

Employee Benefits Consulting Services

Response to RFP for Insurance Services: Employee Benefit Broker Advisor Submitted by:

Johnson-Pohlmann Insurance / Keystone Insurers Group

129 S 4th St

Danville, KY 40422

Phone: 859.236.5922

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THE CITY OF DANVILLE KENTUCKY
1787

Firm Background, History, Staff

Johnson-Pohlmann Insurance

Johnson-Pohlmann Insurance is heritage can be traced back to the late 1930's. Johnson-Pohlmann has positioned itself to provide outstanding Insurance programs for not only the Mainstreet business, but also for the largest of International companies. Our staff is committed to the Danville community and can be found serving on a variety of boards. Our mission is to provide unbiased, quality and affordable Insurance products and services to Central Kentucky now and for generations to come.

Today, we are a proud franchise partner of Keystone Insurers Group, the 3rd largest franchised insurance agency in the United States. KIG gives us access to products and programs you might not expect from an independent agency. Being part of the 3rd largest privately held agency in the United States, allows us to enjoy greater purchasing power, preferred pricing, and financial arrangements with preferred vendors and carriers across the United States. We actively cultivate these relationships that allow us to negotiate aggressively on your behalf to obtain cost effective proposals for property-casualty and employee benefits.

Our knowledge and experience have allowed us to emerge as an industry leader. We recognize that the key to success of any endeavor requires close communication with the client, ability and willingness to think outside the box, and providing comprehensive cost saving solutions. Identifying the customer's needs and accommodating them is an area where Johnson-Pohlmann Insurance excels.

Our goal with you is to establish an on-going relationship. Our clients know they can trust us to do what is right even when no one is looking. We take pride in giving utmost respect and attention to our clients.

Keystone Insurers Group

Keystone started in 1983 when four independent insurance agencies teamed up to pool their experience and expertise. Growing to almost 300 independent agency partners in 13 states, Keystone provides our partners like Linville Insurance with a community of like-minded agencies, industry expertise and access to specialized products for their clients that can't be achieved anywhere else. Keystone is ranked number three on *Insurance Journal's* 2019 list of Top 20 Property/Casualty Agency Partnerships.

Keystone currently has over $17,000,000 of employee benefits revenue and a staff of 52 employees in the employee benefits division. Our employees remain active and visible throughout multiple state and federally sponsored insurance panels, advisory boards, and other national organizations such as NEOHUA and NAHU.

Together, Johnson-Pohlmann Insurance and Keystone deliver expert benefit solutions on a national level that is second to none while maintaining the personal service and local representation you've come to expect from your benefits broker

Consultant Proposal Requirements

I. Brokerages Services

a. Copy of Commonwealth of Kentucky License Attached

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

c. Describe your contractual relationships, if any, with organizations or entities necessary to your proposal's implementation (i.e. actuarial services, data information services, ect.). While we have Preferred vendors that provide our clients with stellar service, we never back ourselves into a whole and are always looking for next superstar to assist our client partners.

d. How long has your organization been providing brokerage services? I have been at JP for 26 years and they were doing this long before I arrived…..

e. References:

A. First State Bank; Medical Insurance/Wellness Programs/ 100 EE's /Patricia Hoskins/VP Humana Resources 606-248-9543

B. CareGivers by Linda; Medical Insurance/Ancillary Benefits/105 EE's; Linda Dye 859-238-7611

C. Fountain County-Indiana Medical, Life, Telemedicine; 125 EE's, Susan Coffing 765-793-2243

D. Noble County Commissioners-Ohio; Medical/Ancillary Benefits; 141 EE's; Brad Peoples 740-732-2969

***Please note that references are from various Keystone partner agencies throughout our footprint. The service team from Keystone is instrumental in servicing these accounts.

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

g. How will you facilitate or participate in the implementation, communication, and enrollment process to assure a seamless product transition? See Scope of Services……Also, John Funkhouser will be instrumental in being the face person with City of Danville employee before, during and after the implementation.

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. John Funkhouser is available to provide "Hands On" service and references to the employees. Being a hometown resident, he is familiar with the lay of the land when it comes to providers and charges and how employees can best utilize their benefits at the lowest cost to them and the plan.

i. Please detail your administrative capabilities on benefits plan compliance issues. Keystone's resources of having our own Risk Management Division that has competent HR attorneys on staff make a huge difference for our clients.

II. HIPPA/COBRA

a. Do you provide COBRA administrative services? Yes, we provide HIPAA/COBRA services through 3rd party vendors that have been vetted and are 1st in class. There is NO additional fees for their services.

b. Do you provide HIPAA Administrative services? If yes, please explain the services provided and whether there is an additional fee associated wit this service. All of our 60 employees are HIPAA compliant. We have built out an extensive team that focuses on compliance which includes HIPAA/Employee Benefit Attorneys and 9 licensed Human Resource Managers that provide support and expertise to our clients and their respective HR teams. There are no additional fees. We continue to build out this support team for our client's through personnel and technology. We strive to provide our valued client's with more than just insurance. We are an extension to your team.

III. Broker / Value Added Services

a. Describe how you help control the cost of healthcare to the City employees. Through our National alliances with PBM, Stop Loss and TPA vendors we have successfully cut overall claim spend dramatically in similar sized account and industry as the City of Danville. We were recently tasked to cut $500,000 in claims spend, over 3 years, to a similar sized Government Agency and have been successful in doing so.

b. How do you improve the quality of benefits to City employees? To improve the quality of benefits of employees, while lowering claims spend must be strategic and you must have someone that will lock arms with management and the staff in order to fulfill this goal. Having a local team with National resources is instrumental. Not many Agencies have "boots-on-the-ground" in order to personally help employees properly utilize their benefits. You also need the National resources that can deliver the best rates, costs containment partners, enrollment teams for employee education and long term strategic planning in order to deliver the goals set out by the City of Danville. Johnson-Pohlmann/Keystone delivers on both and has been extremely successful in delivering savings to our clients that are sustainable and have a long term strategy in place.

IV. n/a

V. Our Fee Schedule

We propose the following fee structure:

$21.00 PEPM (Per Employee Per Month)

If awarded the City of Danville account, Johnson-Pohlmann Insurance/Keystone will remove all commissions from the current medical plan and invoice the City monthly at the above rate. Any additional product lines placed for non-medical coverage, excluding voluntary or worksite, our commission rate charged will be 10%. Compensation on voluntary or worksite-based benefits will be received as directed by the insurance carrier(s) in place or selected, if new.

Annual Policy Marketing.

- Each year agent will quote the market and recommend the most competitive product(s)
- Negotiate carrier's deliverables and oversee any required transition.
- Ensure client's management team, HR staff, and employees are receiving all contractual deliverables from carrier, TPA; monitor and report discount and

performance guarantees as required.
- Make recommendations to help enhance client's plan offering while remaining competitive and reducing overall plan costs.
- Explore any and all available funding solutions, carriers, networks, etc. that may apply.

Quality Control, Program Management & Compliance.

- Monitor Plan compliance with ACA legislation and changing regulations. Agent will also assist with planning related to COBRA, HIPAA, Section 125, FMLA and other state and federal mandates affecting all benefits and programs.
- Commit human capital to this effort including on staff compliance expertise and Account Management support.
- Review, revise, and recommend all communications necessary to adhere to current and future compliance obligations.
- Complimentary Access to Compliance Dashboard.
- Full access to HR360 licensing.
- Access to our HR Risk Management division via their hotline will be provided at no additional charge to client. Additional requests may require a fee, if City engages professional staff.
- SPD Wrap preparation is included. 5500 Filings are negotiable (if applicable).
- FMLA management and guidance.
- Full administration of COBRA services.

*All cost associated with communication materials, printing, labor, installation (technology platform) will be absorbed by the Johnson-Pohlmann Insurance/Keystone team.

PROPOSED RESOURCES

Lead Consultant: John Funkhouser – Johnson Pohlmann Insurance / John Hawkins – Keystone

Project Team: Katie Casey, Senior Account Manager

Joni DeSouza, Director of Account Management

Jon Papp, Vice President of Non-Medical Benefits

RESOURCE SPECIALTY

Additional Information about Lead Consultant and Project Team: See Attached

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.

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

COMPANY NAME: Johnson-Pohlmann Insurance

SIGNATURE: _____

PRINTED NAME: John Funkhouser

TITLE: Vice President DATE: February 10, 2020

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SCOPE OF SERVICES

Employee Benefits Services

Traditional brokers meet basic needs when it comes to claims, plans, and renewals.

Tech companies solve HR and administration issues but lack insurance expertise to offer full compliance.

Our team solves these challenges with comprehensive guidance and one-on-one support.

Our solutions cover five major areas.

BENEFITS ADMIN
- Vacation tracking
- Online enrollment/eligibility
- On-boarding/off-boarding
- Plan design decision support
- Employee portal/HR intranet

INSURANCE GUIDANCE
- Quote plans
- Claims/billing assistance
- Plan Comparison
- Coverage & Policy Expertise
- Benefits Strategic Planning

DECISION SUPPORT
- Risk management & loss control
- Medical & Rx analytics
- Employee retention strategies
- Non-medical benefit offerings
- Mod management
- Business planning



COMMUNICATION
- Vacation tracking
- Online enrollment/eligibility
- On-boarding/off-boarding
- Plan design decision support
- Employee portal/HR intranet

COMPLIANCE
- ACA & DOL compliance/tools
- OSHA compliance
- ACA reporting & tools
- HR assistance "hotline"
- Employee handbook

A partner you can trust

Minimize risk of fines and penalties. Our compliance communications and support keep you in the know.

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Give employees decision support they expect. Our tools match your industry, region and company size and include medical & Rx analytics, employee retention plans, and open enrollment assistance.

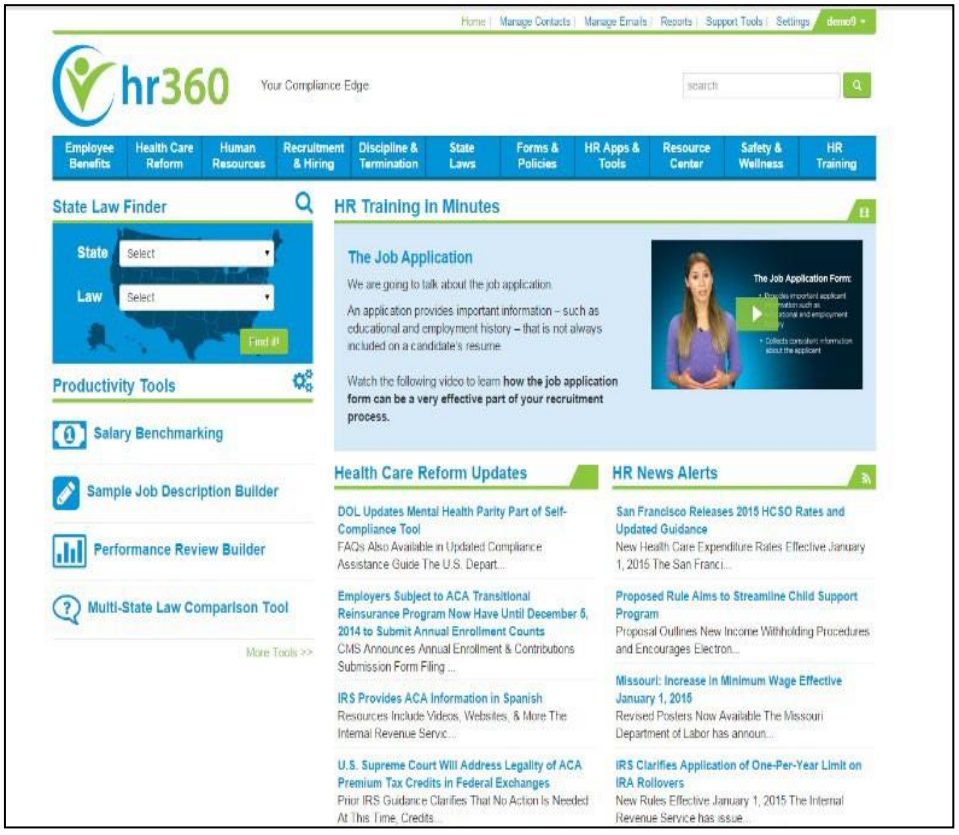
Alleviate administrative burden. Our streamlined online enrollment, vacation tracking, and more on a customized intranet site simplify your administration and streamline decision making.

Engage employees with wellness. Inactive employees burden your healthcare expenditures. We can design exciting health and wellness plans, benefits guides, and safety materials.

We also offer the following core services to assist our clients in the area of HR:

- **Employee Management**. Simplified onboarding and off boarding of employees with pre-filled forms, integrated e-verify services, and single point termination of benefits.
- **Human Resources Information Management Services.** Maintain all HR information about your existing and new employees, including training, electronic files, tracking company property, and employee life-cycle tracking.
- **COBRA**. Full COBRA administration from initial notice to post-event notice, benefit management and billing of all eligible benefits.
- **Benefits Administration**. Centralized management of employee benefits, from enrollment to termination, including pre-filled forms or electronic enrollment.
- **Consolidated Billing**. Bring all your benefits bills under one statement, make immediate changes to those bills to reflect your current enrollment, and pay only what you owe rather than what you were billed.
- **Our HR Helpline**. Speak to our in-house team of HR professionals that can help you with all things HR. Our in-house ERISA attorney and HR attorney are happy to help!

