011, 2014 Zywave, Inc. All rights reserved.

2019 BROKER SERVICES SURVEY

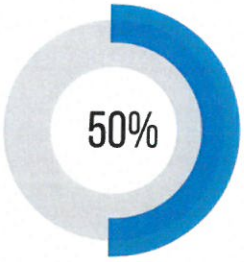
WHAT YOUR CLIENTS WANT

The 2019 Broker Services Survey provides valuable insight into the constantly evolving broker-client relationship.

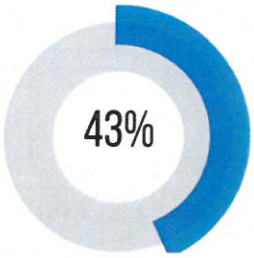
COMMUNICATION STATS



77% of insurance buyers say they are looking for a broker who communicates regularly with them.



50% of insurance buyers want to hear from their broker on at least a monthly basis.



43% of insurance buyers would consider changing brokers due to a lack of consistent communication.

TOP 5 CHALLENGES BENEFITS CLIENTS EXPERIENCE

1 = **71%** Managing health care costs

2 ↑1 **43%** Attracting and retaining employees

3 ↑1 **42%** Keeping in compliance and up to date on changing legislation, including the ACA

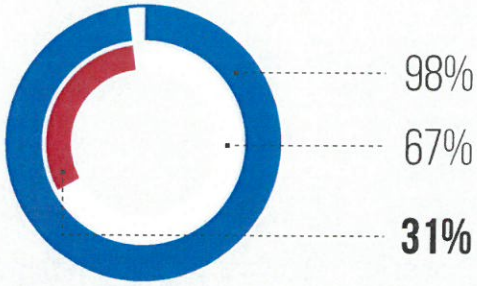
4 ↑2 **28%** Educating employees on health and wellness

5 = **27%** Benefits administration

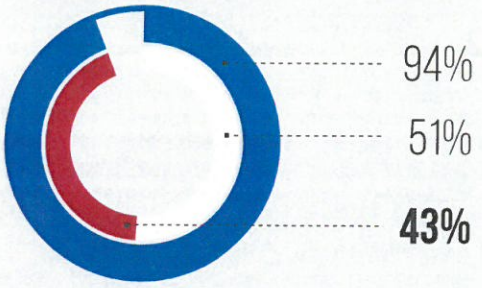
2019 Ranking Change since 2018

SERVICE GAPS

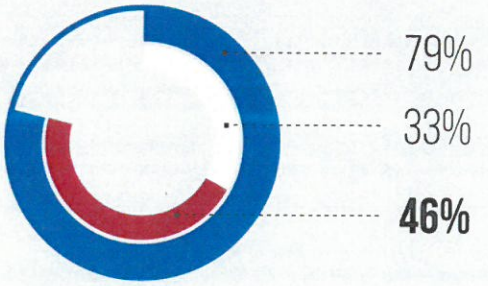
Answers compliance-related questions:



Offers employee communications to help employees improve their health and become wise consumers of health care:



Offers employer compliance support and employee communications in video format:



Important Fully provides Gap

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