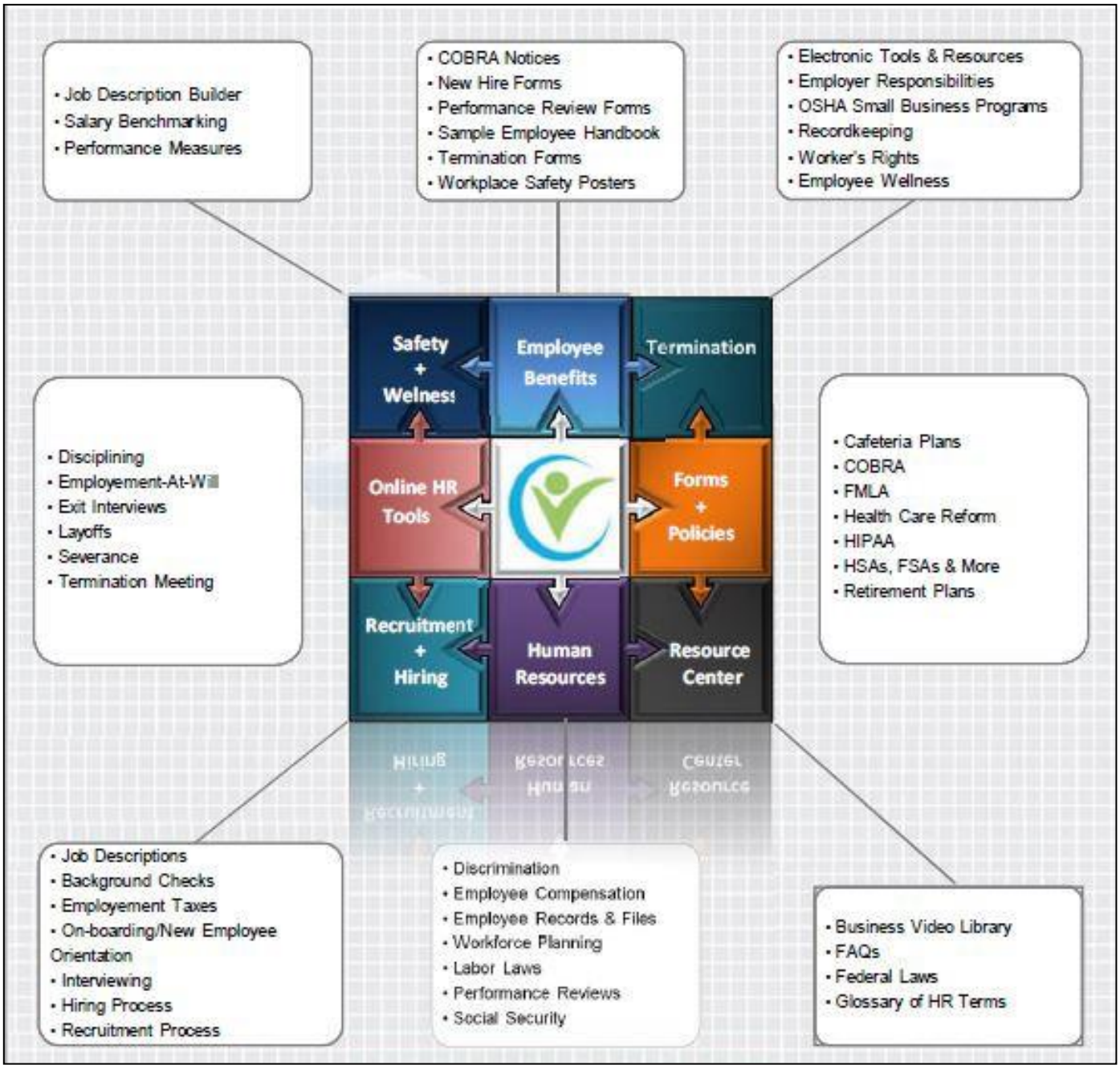
HR360: Your single source for compliance.



- Latest Health Care Reform tools and guidelines
- How to interview, hire and terminate employees
- How to do performance reviews at every level
- Interactive Tools including:
  - ✓ Job Description Builder
  - ✓ Salary Benchmarking Tool
  - ✓ Employee Cost Calculator
- Hundreds of Downloadable Forms and Policies
- Customizable Employee Handbook
- State and federal compliance information
- State labor laws guidance

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Enhancing Compliance Delivery



Why compliance matters

Employers that sponsor employee benefit plans are required to comply with regulatory compliance obligations. Fiduciary responsibilities hold the plan sponsor personally liable to perform duties in accordance with the law.

From ERISA to ACA, HIPAA, COBRA, and a long list of additional federal mandates, it can be overwhelming to keep up with compliance tasks. Compliance missteps can lead to **devastating fines & penalties** in the case of a DOL audit or statutory lawsuit initiated by a plan participant.

Compliance dashboard® | Health & Welfare

- Reduce workload
- Lower risk
- Relieve anxiety
- Increase competency

How Compliancedashboard® works

Your dashboard is customized to help you meet your company's benefit plan requirements.

View all of your compliance obligations, organized in a single customized calendar.

Receive email reminders that clearly explain the compliance activities you need to complete.

Record tasks as you complete them and upload company documents as proof.

Generate on-demand reports of your progress for internal management or audit purposes.

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Detail of Claims Processing Procedures

By contract, any health care provider rendering service has been verified as a participating provider (par) within a managed care network utilized by the City of Danville, is required to accept the plan of insurance and file a claim on behalf of the plan member with the carrier of record.

This holds true for all medical, dental and vision plans. In the event a member receives services from an out-of-network provider (non-par) we stand ready to assist the plan member or HR personnel with facilitation of information in order to obtain a satisfactory resolution.

To further our service commitment, we are to be viewed as an employee of the City albeit contract labor, but our mission stands, which is to act in accordance with our committed role and responsibility. At any point in time, assistance is needed with regards to claims, billing or enrollment we stand readily available to advance the process until a resolution is achieved.

Methods for Soliciting Rate Quotes

Johnson-Pohlmann Insurance/Keystone's approach to marketing is that "we do not market insurance programs, we market our clients". Our strategic approach to marketing involves carefully selecting, with the City of Danville's input and direction, the appropriate markets having the best "fit" with your specific objectives. We then determine how to best approach each market in a way that enhances competition and results.

Through collaboration and partnership with the City of Danville, we will develop and execute the marketing strategy and presentation that is most beneficial and in line with your unique risks and goals. Throughout the marketing process, we will maintain communication with you regarding the process and to share insight on significant developments in the marketplace.

Johnson-Pohlmann Insurance/Keystone's marketing approach is based on the premise of always seeking the best client solution, even if it is something that has never been done before. We will approach the markets that experience indicates will present the best alternatives for the client, and each alternative will be presented to you. We will demonstrate how we have created competition in the marketplace to ensure that you receive the best possible renewal terms. We will make ourselves accountable to you by working with you to develop a service plan that meets your needs and by continually monitoring our performance to make sure that we meet or exceed your expectations.

We strive for long-term relationships. Such relationships are forged through the provision of solid, cost- effective insurance programs but endure because of excellent day-to-day customer service. Our promise to you is that we will respond to your service needs in a timely and professional manner and remain proactive in assisting you to enhance your programs.

We would suggest a multi-phase marketing and negotiations approach to support the development of your insurance specifications and resulting submission:

- Assist with renewal data collection and analysis preparation.
- Prepare and review a comprehensive submission prior to submitting to the marketplace.
- Coordinate a renewal strategy session to identify key markets and client objectives.
- Attend meetings with key markets (prep agendas, exhibits).
- Negotiate various options for consideration.
- Meet to review renewal options.
- Finalize program and bind coverage.

Sample Presentation

ABC Company

Benefit Cost Summary - Core Benefits

Medical Renewal	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Humana-CHC	$2,562,993.48	$3,189,401.16	$626,407.68	24.44%
Humana-CPOS	$2,562,993.48	$3,036,939.12	$473,945.64	18.49%
United Healthcare	$2,562,993.48	$2,857,152.12	$294,158.64	11.48%
CIGNA - Open Access	$2,562,993.48	$3,014,837.04	$451,843.56	17.63%
CIGNA - Local Plus	$2,562,993.48	$2,825,224.20	$262,230.72	10.23%

Minimum Premium	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Humana - CHC	$2,562,993.48	$3,189,401.00	$626,407.52	24.44%
Humana - CPOS	$2,562,993.48	$2,998,037.09	$435,043.61	16.97%
CIGNA - Open Access	$2,562,993.48	$3,047,860.80	$484,867.32	18.92%
CIGNA - Local Plus	$2,562,993.48	$2,856,144.48	$293,151.00	11.44%

Risk Participation - 90/102	90% M/Premium	Full Premium	102% Max Premium
Humana-CHC	$2,870,471.00	$3,189,401.00	$3,253,196.00
Change In Annual Premium $	$307,424.00	$626,407.00	$690,203.00
Change in Annual Premium %	11.9%	24.44%	26.9%

Self Funded	Fixed Cost + Expected Claims	Fixed Cost + Actual Claims (June 2015-May 2016)	Fixed Cost + Maximum Liability
Humana ASO	$2,915,735.00	$2,918,308.00	$3,468,287.00
Change from current $	$352,741.52	$355,314.52	$905,293.52
Change from current %	13.76%	13.86%	35.32%

Renewal Alternatives	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Humana	$2,562,993.48	$2,998,037.09	$435,043.61	16.97%
United Healthcare	$2,562,993.48	$3,098,092.08	$535,098.60	20.88%
Blue Cross/Blue Shield S	$2,562,993.48	$2,965,060.80	$402,067.32	15.69%
Blue Cross/Blue Shield P	$2,562,993.48	$3,124,404.36	$561,410.88	21.90%
Cigna	$2,562,993.48	$2,794,377.60	$231,384.12	9.03%

Risk Participation - 90/102	90% M/Premium	Full Premium	102% Max Premium
Humana-CPOS	$2,733,262.00	$3,036,939.00	$3,097,678.00
Change In Annual Premium $	$170,268.52	$473,945.52	$534,684.52
Change in Annual Premium %	6.6%	18.49%	21.0%

ABC Company

Benefit Cost Summary - Core Benefits

Life	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Hartford	$17,467.00	$17,467.00	$0.00	0.00%
Lincoln Financial Group	$17,467.00	$16,248.00	-$1,219.00	-6.98%

Short Term Disability	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Hartford-salary	$50,532.29	$50,532.29	$0.00	0.00%
Lincoln Financial Group	$50,532.29	$41,918.83	-$8,613.46	-17.05%

Long Term Disability	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Hartford Core	$4,656.14	$4,656.14	$0.00	0.00%
Lincoln Financial Group	$4,656.14	$4,203.46	-$452.68	-9.72%

ABC Company

Benefit Cost Summary - Core Benefits

Fully Insured Renewal	CURRENT	PROPOSAL	$ CHANGE	% CHANGE	Lowest Single Rate
Humana-CHC	$2,562,993.48	$3,189,401.16	$626,407.68	24.44%	$322.04
Humana-CPOS Plan 1-2-4 CHC	$2,562,993.48	$3,160,424.40	$597,430.92	23.31%	$299.59
CIGNA - Open Access - Current	$2,562,993.48	$3,006,878.00	$443,884.52	17.32%	$347.01
CIGNA - Local Plus - Current	$2,562,993.48	$2,825,224.20	$262,230.72	10.23%	$325.18
CIGNA - Open Access - Alternate	$2,562,993.48	$2,909,876.00	$346,882.52	13.53%	$347.01
CIGNA - Local Plus - Altenate	$2,562,993.48	$2,726,832.00	$163,838.52	6.39%	$325.18
United Healthcare	$2,562,993.48	$3,002,841.00	$439,847.52	17.16%	$349.59

Minimum Premium	CURRENT	PROPOSAL	$ CHANGE	% CHANGE	Lowest Single Rate
CIGNA - Open Access - Current	$2,562,993.48	$2,970,320.00	$407,326.52	15.89%	$341.88
CIGNA - Local Plus - Current	$2,562,993.48	$2,783,496.00	$220,502.52	8.60%	$320.38

Risk Participation - 90/102	90% M/Premium	Full Premium	102% Max Premium	Billed Single Rate
Humana-CHC	$2,870,471.00	$3,189,401.00	$3,253,196.00	$322.04
Savings/Cost	$318,930.00	$0.00	-$63,795.00	
Risk Participation - 90/102	**90% M/Premium**	**Full Premium**	**102% Max Premium**	**Billed Single Rate**
Humana-CPOS	$2,733,262.00	$3,160,424.40	$3,223,632.89	$299.59
Savings/Cost	$427,162.40	$0.00	-$63,208.48	

Self Funded	Fixed Cost + Expected Claims	Fixed Cost + Actual Claims (June 2015-May 2016)	Fixed Cost + Maximum Liability
Humana ASO	$2,915,735.00	$2,918,308.00	$3,468,287.00
Change from current $	$352,741.52	$355,314.52	$905,293.52
Change from current %	13.76%	13.86%	35.32%

Renewal Alternatives	CURRENT	PROPOSAL	$ CHANGE	% CHANGE
Humana	$2,562,993.48	$2,998,037.09	$435,043.61	16.97%
United Healthcare	$2,562,993.48	$3,098,092.08	$535,098.60	20.88%
Cigna	$2,562,993.48	$2,794,377.60	$231,384.12	9.03%

Firm and Service Model

Our goal is to deliver best-in-class procurement, implementation and management of your benefit programs through a single point of contact, which makes working with us seamless and easy. In addition to your primary account manager, our Group Service Team is ready to assist with all administrative needs including claims assistance with employees in need.

General "day-to-day" client services include:

- Coordination of all activities relating to City of Danville's employee benefits program.
- Communication with City of Danville's human resources or benefits personnel regarding benefit program issues.
- Vendor procurement based on industry knowledge, experience and best practices.
    - TPA market analysis and recommendations (if applicable).
    - Stop Loss market analysis and recommendations (if applicable).
    - Related parties (case management vendor, PPO network vendor, etc.) market analysis and recommendations.
- Plan design consultation and benchmarking.
- Benefit and cost analyses.
- Network disruption analysis.
- Review and implementation of complete cost containment procedures where applicable.
- Actuarial services provided as needed.
- Periodic review of market trends to ensure plan compliance.
- Custom employee communications.
- Response to general inquiries from City of Danville.
- Compliance resource & solutions for COBRA, ARRA, HIPAA, HIPAA Privacy, Section 125, and FMLA questions.
- Resources for provider questions or issues.
- Act as a resource for hardship provisions, late entrants, and escalated claims.
- Ensure implementation of policy changes with carrier(s).
- Request renewal with follow-up and market projections.
- Renewal book with plan changes / completion of PPACA mandated Summary of Benefits.
- Plan alternatives with renewals.
- Updated benefit comparisons.
- Renewal contracts reviewed for accuracy.
- Ongoing compliance assistance with state and federal mandates. Benefits personnel education on new administrative procedures.

Our team is readily available to educate employees in person during face to face meetings as well as engaging in several proven technology-driven platforms.

The utilization of a strong technology platform is paramount in today's environment of compliance. We have worked with many systems in the marketplace and we have preferred relationships and pricing through vendors. Our approach is "point-of-need" focused, and we value our client's input in determining the best way to help communicate to your team.

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Some of these solutions include:

- Payroll.
- Application tracking.
- Training/education interface module.
- Employee onboarding.
- Benefits administration.
- Human Resource Management Information System.
- COBRA administration.
- HRA administration.
- FSA administration.
- Comprehensive payroll services.

Compliance and Communication

Compliance is critical in today's environment. We fully recognize the importance of being compliant in all areas of human resources and benefits administration.

The adoption of federal health care reform legislation has greatly increased the obligations on employers to provide notices, adopt new policies and procedures to reflect new mandates and be cautious about the landmines that exist, and how many carriers are implementing this new law. Our commitment for years has been to make sure our clients avoid any issue, whether it is due to PPACA, COBRA, ERISA, HIPAA or the myriad of other state and federal rules that impact both benefits and our human resources partners within the client's organization.

We provide support to your existing Human Resources staff utilizing our team of professionals to provide compliance assistance/advice, and review/improve your Standard Operating Procedures (handbooks, policies, and procedures). Here is a representative list of the services within our compliance platform:

- Regulatory Compliance Assistance on federal and state employment related laws.
- One-on-One Consultation – onsite.
- ERISA Attorney on-staff.
- Complimentary license to Compliance Dashboard tailored to your group.
- Code 64 and HR360 access.
- Phone support to existing HR staff.
- Standard operating procedures and best practices.
- E-learning.
- Discipline and termination assistance.
- Employment practice compliance.
- Current and past training webinars and other accessible compliance resources.

Additionally, we will provide you regular updated bulletins on state and federal employment laws, regulations, and court cases as they arise.

Key Employees & Job Requirements

Johnson-Pohlmann Insurance and Keystone embrace a service team approach. Acknowledging the complexity of risk and current market conditions, our team approach utilizes subject matter experts in all areas of benefits, insurance, HR, human capital management, and risk management. Your account management team will ensure ongoing communication and collaboration, including regularly scheduled performance review meetings.

The following individuals are dedicated to the ongoing success and implementation of your benefits strategy:

John A. Funkhouser, CIC, CWCA l Relationship Manager

Johnson-Pohlmann
O | 859-236-5922
C | 859-583-3710
jaf@johnsonpohlmann.com
34 years of Experience

John is an Insurance veteran and has served his local community for over 34 years. He has a long list of accomplishments and accreditations such as Chairman of Independent Insurance Agents of Kentucky, Trusted Choice Board of Directors, Past President of Heart of Kentucky United Way. Funkhouser obtained his Certified Insurance Counselor designation in 1998 and CWCA in 2013. John has helped serval local government entities with their benefit programs, Danville Boyle County Economic Development Partnership as well as Danville Housing Authority.

Account Responsibilities: John will be the appointed agent and local servicing representative. He will also participate in the development of communication materials, open enrollment meetings, and benefit plan offerings.

John Hawkins l Benefits State Vice President
Keystone
Insurers Group
O |
574.231.6534
C |
859.338.2919
jhawkins@keystoneinsgrp.com
10+ years of Experience

John's expertise lies in the areas of benefit plan designs, health care data analysis, and the use of technology in insurance. John will work closely with his internal team and all carrier/vendor relationships to quarterback all aspects of our clients' employee benefit program. His local presence, experience in Self-Funding and his close working relationship with Keystone partners will bring a seamless transition for clients.

Account Responsibilities: John will provide thought leadership in the development of the City's strategic plan for employee benefits, both short and long term. He will also play an integral role in the deployment of any risk management strategies used or needed to achieve stated goal or objective.

Katie Casey l Senior Account Manager

Keystone Insurers Group
O | 574-231-6544
kcasey@keystoneinsgrp.com
10 years of Experience

Katie Casey joined Keystone in October of 2015. She began her insurance career in 2009 working for Bluegrass Family Health, now Baptist Health Plan, as an Administrative Assistant in Provider Services. Katie then moved on to work with the ASO department as the Network Lease representative and completed her tenure at BGFH as the Self-Funded Account Manager for the TPA/ASO Division. In this position, Katie was responsible for the Baptist Health system employee insurance plan as well as building custom networks for other hospital systems. Katie specializes in developing & maintaining client relationships; ensuring needs are satisfied with the client by conducting account reviews on a regular basis and conducting employee educational meetings.

Katie lives in Lexington, KY, with her husband and son. She enjoys cooking, being outside, and tackling never ending home improvement projects.

Account Responsibilities: Katie will be the primary point of contact, and second line relationship manager. She will assist customers through email, phone, online presentations, screen-share and in person meetings. Katie will strive to become second line trusted advisor on the account and will ensure the timely and successful delivery of our solutions according to City's needs and objectives. She will communicate the progress of monthly/quarterly initiatives to internal and external stakeholders. She will provide forecast and track plan metrics and will liaise between City, internal and external teams with the goal of delivering exceptional client service on a day-to-day basis.

Joni DeSouza | Director of Account Management
Keystone Insurers Group
O | 574.231.6532
joni@keystoneinsgrp.com
26 Years of experience.

Joni is an Account Manager in the Employee Benefits practice. She is responsible for overseeing all employees and all functions of account management. She also develops relationships with existing clients; ensuring client's needs are satisfied while conducting semi-annual and annual reviews with large group client partners. Joni also works with clients and account managers to implement cost containment strategies as decided on during the annual planning session. One of Joni's most important roles, in working for our clients, is to act as primary liaison between the account executive and the group service team, to ensure all client objectives are achieved according to the strategy timeline.
During her leisure time Joni enjoys spending time with family and friends, reading and traveling.

Account Responsibilities: Joni's primary role on the account will be to support assigned account manager with overflow, and to ensure that the service team members on the account are delivering exceptional employee and client service.

Jon Papp | Vice President, Non-Medical Benefits
Keystone Insurers Group
O | 574.231.6514
jpap@keysoneinsgrp.com
12 years of experience

Jon is a Consultant in the ancillary benefits space. He is responsible for working with the Keystone team and employers to provide an analysis of their existing employee benefits and assisting with the implementation of new or redesigned programs. Specifically, Jon works with the non-medical lines of coverage to assist Keystone clients with a well-rounded strategic benefit offering. In his spare time, Jon enjoys time with his family, traveling, and sports.

Account Responsibilities: Jon will be the lead solicitor and advisor on all non-medical lines of coverage too include worksite product offerings and communication material development.

Keystone Insurers Group l Service Team

We also have a staff of 12 employees dedicated to the administrative tasks in support of our clients. Their duties include but are not limited to employee additions, deletions, coverage changes, escalated claims support and assistance, mailing, benefit guides, and compliance materials. Their role is general customer and account management support.

While you will have a dedicated team member(s), we also ensure that all immediate concerns will be addressed by another team member in the event of anyone's absence.

Top 3 Differentiators

What sets us apart from our competitors is our approach to planning, monitoring, and communicating with our clients throughout their benefits cycle that allow for us to take a proactive approach to your plan. Each is noted in the Open Enrollment Strategy section.

1. **Thought Leadership:** Our ability to work in concert with our clients to deliver a comprehensive strategy that aligns corporate goals with the employer's culture.

2. **Our comprehensive strategic to managing the health care supply chain:** We have the knowledge and expertise to understand, build, install and communicate plans that are geared to perform achieve a financial objective for all stakeholders – the employer and their employees.

3. **Team and Partner Collaboration:** We are an organization that is structured around the sharing of information between team members and our independent agency partners. We are truly an organization that has national reach and delivers solutions and guidance locally. Further, Keystone is a "bottom up" organization. Everything we do is built on the idea or premise that we are only as good as our agency partners. We strive to be a rising tide to both our partners and the clients we help serve.

Examples of Emerging Trends

Current or emerging trends in employee benefits is predicated on the employer's goals and objectives for their specific program and how the program ties into culture. According to the 2019 MetLife Employee Benefits Survey, benefit programs ranked #3 while compensation and work environment/opportunity for advancement were #1 and #2 respectively. Given this, the design or re-design of a program is dependent upon the priorities established by the employer.

The Johnson-Pohlmann Insurance/Keystone team works with employer groups to provide education concerning how the ACA Medical Loss Ratio rule (MLR) has created mis-aligned incentives for health insurance companies *(See Appendix A).* Here we show how the MLR rule breaks down, and how this benefits health insurance carriers *(See Appendix B).* Even though the rule caps the percentage of profitability there is no ceiling – the rule actually provides a scheme that allows the carrier to more money compared to the pre-ACA era. The margin can grow year over year, i.e, 20% is larger than the previous year. This is accomplished by a carrier allowing more claims to be approved and paid, which in turn allows them to charge a higher premium the following year *(See Appendix C).*

Another educational subject matter is Waste, Fraud and Abuse. Thirty percent (30%) of the U.S. health care spend is tied to waste, fraud and abuse *(See Appendix D).* We surmise that this same percentage of waste, fraud and abuse is embedded within an employer's health plan. Depending on the objectives set forth by the employer will determine if &/or how much of an impact can be made. In order to impact or mitigate our 30% target, the proper funding structure must be in place. We have provided a retrospective analysis on the City's health plan showing how the plan would have performed if a "pay as you go" structure was in place *(See Appendix E).* This change alone removes the insurance carrier's margin by 10-16 %. From here, and depending on how far we need to go, and, the timeframe we must arrive at our destination will determine risk management techniques and strategies we deploy and to what extent? The true and real benefit of this funding structure is control. The employer is now in control and make the rules, instead of rules being dictated by an insurance company or controlled by an entity with no vested interest towards the employer.

The guiding premise on controlling health care spend is "care needed vs. care wanted," which is a function of Medical Management *(See Appendix F).* If care is provided on a needed basis instead of a wanted basis, we have already begun to impact waste, fraud and abuse. An example of this would be as follows: If a physician orders an MRI at the hospital – what is the justification for services to be performed at the hospital? Is there a less expensive setting for this service? Chances are, yes *(See Appendix G).* But before we address the setting, we must first determine if the patient's condition meets medical necessity *(See Appendix H).* Again, depending on where an employer wants to go will determine the level of management needed to accomplish the objective. Another example is surgery. It's a valid statistic that 25% of all surgeries are unnecessary - surgeons are paid to operate (cut). Given this, we want to make sure that: 1. The member needs surgery, and 2. Where is the highest quality setting for the surgery? In health care, quality and price have an inverse relationship – the higher the quality, the lower the price *(See Appendices I, J, K*).

Managing the 4 silos of the health care supply chain:

Targeting 30% *(See Appendix L)* - Medical Management applies to all silos.

- **Inpatient Hospitalization:** Reference Based Pricing, Proactive Reference Based Pricing or Direct Contracting *(See Appendix M).*
- **Outpatient Ambulatory Surgical and Testing:** Bundled Pricing *(See Appendix N)*, Medical Travel.
- **Prescription Drugs:** Fiduciary Pharmacy Benefit Manager (PBM) – International Sourcing – Tier 1 or Preferred Contracting (local independent pharmacies, then multi-line retailers Wal-Mart, Kroger, and other independent grocers where prescription medications are sold would be structured so that a member is incentivized to purchase medications at these locations. This provides members and the plan with the lowest unit cost of medications.
- **Physician:** Direct Primary Care, Direct Contracting (Wal-Mart clinic and others).

Eye on the prize: *(See Appendices O,P,Q).*

Once the plan is built – we begin the education process with plan members on how to become the best patient they can be.

A great analogy is this: When we were learning how to drive or teaching our children, did we sit down at the table and go over the auto insurance policy and premium cost? No. We spent our time talking about rules of the road and driving with them to prepare, so that we could do everything possible to mold them into a safe driver and avoid injury, or worse. Shouldn't the same apply with health care?

Providing access to printed communication materials as well as online communications as part of the open enrollment process, as well as allowing access to the online system for self-service (see online screen shots), price transparency shopping tools. Another component of information access is the health concierge team. Telemedicine is no longer trending – it's mainstream and used widely across the country. It's a fantastic tool that enhances an employer's overall benefit plan offering. This type of program is structured so that the entire household has access to this benefit without added cost – it's a capitated fee based on either total employee lives or for those enrolled in the health plan. From an educational standpoint, when plan member understands that 60% of all primary care visits can be handled telephonically (or via video chat or Skype) and there is NO cost to use the plan, engagement levels are very high. A by-product of high engagement is cost savings. Every time telemedicine is used, the plan saves between $120 and $150. The only cost to the member is prescription drug. If a drug is prescribed, a plan member can direct the physician on where to send the prescription.

As previously stated, trends and/or strategies deployed are determined based on where an employer needs to go and how much time we must get to our destination.

Strategy to Lead Open Enrollment

Johnson-Pohlmann Insurance/Keystone offer a READY, SET, GO strategy for research, education, and enrollment services. Our account support and administrative model is comprehensive and designed to deliver an exceptional client experience. We focus on providing holistic consultation using a spectrum of solutions that touches all aspects of the client and employee experience.



READY: Research, **A**nalysis, **D**esign Stud**y** ***(Planning, Analysis)***

Benefits research study

- ☐ (OPTION) Survey the employees on which benefits they see most fit for family's needs, risk exposure and demographics.
- ☐ (OPTION) Survey employee's education level on currently offered benefits.
- ☐ (OPTION) Create benefits statements - Share payment efforts from the employer to each employee, giving them insight to how much benefits truly cost.
- ☐ Research the marketplace for the best value on benefits, comparing current benefits with market, and alternative benefits options if desired.
- ☐ Compile results and share with benefits decision makers.
- ☐ Decision on which benefits and options to move forward with.

Strategic Planning Approach

A strategic plan as it pertains to a benefits platform is crucial for any organization interested in containing costs and quality in the current turbulent healthcare climate. It is critical to step back and invest in adequate assessment of the current plan or creating one when there is none.

Strategic planning should be a roadmap to where our clients want to go as an organization and how they intend to get there. It should be the guiding light behind all decisions affecting all aspects of a benefits plan.

This is an interactive process that requires input and analysis. We typically recommend a plan of 3-5 years that will keep the primary goal in front of every future decision being made. Obviously, this can be adjusted and addressed in the future, as the nature or overriding goals of your business change.

Key considerations include but are not limited to:

- Company culture and organizational structure.
- Financial resources and market awareness.
- Alignment with any overriding corporate objective.

The development of a strategic plan is a vital step to begin to proactively manage costs and integrate your benefits platform to be aligned with company culture.

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SET: Schedule and Education Time *(Planning)*

Schedule Education Meetings

- Decide on effective date of benefits.
- Workings backwards; agree to the amount of time needed to properly meet with employees both in a group session, and one on one setting.
- Create schedule of meeting locations and times and communicate this information with department heads.
- Ability for electronic one-on-one meetings with non-commissioned enrollers.

Create Awareness

- Customized employee education material.
- Customized webinars for education.
- One-on-one meetings to review all benefits.

Presentation Week

- Employee presentation (if applicable): On a Monday or Tuesday (preferably) meet with all employees, in one, two or series of meetings. Whatever works best with the employer's work schedule. Meetings include:
    - Education on the benefits that are offered by employer
    - Education on best practices with benefits & wellness
    - Claim examples
    - Benefits information guide
    - Rates

- One on One Employee consultation (tag system): Schedule meetings in 15-minute increments or whatever works best with the employer's work schedule. Meeting includes:
    - One on one question/answer with trained benefits consultant.
    - Needs analysis consultation
    - Further education on benefits selections
    - Sign on/off, tying up company liability exposure

GO: Going forward *(Project Management, Communication, Resources for Execution, Quality)*

Post Enrollment

- Compile results, send information to HR administration:
  - Beneficiary Forms
  - Election Forms with waiver/acceptance information
  - Deductions based on company pay period for HR
  - Reference material
  - Claims information
  - Agent & Carrier contact information

Employer / Employee Services

- Have scheduled calls from Carrier account manager to walk through benefits administration website:
  - Claims assistance
  - Billing assistance
  - Dedicated account manager

Ongoing Performance Plan Analysis/Monitoring

Plan performance monitoring, forecasting, claims analysis, analytics, and benchmarking are fundamental tools in managing your benefits platform.

We have access to a leading national benefits consulting database that contains over 10,000 employer data points nationally. With this database, we provide our clients a benchmarking platform with analytics on plan design, premium contributions, and overall cost analysis, specific to the client's business size and industry.

We have included a few report examples on the following pages to show a brief snapshot of our reporting output. It's important we make clear the fact that data is just data, numbers, reports on a page with colors and graphs until there is education and expertise in analyzing and explaining the results.

Furthermore, explanation of the results is not where it stops; there must be action items, an implementation strategy that clearly articulates the strategy for dealing with the analyzed results of the example reports included in this response. Then and only then, once there is a clearly articulated implementation strategy, does the analytic capabilities matter. We are an industry leader in our ability to lead our clients through the journey from data, to analytics, to reports, then analysis, next understanding, to strategy, then implementation and finally the most important piece of the puzzle: Results!

Employee Communication

As previously discussed, each client's needs are unique. We employ multiple platforms to take advantage of technology as it pertains to benefit administration, education, and communication. Together with our clients, we determine which platform is most beneficial to each unique employee population.

Once this is determined, multiple resources may be employed to aid in employee communication. One-on- one meetings, embedded videos, links to an SPD, live enrollment, and current/recorded webinars or training videos are a few examples of previously employed strategies.

Customized enrollment portals and electronic carrier connections also help support services to employees, specifically when onboarding or during open enrollment.

We also have a strategic alliance with Freshbenies. This has been an excellent addition to the services we are able to bring to our clients and their employees to support the health care experience.

Freshbenies is an all in one card fleet of employee advocacy services dedicated to helping them get the very most out of their benefits. From a single platform, employees can access Telehealth, Doctors Online, Health Advocacy, and Prescription Savings.

Telehealth gives your employees access 24/7 to family doctors by phone or video at no additional charge to employees. Your members can receive a full consultation from a doctor licensed in their state and receive prescriptions that day for most non-narcotic medications.

Doctor's Online gives access to fast answers from board certified specialists via email or app. Anyone from a physician, psychologist, dentist, fitness trainer and more.

Advocacy is a phenomenal resource to your employees giving them access to a personal advocate dedicated to assisting them with medical invoices, understanding EOB's, pricing, coordination of care and more. This helps your employees focus on getting better and doing their job. The importance of having a dedicated person for this and the results and testimonials on this piece cannot be understated.
Furthermore, it insulates your human resources team from any potential HIPAA violation to make sure those lines are not blurred in terms of claims assistance.

Prescription Savings. This service offers employees an independent R/X network offering anywhere from 10-85% off approved prescriptions.

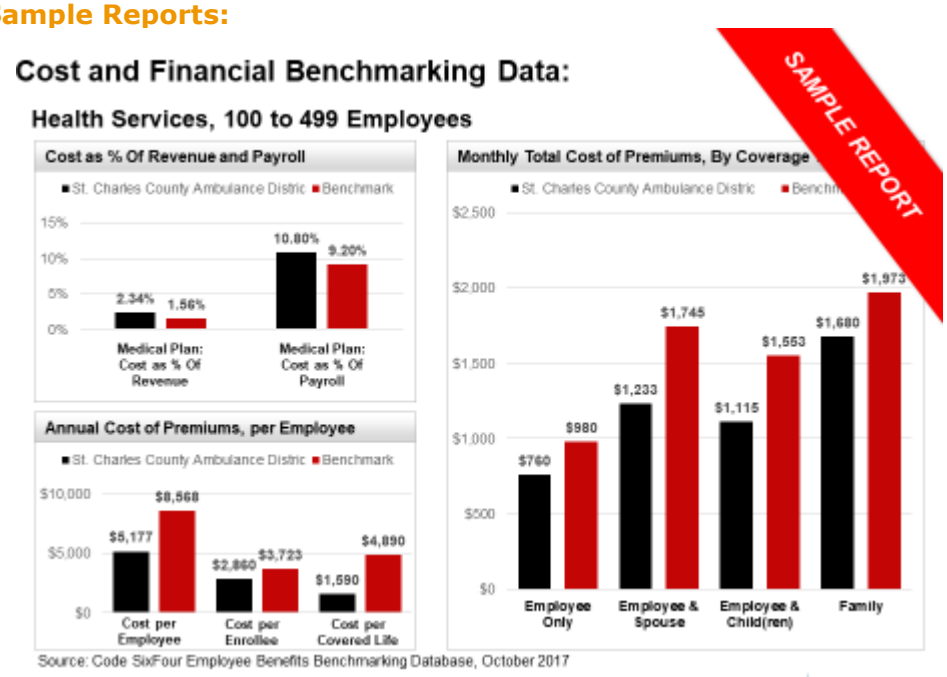
Education is key.

Engagement, utilization, and education is key for employees to realize the full value of this platform. Our team has multiple and proven communication strategies to help ensure this benefit is well received and participation is high.

Please see below for additional information and case studies.

Analysis

Sample Reports:



Source: Code SixFour Employee Benefits Benchmarking Database, October 2017

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Plan Design Benchmarking Data:

SAMPLE REPORT

Health Services, 100 to 499 Employees

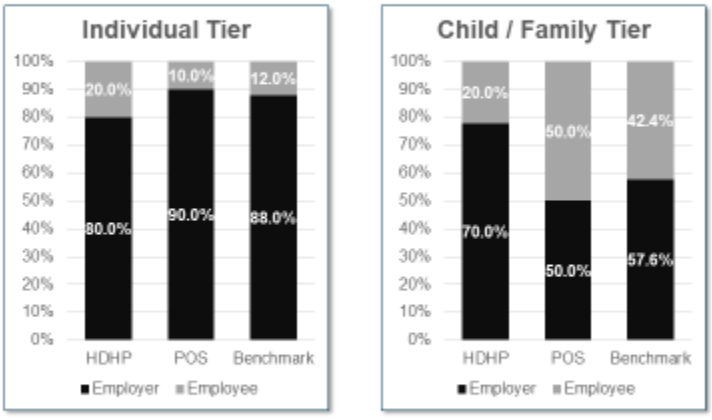
In-Network Cost Sharing		Health Services, 100 to 499	HDHP	POS
Deductibles	Individual	$1,397.00	$2,500	$1,500
	Family	$2,588.00	$5,000	$4,500
Cost Sharing	Physician	$13.97 copay OR 14.53% coinsurance	0% After Deductible	$40.00 Visit
	Specialist	$34.94 copay OR 15.26% coinsurance	0% After Deductible	$40.00 Visit
	Outpatient	$68.95 copay OR 27.77% coinsurance	0% After Deductible	20% After Deductible
	Inpatient	$179.10 copay OR 27.77% coinsurance	0% After Deductible	20% After Deductible
	Rx	$7.27 OR 13.81% / $16.17 OR 14.04% / $31.44 OR 26.00% / $87.06 OR 25.27%	0% / 0% / 0% / 0%	$10.00 / $50.00 / $75.00 / 20%
Out Of Pocket Maximum	Individual	$2,655	$2,500	$5,000
	Family	$4,812	$5,000	$11,500

Source: Code SixFour Employee Benefits Benchmarking Database, October 2017

Premium Contribution Benchmarking Data:

SAMPLE REPORT

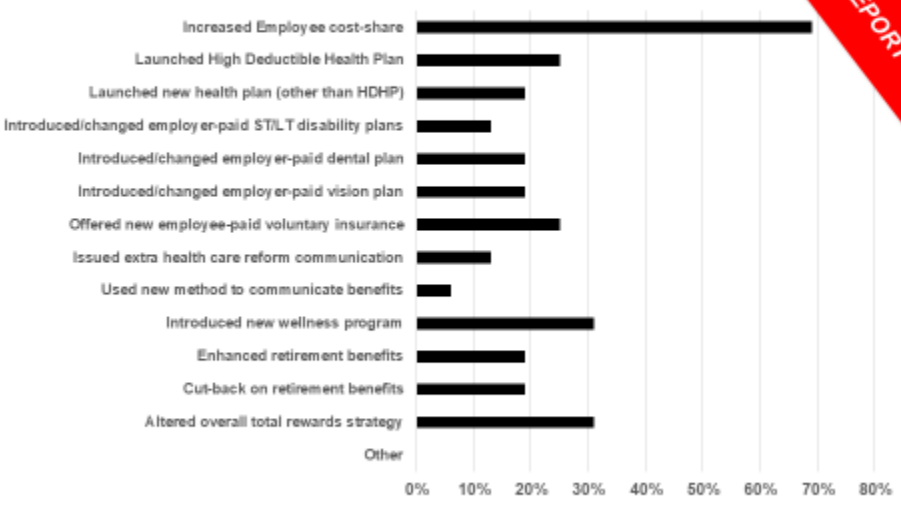
Health Services, 100 to 499 Employees



Source: Code SixFour Employee Benefits Benchmarking Database, October 2017
NOTE: Employer Contribution percentages include the value of any employer-paid contributions to HSA, HRA, or FSA savings vehicles

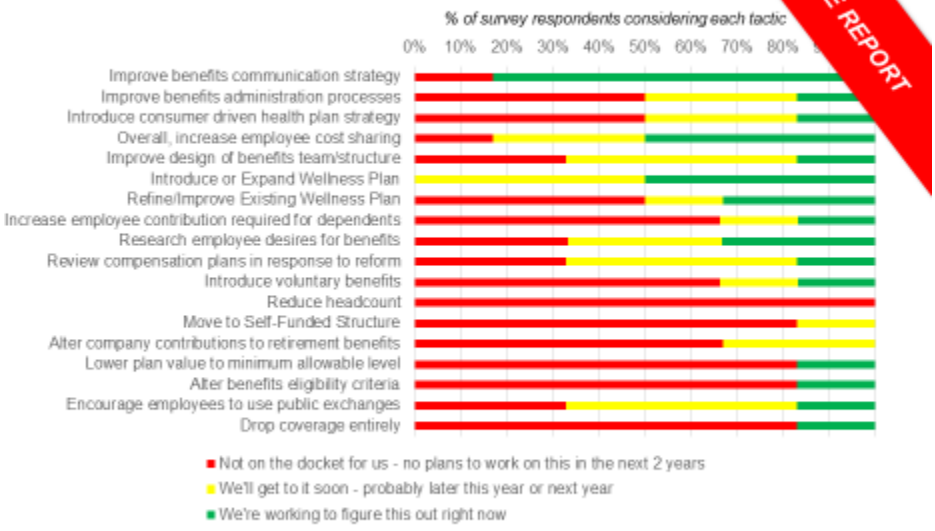
Recent Changes to Benefits

SAMPLE REPORT



Other Employer's Plans for the next 12 – 24 months

SAMPLE REPORT

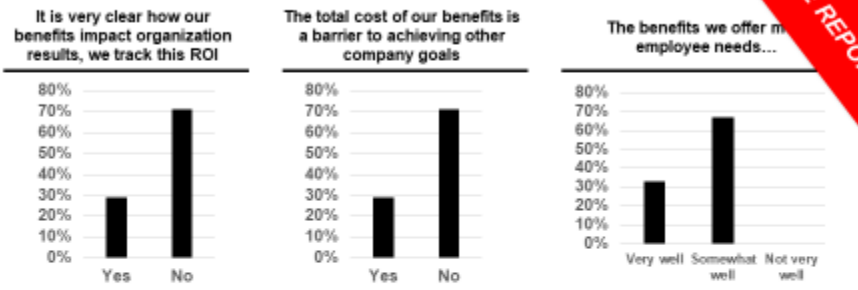


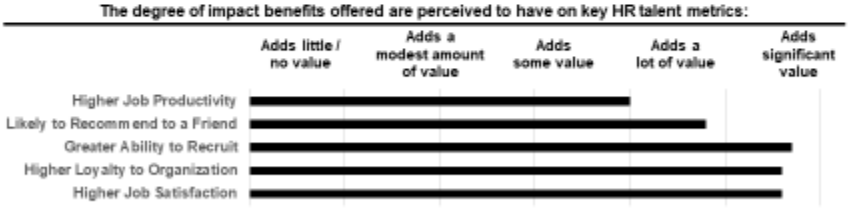
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How do you feel about current benefits programs/offe

SAMPLE REPORT





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Prepared for St. Charles County Ambulance District for information only.
Does not constitute legal or tax advice.

Details: Benchmarking Data Source

SAMPLE REPORT

10,000+ Employers

750,000+ Employees

12,000+ Medical Plans

This Is Not a Survey

Typically, if you want to learn about trends in employee benefits, you have to filter through a yearly flood of surveys, invest hours of time, and gain limited insight from retrospective (i.e. outdated), self-reported, trend-enhanced data from a limited set of employers.

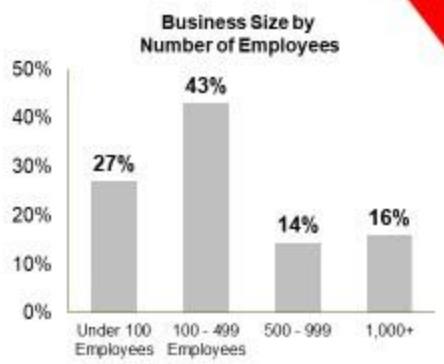
Our benchmarking data is different. This is aggregated data, anonymized and drawn from the clients of over 200 leading employee benefit agencies, across the country.

This information reflects the most up-to-date, active plans offered by employers, and reflects what employees are actually choosing.

Details: Benchmarking Data Source –
Demographics by Employer

SAMPLE REPORT

INDUSTRY	%
HEALTH CARE	15.6%
FINANCE	13.7%
MANUFACTURING	13.0%
BUSINESS SERVICES	12.6%
NON-PROFIT	8.9%
CONSUMER SERVICES	8.5%
GOVERNMENT ENTITY	7.0%
TECHNOLOGY	7.0%
CONSUMER PRODUCTS	4.8%
RETAILING	4.4%
OTHER	4.4%



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Sample Project Management Timeline

MARCH 2020

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

March 2 – Keystone meeting with client.

March 5 – Open Enrollment Begins.

March 6 – **Approved benefits/signed paperwork received by carrier.**

March 16 – Open Enrollment Begins.

March 20 – **Carrier receives enrollment file. March 27** –

Carrier loads enrollment file.

March 31 – **Post-sale process complete.**

APRIL 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

April 1 – Effective date of plan.

April 2 – ID cards ordered: print/mail.

April 3 – PDF of ID cards delivered to group.

MAY 2020

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

May 1 – Receive prior carrier deductible/OOP credit report.

JUNE 2020

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

June 1 – Prior carrier deductible/OOP credit report loaded into carrier accumulators.

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JULY 2020

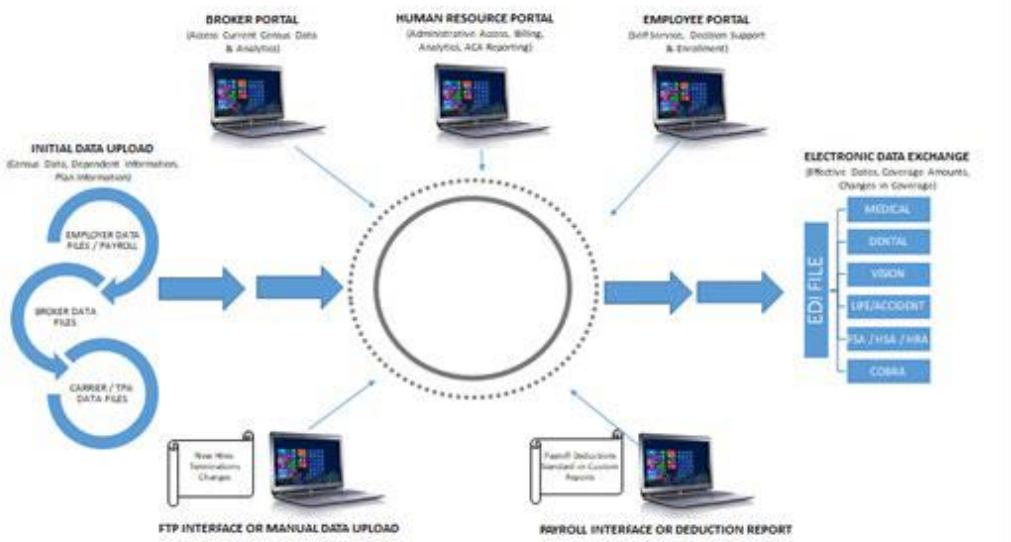
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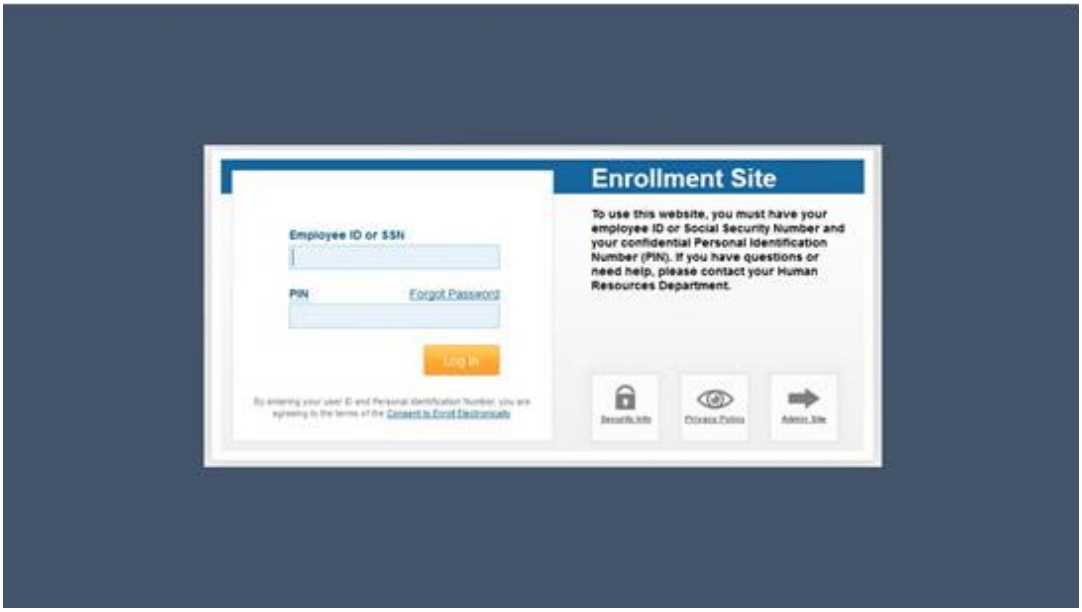
July 1 – Monthly client reporting begins.

Plan Management Support.

- Agent will assist client's Human Resources staff and employees with employee communications, new hire packets, benefits guides, and other education material as needed. There is no additional charge for these materials.
- Inclusion of a benefits administration platform and carrier automatic enrollment carrier connections may require additional premium.

Tools and Resources for Execution



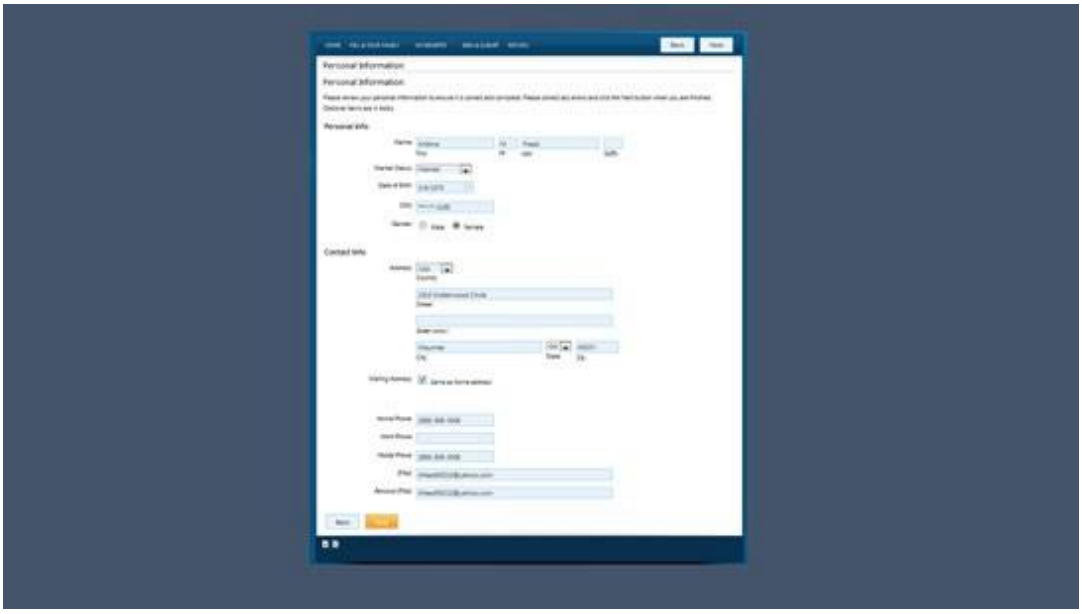


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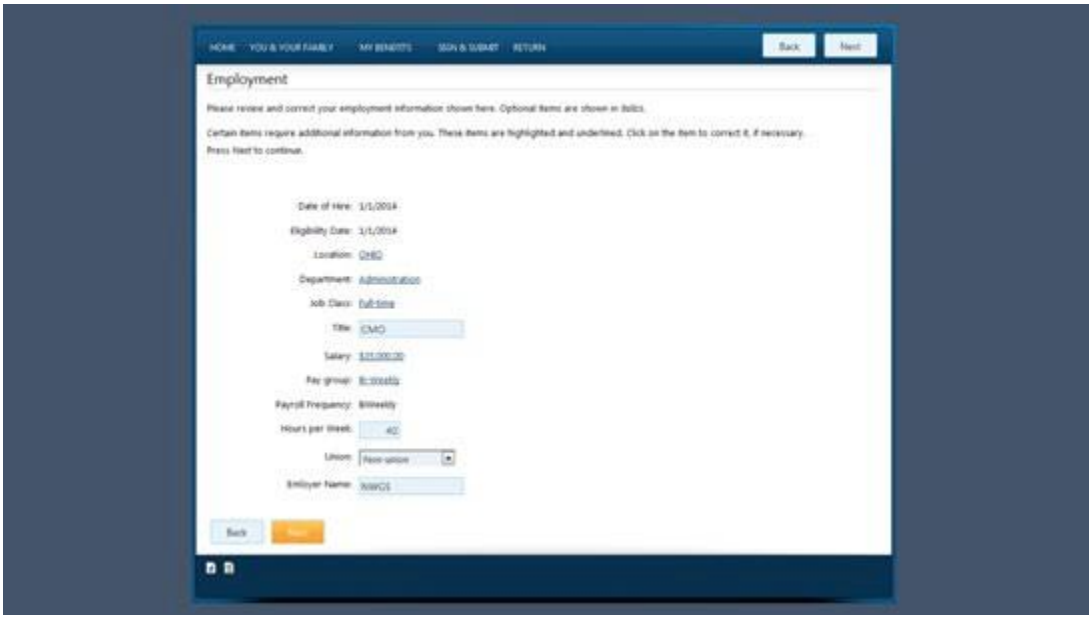


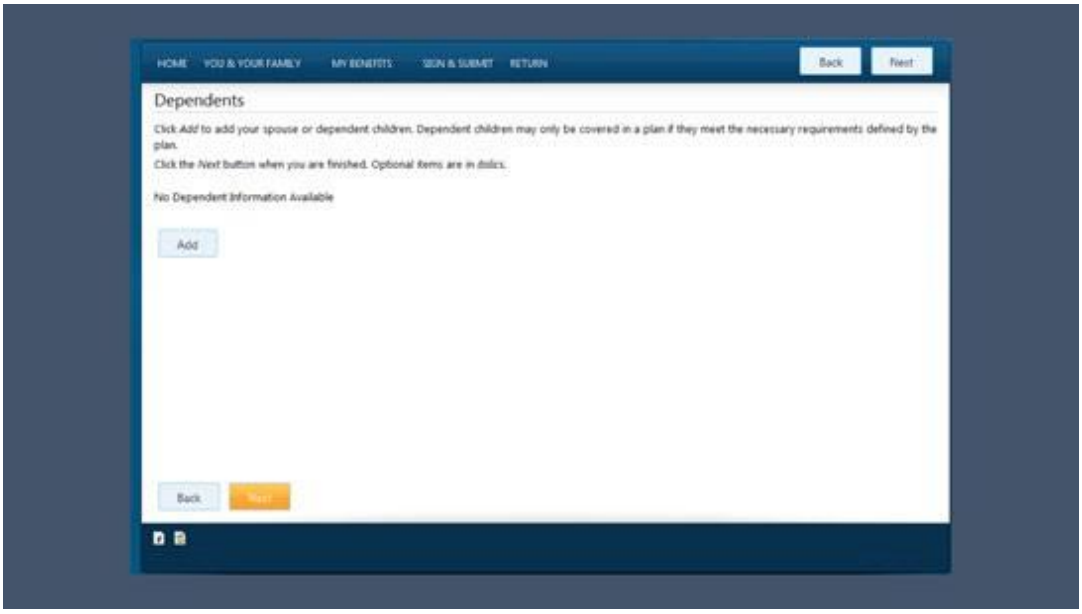


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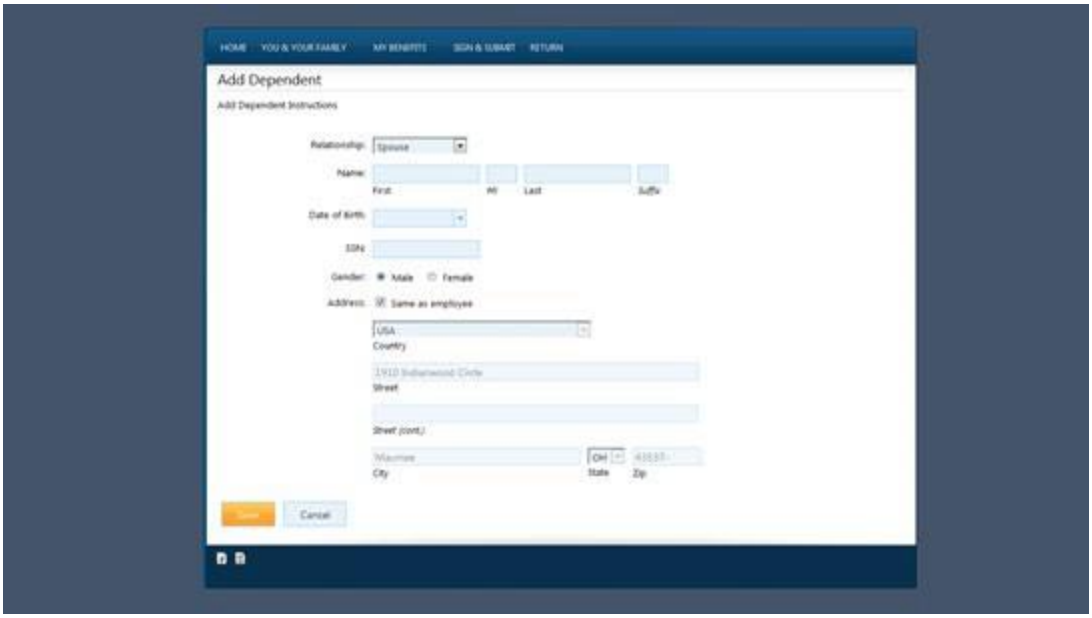


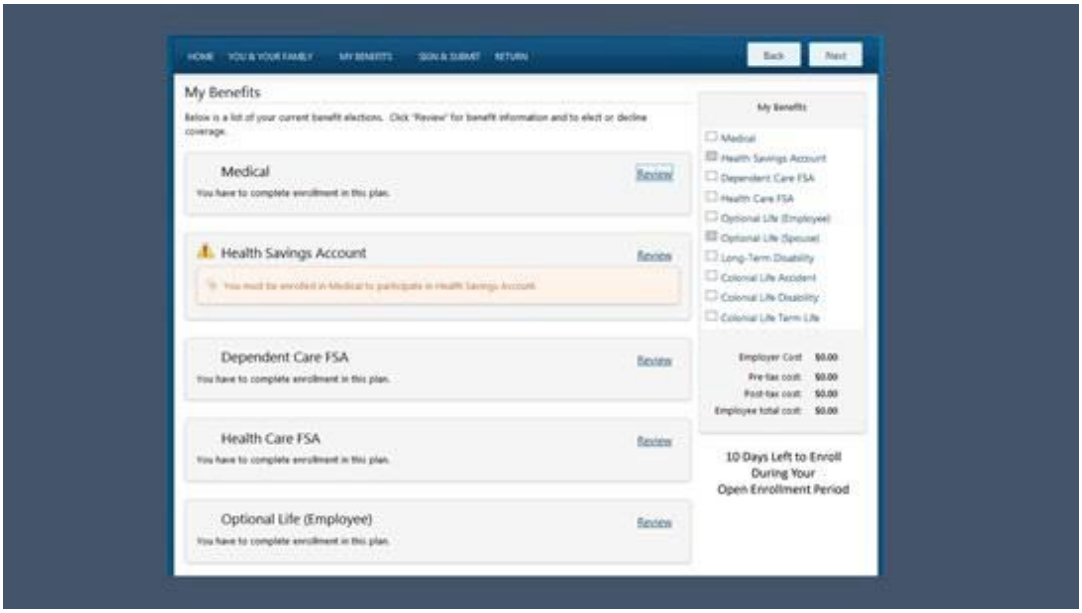


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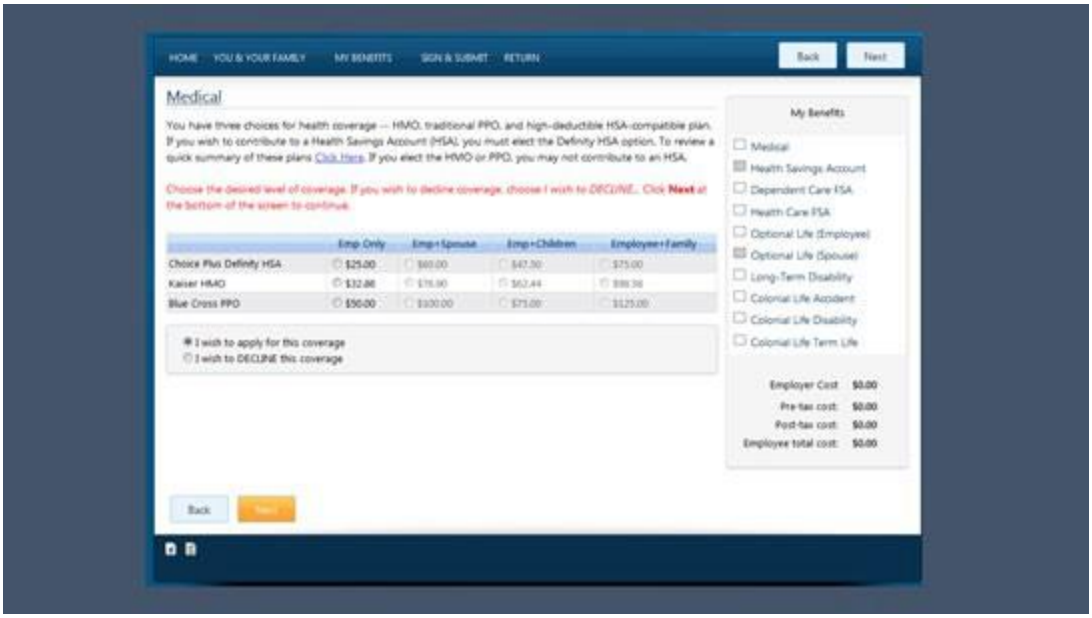
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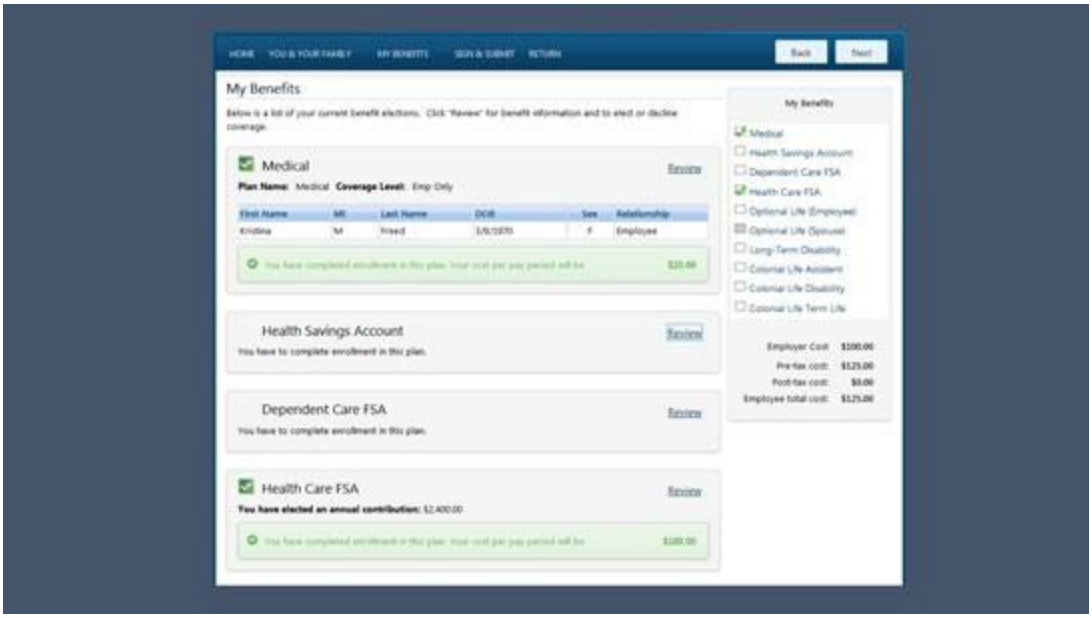


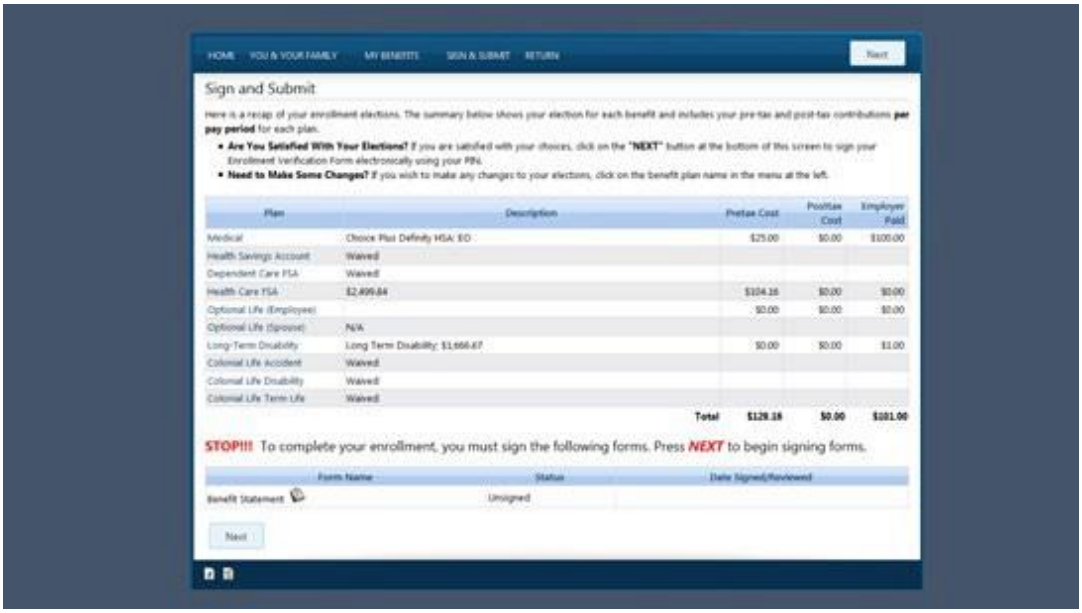


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Benefit Confirmation / Deduction Authorization

OHIO

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

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4 Fresh Solutions to 5 Employer Challenges

freshbenies®
SAVE TIME • MONEY • FRUSTRATION



Employer Challenge		Strategic Solution				
Most employers face these 5 common healthcare problems. How do you deliver cost-containment while adding benefits employees will use and want? Non-insurance services fill the growing gap with high-touch care and real savings to employees, while driving bottom line savings for the employer.		Telehealth	Doctors Online	Advocacy	Rx	
1	**Medical insurance rates and medical claims increase at twice the rate of inflation.**	✓	✓	✓		• Telehealth redirects unnecessary ER, urgent care and primary care office visits away from the health plan. • Doctors Online redirects some unnecessary specialist visits. • Advocacy (price transparency, navigation tools and medical bill review) drives savings, satisfaction and consumerism. • Strong turnkey engagement programs are necessary to yield high utilization. Self-funded employers create strong ROI with a fixed budget item versus variable claims cost.
2	**Employee out-of-pocket cost exposure increases yearly. This embarrasses employers and scares employees.**	✓	✓	✓	✓	• Employees save with no-cost, direct access to board-certified physicians — from family practitioners to specialists (psychologists, alternative medicine, and more). • Advocacy and Rx Savings programs equip employees to be knowledgeable consumers and, thereby save money. • Employees save hundreds to thousands per year and fill the gap of shrinking medical benefits with increased access to care and support.
3	**Employers change carriers and/ or plan designs frequently. This frustrates and confuses employees.**	✓	✓	✓		• Advocates can help find providers and get appointments within the new network. These experts help employees navigate the new plan, saving time and frustration. • These 3 services are indispensable with today's shrinking networks. • A standalone set of services (like freshbenies) means a carrier change doesn't require setting up new personal profiles with different vendors. This gives continuity to the employee and greatly increases usage over time.
4	**Rx formularies are shrinking and differ between carriers.**				✓	• Rx Savings gives employees a way to save on many uncovered prescriptions or those with high out-of-pocket costs. • Look for a service with easy-to-use Rx pricing tools to increase curiosity and use. When employees use the service, claims are excluded from the medical plan.
5	**HR doesn't have the time, desire or training to teach employees to be better consumers.**			✓		• Advocacy support saves HR hours of time, many embarrassing conversations and significant liability. • Empower employees to take ownership of their healthcare by giving them solid solutions to help.

Disclosures: **This plan is NOT insurance. This discount card program contains a 30 day cancellation period.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. Learn more at freshbenies.com. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply ☹

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Access To Care Is Shrinking: 3 Strategies For Improvement

Health insurance out-of-pocket costs continue to rise. Access to care is shrinking. Employees and their families need options for personalized, expert health advice that's convenient and affordable.

Wait Times For Specialty And Primary Physicians Are Skyrocketing

Longer wait times cause people to skip care and allow bigger issues to grow while waiting for treatment.



Provider Networks Are Shrinking

Smaller networks reduce costs. Unfortunately, they can create hassles to find in-network providers and a rise in out-of-network claims.

More than 75% of states have group plans with smaller networks



The Coming Doctor Shortage Is Real

America won't have enough doctors, due to an aging and growing population. Wait times will increase further.



75% of Americans search for health information online — that's **20** billion searches — **35%** were trying to self-diagnose[3]

Online Medical Searches Prove People Are Starving for Advice

Growing out-of-pocket costs and reduced access to care **drive billions of impersonal online searches** that often end with a "...it could be cancer" statement. This drives people to unnecessary medical visits.

We need different and faster ways to get medical advice: 3 strategies

We're at a tipping point. Medical plans include weak versions of telehealth and base-level advocacy services. But member fees and limited support result in very little usage. Employers need alternative approaches that will get strong use – which delivers savings for employees (and employers).

1

Telehealth

2/3 of primary care visits don't have to be in-person. Phone/video visits are available in minutes (including a prescription, if medically necessary). Turnkey promotion and **$0 visit fees** can increase usage **4000%.**

2

Doctors Online

Personalized email visits are available for **all physician specialties** within a few hours. **Stop Googling!** This service is ideal for guidance on medical questions, second opinions, and triage on specialist issues.

3

Advocacy

Employee frustration drops dramatically with expert help. Advocates locate new in-network physicians, transfer records, schedule appointments with hard-to-access physicians, compare pricing & negotiate bills.

Sources: 1. Merritt Hawkins Survey, 2017 2. The Association of American Medical Colleges 3. 2013 Pew Study, Statisticbrain.com & Searchengineland.com

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Advocacy

Do you know these 6 money-saving ways employees use Advocacy?

Employees need healthcare consumerism tools.
Employers need a strategic solution to supply that help.



1 Advocates clarify benefits specific to an employee's medical plan.

As experts who understand the intricacies of the healthcare system, employees look to their advocates to navigate through it.

56% of employees would appreciate **help** from **their employer** in making health plan decisions[1]





50% of employees don't know what the **out-of-pocket** maximum is for their health plan[1]

2 Advocates research prices at local providers BEFORE a procedure.

The average American doesn't know MRI costs may vary greatly within a few-mile radius. While employees save on out-of-pocket costs with this valuable information, employers see lower prices hitting the company health plan.



The average **deductible** for employees has gone up **49%** since 2011[2]



51% of employees have a deductible over **$1,000**[2]



3 Advocates review bills for accuracy, negotiate reductions, and research and resolve claim denials.

Employees benefit from not having to deal with complicated medical bills and the savings that comes from an expert review. Employers get the benefit of maintaining stronger productivity levels — including hours of saved HR efforts.



Over **40%** of medical bills contain **errors**[3]



Nearly **$68 billion** is lost due to **fraud** and **billing mistakes** each year[3,2]

4 Advocates explain recommended tests, treatments, or medications.

Plus, they'll research questions about a diagnosis, treatment or facility.

Unnecessary medical costs average around $2,000 per employee per year due to unnecessary tests & treatments caused by 2 key factors:[4]

1 Not finding the best doctor **and/or** **2** Not seeking second opinions



1 in 3 employees say if they or a family member was diagnosed with a serious illness, **they'd have no idea** how to proceed[4]



45% of employees depend on the **internet** to get info about a doctor or hospital[4]

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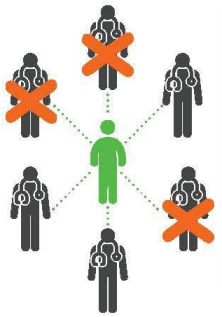
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5 Advocates locate in-network providers and specialists.

As doctor shortages increase, getting in with new providers will be tougher. Advocates also arrange appointments and help transfer medical records to new providers.



A shortage of more than **60,000** doctors is expected by **2025**, with a significant impact among surgical specialties[5]

Larger employers are **2x** as likely as smaller employers to offer **narrow**, high-performance or **tiered** networks[6, 7]

82% of small employers indicate they would use a narrower network if their premium savings were at least **20%**[6, 7]



6 Advocates are an independent resource.

When advocacy services are separate from the health plan, employees have confidence that referrals, bill negotiations and overall guidance are not influenced by outside factors.



37% of employees **don't trust** their health insurance plan for referrals or specialist info, believing they're more concerned with **cost** than **care**[4]



Real-life savings...

I had a procedure in January. The next December, I received a $1,500 bill I knew wasn't correct... I called the freshbenies **Advocacy service** who **did all the work** and called me back a week later to let me know they'd taken care of it and I didn't owe **ANYTHING**.



Lynn from GA

I needed an MRI and knew the prices varied wildly. I called the **Advocacy service** and asked them to **do some research** in my local area. I received an email with 3 different locations and the pricing for each. The prices varied from $450 to over $1000, I'm really glad I called...



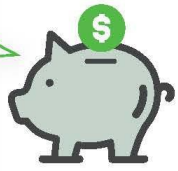
Jeff from TX

Bottom line...



Employees are equipped with consumerism tools to make more informed healthcare decisions.

Employers see savings to their bottom line, plus regain hours of HR efforts.



Sources: 1. 2016 Employee Survey by Jellyvision; 2. Kaiser Family Foundation; 3. Medical Billing Advocates of America; 4. 2016 ConsumerMedical study; 5. The Association of American Medical Colleges; 6. Employee Benefit Research Institute; 7. Mercer

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Case Study

The Bottom Line

Discover how Telehealth and Advocacy services (through freshbenies) round out the benefits for this cool tech company with outstanding savings over the last 3 years...

- **Gross savings over 3 years:** $435,805 (net savings of $366,550 after the cost of the program)
- **Total uses of freshbenies Telehealth and Advocacy services:** 872

The Client

MASERGY
Performance Beyond Expectations

Masergy Communications, Inc. owns and operates the largest independent Software Defined Platform in the world, delivering hybrid networking, managed security and cloud communication solutions to global enterprises. This high-tech company has won numerous awards like being named to the 2016 Inc. 5000 list and a Glassdoor Employees' Choice Award for Best Places to Work in 2017.

"Masergy prides itself on providing our employees one of the best work environments in any industry." —Chris MacFarland, Chairman and CEO, Masergy

Employee Count: 285 Average **Started with freshbenies:** January 2014

Their Challenge:

Masergy was looking to expand the extensive benefit package already offered to employees with new services that increase access to care and help maintain strong productivity levels across their highly skilled workforce.

The Solution Strategy

Telehealth and Advocacy services plus ongoing benefit education all proved vital to the Masergy solution. When this client implemented freshbenies in 2014, Telehealth and Advocacy services were part of the plan. Today, those services plus Prescription Savings and Doctors Online are all included in our core freshbenies Access Card.

Telehealth

Gives employees 24/7 access to board-certified family doctors by phone or video, at no additional charge. This service keeps costly ER, urgent care and primary care visits away from the employer health plan.

Advocacy

Employees save with expert assistance in medical bill review, price comparisons, assistance in finding providers and getting appointments — saving hours for the employee and HR efforts.

Engagement

The freshbenies engagement program supplies employees and employers with everything they need—from welcome kits, monthly newsletters and information flyers, to our amazing app and unparalleled Customer Service Team.



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Tools and Resources for Execution/Employee Education

Hidden variations in healthcare "discount" prices
(negotiated discount, same procedure, different providers)

Procedure	Berea (ZIP 40403) (50-Mile Radius)		
	Low	High	Variation
Chest X-ray	$74	$251	339%
Cholesterol Screening	$10	$301	3,010%
Emergency Department Visit	$85	$687	808%
Nuclear Stress Test	$918	$3,759	409%
MRI Lower Joint	$359	$819	228%
Rotator Cuff Repair	$2,273	$7,392	325%
Thyroid Stimulating Hormone	$15	$471	3,140%
Diagnostic Colonoscopy	$649	$3,790	584%
Ultrasound, Neck	$163	$500	307%

Prices are bundled.

Source: MMS Analytics Proprietary Claims Data & Algorithms

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Hidden variations in healthcare "discount" prices
(negotiated discount, same procedure, different providers)

Procedure	Lexington (ZIP 40502) (50-Mile Radius)		
	Low	High	Variation
Chest X-ray	$74	$251	339%
Cholesterol Screening	$10	$83	830%
Emergency Department Visit	$72	$687	954%
Nuclear Stress Test	$918	$3,999	436%
MRI Lower Joint	$340	$691	203%
Rotator Cuff Repair	$2,273	$7,639	336%
Thyroid Stimulating Hormone	$22	$250	1,136%
Diagnostic Colonoscopy	$649	$3,790	584%
Ultrasound, Neck	$163	$500	307%

Prices are bundled.

Source: MMS Analytics Proprietary Claims Data & Algorithms

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Quality

Please refer to page 24, “Going Forward” for our approach to quality

Compensation and Fees

Our Fee Schedule

We propose the following fee structure:

$21.00 PEPM (Per Employee Per Month)

If awarded the City of Danville account, Johnson-Pohlmann Insurance/Keystone will remove all commissions from the current medical plan and invoice the City monthly at the above rate. Any additional product lines placed for non-medical coverage, excluding voluntary or worksite, our commission rate charged will be 10%. Compensation on voluntary or worksite-based benefits will be received as directed by the insurance carrier(s) in place or selected, if new.

Annual Policy Marketing.

- Each year agent will quote the market and recommend the most competitive product(s)
- Negotiate carrier's deliverables and oversee any required transition.
- Ensure client's management team, HR staff, and employees are receiving all contractual deliverables from carrier, TPA; monitor and report discount and performance guarantees as required.
- Make recommendations to help enhance client's plan offering while remaining competitive and reducing overall plan costs.
- Explore any and all available funding solutions, carriers, networks, etc. that may apply.

Quality Control, Program Management & Compliance.

- Monitor Plan compliance with ACA legislation and changing regulations. Agent will also assist with planning related to COBRA, HIPAA, Section 125, FMLA and other state and federal mandates affecting all benefits and programs.
- Commit human capital to this effort including on staff compliance expertise and Account Management support.
- Review, revise, and recommend all communications necessary to adhere to current and future compliance obligations.
- Complimentary Access to Compliance Dashboard.
- Full access to HR360 licensing.
- Access to our HR Risk Management division via their hotline will be provided at no additional charge to client. Additional requests may require a fee, if City engages professional staff.
- SPD Wrap preparation is included. 5500 Filings are negotiable (if applicable).
- FMLA management and guidance.
- Full administration of COBRA services.

*All cost associated with communication materials, printing, labor, installation (technology platform) will be absorbed by the Johnson-Pohlmann Insurance/Keystone team.

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Appendices

APPENDIX A: MEDICAL LOSS RATIO: PROFIT MARGINS SET BY THE ACA

- Carriers MUST spend 80% of every premium dollar received in premium - No incentive for insurance companies to lower cost.
- Gave cause for carriers to increase their MLR's to comply with regs.
- MLR gives insurer's the ability to increase services they sell, increase profits by increasing revenues (premiums), which allows them to increase the amount of services authorized and paid for.
- 80% of a bigger number means the 20% retention just got bigger.
- In summary, insurers are incented to increase total health care spending which is the exact OPPOSITE of the reform goal.

APPENDIX B: MAJOR CARRIER STOCK PRICE INCREASE SINCE INCEPTION OF ACA

	United Health	CIGNA	Aetna	Humana	Anthem	Dow Jones	S&P 500
3/4/2010	$33.16	$36.94	$34.99	$49.02	$63.61	$10,888.83	$1,174.17
8/5/2019	$245.06	$159.00	Purchased by CVS	$286.68	$283.62	$25,717.74	$2,844.74
% Change	639%	330%	508% at acquisition	485%	346%	136%	142%

APPENDIX C: ACA: READY, SHOOT, AIM

$$\frac{80 - \text{Premium}}{100 - \text{Claims}} = 20\% \text{ Margin}$$

If you want to grow your top line (numerator) you MUST increase your denominator

Renewal:

$$\frac{100 - \text{Premium}}{120 - \text{Claims}} = 20\% \text{ Margin}$$

APPENDIX D: WASTE, FRAUD, AND ABUSE

Inflated prices, unnecessary treatments, excessive admin cost, inefficient care deliver, failed prevention measures and fraud account for 30% of our overall healthcare spend:

$765 Billion

"When we ran the claims for the state of TN, we analyzed $2.5 billion of claims, and the waste was greater than 25%, it was about 38%." Ralph Weber, CEO and Founder of MediBid

APPENDIX E: SELF-FUNDED RETROSPECTIVE

City of Berea: Self-funded during plan year ending 6/30/19:

Fixed Cost:	$196,688
Annualized Claims:	$464,913
Gross Cost:	$631,601
Less S/L credit:	*($ - 0 -)*
Total plan cost:	*$631,601*
Annualized premium:	*$1,054,620*
Difference:	*$464,914 savings to the City* *or 40.11% reduction from current premium cost*

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APPENDIX F: HEALTHCARE COST CONTAIMENT, THE RIGHT WAY



APPENDIX G: MRI OUTPATIENT VS. MRI FACILITY

Facility Name	City	Price Range
Central Pennsylvania MRI Center	Mechanicsburg	$430 - $950
Smith Radiology	New Cumberland	$430 - $950
Holy Spirit Hospital	Camp Hill	$600 - $1,300
Harrisburg Hospital	Harrisburg	$625 - $1,350
Carlisle Regional Medical Center	Carlisle	$650 - $1,400
Penn State Milton S. Hershey Medical Center	Hershey	$775 - $1,650

This is the evidence-based clinical criteria that is utilized when determining the medical necessity portion of medical necessity & appropriateness for a request pertaining to MRI of the low back. Notations have been added to demonstrate the concept of how this criteria would be used differently based on whether the plan has elected to be well managed, moderately managed, loosely managed, or unmanaged.

Ambulatory Care > Imaging > MRI >Lumbar Spine MRI (A-0059)

Lumbar Spine MRI

ACG: A-0059 (AC)
Link to Codes

MCG Health
Ambulatory Care
22nd Edition

- Clinical Indications for Procedure
- Evidence Summary
  - Criteria
- References
- Footnotes
- Codes

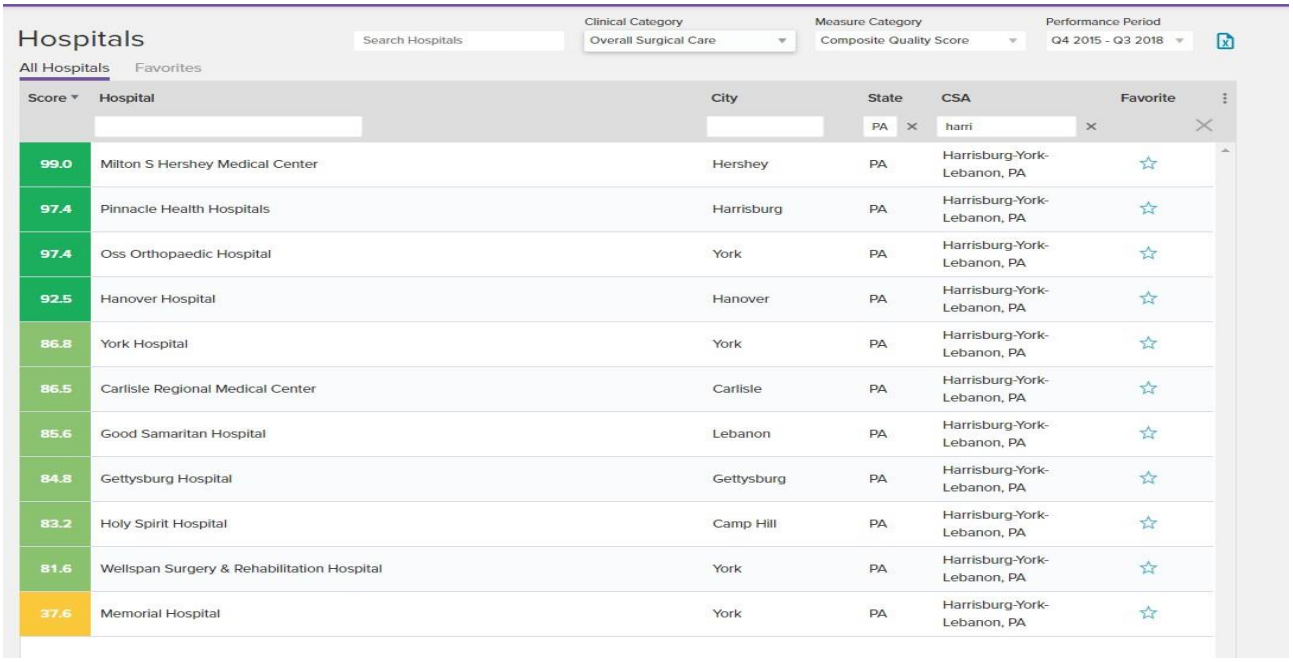
The criteria is utilized as a "decision tree", with each response potentially leading to additional inquiries until a complete or terminal response is finalized. "1 or more of the following" for example indicates that at least 1 of the items in the next level must be met. If the item in the next level states "ALL of the following" then all of the items in the next level must be met - within that next level may be additional requirements. It is important to remember that the requirement applies ONLY to the subsequent level. Additionally, Clinical Indications for Procedure are listed alphabetically, NOT in order of clinical severity. Therefore a reviewing nurse MAY choose to inquire about clinical indications in a different order.

Clinical Indications for Procedure

- Lumbar spine MRI may be indicated for **1 or more** of the following(1)(2)(3)(4):
  - Ankylosing spondylitis or other seronegative spondyloarthritis,[A] suspected, and plain x-ray results nondiagnostic (7)(8)(9)(10)N
  - Cancer or neoplasm evaluation or staging needed, as indicated by **1 or more** of the following(16)(17)(18)(19)(20)(21)(22)(23):N
    - Localized lumbar back pain and **1 or more** of the following:
      - Bone scan positive(27)
      - Pain occurs mainly at night.
      - Persistent back pain in patient older than 50 years
      - Personal history or concurrent diagnosis of malignancy(24)(25)(26)
      - Weakness, rapidly progressing
      - Weight loss, unexplained
    - Myelopathy signs or symptoms (eg, motor weakness, bowel or bladder dysfunction)(24)(25)(26)
    - Post-treatment monitoring of spinal metastasis
  - Congenital spinal conditions, suspected, as indicated by **1 or more** of the following(16)(28)(29)(30)(31):N
    - Anterior sacral meningocele
    - Caudal regression syndrome
    - Diastematomyelia (ie, split cord malformation)
    - Dorsal dermal sinus
    - Hemangioma(32)
    - Hydromyelia
    - Intradural lipoma
    - Myelocele
    - Myelomeningocele
    - Split notochord syndrome
    - Tight filum terminale
  - Infection, known or suspected (eg, vertebral osteomyelitis, disk space infection, epidural abscess), as indicated by **ALL** of the following(16)(33)(34)(35)(36)(37)(38):N
    - Localized midline back pain
    - Risk factors for spinal infection, as indicated by **1 or more** of the following:
      - Bone scan or plain x-ray suggestive for infection
      - Erythrocyte sedimentation rate elevated
      - Fever
      - History of intravenous drug abuse, other source of infection, or recent invasive procedure
      - Immunosuppression
      - Positive blood culture
      - Recent history of spinal surgery
      - Tuberculosis, concurrent or suspected(39)(40)(42)(43)

In a "loosely managed" scenario, simply having any one of the Clinical Indications for Procedure may be sufficient to obtain certification.

APPENDIX I: BE TARGETED IN YOUR EFFORT TO FIND QUALITY CARE



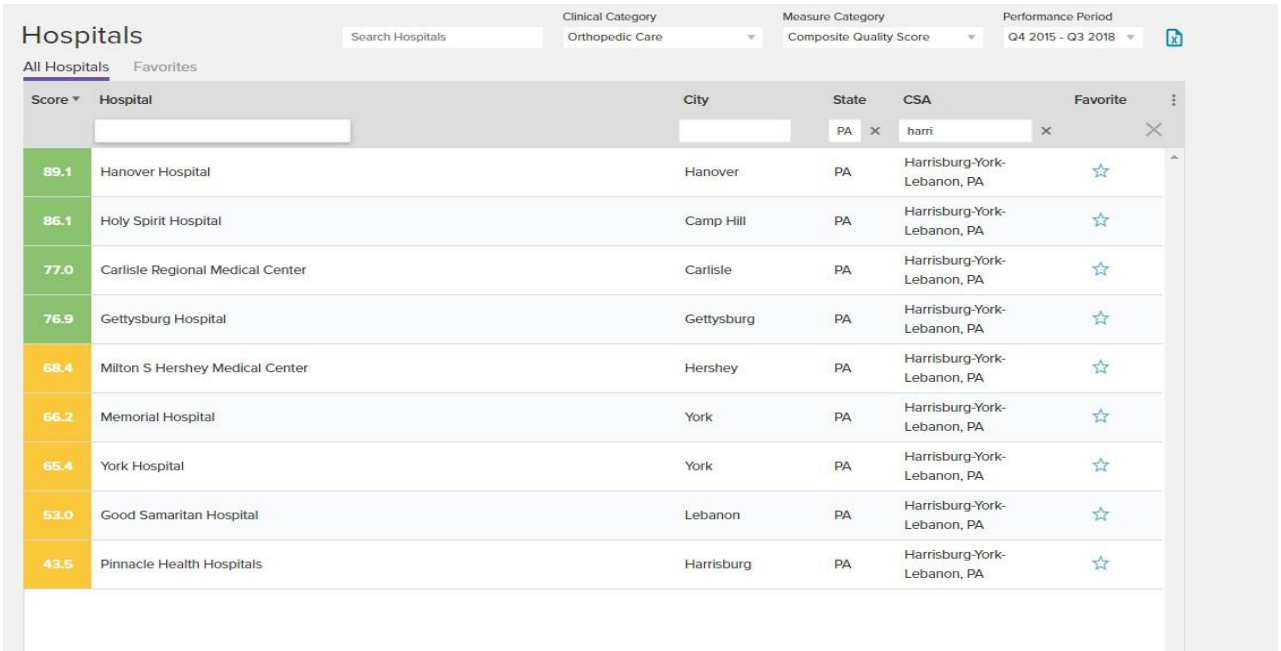
Hospitals

Search Hospitals | Clinical Category: Overall Surgical Care | Measure Category: Composite Quality Score | Performance Period: Q4 2015 - Q3 2018

All Hospitals | Favorites

Score	Hospital	City	State	CSA	Favorite
			PA	harri	
99.0	Milton S Hershey Medical Center	Hershey	PA	Harrisburg-York-Lebanon, PA	☆
97.4	Pinnacle Health Hospitals	Harrisburg	PA	Harrisburg-York-Lebanon, PA	☆
97.4	Oss Orthopaedic Hospital	York	PA	Harrisburg-York-Lebanon, PA	☆
92.5	Hanover Hospital	Hanover	PA	Harrisburg-York-Lebanon, PA	☆
86.8	York Hospital	York	PA	Harrisburg-York-Lebanon, PA	☆
86.5	Carlisle Regional Medical Center	Carlisle	PA	Harrisburg-York-Lebanon, PA	☆
85.6	Good Samaritan Hospital	Lebanon	PA	Harrisburg-York-Lebanon, PA	☆
84.8	Gettysburg Hospital	Gettysburg	PA	Harrisburg-York-Lebanon, PA	☆
83.2	Holy Spirit Hospital	Camp Hill	PA	Harrisburg-York-Lebanon, PA	☆
81.6	Wellspan Surgery & Rehabilitation Hospital	York	PA	Harrisburg-York-Lebanon, PA	☆
37.6	Memorial Hospital	York	PA	Harrisburg-York-Lebanon, PA	☆

APPENDIX J: BE TARGETED IN YOUR EFFORT TO FIND QUALITY CARE (CONT)



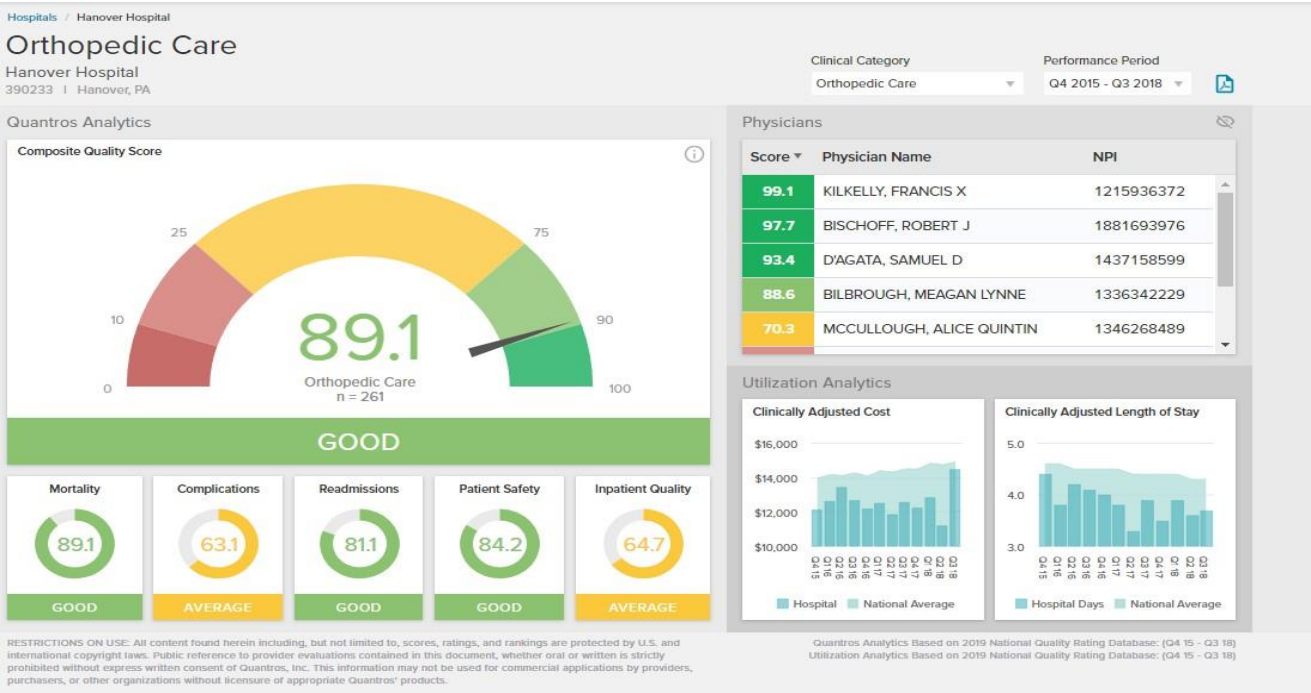
Hospitals

Search Hospitals | Clinical Category: Orthopedic Care | Measure Category: Composite Quality Score | Performance Period: Q4 2015 - Q3 2018

All Hospitals | Favorites

Score	Hospital	City	State	CSA	Favorite
			PA	harri	
89.1	Hanover Hospital	Hanover	PA	Harrisburg-York-Lebanon, PA	☆
86.1	Holy Spirit Hospital	Camp Hill	PA	Harrisburg-York-Lebanon, PA	☆
77.0	Carlisle Regional Medical Center	Carlisle	PA	Harrisburg-York-Lebanon, PA	☆
76.9	Gettysburg Hospital	Gettysburg	PA	Harrisburg-York-Lebanon, PA	☆
68.4	Milton S Hershey Medical Center	Hershey	PA	Harrisburg-York-Lebanon, PA	☆
66.2	Memorial Hospital	York	PA	Harrisburg-York-Lebanon, PA	☆
65.4	York Hospital	York	PA	Harrisburg-York-Lebanon, PA	☆
53.0	Good Samaritan Hospital	Lebanon	PA	Harrisburg-York-Lebanon, PA	☆
43.5	Pinnacle Health Hospitals	Harrisburg	PA	Harrisburg-York-Lebanon, PA	☆

APPENDIX K: BE TARGETED IN YOUR EFFORT TO FIND QUALITY CARE (CONT)



APPENDIX L: CLAIMS DISTRIBUTION



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1787

APPENDIX M: IMPACTING THE MARGIN, SETTING THE PRICE

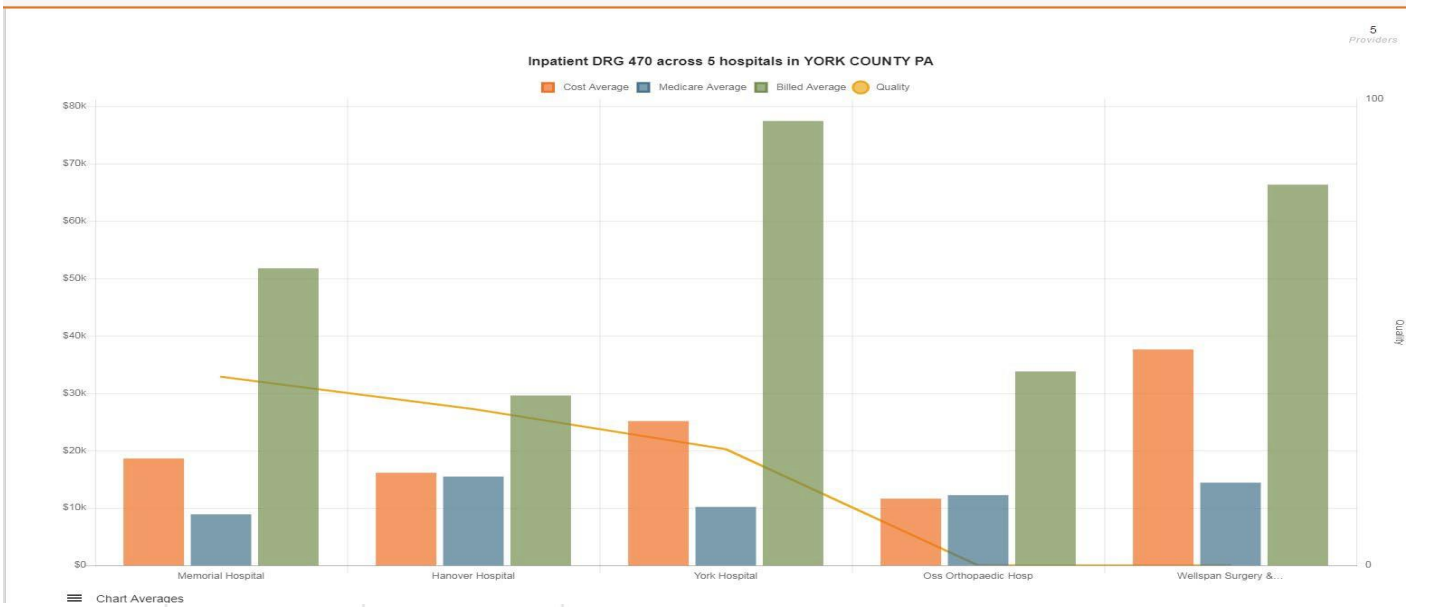
The evolution of purchasing healthcare services is moving away from price negotiations determined by insurance carriers and putting the control back in the hands of the those paying for claims – the employer.

The idea of comparing one network to another is becoming a foregone conclusion. If the average PPO discount produces a 50% discount, which translates to Medicare plus 200 or 300%, and we have the ability to start our collaborative negotiation process at Medicare plus 140 or 150% - doesn't it lend itself to creating a position of control when it comes to how much of your money you are going to pay out?

Example: 2 facilities in the Nashville area charge and accept the following:

Small Bowel Reconstruction		
	Charge Master Price	Medicare Payment
Hospital A	$216,000	$39,000
Hospital B (Teaching Facility)	$169,000	$46,000

APPENDIX N: BILLED CHARGES VS. BUNDLED PRICING



$22,500 | sano | Foundation Surgery Affiliate of Huntingdon Valley, LP

APPENDIX O: IMPACTING THE SUPPLY CHAIN…BY THE NUMBERS

$2,000,000 annual spend – 30% of spend is waste, fraud, and abuse

IP:	$600,000	$180,000
OP:	$400,000	$120,000
PBM:	$500,000	$125,000
PCP:	$400,000	$ 25,000
Total:	$1,900,000	$450,000

APPENDIX P: FREE CASH…YOUR CASH

$450,000 savings
ER net profit margin: 10%
Sales/revenues needed to offset: $4,500,000

APPENDIX Q: TAKE CONTROL…MOVE THE NEEDLE



COMMONWEALTH OF KENTUCKY

ANDY BESHEAR

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

JOHN ALBERT FUNKHOUSER

DANVILLE, 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: LIFE, CASUALTY, HEALTH AND PROPERTY 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

Sharon P. Clark

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID : 381505 Print Date : 2/10/2020

NPN ID : 7205218

#422219-1-4

JESSINS-03 SBRUZEK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2020

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 Johnson Pohlmann Insurance 129 S 4th Street Danville, KY 40422	CONTACT NAME: PHONE (A/C, No, Ext): (859) 236-5922 FAX (A/C, No): (859) 236-8399 E-MAIL ADDRESS: info@johnsonpohlmann.com
INSURED Johnson Pohlmann Insurance 129 S 4th St Danville, KY 40422	INSURER A : First Specialty Insurance Corporation — NAIC # 34916 INSURER B : Lloyd's Of London — NAIC # 85202 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Errors & Omissions			FGP4BI011802101	1/1/2020	1/1/2021		6,000,000
B	Cyber			W29205190101	11/1/2019	11/1/2020		1,000,000

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

CERTIFICATE HOLDER

City of Danville
445 West Main Street
Danville, KY 40422

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

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